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## Nursing News & Views - July 2018

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Baystate  Medical Center

## Nursing News & Views

Transformational Leadership | Structural Empowerment | Exemplary Professional Practice  
New Knowledge, Innovations & Improvements | Empirical Outcomes

July 2018

### *Inspire, Innovate, Influence*

Dear Nursing Colleagues,

I feel deeply about nurses and the impact they have on every patient they touch. Caring for others during some of the most challenging moments of their lives is why I chose to become a nurse and I am so honored to be your Chief Nursing Officer. My door is always open to you and I want you to know that you are free to have any discussion with me, no matter how difficult, and feel safe and respected when you do.

Recently, you received a letter from me to your homes with information about the impact to Baystate Medical Center if the government-mandated registered nurse staffing ratio ballot question (Question 1) passes in November. I reached out to you in this way because I know many nurses are not able to get to emails and I wanted you to have a quiet space in order to receive the information. There have been few ballot questions in the past which would have such an overwhelmingly negative impact on our ability to deliver care. It's just that important. I welcome you to read all the information you can in order to make your own decision. But if I did not inform you of how Baystate Health would be affected by this and how we are planning to meet the requirements if this passes, I would be remiss in my duty to you.

At times when we are at a high census, it probably seems like the right thing to do would be to gravitate towards a one size solution like the proposed nurse mandated staffing ratio bill. Voters in Massachusetts will be asked to vote on this ballot question which is proposed by a union representing less than 25% of the nurses in our state. If Question 1 passes it would impose rigid, government mandated staffing ratios in every unit of every hospital at all times. While on the surface, this may sound and feel like the best solution to support patients and nurses, it will result in more harm than good. The proposed mandate does not offer a single solution for nurse recruitment. With a January 1 implementation date, our response would need to be aggressive and we are currently creating contingency plans.

I strongly believe in the professional practice of nursing – a Yes vote takes away your professional decision making and removes flexibility you currently possess to respond to a patient's ever changing status and

need and gives it to a government mandate. That's just one of the reasons why the Organization of Nurse Leaders and the American Nurses Association Massachusetts oppose this proposal.

Did you know that recent analysis of the US RN workforce indicates that New England has the oldest RNs, with 45% over the age of 50? New England also has the slowest projected growth of RNs and is actually expected to have the same workforce in 2030 that it has today. The Census bureau also indicates that our patient population over the age of 65 will increase by 7.8 percent by 2030. We are therefore projected to have a tighter labor market than most, which could account for our difficulty in recruitment. A mandated nurse/patient ratio will compound an already difficult scenario.

The mandated staffing proposal promotes "number-centered care" not "patient-centered care," the very mantra of our professional practice model of care.

This vote could have critically negative impacts to your practice as a professional nurse. I will be offering opportunities for you to learn more about this proposal in small huddles and forums. I encourage you to read the ballot question. To learn more about how the ballot initiative will affect Baystate Health go to [baystatehealth.org/nurse-staffing-ballot-initiative](http://baystatehealth.org/nurse-staffing-ballot-initiative). You can also learn more at the Coalition to Protect Patient Safety: <https://www.protectpatientsafety.com>. If you have a question about the ballot, please email [Share.YourVoice@baystatehealth.org](mailto:Share.YourVoice@baystatehealth.org).

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

Sincerely,

*Christie Klucznik*

## BMC Professional Nurses Discuss the Mandated Nurse Patient Ratio Ballot



In late July, a team of Wesson 4 nurses participated in a panel to voice their personal opinion on what a yes vote to Question 1 would mean to them as caregivers. Karissa Gorman, RN; Brittany Foley, RN; and Tara Budrewicz, RN spoke about why they chose nursing as their profession and how a government mandate would negatively affect their practice.



All three spoke of their commitment to advocacy, compassion, and caring for patients and felt the proposal would eliminate their professional autonomy and voice in decision-making. Brittany spoke about the teamwork required and patient acuity, and how patient care decisions can be altered in a minute when a patient status changes. Karissa spoke to the teamwork currently experienced and the positive nature of the team. Tara expressed concerns that access for

care would be limited and the availability of certain nurse teams could be eliminated should this go through. All asked those present to educate themselves on the topic and be ready to answer questions and educate the public.

