I am proud to present to you the biennial report on Maine Medical Center’s (MMC) Nursing that demonstrates what a Magnet Hospital provides its patients and their families as well as our community. MMC is proud to be designated 3 times as an ANCC Magnet Designated facility and is on the journey for a 4th. The front cover is the celebration in a packed auditorium on hearing the Magnet Commission informing us of the third designation. For 18 years, I have been humbled to be the Chief Nurse Executive of an extraordinary staff who know no limits in continually setting higher goals each year for exceptional care, and innovation. Their compassionate approach to every single patient is as if they were caring for one of their family members. Their commitment to educating future nurses and providers is remarkable and their spirit of inquiry to research new ways to improve patient care is inspiring.

This report reflects a small sampling of how MMC Nursing carries out the mission, vision and values of the Medical Center by caring for our community, educating tomorrow’s caregivers and researching new ways to provide care. The professional practice model developed around partnership has special meaning for MMC nursing staff. Partnership begins with the nurse and the patient and family where they act as full partners in their care providing input and feedback on the goals set forth for the plan of care. It lays the groundwork for partnership with other care providers and support staff to develop the strongest possible team approach to the care of that patient. The Magnet Model for Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, and Innovations and Research while achieving exceptional outcomes are highlighted throughout this report.

I trust you will find this report of nursing professional practice as inspiring as I do. With great pride and humility, it is my honor to be the chief nurse executive representing nursing at MMC.

Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC

Chief Nursing Officer
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On March 30, 2017, Maine Medical Center received the call from Magnet Commissioner Donna Havens, PHD, RN, FAAN that MMC was redesignated for the third time as a Magnet hospital, the highest national recognition awarded for nursing excellence. Over 200 MMC staff and live streaming across the Medical Center heard this important announcement. Having achieved this status three times is an honor that only about 3 percent of US hospitals can claim.
After submitting the evidence in the summer of 2016, four Magnet Appraisers visited in January 2017 to verify, magnify and amplify our submissions. On March 30, 2017, the hospital was notified during a conference call, broadcast from a packed Dana Center Auditorium. MMC was cited for exceptional interprofessional work around medication reconciliation on our BBCH Children’s unit. The appraisers thought the team should submit this work to present at the National Magnet conference and in October 2017, the interprofessional team proudly represented their work, “Improving the Pediatric Medication Discharge Process, in a podium presentation at the National Magnet Conference®, in Houston, Texas.

Magnet status is awarded by the American Nurses Credentialing Center, an independent organization within the American Nurses Association. The Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Magnet recognition is widely considered the ultimate credential for high quality nursing care. MMC was first recognized as a Magnet hospital in 2006, was redesignated in 2011 and continued to sustain this high level of quality.

Wiggins, a nationally recognized expert and consultant on nursing quality, says the key for her team in achieving Magnet was the development of MMC’s Partnership Care Delivery Model that emphasizes participation by everyone in the environment of care. She says that the pursuit of nursing quality, and with it Magnet status, has engaged all nurses and helped attract and retain top nursing talent to MMC.

“The Magnet program is voluntary; people have got to want to work for it. Our nurses want to be the best and to provide the best care, and this shows they are consistently delivering that for our patients,” Wiggins says. “Wanting to be the best is one thing; to consistently achieve it is an extraordinary accomplishment.”

“Anyone who has received care at Maine Medical Center has been served by an incredible, caring and committed nurse,” said Joel Botler, MD, MMC’s Chief Medical Officer. “That is critically important for both improving patient outcomes and maximizing collaboration across the entire care team.”
On September 16, 2017, Maine Medical Center became the first clinical practice site to join Sigma Theta Tau International Honor Society of Nursing—or Sigma. Sigma is the second-largest professional nursing organization in the world with approximately 135,000 active members in more than 90 countries. Prior to MMC’s historic partnership with Sigma, all 500 international chapters were made up of only institutions of higher learning. Recently, Sigma revised chapter rules to include clinical practice settings. This new model encourages collaboration and partnerships among nursing administrators, clinicians, educators, and researchers. Under the leadership of Kristiina Hyrkas, PhD, LicNSc, MNSc, RN, a year-long application process documenting MMC’s contributions to evidence-based practice, research, education, and nursing excellence was submitted to Sigma for approval.

During the September 2017 Charter and Induction ceremony held at Maine Medical Center, MMC joined the Kappa Zeta-at-Large Sigma chapter which includes the University of New England, the University of Southern Maine, and St. Joseph’s College. Nursing leaders from Sigma and all four organizations, including Marjorie Wiggins, DNP, MBA, RN, FAAN, NEA-BC, Chief Nursing Officer at Maine Medical Center, were on-hand to celebrate this outstanding achievement. Seventeen MMC RNs who exemplify achievement in leadership, scholarship, practice and service were inducted into the Honor Society as Nurse Leaders during the Chartering Ceremony. Membership in Sigma provides nurses with resources and opportunities to network with other nurse leaders and to develop professional and leadership skills. Sigma promotes and supports evidence-based practice and nursing research.

MMC was officially recognized as the first—and only—clinical practice site to join Sigma during the 44th Biennial Convention in Indianapolis, IN on November 1, 2017.
Nurse Leaders inducted on September 16, 2017, with Chief Nursing Officer, Marge Wiggins.

**Front Row (left to right):** Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC; Patricia J. Crosby, BSN, RNC; Jennifer Dalton, MHA, BSN, RN; Leslie J. Knight, BSN, RN, CMSRN; Janet L. Russell-Duggan, BSN, RN, CMSRN; Debra Kramlich, PhD, RN, CEN, CCRN-K, Kappa Zeta-at-Large, Immediate Past President and Leadership Succession Chair; Samantha Menengas Connell, BSN, RN, CMSRN, President, Kappa Zeta-at-Large; Laurie Carbo-Porter, PhD, RN, CNE, Chartering Officer. **Middle (at right):** Kristiina Hyrkas, RN, MNSc, LicNSc, PhD, Director Center for Nursing Research and Quality Outcomes. **Back Row:** Margo E. Geyer-Tomuschat, BSN, RN, CMSRN; Rhonda DiPhilippo, BSN, RN; Beth Thivierge, BSN, RN, VA-BC; Shannon M. Cappen, BSN, RN, CPON; Emily Benevento, BS, RN, CCRN-CMC, BC-CV; Deb Gregoire, MSN, RN, CPAN, CCRN; and Sarah Sturges-Perry, BSN, RN, CEN.
Maine Medical Center is dedicated to maintaining and improving the health of the communities it serves by:

- Caring for our Community
- Educating tomorrow’s caregivers
- Researching new ways to provide care

We proudly carry our unique responsibility as Maine’s leader in patient care, education and research. We are dedicated to the traditions and ideals of not-for-profit health care. Our care is available to all who seek it.

We share an important set of values – Patient Centered, Integrity, Ownership, Excellence, Respect and Innovation. These values guide us in our interactions with each other, with our patients and families and with the members of our community.

These values are foundational, and support us as we work toward a vision that benefits us all: Working together so our communities are the healthiest in America.

**NURSING VISION**

Nursing at Maine Medical Center is the spirit and practice of caring for patients, families, and the community through leadership, knowledge, and compassion.

