I am delighted to write the introduction to our Report on Nursing. The theme that is reflected throughout this document is one of Partnership. Partnership is a strong commitment to our patients and families, to the communities we serve, and to each other. In this report, you will see many examples of how the Partnership comes alive. The report begins with the Vision, Mission, and Philosophy created in 2002 in partnership with clinical nurses across the hospital. This work identified the direction the Nursing Department would take to provide the very best care for our patients and families. Additionally, nurses sought to create an environment that was rich in professional experience and progressive career opportunities for all who practice here. Since then, nurses develop a triennial strategic plan to set goals to achieve the Vision and Mission set forth in 2002. A shared governance model ensures that nurses who practice patient care have a strong voice in decisions that affect their practice. Committed to being a Magnet® facility and achieving the benchmarks that now put us in the top two percent in the country, nurses pursue excellence in their care of patients, research, and professional development, not only for themselves, but for future nurses. The foundation of Maine Medical Center's Professional Practice Model, "Partnering to Empower," is built on the concept of partnership with our patients and their families to ensure they have a strong voice in decisions about their care. Through partnership, nurses at Maine Medical Center are living the vision and mission they envisioned so many years ago in achieving exceptional patient care outcomes while contributing richly to the nursing profession.

Marjorie Wiggins, DNP, MBA, RN, FAAN, NEA-BC
Chief Nursing Officer and Senior Vice President
Vision, Mission, and Values

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:

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 2015-2017 Plan, while embracing the Magnet Components, aligns directly with MMC’s Strategic Plan. Areas of focus are: patient experience, staff engagement, evidence-based practice excellence and outcomes, value-based care and outperformance of nursing clinical indicators. Evaluation occurs on an ongoing basis and MMC is happy to report continued attainment of the goals outlined in the plan.

**PATIENT EXPERIENCE**
- Exceed national benchmarks (NRC)
  - Improve patient and family communication across continuum of care
  - Promote patient and family involvement in shared decision making

**VALUE BASED CARE**
- Practice Financial Stewardship at all levels
- Optimum use and implementation of technology
- Develop mechanism to support workforce planning

**NURSING CLINICAL OUTCOMES**
- Exceed national benchmarks for Nursing Sensitive Indicators
- Reduce instances of hospital acquired infections

**EVIDENCE BASED PRACTICE EXCELLENCE AND OUTCOMES**
- Translate EBPR with the Collaborative Model of Evidence Translation
- Develop interprofessional research and QI
- Standardize evidence based practices

**STAFF ENGAGEMENT**
- Exceed Engagement/Satisfaction national benchmarks (RN)
  - Develop rewards and recognition program (All levels)
  - Focused attention on staff resilience
  - Infuse inter-professional education in the clinical learning environment
  - Create Preceptor development program
- Provide development and mentorship program for aspiring leaders (All levels)
- Increase professional certification
- Increase BSN to 80% by 2020
Nursing Clinical Outcomes

**PATIENT SATISFACTION**
Patient Experience Indicators for FY15 & 16

<table>
<thead>
<tr>
<th>SAFETY</th>
<th>19/21 Units Outperformed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>17/22 Units Outperformed</td>
</tr>
<tr>
<td>COURTESY &amp; RESPECT</td>
<td>18/23 Units Outperformed</td>
</tr>
<tr>
<td>PATIENT ENGAGEMENT</td>
<td>8/13 Units Outperformed</td>
</tr>
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</table>

**NURSING CLINICAL INDICATORS**
Clinical Indicators for FY15 & 16

<table>
<thead>
<tr>
<th>FALLS WITH INJURY</th>
<th>11/19 Units Outperformed</th>
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<tbody>
<tr>
<td>PRESSURE ULCER STAGE 2 &amp; ABOVE</td>
<td>16/17 Units Outperformed</td>
</tr>
<tr>
<td>CAUTI</td>
<td>15/18 Units Outperformed</td>
</tr>
<tr>
<td>CLABSI</td>
<td>16/19 Units Outperformed</td>
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</table>

**RN SATISFACTION**
Outperform in 3 out of 4 categories

<table>
<thead>
<tr>
<th>AUTONOMY</th>
<th>20/33 Units Outperformed</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN-RN INTERACTION</td>
<td>21/33 Units Outperformed</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT OPPORTUNITY</td>
<td>17/33 Units Outperformed</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION</td>
<td>14/33 Units Outperformed</td>
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</table>

**Certification**
MMC supports nurses in their pursuit of certification with a variety of programs:

- MMC’s $2,000 annual tuition reimbursement (for certification & recertification costs)
- MMC’s $1,000 bonus upon becoming certified
- American Medical-Surgical Nurses’ FailSafe Program
- Pediatric Nurses Certification Board No Pass No Pay Program
- Participation in certification review courses and study materials

**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/or created new academic partnerships and formal agreements with multiple local and online 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

<table>
<thead>
<tr>
<th>NUMBER OF CERTIFIED RNs</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>499</td>
<td>546</td>
<td>630</td>
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<table>
<thead>
<tr>
<th>% OF RNs WITH BSN</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>68%</td>
<td>69%</td>
<td>71%</td>
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To view a list of our nurses professional certifications visit: mmc.org/nursing-certification
Partnership — Care Delivery

