



2007 NURSING ANNUAL REPORT

NURSES TRANS- FORMING HEALTH CARE

NURSES IMPROVING OUTCOMES





Vicki M. George, RN, PhD, FAAN (left) with Linda vonReyn, RN, PhD.



Nurses take an oath to serve the public as professionals, promising to always stay at the cutting edge of evidence-based practice and research generation. We promise always to advance our professional credentials through continuing education and academic preparation. We promise always to honor our commitments to the profession and hold ourselves accountable for its progress. We promise always to ask our peers to assist us in maintaining the highest standard of care and practice performance. And lastly, we promise to listen to our public—with our minds, our hearts and our souls.

We are a team—a team of providers working shift-by-shift, week-by-week, across our system and across borders to collectively provide the best quality, the best safety and simply the best in patient- and family-centered care.

With respect and admiration,

Vicki M. George, RN, PhD, FAAN
Chief Nursing Officer

Dear Nursing Colleagues,

As Dartmouth-Hitchcock's new Chief Nursing Officer, it is my pleasure to take the reins from Dr. Linda vonReyn and to thank her publicly, on your behalf, for her year of leadership and wisdom that guided our discipline.

Nurses' role in promoting patient safety and achieving high quality outcomes is well recognized within the profession. Outside nursing, others may not know that nurses are leaders in research and discovery and play a key role in improving the delivery of patient care. This year's Nursing Annual Report offers a thoughtful digest of several innovative

systems and practices that have been conceived, researched, developed and implemented by nurses throughout the Dartmouth-Hitchcock system.

This 2007 Annual Report is a celebration of what can be accomplished when clinical and administrative leadership foster a thriving learning environment that encourages nurses to be original thinkers and pioneering leaders. Nursing is truly an exhilarating profession, one that is constantly evolving. I have no doubt that many of our efforts and accomplishments here will be recognized for their significance and replicated in healthcare institutions on a wide scale.

to feel the power of the nursing profession, look to our patient outcomes

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Quality of Care

Safe Patient Handling in the Medical Specialties Unit

Patient transfers and repositioning are common causes of work-related injury among nursing personnel. Staff members in the Medical Specialties Unit believed that their unit faced challenges beyond those of the profession as a whole. In an effort to more fully understand the risks related to patient handling, and find ways staff members could improve outcomes, leadership (including Donna Brown, RN, BSN, Nursing Director, and Colleen Warren, RN, MSN, Clinical Nurse Specialist) in collaboration with DHMC's Ergonomics and Safe Patient Handling Committee, supported a proposal to develop a plan to reduce injury and improve staff satisfaction.

Terrie Farnham, a recently graduated RN, led the quality improvement initiative. In consultation with Mary Jo Slattery, RN, MS, Nursing Research Coordinator, she created a survey tool and conducted an assessment of the One East staff members in February 2007. In May, she obtained approval to move forward and recruit a project team comprising nurses and assistive personnel from both shifts, including Jessica Ash, RN; Janet Levasseur, RN; Joanna Popielarz, RN; Sonya Cross, LNA; Michael Johnson, LNA; and Mark (Ted) Makalinaw, Unit Technician.



Carey Rush, Transportation Orderly; Janet Levasseur, RN; and Jauntessa Campbell, LNA, in Back Injury Resource Training.

Several staff members had attended the Back Injury Resource Training (BIRT) program, and were aware of evidence-based initiatives that were being promoted at the organizational level. Another important effort was an assessment of the One East patient population, with data collected on 105 patients through chart reviews and staff interviews. Results showed a high proportion of patients requiring the use of assistive devices when being moved or transferred, with a full 70% of patients requiring assistance for boosting in bed, a common cause of injury in nurses. The findings clearly pointed to the need for

additional equipment and staff training.

The results of this workgroup's efforts are substantial. One East leaders have committed to BIRT training for all new nurses and assistive personnel. A display board presents a different Safe Patient Handling theme monthly. Education and competency assessments are completed when new equipment is introduced and on a regular basis for equipment in current use. Finally, as a result of the enthusiasm demonstrated by this unit-based workgroup, One East was selected to be the pilot site for a new patient lift.

Nurses as Leaders

Patient-Controlled Analgesia: Advancements in Technology

The use of intravenous pumps to administer Patient-Controlled Analgesia (PCA) can be a high-risk, problem-prone practice.

Patients who are aggressively treated for pain are at a higher risk for respiratory complications related to narcotic use. When it was determined that the pumps in use at DHMC did not have all the safeguards of newer technology, a multidisciplinary PCA Task Force, led by Jean Avery, RN, MBA, and comprising nurses



from the surgical and medical sections, as well as physicians and pharmacists, was charged by the Medication Safety Subcommittee of the Pharmacy and Therapeutics Committee to evaluate and improve the process.

A Healthcare Failure Modes and Effects Analysis (HFMEA) was conducted on the process for administering Patient-Controlled Analgesia. The HFMEA was designed to

identify potential failure modes and to develop a plan to avoid such failures that lead to error. Pump programming was identified as the primary opportunity for significant error, with monitoring as another high-risk aspect of the practice.

In early 2006, several pumps were identified that would meet the project team's safety criteria. Within months, the team developed a drug library using standard concentrations and high and low, soft and hard limits. The team also developed an implementation plan for improved pediatric pain control using the same PCA device. After trialing several pumps, DHMC implemented the Hospira Lifecare® PCA pump. At the time the pump was implemented, updates were made to order and documentation forms, as well as to PCA policy.

Members from the team continue to work on the monitoring issue identified in the HFMEA. An oxygen monitoring device (SPO₂) is being trialed in the Pediatric Unit and on the surgical floor (Three West). In the adult trial, all patients receiving pain medications via PCA devices are monitored using pulse oximetry.

Since the new technologies were implemented, PCA-related medication errors have dramatically decreased. Bar-coding technology allows the device to read the label on the vial and recognize the drug name and concentration, so the need for manual programming is precluded.

In addition, the oxygen monitoring equipment has identified patients at risk for respiratory problems sooner, thus improving patient outcomes.

Maggie May, RN, programs a new Hospira Lifecare® PCA pump.



Quality Improvement **Enhancing Care for the Elderly**

New Hampshire and Vermont are among the fastest aging states in the country. With future projections showing a dramatic increase in the number of older adults who will need health services, the development of a nursing workforce with expertise in geriatrics has become a priority.

In 2006, DHMC received a three-year \$482,949 grant from the Health Resources Services Administration (HRSA) for the Competency for Geriatric Nursing in Rural New England Project. Director of Nursing Research Suzanne Beyea, RN, PhD, FAAN, serves as principal investigator and project director. The project's goal is to enhance the care of older adults by creating a comprehensive program to educate the nursing workforce in geriatric care. Conference- and web-based programs are designed for registered nurses, nursing assistants, paraprofessionals and unlicensed assistive personnel in diverse practice settings throughout NH and VT.

As of December 2007, 1,143 administrators, educators, advanced practice nurses, staff nurses, LPNs and LNAs attended 38 different conferences created under the program.



Participants came from acute care hospitals, nursing homes, home healthcare programs, nursing schools and assisted-living facilities located across VT and NH.

The grant also enabled the development of a website to provide key geriatric information to nurses in remote settings. The website, dhmc.org/goto/geriatric_nursing, received 1,333 visits during 2007. In addition, 1,990 webcasts of videotaped conference sessions were downloaded during this reporting period. Podcasts of conference proceedings, which are also offered for free through the iTunes music store, are the 24th most popular nursing topic on iTunes, with approximately 4,140 downloads reported during 2007.

Associate Project Director Justin Montgomery, RN-BC, also established a geriatric nursing blog at geriatricnursing.wordpress.com. This blog serves as a supportive link to past conference attendees and key community partners who are implementing geriatric best practice changes in their setting. It is an exciting educational resource that will be monitored for success in the coming year.

Over the next two years, efforts will be made to further enhance the skills and knowledge of the nursing workforce in NH, VT and in particular at DHMC. This work will position DHMC at the forefront of advancing and transforming health care for older Americans.

