

Nursing Annual Report

2018/2019



THE
University of Vermont
MEDICAL CENTER

I'm proud to join Kate and Peg in presenting our first Nursing Annual Report. This publication is a great tribute to our nurses, who deliver excellent, compassionate care at the bedside, in our clinics and in the community.



Since I first entered medical school, and throughout my years as a physician in the Emergency Department, I've worked side by side with our nurses. I've seen up close your dedication, your talent and your compassion. You always put patients first. Our nurses hold themselves to the highest of standards, and it shows.

I hope you will take some time to read this publication, to learn more about the amazing things you and your colleagues do every day on behalf of our patients and families.

Sincerely,
Steve

*Stephen Leffler, MD
Interim President, UVM Medical Center*



This year we are proud to share our inaugural Nursing Annual Report to showcase the wonderful contributions you have made to our practice and the quality and safety of the care we provide.

This first annual report comes at a time when I have transitioned to a new role. It has been my honor and privilege to serve you as the CNO for the past four years. The University of Vermont Medical Center has incredibly talented, innovative, caring and dedicated clinicians and staff. Thank you for your partnership. I will watch from afar with great admiration and joy as you all continue to do amazing things.

I am so happy to turn the reins over to Peg Gagne, MSN, RN, who will be the interim CNO. Peg has a rich legacy of service at both UVM College of Nursing and Health Sciences and the UVM Medical Center. She has been a wonderful partner and led significant efforts that have been transformative, including the opening of the Miller Building and the launch of Nursing Professional Governance. Peg is a calm and steady presence with much wisdom. You all are in great hands.

With kindness and friendship,
Kate

*Kate FitzPatrick, DNP, RN, ACNP, NEA-BC, FAAN
Former Chief Nursing Officer, UVM Medical Center*



This Annual Report comes at a pivotal time for nursing at UVM Medical Center. During Kate's tenure, we have made strides on many fronts: Nursing Professional Governance, our focus on wellness and recognition (mindfulness, CARP, Daisy, Bee Awards), and we have formulated plans to advance Healthy Work Environment initiatives.

Our goal is that this will be an ongoing publication and a vehicle to celebrate the amazing efforts that our nurses are leading. I hope that reading this will bring you a sense of pride and spark ongoing engagement in the power of your individual and collective impact. We are also very proud to share this externally with our local leaders, academic partners and community partners so they can better understand your expertise and the incredibly important role you play in the health of our communities.

You are an incredibly talented group of nurses, and your dedication to our patients and families is inspiring. I am proud and honored to be working with all of you.

Enjoy,
Peg

*Peg Gagne, MSN, RN
Interim Chief Nursing Officer, UVM Medical Center*



Advocating for Our Nurses

ED Nurse Establishes Nurse Fellowship Program



When Travis Beebe-Woodard, BSN, RN, first moved from the ICU to the Emergency Department, he saw opportunities for improvement in training and workflow.

Shortly after his arrival, he began the work of creating a Trauma Improving Task Force. From there, with the support of UVM Medical Center ED leadership, he created a 10-week, 40-hour Emergency Trauma Nursing Fellowship Program.

The goal of the program is to provide nurses with the knowledge and skills they need to offer our patients the highest level of care, which includes tending to their holistic needs. His program uses methods he believes are critical to nurse-led change, where there is a focus on dedicated time away from the bedside/clinical setting to access educational and research information to bring back to patient care. Nurses who complete the fellowship sit for both the Advanced Trauma Care for Nurses (ATCN) certificate

“I believe in the resilience and excellence of our nurses. I hope programs like this can continue to build on their strengths, while offering them the professional advancement that is the hallmark of a strong nursing workforce.”

TRAVIS BEEBE-WOODARD, BSN, RN

Travis Beebe-Woodard, BSN, RN, has been recognized by the Board of Certification for Emergency Nursing (BCEN) for his work as an advocate for trauma nurse board certification.

and a Trauma Certified Registered Nurse (TCRN) certification.

In addition to providing our nurses with an opportunity to further their education, this program could be an effective recruiting tool and a model of advancement opportunity for other areas within our medical center.

