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2022

### Baystate Medical Center Nursing Report - 2022

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# Lighting the Way with Resilience

2022  
NURSING REPORT







*From left: Amanda Sevinc, Diana Chung-Edwards, Joanne Miller, Melecio Tan, Katie Vear, Luis Gutierrez - representing different specialties in nursing.*

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*Cover photo, from left: Angel Soto BSN, RN, CPEN, Jung Hee Lee BSN, RN, Lauri Deary MS, BSN, RN, HN-BC walking the Labyrinth in our MassMutual Healing Garden, that provides an opportunity for our nurses to calm their thoughts, refocus and slow down during their busy shifts.*

# Welcome

To improve the health of the people in our communities every day, with quality and compassion. That is our mission at Baystate Health and the reason we exist. Since the beginning of the pandemic, every nurse at Baystate Medical Center has fulfilled our promise of advancing care and enhancing lives. In 2022, our nurses continued to do what they do best by providing outstanding clinical, compassionate, and holistic care. With the ongoing shock our healthcare system faced in 2022 with new variants of the COVID-19 virus, we strove to not only heal our patients but heal the emotional impact on our nurses.



*Joanne Miller, DNP, RN, NEA-BC*

Our incredible nurses have stepped up in countless ways to lead every challenge with grace, grit, love, and passion for nursing. We listened to understand, with the goal to intentionally work together and celebrate the true meaning of nursing. As a nursing community, we needed to ensure we brought joy back to nursing practice. We held nursing strategy summits and conducted focused rounds to provide time and space for our nurses to voice concerns and nurture one another. We learned that our holistic nursing practice journey has provided a sense of comfort, belonging, and hope for the future of nursing. Our nurses expressed their excitement about learning new skills to boost their own well-being.

As the guardians of safety and quality for our patients, our nurses are committed to strengthening our shared sense of purpose, learning, and improving through the Daily Management System (DMS). Throughout 2022, DMS helped ensure day-to-day operational activity was improved through daily huddles to escalate challenges for continuous improvement and advance a culture of safety. Along with the interdisciplinary team, DMS continues to provide a venue for our nurses to learn and grow, enhance our strong foundation and culture, and ultimately strengthen our psychological safety.

Our theme for this report is **Lighting the Way with Resilience** because when clinical excellence meets compassionate care; our amazing nurses are illuminating and leading the journey for self-care and holistic nursing practice. Together we are better, and I am confident that the future of nursing at Baystate Medical Center is bright.

Thank you for rekindling the art and science of nursing. I am truly humbled to work alongside you and for you.

With gratitude and love,

A handwritten signature in blue ink that reads "Joanne Miller". The signature is fluid and cursive, with a large initial "J".

**Joanne Miller, DNP, RN, NEA-BC**  
*Chief Nurse Executive, Baystate Health*  
*Chief Nursing Officer, Baystate Medical Center*



“Ignite the mind’s spark  
to rise the sun in you.”

- Florence Nightingale

## Lighting the Way Through Generations of Nursing

### History of Baystate School of Nursing

Springfield Hospital (now Baystate Medical Center) began its first diploma program in 1892. The first graduating class had weekly lectures and had to successfully pass six examinations during the two-year course. Examination 1 included questions on care of patient in bed, making and changing beds, cause, prevention and treatment of bedsores, table for measuring medicines and methods to take temperatures, pulses, and respirations. Baystate’s School of Nursing and many others in New England diploma programs modeled their curriculum after the Nightingale System. Many incredible and talented nurses were trained in the program and lived in the former Porter building. The nursing school closed in 1999 when hospital affiliated diploma programs were being transitioned to associate and baccalaureate programs. Almost 3,000 nurses graduated from the Baystate School of Nursing. The beautiful nursing sculpture outside of the Chestnut Conference Center commemorates the former school of nursing. As we celebrate almost 108 years of a rich history of Baystate School of Nursing, we cannot help but reflect on our new generation of nurses and how much healthcare has changed since the first graduating nursing class of Springfield Hospital in 1894.



### ANCC Magnet

Baystate Medical Center has maintained its four-time Magnet® designation from the American Nurses Credentialing Center (ANCC), placing us among a group of less than one percent of hospitals nationally who have achieved this honor.

*Magnet organizations in the world by number of designations as of 2022*

- 1 x Magnet Designation: 178 organizations
- 2 x Consecutive Magnet Designations: 124 organizations
- 3 x Consecutive: 129
- 4 x Consecutive: 124 (Baystate Medical Center)
- 5 x Consecutive: 34
- 6 x Consecutive: 8





## Growing Our Own: A New Generation of Nurses

The Baystate Medical Center's Emergency Department, comprised of the adult Emergency Department, Trauma Center, and the Sadowsky Family Pediatric Emergency Department have been an entryway for the next generation of nurses. They have successfully recruited 32 student nurse apprentices (SNAP) and 29 nurse residents for 2022 during the time of nursing shortages. The Emergency Department continues to create experiences and learning opportunities in the real-world environment to complement the SNAPS' decreased clinical hours during the COVID pandemic. The ED Team provides mentorship and a safe environment to continue the process of transferring their book knowledge into critical thinking and clinical judgment skills. This has led to many of our SNAPS successfully transitioning into our 2022 and 2023 nurse residents, prepared to start their new careers as BMC Emergency Department nurses.



### ANCC Nurse Residency

The Baystate Health Nurse Residency Program has maintained its Practice Transition Program accreditation (PTAP) by the American Nurses Credentialing Center's Commission on Accreditation.



### ANCC Beacon Award GOLD Medical/Surgical ICU; SILVER for HVCC

The American Association of Critical Care Nurses (AACN) Beacon Award for Excellence recognizes individual units that distinguish themselves by improving every facet of patient care. AACN developed the Beacon Award program in 2003 and updated the program in 2010 to closely align with proven indicators of excellence including the Malcolm Baldrige National Quality Award, American Nurses Credentialing Center's (ANCC's) Magnet® Recognition Program, National Quality Forum Safe Practices for Better Healthcare and AACN Standards for Establishing and Sustaining Healthy Work Environments.

## Nurse Residency Program

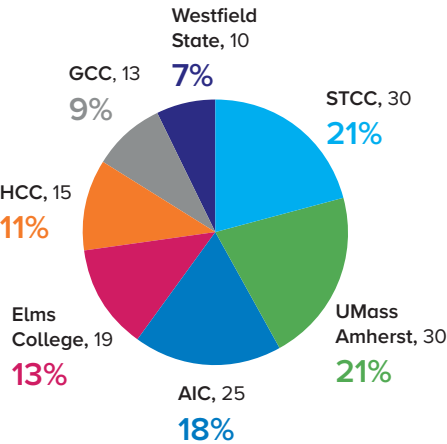
The Baystate Health Nurse Residency Program (BHNRP) continued to thrive in 2022 with a record 221 nurse residents graduating from the program. Accredited as an ANCC PTAP Coalition on Accreditation transition-to-practice program, the BHNRP focuses on closing the transition-to-practice gap from academia to bedside and helps newly licensed nurses move fluidly through their first professional registered nursing roles with additional support, resources, education, and encouragement for success. Nurse residents were also welcomed into the BHNRP from the Baystate Medical Practices as well as Baystate Home Health to provide additional support to newly licensed nurses in our community-based settings.

The innovative addition and implementation of the BHNRP Professional Pathways in the beginning of 2022 was very successful, allowing nurse residents to engage in completing their program by selecting a professional pathway, which are exclusive experiences for nurse residents. While maintaining the classic nurse residency Evidence-Based Practice Project option, three additional pathways were available for engagement including the Professional Leadership pathway, the Love Your Own Unit pathway, and the Explore Your Professional Options pathway.

In 2022, with the support of all levels of nursing leadership in collaboration with the NRP leadership team, nurse residents completed 208 unit-based shadows, 39 shadows with nursing leaders, implemented 14 positive unit culture projects, and completed 3 comprehensive EBP projects. These pathways presented new opportunities and perspectives to nurse residents to broaden their view of their nursing lens and look forward to future career opportunities and growth here at Baystate Health.

The BHNRP Mentorship Program continued to see growth throughout 2022 with 24 active mentors providing mentoring to over 60 nurse residents throughout the year. The BHNRP Mentorship Program, offered to all nurse residents, coordinates the training of mentors and supports the mentoring relationship between mentor and nurse resident. Based on Benner’s Novice-to-Expert Theory of practice transition, the mentor training focuses on goals of the mentorship program, benefits of mentoring relationships, and BHNRP mentor qualifications and expectations. These mentorship pairings create another invaluable opportunity to provide supportive and successful learning environments for nurse residents.

2022 Nurse Resident Hires  
By Nursing School



Developing Nursing Skills  
through the Student Nurse  
Apprentice Program



BHNRN cohort 25, the first cohort to participate in the Professional Pathways, graduated in July 2022. Jiayi Yang, RN, previous S6400 nurse resident, cohort 25, selected the Explore Your Professional Options track as her pathway for program completion. Jiayi chose to shadow in ICU as one of her experiences prior to graduating the program. Reflecting on her previous shadow experience after the cohort graduation, Jiayi was very interested in advancing her career and moving into the critical care practice setting. She interviewed for a position in ICU and successfully transferred there in September 2022. Jiayi also expressed interest in mentoring nurse residents and was selected for BHNRN mentor training which she completed in September 2022. She was paired in a mentoring partnership with Christine Wanjiru Ferreira, M7 nurse resident, cohort 29, who had opted into the Mentorship Program, to foster and build a mentoring relationship, which both agree has been very successful so far in supporting Christine with her transition to nursing practice.

## Aligning the Nurse Residency Program with SNAP

In late 2022, a team came together to evaluate the current Student Nurse Apprentice Program (SNAP), to identify strengths and opportunities for improvement. Currently, 146 SNAPS are employed at Baystate Medical Center, with 85 dedicated to the Flex Team and 61 assigned to specific units such as the Intensive Care Units and the Emergency Department. Aligning the SNAPS with our Nurse Residency Program (NRP) is an important next step for promoting professional growth and development of this group. With the challenges the COVID-19 pandemic has created, such as limited clinical rotation experiences, the need was identified for supplemental education, mentoring, elbow to elbow support, and shadowing opportunities. These opportunities in partnership with the structure and support of the NRP will help complement their learning, create professional relationships, and streamline their transition to professional nurses.

The NRP has seen nurse retention rates improve over the previous year, and the team is optimistic for even more growth with the addition of an assistant nurse manager devoted to the SNAPS. See BHNRN Retention Data on page 6.

## Graduated residents:

- February - Cohort 24: 45 NRs
- July - Cohort 25: 119 NRs
- August - Cohort 26: 32 NRs
- November - Cohort 27: 25 NRs

## Onboarded residents:

- Cohort 28: 26 NRs
- Cohort 29: 110 NRs
- Cohort 30: 52 NRs

**“I’m excited to graduate from this program. It has definitely helped me become a stronger nurse.”**

**Jackelley Negron, RN, ICU, NRP28**

“Hi! My name is Nick Butera (photo on left), I am a senior nursing student and I have been in Baystate’s SNAP program for five months now and my only regret is that I didn’t join sooner. The SNAP program has grown my nursing skills and knowledge exponentially. It is exciting going into work each shift knowing that I will be learning something new, sharpening my skills, and making connections to become a more well-rounded future nurse.

I was extremely nervous at first, despite being a senior in nursing school, I still felt like I had very little real-world experience. I remember thinking to myself ‘this is my first time being all alone,’ but I could not have been more wrong. As part of the SNAP team, I have been able to see how important teamwork is at Baystate Medical Center, especially when caring for patients and running a successful unit. As part of the flex SNAP team, you have the unique opportunity to spend time working on different units from heart and vascular, to renal, to

neuro, and everything in between. Although you do not have one specific unit you are assigned to, which you can if you’d like, you become a part of a different unit’s team every shift. This allows you to meet new people, learn different areas of nursing, get exposure to different medical practices, and practice your nursing skills all at once. One of my favorite parts is that when nurses see that you are a SNAP, they treat you as one of their own, teach you new skills, and bring you along to see interesting cases.

There is no doubt that it is daunting at first, but the SNAP program has been so rewarding. We have a wonderful manager, Katherine Downey, who truly cares for and supports us. She invests her time and resources into us as future nurses, and for that I could not be more grateful. This experience truly has been invaluable. So, to all the amazing future nurses out there, if you are thinking about it, do it. It’s never too late.”



“I had such a great experience shadowing! I was able to see a whole different side of nursing. I enjoyed it so much, which I wouldn’t have thought about prior to this experience. Thank you for making this an option. It was so eye-opening!”

