“Excellence is never an accident. It is always the result of high intention, sincere effort, and intelligent execution.”

- Aristotle
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I am pleased to share with you this year’s Nursing Annual Report. Throughout this report you will find evidence of the impact and influence that Rutland Regional Medical Center nurses exhibit every day for our patients and community. This year’s report demonstrates our impressive patient outcomes, transformational leadership, advancements in nursing practice and innovation in patient care. We continue to raise the bar of excellence at Rutland Regional Medical Center and continue to be recognized on a local and national platform.

This year we have made a concerted effort in improving teamwork and interprofessional collaboration, expanding our nursing care and resources throughout the continuum for our patients and the community, and improving patient outcomes on a daily basis. These accomplishments are influenced by all nursing departments, clinics and nursing staff – you each have played an important role in our successes.

We have reached our mid-point in our Magnet Re-designation and our Interim Monitoring Report of nursing sensitive indicators, nursing staff engagement and patient satisfaction continue to outperform national benchmarks. In the coming months, we will begin our writing process to capture the amazing accomplishments, innovations and exemplary nursing practice that you have created at Rutland Regional Medical Center.

As you read through this year’s Nursing Annual Report, I am confident you will come away with an understanding of our commitment to excellence in nursing practice and caring for our community. You continue to inspire, evolve nursing practice and improve the lives of our patients and community – and for that, I sincerely thank you.

Carol Egan, MSN, MSA, RN, NE-BC
Chief Nursing Officer & VP Hospital Service Delivery
Rutland Regional Medical Center Nursing Demographics

133 Licensed Beds

84.84 Average Daily Census

6% Turnover Rate

133,379 Outpatient Clinic visits

33,872 ED Visits

Nurse Leaders

77% Certification
62% MSN
38% BSN

12.8 Average Years of Service

Clinical Nurses

41% Certification
2% MSN
34% BSN
62% ASN
2% Diploma

Gender

10.3% Male
89.7% Female

CAP Nurses
11 Level 1
12 Level 2
I love being a Nurse at Rutland Regional Medical Center!

“I love being a nurse and feel fortunate to work in the Foley Cancer Center. My oncology patients teach me so much about life, family, friendships, perseverance and gratitude. I am amazed by their strength every day. My job reminds me how important it is to be grateful for the little things. If I can make a difference in a patient’s life then I know I have done my job and feel immense satisfaction. To get to work in the Foley Cancer Center every day alongside the other dedicated professionals that make up our team is a true honor and a privilege.”

- Holly Fox, RN

“I love being a Nurse at The Rutland Heart Center because we work fluidly and efficiently as a team to provide the best possible care for our patients and their families so they can be the healthiest, happiest version of themselves.”

- Kathleen Edgerton, RN

“I love being a nurse at the ENT and Audiology Clinic because I am constantly challenged to learn and think independently as a healthcare professional under the guidance of some amazing and knowledgeable providers. I’m always being pushed to grow my skill sets and can always count on an open door from the providers.”

- Trang Ho, BSN
The **Professional Practice Model** is reflective of the nursing vision and values at Rutland Regional Medical Center. It is guided by the work of Jean Watson’s Theory of Human Caring and Patricia Benner’s Professional Development Model. Our Professional Practice Model provides the framework for professional autonomy by articulating the method by which patient and family centered care is delivered. This model encompasses holistic care and supports nurses to partner with their patients and families.

Our Professional Practice Model was designed by our nurses, entrusting them to be the drivers of nursing care at Rutland Regional, and the following illustration was also developed and designed by RRMC nurses.
Recovering from an illness is not easy, especially when you have been ill enough to require hospitalization. Going from hospital to home to recover successfully sometimes requires some extra help from the health care team. The Transitional Care Program (TCP) at Rutland Regional Medical Center was developed in 2015 to assist in “filling the gap” from hospital to home for patients and their caregivers with complex medical problems. Care may range from a follow up discharge phone call to review medications, follow up appointments, and basic pointers to home and clinic visits.

The Transitional Care Program assists those with Chronic Medical Conditions. Some of the methods used to help are:

- Coordination of care with RRMC and Primary Care Offices, Home Health and Community Agencies and Clinics.
- Chronic Disease Management including health assessment, education on symptom management and helping to mobilize support systems for diseases such as Diabetes, COPD and CHF.
- Medication education and reconciliation at home oftentimes with the RRMC Pharmacy team including the Comprehensive Medication Management Clinic. When appropriate, contacting local pharmacies to help patients with dose packing and longer-term solutions to medication management.
- Assessment of social determinants of health and connecting patients with the correct community resources. By partnering with community resources, the goal is to help keep families together in their home, where they are safe and comfortable.

The TCP is under the directorship of Kathleen Boyd MSN, RN, CCM, RN-BC. The Transitional Care Liaison is Samantha Helinski MSN, RN, CWOCN.
Construction in the patient care environment usually causes an expected decrease in patient satisfaction. This year the Emergency Department at RRMC proved this statement wrong and exceeded expectations in patient satisfaction. They closed out 2017 with an overall patient satisfaction score in the 97th percentile! Tom Rounds, BSN, RN, CEN, Director of the Emergency Department, empowered his team to be engaged in the patient experience and to not let the external environment impact how their patients viewed the care provided. Utilizing the tools provided through the Studer Model to enculturate AIDET, hourly rounding, and care boards, the ED continues to exceed national benchmarks in patient satisfaction.

Thank you all for your dedication to our patients!
Since Hourly Rounding was first implemented on Medical Oncology Unit (MOU), it has been shown to reduce call lights, patient falls, skin breakdown and to improve patient satisfaction. According to the Studer Model, Hourly Rounding also drives more nursing care to the bedside so that nurses can be proactive instead of reactive.

