As chief nursing officer, I am proud to share the outstanding accomplishments and personal achievements of our nursing team. We have worked hard and continue to achieve increases in quality, safety, and patient experience thanks to the tireless work of our nursing staff. We celebrated many successes in 2017, but none more important than our professional practice model, which is a visual representation of the vision, mission, and values statement of nursing at UConn Health.

Other successes for 2017 included:
- Launching our first Nursing Research Fellowship Program, with the next one already being planned for this fall.
- We achieved our goal of creating and implementing a nursing professional shared governance model, including the creation of four Professional Governance Councils – Research, Technology and Innovation, Professional Practice, and Clinical Excellence. A fifth council, Transformational Leadership, chaired by me, is comprised of leaders from the four councils.
- We continue to make strides in our pursuit of Magnet.
- NICHE training is being offered to all interested nurses caring for our geriatric patients.
- We are continuing with our Nursing Leadership Development education series that helps us find ways to better serve you.

As we move into the second quarter of 2018, our leadership team is focusing on two goals:
- Improve our patients’ perception of care they are receiving as indicated by a nurse’s responsiveness to patient needs.
- Engaging our nurses by continuing to offer opportunities for advancement in new knowledge, professional practice, innovation and technology. We want to ensure that our nurses practice in an environment where they feel satisfied, fulfilled, and supported.

As you read through this report, I hope you are as impressed as I am by the accomplishments exhibited by our nursing team. All of these achievements were possible because of your commitment to the delivery of evidence-based, high-quality care to our patients.

We are so grateful to retain such a remarkable staff of devoted nurses, all of who exemplify our vision, mission, and values. When we work together, all things are possible.

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

In this edition of the Nursing Annual Report there is an abundance of evidence pointing to the excellent and important work done at UConn Health every day. I applaud each of you for your role in delivering high quality outcomes with compassionate, patient-centered care. I know it is not easy, but we do it very well and those that come here for care notice.

As we look ahead, the challenges of an electronic health record implementation, our Magnet journey, and a joint commission survey are straight ahead, all coming as we are seeing more patients across the organization. I have confidence we will rise to the challenge, again. It is what we do.

Thank you for all you do, we can never say it enough.

Andrew Agwunobi, M.D., MBA
Chief Executive Officer
Executive Vice President for Health Affairs
This edition of the Nursing Annual Report highlights the extensive and significant role that nursing plays at UConn Health. Nurses are pivotal in providing compassionate, patient-centered care, and your tireless efforts are reflected in our patient survey results. After comparing the results from our latest survey to previous years’ results, I am pleased to share that we have achieved our highest marks to date from UConn John Dempsey Hospital patients who recommended our hospital to friends and family. This is a testament to you, our hard-working nurses, who provide most of our patient care and provide a wonderful patient experience. This high-quality care also translates into numerous awards and recognition, including a grade “A” for the third year in a row by Leapfrog Hospital Safety Grade.

As an educator, I thank you for your collaboration and continual teaching. As a clinician, I thank you for your companionate and excellent care of our patients. As a member of the UConn Health executive team, I thank you for choosing to be a UConn Health nurse.

Scott Allen, MD  
Medical Director, Clinical Effectiveness and Patient Safety  
Assistant Dean for Medical Education  
UConn John Dempsey Hospital
Professional Advancement Professional Governance Council

The Professional Advancement Council has consistently met since March 2017. Council members include Elizabeth Bjorge, RN; Kris Collin, RN, MSN; Nancy Dupont, RN, MPH; Karin McCormack, RN, MSN; Joan Montgomery, RN-BC, MSN; Lisa Pepin, RN, OCN; Lisa Sinopoli, RN; Dawn Smith, RN, MSN; George Smith, RN, CN III and Heather Spear, APRN. The purpose of this council is the promotion of nursing professionalism through supporting the core values of our Nursing Professional Practice Model: Empowerment, Collaboration, Inspiration and Excellence.

We have assisted in the professional nursing display for Nurses Week consisting of organizing posters and publications accomplished by the nursing staff. A poster was created to promote our council during the Nurses Day celebration. A charter has been created in which three top priorities have been identified for 2017 as follows: conduct a learning needs assessment of all levels of nursing and develop an action plan, promote professional certification of nurses in all practice areas, and monitor, evaluate and encourage clinical ladder advancement. Needs assessment models have been researched by a committee member and presented to the council. Survey questions were finalized and a survey was developed on Survey Monkey. The survey was distributed to all nursing staff fall 2017.

This council will collaborate with the chairs of the Clinical Ladder Advancement Review Board to understand the process and learn how better to support advancement through encouragement and aid in resources for Clinical Nurse 3 and 4 advancement. More recently, the team has identified a priority of identifying and supporting implementation of recruitment and retention strategies. The council has reached out to the Human Resources team representing talent acquisition to identify ways in which we can collaborate to promote recruitment and retention of our nursing staff. This council is dedicated to the professional advancement of the nursing staff working at UConn Health and is vested in the promotion of those activities identified as most valuable by nursing staff.

