2018 NURSING ANNUAL REPORT

UCONN HEALTH
Message from the Chief Nursing Officer

2018 has been a whirlwind year for the Department of Nursing. Our patient census and acuity have increased in every area. During this year of continuous growth and consistently high patient census, we successfully implemented Epic system-wide with a seamless transition.

As a proud representative of UConn Health, I continue to lead the CHA Safer Hospital Initiative which is dedicated to ensuring that all hospital staff in Connecticut can practice in a safe, supportive environment. As part of this initiative, staff are attending peer support training in anticipation of developing a Peer Support Program in 2019.

Unit-based Shared Governance Councils have been implemented with the ongoing education and support of staff unit leaders, assistant nurse managers and nursing managers. I am excited about the redesign of our Professional Shared Governance Councils with a total of six new boards.

In 2018, I initiated my quarterly CNO unit-based listening rounds. These are scheduled following each Nursing Town Hall Meeting and have been very successful. I have enjoyed meeting with staff in small groups to discuss concerns and opportunities and have decided to continue them through 2019.

Despite our successes, we did miss the mark on our goal to improve nurse responsiveness to patient needs, as measured by our patients’ perception of the quality of care provided. In 2019 we will double our efforts to respond to our patients’ needs without delay.

Additional goals for 2019 include to:
- Develop a peer-to-peer evaluation process
- Redesign our nursing job descriptions and evaluations to better reflect our Nursing Professional Practice Model.
- Advance our nursing research efforts through utilization of our Innovation unit.
- Continue to enhance the professional status of nursing through professional advancement.
- Advance a culture of high reliability and staff safety.

Our Nursing Department received special recognition from our Joint Commission surveyors, complimenting nurses for their role in patient safety and the caliber of care that we provide.

This annual report highlights some of the amazing work we accomplished together this year. I am proud to be a member of the UConn Nursing Department. By continuing to work together all things are possible.

Ann Marie Capo, RN, MA
Vice President, Quality and Patient Services
Chief Nursing Officer
Message of Appreciation from the Chief Executive Officer

I am proud that at UConn Health our wonderful nurses always make the health and wellbeing of patients their most important priority. I believe our nurses rank with some of the finest in the country, not just in how they care for patients, but in the way they approach huge challenges such as moving into a new hospital and, most recently, launching our new Epic electronic medical record system. Our nurses’ professional, competent, and collaborative approach is a best practice for any health system. It’s not surprising that our nurses are not satisfied with the status quo. They are always striving to reach the next level of excellence whether through seeking advanced degrees, conducting research, or embarking on the Magnet journey. I would like to convey my personal thanks to each and every one of you on behalf of the UConn Health family. Thank you for a wonderful year, and thank you for making us proud.

Andrew Agwunobi, MD, MBA
Chief Executive Officer, UConn Health and Executive Vice President for Health Affairs
Message from the Chief Quality Officer

This edition of the Nursing annual report once again highlights the breadth and significance that the nursing profession has at UConn Health. From ambulatory to inpatient settings and from primary care to specialty services, nurses are integral to our goal of providing high-quality, compassionate, and patient-centered care.

In appreciation of your quality care, our patients continue to recommend their friends and families to our hospital. This reflects, in large part, the wonderful care they received at the hands of nurses. This exceptional care was recognized during our highly successful 2018 Joint Commission accreditation survey.

This successful survey came at a time of great change as we implemented our new electronic health record system. Nursing took a central role in helping design Epic functions within the UConn Health system. We appreciate the countless hours you dedicated to learning this new application and how devoted nursing was to making this transition translate into better patient care.

In addition to your role in healing and health maintenance, you are instrumental in helping to educate future care providers. You are an important member of the multidisciplinary team which includes nursing, medical and pharmacy students, as well as residents and fellows. Your role in working with these groups is critical to their education and our goal of achieving optimal outcomes. Many members of the nursing staff are advancing their own education. UConn nurses showcase the academic mission of the University of Connecticut: from moving up the clinical ladder, to obtaining professional certifications and advanced degrees, and to pursuing research endeavors.

As assistant dean for education, I thank you for your collaboration and continued teaching. As a general internist, I thank you for your excellent care of our patients. As a member of the UConn Health executive team, I thank you for being a nurse at UConn Health.

Scott Allen, MD
Chief Quality Officer (interim)
Assistant Dean for Education
UConn John Dempsey Hospital
A Message from the Dean of the University of Connecticut School of Nursing

An important part of my decision to come to the UConn School of Nursing was the opportunity to work in partnership with an academic health center. UConn Heath should be the primary training ground for our undergraduate and graduate students. I realize the responsibility and work that being an educational partner entails for the staff and am committed to providing opportunities for education and scholarship, in return.

As noted in the recent American Association of Colleges of Nursing report (AACN, 2016), Advancing Healthcare Transformation: A New Era for Academic Nursing, academic nursing has not adequately partnered with academic health centers and a new vision is needed whereby academic nursing is a full partner in healthcare delivery, education and research that is integrated and funded across all professions and missions in the Academic Health System.

Additionally, bringing faculty into the system, partnering in preparing the nurses of the future and in implementation of accountable care, investing in nursing research programs, and implementing an advocacy agenda are components of this new vision for academic nursing. I look forward to collaborating with everyone at UConn Health in furthering this vision.

Deborah Chyun, Ph.D., RN, FAHA, FAAN
Dean, School of Nursing
University of Connecticut
Shared Governance 2018 Year in Review

In its simplest form, shared governance is shared decision making based on the principles of partnership, equity, accountability, and ownership at the point of service. This encourages diverse and creative input that makes one feel like they are “part manager” with a personal stake in the success of the organization which may lead to lower rates of job turnover, increased levels of nursing satisfaction, improved patient safety, greater patient satisfaction, and shorter lengths of stay.

Individuals who are happy in their jobs take greater ownership of their decisions and are more vested in patient outcomes. Therefore, employees, patients, the organization, and surrounding communities benefit from shared governance.

Nurses who own the outcomes of care in their area and work to promote positive evidence-based changes are truly patient advocates.

Kathleen Stolzenberger, Ph.D., RN, our shared governance consultant from Nursing Consulting Partners, assisted with the conceptualization and implementation of five professional governance councils in 2017. These five councils included:

- Exemplary Practice/Clinical Practice Outcomes Professional Governance Council
- Leadership Professional Governance Council
- New Knowledge and Innovation (Nursing Research) Professional Governance Council
- Professional Advancement Professional Governance Council
- Technology and Innovation Professional Governance Council

Each of the five councils had a designated sphere of activity and nursing membership from multiple clinical areas. A description of the accomplishments and activities of the councils is included in this report.

Exemplary Practice/Clinical Practice Outcomes Professional Governance Council Progress Report

The Exemplary Practice/Clinical Practice Outcomes Professional Governance Council is comprised of members from diverse clinical areas across UConn Health. Despite the diversity of experience, expertise, and roles, the members of the council speak with a unified voice and have a single goal – to ensure that nursing is elevated, respected as an equal partner, and has a role in decision-making processes that affect nurses and nursing.

As a means of addressing peer-to-peer recognition, the council generated pre-printed “shout-out” cards that are available on the Nursing units and in the hospital-based clinics. Nurses are rewarded for accumulated shout-outs with gift cards and public recognition.

The council created a poster that was displayed during Nurses’ Week illustrating the results of a survey which determined nurses’ knowledge surrounding the recently-updated American Nurses Association Code of Ethics. In addition, the survey collected information about nurses’ perceptions of the hospital’s medical ethics committee. Based on survey results and personal observations related to resources available for staff facing ethical dilemmas, the council is exploring possible future activities related to:

- How to best offer critical incident debriefing for staff
- Examining ways to ensure that stress-related symptoms exhibited by staff are recognized and that support is readily available and easily obtained

Council discussions have also focused on supporting activities which sustain a fair and just culture. By definition, leaders in a fair and just culture do not punish staff for unintended errors or mistakes caused
by system problems. However, there are fair consequences for decisions that are made on purpose to act against a rule.

The projects begun by the Exemplary Practice/Clinical Practice Outcomes Professional Governance Council will ultimately be reassigned as part of the revised shared governance structure. Sincere appreciation is extended to all the council members who participated in the work of this council.

**Nursing Research Professional Governance Council Progress Report**

The Nursing Research Professional Governance Council is comprised of nurses from a variety of clinical settings who are interested in the advancement of nursing through the generation of new knowledge and supporting evidence-based practice.

