



# MESSAGE FROM THE EXECUTIVE TEAM



Welcome to the 2024 Nursing Annual Report.

I continue to be extremely grateful for the privilege of working with an incredibly dedicated and compassionate group of nurses, nurse leaders, APRNs, and CRNAs at UConn Health.

In the past five years, we encountered a once-in-a-century pandemic and the fear and uncertainty

surrounding it. Yet, we were all present, caring for all our patients, despite the potential risks and uncertainties not only to them but to ourselves and our families. Within the past few years, we have experienced an enormous increase in patient volumes and have continued to meet the associated challenges while continuing to surpass our own high standards for safety and quality. With that recognition came a growing recognition of the importance of not only our patients' well-being, but the well-being of ourselves as healthcare providers and as healthcare colleagues.

UConn Health's undisputable excellence in delivering advanced academic medicine and personalized care is only possible because of the incomparable nursing professionals throughout our institution. Our reputation as a healthcare institution where patients consistently experience the best quality care has flourished, which is attributed to the high level of clinical excellence delivered by our nursing staff. Significantly, outside organizations using objective metrics keep recognizing our achievements in the form of a Leapfrog "A" for safety nine consecutive times, along with our attainment of national rankings from entities such as U.S. News and World Report, Newsweek, CareChex, and Healthgrades.

To all our nurses, thank you for your passionate commitment to the nursing profession and the patients and families you serve. I applaud each of you for your outstanding dedication; it is a privilege to serve as your chief nursing officer.

Always in appreciation,

Caryl Ryan, RN, MSN

Chief Nursing Officer, UConn Health

Chief Operating Officer, UConn John Dempsey Hospital



Our nursing professionals are a key driving force behind our continued clinical excellence, our exceptional quality and safety achievements, and an environment that fosters education and professional development. As a result, both our patient volumes and our reputation for superior care continue to grow and thrive.

Andrew Agwunobi, MD  
Chief Executive Officer



From primary care to specialty and critical care, nurses are the foundation of our world-class care. Their commitment to excellence and patient-centered care is one reason we have become a premier academic medical center and a destination for healthcare.

Scott Allen, MD  
Chief Medical Officer



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# INPATIENT WOUND AND OSTOMY CARE: PRESSURE INJURY PREVENTION STILL A TOP PRIORITY AND HAPIS REMAIN BELOW NATIONAL AVERAGE

UConn Health's Inpatient Wound & Ostomy Care Department is comprised of certified wound and ostomy nurses Tanya Paradis, MSN, RN, CWOCN, Sarah Higley, BSN, RN, WCC, OMS, COCN, CWCN, CWS, and Jordan Peterson, BSN, RN, WCC, OMS, DWC, AWCC, CWON, CWS, CMSRN. As a team, they provide wound and ostomy treatment recommendations to meet the needs of a consistently rising inpatient population, with an average of 189 wound care consults, 21 ostomy consults, and 317 total patient visits per month in 2024. This is a 28 percent increase in total patient visits in comparison to 2023 averages. The highest number was seen in October of 2024 with 403 total patient visits.

In addition to providing inpatient wound and ostomy consults, the team is responsible for implementing measures for hospital-acquired pressure injury prevention (HAPI) and ongoing staff education (both formal with new employee orientation and informal with nursing staff at the bedside). Due to their diligence and frequent follow-up with patients, the number of HAPIs at UConn Health has remained consistently below the national average, which is 2.9 percent. Quarterly NDNQI skin prevalence rounds were conducted throughout the year and HAPI prevalence rates at UConn Health ranged from 0 to 0.63 percent for 2024.

The inpatient wound and ostomy team continues to recruit new interdisciplinary members to our Skin Champion Committee to provide wound/ostomy liaisons on the units. They also frequently send out educational reminders about

current events, new products, and important wound care information in the Friday Flyer for ongoing awareness. Our team works with the products committee to ensure appropriate products are implemented regarding skin health and pressure injury prevention, with new wound/ostomy products brought in when the need is identified, as this is a top priority for patient safety and excellent quality of care.