Exemplary Practice/Clinical Practice Outcomes Professional Governance Council

The Exemplary Practice/Clinical Practice Outcomes shared governance council is made up of members from diverse clinical arenas that encompass UConn John Dempsey Hospital/UConn Health. We have a dynamic group of nurses, and as such they bring different experiences, varied
levels of expertise, and unique roles in the organization. Most important, is that together they speak with a unified voice, and have one goal; to ensure that nursing is elevated, respected as an equal partner, and has a role in the decision-making process.

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 he or she is “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.

Those 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 the surrounding communities benefit from shared governance.

This council was asked to choose two or three goals to work on for the year, and we chose to focus this year’s energies on nursing satisfaction, patient satisfaction, and ethical practice. As of this publication we have worked primarily on nursing satisfaction and ethical practice, which will be described in more detail. Concentrated efforts related to patient satisfaction will begin after the holiday season.

Nursing Satisfaction: The most recent NDNQI nursing satisfaction survey confirmed what we empirically observe. Nurses like to work with one another! But, the survey results for this domain demonstrated that there was still room for improvement; so, we decided to go for the “low hanging fruit.” Although, we have a few more kinks to work out, the group has come up with an intervention that will be rolled out in the near future.

Nurses work very well together, but sometimes, especially when it is very busy, we don’t get a chance to thank each other when we are the recipient of assistance from another, or when someone goes out of their way to lend a hand. Perhaps a nurse came to retrieve a patient from your unit at the time of transfer because you were overwhelmed with a difficult admission, or wanted to provide time to a dying patient, or someone decides to complete an admission database for you so that you can grab lunch, finally, at 3 p.m. We want to empower nurses, both within their own clinical areas, and between clinical areas to say to one another, “thank you… you made my day!”

We will be creating pre-printed “shout out” cards that will be made available to each locale that can be quickly addressed and signed. There will be mailboxes placed in designated areas of each locale for the shout out cards to be deposited. At the end of the month, the shout out cards will be tallied, and whomever receives the most shout out cards for the month will be provided a $5 gift card to be used for coffee or a treat! Shout out cards that are given between units may have a higher weight applied in the event of a tie, and each month the individual with the most shout out cards will be acknowledged in some capacity, such as the Friday Flyer.

Ethical Practice: Many of you may remember completing an ethical practice survey to determine knowledge

STAFF STORIES

I went to a Rapid Response Team (RRT) incident the other day and I must say that I was very impressed with the way it was handled.

The RRT incident happened on the surgical floor. I arrived there first and I was surprised that there weren’t 10 million people in the room. I noted the code cart in front of the room. The patient’s nurse, Kristel Rivera, had already started a 12-lead EKG.

Kristel updated me as to what had happened. She then proceeded to update the APRN when she arrived. She gave me the lopressor vials and IV and Lab draw equipment that I needed. The patient was remarkably stable. She was asymptomatic and actually surprised about what was happening.

The APRN Diane C. ordered frequent VSS for a couple of hours and the supervisor asked if she needed to be transferred. The APRN said no and even the nurse said no as really the patient was very stable and even fell back to sleep as we were leaving.

My kudos to Kristel Rivera, who already did all the early interventions and took control. There was no confusion, no yelling, no talking over another person - everything that was needed was handed over to RRT. Everything was handled the way it should be in a calm, quiet and efficient manner.
surrounding the American Nurses Association code of ethics which were recently updated. In addition, the survey explored perceptions regarding the hospital medical ethics committee; and the results demonstrated that nursing does not feel the ethics committee provides a significant amount of value to their everyday practice. This realization, coupled with the discernment that when we experience an ethical dilemma, it is often related to a difficult case, has our council looking to provide a service to assist staff when that occurs. We are exploring how best to offer critical incident debriefing for nursing staff, and will be working on a process to ensure that stress-related symptoms are recognized, and support is readily available and easily obtained.

Patient Satisfaction: As noted above, patient satisfaction is the final goal that we plan to tackle. Our council has been educated on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) criteria and fiscal year 2018 VBP (value based purchasing) domains, and will decide upon one area of focus by January. Although we have not created a specific intervention for patient satisfaction yet, we have talked about a few small things that we can routinely do on a daily basis, as nurses, to improve patient satisfaction.

Consider using the word “always” in your vernacular when talking with patients; such as “We always want to make sure that you are comfortable” and whenever possible sit next to your patients when speaking with them, even if you only have a few minutes. This validates that you are completely focused and committed to meeting their needs.

How can you help? What can you do to help improve nursing satisfaction, patient satisfaction, and ethical practice? First and foremost, speak up! We want to hear from you. Reach out to members of the council listed below, or your nurse manager, or directors. You can also become involved with the roll out of unit based shared governance, which is soon to come. Most importantly, continue to do the great work that you do, every day, and be proud of the wonderful nurses that you are! Council members include Betsy Baker, RN, MSN; Debra Cratty, RN, MSN, ACNS-BC; Rachel Crosby, RN, MSN, CIC; Michelle DeLayo, M.S., APRN, ACNP-BC; Carrie Ferrindino, RN, MSN; Karen Nelson, RN, MSN; Caryl Ryan, RN, MSN; Jackie Strickland, RN; Dana Vibert, RN; Lisa Viccaro, RN; Meagan Zolla, RN and Deborah Feigenbaum, LCSW.