**NURSING MISSION**

- We create environments of care, which support patient and family needs and optimal patient outcomes.
- We provide equitable and culturally competent care to all patients and their families.
- We strive for excellence in health and healing for the body, mind, and spirit.
- We respect, support, and collaborate with one another and with other health care team members.
- We recognize we are part of a complex and evolving health care system and respond with flexibility and openness to new ideas and techniques.
- We engage in and promote ongoing professional education and advancement for ourselves and our colleagues.
- We play a critical role in coaching, mentoring, and retaining professional nurses in our practice setting.
- We are dedicated to providing progressive care through Evidence-Based Practice.
VALUES

Nursing has embraced the Maine Medical Center Values and the ANA Code of Ethics as documented in our Nursing Vision, Mission and Philosophy. Maine Medical Center Values are:

- Patient Centered
- Ownership
- Integrity
- Act with kindness and compassion
- Take responsibility
- Be a role model
- Innovation
- Respect
- Excellence
- Embrace change
- Be an active listener
- Set high standards

PARTNERSHIP IN ACTION

LIVING OUR PROFESSIONAL PRACTICE MODEL TO MEET STRATEGIC INITIATIVES

Maine Medical Center Nurses are committed to excellence and the Professional Practice Model. Building relationships and partnerships with patients, families, the interdisciplinary care team and community are at the center of the model. Establishing partnerships allow evidenced-based practice, ethical care, self-regulation, shared governance, accountability and service to come alive leading to exceptional care delivery and practice excellence. The foundation of the model is the mission, vision and values of the nurses which align with those of the organization.
THE IPACE UNIT:
RE-ENGINEERING AN INPATIENT CLINICAL LEARNING ENVIRONMENT TO OPTIMIZE INTERPROFESSIONAL COLLABORATIVE CARE & EDUCATION

As a recipient of the Accreditation Council for Graduate Medical Education (ACGME) Pursuing Excellence in Innovation (PEI) grant, Maine Medical Center sought to analyze, deconstruct, and re-engineer an inpatient clinical learning environment, with the goal of optimizing interprofessional collaborative care and education, patient and family experience, quality and safety of care, and provider experience. The interprofessional team, comprised of Thomas E. Van der Kloot, MD, Christyna McCormack, Sarah Hallen, MD, Kalli Varaklis, MD, Robert Bing-You, MD, MEd, MBA, Laurie Burton, BSN, RN and Daniel Meyer, MD, worked to implement this new model. In April 2018, a new 18-bed Interprofessional Partnership in Advance Care and Education (iPACE) unit opened.

In preparation for the initiative, a formal health care systems engineering analysis was undertaken, in collaboration with the Northeastern University Healthcare Systems Engineering Institute. Using this analysis, the team redesigned the structure and functionality in a newly opened 18-bed inpatient internal medicine and cardiology unit. Key elements of the redesign included: patient and care team cohorting; scheduled, structured patient appointments, with team-based rounding and real-time care planning and documentation; intentional team-based education and QI programs; and continuous interprofessional reassessment with cyclical improvement, utilizing the unit as a “learning laboratory.” Formal assessment included: team functionality, patient and family satisfaction, learner and provider satisfaction, and patient outcomes. Even though this was a medical grant, nursing team members were essential to the implementation of this new model.
Of key interest is the improvement in team functionality, as measured by relational coordination. The relational coordination improved significantly after implementing the intervention. Patient and family satisfaction has been overwhelmingly positive. Non-physician learners (including nursing, physical therapy and other disciplines) and providers have uniformly favored the model. Resident physicians have at times struggled with adapting to the model, especially in comparison with the familiar models of care in other settings. Hospital length of stay and cost/patient have been significantly lower using the model.

The results are allowing spread of the model to other units within Maine Medical Center as well as other facilities within MaineHealth system.

An iPACE model of care recognizes all health care team members (nurse, doctor, pharmacist, PT, OT, care manager) as learners and teachers to one another. We keep our patients at the center of all we do. There has been tremendous benefit to the health care team in having our medical population 100% co-horted on P2C. When a level of teaming is able to be recognized, opportunities to learn with and from one another are continuous throughout the day and supportive of our care team well-being; ultimately our patients experience may be more positive and we are able to support best patient care together.

—CARRIE PEOPLES, RN
NURSE MANAGER
The Nursing Professional Excellence Council (NPEC) coordinates several community volunteer activities for MMC nurses in the promotion of health that align with Healthy People 2020. Colorectal Cancer Screening in the Homeless population and a community health fair for underserved community members are two important programs nursing and health care providers were involved in.

**COLORECTAL CANCER SCREENING IN THE HOMELESS POPULATION**

In line with the National Colorectal Cancer Roundtable Campaign goal of screening 80% of eligible US adults over the age of 50 by 2018, MMC Cancer Institute (MMC CI) developed and implemented a very comprehensive colorectal screening program for our Portland area homeless population. It is the first of its kind in the nation, MMC Cancer Institute nursing professionals coordinated this event. In October 2016, the project coordinator contacted NPEC co-chair Leslie Knight, BSN, RN, CMSRN, to discuss collaboration with MMC RN volunteers to assist and support the homeless participants with their colonoscopy prep. This comprehensive initiative also involved collaboration with local agencies. Forty homeless participants were identified, screened with FIT tests donated by NorDx Laboratories, and nine were identified as needing colonoscopies.

In February 2017, the nine individuals slated for the colonoscopy, case manager and two RNs met at a local hotel for the colonoscopy preparation. The RN volunteers assisted the participants with the preparation during the afternoon before and morning of the colonoscopy. The nine individuals successfully completed the preparation with the assistance of MMC nursing staff.

**3RD ANNUAL COMMUNITY HEALTH FAIR**

Inspired by the MMC Nursing health fair in May 2018 conducted with the City of Portland Public Health Division and the Portland Public Library, the Library and the University of New England (UNE) Health Professionals Department asked the NPEC to collaborate on their 3rd Annual Community Health Fair. This gave professional nurses an opportunity to coach and mentor new nurses in community health promotion and volunteerism.

The health fair was held at the Portland Public Library on Tuesday, October 2, 2018. Open to everyone, the focus was on homeless individuals and other underserved community members. UNE student involvement made this fair very unique compared to past fairs organized by NPEC. Twenty UNE students from six different health care programs partnered with MMC nurses and other health care specialists. Nursing,
Physical Therapy, Physician Assistant, College of Pharmacy, College of Dental Medicine, and Social Work students enjoyed a hands-on experience with the MMC professionals. An opportunity to increase the students’ professional awareness, it also enhanced their knowledge while providing valuable health screenings and education to our underserved MaineHealth community members and highlighted the positive impact of volunteering as a health care professional.

MMC RNs and other MaineHealth providers offered information on a variety of health topics, several of which were interactive and hands-on. Our MMC volunteers and collaborators included representatives from the Stroke Program, Poison Control Center, Lactation Program, Pediatric Unit, MMC Cancer Institute, Diabetes Nurse Specialists, Infectious Disease Department, Emergency Department, MMC Interpreter Services, and our NPEC RN volunteers. Health topics and resources included: blood pressure checks and medication card documentation, hand hygiene using the Bug Light, cancer awareness and breast health, pediatric car seat safety and immunizations, lactation information, poison control and overdose prevention, stroke prevention and recognition, appropriate use of the Emergency Department and what to expect, and Staying Healthy in the Winter focusing on frostbite and dehydration.