Enhancing Care Delivery: The “Triad Model” of Care Management

In 2015, under the leadership of Sheila Parker, MS, MBA, RN, VP of Patient Care Services, and in partnership with the Care Management Department, the interprofessional team developed the Triad Model for care delivery. The driver of this model is to provide focus and direction to each critical component of care management: Utilization Management, Transitional Care Planning and Complex Care, forging partnerships in care delivery within MMC and throughout the community. The model was fully implemented in 2016. The following is a summary of the three components of the model:

Utilization Management
Utilization Management (UM) is responsible for reviewing level of care, length of stay, appropriateness of service, denial management as well as key indicators for readmissions. The UM team are trained experts on Interqual and Milliman (criteria utilized to determine level of care). Another key component and newly developed team within UM is the Triage Access Coordinator Team (TAC). These individuals are the face and voice of triage for outside facilities needing to look to MMC for a higher level of care for a patient. TAC evaluates and prioritizes patients utilizing care management tools and processes and helps MMC make timely determinations for care planning purposes.

Transitional Care Management
This team, in partnership with the clinical care team, is responsible for development and implementation of the transitional plan of care for a safe, timely, and realistic transition from MMC to the next level of care. A primary effort has been made this year to develop and enhance partnerships within the community.

Complex Care
The Care Management team is an integral member of the Interprofessional team. In partnership, the care managers work with physicians, nurses, ancillary services, community resources, and funding sources to provide the most realistic transitional plan for our most complex patients. Since developing the Triad Model of care management delivery, the team has seen success in transitioning patients who have been here upwards of 365 days. Readmission rates for this group remain low. This model is truly a team effort and success.

Operational Excellence
Maine Medical Center began its lean journey in the summer of 2015 identifying its lean process improvement strategy as Operational Excellence. Establishing a system of lean thinking and transformation has demonstrated both successes and sustainability in improving performance and quality in the manufacturing field and recently has been shown to be an effective methodology in healthcare.

One component is the Gemba walk. During the walk staff presents the previous day’s process improvement work. The term “Gemba” is a Japanese word that means go to the place where real value is created. Each day, senior leaders, including Chief Nursing Officer and other members of the healthcare team, visit each department where the actual work of process improvement is occurring. As staff present their process improvement work, they also articulate barriers that are preventing them from delivering excellent patient care. Senior leaders willingly assume responsibility to seek solutions to these barriers.

Success examples include:

• CICU clinical staff were concerned with the need to hunt for needed equipment. The goal was to have critical supplies readily available. A new weighted bin system became quite successful and was deployed throughout MMC.

• Special Care (SCU) 2 was concerned with the number of admitted pediatric patients who had not received all their immunizations prior to hospitalization. The goal was to ensure that all hospitalized children receive the recommended immunizations. An interprofessional team implemented a process improvement to ensure this need was met.

These are just some of the many examples of process improvement efforts that are taking place across our hospital.

Operational Excellence has created a shared language and a shared understanding on how we can improve every aspect of the patient care experience while delivering improved quality and staff engagement.
Technological advances continue to grow in the current health care environment. For practice to remain current and based on evidence, it is essential for all councils to work together. Below are examples of how councils work in partnership to improve practice:

- In 2016, the National Early Warning System (NEWS) was enhanced in the electronic health record. Using the NEWS as a foundation for early identification of patient with potential sepsis was determined as best practice and implemented as part of the sepsis screening bundle. Enhancing the NEWS in the electronic health record has allowed this tool to be used more robustly and identify and intervene earlier in patients whose health status may be declining.

- Development of a real time MyChart Bedside application for patients and families to see their real time health information. Development of the tool occurred in early 2016 with implementation November 2016.

- Nurses have been influential in determining improvements to their documentation via the electronic health records. Partnering with Informatics has successfully improved documentation across all specialty areas.

- Implementation of SOFT ID (barcoding of lab specimens). Safety concerns over mislabeled specimens led to the rollout of this process. The two pilot units, R5 (renal unit) the Labor and Delivery, partnered to make this technology easier to use and improve the process for use.

- Nurses in the Holding Room noted that orders were not being discontinued prior to a surgical procedure per policy. The concern occurred after surgery with duplicate orders. Clinical Informatics nurses partnered with Holding Room nurses to implement a process where orders were discontinued prior to surgery, an elimination of duplicate orders.
Partnership — Shared Governance

Professional Governance in Action

Clinical Nurse Advancement Program Council
- Advanced 24 nurses
- Revised/clarified CNAP Guidelines in reference to compensation and transition of roles, references, and education hours
- Promoted/marketed program throughout MMC utilizing different venues and media
- Revisions to CNAP SharePoint site and electronic application enhancements to make more user-friendly

Nursing Professional Excellence Council
- Council Name Change with the goal to better identify the Council’s purpose of promoting a culture of professional nursing excellence while incorporating Magnet culture.
- Recognition of Nurses: Celebration of Yearly Council Accomplishments, December 16, 2015; National Nurses Week; Annual Nursing Excellence Awards; Monthly DAISY Awards; Monthly PETAL Awards