## Fundamentals of Quality Nursing Care

### BH Neurosciences & Rehabilitation Services Wins Stroke Award *by Jaime Caron*



BH Neurosciences & Rehabilitation Services proudly announced on June 7, members of the Stroke Committees from all BH facilities participated in the Massachusetts Stroke Systems of Care Statewide Meeting and Annual Award Ceremony, a Coverdell and AHA Collaboration. Baystate Medical Center received the **GWTG-Stroke Gold plus & Target: Stroke Elite Plus Honor Roll Awards** from the American Heart/Stroke

Association along with two awards from The Paul Coverdell National Acute Stroke Program for **Dysphagia Screening >90% & Modified Rankin Scale >85%.**

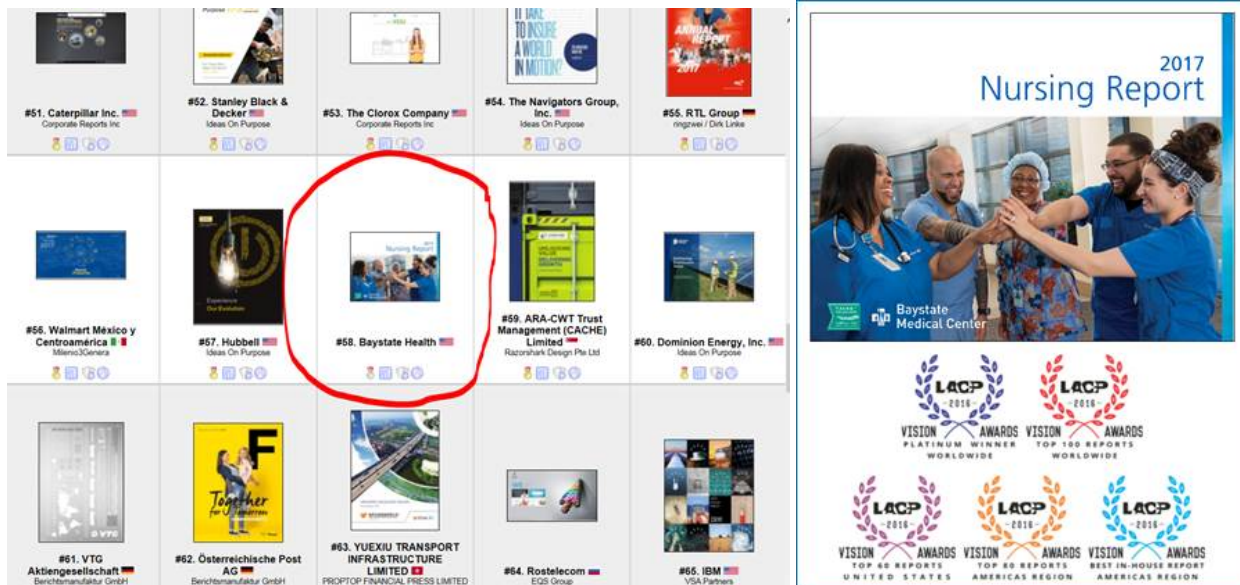
This is an amazing achievement that was driven by interdisciplinary collaboration among EMS, nursing, and physicians. Together they delivered a higher state of caring!

Michael Nicoli, BH EMS coordinator Stephanie Winslow, Stroke Coordinator BFMC Marianne Bishop, ED Nurse Educator BFMC Pat Humiston, Healthcare Quality Specialist BMC Amy Haas, RN, BHER Kim Davis, Nurse Manager Emergency Services, BHER Sue Phaneuf, Performance Improvement Coordinator, BHER	Rick Paul, BH EMS Coordinator Nathan Stanaway, BH Sr EMS Coordinator Erin Markt, BH EMS Coordinator Debbi Clark, BH Program Director ED Services Alyson Wrisley, Stroke Coordinator BMC Rita Sanders, Stroke Coordinator BNH Meredith Sanschagrin, RN, CQI BNH
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### Nursing Report a Winner!

The Baystate Medical Center 2017 Nursing Report won the top honor in its category, earning a worldwide Platinum award (beating out Boeing and other companies)! It was ranked 18<sup>th</sup> in the Americas Region, Top 60 American Reports, and 58<sup>th</sup> rank worldwide (see image below with corporations surrounding us). It was also named Best In-House Report. It earned a 99 out of 100 score (earning all Superb – among the very

best judged and Excellent scores). [Here's a link to our winner page](#) where you can also click on our competition class performance. Thank you to all the contributors – this is a work that speaks to the heart of BMC nursing and the wonderful stories of caring throughout the organization. It is also a reflection of the dedication and commitment to our Magnet journey, and highlights the quality provided by this outstanding nursing team!



