According to nursing theorist Dr. Jean Watson, “Caring is the essence of nursing and connotes responsiveness between the nurse and the person.” With all of the advances in medicine and technology and all of the challenges presented by the shifting healthcare environment, the caring connection between nurses and their patients remains unwavering. When describing our nurses, St. Vincent’s patients use these words: exceptional, compassionate, expert, sensitive, responsive, talented, patient, kind and caring. When our patients are asked if there is anything that was outstanding about their hospital stay, they frequently comment on the quality of our caring nursing team. As the most trusted profession, nurses are in a unique position to truly make a difference in the lives of our patients and their families.

We are caring for patients at every stage of life and in every setting of the healthcare landscape across our system. While the opportunities to learn new skills and practice in new settings continues to expand, our nurses respond by meeting the patients and families where they are — and serving as navigators to help simplify their healthcare journeys. St. Vincent’s is blessed with a very dedicated team of professional nurses and we are grateful for their commitment to the population of persons we are called to serve.

Dale Danowski, MBA, BSN, RN
Senior Vice President, Chief Nursing Officer
Medical Mission at Home

SERVING OUR MOST VULNERABLE

Thanks to the support of more than 500 volunteers, St. Vincent’s second Medical Mission at Home was an impactful day of service to our community.

Nearly 200 of our most vulnerable community residents were able to receive medical care, foot washing and podiatry services, nutrition, physical therapy, smoking cessation, spiritual care, behavioral health services, social services, child care services, reader eyeglasses, vaccinations and flu shots, and take home a warm coat, new shoes and socks. Twenty women were also able to receive mammograms.

Watch the inspiring 2016 Medical Mission at Home here.

https://www.youtube.com/watch?v=rE8rWal5XK8

Our Medical Mission was truly the demonstration of our St. Vincent’s mission and core values in action, and serving “the least of our brothers.”
“Creating the right culture is nothing more than knowing who you are and who you want to be and doing the things needed for that transformation to occur.”

— Author Unknown
Organ Donation

AND THE GIFT OF LIFE

During a family’s darkest hour of grief, organ donation can offer a glimmer of hope. Donation changes the course of a family’s journey through grief; knowing their loved one was able to help others makes the pain of their loss a little more bearable. We are hopeful that the patient’s family receives some solace in their grief with the knowledge that their final act of kindness was to leave a legacy to others through the Gift of Life.

St. Vincent’s Medical Center is actively involved with the New England Organ Bank (NEOB). Patients are typically referred to the NEOB from the ICU or ED, but any unit can make a referral. There are many disciplines involved in organ donation, including Respiratory, Operating Room, Anesthesia, Neurology, Nephrology, Pathology, Cath Lab, Radiology, Pastoral Care, Security, Cardiology, and Admitting. Based on this collaborative effort the lives of many individuals have been saved and enhanced.

During 2016 St. Vincent's supported three organ donors. Twelve organs were recovered for transplant and all 12 were transplanted: Four kidneys, three livers, one heart, and two double-lung transplants saved the lives of 10 recipients.

St. Vincent’s supported 27 tissue donors, which could help enhance the lives of up to 1,400 recipients. Seventy-eight tissues were recovered for both research and transplant:

- Bone – 16
- Tendon – 12
- Cornea – 22
- Skin – 18
- Pericardium – 2
- Heart valves – 5
- Vein – 3
This is a story about a dog named Frank. Frank’s owner was a patient of ours who was near the end of life and being transferred from our unit to an inpatient hospice facility. The request was basic; Frank’s owner wanted to see him one more time before being transferred.

As the inpatient Nurse Manager, the nurses asked me if this could be done. I did not hesitate. Through years of work in end-of-life care, I have witnessed time and time again the healing power of animals. Animals often comfort patients in ways medications should envy.

Frank entered the hospital through the back door. I took one look at him and immediately started laughing. He was a full-sized Pug with a smile across his face; you could not help but laugh when you looked at him. Without a care in the world, he came to our floor and was greeted with smiles from everyone who saw his face. But the most fulfilling smile for me was the one from his owner - and, in return, the pure excitement on Frank’s face when they were reunited.

A short while later the owner’s sister approached the nursing station. “Does anyone want to adopt Frank?” she asked. “We will be taking him to the rescue center tomorrow morning if we can’t find him a home.” Immediately, the nurses and I started to send out texts to see if anyone wanted this adorable dog. I sent my husband a picture with a quick explanation, and in record time, I got his text back: “Absolutely!”

