

APD Lamplighter

Celebrating Nurses at APD



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Front cover: From left: Alexis Morin, RN; Tara Apigian, ADN, RN, MEDSURG-BC; Bri Cloutier, LPN.
Back cover: Top row, from left: Savannah Smith, RN; Gayle Barrows, LPN;
Far right: Asante Tweneboah Koduah, RN;
Bottom row, from left: Suzi Guilford, BSN, RN, CAPA, CPAN; Nicole Rourke, RN.



From left: Lindsey Zani, LPN; Nicole Rourke, RN.




Stephen Richert, RN



Paula Seaman, MSN, DA, RN, CENP, Chief Nursing Officer

A Message from Paula

When I was growing up, my mom encouraged me to go against the flow; to not follow the crowd, but to find my own way, even when it could sometimes be difficult. As Amelia Earhart once said, “The most difficult thing is the decision to act, the rest is merely tenacity.”

The stories in this issue of Lamplighter show your courage and grit to always do what’s right for our patients, communities, for yourselves, and one another. As APD nurses, you take every chance to learn something new, to try something innovative, and to guide your own professional practice. You are trailblazers, setting the pace and vision for what is possible, and I am proud to stand alongside you on this journey. 

“You are trailblazers, setting the pace and vision for what is possible, and I am proud to stand alongside you on this journey.”

— Paula Seaman, MSN, DA, RN, CENP

APD's Call-Back Program

Helping Older Patients After an Emergency Care Visit

A trip to the emergency department (ED) can leave patients with a long to-do list. New medications, follow-up appointments, and changes in diet or exercise can make the transition home stressful. For patients over 70, it can feel almost impossible.

But the geriatric team at APD won't let that happen. They make sure no patient falls through the cracks with their call-back program, which helps patients manage their care after leaving the ED.

A program built on care

The ED call-back program started a few years ago while APD worked toward becoming a Level 1 Geriatric ED, an important accreditation from the American College of Emergency Physicians. In 2024, APD became the first critical access hospital in the United States to earn this recognition for its high level of care for older adults.

A simple call, a huge impact

Inspired by a similar program in APD's primary care department, Kristie Foster, MSN, RN, GERO-BC, APD director of ED and Urgent Care, wanted to help older patients who didn't have a primary care doctor at APD.



From left: Geriatric ED champions: Missy Beamer, BSN, RN, TNCC, GERO-BC; Kristie Foster, MSN, RN, GERO-BC, director of ED and Urgent Care; Nichole Cassidy, MSM, quality improvement specialist.

“The call-back program is very impactful. I work to earn patient trust and intervene on their behalf when needed.”

— Missy Beamer, BSN, RN, TNCC, GERO-BC

She knew she was on the right track when she called a retired nurse who had struggled to get help for severe back pain. When Kristie scheduled a same-day appointment for her, the woman was moved to tears.

Realizing how many challenges older patients face after an ED visit, Kristie kept making calls. She helped patients get quicker appointments and find affordable medications. She offered a kind, reassuring voice. After three years of success, she passed the program on to Missy Beamer, BSN, RN, TNCC, GERO-BC.

Missy, a nurse with 30 years of experience, had come to APD as a traveling nurse but stayed because of the call-back program and Kristie's leadership.


“We're both super passionate about patient care and want to help our community,” Missy says. “The call-back program is very impactful. I work to earn patient trust and intervene on their behalf when needed.”