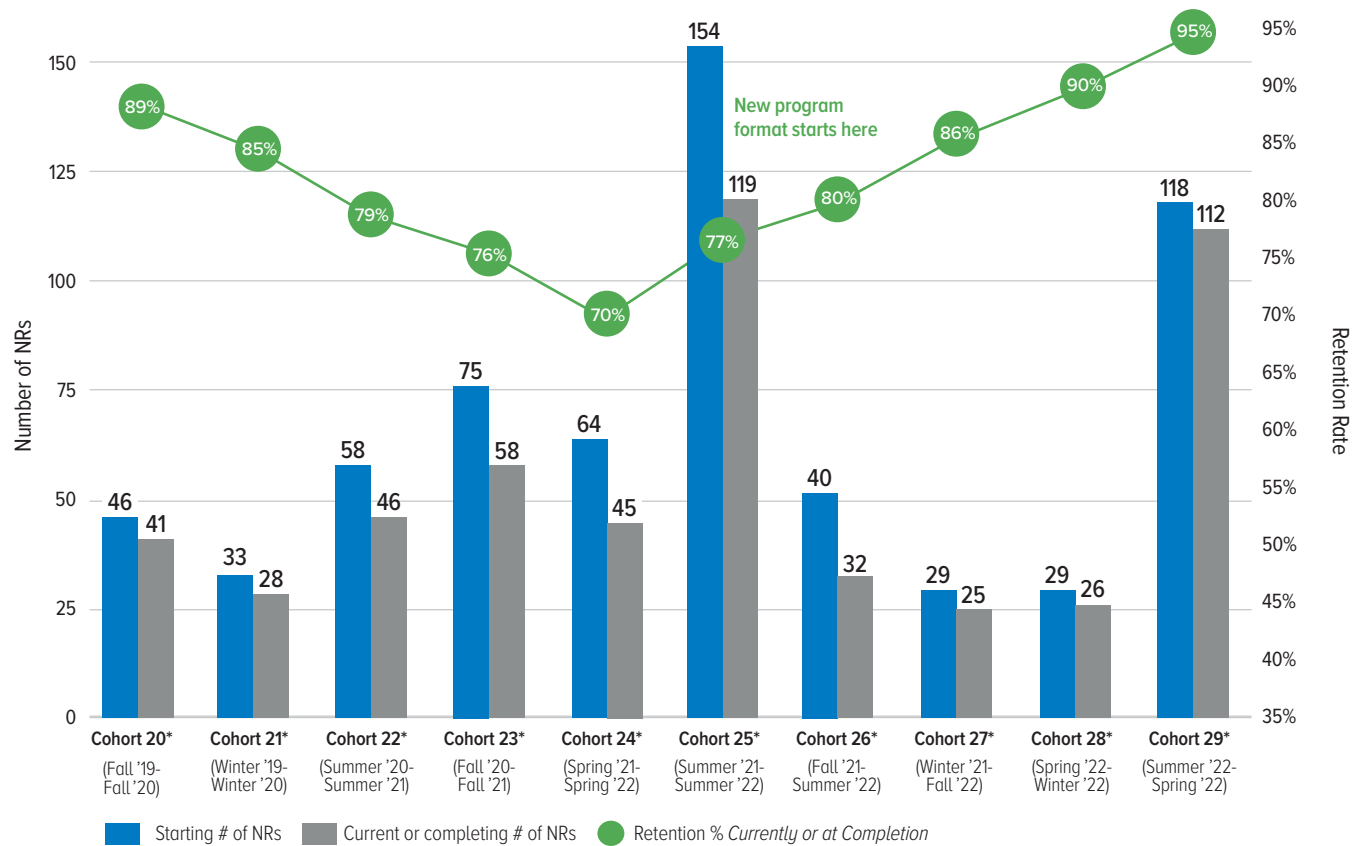
Lizzy Collins, RN, M6, NRP30  
(regarding shadowing on another unit)

“My name is Monica Kucienski, and I started as a flex SNAP back in December of 2021. The experience this position has provided me with has been extraordinary. I can truly say that I have learned so much about patient care that my clinicals have only touched upon, especially since I have had minimal healthcare experience prior to nursing school. I have spent most of my weekends working all over the hospital for the last year, and there have been nurses on S2, W4, and SW5 who have taken time to teach me nursing skills I have never been able to practice in school. This experience was led by Katherine Downey, RN, who has been so flexible with my schedule for school and has taken the time to make sure we felt well trained and safe throughout our experience within the hospital. I am so grateful for the opportunity I have been given by Baystate Medical Center, especially the flex SNAP program, and I am so excited to move into the SNAP program of the ICU.”

Comment from a patient’s family member: “My mom had a SNAP, Madison, with her and she was right there tending to her needs. Kyle, LPN was her nurse during the day shift and transferred her to a rehabilitation facility at 5 p.m. I was working so I couldn’t be there, but I felt comfortable leaving her. He had such a positive attitude, smiling and joking with her.

My mom then returned to the ED Sunday night, quite ill as she had an infection. I cannot say enough about Breena, LPN, what a wonderful nurse! Hard to believe she had only been there for five months; she spent the first four hours of her shift right there at her bedside caring for her. I believe she performs her duties as a nurse to the highest quality, not only with her clinical skills, but also with her kind attitude, enthusiasm, and compassion.”

BHNRP Retention Data



## Testimonials from experienced nurses

### Baystate Emergency Department – Dorothy Jacques, RN III

As a charge nurse in the Emergency Department, I would like to give some positive feedback on the Student Nurse Apprentice Program (SNAP). This program gives the SNAP an opportunity to learn basic skills, such as taking vital signs, doing EKGs, Glucose POC, learning to communicate and converse with patients, while learning the role of the nurse and working side by side with them. It also improves confidence and gives them a head start when they become a new nurse.

I have had the pleasure of watching some of our SNAPS in the Emergency Department grow and shine with their willingness to learn, their motivation, how they interact with patients and family members, along with working with the primary nurse.

One SNAP that I have worked with in different areas of the Emergency Department is a young lady named Courtney Adams. Courtney is highly motivated, a team player, and has such a kind demeanor. She takes her time when caring for our patients and it shows. Her sweet soft voice will make any patient feel at ease in their most vulnerable moments. She will be an asset to our nursing profession!

### Daly Operating Room – Melanie Demattia, RN, CNOR, Service Line Supervisor Transplant, Thoracic, CMF, Plastics, Organ Recovery and Pedi Surgery

For me, I really see my dedication through the teams that work alongside me. They truly give me the strength to move forward in my role, I cannot do my job without them. Our Operating Room is going through major transitions. I marvel at the dedication and commitment my peers have in working together every day to care for our patients, at times in adversity. Everyone has an important role including our incredible bus drivers we see every day. They start our day off and they end our day. Recently, I had to leave early due to family issues and the bus driver immediately picked up on clues that something may be wrong. He lent a listening ear and followed up with me and held out his hand to me. This is true dedication towards the human side of our job - here for each other – every person we meet has a special place.

“I want to personally thank you two for your mentorship and leadership for all the nurse residency programs, most especially cohort 27. Thank you, guys, once again. You made it easy for us. We made it. Congratulations to us all.”

Esther Atanga, RN, D3b, NRP27

“I so appreciate the support Brittany and Julie have provided me. I am feeling really good about it (all) and can't thank you guys enough for being there for me and validating my feelings. I couldn't have done it without your help and support, so thank you! I am very excited for my journey at Baystate!”

Jordan Caylor, RN, S6400, NRP26

## Nurses from Suriname visit BMC

In April 2022, Baystate Medical Center hosted guests from Suriname who were interested in learning about the Nurse Residency Program and Magnet Hospital Designation. The World Affairs Council of Western Mass coordinated the visit with The International Visitor Leadership Program (IVLP) which is the U.S. Department of State's premier professional exchange program. The shared learning was impressive!

International nurse retention rate is 75% with a total of 25 international nurses converted at Baystate Medical Center.



From left: Brian Lloyd Seigmonson, Angela Anuradha Kumbangsila Wallerlei, Joanne Miller, Winamba Seremida Bamoeje, Kaitlyn Patrick, and Gina St. Jean





Faculty from local schools of nursing visit BMC campus - from left: Lisa Fugiel from STCC, Deana Nunes from Elms, Joanne Miller from Baystate, Teresa Reske from Elms, and Kristin Garro from AIC.

“I was able to shadow the PICU today and wow, what a day. Seeing and caring for patients that were teenagers – as opposed to my NICU patients - was very interesting. All within the timeframe I was there, I was able to be a part of a very important family meeting, saw a transport over to Peds, saw an admission and also was with my RN I shadowed during an upset encounter with a parent. Time flew by since it seemed we were always on the go. I’m glad I had the opportunity to experience this floor and all that occurred today.”

**Lydia Aregawi, RN, NICU, NRP25**  
(on shadowing on another unit)

## Schools of Nursing

BMC Nursing Leadership continues to partner with community school of nursing deans, faculty, and students to enhance clinical learning opportunities in Springfield. Baystate Medical Center welcomed over 740 undergraduate students into clinical placements in 2022. Students are invited to explore the diverse world of hospital nursing, including our specialty services. Through collaboration and innovation, we are empowering the next generation of nurses. The future is bright for students at BMC!

### Fall 2022 Senior Preceptorship Experience on LDRP

“My preceptor is lovely, knowledgeable, and super helpful. She pushes me enough to allow me to grow but supports me throughout it.”

- Alexandra



UMass Student Alexandra Katsoudas with preceptor Nikolette Lacey, RN

### Fall 2022 Senior Preceptorship Experience on M5

“Great experience thus far. My preceptor is very informative and helpful and has allowed me to develop great nursing practice.”

- Kaylina



UMass Student Kaylina Green with preceptor Kerilyn Barrios, RN





From left: Senior nursing students Kelly Clare, Rosemary Costello, Instructor Carly Berneche, DNP, FNP-C, Ashley Girouard, Ashley Cronkhite, and Alex Szarkowski

### Elms undergraduate nursing students

Students say about LDRP nurses:

“There were so many nurses that went above and beyond to take students under their wing and help.”



From left: Remi Chernov, Isabella Mancini, Juliana Ochacher, Christopher Tran, Corrine Rose, and Benjamin Elis

### UMass undergraduate nursing students

Students say about S6400 nurses:

“After a few weeks of adjustment, we felt like we blended into the unit! Thank you to the nursing staff for working with us!”



Two groups of AIC undergraduate nursing students

### AIC undergraduate nursing students

Nurses say about APTU and M7 nurses:

“The staff was always willing and able to teach us anything and help us learn new things.”



“The ultimate test of a Transformational Leader is the ability to raise up a new generation of leaders.”

- Anonymous



## Transformational Leadership

### I&T: Inpatient Operational Governance

In November of 2022, Joanne Miller, DNP, RN, NEA-BC, Chief Nursing Executive, and Dr. Muhammad Umar, Medical Director Adult HMP, were appointed as co-chairs of the Inpatient Governance Committee by Dr. Doug Salvador, SVP/ CQO, CMO BMC. Joanne and Dr. Umar have invited members from their clinical teams as well as business and I&T leaders to serve on their Inpatient Governance Committee. Meeting monthly, the Inpatient Governance Committee reviews the requests received for nursing, allied health, physician, ED, surgical, ancillary, lab, RAD, imaging, and diagnostic practices.

Following Baystate Operational Governance procedure of using a standardized scoring tool, each request is measured on the following criteria:

- Legal, Regulatory and Accreditation Impact
- Alignment to Baystate Health Strategies
- Breadth of User Impact
- Safety and Quality
- Consumer and Workforce Experience
- Cost to Implement and Maintain
- Return on Investment
- Consequences of No Action (what risks do we face if we don't do the project/request)

Initially, the governance committees have primarily focused on IT requests. However, as the Operational Governance process continues to mature, the committees are growing in their practice of identifying, discussing, and understanding business needs, suggesting, and evaluating ideas and recommendations, and deciding on the work for their areas of responsibility.



## Clinical Community Approach to Reducing Patient Falls

In 2022, the BH Chief Nurse Executive and Hospital Chief Nursing Officers convened a team focused on falls prevention across all four hospitals of Baystate Health (BH) using a Clinical Community framework. Clinical Communities are self-governing networks with a broad interdisciplinary representation who come together and achieve goals related to health care quality and safety. Clinical Communities build a strong core team and involve those closest to the point of care to bring forward innovative solutions while changing processes and behaviors.

Key stakeholders from across BH have defined the lack of falls prevention standardization in all four hospitals including physical layout concerns (old versus new buildings), lack of interdisciplinary awareness of patient specific fall risk, and bed/chair alarm system differences and signage. Hundreds of patients fall in hospitals each year and 30%-35% of patients sustain an injury. Hospital falls with injury increase a patient's length of stay an average of 6.9 days and cost hospitals \$14,000 per fall with injury.

The BH Nursing Clinical Community meets monthly to evaluate the current falls program and propose a more innovative falls prevention program. The Baystate Falls Risk Assessment Tool is the standard nursing assessment falls tool across all hospitals and is completed in the electronic medical record twice a day by an RN. Clinical community stakeholders have requested further evaluation of the current tool to understand its validity in predicting fall risk. A secondary goal is to increase fall risk awareness, communication, and develop a patient centered fall prevention program. A pilot project will be evaluated using the Falls Tailored Interventions for Patient Safety (T.I.P.S.) Program.

“Inaugural Nursing Quality Clinical Community focuses on fall reduction.”



“Leading with transparency, empathy and education.”

## Ensuring a Culture of Safety for our Future Generation of Nurses

On Friday, March 25, 2022, a Tennessee jury convicted former Vanderbilt University Medical Center registered nurse RaDonna Vaught of reckless homicide and impaired adult abuse after a medication error resulted in a patient receiving a fatal dose of the wrong medication.

We heard concerns about how this may affect safety reporting and we wanted to assure our nurses that Baystate Health is committed to the principles of patient safety science. Baystate has adopted the stance that we will not blame individuals for systems errors, and only hold people accountable for intentionally taking undue risks. We know patient safety improves in organizations with fair and just cultures that value transparency, openness, honesty, learning, and accountability at the system and individual level. That is the principle we live by at Baystate Health.

We immediately began to intentionally round and speak directly to our team members through rounding. We communicated our stand and the immediate actions we took through our publications Managers News Now for managers and News Flash for employees with a video link that was widely shared. Baystate Health’s nurse executives are committed to creating a healthy work environment and a culture of transparency, empathy, and education. Our bedside nurses are in the best position to identify where safety gaps exist and have great suggestions on how to improve. Together, with our nursing leaders in patient safety, we remain united and steadfast in our quest for a just culture—a culture that rewards transparent and timely reporting of near misses and actual errors without any concerns or fears of punishment. We are proud of our nurses and the compassionate and evidence-based care they provide. Together we are better, and we stressed the importance of keeping the lines of communication open.

- We have developed a robust peer support program to demonstrate caring for any employee affected by medical error.
- Baystate’s Communication, Apology and Resolution (CARE) program is recognized nationally. For over ten years, we have followed a rigorous program of evaluating incidents of harm and offering open, honest communication to patients and families when harm or unexpected outcomes occur. Since most errors are caused by systems issues, the CARE program assigns responsibility for these harm events to the system whenever possible.
- We have made a commitment to our new Daily Management System (DMS) which encourages everyone, every day to bring up anything that gets in the way of caring for patients and getting their work done.



“As a leader, I learned the importance of holistic care for myself and how it can translate in my leadership skills.”

## Grace Under Fire: The Alchemy of Self-Care, Compassion, and Resilience for Nurse Leaders

To provide holistic leadership training to nurse leaders across Baystate Health, a new program was offered called Grace Under Fire by the BirchTree Center. This program was designed to help nurse leaders find time for self-care, build leader capacity to improve resiliency in their role as nurse leaders and grow the roots of holistic nursing at BMC. Some of the key sessions of the program included training on micro-doses of resilience, developing mindful practices for self-care, and exploring different leadership styles including defining holistic leadership. The following nurse leaders attended the program.

