YNHH celebrates its Magnet designation

Marna P. Borgstrom, CEO, Yale-New Haven Hospital:
For many years, we have been proud of the high-quality, compassionate care our nurses provide to our patients. I am delighted that this excellence in care was recognized with the prestigious Magnet designation last May. I applaud our nurses and their significant contributions to the hospital’s excellent environment of care.

Richard D’Aquila, President and COO, Yale-New Haven Hospital:
Earning Magnet is truly a team sport that involves each and every member of a hospital’s staff. Fortunately, Yale-New Haven Hospital has a very deep and committed bench of employees who carried the day last May. While surveyors focused on our nurses, they also examined the engagement of all staff to see how well they worked together to deliver the highest quality care to patients. This collaboration is a hallmark of care at YNHH and helped earn us this prestigious designation.

Peter N. Herbert, MD, Chief of Staff, Yale-New Haven Hospital:
Magnet designation is an important reflection of how well our physicians and nurses work together to improve the outcomes of our patients. Achieving Magnet designation, however, is not the end of our work to improve patient care. We remain focused on reducing falls, pressure ulcers and blood stream infections and achieving other national patient safety goals – improving outcomes is at the core of what we do for our patients.

Joseph R. Crespo, Chair, Yale-New Haven Hospital Board of Trustees:
The members of the hospital’s Board of Trustees are extremely proud of the work of our nurses and absolutely delighted that the hospital has earned the prestigious Magnet designation. The dedication of our highly trained and professional nursing staff will ensure that Yale-New Haven Hospital continues to be one of America’s finest academic medical center hospitals.
Dear Colleagues and Friends of Nurses:

This issue of Nursing Update compiles 18 months of your achievements – not just one year. We took this approach because the past 18 months reflect the enormous work you did to keep us successfully focused on our journey to Magnet – the designation we achieved on May 24, 2011!

Throughout the journey, you – our nurses – dealt effectively and safely with record-breaking numbers of patients in both inpatient and outpatient settings. All the while, you worked to improve practice and advance research that the American Nurses Credentialing Center examines carefully when it evaluates a hospital’s Magnet application. You prepared brilliantly for the site visit in late March, engaging the interdisciplinary team so they would know the importance of Magnet and how vital their collaboration was to receiving this important designation.

This issue captures the achievements of one of the finest nursing staffs in the United States. During our five-year journey to Magnet, I have seen you grow and mature as professionals. You have become adept at searching out and adapting best practices. The remarkable efforts of our Staff Nurse Council have harnessed the enormous energy, passion and experience of our bedside nurses. Collaborative governance is now the way we work and communicate. It is staff and management joined together to achieve excellent patient outcomes that is ingrained in the fabric of nursing life at Yale-New Haven.

As a result of this rigorous journey, you are a more confident group of nurses. You have more to say about practice and more to write, and you are doing both. Take a look at the list of presentations and publications in this issue. Sharing your findings locally and nationally are yet another indicator of the quality of your practice and your increasing willingness to share it with appreciative audiences.

Earning Magnet has created pride and energy among our nurses and staff that I still feel today. After reading this Nursing Update, you will have no doubt that the exceptional nurses of this institution have the training, creativity and expertise to take on any challenge and opportunity that the healthcare profession has in store for us in 2012 and beyond.

How you defined yourselves early in our journey is now official – Yale-New Haven Nursing: Simply the Best. This Nursing Update captures what you do extremely well – so, enjoy your story and celebrate your well-deserved designation as Magnet nurses.

Sincerely,

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

The Staff Nurse Council of Yale-New Haven Hospital celebrated its fifth – and another very productive – year in 2011. And that is before we even include the fact that we earned Magnet designation in May! What a year for YNHH nurses!

When we began our journey to Magnet, our Chief Nursing Officer Sue Fitzsimons knew the hospital needed to have a mechanism that would understand and promote the important concept of collaborative governance – a foundation of Magnet excellence. With Sue’s and nursing leadership’s support, that mechanism became the Staff Nurse Council.

Over the years, we have taken root, grown and blossomed. We now serve as the very effective conduit for harnessing the excellent work of the nurse at the bedside. We use the structure of collaborative governance to achieve excellence through continuous improvement and innovation. When the Magnet surveyors came to audit us in late March, we demonstrated:

- the innovative ways we improve care to our patients
- how we submit ideas electronically through the nursing website
- how we use evidence to support the ideas submitted by staff nurses
- how we formalized the process of completing practice change.

Clearly, they were impressed with our work because on May 24, we heard the fabulous news that we had been chosen to be among the 6 percent of U.S. hospitals recognized for its exceptional nursing care.

Even as we continued our journey to Magnet, the SNC worked on important projects to:

- streamline communication throughout the division of nursing
- develop weight-based medication distribution with Pharmacy
- improve outcomes with preemies by offering unwavering support of breastfeeding
- standardize nursing practice across all inpatient and outpatient units
- adopt the National Institutes of Health stroke scale which helped YNHH achieve its credential as a stroke center.

We also developed what will become an annual event – Collaborative Governance Week. Over the course of 24 hours, we conducted two road shows during which we visited every unit in the hospital, as well as satellite campuses on all shifts, so we could personally talk to staff members. In addition, posters highlighting the work of our 14 clusters were on display in the Atrium for all to admire. And, Staff Nurse Council presented Nursing Grand Rounds and reviewed where SNC started, where it is currently and our vision for the future. An off-site collaborative governance retreat crowned the week.

These were just the highlights of a spectacular year of achievement. To all the nurses at YNHH, we celebrate you and all you do! Nurses chose the theme song for our Magnet journey well – Tina Turner’s hit, “Simply the Best.” We are proud to agree: you truly are “simply the best.”

Sincerely,

Rhonda Pattberg, RN
Deborah Gallagher, RN

Rhonda Pattberg, RN   Deborah Gallagher, RN
Labor and Delivery    Pediatric Emergency Department
Staff Nurse Council    Staff Nurse Council
Co-Chair                 Co-Chair
Transformational Leadership

Transforming Patient Care increases patient safety and satisfaction
At YNHH, Transforming Patient Care (TPC) is the success story of departments working together to improve patient care.

The initiative began with the TPC team spending more than 3,500 hours to dissect the delivery of patient care across the spectrum of nursing and support departments. Team members from pharmacy, food and nutrition, clinical and plant engineering, environmental services, materials management, information technology, laboratory and blood bank and nursing then made process changes within their own departments.

Nurses evaluated the time they spend at the bedside taking care of patients, workflow interruptions and duplication of work. As a result, nurses now start each shift with a safety huddle, give uninterrupted nurse-to-nurse paperless reports, and at change of shift, hand off patients at the bedside. Nurses help patients establish their goal for the day, while the PCAs round during change of shift and they have created a medication quiet safety zone.

These changes have dramatically improved the focus on patient safety and satisfaction. In Press Ganey, patients say they value creating the day’s goal and like that staff introduce themselves as they change shifts.

“TPC is no longer an initiative,” says Lisa Rioux, RN, Transforming Patient Care team. “It is the way we care for patients at YNHH.”

YNHH – a 24/7 city – provides more support for nurses at night
As Yale-New Haven’s reputation as a destination hospital has grown, it became
increasingly apparent to nursing leadership that the off-shift nurses needed as much support, guidance and resources as day shift nurses receive.

In the past year, YNHH has greatly strengthened its presence during the off-shift with the introduction of a new role: the off-shift nurse leader (OSNL). The OSNL focuses on clinical matters and mentors new nurses, supports those advancing on the clinical ladder, facilitates care in emergent or challenging situations, and advocates for patients and families in clinical issues.

Nursing activities that take place on days are regularly conducted on the off-shift and include nursing grand rounds, unit-based research initiatives, real-time clinical practice and unit council meetings. With the support of OSNLs and off-shift executives, a group of night-owls has even developed an indoor walk that they take – just like their day counterparts – during their middle-of-the-night “lunch” hour.

“Off-shift nurse leaders provide a consistent presence that is crucial when questions of practice come up,” says Jasper Tolarba, RN, one of five off-shift nurse leaders. “This role provides our night staff with the same level of support and resources our day staff enjoy.”

**YNHH’s call center increases referrals 30 percent**

As increasing numbers of patients and physicians choose Yale-New Haven Hospital for their care or their patients’ care, the hospital is fulfilling its goal to become a top-10 “destination” hospital.

In 2010, to make it easier for doctors to transfer patients to YNHH, the hospital implemented Y-Access, a call center exclusively for physicians who can call a toll-free number 24/7 and speak directly with a person who will expedite their request to transfer a patient to YNHH. Paramedics, nurses and bed management associates facilitate the safe transfer and flow of patients to and within YNHH.

“The patients we receive are high-acuity patients who need the level of care that
only a hospital like Yale-New Haven can give,” explained Jeanette Bogdan, RN, senior manager, Bed Management, PFAS. “Because of our expertise, we have always been a referral center but now that doctors can call a dedicated number and speak with a clinician, transfers here have grown by more than 30 percent in the first year.”

