

# APD Lamplighter



Celebrating Nurses at APD





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Ann Marie Palmieri, RN, and Abby Olivier, BSN, RN, MED/SURG-BC



Shawn Richardson, NHA, and Ruth Smolnik, RN



Amanda Fay, MSN, RN, WCC, and Sarah Johnston, MSN, RN, CCRN, CSC



Trina Avelino, LPN, and Bri Cloutier, LPN



**Jean Ten Haken, MSN, RN, CENP** — Chief Operating/Chief Nursing Officer

**Paula Seaman, MSN, DA, RN, CENP** — Associate Chief Nursing Officer

## Thank you, nurses, for all you do.

American poet Emily Dickinson encourages us to “dwell in possibility.” These words bring nurses to mind. APD is continually changing and adapting, and you, our nurses, are the first to step forward to take on new challenges. You are caring, inquisitive, patient, and community-centered. You are allies, advocates, lifelong learners, agents of change, and consummate professionals.

The pages of this edition of Lamplighter show your commitment and the positive outcomes you bring to patients, families, colleagues, and communities. Here at APD, you are transforming care delivery by always learning, and by individualizing care for every patient. You shine in your ability to change lives.

We are privileged to serve as your leaders, and we are so proud of the incredible work you do, every day here at APD. You truly “dwell in possibility.” —

***“Let us never consider ourselves finished nurses.  
We must be learning all of our lives.”*** — Florence Nightingale



# Comfort and Convenience for Pain Procedures

**Perioperative's new workflow offers access to patients and growth opportunities to nurses.**

When Alice Peck Day Memorial Hospital's Pain Clinic began seeing patients for pain procedures in the Post Anesthesia Care Unit (PACU) Procedure Room during the summer of 2023, it wasn't long before Laura Hamilton, RN, Director of Perioperative Services, began to see ways to offer more benefits to patients.

Initially, clinic nurse Tiffany Munn, RN, performed every role, such as showing patients to their rooms, helping them get ready for their procedures, and documenting readiness for surgery, events of the procedure, and how the patient was recovering. "I felt we could operationalize this by bringing patients into the perioperative arena to do these tasks," Laura said.

Following a successful launch, the perioperative team joined with the Pain Clinic and JT Thibodeau, BSN, RN, Multi-Specialty Clinic Level One Clinical Manager, in setting another goal: to perform pain procedures such as cervical or C-spine injections or radio-frequency ablations (RFAs) in the Procedure Room.

But patients who are frightened about having injections require sedation during procedures,



# “When asked if we would help create this type of experience for pain injection patients, we jumped at the chance.” – Elizabeth Bergeron, BSN, RN, CSRN

and recovery space when complete. These patients would require a different workflow, including a robust nursing assessment. PACU nurse Elizabeth Bergeron, BSN, RN, CSRN, was ready to take up the challenge. “When asked if we would help create this type of experience for pain injection patients, we jumped at the chance,” Elizabeth said. **“Not only are we creating a comfortable experience for our patients, but these procedures allow APD’s perioperative nurses to practice at the top of our abilities.”**

Pain clinic patients are now seen in the Procedure Room once a month. Tiffany supports with patient positioning, medication prep, cleaning the injection site, managing supplies, and running the RFA machine. A preoperative nurse preps the patient. Tiffany remains with the rest of the team in the procedure room for support during the case, while Elizabeth or Crista Bean, RN, administers intravenous (IV) medication during the procedure. Finally, the patient goes to the Recovery Room with a PACU nurse.

The new procedures provide learning opportunities for the perioperative team. For example, the teams needed nurses to administer sedating medications, so APD’s perioperative nurses are pursuing conscious sedation certification (CSRN). “This work encourages growth in our same day surgery nursing skillset while also using the diverse skills we already have,” Elizabeth said.

Patients benefit as well. The new workflow has allowed more time before the procedure for Bruce Vrooman, MD, MS, to assess patients and discuss their needs and goals so they can be treated more effectively.

