

2018

Baystate Medical Center Nursing Report - 2018

Christine Klucznik RN

Baystate Health, christine.klucznik@baystatehealth.org

Follow this and additional works at: https://scholarlycommons.libraryinfo.bhs.org/bmcnursing_report

Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Klucznik, Christine RN, "Baystate Medical Center Nursing Report - 2018" (2018). *Baystate Medical Center Nursing Report*. 1.
https://scholarlycommons.libraryinfo.bhs.org/bmcnursing_report/1

This Book is brought to you for free and open access by the Newsletters and Blogs at Scholarly Commons @ Baystate Health. It has been accepted for inclusion in Baystate Medical Center Nursing Report by an authorized administrator of Scholarly Commons @ Baystate Health.

2018 NURSING REPORT



Baystate
Medical Center

ADVANCING CARE.
ENHANCING LIVES.



Dear Colleagues,

Welcome to the 2018 Baystate Medical Center Nursing Report. This year was an amazing year for Baystate Medical Center nurses and we are so appreciative of their dedication and commitment to our patients and the communities we serve. This report highlights the accomplishments and celebrates the excellence of Baystate nursing. With our ever-changing health care landscape, nursing's role in shaping the future of health care delivery has never been more important. Baystate nurses forge ahead as stewards of patient care and embody the essence of Magnet, continually striving for clinical excellence. Relationship-based care, delivered with empathy and compassion, is the cornerstone of our practice.

In 2017, the Employee Engagement Survey results indicated that more needed to be done to improve the work environment of our clinical nurses. Much of 2018 was spent creating innovative strategies

which would shape a new work environment. You will see evidence of this work throughout the report. As you'll see on page five, Baystate Medical Center achieved statistical improvements that resulted in nurse engagement scores above the mean in five of the seven domains in the areas of Autonomy, Fundamentals of Quality Nursing Care, Leadership Access and Responsiveness, Professional Development, and RN to RN Teamwork and Collaboration.

Baystate Medical Center nurses are currently on the journey to a fourth Magnet designation, the most prestigious distinction a health care organization can receive for nursing excellence and quality patient outcomes designated by the American Nurses Credentialing Center (ANCC). This report is structured to reflect our accomplishments in the Magnet pillars of Transformational Leadership, Structural Empowerment, Exemplary Professional

Practice, New Knowledge, Innovation, & Improvements, and Empirical Outcomes. Within, you also will see patient stories that connect to our nursing mission, the care provided, and to the powerful connection our nurses have to our patients. These stories clearly show how our nurses are advancing care and enhancing lives.

Thank you to our clinical teams – your dedication to nursing practice and patient care positively impacts our organization and our community.

Christine Klucznik, DNP, RN
Chief Nursing Officer
Vice President, Patient Care Services

National Recognition

U.S. News & World Report

U.S. News & World Report ranked Baystate Medical Center third among Massachusetts hospitals and placed in the top 10% nationally among 4,500 hospitals rated in seven of nine categories, including all cardiac conditions, all orthopedic conditions, and chronic lung disease care.



Baystate Medical Center retained its **Magnet® designation** from the American Nurses Credentialing Center (ANCC), placing it among the leaders nationally in nursing practice and self-governance. Nationally, only 7% of hospitals receive the Magnet designation, and only 26% of those have been certified three times.



For the eighth time, Baystate Medical Center named a **Watson Health 50 Top Cardiovascular Hospital** (formerly Truven Health Analytics) based on measures of quality, safety, and experience.



Baystate Medical Center's Medical & Surgical ICU has been recognized by the American Association of Critical-Care Nurses with the Silver **Beacon Award for Excellence** for aligning practices with national standards and achieving superior outcomes.



The Baystate Health Nurse Residency Program was accredited with distinction in 2018 as a **Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation**, one of only two in the state of Massachusetts.

MEMBERS OF THE NATIONALLY RECOGNIZED BAYSTATE MEDICAL CENTER NURSING TEAM:

In photo standing from left: Argira Manferdini, RN; Daryl Mucci, RN*; Diane Gauthier, RN; Crystina Hayden, RN; Zachary Kline, RN; Christine Klucznik, DNP, RN, CNO; Carlo Reale, RN; Melissa Poirier, RN; Anita Temple, RN; Eulogio Valdes, RN; Alyson Bruneault, RN*; Mishaela Brennan, RN; Ashley Anderson, RN; Jeremiah Berlin, RN*; Tran Lam, RN. Sitting from left: Judy Nham, RN; Charles Hansen, RN*; Madison Valle, RN; Magdalena Uy, RN; Carmen Texidor, RN; Kaitlyn Patrick, RN; Izilda Barbosa, RN*; Jennifer Summers, RN.

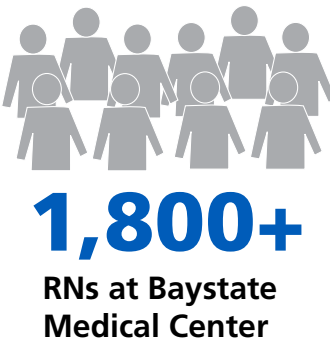
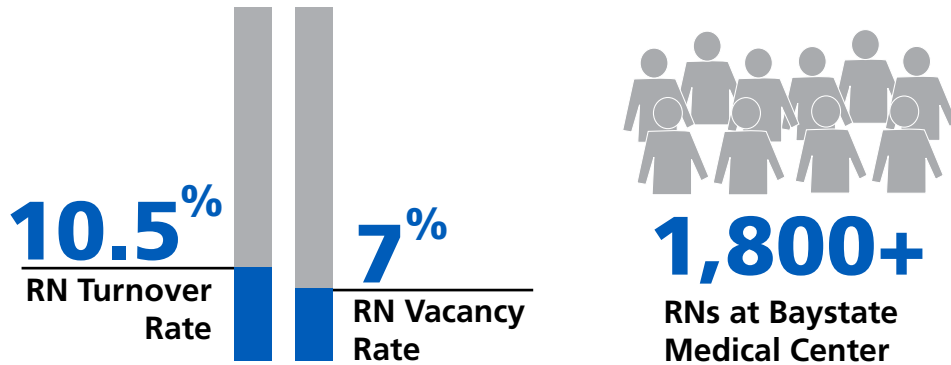
*Nurses who appear on the cover. Also on the cover are Alicia Whyte-Bartley, RN; Orville Libanan, RN; Rita Banks, RN; and Pamela Rivera, RN.

Baystate Medical Center

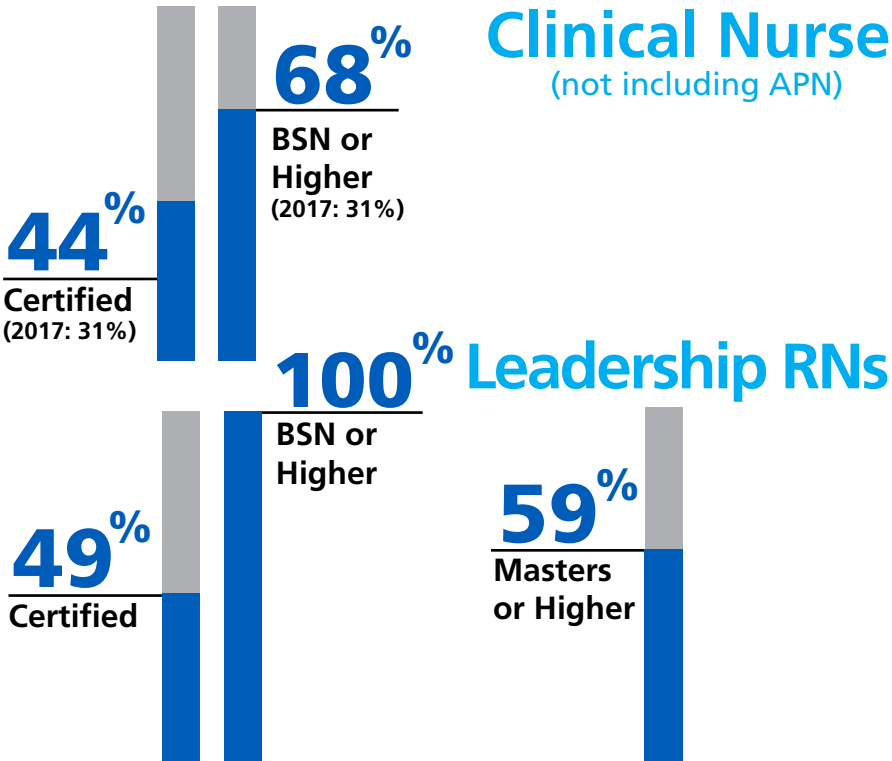
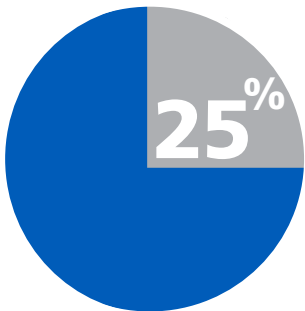
Nursing at a Glance | 2018

POPULATION

EDUCATION & CERTIFICATION



Nurses are the largest group, making up 25% of the total hospital employee population.