Bogdan points out that Y-Access also admits pediatric patients – some of whom are brought to YNHCH with the help of the hospital’s pediatric transport team using a specially equipped ambulance to transport the children.

Five years ago, Yale-New Haven Hospital instituted a nurse residency program to reduce the nurse terminations and increase the employee satisfaction of the recent nurse BSN graduates it was hiring. The 12-month program, in which nurses are assigned a preceptor and meet monthly with other nurse residents, has been a success. Nurse retention rates at YNHH are at or above the national average when compared to hospitals that do not offer the program to their new graduate nurses.
MAGNET!

With a phone call from the director of the American Nurses Credentialing Center on May 24, 2011, Yale-New Haven Hospital proudly took its place among only 6 percent of American hospitals that have earned this prestigious honor.
The Pedi ED uses simulation technology to prepare for trauma treatment

Yale-New Haven Hospital Children’s Hospital is one of only two Level 1 pediatric trauma centers in Connecticut. Last year, more than 13,000 children suffering a serious trauma or illness were brought to YNHCH by parent, ambulance, or even helicopter for urgent treatment.

Training is crucial to helping the staff be constantly prepared to handle any trauma that comes through the door. To continually advance the training of all staff in the PED, doctors and nurses routinely use the hospital’s simulation center’s state-of-the-art computerized manikins to hone and maintain their skills – including faster endotracheal tube taping, assembly of the rapid infuser machine, blood transfusion, time to defibrillation, and chest tube assembly and improved intraosseous needle insertion.

While the PED has called mock codes for a long time, the advanced simulation technology has raised training to a new and higher level. “Simulation provides practice in a safe place, where participants can test their knowledge and skill without risk to the patient,” says Denine Baxter, RN, patient service manager, Pediatric Emergency Department.

“IT allows us to reduce the time it takes to provide life-saving treatment so we are ready for any child who needs expert trauma care,” says Kristen Clark, assistant patient service manager, PED.

YNHH runs cardiopulmonary resuscitation marathons for nurses

In 1960, the American Heart Association (AHA) started a program to introduce physicians to closed-chest cardiac resus-
citation which became the forerunner of cardiopulmonary resuscitation (CPR) training for other healthcare professionals and the general public.

More than 30 years ago, YNHH developed a program that trained hospital nurses in effective CPR techniques, developed by the American Heart Association. In 2006, the hospital’s Center for Professional Practice Excellence developed a new format using online resources to provide training in CPR in what has become known as the CPR Marathon, now held three times a year. In addition to nurses, the marathons train PCAs, EDTAs, milieu counselors and constant companions.

After completing an online CPR course, nurses may attend the marathon where they complete the psychomotor practice and competency validation for adult, infant and child CPR skills. At the CPR Marathon, participants also learn to properly use the life-saving automated external defibrillators that are available throughout the campus.

“This innovative strategy of training provides the staff with a convenient and efficient method to learn potentially life-saving techniques,” said Bonnie Sanders-Newton, RN, MS, education specialist, Center for Professional Practice Excellence and YNHH American Heart Association Training Center Administrator. “It is training that may save a life in the hospital, at home or in the supermarket.”

Nurses establish Advanced Practice Nurse Council

During Yale-New Haven’s successful journey toward Magnet designation, nurse leaders recognized an opportunity to more fully incorporate and engage its approximately 250 advanced practice nurses.

In February 2010, the Advanced Practice Nurse Council was established to develop a peer review process and to strategically align the group with frontline nurses and nursing leaders. Katherine Tucker, APRN, associate director, Heart and Vascular Center, was named chair in 2010 and Marianne Davies, APRN, Oncology, was named co-chair in 2011.

Council members include nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists and representatives from each of the hospital’s 13 clusters. The council began by conducting a survey of its APNs to identify ways it could impact the practice for the APN’s throughout YNHH. Overwhelmingly they replied that they wanted the council to focus on advocacy.

Plans are already under way to develop the peer review process for APN practice and pilot the process in several areas of the hospital in 2013.

“Our advanced practice nurses represent a very rich resource and considerable expertise which is spread throughout the hospital,” said Tucker. “With the council, we can tap into this resource while giving advanced nurses a unified voice.”

Perioperative nurses ramp up internal training, competencies

This year, Perioperative Services recognized the need to improve internal training and education and established the Perioperative Education Advisory Council to facilitate the effort. The council’s mission is to increase competencies and excellence in practice standards among all staff, but with a focus on nurses. The council also worked with a consultant from the Association of Perioperative Nurses who evaluated the staff educational infrastructure and made suggestions for improving it.

To engage all staff in the process, the nurse-led council and unit representatives developed an online questionnaire for each perioperative unit to capture their specific learning needs.

YNHH introduces popular 10-session boot camp for new nurses

To better prepare graduate nurses, new registered nurses, student nurses, experienced but-new-to-YNHH nurses and nurse technicians, the hospital’s Center for Professional Practice Excellence introduced a popular program – called the Med/Surg Boot camp – in June. New orients now attend 10 intensive classes that include simulation and classroom training. This graph indicates the popularity of the boot camp classes in preparing new orients for their work on medical, surgical, oncology and Heart and Vascular Center units and in Centralized Staffing and Scheduling (resource pool).
So far, the council has purchased and is using “Periop 101,” a national online program to orient and educate nurses who are new to the OR. Periop 101 includes modules and a final exam; the program also provides material that prepares preceptors. The council’s goal is to standardize delivery of the most current best-practice tools.

“In the OR, the entire team is responsible for the success of the procedure and the safety of the patient,” says Ena Williams, RN, director, Perioperative Nursing Services. “Everyone has to be well trained so as a team, we can ensure the highest standards of safety and care for our patients.”

**Oncology nursing has good year for professional advancement**

Professional advancement was a focus this year for oncology nurses at Smilow Cancer Hospital at Yale-New Haven and it was a successful year. Nurses increased certification through the Oncology Nursing Society (ONS), advanced on the hospital’s internal nursing ladder (RCAP), and successfully submitted abstracts to local and national conferences.

This year, 12 nurses from throughout Smilow successfully passed the oncology certified nursing (OCN) exam and the Infusion Center on the 7th floor of Smilow was recognized because more than half its staff is OCN-certified.

With significant support from managers who recognize how advancing improves nurse practice, 30 oncology nurses continued their climb on RCAP. Twenty-four achieved CN II and six nurses advanced to CN III.

At the ONS National Congress, YNHH oncology nurses submitted seven abstracts for review; four were chosen for poster presentations and one was accepted as a podium presentation. Locally, oncology nurses presented four additional abstracts at the Joseph Zaccagnino Safety and Quality Conference in 2011. Their varied topics included: the detailed preparation for the move to Smilow; the role of the resource nurse; and implementing chemotherapy home infusion pumps.

“Professional advancement is the way of life for nurses who work in the oncology setting,” said Monica Fradkin, RN, MPH, oncology nursing education coordinator. “Increasingly, we are seeking opportunities that will allow nurses to improve practice and develop presentation skills.”

**Sacred Heart University makes “house calls” for nurses seeking BSN degrees**

Research shows that the number of BSN-prepared nurses in the workforce of an acute care hospital correlates to decreased patient mortality rates. As a Magnet-designated hospital, Yale-New Haven takes these data very seriously and this year made getting the BSN degree easier for its nurses.

YNHH expanded a relationship it has with nursing educators at Sacred Heart University (SHU) who now offer on-site classes at YNHH, providing a convenient alternative to traveling to Sacred Heart’s Fairfield campus. The Accelerated Cohort Program began in September with a group of 19 nurses, who will earn their degrees in August 2013. In addition, the hospital’s tuition reimbursement program helps nurses defray the cost of tuition.
Earthquake brings Haiti and YNHH together, both in Haiti and at YNHH

After a devastating earthquake hit Haiti in January 2010, Cynthia Mann, MD, an attending YNHH pediatrician, volunteered in Haiti where she met the president of a small hospital in Port-au-Prince. They discussed the enormous needs of the Haitian medical community. Upon returning, Dr. Mann began to coordinate a shadow experience at YNHH for Rigan Louis, the newly appointed nurse manager/educator of a 34-bed hospital with a small emergency department that treats as many as 200 patients a day.

“My goal is to fill my brain with everything I can to raise the level of nursing at my hospital,” Louis told the nurses he worked with in YNHH’s adult and pediatric emergency departments, Newborn Special Care, obstetrics and gynecology, and neurology during his two-week visit in March 2011. “I also need help standardizing nursing practice.”

Robyn V. Hewitt RN, MSN, service line educator, Adult Emergency Department, introduced him to the hospital’s Clinical Practice Manual (CPM), the foundation of clinical practice and a vital resource for the nursing staff.

“Rigan immediately embraced the value of having a CPM for his staff,” said Hewitt. “Developing one would be a daunting task for one person, but ours provided a good beginning for this small hospital wishing to elevate the standards of care it provides to its patients – one practice standard at a time.”
Psychiatric admission nurse role streamlines process, reduces stress

Patients are presented for admission to Yale-New Haven Psychiatric Hospital from three main sources: the hospital’s Crisis Intervention Unit located in the Emergency Department, the general hospital and the community.

