OUR LEADERSHIP

As Chief Nursing Officer for St. Vincent’s Health Services, I am very proud to present the 2014 Nursing Annual Report. Our nurses continue to grow and learn as they change practice settings, pursue professional certifications and complete advanced degrees.

This year, nurses lead transformational change such as the adoption of Bedside Shift Report in an effort to enhance the patient experience. By intentionally including patients and families in the plan of care, we anticipate much safer and satisfying care for all involved. One of the most notable accomplishments in 2014 was Nursing’s role in implementing and optimizing our new electronic health record Cerner “OneChart.” While the implementation was stressful and somewhat disruptive to the entire organization’s workflow processes, our nurses stayed focused on the patient to ensure that the delivery of safe, exceptional care went uninterrupted.

As St. Vincent’s footprint expands out into the community, nurses have an incredible opportunity to play a key role in navigating a patient’s journey. As new roles for nurses such as navigators, informaticists, educators and providers begin to expand, our nurses will continue to educate themselves and stretch to fill those needs. Please join me in congratulating our nurses for their courage, commitment and caring in keeping the patient at the center of our work and continuing to touch lives in a meaningful way.

Dale Danowski, MBA, BSN, RN
Chief Nursing Officer, Chief Operating Officer, Senior Vice President
St. Vincent’s Health Services

The dedication, compassion and excellence of St. Vincent’s nurses will be readily evident as you read our 2014 Nursing Annual Report. As St. Vincent’s strives towards fulfilling the promise of the triple aim – enhanced patient outcomes, enhanced patient experience, and lowering the cost of health care delivery – it becomes very evident that the commitment of our nurses to our Mission and to living our core values is what sets us apart. 2014 was another year of significant change at St. Vincent’s as we transitioned IT systems, work flows, and witnessed continuous disruption in our rapidly evolving market. Despite these challenges, our nursing family maintained their unwavering commitment to the quality and safety that led to our 7th consecutive Leapfrog “A” Safety Score, our continued Magnet recognition as well as ongoing recognition by US News and World Report as a Regionally Ranked Hospital in Connecticut.

Looking ahead, we still have a great deal to accomplish to fully realize our potential as a clinically integrated system of care. Nursing’s role in coordinating care throughout the continuum, guided by nursing professional practice models, will be integral to the inter-professional care teams necessary to improve patient flow and transitions between care settings. Advancing nursing knowledge, competencies and skills in population health promises to keep nursing practice at the forefront of health care reform.

At St. Vincent’s Health Services, we appreciate our nurses and thank them for their passion and commitment to our patients, our community, our organization and our future.

Stuart G. Marcus, MD, FACS
President & CEO
St. Vincent’s Health Services
Mission, Vision & Philosophy

DEPARTMENT OF NURSING MISSION STATEMENT
Through a professional and superior work environment, the mission of St. Vincent’s Medical Center Department of Nursing is to work collaboratively to achieve exceptional quality and service outcomes in a safe and fiscally sound environment. The highest value is placed on patient safety and the delivery of compassionate, spiritual and personalized care to our patients, families and communities. We actively seek the participation of our patients and their families as care partners and integral members of the health care team. The Nursing Department is committed to facilitating lifelong learning through an innovative, evidence-based research approach.

DEPARTMENT OF NURSING VISION STATEMENT
St. Vincent’s Medical Center nurses create a caring and safe environment built on a spirit of trust, clinical inquiry and exceptional outcomes.

ASCENSION HEALTHCARE* STRATEGIC DIRECTION
We will fulfill our promise to those we serve by delivering Healthcare That Works, Healthcare That Is Safe, and Healthcare That Leaves No One Behind, for life. Through this Call to Action, we will strive to provide access for all to care that is safe and clinically excellent in ways that satisfy patients, associates and physicians. This will be made possible by:

- Inspired people: a model community of mission-centered associates whose physical, spiritual and professional needs are met;
- Trusted partnerships: relationships with others who have compatible values and whose services complement and support our own;
- Empowering knowledge: creating a connected ministry that uses technology to ensure our best thinking and practices area available to every patient, and
- Vital presence: we will be where we are needed, however we are needed to be there.

NURSING PHILOSOPHY
Nursing is an art and a science dedicated to improving the well-being of our patients. We are committed to excellence in Practice, Education, Informatics, Research and Administration. We...

- Are a professional group of nurses who practice with compassion and respect for the inherent dignity, worth and uniqueness of every patient regardless of the social, economic, personal or health status of that person.
- Partner with the patients, families and our community through patient-focused care, shared decision making, evidence-based practice and accountability.
- Promote, advocate for, and protect the health, safety and rights of the patient.
- Responsible for our nursing practices, judgments, and actions.
- Delegate tasks for optimum quality patient care.
- Maintain competence in our profession through continual personal and professional growth.
- Responsible to preserve our integrity and safety.
- Establish, maintain and improve our work environment to provide high quality, professional health care consistent with nursing values.
- Contribute to the advancing of our nursing profession through participation in the development of best practices for patient care, education, quality improvement, nursing research and administration.
- Collaborate with healthcare professionals and members of the community for healthcare promotion at the local, regional, national and international level.
- Incorporate the values and integrity of our professional nursing organizations into our nursing practice and reaffirm this value to our community and society.

*Ascension Health is the nation’s largest Catholic non-profit healthcare organization. St. Vincent’s Medical Center is a member of Ascension Health.
Magnet Journey

As a staff nurse, the privilege of attending the 2014 ANCC Magnet Conference in Dallas, Texas was more than just an honor, it was an opportunity. St. Vincent’s Medical Center was among hundreds of other Magnet designated organizations, who are in the midst of their own journeys.

It is difficult to put into words what it feels like to be part of something of this magnitude, being surrounded by about 8,000 nurses who represent some of the best and most innovative healthcare organizations internationally. Above all, however, I felt an overwhelming feeling of pride to be a member of the nursing profession, and more importantly, part of St. Vincent’s, as I recognize the immense amount of work and effort that went into earning our Magnet designation.

There were also countless moments of inspiration that left me wondering how we can further incorporate evidence-based nursing care and continue to improve our patient care moving forward. So with this great opportunity I was given, I used the knowledge learned at this conference to motivate my team on 7 South as their Magnet champion.

It is my hope that through my own positive and transformational experience, other staff nurses will recognize and understand their ability to revolutionize and change nursing practices to reflect nursing excellence, innovation, and above all, quality patient care as we pursue Magnet re-designation.

— Kathleen Baran, BSN, RN, CMSRN
Ongoing Research Projects

- Decisional Informational Study: Submitted for publication
- Baby Heart Sounds, Music Therapy for premature infants
- Diabetes Stroke Study: In analysis
- Professional Development Council
- Women of Color (CC): Active, long term

Professional Development Council

Mission: To establish, implement, communicate and evaluate standards of education that promote and support quality practice through continuous learning.

Chairperson: Linda Plecity, MHA, BSN, RN, CNOR

The Professional Development Committee has been involved in working with the Education Department in the creation of a new system for Nursing Grand Rounds. The grand rounds are now every 3-4 months, for 3 hours at a time. This is generating more attendance. The committee also recommended that there be a change in the RN Preceptor Program which was accepted by the Staff Education Department. Nurse Managers are responsible for choosing the RN preceptors. To improve attendance, the program was reduced to four hours. This change has resulted in better attendance.

Professional Practice Council

Mission: To promote collaboration, shared decision-making and accountability for nursing practice through empowering nurses at all levels.

Chairperson: Diana McNeil, BSN, RN-BC

2014 was a busy and rewarding year for the Professional Practice Council. The Daisy Award is in full bloom with a recipient each month. The council is responsible for choosing a deserving recipient each month and presenting the award. The council worked on the next aspect of standardizing uniforms for our certified nurse assistants and technicians. Council members also oversee the Nursing Professional Process Peer Review, The Professional Practice Model and the Student Summer Externship Program.