Accomplishments supported by the Nursing Research Council included establishing a Voalte account for our UConn Health librarian and council member, Jenny Miglus. Staff now have easy access to Jenny and library resources for answers to clinical questions. The Nursing Research Council members were invited to give feedback to proposed future nursing staff competencies related to evidence-based practice and research. These updated competencies are congruent with the necessity for nurses to be integrating the best current evidence with clinical expertise and family preference and values for optimal healthcare delivery and overall system effectiveness.

Five Nursing Research Journal Clubs were presented in 2018 under the auspices of the council. These sessions are designed to provide nurses and others with the skills needed to critically appraise research articles and to evaluate if the research findings should be adopted. Topics were generated by members of the Nursing Research Council and by Nursing staff. Journal Clubs were facilitated by the faculty of the Nursing Research Fellows Program, Robin D. Froman, Ph.D., RN, executive research consultant for UConn Health; Regina M. Cusson, Ph.D., NNP-BC, APRN, FAAN, professor and former dean, UConn School of Nursing; and Betty Molle, MSN, RN-BC, visiting faculty and research and outcomes specialist, Middlesex Hospital.

The following articles were critiqued in Journal Clubs:

- **January 2018:** Ozen, N. et al. Evaluation of the Effect on Patient Parameters of Not Monitoring Gastric Residual Volume in Intensive Care Patients on a Mechanical Ventilator Receiving Enteral Feeding: A Randomized Clinical Trial. (2016) *Journal of Critical Care*. This session was unique with inclusion of a panel of nurses and dietitians discussing a topic relevant to both disciplines.
- **March 2018:** Bjorkman, I. et al. Gender Differences When Using Sedative Music During Colonoscopy. (2013) *Gastroenterology Nursing*. Staff RNs from gastrointestinal Endoscopy Department participated as a panel for this Journal Club as a way of drawing attention to Colon Cancer Awareness Month.
- **June 2018:** Baker, D. and Quinn, B. Hospital Acquired Pneumonia Prevention Initiative-2: Incidence of Nonventilator Hospital-Acquired Pneumonia in the United States. (2018) *American Journal of Infection Control*. This article was chosen as an example of the way in which “routine” interventions such as oral care, addressed collaboratively by nurses and respiratory
therapists, can positively influence patient outcomes.

- **August 2018**: St. Marie, B. The Experience of Advanced Practice Nurses Caring for Patients with Substance Use Disorders and Chronic Pain. (2016) *Pain Management Nursing*. This article was selected to address a topic relevant to all nurses, across inpatient and outpatient settings.

- **October 2018**: Boyle, D.K. et al. Longitudinal Association of Registered Nurse National Nursing Specialty Certification and Patient Falls in Acute Care Hospitals. (2015) *Nursing Research*. This article was chosen for the purpose of stimulating discussion about potential benefits to patients when RNs are certified in their clinical specialty.

Research Council members include: Patricia Bernier, RN; Samantha Busam, RN, OCN; Christine Campbell, RN; Katarzyna DeFilippo, RN; Terese Donovan, MS, RN; Laura Glynn, RN; Robin Froman, Ph.D., RN; Sue Ellen Goodrich, MSN, RN; Paula McCauley, DNP, APRN; Jennifer Miglus; Joan Montgomery, MSN, RN; Megan Speich, APRN; Cathy Spisak, RN, CNOR, and Nayomi Walton, RN.

**Professional Advancement Professional Governance Council Progress Report**

Throughout 2018 the Professional Advancement Professional Governance Council, a dynamic and dedicated team of nurses, was focused on addressing different areas of professional advancement and support. The council was very interested in developing a peer-to-peer support team for second victims. To accomplish this, the council scheduled educational discussions with representatives from Human Resources, Social Work, Employee Assistance Program, and Chaplaincy. The council developed a framework for the program and an aggressive timeline including informative communication to promote understanding of the concept of the second victim program and to recruit support team members. Following recruitment, members were trained through the Chaplaincy service. An educational flyer was also developed for distribution to frontline staff. The valuable purpose of such a program is to provide real-time support for those staff members who have been involved in a stressful environment or adverse medical event that has caused emotional distress. The concept has taken on a broader movement throughout the state of Connecticut and the program is being adopted throughout Connecticut facilities through senior management groups.

The council also elected to focus attention on identifying the reasons for nursing staff’s departure from UConn John Dempsey Hospital, in particular, to identify any common themes or trends that could be addressed. The council reviewed exit survey comments regarding the duration of employment, department of departure and reason for departure with the assistance of a Human Resources representative. The council was specifically interested in focusing on RN departure within two to five years of employment. For information gathering, the council has developed a brief needs assessment to enable the council to focus on the identified needs of staff and potential reasons for departure.

The most recent area of focus of the council is inspiring and supporting nursing unit staff members to participate in providing education to their peers. The team is prepared to initiate a program that will require peer-to-peer education with poster presentations, including making the education accessible to nurses working on different units. The council’s goal is to promote professional development through peer education with the purpose of increasing quality of care and patient/employee safety with educational accountability.

**Technology and Innovation Professional Governance Council Progress Report**

The Technology and Innovation Professional Governance Council’s purpose is to promote the optimal integration of technology and innovation to advance nursing practice and patient outcomes. The council is comprised of UConn John Dempsey Hospital nurses from the Quality Department, Perioperative Services, Inpatient and Outpatient Units, and Clinical Informatics/Epic.

The Technology and Innovation Council’s accomplishments to date include charter development and Voalte technology improvements. Roberta Romeo, the Voalte project manager, and Donna Napomoceno, the Voalte business system analyst, collaborated with the council regarding potential Voalte phone enhancements including clinical resource availability. Staff using Voalte phones reported satisfaction with these enhancements.

The Technology and Innovation Council members were invited to give feedback to proposed future nursing staff competencies related to innovation and technology/informatics. These updated competencies are congruent with the necessity
for nurses to be competent in the use of clinical systems as well as to appreciate the potential legal implications of late or inaccurate electronic health record (EHR) documentation.

With future refinement of the shared governance structure, the Technology and Innovation Council will be reorganized.

Nurses who have participated on this council during the past year include: Donna Criniti, MSN, RN-BC, Chair; Frank Quidler, BSN, RN, Co-Chair; Amanda Darcey, MSN, RN, CWCN, Facilitator, Catherine Deschaine, RN; Lindsey Escajeda, BSN, RN; Tracey McCann, RN; Anne Niziolek, MSN, RN; Diane Swol, MSN, RN; Joanne Yaconiello, RN; Gina Fratini, RN; and Elizabeth Zibell, MSN, RN.

**Shared Governance Advancing into 2019**

In August, October, and November of 2018, representatives from all inpatient clinical units and hospital-based outpatient departments met for two workshops with Kathleen Stolzenberger, Ph.D., RN, to inspire and support staff with the plan to roll-out shared governance in each nursing unit or department. The group also discussed revamping the existing five councils to delineate specific goals and improve efficiency.

In collaboration with our consultant, nursing leadership, and our nurses from clinical units, the five councils were reorganized into six boards: Professional Advancement Board, Nurse Manager Board, APRN Board, Assistant Nurse Manager Board, Clinical Practice Board, and Nursing Research Board.

All six of these boards will report up to the Nursing Executive Board which will be chaired by Ann Marie Capo, MA, BSN, RN, chief nursing officer. In addition to Ann Marie Capo, the membership of the Executive Board will consist of the chairs from each of the above listed five boards.

With the activity of unit-based councils and revamping of the Shared Governance structure, 2019 promises to be a busy and exciting year!
Nursing Town Halls
Ann Marie Capo, MA, RN, vice president of quality and patient services and chief nursing officer at UConn Health hosted three Nursing Town Halls in February, June, and October. The Town Halls were videotaped and the recordings as well as the presentation slides are available on the Department of Nursing website for staff unable to attend.

At the February Town Hall meeting, Deborah Chyun, Ph.D., RN, FAHA, FAAN, was introduced as the new Dean of the UConn School of Nursing. Dean Chyun addressed historical developments at the UConn School of Nursing, current programs of study that are offered, and the vision for the future. Additional items addressed at this meeting were the projects being developed by the inaugural group of Nursing Research Fellows, developments in the evolution of shared governance, and the importance of staff completing the Advisory Board’s confidential RN Engagement Survey once available.