Autonomy

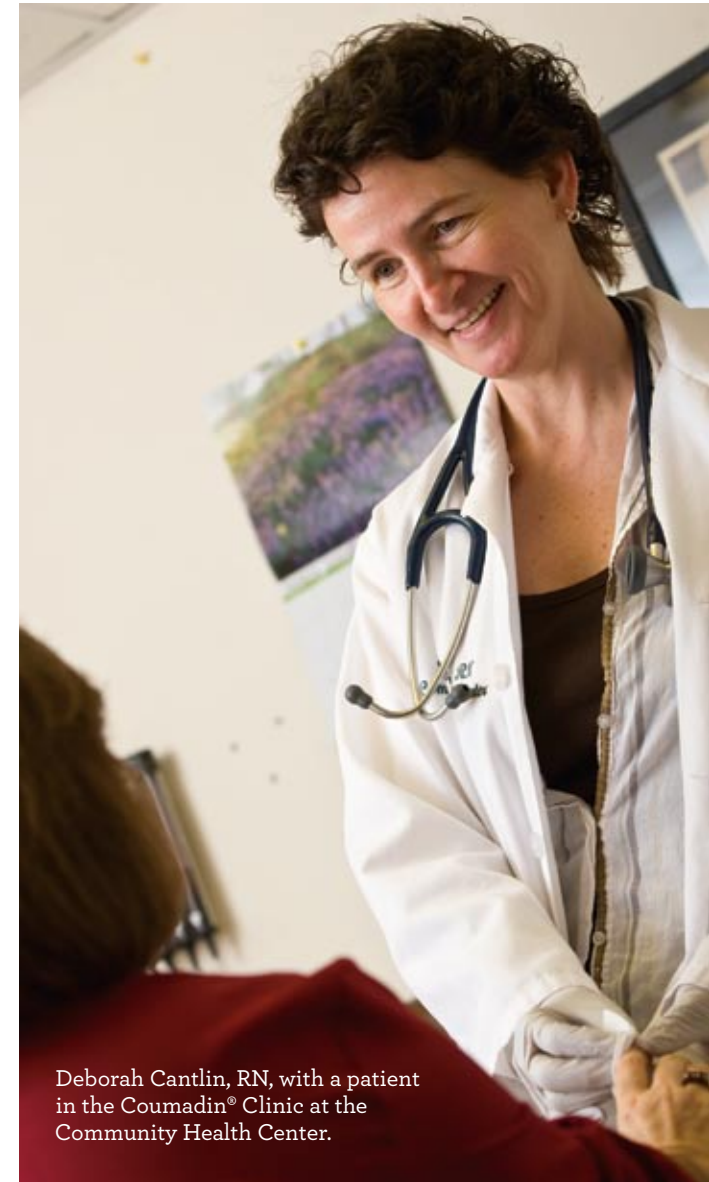
Reconfiguration of the Coumadin® Clinic at the Community Health Center

The Community Health Center (CHC) provides primary care to patients of all ages. Of particular concern have been patients who routinely take anticoagulant medication, such as Coumadin® (warfarin). Nurses recognized a need to better accommodate these patients, who must visit the Clinic regularly to have their blood levels monitored.

Typically, a Coumadin® Clinic patient's visit would proceed as follows. Often there would be no scheduled appointment time, so the patient would come in whenever it was convenient. The patient would proceed to the laboratory for Point of Care testing (POCT) to obtain an international normalized ratio (INR) result. When the result was available in this often-busy lab, the technician would look for a nurse to inform him or her that the patient was in the waiting room with an INR and needed to be seen. When a nurse became available, she or he would speak to the patient in a hallway rather than in an exam room. After assessment, the patient would be instructed on dosing and told when to return for follow-up. These visits would take anywhere from 20 minutes to over an hour.

Nurses have been proactive in improving the experience for their patients. Deb Cantlin, RN, took the initiative to take a rigorous course to become a certified anticoagulation nurse. Staff members created a system to facilitate scheduled appointments for Coumadin® patients. The POCT machine was moved out of the lab and into an exam room. Patients are now scheduled to see the anticoagulant-certified nurse for a full assessment in the privacy of an exam room. The nurse is able to make adjustments, enter results in CIS, send the visit note to the clinician, and print a hard copy of the dosing schedule and next appointment time for the patient. The nurse reviews all information with the patient to ensure dosing instructions are understood and provides the opportunity to ask questions. The visit lasts 10 to 15 minutes—a huge improvement.

Surveys of nurses and the patients receiving care demonstrate that the reconfiguration has been successful. Among patients, 77% rated the overall process as greatly improved and 11 patients thought the nursing care they received was also greatly improved. All of the nurses rated the new process as greatly improved over the previous method, and 90% reported great improvement in the quality of time spent with the patient.



Deborah Cantlin, RN, with a patient in the Coumadin® Clinic at the Community Health Center.

Professional
Development/
Image of Nursing

Building Evidence to Enhance Patient Care

Ellen Smith, PhD, ARNP-BC, AOCN has always been inquisitive.

“Ellen has always asked ‘why’ questions,” observes Marilyn Bedell, RN, MS, OCN, retired Nursing Director for Oncology. “She’s driven to understand what will really make a difference in the lives of our patients. Ellen’s motto is: ‘Show me the evidence.’”

Smith began her nursing career at DHMC on the Oncology unit. She left for a while to work in Maryland, but returned to DHMC to join the Thoracic Oncology program. She pursued her Master’s degree in Adult Health, and subsequently earned her Nurse Practitioner certification. While working in Thoracic Oncology she became “turned on” to research. “I was lucky enough to be mentored and included in someone else’s project,” she says. From this point on she knew she wanted to be more involved in research projects. To become a successful researcher, she knew she needed a Doctorate in Nursing.

In 2004, Smith entered a distance PhD program at the University of Utah. She was part of a pilot program that uses internet-



Ellen Smith, PhD, ARNP-BC, AOCN, Thoracic Oncology

“Ellen has always asked ‘why’ questions. She’s driven to understand what will really make a difference in the lives of our patients. Ellen’s motto is: ‘Show me the evidence.’”

Marilyn Bedell, RN, MS, OCN
retired Nursing Director for Oncology

based, desktop videoconferencing to deliver its courses. This permitted her to continue her education while living and working here in the Connecticut River Valley. Smith completed this program in early 2008.

Throughout her work in Thoracic Oncology, this dedicated nurse scholar has been struck by the distress of patients who experience peripheral neuropathy, a frequent side effect of some chemotherapeutic agents. Characteristics of chemotherapy-induced peripheral neuropathy include sensations described by patients as burning, numbness, stabbing, pricking, tingling, sharpness, shooting or electric shock-like pain. Smith has tried to find ways to measure, assess, and manage the peripheral neuropathy and associated neuropathic pain that can plague cancer patients. Her doctoral dissertation, *Clinimetric Evaluation of Peripheral Neuropathy Measurement Approaches*, marked the start of a research agenda to help oncology clinicians better understand this phenomenon.

Currently Smith, in collaboration with inpatient oncology staff at DHMC and other organizations, is developing a study to examine the question, *Does Oncology*

Nursing Certification Make a Difference in Pain Outcomes? In the process, Smith will have multiple occasions to involve direct

care nurses in the research, offering an outstanding opportunity for her to mentor the next generation of nurse scholars.

Madlyn R. Smith Promise Award

ELLEN SMITH'S DREAM of achieving a PhD in nursing might never have happened without the generous support of individuals like Dartmouth College Emeritus Professor of Psychology William Smith.

He was deeply impressed with the professionalism, commitment, and passion of the nurses who cared for him following an accident several years ago that left him bedridden for months. To recognize the excellence of nursing at DHMC, and the vital role nurses play

in the medical center's high quality care, Smith established three annual Promise Awards in Nursing that support DHMC nurses seeking to advance their professional education. Ellen Smith received the first Madlyn R. Smith Promise Award to support her doctoral education. This award is named in honor of Professor Smith's wife, Madlyn.

DHMC believes that as our nursing workforce continues to pursue additional formal education, we will be

able to achieve better evidence-based patient outcomes. This is very evident in the research Ellen Smith has conducted to date, and the research she will now pursue as a doctorally-prepared nurse researcher.

According to Chief Nursing Officer Vicki George, RN, PhD, FAAN, "Without philanthropic support we would not be able to offer these opportunities for people to meet their dreams of developing themselves professionally."

Autonomy Hepatitis C Clinic

Heather Ryan, RN, works with Hepatitis C patients in DHMC's Gastroenterology Clinic. As a member of the Clinic's multidisciplinary team, she is committed to educating patients about their disease, helping them identify steps that need to be taken to either eliminate the disease or contain it, and supporting them as they learn to live with treatment options.

About three years ago, the team determined that an Advanced Practice Nurse was needed to help establish systems to improve patient intake and follow-up care. Before Anne M. Evans, ARNP, MS, joined the team, access to follow-up care was limited. Now the majority of patients are seen monthly and offered support with occasional phone calls between visits.

The focus has been to involve patients proactively in their symptom management and treatment plan. Systems have been established to support the team in following laboratory values, and to assure that patients are getting their labs drawn. More frequent



phone calls by the nurse help the team identify problems and issues in a much more timely fashion. The registered nurses also play a key role in advocating with insurers for the medications needed to treat the disease.

At the core of the Clinic is the initial nursing assessment. Evans and Ryan have developed a packet of patient teaching materials that is reviewed with the patient during the first visit. At this time, Ryan discusses the role of the nurse in the Clinic. She outlines how the patient can interact with the team in a proactive way. The goal is to make the patients full partners in their care. She strives to make it clear that staff members want to hear about issues and problems before they progress.

With Evans' help, guidelines have been developed to assist the nurse in the delivery of service to patients. Ryan currently cares for about 100 patients, and reports that the Clinic continues to grow.

Anne M. Evans, ARNP, MS, counsels a patient in the Hepatitis C Clinic.

Interdisciplinary Relationships

Inflammatory Bowel Disease Clinic

Joan Goodrich, RN, works with Inflammatory Bowel Disease (IBD) patients in the Gastroenterology Clinic. She was hired two years ago to partner with Corey Siegel, MD, to establish an Inflammatory Bowel Disease Clinic. Dr. Siegel, who is internationally-renowned for his work in IBD, began his practice at DHMC in 2005 with a five-year plan for growth that was achieved in six months. The practice has grown quickly, and has presented the entire team with the challenges that come with rapid growth. Known as a site for developing cutting-edge strategies for managing IBD, the Clinic attracts patients not only from DHMC's customary catchment area, but also from beyond the region.