**The workflow also allows more access for patients who wish to receive all of their care at APD.** Previously, RFA patients might have undergone a diagnostic procedure at APD, followed by an RFA at Dartmouth Hitchcock Medical Center. “Now that APD has the process and skills to support this, patients receive medication so they can tolerate the procedure,” Laura said. “They’re receiving treatment in a facility they know, trust, and feel comfortable in. They tell us constantly, ‘I’m so glad I was able to have this done at APD.’” 



JT Thibodeau, BSN, RN; Elizabeth Bergeron BSN, RN, CSRN; Crista Bean, RN; Tiffany Munn, RN



# Learning at Every Level

## Primary Care supports nurses' educational goals.

Primary Care nurses at APD are pursuing advanced degrees, gaining new skills and knowledge, and growing in ability, perspective, and enjoyment of work. Primary Care supports nurses in a variety of ways: from opportunities to earn required clinical hours to mentoring to flexible scheduling. Here are the stories of three nurses, their educational pathways, and their advice to potential students.



## Catie Mylott, LPN

### River Valley Community College

Catie Mylott, LPN, started out as a certified clinical medical assistant, but wanted to be more involved in patient care. While pursuing her LPN, she was pleasantly surprised by the willingness of her supervisor and colleagues to work with her schedule. “This was instrumental in allowing me to go to school and work, and helped me to complete the degree,” she said.

Catie says she chose to stay at APD Primary Care after completing her degree because she loves her team and Nina McCampbell, MD, the provider she works with. **“I am learning so much everyday here, and the providers are always willing to teach me things,”** she said.

Catie offers this advice to those interested in nursing programs: “Do all the prerequisites first. You will feel so much better when you can solely focus on nursing classes and clinicals.”

## Anke Starke, RN

### Colby-Sawyer College

Anke Starke, RN, has always loved learning. With her kids grown, it was time to focus on her own goals. She is currently enrolled in the RN to BSN online program at Colby-Sawyer College. “My children are in high school and college, and it’s been fun taking classes alongside them,” she said. “They’ve helped me figure out the online platform and other new educational technology.”

Anke loves her role as a phone triage nurse, and wants to use her knowledge to improve her work.

Catie Mylott, LPN

“Courses such as Quality and Safety teach you to recognize and improve processes that leave room for error or near misses. And I can apply improved communication and leadership skills when precepting new nurses in phone triage.”


In addition to Primary Care, Anke has worked in Occupational Health, and in Obstetrics and Gynecology. Her role as registered nurse, she said, has evolved. **“In healthcare, things are forever changing. We have to grow to stay up-to-date and relevant.”** I enjoy the challenge of working to the top of my license.”

## Lases Thibodeau, MSN, APRN

### Rivier University

Lases Thibodeau, MSN, APRN, wanted to interact with patients on a higher level of care. Her work as an RN involved triaging patients and collecting information to help determine when and where they need to be seen. As an APRN, she will see, diagnose, and treat patients.

Lases completed her required clinical hours at APD, working with Roanna Ayers MS, FNP-C, Lora McClintock, MD, and Margot Stephens, MD, in Primary Care. “I was surprised by the differences between how these three providers worked with patients, even though we’re all in the same clinic, and by how much I learned from each of them. They all had so much to offer,” she said.

Lases advises those interested in becoming an APRN to jump in. “There were so many times I felt overwhelmed. Several times I said I was going to throw in the towel, but now that I’ve completed the schooling, I can’t express how rewarding it is. 



Anke Starke, RN, and Lases Thibodeau, MSN, APRN

***“My interactions with patients and the amount I have learned over the last three years is incredible.”***

— Lases Thibodeau, MSN, APRN



# Understanding the Full Clinical Picture

Through APD's licensed practical nurse residency, LPNs become an integral part of the team.



New Hampshire, like the rest of the United States, struggles with a nursing shortage, but no shortage of patients. Smart hospitals, like APD, are creating internal education programs to train nurse residents to work to the fullest scope of their practice.

