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Baystate Medical Center Nursing Report - 2014/2015

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**Baystate
Medical Center**

2014-2015 Nursing Report





		 <i>Patient Safety</i>	
Beacon Award for Critical Care Excellence	Magnet Hospital Recognition	Leapfrog Safety Score	U.S. News & World Report
Baystate Medical Center has earned the Beacon Award for Critical Care Excellence 9 times from the American Association of Critical Care Nurses.	One of 3% of hospitals nationally to achieve Magnet recognition 3 times. Magnet stands for nursing excellence.	Received straight "A"s for six years consecutively putting BMC in the top 3% of hospitals nationally for consistent scores.	One of 34 hospitals in America to achieve the highest possible rating in all 5 Common Care areas which includes COPD, Heart Bypass Surgery, Heart Failure, Hip & Knee Replacements.
Baystate Medical Center is one of the top hospitals in the country for safety and quality.			



Welcome

I am pleased to share the 2014-2015 Baystate Medical Center Nursing Report—a reflection of the exceptional collaboration between all members of the Baystate Medical Center care team and their dedication to delivering a higher state of caring to patients and families.

In this report you will find examples of exceptional care that support the compass points of our new strategic plan: safety, quality, patient experience, and value. The report highlights Baystate Medical Center in relation to the Magnet pillars of transformational leadership; structural empowerment; exemplary professional practice; and new knowledge, innovation,

and improvements. The American Nurses Credentialing Center (ANCC) Magnet Recognition® is the highest and most prestigious international distinction a health care organization can receive for nursing excellence and outstanding patient care and Baystate Medical Center has earned this distinction three consecutive times since 2005.

In 2015, after over a year of gathering and creating our document and hosting a four-day site, the ANCC awarded Baystate Medical Center Magnet designation for the third time in a row, one of only three percent of hospitals in the nation to achieve this status. This distinction is a testament to the truly exceptional care delivered by our nurses and team members. Donna Havens, PhD, RN, FAAN, chair of the Commission for the Magnet Recognition Program® said the Commission was impressed with Baystate Medical Center's performance in distinct areas; the chief nursing officer's role in organizational decision-making, the transition of newly hired nurses including our new competency-based orientation and nurse residency program, the level of the nurse's clinical autonomy, and for meeting distinct national clinical benchmarks.

Magnet is one of many awards we have achieved this year including rankings by U.S. News and World Report as one of the 34 High Performing Hospitals in America for Common Conditions, a gold-level American Association of Critical Care Nurses Beacon Award for Excellence earned by Baystate Medical Center's Heart & Vascular Critical Care and Progressive Care Unit, and earning an "A" Hospital Safety Score grade from the Leapfrog Group for its performance on keeping patients safe.

Congratulations and thank you to our patient care team for the exceptional care they deliver and for all they do every day and night to achieve exemplary patient care outcomes and advance the professional practice of nursing.

Sincerely,

Nancy Shendell-Falik, RN, MA
President, Baystate Medical Center
and Senior Vice President of Hospital
Operations, Baystate Health



It is with pride that I echo the comments from Baystate Medical Center President, Nancy Shendell-Falik. The past year was rich with stories of compassionate, caring, and clinical excellence. Our goal in this report is to highlight stories that will give insight into our journey to deliver a higher state of caring. There are examples of performance improvement, redesign, exemplary professional practice, and transformation.

To my colleagues, I would like to say “thank you” for your commitment and dedication to our mission. I am energized by our vision and our ability to deliver exceptional care. As we begin 2016 we will embark on the creation of our new Nursing Strategic Plan—I look forward to all that we can achieve. As we celebrate our third Magnet designation, we begin the journey to number four. Congratulations!

Sincerely,

A handwritten signature in cursive script that reads "Christine Klucznik".

Christine Klucznik, DNP, RN
Chief Nursing Officer
Vice President, Medicine, Professional Practice and Magnet
Baystate Medical Center

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“I know I’m going to cry when I see my husband’s nurse, Robin. She has shown my husband so much compassion and professionalism. She is an amazing nurse.”

-Oncology patient’s wife

Transformational Leadership

“Through transformational leadership we foster stronger relationships, create a more inspiring environment for nurses, and ultimately deliver a higher state of caring to our patients.”