**Technology and Innovation Professional Governance Council**

The Technology and Innovation Shared Governance Council’s purpose is to promote the optimal integration of technology and innovation to advance nursing practice and patient outcomes. The council meeting initiated in April 2017 and continues to meet monthly. Council members
include UConn John Dempsey Hospital nurses from the Quality Department, Perioperative Services, Inpatient and Outpatient Units, and Clinical Informatics/HealthONE. A nurse manager also participates in the council to provide guidance and oversight from the nurse manager’s perspective.

The Technology and Innovation Council’s accomplishments to date include charter development and Voalte technology improvements. Roberta Romeo, the Voalte project manager, and Donna Napomocino, the Voalte business system analyst, collaborated with the council regarding potential Voalte phone enhancements including email access and clinical resources availability. Upcoming council initiatives include a staff survey pertaining to comfort level with technology and computer systems along with generating excitement for the new HealthONE/EPIC system rollout. The Technology and Innovation Council is looking forward to an exciting year with the EPIC computer system conversion. Council members include Donna Criniti, MSN, RN-BC; Amanda Darcey, MSN, RN, CWCN; Catherine Deschaine, RN; Lindsey Escajeda, BSN, RN; Tracey McCann, RN; Anne Niziolek, RN, MSN; Lauren Piro, RN; Frank Quidler, BSN, RN; Diane Swol, MSN, RN; Jennifer Williams, RN; Joanna Yaconiello, RN and Elizabeth Zibell, RN, MSN.

New Knowledge and Innovation (Nursing Research) Professional Governance Council

The Nursing Research Council (NRC) functioning in the role of the New Knowledge and Innovation Shared Governance successfully offered two Nursing Research Journal Clubs. Led by Robin Froman on February 27, and again on March 1, 2017, the club presented two studies related to diabetes in adult patients: self-care behaviors, social support, self-efficacy, and motivation. One qualitative and one quantitative research journal article was presented. The research was published in Applied Nursing Research and the Journal of Gerontological Nursing. Later, on October 26, 2017, the NRC hosted its second journal club presenting the research article “Fatigue in the Presence of Coronary Heart Disease,” published in Nursing Research in 2014. The NRC continued supporting new knowledge and innovation this year, hosting an all day workshop on May 8, 2017. UConn Nursing hosted “Writing Essentials for Publication Workshop - Taking your Poster to a Published Manuscript.”

The workshop was designed to give participants an overview of how to write a manuscript. Presentations covered the most common writing components and publishing requirements of professional nursing and allied health journals. Some specific presentations included integrating theory, reporting statistical analyses, interventional studies, qualitative studies and instrument development. Fifty-two nurses from around the state attended. Guest faculty from the UConn School of Nursing included Dean and Professor E. Carol Polifroni; Associate Professors Stephen Walsh, Juliette Shellman, and Paula McAuley; Associate Dean for Research, Jacqueline McGrath; as well as Executive Nursing Research Consultant Robin Froman, and Middlesex Hospital Research and Outcomes Specialist Bette Molle. The council’s next goal is UConn Health’s first Nursing Research Fellows Program.

Council members include Patricia Bernier, RN; Samantha Busam, RN; Christine Campbell, RN; Katarzyna DeFlippio, RN; Jessica Demarest, RN; Teresa Donovan, RN, MSN; Robin Froman, Ph.D.; Laura Glynn, RN; Sue Ellen Goodrich, RN, MSN; Nayre Greene, RN; Paula McAuley, APRN, DNP; Jennifer Miglus; Joan Montgomery, RN, MSN; Megan Speich, APRN; Cathy Spisak, RN and Nayomi Walton, RN.
Nursing Leadership Development
In 2017, UConn Health Nursing collaborated with the Advisory Board Company to develop a leadership development partnership consisting of four all day skill building workshops per year over three years for a total of 12 workshops. The tailored curriculum was developed to professionally support and develop frontline nurse managers. The first workshop entitled, Instilling Accountability, was presented on June 22, 2017. The workshop focused on understanding the leader’s role in ensuring staff accountability by:

- Diagnosing and removing organizational and personal barriers to accountability,
- Ensuring that staff are enabled, capable, and invested in achieving the desired outcomes and shared objective,
- Uncovering the elements that comprise an individual’s motivation to act, harnessing intrinsic motivation to achieve goals.

The next three workshops for 2017 focused on; coaching to full potential, managing disruptive behavior, and proactive problem solving. Plans for 2018 are already underway and will include learning sessions focused on hardwiring for service excellence, managing organizational conflict, optimizing throughput and, facilitating effective teamwork.