Lifesaving Solutions

Nurses Play Key Role in Dialysis Quality Work

Three days a week, for several hours each day, patients whose kidneys no longer function come to our dialysis units to receive outpatient hemodialysis, a procedure in which their blood is put through a filter outside their body, cleaned and returned. Our highly trained and dedicated dialysis providers are continually finding ways to ensure that we are providing the safest, highest-quality care.

A few years ago, we learned that our patients were experiencing a higher-than-average rate of bloodstream infections. In December of 2017, an annual study revealed that our bloodstream infection rates in patients who received hemodialysis via a catheter were at a seven-year high, 4.1 infections per 100 patient months.

In response, says Jayesh Shukla, director, Renal Services, Endoscopy, “We pulled together as a team to address the factors that we felt might be contributing to this problem in our catheter patients. Our nurses played a key role in this effort.”

Led by Jeffrey Rimmer, MD, the team took a multi-pronged approach:

- We began using a new type of dialysis catheter end cap that is coated with an antimicrobial agent. Jacqueline Hoops, BSN, RN, and Mary Miller, BSN, RN, were instrumental in re-training nurses who handle the dialysis catheter, using a simulation mannequin.
- The team worked closely with Doug Sutton, MSN, RN, Interventional Radiology manager, and Anant Bhave, MD, who modified their dialysis catheter insertion or replacement practice to include an enhanced antimicrobial site-specific disinfection prior to the procedure.
- Every month, if a dialysis unit has a bloodstream infection, the care team, led by a nurse supervisor, does a root cause analysis and a thorough case review, reporting results up through leadership.

In the 12 months ending December 2017, we had an average of 67 dialysis patients a month with catheters, with a total of 33 bloodstream infections. This comes to about eight bloodstream infections every three months.



Left to right: Jeffrey Rimmer, MD, Joan Speranza-Reid, BSN, RN, Mary Miller, BSN, RN, Jayesh Shukla, director, Renal Services.

“Our nurses really appreciated the opportunity to have the hands-on training—and they made the most of it.”

**MARY MILLER, BSN, RN,
RENAL NURSE EDUCATOR**

After changes were made, in the 12 months ending June 2019, we had an average of 70 dialysis patients a month with catheters, with a total of six bloodstream infections. This comes to less than two infections every three months.

“Everyone does better when you involve them,” says Miller. “Our nurses really appreciated the opportunity to have the hands-on training—and they made the most of it.”

“At every step of the way, our team was proactive and engaged,” says Shukla. “They know this is not just about numbers—bloodstream infections can be fatal; so this means better care and better outcomes for our patients.”

Opening Our Doors

Nurses Step Up on Move-in Day—and Beyond



From the very beginning, UVM Medical Center's nurses have been essential to the success of the Miller Building, which officially opened in June ahead of schedule and below budget. Key to this effort were those nurses who stepped up to take on the role of transition leaders. These professionals went above and beyond to help with so many aspects of our preparedness.

Since June 1, our nurses have maximized the potential of the new space—and those who stayed behind in older units have discovered opportunities to enhance their practice in newly created teams.

BAIRD 3 BUILDS TEAM FROM THE GROUND UP

On the morning of June 1, Baird 3 officially became a medicine unit, focused exclusively on the complex needs of a diverse range of patients. The efforts to build this team, led by Nurse Manager Jenna Page, MSN, RN, say a lot about the resilience and dedication of our people.

On June 1, the Baird 3 staff, comprised of new graduate nurses and experienced nurses, quite literally hit the ground running. Not only had they never worked in the Baird 3 space before, but most of them had been with the organization less than six months—and they had never worked together. “Even today, a few weeks in,” says Heather Tetrault, BSN, RN, “we’re still trying to remember each other’s names!”

And yet the team spirit, built from a clean slate, is strong, says Page. “Usually when you start a job there’s an existing culture that you try to fit into—we’re starting from ground zero, building the kind of culture and team we want.” Today, just a few weeks in, the spirit and cohesiveness is palpable.

Building the framework for this success has included the logistical, from where supplies will be stored, to how nurses will report to each other to the aesthetics of the new space. When the ortho patients who had been on the former Baird 3 unit moved to Miller, this created significantly more single patient rooms. The space is also getting some sprucing up—“our HGTV makeover,” as Page calls it.

To prepare staff for their debut June 1, Page organized trainings, a tour of the unit, social events outside work and a week of lunches. “Our goal was to help the team feel as prepared as they possibly could,” she said, “both in terms of the work itself and having relationships with their colleagues. They’ve embraced it.”



