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We Have Arrived!: Magnet Status 2006

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We Have Arrived!

Magnet Status 2006



**Report on Nursing / Volume I
2005 & 2006**

Message



This report entitled, “We Have Arrived!” tells the story of the final phase of our journey to Magnet status. Magnet was awarded to Maine Medical Center May 16, 2006. Over 250 Maine Medical Center nursing staff and physicians crowded the Dana Center Auditorium to hear the decision live from the Magnet Commission. At 2:00 p.m., the phone rang and the auditorium became quiet. The voice of the Chair of the Magnet Commission, Brenda Kelly, filled the auditorium. After a few introductory comments, she said, “I won’t keep you waiting. The Magnet Commission has met and I am pleased to tell you...” That was all you could hear because the auditorium erupted into cheers and screams. (*See centerfold photo*) We had arrived! Magnet status

was achieved! Maine Medical Center was added to the list of the prestigious hospitals who meet all of the criteria of excellence outlined in the American Nurses Credentialing Center’s Magnet process. The staff at Maine Medical Center were now recognized nationally for what many of us already knew; excellence is in the fiber of our culture and our staff provides superb care.

Achieving Magnet is only one stop on our continuous journey of the pursuit of excellence. Never ones to rest on past achievements, Maine Medical Center’s staff have their sights on the future. Always on the lookout for new discoveries and the latest evidence-based practice, Maine Medical Center staff strive to improve the health of patients locally, nationally and internationally through continued contributions to safe patient and family centered care.

The second volume of “We Have Arrived!” provides information about our Center for Nursing Research and Quality Outcomes. The document provides examples of research conducted by our clinical scholars at the bedside and lists dozens of presentations, numerous awards, and over 40 peer publications that share their work throughout the international nursing community.

Through high quality care for our patients, continuously researching new ways of providing innovative ways of care delivery, and educating new caregivers, Maine Medical Center’s nurses live the mission of Maine Medical Center and provide the highest level of care to the patients and families we serve.

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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 healthcare 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 healthcare 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.

Nursing Awards

Each May since 2002, the Department of Nursing holds their annual Nursing Excellence Awards ceremony in the Dana Center Auditorium. This awards ceremony honors 12 bedside nurses, who have been nominated by their peers and selected through a blind selection process, for their commitment to high quality care, professional development, and the nursing profession and its issues; participation in professional activities; and collaborative teamwork.

In addition to our Nursing Excellence Awards, we also present the Nurse Preceptor Award and Team Award. The Nurse Preceptor Award recognizes bedside nurses for their teaching and mentoring skills and for their support of nursing students. The Team award recognizes interdisciplinary teams that come together for the common goal of providing excellence in patient care utilizing practice innovations, team collaborations, and decision-making processes that contribute to excellent patient outcomes and patient satisfaction.



2005 TEAM AWARD CENTER FOR HEMOTHERAPEUTICS

Left to right: Chris Beckwith, DUA; Gail Chop, RN; Susan Jurgilas, RN; Ann Marie Fiore, DUA; Karen Strattard, RN; Trudy Lyon, RN; Rosalie Blenkhorn, RN; Lien Mai, RN; Mary Bauer, RN.

2006 TEAM AWARD CARDIOTHORACIC SURGERY UNIT



Left to right: Terry Villa, PTA; Sharon Crichton, RN; Sherry Govani, CNA; Linda Hanscom, RN; Donna Lee, Food Service Associate



Left to right: Shane Froebe, Perfusionist; Kenny Courmoyer, Perfusionist; Tracie Johnson, RN; wife of patient and patient; Jim Gillian, PA



**2005
NURSING
EXCELLENCE
AWARD
RECIPIENTS**

Front Row (left to right): Irene Rounds, RN – Preceptor (Ambulatory Surgery Unit); Paulette Gallant, RN (Cardiac Surgery Step Down Unit); Sandy Ridel, RN (Special Care Unit). 2nd Row: Marietta Atienza, RN (Medical-Surgical); Kimberly Carnevale, RN (Family Birth Center); Jeanne Vigneault, RN (Medical); Rhonda DiPhilippo, RN (Medical). 3rd Row: Lori Sturgeon, RN (Cardiac); Laurie Tardif, RN (Cardiac Intensive Care); Janice Kroot, RN (Post Anesthesia Care); Nancy Craig, RN (Medical); Heidi Cavallaro, RN – Preceptor (Post Anesthesia Care); Marianne Athanosios, RN – Preceptor (Assisted Ventilation). 4th Row: Barbara Winship, RN (Cardiac Surgery Step Down); Michelle Duval, RN (Nephrology/Urology); Keri Breuer, RN – Preceptor (Post Anesthesia Care).



**2006
NURSING
EXCELLENCE
AWARD
RECIPIENTS**

Front Row (left to right): Marge Wiggins, RN, VPN/CNO; Laura Begley, RN (Cardiac Intensive Care); Pamela Schlichting, RN (Special Care); Kimberly Bockus, RN- Preceptor (Barbara Bush Children's Hospital); Ed Owens, RN (PIER); Martha Richardson, RN (Outpatient Clinics); Michelle Powell, RN (Outpatient IV Therapy); Nicole Hubbard, RN – Preceptor (Cardiac). 2nd Row: Carol Parcher, RN (Cardiac Surgery Step Down); Wanda Reutt, RN (Medical-Surgical); Marcia White, RN (Cardiac Intensive Care); Barbara Kilroy, RN (Cardiac); Mary Charest, RN (Ambulatory Surgery); Emmy Hunt, RN – Research (Outpatient Clinics); Cindy Dreher, RN – Research (Outpatient Clinics). 3rd Row: Sara Kovacs, RN (Cardiac); Joan Caraway, RN – Preceptor (Special Care); Barbara Winship, RN – Research (Cardiac Surgery Step Down); Linda Farley, RN – Preceptor (Medical-Surgical); Nancy Hill, RN – Research (Outpatient Clinics); Cynthia Kilbride-Johnson, RN (Orthopaedic/Neurology). Missing from photo: Jeannie Coyne, RN – Preceptor (Brighton Post Anesthesia); Paulette Gallant, RN – Research (Cardiac Surgery Step Down).

NURSING RESEARCH AWARD

In 2006, the Center for Nursing Research & Quality Outcomes (CNR&QO) introduced its first annual Evidence-Based Practice Award and Research Award during Nurses' Week. This award recognizes an outstanding nursing clinical scholar or team who has made a significant contribution to the advancement of nursing science leading to a substantial positive effect on patient or professional outcomes.

CLINICAL NURSING ADVANCEMENT PROGRAM

The Clinical Nursing Advancement Program has been in place for four years and is a department-wide peer review process. In 2005, we advanced 18 nurses (16 to Clinical Nurse III and two to Clinical Nurse IV). In 2006, we advanced 19 nurses (16 to Clinical Nurse III and three to Clinical Nurse IV). A total of 99 nurses have advanced since the inception of the program in 2002.

Each November, we have a celebration at the Portland Marriott for the nurses that have advanced that year. During our celebration, we honor and recognize these nurses individually for their clinical expertise and their commitment to patient care, MMC, and the nursing profession.

This program is truly a program to recognize and reward our bedside nurses for their accomplishments and professional practice.



2005 Clinical Nursing Advancement

(Left to right): Joan Smaha, RN (Dialysis); Barry Worthing, RN (Emergency); Linda Josti, RN (Special Care); Kathleen Giobbi, RN (Turning Point); Shirley Giles, RN (Family Birth Center); Lori Furey RN (Family Birth Center); Karol Call, RN (Medical-Surgical); Wanda Reutt, RN (Medical-Surgical); Barbara Senko, RN (Emergency); Terri Babb, RN (Neonatal Intensive Care); Janet Oliver-Palanca, RN (Family Birth Center); Rebecca Quirk, RN (Barbara Bush Children's Hospital); Jeanie Coyne, RN (Brighton Post Anesthesia); Kelly Lancaster RN (Brighton Ambulatory Surgery); Marie Rogers, RN (Neonatal Intensive Care); Mary Whitlock, RN (Neonatal Intensive Care). Missing from photo: Deborah Cobb, RN (Nephrology/Urology); Shelley Wilkins, RN (Special Care).



2006 Clinical Nursing Advancement

Front Row (left to right): Carol Jo Morse, RN (Medical-Surgical); Betty Grant, RN (Orthopaedic/Neurology); Wendy Farr, RN (Family Birth Center); Pamela Schlichting, RN (Special Care); Barbara Kibroy, RN (Cardiac); Debra Kramlich, RN (Special Care); Colleen Robinson, RN (Psychiatric); Kathleen Demmons, RN (Assisted Ventilation); Rachel Dalglish, RN (Special Care); Pamela Jordan, RN (Emergency); Christine Lord, RN (Cardiac Intensive Care). Back Row: Gael Jackson, RN (Oncology); Bobbi Shirley, RN (Oncology); Elaine Enochs, RN (Brighton Post Operation Care); Kimberly Carnevale, RN (Family Birth Center); Barbara Winship, RN (Cardiac Surgery Step Down). Missing from photo: Elizabeth Dermanelian, RN (Special Care); Elna Osso, RN (Assisted Ventilation); and Sandra Ridel, RN (Special Care).

National Awards and Recognition

SPECIAL CARE UNIT

Rapid Response Team, Poster Presentation at IHI National Conference, December 2005.

OUTPATIENT DEPARTMENT

Emergency Contraception, National AWONN Conference in Salt Lake City, June 2005.

Cardiac-Thoracic Intensive Care Unit (CTICU)/Cardiac-Thoracic Surgery Unit (R1)

Tight Blood Glucose Control to Impact Cardiac Surgical Patient Outcomes, STTI National Conference Presentation in Indianapolis, November 2005.

CARDIAC-THORACIC INTENSIVE CARE UNIT (CTICU)

Development of an Evidence-Based Protocol for the Prevention & Treatment of Post Operation Nausea & Vomiting in Open Heart Surgical Patients, STTI National Conference presentation at AACN Conference in Atlanta, March 2005.

OBSTETRICS/GYNECOLOGIC CLINIC

Huddles, Podium Presentation at AACN Conference in Atlanta in March 2005.

ORGAN DONATION AWARD

MMC and the New England Organ Bank received a Gold Medal of Honor in May 2005 from the U.S. Department of Health and Human Services for a 75% or higher conversion of eligible Donors to Donors. MMC's rate is 86%.

CONSUMER DIGEST #4 SAFEST HOSPITAL IN US

Consumers Digest magazine ranked MMC fourth on a list of "50 Exceptional U.S. Hospitals." MMC was the only hospital in northern New England to appear on the list. The magazine derived its list from a survey conducted on behalf of the Leapfrog Group, a consortium of 165 of the nation's largest employers dedicated to improving health care quality and safety.

ECLIPSYS AWARD

MMC received the Safe Patient Care Award from Eclipsys in November 2005.

MOST WIRED HOSPITALS

MMC was named one of the nation's "Most Wired Hospitals" according to the 2006 Most Wired Survey and Benchmarking Study released in the July issue of Hospitals & Health Networks magazine. This award recognizes the breadth of MMC's use of information technology in support of clinical and business processes, customer service, safety and quality, workforce, and public health and safety. This year's Most Wired applicants were comprised of over 1,200 hospitals throughout the United States. MMC was the only hospital in Maine and also the first hospital in Maine to receive this recognition.

MOST WIRELESS HOSPITALS

MMC was also named one of the “Most Wireless Hospitals” for its use of wireless technology in support of patient care. This award is given to only 25 hospitals in the United States.

HEALTHGRADES

Cardiac Services and Orthopedic services at MMC have been recognized with top ratings from HealthGrades, the nation’s leading provider of healthcare ratings. The ratings reflect not only the clinical quality of the programs, but the quality of MMC as a whole, as a hospital where this level of excellence is encouraged and possible to achieve. HealthGrades compares the quality of care of 5,000 hospitals nationwide, using a risk-adjusted analysis of the most recent three years of Medicare data.

TOP 100 CARDIOVASCULAR HOSPITAL

MMC was named a Top 100 Cardiovascular Hospital by Solucient, a national health care information company that maintains the industry’s largest health care data warehouse and provides analytical services to more than 7,000 customers.

INDIVIDUAL STAFF RECOGNITION

Gina M. Zilio-Smith, RN, BSN, OCN, CHPN was awarded the End of Life Nursing Education Consortium scholarship by the City of Hope and Oncology Nursing Society. The scholarship covers a three-day training program to Train-the-Trainer to educate nurses to reach out and educate their peers in end of life issues.

Bobbi Shirley, RN, BSN, RRT, CN III from Gibson Pavilion, received the 2005 ANA Maine Award: Sister Consuela White Spirit of Nursing Award. This award is given out annually to a registered nurse in clinical practice, nursing education or administration 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.

Gail Chop, RN, Nursing Director of ASU/PACU/DER/Pre-Admission, received a National Abstract Award for Research Presentation at the National American Nephrology Nurses Association (ANNA) Conference in April 2005 for her research presentation, “Comparison of Iontophoresis of Lidocaine and Lidocaine by Injection for Dermal Anesthesia Prior to the Placement of Fistula Needles in the Chronic Dialysis Population.”

Mary Callahan, RN, CTICU received the Patient Advocacy Award in September 2006 from the American Lung Association of Maine for her participation in developing guidelines for support groups for patients with chronic lung disease and development of a website for patients to access information and links to support groups.

The Center for Clinical and Professional Development

As a premiere tertiary care and teaching institution and a community hospital for the Greater Portland area, MMC 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.

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 strives 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 MMC support cooperative educational strategies and efficient utilization of resources for professional advancement throughout the community and State of Maine.

ANCC ACCREDITATION AS A PROVIDER OF NURSING CONTINUING EDUCATION



In December of 2006, CCPD was pleased to reaffirm the “Magnet” quality of our education and announced that the Department of Nursing was granted accreditation as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). Following a site appraisal visit and comprehensive analysis and systems review, the announcement from ANCC arrived with accreditation granted for six years, August 2006 through August 31, 2012. The accreditation program recognizes organizations that demonstrate excellence in the provision of continuing nursing education through a voluntary peer review process which defines standards for high performance and measures organizational adherence to those standards. Accreditation periods are two years for first time applicants, four years for renewing applicants that substantiate but do not meet full program standards, and six years for those who meet and exceed all expectations.

Originally accredited as a provider of continuing nursing education since the 1980s, the department excels in developing quality education for nursing professional development, licensure, and certification, and ultimately contributes to the quality and improvement of health care.

CONTRIBUTIONS TO THE MAGNET JOURNEY AND JCAHO READINESS

CCPD members joined MMC colleagues in our journey to Magnet and JCAHO preparedness through their day-to-day operations and practices, including participation and leadership roles within nursing and hospital wide councils, committees, and task forces.

In addition to individual contributions to the evidence in support of the Forces of Magnetism, CCPD members played leadership roles as co-chairs for the Magnet Action

Teams of Force 6: Quality of Care, Force 8: Consultation and Resources, and Force 11: Nurses as Teachers. CCPD participated in the Maine Mall events featuring the CNA Program, Pre-diabetes/diabetes: Know your number and Complementary Approaches to Wellness. CCPD staff also enjoyed strong representation and participation in the Magnet site visit in March of 2006.

Another achievement was facilitating the implementation of an electronic education tracking system, the ONE Staff Education Module. The module tracks all education by category and fields that portray over 100 themes for potential query. Entries update individual records automatically and can be queried by person, unit, course, date and other criteria as desired. This has proved a key reporting instrument for the organization.

EDUCATION RETREAT AND UNIT-BASED EDUCATORS

There are currently 18 unit-based educators (UBE) from different settings who meet monthly with staff development specialists to address educational priorities within the context of their roles. UBEs are extremely important to the orientation of new staff and the continuing development of experienced clinicians. They oversee unit-based orientation, in-services and continuing education on their units, are involved with the annual competency renewal of staff, and the implementation of new procedures and equipment. They are invaluable in supporting management in accomplishing objectives defined in MMC's Balanced Scorecard. In addition to UBEs are nurses who serve as education liaisons from other units who also contribute to educational efforts.

Given the diversity of resources, an education retreat was convened in December of 2005 to identify the full extent of educational resources within the Department of Nursing. In attendance were nurse administrators, CCPD members, UBEs, nursing directors and managers, and clinical nurse IIIs and IVs. In follow up to this effort and in accordance with the evolving education structure of the CCPD, staff development specialists will be working closely with the UBEs and others to prioritize and streamline educational services, reduce duplication, and maximize effectiveness of roles and resources. The professional development of the UBEs will also be a focus for the coming year.

ACADEMIC AFFILIATES AND NURSING STUDENT ACTIVITIES

Education of student nurses occurs at MMC year-round through clinical rotations for graduate and undergraduate students, specialized observations, and precepted senior experiences under the direction of MMC nursing staff. Through the guidance and coordination efforts of Staff Development, there were 824 student placements for clinical rotations in 2005 (compared to 600 in 2004) and 1,008 placements in 2006! These students were associated with our four major academic affiliates: University of Southern Maine College of Nursing and Health Professions, Southern Maine Community College, St. Joseph's College, and the University of New England. Clinical settings now host students Monday through Friday on day and evening shifts with plans for weekend experiences in 2007.

In addition to the clinical rotations, CCPD supported the placement of 124 seniors in multiple settings who were precepted by RN staff during their last course before graduation. Seniors included students from the affiliates as well as the University of New Hampshire and the University of Maine, Orono. Graduate students from the University of Southern Maine in the Clinical Nurse Specialist and Nurse Practitioner track were also instructed and coached by CCPD preceptors.

A month long customized experience for two student nurses from the University of Northumbria in Great Britain was created and proved worthwhile for not only the students but for the staff they spent time with. Other abbreviated student experiences or tours included student visitors from Nova Scotia, the Dominican Republic, and Haiti.

Given the increasing numbers of placements and requests, CCPD works diligently to meet demands while attending to the challenges related to the same. Maintaining communication and addressing potential and actual issues with all stakeholders is key to the satisfaction of patients/families, students, faculty, and MMC staff. CCPD members sit on the advisory boards of our academic affiliates to stay abreast of academic initiatives and represent MMC and the clinical service setting relative to future planning.

The Student Nurse Employment Program (SNEPS), coordinated by Human Resources, CCPD, and the Nursing Staffing Office supported 69 nurse associates and four Geary Coop students during the summers of 2005 and 2006.

JOB SHADOWS

Shadow experiences for those with interest in and potential for nursing careers now approximate two a month and are coordinated through Staff Development with the ongoing support of clinical staff. Requests are screened with each experience coordinated based on intent, objectives, and the nature of sponsoring organization or individual. In addition to the shadow experience itself, each visitor must meet requirements for MMC access. Student requests from middle school 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 particular setting.

Adults exploring 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. In 2005 and 2006, 15 high school students who shadowed RNs applied to schools of nursing while ten adults considering second careers also decided nursing was the path of choice.

NURSES AS TEACHERS PROGRAM AND CLINICAL FACULTY DEVELOPMENT: THE BETTERMENT FUND

In addition to being a key site for student placements, MMC has served as a rich source of clinical faculty for its academic partners who have recruited from among our expert staff. Given the present shortage in nursing and increasing student enrollments, demands for qualified clinical faculty have increased. Recently the Department of Nursing submitted a creative proposal and was awarded a grant to fund the development of three MMC staff nurses to become clinical faculty over a period of three years. CCPD is providing the oversight of the implementation of this pilot program and is working in partnership with clinical staff and academic affiliates. Clinical staff are introduced to the faculty role and spend one semester under the coaching and mentoring of a seasoned faculty member. Over the semester, the clinical staff will assume more ownership of student experiences and evaluation with the intent to assume a faculty role in their respective areas by the second semester.

Preparation for implementation began in 2006 with the first pilot underway in the fall of 2006. To date, staff are extremely pleased at the opportunity to develop further in their roles and impact student preparation through their high level of clinical expertise. Colleagues are eager to support their peers and appreciate their credibility within the context of the setting. This approach also serves as a method of recruitment while, at the same time, provides a needed service for our academic affiliates.