The June meeting was primarily devoted to a discussion of the results of the RN Engagement Survey. The discussion was prefaced by an explanation of the definition of “engaged” based on the scale of responses. Nurses acknowledged that personal relationships with co-workers as a strength of the environment at UConn Health. As the result of the survey findings, Department of Nursing leadership is examining ways to better support staff as well as addressing other opportunities for improvement that were identified. Unit-based shared governance councils represent an additional avenue for staff input into creating a healthy work environment.

The October Town Hall meeting provided a synopsis of The Joint Commission findings from their visit to UConn Health in September. UConn did very well and did not receive any conditional findings. Only 25% of all hospitals surveyed annually by TJC do not receive a conditional finding.

As a follow-up to the RN Engagement Survey results, Ann Marie shared that she started unit-based listening rounds. She visits staff on all hospital units in an effort to improve access and communication while discussing staff concerns and efforts to increase professional development. Lastly, Ann Marie updated staff on unit-based Shared Governance Council progress and encouraged staff to participate in the 2018 culture survey.

Generating New Nursing Knowledge: The Nursing Research Fellows Program
In September 2017, the first Nursing Research Fellows Program commenced at UConn Health. The Research Fellows Program was created as a means for UConn Health nurses to professionally advance and to improve quality patient care through innovation and evidence-based practice.

Seven of the inaugural group of research fellows successfully completed the program and are progressing towards implementation of their projects.

1. Priscilla Cabán, Ph.D., RN, CCM, and Michael Bredefeld, RN, have developed a project entitled “Quality Improvement Initiative: A Comprehensive Care Management Approach to Reducing COPD Readmissions”. These investigators are testing a care management...
intervention to determine if we can reduce our COPD readmission rate at UConn John Dempsey Hospital. Their application has been submitted for approval by the Institutional Review Board (IRB).

2. Devon Bandouveres, MSN, RN, OCN, Beth Brookshire, MSN, RN, and Sam Busam, RN, OCN are attempting to produce a valid research tool for examining adherence of RNs to National Institute for Occupational Safety and Health (NIOSH) safe practice guidelines for handling hazardous drugs such as antivirals, antibiotics, hormones, and chemotherapy. Their project, Safe Perceptions of Drug Handling (SPED) has received approval from the IRB and data collection is commencing.

3. Christine Campbell, RN, and Laura Glynn, RN are presently preparing to submit their project entitled “Dress for Success: A Randomized Control Study Looking at How Dressing Patients after Elective Surgery Can Influence Recovery” to the IRB.

The Research Fellows presented their projects in April 2018 at the Athena Conference at UConn School of Nursing in Storrs. In June 2018, they presented their projects at a Nursing Grand Rounds as a way to celebrate their accomplishments and to obtain feedback from the larger UConn Health nursing community. The fellows continue to receive expert advice and mentorship from the research fellowship faculty throughout project implementation.

The Research Fellowship Program is a didactic and experiential course that is nine months in duration. The fellows attend 10 full days of classes (two days every other month). At the completion of the program, the fellows are expected to have developed a performance improvement or research project for implementation in a clinical setting. The program faculty are Robin D. Froman, Ph.D., RN, executive research consultant for UConn Health; Regina M. Cusson, Ph.D., NNP-BC, APRN, FAAN, professor and former dean, UConn School of Nursing; and Betty Molle, MSN, RN-BC, visiting faculty and research and outcomes specialist, Middlesex Hospital. All course materials are provided and the fellows are paid for their attendance.

The research fellows are to be congratulated for their hard work and their achievements! Due to the program’s success, a second group of fellows was selected for the 2018-2019 academic year. They are:

Kate Falotico, BSN, RN
Lauren LeBlanc, BSN, RN
Ryan Massicotte, BSN, RN
Rachel Meehan, MSN, APRN, ACNS-BC
Amanda Murphy, BSN, RN
Pamela Nolan, BSN, RN

Providing Exceptional Care for Patients with Pulmonary Hypertension

Pulmonary hypertension (PH) is a condition that can affect people of all ages, races, and ethnic backgrounds and is characterized by sustained, abnormally elevated pressure within the pulmonary vascular bed. The World Health Organization has classified this condition into five categories, depending on whether it is idiopathic (with no clear cause) or associated with other conditions such as left heart disease, lung disease, chronic pulmonary thromboembolism, and others. Because signs and symptoms are not specific and are similar to those seen in other disease states, diagnosis can be difficult, often requiring specialty care. UConn Health is one setting in which patients with PH can receive the comprehensive, state-of-the-art care that they need.

In 2017, UConn Health was accredited by the Pulmonary Hypertension Association as a Regional Clinical Program (RCP). Regional Clinical Programs are designed to evaluate patients with PH based on published evidence-based practice guidelines. They provide expert clinical care to patients, and collaborate with PH centers of Comprehensive Care (CCCs), such as Yale, to refer patients for advanced therapies that may not be available at the RCP or for participation in research trials. The RCPs and CCPs participate in the Pulmonary Hypertension Association Registry (PHAR) to:

- Collect data to assist with quality improvement by assessing adherence to guidelines and outcomes
- Improve quality of life and prolong survival for patients with pulmonary artery hypertension and chronic thromboembolic pulmonary hypertension

While currently there is no cure for PH, targeted therapies are available for symptom management, for improving quality of life, and, for some disease categories, slowing disease progression. Overall patient outcomes are often influenced by the underlying causative conditions.
Nurses are instrumental in caring for patients with PH across the care continuum in inpatient and outpatient settings. According to Julie Ann Laflamme, MSN, RN, CCRN, clinical nurse specialist in the ICU, caring for patients with pulmonary hypertension takes a coordinated effort among the Emergency Department, Interventional Radiology, OR/PACU, (all possible points of entry) and communication between the outpatient clinic, practitioner, Pharmacy, Inpatient Unit RN, the patient, and family.

The medications these patients receive are their lifelines; they infuse in a designated line on a pump that the patient manages at home. They are high-alert medications that require pharmacy and nurse double checks, validation of dose calculation, and communication with the patient’s specialty pharmacy.

Hospitalized patients are most often admitted to the Intermediate Unit (IU) where the nurses are competent on the use of the special administration pump and knowledgeable about very specific medication safety precautions, including no interruption of the medication for any reason. They understand that patients are exquisitely sensitive to medication and the potential for life-threatening effects of any misstep in care. Everything done with the infusion line and medication requires attention to detail and use of the high reliability safety habit of STAR (STOP – THINK – ACT – REVIEW) to assure safe administration. IU nurses serve as a resource to other units, such as Interventional Radiology, when a patient requires a new line. Because of the half-life of the medication and precise rate of infusion, you can’t just ‘plug in and go.’ A special process is needed to transfer lines and assure that a new catheter is ‘filled’ so that no medication interruption occurs. Even seconds of interruption can cause very serious pulmonary reactions.

A hospitalization can be scary for patients with PH, but they are relieved when they come to UConn Health where staff communicates across the system and are so in-tune to the particulars of their care. RNs in the outpatient Pulmonary Clinic play a
critical role in helping patients get their PH medications; these are specialty medications that require enrollment and insurance review. Timely attention to ensuring medication availability is needed to prevent gaps in care. “Dr. Foley and I depend on the pulmonary RNs to help the patient navigate through a complicated insurance system,” comments Diahann Wilcox, DNP, APRN, and coordinator of the Pulmonary Hypertension Program. The nurses diligently collaborate with specialty pharmacies and other agencies to connect patients to grants and other sources of financial assistance. This can be a challenging and labor intensive process requiring a high degree of patient advocacy and persistence.

While caring for patients holistically, RNs monitor and track serial lab results related to patients’ PH or PH medications. They also serve as a resource for patients requiring urgent care. Clinicians in the Pulmonary Clinic also partner with specialty pharmacy RNs and pharmacists to educate patients on their medications. Most of PH medication education is done in the patient’s home by the specialty pharmacy RNs.

UConn Health is just beginning to participate in the Pulmonary Hypertension Association Registry. In the future, the Pulmonary Clinic RNs may also help with the required data collection.