Recently, MOU Clinical Managers, Katie Mason and Mary Brothers had the opportunity to attend the Studer Nurse Leader Bootcamp in Orlando, Florida where they identified again how important Hourly Rounding is to patients, their outcomes and overall satisfaction. Both leaders returned to the unit inspired to continue with the patient centered practice and determined to hardwire Hourly Rounding. Nurse Leader Bootcamp provided the opportunity for the Clinical Managers to work directly with Studer coaches to learn how to effectively run skills labs and emphasize the importance of validating staff both during those exercises and on an ongoing basis.

MOU is now in the process of planning Hourly Rounding skills labs in order to re-introduce the concept to staff, hardwire the behavior, and drive up patient satisfaction. During the skills lab, staff will be validated based on the eight behaviors of hourly rounding. It will also give leaders the opportunity to address any anxiety staff may have about performing this task by facilitating the discussion of what discomforts staff may have that could interfere with completing the rounding.

Hardwiring Hourly Rounding will build trust between colleagues and with patients. Hardwiring the process improves hand off communication because the staff member assuming care will know that the patient’s needs have been addressed within the past hour and it builds trust between staff and patients by ensuring the patient that their needs are being met.
Since the implementation of Hourly Rounding on Medical Oncology Unit (MOU), staff have become champions with their hourly rounding skills. Clinical Managers often evaluate and follow up with staff and each staff member takes responsibility for their role in the process and has committed to its success. To support staff, refresher training sessions have also been held to maintain our skills and allow feedback in areas to improve. Since implementation, MOU has reported a decrease in falls, sitters, and call bell use.

Hourly Rounding can also be called “intentional rounding” and has been described as a proactive nursing intervention used to meet patient needs. During each hourly round, staff address the five P’s which are pain, potty, position, pump and possessions. By addressing each patient’s needs on a scheduled basis, it builds trust between the staff and patient. This results in the benefit to staff with a reduction in call bell use. Since call bells can cause strain on nurses’ cognitive work, which can lead to omission of care and potential medical errors, a reduction in call bells alone is a huge safety improvement. Nurses have also reported getting to know their patient’s better.

“Hourly rounding certainly fits in with RRMC’s mission, vision, values, and goals, to better serve our community and improve patient outcomes.”

- Ariane Dulski, BSN, RN, RN-BC

By Ariane Dulski, BSN, RN, RN-BC

Building Trust through Hourly Nurse Rounding
Medical Oncology Unit: A Bedside Nurses’s Perspective

By Ariane Dulski, BSN, RN, RN-BC
From a nursing perspective, interdisciplinary rounds play a key role in maintaining quality, comprehensive and efficient care to our patients at Rutland Regional Medical Center. Through interdisciplinary rounds that meet each morning, a patient receives the full benefit of a medical team’s collaboration.

The nurse, along with other team members such as the primary hospitalist, physical therapist, case manager, social worker, and pharmacist are able to address every aspect of the patient’s care. This focus ensures that the medical team is on the same page regarding the patient’s plan of care and provides a thorough treatment plan from day one. Nurses are able to utilize interdisciplinary rounds for clarification of the doctor’s orders and to address patient and family concerns. This gives nurses a forum to share appropriate suggestions that may enhance the patient’s hospital experience and overall care. For example, these suggestions may include bringing in palliative care, requesting a wound care consult or a transitional care consult.

From the information discussed at interdisciplinary rounds, the nurse is better equipped to involve the patient by communicating next steps as the plan progresses. This promotes efficiency for the nurse and a smooth transition for the patient.

Interdisciplinary rounds provide the opportunity to have a singular focus on the patient. It encourages team members to actively listen and share their perspective. This facilitates optimal communication amongst providers and results in accountability and a high level of teamwork.
TeamSTEPPS 2.0 is an evidence-based curriculum aimed at optimizing patient outcomes by providing the tools and framework to enhance performance and improve patient safety. The program provides healthcare providers with training to develop skills that improve teamwork and communication. The program is provided through the US Department of Health and Human Services Agency for Healthcare Research and Quality and has been used by healthcare teams across the country with measurable results.

In July 2017, the Department of Nursing Excellence partnered with the Performance Improvement and Training & Education Departments to bring a two-day on-site TeamSTEPPS 2.0 Master Training certification session. A total of 50 leaders, educators, and providers completed the training and were awarded the certification. Attendees have since returned to their service lines and have begun the implementation of TeamSTEPPS 2.0 projects.

TeamSTEPPS®
Key Principles

- **Team Structure**
  Delineates fundamentals such as team size, membership, leadership, composition, identification, and distribution.

- **Leadership**
  Ability to coordinate the activities of team members by ensuring team actions are understood, changes in information are shared, and that team members have the necessary resources.

- **Situation Monitoring**
  Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support functioning of the team.

- **Mutual Support**
  Ability to anticipate and support other team members’ needs through accurate knowledge about their responsibilities and workload.

- **Communication**
  Process by which information is clearly and accurately exchanged among team members.
In 2017, the opioid addiction epidemic stimulated exploration into alternative pain management techniques at Rutland Regional Medical Center (RRMC). An interdisciplinary team of physicians, nurses and pharmacists was tasked to evaluate Exparel, a long-acting local anesthetic which was suggested as a means to minimize postoperative opioid use. Upon investigation, the five studies outlining Exaprel’s efficacy lacked identifying the needed sample size to determine result significance or were subsidized by the pharmaceutical company. The group decided to trial the medication and received exemption status as a research project by RRMC’s Institutional Review Board. The trial included 30 total knee (unilateral and bilateral), bowel, and breast procedures performed by Dr. Marsh, Dr. Boynton, and Dr. Cromie from July through October 2017. Pain scores, lengths of hospitalization, and total opioid usage from patients receiving the medication were compared to 30 comparable patients from January 2016 to June 2017 not receiving the medication. Lisa Schauwecker, BSN, RN, CRRN, ONC, RN-BC gathered data from the pre- and post-intervention patients while C. Gert Mayes, MSN, RN, RN-BC, CNOR evaluated the results using statistical software. The study results demonstrated total pain scores and opioid usage by patients undergoing total knee replacement, breast, and bowel procedures lacked statistical significance (p > 0.05) with Exparel usage. Additionally, one patient undergoing breast/bowel surgery and five undergoing total knee replacement used no opioid throughout hospitalization. This quality improvement project utilizing the collaborative efforts of nursing, surgeons, and pharmacy suggested RRMC’s current pain management efforts negated the need to implement a medication costing $300+ per use. Consequently, the interdisciplinary approach of evaluating a new practice minimized facility and patient expenses without impacting outcomes.