As an integral member of this innovative Clinic's multidisciplinary team, Goodrich feels that Dr. Siegel has been extremely supportive of the work she has done to give patients the tools they need to feel empowered and in control of their situation. They have worked together to develop systems to ensure patients are getting the care they need, including a calendar to

follow key interventions for their patients.

Both colleagues are committed to encouraging patients to understand their treatment plan, and the interventions that are critical to keeping them safe during treatment. Together they built a case for adding a nurse practitioner to the team, and about one year ago welcomed Concepcion Cheng Dragnev, ARNP, into the practice. She was hired to help manage patients' complex medication management, and to develop better systems to ensure patients are getting the care they need in a timely fashion.

Recently, the team was successful in writing a proposal to add another part-time nurse to the practice. It is hoped that the person in the new position will assume some of the telephone triage duties, which would allow Goodrich more face-to-face time with new patients, helping to introduce them into the structure of the Clinic, and showing how they can use the systems in the Clinic to their benefit.

Joan Goodrich, RN, of DHMC's Inflammatory Bowel Disease Clinic.



Improving the Management of Patient Care

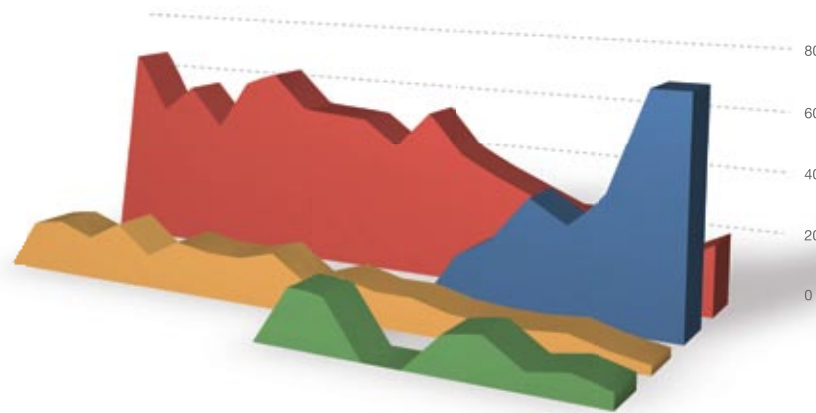
It Takes a Village: Improving Outcomes with the Hitchcock Early Response Team



HERT team members Tina Sault, RCP, and David Fedor, DO, respond to a call (above). Graph and table at right show that total “Codes” decreased substantially when HERT was established in 2006.

In 2004, DHMC began looking into establishing a Rapid Response Team. Previously, nurses and physicians would often identify subtle, worrisome changes in patients, that would prompt them to call a variety of people individually (e.g., respiratory therapist, critical care nurse, critical care physician, anesthesia) to address the issues. This method was slow and tedious, presenting clear opportunities for improvement.

With strong support from senior leadership and a dedicated multidisciplinary deployment team, DHMC successfully launched the Adult Hitchcock Early Response Team (HERT) program in January 2006 and its Pediatric counterpart in December 2006. The program has yielded some impressive results. The number of cardiac and respiratory arrests (“Code Blues”) has been cut dramatically and the number of emergent artificial airways that need to be



	Q1 03	Q2 03	Q3 03	Q4 03	Q1 04	Q2 04	Q3 04	Q4 04	Q5 05	Q2 05	Q3 05	Q4 05	Q1 06	Q2 06	Q3 06	Q4 06	Q1 07	Q2 07	Q3 07
Stat Airway											18	17			12	14	6	8	5
Floor Codes	16	18	14	20	11	17	15	15	18	10	14	11	11	8	7	7	8	5	3
HERT Calls													17	24	38	31	42	74	74
Total Codes	68	49	58	45	61	65	54	53	52	44	56	43	37	32	27	27	30	17	23

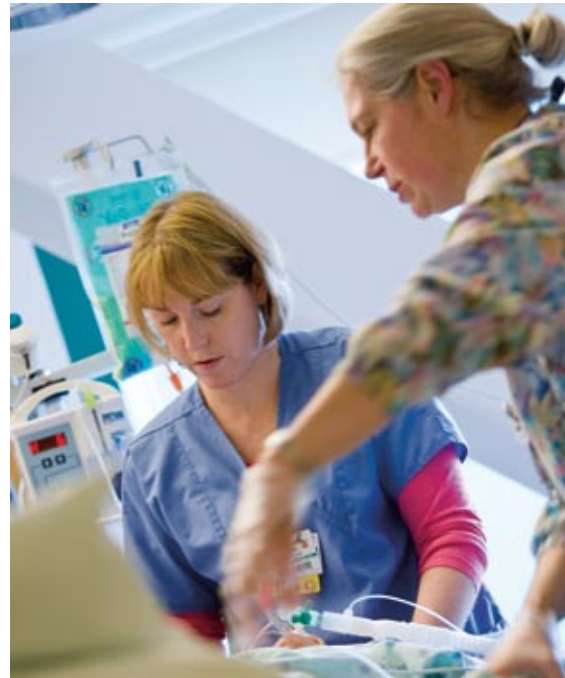
placed for patients on non-critical care units has been reduced.

HERT comprises an experienced critical care nurse, a respiratory therapist, a critical care provider (attending physician, fellow or nurse practitioner), the patient's intern or resident, and the direct care nurse(s). In addition there are many people behind the scenes who work to ensure that all emergency equipment, emergency drugs and other supplies are available for bedside use.

Working Together to Enhance Care

The positive impact of HERT on outcomes for DHMC patients is evident in the anecdotal accounts of the nurses who care for them.

Gladys Cutis, RN, Medical Specialties, recalls a patient in a wheelchair who had been off the unit accompanied by his wife. Suddenly the wife rushed her husband back to the unit because he was having a seizure. When Cutis couldn't reach the patient's medical team, she asked a senior colleague what she should do. Her colleague told her to call HERT. Transportation personnel who happened to



be on the floor lifted the patient back into bed, and the rapid response team arrived. The critical care nurse placed an IV access, an anti-seizure medication was ordered and administered, and respiratory made sure the patient had an adequate airway. In less than 20 minutes the patient was stabilized, and the HERT team left. Cutis described it as really a good experience. Without transportation and

HERT, she believed the patient would have fallen to the floor and potentially experienced a much more negative outcome.

Christi-Lynn Brown, RN, BSN, who works on the Hematology/Oncology Unit (HSCU), described a new leukemia patient who was extremely neutropenic, with a variety of cardiac issues. The patient was already on a cardiac monitoring telemetry unit. Brown noted that the patient's blood pressure was rising. The patient's resident ordered anti-hypertensive medications, and as Brown was administering the medication, the patient experienced acute mental status changes and a very high heart rate. HERT was called, and worked with Brown to stabilize the patient's heart rate and blood pressure.

Although some felt the patient should be moved to critical care, Brown really wanted to see if a plan could be developed for her to safely administer the cardiac medications on the HSCU. Mark MacNeil, RN, BBA, the HERT Critical Care nurse, stayed for more than an hour to educate Brown about the various cardiac medications and returned later to check on the situation. Brown was delighted that with MacNeil's help, she was able to prevent a transfer of the patient to critical care.

Consultation & Resources

Improved Hand Hygiene Practices on One West

Improving hand hygiene practices on One West was one of the patient safety and clinical improvement initiatives for 2007. Hand Hygiene PDSA (Plan-Do-Study-Act) was implemented into leadership rounding, peer review, and was supported by the objectives of the Environment of Care Committee.

The Environment of Care Committee worked with all One West staff members seeking feedback on placement of hand sanitizer dispensers. Evaluation of hand care products, ease of access and use of sinks was also addressed. Recently, while unit leader Susan Eichholz, RN, BSN, OCN, was completing Leadership Rounds, she asked Doris Thibodeau, LNA, if she had the appropriate tools to do her job. Thibodeau's response



was, "Thank you, thank you, thank you! I do have the tools. You listened to me when I suggested more Purell® dispensers, and now I have them where I need them. I don't need anything else."

Along with staff satisfaction, the hand hygiene initiative has created increased awareness among our patients and support staff. It has established universal permission to ask, "Have you washed your hands?" The most recent surveillance study completed by Infectious Disease nurse Judy Ptak, RN, MSN, reveals that One West had 100% compliance. Reaching the 100% mark was a triumph that was celebrated. It was also an opportunity to sustain the momentum for hand hygiene compliance as a unit.

Quality of Care: **Pediatrics and Pediatric Intensive Care Unit: Improving Patient Satisfaction**

Because patients are DHMC's ultimate customers, their satisfaction is crucial to our success. A review of relevant data can be critical in identifying opportunities for improvement in patient care. For several years, DHMC has used Press Ganey® Patient Satisfaction Data to help us understand how satisfied patients are with our care.

The Pediatrics and Pediatric Intensive Care Unit (PICU) nurses determined that they wanted to find ways to improve their patient satisfaction scores. In December 2006 and January 2007, all nursing staff members (RNs, LNAs and secretaries) from both units attended sessions where they reviewed and analyzed the most recent patient satisfaction data. The focus was to identify what nurses could do to improve patient and family satisfaction. In these initial meetings, the staff analyzed the survey results according to age groups and length of stay for each unit to determine if there were age groups they needed to focus on or if length of stay on the unit made a difference.