THE CLINICAL NURSE LEADER (CNL)

In partnership with the University of Southern Maine (USM), the Department of Nursing continued its support of the implementation of the Clinical Nurse Leader (CNL) role developed by the American Association of Colleges of Nursing (AACN). Under the leadership of Dr. Jane Kirschling, Dean and Professor of Nursing at USM and Marjorie Wiggins, Vice President for Nursing and Chief Nursing Officer, the CNL program was implemented in the fall of 2005 and continues through spring 2007 with seven MMC nursing staff participating in the pilot model.

The CCPD engaged in the planning and evolving implementation of the CNL role. CCPD representatives sat on the USM CNL Advisory Committee and provided input for curriculum development for this new nursing role. The CCPD assumed the lead in designing and implementing learning experiences for the CNL students. The experiences focused on providing an organizational and systems wide view of MMC which directly supported and reinforced their didactic work at USM.

The MMC learning encounters following the first semester of clinical were designed to orient the students to the “Big Picture” of the organization. Planning meetings took place involving the chief nursing officer, USM faculty, nursing directors, clinical nurse specialists, staff development specialists, and clinicians such as wound ostomy care nurses. These brainstorming sessions led to the identification of key individuals, groups, and resources which the CNL group would be linked with during their experiences. To ensure support of the academic plan, a staff development specialist met often with the lead USM faculty member to ensure alignment of the hospital learning experiences and the CNL curriculum.

NURSING SABBATICAL PROGRAM

The nursing sabbatical was initiated through a written proposal by Christine Bartram RN, and Judith Jenness RN, Special Care Unit nurses, and was accepted by the Nursing Coordinating Council in May, 2004 with the strong support of nursing administration to assure fiscal viability. A team from the Nursing Education Council and CCPD created the guidelines and criteria based upon a model developed by Children’s Memorial Hospital, Chicago, Illinois. Oversight of the program rests with the CCPD.

The Sabbatical Program was designed for RNs who deliver direct patient care 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 and/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.

Clinical Sabbatical 2005

The first sabbatical, *State of the Art Practice: DaVinci Robotic Laparoscopic Prostatectomy for Patients with Prostate Cancer—An Interdisciplinary Team Initiative in Patient-Family Centered Care*, was awarded during Nurses’ Week 2005 to Brenda Witherell, RN of MMC’s Nephrology Unit. The sabbatical focus was an evidence-based, interdisciplinary clinical pathway and a template for patient-family education pre-hospital through post discharge office visits. The project included patient telephone surveys, revision of an order set, education packets and CD with voice overlay and dissemination of survey results to clinical staff to increase awareness of patient perceptions and needs.



CNL Students

Front row (left to right): Rebecca Quirk, RN (Barbara Bush Children’s Hospital); Nicole Manchester, RN (Special Care); Nina Swan, RN (Cardiac). Back Row: Sonja Orff-Ney, RN (Special Care); Lauri Wilson, RN (Medical); Danielle Poulin, RN (Orthopaedic/Neurology); Paulette Gallant, RN (Cardiac Surgery Step Down).



Hearst Scholars participants

Clinical Sabbatical 2006

In 2006, the second sabbatical was awarded to Debra Kramlich, RN, Special Care Unit staff nurse, whose focus was *Family Presence During Resuscitation*. Debra initiated her work in the fall of 2006 and is in the early stages of engaging stakeholders throughout the organization to examine present practices and associated evidence. Her goals are to increase professional awareness of issues surrounding family presence and develop guidelines to assist staff in managing requests for family presence in a consistent manner. She is also looking to capture pre- and post-implementation qualitative data for evaluation and future publication. We look forward to the outcomes of her work and to opportunities to support future initiatives.

HEARST SCHOLARS SERIES: ETHICS, GERIATRICS, AND PALLIATIVE CARE: TENDING TO THE MIND & SPIRIT

Through the generosity of the William Randolph Hearst Foundations and support of the MMC Development Office, the Department of Nursing was the recipient of a grant which provided opportunity to create and institute a year-long interdisciplinary educational series designed to improve the quality of elder care in our practice environment. An interdisciplinary Core Faculty and Planning Committee collectively provided expertise and assistance in the development of the Hearst Scholars Series for a full year prior to implementation.

Serving as co-leaders for the project were CCPD Director and the Gerontology Clinical Nurse Specialist, with dedicated expert members including:

- Frank Chessa, PhD, Director, Clinical Ethics
- Joe Dreher, MD, Psychiatric Consultation, Department of Family Medicine
- Cindy Frost, MS, RN, NP, Adult Nurse Practitioner, Center of Pain and Palliative Care
- Craig Hurwitz, MD, Director, Center of Pain and Palliative Care, MMC
- Marylou Nesbitt, RN, MS, AOCN, Oncology Clinical Nurse Specialist
- David Scotton, MD, Attending Outpatient Department, Private Practice in Internal Medicine
- Pat Todorich, MS, APRN-BC, Mental Health Clinical Nurse Specialist
- Steven Zimmerman, MD, Physician Consultant, Department of Medicine

Also contributing to the original design was Ethics Consultant, Christine Mitchell, RN, MS, MT, FAAN.

Following an application process, the original projection of 25 participants was expanded immediately given the number and diversity of submissions. We were extremely proud to be able to support the investment of 38 Hearst Scholars who represent nursing (16 different clinical settings), respiratory care, physical therapy, social services, and occupational therapy, medicine, pharmacy, and physician assistants.

The program kick-off was held at an opening reception on the evening of Monday, September 12, 2005 and the series continued through October of 2006 with a closing Hearst Scholars evening recognition dinner in November.

Educational methods included monthly seminars of four to six hours featuring ten national and 23 local experts. Sessions provided opportunities for interdisciplinary learning and interaction through lecture, case discussions and a variety of other formats. Scholars were asked to participate in change initiatives during their course experience to prompt improvement in some aspect of elder care related to their practice settings.

Following completion of the educational component, post-testing relative to cognitive outcomes and clinician empathy was conducted and is being tabulated. Focus groups for qualitative interview were held in October 2006 and outcomes are being analyzed.

Scholar time for the series was fully supported through the grant. An additional benefit included the accreditation of each session through the provision of contact hours for nursing and Category 1 CME credits for physicians and other providers.

Scholars encountered a rich interplay between expert faculty and expert staff as the series progressed. Evaluations to date not only validate the need for such a program and the quality of expertise engaged, but, also, highlight the importance of interdisciplinary work and shared expertise. The experience affirmed time together for disciplines to learn and evaluate practice is critical to impact quality of care and patient outcomes.

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. In 2005 and 2006, total scholarships awarded to MMC employees were \$148,000. Over the last eight years, \$306,500 in scholarship money has been awarded assisting approximately 311 nursing students.

NEW EMPLOYEE ORIENTATION

In 2005, Human Resources New Employee Orientation underwent full revision with strong staff development representation and contribution throughout the process. Implementation of the new program began in 2006. In addition to programmatic changes, the increase in frequency from bimonthly to weekly created the need for adjustments in CCPD work processes which have been achieved with success.

Aligned with this effort, general orientation for the Department of Nursing underwent a total revision by Staff Development. The new orientation was implemented in 2006 and is being monitored for quality, efficiency, and compliance with ever changing expectations.

CCPD staff welcomed and conducted general orientations for more than 600 new members in the Department of Nursing in 2005 and 2006.



2005 Nursing Scholarship Recipients



2006 Nursing Scholarship Recipients



Tricia Pardi, RN, Certified Wound-Ostomy-Continence nurse explains the use and application of the vacuum dressing together with some of the latest wound care products.



Michelle Duval, RN, R5 Unit-Based Educator, reviewed the policy and procedure for safe patient care when central venous access devices are employed.

NEW GRADUATE PROGRAMS

Nursing welcomed 221 new graduate nurses in 2005-2006. The new graduates represented not only schools of nursing within the State of Maine but also New England, the northeast, and across the country. The orientation to MMC includes 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 preceptors. Orientation for 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 Grad Skills Fair.

The skills fair offered 14 or more stations, which encompassed critical aspects of nursing care as well as the role of the nurse. UBEs, clinical nurses, respiratory therapists, as well as a biomedical technician and a librarian participate in these events.

INTERNSHIPS

Nurse internships are offered for new graduates in areas such as Oncology, Critical Care/Cardiology, the Emergency Division, OR, and most recently in 2006 the Family Birth Center. The investment in these programs is very worthwhile for retention and in the development of new nurses to 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. As an example, our oncology CNS coordinates, oversees, and is the primary faculty for the 60-hour classroom curriculum during the six month oncology internship. This internship was offered twice in 2005 and increased to three times in 2006. Our staff development specialists and associates not only coordinate general orientation for staff and new graduates but, along with the cardiology and mental health clinical nurse specialists, participate as faculty. Staff development expertise

in partnership with clinical leadership and staff was key to the recent development of the Family Birth Center Internship. MMC is very fortunate to have expert nurses, clinical nurse specialists, and staff development specialists who can develop, teach, and support these valuable programs.

THE NEW NURSE IN TRANSITION PROGRAM

Staff development specialists offered a four-hour support session for new graduates three times during the year which provided opportunity for additional development through shared experiences in the life of a new graduate during their first year. Staff enjoyed the opportunity to reunite with former classmates, discuss memorable issues and situations they have encountered and approaches to the same.

IN-SERVICE AND MANDATORY EDUCATION/COMPETENCIES

CCPD staff continued to provide and support centralized and decentralized programming to meet staff and organizational requirements for inservice related to many directives, including but not limited to, regulatory standards, patient safety and outcomes, quality, new policies and procedures, technology, and changes in patient populations, programs, clinical pathways and services. An example was the certification of 33 new Basic Life Support (BLS)

Instructors and recertification of 95 instructors. With the assistance of three other MMC faculties, staff development specialists and associates organized and presented programs in the summer of 2005 to prepare and certify these instructors prior to the mandatory recertification of approximately 2,200 MMC staff. This involved classroom time, performance demonstrations, and completion of post testing for each individual. The time, materials, human resources for programming, and the cascade of competence verification were immeasurable.

Following this effort, staff development specialists and associates worked closely with unit educators and liaisons to coordinate unit-based recertification of all nursing staff during late 2005 and 2006. In addition, in late spring 2006, the American Heart Association presented new guidelines for BLS and other life support programs which warranted the supplemental roll out of these new expectations to all through a variety of methods including, computer base instructor updates and annual mandatory competencies for staff.

CONTINUING EDUCATIONAL/PROFESSIONAL DEVELOPMENT

The Center developed and offered over 8,000 hours of internal programming for MMC staff. 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.

In May of 2005, CCPD partnered with the Nursing Education Council in the development, distribution, and tabulation of an education survey for the department. Results were shared with the stakeholders and served to guide CCPD in its offerings for 2006 and the development of the third annual Department Education Calendar.

As a Provider Unit for the American Nurses Credentialing Center, a percentage of events offered contact hours in support of RN and advance practice nursing requirements for clinical advancement, certification, and licensure. 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 2005-2006, approximately 19,500 contact hours were awarded to over 2,700 MMC staff. In addition, CCPD partners with others in nursing to support setting/population specific educational initiatives in the provision of accredited education. These programs hosted over 1,200 clinicians and awarded over 5,000 contact hours. Totals do not reflect non-MMC staff, with numbers exceeding 2,000 colleagues from other institutions and settings in our region.

CERTIFICATION PREPARATION

In March of 2006, CCPD sponsored the Academy of Medical Surgical Nursing (AMSN) two-day review course in Portland for those interested in sitting for the certification examination or for those looking to enhance their practices. Participants represented 18 different hospitals with 116 in attendance including 58 nurses from MMC. To further support nurses in their efforts to become certified and reduce costs associated with site and travel, CCPD applied to be a test site in Maine for the AMSN Medical-Surgical exam. Testing was held at MMC in May, 2006 with 69 nurses sitting for the exam and the majority achieving success. A second testing was held in October of 2006 for 19 nurses with results being collected.

As the recipient of a Maine Cancer Foundation Grant, our Oncology CNS conducted a state-wide three-day Oncology Nursing Certification Review and Update Course in April, 2005.

POSTER & PODIUM PRESENTATIONS

Through CCPD leadership and support of program/setting specific initiatives to assure performance improvement and evidence-based practice, CCPD members have presented and/or partnered with staff in local, regional and national forums including:

- American Academy of Ambulatory Care Nursing, 31st Annual National Conference. Atlanta. March 2006. *Clinical Leadership Behaviors and Nurse Satisfaction in an Outpatient Setting*. Co-presented by Suneela Nayak, Staff Development and Martha Richardson, OPD, OB GYN Clinic.
- National Nursing Staff Development Organization Convention July 2006. *The Creative Partnership: Exploring a way to meet the needs of the patients, the unit and the novice nurse in an Operating Room Setting*. Poster by Suneela Nayak, Staff Development and Valerie Hodgdon RN III, OR
- Maine Nursing Summit, Augusta. May 2006. Podium presentation Suneela Nayak with Rosemary Herd, Jessica Charland, and Jeanne Parker (the Pediatric Diabetes Dream Team). Title: *Safe Patient and Family Centered Care: Interdisciplinary Care for Newly Diagnosed Children and Families with Type 1 Diabetes*
- Clinicians and Educators: Partners in Developing Tomorrow's Nurses, 2005. (Sponsored by St. Anslem College and Dartmouth Hitchcock Medical Center). Poster title: *Improved Interdisciplinary Communication and Clinical Practices: The cornerstones of Safe Family and Patient Centered Care for the Pediatric Surgical Patient*. Co-presented with the Pediatric Surgical Team.



CNA students learn proper technique for lifting patients.

CERTIFIED NURSING ASSISTANT PROGRAM

Maine Medical Center's Certified Nursing Assistant (CNA) Program completed its seventh year in 2006. The program, developed in March of 2000 in affiliation with Portland Adult Education, is a state-approved 190-hour course offered three times a year at no fee and includes classroom work, skills labs, and clinical experiences. CNA students have the opportunity to work here during their course in the companion program, gaining familiarity with the hospital and fulfilling a need on the clinical units. At the end of this ten-week experience, students take the state certification examination. To date, we have graduated 372 students. The program graduated 63 students in 2005 with 60 in 2006 with 85% of graduates employed at MMC. A number of our CNA graduates have gone on to nursing school and are now practicing RNs at MMC. Others

have completed the surgical technologist program or pursued further education for health care careers.

The CNA program serves a need for MMC and the community. Many staff at MMC support the program by assisting in skills labs, mentoring students on the units, and sharing experience with them in class or clinical time. MMC recognizes the valuable role of our CNAs as part of the health care team and is committed to their initial and ongoing education and development. As part of this education and development commitment, MMC has instituted a clinical ladder for CNAs who wish to expand their role by serving on hospital committees, participating in quality initiatives, and serving as orientation assistants to other CNAs.

TRANSCULTURAL INITIATIVES AND THE ENGLISH FOR SPECIAL PURPOSE PROGRAM

CCPD's Staff Development has contributed to MMC's ongoing commitment to facilitate the integration of Maine's newest citizens into our community and our workplace through participation in this unique initiative. The English for Special Purpose program was created to provide interested candidates to work with an English language tutor to facilitate entrance into the CNA Program. The ultimate goal is to promote successful completion of the CNA state examination and employment at MMC or other health care agencies in our community. To date, four individuals have received their CNA certificate and three have found employment in other roles at MMC. Current efforts are underway to refine the initiative and build on its success.

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 the CCPD Geriatric CNS and Mental Health Nurse Specialist. Patient safety is enhanced by these dedicated employees who sit with patients to assure their well being as an alternative to restraints. In 2005-2006, 128 companions completed training.

CERTIFIED NURSING ASSISTANT/NURSING UNIT ASSISTANT CONTINUING EDUCATION PROGRAMS

Special educational opportunities for the certified nursing assistant and nursing unit assistant is offered including the all night CNA Program. In partnership with Staff Development, CNA representatives develop and offer an annual all night conference which covers multiple topics, skills fairs and opportunities for interaction with presenters and colleagues. A second all-day conference was held in December with a forum built in to discuss priorities for CNA education in 2007.

CNAs receive a monthly newsletter specific to their practice which covers a different clinical topic, issue, or disease process with a short quiz at the end. This format for staying current and for continued learning is appreciated as an individualized method. Unit specific annual competency renewal is provided and seen as effective strategies for CNA education.

CONSULTATION & RESOURCES & QUALITY OF CARE

CCPD clinical nurse specialists and nurse clinicians provided a spectrum of consultation and educational services to patients, families and staff and served to support and lead clinical and professional initiatives within the system.

MENTAL HEALTH

In addition to the provision of direct care, support and leadership related to special initiatives included:

- The Nurse Wellness Committee and collaboration with MaineHealth Works on Wellness Committee (WOW) to improve the health and well-being of our nursing staff and employees.
- The 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 is entering its 22nd year of existence. Provision of educational services was realized for over 100 patients who had experienced a pregnancy loss.

- The Massage and Pet Therapy programs.
- The Preparing the Mind for Surgery program.

BURN WOUND OSTOMY CONTINENCE SERVICE

In-patient consults and the wound clinic constitute the majority of our specialist's practice time. Oversight of the pressure ulcer program and the RN/CNA unit-based skin representatives have been a key component of the service. In an effort to optimize outcomes, this group has addressed incontinence product education, developed evidence-based pressure ulcer prevention notebooks, distributed educational skin alert posters, and added pressure ulcer prevention interventions as per the critical care standards. A staff education series related to burn-wound-ostomy care has also provided strong resources to advance clinician knowledge of care practices.

PICC SERVICE

The PICC Service realized successful placement of over 3,000 PICC lines at a 98% success rate in 2005 and 2006. Due to the continued demand for this type of line, a 20-hour PICC nurse position and a second ultrasound have been added to manage the volume. Consults are expected to continue to rise in 2007.

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. Also of note was the *Care Transitions Intervention Pilot Project* with Maine Health Elder Care Services in partnership with the MMC Division of Geriatrics. The program is designed to offer support to older patients and their caregivers as they return home from the hospital. In the fall of 2006, two CNS graduate students from the University of Southern Maine College of Nursing and Health Professions began their seven-month practicum at MMC with the Geriatric CNS.

DIABETES

In addition to adult and pediatric patient-family consults areas of achievement were the support, consultation, and leadership provided relative to:

- Hospital-wide efforts at tightening inpatient glucose control.
- Establishment of the home glucose meter program within the Cardio-thoracic Surgical Unit.
- The introduction of carbohydrate counting as a component of the Nutrition Services Fresh Start program.
- Partner in the MaineHealth, initiative to design the *Steps to Hospital Discharge* sheet for patients.
- Creation of a new Barbara Bush Inpatient staff education model for the management of newly diagnosed children with diabetes and their families.
- Educational development for community health nurses, school nurses, nurses who care for youth with diabetes residing in group homes or correctional centers and for child protective workers to ensure that a child or teen with diabetes receives care that keeps him/her safe wherever they reside.
- Contributions to the Diabetes Program to meet requirements for formal recognition by the American Diabetes Association with achievement of award in December 2006.

CARDIOLOGY

Beyond consultation, selective initiatives included:

- Partnership with UBEs and preceptors for the orientation of new nursing graduates and continued monitoring and development.
- Mentoring clinical staff for the Nursing Research Clinical Scholars series and the resulting contributions to evidence-based practices.
- Collaboration with RNs from R9, R7 and ACCU leading to the promotion of decreased bed rest from six to four hours following cardiac catheterization and/or Percutaneous Cardiac Intervention. Through the successful implementation of this new practice, patient outcomes and length of stay have been positively impacted.
- Coordination and implementation of staff education and provision for ongoing support as clinical resource for the implementation of continuous cardiac monitoring as a new practice in several clinical departments.