Frank spent the remainder of the afternoon with his beloved owner who would be leaving our hospital in the morning. When I was ready to head home, I went into the patient’s room and asked if they were ready for me to take Frank. The owner first asked me about my family, and was happy to hear that Frank would go to a home that wanted a second dog and that our daughters had grown up with a dog by their sides. Frank rode home in my lap. He was so excited to see where we were going. Because Frank’s arrival was a surprise, he was met by the howls of two excited young girls and one very confused dog. He immediately helped himself to some food and was treated to a bubble bath by the girls.

Since becoming part of our family, Frank has found his place easily. He is keeping up with our other rescue dog Finn and entertains the other dogs in the neighborhood. Frank and Finn have never spent a night apart, choosing to share one dog bed in any room they sleep in. His smile still makes us laugh – and I have no doubt Frank’s first owner is smiling down on him.
EXEMPLARY PROFESSIONAL PRACTICE

Collaborative Best Practices

OUT OF BED - DAY OF SURGERY

The Orthopaedic Center at St. Vincent’s is certified by The Joint Commission (TJC) for hip and knee replacement. Karen Platt, BSN, RN, was hired as orthopaedic coordinator, a position that was developed to facilitate care coordination, continuity of care and quality of care provided to orthopaedic patients.

By definition, TJC certification requires the orthopaedic team to implement and monitor four quality measures: two clinical and two related to process. Out of bed day of surgery (OOB DOS) was one of the metrics chosen.

The majority of joint replacement patients at St. Vincent’s are inpatient, so raising the expectations around the OOB DOS metric was imperative. When Karen joined St. Vincent’s, the number of patients mobilizing on post-op day zero was hovering around 50%, and at times dropping below that. Orthopaedic surgeons and PAs agreed that early mobilization is the expectation and best practice.

By utilizing an interprofessional collaborative practice; including 10 North clinical nurses, OR, PACU, anesthesia, case management, pharmacy, physical therapy, PAs and surgeons — the orthopaedic- “total joint” patients are out of bed the day of surgery. The ambulatory percentage rates have increased by more than 30% to the practice and care coordination lead by Karen.
To Guatemala With Love

A MISSION BACK TO MY HOMELAND

By Brenda Chamale, BSN, RN, Staff Nurse Oncology

My family has routinely traveled back to my homeland, Guatemala. During those trips we take items for those in need. As a child, I grew up hearing my father’s stories about how he did not have shoes until he was 15 — and all he had were two pairs of pants and two shirts when he was a child.

I was blessed to have been raised in the United States and to have all of the commodities that I needed. Now, as I raise my own children, I try my best to teach them to value and give thanks for everything they have. It is unbelievable that so many children in Guatemala still live the way my father did 50 years ago. Children still don’t have shoes, clothes, or toys. They lack the basics to attend school.

Now I collect all the shoes and clothing my children no longer wear and save them for those children who are in such great need. The smile a simple backpack can bring to a child’s face is amazing. It is very satisfying to see the children receiving the items we have saved for them — and having my children experience the reward of giving.

Last year my son had the most memorable experience. As we were walking towards my in-laws’ home, he noticed some kids playing outside wearing just T-shirts and underwear. They were playing with a stick with an empty cooking oil can on the end pretending it was a horse’s head. He also noticed their house was made of cardboard, scrap metal, and sticks. He cried for a minute and asked me if we could do anything for them. The prior month I had sent a box to Guatemala, with clothes, shoes, and toys. So we went back to our Guatemala home to get some of those things for the children. I had my son hand it to them and their happiness was beyond description.

For as long as we can keep traveling to Guatemala we will continue to give to those in need, as I am a firm believer and follower of Mother Teresa of Calcutta and her saying “We must do small things for one another with great love,” and “It is not how much we do, but how much love we put into the doing.”
MADD Dash

IN SUPPORT OF A COLLEAGUE
By Beth Cipriano, BSN, RN, CEN

On August 6, 2016, the St. Vincent’s Emergency Room Team came together in Stratford, Connecticut, to walk or run in the MADD Dash — an annual Mothers Against Drunk Driving 5k fundraiser.

Our team, called “Mrs. Cippy” in my honor, was formed after I was involved in a car accident. After working late to help on a busy night, I was headed for home around 3:00 a.m., and was struck by a drunk driver traveling southbound on the northbound side of Route 8.

After the accident I was very isolated. While on bed rest I got the news that my coworkers wanted to organize a team for the 5k and it really lifted my spirits. It was encouraging to know that even though I wasn’t at work, they were thinking of me. After nearly four months of being confined to my house and physical therapy, it was wonderful to see so many of them in one place for an amazing cause. More than 20 of my coworkers, in matching red “Mrs. Cippy” shirts, came out to support me on the day of the MADD Dash. Other colleagues even wore their shirts on their shifts that day, sending pictures of support and love to those of us running.