After reviewing the data, team members developed a plan to address patient satisfaction in a variety of ways. They

placed patient and family satisfaction on the agenda for every staff meeting in both units. A section in each unit's newsletter was devoted to the topic of patient satisfaction. Staff members were asked to identify specific things that an individual could do to enhance patient satisfaction. Nursing staff members continued to examine variables such as age, length of stay, number of previous hospitalizations, and, as changes were made (e.g., instituting a tour of the unit for the child and the parent), they evaluated if these changes resulted in an improvement in patient satisfaction. The staff made a commitment to review the satisfaction data every month. Finally, a multidisciplinary group was formed to address any overall concerns with patient satisfaction that required involvement of members of the broader care team.

Each unit now routinely posts graphs of satisfaction data so staff can monitor improvement. Through this process, staff members in both Pediatrics and the PICU have been much better informed in this past year about how patient satisfaction is measured and how the actions of individuals can impact satisfaction. By keeping it as a topic of discussion at monthly staff meetings,

retreats, and skills days, staff members have multiple opportunities to discuss ideas and also to make changes that will further improve patient satisfaction.



PICU nurses Justin Harris, RN, and Nancy Thomas, RN.

Quality Improvement **Pressure Ulcer Prevention at DHMC**

The Pressure Ulcer Prevention (PUP) Team participated in the “Coaching-the-Coaching” workshop offered by the Dartmouth Institute for Health Policy and Clinical Practice. As a result, team members are able to combine the application of current clinical microsystem methods with research literature, in a project to decrease the incidence of pressure ulcers at DHMC.

Led by Mary Catherine Rawls, RN, MS, BC, the PUP Team includes Chris Apel-Cram, RN, CCRN; Jill Gilman, LNA; Sarah Greer, MD; Ingrid Mroz, RN, MS, CCRN; Peter Nolette, RN, BSN, MBA, CWCN; and Gabriele Popp, MD.

Literature related to PUP and treatment, including numerous clinical practice guidelines, was reviewed by the team and used to guide data collection and develop

interventions. The cornerstone of the initiative is the *Protecting 5 Million Lives from Harm* campaign from the Institute for Healthcare Improvement (IHI). The group used IHI resources to examine current practice and seek opportunities for improvement. National Database of Nursing Quality Indicators (NDNQI) data were used to determine high-risk units in which to pilot the interventions. The Intensive Care Unit (ICU) and one surgical unit were selected.

NDNQI Pressure Ulcer Training modules were completed by all members of the Team, as well as members of the Skin and Wound Improvement Task Force (another hospital-wide group) and the ICU-based Skin and Wound Task Force.

The result was the development of a PUP Protocol, adapted from the article by Catania and colleagues in the *American Journal of Nursing*^[1]. The protocol is currently being trialed in the ICU. Evidence and recommendations in an article by Braden and Maklebust^[2], were used to revise the nursing



A team positions a patient in the ICU.

In Memoriam: Samuel M. Levine

practice related to level of risk for pressure ulcers and recommendations for frequency of assessments.

In the ICU, team member Mroz, a Clinical Nurse specialist, is also mentoring nurses on data collection and implementation of the PUP Protocol. Since the end of October, the unit-based Skin and Wound Resource Team, led by Sharra Way, RN, and Shannon Shannon, RN, has been conducting weekly chart audits using the IHI metrics and other data elements on 10 patients' charts per week. The results demonstrate an improvement of routine assessments within 24 hours of admission to 100%, and documentation within 24 hours of the audit to be at 100% compliance. Direct care nurses have also presented a poster with the new goals related to pressure ulcer prevention and the evidence to support those goals at the annual Skills Day for nurses and at the Skills Day for support staff.

1. Catania K., Huang C., James P., Madison M., Moran M., & Ohr M. (2007). Wound wise: PUPPI: the Pressure Ulcer Prevention Protocol Interventions. *American Journal of Nursing*. 107(4):44-53
2. Braden B.J. & Maklebust, J. (2005). Preventing pressure ulcers with the Braden scale: an update on this easy-to-use tool that assesses a patient's risk. *American Journal of Nursing*. 105(6):70-2

Sam Levine, dear friend to many of us at DHMC, passed away on November 2, 2007, at the age of 82, at his home in Naples, Florida.

In 2002, the Levines endowed The Levine Nursing Continuing Education Award to support registered professional nurses' attendance at national clinical conferences, covering attendees' registration fee and travel expenses. For Sam and his wife, Annette, however, this was not enough.

In 2005, they established The Annette R. and Samuel M. Levine Endowment for Nursing Excellence. This endowment is the largest gift in support of nursing to date at Dartmouth-Hitchcock Medical Center. Most recently, this endowment has been used to support charge nurses attending the newly-formed Charge Nurse Academy.

In 2006, DHMC nominated Sam and Annette for the AJN-Beatrice Renfield Caring for the Caregiver Award, which they received. Many will remember the wonderful ceremony held here at DHMC when Diana Mason, editor of the *American Journal of Nursing*, came to present the award to Sam and Annette.



After spending the winter in Naples, Sam was looking forward to joining us here at DHMC once again in May for National Nurses Week events. He is with us in spirit as we pause to reflect with tremendous gratitude and respect on the humility and generosity of a remarkable person who has graced our path.

Models of Care

Stereotactic Radiosurgery Frames without Pain

There is growing evidence worldwide that radiosurgery is a safe, effective treatment choice for a number of conditions, including primary and metastatic brain tumors, acoustic neuromas, meningiomas, and arteriovenous malformations in deep, inaccessible areas of the brain. Stereotactic radiosurgery is a precise, technologically sophisticated procedure that can be performed on an outpatient basis. It is a significantly less taxing and better-tolerated form of therapy than repeated visits to the medical center for conventional radiation therapy.

To prepare the patient for this procedure, a halo frame is applied to the patient's head to immobilize it. The frame is secured using pins that attach to the patient's skull, and even the most stoic patients are anxious about the process. Although a local anesthetic is used to numb the skin, nurses in DHMC's Same Day Surgical Program (SDP) observed that this was not enough to keep their patients comfortable.

They believed that moderate sedation, a drug-induced depression of consciousness during which a patient responds to verbal commands, either alone or with slight

tactile stimulation, could make this a better-tolerated procedure. No interventions are required to maintain the patient's airway, spontaneous ventilation is sufficient, and adequate cardiovascular functioning is maintained. This is in keeping with DHMC philosophy and standard of care for pain management.

Under the leadership of Tricia Barr, RN, a plan was developed with Radiation Oncology, Neurosurgery, Anesthesia, and the Same Day Moderate Sedation Team to provide moderate sedation for patients undergoing frame placement. The Moderate Sedation Team comprises 26 nurses who have been educated to provide moderate sedation. In addition to their core SDP nursing skill set, they have attended an Advanced Cardiac Life Support (ACLS) program, completed a web-based DHMC Moderate Sedation course, have participated in Moderate Sedation SIM (simulation) training, and are recertified in these skills every 24 months.

Since the implementation of moderate sedation, the team surveyed a random sample of ten frame placement patients and found:

- All patients said the pain was tolerable.
- Seven of the 10 patients said they were



Patricia Barr, RN, and Symeon Missios, MD, prepare to install a halo frame on a patient in the Same Day Surgery Program.

totally comfortable during the frame placement.

- One patient who had a previous frame placement reported that this was a “much better experience.”
- The sedation helped with the long wait prior to the procedure.

The Effects of Certain Interventions on the Outcomes of Patients with Chronic Kidney Disease

Judy Dixon, RN, BSN, in concert with an interdisciplinary team, conducted a longitudinal, retrospective study on the effects of certain interventions on the outcomes of patients with chronic kidney disease (CKD). Several years ago, the Nephrology team began to improve the care of CKD patients by using stage-based interventions. These included reporting glomerular filtration rate (GFR) for each creatinine, formalizing the education approach for each patient and improving communication between the team, the patient and the primary care provider. A review of 271 patients who initiated dialysis from October 1, 2002 to September 30, 2005 was undertaken.

The patients were placed into three groups: emergent, traditional, and interdisciplinary intervention. The emergent patients, who started dialysis within 30 days of their initial nephrology evaluation, were not included in the study. In the traditional approach, each patient saw the nephrologist and had intermittent involvement from the continuing care managers during their appointment times. In the intervention group, the patient also saw the nephrologist and care managers, but at the same time, in the same room.

The interdisciplinary clinic structure also included lab testing prior to the appointment.

The interdisciplinary approach allowed for a greater transparency of information conveyed, a greater understanding of the expectations of the patient from the team, and improved the ability of the team to provide appropriate stage-based education. As patients became aware of their own level of kidney function classification, an education plan was developed for them. This greater level of understanding led to the patients' ability to be proactive in their own care plan, as well as prepare for decisions in the future.

During the retrospective study and analysis of outcomes, there were significant differences for those in the intervention group. Comparison items included such factors as number of days hospitalized, number of admissions, time to dialysis initiation, and preparation for kidney replacement therapy. This research has led not only to positive patient outcomes, but also to other opportunities for further research by Dixon and the Nephrology team, who are eager to continue to improve care for CKD patients.



Judy Dixon, RN, BSN, Nephrology Program and graduate student.

