NURSING UPDATE
THE WORK OF THE NURSE AT YALE-NEW HAVEN HOSPITAL
2008–2009
NURSING UPDATE 2008–2009

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   Senior Vice President, Patient Services

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Dear Colleagues and Friends of Nurses:

This second annual Nursing Update proudly records and comments upon just some of the important work Yale-New Haven Hospital nurses performed on behalf of patients in the past year. In 2008, our more than 2,000 clinical nurses served more than 52,000 inpatients and 576,000 outpatients, both record numbers for our institution.

With many of our 944 beds filled continuously throughout the year, our nurses responded positively to improved communication through our structure of collaborative governance to provide safe, high-quality care. Working with the Staff Nurse Council, nurses identified and shared best practices in many areas. Some of our successes included:

- Dramatically improving hand-offs at change of shift to ensure that a new team of caregivers is current on a patient’s status and aware of potential changes that could affect his or her recovery;
- Significantly lowering our pressure ulcer rate, which today is below the national average. This is a major achievement in a hospital as complex as Yale-New Haven, which admits patients — many of whom have been treated in other institutions — for advanced care;
- Even with a persistently full house, YNHH nurses did impressive work improving how we keep patients safe. While preparing to be in a constant state of regulatory readiness, nurses found ways to improve infection control and patient outcomes. Although we score above the national average in this area, we persevere in trying to improve infection control; and
- YNHH nurses are now more aware of the value of evidence-based care and increasingly knowledgeable about literature that directly helps them improve their practice and keep patients safe.

Nursing is a dynamic field and it is particularly exciting and rewarding to be a nurse at Yale-New Haven Hospital today. We now have a structure in place that allows nurses at all levels to be engaged and to communicate freely with managers. Because their voices are heard and suggestions valued, nurses tell me they feel more accountable for their practice.

Currently, we are seeking Magnet designation from the American Nurses Credentialing Center. This Nursing Update recaps some of the remarkable work that reflects our nurses’ significant and wide-ranging accomplishments.

This Nursing Update is a collection of stories on the “best of the best,” and I am proud to share just a few of them with you. Celebrate with us as we chronicle our important journey to Magnet designation and celebrate the nurses who are driving the excellent nursing practice for which this premier American hospital is known.

Sincerely,

Sue Fitzsimons, RN, PhD
Senior Vice President
Patient Services
Dear Colleagues:

At Yale-New Haven Hospital, 2008 was a year of growth and opportunity for the Staff Nurse Council (SNC) and the nurses who served a record-breaking number of patients. The SNC built on the foundation it created in 2007 – a foundation that allows us to represent the voice of nursing and gives us the authority to make clinical decisions that affect nursing practice.

Last year was a year of enormous achievement for the Staff Nurse Council as we worked hard on behalf of YNHH nurses. Here are just some of our accomplishments:

- We hosted the first collaborative governance fair to promote awareness of the work of the SNC. Despite a regulatory visit from the state on the same day, more than 500 attended to learn more about our work!
- A standing-room-only crowd greeted our first nursing grand rounds presentation on collaborative governance.
- We have begun the important journey of achieving Magnet status for Yale-New Haven Hospital. We work to keep nurses informed of progress and how each can contribute to earning this important distinction.
- We strengthened the newly formed collaborative governance structure and created awareness of the decision-making model that standardizes evidence-based practice throughout the discipline of nursing at YNHH.
- Working with others in the hospital, last fall we launched our exciting nursing website, available to all nurses at work or from their home computers. The website showcases the SNC and allows us to provide nurses with a central online location for information on the SNC, collaborative governance and tools to submit an evidence-based practice recommendation.
- Working in partnership with the clusters and standing committees, the SNC approved several practice changes that improved the quality and safety of patient care.
- We developed a communications plan to standardize and ensure the method of communicating practice alerts to staff nurses and recommended several new concepts to improve our partnerships with nursing leadership.
- The SNC has partnered with the Nursing Cabinet and key nursing and administration leaders to develop the nursing strategic plan.
- To better serve its constituent nurses, the SNC increased membership from 14 to 17. Any nurse currently on the clinical ladder is eligible for membership.

"Achieving excellence through continuous improvement and innovation" is our unifying vision, and it guides members of the clusters, standing committees and SNC to work to elevate our practice in the service of our patients. We are proud to serve as members of the SNC and represent the voice and discipline of nursing at YNHH, and we are delighted to share our efforts on behalf of safe, high-quality care for the patients we are privileged to serve.

Sincerely,

Nora O’Keefe, RN
Heart and Vascular Nursing
Chair, Staff Nurse Council

Heather Miska, RN
Children’s Psychiatric Inpatient Service
Chair-elect, Staff Nurse Council
The STAFF NURSE COUNCIL, draws nurses from many practices who amplify the voice of the nurse at the bedside and create clear channels of communication for them. Shown seated are (l-r): Mary Kelly-O'Shea, RN, Pediatric Post-Anesthesia Care Unit; Melanie King, RN, School-Age/Adolescent Unit; Erin Radocchia, RN, Maternal Special Care; Liliana Lara, RN, Post-Partum Unit; Rick O'Connor, RN, Surgical Intensive Care Unit; and Sybil Shapiro, RN, Temple Post-Anesthesia Care Unit. Standing (l-r) are: Jeramy Tabuzo, RN, Hospital Research Unit; Roseann DellaVentura, RN, Newborn Special Care Unit; Terri Johnson, RN, Cardiac Intensive Care Unit; Heather Minka, RN, Children's Psychiatric Inpatient Service, and chair-elect, Staff Nurse Council; Mary Ellen Weir, RN, Perioperative Services; Shelley Harrigan, RN, Adult Primary Care Center; Kim Ricketelli, RN, Psychiatric Adult Inpatient Unit; Nora O'Keefe, RN, Heart and Vascular Nursing; Kelly Baran, RN, Gyn/Oncology Unit; and Mary Ann Meehan, RN, General Medicine Unit (10-7).