APD's General Nurse Residency Program for licensed practical nurses (LPNs), which began in February 2024, has three residents, and focuses on the fundamentals of nursing knowledge and care. The residency follows a "stratified orientation" style – which means residents build each week on what is learned the week before and apply learnings to caring for patients on APD's Medical Surgical Unit. Subject matter experts from across APD teach on different topics such as respiratory therapy, pharmacy, and negative pressure wound therapy, a procedure using vacuum pressure to increase blood supply to a wound to help healing.

"LPNs can do much more than administer medications," said Amanda Fay, MSN, RN, WCC, Clinical Education and Program Development Coordinator, who is serving as Residency Director and Preceptor. **"These nurses understand a patient's full clinical picture. They are key to identifying worsening conditions to be able to involve their registered nurse partners for interventions."**

Craig Manning, LPN; Trina Avelino, LPN;  
Bri Cloutier, LPN; Melinda Lyons, RN



# “Here, LPNs are an integral part of our team.”

– Amanda Fay, MSN, RN, WCC

While they do not perform initial patient assessments, LPNs are able to provide focused assessments throughout a patient’s stay. With training, they can administer intravenous medications, manage peripherally inserted central catheter (PICC) lines, and more.

According to Amanda, APD’s approach to LPNs differs from many, if not most, New Hampshire hospitals. “New Hampshire’s LPNs are trained to care for stable patients. But with additional education and support, they can care for patients who are more complex, yet still stable,” she said.

## Fulllest Capacity of the LPN License

For example, patients with cellulitis (a type of skin infection) could be considered acute, needing more care and assessment. Each cellulitis case is considered individually, but if a patient is stable and has responded well to their first dose of antibiotics, their care could be undertaken by an LPN who is working with a RN partner.

“Here, LPNs are an integral part of our team,” Amanda said. “We train them and provide them with education and support to function to the fullest capacity of their license. We want them to be the best LPNs the State of New Hampshire will allow and support them to be.”



Amanda Fay, MSN, RN, WCC, Clinical Education and Program Development Coordinator

## An Ideal Setting and Culture for Learning

Why is APD the ideal place to fully optimize what LPNs have to offer? “We have a large swing patient population on our Medical Surgical unit. These patients are stable, but we still need to watch for worsening conditions – which is exactly what LPNs, with support and training, are able to do,” Amanda said. “Our residents are learning how to identify when a patient is getting worse, intervene, and escalate, as needed.”

The culture of acceptance and support provided by the residency has a distinct “APD” flavor. “We invest emotionally in these new grads,” Amanda said. **“We accept people for who they are, in a climate where they’re truly loved and supported.”**

Amanda likens her residency roles to big sister, mom, and mentor combined, looking out for everyone but holding all accountable to the same standards. Her goal is to model and cultivate evidence-based practice with vulnerability and compassion.

“We’re not saying that our preceptors know everything. I admit all the time I don’t have all the answers. That’s vulnerability,” Amanda said. “Instead, we ask how we’re going to build a community of learning together.”

**“All the nurses and assistants, both walking you to the room, and on the phone are always very attentive and thoughtful.”** – Family Medicine Patient

# Embracing Change

Harvest Hill nursing staff are gaining new technology skills while transitioning to an electronic medical record.

In a leap toward innovation and efficiency, Harvest Hill, APD Lifecare's assisted living community, is undergoing a transformation – bidding farewell to paper charts after 25 years, and ushering in the era of electronic medical records (EMR). **This transition isn't just about technology; it's a testament to the adaptability of Harvest Hill's nursing staff who are embracing this change with a spirit of collaboration and growth.**

The transition to EMR has been a holistic revamp, requiring significant upgrades, from installing Wi-Fi throughout Harvest Hill to updating infrastructure and equipment. This shift will allow for seamless communication between departments.