Nancy Shendell-Falik, MA, RN



Patient Progress

Hospitals continue to be complex and dynamic, requiring significant efforts by staff to navigate patients from ports of entry to discharge or to admission. One of the biggest challenges for Baystate Medical Center is the capacity to serve all those needing care and patient progress—the ability to move patients efficiently and effectively throughout the hospital and to progress the plan of care. To address this complicated issue, interdisciplinary leaders and team members created a structure and an approach to create solutions.

The Patient Progress initiative is the single largest performance improvement initiative in Baystate Health history. Five improvement teams were created and charged with reducing Emergency Department (ED) waiting times, reducing ED walkouts, increasing patient rounding, and improving the patient experience.

Examples of the Patient Progress work include: transition to a leadership dyad model at the unit level, admission of patients to the appropriate location for their evaluation and treatment, assignment of hospitalists to a unit for a three-month period, and the institution of "Interdisciplinary Plan of Care"

(IPOC) rounds. As a result of this work, great progress has been made; over 1,000 more patient discharges, reducing the length of stay by .10 for adult medical-surgical patients, reducing the ED walkout rate to 5.6 percent down from over 7 percent, and 82 percent of patients now have an interdisciplinary plan of care.

"A Place Where You Matter"

A team of 140 patient experience champions are working to create an environment at Baystate Medical Center where every patient experience is exceptional. They chose the phrase "A Place Where You Matter"—where the "You" means not only patients but frontline caregivers, team members who support those delivering care, and leaders. In 2015 patient experience champions conducted over 700 interviews with patients and employees at Baystate Medical Center to learn what challenges and issues exist. In May, the team held two summits which included 120 participants (multidisciplinary, patient experience champions, leaders, Patient and Family Advisory Council members, and physicians) who analyzed the interview data. These summits have set the stage for creating a

vision of what patient-centered excellence will look like a year from now. Patient-centered excellence is a big undertaking. Our approach is to discover what we are doing right and expand it while using best practices from other health systems that make sense for our culture. Partnering with patients and families, meeting their health needs, and improving their lives while exceeding expectations—we can build "A Place Where You Matter."

Caregiver ID

We know that patients and families often struggle with identifying who is who among their caregivers and this may at times cause unnecessary anxiety and frustration. Out of respect for patients, our Patient & Family Advisory Councils asked us to help make it clear who their caregivers are. Patients also expressed that a uniform gives them greater confidence in their caregivers. A caregiver identification/standard attire team was created to research, select vendors and the clothing line, and to develop a standard attire policy. Over 100 team members helped implement standard attire. Today, not only do our patients appreciate the program, but our interprofessional colleagues and staff feel great about their new attire!

Community Service

Habitat for Humanity is a nonprofit organization who advocates to increase access to decent, affordable housing in the community and internationally. Baystate Medical Center's Daly 6A staff began volunteering for Habitat for Humanity in 2006. In August, a group of 20 individuals

from the unit including therapists, nurses, patient care technicians, operation associates, orderlies, and management helped build a home for a single mother of five. Whenever Habitat needed donations, Daly 6A would help collect beverages, or snacks to pass out to the volunteers. A year after a devastating tornado in 2010, Habitat held a week-long Tornado Rebuild project and a group of 6A

team members laid the foundation for a new home. They've volunteered to help low-income homeowners improve the condition of homes by painting, landscaping, and performing minor exterior repairs. Daly 6A team members realize that our patients are part of our community, and our community extends past the walls of Baystate Medical Center.

Four-legged Friend Offers Comfort

Mrs. T, a patient in the ICU, was facing end-of-life care. She was physically struggling to maintain her breathing and emotionally struggling with accepting she was at the end of her life. With the help of staff, she and her family made the difficult decision to limit care and designate her "do not resuscitate."

Mrs. T's husband asked about bringing in their dog, Charlie. They had no children and this dog was like a child to her. The team investigated how to make this happen quickly. While her husband went to get the dog, they obtained the necessary paperwork and notified Security and the concierge, who helped coordinate the visit. The patient care team listened to the patient and her husband and partnered with them to meet their needs.

As soon as the dog saw the patient, he gently licked her face and cuddled in her arms. Mrs. T, who had been distressed all morning, began smiling and petting the dog. After about an

Pictured from left to right are Mark Tidswell, MD; Lauren Gray, LCSW; Sylvester Toney, Security; James Watts, lead concierge; and Mary Jo Farmer, MD. August, 2015



hour, she no longer wanted the bipap breathing machine. It was removed and all agreed to proceed with comfort care. The dog remained in the patient's arms. When her heart stopped, the dog put his paw on the patient's chest and licked her face.