**Acknowledgement and Support for Nurses and Other Clinicians: Focus on Schwartz Center Rounds**

Providing relationship-based, compassionate care which inspires hope, healing and wellness is a tenet of the Department of Nursing’s Professional Practice Model. However, many challenges within the healthcare environment can contribute to moral distress, reduced sense of personal and professional satisfaction, and erosion of the ability to provide compassionate care. Consequences may be seen as caregiver detachment and adverse effects may spill over into activities and relationships outside the work setting.

Schwartz Rounds is one forum in which nurses and other members of the multidisciplinary care team come together to be refreshed and discover meaning and rewards that sometimes can be elusive in the day-to-day work setting. The mission of the Schwartz Center for Compassionate Healthcare is to support and advance compassionate healthcare in which caregivers, patients and their families relate to one another in a way that provides hope to the patient, support to the caregivers, and sustenance to the healing process. By doing this, the center promotes nurturing patient-caregiver relationships to strengthen the human connection that is the heart of healthcare.

The goals of the Schwartz Center Rounds are to improve the communication and relationships with patients and among members of the care team and to enhance clinicians’ sense of personal support. The rounds provide a safe place in which caregivers involved in direct patient care can express their feelings towards patients and situations within a supportive and collegial environment.

Deborah Feigenbaum, LCSW, is the facilitator of the Schwartz Rounds which are generally held every other month. The panel discussion topics include some of the most challenging and social
issues that staff face when caring for patients and families. The rounds are not a venue in which to problem solve or to evaluate patient management. Instead, they are a forum in which to share thoughts, feelings, ideas, dilemmas, joys, concerns, fears, and other experiences. Recent subjects addressed the opioid crisis from two points of view, young adults and pregnancy – “A Life Lost Too Soon” and “The Unlikely Faces of the Opioid Crisis,” “Powerless Caregivers: When a Competent Patient Chooses Not to Make Decisions” and “HELLP Me!: A Catastrophic Threat.” (Note: HELLP is a complication of pregnancy that can have life threatening consequences.)

Are you personally feeling stressed or burned out? An independent evaluation has found that regular participation in Schwartz Rounds promotes compassionate care, improves teamwork, and reduces caregiver stress and isolation. Research shows that when caregivers are more compassionate, patients do better and caregivers rediscover their passion for healing. Consider making a suggestion to the Schwartz Rounds Committee if you have a case that is weighing on your mind. You can reach the facilitator by emailing feigenbaum@UCHC.edu.

**The Huntington’s Disease Program at UConn Health: A Novel Approach to Patient Care**

“There is nothing humorous about Huntington’s disease,” states Robin Zingales-Brown, APRN in the Huntington’s Disease Program at UConn Health. Remarkably, her observations about the use of humor by patients with Huntington’s disease and their caregivers as a coping strategy has prompted her to further explore this topic for her doctoral project.

Huntington’s Disease (HD) is a rare genetic neurodegenerative disorder associated with emotional, behavioral, mood and cognitive changes, and characteristic movement manifestations (chorea). It is transmitted as an autosomal dominant trait, meaning that a child of a parent with Huntington’s disease has a 50% chance of acquiring the condition. There is currently no therapy that is able to halt the relentless progression of symptoms.

However, with the identification of the Huntington’s gene on the fourth chromosome, clinical research trials are being developed aimed at lowering the mutant protein called huntingtin that is produced by the HD gene.

UConn Health is unique in having the only Huntington’s Disease Program Connecticut. It is housed at 10 Talcott Notch Road as part of the Department of Psychiatry. As Ms. Zingales-Browne explains, HD is a brain disease with neurologic symptoms. The need to address psychiatric and mood disturbances, such as depression, is just as important as managing the associated movement disorder.

As the APRN in the Huntington’s Disease Program, Ms. Zingales-Brown is instrumental in providing holistic care to patients and their caregivers. She works collaboratively with the program director, Dr. Glenn Konopaske, as well as a genetic counselor and social workers; however, as the sole APRN, represents continuity of care for patients and their caregivers. She actively collaborates with skilled nursing facilities when patients require long-term care and every month provides on-site consultation services at Fresh River Healthcare in East Windsor. Through these activities, she creates a bridge between the academic clinical outpatient environment and long term care settings.

Ms. Zingales-Browne’s doctoral project will explore the use of coping humor by caregivers of patients with HD. She has designed a program examining the effect of introducing a cognitive behavior intervention focused on reframing perspectives using humor.

Nurses working with difficult and stressful circumstances often find themselves using humor as an outlet for managing situations that are outside their control. Perhaps the effective use of humor as a care planning intervention will help patients, caregivers, and staff better cope with their unique challenges and validate that humor, even when seemingly inappropriate, can be good for the soul.

**NICHE: Nurses Improving Care for Healthsystem Elders**

UConn Health has been a NICHE Member Hospital for two years. While NICHE is led by nurses, its initiatives influence all healthcare disciplines and practitioners at every level of practice.

Our NICHE mission statement is to promote a culture of geriatric excellence by incorporating evidence-based clinical practice, education, research, and patients’ preferences and values. In order to achieve this, unit based Geriatric Resource Nurses (GRNs)
and Geriatric Resource CNAs (GRCNAs) promote improved geriatric care for patients and families and modify the environment to be more senior-sensitive. There are five Geriatric Resource CNAs and currently 11 GRNs distributed among the medical-surgical units and the Intermediate Unit. GRNs and GRCNAs participate in quarterly geriatric meetings for education and to promote NICHE initiatives on nursing units.

Medicine 3 was the pilot NICHE unit. In 2018 NICHE was expanded to Surgery/Orthopedics 5. Geriatric Nursing Rounds using the SPICES Geriatric Assessment Tool continue to influence nursing care.

Nurses from Medicine/Surgery/Oncology 6 and the Intermediate Unit have begun NICHE online education to become GRNs with the expectation that Geriatric Nursing Rounds will begin on these units in 2019.

NICHE initiated two quality improvement programs in 2018. Medicine 3 staff has identified delirium as a clinical problem in need of improved staff education, documentation, use of the Delirium Order Set, and reduction in sitter hours. Surgery/Orthopedics 5 nurses and orthopedic surgeons have collaborated with NICHE on the Older Adult Hip Fracture Patients Assessment and Care Program.

NICHE developed and has led the very successful Purposeful Visitors Program since January 2018. Selected volunteers and UConn Allied Health Sciences (AHS) undergraduate students are trained and visit hospitalized, older adult patients to create a more positive hospital experience through reminiscence and/or use of an activity from the therapeutic activity cart. Heather Spear, APRN, NICHE lead, collaborates with Susan Gregoire, Ph.D., UConn Allied Health Sciences, as host faculty for the Allied Health Student Purposeful Visitors.

In addition to completing more than 125 patient visits in the spring semester alone, the students also completed an independent study project on a topic relevant to older adults.
This collaboration was highlighted in the AHS blog, Naturally@UConn, September 11, 2018.

Educating healthcare professionals regarding the needs and preferences of older adults and their families is fundamental to the NICHE mission. The NICHE program collaborates with nurses from several other Connecticut hospitals to plan the Acute Care Geriatric Nurse Collaborative’s annual conference. Heather Spear was invited to present at the October 2018 Connecticut Nurses’ Association “Innovation in Healthcare” conference. Her topic was the digital bear for use with hospitalized patients with delirium or dementia.

NICHE is proud to be expanding its reach to more nursing units, to enhance evidence-based practice, to continue quality improvement projects and to strive to advance to the next level of NICHE member hospitals.

**Maternal Child Health: Preparing for the Unexpected**

While families as well as nurses hope for uneventful pregnancies and recoveries, complications during pregnancy, labor, delivery, and the postpartum period do occur. Complications occurring prior to or during delivery can be especially challenging for nurses because they are simultaneously caring for two patients (mother and baby) or more in the case of a multiple pregnancy.

Nurses are at the forefront of recognizing warning signs, anticipating problems and, skillfully intervening whenever complications occur. In order to keep nurses “at the top of their game” and to achieve the best possible outcomes, ongoing education and training of staff has been occurring.

Laura Karwoski, MSN, RNC-OB, C-EFM, clinical nurse specialist, has been instrumental in supporting and developing educational activities with staff, including: malignant hyperthermia drills, interdisciplinary post-partum hemorrhage simulations (11 sessions with 100% completion by nurses) and monthly interdisciplinary strip rounds. Over half of the nurses currently hold a certificate from AHWONN in electronic fetal monitoring and the staff is working towards a goal of 100%.