Months of hard work went into building Team “Mrs. Cippy” and planning for the event. The support I received from these co-workers throughout the five months I was out of work truly helped me to recover and encouraged me to return to the job that I love.
Sacred Comfort

PRAYER SHAWLS AT ST. VINCENT’S
By: Deacon Tim Bolton, Spiritual Care Manager

Through St. Vincent’s Comfort Prayer Shawl Program, we are blessed to receive many hand-knitted shawls from area church communities, individuals, and even staff members.

These Prayer Shawls become ‘sacred shrouds’ to those who receive them from us, marking a time of passing, or serving as a reminder that the recipient was not forgotten by the community. They have become a source of hope when clinical interventions cannot meet all of the needs of the human person. Nurses intuitively know this and frequently call Pastoral Care to be the deliverer of these shawls to their patients.

I recall a time I was paged to the ICU to bring a Prayer Shawl to a patient who had just been put on Comfort Care. Jen Marrocco, RN, had been working with this patient and family for several days and had gotten to know them very well. When I arrived to the floor and heard Jen’s story of her engagement on a human level with this family, my instincts were for Jen to deliver the comfort shawl to them herself. After all, she had been the one providing such wonderful, reverential, pastoral and spiritual care to them. I reminded Jen that it was her simple caring and loving actions that were providing the comfort this family needed. They were not looking for a religious intervention, as they were not people who participated in a religious tradition.

At first, Jen was reluctant to present the shawl, but with some coaching that helped her to recognize the true gift she was to this family, she agreed, and I accompanied her for support. We went into the room together and she offered the gift to the family, who accepted it with gratitude for her thoughtfulness and the tremendous care she provided to their father.

Slowly but surely more nurses have been able to see how their care is really pastoral in so many ways, as is evidenced by the loving care they provide. Many of our units throughout the Medical Center now store their own prayer shawls. Nurses recognize the opportunities to provide these shawls to patients and families on a regular basis. It is very powerful to witness those times when a nurse is the one who delivers a shawl to their patient as a symbol of caring for the whole person; mind, body and spirit. This is reverent, holistic care at its finest.
Management Formation

SERVING OUR MISSION
By Melissa Melendez, BSN, RN, RNC-MNN

First, the email invite arrives asking you to participate in Management Formation. The description is vague, but we go ahead and commit to four overnight meetings in Albany, New York, over the course of nine months, many of us leaving behind families and our actual work that never stops.

Next, you seek out others who have participated in the elusive “Formation” to try to get some idea of what to expect. Most of them find it hard to put into words, but the one phrase they all have in common is: “You are going to love it!” Love it? I was expecting more intense training on finances, computer systems, schedules, and how to hold difficult conversations - to make me a better manager, right?

Right. But it was so much more than that. Formation is a gift we were given to help teach each of us about our inner core - what makes us who we are. Once we have examined that, we can see how that plays into our relationships with others, the world, and the future. We accept our own talents and weaknesses and recognize the same in our colleagues. There was also a spiritual aspect, of course, in dealing with the sacred space of relationships. Formation gives us the tools to see the possibilities of what we can accomplish when we tap into the best of ourselves to do the best work for others - the poor and vulnerable patients.

**Formation at Ascension**
Among the seven attendees for Management Formation 2016 — Erin Fusco, Toneisha Cohen King, Ron Brown, Rick McCarthy, Curtis McClogg, Karen King, and Melissa Melendez — it was unanimous that Formation was a true gift that helped to demonstrate the value of our ministry, and the impact the people doing the work have on our patients both directly and indirectly.

Melissa Melendez (center) had the opportunity to get to know colleagues from other ministries at Management Formation.
Problem Solving in Action

PROCUREMENT OF ADDITIONAL IV PUMPS

St. Vincent’s Medical Center purchased new intravenous pumps (IV) that included 227 brains with 340 channels. The original number of pumps purchased was based on the utilization audits of the previous IV pumps and a high census roll out, guaranteeing enough pumps to fulfill patient needs.

Initially, in the weeks following the implementation of the new IV pumps, clinical nurses were experiencing delays on a daily basis in patient care due to the unavailability of the new pumps. Several clinical nurses at St. Vincent’s advocated for more pumps to support their work. Cindy Czapinski, MSN, RN, NE-BC, VP Operations, asked the newly formed shared governance Nursing Resource Council to address this issue.