The spouse later shared that the dog died four hours after the patient, and that he found great peace knowing they were together.

"This is just one example of commitment to the patient by the ICU team (RN, social work, MD, RT, PCT, case manager, nutrition, pharmacy, etc.). I'm grateful to work with them," says Mark Tidswell, MD, interim chief, Baystate Pulmonary and Critical Care Medicine.



MAURICE, RN

“My nurse Maurice was compassionate, focused, and calm. He made me feel like I was his only patient. When I felt hopeless he made me feel like everything was going to be okay.”

-Patient

Structural Empowerment





Nurse Residency

The landmark report from the Institute of Medicine “The Future of Nursing: Leading Change, Advancing Health” became a call to action that would launch a national agenda to change nursing education, practice, and leadership. A key recommendation in the report states that “Nurses should achieve higher levels of education and training.” One of the goals of Baystate’s Nursing Strategic Plan has been to increase the percentage of BSN graduates and focus on developing and maintaining a high-performing workforce who can lead change and meet the new challenges within our evolving health care delivery system. Baystate Medical Center’s Nurse Residency program is a one-year curriculum for newly graduated registered nurses, offering hands on clinical experience, in-depth learning through monthly seminars that include case studies, organizational strategy awareness, participation in evidence-based practice projects, and ongoing professional development. All are expected to complete an evidence-based Capstone project which is presented during their graduation

ceremony. The program was developed in collaboration with the University Healthsystem Consortium and the American Association of Colleges of Nursing. New graduate nurses gain valuable experience with the mentoring guidance of preceptor Baystate staff nurses, and Baystate Medical Center orients new graduate nurses that help ensure we have the nurses we’ll need to provide exceptional care to our patients in the future. As of Fall 2015, 81 nurses have graduated from the program and 75 currently work at Baystate.

Shared Governance Model

Nursing Shared Governance (when staff and leaders collaborate and share decision-making) is a way to support clinical nurse engagement and is vital to creating effective work flows that improve patient care. A recent survey of Baystate Medical Center nurses asking about their participation in unit-based and hospital-wide councils showed nurses had limited ability to attend meetings and had concerns about leadership support. In response, representatives from a variety of nursing levels evaluated the current shared governance

structure and explored ways to increase the voice of the bedside nurse. Participants at a retreat discussed prior successful approaches and future innovative ideas. The group evaluated the current model and proposed a revision that added new councils: Quality & Safety, Evidence-Based Research & Innovation, and the Coordination Council. This work will help to cultivate leadership at the bedside as nurses work to transform care.

Nursing Orientation

Baystate Health is committed to developing a standardized, regionalized approach to patient care. Nursing orientation was identified as a core function that could be standardized to ensure that all newly hired staff are receiving the same education and learning the same clinical practices. The Nursing Professional Development Team met over several months to research the evidence surrounding innovative educational programming. The Nurse of the Future Competencies® (NOF), originally developed in Massachusetts through the Massachusetts Action Coalition and the Department of Higher Education, provided the

framework. To better engage a more experiential learner, the team developed an educational program that used clinical vignettes that depicted a patient's experience upon admission from the emergency department. Didactic learning is paired with other modalities and case study discussion, interactive activities and storytelling is used to enrich the experience. To date, 15 orientations have been held. Data continues to be collected and adjustments to orientation continue to be made to ensure its success.

Percentage of nurses who rated orientation as "excellent" for:

81% clarity of presentation

88% meeting their learning style

84% knowledge gained to produce quality decisions

89% skills lab preparation

Making the Wait Easier

What does "providing a higher state of caring" look and feel like? The answer can be found in the Baystate Pediatric Surgery Waiting Room with Patient Care Technician and Waiting Room Attendant Jose Oliveras.

Approximately 2,400 pediatric patients a year receive surgical care in the Pediatric Surgery Center at Baystate Medical Center. The expectation of having surgery can be stressful and frightening for the child and parent walking through the waiting room entrance. Jose Oliveras is one of the first staff members they meet and that initial interaction is magical. He goes out of his way to provide emotional and physical comfort to children and families. He diffuses stressful situations when tensions are running high. He plays with children, comforts adults, facilitates language barriers, and always offers to do whatever it takes to make a difficult day not only tolerable, but enjoyable.