Laura Douglass, RN  
Jennie Do Carmo, RN  
Michelle George, RN  
Loretta Kapinos, RN  
Araksya McInerney, RN  
Mary Ann Westcott, RN  
Angel Soto, RN

Kim Mendibe, RN  
Ellen Moriarty, RN  
Aneta Wachta, RN  
Kristy Parker, RN  
Ciddalia Vital, RN  
Crystal Wilson, RN  
Jessica Hannington, RN

“The program empowered me to refocus on myself and recognize that I am still ‘damaged’ from leading through COVID. Giving myself permission to acknowledge the profound effect it has had on my emotional wellbeing has been helpful in the healing process.”



From left: Jamie Butler, BSN, RN, CMSRN, Amanda Sevinc, BSN, RN, CMSRN, and Renee Beaulieu, MSN, RN providing elbow to elbow support.



## Structural Empowerment

### Bridging the Experience-Complexity Gap with the Clinical Education Coordinator Role

There is a growing gap between nursing experience and patients' complexity and as a result, quality clinical care, patient safety, and nursing job satisfaction are at risk. More novice nurses are expected to deliver more complex care, while fewer expert nurses are available to mentor and support this novice staff. The Advisory Board recommends teaching novice nurses more effectively and redistributing experience across the organization. The Clinical Education Coordinator (CEC) role was implemented in an academic-teaching facility to address this gap in practice experience.

The CEC team ensures there is support for nursing staff in the inpatient setting, primarily off-shift hours from 3 p.m.-3 a.m., to reduce knowledge deficit, anxiety, and turnover while promoting evidence-based practices, clinical competency, and improved patient outcomes. The CEC acts as an additional resource to help off-load the Rapid Response Team's noncritical workload.

The team is comprised of four expert nurses ranging in experience and backgrounds in medical-surgical, trauma, psychiatry, and nursing education. The CECs round the entire hospital as well as respond to consults from staff. The CECs participate in multidisciplinary nightly meetings, Shared Governance Councils, and collaborate with unit-based Educators and the Nurse Residency Program.

On average, this team helps with 250 educational moments a month. Survey results show that CEC education is seen as an easy, accessible way for night shift to gain new and changing clinical information. The CEC role has expanded across the organization with the creation of CECs dedicated to four different specialty service lines. In addition, two CECs have obtained master's degrees and were promoted to Nurse Educator positions. Two more CECs are currently enrolled in master's programs with the intent to become Nurse Educators.

Over the past year and a half, the CEC role has grown into a reliable resource for bedside nurses. Integration of the CEC role has had a positive impact on the clinical practice environment in ensuring novice nurses have the skills necessary to provide adequate patient care. The CEC also serves as a natural succession plan for the Nurse Educator role.



## Springfield 3 Discharge Unit

The Springfield 3 Discharge Unit opened as a permanent unit in March of 2022. The unit's objective is to open bed capacity allowing Emergency Department patients, post-operative patients, and patients requiring a change in level of care to be placed into an inpatient bed sooner. To date, S3 has cared for 5477 patients; that is 30-40 patients on average a day. The Springfield 3 Discharge Unit is appropriate for patients being discharged to home whose ride is greater than one hour away; patients who need assistance with activities of daily living or one last dose of medication; patients requiring education prior to going home; admitted patients in the Emergency Department awaiting discharge to home or to a facility; or patients awaiting transportation to an external facility such as rehabilitation, skilled nursing facility, assisted living facility, group home, independent living, and homeless shelter.

This unit is the final safety net prior to patients leaving Baystate Medical Center. As a part of the Daily Management System, the team has identified several safety and process opportunities, including patients without a means to pay for their discharge medications, and patients lacking transportation options for after-hours and weekend discharges. These concerns were escalated to the Tier 3 Huddle where multidisciplinary teams collaborated for resolution. A retail pharmacy billing process was created to ensure patients, without the means to pay at the time of discharge, receive their prescriptions. Not following through with discharge medication instructions places a patient at higher risk for readmission and other complications. For transportation concerns, a process was developed in collaboration with the clinical supervisors to make accessible Lyft rides that an operations assistant can book via AMR.



*Recognition for innovation*



*S3 Discharge Unit Team*

Early morning transfers to the discharge unit are encouraged to support patient throughput. In collaboration with our physician partners, case managers, and unit leaders, a PDCA focusing on 2:30 p.m. rounds in which patients are identified and prepared the day before for early transfers to S3, helped immensely to support this process. To further promote early discharges, a friendly competition among the inpatient units was created and a trophy is awarded monthly to the unit who has sent the most patients to S3. So far, the recipients of this award have been D6A, S2, D3B, and S1.

## Integrative Healing Arts Cohort #4 Graduates

Baystate has embarked on a holistic journey to embrace and train nurses interested in Holistic Nursing. We have graduated four groups of nurses from this program. The Integrative Healing Arts Academy™ from the BirchTree Center, is an in-depth program in which participants are engaged in creating caring cultures and healing environments.

Key components of the program include:

- Participants are prepared for holistic practice in all healthcare settings across the continuum of care.
- Participants develop knowledge and competency in evidence-based holistic practice and integrative modalities suitable for clinical practice.
- Participants are instructed in the application of three evidence-based clinical protocol templates which have shown improved patient outcomes (Adjunctive Pain Management, Relaxation and Anxiety Management, Restorative Rest/Quiet Time).
- Participants learn to integrate holistic practices to improve the patient experience.
- The IHAA curriculum is congruent with the five Model Components of the ANCC Magnet Recognition Program.™
- Integral with the curriculum is development of the nurse healer through self-renewal and self-care practices.

**In September 2022, we graduated our fourth cohort. They presented their final projects and shared how much the program has transformed them. Below is a list of the graduates of the program.**

### Tension Tamers:

Cheryl Crisafi, RN; Megan Thompson, RN; Danyelle Cady, RN; Heidi Davis, RN; and Kaitlyn Gauthier, RN

### Self-Care in the Workplace:

Delicia Walker, RN; Sarah Johnson, RN; Crystal Wilson, RN; and Alyssa Reardon, RN

### Take a Sec to Reset:

Marina Litvak, RN; Lindsey Duby, RN; Neomi Seidell, RN; Robin Clark, RN; and Jessica Stephens, RN



## Role Transition and Passion for Mental Health and Veterans

**John Barrett, MSN, RN, PMH-BC, Behavioral Resource Nurse**

To be honest, I never grew up wanting to be a nurse, yet here I sit, overwhelmingly grateful that I am a nurse today. In 2009, I enlisted in the Air Force to become an Explosive Ordnance Disposal (EOD) technician. I made the decision to become a bomb tech after my best friend survived his convoys getting blown up twice by improvised explosive devices (IEDs) over the course of his deployment to Iraq. My time in the military remains the most influential period of my life; I was not a hero myself, but I served with many who were. As my enlistment ended, I began looking for different ways I could continue to serve. My wife, who is still the best nurse I've known, suggested I think about nursing. I enrolled in the UMass Accelerated Nursing Program, graduated in 2016, and started my first nursing position at Baystate Medical Center (BMC) in the Progressive Care Unit (PCU), with plans to become a flight nurse. From day one, my military experience has not only been valued but fully embraced as an asset to Baystate and this sentiment has been echoed among my veteran colleagues. While working in the PCU, I learned that one of the veterans I went through EOD training with, a man I respected for his calm demeanor and his constant smile even through extreme circumstances, suddenly took his own life. That suicide, along with personally seeing the effects of mental health issues and substance use in close friends and family throughout my life, caused me to want to do my part to help battle what I began seeing as a nationwide mental health crisis. I applied for an RN position on the Adult Psychiatric Treatment Unit (APTU) at BMC and enrolled in the Psychiatric Mental Health Nurse Practitioner Doctoral Program at UMass Amherst. In 2022, I graduated with a Master of Science in Nursing and I plan to complete my doctoral degree when my young family is older.

I'm thankful for Baystate Medical Center and how my colleagues and supervisors have fully supported my nursing journey through preceptorship, mentorship, and higher education incentives; all while providing opportunities for challenge and growth. In 2020, I was highly encouraged by my supervisor at the time and mentor to join the Behavioral Resource Team (BRT). The BRT is a small team uniquely comprised of two licensed mental health clinicians and two registered nurses, all with extensive behavioral health experience. Our team responds to code yellows, works with patients requiring constant companions, develops safety plans, and coordinates with the psychiatric consult service and BMC crisis team. Our goal each day is to support staff at BMC by guiding specific interventions that can positively affect the rapport, communication, and ultimately, care of behavioral health patients on medical units. It has been such

a privilege for me to go back to the medical units on which I used to work as a bedside nurse and help bring what I've learned working in behavioral health to the medical staff. I am constantly learning from my colleagues on the BRT. Working with licensed clinicians in addition to nurses has helped me develop a more holistic approach to patient care.

During my graduate education, I wrote about how I have witnessed moral injury, a term typically reserved for veterans, among bedside nurses. Moral injury is defined by Disabled American Veterans (DAV) as, "when one feels they have violated their conscience or moral compass when they take part in, witness, or fail to prevent an act that disobeys their own moral values or personal principles." I believe part of the source of moral injury in nursing comes from wanting to "do the right thing" but not always having the means or resources to do so. Moral injury can be caused by poor staffing ratios, yet it can also be caused by not possessing the experience or resources necessary to calm a patient experiencing a mental health crisis. Our team is actively working to alleviate this type of situation for our frontline staff. Our nurses at BMC are incredible and deserve extensive resources, and I value the investment Baystate is clearly making to provide bedside nurses with support to increase workplace safety; all while improving outcomes for our behavioral health population. BMC's investment in a team like the BRT remains the exception, not the rule, for hospital systems nationwide.

BMC is continuing the drive to provide behavioral health resources to nursing and enhance workplace safety. The BRT was invited by Gina St. Jean, RN, program director for Nursing Professional Practice, and Cidalia Vital, RN, program director for Nursing Research, to present our education presentation entitled, "Providing Care to Psychiatric Patients on Medical Units", at the Nursing Grand Rounds in December of 2022. The presentation was well received, and feedback revealed a desire for more consistent and formal psychiatric education for nursing. Gina has invited our team to present our class monthly for nursing orientation cohorts at BMC as part of an ongoing workplace safety initiative.







*From left: Kimberly Mendibe MSN, RN-BC, Carlo Reale DNP, RN, NEA-BC, Gina St. Jean MSN, RN, CCRN - Our Transformational Leaders tirelessly dedicate themselves to ensure the ongoing support of our frontline staff.*

## The Great Dedication

This past year, Carlo Reale, RN, director of Emergency Nursing, Kim Mendibe, RN, manager of South Wing 6, and Gina St Jean, RN, program director of Nursing Practice and Nurse Residency were asked to present for Schwartz Rounds on the Great Resignation. While the Great Resignation is something that Baystate experienced, we also experienced the Great Dedication. The COVID 19 Pandemic took a toll on the patient care teams in many ways. Due to these challenges, many experienced nurses made the difficult choice to leave Baystate or the bedside all together, yet many made the even harder decision to stay and see it through.

We want to recognize those that continued to provide exceptional care to the community that Baystate serves. So many incredible nurses stayed and were able to identify sources of resilience that helped them during this difficult time.

Some of the strategies that Baystate has which support the frontline team during this time are:

- Expanded Department of Education
- Addition of roles in support of optimal staffing SNAPS, Medics (ED), LPNs
- Expanded career pathways
- Simplified clinical ladder
- Diversity Equity & Inclusion
- Cerner Project
- Holistic Care Program/Self Care
- Commitment to workplace safety
- Commitment to Magnet
- Commitment to hire travelers and use of bonus dollars as we re-emerge
- Employee support services
- Continuing to build out and improve facilities

**One of these incredible nurses is Kathy Nash from the Intensive Care Unit. When asked what made Kathy stay with Baystate for over 25 years, she replied:**

I started as a bedside staff nurse in the ICU at BMC on night shift in November of 1986 after 2.5 years in the ICU/CCUM at another hospital, where I was hired as a new grad. When I came here, I was the youngest RN in the ICU at the time. I am amazed and feel very fortunate to be able to enjoy practicing nursing at 60 years old. Time certainly does fly and times sure do change. Back in the early 1980s, we charted on paper, MD orders were handwritten, and lab results would come up on a crude computer printout. Advances in technology, medical science, and evidence-based practice have made critical care nursing a lot different than it was in those days. I'm glad I stayed at BMC, in critical care, and mostly, at the bedside.



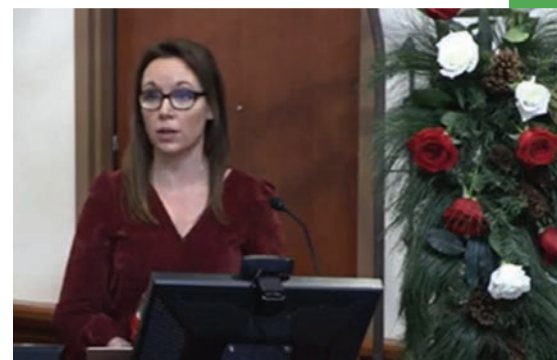
As for me, I am proud and humbled every day I come to work at the bedside. I wouldn't trade it for the world. I work with incredible colleagues, and I love our ICU. It is a great unit to work in, with wonderful communication and collaboration with our medical team and ancillary staff and we are well supported by our management team.

It's hard to put into words what being a bedside ICU nurse means. It can be exciting... when we admit a crashing

patient from RRT and within 30 minutes of working silently together as a team, anticipating the patient's needs and what each other is doing, that patient becomes stable. It's heartbreaking... when a catastrophic health event occurs, and a patient's loved ones gather at the bedside and look to me, the nurse, with pleading eyes, begging for hope that I can't give them. It's empowering... when I am able to advocate for a patient who is unable to do so for themselves. It's rewarding... when a patient comes to me unkempt or disheveled, and I give him an "ICU spa day" and he and his family are thrilled with how good he looks. And it's an eye-opening reality check... when I come to work in a grouchy mood over some inane foolishness and I see a family who started out their day like any other, and with a phone call, their lives are forever changed by what brought their loved one to the ICU. I could go on and on about the rewards of choosing to be a bedside nurse. We are so needed.