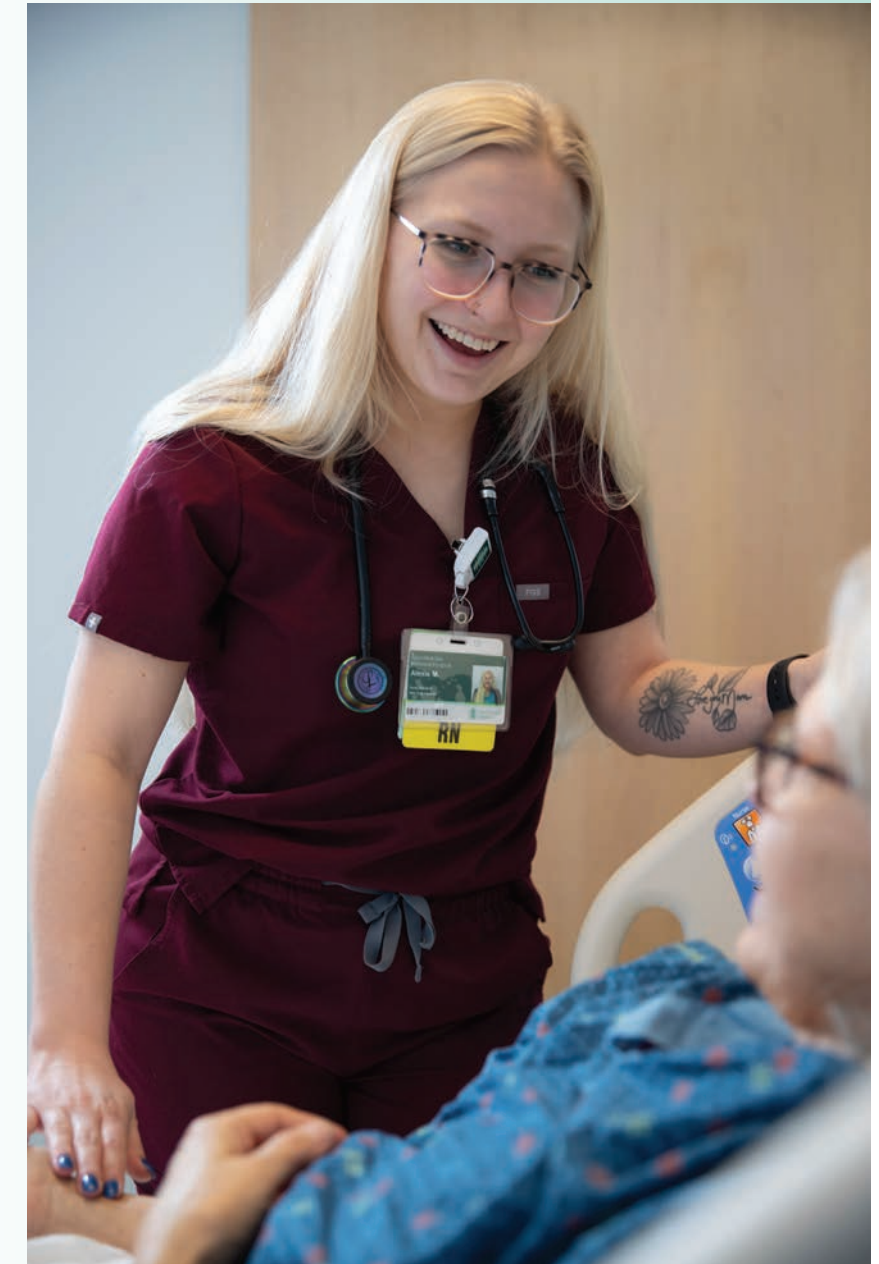
Going beyond the basics

Missy has done everything from getting patients readmitted to the hospital when necessary to helping them save money on prescriptions. She also works with Nichole Cassidy, MSM, quality improvement specialist, who tracks patient data to help identify those who need extra support, especially those with serious conditions, like UTIs (urinary tract infections).

The team knows that many challenges like isolation, lack of transportation, financial struggles, or food insecurity can affect a person's health. That's why they now screen for these issues during call-backs and connect patients with helpful resources.

As the program grows, the team is looking for more ways to help. They're exploring ways to connect isolated patients with volunteers and bring more services into their homes.

Since 2020, visits to the ED have nearly tripled. Kristie believes that the call-back program, the hospital's geriatric accreditation, and the kindness shown to patients all play a part in APD's success. And the word in the community? It's overwhelmingly positive. 



Alexis Morin, RN

Success Pays®

Career Growth Opportunities for Nurses

Nurses at APD are expanding their skills with easy access to continuing education, thanks to the Success Pays program. **This program, offered through the American Nurses Credentialing Center, pays the full cost of specialty certifications, including the first exam and renewals.** Unlike other programs, APD covers all costs upfront, so nurses don't have to worry about paying first and getting reimbursed later.

"The Success Pays program takes away the pressure. Even if you don't pass the exam, APD will cover the cost again," says Emily Forstrom, MSN, RN, MEDSURG-BC, a clinical nurse educator in the Medical-Surgical Unit at APD. "It made a huge difference for me. I didn't have to stress about money or the test itself, and I passed on my first try."



Emily had thought about earning her Medical-Surgical nursing certification for years. But she didn't decide to go for it until she talked with Paula Seaman, MSN, DA, RN, CENP, APD's chief nursing officer, about her career goals. The process was fast. She applied, scheduled her test and was certified all within a month.

"I've already encouraged two other nurses to do it! It's a great benefit," Emily says. "It's easy to put off because it seems like a hassle, but it's not. **It's simple, low-effort, and totally worth it. I'd do it again.**"

Using Success Pays to grow skills and help patients

Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT, a nurse in APD's Multi-Specialty Clinic, has taken full advantage of Success Pays. She has earned two specialty certifications and is completing a training course.

In 2022, she became a Certified Foot Care Specialist (CFCS), which helped expand services at APD's Podiatry Clinic.