## Thank you Support Staff!

Baystate Medical Center held their 4th Annual Support Staff Celebration on July 16 in appreciation to all support staff that partner with caregivers to deliver a higher state of caring. Award winners honored at the event were:

- Behavioral Resource Technician Excellence: Cynthia Washington, APTU
- Monitor Technician Excellence: Melissa Terault, MM5
- Operation Associate Excellence: Gladys Welch, NICU/CCN
- Experience Guide Excellence: Colleen Rivera, Children's and Adolescents
- Orderly Excellence: Alexander Velazquez, HVCC/PCU
- Patient Care Technician Excellence: Traci Cadieux, BOSC
- The Julie Shea "Life-Giver" Award for caring and compassion: Brooke Quesnel, Daly 6B





## Update on Nurse Residency Accreditation *by Cara Chandler*

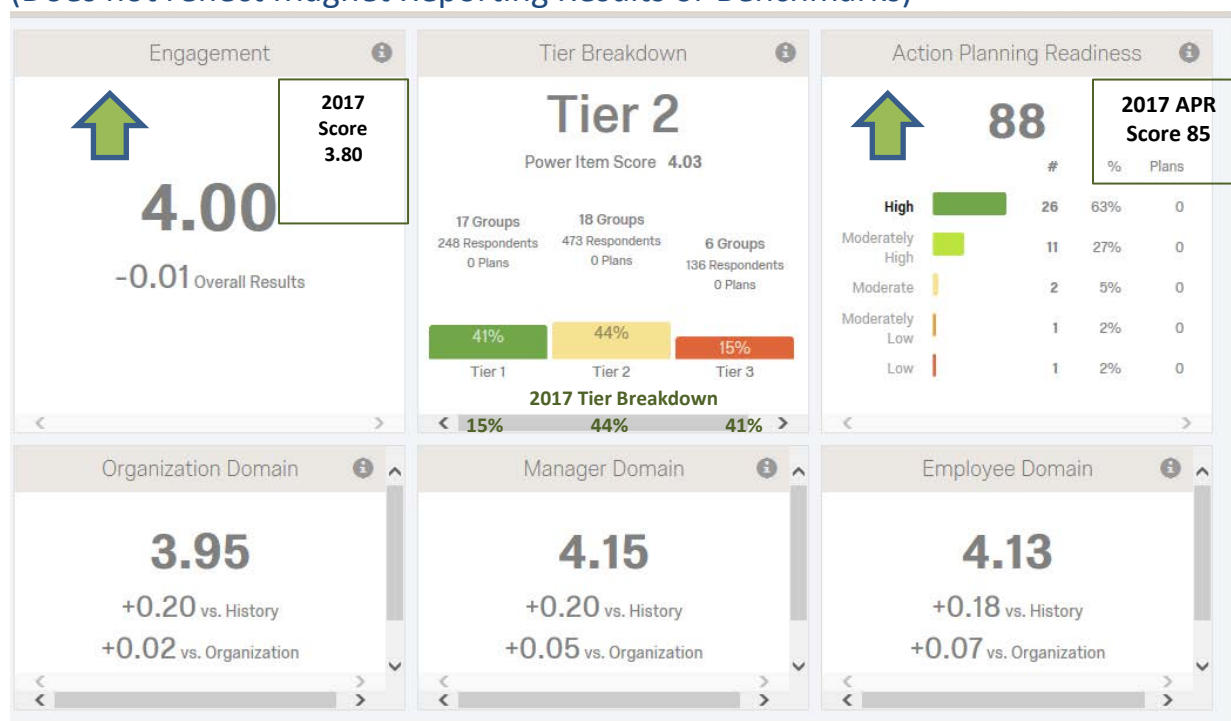
We have met the NRP ANCC accreditation resident survey requirement! Of the 51% needed, we had 78% of the residents reply. This survey allows nurse residents to provide feedback that will be used as part of the accreditation assessment and includes items related to: education and training, preceptors, mentors, unit orientation, feedback and evaluation and performance evaluation. We do not need to provide additional revisions at this time. They have accepted the first submission of our self-study packet (all 484 pages!). **The Virtual Visit has been scheduled: August 6, 2018 at 9 a.m.** This is the last step! The phone call starts at 9:30 a.m. and we anticipate it will last until 12:30 p.m. We will be in touch with the Baystate Health accreditation team to review the plan for the virtual visit phone call.