ONCOLOGY AND ETHICS

Beyond consultation, selected initiatives included:

- Oversight for and participation in the six-month oncology nursing internship program for new graduates with the addition of a third program in 2006.
- Provision of nursing leadership on the MMC Clinical Ethics Committee and the search for MMC's first Director of Clinical Ethics.
- Coordination of unit-based ethics rounds with Ethics Consultant Christine Mitchell RN, MS, MT, FAAN.
- Contributions to the Professional Advisory Board for the Cancer Community Center.
- Implementation of a research study to assess quality of life in people having high dose chemotherapy with hematopoietic stem cell transplant.

OUTREACH EDUCATION

In addition to the CCPD 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

Requests for specialized clinical experiences at MMC are coordinated through Staff Development to support and enhance current practices in other hospitals or agencies in the region. Experiences are facilitated by Staff Development in alignment with the MMC Access Policy and customized based on specific objectives given the context and time line of projected experiences. Examples of these services include:

- Hosting RNs from Eastern Maine Medical Center and Mid Coast Hospital to advance their knowledge relative to specific parenteral therapy practices.
- An opportunity created for nurses from Frisbee Memorial Hospital in Exeter, New Hampshire who 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 and strengthen professional relationships.

The Outreach Education Council

The Outreach Education Council (OEC) is a multi-hospital cooperative designed in 1981 to meet the continuing education needs of RNs practicing within member institutions. Currently comprised of 18 Maine hospitals, the OEC provides an annual curriculum which incorporates formats to meet a wide range of clinician and hospital-based needs. 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 for the CCPD and Education Coordinator for the OEC to identify priorities for programming and evaluate services.

OEC Programs developed and offered in 2005 and 2006 reached over 2,000 clinicians and included, but not limited to:

Symposia

Full-day programs featuring multiple local and national faculty and presentations designed for interdisciplinary groups and varied experiential bases were created and offered as follows. Over 2,600 MMC staff participated in these offerings with an additional 1,600 non-MMC clinicians in attendance.

- ***“Neuro” Priorities in Acute Care: Clinical Issues & Patient Evaluation: January, 2005, 7.2 Contact Hours, 175 Registrants***
- ***Clinical Decisions in Acute Care: Rapid Assessment & Priorities for Intervention, March, 2005, 7.1 Contact Hours, 232 Registrants, 1 National Faculty***
- ***Creating Environments of Best Practice: Clinician Strategies for Integrating Research into Everyday Practice, June, 2005, 7.9 Contact Hours, 130 registrants, 2 National Faculty***
- ***Clinical Electrocardiography 2005: Best Practices in Monitoring, September, 2005, Day I: 7.0 Contact Hours, 106 Registrants; Day II: 7.2 Contact Hours, 115 Registrants***
- ***Best Practices in the Care of the Vascular Patient, October, 2005, 7.0 Contact Hours, 189 Registrants. Presented in partnership with The Vascular Center and the Vascular Nursing Committee***
- ***Respiratory Failure 2006: Risk, Recognition and Decisions in Clinical Management January, 2006, 6.4 Contact Hours, 5.5 Hours Category I CME credit, 175 Registered***
- ***Pain Management: Physiologic Considerations and Practice Issues, March, 2006, 7.5 Contact Hours, 6.0 Hours Category 1 CME credit, 170 Registered, 1 National Faculty***
- ***Creating Healthy Work Environments: Foundations for Excellence, June, 2006, 8.0 Contact Hours, 180 Registered, 1 National Faculty***
- ***Infectious Diseases 2006 (September), Day I: 7.8 Contact Hours, 6.5 Hours, Category 1 CME credit, 163 Registered, 5 National Faculty; Day II: 7.8 Contact Hours, 6.5 Hours, Category 1 CME credit, 164 Registered, 7 National Faculty***

Clinical Modules

A series of four day modules (32 hours) for nurses which combine patient centered experiences with theory, clinical application and critical thinking, and opportunities to evaluate and change specific practices in clinical settings. Designed for RNs practicing within MMC and Outreach member hospitals, a total of 69 staff attended modules related to Acute Respiratory Failure and Ventilatory Management and Neuroscience Nursing. Priorities

were targeted to evaluate current practices and strategies identified for evidence-based improvements in practice.

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

THE PERINATAL OUTREACH PROGRAM

The Perinatal Outreach Education Program is a grant funded program from state and federal funds that has been awarded to MMC for over 25 years. Every six years the grant is up for competitive bidding and a request for proposals is initiated. In the summer of 2005, MMC once again received approval and funding to support the roles of the Perinatal Outreach Nurse Educator and team to continue the activities of the program.

During 2005 and 2006, the Perinatal Outreach Education team provided 79 formal lectures from Presque Isle to York with 1,442 participants including physicians, nurses, social workers, and students. The team also participated in 12 perinatal transport case conferences which are a quality improvement mechanism for community hospitals in Maine. Participating in these multidisciplinary case discussions were 247 health care providers.

The Perinatal Outreach Nurse Educator continues to facilitate quarterly meetings of the Perinatal Nurse Managers of Maine whose members represent hospitals throughout the state. One new aspect of the grant is the addition of public health activities. Current public health initiatives the Perinatal Nurse Educator participates in are: Fetal Alcohol Spectrum Disorders Workgroup, Perinatal Substance Abuse Collaborative, and Maternal and Infant Mortality and Resiliency Review.

The March of Dimes remains our community partner and we continue activities with the Prematurity Awareness Campaign including co-sponsoring a Prematurity Summit in 2005 held at the University of Southern Maine. Health care providers from around the state attended the day long event that was a combination of education and community outreach.

In addition to the primary educational activities sponsored by the Perinatal Outreach program, the Perinatal Nurse Educator has contributed other events for professionals such as:

- Annual Perinatal Conference at MMC for health care providers across the state to address perinatal and neonatal care challenges.
- Co-leader for the planning of the May 2006 summit titled: *Substance Abuse: Impact on Maine's Women, Children, and Families*. Nearly 300 participated in this event which hosted national faculty.
- Conference on Newborn Hearing Screening titled: *The Sooner the Better: Early Intervention for Babies with Hearing Loss*. Approximately 90 people attended this June 2006 event, with representatives from hospitals, audiology services, Child Development Services, Children with Special Health Needs, and Educational Services.

Publications:

- August, 2005. Bowden K, Boyle, B, Youth, B, et al. *Neonatal Hypoglycemia: Initial and follow up management*. www.guideline.gov
- August, 2006. Bowden, K. *NIH State of the Science Conference: Cesarean Delivery on Maternal Request*. *Advances in Neonatal Care*, the official journal of the National Association of Neonatal Nurses. 6(4), 171-172.

Quality Initiatives

Nurses across MMC are involved in a significant number of quality initiatives. Our dedicated staff are continuously improving the care we deliver—24 hours a day, 7 days a week. Nursing staff at MMC are engaged and participate extensively in quality improvement, with several staff recognized nationally for their work. Quality improvement is embedded in our practice.

NATIONAL QUALITY INDICATORS

Quality indicators are based on National Voluntary Consensus Standards for Nursing Sensitive Care developed by National Quality Forum, Maine Quality Forum and Magnet Program. Our benchmarks are: National Data for Nursing Quality Indicators (NDNQI), AVATAR for Patient Satisfaction, specialty specific benchmarks, and internal benchmarks. National Voluntary Consensus Standards for Nursing-Sensitive Care are:

- Pressure Ulcer Prevalence
- Falls Prevalence
- Falls with Injury
- Restraint Prevalence
- Urinary Catheter Associated UTI in ICU
- Central Line Associated Blood Stream
- Infection
- Smoking Cessation Counseling AMI
- Smoking Cessation Counseling for CHF
- Smoking Cessation Counseling for Pneumonia
- Skill Mix RN/LPN, UAP
- Nursing Care Hours/Patient Day
- Practice Environment Nurse Work Index
- Voluntary Turnover

*Quality Improvement = Nursing Excellence =
High Quality Patient Care*

NDNQI (BY UNIT SPECIFIC)	Magnet (BY UNIT TYPE)	Maine Quality Forum (BY UNIT TYPE)	Nursing Scorecard (BY UNIT SPECIFIC)	MMC Strategic Plan (BY OVERALL)	Nsg Quality Council (BY UNIT SPECIFIC)
Falls Falls with Injuries Pressure Ulcers Nursing Care Hours Skill Mix of RNs, LPNs, Unlicensed Staff RN Education (RNs) RN Satisfaction Pediatric IV Infiltration Pediatric Pain Management Psych Physical/Sexual Assault	Falls Falls with Injuries Pressure Ulcers Nursing Care Hours Skill Mix of RNs, LPNs, Unlicensed Staff Patient Satisfaction • Overall Care • Nursing Care • Patient Education • Pain Management Average LOS UTI RN Education RN Satisfaction Pediatric IV Infiltration Pediatric Pain Management Psych Physical/Sexual Assault	Falls Falls with Injuries Pressure Ulcers Nursing Care Hours Skill Mix of RNs, LPNs, Unlicensed Staff (UTI – future item) (Central Line Bacteremia – future item) Turnover Rate of RNs, APNs, LPNs, Unlicensed Staff Restraints	Falls Pressure Ulcers Patient Satisfaction • Overall Care • Nursing Care • Patient Education • Pain Management Average LOS UTI Central Line Bacteremia Turnover Rate of Nursing Vacancy Rate Performance Evaluations Council Attendance Par X Compliance Lost Revenue Medication Errors	Falls Pressure Ulcers Average LOS UTI Turnover Rate Vacancy Rate	Falls Pressure Ulcers Patient Satisfaction • Overall Care • Nursing Care • Patient Education • Pain Management UTI Central Line Bacteremia Pain Management Chart Audits ID Bands VIP Stage

National Database of Nursing Quality Indicators (NDNQI)

Maine Medical Center has had a strong voluntary participation in reporting nursing sensitive indicators to NDNQI since 2003. Fifteen nursing units are engaged in the vision and key elements of NDNQI standards for the nursing measures: falls prevalence; falls with injury; nursing care hours; nursing skill mix RN, LPN, UAP; pressure ulcer prevalence; restraint prevalence; RN education/certification; RN satisfaction; pediatric IV infiltration and pain assessment; and psychiatric assault injuries. NDNQI has the capacity to provide national comparative information for like-size teaching hospitals and like unit types (adult acute care units). For indicators where the analysis includes a national mean, MMC is able to benchmark with hospitals across the nation. Data can be trended to easily track whether a unit is significantly different from the national mean, whether a unit is improving, remaining stable, or declining on an indicator. The NDNQI mean for falls and pressure ulcers is posted on the nursing scorecard for staff to identify patterns and utilize these patient outcome data to develop and monitor action plans to improve patient care. This transforms data into information that staff can analyze and use to make appropriate improvements in systems, knowledge, and performance.

Maine Quality Forum

In October 2005, Maine Medical Center was invited to join all hospitals in Maine to begin reporting Nursing Sensitive Indicators to the Maine Quality Forum (MQF). The MQF was established by the Governor and the Legislature in September 2003 with the vision of improving the quality of health care. The MQF is part of the Dirigo Health Agency and the Dirigo Health Reform Act. MQF has been charged with collecting research; promoting best practices; collecting and publishing comparative quality data; promoting electronic technology; promoting healthy lifestyles; and reporting to consumers. The Nursing Sensitive Indicators (NSIs) reported to MQF are based on the National Quality Forum's National Voluntary Consensus Standards for Nursing Sensitive Care. This information that Maine hospitals report will soon be available to the public to help each Maine citizen make informed health care choices. We are proud to participate in this initiative to share our advancements in quality of care and provide the Maine community with transparent information.

Magnet Report

Achieving Magnet status in May 2006 requires a written interim monitoring report annually to ANCC to demonstrate MMC is maintaining the 14 Forces of Magnetism. This report will include:

- Demographic information,
- Current results from our patient and nursing satisfaction surveys,
- Current patient falls and pressure ulcer information,
- Current NSI data/results,
- Current information on our professional resources, and
- Current information/data on initiatives/innovations implemented in response to appraiser's recommendations from last appraisal, if any.

UNIT-BASED QUALITY INITIATIVES

- Pediatric Diabetes Education – Design and implement a new model of safe patient and family centered care for newly diagnosed children and families to Type I diabetes by establishing unit experts and system issues limiting best care. (Barbara Bush Children's Hospital)
- Palliative Care Room – Create a palliative care room for pediatric patients and their families. (Barbara Bush Children's Hospital)
- Rapid Response Team – Decrease the number of codes on medical/surgical units and decrease rate of patient returns to SCU within seven days of SCU discharge. (Special Care Unit)
- Post-Operative Nausea and Vomiting Related to Early PO Fluid Intake – To determine if early administration of oral analgesia and oral fluids following general anesthesia in ambulatory surgery patients affects the occurrence of post-operative nausea and vomiting, level of pain and LOS compared to patients that receive later administration of oral analgesia and oral fluids. (Brighton Surgical Center)
- Post-Operative Nausea & Vomiting – Compare IV Ondansetron and Dexamethasone with Promethazine and Dexamethasone to prevent post-op nausea and vomiting. (Brighton Surgical Center)
- Ventilator Acquired Pneumonia (VAP) – Goal of 0% was achieved. (Cardiac Intensive Care Unit)
- Catheter Related Blood Stream Infections – Goal of 0% was achieved. (Cardiac Intensive Care Unit)
- Amiodarone—Prophylaxis for Post-Op Atrial Fibrillation – A common post-op complication for cardiac surgery patients. (Cardiothoracic Surgery Intensive Care Unit/R1-Cardiac Step-Down Unit)
- PEAT: Physical Environment Assessment Tool – To reliably identify EMS pre-hospital observations of home environment that directly impact patient safety, well-being, and likelihood to do well after discharge. A multi-phase project. (Emergency)
- Capnography for Procedural Sedation Study: Capnography is believed to be more sensitive than pulse oximetry. (Emergency)

- Target DOC (Diabetes, Obesity & Cardiovascular) Collaborative – Use a best practice chronic care model to improve and standardize care for patients with diabetes, obesity and cardiovascular disease. (Internal Medicine Clinic)
- Institute Use of Quiet Time to Decrease Noise and Stimulation in NICU – Reorganized work so only emergency stabilization occurs during quiet time. All disciplines and family involved. (Neonatal Intensive Care Unit)
- Clinical Leadership Behaviors Increase Patient and Staff Satisfaction in an Outpatient Setting: Huddles – Improve the flow of a large, diverse patient population; provide cost effective care by balancing provider capability with patient volume and acuity; increase patient and staff satisfaction. (OB/GYN Clinic)
- Care of the Vascular Patient: Decreasing LOS of the AAA Patient – Advance clinical practice and improve care outcomes through the creation and implementation of AAA Clinical pathway. (R3–Medical/Surgical Unit)
- Carotid Artery Endarterectomy: Optimizing Post-op Resources – Increase resource utilization and increase availability of R3 COR beds. (Short Stay Unit/R3-Medical/Surgical Unit)
- Tight Blood Glucose Control to Impact Cardiac Surgical Patient Outcomes – Development of interdisciplinary blood glucose protocol for use in cardiac surgical patients from intra-operative to 96 hours postoperative to decrease the rate of deep sternal wound infections below the national benchmark (STS) of 2-4%; decrease atrial fibrillation rate, LOS and mortality. (Cardiothoracic Surgery Intensive Care Unit/R1-Cardiac Step Down Unit)
- Reducing Incidence of Severe Hyperbilirubinemia Utilizing Risk Assessment Guidelines – Address new American Academy of Pediatrics guidelines as a result of increased incidence of kernicterus and bilirubin encephalopathy among newborns. (Family Birth Center)
- Blood Stream Infections – Decrease number of bloodstream infections through better central line dressing compliance. (Gibson Pavilion – Oncology)
- Emergency Contraception – Increase physician and patient awareness of emergency contraception. (Outpatient Clinic)
- IV Starting Skills – Improving IV start skills. (Outpatient IV Therapy)
- Organ Donation Breakthrough Collaborative – Increase the availability of transplant organs, USDHHS and IHI created Organ Donation Breakthrough Collaborative.
- Evaluation of a VIP Scale for Determining Appropriate Discontinuation of Peripheral Intravenous Cannulas – Evaluate the VIP scale as an appropriate means to determine length of time a peripheral intravenous catheter may be in place throughout MMC. Hospital-wide practice change made in 2005 as a result of research. (R1-Cardiac Step Down Unit)
- Interdisciplinary Surgical Infection Prevention – To establish bactericidal tissue and serum levels at the time of skin incision and to maintain therapeutic levels throughout the procedure. (Ambulatory Surgery Unit)
- Development of an Evidence-based Protocol for the Prevention and Treatment of PONV in OHS Patients – Reduce PONV in OHS patients using new protocol. (Cardiothoracic Surgery Intensive Care Unit)
- Monitoring Blood Culture Contamination Rate in the ED – To monitor and decrease blood culture contamination rate in the ED. (Emergency)
- Documentation of Pain Assessment and Pain Management – Ensure complete documentation for best management of patient pain. (Ambulatory Cardiac Care Unit)

- Standardize Acute Chest Pain Assessment - Evaluates and standardizes patient care to best practice guidelines (Acute Cardiac Life Support protocol) as it relates to chest pain. (FirstCare)
- Pain with IV Canulation – Compare pain scores while delivering lidocaine with two different methods of delivery (iontophoresis of lidocaine and lidocaine by injection) and to compare subsequent pain of fistula needle insertions. (Center for Hemotherapeutics)
- “A Balancing Act” Pain Management/Sedation – Reduce the risk for over-sedation related to analgesia in the surgical patient population. (Post Anesthesia Care Unit)
- Pain – Reduce patient’s discomfort and promote patient satisfaction. (R4-Assisted Ventilation Unit)
- Decrease Number of Phlebotomies for Dialysis Patients – Decrease number of needle sticks for dialysis patients; coordinate patient’s lab draws with dialysis access times. (R5-Nephrology/Urology)
- Decrease IV Pain with Use of Buffered Lidocaine – Improve patient’s experience of IV starts. All patients to be offered buffered lidocaine with every IV start. (R7-Medical/Cardiology)
- Early Mobilization Following Femoral Artery Access for Coronary Interventional Procedures – Increase patient’s comfort; reduce use of pain medication; and ensure no concomitant changes in vascular complications. (R9W-Cardiac Care Unit)
- Improving Patient Safety through Better Patient Identification – Reduce the number of errors through better patient identification. (Gibson Pavilion – Oncology)
- OR—Interdisciplinary Safe Surgery Checklist – JCAHO 2005 Patient Safety Checklist to ensure that critical components are in place before surgery begins. (Operating Room)
- Code Green for Behavioral Emergencies – Provide assistance in managing a situation with the least restrictive mode of intervention used for management of an agitated patient consistent with maintaining the safety of patients and others. Goal to decrease use of behavioral restraints/seclusion and develop internal benchmarks. (P6-Psychiatric Unit)
- Musculoskeletal Injury Reduction – Decrease staff musculoskeletal injuries in SCU. (Special Care Unit)
- Development of the Cardiac Surgical Picture Pathway – Develop a picture pathway that was easy to understand for patients and families. (R1-Cardiac Step-Down Unit)
- Cardiac Surgery Instrument Panel – to provide information about the current overall performance of the system in multiple domains including: mortality, complications, resource utilization, and customer satisfaction to all of the staff in units that provide care to cardiac surgery patients. (Cardiac Surgery)
- Catch a Falling Star – Reduce falls by 25%. (P6-Psychiatric Unit)
- Improving Family Experience of Having a Child in SCU after Heart Surgery – To improve the satisfaction of families of children undergoing heart surgery and ease the burden on the day of surgery. (Special Care Unit)
- Use of Bladder Scan Technology – Goals: improve utilization and time management of staff; purchase of unit-based bladder scan; positive patient response; find studies indicating cost/benefit analysis and bladder scan’s use and validity. (R6-Orthopaedic/Neurology)
- Implementation of Hospital Fall Risk Program – Decrease falls housewide (Institutional)

- The Creative Partnership: Exploring a way to meet the needs of the patients, the unit and the novice nurse. To provide training experience for the novice nurse that would rapidly help her attain a high degree of clinical competence, enabling her to take on the challenge of working independently during the night shift. (Operating Room)
- Family Communication Network – Improving communication with patient’s families. (Maine Heart Cardiac Units)
- Improving the Medical Delivery System: CTICU to R1 Morning Transfers – Develop a process for CTICU to notify pharmacy of morning transfers from R1; improve the processing of patient transfers in the pharmacy; decrease the number of missing medications and resulting reorders on R1. (Cardiothoracic Surgery Intensive Care Unit/R1-Cardiac Step-Down Unit)
- Decreasing Use of Foley Catheters in Hospitalized Elderly – Minimize the potential complications of hospitalization in community-dwelling elders by decreasing the use of foley catheters. (P3CD-Medical Unit)
- Improved Care for Neonates with Hypoglycemia – Collaboration between health care providers; infants at risk of hypoglycemia will be identified and screened within one hour of birth; glucose lab results will be reported within 30 minutes of collection; and infants with hypoglycemia will be managed per department protocol. (Barbara Bush Children’s Hospital)
- FLAVORx – Improve the taste of medications used and increase the compliance of medications being taken by pediatric patients. (Child Life & Pharmacy)
- Community Health Outreach Workers (CHOWS) – Incorporate the CHOWs expertise into clinic practices as a strong ally and resource; use CHOW insights to determine best ways to lower late arrivals and “Did Not Attend Clinic”; have CHOWs attend clinic one-half day per week as well as during individual scheduled patient visits; and increase resident physician awareness of the availability of this valuable resource. (Outpatient Clinics)
- Pediatric Team Meetings: Increasing Patient and Staff Satisfaction – To improve the flow of a large, diverse patient population; provide cost effective care by balancing provider capability with patient volume and acuity; and increase patient and staff satisfaction throughout the process. (Pediatric Clinics)

Magnet

MMC Achieves Magnet Designation – We have Arrived!