The Staff Nurse Council AND THE Nursing Cabinet

Staff Nurse Council members meet regularly with the NURSING CABINET. Shown in the first row (l-r) are: Ena Williams, RN, director of nursing, Perioperative Services; Diane Vorio, RN, vice president, Patient Services; Bertse Chuong, RN, director of nursing, Temple Recovery Care Center; Sue Fitzsimons, RN, PhD, senior vice president, Patient Services; Cathy Stevens, RN, director of nursing, Women's and Infants Services; Carol Just, RN, director of nursing, Surgery; and Francine LoRusso, RN, director of nursing, Heart and Vascular Center. Standing in the second row are (l-r): Janet Parkosewich, RN, DNSc, interim nurse researcher; Carol Kupec, RN, director of nursing, Emergency Services; Stephanie Bilskin, RN, practice administrator, Community Health; Leslie O'Connor, APRN, director of nursing, Psychiatry; Patricia Span, RN, director, Center for Professional Practice Excellence; Cheryl Hoey, RN, director of nursing, Pediatrics; Sherri Barnhill, RN, coordinator, Nursing Safety and Quality; Lori Hubbard, RN, Magnet coordinator; and Kathy Kenyon, RN, director of nursing, Medicine. Missing from photo is Tahiry Sanchez, RN, director of nursing, Oncology Services.
Evidence-Based Practice

Evidence-based practice in nursing ensures that patients receive the full benefits of new cutting-edge treatments and are supported with the highest level of care. Nurses at YNHH are constantly looking for the best ways to implement research-based findings in their daily practice. The results of their initiatives are evident in successful patient outcomes.

Real-time monitoring results in healthier preemies
As a result of groundbreaking research, nurses in the Newborn Special Care Unit (NBSCU) recorded a dramatic change in the health and survival of the hospital’s tiniest babies when they tried a new approach to monitoring oxygen levels.

While oxygen is the most commonly used medication in the neonatal intensive care unit, little is known about how much infants actually need, or how to best manage its delivery. Recently, the NBSCU became the first unit in the country to use Masimo pulse oximetry to keep infants within their individually prescribed oxygen saturation ranges. Nurses monitor a baby’s oxygen with the device and watch the saturation levels on a histogram. This provides real-time bedside data that allow them to precisely adjust the amount of oxygen being delivered to maintain the infant within his or her prescribed saturation range.

The results of the pilot project were impressive. The unit followed 53 infants who weighed 3 pounds, 5 ounces, or less, who are especially at risk for oxidative stress and an increased chance of retinopathy and chronic lung disease. After one year, the mean number of days the subjects required supplemental oxygen decreased from 35.3 to 18.4, and their length of stay shortened from 74.3 to 59.6 days. Babies who developed retinopathy of prematurity serious enough to require laser therapy went from 20 to 8 percent.

Empowering families to call for rapid response
YNHH created its rapid response team (RRT) in 2006 as part of the Institute of Healthcare Improvement’s campaign to prevent 100,000 in-hospital deaths a year. The team, composed of a hospitalist, a critical care-trained nurse and a respiratory therapist, is on call 24-7, and it is having a tremendous impact on patient treatment and survival. Doctors and nurses call the RRT an average of 115 times a month, and 50 percent of those calls result in transfers to an ICU. The team has stabilized many other patients to the point where they were able to avoid the ICU.

Last year, YNHH piloted rapid response for families on selected medical units, and the initiative was so successful that nurses have introduced the program in all of the hospital’s inpatient units. Nurses educate new families with the help of an educational brochure designed by the Resource Support Unit SWAT team.

Families can summon the RRT if they see a sudden change in their loved one’s condition and are unable to get help in any other way. While most families haven’t found it necessary to call the team, they all appreciate having the option, said Elizabeth Fletcher, RN, patient service manager for the Heart and Vascular Center and the ICU Resource Support Unit. “Just knowing they can call experts when they feel it is warranted gives families an increased sense of confidence that the patient is in the right place,” Fletcher said.

A more engaged role for transplant nurses
As transplant surgeons perform more cutting-edge surgeries, transplant nurses and transplant coordinators are taking on new responsibilities in providing increasingly sophisticated care for some of the most complex surgeries on the sickest patients.

Under the direction of Sukru Emre, MD, an internationally known transplant surgeon who took over YNHH’s Solid Organ Transplant service in 2007, transplant nurses and coordinators now make interdisciplinary rounds, and are developing strong, new partnerships with physicians.

“This partnership model is important in trans-
plant, because it gives nurses a better understanding of what physicians are thinking in key areas such as the transplant patient’s extensive discharge procedure,” said Sharon Klein, RN, patient service manager for Integrative Solid Organ Transplant Surgery.

Several nurses have completed clinical transplant coordinator and clinical transplant nurse certifications after taking an exam developed by the American Board for Transplant Certification. A YNHH transplant education committee provides a one-day seminar for nurses on transplant units, covering topics from social work to infection control and pharmaceuticals.

Meanwhile, nurses in transplant and other units are driving up organ donations as active members of YNHH’s Organ Donation Committee and as volunteers at the hospital’s annual organ donation fair. Last year, organ donations helped Dr. Emre and his team transplant 37 livers, up from 17 in 2007; they transplanted 100 kidneys in 2008, up from 74 in 2007.
Innovation

YNHH has always fostered innovation, and as a result nurses are continually exploring new cutting-edge initiatives to improve their practice and provide better outcomes for patients. Opportunities for innovation in health care are part of the YNHH culture where nurses are encouraged to share best practices so that virtually all nurses are impacted by the latest in practice advancement.

Nurses integral to improvements in safe patient flow

“The pressure on beds is intense, and equally important is the safety of our patients,” said Jennifer Ghidini, RN, MSN, patient service manager, General Medicine (10-7). “Nurses play a key role in developing creative ways for caregivers to work together to meet both of these critical goals.”