Additional unit activities have focused on quality and safety related to complications that may occur in the prenatal period as well as post-hospital discharge. A venous thromboembolism (VTE) bundle was implemented in December which includes best practices for prevention of blood clots as well as incorporating patient education.

Maternal hemorrhage remains the leading cause of maternal morbidity worldwide. We have fully implemented the hemorrhage safety bundle which includes an entire toolkit of best practices surrounding recognition, readiness, and response to hemorrhage.

Education throughout the past year was instrumental to implementing best practice and ensure nursing is prepared for the unexpected. These endeavors are helping to ensure that families delivering babies at UConn Health are able to fully realize the power of possible.
Getting to the Heart of the Matter: Accolades for Heart Failure Care

UConn Health continues to deliver exceptional care to patients with heart failure as evidenced by receipt of the Get With The Guidelines® Gold Plus Quality Award from the American Heart Association/American Stroke Association.

The Gold award recognizes hospitals with 85% or better compliance meeting heart failure core measures for 24 months or more. This award would not be possible without the dedication and expertise of nurses, medical staff, case management, and other clinicians caring for patients with heart failure, whether as inpatients or as outpatients receiving care in the Calhoun Cardiology Center.

Nurses play a central role in heart failure education, which is critical to achieving better patient outcomes and preventing heart failure-related readmissions. Verifying an effective discharge plan with a scheduled follow-up appointment is another aspect of care in which nurses are instrumental in optimal patient outcomes. Heart failure core measures are as follows:

- Percent of heart failure patients with left ventricular ejection fraction <40% who, at hospital discharge, are prescribed ACEI (angiotensin converting enzyme inhibitor), ARB (angiotensin receptor blocker), or ARNI (angiotensin receptor neprilysin inhibitor), unless contraindications are present.
- Percent of heart failure patients prescribed evidence-based specific beta blockers at discharge, unless contraindications are present.
- Percent of heart failure patients with documentation in the hospital record that left ventricular function was assessed before arrival, during hospitalization, or is planned for after discharge.
- Percent of eligible heart failure patients for whom a follow-up appointment was scheduled and documented, including location, date and time for follow-up visits or location and date for home health visit.

Hospitals earning the Gold Plus Quality Award are recognized for a commitment to quality of care through the implementation of additional evidence-based therapies. To receive the plus award, hospitals must demonstrate at least 75% compliance with each of the measures for 12 consecutive months. Hospitals receiving the Plus Award are noteworthy for going above and beyond the standard heart failure core measures.

The transition to Epic has created some challenges in documentation of heart failure core measures. Pat Beaupre, RN, quality assurance specialist, communicates on a regular basis with medical and RN staff and attends STAT Rounds on the Intermediate Unit to educate and facilitate accurate heart failure documentation in the medical record.

She is able to validate accuracy and completeness of data for entry into the American Heart Association/American Stroke Association’s Patient Management Tool™, permitting UConn Health to sustain excellence in heart failure care.

Staff and Patient Education Department Highlights

The General Nursing Orientation schedule was reorganized and revitalized in 2017. The orientation was expanded to include more medical-surgical nursing topics and hands-on skills. Nonviolent crisis intervention training (CPI) and the Basic Arrhythmia class are now incorporated in all new RN orientations.

In 2018, 15 graduate nurse residents were hired for the Emergency Department, Intensive Care Unit, Intermediate Unit, Medical-Surgical Units and NICU. In addition to the General Nursing Orientation, the graduate nurses participated in a weekly support group meeting and simulation session for five weeks. The simulations encompassed tubes and drains, a room of risk, a patient fall, SBAR, and a mock code. The graduate nurse residents found the simulations and support group meetings beneficial to their learning and transition to nursing practice.

Graduate nurse residents participate in biweekly meetings throughout orientation with their unit’s management team, clinical nurse specialist, and preceptor to monitor progress and develop goals. Support group meetings for the graduate nurse residents are held on a monthly basis, as needed, throughout their first year of professional practice. We look forward to the continued success of our graduate nurse residents.

Other recent modifications include an increase in the availability of onsite ACLS classes, as four clinical educators became ACLS instructors. BLS skill validation sessions were held as part of the Annual
Mandatory Competency Sessions, in addition to scheduled sessions throughout the calendar year. Staff continue to have the option of attending a live class for initial BLS training or renewal.

UConn Health’s renewal application as an Approved Provider Unit of Continuing Nursing Education by the Northeast multistate Division (NEMSD), an Accredited Approver by the American Nurses Credentialing Center’s Commission on Accreditation was recently submitted and is pending approval. Designation as an Approved Provider permits us to offer nursing continuing education credits for approved educational offerings.

**Advancing the Power of Possible with State-of-the-Art Technology in the Hybrid Operating Room**

This spring, neurosurgery chief Dr. Ketan Bulsara and his team were the first to perform surgery in UConn John Dempsey Hospital’s 1,200-square-foot hybrid operating room. Members of the hybrid room team who are specially trained to perform these highly technical cases include Lisa Sinopoli, RN; Leah Pace, RN; Laurie Button, RN; Mike Castagna, IRT; Josh Fike, IRT; and Justin Fraychak, IRT.

The team leveraged the newly opened, high-tech room and its dual, built-in, advanced X-ray imaging capabilities to guide a successful minimally invasive, neurological procedure. Since the opening of the hybrid room, we have performed vascular diagnostic and interventional cases, an open craniotomy for a brain aneurysm, and have completed approximately 20 stroke thrombectomy cases.

“There are not many biplane hybrid operating rooms in the United States and there are only a handful along the East Coast,” states Dr. Bulsara. “The biplane imaging provides surgeons multiple views and serves to not only make patient care safer but also allows surgeons to do things that we could not ordinarily do inside the operating room.” The hybrid room gives surgeons the ability to perform both minimally invasive treatment options and standard open surgery, all in one setting. The types of procedures...
offered range from minimally invasive to the most complex neurosurgery, interventional cardiology, and vascular procedures.

“The hybrid operating room allows surgeons to choose what they feel is the best treatment for that patient,” says Dr. Bulsara.

According to Dr. Bulsara, the goal of the hybrid room is to allow UConn Health to continue to provide world-class care to its patients, while shaping the future of surgery and medicine and optimizing the personalized care given to each individual patient.

All the high-tech equipment in the hybrid OR hangs from the ceiling, including imaging equipment, large plasma screens, and LED surgical boom lights to assist each surgeon with brighter and sharper vision of the surgical field. Its high-resolution Black Diamond video system provides the option for real-time video and photo imaging during surgery for direct communication with the Department of Pathology, or teleconferencing and live broadcasts of surgery for physician training and medical education.

**The Flynn Fellowship: Inspiring Careers in Oncology Nursing**

In 2016, UConn Health was selected to be a participating hospital for the Susan D. Flynn Oncology Nursing Fellowship program, a summer internship for rising senior undergraduate nursing students who wish to pursue a career in oncology nursing. This innovative program was created by Mr. Frederick Flynn, a Connecticut resident, whose wife Susan lost her battle with ovarian cancer in 2013. During Susan’s cancer journey, Mr. Flynn and his family witnessed the skillful and compassionate care of oncology nurses. As a tribute to the oncology nursing profession and to grow and inspire the next generation of specialized oncology nurses, Mr. Flynn has partnered with several cancer care institutions to establish this fellowship in his wife’s memory. UConn School of Nursing students are selected through a competitive application, essay, and interview process.

UConn Health Departments of Nursing and Staff and Patient Education concluded the third year as a host site for the Susan D. Flynn Oncology Nursing Fellowship in August 2018. Our nursing fellows Kerstan Mahland ’19 and Sarah Todd ’19 spent 10 weeks in a preceptor-based fellowship working alongside highly skilled and knowledgeable UConn Health oncology nurse preceptors in the areas of inpatient oncology, outpatient medical, surgical and...
radiation oncology, chemotherapy infusion, palliative care, and genetics. In addition to clinical care experience, the fellows completed evidence-based oncology nursing projects which were presented to UConn Health staff at the conclusion of the fellowship. Sarah Todd presented her project titled, “Strategies to Reduce Avoidable ED Visits in Cancer Patients Undergoing Treatment.” Kerstan Mahland presented her project titled, “A Dignified Death: The Nurse’s Role in Providing End-of-Life Care.”