Nurses at Teachers

Improving the Care of High-Risk, Chronically Ill Patients

Health Coaches (HCs) are specially trained nurses who are part of some Dartmouth-Hitchcock primary care community group practices in the southern region. They provide evidence-based information to patients by telephone, during office visits and in group settings, with the goals of improving patient self-management skills, better preparing patients for physician office visits, encouraging physician-patient communication and more fully engaging patients in their care plans. With four nurse HCs currently—Kathleen Dargie, RN, CCM, in Manchester; Cathy Caswell, RN and Michelle Ward, RN, in Nashua; and Victoria Travisano,

RN, BC, in Keene—the program has attracted a high percentage of eligible patients and reduced hospital readmission rates and costs for patients aged 65 and older.

For years, health plans have engaged disease management vendors to offer telephone coaching to patients with chronic diseases, with the goal of preventing secondary complications and reducing healthcare utilization. While generally thought to be effective, external disease management programs have shortcomings, including the fact that nurses employed by outside vendors typically do not have access to electronic health records or scheduling systems, so they cannot easily make referrals for needed services.

In contrast, nurses trained as HCs are part of physician practice teams. They work collaboratively with Health Dialog, a disease management company that develops patient call lists based on information obtained from Dartmouth-Hitchcock Electronic Medical Records (EMR). Individuals targeted for this

intervention include patients with chronic diseases (e.g., diabetes and congestive heart failure). Each eligible patient is offered a Health Coach, who maintains periodic contact to offer information and support.

Services provided by HCs typically include motivational counseling and education specific to the patient's disease and health status. The HC determines what services are needed, while the physician or other collaborating providers may suggest other strategies. HCs also make follow-up phone calls within two days of any hospital discharge, coordinate care with others (e.g., visiting nurse or social services), address patients' concerns, and meet personally with patients who encounter difficulty following their care plan.

With complete access to EMR, HCs have real-time, comprehensive knowledge about the patient's status and can tailor every discussion to the patient's needs. Access to disease-specific patient registries helps prioritize patient calls and address gaps in care. Also, a function in the EMR allows the HC to notify the primary care physician that a particular diagnostic test is needed, facilitating the scheduling of needed care.



BOB FALCO

Health Coach Kathleen Dargie, RN, at Dartmouth-Hitchcock Manchester.

When Making a Decision is Hard: About Shared Decision Making and Breast Cancer

Shared decision making is the collaboration between patients and their caregivers to come to an agreement about healthcare choices. It is especially useful when there is no clear “best” treatment option. Caregivers provide patients information that helps them understand the likely outcome of various options, think about what is personally

important about the risks and benefits of each option, and participate in decisions about medical care.

Nurses in the Comprehensive Breast Cancer Program (CBCP) believe it is critical to engage their patients in the decision about their breast cancer treatment(s). Often there are no clear-cut treatment options for early stage breast cancer, ductal carcinoma in situ, breast reconstruction, and living with metastatic breast cancer. Patients need to be actively engaged and involved in the decision making process. In order to help facilitate this patient-centered decision making process, the CBCP has incorporated information technology and decision support into their care processes, along with traditional face-to-face time between patients and their care providers.

In preparing patients for surgical treatment, Elizabeth McCabe, ARNP, MS, talks with patients about decisions that will need to be made. This helps to better prepare patients

for their initial visit with the surgeon. Patients value McCabe’s help in exploring the various treatment options.

In addition, all new breast cancer patients have an appointment with DHMC’s Center for Shared Decision Making to fill out a self-reported health status questionnaire on a computer, and view a decision aid video about their surgical options. The video explains the risks and benefits of each option. The goal is for patients to make a decision based on their values. As a coach, Kate Clay, RN, MA, BSN, prepares the patient to participate in decisions, assesses decisional needs, provides decision support tailored to each patient, and evaluates each patient’s reaching a quality decision.

Clay promotes a patient-centered approach in both the practice setting and by sharing the outcomes of this approach on the DHMC website: “When patients know the risks and benefits of their treatment options, and have an opportunity to reflect on what matters most to them when making this decision, their decisional conflict decreases, their certainty about the right choice for them increases, and the match between their values and the choice they make improves.”



Kate Clay, RN, MA, BSN, of the Center for Shared Decision Making, counsels a patient.

Certifications Awarded and Renewed

AACN Certification Corporation:

Critical Care Nurse

Jean A. Proehl, RN, MN, CEN, CCRN, FAEN

AACN American Association of Colleges of Nursing:

Clinical Nurse Leader

Ellen B. Ceppetelli, RN, MS, CNL

American Nurses Credentialing Center:

Certified Case Manager

Patricia P. Mock, RN-BC, BSN, CCM

Kathryn Kaminski, RN-BC, MS, CCM

Certified Diabetes Educator

Ann S. Christiano, ARNP-BC, MSN, CDE

Certified Nursing Administration

Cindra L. Wallin, RN, BSN, MBA, CNA

Certified Otorhinolaryngology Head and Neck Nurse

Joyce Truman, RN-BC, BSN, CORLN

Certified Occupational Health Nurse

Carol Goodman, RN-BC, COHN

Certified Pediatric Nurse

Michelle Adams, RN-C, BSN

Certification in Family Nursing

Debra C. Lloyd, ARNP, MS, APRN-BC, CWCN, CRRN

Certification in Psychiatric and Mental Health Nursing

Wendy Bayles-Dazet, ARNP, MS, APRN-BC

American Board of Nursing Specialties:

Certified Neuroscience Nurse

Judy Graham, RN, CNRN

Heather A. Martin, RN, MSN, CNRN

Karen R. Richardson, RN, BSN, CNRN

American Society of Perianesthesia Nurses:

Certified Perianesthesia Nurse

Patricia R. Graffum, RN, BSN, CPAN

Rennie M. Howerin, RN, BSN, CPAN

Board of Certification For Emergency Nursing:

Certified Emergency Nurse

Hilary L.S. Hawkins, RN, BSN, CEN

Jean A. Proehl, RN, MN, CEN, CCRN, FAEN

Deborah Upton, ARNP, MSN, APRN-BC, CEN

Competency & Credentialing Institute:

Certified Nurse Operating Room

Roseanne Arnett, RN, BSN, CNOR

Martin Hohmann, RN, CNOR

Tracy L. Stokes, RN, CNOR

Stephanie Stone, RN, BSN, CNOR

Infusion Nurses

Certification Corporation:

Certified Registered Nurse Infusion

Maureen Lynch, RN, BSN, CRNI

National Association for Healthcare Quality:

Certified Professional in Healthcare Quality

Leigh S. Roche, RN, BSN, MBA, CPHQ

National Asthma

Education Certification Board:

Certified Asthma Educator

Laura B. Bonacore, RN, MSN, AE-C

Kathleen Brown, RN, BC, AE-C

National Certification Corporation:

High Risk Neonatal Nurse

Mary Roberta Scott, RN-C

Neonatal Nurse Practitioner

Madge Buus-Frank, ARNP, MS, RNC

Oncology Nursing Certification Corporation:

Oncology Certified Nurse

Michelle A. Cutler, RN, OCN

Rebecca Thurner Longley, RN, BSN, OCN

Certified Pediatric Oncology Nurse

Richard Fedorchak, RN, BSN, CPON

Certification Board of Infection Control and Epidemiology Nurses:

Infection Control & Epidemiology

Randall H. Smith, RN, MS, CIC

Pediatric Nursing

Certification Board:

Certified Pediatric Nurse Practitioner

Deborah A. Pullin, ARNP, CPNP

Society of

Gastroenterology Nurses:

Certified Gastroenterology Registered Nurse

Cynthia A. Darling, RN, BSN, CGRN

Susan Musty, RN, BSN, CGRN

Education Updates

Wendy Bayles-Dazet, ARNP, MS, APRN-BC, received a Master of Science degree from Rivier College.

Ellen M. Lavoie Smith, ARNP, PhD, APRN-BC, AOCN, Director, Hematology/Oncology Advanced Practice Nursing, received a Doctor of Philosophy (PhD) from the University of Utah College of Nursing.

Scholarships Awarded

The Levine Nursing Continuing Education Awards

Jo-Anne Dombrowskas, RN Intermediate Cardiac Care Unit

Judy Ptak, RN, MSN Infection Prevention

Lori Wood, RN Intensive Care Nursery

Elsa Frank Hintze Nurse Excellence Scholarship

Cheryl Calhoun, RN, BSN, CCRN Cardiovascular Critical Care

Patricia Super, RN-BC, BSN Pediatrics Unit

Office of Professional Nursing Evidence-Based Nursing Practice Conference Award

Hilary Hawkins, RN, BSN, CEN Emergency Department

Deborah Lindberg, RN-BC, BSN, MBA, Gastroenterology & Hepatology Clinic

Gladys A. Godfrey Scholarship

Alison D. Gilliland, LPN Patient Care Support

Madlyn R. Smith Promise Award in Nursing

Angela Gibbs, RN Hematology/Oncology Clinic

Anna Hoobing Smith Promise Award in Nursing

Laurie Heels, RN, BSN Perioperative Services

Tiffany Sykes, RN, BSN Intermediate Cardiac Care Unit

Dartmouth-Hitchcock Alliance Scholarships

(Pursuing a Practical Nursing Degree)

Alison D. Gilliland, LPN Patient Care Support

(Pursuing an Associates Degree in Nursing)

Heather M. Fleming, LNA Inpatient Surgery

Courtney Ordway, LNA Intensive Care Unit

Carla M. Tornifoglio, LNA Inpatient Surgery

(Pursuing a Bachelor's Degree in Nursing)