Advanced Practice Nurse (APRN) Council

Mission: To provide the vision and leadership to advance professional nursing at SVMC.

Chairpersons: Sheryl Hollyday, MSN, APRN, FNP-BC and Kathryn Mitra, MSN, APRN, ACNP-BC.

Several of our hospital staff nurses have transitioned into APRN roles after completing advanced degrees. APRNs provide high quality, cost-effective, comprehensive, and compassionate care. At St. Vincent’s, APRNs are part of care teams in the Departments of: Behavioral Health, Hospitalist Medicine, Palliative Care, Cardiology, Oncology, Surgery, Critical Care, Neurology, Family Health Center and Pain Management. Our APRNs are not only an integral part of the healthcare team as St. Vincent’s, but beyond the hospital walls into the local community as well.
In order to reduce Hospital Acquired Pressure Ulcers, we implemented a process called Turning Time, in which patients are turned on a specific schedule. As a result, Stage 3 and Stage 4 Hospital Acquired Pressure Ulcer prevalence was decreased by 50%.

To improve patient satisfaction and quality of care, we standardized several processes related to bedside shift report, including a new hand-off report format. As a result, we improved our HCAHPS scores for nurse communication from 82.08 to 93.94.

To reduce the accumulation of supplies in patient rooms, Certified Nursing Assistant Clutter Rounds and Rounding Checklist was implemented. As a result, our HCAHPS scores for cleanliness increased from 57 to 77.

To improve Functional Instrument Measure (FIM) documentation for Medicare compliance and revenue impact, we created an auditing tool to review nursing notes. We identified opportunities for improvement in 66% of nursing notes.

To improve compliance with Bedside Shift Report, a hybrid shift report was designed to assist nurses in providing a comprehensive hand-off report. To improve nurse-to-nurse interaction and satisfaction, a RN Care Partner program was implemented. Nurses pledged to practice the Commitment to My Co-Worker Credo as described in the Relationship Based Care model.

To improve the scheduling process, a scheduling team consisting of registered nurses and certified nursing assistants was convened. As a result, there has been a notable decrease in changes to the schedule and increased satisfaction with the process and timing of the schedules.

To improve the 9 North patient experiences, Bedside Shift Report and Hourly Rounding were implemented. To improve unit safety for staff and visitor security, issues were reviewed with the security manager. The 9 East Psychiatric Unit nurse manager provided educational sessions for staff to assist them in dealing with challenging behaviors. To provide staff with a greater sense of security and well-being, a panic button was installed on the unit.

The 9 East staff proposed the creation of a Sensory Room to assist patients in managing their anxiety and agitation. Several 9 East staff members are involved in the planning process. A Sensory Cart was designed and implemented. The Sensory Cart contains items that are used by staff to assist patients in decompressing when they are feeling anxious or having difficulty controlling their emotions. Education about Sensory Carts was provided to staff by Rehabilitation Services.
ICU/PCU
In order to improve staff morale through team building and staff engagement, unit activities were implemented. These activities include monthly themed lunches on all shifts, posting of monthly birthdays in the break room, and staff surveys to elicit opinions to improve the unit. A Progressive Mobility Program was implemented to raise awareness about the need to mobilize all ICU patients as early as possible. Walkers that are dedicated to the unit assist staff in mobilizing patients. New recliners were purchased to assist in getting more patients out of bed. There has been continual improvement in the percentage of patients receiving early mobilization. We are proud to report that even some patients on ventilators have been walked!

Interventions have been implemented to improve Hand Hygiene compliance by staff. Outcomes are measured by secret hand washing auditors recording compliance on all shifts. A display board on the unit depicts bread slices growing germs after clean and dirty hands have touched them, has proven to be a very motivating display!

Relationship Based Care (RBC) has been implemented by our Unit Practice Council. A new Mission Statement that reflects the way in which ICU/PCU will operationalize RBC has been written.

CARDIOVASCULAR UNIT
To increase staff satisfaction, staffing and scheduling protocols were developed. As a result, schedulers now rotate every one to two months.

7 NORTH
Fall prevention is an ongoing initiative on 7 North. A TABS alarm checklist was developed to ensure that patients at high risk to fall are placed on TABS alarms, and that the functionality of the alarm is validated by each member of the care team.

To improve nurse-physician communication, nurses and physicians round together whenever possible. As a result, overall nurse satisfaction of RN/MD communication improved from 45% to 68%.

Bedside Shift Report continues to evolve. The nurses now give the hand-off report in the patient’s room and include the patient and family.

6 SOUTH
Methodologies utilized to decrease 30 day readmissions for heart failure patients include patient and family education. The Teach Back methodology is utilized to ensure that the patient and family understand the material and have ample time to have their questions answered. As a result, heart failure readmission rates decreased from 26.1% in 2010 to current rate of 17.6%.

To promote compliance with maintaining a healthy diet and monitoring weight, heart failure patients are provided with “Always” bags that contain a large pill box and scale. Our Net Promoter Score has increased from 67% in 2013 to 75% currently.

CARDIAC CATHETERIZATION LAB/ ELECTROPHYSIOLOGY LAB
The Emergency Department-Catheterization Lab Task Force was invigorated. The intent of the Task Force is to review the current literature and identify best practice metrics related to Door-to-Balloon time for patients who are admitted to the ED with an acute Myocardial Infarction.

The Task Force made several changes to current practices and processes including retraining clinicians, streamlining steps, and handwriting existing processes. Door-to-door balloon time decreased to less than 90 minutes.

OPERATING ROOM
To improve staff satisfaction, a Seniority Roster was developed which gives priority to senior nurses regarding the number of calls they are required to take. To improve safety in the Operating Room (OR), council members reviewed the Association of Operating Room Nurses (AORN) evidence-based practice guidelines to revise their policies. Based on the practice guideline, the instrument lists were edited to provide more accuracy to the counting process and policy. Additionally, The Count Policy was revised to reflect improvement in the way challenging cases, such as those involving multiple surgeons and those that take excessive time, are completed. Compliance with changes was monitored for 4 months and resulted in 100% compliance.

To improve communication between OR personnel and physicians, new whiteboards were created to provide safe and essential communication prompts, designed to ensure a safe pre-operative, operative and post-operative experience for our patients. The change resulted in improved participation of the interdisciplinary surgical team in the hand-off process.

EMERGENCY DEPARTMENT
The Emergency Department UPC assisted with the implementation of a new pediatric emergency system based on best practice. New guidelines and algorithms were created and implemented on fever management, triage protocols, and current immunization standards.

The UPC also maintained a large focus on team building within the department. Activities were scheduled to help those in our community, and to bring cheer to co-workers! Activities included a Secret Santa, birthday celebrations, “adopt a family” for the holidays and off-site family events.

WESTPORT BEHAVIORAL HEALTH
UPC worked with our pharmacist to start “Med of the Month” education. The pharmacist provides education at the monthly UPC meeting and distributes it to all departments at the Westport campus. The response has been positive for social workers, rehab therapists, nurses and physicians.

An initiative designed to provide sensory materials to help patients manage anxiety in the hospital was implemented. Council members researched and agreed on sensory items and a cart that would be safe and useful on the units.

In order to improve staff-patient communication through bedside reporting, UPC members went on a site to visit Orange Regional Medical Center (ORMC) in Middletown, NY, and observed Bedside Shift Report on an inpatient psychiatric unit. RNs reported back to other UPC members what they observed at ORMC and UPC members implemented Bedside Shift report on the units. Registered Nurses feel that Bedside Shift Report facilitates continuity of care, ensures effective communication among primary caregivers, and promotes Relationship Based Care.