And people notice. He receives the most recognition in the department, from both team members and patients and families. He is also a 2015 Pioneer Valley Howdy Award finalist for excellence in hospitality in the category of public service.

What is the secret to his success? He never misses a moment to make a compassionate connection! Jose utilizes exceptional emotional intelligence and looks at the experience through the eyes of the patient, family, or team member. He is always walking in the shoes of others. He understands and believes in the power of addressing those small needs—providing a warm blanket, a friendly smile, a box of tissues, or an escort to the pharmacy. He offers to come early, stay late, and is always going the extra mile to support patients and to support doctors, nurses, and staff who care for patients.

"Jose represents all that is good at Baystate Medical Center. He has completely changed the face of the pediatric waiting room. He is exactly what Baystate means by patient-centered care," says David Tashjian MD, pediatric surgeon, Baystate Pediatric Surgery.





ELAINE, RN

“Elaine, you provided comfort and compassion to me when I was feeling sad and defeated. You stopped what you were doing to sit with me, gave me a hug, and allowed me to share my worries. You made me feel that you had all the time in the world to care for me.”

-Patient

Exemplary Professional Practice





Acute Care for the Elderly

The rising number of older adults in the Springfield community is highlighting a major population health concern of a high rate of dementia diagnoses, increased number of chronic diseases, and health care disparities. It is commonly known that these diagnoses can put patients at risk for poor outcomes due to falls, restraint use, incidence of delirium, poor nutritional status, and a longer length of stay. The Acute Care for Elders (ACE) program focuses on at risk adults admitted to hospital units where specially trained staff use geriatric principles to provide patient-centered care. The focus is on early interventions (mobility, nutrition, cognition, and sleep/rest), frequent medical review, prompt discharge, and care given in an environment that is supportive of the elder patient.

Springfield 3 was identified as the pilot unit for ACE. Team members were educated in geriatric principles and in delirium recognition. Nurses were educated in using the CAM (Confusion Assessment Method) to identify delirium. Unit champions met weekly

to identify interventions and strategies to prevent and manage delirium. Patients who were admitted to the unit directly from the Emergency Department and who were 70 years of age or older were designated as "ACE Patients." All PCTs, Intermittent Observers, and orderlies received training for mobility. The goal is for each patient to walk three times a day. The night staff work to ensure an uninterrupted sleep cycle for the patients by dimming lights, turning off TVs, and rescheduling tests and care to non-sleep times. Each nurse on the unit receives education related to the Beer's Criteria for Medications. Recommendations made by the team are then brought to the attending physician. To date, 86 percent of recommendations have been accepted by the attending physician.

Patient safety has improved. The falls rate has declined to 1.32 falls/1,000 patient days from April–June 2015. The incidence of delirium declined from 20.8 percent in the first three months to 15.3 percent as compared to the national average of >20 percent. The length of stay was reduced by

.9 day (4.6 days vs. 5.5 days). The use of restraints has been all but eliminated and constant companion utilization is reduced. Springfield 3 received the Nursing Team Award given during Nurse's Week for collaborative work on this project and the project earned the top prize in Baystate Health's 2015 President's Quality Awards.

Pain Management: An Interdisciplinary Call to Action

Patient satisfaction scores related to pain management have demonstrated an opportunity to improve the care given to our patients. An interdisciplinary team consisting of pharmacists and nurses began meeting to discuss potential solutions.

The Knowledge and Attitude Survey was given to nurses, pharmacists, and physicians to assess their knowledge about pain management. Springfield 3 Oncology and Daly 6B were identified as pilot units for a project on pain management. Clinical nurses were interviewed to identify pain management barriers. Pharmacy students

were assigned to the units to meet with targeted patients. Utilizing a script, the fifth year Pharmacy students met with patients to provide education about medication use, side effects, and self-care. Pharmacy students reported the patients were extremely receptive to a pain discussion. Since pain is such a subjective element, the patients were relieved that their voices were heard. "Our patients have been positively impacted when it comes to their care," says Kaitlyn Asselin, RN, 6B. "They feel more involved in their pain management regimen, decision making, and report feeling more knowledgeable."