*“APD has a super nursing staff.”*

– Orthopaedic Surgery Patient



Catherine Martel, RN, and Annelie Marsh, RN

***“I can foresee only good things coming out of this change.”***

– Catherine Martel, RN



***“Paper charts are no longer used, so by gaining these skills, our staff will be more successful at whatever they do in the future.”*** – Nikki Fortier

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Yardi, the EMR platform, is tailored for senior living communities and involves comprehensive training, starting from the basics of technology. “This is a huge change for us,” said Nikki Fortier, Executive Director, APD Lifecare. “Until now, our nursing staff hasn’t made significant use of technology as part of their daily professional lives.”


Both nurses and medication nursing assistants are on track to use the new platform for charting vitals, medication administration, progress notes, and assessments. Because the system eliminates paperwork, it streamlines workflows and ensures seamless, timely patient care.

While navigating this technological shift, the emphasis has been on gradual learning and support. “We are all progressing well,” said Catherine Martel, RN, Director Resident Services, Harvest Hill. “The video training modules in Yardi are easy to follow. And we’re implementing paper chart back-up until we’re comfortable with the new program.”

**“I’ve been really impressed by the growth mindset the staff has brought to this work,”** Nikki said. **“They’re receptive and they ask great questions.”**

The move to the new EMR has created an opportunity for professional and skills development that enhances the staff’s capabilities. “Paper charts are no longer used, so by gaining these skills, our staff will be more successful at whatever they do in the future,” Nikki said.

Catherine has been at the forefront of the change. “Her dedication and enthusiasm in embracing the new system have been exceptional,” Nikki said. “She undertook a new assessment in Yardi for each of our 77 residents, a monumental task.”

According to Catherine, the ease of accessing a resident’s care information in one place is “phenomenal.” “It was a pleasant surprise to all of us how intuitive this program is,” she said. “I can foresee only good things coming out of this change.” 

# Coming Full Circle

**APD's Infusion Clinic provides opportunities for learning, professional development, and time with patients.**

The Infusion Clinic at APD is seeing new patients and expanding its services while providing professional growth and learning opportunities for nursing staff.

JT Thibodeau, BSN, RN, Multi-Specialty Clinic Level 1 Clinical Manager, oversees the operation of the Infusion Clinic while Ellen Shaw, BSN, RN administers infusions for patients and is responsible for the flow of the clinic on a daily basis. Nursing supervisor Cathy Daniels, RN, Suzanne Guilford, RN, and Claudia Trujillo, LPN, provide backup support as needed, and the whole team continues their learning with on-the-job training as time allows.

**“Our goal is to grow our service so that we can see patients in two treatment rooms, fully leveraging our space and capacity,”** JT said.



Ellen Shaw, BSN, RN; Carole Gaudet, JD, MSEL; JT Thibodeau, BSN, RN

***“Administering these medications requires a whole different skill set, and our nurses have embraced the challenges.”*** – JT Thibodeau, BSN, RN



# ***“I enjoy helping and supporting my patients. That’s why I became a nurse.”*** – Ellen Shaw, BSN, RN

To facilitate learning, JT’s team collaborates with the Infusion Clinic team at Dartmouth Health system member New London Hospital (NLH). “We’ve visited their clinic to ask questions and get ideas. For example, we might observe how they administer a medication we’re considering for our clinic,” JT said. “Michelle Miller, NLH’s Infusion Clinic Supervisor, and the rest of the New London team have been a great resource for us.”

JT’s team also collaborates with APD’s Pharmacy. “The pharmacy supports us by verifying therapy plans and providing expertise on how to reconstitute or administer a medication,” JT said.

## **Opportunity for New Skills**

The growth of the clinic has brought professional development opportunities for staff. The staff is gaining new skills such as IV starts, mediport access and de-access, and PICC line access. They’ve learned how to do blood transfusions and administer high-cost antibiotics and medications such as IVIG (intravenous immunoglobulin).


“Administering these medications requires a whole different skill set, and our nurses have embraced the challenges,” JT said.

“The clinic has opened up new opportunities for nurses here at APD,” Ellen said. “Sometimes smaller hospitals have fewer specialties, but APD has offered yet another area of expertise, which is great for our patients and our employees.”