In February 2017 there was an intubated toddler in the Emergency Department that Dr. Ryan Brass, MD, felt strongly needed to go to University of Vermont Medical Center. Ali Kenyon, RN, had spent four hours helping to stabilize the critically ill patient for transport but when the patient was ready, all medical transportation options declined to transport the patient due to a severe snowstorm and dangerous driving conditions. The care team felt so strongly that the patient needed to be transported that nurses Ali Kenyon, RN, and Sheena Daniell, BSN, RN, CEN, comprised a transport team consisting of Dr. Brass, Robert Knox, RT, Jordan Stage, NREMT, and Pete Nardell, NRP, to transport the critical patient over 70 miles north to UVM. The team also contacted the state Agency of Transportation and arranged for a plow driver to meet the ambulance at the start of each district and escort them safely to the next district where another plow driver was waiting for them. Thanks to the amazing care and coordination throughout our state, the team arrived safely to the destination and ensured that the patient received the care that they needed.

“The moment was one of the most humbling moments in my career as a nurse. Seeing a community of people come together in a snowstorm to get a child they had never before met safely to another hospital was one of the most extraordinary things I have ever experienced.”

- Sheena Daniell, BSN, RN, CEN

Nursing Research Study
Surgical Services Exparel Trial

Principle Investigator: Carole “Gert” Mayes MSN, RN, RN-BC, CNOR

In 2017, the opioid addiction epidemic stimulated exploration into alternative pain management techniques at Rutland Regional Medical Center (RRMC). An interdisciplinary team of physicians, nurses and pharmacists was tasked to evaluate Exparel, a long-acting local anesthetic which was suggested as a means to minimize postoperative opioid use. Upon investigation, the five studies outlining Exaprel’s efficacy lacked identifying the needed sample size to determine result significance or were subsidized by the pharmaceutical company. The group decided to trial the medication and received exemption status as a research project by RRMC’s Institutional Review Board. The trial included 30 total knee (unilateral and bilateral), bowel, and breast procedures performed by Dr. Marsh, Dr. Boynton, and Dr. Cromie from July through October 2017. Pain scores, lengths of hospitalization, and total opioid usage from patients receiving the medication were compared to 30 comparable
Rutland Regional Medical Center was the only hospital in Vermont to receive an “A” for Patient Safety in Fall 2017. Nationally, Rutland Regional was one of the 832 out of 2600 hospitals in the US to achieve an “A” rating. This award reflects the commitment of our staff in delivering compassionate care to our patients in a safe and secure environment.

Special Recognition to Susan Shayne, BSN, RN, RN-BC, Performance Improvement Regulatory Clinical Specialist, for all her hard work in facilitating our accreditation by The Joint Commission.

U.S. News & World Report has named Rutland Regional Medical Center a “Best Regional Hospital” for 2017-2018. Out of 4500 hospitals evaluated nationwide, only 545 achieved “Best Regional Hospital” status, and Rutland Regional was the only “Best Regional” in the state of Vermont.

Nationally, Rutland Regional was one of the 832 out of 2600 hospitals in the US to achieve an “A” rating. This award reflects the commitment of our staff in delivering compassionate care to our patients in a safe and secure environment.
Integrity

Safety Certification in Outpatient Practice Excellence Award
Rutland Women’s Healthcare

In August 2017, Rutland Women’s Healthcare was among the first OBGYN offices in the country to be awarded the Safety Certification in Outpatient Practice Excellence (SCOPE) Certification from the American Congress of Obstetricians and Gynecologists (ACOG). SCOPE is a comprehensive patient safety review program available to medical practices in which obstetrics and/or gynecology services are provided. SCOPE assesses the implementation and use of patient safety concepts and techniques in the office setting. Participation in the SCOPE program is voluntary and certification is provided based on a set SCOPE criteria. Patient safety is essential to providing optimal health care for women, and implementation of patient safety measures can reduce medical errors and risk, and lead to positive patient outcomes. By achieving SCOPE certification, Rutland Women’s Healthcare has demonstrated excellence in patient safety processes.

“This has been a two year process of training, changing workflows, developing systems and processes to ensure we meet every element of ACOG Guidelines for patient safety. Everything we do is for our patients and we do it with greatest integrity.”

- Kathleen Craig, MSN, RN-COB, CENP

Simulation Center
Training and Education

In July 2017, the new Simulation Center was established on the ground floor of the hospital. The new space is comprised of three learning areas: the Sim Classroom, Sim Lab which is a RRMC Patient Room Replica, and an observation room where Clinical Educators can observe and facilitate the simulations. Education in the Sim Lab is enhanced by a high-fidelity manikin named Lucina. The new Nurse and LNA hires that attended General Orientation on August 7th and 8th were the first to participate in BINGO in the new setting.
In November 2017, Nancy Meszaros, BSN, RN, CIC Certified Infection Prevention Nurse, launched the Clean In, Clean Out Campaign for hand hygiene. The campaign started with inpatient units and has expanded to outpatient areas. The goal was to have each unit develop their own hand hygiene team to help with observations, enter data, evaluate monthly compliance, and recognize opportunities for improvement. The campaign was supported with signage, internal communications, and ongoing education.