Nursing Informatics Advisory Council (NIAC)
- Nurse driven Electronic Health Record workflow enhancements and optimizations for Epic approved and implemented which included communication and SBAR enhancement, Ticket to Ride and support staff documentation, post fall huddle note, removed extraneous tasks (vital signs) to reduce clutter, optimized restraints and neuro checks on the worklist for ease of documentation and compliance, sedation narrator I and O flow sheet changed the time frame from an 8 hour view to a 12 hour view.
- Implementation of National Early Warning Score (NEWS) to identify early patient deterioration on all units
- Development of a New sepsis workflow and algorithm
- Partnered with pharmacy and laboratory on integration of new technology into practice.
- Successful upgrade of Epic June 2015; all NIAC members were super users.
Partnership — Shared Governance

Interprofessional Quality Council
- Infection Prevention and Patient Experience continues to be at the center of Quality at MMC. The Council works to explore ways to promote excellence in care through quality. One approach the council uses is to foster sharing best practices between nursing units.
- 2015 noted increase of pressure ulcers due to devices. Education and interventions implemented which noted the decrease of these ulcers in 2016.
- Decreased urinary catheter Device Days as well as decrease utilization over past two years. Implementation of two-person observation with each catheter insertion. Led to decrease in CAUTI rate over past two years.

Nursing Practice Council
- Central Line Device Days remain consistent over FY15 and FY16; however, infection rates continue to decrease below national benchmarks. Best practices with the dedicated and expanded Vascular Access Team have led to these outstanding outcomes.
- Patient Satisfaction Scores outperform NRC Teaching Mean benchmark for:
  - Communication with Nurses
  - Discharge Information
  - Pain Management
  - Responsiveness of Hospital Staff

- Approved 127 Policies /5 Clinical Practice Guidelines
- Practice Innovations: Patient Safety
  - Ischemic Stroke Recovery Pathway for Patients / Families
  - Target Fill for IV Solutions
  - Post Fall Note in EPIC
  - Fall Risk Signage: for Very High/High Risk patients only
  - Diabetic Management: Diabetic Meals Delivered to Nurses Station
- Partnered with Interprofessional Research and Innovation Council to complete literature reviews on policies. Policies updated based upon the evidence and latest literature to reflect best practice.

Interprofessional Research & Innovations Council
- Increased access to resources. Revised our SharePoint site to improve organization of information, added list of council members, links to research-related resources, and increased utilization by members as place to find agendas/minutes/presentations
- Increased utilization of CoMET model. Assisted the Practice Council with a literature review for several policies updated. 90 minute EBP workshop developed/offered to all council members; content was determined by a 2015 survey to council members.
- Improving Council Recruitment. We achieved this through our council becoming interprofessional, development of a council brochure, and merging with the Kappa Zeta chapter of Sigma Theta Tau International (STTI). Also saw increased attendance at Nursing Grand Rounds this past year, after we changed the timing to pair with the All Council meeting.
Partnership — Rewards and Recognition

Laura Vogel Humanitarian Award

Laura Vogel was an exceptional Neonatal ICU nurse who was studying to be a nurse practitioner at the time of her untimely death while on a medical mission in the Dominican Republic. She was an energetic and enthusiastic nurse—beloved by her nurse and physician colleagues; a nurse’s nurse, a caring individual who gave of herself to friends, family and strangers. Volunteering at Camp Sunshine (a camp in Maine that provides hope and respite to families affected by life-threatening childhood illnesses) was part of her life; and when interviewed on TV, she was encouraging others to volunteer saying, “You don’t have to have any special background to be able to help and give your time, even if it’s just to listen.” It is people like Laura who are role models for all of us—you don’t need any special background to care or to be there for others. You need to be like Laura Vogel—caring, compassionate and willing to help others.

This award was created to honor Laura’s spirit of giving and volunteering.

Bobbi Shirley, MSN, BSN, RN, OCN, CNL

It is with great honor that we nominate Bobbi Shirley for the Laura Vogel Humanitarian Award. It is however, a little challenging to write this nomination. It is challenging, because most of what Bobbi does is not known to anyone except the individual(s) she is helping at any given moment. She helps in many ways and is involved in many humanitarian efforts, but only she can give you a full account of them. But she won’t do that. She won’t share everything she does, because she does not even think of it as anything special. She simply says, “It’s just what you do. If you can help someone you do it.” It is who she is. She incorporates humanitarian work into every aspect of her life. She is constantly making connections and building relationships that result in helping people. Her interactions with the people she is helping are always done in a way that preserves their dignity. She truly exemplifies caring for her community and is an inspiration to all.

Christine Lord, BSN, RN-BC, CN

Out of hospital cardiac arrest is the leading cause of death among adults in the United States. Hands Only CPR performed by a bystander has been shown to be as effective as conventional CPR in the first few minutes of an out-of-hospital sudden cardiac arrest. Christine believes the key to increasing our survival rates within our community is to increase the numbers of bystanders able to provide Hands Only CPR.