CASE MANAGEMENT AND SOCIAL WORK
Several interventions improved the spirit of caring, teamwork and engagement department associates during the initiation of the Electronic Medical Record (EMR). The department has been reinvigorated by the addition of new associates who offer a fresh outlook and attitude to the team effort. The UPC has scheduled opportunities for “care of self” and “care of colleagues” by planning staff gatherings and scheduling a monthly “Friday Fun Lunch” to celebrate birthdays.

To improve the patient and family experience, the team decided that rather than spend their first meeting discussing what brought patients into the Medical Center, they discuss topics such as hobbies, leisure time, or their children and pets. Making time to create the human connection became as much a priority as collecting pertinent psychosocial history.

FLOAT DEPARTMENT
A communication board in the Nursing Service Department was created to distribute information to associates. As a result, associates have provided positive feedback and feel that they are well informed. As a result of certification courses funded by the medical center, the number of certified nurses in the Float Department went from 0 to 7 in one year.
In 2014 we began monitoring patients on all clinical units for evidence of central line bloodstream infections. All central line days are tracked as well as all infections. Daily device necessity rounds are done on each of the clinical units. Clinical leaders and charge nurses challenge the need for the devices to remain in place. For each infection, a root cause analysis is done with management, front line staff and the physicians. The device committee meets monthly, tracking the rates of CLABSI’s and best practice recommendations are made. New products are investigated and several trials have been done. Progress has been made in reducing CLABSI’s.

Foley catheter counting on all clinical units began in 2014, with the careful monitoring of catheter infection rates. Daily catheter necessity rounds are done. The Urinary Management Policy guides the nurse-driven discontinuance of any Foley catheter that does not meet the seven criteria outlined in the Hospital Infection Control Practices Advisory Commission (HICPAC) guidelines. Managers are given Foley utilization rates benchmarked by like units. Any CAUTIs are reviewed in a root cause analysis and presented to the device committee. Progress has been made in reducing the use of Foley catheters in order to reduce infection rates.

St. Vincent’s Heart Failure (HF) Program continues to show excellent results in reducing HF readmission rates and it is an example of true team collaboration. Our nurse practitioner-led HF clinic and HF trained nursing staff have been instrumental in improving our HF readmission rates, with a focus on medication reconciliation, patient self-management, and early identification and treatment of worsening HF symptoms. The current readmission rate for the HF clinic is 2.9%.

While the team continued to focus on guideline-based care for HF and best practices in reducing readmission on the inpatient and outpatient setting in 2014, we were also able to focus some of our efforts in alignment and education with our community partners through St. Vincent’s Health Partners. The HF program was fortunate to have additional resources through a grant with Ascension Health System and CMS that focused on transitions out of the hospital including pharmacist medication reconciliation, home visits by social workers and follow-up phone calls by nurses for high risk patients. Nursing staff worked collaboratively with our physician partners to implement discharge huddles for high risk patients.
The Department of Nursing initiated a change in the educational requirements for newly hired Registered Nurses at St. Vincent's Medical Center effective January 1, 2012. All newly hired Associate Degree Registered Nurses are required to be enrolled in a Baccalaureate Degree in Nursing (BSN) program within one year of their date of hire and to complete a BSN program within five years of their enrollment date. This change is the result of a growing body of research that has demonstrated the benefit of advanced nursing education on patient outcomes. The Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health” contains a recommendation to increase the proportion of BSN nurses nationally to 80% by 2020. As a Magnet designated organization, we constantly strive to ensure a safe experience for our patients. The Department of Nursing is working toward achieving the 80% goal set forth by the Institute of Medicine. As a way of promoting professional growth, St. Vincent's supports specialty certification. The department of nursing has been working to increase the percent of certified nurses by 3% annually.

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Bringing the “Sacred Pause” to St. Vincent’s

It all started after reading an article in an American Association of Critical-Care Nurses (AACN) nursing journal. It was a story about how one nurse, frustrated at the impersonal end to a patient’s life started asking everyone in the room, after a patient died, to take a moment of silence to honor the dignity of a life lived.

That short article and idea resonated with me. I too had felt that frustration, and while I knew many nurses acted on their own, in their own way, honoring a patient who had died, I thought we could do something more. The “pause” is an act so simple. I wondered if it could be replicated here at St. Vincent’s. It fit with our core value of Reverence. So, with the help of Nurse Managers Deb Cavalier and Mary Corazelli, we began to explore the possibility. We enlisted Deacon Tim Bolton and a core group of nurses and nurse practitioners from the ICU, 6N, 6S, 9N, and Met team to start to plan. It was at this meeting that I fully realized how much this was needed as each person in the room shared their personal story. — Denise Buonocore

WHAT IS THE “SACRED PAUSE?” A WAY TO...

• Allow staff to be together for a moment of grief, offering silent recognition at a lost human life.
• Show reverence for someone’s mother, father, sibling, or child.
• Remember the person who was loved — and died loved.
• Allow ourselves to be present in the real events that have unfolded.
• For each of us to live our core mission and keep it alive for our patients and families, ourselves, and other associates
• Breathe life back into what can feel, at times, like an emotionless room where we work.
• Offer silent support without imposing beliefs on others.

HOW DO YOU PERFORM A SACRED PAUSE?

• After a death, ask those with you in that moment: “Can we take a Sacred Pause?”
• Ask everyone present, in their own way and in silence, to reverence the life of the person who just passed away.
• A Sacred Pause typically lasts for 30-seconds to a minute.
• Now feeling human again, go back to what you need to do.

SPECIAL THANK YOU TO ALL THE “SACRED PAUSE” CHAMPIONS

Lynn Sickels, Cindy Siclari, Erin Hallinan, Katy Mitra, Kim Burrows, Lindsay Slaybaugh, Ashley Dobuzinsky, Denise Buonocore, Deb Cavalier, Mary Corazelli, Jean Cocci, Elizabeth Wallace, Deacon Tim, Paige Bergmark, Cindy Cervini, Lynn Orser, Sue Skoog, Nicole Loiz, Nursing Leadership Council And you!
THE PAUSE BY KIM BURROWS, RN-BC, 6 SOUTH

A moment of silence, to take reverence to the life that lay before us. We may have cared for this patient a few days, hours, or even moments. We pause. What a beautiful way to honor the individual that has passed. To show respect towards life, the family, and loved ones who have been left behind. We openly show our compassion to the survivors and to our peers.

The Sacred Pause, allows us as caregivers to breathe a moment. To remind us how fragile life is and how important our role is as caregivers. So often in our busy day, we move on to our next task, even after such a significant event has taken place. We become desensitized. We are stoic. We bury our own feelings. But we too are human and should allow ourselves to grieve and validate this sad event.

I had the opportunity to be on the receiving end of a pause many years ago. I spent nearly two months in the pediatric ICU with my son Nathan, who was born with HLHS. After he lost his battle with post-op complications, the nursing staff and physicians came in, circled me and my family, and took that moment. Some cried, some were silent, but the powerful message that I received from that moment stays with me today. For me it was a way of validating my son’s short life. It was a way of saying “we understand.”

When asked to take part in the early stages of this discussion, I thought to myself “Many of us had the opportunity to be on the receiving end of a pause many years ago. I spent nearly two months in the pediatric ICU with my son Nathan, who was born with HLHS. After he lost his battle with post-op complications, the nursing staff and physicians came in, circled me and my family, and took that moment. Some cried, some were silent, but the powerful message that I received from that moment stays with me today. For me it was a way of validating my son’s short life. It was a way of saying “we understand.”