The shared governance Nursing Resource Council looked at the trended data provided by the Resource group to analyze the number of actual pumps that would be needed – and ultimately made the recommendation to purchase 25 new IV pumps. Within five months, the need for 25 additional IV pumps had been identified and fulfilled. The brains were purchased and placed into service, alleviating the delay in care to the patients and improving the care delivery system in our organization.
New Cardiac Cath Lab

THE CORNERSTONE OF CARDIOLOGY

By Tina Strazza, MSN, RN

After the renovation, blessing and grand opening ceremony of the new Cardiac Cath Lab in April of 2016, it has become the cornerstone of the Interventional Cardiology Department serving as the home for our Structural Heart procedures at St. Vincent’s Medical Center.

On November 1, 2016, the Cardiac Cath Lab expanded their Structural Heart procedures to include Transcatheter Mitral Valve Repair or TMVR. A catheter based clip is placed on the mitral valve from a large vein in the leg to treat mitral regurgitation. This also resulted in a less invasive procedure for patients that have a prohibitive risk for a surgical mitral valve replacement or repair, decreasing their length of stay from 6-10 days to 2-3 days. Furthermore, patients also benefit from a combined drop in mortality and morbidity due to the decreased need for blood transfusions, decreased risk in stroke and decreased risk of renal failure compared to the traditional surgical approach.

Looking forward to the future, we hope to begin the left atrial appendage closure procedure, another catheter-based closure device to seal off an area in the heart prone to developing blood clots. This reduces the risk of embolic stroke in patients with atrial fibrillation. We also want to expand our already existing treatment of atrial and ventricular septal defect (ASD/VSD) along with patent foramen ovale (PFO) for patients with congenital anomalies, and add perivalvular leak closures for post-surgical mitral and aortic valves.

This comprehensive approach would make St Vincent’s Medical Center the only hospital in Connecticut to perform all structural heart procedures in the Cardiac Cath Lab.

St. Vincent’s cardiology team celebrates the opening of the new Cath Lab with a ribbon cutting and blessing.
TAVR Teamwork

REducing Cost and Length of Stay

St. Vincent’s Medical Center has long been known for its cardiovascular services including cardiothoracic surgery (CT Surgery). The CT Surgery program offers a wide array of procedures, including open surgical valve replacements.

The traditional treatment for aortic stenosis has been open surgical replacements of the diseased valve with a prosthetic valve. But now the Transcatheter Aortic Valve Replacement (TAVR) procedure provides alternative options for some of our most vulnerable patients. While the TAVR procedure is safer than open surgery for high risk patients, it was not less expensive. Some of the contributing expense of performing TAVR’s is the length of stay (LOS) in the hospital followed by the post-discharge care.

At the New England Regional Valve Coordinators (NEVC) meeting, Rodney Seaman, RN, Clinical Coordinator Cardiac Surgery, learned of a growing practice to reduce TAVR LOS and discharge patients straight to home - avoiding the need for short term rehab all together. He also learned about new practices minimizing the use of invasive lines, intubation, and urinary catheters in the operating room. Rodney met with the TAVR team and presented these new initiatives. He was able to work with the staff in the OR, ICU, Anesthesia, cardiac physician’s assistants, and the cardiology physicians and surgeons to implement these new practices.

Prior to implementing the new practices, the average length of stay (LOS) was eight days, with 60% of patients being discharged to short-term rehab facilities. Since instituting these new practice changes, there has been a dramatic decrease in LOS from 8.3 to 2.1 days and virtual elimination of discharges to short-term rehab facilities.

St. Vincent’s interdisciplinary TAVR team: Collaboration and innovation at work.
This past year, I had the privilege of attending the 2016 ANCC Magnet Conference, in Orlando, Florida, with some of my peers. It was an incredible opportunity to connect with different nurses in my own organization as well as nurses from all over the country.

I was able to attend many different sessions, learn about different problems affecting other hospitals, and how nurses are empowered to affect change themselves – whether at the bedside or in the community. To be part of a Magnet designated hospital is truly something to be proud of – it represents a standard of excellence in patient care, safety, and superior nursing processes. Attending the Magnet Conference gave me insight into how I can be more personally involved in my own organization and how I can add to the Magnet culture of excellence.
TRUST
The environment at St. Vincent’s promises that everyone will receive the highest level of safe, compassionate, physical, emotional and spiritual care. We trust that we work in a safe and healthy environment where we are supported and encouraged to care for ourselves and each other.

CARING
St. Vincent’s is committed to building a healthcare system where patients get the right care and the best care every time. We are inspired to see our roles beyond tasks and technology to the true heart of nursing...caring. Caring behaviors are evident in the way we care for our patients and families, ourselves, and our colleagues.

SPIRITUALITY
At St. Vincent’s, spirituality is incorporated into everything we do. We recognize that a person’s spirituality and beliefs are very personal. Honoring that individuality allows us to maintain a culture of caring by always respecting the dignity and diversity of each person. We take pride in listening and responding to the needs of each individual.