BAYSTATE CELEBRATES

(Employee Recognition Program)

4,843
Total Recognitions for BMC RNs

795
BMC RNs Recognized for Milestone Years of Service

TEAMWORK & COMPASSION
Most Frequently Recognized Caring Values

What's Inside

Transformational Leadership

4

- Powering a Strategy to Create and Sustain Nurse Engagement
- Creating the Case for Holistic Care
- BMC Nursing Care Delivery Model
- Ambulatory Nursing in the Forefront
- Advancing Nursing in Primary Care

Structural Empowerment

10

- BMC Night Council
- Baystate Women's Converts to New Electronic System
- Nurse Residency Accreditation

Exemplary Professional Practice

14

- Bridging the Gap Between Ambulatory Care and the Emergency Department
- Introducing the Integrative Healing Arts Council

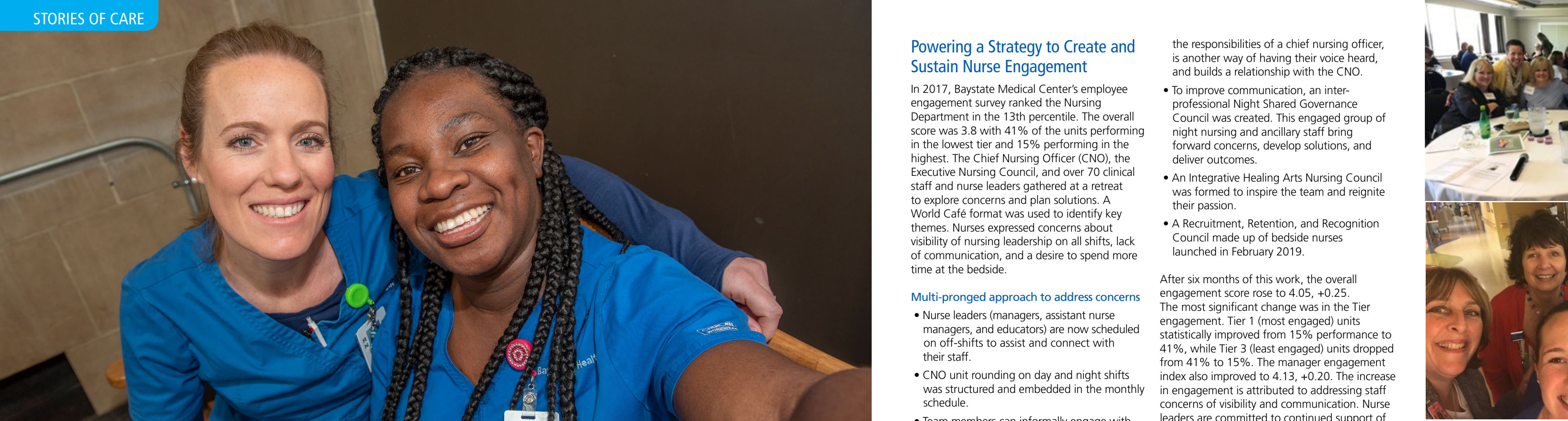
New Knowledge, Innovation, & Improvements

17

- Making Strides to Guard Against Patient Falls
- Neonatal Quality Improvement Collaborative
- Women's Evaluation and Treatment Implements Maternal Fetal Triage Index
- Art of Innovation 2018
- Implementation of the M Technique®
- Anaphylaxis Recognition and Management

Research, Awards, Advancements, & Certifications

23



Sarah Caddeo, RN and Maxine Griffiths Desko, RN

Nurses Supporting One Another

Intensive Care Unit (ICU) nurses need to be well versed in a variety of surgeries, emergencies, conditions, and complications. One type of high risk patient ICU nurses care for are women who have undergone breast reconstruction with free tissue flaps. The surgery offers long-term benefits over breast implants; however, caregivers need to be watchful to treat failure and loss of the tissue which can occur after the procedure. ICU nurse Sarah Caddeo recognized the risk in this patient population and offered a class to caregivers titled Nursing Implications in Reconstructive Plastic Surgery. A month after taking the class, Maxine Griffiths Desko, RN, was caring for a young woman who had undergone reconstruction. Maxine immediately checked the circulation to the reconstructed tissue and identified that one breast had lost its venous signals, requiring immediate intervention to save the reconstructed tissue. Empowered with knowledge and an understanding of time sensitivity, she contacted the surgeon immediately. Maxine calmly provided information and comfort to the patient. “Moments of caring include supporting each other as colleagues,” says Sarah. “By providing this education, the outcome of this patient was improved and the experience of the nurse and the collaboration between the surgical team was enhanced.”

Powering a Strategy to Create and Sustain Nurse Engagement

In 2017, Baystate Medical Center’s employee engagement survey ranked the Nursing Department in the 13th percentile. The overall score was 3.8 with 41% of the units performing in the lowest tier and 15% performing in the highest. The Chief Nursing Officer (CNO), the Executive Nursing Council, and over 70 clinical staff and nurse leaders gathered at a retreat to explore concerns and plan solutions. A World Café format was used to identify key themes. Nurses expressed concerns about visibility of nursing leadership on all shifts, lack of communication, and a desire to spend more time at the bedside.

Multi-pronged approach to address concerns

- Nurse leaders (managers, assistant nurse managers, and educators) are now scheduled on off-shifts to assist and connect with their staff.
- CNO unit rounding on day and night shifts was structured and embedded in the monthly schedule.
- Team members can informally engage with the CNO during monthly “Coffee with the CNO” sessions scheduled around both the night and day shifts. The CNO gains insight into the nurses’ workflow and challenges by donning standard attire and shadowing a nurse at the point of care on a frequent basis. (During an ICU shadow, nurses were experiencing difficulty with computer access. The CNO contacted IT and an action plan developed to remediate the issue.)
- Staff nurses participate in the monthly “CNO for a Day” program. Nurses who have participated said spending the day with the CNO has given them insight into the role and

the responsibilities of a chief nursing officer, is another way of having their voice heard, and builds a relationship with the CNO.

- To improve communication, an inter-professional Night Shared Governance Council was created. This engaged group of night nursing and ancillary staff bring forward concerns, develop solutions, and deliver outcomes.
- An Integrative Healing Arts Nursing Council was formed to inspire the team and reignite their passion.
- A Recruitment, Retention, and Recognition Council made up of bedside nurses launched in February 2019.

After six months of this work, the overall engagement score rose to 4.05, +0.25. The most significant change was in the Tier engagement. Tier 1 (most engaged) units statistically improved from 15% performance to 41%, while Tier 3 (least engaged) units dropped from 41% to 15%. The manager engagement index also improved to 4.13, +0.20. The increase in engagement is attributed to addressing staff concerns of visibility and communication. Nurse leaders are committed to continued support of these initiatives.



2017 Results 2018 Results

ANCC Category	% of Work Units above the Natl Nursing Excellence July 2017 Mean	ANCC Category	% of Work Units above the Natl Nursing Excellence July 2018 Mean
RN to RN Teamwork and Collaboration	38.78%	RN to RN Teamwork and Collaboration	69.81%
Fundamentals of Quality Nursing Care	34.69%	Fundamentals of Quality Nursing Care	58.49%
Leadership Access and Responsiveness	30.61%	Leadership Access and Responsiveness	58.49%
Professional Development	34.69%	Professional Development	56.60%
Autonomy	34.69%	Autonomy	52.83%
Adequacy of Resources & Staffing	30.61%	Adequacy of Resources & Staffing	49.06%
Interprofessional Relationships	28.57%	Interprofessional Relationships	45.28%



Creating the Case for Holistic Care

Baystate Medical Center nurses have expressed a desire to provide care that is compassionate and individualized, being present, anticipating patients' needs, alleviating patients' fear, advocating, being the voice of the patient, and supporting fellow team members to allow more time with patients and families. These desires fall into line with what is known nationally as holistic care. This year, the Baystate Medical Center Nursing Department worked with the Birchtree Center for Healthcare Transformation, a nationally distinguished nurse-led organization with expertise in holistic nursing, transformational leadership, and complementary and integrative therapies.

With the goal of improving nurse engagement and patient satisfaction, five all-day sessions "Re-Awakening the Heart: Caring and Renewal in Nursing Practice" were held from June through September to engage nurses in learning what inspires and motivates them to care for others. The program was designed to engage the heart and spirit of nurses. Activities included sessions on personal discovery and self-reflection helping nurses to gain insight into their beliefs, dreams, and visions for professional practice. A brief introduction into the concepts of holistic nursing philosophy provided a foundation for learning complementary healing modalities. Interwoven throughout the day were complementary and integrative modalities such as music therapy, guided imagery, and hand massage. Over 200 nurses attended these sessions which had an overwhelmingly positive response.

In November, a two-day workshop for nurse leaders was held as part of a professional development initiative to provide a

foundation for leading compassionate cultural transformation. Nurse leaders explored the importance of compassionate conversation through evaluation of daily leadership priorities and communication styles. The significance of relationships, establishing a connection and therapeutic presence, along with the theoretical framework for holistic leadership were discussed and action steps created. All of this work was made possible through the Baystate Health Foundation. We appreciate it's support as we enhance the healing environment for patients and staff.