On May 16, 2006, Maine Medical Center was awarded Magnet designation, the first acute care hospital in the State of Maine to be recognized. The Magnet Recognition Program is the highest level of achievement the American Nurses Credentialing Center (ANCC) awards for excellence in nursing service and practice. Only 3% of U.S. hospitals have Magnet designation.

Our Magnet Journey

CHARTING THE COURSE

In 2002 we began our Magnet journey by evaluating where we are and our future vision for the Department of Nursing. Staff across MMC became engaged in a process to build on our values and clinical strengths to create an environment of excellence for our patients. We began building the foundation for our Magnet Journey.

THE JOURNEY CONTINUES

In 2003, with our foundation laid, we continued our progress towards excellence. With staff dedication, professionalism, and enthusiasm, our progress continued to national recognition.

DESTINATION IN SIGHT

In April 2004, we submitted our application for Magnet Designation. In October 2004, our data collection began. For the next eight months, data was collected on all 14 Forces of Magnetism to demonstrate to ANCC we are a Magnet Hospital. The Magnet Action Team was formed in October 2004 to collect and submit the evidence to support the Magnet standards. Leaders were identified for each standard for initial data gathering, writing and document submission. Writing the narratives involved participation of countless administrators to clinical staff across the organization to show evidence of the forces of magnetism. The written documentation demonstrates how MMC implements the scope and standards for Nurse Administrators within the organization structure, leadership, and management philosophy, as well as how the standards are incorporated within the nursing services.

The completed documentation resulted in 19 volumes with 2,912 pages of evidence which was sent to ANCC in September 2005.

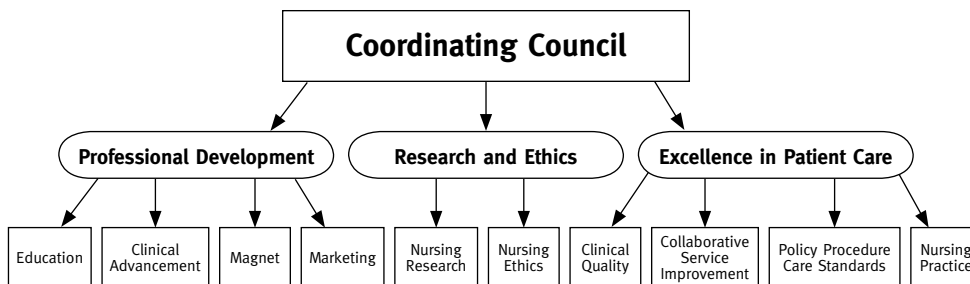
Then we waited. We waited for word from ANCC whether the documentation of our journey and excellence in nursing met the criteria for a site visit. In January, 2006, we were informed that our documents had been reviewed and scored as “excellent” which made MMC eligible for a site visit. We were visited by three Magnet appraisers on March 13-15, 2006. The purpose of the site visit was to verify, clarify, and amplify the written documentation and determine if the 14 Forces of Magnetism are embedded in our culture here at MMC. The site visit was one of the most rewarding aspects of the Magnet process. During the site visit, nursing administration and MMC leadership took a back seat. This allowed maximum interaction between the appraisers and the staff nurses. Speaking with the Magnet appraisers can be intimidating, but not for MMC staff, they were ready! Noted

Our Magnet

Charting the Course

The Journey

Nursing Councils



The Model for Shared Governance



We Have



Journey



y Continues

Destination in Sight



Magnet Evidence



Magnet Site Visit

Arrived!



by the Magnet appraisers during the visit were the teamwork, respect and collegiality between the nurses and all other MMC personnel. After the site visit, the staff nurses were quite excited and felt tremendous accomplishment and pride.

WE HAVE ARRIVED!

Following the site visit, the appraisers submitted a report to ANCC for a determination of Magnet Recognition status. On Tuesday May 16, 2006 before a packed auditorium, our Chief Nursing Officer, Marge Wiggins, RN received a call from the Magnet Commission Chairperson announcing that MMC had achieved Magnet designation. The news was barely out when the auditorium erupted with applause and cheering. It was official—MMC was recognized as a Magnet Hospital.

Following the announcement, Marge expressed her pride for the nurses, “I am especially pleased that you now have the national recognition you deserve. I am very proud of your excellence in patient care and the high degree of professionalism you demonstrate every day.”

At the National Magnet Conference in Denver on October 5-6, 2006, MMC was recognized as having achieved Magnet before a packed Denver Conference Center. MMC conference attendees were easily recognizable – wearing red MMC shirts and throwing red lobster stress balls into the crowd. The most recognizable attendee was the one dressed as a lobster from MMC. We were the talk of the conference and everyone will remember MMC.

Following our recognition at National Conference, a week-long, hospital-wide Magnet celebration took place October 16-20. Many activities were held each day with the highlight being the presentation of our Magnet Obelisk and plaque and the pinning ceremony where staff received their Magnet pins.

What Happens Now?

Our Magnet designation is awarded for a four-year period. There is annual monitoring and evaluation to ensure ongoing compliance with the Magnet Standards. To maintain our designation after four years, we need to re-submit an application for redesignation one year prior to our expiration year (2010). The journey that began in 2002 will continue with excellence as the constant goal. Maine Medical Center staff will continue to make this hospital the very best in the country and the environment in which patients will receive the best possible care anywhere.

Service

Maine Medical Center nurses are committed to community involvement at the local, state, national, and international levels. They willingly share their knowledge, expertise, leadership, and personal time. Our nurses demonstrate—everyday—that they care about their communities through their work here at MMC and in their personal lives and activities.

MMC NURSES REACH OUT IN OUR COMMUNITY

After only 12 weeks of planning, MMC nurses took center court at the Maine Mall on May 13, 2005. Over 100 nurses shared who they are, what they do, and their expertise and knowledge about a wide variety of health topics. This community event was the brain-storm of the Magnet, Marketing & Communications Council who reached out to nurses across MMC and successfully pulled this event together in a short period of time.

When the Maine Mall doors opened at 6 a.m., the nurses were ready. Armed with a variety of educational materials, displays detailing their practice and areas of expertise, and a mobile SCU patient room, they assembled a dramatic display of “Nursing at MMC.”

“*Nurses: Many Roles, One Profession*” was the theme, demonstrating the many ways nurses touch patients’ lives. From the virtual SCU room with the latest technology to wallet medication cards, visitors to the Mall were given a tour of the diversity of nursing. This display of nursing’s role across the spectrum of health care not only enlightened the community, but nurses as well. The opportunity for nurses to share best practices among themselves was an additional benefit, as nurses taught nurses on a variety of subjects.

While nurses are aware of their role as scientists, many of the visitors said they hadn’t thought of nurses in that light and were delighted to learn of the high degree of science behind nursing practice. Others stopped by simply to say thank you for giving such good care to them or a family member.

After the success of our first Maine Mall Event, enthusiasm for our second one came from all corners of the hospital and resulted in the participation of 41 departments. Based on the theme “*Getting Healthy One Pound at a Time*,” on September 22, 2006, more than 100 nurses from all three campuses greeted and educated Mall visitors on health, safety, and nursing as a career.

With an increase in the number of departments participating, Center Court was no longer big enough. Spread out throughout the Mall, stations were ready when the Mall opened; early morning mall walkers even found some stations to visit.

Building on the success of the virtual SCU our first year, many of the displays were interactive. The Barbara Bush Children’s Hospital nurses got people moving with a video dance mat that encourages children to get up and move; tours of the Pediatric Transport Ambulance Angel One was highly visited; and the ever popular blood pressure screening was a busy station.

Once again, nurses not only enjoyed their time with the community, but with each other. This event provides nurses from across MMC the opportunity to share their work, meet new staff, and reconnect with former co-workers.

Whether it was questions about nutrition, weight loss, medications, smoking cessation, diabetes, heart disease, dialysis, how to make an appointment in one of our outpatient clinics, or what the first steps into a nursing career might be, the community came out in force to learn more from the nurses of Maine Medical Center.

(Please see page 57 for a complete listing of MMC nurses’ community involvement.)



2005 Maine Mall



2006 Maine Mall

Practice Nursing

Advanced Practice Nursing (APN) is an essential component of the clinical practice at MMC. With over 100 APNs at MMC, there is a richness of expertise provided by our nurse practitioners, certified nurse anesthetists, clinical nurse specialists, and midwives. To support APN practice, Marge Wiggins and the Center for Clinical and Professional Development (CCPD) hold Advanced Practice Nursing forums to discuss issues pertinent to their roles and updates relative to current trends in health care practices. Forums are offered two to three times a year with the intent to address issues of priority as defined by the group in order to support new and current APNs throughout the organization. The most recent forum addressed the results of a survey for APNs to share the current status of orientation programs within their respective departments. At present, a work group is being formed to respond to the results of the survey, and address opportunities to optimize the orientation process for advanced practice nurses, and potentially hosting a national APN conference here in Portland.

The contributions of APNs to patient care and the nursing profession are many. Below are examples of advanced practice nurses' work at MMC and nationally.

Marylou Nesbitt, RN, MS, AOCN, Oncology Clinical Nurse Specialist

Marylou attended Oncology Nursing Society Cancer Genetics Short Course for Advanced Practice Nurses in May 2006. This course was supported by a five year grant from the National Cancer Institute to the Oncology Nursing Society. Marylou is now a "trainer" for the 4-hour Cancer and Genetics Course, which was offered in November, 2006 and again in June, 2007.

She is also the Principal Investigator for the study "Quality of Life of Patients Who Have Undergone High Dose Chemotherapy with Hematopoietic Stem Cell Support (Transplant)", a Longitudinal Study.

Jennifer Reid, FNP-C, Department of Surgery

Jennifer attended and completed RN First Assist course, now able to assist surgeons in the operating room.

Lisa Love, MS, APRN, BC, Outpatient Psychiatry

Lisa was invited, along with 25 other women from around the world, to participate in a three-day forum in Washington, DC in March, 2006. This event was hosted by an organization called Peace by Peace and George Mason University's School of Conflict Resolution and Analysis, called: "Women's Global Forum: Bridging the Cultural Divide between the US and Muslim-Majority Regions." Lisa was selected because she is a member of Peace by Peace and has started a local Peace Circle which corresponds via email with an Iraqi sister circle, from Baghdad. There were 20 women from Afghanistan, Mali, Pakistan, Egypt, the West Bank, and from all over the U.S. A handbook is being created from the forum. These women also met with Senate Congressional Aides to inform them of their work.

Lisa also has been active in the peace community, serving on the planning committee for the Midcoast Annual Peace Fair two years in a row and gave the opening speech at the fair in August, 2005.

In the fall of 2006, Lisa along with Linda Jacobson, APRN, BC, and JoAnn Palmacci, RNCS created a Wellness Group for psychiatric clients who are struggling with medical issues in addition to mental health issues. This Health Management Skills Group runs 12 weeks.

Cindy Honess, RN, MSN, CCRN, APRN, Cardiology Clinical Nurse Specialist

Cindy co-presented a poster titled “Optimal Bed Rest Duration Following a Cardiac Interventional Procedure to Prevent Vascular Complications” at the Sigma Theta Tau 17th International Congress Focusing on Evidence-Based Practice held in Montreal, Quebec, Canada in July, 2006.

She also participates on two nursing councils: Nursing Practice and Nursing Research. As a member of the Nursing Practice Council, Cindy both reviewed with nursing colleagues, updated based on evidence, and presented to the council three Nursing Practice policies. She continues to be a mentor in the Clinical Scholar Program.

Maggie Kelley, MSN, APRN, BC, COHN-S, Director, Employee Health Services

Maggie participated in an Emergency Preparedness Panel Discussion delivered at a joint Maine Medical Center/Mercy Health System Trustee session in 2006. Ms. Kelley addressed workforce considerations focused on protecting and supporting our most valuable resources—our staff.

Maggie is also involved with MMC’s Ergonomic Program. After a comprehensive, house wide gap analysis was conducted that included all of the inpatient and outpatient nursing units, injury trends by unit/functions were identified and preliminary action plans were implemented to address immediate needs. Three segments were established: Patient Handling, Material Handling and Information Technology.

A call for nursing participants to join the Patient Handling Ergonomic Committee was answered by a wide array of direct care providers. This committee has decision-making authority regarding which equipment will be trialed to promote optimal patient handling and staff satisfaction outcomes. Team members contribute to our ongoing development of a comprehensive Ergonomic Strategic Plan that addresses the complexities of balancing staff safety and patient handling needs as only known by those who provide that ‘special touch’ on a daily basis.

Larry LaPointe, BSN, RN, COHN-S/CM

Larry participates in MMC’s WOW (Works on Wellness) Council, which is an interdisciplinary team comprised of MMC staff who are interested in promoting and supporting healthy lifestyle decisions.

Becky Hitchcock, RNP, TTS,C.

Becky initiated the first NP intensive tobacco treatment program at MMC for bedside interventions for hospitalized patients offering motivation, education and recommendations for evidence based treatments, thereby reducing their withdrawal discomfort while hospitalized and providing tailored advice and resources for cessation of tobacco. Becky has also:

- Delivered numerous in-service programs across all departments for education pertaining to the tobacco treatment program available at MMC and for review of USPHS tobacco treatment guidelines and standards for health care providers.

- Participated as a presenter in two state wide education programs delivering tobacco treatment information and basic training for health care providers assessing and treating tobacco use in their individual settings.
- Serve on the Tobacco Treatment Specialist Certification Committee of the ME Lung Association.
- Developed a voice over power point presentation for use by MMC nurses in the Obstetrics Department in delivering a brief intervention for assessment of women using tobacco during and after pregnancy.
- Received from ME Lung Association the 2006 Patient Advocacy Award.
- Presented at the MMC Cancer Connections Conference, November, 2006.
- Presented at the 16th. Annual MMC Oncology Program Symposium, June, 2006.
- Participated on a panel at the 2006 STFM Northeast Regional Meeting.
- Presented at the Intensive Tobacco Treatment Training April, 2006, in Bangor, Maine.
- Presented at the annual Simmons College NP/MSN alumni meeting Portland, Maine, December, 2006.
- Publication, "Tobacco and Heart Disease in Women," The LINK, fall issue 2006.

Christine Roy, CRNA

The Certified Registered Nurse Anesthetists (CRNAs) in the Department of Anesthesia and Pain Management have established a formal preceptorship for nurse anesthesia students from the University of New England (UNE) and have welcomed to the staff, Christine Roy, the first student to complete her clinical training at MMC. Chris has been affiliated with MMC since 1990. Prior to entering the nurse anesthesia program at UNE, Chris was a member of the SCU nursing staff. She graduated from the UNE School of Nurse Anesthesia in November, 2006 and successfully passed her certification exam in January, 2007.

Maine Medical Center is now a dedicated clinical site for the 16-month clinical portion of the nurse anesthesia program. Previously, MMC welcomed nurse anesthesia students for enrichment rotations focused on specialty experiences such as thoracic and neuroanesthesia. The preceptorship is organized by a CRNA clinical coordinator who is responsible for scheduling required clinical experiences and completing the quarterly evaluations of a student's progress. The preceptorship serves as part of the recruitment strategy for CRNA staffing and is organized in collaboration with the anesthesia residency.

Judith A. Spross, PhD, RN, AOCN, FAAN, University of Southern Maine

- Awarded tenure and promotion to professor effective September, 2007
- Chairperson, University Research Council

Maine Medical Center

- Consultant to CCPD/Clinical Nurse Specialists for CNS database development
- Speaker, Center for Nursing Research & Quality Outcomes – Mentoring, Coaching and Evidence-Based Practice – September 2006.

National

- British Columbia Cancer Agency: Advanced Practice and Interdisciplinary Cancer Care – speaker – November 2006.
- March 2005 – March 2007:
 - ◆ National Association of Clinical Nurse Specialists' Education Committee Co-chair. Activities included: coordinating DNP invitational summit that included leaders of national CNS organization; drafting a statement on CNS and the relevance of advanced pharmacology and prescribing to CNS members for NACNS Board to use; preparation of preempting guidelines for CNS preceptors and CNS students
- May 2006 to present:
 - ◆ Represent the American Association of Colleges of Nursing to ANA/ABNS Stakeholder group whose mission is to develop a consensus on CNS competencies.

Nursing Coordinating Council

The purpose of Nursing Coordinating Council is to coordinate, communicate, and integrate the work of the Nursing Councils.

ACCOMPLISHMENTS

- Maintain Bylaws of the Maine Medical Center Department of Nursing.
- Advanced the understanding and establishment of shared governance in the Department of Nursing.
- Coordinate Annual Meeting of the Department of Nursing.
- Provide a forum for shared decision making:
- Referral body for Council input for decisions that have significant nursing or hospital-wide impact.
- Clearinghouse for Council activities to clarify responsibilities, set priorities, and avoid duplication of efforts.
- Forum where Council Co-Chairs can recommend or delegate work outside of their functions to other Councils.
- Forum where Council Co-Chairs can enlist assistance in a project from other Councils.