The Pause forced me, in one minute, to break down that “wall” that protects me and take a long hard look at the person in front of me. Like I found myself thinking about her for the rest of my night shift and wondering if I might have the opportunity to be on the receiving end of a pause many years ago. I spent nearly two months in the pediatric ICU with my son Nathan, who was born with HLHS. After he lost his battle with post-op complications, the nursing staff and physicians came in, circled me and my family, and took that moment. Some cried, some were silent, but the powerful message that I received from that moment stays with me today. For me it was a way of validating my son’s short life.

In one sentence, this young woman was humanized, and as I looked around the room, people had tears in their eyes, and we paused. It was so simple and meaningful - a powerful moment in time to recognize and honor her - but the impact of that recognition impacted all of us. We didn’t know this woman, we didn’t know much more about her other than the circumstances and injuries that put her before us. But in that moment, in the one minute we took to think about her I thought about her loved ones and the grief they must be feeling, how she was likely a wonderful person who was loved by all who met her, and how she was robbed of her promising future.

The Pause ended and the first incision was immediately made and I found myself leaning against the wall, grief-stricken for this young woman I didn’t know. The surgeon offered to let me stay for the rest of the case but I declined and went back to my unit.

I found myself thinking about her for the rest of my night shift and wondering if I might have felt differently about things if we hadn’t had The Pause. In ICU and Trauma, we often “wall off” time to recognize and honor her - but the impact of that recognition impacted all of us. We didn’t know this woman, we didn’t know much more about her other than the circumstances and injuries that put her before us. But in that moment, in the one minute we took to think about her I thought about her loved ones and the grief they must be feeling, how she was likely a wonderful person who was loved by all who met her, and how she was robbed of her promising future.

The Pause by Erin Hallinan, MSN, APRN, FNP-BC, CCRN, ICU

The first time I ever experienced The Pause, I was in the operating room on a night shift with a donation after cardiac death patient. A 28-year-old woman had sustained unsurvivable injuries in a motor vehicle crash. Her family had made the honorable decision to donate her organs, and I was asked to accompany her to the operating room. I made the declaration with the chief resident on call and called in the transplant team to begin their work.

Time is of the essence in these circumstances, once the heart stops beating, the clock starts ticking and the surgeons have a limited amount of time to procure the organs and preserve them for someone else. This was my first transplant experience. I was nervous and anxious, and out of my comfort zone. The very first thing the transplant surgeon did was to gather everyone in the room around the table and to participate in The Pause. I will never forget the flood of emotion I experienced in that moment and the words he said. “Let us all take a minute to honor this beautiful young woman, the life she lived, and the gifts that she is giving others.”

In one sentence, this young woman was humanized, and as I looked around the room, people had tears in their eyes, and we paused. It was so simple and meaningful - a powerful moment in time to recognize and honor her - but the impact of that recognition impacted all of us. We didn’t know this woman, we didn’t know much more about her other than the circumstances and injuries that put her before us. But in that moment, in the one minute we took to think about her I thought about her loved ones and the grief they must be feeling, how she was likely a wonderful person who was loved by all who met her, and how she was robbed of her promising future.

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I found myself thinking about her for the rest of my night shift and wondering if I might have felt differently about things if we hadn’t had The Pause. In ICU and Trauma, we often “wall off” recognition of humanity as a way of coping and being able to do the hard work that we do with the sickest life-and-death patients. We forge forward, not stopping to think about who the person laying in front of us is, and we focus on the task of making them better and providing care.

The Pause forced me, in one minute, to break down that “wall” that protects me and take a long hard look at the person in front of me, something that is important to do every so often in order to provide the best care possible.
CHRONIC DISEASE MANAGEMENT AT THE FAMILY HEALTH CENTER

Chronic conditions, such as diabetes, are becoming more prevalent. According to the CDC, chronic diseases account for 84% of total healthcare spending. By 2020, about 157 million Americans will likely have at least one chronic condition; 81 million will have two or more. Chronic conditions cause 7 in 10 deaths and 2 in 10 disabilities. Healthcare costs for chronic conditions are astronomical, and a better job needs to be done to meet the needs of these individuals.

Day to day responsibilities for chronic illness care fall on patients and their families. To manage effectively, patients need to be enabled to play an active role in their healthcare, which is the goal of the RN led Chronic Disease Management Clinic at St. Vincent’s Family Health Center; delivering care in collaboration with the patient.

The Chronic Disease Management Clinic was developed to educate and assist the patient in the monitoring and managing of signs and symptoms of illness. Patients meet one-on-one with a nurse who provides them with strategies to promote and preserve health, and assist with adherence to treatment plans. Barriers to care are addressed and strategies are developed with the patients to help manage the impact chronic disease has on function.

Patients are referred by their primary care providers, who identify an area of need. Barriers come in many forms; physical, sensory, motor, vision, hearing, cognitive impairment, literacy, motivational, lack of support systems, financial, etc. The patient is given a questionnaire asking them to identify their greatest health concerns. Interventions are based on findings, and achievable goals are created in collaboration with the patient. Referrals are made to other providers when necessary.

Additional objectives include:
- Create effective teamwork between healthcare providers within the clinic, as well as with other healthcare professionals
- Improve health outcomes through screening
- Prevention assessment and patient disease management
- Shared responsibility for chronic disease management between the primary care provider, nurse, and patient
- Improved patient satisfaction of care
- Decreased reliance on Emergency Department for primary care
Making the Shift

ST. VINCENT’S BEDSIDE SHIFT REPORT

In September, 2014, St. Vincent's made a change for the better with bedside shift reporting. The nurse-to-nurse report at the bedside gives patients and family members the opportunity to participate, communicate, ask questions and clarify any special concerns they might have.

“Changing shifts at the bedside just makes sense,” says Chenese Nicholas, RN, nurse manager. “It helps us to enhance the continuum of care and sense of teamwork across all shifts. We need patients to be actively engaged in their care plan, to get involved and to understand. The best way to do that is to bring them into it during the shift change.”

Before the hospital-wide bedside shift report was implemented at St. Vincent’s, a group of 16 nurses were able to see it in action elsewhere, first in a webinar, and then in person at a hospital in Middletown New York. “The opportunity to observe bedside shift reporting in action was a real eye opener,” said Chenese. “These nurses were amazing. Their level of excitement and engagement was inspiring and we knew we were on the right track.”

Once the bedside shift report structure was in place at St. Vincent’s, each unit council practice chair had the freedom within the structure to customize bedside shift reporting for their clinical area. “My particular area is orthopedics and neurosurgery,” said Chenese. “What’s important to us during a shift change will be different compared to what’s important to a cardiac service nurse. On the other hand, some bedside assessments such as IV site and skin assessments need to be standard across each unit, in support of our quality care initiative and patient safety goals.

“The change to bedside shift reporting will have some challenges,” Chenese added. “But I have no doubt that the St. Vincent’s nursing team is more than up for this challenge, and that, in the long run, bedside shift changes will make the transition smoother and safer for every patient and every nurse.”
CLINICAL INFORMATICS IS TRANSFORMING NURSING PRACTICE THROUGH DATA, INFORMATION, KNOWLEDGE AND WISDOM

In an unprecedented timeline of approximately 9 months, St. Vincent’s Health Services had their “Go Live” for Ascension OneChart Cerner EHR (electronic health record) implementation on May 1, 2014. This herculean project would never have occurred without the talent, expertise and participation of nurses in all aspects of the project in regards to planning, design, build and implementation.

As HIMSS (2015) notes, “Nurses are key leaders in developing the infrastructure for effective and efficient health information technology that transforms the delivery of care.” The recognition of this critical role nurses possess in the provision of efficient, high quality, safe patient care is exactly what St. Vincent’s Medical Center believes and why nurses participated in every aspect of this monumental deployment of the electronic health record known as OneChart.

