2018 NURSING REPORT

Baystate Medical Center
ADVANCING CARE. ENHANCING LIVES.
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

Dear Colleagues,

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.

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 outcomes.

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 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 practice 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.

Christine Klucznik, DNP, RN
Chief Nursing Officer
Vice President, Patient Care Services
Baystate Medical Center
Nursing at a Glance | 2018

**Population**

- RN Turnover Rate: 10.5%
- RN Vacancy Rate: 7%
- Nurses are the largest group, making up 25% of the total hospital employee population.

**Education & Certification**

- Clinical Nurse (not including APN): 68%
- Leadership RNs: 100%
- BSN or Higher: 44% (2017: 31%)
- Certified: 68% (2017: 31%)
- BSN or Higher: 49%
- Masters or Higher: 59%

**Baystate Celebrates**

(Employee Recognition Program)

- Total Recognitions for BMC RNs: 4,843
- BMC RNs Recognized for Milestone Years of Service: 795

**Teamwork & Compassion**

- Most Frequently Recognized Caring Values:
  - Transformational Leadership
  - Structural Empowerment
  - Exemplary Professional Practice
  - New Knowledge, Innovation, & Improvements
  - Research, Awards, Advancements, & Certifications

**What's Inside**

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements
- Research, Awards, Advancements, & Certifications
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 interprofessional 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, +0.2. 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.

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 Caddie 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.”

Sarah Caddie, RN and Maxine Griffiths Desko, RN

STORYS OF CARE
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 fit line with what is known nationally as holistic care. This year, the Baystate Medical Center Nursing Department worked with the Birthtree Center for Healthcare Transformation, a nationally distinguished nurse-led organization with expertise in holistic nursing, transformational leadership, and complimentary and integrative therapies.

With the goal of improving nurse engagement and patient and family care, five all-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 explore the heart and spirit of nurses, as nurses 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 leading compassionate cultural transformation. Nurse leaders explored the importance of compassionate conversations through evaluation of daily leadership priorities and communication styles. The significance of establishing a 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 as we enhance the healing environment for patients and their families.

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 implementing 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 enhance the healing environment for patients and staff.

Ambulatory Nursing in the Forefront

In 2018, ambulatory nursing has made great strides in building an infrastructure similar to inpatient areas. Michelle Phillips, MN, RN, ambulatory nursing director is working with executive nursing leaders to develop a plan for professional accountability, retention, and leadership for ambulatory nurses. A strong ambulatory leadership team has been created representing all of the Baystate Health ambulatory care 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 work flow and guidelines using evidence-based practice to create positive outcomes.

Highlights

- Denise Colon, BSN, RN, CNP, Baystate General Pediatrics, Baystate Children’s Specialty Care; has been working to increase 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, CNP, led the nursing team from Baystate Children’s Specialty Care 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 Care, and the inpatient clinical team to create the Cystic Fibrosis Collaboration Committee. As a result, many practice changes have been implemented. Nurse shadowing and clinical experiences are helping to improve RN knowledge and skills.
- 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, LCN,
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 Connect, 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%.

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 sat 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.”

Christina Bushey, RN and Christine Amsden, RN
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.

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 (ANCC).
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.

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.

The Great Outdoors

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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 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 these two nurses.”

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 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 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 learn 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 in the area of pain management.

The Pain Resource Nurse (PRN) Council was established in 2010 to provide education and training on evidence-based management concepts and pharmacotherapies.

The Pain Resource Nurse (PRN) Council formed the Integrative Healing Arts Council. Evidence-based integrative health approaches have shown to be an effective means to reduce pain and anxiety, convey caring, and improve the patient experience. Interventions 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 MI Technique and offering Reiki certification classes. The PRN Council is comprised of Registered Nurses, and are designated as independent nursing interventions. The PRN Council’s staff includes nurses who are certified in pain management, physiology, and physiology. The PRN Council is comprised of Registered Nurses, and are designated as independent nursing interventions. The PRN Council’s staff includes nurses who are certified in pain management, physiology, and physiology.

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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.”

A Special Kind of Support

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.”

You Will See How Wonderful He Is

Joan Sherman, RN

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You Will See How Wonderful 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 if the boards were being used correctly. Before the implementation of a visual aid mounted in the patient's room used to communicate a patient's mobility status, Dan conducted random audits to determine if the boards were being used correctly. The rate of injury falls/1,000 patient days was 0.38. The rate decreased to 0.36 in second quarter 2018, directly attributed to project implementation. Daniel presented his work at quarterly meeting in 2018.