BMC Nursing Care Delivery Model

In 2018, much of the Department of Nursing work continued to revolve around support for Baystate's Compassionate Connections and the Nursing Care Delivery Model – Compassionate Connections in Caring. All inpatient units are currently participating and engaged in our care delivery model and are using the agreed upon behaviors of Moment of Caring, Words and Ways That Work, No Pass Zone, Purposeful Rounding and Bedside Report. After great success in the initial roll out it was identified by a group of nurses that a plan to nurture sustainability was needed. Enter the Medical/Surgical Nursing Model of Care (MOC) Education & Support Team, enthusiastically referred to as the MOC SQUAD!

This committee is focused on educating and promoting the use of our Nursing Model of Care. The team is in pilot mode and is currently comprised of RN champions from each of the Med/Surg Units (W3, W4, S2, S64, S3 Oncology, D6A, and D6B) as well as educators and manager sponsors. The plan is to expand the team to the departments of Surgery, Heart & Vascular, Labor and Delivery,

as well as Neurology. The MOC SQUAD conducted its first monthly unit assessment of the behaviors in September 2018 using a basic assessment tool. Teams of RNs go to unit areas and assessed for behavioral interactions using a basic observational tool with supportive material to facilitate open discussion and anecdotal story sharing. The group then reconvenes after the assessment to debrief.

For this work, three specific questions on the Press Ganey Patient Satisfaction Survey are monitored: 1) Recommend the hospital; 2) Nurses treat with courtesy and respect, and; 3) Call button help soon as wanted it. We are seeing forward progress in all three areas. The most significant progress has been with "Nurses treat with courtesy and respect."

Ambulatory Nursing in the Forefront

In 2018, ambulatory nursing has made great strides in building an infrastructure similar to inpatient areas. Michelle Phillips, MSN, RN, ambulatory nursing director is working with executive nursing leaders to create avenues for professional advancement, retention, and leadership for ambulatory nurses. A strong ambulatory leadership team has been created representing all of the Baystate Health ambulatory service lines to help generate and direct clinical areas of focus. Ambulatory nurses have been leaders in implementing and being the driving force in changing workflow and guidelines utilizing evidence-based practice to create positive outcomes.

Highlights

- Denise Colon, BSN, RN, CPN, Baystate General Pediatrics, and her nurses worked to improve immunization rates and implemented different work flows towards this goal:
 - Created monthly registries for eight and

18 month olds to capture those children who are not up-to-date on immunizations.

- Created standing orders for HPV vaccine so nurses can readily vaccinate children who are in need to complete the series.

- Created daily huddle sheets with immunizations due for children with booked appointments to update immunizations while in the clinic.

- Trained medical assistants to administer immunizations.

- Since implementing, compliance has increased as they have captured the need for immunizations when patients are already in the clinic for an appointment and tracking those who are not up-to-date on their immunizations.

- Emily Torcato, MSN, RN, CPN led the nursing team from Baystate Children's Specialty Center in the implementation of best practice changes. Recognizing a need to improve the care of the cystic fibrosis population, the team collaborated with the pulmonologist, Baystate Children's Specialty Center nurses, and the inpatient clinical staff to create the Cystic Fibrosis Collaboration Committee. As a result, many practice changes have been implemented. Nurse shadow experiences are helping to improve RN knowledge and skill. Continuing education credits are offered to improve knowledge. Multidisciplinary rounding now includes a CF nurse from the specialty clinic. Patients have improved outcomes such as an increase in lung function during hospitalization. The open communication between outpatient, inpatient, and respiratory therapy has resulted in additional resources and new knowledge.

- Concerned about diabetic patient compliance with preventive care, Tanya Westcott, LPN,





and the Quabbin Adult Medicine nursing team implemented nurse visits to target identified patient issues. Nurses now focus on patient engagement in their care to determine barriers that inhibit compliance. Visits are focused on the importance of keeping appointments, how to count carbohydrates, read food labels, and understand the complications of diabetes including micro and macrovascular complications. Patients are now demonstrating improved compliance with self-care. One patient’s A1C is now 6.0 without medication, down from 8.0 prior to this education. His wife stated “What a difference this appointment has made for my husband. He checks his blood sugar regularly.”

Advancing Nursing in Primary Care

Recognizing that nursing will play a bigger part in delivering primary care, Primary Care developed a unique and innovative training program for new advanced practice providers (physician assistants and nurse practitioners). The comprehensive program builds on a holistic nursing framework to ease the transition from RN to NP. The program includes a training pod for mentored clinical sessions, a weekly multimodal didactic learning session, structured feedback and meaningful evaluation, technological and workflow support, and a cohort of colleagues across two service lines.

With Telehealth, through Baystate Health Connctet, primary care is re-envisioning teams that maximize the clinical potential of nurses in primary care and leverage the distinct skillsets of advance practice nurses. With increasing demands for primary care, tomorrow’s solutions will be driven by expansion of the relational and strength-based nursing models of care to augment the outstanding medical care at

Baystate Health. In 2018, this has increased the nurse retention rate with the national average being 87% and the Baystate Health retention rate is 93%.



Christina Bushey, RN and Christine Amsden, RN

A Mother’s Reunion

A new mom was not home long after delivering her baby when she was rushed back to the hospital for emergency cardiac surgery. After almost two weeks of being hospitalized, she emotionally told her nurses how difficult it was not being able to see her newborn and her other child. She and her husband were apprehensive bringing them to the hospital because of the baby’s underdeveloped immune system. Her nurses Christina Bushey and Christine Amsden began to plan how to make her wish come true. They gathered sterile linens so she could hold her baby and set a time with her husband to bring the patient outside to the D’Amour Family Healing Garden. “We watched as she bonded with her family and held her newborn baby,” says Christina. “Being a mom myself, I couldn’t imagine going that long without seeing my children, especially a newborn. Many happy tears were shed that day.”



Nancy Williams, RN

Connecting with Compassion

After having extensive abdominal surgery, a patient needed a tube (NG tube) in her nose which can be uncomfortable. Nancy Williams, RN, learned the patient was not motivated to walk and she was feeling down because of the tube in her nose. Nancy was reminded of the time she herself had an NG tube and how important it was to walk to get better so the tube could be removed. Nancy told the patient about her personal experience and she and the patient's family walked the patient around the unit once per hour. They would walk to the waiting room overlooking the D'Amour Family Healing Garden and, using guided imagery, Nancy and the patient would talk about a favorite beach they both liked to go to in Florida. On her day of discharge, the patient said goodbye to Nancy with hugs and tears of joy. "When a patient feels that you can relate to them on many levels, it creates a bond of trust," says Nancy. "This can inspire them to fight for their health, when they may be feeling overwhelmed, defeated, isolated, or frustrated."

Baystate Medical Center Night Council

One of the initiatives from the Nursing Engagement Retreat was the creation of a "Night Council" where nurses from multiple areas come together with a mission to create an environment that supports night staff excellence in nursing practice, quality, research, education, and positive patient outcomes. The council acts as a liaison for the night staff to other councils, hospital-based committees, and senior leadership. The council has had a year of achievements including working with Food & Nutrition in creating prepared box meals for patients who are admitted during the night, working with Clinical Nutrition on a renal diet fact sheet for the units and a tube feeding product schedule. Ongoing work is being done with colleagues in Environmental Services, Linen, and other partners to enhance the work of nurses caring for patients overnight and the patient experience.

Baystate Women's Converts to New Electronic System

The Baystate Wesson Women's WETU, LDRP, and Wesson 2 units retired the PeriBirth electronic medical record and went live with Powerchart Maternity (PCM) in April 2018. PCM brought the Women's units into the same Cerner product shared by the rest of Baystate Medical Center and improves patient care and optimizes patient safety with conversion to the same platform. Implementing PCM was the culmination of over two years of work and planning with an interdisciplinary team of physicians,

midwives, and nurses to customize the system to fit clinical needs of the three units. Training and support of over 200 members of the care team occurred before the go-live was completed using online and hands-on education in the test environment so the team could feel as comfortable as possible in the live system. During the go-live the nursing leadership from LDRP, Wesson 2, and WETU supported the clinical staff 24/7 for 30 days in rotating shifts. The Information & Technology team had the capability to make changes in the live system on the fly as the clinicians discovered issues that effected workflow. All the planning and support helped create a smooth implementation as staff learned a completely new electronic medical record.

Nurse Residency Achieves Accreditation

In 2018, Baystate Health's Nurse Residency Program celebrated its fifth year anniversary. The program is for new Bachelor of Science or Associate Degree nurse graduates who have never worked as an RN and supports them as they transition into the role of professional nurse. In August, the Nurse Residency Program was surveyed by the American Nurse Credentialing Center (ANCC). The required document (which totaled 484 pages) was accepted by the ANCC upon first submission. The virtual visit lasted about three hours with about twenty nurse leaders and staff participating.