Nursing Town Halls
Ann Marie Capo, RN, MA, Vice President of Quality and Patient Services and Chief Nursing Officer at UConn Health hosted three Nursing Town Halls in February, June, and September of 2017. All the Town Halls were well attended by nursing staff. The Town Halls were offered twice each day to accommodate two shifts and recorded for viewing by staff unable to attend. Topics for discussion included voting on our nursing professional practice model logo, review of clinical outcomes data, leadership development, patient experience data (HCAHPS), employee safety, shared governance goals and priorities, RN satisfaction, and educational opportunities for staff.

Nursing Research Fellows Program
On September 21, 2017, the first Nursing Research Fellows Program commenced at UConn Health. Nine RNs from various specialty areas attended. The nine fellows were chosen after a competitive application process. The Nursing Research Fellows include Laura Glynn, RN; Christine Campbell, RN; Priscilla Caban, RN, MSN, Ph.D. candidate; Samantha Busam, RN; Michael Bredefeld, RN; Beth Brookshire, RN, MSN; Devon Bandouveres, RN, MSN; Elaine Cournean, MSN, APRN and Kylie Fenton, RN. The Research Fellows Program is nine months long. The fellows attend two full day classes every other month for 10 full day sessions. The fellows are paid for their time as regular
workdays. All course materials, including textbooks are provided. Nursing research experts; Robin D. Froman, RN, Ph.D. executive research consultant for UConn Health; Regina M. Cusson, Ph.D., NNP-BC, APRN, FAAN current professor of Nursing and former Dean of the UConn School of Nursing; and Betty Molle, MSN, RN-BC, research and outcome specialist, Middlesex Hospital, are the visiting faculty. At the completion of the program, the fellows will be expected to have developed actual performance improvement or research projects to implement at the bedside. This is just another opportunity for UConn Health nurses to improve RN satisfaction, promote professional advancement, and improve quality patient care through innovation and evidence-based practice.

**Developing Our Future Leaders**

Staff and Patient Education Department 2017 Highlights: In June 2017, the JDH Staff and Patient Education Department participated in a departmental retreat to reorganize and revitalize the current general nursing orientation. In doing so, the orientation was expanded to include more medical-surgical nursing topics and hands on skills. Nonviolent crisis intervention training and the basic arrhythmia class are now incorporated in all new RN orientations. The expanded nursing orientation was rolled out for the August 2017 Graduate Nurse Orientation. The 15 graduate nurse residents were hired for the Emergency Department, Intensive Care Unit, Intermediate Unit, Medical-Surgical Units and NICU. In addition to the revitalized 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. A survey is being sent to them to solicit their feedback regarding the orientation changes, support group meetings, and simulation sessions. 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 will continue to be held on a monthly basis throughout their first year of professional practice. We look forward to the continued success of our graduate nurse residents.

Other Staff and Patient Education Department 2017 highlights included an increase in the availability of onsite ACLS classes, as four clinical educators became ACLS instructors. BLS skill validation sessions were also held as part of the 2017 Annual Mandatory Competency Sessions. This provided staff with two options; an online or live class, to complete their BLS renewal.
NICHE

In January 2017, UConn Health/UConn John Dempsey Hospital became a NICHE member hospital. NICHE, Nurses Improving Care for Healthsystem Elders, is a nurse driven program to improve nursing care for hospitalized older adult patients, 65 and older, and their families through evidence based clinical practice. Now, UConn Health/UConn JDH is one of over 400 hospitals in the U.S. and foreign countries who are partners with NYU’s Rory Meyers College of Nursing where the NICHE Program is based. Founded 25 years ago by Terry Fulmer, Ph.D., RN, FAAN, NICHE offers clinical protocols, online educational programs and organizational strategies to promote organizational change in geriatric care. Additionally, NICHE offers a forum for all NICHE hospitals to collaborate and foster promotion of best practice care for older adults. NICHE promotes an interdisciplinary approach to clinical practice integrating clinicians’ expertise, patients’ preferences and values, and research. Med3 is our pilot NICHE nursing floor; NICHE will expand to Surgery and Heme/Onc in late Fall 2017.

Several members of the NICHE leadership team completed 30 hours of online learning and Webinars with NICHE faculty to guide our team with instituting the NICHE Program at UConn Health/UConn JDH. NICHE leadership has reached out to representatives from Medicine, Pharmacy, Social Work, OT/PT, Chaplaincy, and the Patient/Family Advisory Council to collaborate and join the leadership team’s monthly meetings. There is new collaboration with UConn Schools of Nursing and Medicine, and our Volunteer Department. The NICHE program has identified two primary clinical goals to address and seek improved outcomes: delirium and polypharmacy. Hospitalized, older adults are at higher risk for delirium and polypharmacy contributing to longer length of stay and poorer patient outcomes. NICHE has implemented more education to address these clinical issues and improve outcomes.