In 2017, Sheena Daniell, BSN, RN, CEN, Emergency Department (ED) Clinical Manager, contracted with a third party vendor to bring a Certified Emergency Nurse (CEN) Review Course on site to Rutland Regional Medical Center. Sheena coordinated the workshop, organized study groups, and prepared tools such as books, pearls, and an online review test to assist nurses with preparing for the CEN exam. In addition to all RRMC nurses, the course was made available to outside nurses and paramedics from Vermont, New Hampshire, and Massachusetts. The attendance from the outside participants helped subsidize the cost to RRMC employees and also resulted in the recruitment of two ED nurses onto the RRMC team.

Tom Rounds, BSN, RN, CEN, Director of Emergency Services, was one of twenty nurses to achieve the specialty certification in 2017 after completing the review course. That achievement has brought the ED certification rate to greater than 50%. In order to continue toward the department goal of 100% certification, the course will be offered again in 2018 to those nurses that are new to the department and eligible for the exam.

RRMC offers reimbursement for the cost of the exam to nurses that achieve certification. Nurses that have both a BSN and CEN are eligible to become a CAP 2 Nurse and Jill Noble, BSN, RN, CEN has continued to mentor the eligible nurses through the RRMC Clinical Advancement Program. Recognition of the CEN nurses is displayed throughout the department.

“The ‘Clean in, Clean out’ program keeps our patients and caregivers safe. The hand hygiene project is fully supported by our physicians and leadership team. In fact, it’s on our Corporate Action Plan as a priority for this year. We are excited to promote this very important quality initiative.”

- Carol Egan, Chief Nursing Officer and VP of Hospital Service Delivery
In December 2017, Rutland Regional Medical Center submitted the Interim Monitoring Report to the ANCC Magnet office for review of nursing sensitive indicators, patient satisfaction and nursing engagement scores. RRMC’s report was successfully accepted and we continue to demonstrate meeting Magnet designation criteria.

We demonstrated a commitment to exemplary professional practice and patient care in the nursing sensitive indicators of falls with injury, hospital-acquired pressure injury (HAPI) stage 2 and above, central line associated blood stream infection (CLABSI) and catheter associated urinary tract infection (CAUTI) rates.

Our patient satisfaction scores continue to outperform national benchmarks and we showcased this in the categories of Patient Engagement/Patient Centered Care, Courtesy and Respect, Patient Education, and Careful Listening.

Within our Advisory Board Employee Engagement survey are categories that demonstrate Magnet criteria for nurse satisfaction. This year we excelled in the areas of Autonomy, Professional Development, Leadership Access and Responsiveness, and Adequacy of Resources and Staffing.

Based on the feedback provided by the ANCC Magnet office, RRMC nursing will need to place focus on Patient Falls with Injury and Hospital Acquired Pressure Injuries Stage 2 and above. As we continue on our journey to re-designation, we have the skills, support and desire to improve these nursing sensitive indicators and further improve the care of our patients.

Thank you for your continued dedication to providing excellent patient centered care and continuing to move nursing at RRMC forward!

Empirical Outcomes:
Nursing makes an essential contribution to patient, organization, and consumer outcomes. The empirical measurement of quality outcomes related to nursing leadership and clinical practice is imperative.

Transformational Leadership:
All nurses are transformational leaders. Input from the clinical nurse is essential in the development of structures, processes, and expectations throughout the organization. Nurse leaders partner with clinical nurses to influence change.

Structural Empowerment:
Nurses throughout the organization are involved in shared governance decision making structures and processes. Decision making is multidirectional among clinical nurses, leadership, and the CNO.

Exemplary Professional Practice:
The Professional Practice Model is developed by clinical nurses to illustrate the alignment and integration of nursing practice with the organization’s mission, vision, values, and philosophy. The Model is supported by leadership with the purpose to promote the professional practice of nurses.

New Knowledge, Innovations, & Improvement:
The organization supports the advancement of nursing research. Innovation in nursing is supported and encouraged. Clinical nurses evaluate and use evidence based practice to design and implement improvements that enhance the nursing practice.

Awards and Recognition

DAISY Awards

On January 6, 2017, Carol Egan, Vice President and Chief Nursing Officer, was Rutland Regional Medical Center’s first recipient of the DAISY Nurse Leader Award. Carol was nominated by her colleagues for compassionate leadership, commitment to exemplary practice, and nursing excellence. Staff and leaders, along with Carol’s family, surprised her with the award during a celebration in the CVPS Leahy Center.

“Carol always creates an environment that fosters care, trust, and compassion. She promotes the culture that allows us to provide exceptional care, and is the leader that inspires you to give your best every day. Carol’s transformational leadership meets every criterion within the DAISY Award for Exceptional Leaders and it is unquestionable that as she leads us, it is with the needs of our patients as the core.”

- Jill Markowski, MSA, BSN, RN, NE-BC

The Surgical and Progressive Care Units received the Daisy Team Award for their outstanding teamwork, superior service, professionalism, efficiency and calm presence during a difficult transition of care between units during a planned surgical stay. As care was transferred to the PCU, they continued to uphold the level of care and service that the SCU had done previously. They cared for the whole family, while understanding and explaining what was going on with the patient.