Our Nurse Transition Leaders

Tamara Dennis, Becky McCormick, Brooke Panton, Kelli West, Liza Martin, Amy O'Halloran, Laura Muir, Mark Sgantas, Wendy Mustafic, Jessica Whitelock, Michael Connolly, Jennifer Synnott, Heather Trembley, Mark Reitman, Jhanna Ernest, Leigh Nelson and Nicole DeBalsi

Tetrault was drawn to the team because of the focus on medicine patients. "I love the mix of patients—from 18 to 100 years old—and the diversity of their conditions. I was also interested in being part of a brand new unit."

Strong leadership has been key to the effort. For Page, it's the big and small things—reaching out to staff constantly, ensuring they have what they need to care for our patients, and, well...chocolate. A giant plate of candy sits on her file cabinet—yesterday it was lifesavers and gummy candy, but when Jenna heard about a desire for chocolate, she made it happen. "When my nurses tell me they need chocolate, I'm there!"

But beyond the little things, there are the nuances of what it takes to build a team. LNA Jamie Theriault did her training on the unit with what was then the ortho patient population. Since June 1, she's been impressed with the unit leadership. "Bringing this team together has really been remarkable. When we all started, we had no idea how we were going to work together. But it's already feeling like a family, and I give all the credit to Jenna. She asks for our input, she genuinely cares about us. You walk down the hall and people are laughing, always ready to help—it's contagious."

Glenn Grushko, BSN, RN, recently completed the accelerated bachelor's degree program in nursing at UMass Amherst and interviewed around the country



Baird 3 team gathers in a rare quiet moment.

to find a team that felt like the right fit. She says she's found it here: "I think everyone was recruited to be positive and a team player and it really shows."

And Glenn is not the only staff person who has come from out of state. "It's really exciting to see the diversity in our new hires," says Page. "Some of our staff have uprooted their families to be here, and they're bringing with them a really interesting mix of experience and perspectives."

In the days and weeks ahead, the Baird 3 team will continue to grow together as the unit takes shape. In the meantime, they are enjoying getting to know one another as they serve our patients. "I'm incredibly proud



Shep 4 nurses take a moment to honor their previous unit.

of our team,” says Assistant Nurse Manager Nicole Dragoon, MSN, RN. “They have really stepped up in an extraordinary situation.”

BRINGING THE BEST OF THE OLD TO THE NEW

Before leaving their old unit for good, the close-knit team of oncology nurses on Shepardon 4 gathered to bid the place that held so much history a proper goodbye.

Tamara Dennis, ADN, RN, and her colleagues shared stories about their time on the floor caring for patients and families that left them with lasting memories—memories they wanted to be sure to bring along.

“We’ve gotten attached to so many of our patients and their families because many oncology patients can stay for a month or longer while getting their chemotherapy,” says Dennis, who will celebrate 22 years here as an oncology nurse in October. “Our Shep 4 unit is really tight. We’ve thrown birthday parties for patients on our unit, we’ve married people on our unit, and we’ve said goodbye to people on our unit.”

Of course, there’s much to love about the new unit on Miller 5, with its wide hallways, ample natural light, new technology and spacious rooms. It’s obvious that nurses played a key role in the design of the rooms because they are so much easier to navigate.

“The computers are placed at the head of the beds now so we don’t have to turn our backs to our patients when we’re charting,” says Kelly Cueman Sargent, BSN, RN. “I can’t tell you how much time used to be spent moving things around to get patients to the bathroom. Now it’s no problem and walkers actually fit through the door.”

Still, the new-ness of it all takes some getting used to. On Shep 4, the nurses were always in close proximity. The Miller 5 hallways are wider and longer, there are three medication rooms instead of just one, and only one nurse assigned to each private room. The larger unit with more beds means a bigger team of nurses.

“One of the concerns that came up was that we might lose that family bond in the transition to such a big unit,” Dennis says. “We’ve had conversations about how we’re intentionally going to make sure we stay close and about how we’ll welcome new members of our staff to become part of this family.”

On one of her first days on the new unit, Cueman Sargent says she was feeling a little overwhelmed and disconnected. Then she saw that some of her teammates had put up decorations and signs to welcome one of their longtime patients “home” for treatment.

