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## Nursing News & Views - August 2018

Christine Klucznik RN

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# Baystate Medical Center

## Nursing News & Views

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New Knowledge, Innovations & Improvements | Empirical Outcomes

August 2018

### *Inspire, Innovate, Influence*

Dear Nursing Colleagues,



Each year, I find a renewed energy and passion for our profession when I attend the annual Nurse Residency graduation. This year we had 131 residents from the health system attend along with family and friends. One hundred six of those nurses were from Baystate Medical Center. I spoke with several graduates as I visited their posters from their Capstone work. The professionalism of the presenters, the quality of the posters, and the interest in clinical inquiry is outstanding. I could not have been more proud! I encouraged several to continue on with their work and think about submitting to the upcoming Art of Innovation.

This year marks a milestone – the program is celebrating its fifth year anniversary. Happy Anniversary and congratulations to all the graduates over the years! Many thanks to Cara Chandler and the BH leadership team for their support of the program. A shout-out goes out to all the preceptors who have mentored these nurses throughout the years – your attention to their professional and clinical growth is showcased through their daily commitment. Without you, there would be no residency program.

Thank you for your continued dedication and commitment to those we serve.

Sincerely,

*Christie Kluczynski*



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## Fundamentals of Quality Nursing Care

**Chestnut Pre-Op and PACU CPC Improves Safety** *by Alison Colburn, RN IV, BSN, CAPA; Ann Marie Culver, RN III, CAPA; Nancy Falvey, RN IV, BSN, CAPA*

We are excited to share a synopsis of the project we have been working on this year. Late last year, the Chestnut Pre-op and PACU Clinical Practice Committee decided our safety goal for 2018 would be to minimize distractions and interruptions while RNs were using the PYXIS machine. The three of us decided to take this goal and develop a project to improve safety on our unit.

We did a survey of all RN staff and asked about distractions and interruptions at the PYXIS. An overwhelming majority of RNs stated they were often interrupted and distracted during the process of dispensing and administering meds. They stated that these distractions had led to medication errors. The errors had not actually reached the patient, but had involved improper counting of meds or taking out the wrong med.

After that survey, we did a literature search about the topic and found a large amount of information. We presented a PowerPoint presentation on the information to all staff at a meeting. Those that were unable to attend were required to view the presentation and sign off on it. We then used bright red tape to create a safety zone around our PYXIS and made signs instructing that the nurse should not be interrupted when inside the "Red Zone."

After a couple of months, we did a new survey asking people about the "NO INTERRUPTION" zone. The great majority of RNs felt that the number of distractions and interruptions had decreased and they had made fewer errors. We plan to make permanent signs and continue our use of the red tape. We will repeat the survey two more times over the next several months to make sure that our project continues to be successful.

We recently had a chance to present our project at the Nursing Research Innovation and Inquiry Council meeting. It was very well received. Please let us know if you have any additional questions or if you would like any more information on this topic.

## **Kidney Transplant Update** *by Donna Feinstein, MSN, RN*

This year of 2018 has been rewarding for the Transplant Program at BMC! We have celebrated our 30<sup>th</sup> year, 1000<sup>th</sup> transplant, and recognized our longest living dialysis patient of 42 years in the US to receive a kidney transplant, all while experiencing tremendous change and growth.

Our mission is to provide outstanding comprehensive care and services to our patients. We do this through continuous assessment and monitoring of our quality and safety goals ensuring that we are comparable or better than regional and national benchmarks. Potential donors and recipients go through a rigorous interdisciplinary review and assessment process to ensure that their care is optimized throughout. The transplant team is available 24/7 to manage organ offers, provide care and support to patients, and to act as a resource for hospital staff. The team also participates in community outreach and education, collaborating with other disciplines and referral providers, such as dialysis centers, to ensure the best patient outcomes are met through true collaboration and continuous communication.

Transplant centers are divided into two distinct but combined programs - the deceased donor program and the living donor program. Each program has separate components and is highly federally regulated. At Baystate, we are part of the national network of organ sharing and recovery services.

The success of the transplant program is attributed to the care management and optimization of the patients' experience throughout the process.

What is new or updated for our patients? A patient's evaluation and continued care is now consolidated into one office visit where the patient is seen by all providers with same day testing and individualized interdisciplinary plans discussed with the patient and team. Patients travel is minimized and care is consolidated. With this, patients are able to move through their evaluations in a timely manner allowing them to be placed on the waiting list sooner.

Expansion of our living donor program has been essential to providing timely transplants to patients in our community. We are screening all patients that contact us and get them started in the process without waiting. We reorganized our administrative support team including financial counselors to properly support patients with their insurance and financial management of the process.

With the continued reorganization and growth, the transplant program has done strategic and operational enhancements through collaboration with the in-patient staff (Wesson 3, Perioperative Services, Pharmacy, Lab and Blood Donor Center), transplant nephrologists, and transplant surgeons. We continue to improve and provide the best quality care for our patients and their families. Maintaining open lines of communication, sharing innovative ideas and working as a team will only continue to ensure success through the changes that are yet to come!