Being admitted could be time-consuming and confusing and for many patients – who are acutely ill and agitated – very stressful. Nurses and members of the psychiatric interdisciplinary team worked to improve the process and piloted a new role: the admission nurse.

YNHHP successfully introduced the role on its Dual Diagnosis Unit – the patient care unit that cares for patients with substance abuse disorders and psychiatric illness. Previously, the nurse who admitted the patient would also be involved in patient care and discharging, and could then be asked to assess and admit a patient. Patients and families were frequently frustrated with the process.

The admission nurse role has also been implemented on the Adult Inpatient Unit and is contributing to improved patient satisfaction on both units.

“From the start, the admission nurse takes the lead in coordinating the care for each new patient and that is reassuring for them,” explains Pam Mathews, RN, service line educator, YNHPH. “Patients are now better informed and less anxious, and that is crucial to their recovery.”

Nurses lead effort to create tool to manage inpatients’ glucose

Control of blood glucose levels in the inpatient setting is a challenge in any hospital because proper management requires vigilance on the part of many team members. At YNHH, decision support nurse analysts matched data from blood glucose meters with hospital data and worked with a multidisciplinary team to develop a scoring system called the Quality Hyperglycemia Score (QHS).

The QHS provides accurate and timely feedback on unit-level performance. It represents a single value from 0-100, indicating the quality of inpatient blood-gas management and uses a color code that visually highlights a unit’s performance.

Internally, the QHS has raised additional questions that both research and quality improvement projects are now studying. Diabetes nurse specialist Annie Kaisen, RN, is currently working with nursing leaders and clinicians to use the QHS to improve practice. Externally, the Connecticut Hospital Association has recognized Yale-New Haven’s QHS development team with its John D. Thompson Award for Excellence that recognizes the delivery of health care that effectively uses data. In addition, nurses were the lead authors of a recently published article on the development of the QHS in Diabetes Technology and Therapeutics (13:7).

On Transplant Unit, all staff “own” the patients

Yale-New Haven Transplantation Center provides hope for high-risk patients who are in need of a transplant. Innovations in surgery at YNHTC include living donor, split, reduced and mono-segment liver transplantation.

The Transplant and Liver Unit of the Yale-New Haven Transplantation Center cares for patients who are both pre- and post-liver and kidney transplant patients. This allows staff to follow patients from their initial evaluations through their surgery and beyond.

Working to keep a patient in physical, mental and emotional condition for a successful transplant takes a multidisciplinary team. Physicians, surgeons, nurses, physician assistants, nutritionists, social workers and pharmacists together offer an unparalleled level of expertise to meet the needs of patients and their families.

Nurses participate in all aspects of YNHTC and provide a professional voice...
in clinical care, education, committee work and quality improvement initiatives. Last year, the YNHTC performed 50 liver and more than 120 renal transplant procedures. Outcomes are excellent: liver recipients have one-year survival rates at 98 percent and kidney recipients at 99 percent. Transplant Unit team members are dedicated to “owning” each patient. This ownership contributes directly to excellent care, remarkable survival rates and patient satisfaction scores at the 99th percentile.

YNHCH’s ECMO program recognized
Extracorporeal membrane oxygenation (ECMO) is a potentially life-saving heart and lung bypass system that takes over the functions of these organs, allowing time to diagnose and treat critically ill or injured children and enabling the organs to heal.

Yale-New Haven Children’s Hospital is the only facility in Connecticut that provides this service to newborns and children. The ECMO program involves a multi-disciplinary team including pediatric surgeons, neonatologists, pediatric intensivists, perfusionists, nurse practitioners, physician assistants, intensive care nurses and respiratory therapists. At YNHCH, approximately 50 neonatal/pediatric registered nurses are trained to care for patients requiring ECMO.

Established in 1992, YNHCH’s ECMO program treats up to 10 patients a year and has a survival rate of 75 percent. In 2010, the Neonatal/Pediatric ECMO Program at YNHCH received the “Excellence in Life Support” award from the Extracorporeal Life Support Organization, an international consortium of healthcare professionals and scientists dedicated to the development and evaluation of novel therapies for support of failing organ systems. This award demonstrates Yale-New Haven’s commitment to exceptional patient care, its investment in specialized equipment and supplies, defined patient protocols, advanced education of all staff and high quality standards.

Care coordinators lead pilots that reduce readmissions
The Center for Medicare and Medicaid (CMS) has determined that hospitals need to reduce the rate of readmissions for patients in three categories: acute myocardial infarction, pneumonia and congestive heart failure (CHF). CMS will decrease reimbursement for hospitals which do not attain acceptable goals.

At YNHH, nurses, doctors, physician assistants, pharmacists and nutritionists are working with care coordinators to identify methods to decrease readmissions in the CHF population. An interdisciplinary team developed an approach that has already dramatically decreased readmissions for patients with primary CHF on two units and a pilot is under way on another two units.

Discharge planning starts on admission and involves the patient and family. Patients participate in recording daily weights, learning about their medications and self care, and nurses are skilled in educating patients and their families.
about successful after-discharge care. They carefully cover medication reconciliation at time of discharge and discuss how the patient can obtain needed medication. Care coordinators call patients within 48 hours of discharge and again in two weeks.

In one month, this attention to detail resulted in a 50 percent decrease in readmission for patients on these units and gives momentum to the pilots that are in the works for other units.

YNHH nurses and PCAs now in uniform
Over the past year, nurses and patient care associates have switched to color-coded uniforms that clearly identify staff by their role. The Yale-New Haven Hospital logo is embroidered in white thread on the scrub tops of each uniform and beneath it, RN or PCA is embroidered in large, readable type. Nurses and PCAs chose the colors of their uniforms and wanted them to be complimentary: nurses wear royal blue and PCAs wear a lighter shade.

“I will make a great first impression” is the first line of the hospital’s Service Excellence pledge and the new uniforms help employees do just that. Even more importantly, uniforms contribute to patient safety because patients and their families can now easily identify nurses and PCAs.

“Since we introduced uniforms, we have heard consistent positive feedback about how professional our nurses and PCAs look. Our uniforms allow patients, families and doctors to identify caregivers and it reminds them of our commitment to safety and quality,” said Francine LoRusso, RN, director of patient services, Heart and Vascular Center, who notes that YNHH joins other major academic hospitals which have also adopted uniforms.

“Choosing uniforms is a major investment that reinforces our commitment to patient- and family-centered care.”

Nurses respond enthusiastically to off-shift Nursing Grand Rounds
With 8,500 employees – 2,300 of whom are nurses – Yale-New Haven Hospital is a dynamic institution that pulses 24/7 as it serves more than 57,000 inpatients per year. It is a destination hospital, well-known for its care of transplant, cancer, cardiac, stroke and pediatric patients.

In the past 18 months, Yale-New Haven has implemented significant changes to better involve and train its off-shift nursing staff, providing them with the same support and resources that day-shift staff enjoy. Attending day-time Nursing Grand Rounds is so difficult for night-shift nurses that the hospital has instituted Nursing Grand Rounds for the evening and night shifts.

Patient Services presents the same topics during Nursing Grand Rounds at night – including the NIH stroke scale, understanding sickle cell patients, and current legal issues – that it presents during the day.

Nurses have responded enthusiastically to the nighttime Nursing Grand Rounds and appreciate that they are receiving the same educational opportunities as their day-shift colleagues.

“As a nationally recognized destination hospital, we have to ensure that our night-time nurses and staff receive the same resources that our day staff receives so that we provide an absolutely seamless continuum of safe, high-quality care for our patients throughout the day and night,” said Jasper Tolarba, RN, off-shift nurse leader.

Smilow yields opportunity for advanced practice providers
Shortly after the 168-bed Smilow Cancer Hospital at Yale-New Haven opened in October 2009, Catherine Lyons, RN, MS, joined Smilow as its clinical program director. With many years of oncology nursing leadership experience in major cancer centers, Lyons quickly assessed her resources and saw an opportunity to align the hospital’s advanced practice providers (APPs) with the Smilow model of patient-centered, multidisciplinary care.

Working collaboratively, Thomas J. Lynch, Jr., MD, Smilow’s physician-in-chief, Ruth McCorkle, RN, PhD, a professor at Yale School of Nursing and an expert in advanced oncology practice, Connie Engelking, RN, MS, a consultant to Smilow, and Lyons developed a two-year plan to study the issue of developing the best model of advanced practice providers in an oncology setting.

In the first phase of the study, advanced practice providers and physicians – some of whom were unaware of the full capabilities of APPs – conducted focus groups and collected data on practice patterns and perceptions of the role internally and from major cancer and academic medical centers.

To standardize practice and better utilize APPs, the group developed recommendations for a leadership structure for APPs as well as a council structure that will engage them and others. This fall,
Smilow expects to begin the search for a manager who will oversee the practice of advanced practice providers in Smilow Cancer Hospital. The position will be integral to taking the practice of these providers to the next level, in addition to developing metrics for measuring their contributions to patient safety, productivity and quality.