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) 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 MFTIassessment 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 had been completed. Total main complaint were collected soon after patient arrival. Monitoring the collaborative initiative, able to gain new knowledge about resources available in other hospital departments to help with data collection and analysis. Matthew Boy, MPH, sensor decision support analyst, created the presented data as an example of this interdepartmental collaboration.

Art of Innovation 2018

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 patient days was 0.38. The rate decreased to 0.36 in second quarter 2018, directly attributed to project implementation. Daniel presented his work at quarterly meeting in 2018.

Neonatal Quality Improvement Collaborative

Wesson 2, LDRP, and NICU/CVN units are one of the participating hospitals in the Neonatal Quality Improvement Collaborative. Es, Sleep, Console (ESC) rollout in the Northeastern Region. Beginning in September, the ESC approach was implemented and completed with the following rates of measuring the degree of Neonatal Abstinence Syndrome (NAS) exhibits by addicted infants. The premise of the ESC approach 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 in the Women’s Evaluation and Treatment Unit’s work “Who was - in today’s ever changing health care landscape, 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.
Supporting Transgender and Gender Non-Confoming Youth?, Michelle Whitney, MSN, RN, CPN, CRAN, CLINC
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 Engagement and Ownership in Decision Making, Michelle Whitney, MSN, RN, CPN, CRAN, CLINC, Nicole Mobley, BSN, RN, BC, Marylina Westcott, BSN, RN, CNIV
Use of Vapocoolant Spray as Topical Anesthetic for IV Insertions, Rachel Dierko, BSN, RN, Christine Ingalls, MN, RN, CCRN, Lorraine Nutting, BS, RN, Chad Watts, RN, BC, PNC
Hospital-Induced Mania, Jennifer LeVierge, RN, BS, RN, PCN
Redesign of a Clinical Ladder Program to Enhance RN Professionalism and Promote Accountability, The Professional Nurse Recognition Program (PNRP), Christine Klucznik, The Professional Nurse
Let’s Walk to Recovery: A Literature Review of Ambulation Protocols, Amber Vasserman, BSN, RN, Charles Harrie, ASN, RN, Kyra Morgan, ASN, RN
Improving Healthcare Through Checklists: What we can learn from aviation, Matthew Dowd, RN, BSN, CRN, Carin Mathen, BSN, RN, Bonnie Tjepkema, BSN, RN
Incorporating Best Practices When Caring for Transgender and Gender Non-Conforming Patients, Mia Copeland-Brock, RN, BSN, Rebecca Hamil, RN
A Movement for Alternative Pain and Anxiety Management, Britt Daniel, RN, BSN, Carin Mathen, BSN, RN, Ashley Maciascek, BSN, RN, Alexandra Cote, RN, MPH, CHPM
Surgical Smoke in the Operating Room, Gina Russo, RN, Sarah Dowd, RN, Elizabeth Labrie, RN, Meghan Leahy, RN, Samantha Goldaper, RN, Cady Heon, RN, Megan Mengan, RN, Katelney Paev, RN, Moira Shaw, RN
Folding Strategies: Utilizing Simulation to Prepare for a Versatile Clinical Reality, Elizabeth Labrie, RN, Meghan Leahy, RN, Amanda Rachiolla, RN, Emmanuel Kadima, RN, Hayley Schuster, RN, Alejandra Cupta, RN, Brennan Brigante, RN
What Does the No Pass Zone Mean to Me? Sarah White, RN, Megan Ouel, RN, Althea Sacco, RN, Kathi Mastello, RN, Emily Pett, RN, Melissa Hodson, RN, Tessa Miller, RN, Shanna Morris, RN
Post-Birth Warning Signs, Christine Russell, RN, Rachel Rachard, RN
Cardiac Cath and Bypass Visual Teach Back Tool, Brian Piantano, BSN, RN, Shina Mackay, BSN, RN, Kathryn Blanchard, BSN, RN
NRP 14 Cohort: Understanding Various Levels of Acuity Among Patients from the New Grad Perspective, Ariana Liapis, RN, Shannon McComb, RN, Kayla Levraut, RN, Kate Hill, RN, Ashley Kelby, RN, Edvin Reyes, RN
The Good, The Bad, and The Ugly of Bedside Reporting, Nada Matto, RN, Meghan Ross, RN, January Barret, RN, Insa Aartszoo, RN, Corrine Guad, RN, Kasia Morrisso, RN
CAUTI Management, Alecia Krakcheko, RN, Winnie Lopez Sanchez, RN, Nia Sadakky, RN, Alexandra Fone, RN, Daniel Kauth, RN, Farjana Adbul, RN, Taylor Whilalin, RN, Kimberly Ludwig, RN
Columbia Suicide Scale, Elizabeth Couchon, RN, Austin DeCosmo, RN, Veronica Hul, RN, Justin Melbourne, RN, Adam Scavotto, RN
Handoff Reports within the Peri-Operative Setting: The Good, The Bad, and the Ugly, Don’t Carefully, Laka Creigen, RN, Matthew Dorn, RN, Samantha Goldfarb, RN, Casey Hoorn, RN, Kaitlyn Mepgan, RN, Kelatney Paev, RN, Moira Shaw, RN
Substance Abuse Education: Expanding Knowledge Regarding Community Resources for Substance Abuse, Mary Zheng, RN; Kimberly Pagnoni, RN; PatrickLucas, 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 Peschke, 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 (AAACN) annual conference. The work was initiated by staff nurses in response to an identified need to treat infusion reactions in 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.