**Tanya Paradis, MSN, RN, CWOCN, Sarah Higley, BSN, RN, WCC, OMS, COCN, CWCN, CWS, and Jordan Peterson, BSN, RN, WCC, OMS, DWC, AWCC, CWON, CWS, CMSRN**

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## NURSES PLAY CRITICAL ROLE IN SUCCESS OF NEW BLOOD AND MARROW TRANSPLANT AND CELLULAR THERAPY PROGRAM

Location really can be everything. When a man from Germany developed lymphoma and needed a bone marrow transplant during a stint working in the Farmington Valley this past year, having the Neag Comprehensive Cancer Center as an option for treatment meant everything in terms of keeping him healthy. He is one of six patients to receive life-saving treatment at UConn Health's new Blood & Marrow Transplant and Cellular Therapy Program (BMT).

"He's finally going home," says Andrea Moran, DNP, APRN, program director, Blood and Marrow Transplant and Cellular Therapy Program, Inpatient and Outpatient Hematology

Oncology. "He couldn't really go home without finishing this treatment. So they've sold their house and they're getting ready to move back to Germany. This is a really nice success story."

UConn Health has established a state-of-the-art BMT Unit. The program provides comprehensive care including access to necessary special labs and tests and psychosocial, palliative, dietary, and physical therapy resources working in collaboration with Nursing to provide high quality interdisciplinary care.



**Sierra Laferriere, RN, and Audrey Gediman, RN**

Having a program like this available in 2024 has been critical for so many, especially those who would have had to travel farther for treatment. “We’re the only other transplant center in the state of Connecticut, other than Yale. To be able to provide autologous transplants, with future plans for more complicated therapies such as allogeneic transplants and CAR T-cell therapy, as well as other cutting edge cellular therapies — if we can give patients that live in the Hartford area the opportunity to come here, they can stay closer to their families,” explains Moran, who has worked hard to operationalize the center.

Program development and directorship is a new role for Moran. “There is a tremendous amount of coordination and collaboration needed in building a program of this type,” she explains. “Transplant touches every department in this hospital — Rehabilitation Services, Nutrition, Facilities, Infection Control, Pharmacy, Regulatory, Nursing and every medicine specialty, just about every department you can think of.” Moran notes, “every department we have worked with has been extremely understanding and supportive of the needs of the BMT program.”

Nurse Manager Beth Brookshire, RN, MSN, OCN, oversees the team of nurses on the unit, which has five dedicated high-tech, specialized airflow private patient rooms and an isolation room for transplantation care and monitoring of patients. Most of the staff are expert oncology nurses who have added BMT to their experience. Nursing Professional Development Specialists Devon Bandouveres, RN, MSN, OCN, and Noelle Amato, RN, MSN, OCN, developed a BMT nursing curriculum and provided education, training, and competency validation for nurses in all aspects of caring for BMT patients, using both classroom and online learning as well as simulation techniques to provide some “hands on” experience.

Being part of this program from the infancy stage is an opportunity few oncology nurses get the chance to do. “Working together with skilled clinicians who have a sincere

passion to make this program a success translated to motivating the staff to want to be part of this endeavor,” Brookshire says. “Nursing staff worked closely with nursing leadership, in an all-hands-on-deck initiative, to get the education and training they needed to skillfully care for this newest population of patients.”

Sierra Laferriere, RN, describes participating in the program’s first stem cell infusion as an incredibly rewarding experience. “It allowed me to grow within my profession as an oncology nurse and provide an experience to a patient who may not have thought it was possible,” she says. “I have gained an entire new set of clinical skills and broadened my knowledge as a nurse.”

Elizabeth Higgins, RN, BMT quality and data coordinator, has the immense job of auditing the program and ensuring that it meets quality goals in an effort to ultimately receive accreditation by the Foundation for the Accreditation of Cellular Therapy (FACT). “It’s just an amazing amount of work that she does to keep us on track,” Moran says.

Transplant and Cellular Therapy Clinical Coordinator Meg Savage, BSN, RN, joined the BMT team in September with the task of handling logistics surrounding the transplant process. She coordinates pre-transplant testing, patient education, and all aspects of organization involved with preparing patients for stem cell collections and transplant including coordination of transporting life saving stem cells from to the New York Blood Center where they are cryopreserved until they’re needed back at UConn Health for transplant.

The goal in the first year was to have completed five transplants, now with six under their belts, everyone looks forward to helping more patients and to eventual accreditation — both of which seems to be inspiring others to get involved. “I think people really want to work with us and to be involved in the growth of the program,” says Moran. “I think they’re excited about what we’re doing and are excited about the success that this team has had.”