With the help of an outside consultant, in the past year, YNHH studied the flow of patients throughout the institution. Nurses and other staff developed a variety of ways to improve safe patient flow, piloting some efforts on units before implementing them elsewhere.

With patients visiting emergency departments in record numbers, the wait for the proper bed can be lengthy. To help prepare beds for new patients, YNHH has made 11 a.m. discharges for clinically ready patients a hospital-wide goal. Communication and coordination among physicians, hospitalists, nurses, business associates, patient care associates, environmental services aides, patient transport and families is necessary to identify and successfully discharge ready patients by 11 a.m.

To streamline the process, the General Medicine Unit on 10-7 pioneered brief, stand-up meetings at 9:45 a.m. and again at 2:30 p.m. to make sure patients are identified for safe discharge, paper work is in process, families are notified, rides are in place. General Medicine on 5-5 piloted a new electronic status board to improve communication and facilitate patient discharges.

Sunrise is a major step toward a paperless environment

YNHH may never be a completely paperless environment, but nurses are taking a major step in the right direction using Sunrise Clinical Manager (SCM) to automate the most important elements of nursing documentation by the end of this year.

Last year, Marcia Dobrowski, RN, clinical applications manager, Information Systems and Technology (IS&T), and colleagues activated the SCM electronic order entry and documentation system on workstations throughout the hospital. The IS&T team trained all employees responsible for order entry to use the system, including nurses, medical staff, pharmacists, patient care associates, laboratory technicians, and occupational and physical therapists.

So far nurses are finding that SCM has many advantages, including the ability to retain information from one patient visit to the next, look at lab results from different analytical perspectives, and store important documentation in the system.

“SCM makes it easier to put the correct information in the correct place, and do it in a timely manner,” said Dawn Cooper, RN, unit-based educator in the MICU. “Once SCM is fully implemented, it will eliminate redundant documentation, and that will give us more time to spend with our patients.”

Nurses play key role in groundbreaking surgery

Nurses played a key role in a new, groundbreaking procedure at Yale-New Haven Hospital that many surgeons consider to be the next frontier in minimally invasive surgery. YNHH was the first hospital in the United States to perform an appendectomy with no abdominal incision, removing a patient’s appendix through a small incision in her vagina.

In advance of the first case, perioperative nurses worked closely with surgeon Kurt Roberts, MD, to develop procedural steps and a surgeon’s “menu,” the preference sheet containing comprehensive information about supplies, equipment, medications and care instructions. Nurses helped determine the protocol and assisted in mock surgery to identify issues. About 16 nurses supported the actual procedure in various roles from pre-op through post-op.

The operation is the latest advance in a growing surgical field called natural orifice...
transluminal endoscopic surgery (NOTES), in which surgery is performed through the body's natural openings. It is also an example of how new, minimally invasive surgeries are challenging staff at all levels.

“The need for nurses to possess strong technical skills in this current healthcare environment is critical to supporting innovation,” said Ena Williams, RN, director of nursing, Perioperative Services. “When combined with strong clinical expertise, these skills can make a difference in the success of a patient’s procedure and ultimate recovery.”
Community

Health education and outreach are critical to making sure people who have limited access to health care get timely screenings and appropriate advice. YNHH’s outreach initiatives cover everything from managing asthma to screening for diabetes, and have resulted in many success stories in the greater New Haven area. When diseases are caught in the earliest stages, underserved residents don’t have to seek care in the emergency room. In their daily practice and on their own time, YNHH nurses are frequently at the forefront of these efforts.

Round Table promotes consistency in breastfeeding
Lactation nurse specialists and OB staff nurses created the Breastfeeding Round Table at YNHH last October to support nurse/lactation experts in providing mothers with consistent information, starting in prenatal care and continuing through hospitalization and pediatric office care.

The first meeting drew 34 lactation specialists from settings ranging from private practice offices to YNHH’s Newborn Special Care Unit. Now the group meets monthly to discuss such topics as case studies that provide feedback on how well prepared discharged patients are for breastfeeding, and plans to educate physicians and other practitioners about breastfeeding practices. The group is brainstorming ideas for improving communication among practitioners within the hospital and the community.

“We believe the more consistent we are with lactation support and education, the more we will advance the safety of breastfeeding practices, moving us toward the goals of the Center for Disease Control’s Healthy People 2010 Project. Most important, parents will feel more confident leaving the hospital knowing how to feed their babies.”

TB outreach effort catches positive cases early
In response to the high incidence of positive tuberculin skin tests in the immigrant population, the YNHH Winchester Chest Clinic launched a tuberculosis outreach program in 2004. Since then, the program’s outreach nurse has skin-tested approximately 500 immigrants a year. Most of them are adult students in English as a second language (ESL) programs in New Haven and surrounding towns.

The outreach program has discovered as many as 150 ESL students a year with latent tuberculosis infection and referred them to the Winchester Chest Clinic for follow-up care. Over the years, the clinic has identified three cases of active tuberculosis and was able to start the patients on treatment before they developed symptoms.

Women’s Heart Program reaches 1,000 women
Yale-New Haven Hospital launched its Women’s Heart Program in 2001 to teach women to recognize their unique heart attack signs and symptoms, and seek rapid and appropriate care. Too many women didn’t know that heart attack, often considered a man’s disease, is the number-one killer of women, too.

Last year, the program’s 15 specially trained nurses, moving us toward the goals of the Center for Disease Control’s Healthy People 2010 Project. Most important, parents will feel more confident leaving the hospital knowing how to feed their babies.”

“W e believe the more consistent we are with lactation support and education, the more we will advance the safety of breastfeeding new borns and bring about a decrease in hospital readmissions for jaundice and dehydration in babies,” said Marie Pulito, RN, board-certified lactation consultant on Maternity. “W e expect to have a direct and positive effect on breastfeeding rates, moving us toward the goals of the Center for Disease Control’s Healthy People 2010 Project. Most important, parents will feel more confident leaving the hospital knowing how to feed their babies.”