MEMBERSHIP

Dan Bergeron, RN
(Director – Nursing Informatics)

Marjorie DeSanctis
(Director – Finance and Systems)

Carol Doane, RN
(Education)

Deb Drew, RN
(Research)

Brenda Gouin, RN
(Ethics)

Betty Grant, RN
(Magnet, Marketing & Communications)

Robin Hall, RN (Clinical Nurse Advancement)

Lois Hayworth, RN
(Practice)

Ellen Hopkins, RN
(Quality)

Kristina Hyrkas, RN
(Director – Center for Nursing Research and Quality Outcomes)

Gail Labbe, RN (Magnet, Marketing and Communications)

Kelly Lancaster, RN
(Research)

Bernie Lehouillier, RN
(Practice)

Janet Maguire, RN
(Education)

Jonathan McCarthy, RN
(Director – Inpatient Flow)

Suzanne Parenteau, RN (Clinical Nurse Advancement)

Carole Parisien, RN
(Nursing Analyst/Policy and Procedures)

Sheila Parker, RN
(Associate Vice President)

Martha Riehle, RN
(Associate Vice President)

Eleanor Spear, RN
(Quality)

Paula White, RN
(Director – Center for Clinical and Professional Development)

Marjorie Wiggins, RN
(Chief Nursing Officer)

CO-CHAIRS

Robin Hall, RN



Suzanne Parenteau, RN

MEMBERSHIP

Carolyn Armstrong, RN
 Terri Babb, RN
 Janet Beecher, RN
 Karol Call, RN
 Janice Charek, RN
 Jane Cleaves, RN
 Debbie Cole, RN
 Roger Collard, RN
 Jeanie Coyne, RN
 Lori Furey, RN
 Patricia Garrett, RN
 Mary Genest, RN
 Jacqueline Gilbert, RN
 Cheryl Hammer, RN
 Cindy Kilbride-Johnson, RN
 Paula McGinty, RN
 Joseph McSweeney,
 Advisor
 Alison Milne, RN
 Michel O'Hayon, RN
 Helen Pride, RN
 Amy Robinson, RN
 Joan Smaha, RN
 Betty Stuart, RN
 Beth Thompson, RN
 Sarah Vreeland, RN
 Kathy Warner, RN

Clinical Nursing 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

- Successful advancement to date of 98 nurses: 80 Clinical Nurse III and 18 Clinical Nurse IV.
- Host annual recognition celebration for nurses who have advanced during the year.
- Strategic Planning Session to develop goals including education and marketing.
- Development of and implementation of CNAP E-Learning Program on MMC Intranet.
- Developed and revised several components of program: a) Nursing Director endorsement guidelines and checklist; b) Minimum hours scheduled per week for CN3 and CN4; c) Developed guidelines for CN3 advancement to CN4.
- Developed marketing plan for CNAP program which included intranet, NetNews, *What's Happening*, and information tables at workshops.
- Assisted with development of a LPN Clinical Ladder
- Developed a Buddy/Mentor List for new CNAP Council members.
- Revised CNAP Handbook.
- Provided education throughout the year about CNAP.

Clinical Quality Council

To identify and monitor the quality of nursing care in order to achieve optimal patient outcomes while maintaining patient satisfaction and keeping costs to a minimum. The Nursing Quality Council will be responsible for submitting data collected by Patient Care Units to the National Database of Nursing Quality Indicators (NDNQI) related to patient falls, pressure ulcers, nursing satisfaction, patient satisfaction, and other nurse sensitive indicators.

ACCOMPLISHMENTS

- Completed RN Satisfaction Survey April 2005 & 2006.
- Nursing Unit Quality Plans.
- Coordinate the ongoing Nursing Sensitive Indicators (NSI) submission to NDNQI.
- Coordinated & implemented reporting of NSIs to Maine Quality Forum starting May 2006.
- Coordinated data collection of admission history & assessment for the JCAHO Scorecard.
- Guide ongoing development of the Nursing scorecard; added unit specific monitors.
- Coordinated access to nursing scorecard for all RNs.
- Staff education on access and utilization of the AVATAR satisfaction database, Nursing Balanced Scorecard, and unit specific quality data and established process for all RNs to have access.
- Staff education on access and the utilization of new Peminic web-based Incident Reporting System.
- Staff education, ongoing documentation, and auditing of visual infiltration phlebitis scores.
- A new process for education and monitoring system of policies/procedures.
- Engaged staff nurses from various units to participate in a hospital wide research project to evaluate four falls risk assessment tools for specificity and reliability.
- Transitioned research findings into practice of intradermal buffered lidocaine for peripheral IV starts to promote EBP and customer satisfaction; initiated education campaign.
- Guided the development of chart audit tool for new scanning technology; coordinated implementation.
- Guided the development and implementation of a Nursing Icon on all clinical workstations and Manager PCs to provide staff nurses direct accessibility to unit specific quality monitors.
- Developed new Excel database for unit specific monitors reported off unit; trained staff in accessing and data entry.

CO-CHAIRS



Ellen Hopkins, RN



Eleanor Spear, RN

MEMBERSHIP

Grace Abourjaily, RN
 Betsy Ballard, RN
 Mary Bauer, RN
 Chantal Bedard, RN
 Emily Benevento, RN
 Richard Boisselle, RN
 Bonnie Boivin, RN
 Mary Bowne, RN
 Susan Brown, RN
 Donna Burnell, RN
 Tammy Cade, RN
 Ruth Cote, RN
 Beth Coughlan, RN
 Melissa Demers, RN
 John Dio, RN
 Deborah Dolan, RN
 Debra Drew, RN
 Carole DuPerre, RN
 Alleen Eastwood, RN
 Elaine Enochs, RN
 Kim Esty, RN
 Kathy Gagne, RN
 Jeannie Gallant, RN
 Paulette Gallant, RN
 Jackie Gilbert, RN
 Jean Hammond, RN
 Kathleen Keane, RN
 Teresa Leeman, RN
 Christine Lord, RN
 Patrick Morey, RN
 Doris Morin, RN
 Carole Parisien, RN
 Pauline Perham, RN
 Therese Qualey, RN
 Wanda Reutt, RN
 Gail Savage, RN
 Angie Vereshko, RN
 Barbara Winship, RN
 Shelley Wilkins, RN

CO-CHAIRS



Carol Doan, RN



Janet Maguire, RN

MEMBERSHIP

Linda Boyd, RN
 Karol Call, RN
 Nancy Craig, RN
 Rachel Dalglish, RN
 Stephanie D'Amboise, RN
 Michelle Duval, RN
 Rachel Drury, RN
 Cheryl Hammer, RN
 Mary Foley, RN
 Robert Knowles, RN
 Catherine Hickson, RN
 Theresa McCluskey, RN
 Claudette Mimeault, RN
 Martha Mita, RN
 Mary Foley, RN
 Darlene Rouleau, RN
 Janet Oliver-Palanca, RN
 Eileen Shanahan, RN
 Bobbi Shirley, RN
 Simonne Sansoucy, RN
 Paula White, RN
 Barbara Winship, RN

Education Council

To support educational opportunities for nursing staff by ongoing evaluation and revision of present educational systems and methods.

ACCOMPLISHMENTS

- Developed guidelines and a process for any nursing staff and allied health professional employed by MMC to apply for conference funding.
- Designed and developed the Nursing Resource website.
- Initiated exploration of ACLS mandatory requirements for nursing staff in selected settings.
- Annual Education Record designed for nursing staff to keep track of their own education throughout the year.
- Developed guidelines and application criteria for a Department of Nursing Sabbatical Program. The program provides a grant, which will allow 200 hours of sabbatical time, for a nurse to pursue the development/implementation of a nursing research project, development of an innovative program for nursing practice, a publishing project, a community outreach project, or other projects related to clinical nursing.
- Initiated marketing of education requirements, educational opportunities and how to fund these programs by creating a quick reference guide located in the front of the 2004-2005 Department of Nursing Calendar.
- Provides valuable feedback and input into the Department of Nursing Education Calendar.
- Created an education survey for the Department of Nursing in 2005 which provided direction for educational initiatives in 2005 and 2006.
- Spearheaded the planning process of developing innovative ways to recognize all Clinical Nurse Preceptors hospital-wide.
- Development of the Resource Book to guide staff on continued opportunities for development.
- Decision to retire Education Council the end of FY06.

Clinical Ethics Council

The Nursing Ethics Council and the Clinical Ethics Committee merged into one committee in 2005, creating a hospital-wide committee with interdisciplinary representation. Approximately one-third of the membership is from nursing and the other two-thirds are comprised of physicians, pastoral care, social work, community representation, ethicist and others.

Many members of the Clinical Ethics Committee have pursued advanced ethics education courses at Harvard University, Georgetown University Intensive Bioethics Course, University of Seattle, and an online nursing ethics course. The Neonatal Intensive Care Unit is developing a Perinatology and Pediatrics Ethics Group to focus more closely on issues pertinent to their specialty.

Some of the educational offerings have included:

- Annual Retreats.
- Special Care Unit Ethics Education and discussions monthly.
- Quarterly Ethics Educational Forums.
- Ethics has been included as topics in many specialty conferences (Trauma, Cardiology, Pediatrics).
- Resident Education.
- Outreach Education Programs.
- Clinical Ethics Consultation Team Development.

The Clinical Ethics Committee has been involved with the development of care guidelines and policies/procedures related to grievances, approaching disruptive behaviors, resuscitation, and others.

The Committee continues to foster the development of unit-based ethics teams who are responsive to clinicians at the bedside. Linkage with the Nursing Coordinating Council continues with a nursing representative from Clinical Ethics sitting on the Nursing Coordinating Council.



CO-CHAIRS



Betty Grant, RN



Gail Labbe, RN

MEMBERSHIP

Terri Babb, RN
 Louise Barton, RN
 Lois Bazinet, RN
 Gail Beals, RN
 Dan Bergeron, RN
 Rosalie Blenkhorn, RN
 Cheryl Bougie, RN
 Jacqueline Bourque, RN
 Elizabeth Brookes, RN
 Karol Call, RN
 Kim Carnevale, RN
 Janice Charek, RN
 Sandy Colello, RN
 Martha Davoli, Advisor
 Kristine D'Agostino, RN
 Kathie Demmons, RN
 Deborah Dobson, RN
 Barbara Ellsworth, RN
 Mary Foley, RN
 Donna Green, RN
 John Harbottle, RN
 Tara Herman, RN
 Valerie Hodgdon, RN
 Diane Howitt, RN
 Shamon Jahngen, RN
 Kristin Johnson, RN
 Charlotte Joy, RN
 Priscilla Kennie
 Andrea Killinger, RN
 Barbara Kilroy, RN
 Nancy Knudsen-Plourde, RN
 Gwen Lambert, RN
 Kandy Lefebvre, RN
 Donna Libby, RN
 Kendall Lord, RN
 Christine Lord, RN
 Rita Menard, RN
 Heidi Miller, RN
 Claudette Mimeault, RN
 Heidi Montagne, RN
 Sonja Orff, RN
 Carole Parisien, RN
 Sheila Parker, RN
 Rosemarie Powers, RN
 Martha Richardson, RN
 Christine Robbins, RN
 Joanne Shoemaker, RN
 Susan Skowronski, RN
 Bonnie Smith, RN
 Karen Souza, RN
 Jan Stilkey, RN
 Marianne Tufts, RN

Magnet, Marketing and 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

- Magnet activities:
 - ♦ Attendance at annual National Magnet Conference.
 - ♦ Magnet Champion Retreats.
 - ♦ Magnet related activities:
 - a. visibility of our Magnet Journey through speaking engagements and presentations at a variety of MMC forums;
 - b. developed a template for magnet information on units;
 - c. Magnet newsletter;
 - d. development of our MMC Magnet logo (sand dollar and wave) – collaborative effort between council and MMC's AV department.
 - ♦ Reviewed and prepared for submission our Magnet documentation on September 29, 2005.
 - ♦ Prepped and coordinated our Magnet Site Visit on March 13-15, 2006.
 - ♦ Magnet Announcement May 16, 2006.
 - ♦ Magnet Celebration Week October 16-20, 2006.
- Development of an internal and external image of MMC nurses and the nursing profession.
- Coordination of Nurses' Week activities.
- *Nursing at the Center* newsletter.
- Initiatives: a) change in ID badges house wide—at nurse's request to have first name only badges as an option; b) development of internet and intranet webpages; c) Maine Mall Event (an all day event where MMC nurses share information to promote health and educate the public about the nursing profession and nurses' roles in health care; d) developed a standard Chart Audit process for nursing; e) promoted nurse specialty certification; f) collaborated with Nutrition and Information Services to increase referrals and establish a process for assessments to trigger appropriate referrals

Nursing Practice Council

The current Practice Council represents a merger in October 2004 between Nursing Practice and Nursing Policy & Procedures/Standards of Care. The Practice Council's purpose is to develop and approve policies, procedures, and standards of care that reflect evidence-based practice, regulatory standards, federal and state law. This Council also supports and guides staff who seek implementation of innovations which enhance quality of care and the ongoing growth of professional nursing practice.

ACCOMPLISHMENTS

- During 2005 and 2006, the Practice Council reviewed and approved 130 patient care policy/procedures and standards of care.
- Instituted a variety of patient care innovations in support of MMC's implementation of Family Centered Care:
 - ◆ Guided the development and pilot of the Vital Sign Flow Sheet in SCM in collaboration with Information Systems.
 - ◆ Developed a nurse-driven immunization program for Pneumococcal and Influenza vaccination in collaboration with the Center for Performance Improvement.
 - ◆ Implemented the Visual Infusion Phlebitis (VIP) Staging Key based on nursing research on R1.
 - ◆ Provided consultation on the development and implementation of the Medication Reconciliation form as part of the Patient Safety Goal initiative.
 - ◆ Revised and implemented the Patient Admission Health History and Assessment to standardize practice.
 - ◆ Created a new "Community Resource" sheet for outpatients requiring follow-up with specific needs.
 - ◆ Developed Clinical Practice Guidelines for Prevention of Catheter-Associated Urinary Tract Infections in an effort to decrease the UTI rate.
 - ◆ Coordinated a presentation on Tobacco Cessation Program in collaboration with the Center for Tobacco Independence and provided materials for each nursing unit to inform patients of treatment and statewide resources.
 - ◆ Developed nursing unit specific plans to increase patient hand hygiene. Plans focused on immobilized patients and signage was created to remind patients and families.
 - ◆ Increased awareness and use of buffered lidocaine for IV starts.
 - ◆ Transport of patients on DRO precautions.
 - ◆ Oxygen administration.
 - ◆ Body piercing issues for patients going to surgery.
 - ◆ Increased awareness and use of Micromedex for patient education.
 - ◆ Guided the development of the Foley Catheter Flow Sheet and Blood Glucose Flow Sheet in SCM.
 - ◆ Coordinated a presentation on Blood Glucose Tight Control by the Diabetes Nursing Specialist and provided RN and patient reference materials for each nursing unit.

CO-CHAIRS



Bernadette Lehouillier, RN



Lois Hayworth, RN

MEMBERSHIP

Ellen Assante, RN
 Rhonda Babine, RN
 Roberta Barber, RN
 Cindy Belanger, RN
 Diane Beliveau, RN
 Bonnie Boivin, RN
 Jackie Bourque, RN
 Bridget Burke, RN
 Chris Chamberlain, RN
 Jane Cleaves, RN
 Debbie Cobb, RN
 Beth Coughlan, RN
 Susan Curtis, RN
 Stephanie D'Amboise, RN
 Rhonda DiPhilippo, RN
 Carole DuPerré, RN
 Anne Esposito, RN
 Sandy Fournier, RN
 Kelly Hankinson, RN
 Diane Herrick, RN
 Cynthia Honess, RN
 Judy Howes, RN
 Connie Jackson, RN
 Tracie Johnson, RN
 Joanne Kenny, RN
 Julie Lamson, RN
 Ann Marie Martin, RN
 Deb McPherson, RN
 Janet Oliver-Palanca, RN
 Carole Parisien, RN
 Gail Savage, RN
 Cindy Smith, RN
 Sarah Sturges, RN
 Laurie Tardiff, RN
 Marilyn Tracy, RN
 Diane Vasile, RN
 Mary Whitlock, RN
 Shelly Wilkins, RN
 Elaine Zappala, RN

- ◆ Provided consultation on the development of the Heparin flow sheet in SCM.
- ◆ Provided consultation on the development and implementation of Hands Off Defibrillation for Code 99.
- ◆ Increased awareness of medication labeling and storage of medications as part of the Patient Safety Goal initiative.
- ◆ Revised and implemented Wong-Baker Pain Assessment Scale.
- ◆ Provided consultation for implementation of new FLACC Pain Assessment Scale.
- ◆ Increased awareness and use of Interpreter Services.
- ◆ Increased awareness of concierge books for patient/family use with possibility of establishing house-wide.
- ◆ Provided consultation for DRO precaution care with plans to eliminate precaution carts and replace with hanging bags.
- ◆ Reviewed various products for Foley catheter securement to help decrease the UTI rate.
- ◆ Increased awareness of dietary services and communication of NPO.
- ◆ Provided consultation on the development of an Electronic Medication Record.
- Formed partnerships with other disciplines, councils, and the community to establish evidence-based nursing practice:
 - ◆ MMC librarian joined the council to provide consultation in assisting staff with literature searches.
 - ◆ Collaborated with Nursing Research Council to establish “Guidelines for Referencing Evidence-Based Practice.”
 - ◆ University of Maine nursing students researched MMC policy/procedures for evidence-based practice in support of nursing practice at MMC.
 - ◆ Conducted a comprehensive review of several procedure manuals in collaboration with the Research Council. Replaced drug handbooks and procedure manuals for adult and pediatric medical-surgical patient care with revised editions.
 - ◆ Collaborated with Nursing Quality Council to monitor practice changes identified through policy and standards review.
 - ◆ Begin work on new Partnership Care Delivery Model.
- Added “Pressure Ulcer Prevention” interventions from the National Pressure Ulcer Advisory Board to nursing standards of care in an effort to improve MMC’s pressure ulcer rate.
- Established a process for monitoring practice using chart audit tools based on policy/procedure content.
- Revised the format for writing policies to improve communication of nursing practices. Re-writing all policies is in progress.
- Began to consolidate the Nursing Service Manual with Nursing Practice Manual to facilitate staff access to Department of Nursing Governance and administrative policies.
- Moved several policies to the Institutional Manual in collaboration with various disciplines through policy development for easier access by all disciplines.
- Transitioned policy/procedures and standards of care from manual paper system to MMC Intranet for easy access.
- Members participated in the “Image of Nursing” community project (Maine Mall Event).

Research Council

To improve the quality of nursing care through the generation, utilization, and advancement of a scientific knowledge base for nursing practice.

ACCOMPLISHMENTS

- Continued promotion and creation of a core group of Clinical Scholars to serve as resources for Evidence-Based Practice (EBP).
- Facilitates Evidence-Based Workshops.
- A day of celebration for Evidence-Based Practice.
- Annual Nursing Research Day—concluded our sixth one October 2006.
- Provide educational offerings for promoting nursing research and evidence-based practice.
- Wrote and instituted a Nursing Research Policy.
- Selected a model for grading levels of evidence to be applied to new policies.
- Presented several local educational offerings to advance knowledge of Evidence-based Practice and research beyond the boundaries of Maine Medical Center.
- Planning of Research Indicators on the Nursing Scorecard.
- Development of an E-learning program on Evidence-based Practice.
- Continued promotion and creation of a core group of Clinical Scholars to serve as resources for Evidence-Based Practice (EBP).
- First annual Nursing Research and EBP award.
- Provided EBP Resource books to all nursing units.