“When I went and saw the room I was amazed and it made me realize that though we are bigger and more spread out, we are still the same,” she says. “That was an example of who we are as a team and how we care for patients, despite how the logistics have changed.”

Safe and Sound

Mother-Baby Unit Nurses Set Gold Standard for Sleep Habits

Kelly Borch, BSN, RN, and Sharon Schroeder, BSN, RN, are on a mission.

The nurses who work on UVM Medical Center's Mother-Baby unit have guided the hospital to "gold" status with Cribs for Kids, a national organization that promotes infant safe sleep practices.

But they're not stopping there: The nurses are working with Vermont officials, community partners and other UVM Health Network hospitals to spread their safe-sleep message throughout the region and the state.

"It's never-ending," says Borch, "which is great, because we love the project and love the idea so much that it's kind of a career-long project."

The basics of a safe sleep environment often are framed as the "ABCs": Babies should sleep Alone, on their Backs and in a safety-approved Crib. Experts say there should be no objects in the crib, including baby bumpers, pillows, blankets or toys.

The idea is to remove objects that present a suffocation or strangulation danger. The risk is real: The Centers for Disease Control and Prevention says there were 3,600 sudden unexpected infant deaths nationwide in 2017, including about 900 deaths due to accidental suffocation and strangulation in bed.

For Borch and Schroeder, the problem came into focus several years ago when a patient said she planned to put her baby in a drawer or a laundry basket. The nurses realized that many parents need more help with safe sleep practices.

They initially pursued and achieved bronze-level certification with Cribs for Kids, a national nonprofit that advocates for safe sleep. In 2018, UVM Medical Center leapfrogged Cribs for Kids' silver designation and went straight to gold status that certifies the hospital as a "safe sleep champion."

That translates to a variety of benefits for parents. One is the distribution of portable "cribnettes" to families who need them.

"When patients get admitted to our unit, one of the first questions that we ask them is, what do they have at home for a safe place for their baby," Borch says. "If they say they don't have anything, then we give them one."



Left to right: Kelly Borch, RN and Sharon Schroeder, RN.

That program has expanded throughout the hospital to any unit that serves children under 1 year old. The cribnettes are funded by the Children's Miracle Network and the Fraternal Order of Eagles.

Families also receive "sleep sacks," a wearable blanket that's safer than swaddling in a traditional blanket, Borch says.

Education is a key component of the program. That includes instructing staff throughout the hospital on safe sleep principles, as well as outreach to family practice, obstetrics and pediatric providers.

"The hospital, I have to say, has been wonderfully supportive with our time," Schroeder says.

One initiative would bring UVM Health Network Home Health & Hospice into the mix to allow for safe sleep follow-up visits. Eventually, the nurses hope to push beyond the network's boundaries by recruiting other advocates who can carry the safe sleep banner.

"The whole state is our goal, for sure," Schroeder says.

The plan is to reach as many people as possible by helping one family at a time. Schroeder says she believes the safe sleep program already has spurred change.

"You can see it when we walk into the rooms now... nothing but the baby and blanket," she says. "You can see that almost all the time."

Nurses Leading the Way

Nursing Professional Governance Empowers Nurses at Unit Level

Nursing Professional Governance (NPG) at the UVM Medical Center was started in early 2017 to evolve the unit-based practice council structure.

Transforming NPG was a priority for former Chief Nursing Officer Kate FitzPatrick. While unit-based councils were inconsistently making changes in their practices, there was no clear connection to overall organizational priorities nor was there space for nurses across the care continuum to collaborate.

Says FitzPatrick, “The purpose of NPG is to empower all nurses to meet the goals of our mission, values and strategic planning. We seek to legitimize nursing voices here and really put them in a position where they’re owning decisions about their practice and practice environment. They can bring their ideas and creativity into how we think about practice and care delivery.”

Together with the senior nursing leadership team, FitzPatrick created a pathway for nurses to have a stronger voice. This pathway was a clinical nurse-led design team who worked with a professional governance expert, Greg Crow, EdD, RN, to create a new and innovative structure based on service lines that incorporates patient and family advisors.