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“Listen and LeaRN” nurses, including nurses from YNHH’s Heart and Vascular Center and Emergency Department, spread that message to 1,000 women at 15 lectures and several health fairs in the community. The nurses sometimes partnered with physicians as they reached out to companies, civic groups and churches, addressing audiences of women mostly 50 or older. Their goal was to heighten awareness, knowledge and behaviors related to heart disease, and empower women to become active participants in their cardiovascular health.

“I think women today may be somewhat aware of their risk of heart disease, but they need reinforcement,” said Charlotte Hickey, RN, MS, a clinical coordinator in the Heart and Vascular Center, who coordinates the program with Janet Parkosewich, RN, DNSc, the program’s co-director. Hickey believes nurses are in a unique position to get this important message to women. “Ninety percent of the nursing profession is female, and we are very credible when we talk to women about their risk factors and what they need to do to reduce them.”
Patient Safety

Keeping patients safe is one of the nation’s greatest healthcare challenges and a major concern for nurses. American healthcare providers have been analyzing the way they care for patients as a result of the National Academy of Sciences, Institute of Medicine report which revealed that almost 100,000 people die in U.S. hospitals each year because of lapses in patient safety. Nurses play a crucial role in detecting and intervening when breakdowns in care occur. At YNHH, they are also launching a number of initiatives that focus on prevention.

New psychiatric nurse role targets admissions

Many acute inpatient psychiatric facilities are exploring new ways to handle admissions in a safe and timely manner to meet the challenges of compressed lengths of stay. Last year, the Dual Diagnosis Unit at Yale-New Haven Psychiatric Hospital (YNHPH) found one successful solution with the creation of the new role of admission nurse.

The Dual Diagnosis Unit averages seven to eight discharges and admissions daily, maintaining a full census of 25. “We needed a way to provide safe, quality care to our current patients, while facilitating discharges by 11 a.m. and coordinating admissions by 5 p.m. without becoming overwhelmed,” said Leslie O’Connor, APRN, director of nursing, Psychiatry.

Caregivers on the unit have noticed a number of benefits since the new role was created. The admission nurse is able to take time to greet new patients and engage them in completing the admission process. Because the admissions nurse receives clinical information on scheduled admissions in advance, he or she is able to collaborate with the physician assistant, unit charge nurse and others to address clinical issues, identify bed assignment, plan treatment, and address any risks or special needs the patients may have. These efforts are enhancing the hospital’s overall patient satisfaction.
Ambulatory Services Division sets standards for hand hygiene compliance

Last year, nurses in the hospital’s Ambulatory Services Division bore down on increasing hand hygiene compliance throughout their service areas in their one-day surgery center, six blocks from the main campus of YNHH.

Donna Nucci, RN, created a team of 14 that includes nurses, patient care associates, X-ray technicians and other support staff. They meet regularly to share best practices for improving compliance rates in their areas.

Installing a Purell station in a more convenient location and hanging in-your-face posters to remind staff to use Purell began to pay dividends. In the past six months, the PACU increased its compliance rate from 70 to nearly 100 percent, and at year-end Ambulatory Services Division’s overall compliance rate was an impressive 95 percent.

Bertie Chuong, RN, manager, Temple Recovery Care Center, credits the “extraordinarily” low rate of acquired infection in Ambulatory Services to the focused initiative developed by nurses.

“Each unit has to be committed to patient safety and be constantly reminded that hand hygiene is that important first step in protecting the patient,” said Chuong. “Our program is one of constant reminders so we don’t become complacent. Ninety-five percent compliance is terrific — but it’s not 100 percent. We continue to develop ways that will make hand hygiene an integral, unquestioned part of everyday routine.”

ED patient flow coordinator speeds up care, safely

A new patient flow coordinator position created last October in the Emergency Department (ED) is reducing the often frustrating waiting period from the time a patient comes in the door to the time he or she is sent home or admitted. Nurses in the new slot are now getting patients who need intensive care, or medical or surgical admission, to the right place in optimum time.

ED patient flow coordinator is making a significant impact on our department,” said Carol Kupec, RN, director of nursing, Emergency Services. “In a high-volume, high-acuity emergency department like ours, this nurse ensures both efficiency and safety for our patients.”

Most of the nurses trained for the patient flow role have charge nurse experience. They staff the position between 7 a.m. and 11 p.m., the peak hours in the ED, where more than 128,000 patients were treated last year. The flow coordinator nurse is able to free up bedside nurses by managing responsibilities such as prioritizing admissions, speeding up treatment of patients who have been waiting, and resolving transport delays.

Kupec said the position is helping the ED meet benchmarks in decreasing its overall length of stay and walk-out rate. “This nurse position has a positive impact on patient satisfaction, too,” she said. “Patients like to know that there is someone whose job is to move things along.”
Staff Engagement

Staff engagement underlies some of the most successful initiatives launched by nurses. At YNHH, nurses work with doctors, allied health professionals and others on issues from patient care initiatives to making a seamless move to the Smilow Cancer Hospital at Yale-New Haven Hospital this fall. This approach leads to increased patient safety, improved quality of care, higher staff job satisfaction and greater patient satisfaction.

Cardiac nurses take the business plan to the unit level
Nurses caring for cardiac patients on one of YNHH’s two cardiac medical units are seeing an increase in patient satisfaction scores since they created a collaborative governance model based on the four pillars of the YNHH business plan. The pillars are: patient safety, quality and operations improvement; provider of choice; employer of choice; and financial performance.

“We took the hospital business plan to the unit level,” said Cindy Johnson, RN, patient service manager, Cardiac Medical Unit. Johnson has engaged staff as “resource nurse champions” on each of the four pillars.