OR to Pediatric PACU Handoff

Michelle Whitney, RN, Dusti Wells, RN, and Kim Reed, RN, pediatric perianesthesia nurses developed a handover tool to improve the care of pediatric patients in the pediatric surgery unit at Baystate Medical Center. Communication during patient handover from the Operating Room to the post-anesthesia care unit (PACU) was identified as an opportunity for improving care of the patient. Whitney began investigating best practices for appropriate patient handover. With the help of fellow staff, anesthesia

leadership, and unit leadership, a handover tool was created and implemented. The creation of a scripted handover tool provides organization and consistency to make a safer environment. Dr. Nikhil Thakkar, chief of PACU described the pediatric handover tool as a very effective way to communicate and transfer care from a set of providers to other providers to further care of pediatric patients.

Close-Knit Care

"I met Mrs. S. when I was administering chemotherapy to her in the Intensive Care Unit (ICU). The patient was crocheting and her daughter was knitting. I knit a special type of scarf using a lace-type yarn and the daughter was interested in that technique. I told her I would teach her. The next time Mrs. S. needed chemotherapy, I brought my knitting needles and the yarn and showed the daughter how to knit the scarf. She caught on fast with the new technique and at the next visit had the scarf completed. The daughter was grateful that I took the time to show her and as a gift, I gave her the yarn and knitting needles. Later, I received a delivery of about 50 knitted hats from this patient and daughter. They had made hats for all of the patients on our unit." Maureen Nomakeo, RN, BSN, OCN, Clinical Nurse Coordinator, Springfield 3 Oncology, Baystate Medical Center





ABBEY, RN

"Abbey had my son for multiple days on the Infants and Children's Unit and was fantastic with him as well as our whole family. She was extremely attentive and gentle with my son and honest and kind with us."

-Mother of pediatric patient

New Knowledge, Innovation, and Improvements





"Art of Questioning"

The "Art of Questioning" is a program designed to support the bedside nurse in asking clinical questions related to their practice and finding the evidence to either change a practice or support autonomous decision making. The goal is to encourage staff nurse clinical inquiry and curiosity and to stimulate interest in developing nursing research projects. In 2015, 59 questions/posters were submitted for review. A rubric is used to score the posters and choose the winners. Over 300 nurses attended the annual celebration. Lori Babeau, ambulatory nurse in pediatrics says, "The Art of Questioning is such a testament to one's nursing career. Events such as this, always validate my choice in becoming a professional nurse!" Brian Chase, RN, BSN, CNOR, Daly Operating Room nurse says, "The Art of Questioning is a platform to bring forward to a large audience a patient care issue or concern that otherwise would be a conversation in the break room."

"Seeds of Excellence"

In support of Baystate Medical Center Nursing's efforts to achieve Magnet redesignation

and highlight the collaborative culture it takes to get there, 55 departments participated in the "Seeds of Excellence" campaign by creating their own unique planter creatively representing their contribution to patient care. The planters were displayed outside the Chestnut Conference Center to be viewed by team members, patients, and visitors.

"Participating in the Seeds of Excellence campaign was a great opportunity to bring some of our team members together in a unique and fun way," says Erin Taylor, Pharm. D. "Our planter idea was a collaborative effort and served as an opportunity to highlight our profession and how we support and contribute to patient care. Team members focused on using only those plants that have medicinal purposes, such as foxglove, agave, echinacea, garlic, and lavender. The planter design was modeled after a mortar and pestle."

Bridget Gunn, Health Science Librarian also described her participation. "The library staff chose a book cart as our planter and filled it with items that represented library tools and resources throughout the ages, such as print catalog

cards, due date stamps, and a mock iPad, in addition to several colorful plants," says Gunn. "This project gave us an opportunity to think about our role in patient care, which is providing quality information and education to clinicians and patients in whatever format is most useful and current."

Improving Care for Psychiatric Patients

Two years ago Adult Inpatient Psychiatric Treatment Unit (APTU) Nurse Manager, Bob Horton, RN, MSN, BC, decided to study the shortage of inpatient psychiatric beds and the length of stay of behavioral health patients in the Emergency Department (ED). This issue has impacted the care of these patients across the nation. While pursuing his MSN at American International College, he focused his Capstone Project on possible solutions for the issue. Horton's project has become the blueprint for an interdisciplinary effort involving medical, administrative, and nursing leadership from the ED and Behavioral Health. During times of high ED behavioral health census, mental health counselors from APTU are working in the ED to provide support and care. Inpatient

pharmacy also sends resources to the ED to facilitate medication reconciliation. A group of ED nurses, the Behavioral Health Action Committee, has convened to look at day-to-day nursing practice with psychiatric crisis patients. By working with their Behavioral

Health colleagues, they hope to attain new clinical competencies in behavioral health. The ultimate aim is to improve care for psychiatric crisis patients in the ED, improve patient and staff safety, and ultimately achieve a rapid patient disposition to an

appropriate care setting. Nurse leaders and direct care nurses have been and will be there every step of the way as a critical component of this effort.