Partnering with the UNE Health Professionals Department and the Portland Public Library offered our MMC nurses and staff a great opportunity to reach MaineHealth community members in their own environment and to support and enhance the education and awareness of various health profession students within our community.
CARING FOR OUR COMMUNITY
Neonatal Abstinence Syndrome (NAS) is observed in an increasingly larger population of patients each year. Substance exposed newborns (SEN) experiencing NAS (withdrawal symptoms after being exposed to harmful substances in utero) are on the rise. Approximately 4% of infants born at MMC display NAS symptoms at birth. A large interprofessional and interdepartmental NAS Task Force comprised of providers, nurses, pharmacists, leadership, social work, and family advocates from Newborn Nursery, Neonatal ICU and Barbara Bush Pediatric Inpatient Unit began meeting since October 2017 to better address the needs of this unique population.

The NAS team conducted a survey which noted inconsistencies in provider counseling and knowledge of care for NAS. The evidence supported that expectant mothers receiving inadequate, inconsistent, or nonexistent NAS counseling prior to their child’s birth is a known obstacle in NAS care.

The team developed a plan that included adopting the Northern New England Perinatal Quality Improvement Network’s Eat Sleep Console (ESC) training manual and care tools centered around decreasing the need for pharmacological treatment and consequently length of stay of these babies. In addition, prenatal and postnatal education materials were developed.

In April 2018, the ESC Console tool was implemented in the electronic health record and the change in practice, assessment and treatment of these infants went live in clinical departments. Additionally, policies and procedures were revised and updated to reflect this new clinical practice as it relates to a new treatment algorithm. The NAS Team also completed pre and post-natal education materials, which included brochures and a resource handbook for patients and families, conducted patient satisfaction surveys, and initiated pre-admission consultation visits with Pediatric Hospitalists in the OB Clinic.

OUTCOMES

- The Length of Stay for all substance-exposed SEN newborns > 35 weeks is ~4 days shorter than before the implementation of ESC model of care.
- The Length of Stay for inborn SEN > 35 weeks who received pharmacologic therapy is 7 days shorter than before ESC model of care. No infant has received a second medication added to their treatment since April 2018.
- A 60% reduction in the SEN > 35 weeks who received pharmacological therapy for NAS.
Efforts to Thrive at the Bedside: Mindfulness and Wellness Huddles & Wellness Room

Demands on the patient care units can often be stressful. Several initiatives were implemented to help decrease stress and allow bedside staff to thrive. Huddles and initiation of a daily Mindfulness Hour support an environment where critical thinking and thoughtful discussions of patient care situations could occur. Mindfulness Hour is a time where nurses are encouraged to review patient cases, ask questions about the plan of care and critically think about what is important in their care. To facilitate the best atmosphere, lights are lowered in the halls, a text is sent to all nurses to remind them of the hour, and conversations unrelated to patient care at the nursing station and patient care areas are discouraged. This protected time is to allow all members of the health care team a place in which thinking about patient care decisions is optimal.

In an effort to enhance communication and recognition, huddles occur on the acute cardiac medical unit twice daily. The morning 10-15 minute huddle addresses MMC operations (census, etc.), and unit, patient or staffing concerns. The afternoon huddle focuses more on recognition of individuals for excellence demonstrated during the shift, and follow up topics that need to be resolved by end of day.

Several units have also developed and implemented quiet Mindfulness Rooms where staff have an opportunity to retreat to a quiet space to relax and meditate during the day. Five minutes to escape a busy and hectic day has increased resilience in the clinical staff.
CARING FOR OUR COMMUNITY
ED MODEL OF CARE

Patients needing Emergency Department (ED) care are often stressed upon arrival. Traditional models positioned registration staff as the initial contact for patients. A single triage nurse and ED technician utilized four triage rooms to complete a lengthy list of mandatory components in the electronic health record. If there was time, standing orders would be entered for labs and occasionally radiology, with no one assigned the responsibility of reviewing results. This model often created delays and frustrations for our patients. The team recognized multiple areas for improvement and embarked on an aggressive plan to address each of them.

A plan was developed to change this model in the ED to a model with a Pivot Nurse (a Nurse typically with extra training and experience, who rapidly assesses patients and assigns them to a patient stream for care. This typically takes less than two minutes as defined by ED Benchmarking Alliance) and Provider to work alongside registration to be the first contact our patients. With the support of hospital and department leadership, plans were made for minor renovations. Representatives from security, infection control, registration, environmental services, facilities management, guest relations, along with ED staff and providers gathered weekly to work through potential new processes and then design the work area to enhance them. After two months, the group was satisfied with their design of a work area positioned at the entrance where a registered nurse would be able to greet patients alongside a registration team member who could get basic demographics. This Pivot Nurse at the initial point of contact is able to champion our “Pull til Full” process which allows patients to get to a destination in the ED quicker by sending patients to one of two new triage intake bays.

OUTCOMES

- Door-to-Provider times decreased from 25 to 13 minutes
- Goal of 50 patients/day seen by provider in triage achieved. Current average 51 patients/day.
- Triage nurse no longer feels “alone” in lobby and responsible for large number of acutely ill patients waiting to see provider
- Process increases safety for our patients; workups begin sooner.
- Front-end group huddles every 2 hours to review patients’ status and communicate plan going forward.
EXPANDING STUDENT RN CAPACITY—ACADEMIA & PRACTICE PARTNERSHIP

In 2018, MMC and St. Joseph’s College of Maine (SJC) entered into a Memorandum of Understanding to partner in a unique initiative to:

1. Support the expansion of and enhanced competence of Maine’s new graduates in the nursing workforce;
2. Promote the acquisition, development, and retention of clinical nursing experts as clinical faculty and help to alleviate the shortage of qualified clinical instructors;
3. Maximize the linkage between classroom and clinical instruction; and
4. Provide for a bridge in career progression into nursing for entry level MMC employees.
Through this partnership, a new undergraduate BSN academic opportunity was created which encompasses/provides for a distinct program curriculum for a cohort of students over and above SJC’s annual enrollment which incorporates:

• A consolidated curriculum collapsed to three years with potential for enhanced progression through classroom requisites.

• SJC provision of formal classroom experiences at SJC or at MMC.

• MMC provision of all clinical faculty and the oversight of the clinical curriculum. Clinical faculty will be employed by MMC at their regular staff salary with benefits and will be granted SJC adjunct faculty status.

• Increased student hours in clinical practice with the addition of specialty tracks for more intensive experiences in selected clinical settings.

• The student’s ability to maintain one’s current position with opportunity to reduce work hours yet maintain fulltime benefits.

• Marked reduction in annual tuition with deferred payment plans.

• First preference to be given to MMC employees with second preference given to MaineHealth employees to reach enrollment targets.

• MMC and SJC share responsibility for student selection where students must meet SJC admission requirements and MMC requirements as a clinical site.

• Ability to transfer non-nursing credits taken at a regionally accredited program.

• Special dedicated academic student advisor.

Following multiple information sessions, a pool of over 90 applicants were screened for eligibility. Following a rigorous review and joint interviews with final candidates, the first cohort of 20 engaged in the program beginning in the fall of 2018. As this cohort progresses, a second round of applicants are under review for enrollment of another cohort to begin in the fall of 2019.