Since the fall of 2014, Christine has trained over 400 high school students in 3 school districts how to perform hands only CPR. Christine currently relies on borrowing equipment to train the students, but has been exploring grant options to allow her to purchase equipment to be used specifically to support this endeavor. Her goal is to expand her program to high schools throughout the state. Christine believes her “greatest win” is when you can see every child performing hands only CPR and knowing that he/she could be instrumental in saving someone’s life in the community.
Partnership — Rewards and Recognition

Clinical Nurse Advancement Program

Jeanne Benger, BSN, RN, CCN, CN
Kathleen Bermingham, RN, CEN, CN
Angela Berry, BSN, RN, CN
Rachel Casola, BSN, RN, CNRN, CN
Kristen Cooper, BSN, RN, CNOR, CN
Katrin Fesmire, BSN, RN, CNOR, CN
Amy Fournier, BSN, RN, CNOR, CN
Margo Geyer-Tomuschat, BSN, RN, CMSRN, CN
Darcie Harkins, BSN, RN, CNOR, CN
April Hothersall, RN, OCN, CN
Jessica Howe, BSN, RN, CN
Ellen Kazl, BSN, RN, CNOR, CN
Lynne Kaylor, BSN, RN, CNRN, CN
Karen Norton, BSN, RNC, CN
Sonya Perkins, BSN, RN, OCN, CN
Jessica Reed, BSN, RN, CNOR, CN
Renate Repelle-Bailey, BSN, BA, RN, OCN, CMSRN, CN
Sandra Ridel-Dermanelian, BSN, RN, CN
Sheryanne St. Pierre, RN, CPN, CN
Christine Schreiber, BSN, RN, CPN, CN
Patricia Stasinkowsky, BSN, RN, VA-BC, CN
Elizabeth Teitelbaum, BSN, RNC, CN
Mary Venneman, RN, CNOR, CN
Jennifer Wagner, RNC, CN

DAISY

MMC has partnered with the DAISY Foundation in bringing the DAISY Award to MMC nurses. The DAISY (Diseases Attacking the Immune SYstem) Award was established by the family of J. Patrick Barnes in his memory and is awarded to nurses who provide extraordinary nursing care. DAISY Award recipients are nominated by their peers, patients or family members. During 2015 and 2016, MMC presented 31 DAISY awards.

Rachel Patchel, Gibson
Jenny Gilmore, RN
Maureen O'Brien-Snowdon, R, SCU
Christina Mainoma, SCU
Stephanie Delisle, Gibson
Cindy Fletcher, MMP Pediatrics
Susan Goran, SCU
Deborah Bachand, RN
Leslie Knight, ASU
Victoria Howe, RN
Michelle Powell, Gibson
Rachel Casola, RN
Kendra Brown, RN
Elizabeth Perry, P
Garrett Curtis, Float Pool
Tina Fitzgerald, R

PETAL Award

MMC nursing staff developed the PETAL (Patient Compassionate Care, Exceeds Expectations, Teamwork, Advocate, Leadership) Award to recognize nursing support staff. Since the award’s inception in 2015, 13 nursing support staff have been recognized.

Katelyn DeGirolamo, CNA, Gibson
Nicole Chappell, CNA, Gibson
Serena MacMaster, CNA, R
Dania Strong, CNA, P
Tanyan Stringer, CNA, R1
Lindsey Shannon, CNA, P1CD
Dave Plummer, CNA, Floats
Joann Neumann, CNA, R
Renee Whvel, CNA, ACCU
Breauna Mansan, CNA, NICU
Jessica Herbert, CNA, P1CD
Timothy Higgins, CAN, Float
Theresa Lipson, NUA, SCU
Partnership — Rewards and Recognition

2015 NURSING EXCELLENCE AWARDS

CLINICAL EXCELLENCE
Jennifer Bisson, BSN, RN (R9W)
Anne Marie Gray, BSN, RN, CCRN (CTICU)
Jamie Johnson, BSN, RN (R9W)

NURSES AS TEACHERS
Mary Brennan, BSN, RN, CAPA, CN (ASU)
Barbara Owen, BSN, RNC, CNE (R9W)

QUALITY
Cecilia Inman, BSN, RNC, CN (R9W)

LAURA VOGEL HUMANITARIAN
Bobbi Shirley, MS, RN, OCN, CNL (Gibson)

TEAM
Interventional Radiology

RESEARCH
"A Chart Review of Post-Circumcision Bleeding to Support Evidence-Based Practice in Mother-Baby Care: Preliminary Results"
Patricia J. Crosby, BSN, RNC
Julie Fortier, BSN, RN

PEGGY FARR LEADERSHIP AWARD
Joy Moody, MSN, RN

2016 NURSING EXCELLENCE AWARDS

CLINICAL EXCELLENCE
Miranda Chadbourne, BSN, RN, EMT, CCRN (CICU)
Stacey Lamore, BSN, RN, CLC (Mother-Baby)
Tammy Corey, RN (CICU)
Jennifer Low, RN (CICU)

NURSES AS TEACHERS
Jennifer Low, RN, CN3 (R9W)
Melissa Varnmeter, BSN, CMSRN, CN (SSU)