The Baystate Health Nurse Residency Program was awarded Accreditation with Distinction, the highest recognition awarded by the American Nurses Credentialing





Center's Accreditation Program. The Baystate Health Nurse Residency Program is only the second program to achieve accreditation in Massachusetts and the 53rd nationwide. Congratulations to the entire nursing team for their continued support of this initiative. Our residents express appreciation for this program as it leads to successful transition into practice.



Helen Scoville, Patrick Shinoda, RN, and Alex Velazquez

The Great Outdoors

When Patrick Shinoda, a nurse on the Critical Care unit at the Davis Family Heart & Vascular Center, noticed his patient was becoming depressed and frustrated, Patrick glanced out the window. The patient had a complicated case, was on a respirator, and had been in the hospital for several months. He could not leave his bed or talk. Patrick looked at the patient and said, “It’s a beautiful day. How about we go outside?” The patient had not been able to leave his room for almost a month and his eyes lit up at the idea. Patrick quickly coordinated a team of caregivers including Helen Scoville, respiratory therapist, Orderly Alex Velazquez, and Patient Care Technician Shamicka Jones to help. They carefully wheeled the patient into the D’Amour Family Healing Garden. Afterwards, the patient mouthed the words, “I feel wonderful” and smiled ear-to-ear.



Robin Clark, RN and Laurie Fabbri, RN

A Special Bond

Oncology unit nurses Laurie Fabbri and Robin Clark were both present when a patient and her husband, daughter, and mother-in-law received the devastating news that leukemia would take her life. “For almost a year our entire team cared for and supported this positive, tough, brave woman and her ever-present supportive, loving family,” recalls Robin. In a heartfelt letter after his wife’s passing, her husband wrote, “It was so obvious to our family that these ladies (Robin and Laurie) loved my wife and were always looking out for her.” He wrote about the entire team; the doctor’s compassionate communication explaining step-by-step what to expect, the nursing staff making platters of lasagna for the family as they sat vigil around the bed, the hugs and much needed humor from the patient care technicians, and the operational associates there day and night to give updates to family over the phone. “The care, empathy, and love we felt throughout my wife’s illness will never be forgotten,” he wrote. “We cultivated a very special bond with each of them and as much as this letter says we meant to them, they meant the same to us,” says Robin.

Bridging the Gap between Ambulatory Care and the Emergency Department

The Baystate Mason Square Neighborhood Health Center Project was initiated to provide patients with a Call First, Call vs. Go (see right), educational tool to reduce non-urgent visits to the Emergency Department (ED). The tool was created by Health New England for staff to teach patients who had a history of going to the ED greater than six times in three months. This tool filled the gap of knowledge in the clinic or home setting. The nurse could use the Call vs. Go tool to explain what symptoms warrant a call versus those symptoms that the patient would experience and know they should seek prompt care. The Call vs. Go tool is simple, with easy to follow instructions in English & Spanish. The research data was collected quarterly and reviewed for a year to enable an evaluation of the shift of visits back to the Patient-Centered Medical Home setting. The Call vs. Go card is an innovative tool to teach the patient self-advocacy, assist in continuity of care, support reduced unnecessary ED visits and waits, while providing cost effective care in the appropriate care setting. The next steps of this project in an Accountable Care Organization setting will include the impact of literacy, social determinants, and behavioral health.

Introducing the Integrative Healing Arts Council

The Pain Resource Nurse (PRN) Council was initiated as a response to nursing’s request to better understand how to manage pain. With the ultimate goal of learning more about pain management concepts and pharmacotherapies,


the team collaborated with pharmacy staff on an education platform. With a search for an even greater variety of effective pain relief modalities, the team began discussing the multidimensionality of pain and began exploring non-pharmacological modalities available at Baystate Medical Center in line with recent Joint Commission standards.

Evidence-based integrative health approaches have demonstrated positive outcomes and have been shown to be an effective means to reduce pain and anxiety, convey caring, and improve the patient experience. Integrative practices reflect the holistic model that is central to nursing care, are supported by the Massachusetts Board of Registered Nurses, and are designated as independent nursing interventions. The PRN Council expanded the focus of the initial team and formed the Integrative Healing Arts Council. This council has helped introduce a variety of efforts to enhance holistic pain relief caregiving to Baystate Medical Center introducing the M Technique and offering Reiki certification classes.

Call First


Know the Difference

If you or someone you love is sick, what should you do?



Call your **DOCTOR** first



- Colds, coughs, flu, sore throat
- Fever
- Earache
- Asthma
- Pain or burning when urinating
- Headaches
- Joint pain
- Rash
- Eye discomfort
- Stomach pain, nausea, diarrhea, vomiting
- Sexually transmitted diseases (STDs)
- Insect bite with no trouble breathing
- Minor cuts or scrapes
- Any health-related concerns




Go to the **EMERGENCY ROOM**

- Severe bleeding due to cut, puncture or medical condition
- Head injury or major trauma
- Not able to breathe
- Not able to move some or all parts of your body
- Back injury
- Serious eye injuries
- Broken bones
- Thoughts of hurting yourself or others
- Consuming harmful chemicals and/or drugs
- Vomiting and/or diarrhea that is severe and/or non-stop
- Sudden and/or severe abdominal pain
- Any life-threatening situations

If your doctor is not available, BeHealthy Partnership members can use Teladoc for minor, non-emergency medical issues 24/7. For more information, go to behealthypartnership.org/teladoc.

behealthypartnership.org
Follow us on Facebook or Twitter.
 /behealthypartnership
 @bhpartnershipma



BeHealthyPartnership
Baystate Health Care Alliance in Partnership with Health New England





Joan Sherman, RN

A Special Kind of Support

While working in the infusion suite, Joan Sherman, RN, felt a responsibility to learn more about and understand a certain group of patients with a rare genetic disorder called Pompe disease, an inherited disorder which causes patients to experience progressive muscle weakness including the cardiac and breathing muscles. Although there is no cure for Pompe disease, patients can live longer due to treatments that slow the progression of the disease and enhance quality of life. Joan worked to understand the disease through not only research but by attending support group meetings offered by the Pompe Organization to hear first-hand from patients living with the disease. “The patients shared stories of their symptoms, how the diagnoses were made, and about their daily life struggles,” explains Joan. “I wanted to support the patients I was caring for – we are a team – and I know how much it meant to them to see me there supporting them.”



Back row, from left: Dan LaBonte, Security; Stephen Luippold, Psychiatry; Jackie Mongeau, RN; Mike Willoughby, Security; Khadijah Tuitt, RN; Kathy Marcinek, Case Management; and Shelbi Moore, PCT. Front row, from left: Christine Scibelli, RN; Elaine Della-Ripa, RN; Caitlin Bruscoe, RN; Lisa Mayo, RN; Kristen Hicks, RN; and Diane Bogalhas, unit manager.

You Will See How Wonderful He Is

A patient was admitted to Baystate Medical Center who was highly impacted by the progression of Huntington’s disease. He was having a hard time with controlling his anger and outbursts; he was physically and verbally abusive at times. During his five-month stay, a multidisciplinary team including Nursing, Security, Behavioral Resources, Psychiatry, Case Management, family, and others were able to develop a care plan to allow a safe return to a long-term medical and specialty care hospital. The team ensured all were educated on Huntington’s disease and the manifestations and modalities to managing the disease process. “Their efforts to maintain and strengthen a real relationship with this patient, who exhibited intermittently violent episodes, are a great example of professionalism and compassion,” says Nurse Manager Diane Bogalhas, MSN, RN. At the time of the patient’s discharge, nurses created a care plan to give to the receiving facility for continuity and a seamless transition. Their quotes show their compassionate insights: “Please be meaningful and talk to him like he is your friend, not just a patient,” and “Take a seat next to him, give him a fist bump, look him in the eyes, give a hug, a high-five, and really connect...you will see how wonderful and amazing he is.”

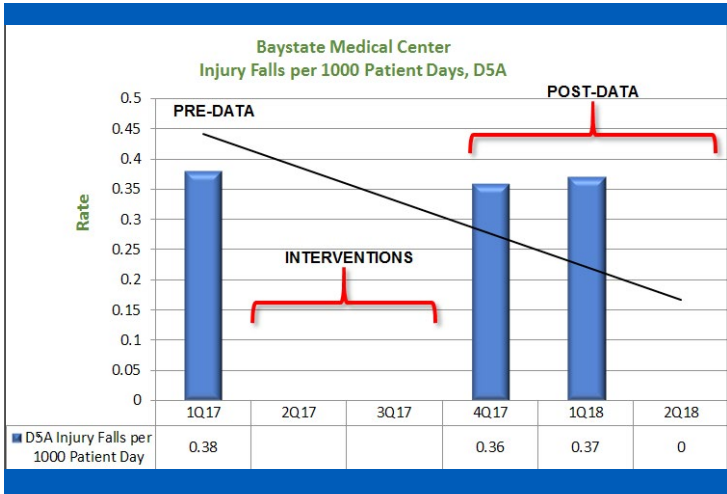


Making Strides to Guard Against Patient Falls

Knowing that patient falls on a neuroscience unit can be higher than those on other medical floors, Daniel Ferguson, BSN, RN, Neuroscience Unit, made it his mission to decrease the rate of falls. Dan conducted chart reviews to determine a possible cause. He concluded that a patients’ lack of understanding regarding their current mobility deficits coupled with the staff’s unfamiliarity of a patient’s ever-changing status, were contributing factors to the fall rate. Daniel proposed an innovative solution – the implementation of a visual aid mounted in the patient’s room used to communicate a patient’s mobility status.