## Rapid Response Team Update *by Kristen Fournier, RN*



The Rapid Response Team has been active at Baystate for more than 10 years. Five years ago, Baystate implemented a Rapid Response Team solely for the needs of the staff 24 /7. As Baystate has grown, so has the RRT. We now have two critically care trained RNs, per shift, to address needs throughout the institution. Acute pages will also notify a respiratory therapist and an IV RN to assist with the spectrum of needs. What once was just an acute response to an actively deteriorating patient has grown to include that and more. In addition to acute calls, currently the RRT nurses provide a resource and consult service for staff, follow-up on recently discharged critically ill patients to evaluate that their plan of care is being maintained, as well as strive to mentor new nurses.

In a given month the RRT RNs will have on average: 120 acute calls, 300 consults, and 175 critical care follow-ups. We respond, on average, to 13 code blues per month; as well as provide over 120 hours of one-on-one education to staff throughout Baystate, in addition to twice daily rounds on all units. One-on-one education can vary from unfamiliar medications, procedures or assistance with skills such as Nasogastric tube and Foley catheter placements to plan of care review and a “second set of eyes” on concerning patients. RRT is also a primary responder with the Acute Stroke Team. The RRT nurses love their job, and welcome your questions.

(In photo: Daryl Mucci, RN and Rick Barus, RN.)

## It Takes a Team *by Jennifer Caraballo, RN*

Infants and Children’s is a special unit, one that the behavior resource team has had the privilege in getting to work with due to an increase in acuity. The nurses there take much pride and care in each case they are assigned. No matter what their nursing position is on that floor, each patient is truly a unit patient. A recent discharge embodied the saying that “together we deliver a higher state of caring.” The behavior resource team became involved in case that was behaviorally challenging. The team work on this case not only exemplifies the spirit of Baystate, but is truly awe inspiring.

The young man being discharged was scared and angry and was suffering from a multitude of challenges. His nurse, Izilda Barbosa, was gentle, kind, and reassuring. He escalated and yelled and cried and could not understand what was happening to him. He wanted his parents who were outside of the room. The social worker, Deborah Levine, was working close with the parents to make sure they were aware of everything that was happening, every step of the way. They were just as scared as their son.

In keeping with the spirit of team work, the team working with this family acted together to make this difficult time as smooth as possible. Deborah worked closely with the family to assist in his discharge disposition as well as working as a leader in his care transition. She spoke with mom and dad and calmed them in their most difficult moments and kept them up to date as treatment progressed. Izilda was calm during the patients most distressing moments at discharge. She was open and honest and listened as he yelled and cried as well as reassuring him that this was a necessary step in his recovery and healing. As this young man was refusing to get on the stretcher, he admitted frustration through tears about not eating and how he was hungry. The charge nurse Sarah Castro jumped into action and went to the cafeteria and bought the patient a breakfast sandwich for the road so he would not miss breakfast. Together, as a team, they avoided a potentially dangerous and safety concern on the unit. They were able to meet the emotional needs of the patient as well as the family's needs.

These small actions by the team diffused what could have been an increased safety concern and instead resulted in a positive discharge and road to recovery for the patient and his family. This is just a small glimpse of how "Together we deliver a higher state of caring" when it comes to our patients at Baystate Medical Center. The Infants and Children's unit has truly exemplified the spirit of team work. Their compassion and dedication to their special population truly is awe inspiring.

## Leadership Access and Responsiveness

### Holistic Nursing at BMC



This month we held our second training session on Holistic Nursing led by Dr. Veda Andrus, from the Birchtree Center for Healthcare Transformation. The all day program offers nurses a chance to self-reflect and learn about the caring and healing nursing process. This month's session was attended by almost 40 clinical nurses and nurse leaders. Some comments from staff who attended were: "To have my mind opened to the world of thinking differently about caring for myself and others." "Being present with myself, caring for myself, and reawakening my spirit." "Helped to redirect focus back on to caring for patients and compassion."

There are three more sessions scheduled:

- Thursday, September 6, 2018
- Tuesday, October 9, 2018
- Monday, October 15, 2018

The sessions run from 8-4:30. They are held at the La Quinta Inn & Suites – Summit Room at 100 Congress St. in Springfield. Attendees receive 7.8 contact hours. You can enroll in this workshop through Web Based Training. On eWorkplace:

- 1) Click on Classes and Events tab
- 2) Self-Enrollment
- 3) Type "Holistic Nursing" in the search courses field
- 4) Click on Enroll Now next to the course when it is displayed



## Professional Development

### What's new in Ambulatory Nursing *by Meg Beturne, RN*

The nurses at BOSC believe in life-long learning. Recently, five nurses updated their skills on accessing and de-accessing ports under the guidance of our colleagues at the D'Amour Center for Cancer Center.

Concurrently, two nurse residents graduated from the program with enthusiasm and interest in advancing the practice of ambulatory surgery specialty and we certainly will unite our efforts to bring their ideas to reality!