# THE STROKE NURSE NAVIGATOR'S SPIRIT OF CLINICAL INQUIRY HELPS BRING GROUNDBREAKING VAGUS NERVE STIMULATION THERAPY TO CONNECTICUT

It's a fact that nurse navigators improve outcomes for patients but one of the most important things a nurse navigator can provide outside the walls of the hospital is hope.

Hope for stroke survivors was tangible this year at UConn Health where seven patients, all of them six months to over 10 years post-stroke, achieved remarkable results thanks to vagal nerve stimulation (VNS) therapy, a therapy brought to Connecticut for the first time and led by Stroke Nurse Navigator Brooke Medel, BSN, RN.

In her role as stroke nurse navigator, Medel is committed to providing post-stroke patients with evidence-based interventions during their recovery process. It was this spirit of clinical inquiry that led Brooke to research and pursue VNS this past year.

Brooke first saw information about VNS on the news and recalls, "I haven't heard anything about this yet." She took the initiative to seek and obtain more information and researched the procedure. She attended a virtual presentation held by the non-profit StrokeOT where she learned from a MicroTransponder representative about the Vivistim® System, and how it benefits ischemic stroke survivors.

Medel advocated for her patient population by contacting the physician to talk about this new treatment option (referring to Christopher Conner, MD, PhD, a neurosurgeon at UConn Health's Brain and Spine Institute and Director of Functional Neurosurgery). Together with the former Stroke Medical Director Sanjay Mittal, MD, and former Stroke Coordinator Jennifer Sposito, they met with MicroTransponder and successfully began utilizing this evidence-based practice with post-stroke patients and now, "the rest is history." Thanks to this dynamic interdisciplinary collaboration initiated by Medel, seven Vivistim devices were implanted this year, making UConn Health the first and only health system in Connecticut to implant the device intended to improve upper body mobility in patients who have experienced a debilitating stroke. The FDA-approved, breakthrough technology is specifically made for stroke survivors experiencing ongoing hand and arm impairment.

"It took nine months to get the first procedure going and we're on track to do 10 by the end of the year which is really, really great," Medel says. "Collaboration between nursing and the neurology team has made this procedure possible, and successful for our stroke patients."



**Brooke Medel, BSN, RN**

Vivistim is implanted in a patient's upper chest, delivering vagus nerve stimulation during weekly rehabilitation therapy sessions over the course of six weeks. This critical pairing of rehab and nerve stimulation creates or strengthens nerve connections in healthy areas of the brain, which in turn has been shown to improve upper limb function.

A wireless remote activates the Vivistim device, delivering gentle pulses to the vagus nerve while the stroke survivor performs tasks like putting on a hat, brushing hair, or cutting food. Once patients complete the intensive program, they can continue their progress through a self-directed, home-based daily stroke rehabilitation program using a magnet to activate the Vivistim System.

"Simply put, without Brooke, our program for stroke recovery would not exist," says Dr. Conner. "She has been tireless in advocating for patients and navigating them through the program. Every one of them speaks warmly about her and the impact that she has had."

This team, which also includes operating room nurses Bethany Bobinski, RN, and Marissa Fernandez, RN, has so much to be proud of, first and foremost the amazing gift they've given patients. "It's a new kind of hope for chronic stroke patients," says Medel. "Stroke survivors often grieve over the loss of their old selves and their disabilities, whether it's emotional disabilities or physical disabilities. There has not been a lot of new groundbreaking research on stroke rehab in a long time, so providing this new hope for chronic stroke patients is remarkable."



## PROFESSIONAL ACHIEVEMENTS

### Clinical Advancement CN3/CN4

#### CN3

Delva Brown - Medicine 4  
Tess Conner - Neonatal Intensive Care Unit  
Corey Leite - Float Pool  
Angela Napiello - Medicine 4  
Subathra Thangavelu - Psychiatry 1  
Diane Bergen - Dermatology  
Justine Budhram - Dermatology  
Kelly DeJoseph - Intensive Care Unit  
Elisa DePalma - General Neurology  
Eleana Donegan - Intermediate Unit

Kimberly Fofana - UConn Medical Group Storrs  
Sarah LaPierre - Dermatology  
Amanda Lentini - Neag Comprehensive Cancer Center  
Chelsea Reinhardt - Float Pool  
Sangean Smith - Perioperative Medicine  
Dana Weymouth - Intermediate Unit

#### CN4

Cheryl Burkett - UConn Medical Group , Family Medicine  
Erin Pietrowicz - Intermediate Unit  
Mariam Zacharias - Psychiatric Clinic