"My team and I decided together that this certification would be helpful," Emily P. says. "We were starting a foot care clinic, and they asked if I'd be interested. It took a few months, including studying for the exam, but now I have a specialty role in the clinic. I can help patients with callouses, nail and wound care, and footwear advice."

From left: Emily Forstrom, MSN, RN, MEDSURG-BC; Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT.



Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT

Thanks to Success Pays, Emily P. also earned her ambulatory nursing certification (AMB-BC). She liked that she could choose an AMB-BC exam time that worked both for her schedule and the clinic's needs.

"There are always new treatments and skills to learn in healthcare, and Success Pays helps nurses advance in their careers," she says. "I highly recommend using it for certifications."

Next, she plans to earn a wound care certification. Beyond Success Pays but with the support of APD, Emily completed a casting course for the Orthopaedic Clinic and plans to attend a continuing education conference.

"There are always new treatments and skills to learn in healthcare, and Success Pays helps nurses advance in their careers."

— Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT

On-Site Mental Health

Finding Healing Through Therapy

Last fall, APD Medical Infusion Nurse Suzi Guilford, BSN, RN, CAPA, CPAN, decided to seek help for her past trauma. With support from her colleagues and Chief Nursing Officer Paula Seaman, MSN, DA, RN, CENP, she quickly connected with Trivium Integrative Mental Health in Lebanon.

Suzi had 16 EMDR (Eye Movement Desensitization and Reprocessing) therapy sessions with Susan Odden, LCMHC, MSN, RN. She needed help processing workplace bullying from a previous job. She was also seeking to cope with the loss of her brother, who died by suicide in July 2024 after struggling with drug addiction.

“EMDR has been so life-changing. I can talk about my experiences now without crying,” she shares. “I feel more confident and am handling things better. I feel like a completely different person.”

She’s not alone. **Since 2016, more than 7 million people in 130 countries have benefited from this therapy, which Francine Shapiro, PhD, developed to treat post-traumatic stress disorder (PTSD).** It also helps with anxiety, depression, grief, sleep problems, and substance use.

During EMDR sessions, patients focus on trauma memories while experiencing bilateral stimulation. Suzi describes it as “paddles that buzz.”

“Susan guided where I was feeling it in my body,” she says. “It clicked for me more than talk therapy did.”

Suzi Guilford, BSN, RN, CAPA, CPAN



Accessible and impactful

APD received a three-year grant from the Couch Family Foundation to start this groundbreaking, on-site mental healthcare program. Employees can access the treatment for free for their first several sessions.

John (JT) Thibodeau, Jr., BSN, RN, nurse manager of Orthopaedics, Surgical Specialties and Occupational Health in APD’s Multi-Specialty Clinic, appreciates the chance to provide this support to his team.

“Susan Odden is great at what she does,” JT says. **“One of my employees had something happen outside of work and needed support and Susan was able to make an appointment with her for 3 pm that very same day.”**



Susan Odden, LCMHC, MSN, RN

“Kind, caring, and professional nurses—I felt well cared for from beginning to end.”

— Orthopaedics Patient

Suzi hopes sharing her story will inspire others to seek help if they’re struggling.

“Even if someone doesn’t have trauma, EMDR can help with stress,” Suzi says. “It’s important to not be stigmatized by mental health issues. I wish my brother had been able to talk to someone. I don’t want his death to be in vain. Please get help if you need it. It’s out there.”

“EMDR has been so life-changing. I can talk about my experiences now.”

— Suzi Guilford, BSN, RN, CAPA, CPAN

Becoming Age-Friendly

Supporting Older Patients in Every Aspect of Care

APD is on its way to becoming an Age-Friendly Facility, thanks to a team of dedicated leaders working to earn this special recognition. The team applied to the Dartmouth Health Conaty Breakthrough Leadership Program to help make it happen. In 2024, they began the year-long journey toward this important goal.

The project is a way to positively affect the whole hospital, and improve care for all patients.

A clear vision for better care

For years, APD has focused on improving care for patients over 65. Some key milestones have included earning Geriatric Emergency Department (GED) accreditation and joining Nurses Improving Care for Healthsystem Elders (NICHE), a care model designed to support older patients in hospitals.

Since 2021, Sarah Johnston, MSN, RN, CENP, CCRN, Nursing director of Medical-Surgical Unit, Short Stay Unit, Cardiopulmonary and Care Management, has led efforts to earn Age-Friendly Facility status. This designation is awarded by Age-Friendly Health Systems, an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement.

To achieve this status, hospitals must prove they consistently follow the 4Ms approach to care:

- **What Matters** – Understanding what’s important to each patient for their health.
- **Medication** – Ensuring medicines are right for the patient’s needs.
- **Mentation** – Screening for dementia and cognitive issues.
- **Mobility** – Checking for fall risks and helping patients stay active.