## Rose Ceremony

This year, Baystate Medical Center hosted its 9th annual Rose Ceremony, that coincides with the annual Rose Bowl Parade in Pasadena, CA. Both events honor those selfless, brave individuals and families that allow organ, tissue, and eye donation to be successful. In the spirit of lifting each other up, Baystate Health honored families and loved ones who have come together in the most difficult time with the strength it takes to make such a selfless decision to donate. We celebrated the recipients of donors who now have a chance at another life and honored those families who donated to make this possible. One of our team members shared "Sometimes it only takes one act of kindness and caring to change a person's life." Because of these selfless acts of courage in the most difficult times, individuals will move better, see better, and live better. Organ donation offers an individual incredible power to change lives.



**"Sometimes it only takes one act of kindness and caring to change a person's life."**





## Exemplary Professional Practice



### National Speakers

#### Mary Jo Kreitzer, PhD, RN, FAAN:

In recognition of Certified Nurses Day, internationally recognized speaker, Mary Jo Kreitzer, PhD, RN, FAAN, provided an inspirational and moving presentation on “Advancing Integrative Nursing During a Pandemic.” Dr. Kreitzer is a groundbreaking pioneer and innovator in the field of integrative health and wellbeing. She authored the famous book *Integrative Nursing*. Dr. Kreitzer’s presentation offered insight and support to enhance our holistic journey and encouraged nurses and nurse leaders to continue to focus on self-care to improve the resilience of our workforce.



#### Donna Wright RN, BSN, MS

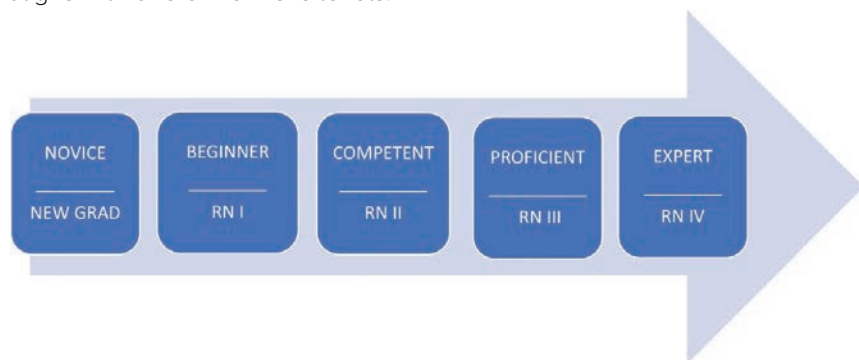
The nursing education team was honored this year to host world renowned nursing professional development expert, Donna Wright. Donna is best known for the Donna Wright Nursing Competency Model. She has published multiple books and spoken globally about the process for validating nursing competency. The Donna Wright Model is a streamlined way to assess and validate nursing knowledge utilizing multiple methods. Her creative approach has helped organizations promote healthy work environments, improve teamwork, and implement shared governance. Donna holds degrees in Nursing, Family Sociology, and Adult Education.

Donna spent two days at Baystate to present to the team as well as holding sessions on how to implement her model during this dynamic time. Nurse educators, nurse managers and staff nurses were present to hear how her model works and ask questions. After her visit, the team felt better prepared to assess their team’s competency and implement strategies to improve the process for competency validation.



## Professional Nurse Recognition Program Changes

As the Nursing Profession underwent drastic changes related to COVID 19, we identified necessary changes for our Professional Nursing Recognition Program (PNRP) in 2022. The Baystate Medical Center PNRP is our Nursing Clinical Ladder. Based off Benner's Novice to Expert Model, the clinical ladder recognizes the nurse's journey through the nursing profession. Each step of the clinical ladder aligns with one of Benner's levels.



In early 2022, we modified the PNRP to be more sensitive to the needs of the frontline staff and to reflect what was important to them. With the addition of Graduate Nurses to the workforce, we had to outline the entrance point into the Professional Nurse Residency Program. Our nationally accredited Nurse Residency Program allows licensed RNs to be accepted. This meant that Graduate Nurses would enter the Nurse Residency upon passing their state licensing boards and becoming an RN.

We adjusted the length of our Nurse Residency Program to 10 months, to allow for other professional pathways. This meant our RN I would begin at 10 months of experience after graduating from our Nurse Residency Program. While the nurse residents do create a portfolio during the residency, we removed the requirements for a portfolio at the RN I and RN II level. The RN II would promote with their manager's approval after two years of nursing experience. The RN III would require specialty certification and five points, or they could do an approved Evidence Based Project (EBP) if they had 10 or more years of experience as an RN. For this track, a new EBP project would be required every three years just as many recertifications are required every two to three years. The RN IV would require a bachelor's degree or higher and a specialty certification with 10 points. Points could be acquired through a variety of ways, such as precepting, charge or supervisor roles, committee involvement, unit champion work, and teaching. Based on feedback from the frontline staff we removed the requirement for a narrative.

These new changes reflect the current workforce today and meaningful recognition of actively engaged bedside nurses. Additional compensation comes with each advancement level on the PNRP.

*Photo on left: Supporting professional development for our nurse educators.*



### Pamela Rivera BSN, RN, HN-BC

M7 has been fortunate to have hired some amazing nurse residents. I look at them like constellation of stars. They are a group together up in the sky amongst all the other stars. History tells us how stars helped with agriculture planting and navigation. The experienced nurse is like a stargazer. We recognize and work alongside the nurse residents. Some shine brighter than others, but they all have a purpose and meaning. I suppose this is why I'm a night nurse and I look at the sky differently.

With all that said, recently a night nurse resident experienced her first patient death. This death was not anticipated and leading up to the patient's passing she did everything she could and should have done. As her charge nurse I reassured her she was doing everything correctly. The patient was a DNR and despite all her interventions he passed very quickly and peacefully. The nurse resident maintained her composure and professionalism which made me reminisce about my first experience with death. I was so impressed with watching her take the next steps and after the patient's passing his daughter called to speak with this nurse and the nurse started the conversation with expressing her condolences. The daughter went on to say it was a blessing and even though she was upset, she was at peace because her father was just recently diagnosed with a terminal condition. I only hoped this helped this nurse resident with finding closure, and we are so very lucky to have her on our team.





*Hospital leadership dedicated to achieving a high reliability organization through the voice of the bedside staff.*

## The Daily Management System

Joanne Miller, CNE, CNO, has developed a strong vision to support the bedside nurses through the work of the Daily Management System (DMS). Many units have been part of DMS and have seen the engagement and feelings of empowerment of nursing staff. Joanne's vision for the DMS is to improve the safety and quality of nursing care provided with the ability to safely bring forward concerns and escalate issues to other organizational leaders.

Some extraordinary examples of nurses using their voice to make meaningful, and outcomes focused change include:

- During the Tier 1 Huddle on South Wing 5, a staff nurse brought up concerns of the administration of IV versus in intermediate care. Unit leadership discussed it with their director, and it was escalated to Tier 2 and Tier 3 Daily Management System huddles. After thoughtful and quick discussion by an interdisciplinary team, including Joanne, IV versus was deemed to be inappropriate in the acute care or intermediate care setting and a hospital policy change was initiated.
- Another example is from Christina Raco, RN, S3 DC Unit, when a patient, who required tube feedings, was discharged to a rehab facility. The facility called S3 several hours post discharge, to report that the discharge paperwork did not include the nutrition note or orders for TF. Christina reviewed the post-acute discharge paperwork, that was sent as a part of the discharge packet to the facility. She noted that the nutrition note did not cross over. Christina faxed the patient's separate nutrition note to the facility. Christina identified this as a good catch and a process concern on our DMS huddle board. Natasha Smitherman, IT business consultant, came into S3 to perform a deep dive into this patient's chart. The following week another S3 RN had a similar issue. Natasha reviewed the post-acute discharge and subsequently identified that several of the other specialty consults, for example PT, OT and Social Work do not cross over either. Natasha is working with Steve Downes to rectify the identified gap of communication, which will improve the discharge information system wide.



*From left: Ellen Moriarty, RN and Nicole Verteramo, RN, South Wing 7, in front of their DMS board.*

DMS is a vehicle to improve safety, quality, patient experience, and empowers those closest to the work. Nurses, nurse leaders, and our CNO are dedicated to the continued work of DMS and its sustainability to achieving a high reliability organization.

## Child Life and Nursing partner together to provide comfort at bedside and in the community

In August, the Baystate High Street Health Center, Baystate Brightwood Health Center and Baystate Mason Square Neighborhood Health Center team members held an Injury Prevention Program for the local families in our community. The Baystate Children's Hospital Trauma Educator, Jen Gold, RN, and the Pediatric Surgery Program Manager, Yolanda Marrow, RN, organized events that promoted a variety of activities centered around family fun and safety. Families were given opportunities to learn and interact with more than 30 different types of local agencies and services. They learned about nutritious food options from local farmers, childcare opportunities and camps from the Springfield Boys & Girls Club, received electric outlet covers for homes and blinking lights for bike safety. Caelin Hallgren, a Child Life specialist who works at the Baystate High Street Health Center, had fun with families as she gifted age-appropriate reading books in a variety of languages, to each child who attended. Caelin also led a Teddy Bear Clinic for children and encouraged them to play with medical equipment on a teddy bear. The pretend play was beneficial in allowing children to be in control of applying bandages, using stethoscopes, blood pressure cuffs and other medical equipment. Providing children with these opportunities from a young age encourages and fosters mastery of the healthcare environment and aims to make visiting the doctor less intimidating. The children were able to take their cute new teddy bear home too! The Springfield Police and Fire Departments were present to perform safe car seat installations and the BMC Trauma Team reviewed basic CPR skills with people. Many agencies were able to participate such as Gandara, the Behavioral Health Network, home health agencies, Women, Infants & Children (WIC), Pediatric Palliative Care, The Springfield Public Library and many more. The program was vital to providing health education and multiple resources to families, while making memories and enjoying an array of activities on a beautiful summer day in Springfield!

*Promoting healthy communities through a Teddy Bear Clinic.*







## Formation of VAST

A team of Baystate leaders collaborated with Chief Nurse Joanne Miller to merge the Phlebotomy and IV teams to become one vascular access service team, otherwise known as VAST. The goal of the new VAST team is to redesign IV and Phlebotomy services to reduce patient harm and prevent delays in care related to vascular access and blood draws. This new team will work towards standardizing practices, supplies, and training. They will also develop a new model of care that will help improve care coordination, the patient experience, and patient outcomes.

This newly formed team is already working hard on implementing a few initiatives including a new care model for the insertion of peripherally inserted central catheters (PICC). This new care model includes having two nurses at the bedside during PICC insertion. LPNs will work alongside RNs to observe and assist the PICC insertion process with the goal of streamlining the procedure, identifying any gaps, standardizing the practice, and improving patient outcomes.

Another new process that the VAST team has recently implemented is the creation of an escalation pathway for the phlebotomist to contact the IV team when they are unable to obtain a lab specimen. When contacted by the phlebotomist, the IV RN will assess the patient and, if necessary, utilize ultrasound to obtain the lab specimen. This new process has already helped to prevent delays in patient care.

With a focus on improving the patient experience, the VAST team will continue to utilize process improvement measures to identify opportunities related to coordinating blood draws with IV insertions. This strategy will help decrease the number of venipunctures each patient must endure thereby improving the patient experience.

Future plans for the VAST team include establishing a process for patients with difficult access and ensuring that all patients are provided with optimal vascular access on admission to the hospital to help ensure vessel preservation. The VAST team is looking forward to achieving many goals and sharing their outcomes. Erin Sevilla BSN, RN is the manager of the VAST team and Lisa Naglack MSN, RN is the nursing director.



From left: Patti Henault, RN, Myra Camilleri, RN, Joanne Peterson, RN, Nancy Mead, RN, and Donna Brown, RN. (Not pictured: Morgan Gilmore, RN)

## BMP Ambulatory Quality & Integration

Do you know which nurses cover twenty-five buildings, ten service lines, and more than eighty individual ambulatory practice sites? The answer is the nursing team for ambulatory quality and integration. These registered nurses investigate patient safety events, review charts to abstract data, and facilitate quality improvement projects. They perform rounds and coach, supporting practice leaders and frontline staff around quality and safety initiatives.

This year the main areas of quality focus are hypertension control, depression screening, and breast cancer screening with the populations health goals of reducing healthcare disparities. The quality nurses are part of a team that also includes ambulatory quality data analysts, outreach coordinators, a patient experience specialist, a mobile health coordinator, and Baystate Health's Chief of Clinical Integration.



## Ambulatory Nursing – Striving to increase RN telephone triage and first call resolution

The Baystate Health Contact Center that receives all calls and schedules all appointments for Baystate Medical Practices and outpatient testing, has transitioned to include nurses in the Contact Center. There were two nurses taking urgent warm transfers starting the summer of 2020 for four practices. The average call volume during this time included 200 calls per month.

During the surge in December 2021 when phones were inundated with calls, the Emergency Department (ED) and practices were overwhelmed with patients. The use of Schmitt-Thompson evidence-based nursing protocols were initiated to take patients with COVID symptoms to be directed to a nursing team at the Contact Center. The nursing team was increased from two to five. These nurses would assess the patients, determine disposition with evidence-based protocols, if testing was required would order testing based on Baystate Medical Practice protocol, and give home care advice including isolation, and when to call back.

This initiative decreased direct calls to the practice and unnecessary patients at the ED. By having an RN assess the patient, it ensured the patient was given advice based on symptoms, and they were treated appropriately within correct timeframe, and scheduled appropriately at the correct place. This endeavor was so successful, once the surge was winding down in February 2022, the nursing team was increased that takes calls for primary care and the health centers from five to eight RNs, as well as a Contact Center RN Manager, Julie Burke, BSN, RN, and Contact Center Quality & Education RN, Lisa Bixby, BSN, RN. All new acute sick calls were taken for five of these practices.

Statistics from 2022 show the value of this nursing endeavor.