### Professional Certifications

#### University Tower 6

Amelia O'Day - OCN  
Jessica Putnam - OCN  
Angelica Danowski - OCN  
Lisa Zahina - OCN

#### Intermediate Unit

Michelle Caprio - SCRNI  
Dzenisa Becirovic - PCCN  
Erin Pietrowicz - CMC

#### Psychiatry

Mariam Zacharias - PMH-BC

#### Mother & Baby

Noreen Sullivan - C-EFM

#### Operating Room

Ellen Benson - CNOR  
Meta Penwell - CNOR  
Sophia Shea - CFPN

#### Diabetes Education

Marison Ostrov - CDCES

#### Ambulatory Clinics

Andreea Emilian-Stergiotis - AMB-BC

#### Case Management

Fauzia Ileaasu - CMSRN

#### Professional Practice & Clinical Excellence

Annie Tucker - CCRN  
Melinda Kindulas - PMH-BC  
Devon Bandouveres - OCN  
Nicole Amato - OCN

#### Administration

Sarah Fliss - CNML

#### Clinical Effectiveness

Kristen Cannata - PCCN

#### Patient Experience

Shari Galvin - CLC

#### NICU

Lora Anderson - CLC

# NURSES UTILIZE TECHNOLOGY TO IMPROVE PATIENT SAFETY

A new type of technology called electronic visual monitoring (EVM) was initiated by nurses at UConn John Dempsey Hospital as part of their continued focus on innovation and patient safety. In November, 15 EVM camera carts were deployed across the hospital, thanks to the expert contributions of multiple professional nurses, members of the Epic team, and the IT department.

Nursing Professional Development Specialists Amanda Darcey, MSN, RN, CWCN, and Melinda Kindulas, MSN, RN, EFM-C, PMH-BC, led the planning and implementation of the EVM program. This process included working with the vendor, writing policies, procedures and workflows, coordinating equipment and workspaces, and providing education for the staff utilizing the system.

Epic Application Analyst Darcie Schwab, MSN, RN, BS, was instrumental in operationalizing the EVM initiative from a documentation perspective. Amanda and Melinda worked with Darcie for many months expertly crafting the medical record documentation build required for this innovative new patient safety technology.

“This actually decreases call lights that are going out to nurses,” said Anna Humennyj, RN, associate director of nursing operations at UConn John Dempsey Hospital and the operational leader for this new technology. “It gives the patients security that someone is there 24/7, keeping an eye on them in case they need assistance.”

The EVM system works in a way similar to video calls. The nurse requests EVM for a patient, rolls the camera device cart into the patient’s room and ensures that the device and system are set up for proper monitoring. The patient is then watched continuously via video feed by a telesitter who can communicate back and forth with the patient and also activate emergency alerts to staff if necessary to maintain patient safety.



**Amanda Darcey, MSN, RN, CWCN & Melinda Kindulas, MSN, RN, EFM-C, PMH-BC**

Dan Ozimek, principal Epic trainer, says the workflow was specifically designed with nursing in mind. “Darcie and her team built a great system that allows nursing staff to easily access the information and improve patient safety through technology. If it wasn’t as streamlined, we might not have had the buy-in from Nursing that we needed to make this successful.”

This collaborative work involving both leadership and nursing staff across UConn Health is a great example of the professional nursing culture experienced across the hospital.

## EXCELLENCE IN PRACTICE AND SCHOLARSHIP

### Publications

Janice Hahn, MSN, RN, CNOR, CST and Perioperative Nursing Leadership Team – Association of periOperative Registered Nurses (AORN) journal cover picture contest winner

Creedance Mongillo, MSN, RN, and Amy Zipf, RN, PhD, CMSRN - Transition to Practice Program featured in “Building Confidence & Supporting Lifelong Careers” in Johnson & Johnson online publication of Nursing News & Programs, Nurses Leading Innovation

### Posters/Podiums

Steve Bordonaro, RN, and Amanda Darcey, MSN, RN, CWCN, Clinical Nurse Specialist - Lecture/Presentation at Epic XGM, April 2024.  
*Documentation Complexities for Secluded and Restrained Patients.*

### Annual Awards

Outstanding Nurse Practitioner Preceptor Award - Meredith Bertrand, MS, AGPCNP-BC, UConn Medical Group Internal Medicine, Simsbury