**Ingenuity + nighttime brainstorming = bed alarms that light and ring!**

Most of the patients on the Medical/Oncology Unit in Smilow Cancer Hospital are at high risk for falling. Concerned staff – seeking a way to decrease falls – spent part of a night brainstorming ideas.

Bed and chair alarms rang in the room but not in the hallways and staff felt this contributed to fall rates. So, two nurses and a patient care associate analyzed exit alarms, the centralized call bell system and response time. The team also investigated the beds and chairs and noticed both had electronic ports.

Excited, they searched for a cord with an end compatible with the beds, chairs and the centralized call bell system. They tested a cord they thought might work and as dawn approached – found one that did!

Now when a patient gets out of an alarmed bed or chair, a light goes on in the hallway and the call bell rings, alerting staff. Integrating the bed and chair alarms with the centralized call bell system has already improved the fall rate on the unit.

In addition, the staff who developed this low-cost, ingenious solution have shared their technology with units which have patient populations at risk for falls.

“For our patients, it’s a balance between being safe and being independent,” says Thomas Fedora, RN, Med/Onc Unit. “We work closely with our patients to prevent falls and this new system provides another set of eyes and ears to keep them safe.”

**Nurses lead program for treating newborns with Neonatal Abstinence Syndrome**

For nearly a year, the nursing staff in Maternity and the Newborn Special Care Unit (NBSCU) have collaborated on a novel approach to caring for newborns who were exposed to addictive drugs while in the mother’s womb, thus subjecting them to withdrawal symptoms upon delivery. Treating the malady, known as Neonatal Abstinence Syndrome, used to require separating the babies, who were cared for in the NBSCU, from their mothers, who went to Maternity.

Now the babies accompany their mothers to Maternity, where they can breastfeed and benefit from skin-to-skin bonding.

“Literature showed that if you don’t separate mother and baby, the newborns were less likely to withdraw,” says Liz O’Mara, RN, patient service manager, Maternity Services, and the program’s director. “And that if they did withdraw, it could be less severe because of the bonding with mom.

That’s what drove us to make the change.”

Helena Azzollini, RN, NBSCU, and Maria Delucia, RN, Maternity, were responsible for implementing the program.

While data-supported results of the program’s first year are currently being compiled, O’Mara offers one strong piece of anecdotal evidence. “Some babies can now be discharged right from Maternity with their mothers,” she says, “and that wouldn’t have happened before.”

**SOFAB is key to safe patient flow**

At Yale-New Haven, safe patient flow means putting the right patient, in the right bed at the right time with the right information to ensure a safe discharge.

In the past, meetings surrounding discharge were less frequent and focused more on discharge than on an effective plan of care that would assure the patient’s safe and efficient discharge.

To improve discharges, Medicine services met with the hospitalist team to reframe the process that all members of the team could follow. Meetings were named SOFAB, an acronym for:

- Summary of patient’s history and present status
- Overnight events such as abnormal lab values
- Functional status of the patient
- Awaiting or pending tests, labs
- Barriers to discharge

The charge nurse leads the daily SOFAB meeting—starting and stopping the meeting on time. She/he leads the team to follow the format and discuss each patient for only 1–2 minutes. The business associate supports SOFAB by assuring paperwork readiness, entering the anticipated discharge time and documenting variances.

As a result, Medicine has been able to achieve a 20 percent discharge by 11 a.m. rate, increased physician and nursing staff satisfaction, improved communication and achieved patient perception that the care team works together.
New observation unit supports safe patient flow

Prior to the opening of the hospital’s first observation unit this spring, patients on observation status were located on multiple patient care units. Localizing this patient population on a single unit increases the efficiency of medical, nursing, ancillary and consulting services. Since it opened, the unit has implemented order sets in SCM for eight specific diagnoses. In addition, staff members have developed collaborative relationships that lead to expedited consults and testing results, ultimately providing patients with safer care and improving safe patient flow – especially as the hospital regularly operates near capacity.

Observation care includes short-term treatment, assessment and re-assessment of patients by a dedicated staff of nurses, hospitalists, cardiology attendings, physician assistants and nurse practitioners. Emergency Department physicians determine which patients should be placed on observation based on severity of illness and the intensity of services ordered to treat the illness. The typical 24- to 48-hour stay in the observation unit allows the medical staff to properly gauge the patient’s response to treatment. The degree to which a patient responds guides the clinical decision to either admit the patient or release him/her from observation.

“This 14-bed unit enhances our ability to diagnose and care for patients and positively impacts the patient experience here,” said Felicia Lober, RN, MBA, care coordinator.

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<tr>
<th>Inpatient units metrics</th>
<th>Magnet requirements: All metrics must exceed 50% unit compliance</th>
<th>Q1 FY2010 – Q4 FY2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Units</td>
<td>Number of Units &gt; 50%</td>
</tr>
<tr>
<td>Falls per 1000 patient days</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Hospital acquired pressure ulcers - HAPU</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>Central line associated blood stream infections - CLABSI (includes 5 BSI metrics by birth weight for NBSCU)</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Restraint prevalence (adult &amp; pedi)</td>
<td>32</td>
<td>22</td>
</tr>
<tr>
<td>Labor and birth antibiotic prophylaxis non-emergent C-section</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Labor and birth VTE prophylaxis non-emergent C-section</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric IV infiltrates</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

YNHH nurses meet Magnet requirements for outcomes with greater than 50% units scoring higher than national benchmarks for eight quarters.

YNHH honored for its work with refugees

Approximately 200 women, men and children settle in the city of New Haven each year – refugees from their home countries.

IRIS is a federally funded program designed to provide new refugee arrivals with the tools they need to improve their health and wellness in their new home. In 2007, IRIS contacted the YNHH Primary Care Center (PCC) to partner in a program to meet the specialized healthcare needs of this population. IRIS and YNHH staff including staff nurses and physicians collaborated and developed the Adult Refugee Clinic which got its start in October 2008.

PCC staff meet with IRIS to develop ways that the new clinic could best serve the refugees. For example, the Refugee Clinic now orders all lab work prior to their visits and IRIS provides interpreters who come to the clinic with the refugees. The flow of the clinic has improved; staff feel competent in caring for the refugee patients and patients feel welcome and have a positive experience.

In 2010, the Connecticut Immigrant and Refugee Coalition honored the physicians and nurses in Yale-New Haven’s adult and pediatric Primary Care Centers for their work with adult and child refugees and immigrants.
Since 2008, YNHH nurses have taken the lead in reducing the number of falls that patients have while in the hospital. Nurses have influenced the purchase of new products, including chair alarms and SOMA beds, and have introduced signage on patient care units that indicate patients who are at high risk for falls. Their efforts have contributed to decreasing falls, which in 2011 numbered less than 2.5 falls per 1,000 patient days. Nurses continue to work aggressively to drive the number of patient falls to zero.

Nursing support successfully sends patients home with VADs

In February 2011, The Joint Commission certified Yale-New Haven Hospital to implant ventricular assist devices (VAD) in patients diagnosed with end-stage heart failure—whether or not they are candidates for heart transplant. YNHH, one of fewer than 100 hospitals nationwide certified for the procedure, is uniquely qualified with the arrival in the past year of two surgical directors, Abeel Mangi, MD, and Pramod Bonde, MD, who specialize in implanting these mechanical cardiac devices.

Because VAD recipients can return home and survive with the devices for extended periods, nursing staff in the hospital’s related cardiac units are now specially trained to educate patients, their families and appropriate community care providers on a range of management issues, from proper medication regimens to dealing with power failures.
A support system is crucial to patients living with a VAD outside the hospital. Nurses are vital members of the multidisciplinary team that includes physicians, pharmacists, and social workers, who monitor VAD patients when they leave YNHH.

“We’re helping these patients learn how to live with the devices,” says Francine LoRusso, RN, director of patient services, YNHH Heart and Vascular Center. “Thanks to this procedure and the support we give our patients, a growing number are successful with their VAD. We can now give them hope and improve their quality of life.”

### Ambulatory Services boosts patient satisfaction with Customer Service Initiative

In 2009, YNHH’s Ambulatory Services Division (ASD) formed an internal, 15-person committee to brainstorm ways to improve ASD’s already-high Press Ganey score, then at 91.4. “Our goal was to go from great to exceptional,” says Bertie Chuong, RN, MS, the division’s nursing director of Procedural and Recovery Services.

Since then, ASD has rolled out a Customer Service Initiative that has not only boosted patient care and satisfaction but also lifted the staff’s professionalism and morale. The initiative includes:

- Internet cafés in reception areas, providing family members and visitors space to use their laptop computers, tablets, and smart phones
- Children’s play stations in two reception areas, highlighted by kid-sized desks stocked with crayons, coloring books and other diversions
- Bright green, reusable, patient garment bags, made from recycled materials and featuring YNHH and ASD logos
- A comprehensive resource guide to YNHH physicians, updated twice a year
- “Thank you” note cards, signed by the patient’s entire care team, and presented at discharge
- Beepers for paging family members
- Staff recognition for acts of Service Excellence

“Our fabulous staff really stepped it up with great ideas,” says Chuong, adding that ASD’s most recent Press Ganey score rose to an impressive 94.1.