Daniel submitted his idea to BMC’s Art of Innovation campaign – a campaign that seeks to inspire bedside nurses in clinical inquiry. A mentor was assigned to assist Daniel with exploring his question and a research librarian helped to develop his project. Daniel proceeded to implement the individualized magnetic mobility communication boards on his unit. Daly 5A staff were trained in use of the board. The small whiteboards use magnets to indicate the type of mobility the patient possesses – bedrest, stand/pivot, 1 assist, 2 assist, standby assist and use of assistive devices. Direct care providers update the board each time a status changes. Daniel conducted random audits to determine if the boards were being used correctly.

The rate of injury falls per 1,000 patient days decreased on the unit as a result of Daniel’s project. In the first quarter 2017, the rate of injury falls/1,000 patient days was 0.38. The rate decreased to 0.36 in fourth quarter 2017, 0.37 in first quarter 2018 and zero in second Quarter 2018, directly attributed to project implementation. Daniel presented his work at the Organization of Nurse Leaders MA/RI/NH, CT, VT quarterly meeting in 2018.



Neonatal Quality Improvement Collaborative

Wesson 2, LDRP, and NICU/CCN units are one of the participating hospitals in the Neonatal Quality Improvement Collaborative, Eat, Sleep, Console (ESC) rollout in the Northeastern Region. Beginning in September, the ESC approach was implemented and used concurrently with the Finnegan’s scale of measuring the degree of Neonatal Abstinence Syndrome (NAS) exhibited by opiate exposed infants. The premise of the ESC approach is in the assessment of the infant’s ability to eat, sleep, and be consoled. This will help clinicians and families to measure how infants are responding to non-pharmacologic family-centered care. Staff was trained using the (ESC) Assessment Tool and Training Materials copyrighted by Boston Medical Center Corporation, Dr. Matthew Grossman, Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic (2017).

Women’s Evaluation and Treatment Unit Implements the Maternal Fetal Triage Index

Staff in the Women’s Evaluation and Treatment Unit (WETU) worked to operationalize the use of the Maternal Fetal Triage Index (MFTI) instrument as a method of assessing patient status upon arrival. Once implemented, staff began to notice a decrease in patients leaving without being seen. Statistical analysis showed that the number of patients leaving without being seen following the MFTI assessment had decreased. Jeanne Hartman, Donna Stafilarakis, Lisa Whitehead, and Pamela Zaranek-Kuhn presented a poster at AWHONN in Tampa Florida in June 2018 depicting the Women’s Evaluation and Treatment Unit’s work “Will the Implementation of the Maternal Fetal Triage Index Decrease Patient Walkout Rates?” The presentation measurements of this implementation were favorable in that patients perceived care as beginning sooner using the MFTI because a nursing assessment of vital signs, fetal heart rate, and main complaint were collected soon after patient arrival. Nurses attending the conference were able to gain new knowledge about resources available in other hospital departments to help with data collection and analysis. Matthew Bohl, MPH, senior decision support analyst, created the presented data as an example of this interdepartmental collaboration.

Art of Innovation 2018

Baystate Medical Center nurses’ annual “Art of Innovation” campaign is a program that supports a spirit of “inquiry” that challenges the status quo and spurs bedside innovation. In 2018, nurses celebrated their entries for Art of Innovation with a poster viewing and panel discussion of quality improvement projects and research. A key message was - in today’s ever changing health care landscape, change is a constant and the need for nursing to

evaluate and explore new ways of caring for patients is essential. See the list of entries from nurses for the Art of Innovation below.

Let’s Get Visible! How Nursing Leadership Drives Engagement, Christine Klucznik, DNP, RN

Massachusetts Nurses Collaborate Across Multiple Organizations to Improve Patient Outcomes, Linda Pellegrino, MA, CSI; Nursing Delirium Collaborative

Exploring the Development of Empathy with Nurse Residents in a Nurse Residency Program: A Qualitative Case Study, Connie Blake, EdD, RNC-OB

Group Medical Visit: Understanding the Health Care Proxy (HCP) among Spanish-Speaking Elders, Marcia Duclos, BSN, RN

The Implementation of a Holistic Nursing Intervention:

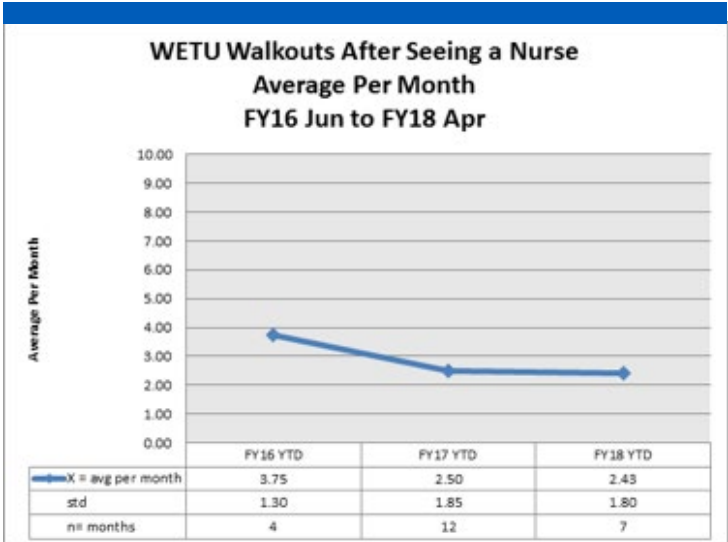
Putting the “Care” back into Healthcare - The M Technique, Allison Kostrzewa, MSN, RN, CNRN; Connie Blake, EdD, RNC-OB; Lauri Deary, BSN, MS, RN; Jessica Hagerman, BS, CCLS, CHBE; Elizabeth Simao, RN; Patricia Faron, BSN, RN; Kristy Parker, BSN, RN; Maureen Fournier, BSN, RN, CNOR

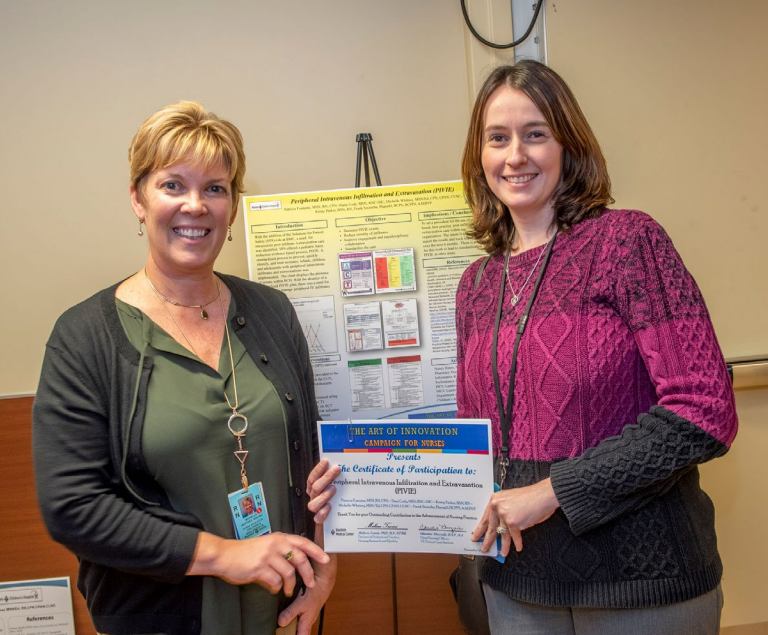
Factors that Influence Patients Missing a Preadmission Appointment, Kathleen Frodema, RN, CAPA; Christine Skawinski, BSN, RN, CAPA; Kathleen O’Connor, BSN, RN; Laurie Hurley, RN; Joan Sherman, BSN, RN; Elizabeth Simao, RN

Post Extubation Dysphagia: An RN-Bedside Swallow Screen, Caitlin Adams, BSN, RN, CCRN; Denise Gallant, BSN, RN, CCRN; Olivia Milanese, CCC-SLP; Colleen Dean, CCC-SLP

The Effect of Education on Nurses’ Attitudes & Knowledge on Pain Practices in the Surgical Intensive Care Unit, Melene Mullings, DNP, RN

What Educational Approach is Necessary to Develop and Maintain a Culture / Environment





Supporting Transgender and Gender Non-Conforming Youth?, Michelle Whitney, MSN/Ed, RN, CPN, CPAN, CLNC

Using Visual Aids to Improve Patient Recall of Important Discharge Information in Adult Inpatient Psychiatry, Savannah Lofgren, BSN, RN-BC