Outstanding Undergraduate Student Mentoring Awards - Janice Hahn, MSN, RN, CNOR, CST, Associate Director of Education, Perioperative and Procedural Areas; Sarah Lapinski, BSN, RN, Staff Nurse CN2 Labor & Delivery and OB/GYN; and Katia Semyanko, MSN, RN, Staff Nurse CN2 Emergency Department

Herrick Drake Scholarship Award - Kristen Bryant, MSN, RN, CNL, PCCN

John N. Dempsey Neonatal Nursing Education Award - Rebecca O'Brien, MSN, RN



Amanda Darcey  
MSN, RN, CWCN &  
Steve Bordonaro RN



# NURSING RESEARCH EXPLORES GAPS NEW GRADS FACE IN TRANSITION TO PROFESSIONAL PRACTICE

It is widely known that newly graduated nurses face challenges in their transition from academia into professional practice. “We know new grad nurses encounter significant gaps when they leave school and enter practice,” says Amy Zipf, RN, PhD, “but the literature and research have not yet defined those gaps.”

In response to her prior study on the experience of new grad nurses transitioning into med/surg practice, Zipf, principal investigator, designed a mixed methods study to identify the gaps experienced by a broad spectrum of newly graduated registered nurses leaving academia and entering hospital-based professional nursing practice. This year, she wrote and submitted the research proposal to the Institutional Review Board and received approval.

In collaboration with the UConn Health Nursing Research Board, Zipf will implement a survey-based convergent mixed-methods design research study with a focus on nurses who have begun their professional practice in the hospital-setting within the last five years. Statistical analysis will be conducted to determine if correlations exist between the experiences of the newly graduated nurses and information regarding preparation for practice (e.g., type of nursing degree, prior nursing experience, etc.) and practice setting characteristics (e.g., size of hospital, specialty area, etc.). After systematic analysis of both the quantitative and qualitative data, the integration of these two data sets together will be conducted and the specific experience of the new grad RN entering hospital-based practice will be better understood.

The ultimate aim of this study is to intervene in both the academic and hospital-based settings to make a new nurse’s transition to practice smoother in the future. “Within

professional nursing at UConn Health we have the education, experience, and training necessary to conduct research that will help the profession at large,” says Zipf. “UConn Health nursing is advancing nursing science and working to improve the experience for our newest nurses.”

The Nursing Research Board also has a proposal in the works for a quality improvement project

that focuses on nursing preceptors. Given the impact of preceptors on the overall culture and success of nursing practice, it is essential that we understand their needs and improve their experience as well.

“Over the past year we have had substantive involvement across UConn Health from nurses of all levels of education and experience. This kind of variety has truly made the Nursing Research Board fun and engaging,” says Zipf.

If you’re interested in exploring any aspect of nursing research formally or informally, please reach out to Amy Zipf for more information.



**Amy Zipf, PhD, RN, NPD-BC, CMSRN**

# PROFESSIONAL PRACTICE AND CLINICAL EXCELLENCE BY THE NUMBERS



**288**

ACLS Certifications



**60**

PALS Certifications



**903**

BLS Certifications



**284**

Completed Crisis  
Prevention Institute  
(CPI) Classroom  
Training

# IMPROVING HOSPITAL CARE OF OLDER PATIENTS AT UCONN HEALTH – IT TAKES A VILLAGE

This year, Age-Friendly Care Nurse Leader Rachel Meehan, MSN, APRN, ACNS-BC, and her team conducted a successful pilot program implementing one component of the Age-Friendly Health System framework on the Medicine 3 Unit. While the full 4Ms framework consists of four evidenced-based elements of high-quality elder care (What Matters, Medication, Mentation, and Mobility), Meehan and her team focused on Mobility in this pilot program.

“Physical deconditioning and functional decline occurs commonly in hospitalized older patients, especially when they remain in bed,” notes Meehan. “The longer they are hospitalized and immobile, the greater the loss of function.” Using an iterative Plan-Do-Study-Act approach, Meehan’s team worked with the staff on the unit to identify challenges and improve workflows involved in getting elderly patients safely up and moving.

Some of the workflow challenges that Meehan’s team discovered were unclear physician orders regarding ambulation, inadequate staff knowledge of safe patient handling practices, uncertainty on how to address patient refusal, and lack of clarity on team ownership of mobility interventions. To address these issues, the team worked with the hospitalists to clarify the mobility order set, provided refresher education on the BMAT (Bedside Mobility Assessment Tool) how to safely ambulate patients and what to do with patient’s refusal, and emphasized that mobility interventions are the responsibility of the entire patient care team and not just the nursing assistants. Another creative intervention that made the nurses’ encouragement of patient ambulation easier and documentation of distances ambulated more precise was the use of pictures of basketball sneakers with the Husky Doglogo hung at defined distances in the hallway.