SAFETY
Our commitment to a culture of safety stems from the teamwork and leadership of all disciplines. Practices are evidence-based and patient-centered. We are patient advocates in assuring patient safety. Continual emphasis on safety and high quality care is recognized and rewarded.

COLLABORATION
We are committed to cultivating an environment that fosters open communication, collaboration and teamwork. We play a pivotal role in best serving our patients and families. Sharing knowledge, decision-making, innovations and feedback are all ways that, together, we produce exceptional outcomes in a dynamic and challenging environment.

KNOWLEDGE
We believe in creating an environment that promotes professional growth and development, supports the mission and vision and ensures high quality and safe care and outcomes. St. Vincent’s invests financially in continuing education and tuition assistance, and supports national certification so that nurses may experience personal and professional satisfaction as well as career advancement. Helping our patients feel empowered and make informed decisions about their care and treatment requires expertise and knowledge. We use our knowledge to empower others and drive change.

SCIENCE
Through the application of science, which is best described as advancing nursing practice through the use of assessment, problem solving, knowledge, experience, research and the integration of evidence into practice, our outcomes have continually improved. Nursing research is supported and conducted through our Nursing Shared Governance Councils.

INNOVATION
Creativity through courageous innovation is a core value at St. Vincent’s Medical Center. We are challenged every day to develop innovative ideas that will result in improved efficiency, safety, quality, service and professional practice. Innovation is accomplished by inspired and visionary nurses who are committed to excellence and to moving the organization forward to meet the challenges of an ever-changing healthcare environment.
Values Recognition Awards
LIVING THE VALUES OF ST. VINCENT’S

The following recipients were honored in 2016 for living the values of St. Vincent’s in a unique way:

Susan Anthony, RN, Emergency Department/Short Stay
Bill McGone, RN, Emergency Department Case Management
Valerie Pippert-Thompson, RN, 7 North
Laura Juzwiakowski, RN, 9 South
Tracy McCabe, RN, ICU
Eileen Curnin, RN, Critical Care
Katy Mitra, APRN, Critical Care
Sherri Roller, RN, Family Birthing Center
Sheryl Hollyday, APRN, Palliative Care, and Katy Mitra, APRN, ICU
Dana Duff, RN, ICU
Stephanie Goddu, RN, OR
Katy Mitra, APRN, ICU
Antoinette Padula, CRNA, Anesthesia
Patricia Uber, RN, OB
Linda Seaman, RN, Informatics
Katherine Suggatt, RN, OB

Daisy Award Recipients
COMPASSION IN BLOOM

The following recipients were honored with the Daisy Award in 2016, recognizing them as extraordinary nurses demonstrating, clinical skill and compassion:

Nancy Noccioli, RN – GI Suite
Carol Collins, RN – ICU
Jetta Germain, RN – 9 South
Maureen Blees, RN – ER
Melissa Phillips – 10 South
Ann Ballas, RN – Radiology
Greg Humpal, RN – Cath Lab
Nurses Week

National Nurses Week featured many activities, including the hospital’s annual awards and recognition reception, a daily blessing of the hands service, food trucks, a complimentary night shift coffee bar, and other treats. Associates and visitors alike also enjoyed a special slide show tribute to nurses in the Medical Center Main Lobby.

The annual recognition ceremony paid tribute to nursing staff for their achievements over the past year. The week was capped off with a beautiful video highlighting photos of nurses from each area set to music created by the Marketing Department at St. Vincent’s.
2016 Nursing Excellence Awards

**Education and Mentorship:** For serving as a role model and mentor to a nurse orientee by fostering the development of the orientee, being a strong educator, and tailoring the orientation process to the individual needs of the orientee

Linda Scilia, RN, North 2 Westport Campus

**Research:** For driving excellent patient outcomes
Vineetha Sujanan, RN, ICU

**Volunteerism and Service:** For those who continue to serve when not at work by volunteering in the community or serving the poor and vulnerable

Marilyn Faber, RN, Parish Nurse Program and Family Birthing Center

**Nursing Practice:** For exceptional patient care and promotion of evidence-based nursing practice.
Belinda Seak, RN, Level 7 North

**The Susan L. Davis Leadership Award:** Named for our former President and CEO, Susan L. Davis, a registered nurse and visionary leader who led St. Vincent’s through vast cultural change. This award is for staff nurses who demonstrate leadership qualities and are agents for organizational change.

Lisa Kalafus, RN, Director Nursing Service

**Greater Bridgeport Medical Association Recognition Award:** For the nurse who demonstrates a special sensitivity to patients and a strong commitment to the Bridgeport community.

