

5-2018

Nursing News & Views - May 2018

Christine Klucznik RN

Baystate Health, christine.klucznik@baystatehealth.org

Follow this and additional works at: https://scholarlycommons.libraryinfo.bhs.org/nursing_newsletters

Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Klucznik, Christine RN, "Nursing News & Views - May 2018" (2018). *Nursing Newsletters*. 2.
https://scholarlycommons.libraryinfo.bhs.org/nursing_newsletters/2

This Book is brought to you for free and open access by the Newsletters and Blogs at Scholarly Commons @ Baystate Health. It has been accepted for inclusion in Nursing Newsletters by an authorized administrator of Scholarly Commons @ Baystate Health.



NEWS & NOTES

from **Christine Klucznik, DNP, RN**
Chief Nursing Officer,
Vice President, Patient Care Services Baystate Medical Center

Baystate  Medical Center

May 2018

Inspire, Innovate, Influence

Dear Nursing Colleagues,

Each year the United States recognizes nurses during an annual weeklong celebration. The celebration raises awareness of the role nurses play in the health of our country. National Nurses Week begins May 6, National Nurses Day. This year we acknowledge the contributions nurses make as they inspire, innovate, and influence how health care is provided. Baystate Medical Center will host a variety of daily events to show our appreciation for the commitment and dedication our nurses make to those they serve.

Innovation is always at play at BMC. We are getting ready to kick off our annual Art of Innovation campaign where nurses are encouraged to ask questions of clinical inquiry and seek new solutions to age old problems. Several units are now scheduling “quiet hours” daily to encourage patients to rest and heal. Quiet hours came about as a result of bedside nurses asking the age old question – can rest help patients heal at a faster rate. BMC nurses are currently participating on a variety of house-wide committees to influence clinical change and patient care. Our CAUTI and telemetry teams are looking to nursing to provide input and help implement evidence-based practice.

On May 14, our annual engagement survey will be made public for your input. Employee engagement is the emotional attachment an employee has to its organization and its goals. Engaged employees care about their work and their organization. Your engagement and opinions about your nurse satisfaction/nurse excellence are a top priority for me and the nursing leadership team. Throughout our newsletters, I have communicated all the initiatives that we have put into place as a result of your input – either through our retreats, our shared governance councils and staff meetings. Our goal is that we can achieve an improved work environment and a strong appreciation for the commitment and dedication of our staff.

I continue to be inspired by the care and commitment I see from our bedside nurses. Every day we hear a new story about how someone goes “above and beyond.” Please know that your leadership team is committed to you and your work experience.

Sincerely,

Christine Klucznik

Fundamentals of Quality Nursing Care

Nursing Care Delivery Model: Words and Ways That Work

Last month, BMC held a “Words and Ways That Work” contest and selected winners to attend Nurses Night at Fenway Park. The entries selected truly demonstrate the commitment of our bedside staff to improving the patient experience of care. See the words and ways that work for our nurses below. Join me in congratulating your fellow nurses and Go Sox!

Kirsten Pasterczyk, BSN, RN, PCCN writes: “I always like to ask patients what they like to be called and write it on their board. I love being able to walk into a patient’s room, look at the board, and say “Hey Bob! What can I do for you?”

Laura Spice, BSN, RN: While sitting at the bedside of a patient and her husband who were experiencing profound loss, “You have my complete attention today. I’m so sorry for what you’re going through. How can I support you through this?”

Lisa M Cabibbo, RN: Patient - “I am so uncomfortable in this bed. Nurse - “I know what you mean. Let’s get up and take a walk around the unit to stretch your legs and get the blood flowing.” Patient - “Oh, this feels good.”

Jennifer Torres, RN: “You’re right, I am not your nurse today. But I wanted to stop by to see you because I was thinking about you and wondering how you are feeling.” While I may be delivering care for my assigned patients, my care for patients I had in days past does not stop. The caring does not stop when you are no longer a patient's nurse. Patients feel well cared for and happy when they know the staff thinks about them and cares for them. Connections that are built to last are truly meaningful for both the patient and the nurse alike!

Halie Strack, RN: BMC provides exceptional care without exception by instilling the No Pass Zone. Every patient’s need is important. Using Maslow’s Hierarchy of needs, patients in the hospitals physiological needs are sometimes not met: when patients are NPO, or if they have to use the bathroom and can’t walk.