We created two different types of structures: Global Councils and Service Line Councils. The Global Councils include representation from nurses in all areas of the hospital and focus on Safety and Quality, Patient and Family Experience, Nursing Practice, Professional Development and Scholarship, and Experience and Wellness. Service Line Councils are composed of clinical nurses and nurses in formal leadership positions and are accountable for resolving issues and/or facilitating change that ensures best outcomes within their service line. These service lines include cardiovascular and neurosciences; medicine, oncology and mental health; maternal child health; orthopedics and surgery; perioperative services; primary care and emergency care and access.

“Having nurses more systematically and intentionally involved in decisions about practice has allowed us to make better and wiser decisions about the practices we’ve put into place, and ultimately improves the care our patients receive.”

**KATE FITZPATRICK, DNP, RN
FORMER CHIEF NURSING OFFICER**

Additionally, two companion councils—Nurse Manager Council and LNA Council—were formed to support front-line nurse managers and assistant managers and address the unique practice needs of licensed nursing assistants.

With this united front, nurses are empowered to have ownership in their practice. “As NPG grows and front-line nurses are being affected by the decisions the councils are making, it’s exciting to see how changes are being made and the ability for nurses to have direct say in how their nursing practice works in this institution,” says Joyce Guillemette, BSN, RN.

Not only does the NPG positively affect the overall patient experience through institutional decision-making, but it allows for nurses to gain professional skills. These professional development opportunities include learning how to conduct a meeting, how to manage conflict, how to get to an effective decision and how to make sure all voices are heard. These key skills provide support for growth in nursing.

“I really like the opportunity to work on projects that improve patient care and the patient experience, and NPG is a great opportunity to work with nurses and leaders across the hospital that I otherwise would not get the chance to meet,” says Michelle Monahan, BSN, RN, incoming coordinating council Chair for 2020.

FitzPatrick applauds the collaborative spirit she’s witnessed with NPG. “Having nurses more systematically and intentionally involved in decisions about practice has allowed us to make better and wiser decisions about the practices we’ve put into place, and ultimately improves the care our patients receive.”

Sweet Surprise

Nurse Makes the Most of a Small Gesture



Lily Sickles was comfortably settled into her room on Miller 5, but told her nurse, Milton Rosa-Ortiz, BSN,RN, that she was especially sad to be in the hospital during lilac season. “This is my favorite week of the year, because you walk around town and everything smells so sweet. It’s magical. And now I’m not going to get to experience it.”

The next morning, Rosa-Ortiz left his Burlington home early for his bike ride to work carrying a pair of clippers with him. He stopped at a few overgrown white and purple lilac bushes along his route and snipped just enough to fill a spare vase the nurses keep on the floor. “When I came in this morning I put them on Lily’s tray,” he said. “She was still sleeping.”

Sickles awoke to the fragrant aroma and lovely sight of the blossoms. “Milton is super kind,” she said. “He’s been great from the beginning. He’s taken special care of me.”

“Milton is super kind. He’s been great from the beginning. He’s taken special care of me.”

LILY SICKLES

Preparedness 101

Critical Care Transport Nurse Drives Successful Ebola Drill



Last year, Michelle Greeson BSN, RN, a critical care transport nurse, returned from a conference convened by the National Ebola Training and Education Center with a suggestion to update and test the plan for safely moving a potentially infected patient between hospitals for treatment.

“We had our original plan in 2014–15 when we had the big Ebola scare but never really practiced it thoroughly again,” says Greeson. She envisioned doing a small exercise with just her transport department practicing the basics, like donning and doffing the personal protective equipment known as PPE.

As colleagues from other departments and medical centers heard about Greeson’s “little drill,” they wanted to be included. Soon, she found herself coordinating a full-scale training exercise involving the Vermont Department of Health, UVM Medical Center, Central Vermont Medical Center, Dartmouth-Hitchcock Medical Center and Massachusetts General Hospital to evaluate the region’s ability to respond to the potential threat of Ebola or other diseases of high consequence.

The drill began the morning of June 18, when a patient-actor arrived at CVMC’s Emergency Department describing symptoms of suspected Ebola virus. The UVM Health Network’s critical care transport service moved the patient to be assessed at UVM Medical Center, Vermont’s only Level I Trauma Center and the

state’s designated assessment hospital. The patient was cared for in a suite of rooms created using a new wall system and air filtration unit on the MICU.