Stacey Newell, RN, Trumbull Wound Center

**Honorable mention for Nursing Excellence**
Missy White, RN, Main Operating Room
Heidi Sandrowski, RN, Emergency Department

**CT Post Fairfield County Top Nurses in 2016**
James D’Avignon, RN
Peter Donato, RN
Michele Harper, RN
Stacey Newell, RN
Maryanne O’Connell, RN
Presentations

Marilyn Faber, BSN, RN, CHTP, HN-BC: Improving Newborn Outcomes with Baby Heart Sounds: St. Vincent’s Medical Center Nursing Grand Rounds, December 2016

Lori Broadbent, MSN, RN, CNL: Move to Improve, St. Vincent’s Science Symposium November 2016

Marit Planton, BSN, RN: Reducing Heart Failure Readmissions by Standardizing Heart Failure Education and Documentation, St. Vincent’s Science Symposium, 2nd place winner, November, 2016

Erin Fusco, DNP, MSN, RN: Chemotherapy Verification Process to Improve Safety in Administration, St. Vincent’s Science Symposium, November, 2016

Jennifer Gengo MSN, RN, CWOCN: Transitioning the Ostomy Patient from Hospital to Home, New England Region WOCN Society, October 2016

Sheryl Hollyday, MSN, FNP-BC:
- Medical Orders for Life Sustaining Treatment. St. Vincent’s Medical Center, Bridgeport, CT. Multidisciplinary Educational Offering, October 2016

Denise Buonocore, MSN, RN, ACNPC, CCNS, CCRN, CHFN, Elizabeth Wallace, MSN, FNP-BC, RN-BC, CHFN: Reducing Readmissions in Heart Failure: St. Vincent’s Heart Failure Collaborative Evidence Based Practice. Southern Connecticut Chapter of the American Association of Critical Care Nurses, February 2016.

Denise Buonocore, MSN, RN, ACNPC, CCNS, CCRN, CHFN: Courageous Care to Reduce Readmissions. American Association of Critical Care Nurses, Region 1, Horizons Conference, Warwick, Rhode Island, March 2016.

Lynn Orser, MSN, RN, CCRN, PCCN, RN-BC: So You Want to Get Involved, How to Volunteer for AACN, Horizons Conference, April 2016.

Susan A. Goncalves, DNP, MS, RN-BC: April 2016 - Poster Presentation at ATI Educators conference Nashville, Tennessee for IPE High Reliability, Patient and Caregiver Safety Collaboration with Undergraduate Nursing and Graduate Occupational Therapy Students.

Susan A. Goncalves, DNP, MS, RN-BC: October 5-7 2016 – Poster Presentation “Measuring Nurse Caring Behaviors in the Hospitalized Older Adult” ANCC National Magnet Conference in Orlando, Florida.
Publications & Recognition

Sally Gerard, DNP, RN, CDE, CNL and Deborah Owens, MSN, RN, RN-BC: Nurses Perception of Shared Decision Making Processes: Quantifying a Shared Governance Culture, Journal of Nursing Management, 2016, 46(9) 477-483


Nicole Rogucki, MSN, RN, CNL, CNOR: A Cross-Sectional Study on Evidence-Based Nursing Practice in the Contemporary Hospital Setting: Implications for Nurses in Professional Development. Published in the “Nurses in professional Development” journal March/April 2017, volume 33 - issue 2, pg 64-69.


Denise Buonocore, RN, MSN, ACNPC, CCNS, CCRN, CHFN and Sheryl Hollyday, MSN, FNP-BC: Chapters in the resource book, Acute & Critical Care Nurse Practitioner, Cases in Diagnostic Reasoning, published by the AACN, 2016

RECOGNITION

Lynn Orser, MSN, RN, CCRN, PCCN, RN-BC: Item writer for the AACN CCRN exam and member of the exam development committee for the PCCN exam for AACN

Elizabeth Saska, MSN, RN, CEN, was chosen to participate as an item writer for the CEN review Manual, 5th ed. revision project.
Degrees & Certifications

**MSN**
Kevin Boyhen  
Kyssie Brown-Karikari  
Kevin Dinsmore  
Lisa Finoia  
Nikki Hirschbeck  
Maris Huffman  
Kaitlin Maguire  
Alicia Rosa  
Jessica Russell  
Elizabeth Saska  
Linda Seaman  
Tina Strazza  
Sajini Roy