Nursing practice is indeed impacted and has been transformed through the integration of technology, information science, and clinical expertise. Nurses at all levels of our organization are key leaders in developing the infrastructure and making sure the bedside nurses, “voice” is heard in order to provide effective and efficient health information technology that transforms the delivery of care for the patients we serve. Recognizing this key transformational leadership role, the Super User Team was established. This group is vital in keeping our organization’s high reliability behaviors in check by ensuring our new electronic record aligns with patient safety, best practices, and efficient workflows. This group has representation from every unit and service line and has been pivotal in obtaining front line contributions and feedback while ensuring participation, adoption and issue resolution.

St. Vincent's Medical Center nurses have been integral participants in transforming nursing care with new aspects of care including medication and specimen bar code scanning, bedside medical device interface (BMDI), evidenced based interdisciplinary plans of care (IPOC) and the patient portal. The clinical informatics department has been instrumental in our organization’s ability to attest to Meaningful Use II, providing visibility to 30 day readmissions, and patient length of stay.

Healthcare as we know it is changing and it is essential that nurses participate in all decisions and are a presence at the table. The landmark report from the Institute of Medicine and Robert Wood Johnson Foundation, Future of Nursing: Leading Change, Advancing Health Report, provides organizations with criteria to transform the nursing profession and encourages the development of new and evolving roles and leadership positions for nurses in the redesign of the healthcare system. Here at St. Vincent’s Medical Center, such positions were created with the development of a small group of clinical transformation informatics team. In the spirit of life-long learning several members are pursuing their MSN degrees.

In conclusion, nurses must continue to assume leadership roles from bedside to boardroom as they play an integral role in the healthcare delivery system and the many challenges we all face today. Nurses must continue to be change agents in order to continue to make a positive impact not only on nursing practice but for the patient and families we serve promoting patient satisfaction as well as quality outcomes.
Showcasing Advanced Practice Nurses (APRNS)

EMERGING ROLE OF APRN IN PAIN MANAGEMENT

The most common presenting symptom in healthcare is pain. The pain management program at St. Vincent’s Medical Center, under the leadership of Dr. Cristina Tamasdan, MD, has expanded, with the addition of a new APRN Jyothy Philipose, MSN, APRN, FNP-BC.

Pain management gives us the opportunity to change the day-to-day lives of the patient affected by acute and chronic pain through therapeutic advice and treatment modalities. In collaboration with the supervising physician, a pain management APRN can follow up and consult with patients with various pain conditions. In addition to our inpatient service, pain management program at St. Vincent’s extends the service to the outpatient pain clinic within the St. Vincent’s Elizabeth M. Pfriem SWIM Center for Cancer Care. In the pain clinic, the pain management team has the opportunity to continue the formulated plan of care after a patient has been discharged from the hospital. This team can implement multimodal analgesics control along with interventional and non-interventional techniques.

Within the department of Surgery, there is a subspecialty group of providers that specialize in vascular, ear-nose-throat, urology and plastic surgery. For the first time since this group was created approximately three years ago, there are two nurse practitioners on the service, Natasha James and Rhianon Isagna-Roman. These two APRNs, along with three physician assistants, form a team which provides specialty care for our patients in the Department of Surgery.
STUDENT TO RN, JESSY DIDIO, RN, 6 SOUTH

“You should be a nurse!” That is advice I heard often throughout my life. Each time, I would politely give one reason or another as to why nursing wasn’t an option for me.

The truth behind those vague reasons was that I was afraid that I could never make it in nursing. However, life had its own plan for me. While I was away at college, my father became injured, and spent a month receiving care at St. Vincent’s. During that time I came home to help take care of him, and finally realized my true path and emotions. I finally said “I CAN DO THIS.”

I started my journey towards nursing as a volunteer on 6 South, the telemetry unit. It was there that my manager, Deb Cavalier, provided me with every resource imaginable to help me along my path to a nursing career. I soon gained certificates to become a certified nursing assistant (CNA), and then a monitor tech, all the while attending, and eventually graduating from, St. Vincent’s College. I have been a permanent fixture on 6 South Telemetry ever since.

Everyday as an RN, I look forward to the personal relationships I create with my patients and their families, as well as with my co-workers and other departments. It is great to belong to such a strong team to make a lasting impact on someone else’s life.

THE VALUE OF MENTORSHIP: FROM VOLUNTEER TO STAFF NURSE

I first heard about Jessy Didio through her aunt, Nina. Nina told me “My niece wants to be a nurse — she has a lot to offer.” After hearing about her, I called the Volunteer Department and told them to expect Jessy, and that I wanted her to volunteer on 6 South. Jessy arrived with energy, enthusiasm, and a strong desire to seek any opportunities for learning. As a mentor, the primary role is to provide guidance and support based on each person’s unique developmental needs. Given her obvious potential, it was easy to see that Jessy was a mentor’s dream!

Not long after she became a volunteer, Jessy transitioned to a CNA role on our unit, and then applied to cross train as a monitor technician, and excelled in both roles. All of 6 South and her family encouraged her to attend St. Vincent’s College where she graduated in 2014 as an RN.

Since then, Jessy has participated in many activities, both unit-based and hospital-wide, and has started taking the lead as well. For example, Jessy received a “Values in Action” Award for her Mission-related work: donating food and gifts to a Family Health Center family in desperate need at Christmas time. Jessy demonstrated the core values of reverence, dedication, creativity, integrity, and service to the poor, all within the scope of one project. So it turns out that Aunt Nina was correct. Jessy did indeed have a lot to offer, and I am proud to say Jessy is an RN on 6 South who is dynamic, compassionate, witty, and always strives to provide the best care to her patients and their families. They are very grateful.

— Deb Cavalier, MSN, MBA, RN
Nurses Week

CELEBRATING OUR NURSES

St. Vincent’s Medical Center celebrated Nurses Week in June with daily events, activities, awards and treats. The week started off with a complimentary breakfast and lunch for the nurses in the Hawley conference room. In addition to the “cap wall” in the cafeteria, and the “nurse tree” in the main lobby, all units enjoyed access to Healing Touch Therapy all week long. The Sugar Cupcake truck was on-site for the celebration, and the nurses loved the photo booth and popcorn in the Seton conference room. All three shifts were treated to the snack cart. Wear White Day on the 24th was a big hit, as was the Nurses Recognition and Awards Ceremony the following day.

Nurse Leadership

SUCCESSION PLANNING

The following nurses transitioned into leadership positions in 2014:

- Brooke Karlsen: Executive Director, Critical Care and Surgical Service Line to Vice President, Surgical Service and Critical Care Service Lines
- Heidi Sandrowski: Staff Nurse to Trauma Coordinator
- Linda Weiss: Clinical Leader to Nurse Manager, 7 South and 7 East
- Peggy Dwyer: Staff Nurse to Clinical Leader, 7 South
- Jean Marie Cocivi: Clinical Leader to Nurse Manager, Cardiovascular Unit
- Domingos Martins: Staff Nurse to Emergency Department Clinical Educator
- Joanna Tylutki: Staff Nurse to Clinical Educator, Surgical Units
- Erin Devlin: Nurse Navigator to Clinical Leader, Case Manager, 7E
- Jessica Werdman: Staff Nurse, Westport Behavioral Health to Clinical Leader WBH
Mission Report

By Denise Buonocore, RN, MSN, ACNPC, CCNS, CCRN, CHRN

One of the core values of St. Vincent’s is service to the poor. It is one of the values that attracted me to working here, as I have been a medical volunteer for almost 20 years in many countries in the Caribbean and in Central America.