UConn JDH chose Geriatric Resource Nurses (GRNs) to be the foundation for our NICHE program. These GRNs are instituting daily geriatric nursing rounds with the SPICES Geriatric Assessment Tool. In addition to being geriatric clinical leaders on their units, GRNs may incorporate this knowledge and the support of the NICHE Program to advance on the clinical ladder and who may wish to pursue Geriatric Nurse Certification. In addition, NICHE provides education for our certified nurse’s aides (CNAs) who hold a pivotal role with providing older adult patient focused care and awareness for a senior friendly environment.

To support our goals for improving care for our older adult patients and their families, the NICHE program is initiating projects such as the “Get to Know Me Board,” a therapeutic activity cart, the Purposeful Visitors Program and an older adult patient and family resource brochure.

Geriatric Resource Nurses: Betsy Baker, RN; Doreen Candido, RN; Sabine Donato, RN; Grace Fusco, RN; Elaine Gaston, RN; Ashley Hoyt, RN; Katelyn Putney, RN; Sue-Ellen Reidy, RN; Kim San Angelo, RN; Amy Silvestri, RN; Rachel Meehan, APRN and Heather Spear, APRN.
Geriatric Resource CNAs: Denise Davis, Jessica Pena, and Myriam Sanchez.

NICHE Leadership Team Members: Barbara Baron, APRN; Patrick Coll, MD, Director Center for Aging; Damaris Figueroa, APRN; Carolyn Guarino, MSN; Courtney Holmes, APRN; Rachel Meehan, APRN; Annie Niziolek, MSN, Nurse Manager; Momina Salman, MD, Hospitalist; Heather Spear APRN-Lead and Lavern Wright, MD, geriatrician.

**Flynn Fellows**

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’s 2016 Flynn Fellows have now graduated from the UConn School of Nursing and have both accepted job offers in the field of oncology nursing. They will carry with them the experience and knowledge they gained through this fellowship.

**Staff Stories**

Vesicant chemotherapy administration is a skill that requires intense education and training and is one of the most high-risk procedures that a registered nurse can perform.

A recent patient in the Neag Comprehensive Cancer Center arrived in the infusion unit ready to receive a cycle of chemotherapy. One of the Neag RNs accessed her implanted port and while a brisk blood return was noted (a finding associated with a properly functioning port), some abnormal swelling was noted. Swelling can be common with newly placed ports but the nurse requested that the charge nurse assess the swelling and communicated that the patient would be receiving at least one vesicant as part of her multi-drug chemotherapy regimen. The charge nurse also noted the brisk blood return but was also concerned with the amount of swelling surrounding the port and raised this concern to the clinical nurse specialist and assistant nurse manager who concurred with both nurses’ assessment and concern.

The attending oncologist was notified and a fluoroscopic flow study was ordered which revealed that the port was, in fact, non-functioning and leaking contrast into the surrounding tissue. The patient then had a new central venous access device placed and received her chemotherapy safely the next day.

Had this nurse and charge nurse not acted on their concerns (despite the normal blood return) this patient would have received the harshest of vesicants into a port that was non-functioning that likely would have caused extremely severe injury to the patient. This is an excellent example of highly-skilled nurses advocating for their patients by stopping the line and ARCC’ing up a concern for patient safety.
Giving Babies the Power of Possible
Marc Spencer and Deborah Poudrier-Fafard from the March of Dimes presented a thank-you plaque to members of our OB/GYN department, Dr. Molly Brewer, Dr. Christopher Morosky, Carrie Ferrindino, and Marisa Merlo, in appreciation of their support and work at the March for Babies event in April. UConn Health raised over $14,000 for the March of Dimes which helps mothers have healthy pregnancies and healthy babies. The UConn Health team included over 50 people who either walked, ran, or volunteered at the event.

The March of Dimes signature fundraiser, March for Babies, is an event that brings walkers, volunteers and sponsors together to celebrate their community. Coworkers, families, friends, and celebrities participate to fight premature birth and give more babies a healthy start. The community helps moms at every stage, from preconception to annual family walk day. Each year, about 20,000 companies and 3 million people take part in nearly 500 communities across the country. The research funded will help every mom and every baby for generations to come.

HealthONE Is Coming Soon!
On April 28, 2018, UConn Health will launch our very first organization-wide electronic medical record - our very own version of Epic that we proudly call HealthONE. Soon, every patient will have one record that will follow them wherever they go here at UConn Health – from the clinic, to the ER, to an inpatient unit and back again. Information entered in the patient’s record such as their medical history, problems, allergies, and home medications will always be in the hands of clinicians at the time they are caring for a patient.

Through Care Everywhere, clinicians will be able to query a patient’s outside records that will pull integral information right into the patient’s HealthONE record. Patients will love the ease and fluidity of the process. They will also benefit from an improved patient portal that is more interactive and engaging.

What does all this mean for you? Documentation and other processes will take less time, and in many cases will be easier than they are now. For example, no more requesting beds for patient transfer. The transfer order will automatically send the bed request to the bed flow staff.
Documentation done in different hospital units will carry over from unit to unit so you can view information faster. For departments with hard-wired bedside monitors, vital sign data from the monitor will integrate into HealthONE. Another bonus: nursing will only have to enter a patient’s weight once.