These changes led to a decrease in patient falls, a decrease in length of stay, an increase in discharge disposition of patients returning to home or home with services, and a decrease in transfers to skilled nursing facilities or short term rehab. “Working to ensure that older adult patients move safely to maintain function and do what matters to them was our focus in this pilot project,” says Meehan. “Now, we are working to sustain these improvements on the 3rd floor and spread them to other patient care areas.”



**Rachel Meehan, MSN, RN, APRN, ACNS-BC**

To accomplish this, Meehan led a multidisciplinary group which reviewed current practices relating to the care of older adults, developed a plan to address identified gaps, and submitted the plan to the national Age-Friendly Health Systems, a movement sponsored by the Institute for Healthcare Improvement and the John A. Hartford Foundation in partnership with the American Hospital Association and the Catholic Hospital Association of the United States.

After review and approval of its plan, UConn John Dempsey Hospital received Level 1 recognition as an Age-Friendly Health System Participant in the movement. The next step is to work towards Level 2 recognition as an Exemplar Age-Friendly Health System Committed to Care Excellence. Additionally, the hospital will be able to meet the new Centers for Medicare & Medicaid Services (CMS) Age-Friendly Hospital Measures. “We are energized by the success we have achieved so far,” says Meehan, “and excited to continue improving the care and outcomes of our elderly patients.”

Safe Patient Handling Coordinator Desiree A. Mahon, MSN, RN, joined the team this year and focused her energies on safe patient handling equipment and on ways to ambulate patients safely as well as prevent staff injury while ambulating patients. In her new role, she plans to, “lead implementations to include training and education, competencies, equipment maintenance, and innovation/technology, which will be a huge piece of developing this program.”



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## PROFESSIONAL PRACTICE AND CLINICAL EXCELLENCE BY THE NUMBERS



**51**

New Graduate RNs Completed  
Transition to Practice Program



**218**

Completed General Nursing  
Orientation (GNO)



**381**

Trained in Safety Starts With Me



**387**

Contact Hour Credits Awarded

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# PROFESSIONAL GOVERNANCE LEADS THE WAY TO UPDATES IN THE CLINICAL ADVANCEMENT SYSTEM

The Nursing Professional Advancement Board worked in collaboration with leadership last year to update and improve the clinical advancement system here at UConn Health. These updates marked the first substantive changes made to the process since 1988 and prompted newfound excitement from nurses in all areas. As co-chairs of this Professional Governance Board, Dawn Carroll, BSN, RN, CNIII, SAFE, and Erin Pietrowicz, MSN, RN, PCCN-CMC, CNIV, were instrumental in leading members of the board through the processes required for these changes.

Historically, there was only one pathway to obtaining clinical advancement. Now, nurses have a choice between two options: 1. The traditional pathway, which involves writing narrative pieces that speak to the ways their competence meets the needs of the patients in their clinical areas; and 2. The new certification pathway, which involves obtaining a professional nursing certification in an area pertinent to the unit's patient population and conditions.

The new certification pathway was made available to nurses for the October 2024 application and has already been utilized by many nurses across the system. Additionally, Dawn and Erin championed a change in the percentage of employment required for nurses applying for the CIV level of advancement. This requirement was previously 0.90 and is now 0.75. This change allows for part-time nurses to participate in hospital-wide initiatives on the days they are not working on their units.



**Kate Medow, APRN, MSN, RN**

These changes are reflective of the power in Nursing Professional Governance. Dawn and Erin are continuing to research best practice and work toward even more changes that will benefit the professional development of nurses across UConn Health.

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# EXPANSIVE FOLEY INSERTION EDUCATION PLAN DEVELOPED TO TRAIN HUNDREDS OF NURSES

Instructing nearly 600 nurses how to properly insert a Foley catheter exactly the same way didn't just take time, it took months of coordinating, educating, and hard work from three skilled nursing departments at UConn Health.

In May of 2024, following a climb in the number of CAUTIs (catheter-associated urinary tract infections) our Epidemiology, Quality, Clinical Simulation, Professional Practice, and Clinical Excellence departments came together with one common goal: to bring the number of CAUTIs down by streamlining Foley catheter insertion practice among our nursing staff.