Team members included:
Anne Day, BSN, RN, RN-BC; Kate Bascue, RN; Maegan Maginnis, RN; Kalynn McKirryher, RN; Michael Southwick, RN; Kathy Altobell, LNA; Erin Cameron, LNA; Mira Grioux, LNA; Sarah Graham, LNA; & Laureen McPhee, LNA.
DAISY Awards

Karen Edgerton, BSN, RN, RN-BC, Steve Edgerton, RN, and Kathleen Tredtin, RN each received the Individual Daisy Award. The trio of nurses were nominated by fellow nurse, Samantha Helinski, MSN, RN, CWOCN and a recently discharged patient who was grocery shopping with her husband when she became too weak to walk. The patient wrote, “The nicest woman came to help me, she is a nurse at the hospital, her husband and future daughter-in-law were there, too.” The patient related how Karen, Steve and Kathleen completed the couple’s shopping, helped put away the groceries, and stayed with the couple to ensure they had no additional needs. Tredtin also made an appointment for the patient at the Rutland Heart Center for the next day. The patient’s letter continued, “They were absolutely, wonderfully kind people…you hear about bad things that happen, but not always the great things like this. These were wonderful people who helped us. I don’t know what I would have done without them.”

Individual Nominees:
Andrea Cunningham, RN
Anne Day, BSN, RN, RN-BC
Beth Lindsay, BSN, RN, RNC-MNN
Christen Campbell, RN
Gustina Rathbun, RN
Melissa McLeod, BA, RN, CLC
Katie Parker, RN
Katherine Smith, RN
Katie James, RN, RN-BC

Team Nominees:
Birthing Center

Sonce Pearce, RN, received the Individual Daisy Award after she was nominated by the family of a patient that survived cardiac arrest at the ENT & Audiology Clinic. Sonce witnessed the patient arrest and immediately began life-saving CPR. Her quick response and immediate action resulted in the patient’s recovery.

“All of our family is so very appreciative of Sonce’s swift response to the immediate crisis and her continued thoughtfulness and kindness to us all.”

- Family of ENTA Patient
Awards and Recognition

Clinical Advancement Program (CAP)

The purpose of the RRMC Clinical Advancement Program is to promote ongoing excellence in patient care through the development of increasing clinical expertise and to formally reward and recognize clinical excellence in direct care nursing. These nurses exemplify and model the Nursing Excellence Criteria as outlined in the ANCC Magnet Recognition Program.

Three nurses received CAP recognition in 2017:

**CAP Level 1**
- Marcia Bergen, RN, CCRN
- Ashley Bergendahl, RN, RN-BC
- Bonnie Corsi, RN, RN-BC
- Sarah Gemmiti, RN, RN-BC
- Amanda Keller, RN, CGRN
- Cindy Mullin, RN, CGRN
- Mona Rickert, RN, RN-BC
- Samantha Roberts, RN, RN-BC
- Larina Steinke, RN, RN-BC
- Monica Weber, RN, RN-BC

**CAP Level 2**
- Crystal Bennick, BSN, RN, RN-BC, CRNI
- Danielle Brown, BSN, RN, OCN
- Rita Hansen, BSN, RN, CPAN
- Jan Horner, BSN, RN, CRN
- Julie Lawrence, BSN, RN, CEN, CRN
- Melissa Messier, BSN, RN, RN-BC
- Trisha Nash, BSN, RN, CCRN
- Jill Noble, RN, CEN, SANE-A
- JoEllen O’Connor, BSN, RN, RNC-MNN
- Melodie Schaffer, MSN, RN, CAPA, CPAN
- Lisa Schauwecker, BSN, RN, CRRN, ONC, RN-BC
- Catherine Toda, BSN, RN, RNC-OB

All 2017 CAP nurses:

**Scholarships**

**Sarah Bache, BSN, RNC-OB, CLC**, Clinical Nurse Manager of Women’s and Children’s Services was a recipient of the 2017 Rutland Area Medical Community Scholarship. The goal of the scholarship is to inspire, empower and create opportunities for individuals to achieve their dreams of a career in healthcare. The scholarship is awarded annually to five candidates that are working towards furthering their goal of a career in healthcare.

**Sheena Daniell, BSN, RN, CEN**, Emergency Department Clinical Leader, and **Carole Mayes, MSN, RN, RN-BC, CNOR**, Clinical Educator II, were both the recipients of the 2017 Carol P. Welch scholarship. This scholarship is in honor of Carol, and her mentorship as 34 year employee and nursing leader at Rutland Regional Medical Center. This scholarship is awarded annually to any Rutland Regional nursing staff that are pursuing continuing educational opportunities.
Nurse Scholar:
Nursing Research Study

In 2017, Bonnie Corsi, RN, RN-BC was accepted into the Nurse Scholar Program at RRMC. As a staff nurse with 17 years’ experience in caring for dementia patients she recognized that when this patient population is hospitalized they were not being managed in a way that enabled them to maintain functional skills post-hospitalization. Bonnie recognized that each clinician caring for dementia patients were creating independent care plans which resulted in an overlap or omission of goals that the patient had prior to admission. Bonnie was determined to improve collaboration and care for our patients with dementia and partnered with community facilities for an IRB approved research study. Bonnie and the community sites have collaborated on continued goal setting and shared care plans for those patients admitted to RRMC with dementia. Through the Nurse Scholar Program she has been supported by the Director of the Medical Oncology Unit, Fred Garrow, MSN, RN, RN-BC, and Perioperative Clinical Educator, Gert Mayes, MSN, RN, RN-BC, CNOR as a research content expert, and the Department of Nursing Excellence. We look forward to seeing the potential improved patient outcomes and the new nursing knowledge that Bonnie’s project will contribute to nursing practice!

Carole “Gert” Mayes MSN, RN, RN-BC, CNOR, Perioperative Clinical Educator presented “Improved New Hire Retention Rates Linked to Complex Adaptive Systems Theory” at the Association of Perioperative Registered Nurses in Boston, Massachusetts.

Kathleen Craig, MSN, RN-C, CENP, Director of Women’s and Children’s Services presented “Reducing Cesarean Deliveries in Low Risk Women: Applying the Ariadne Project to Our Practice” at the Northern New England Perinatal Quality Improvement Network Annual Meeting in Bretton Woods, New Hampshire.