Lauren Capobianco, RN: I create the foundation of my nurse-patient relationship by asking “How are you doing?” Being mindful of how the patient could be interpreting the experience of illness and hospitalization allows me the opportunity to provide some comfort and to meet the patient's needs of that exact moment in time.

Crystal Kruszyna, BSN, RN, BC-PCCN: Hello, something I say often to ensure confidence during shift change bedside report. “I want to introduce you to Charlie, he is an excellent nurse and I am sure you will be well taken care of tonight”

Kaliegh Kopacz, RN: Answering a call on Vocera: “Hi, this is Kaleigh on South Wing 6. I am in a room with a patient right now. Can I call you back?” If it’s not appropriate to call back, then I would excuse myself from the patient and step out of the room and continue the call.

Hannah J Newell, RN: “As you rest and heal, know that I am here to care for you in any way you need.”

Abigayle Sidur, RN: While interacting with patients I have said to them, “How can I make this stay better for you?” “Do you need anything else from me at this moment?” “I am sorry that happened before but how can I help you now?” I also try to connect with patients on a personal level, usually I will ask if they have any children or significant other, this will usually spike up conversation and also get their mind off their illness.

Kaitlyn Patrick, MSN, RN-CNL: My patient was frustrated that his medications were “late” due to delay in delivery from pharmacy. Instead of agreeing and saying that pharmacy was to blame, I explained that medication administration is a collaborative effort to ensure patient safety. This approach was well received.

Dianna Watson, BSN, RN: A patient's mother and sister were pacing the floor awaiting her arrival. The patient's sister became outwardly vocal about "a horrible and traumatic" experience they had with her dying father. I escorted them to a quiet room and said to them, "I understand your fear and frustration. I want to help you feel confident with our care. Please share your past experience so that, moving forward, we can work together to make this stay a positive one". As they explained, I shared how very sorry I was and assured them that our staff would work together with them to make this a healing experience for all.

Kim Fegan, RN: Each time I am in a room with my patients I make an effort to truly get to know what the child's interests are so that I can find a way to connect to that child in particular. I scan the room for clues- these might be home stuffed animals, PJs they are wearing, or tv shows they are watching. I then use those clues to engage the child and get on their level. "Oh you have spider man PJs!? I LOVE Spider man! See my (lanyard) thing is Wonder Woman so we can fight bad guys together! You press your red (nurse's button) wonder woman button if you need me to fight bad guys with you!"

Linda Jean Ervin, MSN, RN: After getting my patients settled into the PACU after surgery I like to ask them, "What can I do to help you be more comfortable?" It gives patients the opportunity and the permission to express their needs and be in control of their situation.

Melissa Buxton, BSN, RN, CMSRN: As nurses on our unit, we try to set up the next shift and oncoming staff in a positive light. The patients and families can be apprehensive and scared occasionally when the shift changes because they have just gotten used to their current nurse and PCT. Especially the patients that have complex care needs. So, a few of us including me, have a practice at bedside report. We introduce the oncoming nurse to the patient and family as "this is so-and-so; you are in really good hands

with him/her. You are really going to like your nurse." The patient is visibly at ease, and I think this is very much improved from the days when we did all of our shift to shift report at the nurses' station.

Michelle Johansson, RN: "How can I make your stay better? Your well-being is important to me."

Daniel Ferguson, BSN, RN: I have learned to do a lot as a nurse but when I take the time and hold your hand, I make you a person. "Is there anything else I can do to make you more comfortable?"

Elizabeth Simao, RN: As I begin my work day, I smile and say good morning. I instruct patients and family in preparation for surgery and do teach back, make sure they understand and have no questions. Patients and my coworkers express how kind and thoughtful I am, saying BMC is the place to go. I end my day with a smile and goodnight.

Winnie Lopez Sanchez, RN: Before I exit my patient's rooms, I usually say: "Ms/Mr if you need anything at any point, please don't hesitate to call me. You're never bothering me."

Heather Patterson, RN: "I will care for you as you are my own mother, son, niece or grandfather to guarantee you receive the kind of compassionate care I would expect for my own family. If you choose to cry or laugh or smile I will be there for you, I am your nurse."

Jacquelyn Mongeau, RN: "I know how much you love coffee; I made a fresh pot this afternoon just for you if you are interested."

Elizabeth Labrie, RN: You aren't a bother, you aren't a nuisance, and managing your care isn't an inconvenience. You are my patient. That means that your health, your hope, and happiness has just crossed paths with *my purpose*, and I'll do everything in my power to make it a harmonious junction between us.