But wait … there’s more! A sign-in functionality by all members of the patient’s treatment team will allow you to easily see who is caring for the patient and how to contact them. The process for blood administration will be completed in HealthONE from beginning to end. Patient transport and requests for equipment will be processed through the system - no more calling x1948. Additionally, lab specimen collection will now include barcode scanning, charging will be much more automated, and the Worklist will help you stay organized and complete all required documentation during your shift.

For all of your reporting needs, information will only be a few clicks away. You will be able to run a report within seconds for things like required documentation, med scanning overrides, readmission risk, restraints, and central line and foley days, to name a few. You can also view Unit Dashboards to monitor your unit’s quality of care. Dashboards will include the unit’s metrics for falls, pressure ulcers, CLABSI, and CAUTI. There will be manual auditing of charts.

To help you learn how to do all of these things and more, staff training will be March 12 – April 21, 2018. E-learnings will help give you a preview before class, and a “playground” environment will be available for hands-on practice any time after class. During go-live, the HealthONE team will be available around the clock for assistance as needed. Additionally, trainers and your very own super users will be available for support, to help you when you need it, where you need it. HealthONE is coming … and it is going to be Epic!

**Employee Safety Initiatives**

The promotion of employee health and safety in Connecticut’s health care arena is recognized at the institutional level and at the state level. UConn John Dempsey Hospital is proud to represent employee safety through several committees:

- Health Care Workplace Safety Committee chaired by Deb Abromaitis and Chief Joe Cuerreri.
- UConn Health Employee Safety and Health Committee sponsored by Human Resources and chaired by Cliff Ashton.
- Environment of Care Safety Subcommittee chaired by Jeff Boyko and Alyssa D’Ostillio.
- Safe Patient Handling and Mobility Committee chaired by Kim Silverman.

At the state level, the Connecticut Hospital Association initiated a Worker Safety/Workplace Violence Work Group to apply the principles of high-reliability to employee safety. Ann Marie Capo and Peter Fraser chair this group. Recent progress includes identification of three sub-groups: Worker Safety, Workplace Violence and Worker Support with plans to convene in November 2017.

**STAFF STORIES**

Dr. Na Bao received a call on our internal crisis line while working on an overnight shift. Dr. Bao reported that a person (who is not a patient of ours and not previously known was calling the crisis line) out of desperation because he was on a bridge ready to jump off and end his life.

Since this was an unknown patient, Dr. Bao kept the person on the phone and proceeded onto the inpatient psych unit and got help from the night shift nurses to assist him in keeping the person on the phone long enough to summon help from the local police.

The police were able to intercept and get the person off the bridge and bring them to Manchester Hospital for psychiatric treatment. Although there are more details to this with dropped calls and attempts for retrievals … Dr. Bao confirmed with the police that the person made it to the hospital and was safe.

Dr. Bao attributes the success of saving this individuals life with the help he received from the overnight nurses. Dr. Bao brought this to attention to commend the nurses for helping him in the process which could have otherwise been something we were reading about in the news.
**NDNQI Nursing 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 Stage II and above (HAPI), 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 Quality Nurse Indicators (NDNQI). Our goal is to outperform the mean of our comparison group in greater than half of our units more than four of eight quarters over a two-year period. This year, looking back over eight quarters we have met our performance goal in all of our measures.

**Wound Care and Hospital Acquired Pressure Injuries**

Arlene Morin, RN, certified wound/ostomy clinical nurse specialist (CWON) and her Skin Champions have been extremely busy this past year. They have currently completed their trial of new/improved heel elevator devices and they have converted each inpatient unit to the new devices. Additionally, staff in ICU felt that their patients are at risk to develop foot drop. The heel devices have safeguards against foot drop.

We currently have seven nursing staff who are wound care certified (WCC). They have been instrumental regarding additional education and utilization as another resource for staff. We lost two other certified nurses whom relocated to another state this past year. Certified nurses and CWON will be presenting two nursing grand rounds this coming year – “Treating the Whole Patient: Not Just the Hole in the Patient” and “SCALE: Skin Changes at Life’s End.”

This past year we saw terminology change presented by the NPUAP (National Pressure Ulcer Advisory Panel) to include a new data collection form for our NDNQI quarterly skin prevalence study. This form from Press Ganey reflects the new
terminology change from pressure ‘ulcer’ to pressure ‘injury’ and includes wounds caused by medical devices and mucosal membranes – referred as “indeterminate” now identified as their own stage. The new NDNQI form also takes into account the unit where the patient developed the pressure injury as well as hospital-acquired injuries. Clinical RN staff also received the NDNQI newly revised pressure injury modules, which reviewed the new terminology and pressure injury staging.

New/updated benchmarking for pressure injury prevalence data for acute care facilities was introduced in January 2017 by Catherine VanGilder (et al.) and used in acute and long term care facilities nationwide. Her study looked at 10 years of U.S. prevalence from 2006 – 2015. Her results were overall prevalence declined at a rate of 0.59% per year and an overall decline in HAPI (hospital acquired pressure injury) from 7.25% (2004) to 3% (2011). The AHRQ recently reported a 28% reduction in pressure injuries from 2011 – 2014 which is the second largest reduction in hospital acquired conditions during this time period.