APD had already been using the 4Ms in different areas, like the GED and inpatient care. Because of these efforts, APD reached Level 1 in the program, meaning they had a solid plan to fully implement the 4Ms.

Conaty Breakthrough Leadership Training team from left: Kristie Foster, MSN, RN, GERO-BC, director of ED and Urgent Care; Carson Wenz, PharmD, clinical pharmacist; Nikki Fortier, executive director, APD Lifecare; Sarah Johnston, MSN, RN, CENP, CCRN, nursing director of Medical-Surgical Unit, Short Stay Unit, Cardiopulmonary and Care Management; Paula Seaman, MSN, DA, RN, CENP, chief nursing officer.

“We want our organization to be age-friendly.”

— Kristie Foster, MSN, RN, GERO-BC

“We want our organization to be age-friendly,” says Kristie Foster, MSN, RN, GERO-BC, director of ED and Urgent Care. **“Using the 4Ms, we’re having important conversations with patients early and often.** In addition to the GED, we’ve aligned these practices with our inpatient care and (APD Lifecare’s) Harvest Hill Assisted Living. All teams are working together to ensure consistent and high-quality patient care.”

Gaining support and moving forward

To meet the next goal, the Level 2 Age-Friendly Facility designation, the team used resources from the Conaty Breakthrough Leadership Program.

For six months, the APD team met with other Dartmouth Health system hospital teams, both in person and through Webex meetings. They learned leadership skills, worked on team building and received expert guidance. The team then created their plan.



Melinda Lyons, RN

At the program graduation, each team presents their project to system leaders, sharing their progress and future plans.

To reach Level 2 Age-Friendly Facility accreditation, hospitals must submit three months of patient data showing that older adults received full 4Ms care. The APD team sent in their data before graduation, bringing them closer to their goal.

With their new strategic planning skills, the team is now working with the APD Lifecare Harvest Hill Assisted Living and Multi-Specialty Clinic teams to help them achieve the same recognition.

As more departments fully integrate 4Ms care, APD is well on its way to becoming a leader in age-friendly healthcare.

As of this writing, the APD team was awaiting confirmation of the hospital's Age-Friendly Facility Designation from Age-Friendly Health Systems.



Age-friendly care at Harvest Hill Assisted Living

At Harvest Hill Assisted Living, staff are formally integrating the 4Ms. This effort helped them achieve Level 1 accreditation with Age-Friendly Health Systems in January.

“We’ve always followed the 4Ms, but now we have a structured framework,” says Nikki Fortier, executive director of APD Lifecare. “We also updated our resident assessment to ask about ‘What Matters’ to each resident. Having this shared language between hospital and assisted living staff leads to better care.”

Patient Pleaser

Mastering a Skill That Improves Patient Experience

Having an intravenous (IV) insertion started can sometimes hurt, especially if it takes more than one try to get the needle in. But at APD, things are getting better thanks to Point of Care Ultrasound (POCUS) and the nurses trained to use it.

POCUS helps nurses see blood vessels more clearly, allowing them to avoid ones that are scarred or too flat. This makes IV insertions faster and easier, helping to reduce pain and bruising for patients.

“The fewer times we have to try to start an IV, the better experience the patient will have,” explains Josh Redden, RN, a nurse in APD’s Post Anesthesia Care Unit. “Most of the time we are done in one shot using POCUS.”

Josh is a POCUS-trained perioperative nurse who uses this technology several times a month. He also helps patients in the Emergency Department (ED) and APD’s Infusion Clinic.



From left: Asante Tweneboah Koduah, RN; Josh Redden, RN.

“The fewer times we have to try to start an IV, the better experience the patient will have. Most of the time we are done in one shot using POCUS.”

— Josh Redden, RN

“POCUS has enhanced our ability to treat patients efficientl ,” Josh says. “With the easy access to POCUS training at APD, **nurses don’t have to call an anesthesia provider for IV assistance, which keeps providers from being pulled off t e floor.**”



POCUS instructors, from left: Sean Beinhour, RN, GRN, TNCC, ENPC; Laura Williams, RN, CEN, GRN.

How it started

Kristie Foster, MSN, RN, GERO-BC, director of ED and Urgent Care, first learned about POCUS in 2009 when she started working at APD. An in-house expert predicted it would become “the new stethoscope” in medical care.

Believing in its potential, Kristie later began working with leaders at Dartmouth Hitchcock Medical Center (DHMC) to start an on-site POCUS training program. Before that, nurses had to travel to the DHMC campus for training.

Nurses are offered POCUS training as a learning opportunity. **Currently, 93% of APD’s ED nurses are trained in POCUS.** Nurses in the ED, Perioperative, Medical-Surgical Unit, and outpatient teams are also learning.