### Electromagnetic technology quickly replacing inserting feeding tubes blindly

Nurses regularly use feeding tubes to provide nutrition, fluids and medications to hospitalized patients. While feeding tube placement is a frequent intervention, it comes with risks that can cause patient harm, such as aspiration, pneumothorax or improper placement of the tube in the GI tract.

To maximize safety during feeding tube insertion, YNHH has embraced the use of electromagnetic technology that allows nurses and medical staff to visualize the tip of the feeding tube during insertion. A receiver is placed on the patient’s chest that receives a signal from the feeding tube stylet as a real-time display shows the progression of the tube’s tip during placement.

“Since we implemented this technology last February, we have not placed one feeding tube into a lung,” said Dawn Cooper, RN, service line educator in the Medical Intensive Care Unit (MICU). “Placing jejunal tubes is also easier when we use this technology. This is important for our patients because when they are critically ill, they tolerate jejunal feeding better than gastric feeding.”

Cooper notes that at the same time, using the electromagnetic transmitter has greatly reduced the risk of aspiration during enteral feedings.

“Inserting feeding tubes blindly has become a thing of the past at Yale-New Haven,” Cooper said.
New Knowledge, Innovations and Improvements

Epic demonstrations offer nurses a glimpse into their near future
Nurses at YNHH, as well as at Greenwich and Bridgeport hospitals, have been vital members of the “build team” dedicated to Epic, the electronic medical record system that will begin to be implemented across the entire Yale New Haven Health System (YNHHS). The first “go-live” was at Greenwich in April; YNHH is scheduled for early 2013, and demonstrations of Epic have begun in units throughout YNHH and will continue until the go-live date.

“We’re going to bring the system to every unit so nurses can see exactly how it works, and will be better prepared for the go-live,” says Ellen Makar, RN, MSN, director, Nursing and Clinical Transformation. Makar’s informatics team manages nursing data that factor largely in designing the unique Epic software for YNHHS. “Demonstrations prior to implementations will help nurses understand the efficiencies that Epic and the new clinical practice model will offer even before they fully experience its benefits when implemented.”

Just as nurses have been highly involved in the Epic build, they’ll also be instrumental in helping to improve the system over time, as will Makar’s team. “We’re going to rely on nurses to find the best ways to work with Epic in order to provide a better patient experience,” she says, “and then spread best practices throughout the hospital.”

Nursing Data Management Office and Epic: data streams for safety and quality
During Yale-New Haven’s successful five-year journey to attaining Magnet designation, it became clear that nurses needed a mechanism for gathering and disseminating data in a practical and understandable way so they could make the best use of it.

Out of this need was born the virtual Nursing Data Management Office (NDMO), which provides the infrastructure for gathering, sharing and using data effectively.

“The NDMO now puts data monthly rather than quarterly into the hands of nurses,” says Ellen Makar, RN, MSN, director, Nursing and Clinical Transformation. “Updating data regularly makes a significant difference in how our nurses think about and use data to advance safe and quality practice.”

Currently, YNHH is working toward implementing Epic – part of which includes a comprehensive electronic health record that will connect hospital patients and participating community practices, in 2012. Epic’s EMR will provide an important trove of data that nurses will be able to dissect to get at issues like reducing falls on their units.

“As a Magnet institution, we must use data to improve performance and exceed national benchmarks,” says Makar. “We are preparing to use the data Epic will begin to generate this year to create the tools that allow nurses to advance safety and quality for patients.”

Active committee raises awareness about organ and tissue donation
Nationally, almost 120,000 people are waiting for transplants; 1,220 of them live in Connecticut and 898 are on the Yale-New Haven waiting list.

Transplantation provides hope to thousands of people with organ failure, and tissue transplantation can restore mobility after debilitating injury, heal severe burns, restore sight and prevent amputation.

At YNHH, nurses, doctors, and representatives from pharmacy, social work, religious ministries and the New England Organ Bank serve on the hospital’s Organ Donation Committee. The committee works to implement best practices, provide education to hospital staff and increase the donation rate by raising awareness of the importance of donation.
To raise awareness within the hospital, the committee raises a special “Donate Life” flag each time a family makes the decision to “give the gift of life.” On the streets around YNHH, the committee attached special signage to the hospital’s shuttle buses reminding passersby that April is Organ Donation Awareness month.

In Connecticut, only 38 percent of licensed drivers are registered as organ, tissue and eye donors. As the need for organ donations keeps pace with medical and pharmacological advances, the Organ Donation Committee will keep organ and tissue donation in front of Connecticut residents and urge them to register as donors.

**YNHCH awarded prestigious Picker grant for end-of-life program**

In 2011, the Newborn Special Care Unit (NBSCU) of Yale-New Haven Children’s Hospital received a prestigious grant from the Picker Institute, an independent nonprofit organization dedicated to advancing the principles of patient-centered care. The hospital will use the grant to implement an end-of-life (EOL) care program for infants and their families by creating educational materials, skills training through simulation and debriefing sessions for staff as well as funds for photography and memory boxes for parents experiencing the death of their infant.

The program developed by YNHCH staff is called Premature Life Transitions and is designed to improve compassionate family-centered communications between members of the neonatal interdisciplinary team, including doctors, nurses, respiratory therapists and chaplains, and grieving parents who are facing the death of their newborn. Transitions developed out of the special needs in the NBSCU where in 2010, 90 babies died – 60 percent in their first seven days of life.

“We also want to help staff develop the communications skills they need to provide information and comfort to parents who are about to deal with an unspeakable loss.”

**Oncology Cluster creates user-friendly web pages**

Nurses on the Oncology Cluster this year took on the challenge of developing a user-friendly website for oncology nurses in Smilow Cancer Hospital. The result is a dynamic, user-friendly tool that nurses can access from clinical workstations and at the bedside.

To create interest and improve communication, the cluster created a yearlong program that celebrates each of the inpatient and outpatient units in Smilow. Each month, a writer highlights the unit of the month and creates a slide show with music that focuses on staff and their accomplishments. Before the page makes its online debut, cluster staff host a breakfast or evening pizza party on the unit. The slideshows are then posted on the website so nurses can get to know each other and learn about safety and quality initiatives on sister units.

The website also supports nurses with information they need to advance their careers, anticipate patient problems, and educate themselves and their patients. The website provides printable, searchable teaching tools, nurse-generated innovations, best practices, management/educator-generated changes in practice, and links to policies, procedures, journal articles and websites, and a central online forum. Nurses can access this information using the wireless on wheels, in real time, at the bedside.

**Clinic improves quality of care for women living with HIV**

Women with HIV hesitate to be regularly screened for cervical cancer – the leading cancer among women who are infected. To help their patients, the Quality Improvement Committee of the Nathan Smith Clinic (NSC) – the hospital’s clinic dedicated to helping patients with HIV – initiated a project called Women Be Well Week. During three days of National Women’s Health Week, doctors, nurses and educators held the clinic’s first screening during which they performed Pap smears, pelvic exams, STD screening
tests, mammograms, immunizations and a HIV risk reduction workshop, and provided information on breast self exams and nutrition.

“We could not have hoped for a more successful event,” said Wynnett Stewart, RN, clinical services manager, Nathan Smith Clinic. “Our patients were overwhelmingly pleased with the additional services we provided. Doctors were also thrilled that we were able to provide some services that their patients had resisted until our special health week.”

With support from the hospital’s Auxiliary, Yale Medical School and nurse leaders, NSC staff are already planning to make the health week a semi-annual event. Stewart notes that prior to Women Be Well, the clinic’s pap smear rate was 15 percent; today it is 69.3 percent.
Excellence in Nursing awards a significant event during Nurse Week

At Yale-New Haven Hospital, a significant event during the annual Nurse Week reception is the Excellence in Nursing awards presentation. Starting in March, nurses and members of healthcare teams are invited to nominate colleagues in nine areas of excellence. Members of the Nursing Award and Recognition Committee review the nominations and make the final selections.

“Our awards seek to find excellence in nurses who are at all stages of their career and in areas that support our reputation for superb nursing,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “Each year, we find those nurses who are truly excellent and who cumulatively have a positive and lasting impact on the practice of nursing here at Yale-New Haven.”

2010
Nine of the 10 winners of Nursing Excellence Awards were photographed after the ceremony. In the front row (l-r) are: Kelly Grimshaw, RN, Transplant Unit, Nursing Education Excellence; Cheryl Raab, RN, Obstetrics, Outstanding Impact on Patient Safety and Quality; Tanaz Mistry, RN, Hematology/Oncology, Professional Practice Excellence; and Nancy Bormet, RN, Post-Anesthesia Care Unit, Preceptor of the Year. In the second row (l-r) are: Lisa Barbarotta, RN, clinical nurse specialist, Oncology Nursing, Advanced Practice Excellence; Pauline Obura-Wilkes, RN, assistant patient service manager, Adult Short-Stay Unit, Excellence in the Charge Nurse Role; Erin Radocchia, RN, Maternal Special Care, Early Clinical Practice Excellence; Katie Donohue, RN, Labor and Birth; Lynne Sherman, RN, Pediatric Specialty Center, Karen Camp Nursing Management Excellence; and Sue Fitzsimons. Marcie Gawel, RN, Pediatric Emergency Department, Graduate Nurse of the Year, was unavailable for the picture.