CO-CHAIRS



Deb Drew, RN



Kelly Lancaster, RN

MEMBERSHIP

Jason Aucoin, RN
 Rhonda Babine, RN
 Meredith Beals, RN
 Richard Boisselle, RN
 Gail Chop, RN
 Carol Elliot, RN
 Stacy Farrington, RN
 Renee Fortin-Shoemaker, RN
 Paulette Gallant, RN
 Carolyn Greene, RN
 Deb Gregoire, RN
 Phyllis Healy, RN
 Susan Henderson, RN
 Nancy Hill, RN
 Cindy Honess, RN
 Vicki Hunt, RN
 Kristina Hyrkas, RN
 Nicole Irvin, RN
 Jana Jacobs, RN
 Anita Johnston, RN
 Pam Jordan, RN
 Lisa Joseph, RN
 Kathleen Keane, RN
 Trudy Kent, RN
 Gail Kolbe, RN
 Christine Kuhar, RN
 Deb Kramlich, RN
 Louise Marcotte, RN
 Melissa Marsh, RN
 Jennifer Miles, RN
 Jennifer Morton, RN
 Jennifer Powers, RN
 Patty Rickards, RN
 Deb Riendeau, RN
 Darlene Rouleau, RN
 Kris Schwartz, RN
 Susan Sepples, RN
 Tania Strout, RN
 Louise Wakefield, RN
 Tammy Whiting, RN
 Mary Whitlock, RN

Appendix

Certifications

Becoming certified in their specialty is a validation of a nurse's knowledge, expertise, and commitment to excellent, quality patient care. MMC nurses recognize the importance of certification and its relationship to patient outcomes. Our nursing leadership continuously encourage and support staff in becoming certified utilizing a variety of approaches:

- discussion at annual performance review
- financial support for the review classes
- encouraging nurses to attend the "Test Taking Skills" class
- providing review classes
- coordinating study groups and sharing study guides and books amongst staff
- recognizing certified nurses by formally announcing newly certified nurses
- displaying names on wall plaques in highly visible areas on the nursing units

Acute Care Nurse Practitioner

Deborah A. Hoch, NP

Adult Mental Health

Jeanne M. Mullen, RN

Adult Nurse Practice

Jason A. Aucoin, RN
Georgann S. Dickey, RN
Patricia A. Fahey, RN
Daniel J. Feltovic, RN
Cindy L. Frost, RN
Marianne N. Harmon, NP
Priscilla Hennessey, RN
James R. Kavanagh, RN
Margaret J. Kelley, RN
Judith Kerr, RN
Pamela LaJeunesse, NP
Catherine S. Lapointe, RN
Elizabeth A. Largey, RN
Sabrina A. Loring, RN
Julianne B. Ontengco, RN
Elizabeth A. Pavao, RN
Caryn P. Radziucz, NP
Lynn I. Reid, RN

Adult Psychiatric Clinical Nurse

Patrice M. Roy, RN

Adult Psychiatric/Mental Nurse Practitioner

Heather Emerson, NP
Amy L. Liston, NP
Ellen M. Moulton, NP
Sandra T. Putnam, NP
Patrice M. Roy, NP
Leah M. Vosmus, NP

Advanced Practice Mental Health

Lisa D. Love, RN

Advanced Practice Registered Nurse

Donna R. Ross, RN

Ambulatory Care Nursing

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

Ambulatory Perianesthesia

Linda D. Aspinall, RN
Elaine Enochs, RN
Patricia Faulk, RN
Janna M. Frank, RN
Jaclyn Gilbert, RN
Tammy W. Hulst, RN
Kelly E. Lancaster, RN
Danielle M. Nelson, RN

Cardiovascular Nursing

Rhonda L. Babine, RN
Jane Cleaves, RN
Alleen Eastwood, RN
Lori E. Sturgeon, RN

Case Manager

Katherine F. Brancelly, RN
Jennifer S. Bridges, RN
Susan L. Cahoon, RN
Marie I. Calvert, RN
Olivia S. Cobb, RN
Linda A. Edgerton, RN
Karen A. Eldridge, RN
Carolyn A. Hale-Tinsman, RN
Susan Harper, RN
Larry LaPointe, RN
Barbara S. Lincoln, RN
Ann D. Rust, RN
Kathryn Ware, RN

Certified Specialist Poison Information

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

Childbirth Educator

Catherine A. Duplinsky, RN
Lorande J. Furey, RN
Ellen F. Kunkle, RN
Elizabeth E. Stuart, RN
Diane F. Tupper, RN

Clinical Research

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

Clinical Transplant Nurse

Roxanne M. Taylor, RN

Critical Care Nurse Specialist

Mary C. Otis, RN

Critical Care Nursing

Laura R. Barra, RN
Christine M. Bartram, RN
Kathleen S. Bennett, RN
Theresa R. Boulos, RN
Robin L. Chase, RN
Carla E. Cutting, RN
Carol P. Doane, RN
Deborah A. Gregoire, RN
Deborah A. Hoch
Cynthia A. Honess, RN
Deborah J. Jackson, RN
Patricia A. Jordan, RN
Linda M. Josti, RN
Kathleen M. Keane, RN
Kate E. Klein, RN
Debra L. Kramlich, RN
Leslie K. Larsen, RN
Catherine Lyden, RN
Janet P. Maguire, RN
Gail Marchigiano, RN
Anthony T. Otis, RN
Mary C. Otis, RN
Paul M. Pelletier, RN
Melinda M. Rankin, RN
James C. Roberson III, RN
Suzanne Satterfield, RN
Susan B. Sepples, RN
Theresa R. Stevens, RN
Micheline Wilkins, RN
Elaine M. Zappala, RN

Clinical Specialist Adult Psychiatric

Andrea F. Elmore, RN

Clinical Specialist Adult Psychiatry & Mental Health

Margaret Bradstreet, RN
Maureen E. Callnan, RN
Heather Emerson, RN
Madeleine S. Garmey, RN
Leslie A. Gatcombe-Hynes, RN
Linda H. Jacobson, RN
Amy L. Liston, RN
Kristi K. Macarelli, RN

Patricia R. Todorich, RN
Jo A. Palmacci, RN
Leah M. Vosmus, RN

Clinical Specialist Child Psychiatry and Mental Health

Leslie A. Gatcombe-Hynes, RN

Diabetes Educator

Rachel H. Girard, RN
Maurie S. Hill, RN

Dialysis Nurse

Laurel A. Valley, RN

Electronic Fetal Monitoring

Lorande J. Furey, RN

Emergency Nurse

Dolores A. Arensberg, RN
Roland D. Auger, RN
Jane G. Baxter, RN
Ann F. Bishop-Kodis, RN
Elizabeth R. Blades, RN
Richard P. Boisselle, RN
Beth A. Carnicella, RN
Carla E. Cutting, RN
Dawn M. Fairfield, RN
Daniel J. Feltovic, RN
Robin M. Hall, RN
Tina M. Inman, RN
Kandy J. Lefebvre, RN
Steve P. Moody, RN
Sean B. Murphy, RN
James C. Roberson III, RN
Barbara L. Senko, RN
Angela M. Smith, RN
Andrea W. Varnum, RN
Tori M. Willis, RN

Emergency Nurse Pediatric

Ann F. Bishop-Kodis, RN
Kimberly A. Bockus, RN
Heather L. Boisot, RN
Richard P. Boisselle, RN
Ann Marie C. Bolduc, RN
Bridget A. Burke, RN
David A. Byers, RN
Beth A. Carnicella, RN
Lori J. Crowley, RN
David D. Dirs, RN
Andrea F. Elmere, RN
Dawn M. Fairfield, RN
Melissa Fairfield, RN
Jeanne M. Gebhart, RN
Georgia L. Golder, RN
Jennifer R. Granata, RN
JoBeth Hager-Perry, RN
Robin M. Hall, RN
Wendy J. Haskell, RN
Tina M. Inman, RN
Pamela J. Jordan, RN
Stephanie A. Jordan, RN
Nina Keely, RN
Kandy J. Lefebvre, RN
Jeffrey S. L'Heureux, RN
Darlene D. Lessard, RN
Jessica L. Michaud, RN
Claudette Mimeault, RN
Melanie L. Morneau, RN
Amy L. Owens, RN
Theresa L. Peterson, RN
Sarah A. Scott, RN
Barbara L. Senko, RN
Kathryn L. Shevenell, RN
Brenda K. Slivinsky, RN
Angela M. Smith, RN
Andrea Spoken, RN
Karen D. Taylor, RN
Louise Wakefield, RN

Joann Wood, RN
Barry G. Worthing, RN

EMT

Judy A. Philbrick, LPN
Micheline Wilkins, RN

Family Nurse Practitioner

Christine G. Cleaves, RN
Tamiko N. Davies, NP
Susan Fielding, NP
Valerie J. Fuller, RN
Donna L. Gordon, RN
Janene S. Gorham, NP
Rebecca S. Hitchcock, RN
Stacey L. Kelley, RN
Dawne E. Miller, RN
William F. Nevins, RN
Annette O'Gorman, RN
Janice L. Pflugrad, RN
Sandra T. Putnam, NP
Jennifer J. Reid, RN
Jennifer A. Rogers, NP
Susan J. Sullivan, RN
Tiffany L. Townsend, RN

Gastroenterology Nursing

Caroline A. Baker, RN
Roger R. Collard, RN
Stephanie Curran, RN
Cynthia Ferland, LPN
Martha Mita, RN
Rosemarie T. Powers, RN

Gerontological Clinical Nurse Specialist

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

Healthcare Project Management

Kim Tierney, CNS

Holistic Nursing

Deborah A. Martin, RN

Infection Control

Gwen Rogers, RN

Infusion Nurse

Susan L. Roney, RN

Inpatient Obstetrics

Pamela C. Brennan, RN
Elizabeth D. Brookes, RN
Kimberley L. Carnevale, RN
Veronica Carter, RN
Colette L. Dunfee, RN
Julie V. Fortier, RN
Jacquelyn D. Fournier, RN
Lorande J. Furey, RN
Shirley M. Giles, RN
Margaret M. Grazewski, RN
Leslie A. Grimes-Fischer, RN
Kristi Leland, RN
Jamie L. Mahar, RN
Muriel A. Morse, RN
Caren M. Priest, RN
Patricia D. Rickards, RN
Elizabeth E. Stuart, RN
Lori A. Sweatt, RN
Pamela K. Tozier, RN
Diane F. Tupper, RN
Natalie A. Twaddell, RN
Jane Walker, RN
Melinda B. Walker, RN

Lactation Consultant

Julia M. Anderson, RN
Beth E. Bejcek, RN
Veronica Carter, RN
Emily S. Dubord, RN
Bonnie Jewett, RN

Muriel A. Morse, RN
Ellen L. Rathbun, RN
Karen J. Robbins, RN
Veronica H. Sweeney, RN
Carole R. Tubbs, RN
Celine Whitehead, RN

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, CNS
Holly A. Beaulieu, RN
Cindy I. Belanger, RN
Louise A. Bell, RN
Kathleen C. Bennett, RN
Mary E. Blue, RN
Judith G. Booker, RN
Laura P. Burke, RN
Karol E. Call, RN
Gloria D. Carlton, RN
Gloria D. Carlton, 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
Patricia C. Friberg, RN
Dana T. Galbraith, RN
Paulette S. Gallant, RN
Patricia J. Garrett, RN
Kathleen A. Gilliam, RN
Jacqueline Gogan, RN
Dorothy M. Golder, RN
Bettyanne H. Grant, RN
Bettyanne H. Grant, SUP
Mary R. Greene, RN
Sharon A. Grindel, RN
Janet T. Gross, RN
Heidi A. Gwinn, RN
Erin K. Hall, RN
Tracy L. Hall, RN
John R. Harbottle, RN
Maryann B. Henick, RN
Diane M. Higgins, RN
Jami S. Hill-Graffam, RN
Cynthia A. Honess, RN
Diane C. Howitt, RN
Lynn M. Huck, RN
Constance E. Jackson, RN
Christine V. Johnson, RN
Christine M. Jones, RN
Virginia C. Jordan, RN
Sarah M. Keller, RN
Barbara L. Kilroy, RN
Brandi L. Knight, RN
Julie A. Lamson, RN
Joanne M. Leary, RN
Amanda L. Leque, RN
Janice Libby, RN
Patricia R. MacDonald, RN
Carol E. Maynard, RN
Paulette J. Melanson, RN
Jennifer R. Mirone, RN
Molly E. Mitton, RN
Norma I. Moore, RN
George A. Moreau, RN

Jason V. Morgan, RN
 Carol J. Morse, RN
 Michel Ohayon, RN
 Elna M. Osso, RN
 Richard W. Pierce, RN
 Elizabeth A. Powers, RN
 Barbara M. Prescott, RN
 Wanda Reutt, RN
 Darlene J. Rouleau, 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
 Caroline Wagner, RN
 Virginia Weeks, RN
 Debra L. Wilson, RN
 Lauri A. Wilson, RN
 Barbara B. Winship, RN
 Dorothy A. Zieba, RN

Neonatal Intensive Care

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

Neonatal Nurse Practitioner

Ann T. Carroll, NP
 Valerie M. Cook, NP
 Cynthia L. Jesseman, NP
 Annette M. Kissin, NP
 Carole B. Messenger-Rioux, NP
 Vicki L. Schaffer, NP
 Susan J. Sullivan, NP
 Karen E. Wadman, NP
 Mary Weinstein, NP
 Diane M. Wentzel-Carrier, NP

Nephrology Nurse

Sandra L. Bryan, RN

Nurse Anesthetist

Heidi J. Alpern, RN
 Lucy E. Bauer, RN
 Gregory A. Cyr, RN
 Maryse J. Cyr, RN
 Niki A. Day, RN
 Henri P. DesRosiers, RN
 Paul E. Dionne Jr, RN
 Karen E. Donovan, RN
 Madge E. Evans, RN
 Rae D. Geren, RN
 Mark C. Heins, RN
 Susan S. Holloran, RN
 Marjorie D. Humeniuk, RN
 Deborah A. Kovar, RN
 Sheeryl Lowman, RN
 Lora L. Manning, RN
 Bruce W. Martell, RN
 Kathleen McCarthy, RN

Philip D. Meyers, RN
 Claire A. Miner, RN
 Ann E. Misterovich, RN
 Kathleen A. Pacent, RN
 Nancy A. Quint, RN
 James C. Roberson III, RN
 Rebecca A. Roy, RN
 Ann Marie Sellinger, RN
 Elizabeth A. Smith, RN
 Suzanne M. Snowden, RN
 Jean M. St Pierre, RN
 Lise M. Stone, RN
 Jill M. Terranova, RN
 Vance A. Wormwood, RN

Nurse Midwife

Phyllis L. Reames, RN

Nursing Administration Advanced

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

Nursing Administration

Emma L. Dann, RN
 Deborah A. Dolan, RN
 Jani M. Kinder, RN
 Donna L. Libby, RN

Occupational Health

Cindy L. Frost, NP
 Margaret J. Kelley, APRN
 Larry LaPointe, RN

Oncology Clinical Nurse Specialist

Marylou Nesbitt, RN

Oncology Nursing

Rachel R. Abbott, RN
 Donna Akerson Green, RN
 Jennifer R. Caiazzo, RN
 Nicole J. Connor, RN
 Robin S. Corrao, RN
 Julie A. Creek, RN
 Emma L. Dann, RN
 Virginia Gilmore, RN
 Jami S. Hill-Graffam, RN
 Carla R. Hutchinson, RN
 Gael S. Jackson, RN
 Mark P. Leclerc, SUP
 Daniel J. MacLeod, RN
 Marylou Nesbitt, RN
 Michelle M. Powell, RN
 Marie P. Richard, RN
 Julie-Ann Robert, RN
 Janet L. Springborn, RN
 Elizabeth B. St Germain, RN
 Patricia M. Stasinowsky, RN
 Diane D. Vachon, RN
 Angelo P. Verdelli Jr, RN
 Gina M. Zilio-Smith, RN

Operating Room Nurse

Katrina A. Anderson, RN
 Maureen E. Bien, RN
 Jill S. Binford, RN
 Deborah L. Cole, RN
 Karen M. Dumond, RN
 Clarence A. Fenton, RN
 Kathleen J. Gagne, 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
 Janice S. Littlefield, RN
 Kathleen Marlowe, RN

Dianne C. Massey, 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
 Marianne G. Tufts, RN
 Katherine J. Warner, RN
 Cindy A. Wyatt, RN

Orthopedic Nurse

Cynthia Kilbride-Johnson, RN
 Linda A. Philbrick, RN
 Sarah J. Vreeland, RN

Palliative Nursing

Kerri M. Hopkins, RN
 Gina M. Zilio-Smith, RN

Pediatric Nurse Practice

Janice B. Charek, RN
 Janice E. Dudley, NP
 Cynthia L. Stewart, RN

Pediatric Nurse

Laura R. Barra, RN
 Bridget A. Burke, RN
 Janice B. Charek, RN
 Robin L. Chase, RN
 Debra L. Kramlich, RN
 Elizabeth S. Matheson, RN
 Melanie L. Morneau, RN
 Teresa A. Morgan, RN
 Elizabeth M. Thompson, RN

Pediatric Oncology

Bridget A. Burke, RN
 Kimberly L'Heureux, RN
 Pamela M. McGuire, RN
 Rebecca L. Quirk, RN

Perianesthesia Nursing

Joanne E. Biery, RN
 Denise A. Borrelli, RN
 Keri P. Breuer, RN
 Mary B. Charest, RN
 Janet Chartier, RN
 Ruth S. Cote, RN
 Jeanie K. Coyne, RN
 Deborah A. Gregoire, RN
 Martha S. Johnston, RN
 Gail E. Labbe, RN
 Gwen A. Lambert, RN
 Lisa J. Paquet, 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
 Ruth S. Cote, RN
 Deborah A. Gregoire, RN
 Lois M. Hayworth, RN

Procurement Transplant

Coordinator

Roxanne M. Taylor, RN

Psychiatric Critical Care Nursing

Angela M. Albert-Mitchell, RN

Psychiatric Nurse Practitioner

Angela M. Albert-Mitchell, RN
 Madeleine S. Garmey, RN
 Leslie A. Gatcombe-Hynes, RN
 Barbara C. Howaniec, RN

Psychiatric Mental Health

Ellen R. Assante, RN
 Ruth D. Corbett, RN
 Louis M. Dudek, RN
 Kathryn J. Eliscu, RN
 Doris J. Morin, RN
 Colleen H. Robinson, RN
 Elizabeth S. Sterling, RN
 Karen V. Douglass, RN

Rehabilitation Nursing

Constance E. Jackson, RN
 Donna L. Kennie, RN
 Andrea C. Killinger, RN
 Louise A. White, RN

Radiologic Technologist, Registered

Susan E. Trafton, TEC

School Nurse

Bobbi-Jo F. St Peter, RN

Sexual Assault Nurse

Erin E. Petrocelli, RN
 Amy R. Strum, RN

Transplant Critical Care

Carla E. Cutting, RN

Trauma Nurse Critical Care

Jane G. Baxter, RN
 Ann F. Bishop-Kodis, RN
 Heather L. Boisot, RN

Richard P. Boisselle, RN
 Ann Marie C. Bolduc, RN
 Theresa R. Boulos, RN
 David A. Byers, RN
 Beth A. Carnicella, RN
 Susan J. Charles, RN
 Ruth Anne Coro, RN
 Colombe G. Cote, RN
 Marie Dempsey, RN
 Dawn M. Fairfield, RN
 Jeanne M. Gebhart, RN
 Georgia L. Golder, RN
 Jennifer R. Granata, RN
 Kimberly A. Gullikson, RN
 JoBeth Hager-Perry, RN
 Robin M. Hall, RN
 Wendy J. Haskell, RN
 Tina M. Inman, RN
 Jeffrey S. L'Heureux, RN
 Darlene D. Lessard, RN
 Margaret K. Mason, RN
 Claudette Mimeault, RN
 Jennifer L. Newcomb, RN
 Erin E. Petrocelli, RN
 Diane M. St Jean, RN
 Sarah A. Scott, RN
 Barbara L. Senko, RN
 Kathryn L. Shevenell, RN
 Brenda K. Slivinsky, RN
 Angela M. Smith, RN

Amy R. Strum, RN
 Karen D. Taylor, RN
 Andrea W. Varnum, RN
 Louise Wakefield, RN
 Carrie J. Walker, RN
 Tori M. Willis, RN
 Micheline Wilkins, RN
 Joann Wood, RN
 Barry G. Worthing, RN
 Kathleen L. Wurgler, RN

Women's Health Nurse Practitioner

Cynthia K. Dexter, NP
 Cynthia S. Dreher, NP
 Kerry T. Les, NP

Wound Care Nursing

Susan W. Reeder, RN

Wound Ostomy Continence

Tricia P. Foley, RN
 Rebecca E. McBride, RN

Appendix

Professional Associations

Maine Medical Center nurses also recognize the importance of belonging to professional organizations. Being a member allows our nurses to grow in knowledge, leadership and expertise as clinicians. It also allows our nurses to share and connect with clinicians locally, regionally, nationally and internationally.