Nurses who volunteered were specially trained for the drill. The next day, the patient was taken to Massachusetts General Hospital in Boston, with a change of crew at Dartmouth-Hitchcock. “I call this project my seven-month Ebola baby that came to fruition at the end,” Greeson says with a laugh. “I was learning on the fly—I didn’t even know how to send a meeting planner through email when I started this.”

Her supervisor, Transport Team Manager Michael Conti, encouraged Greeson to keep going. “He was such a good mentor all along the way,” she says. And each time she reached out to colleagues at this and other hospitals to ask for help, she heard a resounding “yes.”

“This organization is phenomenal—there were so many people who were really motivated and invested in this drill,” Greeson says. Many were behind the scenes. “We asked a lot of people to really go further—and no one complained.”



FAST FACT

The drill started out as a small exercise, designed to refresh our preparedness. It turned into a full-fledged training exercise.

“This organization is phenomenal—there were so many people who were really motivated and invested in this drill. We asked a lot of people to really go further—and no one complained.”



MICHELLE GREESON BSN, RN

Nurse educator Caitlin Guilbert, BSN, RN, led trainings in advance for day and night nurses in the MICU, where four rooms were blocked off for use during 24 hours of the drill. They practiced routine tasks while wearing the heavy PPE gear and three layers of gloves. “Doing basic nursing functions is a challenge in those suits. The more repetition you have, the easier it becomes,” says Guilbert. The biggest takeaway: “We are equipped. We could handle this.”

Kate Hammond, emergency management coordinator, agrees—in fact, it’s her job to document the lessons learned and develop action steps like adding training



to intubate a patient and place a central line while the care team is in full PPE. She’s working to create an updated comprehensive plan, “So that next time we do it even better.”

Building Our Culture—Together

Nurse Cultural Engagement Summits Emphasize Transparency and Empowerment

Nurse and LNA representatives gathered with nursing leadership on July 2 and August 28 for a two-part summit centered on creating a healthy work environment and improving the culture in nursing.

On July 2, just over a year after the first-ever nurses strike at UVM Medical Center, former Chief Nursing Officer Kate FitzPatrick set the foundation for the Nurse Cultural Engagement Summit by linking the historical work on the Future of Nursing at UVM Medical Center, the Etch cultural findings and the most recent NDNQI Nurse Satisfaction data. She emphasized that the path forward can only be determined with everyone working together and that an important first step is to start with assuming positive intent.

Magnet Program Manager Travis Beebe-Woodard, BSN, RN, discussed how efforts to embed evidence-based Magnet standards will support the strengthening of the culture in nursing and be a transformative step for nursing. Magnet Recognition® from the American Nurses Credentialing Center is the highest and most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care.

HealthLinx representatives reviewed a two-day survey of nursing engagement conducted earlier this year. They also presented findings from the in-depth interviews they did with NPG and other stakeholders in February. Tim Lahey, MD, director, Medical Ethics, gave a presentation in which he accentuated the professional values of nurses that have inspired him and how we can all move forward together.

Sue Murdock, DNP, RN, Nursing Director, Outcomes/Practice, led the group through an exercise to determine the group's core values and aspects of culture. The group of about 100 nurses and LNA representatives brainstormed ideas about how they can have a positive impact on culture and nursing practice and all agreed there's a need to develop specific plans for improvement. In the weeks following the workshop, nursing directors met with their teams to schedule times to discuss changes that would be meaningful to them.

Ideas gleaned in July and during conversations over subsequent weeks formed the starting point for the workshops at the center of Part II of the Summit, held August 28. The same group came back together to engage in roundtable brainstorming to identify challenges and explore ideas for improvements within five topics:

- adequate staffing
- accountability and autonomy
- adequate resources for practice
- leadership presence/authentic leadership
- skilled communications/managing civility, and opportunities and resources to grow professionally.

Regarding adequate staffing, leadership pointed out that unit staffing collaborative teams are already underway—the scope of work is defined and there is an identified work group that will provide the initial approach to solving the challenge.

Among the very long list of suggestions for improvement that came out of the round-table discussions were: bring education, such as CEU's and conferences, on site so it's easier for nurses to participate (professional growth); celebrate successes, hold team-building exercises and crucial conversations for all (autonomy and accountability); more transparency among departments and rotating open houses (communication); town halls, scheduled rounding, fewer emails and the introduction of pulse boards beyond PERIOP (leadership authenticity and presence).