2011
Recipients of this year’s Nursing Excellence awards are (l-r, first row): Andi Campbell, RN, Graduate Nurse of the Year; Cindy Morelli, RN, Excellence in the Charge Nurse Role, Adult Short-Stay Unit; Jennifer Savo, RN, Transplant Unit, Preceptor of the Year; Kathy Cavannaugh, RN, Pediatric Intensive Care Unit, Professional Practice Excellence; and Brooke Spadaccino, RN, Orthopedics Unit, Nursing Management. In the second row (l-r) are: Patricia Kenyon, RN, Orthopedics Unit and Care Coordination, Outstanding Impact on Patient Safety and Clinical Quality; Sue Fitzsimons; Dawn Cooper, RN, MS, Medical Intensive Care Unit (MICU), Advanced Practice Excellence; and Belen Hilario, RN, MICU, Early Clinical Practice. Unavailable for the photo was Lynn MacCubbin, RN, service line educator, Heart and Vascular Center.
YNHH was the state's first hospital to make a DAISY Award

Just as spring rewarded New England with its presence, Yale-New Haven became the first hospital in Connecticut to participate in the national DAISY Award program.

The DAISY Award program was created by the parents of a man who died at the age of 33 of an auto-immune disease. In the eight weeks J. Patrick Barnes was hospitalized, his parents were so touched by the care that the nurses gave him and his family that they are memorializing the special work all nurses do with this recognition program which is now in almost 900 hospitals nationwide.

YNHH has incorporated DAISY (Diseases Attacking the Immune System) into its nurse recognition program. Each month, the hospital’s Award and Recognition Committee chooses from nominations that nurses, doctors, patients, staff or volunteers submit for the nurse whom they feel exemplifies clinical skill, leadership and compassionate care for a patient and his or her family.

Lucy Foster, RN, Pediatric Intensive Care Unit, was the first YNHH nurse to receive a DAISY Award. Since Foster, the following nurses have been honored with a DAISY: Theresa Scharn, RN, Cardiac Medicine Unit; Lisa Jones, RN, Medicine Unit (7-5); Kimberly McHenry, Pediatric Surgery Center; Jona Wilson, RN, Newborn Special Care Unit; Paul Bruch, RN, North Pavilion Operating Room; Kim LaPia, RN, Women’s Oncology Services; and Jeffery Baron, RN, Medical Intensive Care Unit.

YNHH nurses receive Nightingale Awards for Excellence in Nursing

The Nightingale Award honors nurses from greater New Haven area hospitals and healthcare institutions. YNHH, the Visiting Nurse Association of South Central Connecticut, the Hospital of St. Raphael and the Community Foundation of Greater New Haven sponsor the annual award program that has grown significantly since it was introduced in 2000.

“Patients who come to Yale-New Haven...”
Hospital are cared for by an exceptional team of nurses,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “The Nightingale Awards give us an important opportunity to showcase some of the dedicated nurses who deliver the world-class care for which we are known.”

**Two YNHH nurses named nurse leader fellows in 2011**

In 2011, the American Organization of Nurse Executives (AONE) chose two Yale-New Haven Hospital nurse leaders to be fellows: Tracy Carafeno, RN, MS, patient service manager, Women’s Services and Surgical Oncology, and Jennifer Ghidini, RN, MSN, patient service manager, Medical Intensive Care Unit and the MICU Step-down Unit.

“Yale-New Haven nominated both of these outstanding nurse managers and AONE chose them for its prestigious fellowships,” said Sue Fitzsimons, RN, PhD, senior vice president, Patient Services. “They join a number of other YNHH nurses who have completed AONE fellowships. The expertise they gain through this fellowship enriches the entire organization and helps us continually raise the bar on how we define excellence for YNHH nursing.” (See photo page 25.)
Sue Fitzsimons (center) recently congratulated Tracy Carafeno (left) RN, MS, and Jennifer Ghadini, RN, MSN, who were 2011 American Organization of Nurse Executives fellows.
Service Excellence Heroes were recently photographed with Sue Fitzsimons, chief nursing officer. They are (l-r) are: Fitzsimons, Camisha Taylor, Mary Weir, Louise Dunphy, Piper Brien, and Ena Williams, RN, director, Perioperative Nursing Services, who serves on the Service Excellence Heroes Nominating Committee.

Nurses well represented among Service Excellence Heroes

Starting in 2007, Yale-New Haven employees have nominated the employees who best exemplify the standards of the hospital’s Service Excellence pledge.

To date, four classes of 16 employees have been chosen and their pictures grace the walls of Yale-New Haven Hospital. Their large-scale portraits tell each of their stories and how they interact with patients and employees to ensure that patients, families and visitors have a quality experience when they are at Yale-New Haven Hospital.

Nurses account for approximately 27 percent of the hospital’s 8,500-employee work force and many of them are nominated each year as Heroes for the exceptional care they give patients and the high standard of care they set for all employees.

In 2010, four nurses were chosen as Service Excellence Heroes and another four were chosen for the fourth class of Heroes for 2011-2012. They represent inpatient and ambulatory practices ranging from the care of neonates to a nurse who specializes in infection prevention.

In 2010, the hospital’s four nurse-Heroes were: Linda Anderson, RN, Care Coordination; Inger Christensen, RN, Photopheresis; Camisha Taylor, RN, assistant patient service manager, Pediatric Surgery; and Mary Weir, RN, OR Suites, Perioperative Services. In 2011, nurse-Heroes included: Piper Brien, RN, Clinical Bed Management/PEAS; Louise Dunphy, RN, Newborn Special Care Unit; Shelley Harrigan, RN, Adult Primary Care Center; and George Paci, RN, Infection Prevention Specialist, Quality Improvement Support.

Clinical Nurse II

Samantha Ackermann
Maternity Post-Partum
Agnes Alejandrino
Ambulatory Operating Room
Joseph Anastasio
Surgical Intensive Care Unit
Terrence Anderson
Medicine Unit (10-7)
Marlon Ansaldo
Adult Emergency Department
Sherly Antony
Neuroscience Intensive Care Unit
Ernesto Araza
Shoreline Medical Center Emergency Department
Christine Arroyo
Pediatric Operating Room
Nkechi Asoh
Medicine Short-Stay Unit
Cindy Austin
Shoreline Medical Center Emergency Department
Helena Azzollini
Newborn Special Care Unit
Jonathan Babiarsz
Neuroscience Intensive Care Unit
Safisha Baker
South Pavilion Operating Room
Myrlande Banica
Adolescent and Geriatric Unit: Psychiatric
Elizabeth Beals
Medicine Unit (9-7)
Tara Benedetto
Medicine Unit (4-7)
Joelle Bent
Medicine Unit (9-7)
Jennifer Berardo
Surgical Trauma Step-down Unit
Aram Berberian
Medical Intensive Care Unit
Maria Biehler
Medicine Unit (9-7)
Melissa Birmingham
North Pavilion Operating Room
Dawn Boisvert
South Pavilion Operating Room
Caitlin Borser
Medicine Unit (9-5)
Stephanie Borjas
Neuroscience Intensive Care Unit
Patricia Borrelli
Medicine Unit (7-5)
Carla Boticellio
Transplant Center Unit
Jessica Braveman
Cardiothoracic Intensive Care Unit
Carrie Britton  
Pediatric Emergency Department  

Alissa Broadbent  
Labor and Birth  

Emily Bumbaco  
Medical Oncology Unit NP 12  

Emma Buonaito  
Medicine Unit (4-7)  

Gavin Campbell  
Adult Emergency Department  

Jenna Cannavaro  
Cardiac Step-down Unit  

Charlene Cannon-Heinrich  
Newborn Special Care Unit  

Emily Carlone  
Surgical Intensive Care Unit  

Lily Carnright  
Surgical Oncology Unit NP 15  

Minola Carrano  
Surgical Oncology Unit NP 15  

Tara Carrasquillo  
Ambulatory Services Division – Post-Anesthesia Care Unit  

Nicole Casbarro  
Centralized Staffing & Scheduling Department – Pediatrics  

Carolina Castellano  
Medicine Unit (7-5)  

Sabine Cayo  
Medicine Unit (9-7)  

Erin Cerrito  
Acute Care for Elderly Unit  

Monoj Chacko  
South Pavilion Operating Room  

Audra Charette  
Surgical Trauma Step-down Unit  

Marie Charlevois  
Post-Anesthesia Care Unit  

Rebecca Chatfield  
Maternity Post-Partum Unit  

Shannon Childs  
North Pavilion Operating Room  

Jennifer Chiodo  
Perioperative Post-Anesthesia Care Unit  

Chris Chmura  
Adult Emergency Department  

Kendra Chmura  
Pediatric Emergency Department  

Bethany Gilberto  
Adult Emergency Department  

Soryorelis Cirino  
Centralized Staffing & Scheduling Department  

Elisabeth Ciszkowski  
Pediatric Intensive Care Unit  

Jennifer Claude  
North Pavilion Operating Room  

Caroline Conant  
Medicine Unit (10-7)  