My most recent mission work is at Hospital Sacre Coeur run by the Crudem Foundation, a 122-bed hospital in the village of Milot. Milot is in the north of Haiti near Cap Haitian and lies in the valley at the foot of the San Souci Palace, a World Heritage site. The hospital is really the central hub of Milot. Financially troubled after the surge of patients and people in need following the Earthquake of 2010, it is now run with the assistance of Holy Name Medical Center in Teaneck NJ. In 2013 alone, the hospital saw nearly 50,000 outpatient visits, with 6000 admissions, delivered 1,236 babies, and treated 178 children for severe malnutrition. My role began there three years ago as consultant to help them develop a heart failure (HF) program. I knew this goal was lofty, but I could not say no.

Physicians, nurse practitioners (NPs), and nurses from around the U.S. who volunteer there on a regular basis. I now volunteer each year as an NP in the medical clinic seeing patients with HF and other cardiac problems, consulting on inpatients, facilitating classes for the nurses and physicians in conjunction with Haitian colleagues and assisting Sister Ann (a resident nun) on her daily rounds into the hills to visit patients.

My day typically starts as it does in CT rising early. But in Haiti I walk the dusty street from my small room at the Crudem Foundation compound to the hospital. On the way I stop to chat with local craftsman selling their wares or the orphans and street children befriended by Sister Ann on their way to school. I then go to the clinic to meet with my Haitian physician colleague to begin the day seeing patients. We work together, sometimes with an interpreter, examining patients and discussing treatment plans. We then debate what can realistically be done given the local constraints such as finances, availability of medications, food etc. Often, we are called to see a patient in the hospital with heart failure and frequently it is for a young woman with peripartum cardiomyopathy (PPCM). PPCM is rarely seen in the US (1 in 2500-4000 births), 1 in 1000 in South Africa, and is seen in 1 in 300 pregnancies in Haiti. It is the plight of these young women that haunts me, long after I have left Milot. Working with the other cardiology volunteers we are now attempting to set up a PPCM program so we can track and deliver the care these women so desperately need.

Being able to help others who have so little makes the trip to Milot very special. I have gained a deeper sense of gratitude for what I have. Working with my Haitian colleagues has taught me many things about doing more with less, and using creativity to accomplish patient goals. They have taught me of the richness of Haitian culture and broadened my cultural awareness. My volunteer work has in some ways made me a more compassionate and understanding caregiver. When I arrive back in the U.S., I start to prepare for the next mission almost as soon as I get home. The faces and plight of the women imbedded in my memory.
PHILANTHROPY AT WORK WITH ST. VINCENT’S BEHAVIORAL HEALTH

Central High School Scholarship
Each June, the Emergency Department Behavioral Health Unit (ED-BHU) and 9 East, the inpatient psychiatric unit, look forward to learning which Central High School student will receive a generous scholarship. Staff members in the ED-BHU and 9E contribute to this scholarship each year, recognizing the importance of contributing to a high school student’s dream of pursuing an occupation in health care. In 2014, a donation in the amount of $1,000.00 was given to a student who was on her way to Georgetown University to pursue her dream of becoming a doctor. What motivates the psychiatric staff to present this scholarship each year? They view these students as the caregivers of the future.

Merton House Lunch
In August of 2014, six psychiatric staff members served lunches at Merton Center House of Hospitality, a respite house for the underserved in Bridgeport. This team of mental health workers, registered nurses, and certified nursing assistants from the ED-BHU and 9 East inpatient psychiatric unit, paid for, prepared and served 200 lunches. It was a rewarding event that left the staff feeling very gratified and humbled.

Supplies for Students
In March of 2014, the ED-BHU staff and 9 East staff donated school supplies to the kindergarten class at Cesar Batilla Elementary School in Bridgeport, Connecticut. The supplies consisted of books, and a tape recorder that enables the children to read along with the tapes. Staff visited the students in their classroom and were thrilled as the children sang and read. The children were so proud of themselves and thankful for their gifts.

NURSING PROFESSIONAL PEER REVIEW
For the second straight year, registered nurses have participated in Nursing Professional Peer Review. Utilizing a template designed by the Nursing Shared Governance Professional Practice Council, nurses are able to provide feedback to their peers on various aspects of their professional practice. The tool utilizes both a Likert scale and a narrative section, which provides the opportunity for the nurse reviewer to site specific examples of both exemplary practice and opportunity for improvement.

Topics reviewed included:
- Professionalism
- Safety
- Teamwork
- Critical thinking
- Respect
- Accountability
- Communication

A HIGH RELIABILITY ORGANIZATION CELEBRATES ITS CULTURE
In the fall of 2014, an interdisciplinary group of front-line staff, managers and safety coaches came together to plan for St. Vincent’s first High Reliability Safety Fair. The idea for the fair initially came from the safety coach group – who had been discussing how to best reinvigorate staff awareness of High Reliability behaviors/principals and need for increased use of error prevention tools. As a result, the High Reliability Organization (HRO) Taskforce spent the next couple of months working together to develop an educational, interactive and fun fair that would ultimately heighten awareness of St. Vincent’s High Reliability journey and commitment to patient and associate safety.

The taskforce identified seven safety topics of focus, which included: St. Vincent’s specific error prevention “TRUST” tools:
- Medication Safety
- Patient Experience
- Associate Safety
- Alarm Safety
- Hand Hygiene
- Environmental Safety/Security

Subject matter experts for each area were identified and charged with the task of creating an interactive and educational booth that presented their topic within the context of High Reliability practices. The taskforce felt it important in order to reach as many associates as possible, the fair was held all day, and into the night. In collaboration with our Marketing Department, eye-catching posters and handouts were developed to promote the event.

In the end, all the planning and hard work paid off and St. Vincent’s first High Reliability Safety Fair was very well attended by more than 400 clinical and non-clinical associates.

Each nurse was responsible to ensure they received feedback from two of their peers. In 2015, the completion rate for peer review was 97%, up from 85% in 2014.
PUBLICATIONS


Cindy Czapinski, MSN, RN, NE-BC, Sally O. Gerard, DNP, CNL, Teresa Money McLaughlin., RN. AOCN. Community medical centers elevate nursing professionalism, Nurse Leader, Oct. 2014.

Karen Brady, MAHSM, BSN, Denise Bulpitt, BSN, RN, Caren Chiarella, BSN, RN. An interprofessional quality improvement project to implement maternal/infant skin-to-skin contact during cesarean delivery. JOGNN 2014 Journal of Obstet Gynecol Neonat Nursing. (This article was named one of the top seven papers of 2014)

PRESENTATIONS


Ashley Dobuzensky, MSN, RN, CCRN, Lynn Orser, MSN, RN, CCRN, PCCN, ICU/PCU, Clinical Nurse Educator. Implementing an Exit Checklist in the ICU. South Central Connecticut Chapter of AACN Evidence Based practice/ Research Program. January 2014.

Cindy Cervini, MSN, RN, CNL, CCRN. Indwelling Urinary Catheter Use in the ICU: A Model for Improvement., 108th Annual Connecticut Nurses Association Convention, October 2014.


Elizabeth Wallace, MSN, APRN, FNP, CHFN. “Living Well With Heart Failure.” St. Vincent's Medical Center Heart Club. October 2014.

Melanie Holland, MS, BSN, RN. Nurse Led; Patient Centered; Chronic Disease Management Program for the Medically Underserved, 108th Annual Connecticut Nurses Association Convention, October 2014.

Denise Buonocore, MSN, APRN, ACNPC, CCNS, CCRN, CHFN, Elizabeth Wallace, MSN, APRN, FNP, CHFN. “Pharmacological Treatment of Heart Failure: Stepping Beyond ACE Inhibitors and Beta Blockers.” AACN 2014 and NTI & Critical Care Exposition. May 2014.


Denise Buonocore, MSN, RN, ACNPC, CCNS, CCRN, CHFN, Elizabeth Wallace, MSN, APRN, FNP, CHFN. “Pharmacological Treatment of Heart Failure: Anticoagulation, Statins and Omega 3 Fatty Acids.” AACN 2014 and NTI & Critical Care Exposition. May 2014.