Sarah Bache, BSN, RNC-OB, CLC, Women and Children’s Services Clinical Nurse Manager, presented “World-Class Care for NAS Infants in a Rural Community Hospital” at the Vermont Oxford Network Annual Quality Congress in Chicago, Illinois.

Laura Cohen, DNP, ACNP-BC, ANP-BC, MSN, Hospital Medicine & Samantha Helinski, MSN, RN, CWOCN, Clinical Transitions Liaison, presented “Nurses Knowledge of Heart Failure Self-Management at a Community Hospital in Vermont” at Sigma Theta Tau in Burlington, Vermont.

Samantha Helinski, MSN, RN, CWOCN, Clinical Transitions Liaison & Kathy Boyd, MSN, RN, RN-BC, CCM, Director of Case Management, Utilization Management, Transitional Care, CDIS, and Hospital Medicine, presented “Transitional Care; Using Evidence Based Practice to Prove the Need for Transitional Care in a Community Healthcare System” at Sigma Theta Tau in Burlington, Vermont.

Jill Markowski, MSA, BSN, NE-BC, Senior Nursing Director of Surgical Services was scheduled to present “Engaged and Empowered Nurses: The Key to Transforming Care” at the American Nurse Credentialing Center Annual Magnet Conference in Orlando, Florida. Unfortunately, the conference was cancelled due to Hurricane Matthew.
Celebrating Our Certified Nurses

Rutland Regional Medical Center recognizes and honors the unique contributions of our Board-Certified Nurses. In alignment with the American Nurses Credentialing Center (ANCC) Magnet® designation, Rutland Regional nurses continue to demonstrate their professionalism, leadership and commitment to excellent patient care. List is reflective of nurses certified as of 12/31/17.

Chief Nursing Officer
Carol Egan, MSN, MSA, RN, NE-BC

Ambulatory Care Unit
Giuliana Hodulik, BSN, RN, CCRN
Brittini Racine, BSN, RN, RN-BC, CCRN
Melodie Schaffer, BSN, RN, CAPA, CPAN
Joan Siemicki, BSN, RN, RN-BC

Case Management
Kathleen Boyd, BSN, RN, RN-BC, CCM, Director
Susana Haviland, BA, RN, CCDS
Maryellen Mulready, BSN, RN, RN-BC
Patricia Popowitch, BSN, RN, OCN
Patricia Shaw, MSA, BSN, RN, RN-BC
Jill Smith, BSN, RN, CCRN
Marilynn Trapeni, BSN, RN, CRN
Jennifer Waislaukas, MSN, RN, CCRN
Suzanne Woodbury, BSN, RN, OCN
Samantha Helinski, MSN, RN, RN-BC

Clinical Informatics
Suzanne Sabatasso, BSN, RN, RN-BC

Community Health Improvement
Sarah Narkewicz, MSN, RN, CDE
Sharon Deccato, BSN, RN, CHPN, CCM

Diagnostic Imaging
Crystal Bennick, BSN, RN, RN-BC, CRNI
Kelly Carter, RN, VA-BC
Janet Horner, BSN, RN, CRN
Julie Lawrence, BSN, RN, CEN, CRN
James Callan, BSN, RN, CRN
Marguerite Francescani, RN, RN-BC

Emergency Department
Robert Bromley, RN, CEN
Tamzen Brosnan, RN, CEN
Courtney Collins, BSN, RN, CEN
Sheena Daniell, BSN, RN, CEN
Julie Delaney, BSN, RN, CEN
Courtney Dumas, RN, PMHN
Sharan Green, RN, CEN
Katie James, RN, RN-BC
Ali Kenyon, BSN, RN, CEN
Michael Lawrie, BSN, RN, CEN
James Marramville, RN, CEN
Sherry Moyer, RN, RN-BC
Marguerite Mullin, BSN, RN, CCRN
Thomas Neumann, RN, CEN
Jill Noble, BS, RN, CEN, SANE-A
Pamela Poliano, RN, RN-BC, CEN, SANE-A
Amy Powers, RN, CEN
Jonathan Prendergast, BSN, RN, CEN
Thomas Round, BSN, RN, CEN, Director
Joan Spaulding, MSN, RN, CEN

Endoscopy
William Koberman, BSN, RN, RN-BC
Danielle Brown, BSN, RN, OCN
Holly Fox, RN, OCN
Kendra Hollister, BSN, RN, OCN
Jessica Jackson, RN, OCN
Stacy Kovach, RN, OCN
Lindsey Munger, RN, OCN
Susan Nordmeyer, RN, OCN

Hospital Medicine
Laura Cohen, DNP, ACNP-BC, AANP-BC, MSN

Infectious Disease Clinic
Lori Pavlackzy, BSN, RN, RN-BC, CCM

Intensive Care Unit
Barbara As, RN, CCRN
Robert Bassallion, BSA, BSN, RN, CCRN
Marcia Bergen, RN, CCRN
Antoinette Boltz, BSN, RN, CCRN
Katherine Gorrusso, MA, RN, CCRN
Susan Hiery, BS, RN, CCRN
Katherine Lamontagne, BSN, RN, CCRN
Alyssa Scott, BSN, RN, PCCN
Deborah Sensesac, BSN, RN, NE-BC, Director ICU/PCU
Karen St. Marie, RN, CCRN
Jolana Washburn, BSN, RN, CCRN

Kidney Center
Nancy Griered, RN, RN-BC
Kathlene Pelletier, BSN, RN, RN-BC

Medical Oncology Unit
Ashley Bergendahl, RN, RN-BC
Bonnie Corsi, RN, RN-BC
Ariane Dulsik, BSN, RN, RN-BC
Conception Flanders, BBE, RN, RN-BC
Frederick Garrow, MSN, RN, RN-BC, Director
Irene Goebel, BSN, RN, CHPN, RN-BC
Donna Hammond, MSA, BSN, RN, RN-BC
Katherine Lincoln, BSN, RN, RN-BC
Kathryn Mason, BSN, RN, RN-BC
Melissa Messier, BSN, RN, RN-BC
Kelsie O’Keefe, RN, OCN, RN-BC
Korrina Porter, RN, RN-BC
Samantha Roberts, RN, RN-BC
Carrie Tibbault, BSN, RN, RN-BC