Total calls answered

26,233

Total calls handle by RN with first call resolution

19,330

74%

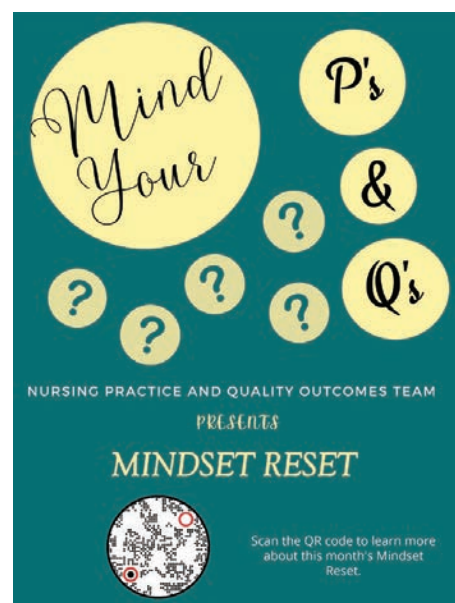
of these calls in this timeframe reflect first call resolution where the RN was able to assess and complete the call utilizing evidence-based nursing protocols, as well as their critical thinking skills.

## Mind Your Ps and Qs

Access to educational information by searching through documents and computer databases is cumbersome and time-consuming. Staff need a more efficient and timely way to obtain policy updates and knowledge boost details.

*Mind Your Ps and Qs* is a collaborative effort between educators from the nursing professional practice and the nursing outcomes improvement departments, allowing for bursts of independent learning at times and locations conducive and convenient to staff. The focus of this medium is to dispel practice myths, validate inquiries, and improve resource utilization using quick response (QR) code technology. The goal is improved nursing and patient outcomes through just-in-time knowledge sharing using a dynamic QR code, which is best for editing and tracking purposes.

Along with flyers sent to the unit educators, the QR code was added to the chief nursing officer's monthly e-newsletter sent to all staff. With the use of the dynamic code, the embedded information is updated monthly without changing the unit posters or the newsletter column.





# Culture Counts

## BMC Renewal Rooms

Location	Room
Daly 3B	D3253
Daly 4B	D4270
Daly 5A	D5266
ED (Pedi Area)	ED1436
MM5	M5251D
MM6	M6251D
MM7	M7251D
Spfld 1400	S1405B
Wesson 1 LDRP	W1826
Baystate High Street Adult Health Center	Level C - Room B9

## Renewal Rooms

Renewal Rooms continue to provide a respite space for team members to rest, recharge and rejuvenate. The inspiration for the rooms was to assist staff with disconnecting before having to reconnect. Allowing people a few quiet moments to focus, ground themselves, and take a few deep breaths can be very therapeutic. The renewal rooms offer a safe place to engage in a few meaningful moments of peace and tranquility. Many of the rooms have a massage chair, comfortable seating, floor mats, soft lighting, sound machines and offer therapeutic activities for staff to engage in. Team members in each area have been able to design it, keeping in mind the diverse needs of the people they are serving. The locations were strategically chosen so that team members from any unit can find one close to them to use. The hospital continues to support finding new areas to create more rooms. The Renewal Room design has reached the outpatient settings and we look forward to supporting more rooms established across Baystate Health in 2023.

## Pain Nurse Assessments

The patient care team at the outpatient Pain Management Center on Main Street has worked tirelessly to provide exceptional care to a complex and often challenging patient population. They have created a nursing initiative called Pain Nurse Assessments. This is a screening process where a nurse calls all new patients referred to the practice to ensure the care provided is appropriate to meet the needs of each patient. They educate the patients on the treatment options offered. For patients who are not interested in an appointment, they offer alternative care such as behavioral health and acupuncture. This process has improved patient and staff satisfaction as evidenced by the team receiving a high performing status and achieving patient satisfaction scores for willingness to recommend in the 86th percentile ranking for Q1 of 2022 and also the 2022 employee survey nursing excellence awards for high performance in all seven nursing excellence domains.

## Baystate Transplant Program Community Outreach

Providing a community benefit of organ transplantation is the cornerstone of any transplant program. The Baystate Health Transplant Program has made it a priority to ensure this benefit is promoted and easily accessible. Through close partnership with the Baystate Health Marketing and Communications department, the BH Transplant Program can provide multiple venues for patient education and bidirectional flow of communication with patients and providers, improving access to care in our communities. Examples include patient education brochures (kidney transplant and living donation), patient portal, and program website. The transplant team hosts regular educational sessions with nephrology offices and dialysis centers, using the patient education materials to help promote understanding of referral processes for transplant, pathways once referred, as well as sharing the option of living donation. Efforts and collaborations will continue to ensure continued access to care for vulnerable ESRD patients in our community.



Two staff members enjoy a moment of self-care in one of our several renewal rooms.



## Baystate Medical Center's Midwifery Education Program: Contributing to the Workforce since 1991

The Midwifery Education Program of Baystate Medical Center is located within the Department of Obstetrics and Gynecology. The Program graduates up to six new midwives each year. These nurses earn a Certificate in Midwifery on site from Baystate, and Master of Science through concurrent on-line classes in a program articulation with Thomas Jefferson University. This prepares our graduates to sit the American Midwifery Certification Board exam to earn the credential of Certified Nurse-Midwife.

The program graduated its first class in 1991 and has now graduated 130 midwives in 29 classes. One hundred percent of graduates pass the certification exam and 25 percent of the CNMs working at Baystate are graduates of the program.

Nurse-Midwives have been delivering babies at Baystate since 1983. Baystate Midwifery and Women's Health (BMWVH) is the faculty practice that provides the clinical experience for 12 students each year: six in the first year and six in the second year of the Program. BMWVH just celebrated the birth of the 15,000th baby to be delivered by one of their midwives. The 14,000th and 13,000th births were delivered by midwifery students in our program.

The house at 689 Chestnut Street houses the program classrooms and administrative offices. Located across the parking lot from the Chestnut Surgical Center, students have easy access to the Health Science Library and the Baystate Simulation Center. They attend births with the midwives on the Labor and Delivery unit and see patients on the postpartum floors and triage unit.

The midwives in the Department of Ob Gyn enjoy working with students and find the combination of teaching, precepting, and clinical practice rewarding. The country faces an estimated short fall of 20,000 women's health care providers by 2050. The Midwifery Education Program will continue to contribute to help fill this gap, one class at a time, with hope to expand class size in the coming years.





## New Knowledge, Innovations and Improvements



*Cidalia Vital PhD, RN, CNL, CRRN*

### UMass and Engineering Partnership

Baystate Medical Center is delighted to announce our formal interdisciplinary collaboration with the Elaine Marieb Center for Nursing and Engineering Innovation at the University of Massachusetts Amherst. This collaboration is important for improving patient care because it combines the interdisciplinary expertise and resources of Baystate Medical Center and the Elaine Marieb Center to help us develop and implement improvements in healthcare at the point of care. In her role as nurse scientist, Dr. Cidalia Vital is currently working with Elaine Marieb Center co-directors, Dr. Frank Sup and Dr. Karen Giuliano and additional collaborators from both BMC and UMass, on several active research projects. Examples include a survey of practicing nurses on their perceptions of healthcare robotics funded by UMass, and a study on flow rate accuracy of IV smart pumps during actual clinical use, funded by a Baystate Health Learning Health Systems Award.

Joanne Miller and Cidalia Vital presented at the first Annual Nursing and Engineering Symposium at UMASS Amherst. The conference attendees ranged from nurses, engineers, students, and industry partners. Karen Giuliano, nurse scientist at BMC organized the event to share the importance of collaboration between nursing and engineering. Our Chief Nursing Officer/ Chief Nurse Executive Joanne Miller delivered the keynote address highlighting the importance of direct care nurses in design, technology, and innovation. She shared innovation happening at BMC including the Pediatric ER Redesign project with a video from Jennie Do Carmo, Pedi ER manager, the future operating and intervention rooms, and the daily management system. Cidalia presented on the research being done at Baystate with IV Smart Pumps. Overall, it was a great symposium with tremendous enthusiasm for working better together and using innovation to improve patient safety and clinical workflows.

A group of UMass engineering Capstone students are working with BMC and using a systems approach to study the problem of patient falls. Fall detection, assessment, and prevention is a challenging issue for all hospitals. The goal of this collaborative initiative is to develop a meaningful solution for reducing falls and fall-related injuries at BMC that can also serve as a model for other acute care hospitals.

In another project, Baystate Health Human Resources Vice President of Operations Patricia Samra, RN, reached out to Center affiliate UMass College of Engineering faculty Dr. Hari Balasubramanian. Together, they are working on a large data project to optimize staff nurse satisfaction and retention.

And in summer of 2023, undergraduate nurse-engineer teams from the University of Massachusetts Institute for Applied Life Sciences Summer Internship Program will come to BMC to work on a number of real-world clinical issues, including safe patient handling, medication dispensing safety and efficiency, pressure injury in critical care, patient mobility, and additional work on IV smart pump flow rate accuracy.

This rich and meaningful collaboration will enable Baystate to bring improvements in the delivery of care to patients as quickly as possible.

## Research Fellowship Program

Baystate has partnered with Memorial Sloan Kettering Cancer Center (MSK) on a Nursing Research Fellowship Program. The purpose of the Nursing Research Fellowship is to increase nurses' understanding and skills to conduct small research projects. The fellowship follows an academic model and provides learning and skills about research that is guided by nurse scientist mentors. Each candidate applied for the fellowship and had an interview. Three nurses from Baystate were selected to participate in this prestigious program in 2022. The full program timeline is 18 months from the first class to the final presentation. Faculty of the program include nurse scientists from MSK, Miami Cancer Institute, Hospital for Specialty Surgery, and Baystate Health.

### Taylor Heck, BSN, RN, CWOCN

Taylor graduated from Fitchburg State University in 2018 with a BSN. While in her undergraduate studies, she took a special interest in wounds and made a goal to become certified in Wound, Ostomy and Continence (CWOCN). She started her nursing career on a medical-surgical unit. As a staff RN, she became a member of the organization's skin committee and participated in the quarterly skin prevalence study. In 2020, Taylor transitioned to a wound clinician in the Inpatient Wound and Ostomy team. Taylor passed her certification exams for CWOCN in 2022. "Being a part of the wound and ostomy care team at Baystate brings along a lot of opportunities for research and we greatly benefit from having a team member who is familiar with the research process," says Taylor. Her research will evaluate the use of breast milk as a topical treatment of diaper dermatitis in premature infants. She is being mentored by Nurse Scientist Ellen Smithline, PhD, RN.



### Traci Leary, MSN, RN, CCRN

Traci graduated in 1993 from the former Baystate Medical Center School of Nursing. In 2005, she entered the RN-BS program at Elms College graduating Magna Cum Laude in 2007. She went on to receive her Master of Science in Nursing Education from Walden University in 2010 and became certified in CCRN. She began working at Baystate Medical Center in 1989, leaving in 2011 to pursue the directorship of the skills and simulation laboratories. "I credit my mother Charmaine, a Baystate RN for 50 years until her retirement in 2020 at the age of 80, for passing on her love of nursing, and for ensuring that when I started this journey, I knew what I was signing up for," says Traci. "Growing up, I wanted to be either a registered nurse, or a teacher. I am so fortunate that I was able to become both, and I am thankful to have this amazing opportunity, and to learn from our brilliant nurse researchers. It is hard to put into words how good it feels to be back home."

Traci's research is focused on Identifying and Eliminating Knowledge and Practice Barriers to Pressure Injury Prevention in the Intensive Care Unit. She is being mentored by Nurse Scientist Karen Giuliano, PhD, RN, MBA.



### Patricia Faron, RN, BSN, CPAN, HN-BC

Patty graduated with a Bachelor of Arts and Political Science from Saint Anselm College in New Hampshire in 1993 and a Bachelor of Science in Nursing from UMass Amherst in 2000. Patty has spent the past 25 years working at Baystate in various capacities including medical-surgical nursing, perianesthesia nursing, and pain management. Patty is certified as a perianesthesia and holistic nurse. "As a procedural staff nurse at the Baystate Pain Management Clinic, I help patients cope with anxiety when receiving spinal procedures. As a certified holistic nurse, who completed the Clinical Aromatherapy Course for Hospitals, I am well versed with integrative modalities. The knowledge has transcended into a deep interest in researching the use of clinical aromatherapy on my patients to alleviate anxiety," says Patty.

Patty's research is focused on the use of aromatherapy during pain interventions that require anesthesia to help alleviate anxiety and pain. She is being mentored by Nurse Scientist Cidalia Vital, PhD, RN, CNL, CRRN.



“We need holistic nursing first to heal each other and then to heal our patients.”

- Joanne Miller DNP, RN, NEA-BC

### Holistic and Nursing Scholarship Symposium

Our First Annual Holistic & Nursing Scholarship Symposium was held on November 7 to an in-person and zoom audience of 80 staff. Research, quality improvement and evidence-based practice posters were on display from various departments including posters specific to holistic nursing. During the program, team members were able to participate in multiple holistic offerings including M-technique, music therapy, encaustic wax, and Reiki. Chief Nurse Executive, Joanne Miller, DNP, RN, NEA-BC provided the opening address and described the importance that holistic care has on our patients and our staff. “We need holistic nursing first to heal each other and then to heal our patients,” she said. Program Director of Research and Holistic Nursing, Cidalia J. Vital, PhD, RN, CNL, CRRN gave a reflection of the past four years and how the hospital’s holistic journey was critical to ensure that our staff practice self-care. “We need to take moments for self-care, so we can self-preserve and bring us back to the root of why we became nurses. Remember as nurses we need to spend time renewing ourselves, so we are better positioned to care for our patients,” said Cidalia. Connie Blake, EdD, MSN, HNB-BC, RNC-OB moderated the amazing panel of nurses and child life specialists who participated in one of the several holistic trainings offered by the organization. The focus of the panel was to describe the transformative journey each person took through either the Integrative Healing Arts Academy or the Certified Clinical Aromatherapist Practitioner Program. The Symposium closed with a moving presentation from Veda L. Andrus, EdD, MSN, RN, HN-BC, HSGAHN.



Pet therapy was provided during the Symposium.



Holistic nurse Neomi Seidell, RNC-OB provided M Technique to Labor and Delivery Nurse Marina Litvak, RN.