QUALITY
Jennifer Dowe, RN, CN3 (R9W)
Diana Verrill, BSN, RN-BC (R9W)

LAURA VOGEL HUMANITARIAN
Christine Lord, BSN, RN-BC, CN (CICU)

TEAM
Fight Line Infections (FLI) Team

RESEARCH
"Open Label Randomized Clinical Study Comparing Calendula versus Aquaphor® and Aloe Vera Gel in Women with Breast Cancer Undergoing Radiotherapy"
Susan Getz, BSN, RN, OCN
Sheryl Search MSN, RN, OCN
James Kavanagh, MSN, RN, OCN
Nellie Bergeron, BSN, RN, OCN
Julie Wildes, RN, OCN

PEGGY FARR LEADERSHIP AWARD
Deborah Bachand, BSN, RN, NE-BC

Nursing Excellence Award Recipients
2015
2016

Joy Moody, MS, RN

Deborah Bachand, MS, RN, NE-BC

James Kavanagh, MSN, RN, OCN
Julie Wildes, RN, OCN
Nellie Bergeron, BSN, RN, OCN
Susan Getz, BSN, RN, OCN
Partnership — Expanding Knowledge

Nursing Scholarship

Through the efforts of our Development Office working with community members, Maine Medical Center has a very strong Nursing Scholarship program to support the nursing education goals of our staff that otherwise might not be able to pursue a nursing career. During 2015 and 2016, we added four new scholarships, awarded $204,203 in scholarship monies and assisted 211 staff.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
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<tr>
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<tr>
<td>RNs to BSN</td>
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<td>64</td>
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<tr>
<td>Advanced Degrees</td>
<td>20</td>
<td>33</td>
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Lynne Keller, RN, CNRN, CN, 14th Maine Nursing Summit, April 2015
Center for Clinical & Professional Development

Maine Medical Center is committed to its role in the provision of education for health care professionals not only within MMC but throughout and beyond the State of Maine.

Maine Medical Center has been an American Nurses Credentialing Center (ANCC) Accredited Provider of Continuing Nursing Education since 1984. In September 2016 following submission and ANCC review of our Accreditation Self-study and an Appraiser virtual visit, the MMC’s Department of Nursing was granted accreditation through 2020 and with pride was awarded “Accreditation With Distinction.”

Maine Medical Center & the UHC/AACN Nurse Residency Program (NRP)

Since the adoption of and implementation of the Vizient/AACN Nurse Residency program at MMC in the fall of 2014, we have welcomed 11 New Graduate Resident cohorts for a total of 189 new graduates from 2015-2016.

- 105 (56%) experienced their senior clinical practicums at MMC
- 81 (43%) were employees of MMC prior to their new graduate status
- 24 (13%) were graduates of the MMC CNA program

This NRP incorporates a yearlong series of monthly learning experiences and debriefing sessions designed to support new nurses as they transition into professional nursing practice. Intended outcomes include transition stress reduction, enhancement of competency development, retention, and professional progression over time. All MMC new nursing graduates with less than one year of experience in acute care and regardless of clinical setting participate in the residency program. The NRP is an adjunct to the general nursing and clinical orientation and begins after several weeks of clinical orientation has been completed.

Nursing Academic Affairs

MMC strives to enhance existing nursing academic partnerships and to forge new affiliations with colleges and universities throughout the country. Partnerships continue to be created and/or expanded in support of the strategic goals of Nursing and MMC and to provide our staff with a continuum of educational opportunity.
Outreach Education: Partnerships Across the State of Maine

Perinatal Outreach

The Perinatal Outreach Program, in existence since the 1970s, continues as a unique and highly coveted model of population health and interprofessional education throughout the State of Maine and beyond. Grant funded since its inception, this interdisciplinary perinatal outreach team under the leadership and coordination of a MMC based Perinatal Outreach Nurse Educator has greatly impacted best practices and clinical outcomes for the patient and family population within its target area.

Goals specific to the program include:
- Reduction of the preterm birthrate in Maine.
- Reduction of maternal, fetal, and infant mortality and morbidity in Maine.
- Strengthen factors that contribute to safe and healthy perinatal outcomes.
- Promote and sustain a statewide system of high quality perinatal services that are accessible to all residents.

Activities include formal onsite lectures at all Maine birthing hospitals, perinatal transport case conferences and reviews, high fidelity simulation training, statewide conferences, participation in state public health task forces, and real time clinical consultation services. Statewide collaborative partnerships and forums are key components of the program including regular meetings with and targeted education for all Perinatal Nurse Managers in Maine.