Neurology
Sara Locke, BSN, RN, AGPCNP

Nursing Excellence
Betsy Hassan, BSN, RN, CNRN, Director

Operating Room
Dayle Burditt, RN, CNOR
Marcy Matson, RN, CNOR
Mary McGuire, BSN, RN, CNO
Tielecia Molaski, RN, CNOR
John Porches, BSN, RN, RN-BC

Palliative Care
Mary Conrad, ASN, RN, CHPN
Rachel Doughty, BSN, RN, CHPN
Eva Zivitz, RN, CHPN

Performance Improvement
Ann Iorns, BSN, RN, RN-BC
Nancy Meszaros, BSN, RN, CIC
Susan Shayne, BSN, RN, RN-BC

Post Anesthesia Care Unit
Mary Denardo, RN, CPAN
Rita Hansen, BSN, RN, CPAN
Monica Wilkes, RN, CPAN

Progressive Care Unit
Amy McLaughlin, BSN, RN, PCCN
Jessica Ponte, RN, PCCN

Psychiatric Services
Lesa Cathcart, MSA, BSN, RN, RN-BC, Director
Tara Cornell, BSN, RN, RN-BC
Julia Fonte, RN, RN-BC
Maria Houston, RN, RN-BC
Elaine Imhof, RN, RN-BC
Meredith Kiesel, MSN, RN, PMH-NP
Jessica Lindert, MSN, RN, PMHNP-BC
Lindsey Lyle, BS, RN, RN-BC
Mary Kate Marcellus, BSN, RN, RN-BC
Cynthia Papineau, RN, RN-BC
Larina Steinke, RN, RN-BC

Resource Staff Pool
Sarah Gemmipitt, RN, RN-BC
Ann Southworth, BSN, RN, PCCN

Risk Management
Amy Martone, MBA, BS, RN, CPHRM

Rutland Diabetes & Endocrinology Center
Lauren Oberg, BSN, RN, CDE

Rutland General Surgery
Joan Attig, MSN, RN, CPCCN, CWCN

Rutland Heart Center
Catherine Fendrick, BSN, RN, CCRN, RN-BC
Karen Fuller, RN, RN-BC
Kathleen Sgorbati, RN, RN-BC

Rutland Women’s Healthcare
Kathleen Craig, MSN, RN, CENP, IBCLC, RNC-MNN, RN-OB, Director

Labor & Delivery
Rebecca Allen, RN, RNC-MNN
Sarah Bache, BSN, RN, CLC, RNC-OB
Melissa McLeod, BA, RN, CLC
Joanna Moore, RN, RN-BC
JoEllen O’Connor, BSN, RN, RNC-MNN
Catherine Toda, BSN, RN, RNC-OB

Women’s and Children’s Unit
Suzan Brower, RN, RNC-MNN
Elizabeth Lindsay, BSN, RN, RNC-MNN
Jill McCullough, BSN, RN, RNC-MNN
Amy Pfenning, BSN, RN, RN-BC
Mona Rickert, RN, RN-BC
Ally Walker, RN, RNC-MNN
Rutland Women’s Healthcare
Megan Hasbrouck, RN, CLC

Surgical Care Unit
Anne Day, BSN, RN, RN-BC
Sally Rogers, BSN, RN, RN-BC
Lisa Schauwecker, BSN, RN, CCRN, OCN, RN-BC
Karen Waterworth, RN, RN-BC

Surgical Services
(ACU, PACU, OR, Endoscopy, SCU)
Jill Markowski, MSA, BSN, RN, NE-BC, Director

Training & Education
Judith Long, MSN, RN, RN-BC
Carole Hayes, MSN, RN, RN-BC, CNOR
Heather McRae, MSN-Ed, BSN, RN, PCCN
Carol Norgaia, MSN, RN, CEN
Rhonda Roberts, MSA, BSN, RN, RN-BC

Utilization Management
Karen Edgerton, BSN, RN, RN-BC
Jenna Hayward, BSN, RN, RN-BC
Abigayle Polhemus, BSN, RN, RN-BC

Wound Ostomy & Continence Nursing
Marsha Arend, BSN, RN, CWOCN
Alexandra Foley-Bowen, BSN, RN, CWOCN
Suzanne Pisaneli, BSN, RN, CWOCN

Thank you for your commitment to the profession of nursing and the extraordinary care you provide our patients!
I started my nursing career traditionally with a diploma degree and worked as both an adult and pediatric critical care nurse. I went on to earn a bachelor’s in nursing (BSN) degree, followed by a master’s degree in nursing (MSN). I became certified as an Adult Nurse Practitioner (ANP). I was fortunate to receive a position as a Cardiothoracic (CT NP) Nurse Practitioner at a major medical center. This position allowed me to work collaboratively within a multidisciplinary team framework. As a CT NP I learned the importance of collaboration and teamwork to enhance the patient experience and outcomes.

The Institute of Medicine (IOM) recommended that to meet the changing demands of health care, healthcare professionals should gain increased knowledge of evidence-based practices (EBP), information technologies and interpersonal collaboration. As a result of these recommendations, I returned to school and obtained a post masters certificate in Acute Care Nursing. I became board certified as an acute care Nurse practitioner (ACNP). This education prepared me to focus on improving patient outcomes at the bedside through the utilization of evidence based practice (EBP).