## Learning Health System Grant: IV Smart Infusion Pump Flow Rate Accuracy in the Real-World

The Nursing Research Department has been awarded an internal Learning Health Systems (LHS) Grant for \$30,000. The Learning Health System grant offers an innovative funding mechanism designed to provide resources to support projects that lead to improvements in quality, value and patient experience using improvement science, informatics, and rigorous QI methodology.

One of the highest risk interventions in U.S. acute care is the delivery of intravenous (IV) medication using an IV Smart Pumps (IVSP). Adverse events associated with IVSP are among the most frequent sources of technology error reported to FDA, with ICU patients at particularly high risk. The issue of flow rate inaccuracy, which occurs when the actual medication flow rate does not match the rate flow rate displayed on the IVSP, is a significant source of error that is underappreciated and difficult to detect at the point of care. Our LHS project will measure and compare the actual versus programmed IVSP flow rates in critically ill patients before and after the development of an evidence-based staff education program aimed to improve IV medication administration safety. The data generated from this project will also provide the pilot data for a larger external grant submission.

### Medication Education Project

Through quality improvement and assessment monitoring, an opportunity for a more standardized approach to patient education, regarding medication teaching through all phases of transplant care was identified. Patients were verbalizing and demonstrating a lack of understanding of medications and medication non-compliance. The clinical practice committee, led by the transplant program manager, transplant clinical pharmacist and the specialty pharmacy liaison, developed a comprehensive teaching plan that would address patient education needs at all points of contact. Various teaching methods are used to address all learning styles including discussion and explanation of medications/med sheet and teach back (what each med is for and which ones to hold when), return demonstration (reading med sheet and filling up pill box), and a knowledge retention assessment using a standard quiz. Teaching sessions occur at every patient appointment building upon and reinforcing previously learned content. Implementation of this process has led to improved knowledge retention over time and improved medication compliance after transplant.

### Weight Management Program

Patients referred to transplant sometimes have a higher body mass index (BMI) than would be ideal for transplant. Often, patients with higher BMIs are turned away from transplantation. To eliminate barriers to care and improve access for all patients, the multidisciplinary team consisting of nursing, physicians, and dieticians, developed a weight management program that would ensure patients with higher BMIs could be successfully placed on the transplant list. All patients with a BMI >35 are referred to the weight management program upon referral for transplant. A registered transplant dietician contacts the patient within 30 days of their referral. A multidimensional approach to weight loss is used and individualized to the patient. Interventions range from dietary modifications (more plant-based diets), increased physical activity, and in some cases, referral for bariatric surgery. Since the implementation of this program, there are 32 patients who have successfully been placed on the transplant list that otherwise would not have been candidates.

“Advancing nursing science through evidence based practice, quality improvement and research.”



## Empirical Outcomes



*NICU team of nurses engaged in the "Red Folder" project to get the CLABSI rate to ZERO*

### NICU: Back to Basics approach to Getting to Zero

- Standardized 2-person sterile line change
- Standardized 2 person PICC dressing change
- UVC insertion process standardized
- No blood draws from UVC
- STAT seal use on all PICC insertions
- Central Line cart in operation
- Pre-made PICC Dressing Kits
- Developed new standard kits for both UVC and PICC lines
- CHG use for PICC dressings and insertions; UVC and UAC insertions

Development of Red Folder contents: Central Line information sheet to replace bedside card:

- Daily maintenance sheet
- Parent information sheet
- Weekly central line rounding
- Develop competency validation program for Infection Control with emphasis on central line care and maintenance practices
- CHG for IV starts and Central and venous blood draws
- Closed Medication System

In addition to the above "back to basics" practices, another major contributor to decreasing the central line-associated bloodstream infection (CLABSI) rate in the NICU is the implementation of the "Red Folder" initiative. Every patient with a central line has a red folder at their bedside which alerts the team that a central line is in place, ensuring interdisciplinary discussions happen during rounds. The daily maintenance data is filled out once a shift, documenting dressing changes, vital signs, or any issues identified during the shift. The red folder initiative is a team effort, and everyone understands the importance of preventing a CLABSI for our "tiny patients."





## M6 Sees a 66% Decrease in Falls

M6 started using the Daily Management System (DMS) board in September of 2022. Their metric to focus on is falls and specifically, the falls bundle. The team audited all the interventions and found the greatest opportunity was making sure falls risk patients were wearing yellow socks, falls bracelets and the falls magnet was placed on the door.

They also piloted a falls tip sheet which is hung in every room. It is updated daily with things like ambulation status and weight bearing ability. It is helpful when a team member goes to assist a patient they can safely do so and quickly.

M6 has seen great improvement in their falls data. In comparing fiscal year 22 Quarter 1 to fiscal year 23 Quarter 1 they have reduced falls by 66% - 12 in Q1 22 and 4 in Q1 23.

## Wesson 3: Getting to Zero

Wesson 3 celebrated a big accomplishment after successfully achieving zero catheter-associated urinary tract infections (CAUTIs) for the entire year. The unit celebrated this moment and all the hard work put in by all care team members. Debra Bercovici, RN, Wesson 3 CAUTI champion, made the big announcement during the morning DMS huddle, while music and dancing commenced to celebrate. Deb has put in a lot of effort to being the CAUTI champion on the unit. She keeps the board updated with the latest news and information and provides monthly updates in staff meetings to ensure awareness of changes related to catheters. Doris Haber, RN, the unit educator, also helps to keep staff informed on best practices and new devices coming. The Wesson 3 staff take pride in ensuring the need for foley catheters is addressed in IPOC rounds daily with the medical team, and in completing the peri calendar which holds everyone accountable to completing peri care each shift. It is the combined team effort on the unit that has brought Wesson 3 to this big moment.



Wesson 3 team celebrates zero CAUTIs!





Nurses from the Wound and Ostomy Team - from left: Jung Hee Lee, BSN, RN, Ashley Cava BSN, RN, Taylor Heck, BSN, RN, WOCN, Cheryl Ruta, BSN, RN.

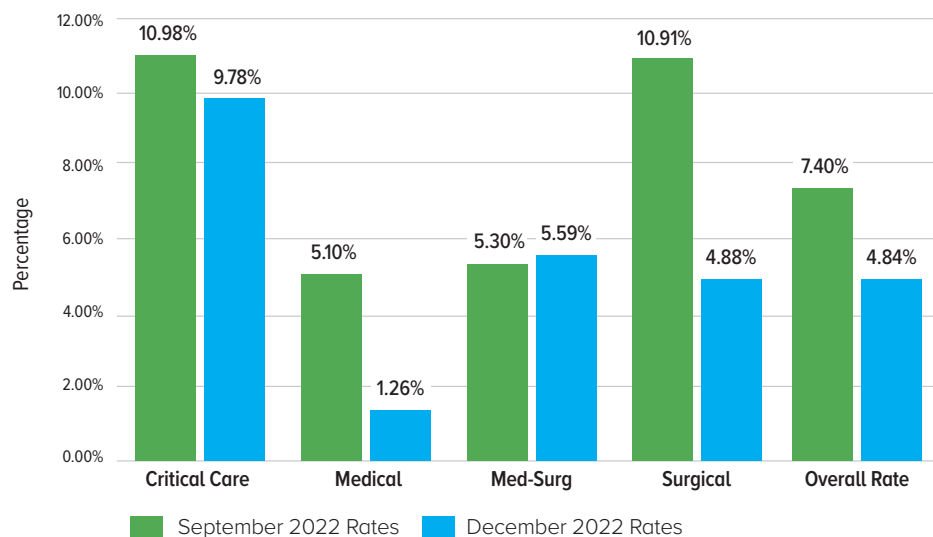
## Hospital Acquired Pressure Injuries and Skin Prevalence Survey

Hospital Acquired Pressure Injuries are one of the many nursing sensitive indicators that are tracked at Baystate. Hospital acquired pressure injury (HAPI) rate measures the number of patients with pressure injuries at a specific point in time that were acquired within the hospital. This term only describes pressure injuries that were acquired after admission.

Four times a year, a Skin Prevalence Survey (March, June, September, and December) is conducted. This equals four data points to analyze the prevention and treatment outcomes. The last Skin Prevalence Survey for 2022 was conducted on December 13. Each unit had an assigned Skin Champion who spent the day completing skin assessments and chart reviews. Skin assessments included pressure points: back of the head, behind the ears, coccyx, heels, and elbows. Also, the skin around devices such as endotracheal tubes, oxygen and Purewicks were assessed to evaluate any device related injuries. Skin Prevalence Day is a massive undertaking for the Skin Champions, unit leadership and Wound and Ostomy Nurses. The Skin Integrity Committee including skin champions and Inpatient Wound and Ostomy Team are a critical part of prevention and awareness.

Improvements have been made in overall HAPI rates from September to December 2022, going from 7.40% in September to 4.84% in December.

### HAPI Rate (September to December 2022)



Decrease in  
HAPI rates from

7.40%  
to **4.48%**

## CLABSI/CAUTI Reductions

Nurse-sensitive indicators (NSIs) are followed to measure, evaluate, and improve the value of quality bedside patient care. The central line-associated blood stream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) rates are followed closely by multi-disciplinary teams and BMC is celebrating the work that multiple inpatient units did to maintain a “zero” in each of the indicators. The CLABSI and CAUTI Committees have dedicated members who are consistently engaged in deep dives, seeking opportunities to improve outcomes and prioritize patient safety each month.

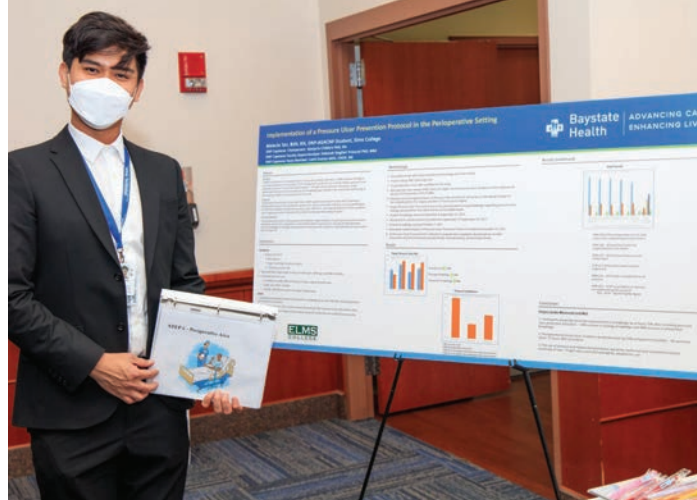
The units that deserve an honorable mention for maintaining zero CLABSIs in 2022 include APTU, Daly 5A, NIU, NCCU, MM7, S1400, SW6. The units that deserve a sincere commendation for zero CAUTIs in 2022 include APTU, LDRP, MM7, NCCU, SICU. Of note, MM7 and NCCU are recognized for having neither infection during the entire year!

Staff have shown a continued commitment to provide safe and compassionate care to some of the most vulnerable and complex patients. Their dedication to doing their best to support best practice is evident by these outstanding outcomes.





## Recognition: Research, Awards, Advancements, & Certifications



*Melecio Tan, BSN, RN stands by his DNP student lead quality improvement project through the Elms Program.*

## Publications & Presentations

### Live Poster Presentations

**Chang, W., Fontaine, P., Adam, S., Beachy, J., Heelon, M., Hoar, H., Larsen, B., McKiernan, C., Naglieri-Prescod, D., Parker, K.; Westcott, M., Rines, N., Rothstein, R., Boney, C.** Benefits of Implementing a Daily Safety Brief at the Baystate Children's Hospital. Poster Presentation at the Solutions for Patient Safety (SPS) Regional New England Conference, October 2022, Hartford, CT.

**Marcoux, K., & Mayo, J.** Improving the delivery of Stroke Education. Poster presentation at the American Association of Neuroscience -Annual Conference (AANN), March 18-21, 2022, Orlando, FL.

**Grady, K., & Crisafi, C.** Cultural Change in Post Operative Cardiac Surgical Pain Management. Poster Presentation at AACN NTI, May 2022, Houston, TX.

### Podium Presentations

**Chang, W., Fontaine, P., Adam, S., Beachy, J., Heelon, M., Hoar, H., Larsen, B., McKiernan, C., Naglieri-Prescod, D., Parker, K.; Westcott, M., Rines, N., Rothstein, R., Boney, C.** Benefits of Implementing a Daily Safety Brief at the Baystate Children's Hospital. Podium Presentation at the Solutions for Patient Safety (SPS) Regional New England Conference, October 2022, Hartford, CT.

**Kostrzewa, A., & Callahan, C.** Reducing Brain Injury Associated Agitation on an Inpatient Neuroscience Unit. Podium Presentation at Premier Breakthrough Conference, June 21-23, 2022, National Harbor, Maryland.

**Millett, C., Grochowski, K., Konderwicz, I., Marrow, Y., Soto, A., Markt, E.** Trauma Jeopardy- Providing Nursing Education in the Wake of COVID-19. Podium Presentation at the ENA Conference, September 30-October 3, 2022, Denver, Colorado.

**Vital, C. J., Winters-Todd, B., Pietsch, T.** Taking the PATH to Quality Improvement - A Staff Nurses Journey. Virtual Presentation at ARN Conference 2022, September 19-23, 2022, San Diego, California.

**Miller, J.** Every Great Design Begins with an Even Greater Story. Keynote Address at Nursing and Engineering Innovation Symposium, September 13, 2022, University of Massachusetts, Amherst. Jimenez, J., Leinonen, J.

**Vital, C. J.** Panel- Improving the Safety and Usability of IV Smart Infusion Pumps. Panel Presentation at Nursing and Engineering Innovation Symposium, September 13, 2022, University of Massachusetts, Amherst.

**Fournier, K. Ieraci, J., Mucci, D.** Building a Dedicated Rapid Response Team. Podium Presentation at the AACN Region 1 Horizons Conference 2022, April 5-7, 2022, Portland, Maine.



