12-2018

Nursing News & Views - December 2018

Christine Klucznik RN

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Dear Nursing Colleagues,

One of the real joys this holiday season is the opportunity to say thank you and to wish you a beautiful holiday season and a new year of peace and happiness.

At Baystate Medical Center, we have achieved great success this year – the health system met its financial goals and team members were gifted with a special appreciation end-of-year bonus. I heard from many of you who were thankful for the gift saying you were able to pay an extra bill or buy a special gift for a loved one. Also this year, nurses scored above the national average in several survey indicators for engagement which lead Baystate Medical Center to be able to submit for a prestigious fourth ANCC Magnet designation. Our Shared Governance structure was strengthened by the addition of a Nursing Night Council which has supported nurses and benefited patients on the night shift in many ways. During the October nursing retreat, a suggestion was made to begin a Staffing Advisory Council – this will be added to our structure beginning in January and I am certain it will serve to strengthen the team and innovations around nurse staffing. BMC also began a partnership with the Birchtree Center for Healthcare Transformation to explore and learn about Holistic Nursing Practice. Five training sessions for leaders and team members were well attended and received positively. Nurses are excited to continue on this journey! An Integrating Healing Council was initiated and is also making strides in implementing new practices. BMC continues to outperform the NDNQI benchmarks in falls, falls with injury, and HAPI. A new team is already achieving great marks with work to prevent CAUTI and a focus on CLABSI will begin soon. The Nursing Care Delivery Model is expanding to the ICUs, ORs and ED. We already see improved results in “Nurses Treat with Courtesy and Respect.” In 2019, our main energy needs to focus on the Patient Experience. We will be looking to all of you for your commitment and dedication to making this your number one goal!
I am so thankful for you and your continued commitment and dedication to our organization and to those we serve. As you celebrate the season, may you be filled with love, peace, and joy. May the New Year bring you hope and bright beginnings. Happy Holidays!

Sincerely,

[Signature]

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**Fundamentals of Quality Nursing Care**

**Nursing Peer Review by Ellen Moriarty and Diane Tillman**

The primary purpose of peer review is to help ensure the quality of nursing care through safe deliverance of standards of care and evidence-based practices. As defined by the ANA: Peer Review in nursing is the process by which practicing registered nurses systematically assess, monitor, and make judgements about the quality of nursing care provided by peers as measured against professional standards of practice. Peer Review fosters a continuous learning culture of patient safety and best practice. Cases can be referred for peer review in a number of ways, including; referral from individual staff or nursing unit leadership, Risk Management, SRSs, Division of Healthcare Quality and/or other Peer Review groups.

Over the past year many cases have been presented at Nursing Peer Review. A brief overview of nursing practice events that have come through the committee and lessons learned are summarized below:

**Medication Errors:**
- **Scan all meds:** With many drug shortages, medications could be in different packaging, labeling and dosing.
- **Communication/Handover:** Multiple Heparin doses missed and patient a developed PE.
- **Communicate plan of care:** DVT Prophylaxis noted on admission, never ordered and patient developed PE.
- **Handover Issue:** Medical history of OSA and sensitivity to narcotics not shared in handover and multiple dosed Narcotics administered requiring re-intubation. Insulin Doses administered to treat hyperglycemia or elevated potassium levels without rechecking POC values. TPN or tube feeds on hold yet pt still received scheduled doses of Insulin resulting in hypoglycemic event.

**Fall with Injury:**
- **Correctly identifying at risk patients** and putting appropriate interventions in place.
- **Silence bed alarms rather than shutting them off** when alarm sounds and staff respond.
- **Therapeutic beds now have special cord to plug into pt call system** in order for bed alarm to work.
- **TABS alarm** pads good for 14 days, Pads should be dated when placed on bed.
Skin Pressure Injury:

- Document accurately upon admission/transfers skin/wound issues.
- Consult Wound Care early.
- Monitor closely for device related Pressure ulcers.

Provision of Care:

- Delay in treatment/Failure to Notify Physician:
  - Critical thinking: BP meds ordered. Medication not given in timely manner and pt became symptomatic with increase of intracranial bleed.

Delivery of Care / Assessment:

- Knowledge of protocols for patient assessments post-procedures.