I returned to school and obtained a Doctorate in Nursing Practice (DNP) to obtain a more global view of nursing and the improvement of patient outcomes. As an ACNP with a DNP degree, I am better prepared to become an expert in managing the complex balance between quality of care, access to care, and fiscal responsibilities. My understanding of nursing has evolved by realizing the influence we have among ourselves and with knowing the power in numbers can make significant changes. As nurses, we must take a stance and support one another by promoting our profession and learn to overcome obstacles for enormous changes in health care to occur. The demand for nurses continues to escalate, and leaders in nursing are in the forefront to make the public aware of the art and science of nursing.
Nursing Shared Governance

Nursing Shared Governance is a concept that has a foundation in shared decision-making and shared leadership. Shared governance is composed of four defining principles: partnership, equity, accountability and ownership which empower all members of the healthcare team to have a voice in decision-making and professional practice. Shared governance reflects the mission, vision and values of RRMC and works to maintain high quality nursing practice and professional development.

The Nursing Shared Governance Council is comprised of four committees:

**Nursing Quality and Professional Practice Committee**
- Works to assure the foundation for nursing practice at RRMC is derived from research and evidenced-based standards of care and practice.
- Provides a forum for discussion that promotes, supports, and advances professional nursing practice and improvement
- Example: the Tracer Program

**Staffing Committee**
- Serves as a vehicle to increase communication and collaboration between direct care nurses and nursing administration
- Works to maintain a positive practice environment and improve patient outcomes
- Example: monthly face to face meeting with nursing administration

**Professional Development & CARE Committee**
- Works to promote the development, professional growth and image of nursing throughout the organization as well as recruiting and retaining top nursing staff.
- Engages nurses and staff throughout the Magnet Journey
- Example: the DAISY Program, the Clinical Advancement Program (CAP)

**Research Committee**
- Works to advance the practice of nursing through the promotion and dissemination of nursing research and evidenced-based practice.
- Example: the Nurse Scholar Program

**Nursing Shared Governance 2017 CEU Series:**
- Suicide Risk Intervention
- Palliative Care
- Core Measures
- Sepsis
- Lateral Violence
- Congestive Heart Failure
- Palliative Care – Ethics

Resources and information for Nursing Shared Governance, professional development and educational opportunities are located on the Nursing Portal. If you are interested in becoming involved in the Nursing Shared Governance Council, please speak with your leadership! We meet the second Wednesday of every month from 8:30am to 4:30pm.

**Additional Educational Offerings provided by the organization:**
- Preceptor Workshop
- Introductory Skills to Bring Motivational Interviewing Into Your Practice on an Inpatient Psychiatric Unit
- Columbia - Suicide Severity Rating Scale
- Wound Care Policy and Documentation
- Palliative Care and End of Life Nursing
- CAR-T Cell Therapy
- Compassion Fatigue and Workplace Burnout
- Critical Thinking
In June 2017, over 400 students from the community came to Rutland Regional Medical Center for the second annual Come Alive Outside Event hosted to promote healthy and active living in our community.

In August 2017, Tom Rounds, RN, Emergency Room Director, was installed as American Legion Post 31 Commander. In his position as Commander, Tom is excited about the life-changing assistance and guidance he and his fellow legionnaires can provide for veterans, military personnel, their families, and the Rutland Community.

In May 2017, Rutland Regional Medical Center donated $1000.00 to Tatum’s Totes in honor of our nurses for 2017 Nurses Week. Tatum’s Totes is an independent nonprofit organization started by foster parents Liz and Alex Grimes in honor of their son Tatum that died at the age of 5 months old from SIDS. After becoming foster parents, they found that many children entered the foster care system with little more than a plastic bag and the clothes they were wearing. Liz and Alex started Tatum’s Totes to ensure that each child entering emergency foster care had a backpack of their own filled with comforting items that could stay with them throughout their transition into foster care. Nursing Shared Governance selected the recipient.
Throughout 2017, Jacki Becker, FNP, Manager of Employee Wellness Center, helped our employees learn and explore the practice of Mindfulness. Mindfulness can be defined as the basic human ability to be fully present, aware of where we are and what we’re doing, and not overwhelmed by what’s going on around us. Studies have shown that Mindfulness can improve immune function, enhance relationships, and increase resilience. An emphasis on Mindfulness in the workplace has been shown to reduce stress, enhance performance, and increase job satisfaction.

Mindfulness is not easy for everyone, but with practice over time it can become a skill used in everyday life. There are many ways to practice Mindfulness, one being Gratitude. At a Nursing Shared Governance meeting in November, Jacki stopped by to offer the group a brief Mindfulness activity. It was very well received and afterward the group recognized the need for Mindfulness in our busy clinical practices. Betsy Hassan, MSN, RN, CPPS, Director of Nursing Excellence, was inspired and began to brainstorm ideas for promoting Mindfulness throughout the organization. The Department of Nursing Excellence decided to start by focusing specifically on Gratitude and the 31 Days of Gratitude Project was born.

The Department was immediately overwhelmed with the number of nominations across the organization and the excitement from those asked to participate. It did not take long to get 31 participants to pose for a picture and submit their own personal message of gratitude. Each day throughout the month of December, a member of the RRMC family was featured on our Facebook page with their message of gratitude. All of the Likes, Comments, and Shares proved the project to be a success!

While every member of the RRMC family had a busy schedule to keep, especially in the nursing service line, the 31 Days of Gratitude Project gave us an opportunity to take a few moments out of our hectic days to recognize each other, share the personal stories that make us unique, and be grateful for so many different things. In 2018, we should all strive to practice Mindfulness and maybe even work to develop Authentic Gratitude. We all deserve the opportunity to be mindful, grateful, and happy.

“I am thankful that I work with an amazingly competent team that provides loving and exceptional care for our patients, a team that is not just my coworkers but has become my family over the past 9 years. I am thankful every day for the opportunity to go to a job I love and potentially make a difference in someone’s life.”

- Melissa McLeod, BA, RN, CLC
Our Promise to You –
We Listen, We Respect,
We Care...Always!