Greater than 90 percent of the unit’s staff are involved in leadership work on the pillar teams. Many staff serve as resource nurses around their specialty interests; other staff have implemented innovative initiatives that include hand hygiene “Double Dip on Every Trip,” “Fast Track” 11 a.m. discharge, and scripts for environmental services aides to use with patients.

The champions set goals, implement action plans, perform frequent audits and provide real-time feedback to their peers. The unit compares its outcomes on various initiatives with local and national benchmarks, and posts the results to provide checkpoints for progress. Johnson believes the initiative as a whole has contributed to steady improvement in regulatory compliance and patient safety and maintains the unit’s already high patient satisfaction scores.

Collaborative governance facilitates sharing best practices, improving patient outcomes
Each month, members of the Nursing Cabinet, Staff Nurse Council and nurse representatives from the cluster committees and six standing committees meet and address practice issues. In the past year, this group has facilitated and implemented nursing practice changes throughout YNHH through evidence-based practice.

It is collaborative governance working at its very best — as issues are resolved and solutions developed — the group uses an innovative system to disseminate information to nurses and staff throughout the organization. Through urgent and non-urgent practice alerts, nursing staff have learned about important safety issues, including, for example, wound documentation for all inpatients with skin conditions.

This collaboration of nursing leaders and staff nurses is called “partners for change.” Outside of the meetings, partners take every opportunity to discuss how collaborative governance has a significant and positive impact on an institution’s nursing excellence. They actively encourage nurses to use the system in place to get their problems, issues, concerns aired; they reinforce the importance of the voice of bedside nurses and their impact on patient care.

“Collaborative governance allows many levels of nurses and staff to work together and bring concerns to the forefront,” says Lori Hubbard, RN, Magnet coordinator. “They transmit practice issues as they are developed, resolved or refined. With our partners, we are embedding collaborative governance in all that we do, and that strongly impacts the effectiveness of our nurses and patient outcomes at Yale-New Haven.”

Connecticut Hospital Association completes statewide survey of nurses
In 2007, the Connecticut Hospital Association (CHA) collaborated with the American Organization of Nurse Executives to create an online survey to gauge nurses’ perceptions of the quality of their work environment and their level of engagement in their hospitals. Connecticut was the first to pilot the survey, and Yale-New Haven Hospital’s nursing leadership strongly supported the assessment.

Twenty of 35 Connecticut hospitals participated in the survey that allowed staff nurses to submit their responses directly and anonymous-
ly to CHA. Nurses at all levels were encouraged to participate in the 10-minute questionnaire and, with more than 600 respondents, YNHH led the state.

YNHH nurses were extremely positive about their practice. In fact, 92 percent of YNHH respondents said that they agreed or strongly agreed that they were proud of being a nurse; another 90 percent agreed or strongly agreed that they make a meaningful contribution to nursing practice.

“The quality of the hospital work environment is related to staff recruitment and retention, patient safety and patient outcomes,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “In the past three years, we have created an environment that ensures all nurses have a voice in their practice and gives them the opportunity to identify and share best practices. Staff engagement is the surest way to retain the finest nurses in Connecticut and provide the best quality and safest care to our patients. Clearly, the CHA survey indicates that it’s working here.”
Recognition

Recognizing the achievements of YNHH nurses and celebrating their successes is an important part of the culture at YNHH. In the past two years, the Nursing Award and Recognition Committee has taken on responsibility for Nurse Week activities—the highlight of which is the announcement of the Nursing Excellence Awards. The committee seeks ways to find and recognize nurses at all levels for meaningful work.
Eight nurses chosen for Nursing Excellence Awards

At the 2008 Nurse Week Recognition and Awards ceremony, eight nurses — all nominated by their peers and reviewed by the Nursing Award and Recognition Committee — were given Nursing Excellence Awards. Almost 300 nurses were nominated for the honors. The honorees were:

- Rick O’Connor, RN, Surgical Intensive Care Unit, Excellence in Nursing Education
- Sharon Klein, RN, patient service manager, Surgery (7-5), Excellence in Nursing Management in honor of Karen Camp
- Elizabeth Delise Shinkevich, RN, Neurosciences Unit, Preceptor of the Year;
- Isabel Torres, RN, Infant/Toddler Unit, Graduate Nurse of the Year
- James Lammlin, RN, Orthopedics Unit, Excellence in Early Clinical Practice
- Jennifer Pyle, RN, Gyn/Oncology Unit, Excellence in Professional Practice
- Heather Miska, RN, Children’s Psychiatric Inpatient Service, Excellence in the Charge Nurse Role
- Rhonda Pattberg, RN, Labor and Birth, Outstanding Impact on Patient Safety and Quality

YNHH names 2008 Nightingales

Each year, as nurses throughout the country and at YNHH prepare to celebrate National Nurses Week, nurses in greater New Haven learn if they have been named a Nightingale by the hospital or healthcare institution where they work.

“Last year, Yale-New Haven had a record number of inpatient and outpatient visits,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “Our nurses performed superbly, and the Nightingale Awards program gives us the opportunity to honor some of the exceptional nurses who contribute significantly to the patient experience at this hospital.”

In 2001, YNHH joined the Visiting Nurse Association of South Central Connecticut, the Hospital of St. Raphael and the Community Foundation of Greater New Haven to create an award that honors nurses and raises the visibility of nursing as a profession.