**Decreasing Patient Falls and Injuries**

The Falls Committee continued their efforts to reduce falls with injury. An online learning (SABA) course specific to preventing patient falls and predicting fall injury risk using the ABCS tool was assigned and completed by staff. An adjustment was made to the ABCS tool to account for the increased risk of injury within the 24 hours after IV anticoagulation was discontinued. 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 par stocked 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, as identified on the ABCS assessment tool. In addition, gait belts are par stocked on the units for use with patients who have an ambulate with assist or out of bed with assist activity order.

Currently, the Committee is collaborating with the HealthONE (EPIC) team to have the Morse Fall Scale and Fall Prevention Interventions tool (inpatient, emergency department, ambulatory/procedural areas and UMG) and the ABCS tool added into
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 hospitalized, as well as what they can do to prevent falls at home. Therefore, the Fall Prevention Education handout was revised to include these things. Not only is the handout available on the Nursing website, but it is also included in the binder that patients receive when they are admitted.

Finally, our nursing protocol was revised to include that all fall risk and fall injury prevention interventions will remain in place until the patient physically leaves the unit for discharge. This includes, but is not limited to, alarms (bed and/or chair), wedge cushion if patient is sitting in a chair, keeping bed rails up if the patient is in bed, and Stay for Safety. In addition, patients should be seated in the chair or remain in bed with alarms on, if indicated, until the patient physically leaves the unit. As noted on the graph, we outperformed our comparison group of academic hospitals for the first time in five quarters; an achievement that highlights the commitment and attention to detail our falls committee and nursing staff are making every day.

**CAUTI Highlights for 2016-2017**

As of January 2017, online education addressing Foley catheter care and Catheter Associated Urinary Tract Infections (CAUTIs) were revised for physicians and nurses. Additionally, in March of 2017 a special task force was formed to address potential issues regarding CAUTIs in response to an increased number of infections. The Department of Epidemiology routinely met with the nursing managers and staff from the inpatient units to develop a CAUTI survey for front line staff. The survey included ten questions assessing knowledge of evidenced based practices regarding the placement and care of Foley catheters. The survey was well received with an abundance of responses. Common factors identified were; breaking the seal for Foley
irrigation, breaking the closed system Foley for the purpose of changing the collection bag to urimeter type, and non-compliance with utilization of the appropriate method of urine specimen collection. Identification of these factors enabled the team to take action. A unanimous vote to stock all Foley kits with urimeters to prevent breaching the closed system was achieved. Currently, the process of specimen collection, urinalysis, and culturing is being reviewed and assessed for improvement opportunities. Final approval of a nurse driven Foley removal protocol is also underway.

**CLABSI Highlights for 2016-2017**
Staff have been provided education on the best practice policies and practices that are evidenced based. This year, in response to the identification of infection in a particular unit, front-line staff gathered to discuss the barriers to care that they are experiencing. We learned that it is important to have resources for staff when they have difficulty inserting peripheral intravascular catheters. We also identified that discouraging routine blood drawing from the central line was an area of focus which could potentially decrease opportunities for potential pathogen exposure. We are moving forward with a new product for scrubbing the needless connectors. The effective scrubbing the hub time is reduced from 15 seconds to 5 seconds scrub time and 5 seconds dry time. Currently we are also exploring and considering implementation of products that may further reduce the chance of infection.

**Stroke Elite Honor Roll Award**
UConn Health has received the American Heart Association’s and American Stroke Association’s Stroke Gold Plus and Target: Stroke Honor Roll Elite Award. A breakdown of what it means:

**Stroke Gold Plus**
Gold awards recognize performance excellence of 24 consecutive months or more. The Gold Plus is an additional quality award from the American Heart Association which recognizes going above and beyond the normal measures of what the Gold Award captures. The Gold Plus Quality Award is an advanced level of recognition acknowledging hospitals for consistent compliance with quality measures embedded within the Patient Management Tool.™

- This is the first year that UConn Health had been eligible due to the time requirements to submit for the Gold Plus Award and due to our exceptional high quality patient care have achieved this prestigious award.

**Target: Stroke Honor Roll Elite Award**
Time to thrombolytic therapy within 60 minutes in 75% or more of acute ischemic stroke patients treated with IV tPA (current criteria and same volume thresholds). The national standard is DTN 60 minutes or less and one can receive the Target Stroke Honor roll award by achieving this goal 50% or more of the time. Reaching 75% or more of door-to-needle time of 60 minutes or less places us in the “elite” category.
Promoting Nursing Engagement and Empowering Excellence

Atypical/Vague Stroke Recognition: Expediting the nursing dysphagia screen in the Emergency Department (ED).