Denise Buonocore, MSN, APRN, ACNPC, CCNS, CCRN, CHFN, Elizabeth Wallace, MSN, APRN, FNP, CHFN. “Pharmacological Treatment of Heart Failure: Aldosterone Antagonists, ARBs, Vasodilators and Digoxin.” AACN 2014 and NTI & Critical Care Exposition. May 2014.


Michelle Mosher, RN - SHORT STAY
Michelle is an extraordinary person who epitomizes nursing at its best. She is highly skilled, compassionate, and consistently displays the highest ethical standards. Michelle is always willing to go the extra mile for the benefit of her patients and does so in such a thoughtful and caring way.

Nominated by Sharon Nemergut, RN

Aron Mauros, RN. “Aron is true grace under pressure. She steps up to the plate for every challenge sent her way. Aron exemplifies the qualities of a Daisy Award Recipient.

Nominated by Debbie Cavalier, RN

Lori Dalton, RN. “Laurie stayed at the Medical Center for three days during a snow storm to help out different departments, demonstrating true compassion and generosity. She is a dedicated nurse to our organization.”

Nominated by Denise Carrol, RN

Monica Fergusson, RN. “Monica is truly a kind nurse who cares for her patients and does it willingly without complaining about a heavy workload. She demonstrates compassion and empathy every day.”

Nominated by Isabel Goncalves, MD, and Shirley Smith, CSA

Laurie Shepard, RN. “Laurie went above and beyond for one of the Wound Care Center hyperbaric oxygen patients, who mentioned that her favorite dinner was chicken. So Laurie made a chicken dinner for her on her last day of treatment.”

Nominated by Lea Forcier, RN

Jordana Denhay, RN. “Jordana has made a big difference in many patients and family members’ lives. Her generosity lifts spirits and facilitates patients’ success.”

Nominated by Alexandra Pappas, RN
St. Vincent’s 2014 Value Awards

NORMA CONSEBIDO, RN: 6 SOUTH TELEMETRY
When the typhoon occurred in the Philippines, Norma, who has family and friends there, collected items that were desperately needed. With only one week to react, she collected six boxes of clothes, household items, non-perishables and monetary donations from the staff on her unit. Norma exhibits generosity of spirit, especially for those in need, and courageous innovation, living the SVMC core values of service to the poor and creativity.

DENISE CULHANE, RN: 9 NORTH
A fellow employee’s mother was being treated for a bacteria-resistant organism in her blood on 9 North, for which she would need IV antibiotics after discharge. Denise offered to go to the patient’s home to administer the antibiotics which would otherwise require the patient to go to short-term rehab. Denise treated the employee and the patient with dignity and respect and demonstrated a caring professional behavior, all the while with a smile!

A young mother with two children ages 6 and 9, was terminally ill and not likely to survive to celebrate Christmas with her children. The nurses got together to organize a Christmas on 9 South for the patient and family, bringing in a Christmas tree and ornaments. Gifts were donated by the nurses with more collected from the offices of the Medical Specialists of Fairfield. The nurses also submitted a “Christmas Wish” to radio station WJBL, for the children’s grandmother. She would be raising them after the offices of the Medical Specialists of Fairfield. Donated by the nurses with more collected from a Christmas tree and ornaments. Gifts were

KEISHA SPENCE MORRIS, RN FAMILY HEALTH CENTER
When Keisha saw the need for health screenings in Bridgeport, she went into action and mobilized a group of healthcare providers from her church to have a Health Fair at Seaside Park. More than 300 people were seen in one day! Keisha embodies the mission of St. Vincent’s by seeking out opportunities to help the poor and underserved and treats everyone with dignity and respect.

THERESA MACIOG, RN: OR
A dedicated member of the Open Heart Team, Theresa answered a special request from a friend of a co-worker, to be her 87-year-old father’s nurse for an eight hour surgical procedure. Theresa did just that, keeping concerned family members informed every step of the way. This exceptional dedication and reverence for a patient and his family is a beautiful example of St. Vincent’s Core Values.

JOE GUZMAN, RN: 10 EAST REHAB
Joe took decisive action with a patient who needed to go to CT scan. He personally transported the patient to Radiology, stayed with that patient, arranged for care and consoled the family. The caring and compassion he displayed with a family member was very genuine and appreciated. Joe’s respect and reverence for a patient and a loved one in need truly personifies the core values of St. Vincent’s.

KRISTYN KORIPSKY, RN: 7 NORTH
Kristyn recently purchased clothing for one of our patients on 7 North who was going to court to be conserved. This patient has been on our unit for quite some time with no family involvement and limited visitors. Kristyn did not want him going to court in the clothes he wore when he entered the hospital. Instead, she went out of her way on her own time to help maintain the dignity of this patient who had nowhere else to turn. She demonstrated reverence as defined by our core values – respect and compassion for the dignity and diversity of life.

MARY SILVESTRI, RN: 10 SOUTH
Jeanne Sinclair, received a frantic call from a close friend whose elderly father had fallen down, injured his face and was bleeding profusely. Maureen had called 911 but was still frightened and needed support. When asked, Mary, without hesitation, wanted to help. Mary’s willingness to drop what she was doing, jump in her car, and drive into a crisis to help a stranger is a prime example of integrity, dedication and St. Vincent’s Values.

PAULA CRANFORD, RN: NEWBORN NURSERY
Paula developed what would prove to be a life-changing relationship with the mother of a newborn baby girl who was addicted to pain medication. Paula was able to get the young mother to open up about her past and her desire to overcome her addiction and raise her two children. Paula even bought books for the mother to read to her baby; reinforcing the importance of the baby hearing her mother’s voice and feeling her touch as she read. Paula was able to get past the stigma of addiction. Instead she nurtured this young woman’s maternal instinct by treating her as the loving mother she wants to be.

MARY ELLEN LANG, RN NON-INVASIVE CARDIOLOGY
Mary Ellen provided clothes for those lacking an appropriate outfit for a family Christmas gathering. She has donated and collected money for others in need and has even offered her own home. She provides respect, dignity and compassion for our patients by her example and personifies God’s presence with her service to the poor.

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NADINE SOUTHARD, APRN; MICHELE DONOFRIO, RN CASE MGMT; HELEN POLEWOJ, LCSW; NAN PERSICO, RN: ONCOLOGY
After learning that a newly diagnosed cancer patient had recently been evicted and she and her husband, two children and a cat and were living in their car, this group of caregivers got right to work. They found a vet to board the cat and a place for the family to stay. They even organized a back-to-school effort for the children. Their example inspires others to look for those daily opportunities to act with extraordinary love and compassion.