The 12 YNHH nurses who were honored as Nightingales in 2008 were:

- Joyce Baiardi, RN, Newborn Special Care Unit
- Brenda Beard, RN, Labor and Birth
- Michelle Bosley, RN, Surgery Unit (7-5)
- Matthew Ellis, RN, Surgical Intensive Care Unit
- Karen Ferrara, RN, Adult Intensive Outpatient Program, YNHPH
- Darcy Hennessey, RN, General Surgery/Trauma Unit
- Joanne Heskes, RN, clinical manager, Women’s Surgical Recovery Room, Ambulatory Services Division
- Margaret Kramer, RN, Temple Endoscopy, Ambulatory Services Division
- Kathy McKiernan, RN, Medical Intensive Care Unit
- Mary Ann Meehan, RN, General Medicine Unit (10-7)
- Genice Nelson, APRN, Community Health
- Anne O’Connor, RN, Hospital Research Unit

Service Excellence Heroes for 2008

Sixteen Yale-New Haven Hospital employees were named in the second class of “I am Yale-New Haven” Service Excellence Heroes. Two nurses were among the employees to be honored with this prestigious hospital award. They were:

- Maria Co, RN, Medical Oncology Unit
- Jeff Popp, RN, nursing director, Perioperative Services

Maria Co (center), RN, Medical Oncology Unit, was one of two nurses honored in the second class of the hospital’s prestigious Service Excellence Heroes program. Here she stands with Richard D’Aquila, executive vice president and COO, and Marna P. Borgstrom, president and CEO.

Jeff Popp (center), RN, Perioperative Services, holds his Hero poster. Larger versions grace the walls throughout YNHH; each poster briefly tells how the employee lives service excellence every day. He is also shown with Marna P. Borgstrom and Richard D’Aquila.
Recognition and Clinical Advancement Program

In 1991, Yale-New Haven Hospital introduced an internal clinical ladder called the Recognition and Clinical Advancement Program (RCAP), and since then more than 2,200 nurses have advanced on it.

RCAP has three rungs — Clinical Nurse II, III and IV — and managers consistently encourage nurses to climb the ladder through a rigorous program in which nurses, working with a preceptor, record their experiences with patients in a portfolio of exemplars. Nurses who advance are recognized in a quarterly ceremony. The following YNHH nurses advanced in 2008.

CN IV

Leif Laframboise
Surgical Intensive Care Unit
Heather Miska
Children’s Psychiatric Inpatient Service

CN III

Maila Alvarez
Cardiothoracic ICU
Mary-Patrice Bonfiglio
Newborn Special Care Unit
Carolyn Bradley
Intensive Care Resource Support Unit
Kathleen Cavanaugh
Pediatric ICU
Donna Collins
Medical ICU
Robin Corcoran
Shoreline Post-Anesthesia Care Unit
Janice Cossette
Shoreline Post-Anesthesia Care Unit
Julie DeValk
Infant/Toddler Unit
Deborah DiMarco
South Pavilion Operating Rooms
Rebecca Gordon
Infant/Toddler Unit
Carrie Guttmann
Gyn/Oncology Unit
Nickia Hearst
Surgical ICU
Martha Hogan
Labor and Birth
Beth Holveck
Labor and Birth

Susan Hotchkiss
Medical Oncology Treatment Center
Chong Jumarito-Paraguiton
Cardiothoracic ICU
Katherine Kenney
South Pavilion Operating Rooms
Robert Lightfoot
Adult Emergency Department
Alison Lucibello
Cardiac ICU
Natasha Madera
Ambulatory Surgery
Angela McKirrhyer
Adult Emergency Department
Joynell Mirasol
Cardiothoracic ICU
Jennifer Morey
Solid Organ Transplant Unit
Sandra Morgan
Temple Recovery Care Center
Melanie Noonan
Newborn Special Care Unit
Jennifer Papa
Newborn Special Care Unit
Jennifer Pyle
Gyn/Oncology Unit
Amy Schmaelzle
South Pavilion Operating Rooms
Erin Schuette
Adult Emergency Department
Elizabeth Shinkевич
Neuroscience Unit
Patricia Spalding
School-Age/Adolescent Unit
Johnny Sparks
Cardiac ICU
Jennifer Zito
Solid Organ Transplant Unit
Lindsay Zuraw
Oncology/Pediatric Respiratory Care Unit

CN II

Laura Abbott
Labor and Birth
Erin Albright
Adult Emergency Department
Pia Allen
Children’s Psychiatric Inpatient Service
Kathryn Anderson
Surgery Unit (6-7)
Cassandra Bajda
Plastic/ENT Unit
Suzanne Baker
School-Age/Adolescent Unit