Utilizing Unit-Based Shared Governance to Facilitate Nurse Empowerment and Engagement in Decision Making, Michelle Whitney, MSN/Ed, EN, CPN, CPAN, CLNC; Nicole McAvoy, BSN, RN, BC; MaryAnne Westcott, BSN, RN, CNML

Use of Vapocoolant Spray as Topical Anesthetic for IV Insertion, Rachel Dirienzo, BSN, RN; Christine Ingalls, MSN, RN, CAPA; Lorraine Nutting, BS, RN; Dusti Wells, BS, RN, PCN

Hospital-Induced Mania, Jennifer LeVierge, RN, RN-BSN

Redesign of a Clinical Ladder Program to Enhance RN Professionalism and Improve Accountability, The Professional Nurse Recognition Program (PNRP), Christine Klucznik, DNP, RN; Melissa Tuomi, PhD, RN CPHQ

Magnetic Mobility Boards, A Visual Aid for Patient Safety, Daniel Ferguson, BSN, RN

Effective Approaches to Improve Patient Satisfaction for Behavioral Health, Andrea Bertheaud, MSN, RN

Peripheral Intravenous Infiltration and Extravasation (PIVIE), Patricia Fontaine, MSN, RN, CPN; Diane Cody, MSN, RNC-NIC; Michelle Whitney, MSN/Ed, CPN, CPAN, CLNC; Kristy Parker, BSN, RN; Frank Szczerba, PharmD, BCPS, BCPPS, AAHIVP

Will the Implementation of the Maternal Fetal Triage Index (MFTI) Decrease Patient Walk-Out Rates? Jeanne Hartmann, BSN, RN;

Donna Stafilarakis, MSN, RN; Lisa Whitehead, RN

Does Implementing a Safety Zone around the PYXIS Machine Minimize Distractions and Interruptions thus Improving Safe Medication Practice? Alison Colburn, RN, BSN, CAPA; Ann Marie Culver, RN, CAPA; Nancy Falvey, RN, BSN, CAPA

SRS Mythbusters, Adam Foster, RN; Andre Remillard, RN; Marissa Tinnemeyer, RN; Marissa Deady, RN; Jessica Estrada, RN; Daniel Jaworowski, RN

Nurse Residency Program Projects
NRP 12 Cohort:

Cardiac Surgery Home Resource Guide, Samantha Carvalho, BSN, RN; Kassandra Eady, BSN, RN

Let's Walk to Recovery: A Literature Review of Early Ambulation Protocols, Amber Wassmuth, BSN, RN; Charles Hansen, ASN, RN; Kyna Morgan, ASN, RNB

Improving Healthcare Through Checklists: What we can learn from aviation, Matthew Drozdowski, BSN, RN; Caitlin Mathers, BSN, RN; Bonnie Iglesias, BSN, RN

Incorporating Best Practices When Caring for Transgender and Gender Non-Conforming Patients, Mia Copeland-Brock, BSN, RN; Rebecca Hamil, BSN,

A Movement for Alternative Pain and Anxiety Management, Brittney Allen, BSN, RN; Ashley Maciascek, BSN, RN; Alexesnada Reid, BSN, RN

Reducing Stigma Towards Patients with Addiction in Medical Settings through Increased Education and Training, Erin Murphy, RN; Sheridan Reed, RN; Grant Sampson, RN; Terekah Thaxton, RN

NRP 13 Cohort:

Bedside Report: Best Practice and Implementation, Marissa Potter, RN; Ryland Wright, RN; Alyssa Shepard, RN; Cassy Sicard, RN; Kelly Dubrule, RN; Julia Blakeney Hayward, RN; Katie Ashcraft, RN

CIWA Scale Analysis and Data Collection, Tara Budrewicz, RN; Jessica Jankiewicz, RN; Erica Jack, RN; Lauren Woytowicz, RN; Laura Chartier, RN; Abigayle Sidur, RN; Brittany Foley, RN; Joanne Donelon, RN

Impact of Communicating Wait Times to Patients in the Emergency Department, Laura Gibb, RN; Hannah Lefebvre, RN; Amanda Gibbs, RN; Ryan Spencer, RN

Purposeful Hourly Rounding in the Hospital Setting, Krystina Garreffi, RN; Hailey Strack, RN; Alberto Soffan-Feliciano, RN; Mellissa Williams, RN

Kangaroo Care for the Newborn, Danielle Bozik, RN; Cara Butcher, RN; Taylor Forrant, RN; Lauren Gifford, RN; Jennifer Gonzalez, RN; Kayla Howell, RN

Proper Patient Identification, Kara Culloo, RN; Justine Ciuffreda, RN; Paige LaFountain, RN; Allyson Sweet, RN

Safe Sleep Practices, A. Allaben, RN; E. Barber, RN; G. Barolo, RN; S. Dudley, RN; H. Framarin, RN; C. Santos, RN

Supporting a Seamless Discharge in the Inpatient Adult Population, Sarah Dowd, RN; Kimberley Drawec, RN; Kristen Lansner, RN; Tsui NG, RN; Kristin Provost, RN; Ashley Putnam, RN; Gina Russo, RN

Surgical Smoke in the Operating Room Environment, Katharine Laventis, Jennifer Ledoux, RN; Alexa Murray, RN; Shana Vreeland, RN

Cardiac Cath and Bypass Visual Teach Back

Tool, Brian Positano, BSN, RN; Shaina Mackey, BSN, RN; Kathryn Blanchard, BSN, RN

NRP 14 Cohort:

Understanding Various Levels of Acuity Among Patients from the New Grad Perspective, Ariana Liquori, RN; Shannon McGowan, RN; Kayla Levreault, RN; Kate Hill, RN; Ashley Kelley, RN; Edwin Reyes, RN

The Good, The Bad, and The Ugly of Bedside Reporting, Nadia Mateo, RN; Meghan Ross, RN; Janea Barret, RN; Inna Arbuzov, RN; Corinne Guidi, RN; Kayla Morrisino, RN

CAUTI Management, Alesya Kravchenko, RN; Winnie Lopez Sanchez, RN; Tyla Sadusky, RN; Alexandra Forte, RN; Daniel Kaptyug, RN; Duriya Ayubali, RN; Taylor Whelihan, RN; Kimberly Ludwig, RN

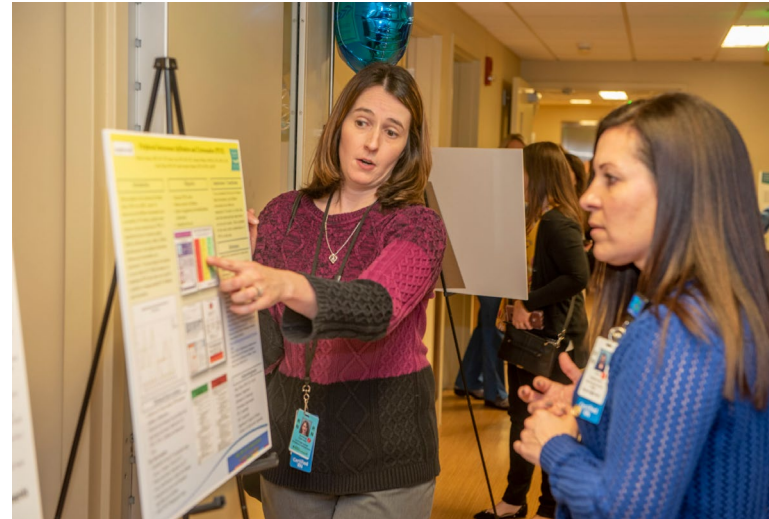
Columbia Suicide Scale, Elizabeth Couchon, RN; Austin DeCosmo, RN; Veronica Hull, RN; Justin Melbourne, RN; Adam Scavotto, RN

Handoff Reports within the Peri-Operative Setting: The Good, The Bad, and the Ugly, Kelly Condikey, RN; Leila Cregten, RN; McKenzie Dion, RN; Samantha Goldaper, RN; Cady Heon, RN; Molly Merrigan, RN; Katelin Peery, RN; Moira Shaw, RN

Fall Reduction Strategy: Utilizing Simulation to Prepare for a Versatile Clinical Reality, Elizabeth Labrie, RN; Meghan Leahy, RN; Amanda Raschilla, RN; Emmanuel Kadima, RN; Hayley Schuster, RN; Arielle Capurso, RN; Brennan Brigante, RN

What Does the No Pass Zone Mean to Me? Sara White, RN; Megan Doull, RN; Althea Sacco, RN; Kaitlin Mastello, RN; Emily Petit, RN; Melissa Horsler, RN; Tessa Miller, RN; Shanice Morrison, RN

Post-Birth Warning Signs, Christine Russell, RN; Rachel Bachand, RN





Substance Abuse Education: Expanding Knowledge Regarding Community Resources for Substance Abuse, Mary Zheng, RN; Kimberly Pagnoni, RN; Patrick Lucas, RN; Marissa Giroux, RN; Folasade Adesida, RN; Jennifer Lam, RN

Implementation of the M Technique®

The Pain Resource Council surveyed all Baystate Health nurses to assess their knowledge and use of non-pharmacological (complementary) methods for the relief of pain, stress, and anxiety. The overwhelming majority, 98 percent, of the nurses surveyed reported that having a variety of complementary strategies readily available would increase the likelihood of using them to help their patients manage these issues. The team identified the M Technique® as an evidence-based complementary modality fully within the scope of independent nursing practice. The technique consists of a series of gentle stroking movements completed in a set pattern and at a set pressure and pace which has been shown to promote a rapid relaxation response. It is affordable, easy to implement, and can be performed by nursing and ancillary staff in 3-5 minutes. Allison Kostrzewa, MSN, RN, CNRN submitted a funding request to the BH Foundation to support the training of staff to become “M Technique®” trainers. To-date, over 200 staff have been trained.