PAULA CRANFORD, RN: NEWBORN NURSERY
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ST. VINCENT'S MEDICAL CENTER
NURSING ANNUAL REPORT

DOCTOR OF NURSING PRACTICE
Sue Goncalves, DNP, MS, RN-BC

BACHELOR OF SCIENCE IN NURSING
Roshan Espinosa, BSN, RN
Ashley Ferri, BSN, RN
Nicole Kacey, BSN, RN
Jayne Kneen, BSN, RN
Priscilla Lopez, BSN, RN
Rachel Nunez, BSN, RN
Jessica Russell, BSN, RN
Nalalja Samudosky, BSN, RN
Marie St. Jean, BSN, RN
Mark Pullo, BSN, RN
Sandra Pullo, BSN, RN
Alejandro Belistri, BSN, RN
Sue Casso, BSN, RN
Catherine Cayado, BSN, RN
Shinique Dawson, BSN,RN
Dena Dzialo, BSN,RN
Lisa Finoia, BSN, RN
Mary Lou Marini, BSN, RN
Carmelina Milazzo, BSN, RN
Opal Smith, BSN, RN
Larry Davidson, BSN, RN
Deb Simna, BSN, RN
Tom Saxa, BSN, RN
Paula Alexander, BSN, RN
Kathleen Baran, BSN, RN
Tony Berry, BSN, RN
Shannon Fernous, BSN, RN
Danielle LaCasso, BSN, RN
Mary Mead, BSN, RN
Donna Moravek, BSN, RN

MASTER'S DEGREES
Jyothy Philipose, MSN, RN, FNP-BCC
Cindy Cervini, MSN, RN, CCRN, CNL
Lisa Kalafus, MSN, BSN, RN
Nicole Loiz, MSN, BSN, RN
Chenese Nicholas, MSN, BSN, RN
Linda Plecicy, MSN,ED, MHA, RN, CNOR
Betsy Rice, MSN, RN-BC, CBCN

2014 NEW NURSING EXCELLENCE AWARDS

Clinical Nursing
Reiney Varkey, MHA, BSN, RN,
Case Management

Nursing Quality
Cindy Cervini, MSN, RN, CCRN, CNL,
Clinical Nurse Leader, ICU

Nursing Education and Mentorship
Teresa Cryan, MSN, RN,
Associate Professor St. Vincent’s College

Nursing Research
Susan Goncalves, DNP, MS, RN-BC,
Nurse Manager 7 South

Nursing Volunteerism and Service
Betsy Rice, MSN, BSN, RN-BC, CBCN,
Nurse Manager Oncology

Nursing Preceptor
Kristin Infelice, BSN, RN Staff Nurse
Westport Behavioral Health

The Susan L. Davis Leadership Award
Cassie Mizia, BSN, RN, Staff Nurse
Westport Behavioral Health

RBC - Re-igniting the Spirit of Caring for a Co-Worker
Deborah Bevino, RN, Staff Nurse
Ambulatory PACU

Greater Bridgeport Medical
Association Award
Susan Skoog, BSN, RN,
Nurse Manager ICU

educational accomplishments
Certifications  January 1 – December 31, 2014

Cardiac Surgery (Subspecialty)
Certification by the American Association of Critical Care Nurses (AACN)
Jessica Russell, CSC

Clinical Nurse Leader by Commission on Nurse Certification (CNC)
Cindy Cervini, CNL

Certified Professional Healthcare Risk Manager by ASHRM (AHA)
Laura J. Sousa, CPHRM

Emergency Nursing by Board of Certification for Emergency Nursing
Dominos Martins, CEN
Elizabeth Abrantes, CEN
Laura Chase, CEN
Marissa Cimino, CEN
Kellie Clomiro, CEN-2015
Shannon Fernous, CEN
Alicia Parker BSN, RN, CCRN
Lynze Kapp, CCRN
Donna Iaffaldano, CCRN
Olga Grishenkov, CCRN
Lauren Pinto, CCRN
Oliva Reyes, CCRN

Certified Critical Care Registered Nurse by the American Association of Critical Care Nurses (AACN)
Josephine Espinell, CMSRN
Laura Linsangan, CMSRN
Connie Demko, CMSRN
Deb Hudzina, CMSRN
Jolis Jean, CMSRN
Val Lombardi, CMSRN
Marichu Saladas, CMSRN
Susan Petro, CMSRN
Catherine McPadden, CMSRN
Melinda Vasquez, CMSRN
Michelle Harper, CMSRN
Leticia Anokwuru, CMSRN
Jeff Wilk, CMSRN
Janet Cordova, CMSRN
Michelle Harper, CMSRN
MaryAnn DeRosa, CMSRN
Peter Donato, CMSRN
Rachel Nunez, CMSRN
Toni Berry, CMSRN
MaryEllen Falcone, CMSRN

Certified Critical Care Nurse by the American Association of Critical Care Nurses (AACN)
Lauren Boggs, PCCN
Katherine Carter, PCCN
Margaret Dwyer, PCCN
Sandra Garay PCCN
Rommel Ilano, PCCN
Diane Legare, PCCN
Valerie Lombardi, PCCN
Sherry Lucke, PCCN
Niina Mealey, PCCN
Oliveia Reyes, CCRN

Certified Adult Clinical Nurse Specialist by the American Association of Critical Care Nurses (AACN)
Denise Buonocore MSN, RN, ACNPC, CCNS, CCRN, CHFN

Certified Heart Failure Nurse by AAHFN
Denise Buonocore, CHFN
Diane Gottschalk, CHFN
Elizabeth Wallace, CHFN

American Academy of HIV Care
Specialty by AAHIVS
Deanne Walsh FNP-BC, AAHIVS

Progressive Care Certified Nurse by the American Association of Critical Care Nurses (AACN)
 Laurel J. Sousa, CPHRM

Certified Nursing Assistant

Relationship Based Care

ANGELS AMONG US

On the early evening of Monday, June 9th, Marilyn, my loving wife of 58 years, entered St. Vincent’s Medical Center emergency room after suffering a stroke while at home.

Marilyn was a healthy 78-year-old retired RN, who had worked in the operating room at St. Vincent’s many years ago. The emergency staff went right to work to diagnose and coordinate her treatment. Very soon, doctors Zimmerman, Zager and Fitzgerald were at the scene. Since they did not expect her to make it through the night, she was transferred to 7 North, room 723.

It didn’t take me long, to realize that Marilyn’s room would be filled with angels disguised as RNs. They, along with their aides, made my grieving tolerable. Their care for Marilyn was more than wonderful. Their compassion and love for a woman they never met before was truly remarkable.

I especially remember a young aide, who would stop in unannounced and comb Marilyn’s hair again and again and speak to her quietly. The nurses would talk to her whenever they did something, and seemed to bond with her as though they knew they were caring for a lady full of hugs and love for everyone. I often reminded them how special they were. I, having spent 35 years on St. Vincent’s staff, had never witnessed anything like it.

In these days of electronic charting, a nurse never came in with a laptop or an attitude of business as usual. Even though Marilyn was in a coma, they spoke to her as though she could understand. When changing her position four times a day, they were gentle and caring, so not to hurt her. I family members — while coordinating the room, giving her a hug, and asking if I felt all right. She is a gentle, sweet person who visited Marilyn daily and had concern for our entire family. I also remember the housekeeper with a big heart, who always had a smile. When cleaning the room, she was careful not to disturb the family and gave me a little wave upon leaving.

My family supported me with the very difficult decision to remove life support when it became obvious Marilyn would not last long. I was, however, happy to have the palliative care team of Dr. Robert Pittman and Sharon Haley, APRN, to guide me. They supported my family and me all the way. Not long after, Deacon Jose stopped by with a beautiful “Comfort Shawl” and a prayer that accompanied it. The shawl seemed to fit so well around Marilyn. To the volunteers who knit the shawl, a very special thanks. Our family was also made comfortable with the hospital generously providing coffee and muffins daily.

In the early hours of June 17th, Marilyn passed peacefully surrounded by her children and grandchildren. My entire family, near and far, want to thank all those who cared for Marilyn. There are so many to mention, but we shall always remember their kindness. St. Vincent’s Medical Center should be proud of their nurses. They could have easily chosen a less stressful track in their profession, but they chose to give of themselves to help others. I detected tears in their eyes when the time was near for Marilyn. May God bless all those who cared for Marilyn, a lady in the true sense of the word.

— Sal Michael Santella, MD
More than one hundred and ten years ago, the Daughters of Charity came to Bridgeport to provide compassionate care to all: most especially the needy, vulnerable, and marginalized. That commitment has been enthusiastically embraced by the nurses who reverently care for patients and families across the entire continuum of care at St. Vincent’s Health Services.

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