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.

Theresa Bodak, RN and Meghan Ross, RN

STORIES OF CARE
**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
- Kristin 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
- Johan Gaudron, RN
- Hillary Gietek, RN
- Karissa Gorman, RN
- Bethany Hamilton, RN
- Jessica Hanssens-Schueler, RN
- Rebecca Hart, RN
- Tricia Hutchinson, RN
- Mia Jacintho, RN
- Holly Labrecque, RN
- Rylee Lachat, RN
- Allison Masi, RN
- Kelcy McCaughlin, RN
- Raadisah Miller, RN
- Krista Mitchell, RN
- Jacqueline Mongeau, RN
- Hannah Nowell, RN
- Autumn Naylon, RN
- Kelcy Niemiec, RN
- Ryan O’Connor, RN
- Gina Orlando, RN
- Joanne Pagan, RN
- Molly Puckett, RN
- Allison T Radzicki, RN
- Kayla Riba, RN
- Elaine Della Ripa, RN
- Rebecca Rosenberger, RN
- Noelle Roy, RN

### Level III
- Geoffrey St. John, RN
- Joanne Sakowski, RN
- Grant Sampson, RN
- Lyndsay Santainto, RN
- Hughie Scott, RN
- Taylor Selig, RN
- Angel Soto, RN
- Dorothy Stewart, RN
- Allison Stiles, RN
- Courtney Sullivan, RN
- Catherine Towday, RN

### Level IV
- Laurie Bannish, RN
- Colleen Bennett, RN
- Christina Bushey, RN
- Sarah Cadden, RN
- Gina Collins, RN
- Jennifer Do Carmo, RN
- Barbara Eufemia, RN
- Dana Gallant, RN
- Alyssa Haarston, RN
- Jeanne Hartmann, RN
- Christine Holmes, RN
- Christina Kaleta, RN
- Michelle Kenney, RN
- Laura E Mazur, RN
- Shelley V. McKay, RN
- Julie Olmes, RN
- Dale Parentou, RN

### 2018 Certifications
- Heather Herbert, RN
- Brittany Hulan, RN
- Cassandra Keller, RN
- Lilia Kennedy, RN
- Hobly Kisson, RN
- Amber Leary, RN
- Savannah Loften, RN
- Nicole McCalland, RN
- Natasha Mydlovic, RN
- Kayla Naryz, RN
- Kirsten Pastorczyk, RN
- Erin Savila, RN
- Nina Southworth, RN
- Ashley Sullivan, RN
- Eva Marie Sullivan, RN
- Susan Sullivan, RN
- Catherine Towday, RN

### 2017 Certifications
- Carrie Allard, RN
- Anne C Adams, RN
- Laurie Bannish, RN
- Marie Barthule, RN
- Lisa Bartolucci, RN
- Melissa Bausch, RN
- Colleen Bennett, RN
- Janet Ann Williams, RN
- Nancy Jane Williams, RN