Training happens in small groups, with at least four nurses learning together. They practice in non-urgent care areas, like the Infusion Clinic, to build their skills. Then they begin using POCUS in their specific clinical areas.

“I had a great experience on my surgery day. My pre-op nurse was phenomenal, giving me the best care and putting me at ease. Post-op was wonderful as well. The post-op nurse was kind and caring.”

— Surgery Patient

Clinical Practice Council

Identifying Needs, Making Positive Changes

For several years, APD Primary Care Clinic Nurse Adrienne Perry, BSN, RN, noticed that patients who were elderly, experiencing cognitive decline, or taking multiple medications struggled to understand their medications. She thought a medication review process would help protect patients from harm and improve health outcomes. Adrienne recently found a way to launch her idea: the APD Clinical Practice Council.

What is the Clinical Practice Council?

Started in 2024, the Clinical Practice Council is an interdisciplinary group of 15 colleagues, including both nurses and non-nurses, from various hospital teams. They meet once a month to talk about ways to improve patient care.

“The Council helps with communication across the facility, making connections with other nurses we wouldn’t otherwise know,” Adrienne says. “It’s a group of like-minded people trying to make positive changes in patient care.”



“It’s a group of like-minded people trying to make positive changes in patient care.”

— Adrienne Perry, BSN, RN

Clinical Practice Council, from left: Justin Harris, BSN, RN; Shyann Josler, RN, WCC; Vickie Merchant, BSN, RN; Sarah Johnston, MSN, RN, CENP, CCRN; Missy Beamer, BSN, RN; Adrienne Perry, BSN, RN; Taylor Sheehan, CCMA; Jesse Beaudry, PharmD.

After joining the Council, Adrienne shared her idea, and everyone agreed: a formal medication review process was needed.

How medication reviews work

Right now, medication reviews happen when a nurse or medical assistant notices that a patient is taking multiple medications or using different pharmacies. A nurse or provider then meets with the patient to:

- Review their medications.
- Provide education about their prescriptions.
- Update their medical record.
- Give them a printed copy of their medication list.

To make sure all patients who need a medication review get one, the council is working on a plan to help staff identify them more easily.

Rethinking healthcare practices

Another project by the Clinical Practice Council is the “Sacred Cow Contest.”

This contest challenges nurses and staff to take a fresh look at hospital procedures—especially ones that aren’t backed by scientific evidence but are still widely used.

Bri Cloutier, LPN

“In nursing, there are longstanding ways we do some procedures that aren’t evidence-based, but they have made their way into practice,” explains Shyann Josler, RN, WCC, Medical-Surgical nurse. “For example, if an NG (nasogastric – a thin tube connecting the nose to the stomach to deliver food or medicine, or remove substances) tube gets clogged, we use Coca-Cola to clear it up. There is no evidence or study to back it up, but it works.”

Through the contest, nurses can submit ideas for the Council to study.

“Healthcare and nursing should be evidenced-based, so we encourage ideas to change the thinking around these ‘sacred cow’ practices,” Shyann says. “You will open a conversation, and maybe even change practices and policies.”

This year, the Clinical Practice Council will also address the findings from APD’s latest Community Health Needs Assessment, which is updated with new data every three years. They will begin work to address the identified needs.



Leading the Way

APD's Delirium Assessment Expands Across the System

At APD, nursing teams are working hard to improve and standardize care for older patients. In addition to achieving Geriatric Emergency Department accreditation (GEDA) and pursuing Age-Friendly Facility designation (see related stories), APD nurses are now leading a Dartmouth Health system-wide effort to make the Stanford Proxy Test for Delirium (S-PTD) the standard assessment tool at every member hospital.

Making delirium screening a priority

APD follows evidence-based practices, and nurses have made the 4Ms the foundation of geriatric care (see related story, "Becoming Age-Friendly"). Assessing patients for delirium is an important part of this approach.

When Sarah Johnston, MSN, RN, CENP, CCRN, nursing director of Medical-Surgical Unit, Short Stay Unit, Cardiopulmonary and Care Management, joined APD in 2020, she brought her expertise in S-PTD. **This tool helps nurses check for delirium, a sudden change in mental abilities caused by illness, medication, dementia, or other health issues.** Nurses use a simple checklist to assess patients every 12 hours.



Erin Ryan, BSN, RN

“Understanding delirium is really important. It can develop in the hospital, so we need to watch for it in every patient and catch it early.”

— Erin Ryan, BSN, RN

In 2021, Sarah successfully integrated S-PTD into APD's electronic health record system, making it easier to use on the Medical-Surgical Unit. She then trained nurses on ways to keep positive delirium patients engaged. Strategies included:

- Providing familiar items like books, pictures, or a clock to help with orientation.
- Learning about patients' interests to keep conversations engaging.
- Timing medications to prevent drowsiness or agitation and promote sleep at night.