*From left: Kristina Grochowski, Angel Soto, Caitlin Millett, Kylie Shink, Jennifer Gold, Kyle Kendall and Ryan Spencer*





*Nurses and support staff listen to the presenters at the First Annual Holistic and Nursing Scholarship Symposium.*

## Holistic and Nursing Scholarship Symposium November 7, 2022

Category	Poster Author (s)	Topic
Quality Improvement	Michelle Whitney, MSN, RN Kat Boughton, PharmD Chelsea Gordner, MD Holly Allen, MD Satoko Igarashi, MD Amy Struzziero, RN Courtney Beauregard, RN Jenn Gold, RN Laurie Bannish, RN Emily Torcato, MSN, RN Crystina Kusy, RN Stacey Cagan, RN Deborah Naglieri Prescod, PhD	A Multidisciplinary Diabetes Collaborative
Research PhD, UMass Amherst	Ellen Smithline, PhD, MS, RN, CEN	Perseverance: The Decision-Making Process of the Emergency Triage Nurse
Literature Synthesis MSN, AIC	Kaitlyn A. Forbes, BSN, RN	The Impact of Stress Reduction Techniques on Nurse Burnout
Quality Improvement MSN, UMass Amherst	Kimberly Grady, MSN, RN	Culture Change in Post Operative Cardiac Surgical Pain Management
Evidence Based Practice	Maureen Robbins, BSN, RN, CAPA Debra McFarlane, BSN, RN, CAPA Kathleen Hyland, RN, CAPA	THE "M" Technique® Caring Touch
Evidence Based Practice	Sarah Brandt, RN Kim Mendibe, MSN, RN- BC Amber Leary, BSN, RN-BC Christine Callahan, MS, RN Felicia Easton, MSN, RN Deirdre Felici, MSN, RN-BC	Does Capnography Monitoring Reduce the Occurrence of Code Blue?
Quality Improvement DNP, Elms College	Melecio Tan, BSN, RN, DNP-AGACNP	Implementation of a Pressure Ulcer Prevention Protocol in the Student Perioperative Setting
Quality Improvement Integrative Healing Arts Academy	Crystal Wilson, MSN, RN-BC Delicia Walker, BSN, RN Sarah Johnson, BSN, RN-BC Alyssa Reardon, BSN, RN	Self-Care in the Workplace
Quality Improvement National Presentation	Weijen Chang, MD Patricia Fontaine, MSN, RN Stephanie Adam, MSN, RN Joanna Beachy, MD, PhD Mark Heelon, PharmD Harry Hoar, MD Mary Ann Westcott, BSN, RN Becky Larsen, BSN, RN Christine McKiernan, MD Deborah Naglieri-Prescod, PhD Kristy Parker, BSN, RN Nancy Rines, MSN, RN Robert Rothstein, MD Charlotte Boney, MD	Feasibility and implementation of a daily safety brief at a children's hospital-in-a-hospital

*(Holistic and Nursing Scholarship Symposium continued)*

Category	Poster Author (s)	Topic
Quality Improvement National Presentation	Stephanie Adam, RN Joanna Beachy, MD Charlotte Boney, MD Weiwen Chang, MD Jennie Do Carmo, RN Anna English Patricia Fontaine, RN Mark Heelon, Pharm D. Harry Hoar, MD Becky Larsen, RN Christine McKiernan, MD Deb Naglieri-Prescod, PhD, MEd Kristy Parker, RN Nancy Rines, RN Rob Rothstein, MD Mary Ann Westcott, RN	Benefits of Implementing a Daily Safety Brief at the Baystate Children's Hospital
Quality Improvement National Presentation	Karen Marcoux, BSN, RN, CNRN, HN-BC Jennifer Mayo, BSN, RN, CNRN	Improving the Delivery of Stroke Education
Quality Improvement Integrative Healing Arts Academy	Danyelle Cady, BSN, RN Cheryl Crisafi, MSN, RN, CNL Heidi Davis, BS, RN Kaitlyn Gauthier, BSN, RN Megan Thompson, BSN, RN-BC	Wellness Through Progressive Muscle Relaxation for Healthcare Workers
Quality Improvement National Presentation	Brittany Patterson, MSN, RN Julie Racicot, MSN, RN, NP-BC, CCRN	Nurse Residency Programmatic Changes for Improved Retention in the COVID-19 Pandemic
Quality Improvement National Presentation	Caitlin Millett, BSN, RN Kristina Grochowski, MSN, RN Ida Konderwicz, BSN, RN Yolanda Marrow, MSN, RN Angel Soto, BSN, RN Erin Markt	Trauma Jeopardy- Providing Nursing Education in the Wake of COVID-19
Quality Improvement	Renee Beaulieu, MSN, RN Amanda Sevinc, BSN, RN, CMSRN Jamie Butler, BSN, RN, CMSRN Kaitlyn Patrick, MSN, RN, CNL	Bridging the Experience-Complexity Gap with the Clinical Education Coordinator Role
Evidence Based Practice	Zelia Almeida, RN-C, BSN Julie Sheperd, RN-C	NOTICE: Improving PICU Practices for High-Risk Medications



Zelia Almeida, BSN, RN-C



Renee Beaulieu, MSN, RN

## Active Nursing Research Projects (IRB Approved or Exempt)

Authors	Department	Title
Vital, Cidalia Scott, Susan Giuliano, Karen St. Jean, Gina Bryson, Samantha Fernandez, Gladys	Nursing Research Department	A Randomized Controlled Trial of the Impact of Titration Instruction Orders on Time to Achieving Hemodynamic Stability in a Simulated Patient
Vital, Cidalia StJean, Gina Patrick, Katlyn Naglieri-Prescod, Deborah	Nursing Research Department	Exploring the Perceived Value of Cardiac-Vascular Nursing Certification Among Staff Nurses
Vital, Cidalia Benjamin, Ellen Giuliano, Karen	Nursing Research Department	A grounded theory of patient flow management in the emergency department: Participant Observation
Vital, Cidalia Faron, Patricia Naglieri-Prescod, Deborah	Nursing Research Department	Perceived Value of Holistic Nursing Certification

## Quality Improvement Projects Nurses enrolled in DNP Programs

Name(s)	Unit	Project Title
Griffiths, Maxine	MICU/SICU	Reconsidering Patient Admission Supply Kits to Control Waste: Contents and Assembly Practices
Hareendrannair, Vinod	MICU/SICU	Alcohol Withdrawal Syndrome Severity Assessment in Intubated Critical Care Patients using mMINDS
Williams, Ashley Harding, Lacey	MM7	Implementing the Heart to Home Checklist to Decrease Hospital Readmission Rates
Stultz, David	ER	Reducing Stress and Turnover Intention in Emergency Department Nurses Through Modified Mindfulness Based Stress Reduction
Reale, Carlo	ER	Improving Emergency Department Left Without Being Seen Rates: A Quality Improvement Project

## Nurse Residency Projects 2022

Resident Names	Unit(s)	Project Title
Noonan, S. Scarlatto, A.	BMC ED	Adolescent Perspective on Ostomies: A Literature Review
Bruce, D., King, J. LeBrun, C. Sproehnle, J.	BMC Med-Surg	Transgender and Non-Binary People
Calvo, A.	BMC ED	Emergency Department Boarding



# 2022 Daisy Award Winners

The DAISY Award is part of an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. Here are our 2022 DAISY Award winners.

## JANUARY



**Sandra Velez (CHAD)** was nominated by a parent that felt she went above and beyond in assisting her and her child. The parent went on to explain that Sandra's advocacy, compassion and caring helped bridge the communication between the family and providers. In the parent's words: "She is a true nurse champion. For the entire time we had her, we felt she was there for us and let us know what was going on each step of the way."

## FEBRUARY



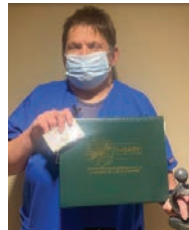
**Elliot Ezcurra (D6B)** was nominated by a daughter of a patient with dementia who was under Elliot's care. The family felt Elliot went above and beyond in providing care for their loved one. They had the awareness that parts of the hospitalization would be difficult for this patient, and they made sure that attention was given to these details. In their words: "We appreciate their compassion for Mom because of her dementia...they felt part of caring was making sure Mom was as comfortable as possible."

## MARCH



**Kelsey McLaughlin (NICU)** was nominated by the mother of a baby that spent over 140 days in the Neonatal Intensive Care Unit. She wanted to show her appreciation for the nurse that helped her navigate the emotion roller coaster of this experience. In her words: "I've thought about this for months and have written this multiple times over and there are simply not enough words or sentiments to show just how amazing Kelsey McLaughlin was to us."

## APRIL



**Amy Szalony (SW5)** was nominated by the wife of a patient in her care. She wanted to show appreciation for the care she and her husband received at the end of life. In her words: "The entire staff on that floor were very friendly and supportive. However, nurse Amy is my special guardian angel. She truly cared for my husband, my family, as well as me. Her kindness and compassion helped me cope as I faced my biggest fear, the thought of losing the love of my life."

## MAY



**Carley Murphy (D6B)** was nominated by a co-worker that observed Carley caring not only for her patient at the end of life but also the family. Carley went above and beyond to help coordinate care and offer a serene and peaceful environment. The family (especially the daughter who was a nurse) were very appreciative. In the daughter's words: "I was elated when you called to tell me that Carley had been chosen for the DAISY Award and thank you for inviting me to be a part of her recognition."

## JUNE



**Brenda Carrucini (S6400)** was nominated by a patient that felt she had gone above and beyond in her care. In the patient's words: "Brenda would never ask for recognition, but she is so deserving of it. If it mattered to me then it mattered to her. Dedicated to her patients! So natural, humble, sensitive, and caring. She has all that is necessary to be the best!"

## JULY



**Stephen Konefal (PICU)** was nominated by a team member and parent of a child that was in PICU. They felt Stephen went above and beyond to ensure that the child and the family received the best care. In their words: "Stephen took the time to explain every detail to my husband and me but also spoke to me as a mother and not as a staff nurse. He added some lightness to a very stressful situation."

## AUGUST



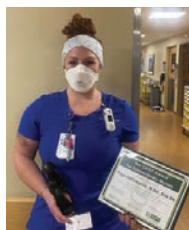
**Megan Thompson (Adult Partial Hospitalization Program)** was nominated by a supervisor who wanted to recognize the compassionate care Megan gave to a patient but also recognize that this is the care she gives to every patient. In the supervisor's words: "There are dozens of extraordinary moments that come to mind in regard to the compassionate care that Megan Thompson provides to our patients every single day. This is what she does for our patients – treat every patient as if they are special because they are. Megan Thompson is sunshine personified, and our patients are so lucky to be in her care."

## SEPTEMBER



**Grisel Miranda (PPU)** was nominated by a team member that wanted to show appreciation for assisting in implementing a new process and for all she does for the team. In the team member's words: "Grisel has been an absolutely and exceptionally amazing nurse to work with...she always goes above and beyond to make sure that things always run smoothly in the PPU...she is compassionate and caring. She makes sure that the providers communicate with the patients after the procedures. She also makes sure that the discharge plan is clear. It is a pleasure and an honor to work with such a pleasant, outstanding, and wonderful nurse. I know that my days will be full of smiles when she is working with me in the PPU."

## OCTOBER



**Page DeGregorio (D6B)** was nominated by a team member who observed Page going above and beyond for a patient and family at end of life. In the team member's words: "On the day he passed away, Page printed a small strip of his heart rhythm and placed it in a small bottle with the quote 'forever in our hearts.' Page presented the gift to a loved one who was so touched that she broke into tears and hugged Page and thanked her profusely. After the final good-bye, Page asked if she would like to participate in the postmortem care. She did and together they provided care to the patient; this helped his loved one to be able to say her last good-bye."

## NOVEMBER



**Andrea Boudreau (LDRP)** was nominated by a grateful patient who felt Andrea went above and beyond in her care for them and their unborn child. In the patient's words: "She treated me as if I was family, was compassionate in her bedside manner and provided an above and beyond level of medical care. I truly feel that Andrea Boudreau was my guardian angel that night, and myself and my family will forever be grateful for what she did for me and my baby."

## DECEMBER



**Kayla Beswick (Perianesthesia)** was nominated by a patient who felt Kayla went above and beyond in her care for them. The patient was facing a variety of challenging circumstances and was grateful for Kayla's compassionate care. In the patient's words: "Kayla's quiet presence gave me the strength and sense of safety necessary to feel at peace. I am sure this is their everyday routine; however, for me on this day of many firsts, she left a lasting impression, one that I will never forget and am eternally grateful to have experienced."