The work of the clinic has also presented learning opportunities, as the team must research and learn about each new medication offered. “We have to understand precisely what we’re administering, as well as possible side effects or reactions, and what to do if they occur,” JT said.

## **Learning New Specialties**

Ellen has been a nurse for 23 years, serving five years in Same Day Surgery before moving to infusion therapy in August of 2022. She has enjoyed the change to a new specialty area.

“The clinic setting allows us to learn about our patients and get to know them, especially if multiple visits are required,” she said. “I enjoy helping and supporting my patients. That’s why I became a nurse.” 

# Infection Prevention

## Campus auditors provide real-time feedback.

Hand hygiene is the number one way to prevent infection for patients, and is an important quality and performance improvement goal for APD. Led by Christa Robert, BSN, RN, Infection Preventionist/Quality & Safety Specialist, APD transitioned to a new hand hygiene auditing tool in December 2022 as a way to gather more data across campus.

Managers and supervisors chose engaged individuals who then completed training and passed an auditor test. Across APD, 19 auditors in six departments now perform anywhere from 650 to 838 audits per month. “Our goal was to perform 600 audits per month, so we’re going above and beyond,” Christa said. “This is really important work, because hand hygiene is so effective at preventing infection.”


The auditors hold a variety of roles, from nurses to technicians, and use iPads or laptops to collect data.

Proper technique includes steps such as using appropriate amounts of Purell or soap and water, thorough coverage, and enough time to complete the process. APD’s compliance rate is high. **“Our FY24 goal for hand hygiene compliance is 95% or greater. We exceeded that in 2023, with 99.6% compliance,”** Christa said.

Hand hygiene is expected before and after every patient interaction, as well as before donning and after doffing gloves.

To gather hand hygiene data, auditors choose a time to audit and watch for staff interactions with patients. They note the role of the individual being watched, and whether appropriate hand hygiene was performed before and after patient contact.

“We do a lot of coaching on how to give proper real-time feedback,” Christa said. “The motto of the campaign is ‘Don’t miss an opportunity to wash your hands,’ so a respectful way to give feedback is to say, ‘I notice you missed an opportunity.’ This is a way to be discrete in patient areas while still getting the point across.”

Auditors do this work in addition to their full-time job, and it’s a high bar. **“I’ve been impressed with how they take it seriously, and work together to meet our monthly goal,”** Christa said. “Hand hygiene is essential in preventing infection, not only for our patients, but for ourselves and our colleagues. Compliance is what keeps us safe.” 

Christa Robert, BSN, RN, and Taylor Sheehan, CMA



***“This is really important work, because hand hygiene is so effective at preventing infection.”*** – Christa Robert, BSN, RN





# From Charge Nurse to Supervisor

Two new Medical Surgical supervisors are becoming the staff's respected "go-to" people.



Heather Barata, RN; Linda Wadleigh; Randy McSwain, BSN, RN, WCC



# ***“This was an opportunity to take on a new leadership role, while promoting all the good things we’re doing here at APD.”*** – Abby Olivier, BSN, RN, MED/SURG-BC

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Not every workplace offers the opportunity to add new skills and grow into new roles. But at APD, two charge nurses took on new roles as Supervisor Medical Surgical Inpatient Nursing.

Abigail (“Abby”) Olivier BSN, RN, MED/SURG-BC, and Randy McSwain BSN, RN, WCC, were charge nurses looking for an opportunity to learn management and education skills. Sarah Johnston, MSN, RN, CCRN, CSC, had transitioned to Director of Medical Surgical Services, Care Management, Cardiopulmonary, and the Short Stay Unit. The new supervisor roles were created to support Sarah in light of her expanded responsibilities.

“I always love new challenges, and I stay happy at work by staying busy and by learning new things,” Abby said. “This was an opportunity to take on a new leadership role, while promoting all the great things we’re doing here at APD.”

“I knew this role would give me a chance to serve and help this wonderful team become even better and more efficient,” Randy said.