• Early identification of dysphagia post stroke is a safety goal and Stroke Center requirement. 2016 data identified that 47% of patients with missed dysphagia screen opportunities presented in the ED with atypical/vague stroke symptoms. The challenge was to increase ED nurses’ recognition of atypical/vague stroke presentation and implement the stroke clinical pathway which includes an expeditious bedside dysphagia screening.

• Through the ED nursing commitment to excellence, education, posters, and specific identification tools, missed dysphagia screen opportunities in ED patients presenting with atypical/vague stroke symptoms reduced from 47% in 2016 to 17% in 2017.

Atypical Stroke Symptoms with Dysphagia Screen

<table>
<thead>
<tr>
<th>Year</th>
<th>Missed Opportunities</th>
<th>Not Captured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>2017</td>
<td>17</td>
<td>83</td>
</tr>
</tbody>
</table>

• Implications for Practice: Recognition of atypical/vague stroke symptoms leads to an expeditious ED bedside dysphagia screen. This increased patient safety by decreasing the potential risk of aspiration for patients who may experience dysphagia post stroke.

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2017 Measure Goals and Data

Primary Stroke Center Core Measure Set: 2017 Composite average for all below is at 99.8% for the below important patient safety measures. The stroke coordinator reviews each stroke chart daily to ensure there are no gaps in these core measures, touches base with the entire care team, and navigates the patient through their stay.

2015-2017 Dysphagia Screen

Performance Goals

1. Continue to decrease door-to-needle (alteplase rtPA) times.

2. Post rtPA vital sign, neurological assessment, and reassessment.
   a. Corrective action plan
   b. We monitor 100% of rtPA stroke cases
   c. Discussed in daily safety huddle
   d. Discussed monthly in stroke performance improvement meetings
   e. Process Change: ICU coming down to the Emergency Department to pick up the patient provides a safe and effective hand off between Intensive Care and the Emergency Department which in turn has drastically reduced the “missed opportunities for vital signs and neurological assessment documentation” during hand off.

3. Dysphagia screen documentation.

Stroke (STK) Core Measure Set

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

* denotes Accountability evaluation pending
The Future - Thrombectomy

“Since 1996 after its approval by FDA, use of recombinant tissue plasminogen activator (rtPA) remains the only treatment available for acute ischemic stroke. Rate of rtPA utilization still remains low (J Hosp Med. 2010 Sep; 5(7): 406–409. doi: 10.1002/jhm.689). In a study published in 2016 (Implement Sci. 2016; 11: 51. Published online 2016 Apr 8. doi: 10.1186/s13012-016-0414-6) health system factors are crucial determinants of rtPA use. At UConn Health the stroke program has achieved 100% utilization rates for the use of rtPA. The most important factor in the excellent stroke care we provide has been training skills and expertise of nursing staff, other factors being organizational support and a well put together stroke team that is by the side of stroke patient within 15 minutes of arrival. More recently in 2015 American Heart Association updated its guidelines for management of acute stroke by recommending that the patients with carotid terminus or proximal MCA clot be offered clot retrieval (thrombectomy) in combination with intravenous rtPA. In summer of 2017 UConn Health was successful in incorporating these guidelines by creating a team available 24/7 to provide thrombectomy to suitable candidates. The future direction of the stroke program at UConn Health includes becoming one stop provider of care for all types of strokes and to emerge as a regional leader in stroke care helping with the management of complex stroke patients from other area hospitals.”

Professional Governance

Initiative: Last year our goal was to promote RN empowerment through the establishment of a Professional Governance Council and committees.

Current: Our five professional governance councils are up and active.

Target: Establish unit-based professional governance councils on all of the hospital nursing units to complete the professional governance process.

RN Certification

Current: Our current percentage of RN staff with professional certification is at 10%.

Target: To increase our current certification rate by 20% by 2018.

Nursing Research

Initiative: Last year our goal was to establish a non-credit nursing research fellowship program to encourage nursing research at UConn Health.

Current: Nine nursing research fellows are enrolled in our first Research Fellows Program.

Target: To have three nursing research projects underway by June 2018.

RN Satisfaction

Initiative: We are negotiating with the Advisory Board in launching a new Nurse Engagement Survey for 2018.


Patient Satisfaction

Initiative: Last year our goal was to outperform the mean (more than four out of eight quarters) of our comparison hospitals in at least two of nine patient satisfaction categories:
• Patient Engagement
• Care Coordination
• Safety
• Service Recovery
• Courtesy and Respect
• Responsiveness
• Patient Education
• Pain
• Careful Listening

Current: We are outperforming our comparison hospitals in greater than four of eight quarters in the categories of Patient Engagement, Care Coordination and Patient Education.

Target: To sustain our high performing categories as above and to improve in two additional categories that have not yet outperformed the mean of our comparison hospitals over eight quarters.

CONGRATULATIONS AND SPECIAL THANKS TO OUR 2017 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
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Nursing Supervisor
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Infection Prevention Nurse
Michele A. Tardif
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Staff Talk About Help When You Left

Hospital Staff Took My Preferences into Account

Understood Purpose of Taking Meds