We would like to extend a grand thank you to all the unit leaders, educators and directors for supporting the process for the Baystate Health Nurse Residency Program to become accredited. We are looking forward to this last step of seeking accreditation.

## Leadership Access and Responsiveness

### Preliminary Overall BMC RN Data 2018 Employee Survey

(Does not reflect Magnet Reporting Results or Benchmarks)



We received a preliminary report from Press Ganey on the engagement scores for nursing reflected in the aggregate. These data are not the specific nurse questions related to Magnet, however, they are very encouraging. Overall, units needing improvement decreased from 2017 Tier III (poor engagement) at 41%

to a low of 15%. Conversely, Tier I (highly engaged) improved from 15% to a high of 41%! Relationships with managers also significantly improved to 4.15. Baystate Health improvement over last year was significant, with an increase of .08 in the Engagement Index for BH overall, from 3.93 to 4.01. We will keep you updated as our actual results come in.

### CNO for the Day



This month Linda Jean Irwin from the Chestnut PACU was chosen to shadow Christine Klucznik as CNO for the Day. Linda was interested in learning what does a chief nurse do – what exactly are the responsibilities and how does a typical day go. The day was filled with a variety of topics. We started off with a meeting with Denise Schoen, the Chief Patient Experience Officer and discussed formalizing the BMC approach to holistic nursing care and complementary therapies. Linda attended the panel discussion on the staffing ballot and was able to learn how many nurses are approaching the discussion. She also attended a Nursing Model of Care Steering Committee meeting and learned the next steps to further the work and expand the model. All in all, a busy day!

Linda was chosen as a participant in the CNO for a Day program after submitting a Moment of Caring narrative about one of her patients. She discussed how she was able to connect with the patient who was non-verbal, and non-mobile and the patient's family. In her essay she wrote about families: "They want us to value the information about the patient that only they can provide. They want to know that their loved one is getting the same care as someone who can speak up and advocate for themselves." Look for promotions of future "CNO for a Day" experiences if you are interested in participating!

## Professional Development

### **Daly Perianesthesia Nursing Performance Improvement Committee** by Lee Nutting, RN

The Daly Perianesthesia Nursing Performance Improvement Committee's purpose is to continuously assess, monitor and improve our nursing practice while striving to improve our patients' and families' experiences. Our committee consists of clinical bedside caregiving nurses and departmental staff from the front line of care. We have committee members representing the Perianesthesia Services Unit which provides Preoperative and Postoperative care for all adult and pediatric patients coming to the Daly ORs. Represented areas include: one BMP general surgery office, the Preadmission's Evaluation Unit, and the Surgical Family Waiting Room. We currently meet as a formal group every six weeks, but members continuously work on collaborative projects identified by the committee.

Recently, our committee initiated two PI (Performance Improvement) Projects:

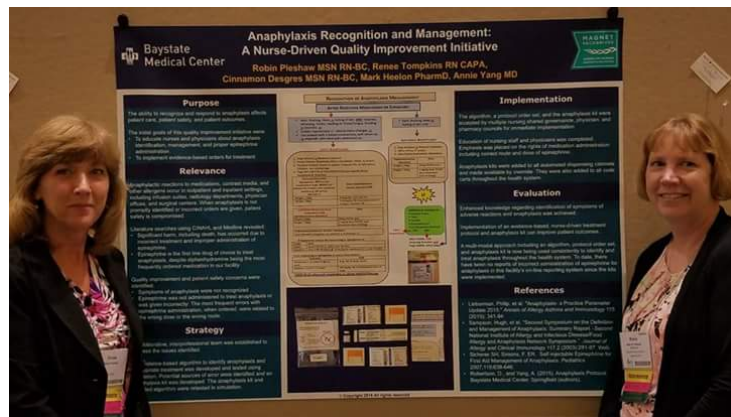
1. Pain Ease® Project: Introducing a vapocoolant spray used to decrease pain and anxiety related to IV insertion in the Preop area.