**“I’m excited to be able to advocate for our nurses but also help them solve everyday problems that pop up.”**

Abby and Randy are responsible for administrative tasks such as payroll and scheduling. They have crucial conversations with staff, offering professional guidance about ongoing work on the unit or providing encouragement and support to those who are facing difficult situations at work or at home. They also work with departments across campus – such as environmental services, nutrition, and materials management – to streamline and coordinate supplies and services.


Sarah appreciates the change, and says the two exhibit APD’s core values of service, partnership, community, and kindness, and have the respect of the staff.

“They’re taking over projects I haven’t had time to do,” Sarah said. “They’ll come to me and say, ‘Can we do this?’ And I’ll say, ‘Absolutely. Go.’ They’re learning on the job while overseeing the unit’s daily operations.”

In addition, Abby and Randy make regular patient rounds, including weekly skin assessments and twice weekly falls prevention checks.

**“They’re in the moment, seeing patients, identifying what needs to be improved upon, and giving direct feedback to staff,”** Sarah said. “They are becoming our staff’s go-to people. They’re respected. And they’re still working on the floor, with open ears, sympathetic and available for suggestions and feedback.”

The new structure has enabled Sarah to take a bigger view. “There’s always another layer, always more we can do. Now I have more time to devote to initiatives like Nurses Improving Care for Healthsystem Elders, falls prevention, and delirium work,” she said.

The two supervisors look forward to APD’s future, and hope they will continue to play positive roles. “I’ve seen a lot of changes in terms of the number of patients we see and how our patient population has changed. What that will look like in the future is exciting to me,” Abby said. “It’s fun to be in this role as APD continues to grow and change.” 

# Pediatric Emergency Training

The ED team receives on-site training in the “scariest situations ED nurses deal with.”

Emergency departments can be a scary place for kids – and their worried parents. So APD is building pediatric-friendly emergency services with continual training and education. In July 2023, APD’s Emergency Department (ED) was recognized under the Always Ready for Children program offered by New Hampshire Emergency Medical Services for Children (NH EMSC).

Then, in October, the ED participated in the COMET (Community Outreach Mobile Education Training) program to enhance the care provided to the pediatric community. COMET provides pediatric acute care simulation scenarios with the goals of providing medical knowledge, building teamwork, identifying system or practice issues, and increasing patient safety.

Pediatric emergencies are the scariest situations ED nurses deal with,” said Kristie Foster, BSN, RN, GERO-BC, ED Nurse Manager/Clinical Nurse Educator. “Nursing is the ED’s first point of contact with these patients. That means **our nurses determine a patient’s acuity level for our providers, so our whole team can respond quickly and appropriately.**”

According to Kristie, pediatric emergencies bring a “whole cascade” of different considerations and challenges than those



Front row: Lexi Roberts, BSN, RN; Missy Warrington, BSN, RN, TNCC; Chelsea Cole, MSN, RN, CEN; Denise Conors, RN; Laura Williams, RN, CEN  
Middle row, right: Christine Bickford, ED Tech; Lindsay Bergeron, BSN, RN  
Back row: Ben Ivone, RN, COMET trainer; Barbara Walsh, MD, COMET Director; Lindsey Forsyth, APRN; Ryan Gerech, MD; Cris Noriega, BSN, RN, TNCC



# *“Our nurses loved it. They now feel better prepared, empowered, and confident in the needed skills.”*

– Kristie Foster, BSN, RN, GERO-BC


involving adult and elderly patients. “For example, pediatric patients have the ability to ‘compensate’ when they are ill. They breathe faster and their heart rate speeds up. But they may reach a point when they can no longer compensate, so it’s essential to identify a critically ill child and start needed treatments in a timely manner,” Kristie said.

“You have to pay attention to their vital signs, such as heart rate, respiratory rate, and blood pressure,” said Missy Warrington, BSN, RN. “Kids at their limit can go down very quickly, so we must be watchful and ready with interventions such as fluids, higher oxygen, or more advanced medication interventions. That’s why this training is so important.”

COMET training was held in APD’s emergency department with real-time scenarios based on common pediatric emergencies. ED staff worked with a pediatric simulation team on four different cases over two four-hour sessions, using APD equipment, in APD’s ED.