Sarah's data showed that 30-35% of patients at APD were identified with delirium, matching the national average. This is impressive because it means delirium is being identified in APD's large elderly population.

She also noted that recent laws in New Hampshire and Vermont require hospitals to set delirium operational standards, making this the perfect time to expand S-PTD in the region.

Sharing a tool system-wide

As of this writing, APD is the only Dartmouth Health system hospital using S-PTD for all patients 18 and older. To expand its use, Sarah is leading the Delirium and Prevention Work Group, launched in January 2025. **The group includes 22 members, including physicians, nurse practitioners, pharmacists, and nurses, all working together to bring S-PTD to every System hospital.**

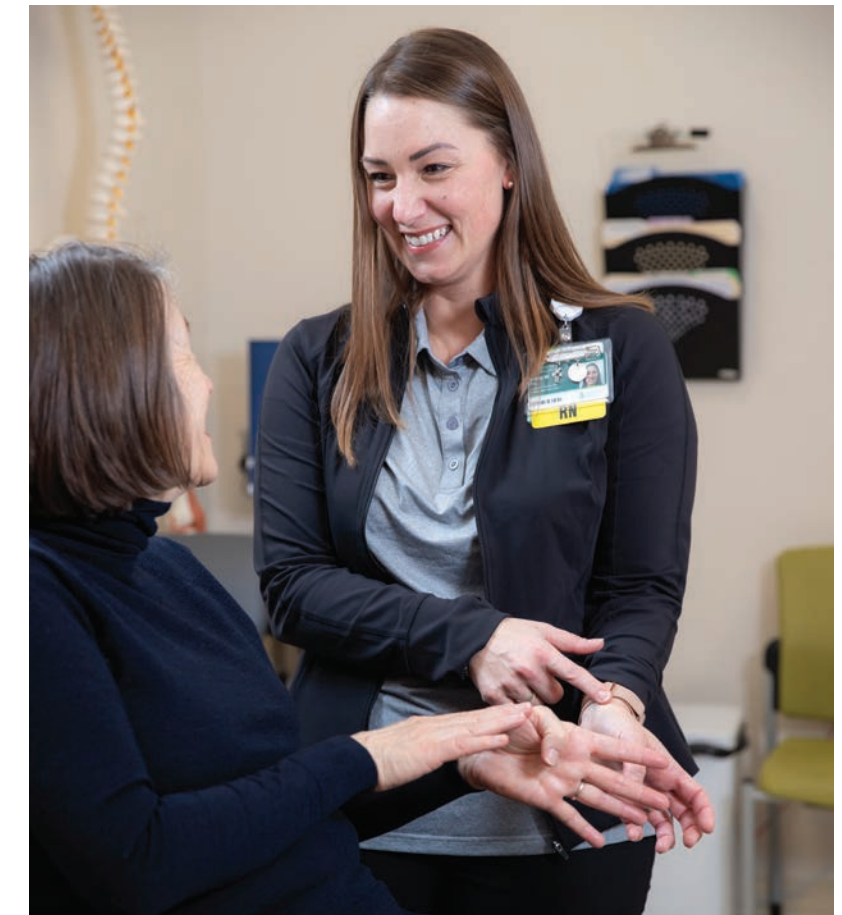
Their goal is to educate medical staff and ensure a smooth transition by identifying challenges at each hospital.

Erin Ryan, BSN, RN, is a Medical-Surgical Unit nurse and part of the System work. Right now, the team is working on ways to help other System locations start delirium education, and on making it as clear and simple as possible for other nurses to use the tool.

“Understanding delirium is really important,” Erin says. “It can develop in the hospital, so we need to watch for it in every patient and catch it early. I'm glad to represent APD nurses in this System-wide effort and help teach others about this valuable screening tool.”

“Kudos to the nurses! Incredibly attentive and courteous staff—all shift . Very positive experience the entire 6 weeks I was at APD.”

— Medical-Surgical Patient



Nikki Wright, RN

Professional Development Council

Helping Nurses Grow and Succeed

Supporting nurses, helping them grow in their careers, and recognizing their hard work are the main goals of the APD Nurses Professional Development Council. This group, created in May 2024, gives nurses opportunities to improve their skills, become leaders, and be honored for their dedication.

The council is made up of nine APD nurses and is led by Melinda Lyons, RN, Surgical Specialties, Multi-Specialty Clinic, and guided by Council Advisor John (JT) Thibodeau, Jr., BSN, RN, nurse manager of Orthopaedics, Surgical Specialties, Medical Infusion and Occupational Health, Multi-Specialty Clinic.