Academy of Medical/Surgical Nurses

Linda D. Allen, RN
Bonnie C. Boivin, RN
Laura P. Burke, RN
Karol E. Call, RN
Gloria D. Carlton, RN
Joanne L. Chapman, RN
Brenda T. Clark, RN
Stephanie D'Amboise, RN
Anne H. Esposito, RN
Jacqueline Gogan, RN
Ellen F. Hopkins, RN
Angela D. Logue, RN
Carol J. Morse, RN
Gail L. Savage, RN
Eileen T. Shanahan, RN
Joann Shoemake, 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

Margaret P. Allegretta, RN
Kristi A. Bennett, RN
Ann T. Carroll, NP
Valerie M. Cook, NP
Marie A. Rogers, RN
Vicki L. Schaffer, NP
Karen E. Wadman, NP
Mary Weinstein, NP

American Academy of Ambulatory Care Nursing

Diane Bryant, RN
Judith E. Howes, RN

American Academy of Cardiovascular and Pulmonary Rehabilitation

Gail Crocker, RN
Lisa C. Lozier, RN

American Academy of HIV Medicine

Sandra T. Putnam, NP

American Academy of Medical Administrators

Sheila J. Parker, RN

American Academy of Nurse Practitioners

Marianne N. Harmon, NP
Jennifer J. Reid, RN
Jennifer A. Rogers, NP
Tiffany L. Townsend, RN

American Association of Critical Care Nurses

Christine M. Bartram, RN
Jane G. Baxter, RN
Mary L. Bazinet, RN
Jeanne M. Bengier, RN
Joanne L. Chapman, RN
Robin L. Chase, RN

Carla E. Cutting, RN
Kristine B. D'Agostino, RN
Carol P. Doane, RN
Bethany K. Drabik, RN
Alicia D. Fagan, RN
Lori A. Fasulo, RN
Jean C. Fecteau, RN
Paulette S. Gallant, RN
Zoi G. Gervais, RN
Anne-Marie P. Gray, RN
Karen L. Hamilton, RN
Lois M. Hayworth, RN
Deborah A. Hoch, RN
Cynthia A. Honess, RN
Ellen F. Hopkins, RN
Deborah J. Jackson, RN
Leslie K. Larsen, RN
Teresa A. Leeman, RN
Janet P. Maguire, RN
Gail Marchigiano, RN
Catherine D. McMahon, RN
Franky D. Morgan, RN
Anthony T. Otis, RN
Paul M. Pelletier, RN
Melinda M. Rankin, RN
Sandra L. Ridel, RN
Tracy L. Robbins, RN
James C. Roberson III, RN
Wendy K. Scott, RN
Kirsten M. Scribner, RN
Deborah F. Smith-Walker, RN
Cheryll St Onge, RN
Paula T. White, RN
Micheline Wilkins, RN

American Association of Diabetes Educators

Rachel H. Girard, RN

American Association of Neuroscience Nurses

Anita Johnston, RN

American Association of Nurse Anesthetists

Maryse J. Cyr, RN
Paul E. Dionne Jr, RN
Rae D. Geren, RN
Susan S. Holloran, RN
Marjorie D. Humeniuk, RN
Lora L. Manning, RN
Nancy A. Quint, RN
James C. Roberson III, RN
Ann Marie Sellinger, RN
Jill M. Terranova, RN

American Association of Poison Control Centers

David A. Kemmerer, RN

American Burn Association

Susan W. Reeder, RN

American College of Cardiology

Claire M. Berg, RN
Kim Tierney, CNS

American College of Healthcare Executives

Marjorie S. Wiggins, RN

American College of Nurse Practitioners

Janene S. Gorham, NP

American Diabetes Association

Rachel H. Girard, RN

American Forensic Nurses

David A. Kemmerer, RN

American Heart Association

Claire M. Berg, RN
Ann M. Cannon, CNS
Susanne Chenoweth, RN
Jane Cleaves, RN
Gail Crocker, RN
Lisa C. Lozier, RN
Alison D. Marcoux, RN
Michelle L. Roan, RN

American Heart Failure Nurses

Lori A. Barron, CNS
Susanne Chenoweth, RN
Barbara S. Lincoln, RN

American Holistic Health Association

Deborah A. Martin, RN
Alison R. Milne, RN

American Holistic Nurses Association

Margo L. Kellar, RN

American Massage Therapy Association

Joanne E. Biery, RN

American Nephrology Nurses' Association

Rosalie A. Blenkhorn, RN
Sandra L. Bryan, RN
Gail W. Chop, RN
Michelle Duval, RN
Nicole Y. Irvin, RN
James R. Kavanagh, RN
Karen M. Strattard, RN

American Nurses Association – Maine

Dolores A. Arensberg, RN
Helen M. Aylward, RN
Jane G. Baxter, RN
Margaret R. Blood, RN
Laura P. Burke, RN
Janice B. Charek, RN
Janice E. Dudley, RN
Charles L. Gilbert, RN
Kathleen A. Gilliam, RN
Jennifer R. Granata, RN
Charles W. Hathaway, RN
Jamie K. Hinchliff, RN
Deborah A. Hoch, RN
Kelli M. Johnson, RN

Angela D. Logue, RN
Elizabeth A. McLellan, RN
Annette O'Gorman, RN
Sheila J. Parker, RN
Nancy A. Quint, RN
Martha A. Riehle, RN
Timmi L. Sellers, RN
Joann Shoemake, RN
James K. Smith, RN
Elizabeth Wyrick, RN
Marjorie S. Wiggins, RN

**American Organization
of Nurse Executives**

Daniel F. Bergeron, RN
Joanne L. Chapman, RN
Donna L. Libby, RN
Suzanne Parenteau, RN
Sheila J. Parker, RN
Martha A. Riehle, RN
Marjorie S. Wiggins, RN

**American Organization
of Registered Nurses**

Carolyn B. Adams, RN
Katrina A. Anderson, RN
Maureen E. Bien, RN
Deborah L. Cole, RN
Marguerite A. Doliner, RN
Karen M. Dumond, RN
M. P. Esposito, RN
Clarence A. Fenton, RN
Crystal C. Graves, RN
Kathryn D. Hale, RN
Valerie S. Hodgdon, RN
Michael J. Jackson, RN
Anita Johnston, RN
Lori G. Luebbert, RN
Kathleen Marlowe, RN
Katarzyna E. Nason, RN
Bruce R. Provencher, RN
Rhonda F. Quirk, RN
Teresa A. Regan, RN
Martha A. Riehle, RN
Linda S. Seamon, RN
Marianne G. Tufts, RN
Katherine J. Warner, RN

**American Pediatric Surgical Nurses
Association**

Kimberly A. Bockus, RN
Bridget A. Burke, RN
Elizabeth M. Thompson, RN

**American Physical Therapy
Association**

Elizabeth Wyrick, RN

**American Psychiatric Nurse
Association**

Karen V. Douglass, RN
Leslie A. Gatcombe-Hynes, RN
Linda H. Jacobson, RN
Ellen M. Moulton, RN
Colleen H. Robinson, RN
Leah M. Vosmus, RN

**American Radiological Nurses
Association**

Judith A. Aiken, RN
Denise E. Lambert, RN
Nancy H. Ravin, RN
Louise A. White, RN

American Red Cross

David A. Byers, RN
Jere R. Hoffert, RN
Louise Wakefield, RN

**American Society of Pain
Management Nurses**

Jacqueline Bourque, RN
Lois Lefebvre, RN

**American Society of
PeriAnesthesia Nurses**

Grace Abourjaily, RN
Linda D. Aspinall, RN
Teresa M. Beane, RN
Joanne E. Biery, RN
Leanne M. Blish, RN
Denise A. Borrelli, RN
Ann J. Bowman, RN
Keri P. Breuer, RN
Grace M. Brown, RN
Janet Chartier, RN
Ruth S. Cote, RN
Jeanie K. Coyne, RN
Deborah J. Dobson, RN
Elaine Enochs, RN
Alicia D. Fagan, RN
Kellie W. Fairfield, RN
Patricia Faulk, RN
Georgia M. Finch, RN
Patricia G. Fischer, RN
Margaret Halpin, RN
Lois M. Hayworth, RN
Tammy W. Hulst, RN
Kelly E. Lancaster, RN
Mary J. Morgan, RN
Danielle M. Nelson, RN
Darcy M. Poor, RN
Kathleen B. Santamore, RN
Debra M. Sawtelle, RN
Lynda M. Tanabe, RN
Jodi-Lynne Vaughn, RN

**Association for Professionals in
Infection Control and Epidemiology**

Carole B. Duperre

**Association of Clinical Research
Professionals**

Claire M. Berg, RN
Robert A. Cormier, RN
Jane C. Kane, RN
Jennifer R. Powers, RN

**Association of Military Surgeons
United States**

Janet M. Oliver-Palanca, RN

Association of Nurses in AIDS Care

Katherine A. Verderosa, RN

**Association of Pediatric
Oncology Nurses**

Bridget A. Burke, RN
Jennifer R. Caiazzo, RN
Kimberly L'Heureux, RN
Pamela M. McGuire, RN
Rebecca L. Quirk, RN

**Association of Reproductive Health
Professionals**

Cynthia K. Dexter, NP

Association of Vascular Access

Debra J. McPherson, RN

**Association of Vascular and
Interventional Radiographers**

Dale S. Morin, RN

**Association of Women's Health,
Obstetrics and Neonatal Nurses**

Sarah A. Bergeron, RN
Kelley A. Bowden, RN
Pamela C. Brennan, RN
Pamela C. Brennan, RN
Kimberly L. Carnevale, RN
Cynthia S. Dreher, NP

Debra J. Drew, RN
Jacquelyn D. Fournier, RN
Lorande J. Furey, RN
Rhonda L. George-Stitt, RN
Taffee A. Hiebert, RN
Nancy M. Hill, RN
Kerry T. Les, NP
Deborah A. Linscott, RN
Janet M. Oliver-Palanca, RN
Patricia D. Rickards, RN
Elizabeth A. Skarbinski, RN

**Case Management Society
of America**

Ann D. Rust, RN
Kathryn Ware, RN

**Council for the Advancement
of Nursing Science**

Paulette S. Gallant, RN
Marjorie S. Wiggins, RN

Eastern Nursing Research Society

Debra J. Drew, RN
Gail Marchigiano, RN
Tania D. Strout, RN
Marjorie S. Wiggins, RN

Emergency Nurses Association

Dolores A. Arensberg, RN
Roland D. Auger, RN
Jane G. Baxter, RN
Richard P. Boisselle, RN
Linda L. Boucher, RN
David A. Byers, RN
Carla E. Cutting, RN
Daniel J. Feltovic, RN
Robin M. Hall, RN
Deborah A. Hoch, RN
Joy-Lyn H. Moody, RN
Cherry A. Moreno, RN
Suzanne Parenteau, RN
James C. Roberson III, RN
Mark D. Salisbury, RN
Barbara L. Senko, RN
Tania D. Strout, RN
Karen D. Taylor, RN
Heidi G. Toews, RN
Louise Wakefield, RN

**Hospice and Palliative
Nurse Association**

Cindy L. Frost, RN
Gina M. Zilio-Smith, RN

Infusion Nurses Society

Debra J. Drew, RN
Paulette S. Gallant, RN
Charles W. Hathaway, RN
Diane M. Higgins, RN
Debra J. McPherson, RN

**International Association of
Forensic Nurses**

Robin M. Hall, RN

**International Board of Lactation
Consultants**

Janet M. Oliver-Palanca, RN

**International Lactation Consultants
Association**

Cynthia K. Dexter, NP
Bonnie Jewett, RN
Veronica H. Sweeney, RN

**International Society of Psychiatric
– Mental Health Nurses**

Ellen M. Moulton, RN

International Transplant Nurses Society

Carla E. Cutting, RN

Maine Cardiovascular Health Council

Ann M. Cannon, CNS
Gail Crocker, RN
Kathleen L. Giobbi, RN

Maine Chapter – Society of Perianesthesia Nurses

Grace Abourjaily, RN
Linda D. Aspinall, RN
Linda D. Aspinall, RN
Teresa M. Beane, RN
Joanne E. Biery, RN
Leanne M. Blish, RN
Keri P. Breuer, RN
Grace M. Brown, RN
Serena Casey, RN
Mary B. Charest, RN
Janet Chartier, RN
Ruth S. Cote, RN
Jeanie K. Coyne, RN
Deborah J. Dobson, RN
Elaine Enochs, RN
Patricia Faulk, RN
Patricia G. Fischer, RN
Janna M. Frank, RN
Margaret Halpin, RN
Lois M. Hayworth, RN
Tammy W. Hulst, 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
Darcy M. Poor, RN
Kathleen B. Santamore, RN
Debra M. Sawtelle, RN
Diane P. Vatile, RN
Jodi-Lynne Vaughn, RN

Maine Health Occupations Educators Association

Gail DiFiore, RN

Maine Nurse Practitioners Association

Cynthia K. Dexter, NP
Cynthia S. Dreher, NP
Daniel J. Feltovic, RN
Susan Fielding, NP
Janene S. Gorham, NP
Marianne N. Harmon, NP
Tiffany L. Townsend, RN

Maine Society of Gastroenterology Nurses and Associates

Caroline A. Baker, RN
Roger R. Collard, RN
Cynthia Ferland, LPN
Martha Mita, RN

Maine State Nurses Association

Katrina A. Anderson, RN
Robin S. Corrao, RN
Kathleen A. Gilliam, RN
Bettyanne H. Grant, RN
Susan Harper, RN
Maria-Lyn A. Heroux, RN
Dorothy Melanson, RN
Michelle L. Roan, RN
Gwendolen J. Schollard, RN
Susan J. Sullivan, RN

Maine Vascular Access Network

Charles W. Hathaway, RN
Debra J. McPherson, RN

Massachusetts Organization of Nurse Executives

Elizabeth A. Skarbinski, RN
Marjorie S. Wiggins, RN

National Association of Neonatal Nurses

Margaret P. Allegretta, RN
Terri A. Babb, RN
Kristi A. Bennett, RN
Sarah A. Bergeron, RN
Kelley A. Bowden, RN
Ann T. Carroll, NP
Patricia M. Cote, RN
Kerry T. Les, NP
Carole B. Messenger-Rioux, NP
Justin L. Michaud, RN
Suneela Nayak, RN
Suzanne D. Rainville, RN
Marie A. Rogers, RN
Angela R. Rojecki, RN
Vicki L. Schaffer, NP
Heidi G. Toews, RN
Debra A. Traugh, RN
Karen E. Wadman, NP
Mary Weinstein, NP
Diane M. Wentzel-Carrier, NP
Mary E. Whitlock, RN

National Association of Nurse Practitioners in Women's Health

Cynthia S. Dreher, NP

National Association of Orthopaedic Nurses

Deborah A. Dolan, RN
C L. Kilbride-Johnson, RN
Jean D. Thibault, RN
Sarah J. Vreeland, RN

National Association of Pediatric Nurse Practitioners

Ellen R. Assante, RN
Kelley A. Bowden, RN
Madeleine S. Garmey, RN
Pamela LaJeunesse, NP
Catherine S. Lapointe, RN
Michelle B. Stirling, RN

National Association of School Nurses

Deborah P. Malia, RN
Jennifer L. Morton, RN

National Association of Social Workers

Marianne Turner, RN

National Gerontological Nursing Association

Kathy K. Nadeau, RN

National Student Nurses' Association

Sophie M. Belanger, RN

North American Riding for the Handicap Association

Elizabeth S. Sterling, RN

North American Transplant Coordinators

Roxanne M. Taylor, RN

Northern New England Cardiovascular Disease Study Group

Kim Tierney, CNS

Oncology Nursing Society

Shannon M. Cappen, RN
Robin S. Corrao, RN
Diane J. Dagneau, RN
Emma L. Dann, RN
Noreen E. Edwards, RN

Cindy L. Frost, RN
Carla R. Hutchinson, RN
Gael S. Jackson, RN
Marc D. Lachance, RN
Mark P. Leclerc, RN
Marylou Nesbitt, RN
Michelle M. Powell, RN
Jennifer R. Powers, RN
Rebecca L. Quirk, RN
Virginia A. Reed, RN
Marie P. Richard, RN
Christine L. Robbins, RN
Julie-Ann Robert, RN
Bobbi R. Shirley, RN
Janet L. Springborn, RN
Elizabeth M. Thompson, RN
Cheryl L. Tibbetts, RN
Diane D. Vachon, RN
Julie A. Wildes, RN
Gina M. Zilio-Smith, RN

Organization of Maine Nurse Executives

Daniel F. Bergeron, RN
Sandra H. Colello, RN
Deborah A. Dolan, RN
Marguerite A. Doliner, RN
Taffee A. Hiebert, RN
Donna L. Libby, RN
Ann McPhee, RN
Sheila J. Parker, RN
Martha Riehle, RN
Marjorie S. Wiggins, RN

Sigma Theta Tau International

Eileen R. Albert, RN
Angela M. Albert-Mitchell, RN
Hannah R. Allen, RN
Helen M. Aylward, RN
Rhonda L. Babine, RN
Amanda R. Barbee, RN
Carolyn Barber, RN
Margaret K. Barbor, RN
Mary L. Bazinet, RN
Julie M. Beecher, RN
Christina L. Belknap, RN
Maureen E. Bien, RN
Sarah E. Booth, RN
Denise E. Bruggeman, RN
Bridget A. Burke, RN
Laura J. Burton, RN
Sarah A. Camire, RN
Joanne L. Chapman, RN
Janice B. Charek, RN
Gail W. Chop, RN
Valerie M. Cook, NP
Cynthia K. Dexter, NP
Gail DiFiore, RN
Cynthia S. Dreher, NP
Debra J. Drew, RN
Rachel S. Drury, RN
Karen M. Dumond, RN
Bethany L. Emerson, RN
Melissa A. Fairfield, RN
Jean C. Fecteau, RN
Clarence A. Fenton, RN
Kristine L. Folan, RN
Colleen Fuller, RN
Lorande J. Furey, RN
Paulette S. Gallant, RN
Leslie A. Gatcombe-Hynes, RN
Rachel H. Girard, RN
Crystal C. Graves, RN
Leslie J. Hanselman, RN
Colleen E. Harris, RN
Paula A. Hayes, RN
Maurie S. Hill, RN
Cynthia A. Honess, RN
Ellen F. Hopkins, RN

Judith E. Howes, RN
 Deborah J. Jackson, RN
 Jana L. Jacobs, RN
 Linda H. Jacobson, RN
 Anita Johnston, RN
 Jane C. Kane, RN
 Elizabeth S. Keeley, RN
 Brandi L. Knight, RN
 Kelly E. Lancaster, RN
 Sally A. Langerak, RN
 Donna L. Libby, RN
 Angela D. Logue, RN
 Kelly L. Madore, RN
 Gail Marchigiano, RN
 Kristen M. Martin, RN
 Joseph J. McAllister, RN
 Ann McPhee, RN
 Kimberly I. Merlock, RN
 Karen L. Metzger, RN
 Jennifer C. Miles, RN
 Teresa A. Morgan, RN
 Jennifer L. Morton, RN
 Ellen M. Moulton, RN
 Kathy K. Nadeau, RN
 Marylou Nesbitt, RN
 Annette O'Gorman, RN
 Janet M. Oliver-Palanca, RN
 Suzanne Parenteau, RN
 Carole C. Parisien, RN
 Katherine C. Pinkerton, RN
 Rebecca L. Quirk, RN
 Caryn P. Radziucz, NP
 Melinda M. Rankin, RN
 Jennifer J. Reid, RN
 Martha A. Riehle, RN
 Tracy L. Robbins, RN
 Eileen T. Shanahan, RN
 James K. Smith, RN
 Stephanie M. Stewart, RN

Tania D. Strout, RN
 Nina L. Swan, RN
 Sherrill L. Taub, RN
 Roxanne M. Taylor, RN
 Emily J. Thibeault, RN
 Agnes M. Torchio, RN
 Tiffany L. Townsend, RN
 Katie L. Trask, RN
 Matthew J. Trenoweth, RN
 Karen E. Wadman, NP
 Sara E. Walsh, RN
 Tracey P. Weatherbie, RN
 Michele A. Weikel, RN
 Allison E. West, RN
 Paula T. White, RN
 Tammy L. Whiting, RN
 Marjorie S. Wiggins, RN
 Jessi L. Woodman, RN
 Geraldine A. Yates, RN