Devon Bandouveres, MSN, RN, OCN, oncology CNS, and Donna Criniti, MSN, RN-BC, clinical nurse education specialist, were instrumental in providing oversight and coordination of this program. The success of the Flynn Fellowship would not be possible without the mentorship, teaching and role-modeling of the compassion, dedication and specialty skill set required in oncology nursing that were provided by UConn Health’s oncology nurse preceptors.

UConn Health’s 2016 and 2017 Flynn Fellows have graduated from the UConn School of Nursing and 75% are currently working in the field of oncology nursing. As registered nurses, they will carry with them the experience and knowledge they gained through this fellowship.

**Stroke Elite Honor Roll Awards**

UConn Health has received the American Heart Association/American Stroke Association Stroke Gold Plus Recognition and Target: Stroke Elite Honor Roll Awards. A breakdown of what this means:

Stroke Gold Plus Recognition: Hospitals receiving Get With The Guidelines® Gold Plus Achievement Award have reached an aggressive goal of treating patients with 85% of higher compliance to core standard levels of care as outlined by the American Heart Association/American Stroke Association for two consecutive calendar years.

Target: Stroke Elite Honor Roll Award is given to those programs who achieve time to thrombolytic therapy of 60 minutes or less in 75% or more of patients with acute ischemic stroke who are treated with IV tPA.

2018 Stroke Core Measures - The Primary Stroke Center has achieved a composite average of 99.8% for the core measures listed below. This level of achievement would not be possible without the concerted dedication and efforts of all members of the team who care for patients with stroke. Jennifer Sposito, MSN, RN, stroke coordinator, reviews the medical records of patients admitted with a diagnosis of stroke on a daily basis to ensure that there are no gaps in the core measures, communicates with the entire care team, and functions as a patient navigator throughout the hospital stay.

<table>
<thead>
<tr>
<th>Stroke (STK) Core Measure Set</th>
<th>Description</th>
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<tbody>
<tr>
<td>STK-1</td>
<td>Venous Thromboembolism (VTE) Prophylaxis</td>
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<tr>
<td>STK-2</td>
<td>Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
<td>STK-3</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>STK-4</td>
<td>Thrombolytic Therapy</td>
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<td>STK-5</td>
<td>Antithrombotic Therapy by End of Hospital Day 2</td>
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<tr>
<td>STK-6</td>
<td>Discharged on Statin Medication</td>
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<tr>
<td>STK-8</td>
<td>Stroke Education</td>
</tr>
<tr>
<td>STK-10</td>
<td>Assessed for Rehabilitation</td>
</tr>
</tbody>
</table>

Performance Goal for 2019 - The Primary Stroke Center aims to sustain and, if possible, further decrease its exemplary door to needle (alteplase rtPA) time.
TJC Stoke Recertification: The TJC survey for recertification as a Primary Stroke Center was completed in November 2018 and we passed! This survey differed from past surveys as it was the first time we were surveyed as a Primary Stroke Center with expanded endovascular capabilities and the ability to perform thrombectomy. The surveyor verbally recognized the multidisciplinary stroke team for its commitment to innovation and excellent patient care and for its emphasis upon the education of nurses and other team members. The surveyor was particularly impressed with the degree of nursing engagement with patients with stroke and their desire to provide comprehensive nursing care to all patients with neurological conditions.

Advancing Therapies - Recombinant tissue plasminogen activator rtPA was approved by the FDA in 1996 as the only therapy available for the treatment of acute ischemic stroke. In spite of the availability of evidence-based guidelines for the administration of rtPA, barriers to its use continue to be reported in the literature. The UConn Health Primary Stroke Center is proud of achieving one hundred percent utilization rates for use of rtPA. This accomplishment is the result of organizational support, coordination and organization of a stroke team that is at the patient’s bedside within 15 minutes of arrival, and expertise of nursing staff that is supported by ongoing education and training.

In order to meet 2015 American Heart Association/American Stroke Association guidelines for management of acute stroke by offering clot retrieval (thrombectomy) for patients with carotid terminus or proximal MCA clot, UConn Health created a thrombectomy team which is available 24/7. Its first successful case was performed in the hybrid OR in 2018.

The primary Stroke Center at UConn Health aims to become a “one stop” provider of care for patients with all types of strokes and to emerge as a regional leader in stroke care by providing exceptional care to our patients as well as helping with the management of stroke patients from other areas hospitals.
Sharing Knowledge and Expertise - Jennifer Sposito, MSN, RN, and Elizabeth Bjorge, MSN, RN, CNL, PCCN, presented a poster entitled “Stroke Prevention: Enhancing Individualized Risk Factor Education” at the Northeastern Cerebrovascular Consortium in Newport Rhode Island on October 25 and 26.

The 4th Annual Emergency Stroke Care Conference was held in June 2018 with attendance maxed out as it was attended by over 250 healthcare professionals. Local and regional experts comprised the conference faculty. The main keynote speaker was Dr. Sepideh Amin-Hanjani from the University of Illinois at Chicago on the topic of “Management of Cerebrovascular Disease: Why Flow Matters.”

The planning committee is working on the program for the 5th annual conference to be held in 2019. Given the success of the 2018 conference, which had a waiting list for attendance, individuals hoping to attend are encouraged to register early and save your seat.

**Epic Launch**

2018 marked a momentous occasion for the integration of the health information technology systems across our enterprise here at UConn Health. In April 2018, we successfully launched Epic, a fully integrated electronic medical record. Preparation for the go live started back in June of 2016, and required years of preparation, planning, and build. Over 3,800 end users participated in the Epic go live and are now working more efficiently and safely to care for patients.

**Introducing Elsevier Clinical Skills: The Latest Way to Keep Your Knowledge and Skills Sharp**

UConn Health now has access to Elsevier Clinical Skills. Our organization is taking nursing competency and professional development to the next level with Clinical Skills to help you perform at your best. Now, we have access to over 1,300 evidence-based skills and procedures written and maintained by clinical experts. This phenomenal resource can be used to refresh your knowledge and perform every skill with confidence using step by step checklists, animations, videos, and illustrations. Our nurses also have access to hundreds of free continuing education contact hours for professional development – with more being added regularly. Elsevier can be accessed through the Department of Nursing website.
Future Directions: Things to Come
UConn Health, in collaboration with the Connecticut Hospital Association (CHA), is excited to be one of eight Connecticut hospitals to open a Patient and Family Engagement Innovation Unit. Medicine 3 has been designated as our Innovation Unit. Nursing leadership, the unit-based Shared Governance Council, and staff on Medicine 3 have formed a partnership with the Patient and Family Advisory Council to identify new and different ways to increase patient and family-centered care. New processes will be trialed and tested using a rapid cycle methodology.

A second new initiative being implemented under the auspices of CHA is peer-to-peer support training. The provision of peer-to-peer support will be addressed as a component of workplace safety. Staff will also receive training about ways to respond to “second victims,” those healthcare providers who are involved in unanticipated adverse patient events, in a medical error, and/or a patient-related injury. Research has shown that these “second victims” can be traumatized by the event and experience a variety of responses including anxiety and depression. The creation of infrastructure in which to have immediate access to support and guidance can be instrumental in assisting staff following such experiences. Liz Robinson, LMFT, CEAP, from the Employee Assistance Program (EAP), Chaplain Katy Wilcox, M.Div., ACPE, and Deborah Feigenbaum, MSW, LCSW, will be instrumental in providing training and resources to staff.

NDNQI Nursing Sensitive Database of Nurse Sensitive Quality Indicators
Our nurses continually evaluate the care they deliver and the associated patient outcomes. Our nurses review nurse sensitive patient outcomes including falls, falls with injury, hospital-acquired pressure injuries (HAPI) Stage II and above, central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI). We compare ourselves to like academic medical centers participating with the National Database of Nursing Quality Indicators (NDNQI). Our goal is to outperform the mean of our comparison group in greater than half of our units more than 4 of 8 quarters over a two-year period. Review of our 2018 data indicates that we have met our performance goal in all measures.
**Stay for Safety: Reducing Patient Harm from Falls**

The Falls Committee continued their efforts to reduce falls with injury. The online learning (SABA) course specific to preventing patient falls and predicting fall injury risk using the ABCS tool is currently under revision and will be assigned to staff. Floor mats are available in each patient room and continue to be utilized on a regular basis on the inpatient units.