Chris Skawinski, BSN, RN, CAPA: After finishing my patient teaching, I end by saying: This is all the information I have at this time, do you have any questions or concerns?

Christine Kaleta, BSN, RN: It is important to connect with the patient and their family from the minute they arrive in the hospital. When a patient comes in as an early morning procedure, the admit staff is on a timeline from the minute the patient arrives. When I walk in the room I make a point of asking the patient what they are at the hospital for and explaining what they should expect for the day. Most people are nervous and concerned having a heart procedure. While putting in IVs I ask about their drive to the hospital, which opens many avenues of non-medical conversation and helps relax the patient and their family. Often with just that one question I am able to find something in common and it helps the patient know I care about them as a person and not just a procedure or task. Also when it comes time for discharge I review the instructions ensuring that they understand everything. I tell them I enjoyed getting to know them and taking care of them closing with, "Come back anytime we always have room." This makes them laugh and hopefully leave less stress about their next visit to the hospital.

Karissa Gorman, RN: As nurses we see patients in some of their most vulnerable states. To me, it may be another day of work, but to these patients it is a foreign feeling of uncertainty and fear. Compassion is seeing the patient as more than just a patient, but rather a person behind the wires, diagnoses, and lines. It is seeing the family and trying to understand their struggle. It is trying to understand how they are feeling, meeting them halfway and saying "we will get through this together." As caregivers, we are blessed with the ability to make an impact on patient's lives every day. Coming to work with a positive attitude and being the beacon of hope to patients is often the inspiration patients need to believe in themselves. Patients may forget the things I have said. Patients may also forget the things I have done, but patients will never forget how I made them feel. Compassion and empathy run hand in hand, trying to understand the patient's struggle and giving them hope and love, even if they do not give it back. I treat all of my patients as if they are my own friends or family. Making small connections like getting to know little things about them such as their dog's name, favorite food, or hobbies outside of the hospital. Understanding that these patients and families are truly people outside of the hospital, and making the abnormal of the hospital feel less scary.

Danielle Bozik, BSN, RN: "Patient? Human. We are all human. This truth brings us together. I will go the extra mile... stay an extra minute. Because you are someone's mother, father, child, friend; so I will treat you as my own. You are invaluable. Love, your nurse."

Cat Powers, RN: "I know you're frightened," validated the way the patient felt. "I will be with you to hold your hand and talk you through," calmed the patient. "We will be drinking lemonade when we get back," assured the patient. I believed she would be successful and someone had confidence in her.

Jaime M. Caron, MSN/MBA, RN-BC, NEA-BC: "Can I turn on the game for you to keep your mind off being in the hospital?" As a new nurse here at Baystate I always used to really connect with patients that liked the Red Sox or sports because it was all I felt at the time I had in common with them.

Nursing Works on Project to Reduce Catheter Associated Infections

by Carlo Reale, MS, RN

A multidisciplinary project team has assembled to reduce the incidence of catheter associated infections (CAUTI). The team includes a cross section of nurse educators and front line nursing staff from the departments of emergency medicine, medicine and surgery, intensive care and heart and vascular. Joining the team in

partnership are physician leaders from the areas of quality, laboratory utilization services, medicine and surgery. The project goal is to reduce the house wide standard infection rate (SIR) to ≤ 1 and to maintain the Foley Catheter standard utilization rate to ≤ 1 .

Despite a declining Foley Catheter Utilization rate there have been periodic spikes in the monthly number of cases. Reducing the incidence of CAUTI will result in patients receiving care at Baystate Health remaining free from a hospital acquired infection (HAI) and the untoward effects of additional treatments such as antimicrobial use, increased length of stay and discomfort. Cost will be reduced by eliminating unnecessary testing and treatments, reducing wasted resources, decreasing length of stay and increased reimbursement.

This work will ensure patients are provided consistent, high quality, evidence-based multidisciplinary care. It will develop and provide accountability to care standards and enforce a culture of demonstrated best practices. Patient experience will be enhanced by improving patient confidence in the care provided at BMC, empower patients and nurses to question the

need for a catheter and reduce patient discomfort related to unnecessary treatment or infection.

To promote the purpose of the project an “elevator speech” has been developed:

Baystate’s CAUTI rate is 3 times the national average. Our project will develop a standardized sustainable approach to keeping our patients infection free. Success looks like a zero CAUTI rate and a culture of improved collaboration between disciplines. This is a priority; to make this work we need you to commit to give our patients the highest quality and safest care. Our goal is to create a culture of safety and accountability around CAUTI prevention.