**BSN**
Kwame Acheampong  
Cynthia Allinson  
Marcie Anderson  
Shanthi Antony  
Tara Belton  
Elanne Bueno  
Brandi Buskey  
Lisa Castaldi  
Kathleen Cody  
Sheila Collado  
Renee Devine  
George Diamandoulis  
Dana Duff  
Ann Marie Franklin-O’Connor  
Jessica Giordano  
Lauren Goodrich  
Ginae Grey  
Joseph Guzman  
Maureen Herran  
Sandra Howard  
Pierre Kamdern  
Marcia Lynch  
Yvonne Lynch  
Rachael Mulligan  
Michael Ricca  
Linda Ruggiero  
Sara Smith  
C.J. Tang  
Catarina Ventura-Pfalzgraf  
Carole Walser  
Candice Wright  
Kelly Yorio

**CERTIFICATIONS**

- **Oncology Certified Nurse OCN**  
  Lauren Oliviera

- **Certified Nurse Educator CNE**  
  Chris Sage

- **Certified Medical-Surgical Registered Nurse (CMSRN)**  
  Sheri Roby  
  Karen Kellogg

- **Medical Surgical Registered Nurse RN-BC**  
  Opal Smith

- **Gerontological Nurse RN-BC**  
  Connie Huh  
  Rita Santacroce

- **Certified Emergency Nurse CEN**  
  Maureen Blees

- **Critical Care Registered Nurse CCRN**  
  Linda Seaman

- **Progressive Care Certified Nurse PCCN**  
  Erin Hallinan

- **Family Nurse Practitioner**  
  Lisa Finoia  
  Jessica Russell

- **Psychiatric-Mental Health Certification**  
  Lauren Bond

- **Certified Pediatric Nurse**  
  Nikki Hirschbeck
A Challenging Recovery

FOR PATIENT, FAMILY, AND NURSES

By Cindy Cervini, MSN, RN, CNL, CCRN

In August, 2016, St. Vincent’s Medical Center began performing open median arcuate ligament release surgery — or MALS surgery. MALS is characterized by compression of the celiac artery resulting in chronic stomach pain, nausea, vomiting, and weight loss.

Since August, more than 60 patients have come to St. Vincent’s from 31 states across the nation to have the surgery performed by vascular surgeon Richard Hsu, MD. Due to the complexity of these patients’ conditions, post-operative care management by an interdisciplinary team including nursing, psychiatry, nutrition, and pain management, is integral to their recovery and discharge.

MALS patients can have some unconventional aspects to their care that can be challenging for the nursing staff. Most are accompanied by family members for the duration of their stay. Because of their chronic pain and illness, they continue to experience an increased need for pain and anxiety management as compared to other post-operative patients. As a result, the nursing staff needs to be increasingly attentive to them. Service animals, both belonging to the patient as well as those “on staff” at the hospital, have also proven to be useful in helping MALS patients on their road to post-operative recovery.

As a service to the families traveling from out-of-state for MALS surgery, St. Vincent’s has transformed off campus housing into an apartment for these families to stay during the hospitalization of their loved ones. With two bedrooms and a fully functional kitchen and bathroom, this apartment is a place for families to refresh, recharge, and rest during a stressful time in their lives as the nursing staff helps their loved ones to recover.
In Pursuit of a Doctoral Degree

THE ASCENSION/CAPELLA SCHOLARSHIP ALLIANCE
By Ashley Dobuzinsky, MSN, RN, CCRN

Through my involvement with the Professional Development Council, I was fortunate to have the opportunity to participate in the coordination of St. Vincent’s Professional Development Week for 2016. While reaching out to various colleges to request information regarding their program offerings, I contacted a representative from Capella University who graciously provided me with information about their programs. This also included information about the Ascension-Capella alliance.

Upon learning more about the Ascension-Capella alliance, I discovered that tuition discounts and scholarships are available exclusively to Ascension employees. Having an interest in pursuing a doctoral degree in nursing I made the decision to submit an application for one of the scholarships being offered. I was thrilled when I learned that I was the recipient of a full tuition scholarship to obtain a DNP at Capella. I began the program in September of 2016 and have been very pleased with my progress towards obtaining a DNP and the program overall. I have used this wonderful experience to encourage my colleagues at St. Vincent’s to explore the opportunities available through the Ascension-Capella alliance in order to promote their own professional development.
The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint.

Behavioral health 30 day readmission rate: Based on great discharge planning and care in the Child/Adolescent units of Westport, their readmission rate is below the goal.
We began monitoring patients on all clinical units for evidence of central line bloodstream infections in 2014 and this graph represents our performance in 2016.

We began monitoring catheter associated urinary tract infections in 2014 and this graph represents our performance in 2016.