2. RN Self-Auditing of Nursing Documentation: An RN Self-Auditing Program for Completion of nursing documentation.

**Pain Ease® Project:** Pain Ease® is a vapocoolant spray applied directly to the skin to help reduce the pain and anxiety related to an IV insertion procedure. Our committee wanted to bring Pain Ease® Spray to our unit in order to improve our patient's experience during an intravenous catheter insertion. We conducted an informal clinical trial, collecting data on the patient's and IV inserting nurse's responses to utilizing this skin anesthetic. We learned that both the patient and the nurse had a positive experience. After collecting our data, we created a Nursing Guideline for "The Use of Vapocoolant Spray as a Topical Anesthetic for IV Insertion." This guideline was submitted and approved by the hospital's Nursing Practice Council. The Department of Anesthesia also approved the use of Pain Ease® for departmental use.

**RN Self-Auditing of Nursing Documentation:** Our self-auditing program is based on Dr. Sandra Walker's published work on improving nurses' record keeping through auditing their own medical records for completion. Previously, auditing for completion of our medical records for Perianesthesia Services Department (Daly Preop/PACU) was performed by a nurse educator or by members of our PI Committee. Our PI committee proposed a program in which individual nurses self-audit their own medical record documentation for completion. The PI committee collaborated with unit leadership and Healthcare Quality to ensure that the content and quality of the audits we do are meaningful. The PI committee developed audit processes for two separate audits, educated unit nurses through staff meetings and one-on-one coaching, and partnered with the nurse manager to create a unit-shared S-drive which stores our audits in Excel Workbooks which can be accessed from desktop computers throughout the department. Once a nurse enters his or her individual monthly data on a personalized Excel tab, nurses and leadership can track individual and unit monthly progress of our individual and shared performance goals. In addition to increased awareness of practice, nurses earn one point under our CRNP Program. The Perianesthesia unit has demonstrated an increased rate of completion of our medical records since the introduction of the PI self-auditing project and nurses report that they enjoy the process of auditing their own documentation.

### **Anaphylaxis Recognition and Management by Robin Pleshaw, MSN, RN-BC**



Robin Pleshaw, MSN, RN-BC and Renee Tompkins, RN, CAPA recently presented their poster "Anaphylaxis Recognition and Management: A Nurse-Driven Quality Improvement Initiative" at the American Academy of Ambulatory Care Nursing (AAACN) annual conference in Lake Buena Vista, FL. The conference is recognized as the premier conference for ambulatory and telehealth nurses. <https://www.aaacn.org/professional-development/annual-conference>

This work was initiated by staff nurses in response to an identified need to treat infusion reactions on Springfield 1500, and was first presented as part of the 2015 Art of Questioning Campaign. It was expanded to include Mark



Heelon, PharmD, Annie Yang, MD, Cinnamon Desgres, RN-BC, and members of the Rapid Response Team. The project was supported by leadership and staff on Springfield 1500 and Daly 3B, as well as Kathleen Mahoney, MD from Healthcare Quality, Christine McKiernan, MD from Pediatric Critical Care, and many other departments within Baystate Health.

Updated work on the Anaphylaxis Protocol was presented in 2016 at the Art of Answering Campaign, and again for the President's Excellence Awards. The project 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 in 2017.

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.

Robin Pleshaw, MSN, RN-BC is currently the Clinical Supervisor at High Street Health Center-Adult Medicine. Renee Tompkins, RN, CAPA is a PNRP IV on Springfield 1500 Medical Daystay/Infusion.

## Nursing Recruitment and Retention

We continue to work with Talent Management on recruitment of nurses. Walk-in hours are consistently held in the Daly Lobby on Thursdays between 10 a.m. and 2 p.m. During Nurses Week, a TV spot was filmed during walk-in hours. The Employee Referral Program remains in place. In May, the recruiters attended the AIC and UMass Amherst Informational session with nurse graduates. A texting technology has been implemented for reaching out to potential candidates regarding RN openings. The recruiters have also reached out to Providence Health due to recent RIF's to see if any staff is interested in our openings. Talent Management is enhancing BH visibility on Indeed. As of June, our BMC vacancy rate has increased from 9% to 9.3%. Much of this is due to the opening of Springfield 1400, expansions in BOSC, the OR and the Infusion suite. Turnover remains high as nurses are shifting and moving around internally. Our job openings remain at 151 with only 10 external hires in June. We are beginning to investigate a partnership with an external agency to recruit international nurses as a new strategy for recruitment.