Circle of Life Lesson

Working in the Intensive Care Unit at Baystate Medical Center is eye opening and life changing. This past year, I had the honor of caring for a critically ill patient, Mrs. Smith. I experienced the beauty of the circle of life. Mrs. Smith had a severe neurological injury and her outlook was grim. She and her husband had three children. The youngest daughter was also a patient in the hospital. She was delivering her first child in Labor and Delivery.

By late afternoon a beautiful baby boy was born. The baby had to go to Baystate's Neonatal Intensive Care Unit due to respiratory distress. By the end of the day I found out he would most likely be off oxygen. I questioned if it would be possible for the baby to visit his grandmother. The NICU RN thought it would be a great idea. The baby was brought to the ICU via an isolette, the baby's mother was brought from the LDRP unit via wheel chair. My patient, Mrs. Smith, was positioned appropriately and sedation was weaned. Mrs. Smith reached up with her right hand towards her new grandson, acknowledging his presence. The family was awestruck. Tears welled up in everyone's eyes. It was a moment that will live on in everyone's memories. The beauty of life. The fragility of life. Family. Love. -Kayla Regan, Intensive Care Unit.





CHAPLAIN ROSA

"Last night in the Baystate Emergency Department, I was the family member of a patient. I want to thank nurses Concetta, Janet, and Chaplain Rosa who did everything they could to make my grandmother comfortable up until the moment she passed away. The compassion and understanding they showed my family while we were going through this difficult time was just amazing. I understand how busy the ED can get but they never let it show."

-Patient

Awards & Certifications



Forgivable Loan Scholarships – 2015

Joshua Aliengena, RN
Carolyn Anderson, RN
Sharon Asher, RN
Karrian Benejan, RN
Kristi Brookman, RN
Christina Bushey, RN
Jamie Coffin, RN
Gina Collins, RN
Brett Costa, RN
Jessica Dascani, RN
Kimberly Davis, RN
Marcia Duclos, RN
Kimberly Dziel, RN
Jenna Fairlie, RN
Rhonda Fernandes, ANM
Deana Gasperini, RN
Sara Gibby, RN
Sarah Gordon, RN
Doris Haber, RN
Donna Harmon, NP
Kelly Hayward, RN
Patricia Humiston, RN
Elizabeth Jarry, RN
Lisa Jones, RN
Laurie Kaepfel, RN
Richard Kendra, RN
Maggie Krawczyk, RN
Karen LaFrance, RN
Sean LaValley, RN
Lisa Ledoux, RN
Michelle Manser, RN
Melissa Moulton, RN

Amanda Nugent, RN
Karin Patingre, RN
Stacey Peters, RN
Isarelys Reyes, RN
Jennifer Salina, RN
Christine Scibelli, RN
Jill Scibelli, RN
Georgiana Shea, RN
Ellen Smithline, RN
Alisha Spano, RN
Alyssa Sullivan, RN
Christine Surette, RN
Erica Teles, ANM
Terekah Thaxton, OA
Asa Thornhill, RN
Robin Tibbetts, RN
Khadijah Tuitt, RN
Donald Watson, RN
Gloria Wilson, RN

Elms College DNP Scholarship recipients – 2015

Brian Chase, RN
Marcia Duclos, RN
Samantha Duffy, RN
Marta Golasinski, RN
Brian Priest, RN
Thomas Tente, RN

Cliff Turcotte Memorial Scholarship

Deana Gasperini, RN

Clinical Nursing Excellence Awards

Lilia Bacu, RN
Corie Baker, RN
Betsy Bateman, RN
Cory Bellucci, RN
Michelle Bennett, RN
Theresa Bodak, RN
Anthony Braden, RN
Melissa Buxton, RN
Lisa Cabibbo, RN
Amy Costa, RN
Marie Coughlin, RN
Ellen Crane, RN
Monica Cuccovia, RN
Jessica Czerniak, RN
Yolanda DaCosta, RN
Lisa Desrochers, RN
Maureen Dunn, RN
Katherine Gallant, RN
Kathleen Gardner, RN
Alicia Gordon, RN
Robin Hackett Hill, RN
Jeffery Hannifan, RN
Christine Holmes, RN
Inna Houle, RN
Liz Jarry, RN
Eunice Jones, RN
Elizabeth Kearney, RN
Gregory Krach, RN
Crystal Kuszyana, RN
Gale Labelle, RN
Casey Lackenbach, RN
Donna LaFleur, RN