CAUTI Rate = Number of infections per 1,000 foley day
### St. Vincent’s Medical Center Quality Measures

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MRSA</th>
<th>AMI</th>
<th>PN</th>
<th>CHF</th>
<th>SCIP</th>
<th>HAPU</th>
<th>FALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2007</td>
<td>7.4</td>
<td>95.10%</td>
<td>73.28%</td>
<td>83.12%</td>
<td>78.33%</td>
<td>10.30%</td>
<td>4.9</td>
</tr>
<tr>
<td>FY 2008</td>
<td>6.5</td>
<td>87.84%</td>
<td>63.27%</td>
<td>86.89%</td>
<td>84.86%</td>
<td>6.40%</td>
<td>2.9</td>
</tr>
<tr>
<td>FY 2009</td>
<td>5.6</td>
<td>89.26%</td>
<td>82.56%</td>
<td>87.89%</td>
<td>84.96%</td>
<td>6.30%</td>
<td>3.1</td>
</tr>
<tr>
<td>FY 2010</td>
<td>3.8</td>
<td>93.75%</td>
<td>87.87%</td>
<td>90.83%</td>
<td>87.22%</td>
<td>5.60%</td>
<td>3.1</td>
</tr>
<tr>
<td>FY 2011</td>
<td>4.4</td>
<td>96.40%</td>
<td>91.55%</td>
<td>93.09%</td>
<td>89.61%</td>
<td>3.40%</td>
<td>2.6</td>
</tr>
<tr>
<td>FY 2012</td>
<td>3.5</td>
<td>99.27%</td>
<td>95.42%</td>
<td>98.00%</td>
<td>95.08%</td>
<td>3.50%</td>
<td>2.6</td>
</tr>
<tr>
<td>FY 2013</td>
<td>3.8</td>
<td>99.57%</td>
<td>97.25%</td>
<td>99.62%</td>
<td>96.17%</td>
<td>3.80%</td>
<td>2.6</td>
</tr>
<tr>
<td>FY 2014</td>
<td>5.1</td>
<td>99.58%</td>
<td>98.78%</td>
<td>96.94%</td>
<td>96.75%</td>
<td>4.80%</td>
<td>2.6</td>
</tr>
<tr>
<td>FY 2015</td>
<td>3.0</td>
<td>99.50%</td>
<td>99.19%</td>
<td>100%</td>
<td>96.57%</td>
<td>3.37%</td>
<td>2.0</td>
</tr>
<tr>
<td>FY 2016</td>
<td>1.5</td>
<td>Retired</td>
<td>Retired</td>
<td>Retired</td>
<td>Retired</td>
<td>2.42%</td>
<td>2.9</td>
</tr>
</tbody>
</table>

SVMC's MRSA numbers have dropped dramatically in 2016.
“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.”

— Author Unknown
This report is proudly presented by the 2016 Nursing Annual Report Committee:

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St. Vincent’s Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.
St. Vincent’s Medical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters; and
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If you need these services, contact Case Management at (475) 210-5608.
If you believe that St. Vincent’s Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:
Section 1557 Coordinator, 2800 Main Street, Bridgeport, CT 06606
P (475) 210-6300, TTY (203) 576-6096, F (203) 581-6534, section1557coordinator@stvincents.org
You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
1–800–368–1019, 800–537–7697 (TDD)

St. Vincent’s Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
St. Vincent’s Medical Center no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.
St. Vincent’s Medical Center proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
St. Vincent’s Medical Center proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
- Intérpretes capacitados.
- Información escrita en otros idiomas.
Si necesita recibir estos servicios, comuníquese con Case Management at (475) 210-5608.
Si considera que St. Vincent's Medical Center no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:
Section 1557 Coordinator, 2800 Main Street, Bridgeport, CT 06606
P (475) 210-6300, TTY (203) 576-6096, F (203) 581-6534, section1557coordinator@stvincents.org
Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Section 1557 Coordinator está a su disposición para brindársela.
También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través del Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:
U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
1–800–368–1019, 800–537–7697 (TDD)
ATTENTION: Language Assistance Services Available

ENGLISH
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-475-210-5608

ESPAÑOL / SPANISH
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-475-210-5608

POLSKI / POLISH
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-475-210-5608

PORTUGUÊS / PORTUGUESE
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-475-210-5608

ITALIANO / ITALIAN
ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-475-210-5608

FRANÇAIS / FRENCH
ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-475-210-5608

हिंदी / HINDI
यान दु:ख आय होते ह तो आपके लिए मु त त भाषा सहायता सेवाएं उपल भ है। 1-475-210-5608

Русский / RUSSIAN
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-475-210-5608

مصر / ARABIC
لئن رضوانت و/ألا فئاسلي، نادى بهراج، قادا شديدت تيوداد شكول. الوداع 1-475-210-5608

ληνικά / GREEK
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-475-210-5608

Filipino / TAGALOG
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-475-210-5608

Tiếng Việt / VIETNAMESE
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-475-210-5608

SHQIP / ALBANIAN
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-475-210-5608

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