Given MMC’s level of engagement and support for this innovative model, employees have committed to three years of employment as an RN upon successful completion of the program and license exam.
EDUCATING TOMORROW’S CAREGIVERS
PROFESSIONAL DEVELOPMENT & IMPROVING PATIENT FLOW: THE BRIDGE PROGRAM

In an effort to respond to a fluctuating census and increased complexity of the post-open heart surgery population and increased nursing knowledge, the Cardiac Surgery Intensive Care Unit (ICU) and step-down unit nursing teams partnered to innovate a “Bridge” program. A core team of cardiac nurses from both units cross-trained to work in both the ICU and Intermediate Care Unit on the step-down cardiac surgery unit. The Bridge RN program has proven to be a staff satisfier for nurses looking to enhance their knowledge and experience without leaving their home unit. The innovation has also allowed the two units to understand the patient’s continuum of care which has improved communication and coordination of care.

Bridge programs also exist between the Neuro Intermediate Care area and the Neuro ICU and the Medical Respiratory unit and the Medical ICU.

These innovative programs expand skills and builds partnerships with staff to improve clinical care at the bedside.
The Outreach Education Council (OEC) is a multi-hospital cooperative designed in 1981 to meet the continuing education needs of RNs practicing within member institutions. Currently comprised of 14 Maine hospitals, the OEC provides an annual curriculum of educational conferences in response to a wide range of clinician and hospital-based needs. Originally intended for RNs in critical care, the program now has relevance for health care professionals in multiple settings and roles. Nursing representatives for each of the member hospitals meet on an annual or more frequent basis with MMC’s Center for Clinical & Professional Development Director and Outreach Education Council Coordinator Paula White, MS, RN to identify the collective educational needs of nurses and other health care professionals practicing within the membership. Based on ongoing needs assessment coupled with trends in evidence-based clinical and population based care, full-day conferences are planned and delivered which host multiple local, regional, and national experts as faculty. Nursing Contact Hours are awarded as MMC Nursing is accredited through ANCC (National) as a Provider of Continuing Nursing Education. CMEs are awarded by MMC as appropriate to the interprofessional nature of selected programs. Member hospitals pay an annual tuition fee, receive unlimited participant spaces, and markedly reduced registration fees. Annual number of conferences vary between 10–12 full-day programs with 175–225 participants per program from within and beyond the membership. Professional networking and shared resources are also a strong component of this long standing informal alliance.
EDUCATING TOMORROW’S CAREGIVERS
EDUCATING TOMORROW’S CAREGIVERS
CERTIFICATIONS & BSN

CERTIFICATIONS

MMC Supports nurses in their pursuit of certification with a variety of programs:

• $2,000 annual tuition reimbursement (for certification & recertification costs);
• $1,000 bonus upon becoming certified;
• Participation in certification review courses and study materials; and

Several programs to assist nurses with certification expenses.

BSN

Maine Medical Center and Nursing support a multi-faceted action plan to increase the number of Baccalaureate prepared nurses.

• Newly hired RNs without a BSN are required within one year of employment to be enrolled in a BSN or MSN program.
• RNs must obtain their degree within 5 years of employment.
• To ensure an environment supportive of BSN/MSN academic progression, the Center for Clinical & Professional Development has enhanced existing and created new academic partnerships and formal agreements with multiple local and on-line academic institutions. Negotiated within these alliances are strategies to provide for multiple and diverse progression opportunities with reduced costs and time efficiency assured for RNs to be successful.
RESEARCH & INNOVATION AWARDS 2017-2018

The annual research and innovation award recognizes outstanding nurses and interprofessional colleagues whose Quality Improvement (QI) or research projects have led to substantial improvement in patient or professional outcomes. The award is presented each year in May during the MMC Nursing Excellence Awards Ceremony. The award is granted to the highest scoring abstract as determined by a blinded, peer-review process.

12TH ANNUAL RESEARCH & INNOVATION AWARD

12th Annual Research and Innovation Award was presented to Michele Creech, RD, LD, CNSC, Jessica Dreves, BSN, RN, VA-BC, Carrie Strick, MS, RN, CNL, CMSRN, Sharon Tate, MS, RD, LD and Beth Thivierge, BSN, RN, VA-BC. Project title: Collaboration between Dietitians and Vascular Access Nurses to Decrease Unnecessary Central Line Insertions. May 11, 2017.

COLLABORATION BETWEEN DIETITIANS & VASCULAR ACCESS NURSES DECREASES UNNECESSARY CENTRAL LINE INSERTIONS

Reducing hospital acquired infections is a major patient-centered care goal of MMC’s Annual Implementation Plan. Research shows that central lines carry a high risk of infection leading to increased mortality, length of stay, and health care costs. A review of Peripherally Inserted Central Catheter (PICC) line insertions for the administration of Parenteral Nutrition (PN) showed that a Vascular Access Team (VAT) consult for PICC placement was often ordered by physicians prior to the completion of a nutrition consult. Ideally, a nutrition consult performed by Registered Dieticians (RDs) to assess for the appropriateness of PN should occur prior to PICC placement.

Quality Improvement Approach: As part of the Flight Line Infection (FLI) Rounds initiative, Vascular Access RNs and RDs collaborated to ensure that a nutrition consult was completed prior to PICC placement. Secondary goals were to decrease the placement of unnecessary central lines, and to administer PN according to best-practice guidelines.

The team developed an evidence-based, standardized process for PICC placement for PN:

• Physician orders the VAT PICC line placement for PN.

• RN assures a nutrition consult is ordered and alerts the RD via dedicated pager.

• RD assesses appropriateness of PN within 4 hours.

RESEARCHING NEW WAYS TO PROVIDE CARE
• If PN is not appropriate per guidelines, the RD calls the referring physician to discuss alternative nutrition recommendations.

• RD completes a full assessment with appropriate nutrition recommendations.

• RD communicates recommendations to the RN.

• Physician makes the final decision for PICC line placement and PN initiation.

Results: Over 12 months (April 2015–2016), 94 adult patients hospital-wide had physicians’ orders for PICC line insertion for PN only. VAT RNs and RDs followed the standardized process in all 94 patients. The average time for RDs to complete the nutrition consult was 70 minutes, thus preventing a delay in patient care.

• 83 (88%) patients were appropriate for PN and 11 (12%) were inappropriate.

• The most common indication for PN was intestinal obstruction; and the most common reason PN not indicated was functioning GI tract.

PN use was considered indicated or not indicated based on American Society for Parenteral and Enteral Nutrition guidelines.

Practice Changed: PN was not initiated and the PICC line was not placed in 10 (91%) of 11 patients assessed as inappropriate by the RD. Furthermore, the number of inappropriate consults decreased from 7 in the first quarter of the project, to only 4 over the next eight months.

What We Know & Next Steps: Collaboration between RDs and the Vascular Access RNs prior to PICC placement is essential in preventing the placement of unnecessary central lines. Interdisciplinary collaboration allows for specialties to come together to translate research evidence into practice, create best practice, and establish new innovative initiatives.

Ongoing physician and staff education regarding best-practice indications for the administration of PN is essential to sustaining the practice change. Expanding FLI rounds, data collection, and interdisciplinary collaboration to other hospital units and patient populations will help our efforts to decrease central line infections and provide the highest quality care to our patients.