Amy Balsan
General Medicine Unit (10-7/8)
Rebecca Anne Banyas
Medical Oncology Unit
Julie Beck
Medical Oncology Unit
Maria Catherine Bernabe
Plastic/ENT Unit
Danielle Black
Infant/Toddler Unit
Kathryn Bodnar
General Medicine Unit (5-5)
Vera Borkowski
Pediatric ICU
Sharon Bornholz
Temple Surgical Center
Joanne Bradbury
Pediatric PACU
Bozena Brayman
Surgery Unit (6-7)
Julie Breuer
Pediatric ICU
Debra Brooks
Maternity
Melissa Bucci
Cardiac ICU
Amy Bush
Medical Oncology Unit
Erinn Butler
Adult Emergency Department
Rachel Butler
General Medicine Unit (5-5)
Jillian Bysko
Plastic/ENT Unit
Victor Calhoun
Adult Emergency Department
Catherine Callan
Cardiac Step-Down Unit
Lisa Capitani
Adult Emergency Department
Carolyn Cassesse
Maternal Special Care
Jacqueline Castillo
Cardiac Medicine Unit
Emily Chasse
General Medicine Unit (10-7)
Angela Chichila
Orthopedics Unit
Nichole Ciccone
Labor and Birth
Courtney Clark
Cardiac Medicine Unit
Rebecca Clark
Newborn Special Care Unit
Emma Ruth Corpus
Cardiac Step-Down Unit
Novelyn Cosmiano
Solid Organ Transplant Unit
Sherry Coyle
South Pavilion Operating Rooms
Lisa Crowther
Maternity
Mark Cummings
Medical Oncology Unit
Stacey Cuomo
Cardiac Medicine Unit
Marcelle DeMarco
General Medicine Unit (9-7)
Sandra Edson
Labor and Birth
Susan Ellies
General Medicine Unit (9-5)
Michelle Erba
General Medicine Unit (9-5)
Nida Ellis
Solid Organ Transplant Unit
Margaret Emley
Adult Emergency Department
Michelle Erba
General Medicine Unit (3-5)
Farah Farooqui
Surgery Unit (6-7)
Tara Fell
Maternity
Catherine Finch
Temple Surgical Center PACU
Kellie Finch
School-Age/Adolescent Unit
Julie Flood
Solid Organ Transplant Unit
Dale Fries
Intensive Care Resource Support Unit
Patricia Fryer
Medical Oncology Unit
Melissa Gambaccini
Medical Oncology Unit
Jennifer Ganon
Pediatric ICU
Sixto Garcia
General Medicine Unit (10-7/8)
Michael Geller
Cardiac Step-Down Unit
Christine George
Medical ICU
Salome Goingo
Solid Organ Transplant Unit
Kathryn Green
Medical ICU
Marzena Gryczewski
Cardiac Step-Down Unit
Marcy Gullberg
Cardiothoracic ICU
Xiuling Guo
Cardiac Step-Down Unit
Alekza Gwiazda
Pediatric ICU
Catherine Hackett
Newborn Special Care Unit
Adora Handumon
General Medicine Unit (3-7)
Jennifer Hanson
Pediatric ICU
Victoria Harrington
Medical Oncology Unit
Sara Holmes
Labor and Birth
Danielle Huseman
General Medicine Unit (10-7/8)
Agnes Ilagan
Solid Organ Transplant Unit
Leah Imperial
Surgery Unit (6-7)
Ingrid Kausyla
Cardiac Medicine Unit
Joshua Knickerbocker
Pediatric Emergency Department
Deborah Kotrady
Hospital Research Unit
James Lammlin
Orthopedics Unit
Beth Landrette
Cardiac Step-Down Unit
Stacy Lane
Temple Endoscopy
Jamie LaPointe
Pediatric ICU
Hyun Jin Lee
Cardiac Medicine Unit
Jennifer Lettellier
Plastic/ENT Unit
Kristie Lianos
Cardiac Medicine Unit

Sue Fitzsimons, RN, PhD, senior vice president, Patient Services, congratulates the nurses who advanced at one of the quarterly RCAP receptions. Shown at the December celebration are (l-r): Mike Rawley, RN, SICU, CN II; Kathleen Kenney, RN, Perioperative Services, CN III; Leif Laframboise, RN, SICU, CN IV; Fitzsimons; Marc Tangredi, RN, Adult ED, CN II; Nickia Hearst, RN, SICU, CN III; and Maureen Roussel, APRN, cardiothoracic clinical nurse specialist, Center for Professional Practice Excellence, and chair of the RCAP Committee.
John Sward (left), RN, patient service manager, General Medicine units (9-7 and 5-7), is enthusiastic about the new computerized bed management boards that have been installed in all inpatient units. Here Sward explains to Richard D’Aquila, executive vice president and COO, how the colors indicate patient readiness for discharge.
YNHH begins its journey to Magnet designation

For the past two years, Yale-New Haven Hospital has carefully laid the groundwork that will allow the hospital to successfully compete for the national honor of Magnet designation from the American Nurses Credentialing Center. The journey to attaining Magnet status is long and challenging. The process is designed to be comprehensive and acknowledges hospitals that positively impact patient care through innovation of nursing practice. Designation is prestigious and alerts healthcare professionals that this is an institution where they may want to launch, or further, their nursing or healthcare careers.

With the Staff Nurse Council in place and cluster and steering committees organized and fully functioning, YNHH has established a framework for collaborative governance that provides a powerful conduit for defining and sharing the nurses’ excellent work on behalf of patients at Yale-New Haven Hospital.

“We are fostering a culture change here at Yale-New Haven that honors and involves the voice of the staff nurse,” says Lori Hubbard, RN, Magnet coordinator. “The process of seeking Magnet designation involves so many and at the end will allow us to draw a picture of what nursing excellence looks like at our hospital. It will be a picture of a culture that values patient safety and relies intensely on the work of the nurse to achieve the best possible outcome for each of our patients.”

Two YNHH nurses tapped for 2009 AONE fellowships

Two Yale-New Haven nurse leaders were named American Organization of Nursing Executives (AONE) fellows for 2009: Sharon Klein, RN, patient service manager, Solid Organ Transplant Unit, and Kathy Tucker, RN, patient service manager, General Medicine Unit (5-5).

“Yale-New Haven Hospital is well represented by the two nurse leaders chosen for fellowships this year,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “Last year, three of our nurses were chosen for this prestigious national fellowship. It is a reflection of the depth of our leadership that AONE has chosen YNHH nurses for this honor for the past two years.”

Sharon Klein, RN, started on a general surgery unit in 1978 and then moved to the general surgery/trauma unit in 1982. In 2007, she joined the Solid Organ Transplant Unit as the patient service manager, having managed transplant units at two other times during her Yale-New Haven career. Klein earned her BSN at Northern Illinois University and her master’s of professional studies at Quinnipiac University. She is certified in nursing administration.

Kathy Tucker, APRN, patient service manager, General Medicine Unit (5-5), began her career with YNHH as a student nurse associate in 1995 in pediatrics. She also worked on the Post-Partum Unit and General Medicine (9-7). After she graduated with her BSN from Quinnipiac University — from which she also earned her MSN, she joined the Medical Intensive Care Unit, where she worked until she joined a cardiology group in New Haven for two years. In 2004, she rejoined YNHH as the patient service manager of General Medicine (5-5).

Former YNHH AONE fellows’ projects improve patient safety

Yale-New Haven Hospital has already benefited from AONE projects of its three 2008 AONE fellows:

Denine Baxter, RN, patient service manager, Pediatric Emergency Department, introduced an outpatient laboratory draw center for neonates whose doctors recommend that they be tested for hyperbilirubinemia. Elevation of the bilirubin level in the blood results in jaundice. Without timely treatment, high levels may cause seizures, brain damage and even death. Laboratory Medicine tests the blood and typically sends results to the family’s pediatrician within one hour.