The pilot program "Back to Basics," introduced in July, was a massive undertaking involving all nine units and eight floors of UConn John Dempsey Hospital, including the University of Connecticut School of Medicine's Clinical Simulation Center (CSC) where a streamlined and extremely life-like training took place. Epidemiology nurses Scott Calderone, RN, who led the effort along with Lisa Gentile, RN, worked together with Clinical Simulation Coordinator Jim Behme, and Simulation Center Technician Alex Hoeger, to create an education and evaluation structure where all staff could learn and, in some cases, unlearn insertion habits they were initially taught, with the ultimate goal of creating a set standard for how to perform the procedure.

"I wanted something as real-life as we could get it," says Calderone, who added that during initial evaluations they found that just one in eight nurses performed a Foley insertion correctly. "Without the simulation lab this project would never have gotten off the ground."

With four anatomically correct mannequins available for use and instructional help from BARD, the company that makes Foleys, Calderone developed a 16-minute PowerPoint presentation for the nurses to watch before being paired up in teams, with one as the observer and one as the inserter. Thanks to the support of Chief Operating Officer Caryl Ryan, RN, and Administrative Program Coordinator Caroline DeFrancesco, fresh Foley kits were also provided for each nurse to use during training. "We were able to mimic real life as much as we could," Calderone says. "We had fresh Foley kits for every single nurse, life-sized mannequins, and nurses who were working together."

A structured evaluation method was developed for each student as well as training for each trainer. Called the "Train the Trainer" initiative, it began with evaluators Calderone and Gentile but would eventually include all of the Infection Prevention, Education, and Quality teams, ensuring the

consistent evaluation of the competency portion for all proctors assigned to assist.

"We arranged three one-hour classes a day and you could sign up as many as eight nurses because we had four mannequins – two nurses per mannequin," Calderone recalls.

By October, after training 201 nurses, plus an additional 62 Infection Prevention, Education, and Quality teams and managers, the Infection Prevention staff handed the baton over to the clinical nurse specialists "Trained as Trainers" to cross the finish line for the remainder of the initiative. This Nursing Education team – including night educators Justine Butler and Annie Tucker and the Emergency Department's Shannon Curtis – would train an additional 363, for a grand total of 564 staff nurses.

"We were tasked with reaching the masses," says lead educator Michelle Taylor-Davison, RN, who coordinated and organized the second half of the effort which was dubbed the Foley Fall Finale as a timely nod to football season. She found the instruction to be well received by the units since the Education Team makes a regular practice of working with the staff intimately. "We did a bunch of classes at different times that could reach each shift," she says. "The education that was created by Scott carried through."

Over the course of seven months, the end goal was accomplished and all inpatient nurses were validated as safe to insert indwelling urinary catheters. Each team's work pulling this off didn't go unnoticed. The Infection Prevention, Education, and Quality teams were nominated for a UConn Health Teams Award for their efforts, which served as further confirmation that, as Taylor-Davison says, "It was really a team effort to get this lifted and done."

Come November, this program was incorporated into New Hire Orientation, including travel RN's. The entire Infection Prevention team will continue to work on Foley care and continued education on obstructed flow with our urinary indwelling catheters.

The initiative paid off in regard to CAUTIs as well, decreasing our actual number of infections versus predicted. "You could actually see that the CAUTIs tailed off," Calderone says of the numbers tallied. "So there was a benefit."