Anaphylaxis Recognition and Management

Robin Pleshaw, MSN, RN-BC and Renee Tompkins, RN, CAPA, recently presented their poster “Anaphylaxis Recognition and Management: A Nurse-Driven Quality

Improvement Initiative” at the American Academy of Ambulatory Care Nursing (AACN) annual conference. The work was initiated by staff nurses in response to an identified need to treat infusion reactions on Springfield 1500, and was first presented as part of the 2015 Art of Questioning Campaign. It was expanded to include Mark Heelon, PharmD, Annie Yang, MD, Cinnamon Desgres, RN-BC, and members of the Rapid Response Team. The project was supported by leadership and staff on Springfield 1500 and Daly 3B, as well as Kathleen Mahoney, MD, from Healthcare Quality, Christine McKiernan, MD, from Pediatric Critical Care, and many other departments within Baystate Health.

Updated work on the Anaphylaxis Protocol was completed with education provided to nurses and providers in Baystate Medical Center and the community, and the implementation of the Anaphylaxis Power Plan order set in CIS. Anaphylaxis kits were developed as a result of this work to reduce the potential for medication errors in the administration of epinephrine. They have been installed in all Pyxis machines and code carts, replacing individual vials of epinephrine. The Anaphylaxis Protocol, algorithm, and anaphylaxis kits have been implemented throughout Baystate Health, including many outpatient sites.



Theresa Bodak, RN and Meghan Ross, RN

Table for Two

A couple was driving to visit their son when they were hit, head-on, by a driver who had fallen asleep at the wheel. The couple was badly injured and taken to Baystate Medical Center. After surgery, they were in separate rooms but when they were able to get out of bed, nurses Meghan Ross and Theresa Bodak set-up a special table for them so they could have a “date night” dinner together. “They had just gone through something horrible yet they were so positive and said they were just happy to be alive,” Meghan says. The couple does not live in western Massachusetts and Meghan felt it was important to do something to make them feel comfortable and at home. The couple was thrilled and said dining together at their table for two helped them feel better.

Professional Nurse Advancements

The Department of Nursing’s Professional Nursing Recognition Program is a professional advancement program rooted in the principle that self-enrichment not only benefits the nurse, but the patient, the unit, the organization, and nursing practice. Our program is designed to promote the development of the nurse’s professional practice through participation in a variety of structured and self-defined activities that support a nurse’s professional goals. The decision to pursue advancement is an individual choice.

Level II

Nicole Arnold, RN
Kristen Ahearn, RN
Allissa Barnish, RN
John Barrett, RN
Christopher Bayreuther, RN
Sandra Beach, RN
Margarita Bolden, RN
Danielle Bordeau, RN
Chelcy Brooks, RN
Hannah Broughton, RN
Jennifer Denault, RN
Lindsay Drobnak, RN
Allison Dufour, RN
Karen Everett-Lambert, RN
Jillian Farnham, RN
Amber Joy Feaster, RN
Deidra Felici, RN
Matthew Fletcher, RN
Mackenzie Foye, RN
Johan Gaudron, RN
Hillary Gietek, RN
Karissa Gorman, RN

Bethany Hamilton, RN
Jessica Hannington, RN
Rebecca Hart, RN
Tricia Hutchinson, RN
Mia Jacintho, RN
Holly Labrecque, RN
Rylee Lachat, RN
Allison Masi, RN
Kelsey McLaughlin, RN
Raelando Miller, RN
Krista Mitchell, RN
Jacquelyn Mongeau, RN
Hannah Newell, RN
Autumn Neylon, RN
Kelsey Niemiec, RN
Ryan O’Connor, RN
Gina Orlando, RN
Jasmine Pagan, RN
Molly Pulchtopek, RN
Allison T Radzicki, RN
Kayla Rida, RN
Elaine Della Ripa, RN
Rebecca Rosenberger, RN
Noelle Roy, RN

Gregory St. John, RN
Joanne Sakowski, RN
Grant Sampson, RN
Lyndsey Santanello, RN
Haleigh Scott, RN
Taylor Selig, RN
Angel Soto, RN
Dorothy Stewart, RN
Allison Stiles, RN
Courtney Sullivan, RN
Catherine Towsley, RN

Level III

Linda Belkas, RN
Ricardo Borgos, RN
Mishaela Brennan, RN
Katherine Coscia, RN
Andrea Curtis, RN
Caitlin Daley, RN
Catherine DiRienzo, RN
Kelly Donahue, RN
Leeanne Fenney, RN
Daniel Ferguson, RN
Sarah Freeman, RN

Heather Herbert, RN
Brittany Hulse, RN
Cassandra Keller, RN
Liliya Kennedy, RN
Holly Krason, RN
Amber Leary, RN
Savannah Lofgren, RN
Nicole McClelland, RN
Natasia Mysliwicz, RN
Kayla Narey, RN
Kirsten Pasterczyk, RN
Erin Sevilla, RN
Nina Southworth, RN
Ashley Sullivan, RN
Eva-Marie Sullivan, RN
Janet Ann Willemain, RN
Nancy Jane Williams, RN

Level IV

Laurie Bannish, RN
Colleen Bennett, RN
Christina Bushey, RN
Sarah Caddeo, RN
Gina Collins, RN
Jennifer Do Carmo, RN
Barbara Eufemia, RN
Denise Gallant, RN
Alyssa Hairston, RN
Jeanne Hartmann, RN
Christina Holmes, RN
Christine Kaleta, RN
Michelle Keney, RN
Laura E Mazur, RN
Shelley V. McAvoy, RN
Julie Olmos, RN
Dale Parenteau, RN

Jessica Pietras, RN
Melissa Pope, RN
Alisha Spano, RN
Beth Stadnicki, RN
Megan Thompson, RN
Audrey Vandervoort, RN
Sheryl Vieira, RN
Diane Wisnoski, RN

2018 Certifications

Carrie Allard, RN
Anne C Atkins, RN
Laurie Bannish, RN
Marie Barthelette, RN
Lisa Bartolucci, RN
Melissa Belleville, RN
Colleen Bennett, RN
Jessica Bernard, RN
Michelle Beswick, RN
Karyn Blackburn, RN
Laura Bolella, RN
Nicole Bouchereau, RN
Mishaela Brennan, RN
Christina Brown, RN
Becky Brucker, RN
Christina Bushey, RN
Erlynne Camilleri, RN
Jaclyn Carbonneau, RN
Jennifer Caron, RN
Gordon Carr, RN
Shauna Castillo, RN
Erin Chevalier, RN
Erin Clark, RN
Caitlin Cobb, RN
Diane Cody, RN
Alison Colburn, RN
Kimberly Congden, RN

Kimberly Conway, RN
Robin Cooney, RN
Ellen Crane, RN
Sandra Crochetiere, RN
Linda T Cross, RN
Kimberly Curtin, RN
Andrea Curtis, RN
Robyn Cycz, RN
Alexandra DaCunha, RN
Lisa Dargie, RN
Siwanee Darsch, RN
Jodie Davis, RN
Natalya Deven, RN
Maria Isabel Diaz, RN
Catherine DiRienzo, RN
Donna Smolen, RN
Cari Douglas, RN
Sheila Dowd, RN
Rachel Downey, RN
Kelly Dupuis, RN
Tracey Dzialo, RN
Janet Elmassian, RN
Martha Emond, RN
Laurie Fabbri, RN
Nancy Falvey, RN
Katelyn Farrell, RN
Amber Feaster, RN
Leeanne Fenney, RN
Daniel Ferguson, RN
Jill Fisher, RN
Jeremy Fontaine, RN
Mary Forbes, RN
Katie Forrest, RN
Renea Fortini, RN
Sally Ann Fortini, RN
Kristin Fournier, RN
Amy Frazier, RN
Sarah Freeman, RN

Elizabeth Gianfelice, RN
Jillian Goodwin, RN
Leah Grippo-Beck, RN
Edyta Halastra, RN
Patricia Healy, RN
Heather Herbert, RN
Elizabeth Hicks, RN
Jessica Hicks, RN
Holly Krason, RN
Christina Holmes, RN
Virginia Hopkins , RN
Linda T Horton, RN
Nancy Huff, RN
Brittany Hulse, RN
Jillian Janicki, RN
Anita Johnson, RN
Cassandra Keller, RN
Michelle Keney, RN
Michelle Kennedy, RN
Anna Liza Kilcoyne, RN
Julia Knightly, RN
Valerie Krovov, RN
Sharon LaFond, RN
Kimberly Lalumiere, RN
Kathleen Loughlin, RN
Amber Leary, RN
Kimberly Legros, RN
Heather Leone, RN
Jennifer LeVierge, RN
Janet Limero, RN
Marina Litvak, RN
Savannah Lofgren, RN
Alexandra Marra, RN
Paige Martin, RN
Barbara Michele Maryanski, RN
Jennifer Mayo, RN