Hip protectors are now available on the units for use with patients who have a history of fall-related fracture within 12 months of admission and for those who have documented osteoporosis or metastatic bone disease. Gait belts are available on the units for use with patients who have an “Ambulate with Assist” or “OOB with Assist” activity order and new wedge cushions have been ordered for most inpatient units.

The Fall Prevention Education Handout is available on the Department of Nursing website and is also included in the binder that patients receive when they are admitted. Since falls and fall-related injuries are common problems experienced by older adults, it is important for patients to be aware of the various interventions that may be put into place to keep them safe while here, as well as what they can do to prevent falls at home.

Falls screening tools have successfully rolled out in Epic. Some revisions are being made to optimize the documentation of patient fall risk.
**Wound Care and Hospital-Acquired Pressure Injuries**

The hospital has acquired a new full-time CWOCN (Tanya Carter). She replaced the previous part-time certified wound nurse. Our statistics for the wound/ostomy service have shown a steady increase in the amount of patients/consult visits per month since moving into our new hospital tower. (See graph, next page).

The wound/ostomy nurses continue to develop and improve our integumentary screens in the hospital's new EPIC documentation system. They have worked closely with our IT developers and receive continued support from the EPIC specialists.

Our wound/ostomy nurses have been busy with education this year and continue to make adjustments to our skin products in order to remain up-to-date with research-proven treatment strategies. We have successfully trialed and are the first hospital in Connecticut to carry a female external device for urinary incontinence. The product was well received by our trialing units (ICU/Surgery 5/Oncology Floors). This project was integrated with our nurses in Epidemiology to reduce the number of CAUTI’s (catheter-associated urinary tract infection).

As part of our fiscal responsibility, we have found the same skin protectant product available in a larger quantity that has been trialed and found to be superior in skin protection while simultaneously acting as a skin moisturizer. This discovery enables a projected cost savings of $5,491/year (Sween® 24 by Coloplast).

Wound Care continues to provide formal education in monthly nursing orientation and has also offered two Nursing Grand Rounds in the late fall of 2017. Our wound certified nurses (WCC) participated in this education. Wound Care is currently working on education presentations for 2019 in which the wound nurses and the WCCs will be presenters. CWON (Arlene Morin) provided an Ostomy Grand Rounds in May 2018.

Ms. Morin has also presented (November 2018) at the Annual Geriatric Nursing Conference sponsored by the Acute Care Geriatric Nursing Collaborative, representing 12 hospitals within several healthcare systems in Connecticut.

NDNQI (National Database of Nursing Quality Indicators) data show that we continue to perform well below the national monthly hospital acquired pressure injury (HAPI) benchmark of 2.9% and national total pressure injury (combination of hospital and community acquired) of 8.8%. Our NDNQI data are shown below. The data encompass all of our inpatient hospital units (reported to NDNQI) with the exception of our Psychiatry Unit.

Of note there was one prevalence study that showed a slight increase in hospital acquired pressure injury prior to the hire of our second full-time wound/ostomy nurse. We had the busiest month for wound consults ever recorded this past January 2018. The service has seen a sharp increase in the number of ostomies per month. This is primarily due to the addition of a new GI surgeon.

**NDNQI Reported Data (Performed Quarterly - All Inpatient Units Except Psychiatry)**

<table>
<thead>
<tr>
<th></th>
<th>9/7/2017</th>
<th>12/7/2017</th>
<th>3/1/2018</th>
<th>6/7/2018</th>
<th>9/6/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Institutional Prevalence</td>
<td>4 / 104  = 3.8%</td>
<td>7 / 103  = 6.8%</td>
<td>5 / 109 = 4.5%</td>
<td>3 / 133 = 2.3%*</td>
<td>4 / 124 = 3.2%</td>
</tr>
<tr>
<td>Total #pts w/pressure injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total #pts surveyed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Acquired Prevalence Rate</td>
<td>4 / 104  = 3.8%</td>
<td>3 / 103  = 2.9%</td>
<td>4 / 109 = 3.6%</td>
<td>2 / 133 = 1.5%*</td>
<td>4 / 124 = 3.2%</td>
</tr>
<tr>
<td>Nosocomial/HAPI Pressure Prevalence Rate</td>
<td>0 / 104  = 0%</td>
<td>4 / 103  = 3.9%</td>
<td>1 / 109 = 0.9%</td>
<td>2 / 133 = 1.5%*</td>
<td>0 / 124 = 0%</td>
</tr>
</tbody>
</table>

*One patient admitted with pressure injury and also developed a hospital-acquired injury
UConn John Dempsey Hospital Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage II and Above

Number of Patients with Pressure Injuries

Number of Wound/Ostomy Consults
Getting to Zero: Eliminating Central Line-Associated Blood Stream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI) in Hospitalized Patients

UConn Health is taking a novel approach towards eliminating hospital-acquired infections by emphasizing point-of-care guidance, education, and support for clinicians at the bedside. To achieve this goal, Kaitie O'Connor, BSN, RN, and Jane Sullivan, RN, CCRN, joined the Department of Epidemiology as epidemiology RNs in September 2018. They joined the other members of the Department of Epidemiology, Nancy Dupont, MPH, RN, director; Rachel Crosby, MSN, RN, CIC, and Kate Falotico, BSN, RN, infection control specialists; all united in efforts to implement best practices for infection prevention.

Unique strategies for infection prevention include daily rounds by one of the Epidemiology RNs (7 days per week, 365 days per year) with every patient who has a central venous access device and/or indwelling urinary catheter. During rounds, central venous access devices are assessed for timeliness of dressing change, condition of the site, status of the dressing – intact, occlusive, and properly applied, labeling of the infusion set(s), and verification that not overdue, presence of passive alcohol-impregnated Curos™ disinfection caps on ports, and if continued need of the central venous access device is warranted.

During 2018, new central venous catheter dressing kits containing chlorhexidine-impregnated dressings and alcohol-impregnated Curos™ caps were introduced. While nursing staff was educated about their use at the time of availability, the epidemiology RNs provide ongoing bedside education with RNs regarding their use. In addition, a skills station was established during mandatory education days for additional RN education about dressings and other aspects of central line care. A survey of RNs related to central line care practices is being prepared for distribution.

The Department of Epidemiology is collaborating with physicians, nurses, APRNs, PAs, and the Department of Interventional Radiology with the aim of decreasing the number of peripherally inserted central venous catheters (PICCs) that are placed because not all patients receiving PICCs have been found to meet established criteria. Alternatives to PICCs include midline catheters as well as using ultrasound guidance for peripheral IV insertion. Training of staff in these insertion techniques is underway with the goal of increasing the use of midline catheters and reducing PICC use. The epidemiology RNs now receive “PICC alerts” which allow them to consult with the care team to determine if a PICC is warranted or if another infusion device is preferable. Routine use of PICC lines for laboratory sampling is an additional avenue for infection and is a practice that is discouraged.

A major change in caring for patients with indwelling urinary catheters implemented in 2018 was the introduction of a Nurse Driven Protocol for Urinary Catheter Removal. When the protocol for “Indwelling Catheter Removal” is ordered, nursing staff are empowered to remove the catheters for patients who meet all criteria for removal. The purpose of the protocol is timely catheter removal and elimination of unnecessary catheter days which dramatically increase infection risk. Education about this protocol was reinforced for RNs during annual mandatory inservice sessions and education is continuing with guidance given to nurses at the bedside. The Epidemiology Department is also working with the Epic team to facilitate correct order implementation by practitioners. External urinary drainage devices for both men and women are being used more frequently as an alternative to indwelling catheters.

Work is currently being done to examine the procedure for obtaining urine specimens for patients with urinary catheters – both routine urinalysis and cultures and opportunities for improvement have been identified. The importance of obtaining site-specific cultures, as opposed to “pan cultures” when infections are suspected, is an additional topic for review. Stay tuned for more information.