13TH ANNUAL RESEARCH & INNOVATION AWARD

13th Annual Research and Innovation Award was presented to Helen Cyr-Alves, BSN, RN, CCRC. Research Study Title: Fathers’ Stress and Symptoms of Depression: From Their Newborns’ Neonatal Intensive Care Unit Stay through Two Months at Home. May 10, 2018.

FATHERS’ STRESS & SYMPTOMS OF DEPRESSION: FROM THEIR NEWBORNS’ NEONATAL INTENSIVE CARE UNIT STAY THROUGH TWO MONTHS AT HOME

With over 30 years’ experience in caring for seriously ill newborns in the neonatal intensive care unit (NICU) at the Barbara Bush Children’s Hospital, clinical staff nurse Helen Cyr-Alves believes that families are vital in caring
for these infants, and empowering parents is the key to successful outcomes. While enrolled in the MMC Clinical Scholar Program, she concluded that “evidence-based practice and nursing research are the catalyst for enabling change”. Helen's clinical scholar project became an IRB-approved research study, spanning 3 years of dedication and work, and culminated in numerous conference presentations and publication in the prestigious Journal of Obstetric, Gynecologic, and Neonatal Nursing. doi.org/10.1016/j.jogn.2017.12.006

Fathers’ Stress & Symptoms of Depression: When newborns require NICU hospitalization, it is not unusual to expect that some parents will experience acute stress and symptoms of depression. However, mothers of NICU infants typically receive the most attention from hospital staff, while fathers may not receive needed support. Very few studies have examined stress and symptoms of depression in fathers of NICU babies—and none had been conducted in U.S. fathers and none looked at fathers’ psychological distress after the infant returned home, until this study was conducted.

Study Design & Results: Between March 2013 to January 2016, 146 fathers of NICU infants who were expected to be hospitalized for three or more weeks were enrolled in the study. Fathers completed two valid surveys to rate their stress and symptoms of depression at four time points: infant’s admission to the NICU, 2-3 weeks later, discharge from the hospital, and then 2 months after discharge.

While most fathers reported that their perceived stress levels were low, about 12% (16 fathers) reported high levels of stress at NICU admission—and their high levels of stress persisted through 2 months post-discharge. This finding showed that more than 1 in 10 fathers of NICU infants experience high levels of stress during and after hospital discharge. When asked about symptoms of depression, 41% (58 fathers) reported minor symptoms of depression at the time of the infant’s admission to the NICU. Importantly, 16% (23 fathers) reported major symptoms of depression at NICU admission. By 2 months post-discharge, a small percentage of fathers (2%, or 2 fathers) continued to experience major symptoms of depression.

What This Study Tells Us & Steps for Action: The results of this study strongly point to the need for family-centered care strategies.

• Hospital and community-based clinicians need to be aware of the potential for stress and symptoms of depression experienced by fathers of NICU infants, and that these symptoms may extend beyond the infant’s hospitalization.
  » Remember to include fathers in care decisions and discussions about coping with this serious life event
  » Provide brief, timely education through multiple methods, such as verbal, print, electronic, and social media
  » Facilitate the transition to community resources for infants, mothers and fathers

Fathers’ Support Group: Inspired by Helen’s study, nurses and NICU staff implemented a voluntary fathers’ support group, in association with the local chapter of the March of Dimes. The support group is available while the infant is in the NICU, and post-hospital discharge. During 2017, three to five fathers have attended each month. Through anonymous, post-meeting evaluations, many fathers have expressed gratitude for having the opportunity to share their feelings and to have their experiences acknowledged. Listening to fathers during this stressful time also allows clinicians to offer resource options for those seeking additional support.
RESEARCHING NEW WAYS TO PROVIDE CARE

RESEARCH, PUBLICATIONS, PRESENTATIONS, AWARDS & GRANTS

MMC IRB-APPROVED RESEARCH STUDIES
24 RNs were listed on 15 IRB-approved research studies as Principal Investigators (PIs), co-PIs, or sub-PIs.

PUBLICATIONS
27 RNs authored 15 peer-reviewed publications.

PRESENTATIONS/POSTERS
MMC RNs and their interprofessional colleagues presented 24 podium and 32 poster presentations at international, national or local conferences.
IRB-APPROVED RESEARCH STUDIES

APPROVED/OPEN RESEARCH STUDIES

Paul Blakeslee, RD, LD, CNSC; Sonja Orff MSN, RN, CNL; Erin Corica, PharmD; Janice L. Pflugradt, MS, RN; Nicole A. Shaffer, BSN, RN; Shawn M. Taylor, BSN, RN; Elizabeth N. Turner, MD; John T. Dziodzio, BA; Kathryn E. Smith, PharmD.; and Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN. A Retrospective Review of the Incidence of Diarrhea in Critically Ill Adult Patients. Approved, exempt (#1006399-1), 01/09/2017.

Alexa Craig, MD (PI); Katherin A. Rockefeller, MD (Sub-PI); Lynn Macken, PhD, RN (Sub-PI). Bonding between mothers and infants with neonatal abstinence syndrome at Maine Medical Center. (#1132232-1) Closed: 08/30/18.

Helen Cyr-Alves, BSN, RN, CCRC. Perceived levels of stress and depression in fathers of infants admitted to the intensive care unit and its changes over time. (958768-3), Closed: 01/12/2018.

Marguerite (Peggy) Anderson, BSN, RN. Patients' Perceptions of the Use of the Patient Journal during Their Hospital Stay. (#3526), Closed: 11/16/2017.

Nicole Radmore, RSN, RN, CMSRN. Remaining Infection-Free: The Teaching-Learning Relationship between the Nurse and an Educator and the Long-Term Peritoneal Dialysis Patient. Approved, expedited, #1006138-1), Closed: 02/28/2018.

Patricia Stasinowsky, BSN, RN. One Million Global Peripheral Intravenous Catheter (PIVC) Study. Closed (#958875-2) (ref # 48516), 02/27/2017.

Paula White, MS, RN. Implementation of Practice Standards for ECG Monitoring (PULSE). Closed (#959088-2) (ref # 3432), 04/20/2017.

CLOSED RESEARCH STUDIES

Alexa Craig, MD (PI); Katherin A. Rockefeller, MD (Sub-PI); Lynn Macken, PhD, RN (Sub-PI). Bonding between mothers and infants with neonatal abstinence syndrome at Maine Medical Center. (#1132232-1), Closed: 08/30/18.

Heidi Fox, BSN, RN. IVF Therapy in Robotic Hysterectomy. Approved, expedited (1166256), Approved, expedited, 5/9/2018.

Deborah Hoch, MSN, ACNP-BC. Meeting the In-House Team: Effect of Preemptive Education on Measured Anxiety Levels. Approved, expedited (#958968-2), 02/06/2017.