Outreach Education Council

Created as an informal multi-hospital educational cooperative in 1981, the Outreach Education Council (OEC) in 2016 completed its 35th year of educational programming to address continuing education needs of RNs and other health care professionals practicing within member and non-member institutions. The membership is comprised of 14 Maine hospitals and Memorial Hospital of North Conway with nursing representatives from each institution meeting collectively twice annually with the Director of CCPD to network and identify priorities for continuing education. MMC serves as the administrative and educational base for the organization.
Using Evidence to Change Practice

Examples of nurses responding to important practice concerns by using evidence-based findings to implement practices to improve patient care are evident throughout our institution and on every patient care unit. One example of using evidence to revise an existing practice occurred in 2015 when CICU nurses identified a lack of trained nurses and Speech and Language Pathologists (SLPs) to perform swallowing screens for acute stroke patients. Stroke patients are at risk of aspiration; delays in swallowing screens impact patients’ oral intake of liquids, nutrition and medications. In an effort to increase the number of trained nurses who could perform a valid and reliable swallowing screen, nurses and SLPs reviewed the literature and proposed an innovative alternative screening tool. In March 2015, the team selected the 3-Ounce Water Swallow Test to quickly identify low-risk patients who are allowed oral liquids post-stroke, and to identify patients who “fail” the test and are referred for further evaluation. One-hundred percent of nurses on units that routinely receive acute stroke patients (R2, R6, SCU, CICU, and ED) were educated on the new screening procedure and the revised policy was approved in April 2015. In the six months following implementation, a greater than 90% compliance rate for timely swallow screening has been achieved. In this example, evidence from the scientific literature was used to guide collaborative practice and deliver efficient and safe care to our patients.

Innovation in Practice

Innovation is an MMC Core Value. We exhibit innovation through our commitment to being life-long learners and educators, when we implement best practices, embrace challenges and become part of the solution for improving patient care and outcomes. Throughout our organization, nurses and patient care staff are courageously recommending, implementing and evaluating innovations in patient care and practice. Nurses in the Ambulatory Coronary Care Unit (ACCU) developed a nurse-driven process to identify low-risk, percutaneous coronary intervention patients to improve same-day discharge rates. In addition to sending low-risk patients home quickly, the nurses collected data showing improved patient satisfaction and no evidence of post-discharge complications. Other innovative solutions include nurses developing care pathways to improve pneumonia rates in esophagectomy patients; nurses developing web-based educational modules to reduce central line infections in pediatric patients; and nurses collaborating with environmental services to acquire white noise machines to improve patients’ experience with noise at night.

Innovation & New Knowledge

Integrating innovation, evidence based best practices and cutting-edge research into clinical and organizational decision making is a priority for MMC’s nurses and Patient Care Service clinicians. All patient care stakeholders — from bedside nurses to organizational leaders — are committed to continuous learning, quality patient care delivery, innovative technology, and seeking the most current evidence for best practice. Supported by this robust culture of inquiry, front-line nurses and clinical staff actively participate in and lead numerous evidence based practice initiatives, quality improvement projects and rigorous research studies. These quality projects and research studies span the health-care continuum from the inpatient acute setting, to the critical care environment and through to the community at large. These initiatives provide innovative insights for caring for our patients across the life span and provide important strategies for improving patient outcomes. Nurses and other healthcare colleagues are supported and empowered to ask important clinical questions, seek evidence-based answers, generate new knowledge and share their findings with professional and practice colleagues.

In addition to evidence-based practice and quality improvement initiatives, MMC supports the advancement of nursing research. We are proud of the many bedside nurses who serve as primary investigators, sub-investigators and research team members in numerous research studies at MMC. As nurses ask burning clinical questions and identify knowledge gaps in the literature, proposing and conducting research studies exemplifies the highest level of scientific inquiry. In the past few years, clinical nurses have investigated the following: Incidence of phlebitis in patients receiving peripherally infused Amiodarone; perceived levels of stress and depression in fathers of newborns admitted to the Neonatal Intensive Care Unit; older adults’ experiences of cardiac surgery; and the effect of Calendula versus Aquaphor/Aloe Vera for the treatment of radiodermatitis. These IRB-approved research studies have provided significant findings with important implications for nursing practice. Importantly, these findings have been shared internally with MMC peers and used to guide and change practice at our own institution. Also, our nurse researchers have disseminated their findings at many regional, national and international conferences and published in peer-reviewed journals.

Overall, nurses and Patient Care Services clinicians at MMC strive to deliver the best practices to our patients through innovation, evidence and new knowledge.
Partnership — Innovation and New Knowledge

Grants

Kappa Zeta-at-Large Chapter Sigma Theta Tau International Evidence-Based Practice Award was presented to Christine Lord, BSN, RN-BC and Jen Laflamme, BSN, RN-BC for their project, "Peripheraly Infused Amiodarone: Determining the Incidence of Phlebitis", Freeport, ME, April 19, 2016.

MMC Cardiovascular Institute Research Funding. Kathleen Keane, PhD, RN, "Older Adult Narrative of the Experience of Cardiac Surgery", June 22, 2015.

MMC Cardiovascular Institute Research Pilot Project Funding. Lynn Macken, PhD, RN; Charles Carpenter, MD, FACC; Karen Kurkjian, MD, FACC; Eira Kristiina Hyrkas, LicNSc, PhD, RN; Gail Crocker, BS, RN; Caitlin Coppenrath, MS, RCEP; and Aimee Chapman, BSN, RN for the pilot study "Health-Related Quality of Life in Patients with Atrial Fibrillation", September 15, 2015.