Effecting positive change takes determination, collaboration and leadership. FitzPatrick assured participants that after she leaves UVM Medical Center in October, this important work will continue with Interim Chief Nursing Officer Peg Gagne, MSN, RN, leading the charge.

“This was overall a positive experience. It was encouraging to learn that the hospital has heard our voices and is looking to take the steps to create positive change. While we still have a long way to go, the journey to healing has started. I look forward to seeing what the next steps will bring.”

MELISSA ADAMS, BSN, RN



“I went into the summit with the feeling of being a little skeptical about what was being presented, and what good may come of it. During the summit, I was encouraged when I realized that both management and nurses were very motivated to improve the culture here. I think it was a great starting point for all of us to come together to set the groundwork for building a nursing culture where we feel that we are considered important and respected members of the health care team.”

CHERYL BODGE, ADN, RN



“I felt very hopeful attending the Cultural Engagement Summit and honestly was very appreciative of the time, effort and energy that was put into planning the event. I was impressed that the VP team represented themselves at the summit and shared with us their hopes for moving forward and improving the culture as a whole organization. I was encouraged about the work we completed as a group that focused on what we can do to improve the culture of UVM Medical Center, but also the nursing practice environment, which I believe are heavily tied together. In addition, by engaging front-line staff, the senior leadership team is giving us a platform to be true partners in improving our organization for all of those who work and are cared for here.”

REBECCA WILSON, BSN, RN



Awards

Every year we recognize individual nurses for their achievements—and ALL our nurses for everything they do on behalf of our patients and families.

PAUL HORTON AWARD

Barbara Higginbottom

SALLY SAMPLE AWARD

Lisa Emerson

LPN CLINICAL EXCELLENCE AWARD

Erin Savery

LNA CLINICAL EXCELLENCE AWARD

Mujesira Srna

EXCELLENCE IN ADVANCED PRACTICE NURSING AWARD

Marti Churchill

Joe Sorenson

AWARD FOR EXCELLENCE IN CLINICAL NURSING PRACTICE

Kelsey Reed

IPRO ESRD NETWORK OF NEW ENGLAND QUALITY AWARD

Helen Ambridge

2019 DISTINGUISHED TCRN AWARD

Travis Beebe-Woodard

UVM DEPARTMENT OF NURSING ALUMNI AWARD FOR CLINICAL EXCELLENCE

Kathy Cross

Melinda Pariser-Schmidt

THE “ALL FOR ONE” AWARD

Dianna Jo Palmer

Lori Marriott

Marie Anestopoulos

Colleen Roach

Stephanie Rettew

Brianna Johnson

Darcy Mazlish

BEE AWARD

Nominated—50 | Awarded:

James Saunders

DAISY AWARDS

Nominated—259 | Awarded:

Amy Driscoll 2018

Julie Hart 2019

Carol Abair 2019

Kamal Bhattachan 2019

Alexandra Polson 2019

SCHOLARSHIPS

Zaira Batchelder

Annette Burger

Ann Carpenter

Linda Chadwick

Jessica Charbonneau

Deborah Hebert

Crystal Irving

Anna Jane Letendre

Robert Erin McCarthy

Gina Quintin

Terry Trombino

Rebecca Wilson

Suzanne Woodard

MARY FLETCHER ALUMNI SCHOLARSHIP AWARD

Brittany Hathorn

Robert Erin McCarthy

Ami Randall

AUXILIARY NURSING SCHOLARSHIP

Rebecca Wilson

ELLEN SEUSS EVANS ONCOLOGY NURSE EDUCATION FUND

Noel Carnevale

RILEY W OLSON CRITICAL CARE NURSE

Rebecca Wilson



By The Numbers

Number of Nurses **2064**

Total number of Inpatient
& Ambulatory RN III **232**

Total Number of RN IV &
Nurse Clinicians **47**

Nurses who Advanced to RN III* **17**

Nurses Who Advanced to RN IV* **12**

Amount of Scholarships awarded to
nurses by UVM Medical Center **\$72,500**

The number of nurses who
advanced from RN to BSN

Total Participants: **152**
Total Graduates to date: **33**

Nurses Enrolled in Nurse Residency **FY 2019**
163

* in 2019



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