Nicole Radmore, RSN, RN, CMSRN. Remaining Infection-Free: The Teaching-Learning Relationship between the Nurse and an Educator and the Long-Term Peritoneal Dialysis Patient. Approved, expedited, (1006138-1), Open 02/23/2017

Sherryann St. Pierre, MSN, RN, CNL (PI); Nancy Matteson, BSN (Sub-PI); and Kristiina E. Hyrkäs, PhD, LicNSc, MNSc, RN (Sub-PI). Nurse-Led Parent Educational Discharge Support Strategies for Children Newly Diagnosed with Cancer (PEDSS). ANCC Magnet Multisite PEDSS Smart IRB, Acknowledged (#1119504), 10/26/17.
**PUBLICATIONS**


- **PULSE Site Investigators** are as follows: Barbara Borman, Stephanie Calcasola, Mary Carey, Laura Currie, Leslie Davis, Eleanor Fitzpatrick, Rhonda Fleischman, Darice Hawkins, Elise Hazlewood, Rebecca Henry, Cindy Honess, Peggy Kalowes, Sharon Ann Kearns, Bobbi Leeper, Joseph Liggett, Paula Lusardi, Carol Lynn, Manbo Man, Kathleen McCauley, Mei Hing, Anita Pang, Janet Parkosewich, JoAnne Phillips, Anne Robinson, Noraliza Salazar, Kristin Sandau, Cass Piper Sandoval, Prasama Sangkachand, Rose Shaffer, Heather Sherrard, Maureen Smith,* Rebecca Stamm, Vickie Strang, Nancy Tee, Krisna Wells, and **Paula White**.


**PRESENTATIONS/POSTERS**


**Rhonda L. Babine, MS, APRN, ACNS-BC.** The Hospital Elder Life Program (HELP), Delirium and Falls: From a One Unit Pilot to a Hospital Wide Practice Change. Partner Symposium for HELP and NICHE (Nurses Improving Care for Healthsystem Elders), Austin, TX, April 19-22, 2017. (Podium – invited presenter)

**Rhonda L. Babine, MS, APRN, ACNS-BC; Kristiina E. Hyrkäs, PhD, LicNSc, MNSc, RN; Sarah Hallen, MD; Deborah A. Bachand, BSN, RN, NE-B; Joanne L. Chapman, MSN, M. Ed., RN, NE-BC; Valerie J. Fuller, DNP, APRN; and Heidi Wierman, MD.** Multifactorial Interventions to Reduce Falls in the Acute Care Setting with a Focus on Interprofessional Delirium Education. 2017 Maine Medical Center Research Retreat, May 3, 2017, Portland, ME. (poster)

**Renate Repele-Bailey, BSN, RN, OCN, CMSRN.** Palliative Care Utilization in Chronic Illness Compared to Cancer: A Systematic Literature Review. Oncology Nursing Society 43rd Annual Congress, Washington, DC, May 17-20, 2018. (poster)

**Paul Blakeslee RD, LD, CNSC; Joan Black, BS, BA, MI; Erin Corica, PharmD, BCNSP; John Dziodzio, BA; Eira Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN; Sonja Orff, RN, MS, CNL; Nicole Shaffer, RN, BSN, CWON; Kathryn Smith, PharmD, BCPS; Shawn Taylor, RN, BSN; & Elizabeth Turner, MD.** Diarrhea in Critically Ill Patients: A Retrospective Descriptive and Observational Study. Nutrition Symposium, September 12, 2018. (podium)


**Sarah Cairo MD, MPH; Lynda Macken, PhD, RN; Kristiina Hyrkäs, PhD, RN; Hannah Kay; Caitlin Gutheil, MS; Wendy Craig, PhD; Paul Han, MD, & James F. Whiting, MD.** Changing the Surgical Residency: A Qualitative Study of Residents’ and Faculty Experiences One Year after Implementation. 2017 Association of Program Directors in Surgery (APDS), San Diego, CA, April 18-22, 2017. (poster)

**Sarah B. Cairo, MD, MPH; Wendy Craig, PhD; Caitlin Gutheil, MS; Paul Han, MD, MA, MPH; Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN; Hannah Kay; Lynda Macken, PhD, RN, & James F. Whiting MD.** Quantitative Analysis of Surgical Residency Reform; are case logs a valid tool for assessment? New England Surgical Society, 98th Annual Meeting, Bretton Woods, NH, September 8, 2017. (podium)


Helen Cyr-Alves BSN RN, Lynn Macken PhD RN, & Kristiina Hyrkäs PhD LicNSc MNSc RN. Fathers’ Stress and Symptoms of Depression: From Their Newborns’ NICU Stay through Two Months at Home. The 31st Annual Gravens Conference on the Environment of Care for High Risk Newborns, in collaboration with the March of Dimes, Clearwater Beach, FL, February 28 – March 3, 2018. (podium)


Susan Getz, RN, BSN, OCN; James Kavanagh, RN, MSN, OCN; Nellie Bergeron, RN, BSN, OCN; Julie Wildes RN, OCN; & Kristiina Hyrkäs, RN, MNSc, LicNSc, PhD. Open Label, Randomized Clinical Study Comparing Calendula versus Aquaphor®: Self-reported Experiences Using Journals and Adherence to Skin Care in Women with Breast Cancer Undergoing Radiotherapy. 2017 Oncology Nursing Society (ONS) 42nd Annual Congress, Denver, CO, May 4–7, 2017. (poster)

Donna Green, BSN, RN, OCN; Leslie Foreman RN, BSN, OCN; Beverly Thorpe, MSW; M. Parker Roberts, MD; Bill Burns; & Malia Haddock. A demonstration project: Providing Colon Cancer Screening to Homeless people – Capitalizing Community Partnerships. 2017 Spring Meeting of the Northern New England Clinical Oncology Society (NNECOS): Innovations in Cancer Care. 3rd Place Innovative Poster Award, Concord, NH, March 25, 2017. (poster/award)
Lois Hayworth, BSN, RN, CPAN, CAPA. Collaborative Evidence-Based Education for Perioperative RNs to Enhance Knowledge and Attitudes of Electroconvulsive Therapy. Sigma Region 15 Collaborative Research Symposium: A Call for Collaboration in Scholarship, Research, and Leadership at Sacred Heart University, College of Nursing, Fairfield, CT, October 5, 2018. (poster)

Jennifer Hayman, MD, FAAP; Kelley Bowden, MS, RN; & Lawrence Ricci, MD. Infant Safety in Maine: Triple Training. 5th National Cribs for Kids® Infant Safe Sleep Conference: Beyond the Safe Sleep Message – Cultivating Community Collaborations, Pittsburgh, PA, April 25–28, 2017. (poster)

Leslie W. Henry, DNP, FNP & Byron Marshall, MS, FNP. Chronic Disease Management of Hypertension in an uninsured population with nurse practitioners as primary care provider. Lambrew T. Costas Research Retreat, Maine Medical Center, Portland, ME, May 2, 2018. (poster)

Kristiina Hyrkäs, RN, MNSc, LicNSc, PhD; Susan Getz, RN, BSN, OCN; James Kavanaugh, RN, MSN, OCN; Nellie Bergeron, RN, BSN, OCN; Julie Wildes, RN, OCN; & Ian J. Bristol, MD, ABR. Skin Toxicity Assessment in Breast Cancer Patients: A Study of Interobserver Variability and Self-Reported Measures. Sigma Theta Tau International’s 28th International Nursing Research Congress, Dublin, Ireland, July 27-31, 2017. (podium)