Prevention of healthcare-associated infections is interdisciplinary and multifaceted. Future efforts will be directed towards examining best practice related to midline catheters and prevention of infections associated with ventilator use. UConn Health is fortunate to have bedside resources and professionals aimed at “Getting to Zero.”
UConn John Dempsey Hospital Catheter Associated Urinary Tract Infections per 1,000 Catheter Days

<table>
<thead>
<tr>
<th></th>
<th>CAUTI 2/8 Quarters</th>
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<tbody>
<tr>
<td>UConn</td>
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UConn Health Score Compared by Teaching Status

Peer Group: Academic Medical Centers

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<tr>
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<tr>
<td>Q1</td>
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<td>Q4</td>
<td>1.50</td>
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UConn John Dempsey Hospital Central Line Associated Blood Stream Infections per 1,000 Central Line Days

<table>
<thead>
<tr>
<th></th>
<th>CLABSI 4/8 Quarters</th>
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<tbody>
<tr>
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<tr>
<td>Q3</td>
<td></td>
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UConn John Dempsey Hospital, UConn Health Compared by:

Teaching Status

Peer Group: Academic Medical Centers

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<td>Q1</td>
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</tr>
<tr>
<td>Q2</td>
<td>-0.40</td>
</tr>
<tr>
<td>Q3</td>
<td>0.00</td>
</tr>
<tr>
<td>Q4</td>
<td>0.20</td>
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UConn John, UConn Health

Total Falls per 1,000 Patient Days

<table>
<thead>
<tr>
<th></th>
<th>-1.00</th>
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<tbody>
<tr>
<td>2016</td>
<td>0.00</td>
</tr>
<tr>
<td>Q4</td>
<td>0.00</td>
</tr>
<tr>
<td>2017</td>
<td>0.03</td>
</tr>
<tr>
<td>Q1</td>
<td>-0.45</td>
</tr>
<tr>
<td>Q2</td>
<td>0.03</td>
</tr>
<tr>
<td>Q3</td>
<td>-0.55</td>
</tr>
<tr>
<td>Q4</td>
<td>-0.28</td>
</tr>
<tr>
<td>2018</td>
<td>-0.45</td>
</tr>
<tr>
<td>Q1</td>
<td>-0.90</td>
</tr>
<tr>
<td>Q2</td>
<td>-0.07</td>
</tr>
<tr>
<td>Q3</td>
<td>-0.03</td>
</tr>
<tr>
<td>Q4</td>
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UConn John Dempsey Hospital, UConn Health Compared by:

Teaching Status

Peer Group: Academic Medical Centers
Strategic Goals for 2019-2020

**BSN - Prepared Nurse**
Initiative: Previous goal was to increase the percentage of RNs with a BSN or higher academic degree to 80% by 2020.
Current: 73% of RNs have a BSN or higher degree in nursing. Partnership with UConn School of Nursing allows tuition benefits to staff matriculated in a nursing program of study.
Target: Increase the number of RNs with BSN or higher academic degree in nursing to 78% by the end of 2019.

**Professional Governance**
Initiative: 2018 goal was to establish unit-based professional governance councils on all of the hospital nursing units as to means of RN empowerment.
Current: Unit-based councils have been implemented and are now active. Council leadership attended educational sessions in August 2018 and January 2019.
Target: Refine the council structure using the proposed model. Inaugurate the Nursing Executive Board.

**Nursing Research**
Initiative: Seven nursing research fellows, completed the inaugural Nursing Research Fellowship Program which was designed to encourage and support nursing research at UConn Health. 2018 goal was to have three projects underway by June 2018.
Current: Two projects have completed the IRB submission process; one is currently in submission. Six new research fellows started the 2018-2019 program in the fall of 2018.
Target: One completed nursing research project in 2019.

**RN Specialty Certification**
Initiative: 2018 goal was to increase the percentage of RNs with professional specialty certification to 20%. RN staff interested in attending a certification review course in preparation for taking their certification exam will receive resources and support.
Current: We have been unable to meet our goal; 17% of RNs currently have specialty certification.
Target: Increase the percent of RNs with specialty certification to 30%.

**RN Satisfaction and Engagement**
Initiative: 2018 goal was to implement the Advisory Board’s Nurse Engagement Survey.
Current: Survey results showed that we did not outperform the mean on any of the categories measured. Opportunities for improvement were identified.
Target: Advisory Board’s Nurse Engagement Survey will be made available to RN staff in March 2019 with the goal of outperforming the mean on four of seven identified measures.

**Safe Environment for RN Staff**
Initiative: Exemplary Practice/Clinical Practice Outcomes and Professional Advancement Professional Governance Councils both identified the need to support “second victims.”
Current: Collaboration with the Connecticut Hospital Association (CHA) initiative is in progress to provide peer-to-peer support training for staff.
Target: Complete peer-to-peer support training and develop plan for infrastructure to ensure that staff have immediate access to support.

**Patient Engagement**
Initiative: Create an Innovation Unit, in collaboration with the Connecticut Hospital Association initiative, to identify new and different ways to increase patient and family-centered care.
Current: Medicine 3 is the designated innovation Unit. Nursing leadership, unit-based Shared Governance Council, and staff have formed a partnership with the Patient and Family Advisory Council for implementation.
Target: Test at least one new process using a rapid cycle methodology.
UConn John Dempsey Hospital
Percent of RNs with BSN or Higher Degree

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of RNs with BSN or Higher</td>
<td>64</td>
<td>67</td>
<td>73</td>
<td></td>
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<tr>
<td>% Target</td>
<td>64</td>
<td>67</td>
<td>72</td>
<td>80</td>
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</table>

UConn John Dempsey Hospital
Percent of RNs with Professional Certification

<table>
<thead>
<tr>
<th></th>
<th>2017 Baseline</th>
<th>2018</th>
<th>2019 Goal</th>
</tr>
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<tbody>
<tr>
<td>% of Certification Achieved</td>
<td>10%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>% Goal</td>
<td>20%</td>
<td>30%</td>
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Clinical Advancement

Congratulations to the following nurses who were promoted in 2018 after meeting all clinical advancement requirements:

Promotions to Clinical Nurse III:
Stephen Bordonoro, Emergency Department
Samantha Busam, Neag Comprehensive Cancer Center
Jessica Demarest, Intermediate Unit
Nanette Pink, Surgery/Orthopedics
Erin Pietrowicz, Intermediate Unit
Beth Pisarsky, Neag Comprehensive Cancer Center

Promotions to Clinical Nurse IV:
Babitha Mathew, Psychiatry
Debra Szafra, Neonatal Intensive Care Unit

SPED by the Numbers for UConn Health
(Includes UConn John Dempsey Hospital, Hospital-based Clinics, and UConn Medical Group)

497 new employees attended Clinical Operations Orientation (COO)
326 employees attended Safety Starts with Me
105 RNs attended General Nursing Orientation (GNO)
51 RN travelers processed through central orientation
130 non-RN travelers/contracted employees processed through central orientation
260 employees attended BLS sessions
229 employees completed on-line BLS and skills checks
246 employees attended Non-violent Crisis Intervention (CPI) – new and renewal classes
163 employees attended ACLS classes – new, renewal, and skills checks
90 employees attended two-day arrhythmia class
98 undergraduate nursing student placements
48 student placements (RN graduates, PAs, dietetics, etc.)
979 employees attended 2018 mandatory inservice sessions

CONGRATULATIONS AND SPECIAL THANKS TO OUR 2018 NIGHTINGALE AWARD RECIPIENTS

JoAnn Donaldson Blythe, RN, CNIII
Procedure Center

Lisa Gentile, RN, BSN, CNIII
Outpatient Infectious Disease and Travel Clinic

Dawn Smith, RN, MSN, CNIII
Cardiology

Arlene Morin, RN, MS, MSN, WCC, CWON, CNS
Organization & Staff Development

Jennifer Sposito, RN, BSN
Clinical Patient Navigator, Cardiac Unit

Anne Niziolek, RN, MSN
Nurse Manager, Medicine 4

Noreen Allsop, BSN, RN
Pulmonology, Staff Nurse

Lyndsay Escajeda, BSN, RN
Intensive Care Unit, Assistant Nurse Manager

Devon Bandouveres, MSN, RN, OCN
Oncology, Clinical Nurse Specialist

Diane Flanigan, RN
Orthopedics/Surgery, Staff Nurse

Raymond Foster, MSHA, RN
General Medicine, Staff Nurse

Sue Ellen Goodrich, MSN, RN
Nursing Director, Professional Practice
NURSING PROFESSIONAL PRACTICE MODEL

Realizing the power of possible

COMPASSION

Inspiring hope, healing and wellness

Empowerment

INTEGRITY

Nursing autonomy, accountability, advocacy and diversity

INSPIRATION EXCELLENCE

Relationship-based care

COLLABORATION

Patients, families, community, colleagues and self

Professional governance

INNOVATION

Evidence-based practice

UCONN HEALTH

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