### 2016 Certifications
- Laurie Bannish, RN
- Colleen Bennett, RN
- Christina Bushey, RN
- Sarah Cadden, RN
- Gina Collins, RN
- Jennifer Do Carmo, RN
- Barbara Eufemia, RN
- Dana Gallant, RN
- Alyssa Haarston, RN
- Jeanne Hartmann, RN
- Christine Holmes, RN
- Christina Kaleta, RN
- Michelle Kenney, RN
- Laura E Mazur, RN
- Shelley V. McKay, RN
- Julie Olmes, RN
- Dale Parentou, RN

### 2015 Certifications
- Jessica Pietras, RN
- Melissa Pope, RN
- Alafia Spahn, RN
- Beth Stadick, RN
- Megan Thompson, RN
- Audrey Vandovenrot, RN
- Sheryl Vieira, RN
- Diane Wiesco, RN

### 2014 Certifications
- Kimberley Conway, RN
- Robin Cooney, RN
- Ellen Cramer, RN
- Sandra Crochtere, RN
- Linda T Cross, RN
- Kimberly Curtin, RN
- Andrea Curtis, RN
- Robin Cyuz, RN
- Alexandra DaCunha, RN
- Lisa Dargie, RN
- Siwane Sarsie, RN
- Jodie Daum, RN
- Natalia Deven, RN
- Maria Isabel Diaz, RN
- Catherine Difrancesco, RN
- Donna Smolen, RN
- Carl Douglas, RN
- Sheila Dowd, RN
- Rachal Downey, RN
- Kelly Dupuis, RN
- Tracey Doucet, RN
- Janet Elmassian, RN
- Martha Enmark, RN
- Laurie Fabbi, RN
- Nancy Faleye, RN
- Katelyn Farnell, RN
- Amber Feaster, RN
- Leanne Fenney, RN
- Daniel Ferguson, RN
- Jill Fisher, RN
- James Fortin, RN
- Mary Forbes, RN
- Kate Fontenot, RN
- Renae Fortini, RN
- Sally Ann Fortin, RN
- Kristin Fougaran, RN
- Amy Frazier, RN
- Sarah Freeman, RN
## Awards

**Midwifery Practice Award Wins**

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 award is for “best practice” in the category of “low preterm birth rate” for a highvolume tertiary practice (2002–2009) for a low number of infants from singlebirth births born ≥27 weeks gestation. The second is the Triple Aim Award. This recognizes practices that meet the Institute for Healthcare Improvement’s “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 as “best practice” in the category of “low preterm birth rates” among a total of 207 practices.

**Michigan Critical Care Unit/Surgical Intensive Care Unit 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.

**Midwifery Practice Wins**

The award recognizes the contribution of nurses and midwives of the ICU interdisciplinary team to patient care outcomes. The foundation 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.

**Health Sciences & 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 Covered and AHA Collaboration. Baystate Medical Center received the GWTG-Stroke Gold plus & Target: Stroke Elite Honor roll Awards from the American Heart/Stroke Association along with two awards from the Paul Coverdale National Acute Stroke Program for Dual Diagnosis Screening, <4% Modified Rank Scale >85%.

## Publications

- Margaret Beturne. “My Funny Bone Hurts—Taking Care of a Patient with Skin Cancer, Tiptoe Receiving a Nerve Block, Orthopedic Complications, Dysphagia Screening >90% & Modified Rank Scale >85%.” A Perianesthesia Nursing Performance Improvement Project. OR Manager Conference and PACU Summit, Nashville, TN, September, 2018.
- Margaret Beturne. “Nursing Care of a Patient Receiving a New Bone, Orthopedic Complications, Taking Care of a Patient with Skin Cancer, Tiptoe Receiving a Nerve Block, Dysphagia Screening.” A Perianesthesia Nursing Performance Improvement Project. OR Manager Conference and PACU Summit, Nashville, TN, September, 2018.
- Margaret Beturne. “Nursing Care of a Patient Receiving a New Bone, Orthopedic Complications, Taking Care of a Patient with Skin Cancer, Tiptoe Receiving a Nerve Block, Dysphagia Screening.” A Perianesthesia Nursing Performance Improvement Project. OR Manager Conference and PACU Summit, Nashville, TN, September, 2018.


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


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


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