# FOLEY INSERTION: Back to the Basics

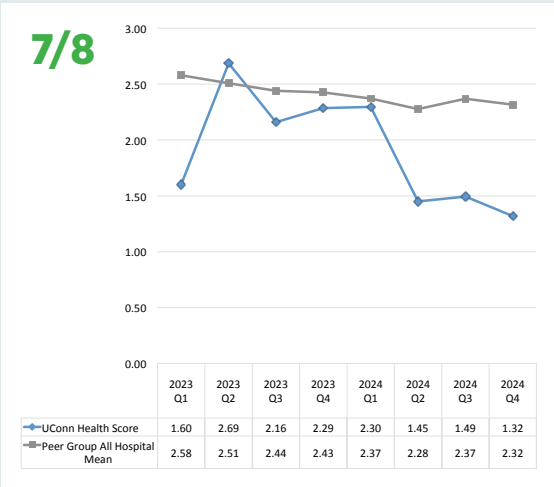


UConn HEALTH

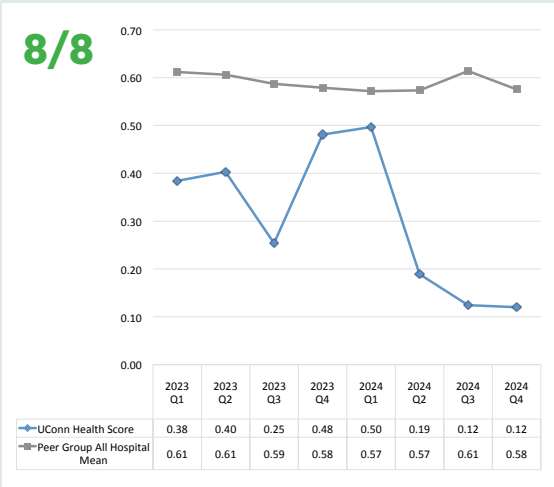


# PROGRESS REPORT ON NATIONAL DATABASE OF NURSING QUALITY INDICATORS

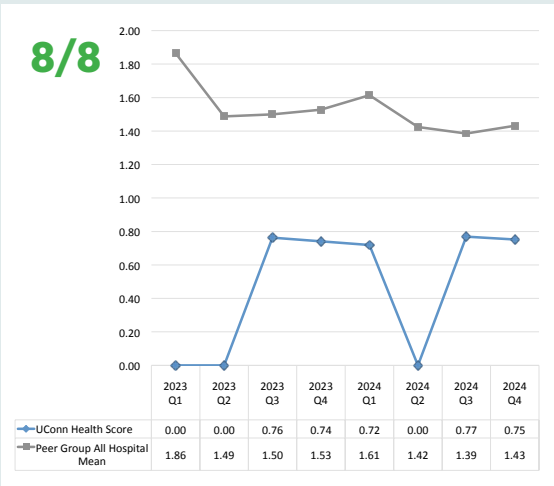
Total Patient Falls Per 1,000 Patient Days



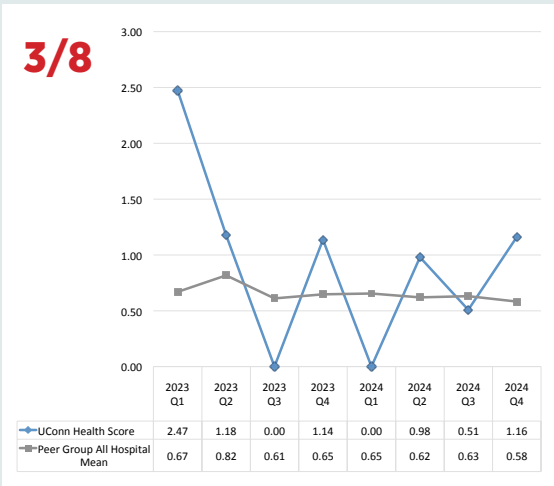
Injury Falls Per 1,000 Patient Days



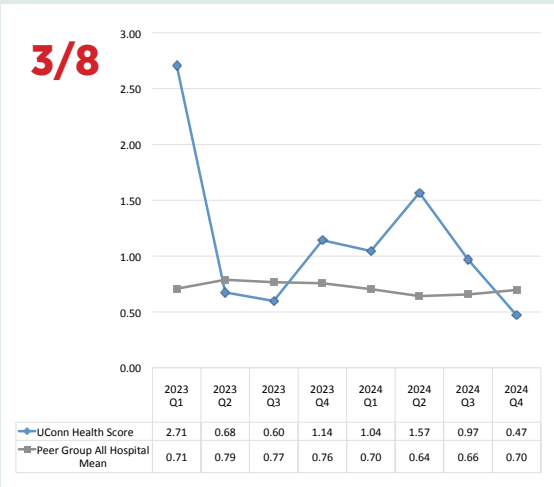
Percent of Surveyed Patients With Hospital Acquired Pressure Injuries Stage 2 and Above



Central Line Associated Blood Stream Infections Per 1,000 Central Line Days



Catheter Associated Urinary Tract Infections Per 1,000 Catheter Days



Number of Quarters  
Unit Outperformed  
The Comparison Peer Group Mean  
(Academic Medical Centers)

**5 to 8 quarters**

**4 of 8 quarters**

**0 to 3 quarters**

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# CONGRATULATIONS AND SPECIAL THANKS TO OUR 2024 NIGHTINGALE AWARD RECIPIENTS



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