James Kavanaugh, RN, MSN, OCN; Kristiina Hyrkäs, RN, MNSc, LicNSc, PhD; Susan Getz, RN, BSN, OCN; Julie Wildes, RN, OCN; & Nellie Bergeron, RN, BSN, OCN. Differences between Calendula versus Aquaphor® and Aloe Vera in Skin Reactions Due to Radiotherapy for Breast Cancer and Healing Two Weeks after Treatment: Results from a Randomized Open Label Trial. 2017 Oncology Nursing Society (ONS) 42nd Annual Congress, Denver, CO, May 4–7, 2017. (podium)


Jason A Lachance, MD, MSc; Lynn Macken, RN, PhD; Kristiina Hyrkäs, RN, PhD; Paul Han, MD, MA, MPH; & Kalli Varaklis, MD, MSEd. Characterizing the Culture of a Graduate Medical Education Program. 2017 APGO/CREOG (The Council on Resident Education in Obstetrics and Gynecology/Association of Professors of Gynecology and Obstetrics) Annual Meeting, Orlando, FL, March 8-11, 2017. (poster)

Melanie Lord BSN, RN, CPN. Pediatric Patient-Centered Transitions from Hospital to Home: Improving Medication Adherence with Teachback. 2017 Society of Pediatric Nurses (SPN) 27th Annual Conference, West Palm Beach, FL, April 6-9, 2017. (poster)
PRESENTATIONS/POSTERS

Lynn Macken, PhD, RN; Charles M. Carpenter, MD, FACC; Caitlin R. Coppenrath, MS, RCEP; Gail A. Crocker, BS, RN; Karen Kurkjian, MD, FACC; Aimee Chapman, BS, RN, CHFN; & Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN. Cardiac Rehabilitation Improves Health-Related Quality of Life for Patients with Atrial Fibrillation: A Pilot Study. Sigma Theta Tau International’s 28th International Nursing Research Congress, Dublin, Ireland, July 27-31, 2017. (podium)

Lynn Macken, PhD, RN & Caitlin Coppenrath, MS, RCEP. The Atrial Fibrillation Effect on QualiTy-of-Life (AFEQT) Questionnaire: A Critical Appraisal of the Literature. 29th Annual ENRS Scientific Sessions, Philadelphia, PA, April 5-7, 2017. (poster)

Lynn Macken, PhD, RN; Helen Cyr-Alves, BSN, RN; & Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN. Depression Screening Using the Edinburgh Postnatal Depression Scale for U.S. Fathers of Critically Ill Infants”. Sigma Theta Tau 44th Biennial Convention, Indianapolis, IN, October 28 – November 1, 2017. (podium)

Lynn Macken, PhD, RN & Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN. Health-Related Quality of Life in Patients with Symptomatic Atrial Fibrillation: A Mixed Method Pilot Study in Cardiac Rehabilitation. 30th Annual Eastern Nursing Research Society Scientific Sessions, Newark, NJ, April 12, 2018. (poster)

Lynn Macken, PhD, RN; Hidi St. Peter, BS, RN, CMSRN; Carrie Strick, MS, RN, CMSRN, CNL; and Paula White, MS, RN. Using Evidence to Guide the Development of the Charge Nurse Role, Education, and Outcome Metrics. Sigma Region 15 Collaborative Research Symposium: A Call for Collaboration in Scholarship, Research, and Leadership at Sacred Heart University, College of Nursing, Fairfield, CT, October 5, 2018.

Nicole Manchester, MSN, RN, CNL. Chasing Zero: Reducing CLABSI on a Mixed Pediatric Inpatient Unit. 2017 Society of Pediatric Nurses (SPN) 27th Annual Conference, West Palm Beach, FL, April 6-9, 2017. (poster)

Nicole Manchester, MSN, RN, CNL; Melanie Lord, BSN, CPN; Lorraine McElwain, MD; & Jonathan Bourque, Pharm D, BCPS. Improving the Pediatric Medication Discharge Process. 2017 ANCC National Magnet Conference®, Houston, TX, October 11-13, 2017. (podium)

Heidi E. Morin, BSN, FABC. Staffing Activity Tool - One That Works! 2017 AWHONN Convention, New Orleans, LA, June 24-28, 2017. (poster)


Sonja Orff RN, MS, CNL; Carrie Strick RN, MS, CNL; Brandi Gordon RN, MS, CNL; Darlene Rouleau RN, MS, CNL; Bobbi Shirley RN, MS, CNL; & Lauri Wilson RN, MS, CNL. CNL Team Collaboration Improves Institutional Central Line Flush Practice and Financials. AACN’s 2017 CNL Summit, Atlanta, GA. Feb 22-24, 2017 and the 2017 Maine Medical Center Research Retreat, Portland, ME, May 3, 2017. (poster)
Sonja Orff, RN, MS, CNL; Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN; Nicole Shaffer RN, BSN, CWON; Paul Blakeslee, RD, LD, CNSC; Joan Black, BS, BA, MI; Erin Corica, PharmD, BCNSP; John Dziodzio, BA; Kathryn Smith, PharmD, BCPS; Shawn Taylor, RN, BSN; & Elizabeth Turner, MD. 


Cheryl Rodgers, PhD, RN, CPNP, CPON; Kitty Montgomery, PhD, RN, PCNS-BC, CPHON; Nancy Matteson, BSN, CPON, CRNI; Katherine Trimble, MSN, CPNP, CPHON; & Marilyn Hockenberry, PhD, RN, CPNP, FAAN. 55P Initiating Clinical Research: The PEDSS Experience. 42nd Annual Conference and Exhibit Association of Pediatric Hematology/Oncology Nurses (APHON). Savannah, GA, September 13-15, 2018. (poster)

Christine Schreiber, RN, BSN, CPN. An Interdisciplinary Approach to Teach Care for Tracheostomies in Pediatric Patients. St. Anselm Nurse Educator Conference, Falmouth, ME, May 30 – June 1, 2018; and Sigma Region 15 Collaborative Research Symposium: A Call for Collaboration in Scholarship, Research, and Leadership, Fairfield, CT, October 5, 2018 (poster)

Elizabeth Shaughnessy, MS, CCLS; Sherryann St. Pierre, MSN, RN, CPN, CNL; & Sarah F. Thompson, MSN, RN, CPN. In Sync: Bringing Nursing and Child Life Together Using Lean Processes to Improve the Pediatric Experience. 2018 Society of Pediatric Nurses (SPN) 28th Annual Conference, Denver, CO, April 5-8, 2018. (podium)

Sherryann St. Pierre, MSN, RN, CPN, CNL & Elizabeth Shaughnessy, MS, CCLS. In Sync: Bringing Nursing and Child Life Together Using Lean Processes to Improve the Pediatric Experience. Sigma Region 15 Collaborative Research Symposium: A Call for Collaboration in Scholarship, Research, and Leadership, Fairfield, CT, October 5, 2018. (poster)


Sharon Tate MS, RD, LD; Michele Creech, RD, LD, CNSC; & Elizabeth Bagonzi, RD, LD, CNSC. Dietitian Collaboration with Vascular Access Nurses Prior to PICC Placement for Parenteral Nutrition; also named One of the Top Ten projects for the 3rd Annual Quality and Process Improvement Award Program, Clinical Nutrition Manager (CNM) Symposium, St. Petersburg, FL, March 20, 2017. (poster)