Odalie Bernash, LNA Pediatric Intensive Care Unit

Danielle M. Davis, LNA Intensive Care Unit

Amelia L. Gilman, LNA Intensive Care Unit

(Pursuing a Master's Degree in Nursing)

Susan Louise Cole, RN, BSN
Intermediate Cardiac Care Unit

Kathleen Craig, RN-C, BSN,
IBCLC, Birthing Pavilion

Terrie Farnham, RN, BS, MS
Medical Specialties

Laurie Heels, RN, BSN
Perioperative Services

Renee M. King, RN, BSN,
CCRN

Intensive Care Unit

Darcy M. Kreis, RN, BA
Inpatient Surgery

Renee Maynes, RN-BC, BSN
Office of Professional Nursing

Andrea L. Mullen, RN, BSN
Inpatient Surgery

Carole L. Usher, RN, BSN
Neuroscience Special Care Unit

Ann A. Wescott, RN, BSN
Post Anesthesia Care Unit

*James W. Varnum
Nursing Scholarship*

(Pursuing an Associate's Degree in Nursing)

Cheryl L. Abbott, LNA
Neurosciences Special Care Unit

Robin L. Adams, LNA
Neuroscience/ENT

Stacey L. Albergo, PST II
Perioperative Services

Karen H. Appleton, LNA
Inpatient Surgery

Carol A. Barraby, LNA
Hematology/Oncology

Deborah L. Doucette, LPN
Neurology Clinic

Stephanie D. Duquette, LNA
Pediatrics

Heather M. Fleming, LNA
Inpatient Surgery

Tina G. Kebalka, LNA
Inpatient Surgery

Susan C. Sinclair, LNA
Inpatient Surgery

Nichole L. Sorenson, PST II
Perioperative Services

Pamela Tilton, MEd, CHES
Health Care Worker Health
Promotion Project

(Pursuing a Bachelor's Degree in Nursing)

Erin A. Cartier, RN
Occupational Medicine

Judith A. Elsasser, RN
Care Management

Todd S. Gardner, LNA
Inpatient Surgery

Mary Ann Guimond, RN
Psychiatry

Sharon C. Houle, RN
Bedford Pediatrics

Jason C. Moores, RN
Cardiovascular Critical Care Unit

**Teresa M. Moulton-
McKinley**, RN
Emergency Department

Tracy L. Stokes, RN, CNOR
Perioperative Services

Jennifer B. Tuohy, RN
Neuroscience/ENT

Kristina L. Waters, LNA
Cardiovascular Critical Care Unit

(Pursuing a Master's Degree in Nursing)

Olushola D. Alaka, RN, BSN
Cardiovascular Critical Care Unit

Kathleen M. Craig, RN,
IBCLC
Birthing Pavilion

Angela R. Gibbs, RN
Hematology/Oncology Clinic

Evelyn Hanscom, RN, BSN
Post Anesthesia Care Unit

Laurie Heels, RN, BSN
Perioperative Services

Renee E. Maynes, RN-BC, BSN
Office of Professional Nursing

Patricia P. Mock, RN, BSN, CCM
Care Management

Nicole Stone, RN, BSN
Pediatric Hematology/Oncology

Tiffany C. Sykes, RN, BSN
Intermediate Cardiac Care Unit

Carole Usher, RN, BSN, CNRN
Neuroscience Special Care Unit

Jessica L. Wood, RN, BSN
Birthing Pavilion

Grants Awarded

Stephen J. Bartels, MD, MS,
and **Suzanne C. Beyea**, RN,
PhD, FAAN, received a grant
from the Health Resources and
Services Administration (HRSA)
for the creation of the Northern
New England Geriatric Education
Center.

Donna Brown, RN, BSN;
Diana Connolly, RN, MSN,
CCRN; **Ruth Perrinez**,

RN-BC, BSN; and **Colleen
Warren**, RN-BC, MSN,
Medical Specialties, received
a Quality Research Grant for a
project entitled "Improving RN
Shift to Shift Report on Medical
Specialties."

Hilary L.S. Hawkins, RN,
BSN, CEN; **Andree Dearing**,
RN; and **Jean Proehl**, RN, MN,
CEN, CCRN, FAEN, Emergency
Department, received a Quality
Research Grant for a project

Nancy Formella Named President

After more than a year at the helm as the acting president of New Hampshire's largest hospital, Nancy Formella, RN, MSN, was formally named the president of Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Alliance by the organizations' respective boards. The appointment was announced to all physicians and staff on May 3, 2007.

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entitled "Safe Transport of Low Risk Telemetry Patients without Cardiac Monitoring and RN Attendance to Improve Nurse/Room Utilization," from the Quality Research Grant Program.

Caryn Spielman McCoy, RN, MSN, received a Quality Research Grant for a project entitled "Standardizing the Use of Fentanyl in Mechanically Ventilated Infants in the Intensive Care Nursery."

Brant J. Oliver, ARNP, MSN, Neurology Department, received a Quality Research Grant for a project entitled "Screening and Treatment of Depression in Multiple Sclerosis: An Evaluation of Treatment Efficacy and Quality of Life Changes Secondary to Treatment of Depression in Two Care Process Models - A New Integrative Practice Model versus the Standard Referral Method."

Julie Shocksneider, RNC, MS, CCE, received a grant from the March of Dimes for the development of the March of Dimes Nursing Module Library and Group Facilitated Programs.

Ellen Lavoie Smith, ARNP, PhD, APRN-BC, AOCN, was a Co-Investigator on:

- A Robert Wood Johnson funded project entitled "Measuring Nursing Care Quality Related to Pain Management" [PI with Susan L. Beck, PhD, APRN, FAAN; Patricia Berry, PhD, APRN, BC-PCM; William Dudley, PhD; and Jeannine Brant, MS, CNS, AOCN].
- An Oncology Nursing Foundation Grant for a project entitled "Does Certification Make a Difference in Pain

Outcomes?" [PI with Susan L. Beck, PhD, APRN, FAAN; Patricia Berry, APRN, PhD, BC-PCM; William Dudley, PhD; Gail Towsley, PhD; and Jeannine Brant, MS, CNS, AOCN].

Other Awards

Peggy Bishop, ARNP, MSN, received the *Overall APN Excellence Award* from the Norris Cotton Cancer Center for her excellence and dedication to palliative care. Specifically, Ms. Bishop was honored for her ability to work with patients and their families in a truly skilled and compassionate manner. She was also acknowledged for her services as a mentor and evangelist for palliative care.

Wendye DiSalvo, ARNP, MSN, AOCN, received the *Academic Excellence Award*. This award acknowledges academic productivity and is awarded based on quantitative evidence of achievement. The recipient was recognized for her publications, involvement in research, and prowess as an educator on local, regional, and national levels. Ms. DiSalvo was also honored for establishing Dartmouth-Hitchcock Medical Center's first Tobacco Cessation Clinic, serving the needs of patients and families both with and without cancer.

Captain Michael R. Hawkins, CRNA, received the *Army Commendation Medal* for exceptionally meritorious achievement during a potentially dangerous extraction of an unexploded ordnance lodged in the leg of a soldier.

Linda (Kobokovich) von Reyn, RN, PhD, received the *Excellence in Nursing Leadership Award* from the New Hampshire Chapter of the Organization of Nurse Leaders.

Maureen T. Quigley, ARNP, MS, FNP, received the *James Varnum Quality Healthcare Award*.

Joanne Sandberg-Cook, ARNP, MS, BC, ANP, GNP, BC-PCM, was co-editor of a book (Primary Care: A Collaborative Practice), that received the *American Journal of Nursing Book of the Year Award* in the Advanced Practice Nursing Category and also received a Five Star Doody Review Rating.

Colleen Warren, RN-BC, MSN, received the *Graduate Student Award* from Sigma Theta Tau (Kappa Tau Chapter) and the *2007 Clinical Excellence Award* from the Vermont State Nurses' Association.

Arete Awards

Michelle Adams, RN-C
Pediatric Clinic

Breanne Blanchette, RN
Intensive Care Unit

Maureen Buffo, RN
Cardiovascular Critical Care Unit

Carol Burnham, RN
Psychiatric Services

Carol Lynn Cook, RN
Pediatrics/Adolescents

Michelle Gage, RN
Intermediate Cardiac Care Unit

Derri Guadagni, RN
Spine Center

Marilyn Harrison, RN
Medical Hematology/Oncology

Brendan Hickey, RN
IV Team

Meghan Hill, RN
Inpatient Surgery

Jane Jackson, RN
Same Day Program/Pre-Admission Testing

Diane Kelly, RN
Perioperative Services

Sara Korrow, RN
Birthing Pavilion

Laura Madden, RN
Medical Specialties

Amy Moynihan, RN
Pediatric Intensive Care Unit

Alicia Patten, RN
Inpatient Surgery

Karen Richardson, RN
Post Anesthesia Care Unit

Heather Ryan, RN
Gastroenterology Clinic

Amy Schneider, RN
Inpatient Surgery

Cynthia Stageman, RN
Radiation Oncology

Teresa Ward, RN
Emergency Department

Linda Warren, RN
Neuroscience Special Care Unit

Katherine Williams, RN
Care Management

Lori Wood, RN
Intensive Care Nursery

Professional Activities

Linda Arsenault, RN, MSN, CNRN

- Manuscript Reviewer, Journal of Neuroscience Nursing.
- Expert Reviewer, Early Acute Management of Spinal Cord Injury: Clinical Practice Guideline.
- Consortium for Spinal Cord Medicine and Its Acute Mgmt.