According to Kristie, completing training on site was key to the success of the training. “Our nurses loved it. They now feel better prepared, empowered, and confident in the needed skills. This makes pediatric emergencies less scary, so it feels good to come to work. That means nurses stay longer at APD. It’s great for retention,” she said.

The training was offered to the entire ED team, including registered nurses, licensed nursing assistants, technicians, and respiratory therapists. “You could tell how good this felt for the team as we did this together,” Missy said. “Kudos to our ED for bringing COMET to APD. I’ve been a nurse a long time and worked in many different facilities, but this was my first opportunity to do something like this.

**“There is so much education provided through APD’s ED that I learn something new every week, even this far into my career. I love it.”** 



Missy Warrington, BSN, RN, TNCC

# Congratulations



Adrianna Maccioli, RN, and  
Teresa Dyke, RN



Rice Haunstrup, RN, CHC, and  
Tabitha Ferranti, RN

***“The staff was exceptional, tending to my every need.”***

– Medical-Surgical Patient

## Welcome New Nurses

Christa Bean, RN  
Josie Curtis, BSN, RN, CCRN  
Stacey Dubuque, RN, CSRN  
Emily Forstrom, MSN, RN  
Katelyn Goulet, BSN, RN, CNOR  
Suzanne Guilford, BSN, RN, CAPA, CPAN  
Rachel Johnson, BSN, RN  
Kelly Maglio, BSN, RN  
Dawn Ranney, RN  
Sherri Romano, BSN, RN  
Kimberly Schultz, RN  
Meredith Underhill, RN, ED  
Missy Warrington, BSN, RN, TNCC  
Erika Wesolek, RN, CCRN

## Welcome Back to APD

Wendy Merrihew, BSN, RN, CCTN  
Ann Marie Palmieri, MSN, RN

## From Avant Nurse to APD Nurse

Asante Tweneboah Koduah, RN  
Lilian Nyatome, BSN, RN  
Nikko Sagaral, RN

## Registered Nurse Residents

Connie Bryan, RN  
Adrianna Maccioli, RN  
Andrew Parsons, RN  
Nicole Swazey, RN



Shawn Richardson, NHA, and Lori Carrier, RN

## Why did you decide to become an APD nurse?

***“Coming from Africa and a different culture, I was grateful to meet nice people who helped me make life comfortable in every possible way. And patients say how much they like APD, getting time with nurses and providers. It’s a nice place to be.”***

– Asante Tweneboah Koduah, RN





## New Graduates

Lases Thibodeau, MSN, APRN  
Catie Mylott, LPN  
Lilian Nyatome, BSN, RN

## Certifications

Kristie Foster, BSN, RN, GERO-BC  
Randy McSwain, BSN, RN, WCC  
Danielle Towne, MSN, RN, CAPA

## Certified Sedation Registered Nurse (CSRN)

Elizabeth Bergeron, BSN, RN, CSRN  
Tony Corum, BSN, RN, CSRN  
Stacey Dubuque, RN, CSRN  
Andy White, RN, CEN, CSRN

## Geriatric Resource Nurse Medical Surgical

Heather Barata, RN  
Megan Daley, BSN, RN  
PJ Detablan, BSN, RN  
Kristen Donigan, RN  
Franklin Gould, BSN, RN  
Sophie Kenison, BSN, RN  
Susan Kuklewicz, BSN, RN  
Kelly Maglio, BSN, RN  
Randy McSwain, BSN, RN, WCC  
Lilian Nyatome, BSN, RN  
Abigail Olivier, BSN, RN,  
MED/SURG-BC  
Sherri Romano, BSN, RN  
Nicole Rourke, BSN, RN  
Meredith Underhill, RN  
Tammey Valley, BSN, RN  
Lindsey Zani, LPN