Anna Coppola  
Neuroscience Intensive Care Unit  

Michelle Coppola  
Medicine Unit (10-7)  

Amy Cosimelli  
Surgical Intensive Care Unit  

Orlaith Cunningham  
Medicine Short-Stay Unit  

Diana DaCruz  
Surgical Intensive Care Unit  

Jennifer Dahlgard  
Labor and Birth  

Katherine Daniels  
Transplant Center Unit  

Stacey Dathyn  
Pediatric Intensive Care Unit  

Freddie Dayao  
North Pavilion Operating Room  

Rowena Decker  
Cardiothoracic Intensive Care Unit  

Maura Dehm  
Hematology Bone Marrow Transplant Unit  

Debra DellaMonica  
Temple Radiology  

Cathy Demers  
Maternity Post-Partum Unit  

Sarah Denny  
Surgical Oncology Unit NP 1.4  

Marnie Dickens  
Magnetic Resonance Imaging  

Arlene Dolan  
Ambulatory Services Division – Post-Anesthesia Care Unit  

Tami Dondero  
Pediatric Post-Anesthesia Care Unit  

Mercedes Donovan  
Shoreline Medical Center Emergency Department  

Tara Donovan  
Adult Emergency Department  

Jamie Dunbar  
Medicine Observation Unit  

Bienna Durante  
Labor and Birth  

Jennifer Durnik-FitzGerald  
South Pavilion Operating Room  

Monica Dwake  
Pediatric Primary Care Center  

Lori Eburg  
Cardiac Step-down Unit  

Nicole Eddy  
Adult Emergency Department  

Amanda Edgerton  
Surgical Oncology Unit NP 1.4  

Isobo Erekosima  
Medicine Unit (7-5)  

Odette Espaiollat  
Medical Intensive Care Unit  

Lindsey Esposito  
Medical Intensive Care Unit  

Erin Faalafua  
Cardiac Intensive Care Unit  

Kitty Fan  
Transplant Center Unit  

Kirsten Fazzino  
Medicine Unit (9-7)  

Thomas Fedora  
Medical Intensive Care Unit  

Christina Ferrucci  
Surgical Oncology Unit NP 14  

Charlene Fleming  
Surgical Oncology Unit NP 15  

Fabiola Fleury  
Medicine Short-Stay Unit  

Wilma Flores  
South Pavilion Operating Room  

Abigail Flynn  
Hematology Bone Marrow Transplant Unit  

Rica Fontacier  
Medicine Unit (9-7)  

Brenda Fontanez  
Cardiac Intensive Care Unit  

Paul Fontanez  
Post-Anesthesia Care Unit  

Maria Fraenzsa  
Pediatric Emergency Department  

Karen Frank  
Neuroscience Intensive Care Unit  

Megan Frank  
Surgery Trauma Step-down Unit  

Michele Frank  
Medicine Unit (9-5)  

Courtney Frederick  
Surgical Oncology Unit NP1.4  

Kaitlin Fritz  
Surgical Intensive Care Unit  

Marichelle Fuertes  
Adolescent and Geriatric Unit: Psychiatric  

Julie Gabriel  
Surgical Intensive Care Unit  

Jennifer Gaetano  
Shoreline Medical Center Emergency Department  

Maria Gargamelli  
Adult Emergency Department  

Heidi Gaudio  
Adult Emergency Department  

Marcie Gawel  
Pediatric Emergency Department  

Michele Geist  
Shoreline Surgery Center  

Jennifer Gerstein  
Labor and Birth
Holly Gifford  
Pediatric Intensive Care Unit
Sarah Gillespie  
Cardiac Intensive Care Unit
Donna Gilson  
Maternity Post-Partum Unit
Emma Glennon  
Medicine Unit (7-5)
Hilda Gneiting  
Cardiothoracic Intensive Care Unit
Elizabeth Gonzalez  
Maternity Post-Partum Unit
Kellie Graham  
Centralized Staffing & Scheduling Department
Lisa Grillo-Fitzmaurice  
Shoreline Medical Center Emergency Department
Carolyn Haight  
Medicine Unit (9-7)
Maria Hansen  
Interventional Radiology Laboratories
Jennifer Hatfield  
Neuroscience Intensive Care Unit
Jennifer Healey  
Centralized Staffing & Scheduling Department - Intensive Care Unit
Christen Heller  
Orthopedic Surgery Unit
Lisa Henneberry  
Cardiothoracic Intensive Care Unit
Alethea Henry  
Centralized Staffing & Scheduling Department - Intensive Care Unit
Katlyn Henshaw  
Medical Oncology Unit
Stacey Herens  
Medical Oncology Unit
Joanne Heskes  
Ambulatory Services Division – Pre-op Calls
Meisha Hilliard  
Medicine Observation Unit
Sara Hirx  
Pediatric Operating Room
Kathryn Holley  
Pediatric Emergency Department
Lynne Hojnacki  
Medicine Unit (4-7)
Mary Lindsey Hopper  
Adult Emergency Department
Kelli Horvath  
Medicine Short-Stay Unit
Alexandra Hrvatin  
Centralized Staffing & Scheduling Department – Intensive Care Unit
Sharrie Hutt  
Medicine Unit (9-7)
Marissa Iaiennaro  
Medicine Unit (9-5)
Yemi Ikhole  
Centralized Staffing & Scheduling Department
Stephanie Iovino  
Maternity Post-Partum Unit
Sarah Israelson  
Cardiothoracic Intensive Care Unit
Ronda Jack  
Medicine Unit (5-5)
Timiki Jackson  
Medicine Short-Stay Unit
Ebony Johnson  
Medicine Unit (9-5)
Jennifer Jorge  
Medical Intensive Care Unit
Maria Eugenia Jorge  
Surgical Trauma Step-down Unit
Bridgid Joseph  
Surgical Intensive Care Unit
Eleanor Juada  
Ambulatory Operating Room
Kara Kaman  
Cardiothoracic Intensive Care Unit
Blair Kavanagh  
Medical Intensive Care Unit
Helena Keeney  
Medicine Unit (9-7)
Erin Kehlenbach  
Medicine Unit (6-5)
Michelle Keithline  
Centralized Staffing & Scheduling Department
Nicole Keller  
Medical Oncology Unit
Eileen Kennedy  
Surgical Oncology Unit NP 14
Adila Khan  
Medicine Unit (10-7)
Sarah Khanna  
Pediatric Intensive Care Unit
Rebecca Klein  
Surgical Oncology Unit
Margaret Koller  
Newborn Special Care Unit
Peter Koneczcka  
Medicine Unit (9-7)
Patricia Kono  
Multispecialty Center Infusion/Solid Tumor Infusion
Melissa Koroscil  
Pediatric Intensive Care Unit
Catherine Kranzfelder  
Medicine Unit (5-3)
Amanda Kut  
Medicine Short-Stay Unit
Nicole E. Lambert  
Pediatric Intensive Care Unit
Nicole Lambert  
Medicine Unit (10-7)
Jean Lanuza  
Adolescent and Geriatric Unit: Psychiatric
Sally Lapadula  
Shoreline Medical Center Emergency Department
Andrea Lawrence  
Medicine Unit (10-7/8)
HyunHwa Lee  
Medicine Unit (9-7)
Megan Lensi  
Surgical Intensive Care Unit
Jeannie Levesque  
Post-Anesthesia Care Unit
Diana Lewellyn
Orthopedic Surgery Unit

Elizabeth Ligon
Medical Intensive Care Unit

Christine Lion
Cardiac Medicine and Surgery

Erica Lucey
Bariatric/General Surgery Unit

Linda Lynsky
Medicine Short-Stay Unit

Tiann Mack
Surgical Oncology Unit

Eunice Maggay
Surgical Oncology Unit

Rodelia Magsayo
Adolescent and Geriatric Unit: Psychiatric

Janet Makover
Adolescent and Geriatric Unit: Psychiatric

Wanessa Makowski
Medicine Unit (9-7)

Nicole Maldera
Pediatric Short-Stay Unit

Kaitlin Maltese
Medicine Unit (9-7)

Nicholas Marrone
Medical Intensive Care Unit

Sandra Marshall-Wray
Smilow Infusion Center

Paula Martinka
Centralized Staffing & Scheduling Department

Sherri Martnick
Medical Intensive Care Unit

Lauren Maselli
Surgical Intensive Care Unit

Kathleen Massey
Pediatric Emergency Department

Nikki Mast
Medical Oncology Unit

Jessica Mauro
Medicine Observation Unit

Susan McCarthy
Surgical Trauma Step-down Unit

Casey McCluskey
Pediatric Respiratory Care Unit/Neuroscience Unit

Ashlee McGuire
Medicine Short-Stay Unit

Angelina McGurrin
Surgical Oncology Unit

Melissa McKay
Centralized Staffing & Scheduling Department – Intensive Care Unit

Megan McMahon
Pediatric Intensive Care Unit

Emily Medina
Bariatric/General Surgery Unit

Jessica Melendez
Medicine Unit (5-5)