Sharon Tate, MS, RD, LD; Michele Creech, RD, LD, CNSC; Jessica Perrault Dreves, BSN, RN, VA-BC; Beth Thivierge, BSN, RN, VA-BC; & Carrie Strick, MS, RN, CNL, CMSRN. Interdisciplinary Rounds to Fight Line Infections (FLI) facilitates collaboration between Dietitians and Vascular Access Nurses to decrease unnecessary central line insertions. 2017 Maine Medical Center Research Retreat, Portland, ME, May 3, 2017. (poster)

Alana Trottier, BS, RN, CCRN; Paul Blakeslee, RD, LD, CNSC; Joan Black, BS, BA, MI; Erin Corica, PharmD., BCNSP; John Dziodzio, BA; Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN; Sonja Orff, MS, RN, CNL; Nicole Shaffer, BSN, RN, CWON; Kathryn Smith, PharmD., BCPS; Shawn Taylor, BS, RN; & Elizabeth Turner, MD. Developing and Evaluating Bowel Management Guidelines for an Intensive Care Unit. Horizons 2018, American Association of Critical Care Nurses (AACN) Region 1 Biennial Conference, Manchester, NH. October 9-11, 2018. (podium and poster)

Anh Thu Truong, MS, RD, LD. Method of meal tray delivery, timing of blood glucose testing and insulin administration. A Pilot Study. Lambrew T. Costas Research Retreat, Maine Medical Center, Portland, ME, May 2, 2018. (podium/award)

Diane Vachon BSN, RN & Claire Snyder, MHS, PhD. Lost in Translation: Capturing the Patient Story. 2017 Oncology Nursing Society (ONS) 42nd Annual Congress, Denver, CO. May 5, 2017. (podium)
AWARDS & GRANTS


Christine Lord BSN, RN-BC. Educate and Equip the Next Generation of Lifesavers in Maine. Sigma Theta Tau International Kappa Zeta-at-Large Chapter, Evidence-Based Practice Grant. October 31, 2017, Freeport, ME.

Sonja Orff RN, MS, CNL. Diarrhea in the Critically Ill Adult Patient: Effect on Practice and Outcomes. Sigma Theta Tau International Kappa Zeta-at-Large Chapter, Evidence-Based Practice Grant. April 20, 2017, Freeport, ME.

## Nursing Excellence Awards

### 2017

<table>
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<tr>
<th>Category</th>
<th>Names/Title</th>
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<tr>
<td><strong>Clinical Excellence</strong></td>
<td>Amanda Bennett, BSN, RN, CN3&lt;br&gt;Amanda June Chaves, BSN, RN&lt;br&gt;Giavanna Chefalo, RN, CMSRN, CNRN&lt;br&gt;Leslie Knight, BSN, RN, CMSRN&lt;br&gt;Theresa McKay, RN&lt;br&gt;Emily Schwarz, BSN, RN, OCN&lt;br&gt;Diana Verrill, RN, CVRN</td>
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<tr>
<td><strong>Nurses as Teachers</strong></td>
<td>Gail DiFiore, MSN, RN&lt;br&gt;Karen Norton, BSN, RN-BC, CN3&lt;br&gt;Brandi Lovering, RN, CN3&lt;br&gt;Kristen Taylor, BSN, RN</td>
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<td><strong>Quality</strong></td>
<td>Scott Evans, RN</td>
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<td><strong>Team - RN</strong></td>
<td>Short Stay Unit</td>
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<td><strong>Team Interprofessional</strong></td>
<td>Vascular Access Team&lt;br&gt;Pediatric Interprofessional Simulation-Based Team</td>
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<td><strong>Laura Vogel Humanitarian</strong></td>
<td>Karen Norton, BSN, RN-BC, CN3&lt;br&gt;Janet Hottinger, RN</td>
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<td><strong>Peggy Farr Leadership Award</strong></td>
<td>Deborah Linscott, MSN, RN&lt;br&gt;Nicole Manchester, MS, RN</td>
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<td><strong>Research Awards</strong></td>
<td>Michelle Creech, RD, LD, CNSC&lt;br&gt;Jessica Dreves, BSN, RN, VA-BC&lt;br&gt;Carrie StrickMS, RN, CNL, CMSRN&lt;br&gt;Sharon Tate, MS, RD, LD&lt;br&gt;Beth Thivierge, BSN, RN, VA-BC</td>
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### 2018

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<tr>
<td><strong>Clinical Excellence</strong></td>
<td>Corey Matheson, BSN, RN&lt;br&gt;Luann Perakis, RN&lt;br&gt;Kristine Perrault, BSN, RN&lt;br&gt;Diane Stewart, BSN, RN, CN3&lt;br&gt;Erin Swett, BSN, RN, CPN, CN3&lt;br&gt;Angela Vereshko, RN</td>
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<tr>
<td><strong>Nurses as Teachers</strong></td>
<td>Shannon Cappen, BSN, RN, CPON, CN3&lt;br&gt;Margo Geyer-Tomuschat, BSN, RN</td>
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# DAISY AWARDS

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<tr>
<td>Colleen Boyle, RN</td>
<td>Megan Curtis, RN</td>
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<td>Will Cheney, RN</td>
<td>Sarah English, RN</td>
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<td>Tricia Foley, RN</td>
<td>Nora Fagan, RN</td>
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<td>Bridget Franciose, NP</td>
<td>Carolyn Gaudet, RN</td>
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<td>Janna Frank, RN</td>
<td>Kristi Holt, RN</td>
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<td>Robin Matthews, RN</td>
<td>Tori Howe, RN</td>
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<td>Jeffrey Merrill, RN</td>
<td>Angela Logue, RN</td>
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<td>Meghan Murray, RN</td>
<td>Tayeb Maataoui, RN</td>
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<tr>
<td>Amanda Roberts, RN</td>
<td>George Ordonez, RN</td>
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<td>Lindsay Rosario, RN</td>
<td>Janice Pflugradt, RN</td>
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<td>Allysha Silva, RN</td>
<td>Meredith Plummer, RN</td>
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<td>Diana Smith, RN</td>
<td>Renate Repele-Bailey, RN</td>
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<td>Ashley Tran, RN</td>
<td>Judy Riley, RN</td>
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<td>Nicole Robillard, RN</td>
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<td>Wendy Scott, RN</td>
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# PETAL AWARDS

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<tr>
<th>2017</th>
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<tbody>
<tr>
<td>Ellie Butts, CNA2</td>
<td>Sheron Andrews, NUA</td>
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<td>Jessica Hebert, CNA2</td>
<td>Sheila Brown, NUH</td>
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<tr>
<td>Timothy Higgins, CNA2</td>
<td>Kari Colburn, CNA2</td>
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<tr>
<td>Debra Honey-Perreault, NUS2</td>
<td>Michelle Grant, CNA2</td>
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<tr>
<td>Theresa Lipson, Patient Svs Rep</td>
<td>Rachel Holzer, NUS</td>
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<tr>
<td>Breanna Manson, CNA2</td>
<td>Ian Hunter, CNA2</td>
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<tr>
<td>Julia Scott, CNA2</td>
<td>Ramsey Kelly, ED Tech2</td>
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<tr>
<td>Juliana Trayanova-Todorova, PCT</td>
<td>Nancy MacWilliams, Med Com Spst</td>
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<td>Joseph Martin, CNA</td>
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<td>Melinda Obertautsch, PST</td>
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<td>Brittany Raciot, ED Tech2</td>
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<td>Coree Varjabedian, ED Tech1</td>
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