Professional Development Council, from left: Gabriela Guzman, RN; Tabitha Ferranti, RN; Emily Forstrom, MSN, RN, MEDSURG-BC; John (JT) Thibodeau, Jr., BSN, RN; Elizabeth Bergeron, BSN, RN; Melinda Lyons, RN. (not shown) Chelsea Cole MSN, RN, CEN, GRN; Sarah George, BSN, RN, CNR; Lasas Thibodeau, APRN.



“It’s a great committee to be on. It’s focused on the growth of nurses and how their contributions have affected patients, co-workers, and the hospital as a whole.”

— Melinda Lyons, RN

“It’s a great committee to be on,” Melinda says. “It’s focused on the growth of nurses and how their contributions have affected patients, co-workers, and the hospital as a whole.”

Recognizing excellence

The council runs two major programs: the DAISY Award and the ALICE Clinical Ladder program.

The DAISY Award for Extraordinary Nurses™ is part of an international program that celebrates the skill and compassion of nurses. Both patients and coworkers can nominate a nurse for this honor. To keep the process fair, identifying details are removed from the nominations, and the council selects a winner based only on the stories shared. The DAISY Award is given four times a year.

The council also leads the ALICE Clinical Ladder program. ALICE stands for “Always Leading in Care Experiences.” The program helps nurses stay engaged, grow their skills, and advance their careers. John (JT) Thibodeau, Jr., BSN, RN, describes it as a way to measure how nurses improve their practice and expand their knowledge over a period of 12 months, from year to year.

Nurses apply by submitting documents that highlight their accomplishments, along with a reflection on their personal impact.



Gabriela Guzman, RN

How nurses earn recognition

Nurses can earn credits in four key areas: Kindness, Partnership, Service, and Community.

There are three levels in the program that are based on the number of activities nurses participate in. The activities result in personal growth for nurses, their colleagues, and community members. An economic incentive is also offered.

Examples of how nurses can earn points are by:

- Training new nurses as a preceptor.
- Attending a conference or professional event that leads to changes in their unit.
- Enrolling in further education, such as a nursing degree or specialty certification.
- Teaching first aid or presenting at a conference.

The Professional Development Committee has been meeting every two weeks to review applications and give nurses feedback to help them succeed in the program’s first year. They are excited to expand this program in the coming year.

Recognitions

Welcome New Nurses

Connie Alpajaro, RN
Tara Apigian, RN, MEDSURG-BC
Kelsey Brodeur, RN
Mien Chu, RN
Desiree Compo, RN
Danielle Davis, RN
PJ Detablan, BSN, RN
Mindy Dube, RN
Megan Duffy, RN
Emily Dumont, RN
Diane Friend, RN
Sarah George, BSN, RN, CNR
Suzi Guilford, BSN, RN, CAPA, CPAN
Makailey Howarth, RN
Patricia Husain, RN
Melissa Kimball, RN
Allison Lachance, RN
Ashley Makela, BSN, RN, CEN, NC-BC

Craig Manning, LPN
Kaleigh McNamara, RN
Kristen Moss, RN
Kimberly Ohlson, RN
Megan O'Neil, RN
Lisa Paquette, RN
Ivy Park, RN
Christine Phipps, LPN
Donna Poges, LPN
Sophie Roberts, RN
AJ Roudabush, RN
Bev Sinclair, RN
Deb Stokes, RN
Brittny Tyler, RN
Vicky White, RN
Nikki Wright, RN

“The nurses were responsive, friendly, helpful, insightful, calming, kind, knowledgeable—I could not have asked for better care.”

— Emergency Department Patient



Tara Apigian, RN, MEDSURG-BC

AVANT Nurse

Olivia Chuwube-Obimoro, RN

Green Staff Nurse

Fraulein Tabuzo, RN

Nurse Residents

Amy Diprete, LPN
Nicole Granger, RN
Alexis Morin, RN
Savannah Smith, RN

New Graduates

Emily Forstrom, MSN, RN, MEDSURG-BC
Kristie Foster, MSN, RN, GERO-BC
Andrew Parsons, BSN, RN

Certifications

Tara Apigian, RN, MEDSURG-BC
Bonnie Ferreira, BSN, RN, CEN
Emily Forstrom, MSN, MEDSURG-BC
Samantha Grunewald, BSN, RN, MEDSURG-BC
Sarah Johnston, MSN, RN, CENP, CCRN
Shyann Josler, RN, WCC
Ashley Makela, BSN, RN, CEN, NC-BC
Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT
Claudia Trujillo, LPN, CFCS