Do we have *your* support? More to come!

Employee Engagement/Nurse Satisfaction/Nurse Excellence Survey

Each year employees are surveyed to determine their level of engagement. Employee engagement is the emotional attachment an employee has to its organization and its goals. Engaged employees care about their work and their organization. Portions of the survey you will take are approved by the ANCC just for nurses. This data is important to us as it is required for our re-designation as a Magnet organization. If we do not exceed the national mean, we are at risk of losing our designation. After a successful 17 year journey as a Magnet hospital, it would be heartbreaking to begin from ground zero. Last year, we used input from the survey to look at ways to improve your work experience. The feedback inspired us to hold a Nursing Retreat that was attended by 120 of your colleagues. The commitment of staff to voice their opinions has been positively received and we have implemented steps to improve engagement and nurse satisfaction. The attached questions are those that you will see in the survey that speak to how you perceive your unit, your work team, and your nursing quality. I am sharing ahead of time so that you can think about what your work as a bedside nurse here at BMC means to your heart.

Statement Text	Domain	Themes
I am involved in decisions that affect my work.	Manager	Employee Involvement, NsgExc-Autonomy
When appropriate, I can act on my own without asking for approval.	Manager	Employee Involvement, NsgExc-Autonomy
I get the training I need to do a good job.	Organization	Growth & Development, NsgExc-Professional Development
Patient safety is a priority in this organization.	Organization	Safety, NsgExc-Fundamentals of Quality Nursing Care
The person I report to encourages teamwork.	Manager	Leadership, NsgExc-RN to RN Teamwork and Collaboration
This organization provides career development opportunities.	Organization	Growth and Development, NsgExc-Professional Development
I get the tools and resources I need to provide the best care/service for our patients/customers/clients.	Organization	Resources, NsgExc-Adequacy of Resources & Staffing
I have sufficient time to provide the best care/service for our patients/customers/clients.	Employee	Resources, NsgExc-Adequacy of Resources & Staffing
My work unit works well together.	Employee	Teamwork, SafetySolution-Resources & Teamwork, SafetySolution-Overall, NsgExc-RN to RN Teamwork & Collaboration
Different work units work well together in this organization.	Organization	Teamwork, SafetySolution-Resources & Teamwork, SafetySolution-Overall, NsgExc-Interprofessional Relationships
My work unit is adequately staffed.	Organization	Resources, SafetySolution-Resources & Teamwork, SafetySolution-Overall, NsgExc-Adequacy of Resources & Staffing
Communication between physicians, nurses, and other medical personnel is good in this organization.	Organization	Teamwork, SafetySolution-Resources & Teamwork, SafetySolution-Overall, NsgExc-Interprofessional Relationships
This organization makes every effort to deliver safe, error-free care to patients.	Organization	Safety, SafetySolution-Pride & Reputation, SafetySolution-Overall, NsgExc-Fundamentals of Quality Nursing Care
Within my scope of nursing practice, I have the freedom to act on what I know is in the best interest of the patient.	Manager	Autonomy, NsgExc-Autonomy
I have the opportunity to influence nursing practice in this organization.	Employee	Autonomy, NsgExc-Autonomy
I have opportunities to learn and grow in this organization.	Organization	Growth and Development, NsgExc-Professional Development
The person I report to uses the performance process to coach me on my professional development.	Manager	NsgExc-Professional Development
The person I report to supports free exchanges of opinions and ideas.	Manager	Leadership, NsgExc-Leadership Access & Responsiveness
The person I report to is responsive when I raise an issue.	Manager	Leadership, NsgExc-Leadership Access & Responsiveness
Nurse leaders are accessible in this organization.	Organization	NsgExc-Leadership Access & Responsiveness
Senior nursing leadership is responsive to my feedback.	Organization	NsgExc-Leadership Access & Responsiveness
We effectively use cross functional (interprofessional) teams in this organization.	Organization	NsgExc-Interprofessional Relationships
There is good collaboration between nursing and the different ancillary services, e.g., pharmacy, lab, radiology, nutrition, behavioral health, etc.	Organization	NsgExc-Interprofessional Relationships
Overall, I am satisfied with the expertise of the nursing staff.	Employee	Quality & Service, NsgExc-Fundamentals of Quality Nursing Care