Laura Mazur, RN
Nicole McClelland, RN
Araksya McInerney, RN
Amy Moore, RN
Alice Morin, RN
Nicole Morin, RN
Lisa Mraz, RN
Kayla Narey, RN
Deborah Nichols, RN
Joanne Orloski, RN
Mary O’Sullivan, RN
Julie Pagano, RN
Marisa Pease, RN
Robin Pelletier, RN
Jean Peretti, RN
Jessica Pietras, RN
Kristen Pike, RN
Catia Pires, RN
Lisa Popowski, RN
Gina Potter, RN
Catherine Powers, RN
Leah Prats, RN
Laura Pratt, RN
Christina Raco, RN
Jeanna Raymond, RN
Rosemary Rimondi, RN
Maureen Robbins, RN
Cheryl Robinson, RN
Janine Rose, RN
Gina Roumeliotis, RN
Gillian Roy, RN
Patricia Saia, RN
Jennifer Salina, RN
Bonnie Sambor, RN
Eva Schachtl, RN
Cheryl Scibelli, RN

Lisa Scliopou, RN
Debbie Sears, RN
Erin Sevilla, RN
Kevin Shaw, RN
Joanne Siano, RN
Natasha Smitherman, RN
Marta Sokolowski, RN
Eva-Marie Sullivan, RN
Ashley Sullivan, RN
Erica Summers, RN
Lynn Tancrati, RN
Cynthia Taylor, RN
Debra Tebo, RN
Thomas Tente, RN
Christine Tetrault, RN
Daniel Tousignant, RN
April Valyou, RN
Audrey Vandervoort, RN
Maureen Vernadakis, RN
Katherine Walles, RN
Ann Ward, RN
Julia Wegman, RN
Dusti Wells, RN
Rebecca White, RN
Nancy Williams, RN
Gena Yelinek, RN
Jennifer Zollo, RN

Awards

Midwifery Practice Wins Award

Congratulations to the Baystate Midwifery & Women’s Health midwifery practice for being recognized for two awards from the American Academy of Nurse Midwives Benchmarking Project. The first award is for “best practice” in the category of “low preterm birth rate” for a high/moderate volume practice (200-499 births/year) for a low number of infants from singleton births born <37 weeks gestation. The second award is the Triple Aim Practice. This recognizes practices that meet the Institute for Healthcare Improvement “Triple Aim” of improving the patient experience, reducing the cost of care, and improving the health of populations. This is demonstrated by high breastfeeding rates, low preterm birth and cesarean rates, and reporting fiscal variables. Of the 257 practices participating in the 2017 ACNM Benchmarking Project, 97 practices were designated Triple Aim Best Practices.

MICU/SICU Earns Beacon Award

The American Association of Critical-Care Nurses (AACN) awarded Baystate Medical Center MICU/ SICU the silver Beacon Award for an additional three years. This is the eighth time the ICU has won this national award since 2004 and the third time in a row. The award recognizes the contribution of nurses and members of the ICU interdisciplinary team to patient care outcomes. The implementation of evidence-based practices, drive towards performance improvement, cohesiveness of interdisciplinary shared governance

structures, and medical/nursing leadership vision were areas commented on by the reviewers.

BH Neurosciences & Rehabilitation Services Wins Stroke Award

BH Neurosciences & Rehabilitation Services proudly announced on June 7, members of the Stroke Committees from all Baystate Health facilities participated in the Massachusetts Stroke Systems of Care Statewide Meeting and Annual Award Ceremony, a Coverdell and AHA Collaboration. Baystate Medical Center received the GWTG-Stroke Gold plus & Target: Stroke Elite Plus Honor Roll Awards from the American Heart/Stroke Association along with two awards from The Paul Coverdell National Acute Stroke Program for Dysphagia Screening >90% & Modified Rankin Scale >85%.

Publications

Jennifer Carabello & Khadijah Tuitt. An Interview on the Behavioral Resource Nurse Role. Journal of Addictions Nursing. October, 2018.

Niels Rathlev, MD, Jacquelyn Anderson, MGA, BSN, RN, NE-BC, Joseph Schmidt, MD, Joeli Hettler, MD, Lynn Garreff, MS, RN, CNL, Molly Gray, MS, RN, NE-BC, Douglas Neal, MBA and Paul Visitainer, PhD. Key Players in Key Roles: The Baystate Patient Progress Initiative To Improve Emergency Department Efficiency and Productivity. Journal of Emergency Nursing, March 2018, Volume 44. 123-131.

Presentations

Anderson, Carolyn, MSN, RN, CPAN; Lee Nutting, MSN RN; Rachel Dirienzo, BSN, RN, CPAN. RN Self-Auditing: A Perianesthesia Nursing Performance Improvement Project. Organization of Nurse Leaders Quarterly Meeting, October, 2018.

Anderson, Carolyn, MSN, RN, CPAN. RN Self-Auditing: A Perianesthesia Nursing Performance Improvement Project. OR Manager Conference and PACU Summit, Nashville, TN, September, 2018.

Beturne, Margaret. MASPAN Conference. Caring for Special Populations and Use of Vigilance. October 2018. Beturne, Margaret. MASPAN Conference. Value-Added Care in Preventing and Combating Infections, October, 2018.

Beturne, Margaret. “My Funny Bone Hurts- Taking Care of a Patient after Elbow Surgery.” ASPAN National Conference, May, 2018.

Beturne, Margaret. “Caring for Patients with PTSD/ PTSS in the Ambulatory Setting.” ASPAN National Conference. May, 2018.

Beturne, Margaret. “Nursing Care of a Patient Receiving a Nerve Block, Orthopedic Complications, Taking Care of a Patient with Skin Cancer, Tiptoe Through the Garden of Ankle/Foot Surgeries, Caring for Patients with PTSD.” Ohio PeriAnesthesia Nurses Association, October, 2018.

Betune, Margaret. "Foundations of Practice." ASPAN Seminar, Westford, MA. November, 2018.

Goncalves, B., & Griffin, E. "Nursing Orientation Redesign: Lights, Camera, Action." Fifth World Congress on Nursing, August, 2018, London, UK.

Hartman, J. BSN, RN, Stafilarakis, D., MSN, RN, Whitehead, L., and Zaranek-Kuhn, P. "Will the Implementation of the Maternal Fetal Triage Index (MFTI) Decrease Patient Walk-Out Rates?" AWHONN, Tampa, FL. June, 2018.

Klucznik, C. Panel Discussion, Workplace Violence. National Healthcare CNO Summit, Orlando, FL. March, 2018.

Klucznik, C. Panel Discussion, Artificial Intelligence: New Frontiers in Efficient Patient Care. MHA Throughput Conference, November, 2018, Burlington, MA.

Klucznik, C., Freise, J., Kimura, J., Sine, E. (2018) Artificial Intelligence: New Frontiers in Efficient Patient Care, panel participant. 2018 Throughput Conference: Current Best Practices & the Impact of Artificial Intelligence, Massachusetts Health & Hospital Association.

Klucznik, C. & Scoble, K. (2018) Innovative Solution to Advance Healthcare Transformation. Academic and Practice Plenary. American Association of Colleges of Nursing Fall Meeting. Washington, D.C.

Kostrzewa, Allison; Monson, Amber; Wilson, Donna. Preoperative Education: Changing Patient Perceptions and Expectations One Spine at a Time. American Association of Neurosciences Nurses, San Diego, CA. March, 2018.

Pleshaw, Robin, MSN, RN-BC; Tompkins, Renee, RN, CAPA. "Anaphylaxis Recognition and Management: A Nurse-Driven Quality Improvement Initiative." American Academy of Ambulatory Care Nursing, Lake Buena Vista, FL.

Khadijah, Tuitt. "Substance Misuse, Is It Worth It? White Tulip Foundation, May, 2018.

Khadijah, Tuitt. "Opioid Crisis, the Domino Effect on the Individual, Family, and the Community." Western Massachusetts Nurses Association, April, 2018.

Khadijah, Tuitt. Caring for Addictions in the Medical Setting. The Rise of the Behavioral Resource Nurse Role. International Nurses Society on Addictions 42nd Annual Educational Conference, October, 2018.

Make a Difference by Investing in Baystate Health Nurses

From advancing education to leadership training,
our nurses are able to continuously grow in their roles
from charitable gifts made to Baystate Health Foundation.

Help us advance care and enhance lives.

Make your gift to Baystate Health Foundation in support of our nurses
by calling 413-794-5444 or visiting [BaystateHealth.org/Giving](https://www.baystatehealth.org/giving).



Baystate  Medical Center | ADVANCING CARE.
ENHANCING LIVES.