Megan Melotto
South Pavilion Operating Room

Claudia Millan
Surgical Oncology Unit NP 1.4

Martha Minto
Pediatric Respiratory Care Unit/Neuroscience Unit

Liezel Mosquito
Maternity Post-Partum Unit

April Moss
Ambulatory Services Division – Post-Anesthesia Care Unit

Kathleen Mottram
Centralized Staffing & Scheduling Department – Intensive Care Unit

Laura Murphy
Medical Unit (4-7)

Mary Pat Murphy
Adult Emergency Department

Rebecca Murphy
Adult Emergency Department

Maria Nantel
Acute Care for Elderly

Stephanie Narus
Pediatric Intensive Care Unit

Bethany Nelson
Cardiac Step-down Unit

Kaile Neuschatz
Medical Unit (4-7)

Susan Nichols
Medicine Unit (5-5)

Christopher Norman
Acute Care for Elderly

Kay Oddie
Smilow Radiation Oncology

Bridget O’Reilly
Bariatric/General Surgery Unit

Jacinta O’Reilly
Centralized Staffing & Scheduling Department

Jemima Owusu
Cardiothoracic Intensive Care Unit

MaryAnn Paler
Medicine Unit (7-5)

Donna Parente
Pediatric Hematology/Oncology Treatment Center

Natalie Paris
Transplant Center Unit

Myungsook Park
South Pavilion Operating Room

Megan Parker
Transplant Center Unit

Deugkyoung Pape
Acute Care for Elderly

Anthony Pellegrino
Surgical Intensive Care Unit

Darcy Perras
Neuroscience Intensive Care Unit

Diane Perrone
Ambulatory Services Division – Post-Anesthesia Care Unit

Krista Peterson
Medical Oncology Unit

Kerry Petrello
Cardiovascular Laboratories

Amy Petrucelli
Maternity Post-Partum Unit

Megan Pfau
Cardiac Intensive Care Unit

Hong Duyen Phan
Medicine Unit (7-5)

Nancy Picroski
Surgical Oncology Unit

Gayle Pietrogallo
Temple Recovery Care Center

Kristi Plano
Shoreline Surgery Center – Endoscopy
Trina Prisco  
Surgical Oncology Unit

Catrice Proctor  
Adult Emergency Department

Kimberlee Provencher  
Shoreline Surgery Center – Endoscopy

Danielle Provoncha  
Neuroscience Intensive Care Unit

Alicia Purzycki  
Pediatric Intensive Care Unit

Kelly Radecki  
Pediatric Intensive Care Unit

Kimberley Ramjattan  
Newborn Special Care Unit

Alyssa Ramos  
Medicine Unit (9-5)

Michelle Ransom  
Cardiac Intensive Care Unit

Jacquelyn Rawlings  
Medicine Unit (9-7)

Meghan Raymond  
Centralized Staffing & Scheduling Department – Intensive Care Unit

Susan Reel  
Surgical Intensive Care Unit

Liberty Reyes  
Cardiac Intensive Care Unit

Corey Richmon  
Children’s Psychiatric Inpatient Service

Marybelle Rivera  
Express Admissions Service

Vallerie Rivera  
Centralized Staffing & Scheduling Department

Rebecca Roberts  
Medical Intensive Care Unit

Bernadette Roncallo  
Surgery Unit (6-3)

Kate Rooney  
Medicine Unit (9-5)

Jessica Rowe  
Medical Intensive Care Unit

Nico Rozanski  
Medicine Unit (9-7)

Filomena Ruggiero  
Medical Intensive Care Unit

Marisa Ruggiero  
Neuroscience Intensive Care Unit

Deirdre Russo  
Centralized Staffing & Scheduling Department – Intensive Care Unit

Gemma Sabaten  
Bariatric/General Surgery Unit

Jennifer Saint Clare  
North Pavilion Operating Room

Christine Salamida  
Transplant Center Unit

Lorena Salazar  
Medicine Unit (5-7)

Michele Santoro  
Temple Recovery Care Center

Dana Savo  
Crisis Intervention Unit

Kristina Schaefer  
Smilow Breast Center

Sarah Schifflett  
Medical Unit (5-5)

Nonnie Schnauffer  
Temple Recovery Care Center

Amanda Schultz  
Medical Unit (4-7)

Lawrence Sellers  
Medical Unit (9-7)

Brittany Senick  
Transplant Center Unit

Suma Shibu  
Cardiothoracic Intensive Care Unit

Richard Shokite  
Adult Unit: Psychiatric

Abigail Smith  
Medical Oncology Unit

Ashley Smith  
Centralized Staffing & Scheduling Department

Katelyn Solkoske  
Medical Unit (10-7)

Yolanda Sousa  
Surgical Oncology Unit

Rachel Southard  
Medical Intensive Care Unit

Cheryl Spears  
Medical Unit (9-7)

Rebecca Stanley  
Crisis Intervention Unit

Anne Stevens  
Pediatric Emergency Department

Cori Stevens  
Surgical Oncology Unit

Cynthia Stevens  
Pediatric Short-Stay Unit

Ashlee St. Hilarie  
Adult Emergency Department

Danniele Stone  
Orthopedic Surgery Unit

James Sullivan  
Adult Emergency Department

Melissa Sumler  
Transplant Center Unit

Sylvia Tang  
Neuroscience Unit

Shante Teel  
Smilow Operating Room

Amy Thompson  
Transplant Center Unit

Patricia Thompson  
Medical Unit (9-5)

Nona Timario  
Neuroscience Intensive Care Unit

Renée Tine  
Medical Intensive Care Unit

Marissa Tkacz  
Pediatric Intensive Care Unit

Pamela Tobin  
Adult Emergency Department

Kristen Trimbo  
Surgical Intensive Care Unit

Angela Trinidad  
Transplant Center Unit

Erica Tuozzoli  
Medical Unit (9-5)

Jennifer Tuveson  
Adult Emergency Department

Adriana Valencia  
Gynecology Oncology Unit NP 14

Kelly Lynn Veccharelli  
Medical Unit (9-7)

Marisol Velazquez  
Medical Unit (7-5)

Adam Veneziano  
Medical Unit (9-7)

Michelle Verderame  
South Pavilion Operating Room

Jesse Villanueva  
General Neurosciences Unit

Bonnie Vollbrinck  
Maternity Post-Partum Unit

Kathleen Warner  
Acute Care for Elderly Unit

Maria Wasko  
Smilow Infusion Center

Sarah Winn  
Adult Unit: Psychiatric

Chinyere Wright  
Medical Unit (9-7)

Fang Yang  
Neuroscience Intensive Care Unit

Hyun Ju Yi  
Ambulatory Services Division – Post-Anesthesia Care Unit

Christine Gyoung Youn  
Cardiothoracic Intensive Care Unit

Xinghua Yu  
Medical Unit (4-7)

Jeenu Zacharias  
Medical Intensive Care Unit

Taryn Zamary  
Medical Unit (5-5)

Elaine Zarro  
Centralized Staffing & Scheduling Department

Joanna Zischang  
Medical Unit (9-7)

Jaclyn Zywien  
Medical Oncology Unit
Two YNHH nurses honored at major national nursing conference

At the annual conference of the American Association of Critical-Care Nurses in 2011, Marge Funk (left), RN, PhD, and Prasama Sangkachand, RN, MSN, were honored with major awards. Funk, Cardiac Intensive Care Unit, and professor of Nursing at Yale School of Nursing, spoke at the conference and was honored as the Distinguished Research Lecturer for a lifetime career in research. Sangkachand, service line educator, Heart and Vascular Center, received the association’s Circle of Excellence Award for her longtime and exceptional care of acutely and critically ill patients and the excellence of her nursing practice.

2010 – 2011 Nursing Presentations


Johnston, M. (2010, November). Cardiac pacemakers and implantable cardioverter-defibrillators. Unit 5-2, Yale-New Haven Hospital, New Haven, CT.

Johnston, M. (2010, December). Cardiac pacing and the 12-lead ECG. Biotronik Corporation, Baystate Medical Center, Springfield, MA.

Johnston, M. (2011, March). ICY’s and pacemakers and perioperative patient care. Anesthesia Department, Yale-New Haven Hospital, New Haven, CT.


2010 – 2011 Nursing Publications


Since we last published Nursing Update in the summer of 2010, three long-serving Yale-New Haven Hospital nurses have died. As we celebrate our successes, let us please remember:

Kathryn Hanrahan, RN, Perioperative Services, October 21, 2010

Karen Chapman, RN, Adult Emergency Department, April 29, 2011

Barbara Sabo, RN, Newborn Special Care Unit, January 4, 2012
YNHH NURSES’ VISION

Achieving excellence through continuous improvement and innovation.