Research Studies

Approved/Open

Valerie Fuller, DNP, RN. The Patient Experience of Postoperative Delirium. #4848, Approved/open 6/28/16.

Charlotte Goodson, RN, IBCLC. Does the use of pasteurized Donor Human Milk (PDHM), as treatment for hypoglycemia in the term newborn infant, decrease cost, length of stay, and increase our exclusive breast feeding rates. #4812X, 5/31/16, Approved/open.

Lynn Macken, PhD, RN and Charles Carpenter, MD. Health-Related Quality of Life (HRQOL) in Patients with Symptomatic Atrial Fibrillation. #4688, 10/7/15, Approved/open.

Gwen Rogers, RN. The Correlation of Patient Safety Culture to Organizational Culture in the Pharmacy of Maine Medical Center. #4719X, 11/25/15, Approved/open.


Karen Wadman, RN. Improving Nurses’ Knowledge of Neonatal Pain. #4480, 10/16/14, Approved/open.

Paula White, MSN, RN. New Graduate Nurses’ Experiences with Hospital-Based Transition to Practice Programs: The UHC/AACN Nurse Residency Program™ at Maine Medical Center. #4634, 7/2/15, Approved, open.

Karen Keane, PhD, RN. Older Adult Narrative of the Experience of Cardiac Surgery. Approved 7/21/14; Closed 7/31/15.

Cynthia Honess, MSN, RN. Peripheral infused Amiodarone: Determining incidence of phlebitis. Closed 1/7/15.


Karen Thompson, RN. Testing the reliability of a fall risk screening tool for an elderly population in an ambulatory clinic setting. #3654, Approved 1/25/10; Closed 5/18/15.
Partnership — Innovation and New Knowledge

Publications

Rhonda L. Babine, MS, APRN, ACNS-BC; Cynthia Honess, MSN, RN; Heidi R. Wierman, MD; and Sarah Hallen, MD. (2016, Nov. 5). The role of clinical nurse specialists in the implementation and sustainability of a practice change. Journal of Nursing Management. doi: 10.1111/jonm.12269

Rhonda Babine, MS, APRN, ACNS-BC; Kristinna Hyrkäs, PhD, LicNsc, MNsc, RN; Deborah A. Bachand, BSN, RN, NE-BC; Joanne L. Chapman, MSN, M.Ed., RN, NE-BC; Valerie J. Fuller, DNP, APRN, AGACNP-BC; Cynthia Honess, MSN, RN; and Heidi Wierman, MD. (2016, Jan. 12). Falls in a tertiary care hospital — Association with Delirium: A Replication Study. Psychosomatics. Doi: 10.1016/j.psyc.2016.01.003


Jennifer Hayman, MD; Lawrence R. Ricci, MD; Kelley Bowden, MS, RN; and Jan Clarlin (2016, July). Infant safety in Maine. Provisional Section on Child Death and Prevention, 1(2), 3-4.


Rhonda Babine, MS, APRN, ACNS-BC; Cynthia Honess, MSN, RN; Heidi R. Wierman, MD; and Sarah Hallen, MD. (2014, Nov. 5). The role of clinical nurse specialists in the implementation and sustainability of a practice change. Journal of Nursing Management. doi: 10.1111/jonm.12269

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Partnership — Innovation and New Knowledge

Rhonda L. Babine, MS, APRN, ACNS-BC. A companion request process for patients at risk of harm developing a tool to prioritize need and implement nursing interventions. 9th Annual Evidence Based Practice Conference, April 10, 2015, Bangor, ME. (poster)

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), April 19-22, 2017, Austin, Texas. (podium — invited presenter)

Jeanne Benger BSN, RN, CCRN and Shawn Taylor BSN, RN. Behavior Response Team for Patient, Family and Staff Safety. Maine Nursing Practice Consortium, April 1, 2016, Bangor ME. (podium)

Angela Campos, BA, RN. The Role of a Dedicated RN in Reducing Central Line Infection. Maine Nursing Practice Consortium, April 1, 2016, Bangor ME. (poster)

Angela Campos, BA, RN. The Role of a Dedicated RN in Reducing Central Line Infection. Maine Nursing Practice Consortium, April 1, 2016, Bangor ME. (poster)

Patricia Crosby, BSN, RNC and Julie Fortier, BSN, RN. Bleeding after Circumcision: A Retrospective Chart Review to Build Evidence-Based Practice in Newborn Care. Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Annual Convention, June 11-15, 2016, Grapevine, TX. (poster)

Helen Cry-Alves, BSN, RN, CCRC; Lynn Macken, PhD, RN; and Kristiina Hyrkyä, PhD, LicNs, MNSc, RN. Perceived Levels of Stress and Depression in Fathers of Infants Admitted to the Neonatal Intensive Care Unit (NICU) and Changes Over Time. The 28th Annual Gravens Conference on the Physical and Developmental Environment of the High Risk Infant, in collaboration with the March of Dimes. March 4-7, 2015, Clearwater Beach, FL. (poster)