Suzanne C. Beyea, RN, PhD, FAAN

- Research Committee, National Patient Safety Foundation.
- Member, Safe Medication Use Committee, United States Pharmacopoeia (USP).
- Editorial Board, AORN Journal and International Journal of Nursing Terminologies and Classifications.

Madge Buus-Frank, ARNP, MS, RNC

- Member, Planning Committee, Neonatal Advanced Practice Nursing Forum.
- Clinical Consultant, National Initiative for Children's Healthcare Quality/Centers for Medicaid Services.
- Editorial Board Member, MedScape Nursing.
- Editorial Peer Review, JOGNN.
- Review board, editorial board, Neonatal, Pediatric & Child Health Nursing.

Ellen B. Ceppetelli, RN, MS, CNL

- Board of Advisors, Harvard-NIOSH.
- Visiting Scholar, Harvard School of Public Health, Education & Research Center Occupational Safety and Health.
- Adjunct Professor, University of Vermont, School of Nursing, Burlington, VT.
- VT Educational Loan Repayment Program for Nurses Review Committee.
- Member, Upper Valley Community College of Vermont Advisory Board.

- Member, Franklin Pierce Department of Nursing Advisory Board.

Susan Eichholz, RN, BSN, OCN

- President, New Hampshire/Vermont Oncology Nursing Society Chapter.

Catherine Mayer, RN, BSN, OCN

- Treasurer, New Hampshire/Vermont Oncology Nursing Society Chapter.

Peggy Plunkett, ARNP, MSN, APRN-BC

- Member of national work group to revise the Psychiatric-Mental Nursing: Scope and Standards of Practice, American Nurses Association (ANA) and International Society of Psychiatric Nurses (ISPN).

Maureen T. Quigley, ARNP, MS, FNP

- Member, Allied Health Program Committee, American Society for Metabolic and Bariatric Surgery.
- American Society for Metabolic and Bariatric Surgery RN Certification Exam Review Committee.
- Exam writer, American Society for Metabolic and Bariatric Surgery RN Certification Exam.
- Moderator, Allied Health Committee General Session, American Society for Bariatric and Metabolic Surgery, San Diego, CA, June 2007.

Julie Shocksneider, RNC, MS, CCE

- New Hampshire Nurses Association Commission on Continuing Education.

Karen Skalla, ARNP, MSN

- Coordinator Elect, Spiritual Care Special Interest Group (SIG), Oncology Nursing Society.

June Stacey, RN, BSN, CEN

- President, Vermont State Council, Emergency Nurses Association.

Publications

Bakitas, M. A. (2007). *Background noise: The Experience of Chemotherapy-Induced Peripheral Neuropathy*. *Nursing Research*, 56(5), 323-331.

Beck, S., Berry, P., Brant, J., Smith, E., & Towsley, G., (2007). *Content Validity of the Pain and Nursing Care Quality (PaNCQ) Survey*. *Oncology Nursing Forum*, 34(2), 516.

Beyea, S. C. (2007). *Update on Correct Site Surgery*. *AORN Journal*, 85(2), 415-417.

Beyea, S. C., Simmons, D., & Hicks, R. W. (2007). *Caution: Tubing Misconnections can be Deadly*. *AORN Journal*, 85(3), 633-635.

Beyea, S. C. (2007). *Preparing for Electrical Power System Failures*. *AORN Journal*, 85(4), 819, 821-2.

Beyea, S. C. (2007). *The Protecting 5 Million Lives from Harm Campaign*. *AORN Journal*, 85(5), 961-964.

Beyea, S. C. (2007). *Encouraging Patients to Participate in Their Health Care*. *AORN Journal*, 85(6), 1231-1233.

Beyea, S. C. (2007). *Noise: A Distraction, Interruption, and Safety Hazard*. *AORN Journal*, 86(2), 281.

Beyea, S. C., von Reyn, L. K., & Slattery, M. J. (2007). *A Nurse Residency Program for Competency Development Using Human Patient Simulation*. *Journal for Nurses in Staff Development*, 23(2), 77-82.

Buttaro, T., Trybulski, J., Bailey, P. Polgar, J., & Sandburg-Cook, J., (2007). *Primary Care, A Collaborative Practice (3rd ed.)*. St. Louis: Mosby Elsevier.

The following DHMC nurse authors have contributed chapters to the above award-winning book:

- Bakitas, M., Palliative and End of Life Care.
- Bishop, M., Palliative and End of Life Care.
- Boardman, M., Chronic Obstructive Pulmonary Disease.
- Craig, K., Lactation.
- DiSalvo, W., Lung Cancer.
- Fournier, D., Depressive Disorders, Post Traumatic Stress Disorder.
- Gilbert, K., Seizure Disorder.
- Jordan, B., Parkinson's Disease.
- Knee, N., Dermatitis Medicamentosa, Intertrigo, Nail Disorders, & Stasis Dermatitis.
- Lemay, K.H., Incontinence, & Obstructive Uropathy.

• Malone, M., Blood Coagulation Disorders.

• McKernan, L., Blood Coagulation Disorders.

• Meyer, L., Diverticular Disease, Jaundice, & Tumors of the Gastrointestinal Tract.

• Ptak, J., Influenza.

• Sandberg-Cook, J., Editor and author of Aging and Common Geriatric Syndromes, Purpura, Sarcoidosis, Stretch Exercises, Gullain-Barre, Tumors of the Brain, Barotrauma and other Diving Injuries, & Infectious Diarrhea.

• Schaal, A. D., Myeloplastic Syndromes.

• Stempkowski, L., Male Sexual Dysfunction, & Tumors of the Genitourinary Tract.

• Van Buren, G., Headache.

• Young, M., Wound Management, & Lipid Disorders.

Dell'Api, M., Rennick, J. E., Rosmus, C. (2007). *Childhood Chronic Pain and Health Care Professional Interactions: Shaping the Chronic Pain Experiences of Children*. *Journal of Child Health Care*, 11(4), 269-286.

Fanciullo, G. J., Cravero, J. P., Mudge, B. O., McHugo, G. J., Baird, J. C., (2007). *Development of a New Computer Method to Assess Children's Pain*. *Pain Medicine*, 8(S3), 121-128.

Gilboy, N., & Hawkins, M. R., (2007). *Noninvasive Monitoring of End-Tidal Carbon Dioxide in the Emergency Department*. *Advanced Emergency Nursing Journal*, 28(4), 301-315.

Hoyt, K. S., & Proehl, J. A., (2007). *Peer Review for Professional Publications*. *Advanced Emergency Nursing Journal*, 29(3), 260-264.

Hoyt, K. S., & Proehl, J. A., (2007). *From the Editors. Reviewers—The Unsung Heroes of Publishing*. *Advanced Emergency Nursing Journal*, 29(3), 183.

Hoyt, K. S., & Proehl, J. A., (2007). *From the Editors*. *Advanced Emergency Nursing Journal*, 29(1), 1-2, 29(2), 85-86, 29(3), 183, & 29(4), 287-288.

Knafel, K., Deatrick, J., Gallo, A., Holcombe, G., Bakitas, M., Dixon, J., & Grey, M. (2007). *The Analysis and Interpretation of Cognitive Interviews for Instrument Development*. *Research in Nursing & Health*, 30(2), 224-234.

Proehl, J. A. (2007). *Nursing Assessment and Priority Setting*. In *Emergency Nurses Association (Ed.), Emergency Nursing Core Curriculum (6th ed., pp. 1-27)*. St. Louis: Saunders Elsevier.

Proehl, J. A., (Ed.). (2007). *Emergency Nursing Procedures (4th ed.)*. St. Louis: Saunders Elsevier.

Truman, J., Arsenault, L., & Edson, T. (2007). *A Go Kit and a Caddy: Airway Management Preparedness for Patients who have a Tracheostomy or a Laryngectomy*. *ORL-Head and Neck Nursing*, 25(4), 7-13.

Urquhart, L. M. (2007). *Withholding Nutrition and Hydration in Women with Advanced Gynecologic Cancers*. *Journal of Gynecologic Oncology Nursing*, 17(1), 17-19.

The core concepts of patient- and family-centered care:

Dignity and Respect. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Courtesy of the Institute for Family-Centered Care.
www.familycenteredcare.org

Weinstein, J. N., Clay, K., & Morgan, T. S. (2007). *Informed Patient Choice: Patient-Centered Valuing of Surgical Risks and Benefits*. Health Affairs, 26(3), 726-730.

Presentations

Arsenault, L., CNRN Examination Review. Lebanon, NH. (March & April).

Arsenault, L., *Stroke Update*. Annual Neuroscience Nurses Symposium. Lebanon, NH. (May).

Arsenault, L., *Age Related Changes in the Nervous System*. Geriatric Review Course. Lebanon, NH. (June & November).

Beck, S., Berry, P., Brant, J., Smith, E., & Towsley, G. *Content Validity of the Pain and Nursing Care Quality (PaNCQ) Survey*. Oncology Nursing Society 32nd Annual Congress. Las Vegas, NV. (April).

Buus-Frank, M., *Are You Ready for the Baby That Is Not Quite Ready? Challenges in Caring for a Late-Preterm Infant*. Kansas City NANN Chapter Spring Meeting. Kansas City, MO. (April).