## Geriatric Resource Nurse Emergency Department

Trina Avelino, LPN  
Sean Beinhaur, RN, NRP  
Lindsay Bergeron, BSN, RN  
Chelsea Cole, MSN, RN, CEN  
Kristi Cook, RN, CEN, ENPC, TNCC  
Tony Corum, BSN, RN, CSRN  
Debra Daignault, NRP  
Brigitte Eastman, BSN, RN, CEN  
Kristie Foster, BSN, RN, GERO-BC  
Ashlee Harbeck, BSN, RN  
Justin Harris, BSN, RN  
Cris Noriega, BSN, RN, BCEN  
Missy Warrington, BSN, RN, TNCC  
Sarah Wilder, BSN, RN  
Laura Williams, RN, CEN





Kristie Foster, BSN, RN, GERO-BC, and Missy Warrington, BSN, RN, TNCC

## Blended RN/LPN Nurse Residency

Trina Avelino, LPN  
Bri Cloutier, LPN  
Melinda Lyons, RN  
Craig Manning, LPN

## Point-of-Care Ultrasound training

Stacey Dubuque, RN  
Sophie Kenison, BSN, RN  
Asante Tweneboah Koduah, RN  
Joshua Redden, RN  
Sarah Wilder, RN  
Lindsey Zani, LPN

## Sexual Assault Nurse Examiner

Brigitte Eastman, BSN, RN, CEN



Vickie Merchant, BSN, RN

*“The nurse was wonderful – answered all my questions and was professional, but caring. APD is a nice place to be.”*  
– Orthopaedics Patient

## Honors

APD received top marks from Becker’s Hospital Review as one of the **best hospitals for nurse communication and physician communication.**

APD’s Emergency Department was named a **2023 Human Experience Guardian of Excellence Award® winner** by Press Ganey.

The Emergency Department was also recognized under the **Always Ready for Children program** offered by New Hampshire EMS for Children.

## Accomplishments

Sarah Johnston, MSN, RN, CCRN, CSC, transitioned to Director of Medical Surgical Unit, Short Stay Unit, Cardiopulmonary, & Care Management; NICHE Coordinator.

Kristie Foster, RN, BSN, GERO-BC, was a roundtable expert panelist with the Geriatric Emergency Department Collaborative (GEDC). She presented on behalf of the Emergency Department’s Communicating with Adults Receiving Emergency Services (CARES) initiative, and now serves as GEDC teaching faculty, sharing the CARES model with other organizations.

APD has applied for level 1 geriatric emergency department accreditation, a costly process. By advocating both within Dartmouth Health and with GEDC, Kristie was able to bring application costs to zero—a significant cost savings for APD.



## Anniversaries

### 30 years

Annelie Marsh, RN

### 20 years

Susan Kuklewicz, BSN, RN

### 15 years

Kristie Foster, BSN, RN, GERO-BC  
Rice Haunstrup, RN, CHC  
Suzanne Rafus, LPN

### 10 years

Brigitte Eastman, BSN, RN, CEN  
Amanda Farley, BSN, RN  
Anke Starke, RN  
Gretchen Stokes, BSN, RN, CAPA  
Laura Williams, RN, CEN

### 5 years

Lori Carrier, RN  
Tabitha Ferranti, RN  
Abigail Olivier, BSN, RN, MEDSURG-BC  
Ellen Shaw, BSN, RN

***“My whole experience in the emergency department was excellent. It was just a really, really good experience and my daughter and husband feel the same way.”*** – Emergency Department Patient



Dawn Ranney, RN; Lasas Thibodeau, MSN, APRN; Holly Beam, LPN; Traci Nycz, RN; Kimberly Schultz, RN; Ruth Smolnik, RN; Shelley Friedman, MSN, MBA, RN; Anke Starke, RN

***“I was very impressed with the nursing staff that attended to me. They were light-hearted, caring, and professional.”***

– Same Day Surgery Patient





**NURSES  
MAKE A  
DIFFERENCE**

**NURSES  
ARE LIFELONG  
LEARNERS**

**NURSES  
CHANGE  
LIVES**



Dartmouth  
Health

Alice Peck Day  
Memorial Hospital