Susan Getz, BSN, RN, OCN; Sheryl Search MSN, RN, OCN; James Kavanagh, MSN, RN, OCN; Nellie Bergeron, BSN, RN, OCN; Julie Wildes, RN, OCN; and Kristiina Hyrkyä, PhD, LicNs, MNSc, RN. Open Label Randomized Clinical Study Comparing Calendula Versus Aquaphor and Aloe Vera Gel in Women with Breast Cancer Undergoing Radiotherapy. Oncology Nursing Society (ONS) 41st Annual Congress, April 28-May 1, 2016, San Antonio, TX. (poster)

Susan Goran, MSN, RN. Enhancing ICU Workplace Safety in a World of Aggression: Focusing on Patients and Visitors. ANCC Magnet Conference, October 5-7, 2016, Orlando, FL. (podium)


Kristiina Hyrkyä, PhD, LicNs, MNSc, RN. Research at the Bedside: Promoting Evidence-Based Practice and Improving Quality Outcomes. Maine Nursing Practice Consortium, April 1, 2016, Bangor ME. (podium — plenary)

Kristiina Hyrkyä, PhD, LicNs, MNSc, RN; Carla Randall, PhD, RN, CNE; and Krista Meinersmann, PhD, RN. Building Bridges: Implementing Pedagogical changes within Nursing Education and Practice. Eastern Nursing Research Society 28th Annual Scientific Session, April 14, 2016, Pittsburgh, PA. (podium)

Cecilia Inman, BSN, RN-BC and Jennifer Bisson, BSN, RN. Evaluating the Use of a Topical Vapocoolant to Reduce Pain during Intravenous Insertions: The Patients’ and Nurses’ Perspectives (podium) STTI, November 7-11, 2015, Las Vegas, NV


Kathleen Keane, PhD, RN. Older Adult Narrative of the Experience of Cardiac Surgery. American Gerontological Society (AGS) 2016 Annual Scientific Meeting, Long Beach, CA. May 19-21, 2016. (poster)

Gertrude Kent, BSN, RN-BC. Same Day Discharge after Percutaneous Coronary Interventions. Maine Nursing Summit, March 24, 2016, Augusta, ME. (podium)

Jennifer Laflamme BSN, RN-BC; Christine Lord, BSN, RN-BC; and Anne Andrle, MS, PharmD. Peripherally Infused Amiodarone: Determining the Incidence of Phlebitis. Maine Nursing Practice Consortium, April 1, 2016, Bangor ME. (poster) 

Kelly Lancaster, MSN, RN, CAPA; Kristiina Hyrkäs, PhD, LicNSc, MNSc, RN; Gertrude Kent, BSN, RN-BC, and Debbie Michaud, BSN, RN, CMSRN. Promoting Evidence-Based Practice: A Study of Perceptions and Practices of Nursing Council Members in a Magnet® Organization, STTI, November 7-11, 2015, Las Vegas, NV. (podium) 


Lisa Kane Low, PhD, CNM, FACNM and Kelley A. Bowden, MS, RN. Improving Interprofessional Collaboration: Best Practice Guidelines for Transfer from Planned Homebirth to Hospital Care. Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Annual Convention, June 15, 2016, Grapevine, TX. (podium) 

Nicole Manchester, MSN, RN, CNL. Chasing Zero: Reducing CLABSI on a Mixed Pediatric Inpatient Unit. Children’s Hospital Association (CHA) 2016 Quality and Safety in Children’s Health Conference, March 7-9, 2016, New Orleans, LA. (poster) 

New England Regional Symposium (2015). Presenters and topics: 
- Robinson, C. RN. What Every Nurse Should Know About Psych Medications.
- Matthews, R. RN. Human Sex Trafficking.
- Fairfield, M. RN. Pediatric Case Studies.
- Worthing, B. RN. Disaster Management in Your Locale.
- Smith, S. RN. Role, S. PharmD. Emergency Reversal of Oral Anticoagulant Therapy.
- Smith, S. RN. Anderson, R. MD. Falls in Older Adults: Notes from the Field.
- Mick, N. MD. Time to Go To Sleep: Update of Pediatric Sedation. 

New England Emergency Nurses Association, April 23-25, 2015, Portland, ME. 

Sonja C. Orf, MS, RN, CNL. Publishing: Taking the Next Step. CNL Research Symposium, January 22, 2015, Orlando, FL. (podium) 

Michael Payne, BSN, RN. Empowering pediatric patients and families to advocate for a high standard of central line care: An evidence based practice quality improvement initiative. Accepted: 9th Annual Evidence Based Practice Conference, April 10, 2015, Bangor, ME. (poster) 


Lynne Proctor, RN, CNRN, CN4. The Acute-RYG Patient Classification Model to Reduce Disparities in Nursing Assignments. 14th Maine Nursing Summit: From the War Zone to the Home Front: Maine Nurses Support the Mental Health Needs of Veterans and Families, Augusta, ME, April 2, 2015 (Poster) 

Nicole Manchester, MSN, RN, CNL. Chasing Zero: Reducing CLABSI on a Mixed Pediatric Inpatient Unit. Children’s Hospital Association (CHA) 2016 Quality and Safety in Children’s Health Conference, March 7-9, 2016, New Orleans, LA. (poster) 

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