Robin Lawrence, RN
Lisa Ledoux, RN
Paulette Lockhart, RN
Christine Mador, RN
Sean Martin, RN
Jennifer Massengill, RN
Cheryl Matulewicz, RN
Jennifer Mayo, RN
Melissa Mello, RN
Nicole Nagata, RN
Maureen Nomakeo, RN
Melissa Pope, RN
Lisa Popowski, RN
Laura Pratt, RN
Denise Rennie, RN
Isarelys Reyes, RN
Heather Rising, RN
Robbin Robitaille, RN
Bonnie Sambor, RN
Jessica Sibilia, RN
Thomas Sibilia, RN
Carolyn Talmadge, RN
Diane Twining, RN
Brenda Walto, RN
Gary White, RN
Bogdan Wierzbinski, RN
Trudy A. Wilson, RN
Leslie Yuscavage, RN
Barbara Zahm, RN

Outstanding Community Service Award

Ann Farrell-Cournoyer, RN
Maureen Fitzgerald, RN
Grace Lavoie, RN

Melissa Mello, RN
Vanessa Thomas, RN

CERTIFICATIONS July 2014 – December 2015

Janine Anderson, RN
Kristen Benjamin, RN
Tina Benoit, RN
Sheila Blondin, RN
Brie Bobeck, RN
Anthony Braden, RN
Jessica Brouillette, RN
Esther Brown, RN
Sarah Castro, RN

Robin Clark, RN
Kimberly Congden, RN
Jillian Cornman, RN
Amanda Couchon, RN
Laurie Fabbri, RN
Robin Falconer, RN
Victoria Foley, RN
Maura Ford, RN
Colby Gallagher, RN
Diane Gauthier, RN
Justine Gliesman, RN
Sheila Goldlust, RN
Diane Grindle, RN
Eileen Grunwald, RN
Lori Hathaway-Towsley, RN
Nancy Huff, RN

Diana Kmiec, RN
Allison Kostrzewa, RN
Robin Lawrence, RN
Carla Lindsay, RN
Nikki Maxwell, RN
Kimberly Mendibe, RN
Cydney Mulveyhill, RN
Maureen Nomakeo, RN
Dennis O'Brien, RN
Natanael Oquendo, RN
Melissa Pease, RN
Linda Piper, RN
Robin Pleshaw, RN
Karen Rahilly, RN
Pamela Raymond, RN
Ronald St. Peter, RN

Cristina Sanchez, RN
Meredith Sanschagrin, RN
Eva Schachtel, RN
Jill Scibelli, RN
Judi Searle, RN
Christine Smith, RN
Cynthia Svec, RN
Daniel Vincent, RN
Katherine Walles, RN
Kaitlin Walton, RN
Michelle Whitney, RN
Diane Witkos, RN
Holly Yourous, RN
Jennifer Zollo, RN

Heartbeat in a Bottle

"At 7 a.m. during report the night nurse told me that, 'we may withdraw support on this patient today.' Death is something most of us say we will face later. For nurses who care for patients at the end-of-life, thinking about it now and talking about it now are critical to the work we do.

When the patient's husband and all nine children arrived, it was time for me to focus on the transition from curative to end-of-life care. I approached the patient's bed, took her hand, and asked her how many grandchildren she had. Seventeen, she communicated through hand gestures. I left the room and printed 17 EKG strips that I put in empty glass vials to make 'heartbeat in a bottle.' I said, 'Here is a little gift for you to give to all of your grandchildren. It's your heartbeat that they can keep with them forever. Do you want them to keep your heartbeat?' The patient nodded yes, and she, as well as every



family member, could not hold back their tears. It was shortly after, the patient gave us the signal she was ready. It was a few days later that a phone call to the ICU surprised me; the patient's husband calling for the entire family asking if I would attend the patient's funeral. It was reassuring to see all 17 grandchildren proudly holding their 'heartbeat in a bottle.'" -Norberto Duarte, RN, Intensive Care Unit

Notes:

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