Perioperative Team



Lindsey Zani, LPN



John (JT) Thibodeau, Jr., BSN, RN

HONORS

DAISY Nurse Leader Award™

John (JT) Thibodeau, Jr., BSN, RN

DAISY Award for Extraordinary Nurses®

Tony Corum, BSN, RN, CSRN

Brigitte Eastman, BSN, RN, CEN

Tabitha Ferranti, RN

Emily Ponaka, BSN, RN, AMB-BC, CFCS, ROT



Tabitha Ferranti, RN

ANNIVERSARIES

20 years

Kimberley Grover, RN

15 years

Vickie Merchant, RN

10 years

Amanda Vaughn, RN

Heidi Webber, RN



Primary Care Team

5 years

Aiden Almstrom, LPN

Bri Cloutier, LPN

Ashlee Harbeck, RN

Holly Maher, RN

Randy McSwain, BSN, RN, WCC

Joanne Ophals, RN

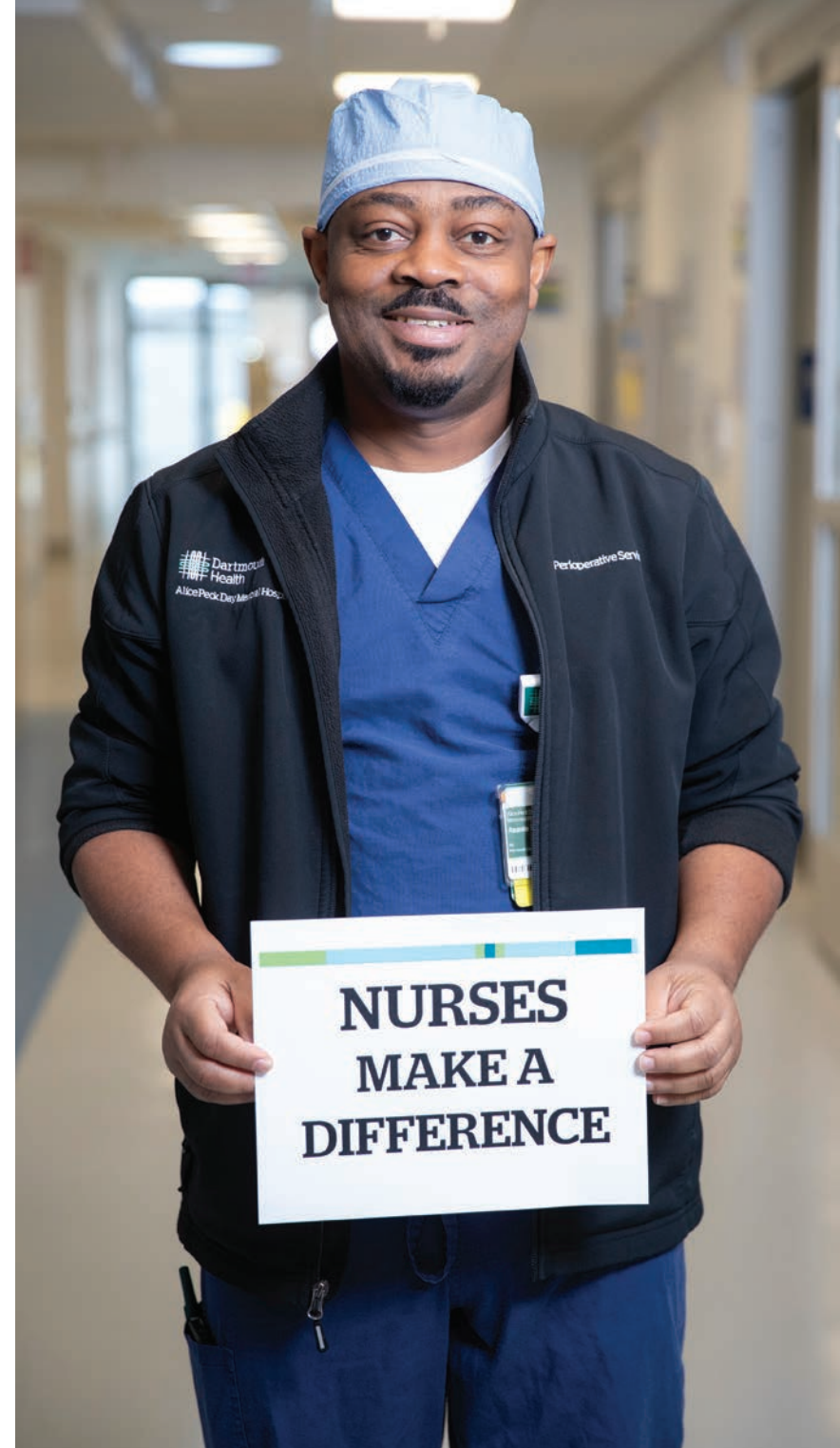
Marie Schmidt, RN

Stacy Worcester, RN

Lindsey Zani, LPN

***“The nurses are all patient-centered,
warm and supportive.”***

— Primary Care Patient



Alice Peck Day
Memorial Hospital