***Student Sexual Assault
 Response Team***

Robin M. Hall, RN

***Society of Clinical Research
 Associates***

Robert A. Cormier, RN

Society of Critical Care Medicine

Philip A. Scavotto, RN
 Paula T. White, RN

***Society of Gastroenterology Nurses
 and Associates***

Gayla M. Ames, RN
 Caroline A. Baker, RN
 Roger R. Collard, RN
 Cynthia Ferland, LPN
 Martha Mita, RN
 Rosemarie T. Powers, RN

***Society of Gynecologic Nurse
 Oncologists***

Bobbi R. Shirley, RN
 Janet L. Springborn, RN

Society of Pediatric Nurses

Louise S. Barton, RN
 Julie M. Beecher, RN
 Kimberly A. Bockus, RN
 Wendy L. Farr, RN
 Suneela Nayak, RN
 Victoria J. Young, RN

***Southern Maine Oncology
 Nursing Society***

Noreen E. Edwards, RN
 Carla R. Hutchinson, RN
 Gael S. Jackson, RN
 Mark P. Leclerc, RN
 Virginia A. Reed, RN
 Marie P. Richard, RN
 Christine L. Robbins, RN
 Julie-Ann Robert, RN
 Bobbi R. Shirley, RN
 Janet L. Springborn, RN
 Cheryl L. Tibbetts, RN
 Angelo P. Verdelli Jr, RN
 Julie A. Wildes, RN
 Gina M. Zilio-Smith, RN

***United Ostomy Associations
 of America***

Rebecca E. McBride, RN

***Wound, Ostomy and Continence
 Nurses Society***

Rebecca E. McBride, RN

Appendix

Community Involvement

4H

Deborah J. Dobson, RN
Barbara B. Winship, RN

AARP

Rae D. Geren, RN

ACLU

Timmi L. Sellers, RN

AFS Intercultural Program

Ann M. Cannon, RN

ALS Support Group

Lynda M. Tanabe, RN

Alumni Associations

Natalie I. Leveille, RN

Alzheimers Association

Bettyanne H. Grant, RN

American Academy – Anti-Aging

Michelle A. Ambrose

American Cancer Society

Gail DiFiore, RN

American Friendship Association

Yueer Ren, RN

American Lung Association

Lorande J. Furey, RN
Lisa J. Paquet, RN
Debra A. Smith, RN
Diane P. Vasile, RN

American Quarter Horse

Joanne E. Biery, RN

American Red Cross

Margaret P. Allegretta, RN
Katherine F. Brancely, RN
Carla E. Cutting, RN
Lorande J. Furey, RN
Donna L. Kennie, RN
Irene Rounds, RN
Bobbi R. Shirley, RN
James K. Smith, RN
Tania D. Strout, RN
Veronica H. Sweeney, RN
Louise Wakefield, RN

Appalachian Mountain Club

Sue Malcolm, RN

Aspergers Support Group

Jane C. Kane, RN

Asthma and Allergy Association

Kathryn R. Downs, RN

Beach to Beacon

Ann Marie St. Pierre, RN
Ann M. Stickney, RN
Marianne G. Tufts, RN

Big Brother/Big Sister

Emma L. Dann, RN

Boy Scouts of America

Ellen C. Brown-Bucknell, RN
Gail DiFiore, RN
Rosemary D. Herd, RN
Nina G. Keely, RN
Barbara L. Kirby, RN

Boys/Girls Club

Michelle L. Bell, NUS
Lori A. Fasulo, RN
Molly E. Mitton, RN

Brain Tumor Support Group

Sarah J. Vreeland, RN

Cancer Community Center

Nancy F. Craig, RN
Marylou Nesbitt, RN

Centerboard Yacht Club

Margaret Halpin, RN

Children and Adults with Attention Deficit/Hyperactivity Disorder

Ellen R. Assante, RN

Children's Miracle Network

Jane Cleaves, RN
Carolyn A. Hale-Tinsman, RN
Theresa A. McCluskey, RN
Rosemarie T. Powers, RN
Elizabeth M. Thompson, RN

Church

Grace Abourjaily, RN
Eileen R. Albert, RN
Julia M. Anderson, RN
Linda D. Aspinall, RN
Gail B. Ayre, RN
Louise S. Barton, RN
Jeanne M. Bengert, RN
Margaret R. Blood, RN
Kristina Z. Blumenthal, RN
Grace M. Brown, RN
Marie I. Calvert, RN
Deborah L. Cole, RN
Ruth S. Cote, RN
Theresa L. Coulston, RN
Heather R. Cushman, RN
Tamiko N. Davies, NP
Kristine L. Folan, RN
Heidi L. Fox, RN
Deborah A. Fralich, RN
Cindy L. Frost, RN
Dana T. Galbraith, RN
Leslie A. Gatcombe-Hynes, RN
Rae D. Geren, RN
Carolyn M. Greene, RN
Donna M. Hahnel, RN
Lois M. Hayworth, RN
Rosemary D. Herd, RN
Tara A. Herman, RN
Diane M. Higgins, RN
Deborah A. Hoch, RN
Jane C. Kane, RN
Janet L. Kemberling, RN
Donna L. Libby, RN
Sue Malcolm, RN
Catherine D. McMahon, RN
Marylou Nesbitt, RN
Janet M. Oliver-Palanca, RN
Amy E. Ouellette, RN
Lisa J. Paquet, RN
Virginia A. Reed, RN
Martha C. Richardson, RN
Patricia D. Rickards, RN
Carol A. Ritter, RN
Christine L. Robbins, RN
Ann D. Rust, RN

Kathleen B. Santamore, RN
Philip A. Scavotto, RN
Timmi L. Sellers, RN
Lori E. Shaw, RN
Stephanie H. Sherman, RN
Joann Shoemake, RN
Ann Marie St Pierre, RN
Suzanne C. Sullivan, RN
Karen T. Thompson, RN
Cheryl L. Tibbetts, RN
Debra A. Traugh, RN
Virginia Weeks, RN
Barbara B. Winship, RN
Jessi L. Woodman, RN
Victoria J. Young, RN

Circles of Peace

Lisa D. Love, RN

Community Organizations

Linda D. Allen, RN
Linda D. Aspinall, RN
Caroline A. Baker, RN
Gail Beals, RN
Cindy I. Belanger, RN
Jeanne M. Bengert, RN
Rosalie A. Blenkhorn, RN
Ann J. Bowman, RN
Susan L. Brume, LPN
Deborah J. Dobson, RN
Louis M. Dudek, RN
Leslie A. Gatcombe-Hynes, RN
Lynne S. Gobeil, RN
Maxey B. Hevey, RN
Diane M. Higgins, RN
Susan S. Holloran, RN
Lynn M. Kelleher-Bollard, RN
Jane A. Kerns, RN
Solange M. Leborgne, RN
Donna L. Libby, RN
Catherine Lyden, RN
Sarah C. MacMahon, RN
Theresa G. McKay, RN
Robin S. McKenzie, RN
Elizabeth A. McLellan, RN
Katarzyna E. Nason, RN
Michel Ohayon, RN
Cynthia L. Pallozzi, RN
Phyllis L. Reames, RN
Yueer Ren, RN
Martha A. Riehle, RN
Donna R. Ross, RN
Ann D. Rust, RN
Judith Sanborn, RN
Lisa A. Sanford, RN
Eileen T. Shanahan, RN
Bobbi R. Shirley, RN
Joann Shoemake, RN
Maureen S. Spencer, RN
Ann Marie St Pierre, RN
Elizabeth M. Thompson, RN
Marianne G. Tufts, RN
Sarah J. Vreeland, RN
Jessi L. Woodman, RN
Carey A. Woods, RN

Community Theater/Music Organizations

Deborah L. Cole, RN
Nancy M. Hill, RN
Elizabeth A. McLellan, RN
Sonja C. Orff, RN
Judith Sanborn, RN

Cumberland Family Network

Jane G. Baxter, RN
Gayle Hincks, RN
Diane D. Vachon, RN

Downes Syndrome Society

Kim S. Durost, RN

Eastern Trail Alliance

Maria-Lyn A. Heroux, RN

Elder Life Program

Jeanne C. Subilia, RN
Marianne G. Tufts, RN

Equality Maine

Tamiko N. Davies, NP
Dorothy Melanson, RN

Family Motorcoach Association

Bonnie Jewett, RN

Festival of Nations

Theresa A. McCluskey, RN
Elizabeth M. Thompson, RN

Fraternal Organizations

Joseph F. Doyle, RN
Arthur J. Edgecomb, RN
William R. Fyler Jr, RN
John R. Harbottle, RN

Free Clinics

Roger R. Collard, RN
Jamie K. Hinchliff, RN
Rebecca M. Ivey, RN
Donna J. Kennedy, RN
Lisa J. Paquet, RN

Fresh Air Fund

Carolyn A. Hale-Tinsman, RN

Garden/Flower Organizations

Debra M. Sawtelle, RN
Ellen L. Rathbun, RN
Kathleen A. Gilliam, RN
Nancy M. Hill, RN
Noreen E. Edwards, RN
Sandra L. Bryan, RN

Girl Scouts of America

Jeanne M. Bengier, RN
Marguerite A. Doliner, RN
Wendy L. Farr, RN
Shannon M. Fields, RN
Tammy W. Hulst, RN
Karen A. Libby, RN
Deborah A. Linscott, RN
Joann Shoemake, RN

Global Health Council

Elna M. Osso, RN

Habitat for Humanity

Michelle Simonds, RN
James K. Smith, RN
Dorothy A. Zieba, RN"

Head Start

Patricia A. Goodwin, RN

Historical/Preservation

Kathleen A. Gilliam, RN
Bonnie Jewett, RN
Elizabeth A. McLellan, RN
Ellen M. Moulton, RN
Phyllis L. Reames, RN

Home Partner/Elder Care

Leanne M. Blish, RN

Home Health

Nancy P. Vachon, RN

Hospice

Dianne C. Massey, RN
Karen L. Metzger, RN
Kathryn Ware, RN

Humane Societies/Animal Shelters

Margaret P. Allegretta, RN
Maria T. Currier, RN
Andrea M. Morin, RN
Bobbi R. Shirley, RN
Kenna L. Small, RN
Tania D. Strout, RN

Institute for Civic Leadership

Martha Riehle, RN

International Missions

Grace M. Brown, RN

International Order of Rainbow

Nina L. Swan, RN

Interpreter

Dolores A. Barcebal, LPN
Ann M. Cannon, RN
Yueer Ren, RN
Shana M. Walsh, RN

Italian Heritage Center

Walsh Shana M., RN

Jason Program

Ellen R. Assante, RN
Keri P. Breuer, RN
Carol P. Doane, RN

Kidney Foundation – Maine

Carla E. Cutting, RN
Roxanne M. Taylor, RN

Kids Festival Nation

Teresa A. Morgan, RN

Learning Disabilities Association

Rebecca L. Quirk, RN

Local Fire and Rescue

Grace M. Brown, RN
Anita L. Chadbourne, RN
Roger R. Collard, RN
Noreen E. Edwards, RN
Daniel J. Feltovic, RN
William R. Fyler Jr, RN
Jessica L. Howe, RN
London C. Leland, RN
Janet L. Lund, RN
Robin S. McKenzie, RN
Michelle L. Roan, RN
Colleen H. Robinson, RN
Jennifer A. Roy, RN
Michelle Simonds, RN
Coleen A. Simpson, RN
Suzanne C. Sullivan, RN
Louise Wakefield, RN
Micheline Wilkins, RN

Local Food Pantries

Kathleen J. Gagne, RN
Patricia D. Rickards, RN
Rebecca S. Roper, RN

Local Shelters

Gail Crocker, RN
Madeleine S. Garmey, RN
Linda E. Hurley, RN
Linda H. Jacobson, RN
Patricia B. Peters, RN
Timmi L. Sellers, RN

Bobbi R. Shirley, RN
Heidi G. Toews, RN

Leukemia and Lymphoma Society

Nancy F. Craig, RN
Marylou Nesbitt, RN

Lungs for George

Shannon P. Walbridge, RN

Maine Handicap Skiing

Noreen E. Edwards, RN

Maine Perinatal Substance Abuse

Kelley A. Bowden, RN

Maine National Guard

Kevin G. Kenny, RN

Maine Special Olympics

Kathleen J. Gagne, RN

Maine State Emergency Response

Rosemarie T. Powers, RN

Maine State Folic Acid Council

Kelley A. Bowden, RN

Maine State Legislative Buddy

Clarence A. Fenton, RN

Make-A-Wish Foundation

Lori Smith, RN

March of Dimes

Margaret P. Allegretta, RN
Nancy E. Bickford, RN
Kelley A. Bowden, RN
Kimberley L. Carnevale, RN
Lorande J. Furey, RN
Carolyn A. Hale-Tinsman, RN
Jani M. Kinder, RN
Jamie L. Mahar, RN
Dorothy Melanson, RN
Shannon P. Walbridge, RN

Maine Breast and Cervical Health

Nicole Y. Irvin, RN

Maine HIV Advisory Committee

Sandra T. Putnam, NP

Medical Hypnotherapy

Kathleen Marlowe, RN

Medical Missions

Leisa M. Archambault, RN
Gail Beals, RN
Ann T. Carroll, NP
Janice B. Charek, RN
Sandra H. Colello, RN
Karen V. Douglass, RN
Edwin A. Emerson III, RN
Clancy J. Erickson, RN
Clarence A. Fenton, RN
Jacquelyn D. Fournier, RN
Maureen Griffin, RN
Jean E. Hammond, RN
James R. Kavanagh, RN
Joyce E. Perron, RN
Rebekah L. Schroer, RN
Bonnie L. Smith, RN
Michelle B. Stirling, RN
Tamara L. Supinski, RN
Brian D. Vogel, RN
Cynthia Watson, RN

Muskie Institute

Donna J. Kennedy, RN

Nature Conservancy

Sue Malcolm, RN

Naval Reserve Corp.

Edwin A. Emerson III, RN

North Atlantic Disaster

Jane G. Baxter, RN

Nursing Homes

Lori A. Fasulo, RN

Project Grace

Christine L. Robbins, RN

Red Cross

Carolyn B. Adams, RN
 Carolyn Barber, RN
 Joshua S. Hunt, RN
 Lynn M. Kelleher-Bollard, RN
 Mary J. Morgan, RN
 Sally I. Semple, RN
 Lori E. Sturgeon, RN

Reiki

Gail B. Ayre, RN
 Maxey B. Hevey, RN
 Nancy M. Hill, RN
 Deborah A. Martin, RN

Road Angels Trek

Amy E. Ouellette, RN

Safe Kids Fair

Elizabeth M. Thompson, RN

Salvation Army

Gail L. Savage, RN

School

Eileen R. Albert, RN
 Leisa M. Archambault, RN
 Rhonda L. Babine, RN
 Jeanne M. Bengier, RN
 Pamela C. Brennan, RN
 Ellen C. Brown-Bucknell, RN
 Susan L. Cahoon, RN
 Karol E. Call, RN
 Brenda T. Clark, RN
 Deborah L. Cole, RN
 Heather R. Cushman, RN
 Gail DiFiore, RN
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Denise E. Lambert, RN

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Caryn P. Radziucz, NP

Martha C. Richardson, RN

Carol A. Ritter, RN

Julie-Ann Robert, RN

Amy L. Robinson, RN

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Kathleen B. Santamore, RN

Joann Shoemake, RN

Debra A. Traugh, RN

Bonita C. Valls, RN

Margaret V. Viola, RN

Louise A. White, RN

Barbara B. Winship, RN

Sexual Assault Response

Robin M. Hall, RN

Joy-Lyn H. Moody, RN

Soup Kitchens

Carolyn Barber, RN

Susan L. Cahoon, RN

Jane A. Kerns, RN

Donna L. Libby, RN

Nancy A. Quint, RN

Philip A. Scavotto, RN

Southern Maine**Breastfeeding Coalition**

Beth E. Bejcek, RN

Southern Maine Community College

Martha Riehle, RN

Special Olympics

Kim S. Durost, RN

STRIVE

Angela M. Albert-Mitchell, RN

Therapeutic Riding

Kristina Z. Blumenthal, RN

Elizabeth S. Sterling, RN

Tsunami Relief Fund

Shannon P. Walbridge, RN

United Nations Association

Timmi L. Sellers, RN

United Way

Eileen R. Albert, RN

Margaret P. Allegretta, RN

Susan L. Cahoon, RN

Deborah L. Cole, RN

Paulette S. Gallant, RN

Carole C. Parisien, RN

Widows Support Group

Suzanne C. Sullivan, RN

Women's First Coalition

Susan Fielding, NP

World Affairs Council

Elizabeth A. McLellan, RN

YMCA

Gayle Hincks, RN

Youth/Adult Nursing

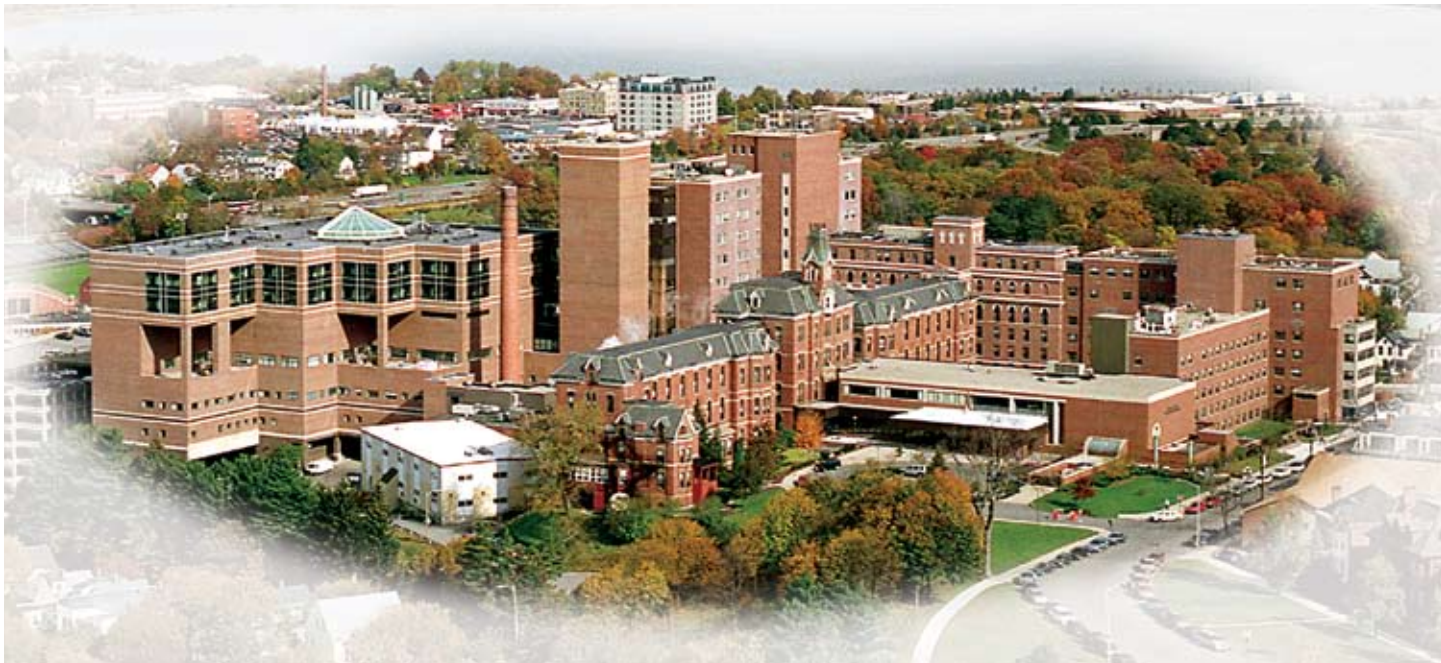
Parker R. Conner, RN

Youth Recreation/Sports Programs

Kristine L. Folan, RN



Maine Medical Center



Designated: May 2006

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