Marie Devlin, RN, patient service manager of the 14-bed Surgical Intensive Care Unit, focused on the impact of trauma patients with temporary abdominal closures on nursing workload and ICU bed utilization. Her project resulted in adding nurse positions to the staffing budget for the ICU. As positions are filled, patient satisfaction is positively impacted.

Sandra Watcke, RN, MSN, former patient service manager, Medical Oncology Treatment Center, redesigned the model of care in a medical oncology treatment center and aligned treatment center nurses with the disease teams that the hospital is developing. The redesign increases primary nursing, communication and trust between providers and nurses, and patient satisfaction by providing enhanced continuity of care.
Publications and Presentations

Last year was another productive year for Yale-New Haven nurses as they both published in journals and made presentations in Connecticut and beyond. Working collaboratively with staff throughout the organization, nurses shared valuable information and — by extension — their expertise in a number of important areas ranging from hormonal changes in postpartum women to recovery strategies for the adult inpatient to the care of patients living with sickle cell disease.

While this is not a comprehensive list, below you will find the names of many of the YNHH nurses who authored or coauthored articles and the topics covered. The second list shows where many nurses presented and the topics they covered.

Publications by nurses at YNHH in 2008

Presentations by nurses at YNHH in 2008

Anderson, T., Buxton, N. Interdisciplinary Management of Postpartum Hemorrhage. Maternity Nursing Update. New Haven, CT (October)


Brannin, D. Service Excellence in Obstetric Care. Maternity Nursing Update. New Haven, CT (October)

DeZinno, P. Childbirth Education, Principles, Practice and Theory, Annual Yale School of Nursing Midwifery Seminar, New Haven, CT (February)

DeZinno, P. Stillbirth, Miscarriage, Infant Death. Annual Thanatology Institute, Southern Connecticut State University, Department of Public Health. New Haven, CT (June)


Ghidi, J. Service Recovery Strategies on an Adult Inpatient General Medicine Unit 10-7: “It's in our hands.” Yale New Haven Health System Service Excellence Conference. Trumbull, CT (November)

Grasso, J., Hahn, C., Rink, L., Hotchkiss, S., Wood, M., Underwood, K. Early Recognition and Management of Expected and Unexpected Adverse Events Associated With Iplumumab Assure Safe Treatment for Patients with Advanced Melanoma. Oncology Nursing Society Annual Congress. Philadelphia, PA (May)


Harris, M.E. End of Life Care. Panel discussion for Yale medical students. New Haven, CT (April)

Harris, M.E. Nurturing the Nurse Retreat: One Solution for Retention. Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference. New Haven, CT (May)

Hinic, K., Acosta, D. Contraception for the Postpartum Patient. Maternity Nursing Update. New Haven, CT (October)

Kalbfeld, K., Jayaaneni, C., Creatore, T., Lano, L. When the Going Gets Tough: Use of Palliative Care Services at Yale-New Haven Children's Hospital. Association of Pediatric Hematology and Oncology Nurses Conference. Albuquerque, NM (September)

Krieg H., Esposito, F. Restraint Reduction in Inpatient Psychiatric Care. Yale School of Nursing Midwifery Seminar, New Haven, CT (September)

Lawson, P. Holistic Nursing. Yale School of Nursing. New Haven, CT (September)

Lawson, P. Pediatric Palliative Care. Yale School of Nursing. New Haven, CT (June)

Murtha, R.C. Breastfeeding: Advanced Management. Yale University School of Nursing. New Haven, CT (October)

Murtha, R.C. Breastfeeding Basics. Yale University School of Nursing. New Haven, CT (December)

Murtha, R.C. How Things Go Wrong: Cases Focused on Slow Weight Gain. Yale 6th Annual Pediatric Update CME Conference. New Haven, CT (September)

Murtha, R.C. Infant Nutrition. Yale University School of Nursing. New Haven, CT (September)

Nelson, G. The Care of Adults and Children Living with Sickle Cell Disease. Nursing Grand Rounds-YNHH. New Haven, CT (May)

Nelson, G. The Care of Adults and Children Living with Sickle Cell Disease. Alpha Kappa Alpha (Yale University Chapter) – Sickle Cell Awareness Month Social. New Haven, CT (September)

Nelson, G. The Care of Adults and Children Living with Sickle Cell Disease. Islamic Mosque General Education. Hamden, CT (October)


Parksovich, J. Pet Therapy for the Cardiac Patient: Making It Work for Your Unit. American Heart Association’s Scientific Sessions Cardiovascular Nursing Symposia, New Orleans, LA (November)


Parksovich, J., Gerber, J. How to Establish Effective Nurse-Physician Partnerships to Improve the Quality of Care for Patients with Acute Coronary Syndrome. American Heart Association Scientific Sessions. New Orleans, LA (November)

Pierson, M., Hayes, M., Caliendo, K., Byrne, P., Diaso, J. Enhancing Service Excellence by Using Lean Tool on a Cardiothoracic Surgery Unit. Yale New Haven Health System Patient Satisfaction Conference. Trumbull, CT (November)

Raab, C. L&D or Operating Room: Collaboration for Patient Safety. Association of Women’s Health, Obstetrics and Neonatal Nurses National Convention. Los Angeles, CA (June)

Raab, C. To Tell the Truth: Disclosure of Adverse Events. Association of Women’s Health, Obstetric and Neonatal Nurses Conference, Connecticut section. Waterbury, CT (November)


Stubbs, C., Pulito, M. Breastfeeding the Late Preterm Infant. Maternity Nursing Update. New Haven, CT (October)

Thompson, L. Improving Patient Compliance with Screening Mammograms. Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference. New Haven, CT (May)