Leadership Access and Responsiveness

Holistic Nursing at BMC

Our work to implement a Holistic Nursing Program continued this past month. The Birchtree Center for Healthcare Transformation led a two-day workshop on “Transformational Leadership for Innovative Organizations,” a session designed 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 also discussed. On day two, a significant amount of time was spent creating action steps that could lead to the optimal healing environment, strategies for self-care and the creation of a caring-healing presence. Nurse leaders expressed appreciation and gratitude for the experience and participation in such a timely, needed event.

Professional Development

Art of Innovation 2018

When we started the “Art of Questioning” campaign, our goal was to inspire clinical nurses to evaluate their practice and develop a spirit of “inquiry” that challenges the status quo and spurs bedside innovation. In today’s ever changing healthcare landscape, change is a constant and the need for nursing to evaluate
and explore new ways of caring for patients is essential. As nurses, we must continuously look at our practice, challenge the current norm, and seek out the new.

On November 29, a celebration of clinical inquiry was held on MM4. Poster viewing began at 4:00 p.m. with a panel discussion at 5:15. Daniel Ferguson, BSN, RN, Connie Blake, EdD, RNC-OB and Kathleen Frodema, RN, CAPA discussed their experience creating their questions and their journey with quality improvement projects and nursing research. Congratulations to all the entrants on this amazing work! Clinical Inquiry is alive and living at BMC!

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, B.S., 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 Milanesi, 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 Szcerbera, 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 ~


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, RN ~ Alexisnada Reid, BSN, RN

A Movement for Alternative Pain and Anxiety Management, Brittney Allen, BSN, RN ~ Ashley Maciascek, BSN, RN ~ Terekah Thaxton, 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:

**Beside 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 Cullo, 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**, BrianPOSITANO, 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 CondiKE, 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
Autonomy

**Annual Nursing 5K**

Each year the Department of Nursing supports a 5K/walk/run during Nurses Week as part of our celebration. This year, as part of BMC’s participation in the ANA Healthy Nurse, Healthy Nation national initiative, the coordinating team is looking to sponsor a Couch to 5K group. If you’re thinking about participating in the Nurses Week 5K event in 2019 and are looking for support, join the team on January 2 at 4:30 p.m. in MM3. A support group is being created to help with exercise commitment. Participation is voluntary.

**Adequacy of Resources and Staffing**

**Recruitment/Retention/Reward Council by Tom Panaccione, Jody Peltier & Melissa Tuomi**

*You voiced your opinion and we heard you!*

Baystate Medical Center Nursing leadership is listening: your opinions matter. Based on suggestions from clinical staff at the Nursing Retreat, we are forming a council specifically to address your concerns about resources and retention. Our goal is to hear your thoughts on recruitment, retention, & recognition. Starting the first week of February in 2019, we will have the opportunity to discuss what matters to you, the clinical nursing staff, on a regular basis. Each clinical area at BMC will be asked to have a nurse representative join the team lead by Jody Peltier, MSN, RN, Nurse Manager of Patient Care Resources, Susanne Tessicini, Director Senior HR Business Partner, Melissa Tuomi, PhD, RN, CPHQ, Director of Professional Practice, Nursing Research & Quality, and Thomas Panaccione, MHA, RN, BC, FACHE, Director Patient Care Services. Managers of each area will coordinate with us as to whom will represent their areas.

We will continue to follow up with details and information as the team continues to evolve and create structure. We value your ideas and opinions as to what makes a strong team and how we can integrate components of recruitment, retention, and recognition to ensure our staffing is solid and able to meet the needs of the patients and families now and for generations to come. We want to know what works well, what needs to be changed, and what we can create for our future staffing patterns here at Baystate Medical Center.

It takes a team to make this happen. We are counting on you to participate and help create the future vision for Baystate.

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See our most recent BMC Direct Care RN Dashboard on the following page.
### BMC Direct Care RN Dashboard

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<th>Metric and Benchmark *</th>
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<td>% RN Overtime</td>
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Positive Increase

* Benchmark Saratoga Hospital Survey 2017 from peer group of 31 Academic Medical Centers on the east coast. Target set at Top quartile performance with the exception of diversity which is set at median.

Baystate Medical Center