Buus-Frank, M., Multiple Sessions at the Lancaster General Hospital's Neonatal Certification Review Course. Lancaster, PA. (April).

Buus-Frank, M., *Interpreting the Dark Shadows: Neonatal Radiology Review and Protecting the Developing Brain: Clinical Care of the Very-Low-Birth Weight Infant*. The Children's Hospital at Bronson Multi-dimensional Neonatal Care.

Kalamazoo, MI. (April).

Buus-Frank, M., Multiple Sessions at the 10th Annual Neonatal Advanced Practice Nursing Forum. Washington, DC. (May).

Buus-Frank, M., *Beyond Our Nursery Walls: Caring For Any Baby, Any Time, Anywhere*. Christiana Hospital and the Delaware Valley Association of Neonatal Nurses. Newark, DE. (May).

Buus-Frank, M., Multiple Sessions at the Blank Children's Hospital Mother Baby Conference. Des Moines, IA. (August).

Buus-Frank, M., Multiple Sessions at the National Association of Neonatal Nurses Annual Meeting. San Diego, CA. (September).

Buus-Frank, M., *Parents Are Not Visitors: The Art and Science of Supporting Families in the NICU and Beyond*. Omaha Children's Hospital 5th Annual Nathan Ashford Conference. Omaha, NE. (September).

Buus-Frank, M., Multiple Sessions at the 6th International Neonatal Nursing Conference. Delhi, India. (September).

Buus-Frank, M., Multiple Sessions at the New York Association of Neonatal Nurses Fall Conference—We've Come A Long Way Baby: 40+ Years of NICU Caring and Counting! New York, NY. (October).

Buus-Frank, M., Multiple Sessions at the Florida Association of Neonatal Nurse Practitioners. St. Petersburg, FL. (October).

Buus-Frank, M., Multiple Sessions at the Fetus and the Newborn Conference. Orlando, FL. (October).

Buus-Frank, M., Multiple Sessions at the Great Imposter: Challenges in Caring for the Late-Preterm Infant. Chicago, IL. (October).

Buus-Frank, M., Multiple Sessions at the Toronto Hospital for Sick Children (SickKids) Infant Mental Health Program Workshop—It Takes a Village to Raise a NICU Graduate. Toronto, Canada. (October).

Ceppetelli, E., *A is for Asthma*. National Association of Pediatric Nurse Practitioners Annual Meeting. Orlando, FL. (March).

Connolly, D., *Hand-off Communication: The Essentials*. Nursing Connections: 2007 Fall Series. Barre, VT. (November).

Gilbert, K., *Caring for Epilepsy Patients in the 21st Century*. Nursing Spectrum Career Fair. Nashua, NH. (August).

Mudge, B., *Assuring Pediatric Medication Safety*. New Hampshire Nurses Association. Nashua, NH. (February).

Mudge, B., *Pediatric Falls Prevention Program and Pediatric Medication: Assuring Staff Competency*. Central Vermont Hospital. Barre, VT. (June).

Plunkett, P., *Cognitive/Mental Assessment and Depression, Delirium, and Dementia in Older Adults*. Best Nursing Practices in the Care of Older Adults. Glencliff, NH. (January).

Plunkett, P., *Management of Depression, Bipolar Disorder and Suicide Ideation; Management of Psychotic Symptoms; and Case Studies.* Advanced Concepts in Gerontology Care—Mental Health and Cognitive Issues. Lebanon, NH. (March).

Plunkett, P., *Ethical Issues: Advanced Care Planning, DNR, Limiting Life-Sustaining Treatments and Comfort Measures.* Gerontology Nursing: Concepts of Palliative Care. Lebanon, NH. (March).

Plunkett, P., *But This Patient Doesn't Belong Here: Patients With Personality Disorders in Non-Psychiatric Settings.* Mental Health Update Conference - Vermont State Nurses Association. White River Junction, VT. (September).

Plunkett, P., *Anxiety and Depression in Hematology/Oncology Patients.* Hematology/Oncology Mini Course. Lebanon, NH. (September).

Plunkett, P., *Cognitive/Mental Assessment and Depression, Delirium, and Dementia in Older Adults.* Best Nursing Practices in the Care of Older Adults. Rutland, VT. (October).

Proehl, J.A., Hoyt, K.S., *Advanced Degrees: Which One is for You?* Emergency Nurses Association Leadership Conference. Boston, MA. (February).

Proehl, J.A., *Geriatric Trauma & Prevention,* Geriatric Emergencies. Lebanon, NH. (March).

Proehl, J.A., *Respite, Prospice (Keynote), Trics of Trauma, Nurses' Role in Trauma Procedures.* New York Emergency Nurses Association. Saratoga Springs, NY. (April).

Proehl, J.A., *Critical Orthopedic Emergencies.* New England Nurse Practitioner Conference. Boston, MA. (May).

Proehl, J.A., *Emergency Nursing in the 3rd Millenium. Critical Clinical Thinking.* New Zealand, College of Emergency Nursing. Dunedin, New Zealand. (August & September).

Proehl, J.A., & Hoyt, K.S., Holleran, R.S., & McMahon, M.M., *Pearls of Publishing: Editors' Panel.* Emergency Nurses Association Scientific Assembly. Salt Lake City, UT. (August).

Proehl, J.A., & Hoyt, K.S., *Critical Orthopedic Emergencies, Trics of Trauma, Head Trauma, Critical Clinical Thinking, and Pearls of Emergency Nursing.* Northside Hospital Emergency Nursing Conference. Atlanta, GA. (October).

Pullin, D.A., & Tassel, A., *Screening for Intimate Partner Violence in the Pediatric Setting.* Impact of Domestic Violence on Children. Lebanon, NH. (April).

Pullin, D.A., & Gallant, J., *Child Maltreatment Overview: Why it Matters, What We Do.* Pediatric Interest Group Meeting, University of Vermont Medical School. Burlington, VT. (November).

Quigley, M.T., *Pre-operative Evaluation, Obesity: What's Known and What's New.* DHMC. Lebanon, NH. (April).

Quigley, M.T., *Morbid Obesity: Medical, Surgical and Psychosocial Issues.* DHMC. Lebanon, NH. (December).

Quigley, M.T., *Redesigning Health Care: Problems and Opportunities.* Obesity in America: Current Challenges. Needed Solutions. Dartmouth College, Thayer School of Engineering. Hanover, NH. (December).

Rennick, J.E., McHarg, L., Johnston, C.C., Dell'Api, M., Stevens, B., & Rashotte, J., *The Children's Critical Illness Impact Scale: A New Measure of Psychological Distress for Children.* 5th World Congress on Pediatric Critical Care. Geneva, Switzerland. (June).

Skalla, K., *Anticipatory Grief and Metabolic Emergencies.* Hematology/Oncology Minicourse. DHMC. Lebanon, NH. (September).

Skalla, K., *Spirituality in Patient Care.* Veterans Affairs Medical Center. White River Junction, VT. (October).

Skalla, K., *Spiritual Care of the Patient with Cancer, Hematology/Oncology Fellowship Program.* Norris Cotton Cancer Center. Lebanon, NH. (October).

Todd, F., *Using Human Patient Simulation for Graduate Nurses.* Boston, MA. (August), and Cincinnati, OH. (October).

Upton, D., *Acute Confusion in the Elderly.* Annual Geriatric Conference. Lebanon, NH. (April).

Upton, D., *Respiratory Assessment and Common Respiratory Diseases in the Home Health Patient.* Annual Upper VT Valley Home Health Conference. Lebanon, NH. (May); Springfield, VT. (September).

Poster Presentations

Ceppetelli, E., *Interdisciplinary Partnership Outcome: A Nurse Shadowing Elective for Medical Students.* Nursing Economics-First Nurse Faculty/Nurse Executive Summit. Scottsdale, AZ. (November).

Crowley, D., Waterhouse, L., Slattery, M. J., & Muller, D., *Implementation of a Safe Patient Handling Program In Acute Care.* New Hampshire Organization of Nurse Leaders. Concord, NH. (June).

Pidgeon, D., Fuller, T., Tobin, D., Krasnoff, M., Dixon, T., Frank, E., Corcoran, E., Berry-Bedard, L., Bagley, N., Guthrie, S., Reichel, D., and Thompson, E., *Geriatric Risk Assessment for Falls—An Interdisciplinary Approach in Primary Care,* American Physical Therapy Association Annual Conference, Denver, CO. (June).

Ptak, J., & Kirkland, K., *Screening Tool Exposes How Many People Enter Pediatric Units.* Educational Conference and International Meeting of the Association for Professionals in Infection Control & Epidemiology. San Jose, CA. (June).

Ptak, J., & Kirkland, K., & Evanofski, M., *A System for Identification of Patients Who May Have a Contagious Respiratory Illness.* Educational Conference and International Meeting of the Association for Professionals in Infection Control & Epidemiology. San Jose, CA. (June).

Soho, S.K., *On-site Continuing Education to Increase Provider Knowledge of Clinical Breast Exam: Success through Partnership.* CDC Cancer Conference. Atlanta, GA. (August).

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Vision Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

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Unwavering commitment to provide care that is coordinated, effective, efficient, compassionate and safe.

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Close the Quality Gap

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Attract and Engage Others

Build essential partnerships and convene group and community resources at the local, regional and national levels to achieve our vision.

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Build an Empowering Culture

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