Flexibility has been the name of our game during the hot and hazy days of summer. In collaboration with management at both Baystate Mary Lane Outpatient Center and Baystate Wing Hospital, the team began to orient interested staff (RNs and PCT) to their Pre-op and PACUs. In return, we welcomed an RN to BOSC and educated her to our roles and responsibilities. It has been a win/win experience and hopefully it will be expanded future.

As the cool evenings of fall approach, the monthly suppers at the Ronald McDonald House are in full swing. With many more nurses interested in this unique community outreach opportunity, even the dates in early 2019 are confirmed which has been rewarding. "Filling the Pantry" at the House that Love Built kicked off at the beginning of August. By Labor Day, the expectation of truckloads of needed goods will become a reality and will once again give testimony to the caring and kindness of Baystate nurses.

Finally, the finishing touches have been made on the MASPAN Conference scheduled for September 13 at the Whitney Conference Center. Certification information will be distributed and the lectures will be helpful for those in the perianesthesia specialty who are preparing to certify in the year ahead. Hopefully other nursing units will consider offering educational offerings and receive assistance from the certification coach team!

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## Nurse Leaders Presenting Work Internationally



Elizabeth Goncalves, MSN, RN-BC and Eric Griffin, MSN, RN, CEN and were speakers at the Fifth World Congress on Nursing held in London, UK August 13-15, 2018. They were part of an elite group of international nurses that presented on the latest trends and innovations in nursing. Their presentation on the redesign of Baystate Health's nursing orientation was well received.






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# Nursing Recruitment and Retention Dashboard

Below is our nursing recruitment and retention dashboard. As you can see, things are trending positively. The Open Requisitions resumed a more normal distribution going down from June (171) to 125 at the end of the month. The vacancy rate has also been reduced to 6.9% from 9.3% in June.

BMC Direct Care RN Dashboard									
Metric and Benchmark *		Performance	Oct-17	FY18-Q1	FY18-Q2	Jun-18	FY18 Q3	Jul-18	Trending
Higher is better ↑	<b>Diversity in Nursing</b> Top Decile - 90th% Top Quartile - 75th% Median - 50th% (Target)	✖		12.9% 36.4% 32.2% 18.0%	13.5% 36.4% 32.2% 18.0%		13.7% 36.4% 32.2% 18.0%		↑
Lower is better ↓	<b>Vacancy Rate</b> Top Decile - 10th% Top Quartile - 25th% (Target) Median - 50th%	✖	5.9%	6.1% 2.5% 3.9% 5.9%	6.2% 2.5% 3.9% 5.9%	9.3%	8.3% 2.5% 3.9% 5.9%	6.9%	↓
Lower is better ↓	<b>Turnover Rate</b> Top Decile - 10th% Top Quartile - 25th% (Target) Median - 50th%	★		12.7% 10.2% 11.8% 14.8%	10.6% 10.2% 11.8% 14.8%		10.0% 10.2% 11.8% 14.8%		↓
Lower is better ↓	<b>90-day Turnover Rate (Annualized)</b> Top Decile - 10th% Top Quartile - 25th% (Target) Median - 50th%	▲		5.5% 3.4% 7.1% 19.6%	5.3% 3.4% 7.1% 19.6%		12.6% 3.4% 7.1% 19.6%		↑
Lower is better ↓	<b>1st Year Turnover Rate</b> Top Decile - 10th% Top Quartile - 25th% (Target) Median - 50th%	✓		20.5% 14.5% 18.7% 24.1%	17.8% 14.5% 18.7% 24.1%		16.6% 14.5% 18.7% 24.1%		↓
Lower is better ↓	<b># Turnover</b>		15	60	41	15	42	18	↑
Higher is better ↑	<b># Occupied Positions - Head Count</b>		1898	1882	1889	1867	1867	1900	↑
Lower is better ↓	<b># Job Openings</b> <small>Part-time and fulltime only</small>		107	110	110	171	151	125	↓
Higher is better ↑	<b>Transfer In &amp; Out – Net Gain(Loss)</b>		(5)	(21)	(10)	(7)	(12)	17	↑
Higher is better ↑	<b>External Hires</b>		19	64	58	10	32	34	↑
Higher is better ↑	<b>Net Gain/(Loss)</b>		(1)	(17)	7	(12)	(22)	33	↑
Lower is better ↓	<b>% RN Overtime</b>		2.7%	2.6%	2.6%	2.6%	2.5%	2.5%	↓
Lower is better ↓	<b>Actual Travel RN Expenses</b>		\$284,702	**\$760,207	\$941,744	\$738,202	\$2,002,044	\$520,043	↓

At Maximum   
 At Target   
 At Threshold   
 Below Threshold 

Negative Decrease   
 Negative Increase   
 No Change   
 Positive Decrease   
 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.

\*\* Includes a quarterly lump sum for Freedom

\*\*\* Pending expenses associated with Freedom contract labor vendor