# 2022 Nurses Week Awards



**Grace O'Neil  
Ambulatory Nursing  
Excellence Award**  
Amanda Hill, RN



**Exemplary  
Professional Practice**  
Sarah Caddeo, RN



**Excellence in Nursing  
Leadership Award**  
Unit- Mary Ann Westcott, RN  
Service line: Carlo Reale, RN



**Empirical  
Outcomes**  
Christine Callahan, RN



**Clinical Nurse Mentor/  
Preceptor Excellence  
Award**  
Cheryl Ruta, RN;  
Timothy Hoschtetler, RN  
(Not Pictured);  
Cherie Garrity, RN  
(Not Pictured)



**Transformational  
Leadership**  
Kimberly Mendibe, RN

**New Knowledge, Innovation  
& Improvements**  
Kimberly Grady, RN (Not Pictured)



**Structural  
Empowerment**  
Kelly Donahue, RN

**Sharon A. Smith Compassionate  
Caregiver Award**  
Karissa Gorman, RN (Not Pictured)

## Staff support award categories:



**BMC Collaborative  
Award**  
Debra Laquerre



**Julie Shea  
"Life-Giver" Award**  
Ewa Maziarz



**OA Excellence**  
Kim Vigneault



**Orderly Excellence**  
Daniel Boze



**Patient Advocate  
Award**  
Richard Freccero

**PCT Excellence**  
Taylor Lukas  
(Not Pictured)



## 2022 Newly Certified Nurses

Tracey Abbey  
Victoria Balaur  
Emily Barber  
Amanda Baum  
Alexi Beaulieu  
Turner Bouley  
Brooke Bruneault  
Stacey Cagan  
Janine Cardello  
Justine Ciuffreda  
Meeghan Collins  
Amanda DeForge  
Beth Earle  
Halina Flack  
Kalpana Gharia  
Taylor Heck  
Kimberly Hodges  
Lauren Hooker  
Keturah Joseph-Morgan  
Colleen Kent  
Amanda Kumiega

Elizabeth Luscier  
Kimberly Madden-Lajoie  
Rebecca Maldonado  
Nabi Mohamed  
Cynthia O'Keefe Morton  
Loocy Parekattu  
Ashley Putnam  
Charles Poston  
Courtney Reyes  
Emily Sheriden  
Mariah Henry  
Lindsey Socha  
Nicholas Taylor  
Marissa Tinnemeyer  
Kathryn Vear  
Rico Fil Victorio  
Lori Waller  
Stephanie Winslow  
Barus Richardson  
Shink Kylie  
Riccillo Elizabeth



### Reader Raves

Baystate Medical Center Named "Best Local Hospital" by The Republican and MassLive's Reader Raves



*Pictured above from left: Elizabeth Goncalves, RN, Maureen Callahan, RN, Michele Harrington, RN, Karla Schoenthal, RN, Debra Meyer, RN, and Tonya Howell, RN*

### Dale Carnegie

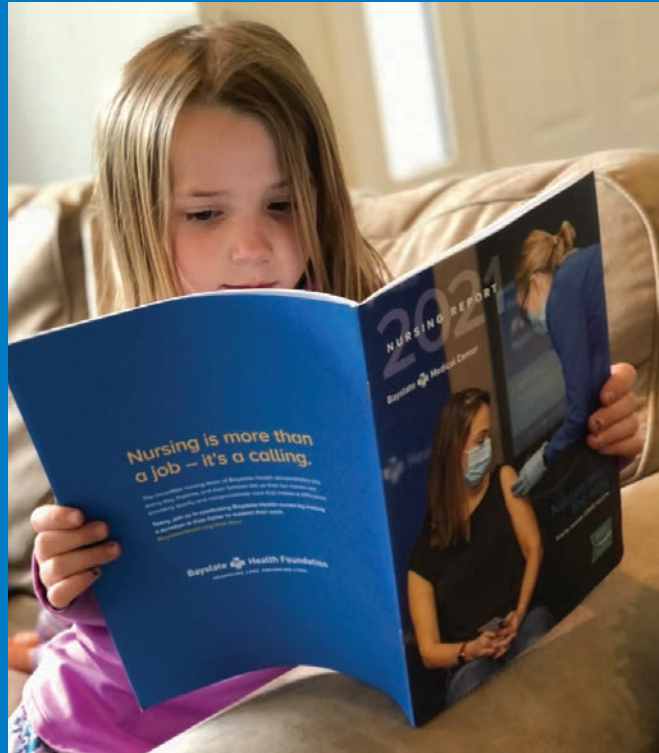
**Congratulations to our RNs who completed the Baystate Health Manager Certification in 2022!**

As part of Baystate Health's commitment to life-long learning, and to creating an engaging work environment for our teams, Baystate Health Manager Certification has been offered online through the Dale Carnegie organization since fall 2019.

This year six BMC nurses in various leadership roles such as practice manager, nurse manager, supervisor, and educator have each engaged in 21 hours of coursework to earn their manager certification. This online learning asset, administered by the Talent Management Team as part of the Baystate Health Leader Academy, is highly rated by participants.

# List of PNRP Advancers

Nurse	Promotion	Nurse	Promotion	Nurse	Promotion
Acheampong, Prince Yaw	Registered Nurse II	Gardner, Angela	Registered Nurse II	Paul, Kimberly M	Registered Nurse III
Agustynowicz, Ashley N	Registered Nurse II	Garner, Stephanie	Registered Nurse II	Pelland, Larry	Registered Nurse II
Allivato, Jamie J	Registered Nurse II	Gibson, Annette E	Registered Nurse II	Pena, Khialeny	Registered Nurse II
Andia, Gina	Registered Nurse II	Gibson, Rachel	Registered Nurse II	Perez, Victoria	Registered Nurse II
Arceri, Jillian E	Registered Nurse II	Gillespie, Heather	Registered Nurse II	Perusse, Noelle	Registered Nurse II
Avissato, Amy Louise	Registered Nurse II	Godin, Mary M	Registered Nurse II	Picard, Melissa J	Registered Nurse II
Baez, Jashley A	Registered Nurse II	Gomez, Joscelyn L	Registered Nurse II	Pisani, Lauren	Registered Nurse II
Balaur, Viorica	Registered Nurse III	Graczyk, Matthew	Registered Nurse II	Plante, Kailyn	Registered Nurse II
Banks, Amanda	Registered Nurse II	Greene, Sophia	Registered Nurse II	Pluta Siniscalchi, Kylie Marie	Registered Nurse IV
Bao, Zhu	Registered Nurse IV	Griffin, Lexi	Registered Nurse II	Poi, Janet	Registered Nurse II
Beaudette, Samantha L	Registered Nurse II	Guil, Alyssa M	Registered Nurse II	Provost, Laura	Registered Nurse II
Beaulieu, Tammie M	Registered Nurse II	Halastra, Izabela O	Registered Nurse II	Putnam, Ashley	Registered Nurse III
Bennett, Maggie	Registered Nurse II	Heim, Anthony	Registered Nurse II	Quarm, Gifty A	Registered Nurse II
Bennett, Nicole A	Registered Nurse II	Hendrickson, Anna	Registered Nurse II	Ramirez, Christina	Registered Nurse II
Bernard, Madison	Registered Nurse II	Hernandez, Keith	Registered Nurse II	Rauschenbach, Allison	Registered Nurse III
Berniche, Kayla E	Registered Nurse IV	Hillenbrand, Rebecca	Registered Nurse III	Remillard, Jessica	Registered Nurse II
Bertrand, Brianna	Registered Nurse II	Hodges, Kimberly M	Registered Nurse III	Richard, Sydney	Registered Nurse II
Beswick, Kayla	Registered Nurse II	Hoschtetler, Timothy M	Registered Nurse II	Richardson, Sara A	Registered Nurse IV
Billard, Emma	Registered Nurse II	Houle, Tyler E	Registered Nurse II	Riggio, Lila	Registered Nurse II
Billingsley, Brittany	Registered Nurse III	Huard, Valerie	Registered Nurse II	Rivera, Bianca	Registered Nurse II
Blake, Shanique	Registered Nurse II	Hunter, Frank	Registered Nurse II	Rivera, Pamela	Registered Nurse IV
Boden, Alexandra	Registered Nurse II	Iglesias, Lily	Registered Nurse II	Rivera-Lefebvre, Ericka A	Registered Nurse II
Boisverre, Grace	Registered Nurse II	Ingraham-Shaw, Ellen C	Registered Nurse IV	Rodrigues, Fabio	Registered Nurse II
Bonilla, Aida	Registered Nurse II	Jacques, Dorothy E	Registered Nurse III	Rondinelli, Victoria C	Ambulatory Nurse II
Boucher, Elizabeth	Registered Nurse II	James, Brett S	Registered Nurse II	Roumeliotis, Gina A	Registered Nurse IV
Breault, Cari	Registered Nurse III	Kaminski, Meghan	Registered Nurse II	Rramraykha, Sonia	Ambulatory Nurse II
Budrewicz, Tara B	Registered Nurse III	Keefe II, Richard	Registered Nurse II	Salazar, Paula	Registered Nurse II
Camerota, Sarah	Ambulatory Nurse II	Keeley, Erica	Registered Nurse II	Salmon, Noah P	Registered Nurse II
Cardello, Janine	Registered Nurse III	Kent, Colleen S	Registered Nurse III	Samolewicz, Paulina P	Registered Nurse III
Cardinal, Jennifer	Registered Nurse III	Ketron, Dustin	Registered Nurse II	Sanchez, Magdeline	Registered Nurse II
Castillo, Cassandra	Registered Nurse II	Kim, Sunny Esther	Registered Nurse III	Schneider, Samantha	Registered Nurse II
Cavanaugh, Brianna	Registered Nurse III	Kirkbride, Chelsea	Registered Nurse III	Sevilla, Erin M	Registered Nurse IV
Champagne, Erin	Registered Nurse II	Koerner, Kathleen J	Registered Nurse III	Shea, Emily	Registered Nurse III
Cianfaglione, Amy K	Registered Nurse IV	Kostrzewa, Samantha	Registered Nurse II	Sheridan, Emily	Registered Nurse III
Collier, Sara	Ambulatory Nurse II	Krach, William Paul	Registered Nurse II	Short, Erin	Registered Nurse III
Collins, Meeghan	Registered Nurse III	Krawski, Emily	Registered Nurse II	Sibilia, Jessica	Registered Nurse III
Condikey, Kelly	Registered Nurse III	Leone, Heather	Registered Nurse IV	Slattery, Sydney	Registered Nurse II
Consolini, Hannah	Registered Nurse II	LePage, Elizabeth	Registered Nurse II	Socha, Lindsey	Registered Nurse III
Coppellotti, Matthew	Registered Nurse II	Livingstone, Katie	Registered Nurse II	Soleimani, Megan L	Registered Nurse III
Corey, Sara	Registered Nurse II	Lucier, Shelby	Registered Nurse II	Soriaga, Leah	Registered Nurse II
Cormier, Alyssa Marie	Registered Nurse II	Maccini, Emily	Registered Nurse II	Stamm, Heather	Registered Nurse II
Cruz, Carla	Registered Nurse II	MacGregor, Caitlin	Registered Nurse II	Stebbins, Agnieszka	Registered Nurse II
Curylo, Elizabeth	Registered Nurse II	Madden, Kimberly M	Registered Nurse III	Suarez, Angel Noel	Registered Nurse II
Dacunha, Elisa	Registered Nurse II	Maldonado, Rebecca	Registered Nurse III	Swiatlowski, Aleksandra	Registered Nurse II
Daigle, Brittany	Registered Nurse II	Martin Hutchins, Laura	Registered Nurse II	Sylvester, Hannah	Registered Nurse II
Davis, Kimberly D	Registered Nurse IV	Martin, Rebecca A	Registered Nurse IV	Szafir, Rebecca M	Registered Nurse III
Degregorio, Page	Registered Nurse II	Martinez, Matt	Registered Nurse II	Tallman, Kaila	Registered Nurse II
Delgado, Kayla M	Registered Nurse II	Maxwell, Dahlia L	Registered Nurse II	Tanguay, Kera T	Registered Nurse III
Devine, Julia	Registered Nurse II	McCool, Courtney C	Registered Nurse II	Tanner, Michael	Registered Nurse II
Diaz-Hernandez, Monica	Registered Nurse II	McCoy, Caroline	Registered Nurse II	Taylor, Jennie	Registered Nurse II
Dintzner, Scott	Registered Nurse II	McKeith, Samantha	Registered Nurse II	Taylor-O'Neil, Carrie L	Registered Nurse III
Donovan, Bridget L	Registered Nurse III	McKellick, Ashlynn	Registered Nurse II	Tetraut, Michelle	Registered Nurse III
Dorval, Ashley Marie	Registered Nurse III	Melodia, Jayleaca S	Registered Nurse IV	Therrien, Kayla	Registered Nurse II
Dunn, Caitlin	Registered Nurse IV	Meyers, Megan	Registered Nurse III	Thibault, Angela	Registered Nurse II
Dziuba, Kelsy L	Registered Nurse II	Moffett, Kimberly	Registered Nurse III	Thompson, Jessie	Registered Nurse II
Earle, Beth	Registered Nurse III	Moricz, Shelbi L	Registered Nurse II	Tongue, Meaghan	Registered Nurse II
Eisnor, Ronald L	Registered Nurse III	Morrisino, Kayla	Registered Nurse III	Townsley, Meredith A	Registered Nurse II
Esposito, Kaitlin	Registered Nurse II	Murphy, Carley	Registered Nurse II	Trudell, Marcia J	Registered Nurse II
Falconer, Zachary Martin	Registered Nurse II	Newell, Debra Ann	Registered Nurse III	Ulasewich, Allison	Registered Nurse II
Feid, Emily	Registered Nurse II	Nute, Susana P	Registered Nurse II	Vaiciulis, Christina M	Registered Nurse III
Felici, Deidra A	Registered Nurse IV	Oelrich, Caitlin	Registered Nurse II	Valente, Katherine J	Registered Nurse II
Feliz, Jasmin E	Registered Nurse II	Oliveira, Kristen	Registered Nurse II	Waddell, Caitlyn	Registered Nurse II
Fenney, Brianna	Registered Nurse II	Onyinyechukwu Obomanu, Angie	Registered Nurse II	Waller, Lori A	Registered Nurse III
Ferris, Ashley	Registered Nurse II	Ortiz, Barbara Cristina	Registered Nurse II	Welsh, Jessica	Registered Nurse II
Flack, Halina Z	Registered Nurse III	Pablo-Martinez, Lubia Jahel	Registered Nurse II	Westbrook, Korey	Registered Nurse III
Fleming, Lisa M	Registered Nurse II	Paine, Sylkia M	Registered Nurse II	Wheeler, Melany A	Registered Nurse III
Flores, Kyah J	Registered Nurse II	Panajia, Katelyn	Registered Nurse II	Zhirnov, Elizabeth	Registered Nurse II
Gaboury, Erica	Registered Nurse II	Parastatidis, Ashley E	Registered Nurse III		
Gallant, Sarina	Registered Nurse II				
Gangwer, Tammy D	Registered Nurse III				



We hope you've enjoyed our 2022 Nursing Report which illustrates the outstanding clinical, compassionate, and holistic care that our nurses provided to our patients throughout the year. We recognize that this level of nursing care is only possible through the support of our nurses' families, like Hadley (in photo), daughter of Baystate Health nurse Kaitlyn Patrick, MSN, RN, CNL, program director, Magnet & Nursing Outcomes Improvement. Please accept our sincere gratitude for supporting our nursing journey and for inspiring a new generation of nurses.





BAYSTATE NURSES MAKE THE DIFFERENCE

## Support the Future of Nursing at Baystate Health

They are there when you need them, providing care, expertise, and comfort.

Now, you can be there when they need you, by supporting the new Center for Nursing Excellence and Innovation at Baystate Medical Center. The Center will provide education and training for current and future nurses at Baystate Health.

Donate to support nurses today: [BaystateHealth.org/Give-Now](https://BaystateHealth.org/Give-Now)

Baystate  Health Foundation

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