My work unit uses evidence-based practice in providing patient care.	Employee	NsgExc-Fundamentals of Quality Nursing Care
My work unit demonstrates a commitment to patient- and family-centered care.	Employee	Quality & Service, NsgExc-Fundamentals of Quality Nursing Care
I am involved in quality improvement activities.	Employee	Quality & Service, NsgExc-Fundamentals of Quality Nursing Care
Our organizational values are reflected in our Nursing Professional Practice Model.	Organization	NsgExc-Fundamentals of Quality Nursing Care
Nurse leaders share a clear vision for how nursing should be practiced in this organization.	Organization	NsgExc-Fundamentals of Quality Nursing Care
Nurses in my work unit help others to accomplish their work.	Employee	NsgExc-RN to RN Teamwork and Collaboration
Nurses in my work unit help others even when it's not part of their job.	Employee	NsgExc-RN to RN Teamwork and Collaboration

Leadership Access and Responsiveness

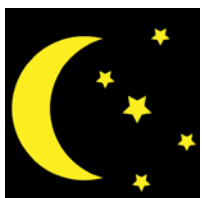
CNO Shadow

Each month I am spending a few hours wearing my “blues” and following clinical nurses for a portion of their shift. The goal is to connect closer to the bedside, connect to nurses and understand their issues and concerns. Last month, I spent time on Daly 6B shadowing an intercare nurse. I witnessed first-hand the struggles nurses are facing with medication retrieval from the PYXIS workstation and the cumbersome process of medicating patients. This month I shadowed a charge nurse in the Emergency Department as she navigated the beginning of the day, assessing assignments, and organizing how care would be provided. Thank you for sharing your day with me.

We are the Night: Empowering Night Staff Team Members to Improve Patient Care

by Eric Griffin

BMC’s newest shared governance council “The Night Council” is already creating solutions in partnership with their inter-professional colleagues. The Night Council is comprised of night staff nurses and night support staff from multiple areas who come together with a mission to create an environment that supports night staff excellence in patient care, nursing practice, quality, research, education, and positive patient outcomes.



At a recent Night Council meeting, Young Hee Kim, director, Clinical Nutrition, was asked to attend to work through some challenges. The biggest challenges were providing breakfast for dialysis patients admitted during the night and the struggle to obtain tube feeding products when the kitchen is closed.

Another outcome from the Night Council was the development of new patient box meal options for patients admitted during the off-hours. Scott Gadoury, manager, Food & Nutrition Services brought samples of a breakfast and lunch/dinner meal box to the April night council meeting for feedback. The meals are suitable for essentially all diet types including renal. The boxes will soon be available at Atwaters Café until closing.

Ongoing work is also being done with Environmental Services, Patient Care Services, and Materials Management.

A clinical resource guide aimed at supporting the night staff has been developed by the Manager Oversight Committee with the support of the Rapid Response Team, The Night Council, and Nursing Practice and Professional Development. The guide is in the process of being printed and will be delivered to nursing units over the next couple of weeks.

For more information on these initiatives or on joining the Night Council contact Eric Griffin RN at 4-1479, or Laura Bolella RN at 4-8128.

Coffee with Christine



The monthly coffee sessions continue to be well attended. Staff has commented on the general flexibility of the meetings and the open dialogue. These will continue to be planned on a monthly basis.

The next Coffee will be Wednesday, May 16, 7:30 – 8:30 a.m. in MM3. If you can't come to the event, you can ask me a question during this time by going to Slido.com and enter event code U404!

Professional Development

Nurse Residency Accreditation

by Cara Chandler, MSN, RN

The Nurse Residency Program (NRP) is in pursuit of accreditation from ANCC- the same accrediting organization as Magnet. The accreditation journey allows us to demonstrate how the NRP provides new graduate nurse residents with the knowledge and skills to help improve care and patient outcomes. The ANCC Practice Transition Accreditation Program (PTAP)[™] sets the standard for residency programs that transition new graduate nurses into new practice settings. The ANCC PTAP Accreditation program recognizes the importance of high-quality continuing nursing education, interprofessional continuing education, transition to practice programs, and skills-based competency programs. With ANCC evidence-based criteria, Baystate Health's NRP demonstrates excellence in preparing the nurse resident to be a

valued interprofessional team member. This summer 2018, Baystate Health’s NRP is celebrating the 5th year anniversary since implementation. The NRP started as a single hospital program and has grown system-wide. The number of nurse residents has tripled since the first group hired in 2013.

The timeline of the accreditation process is below:

NRP Accreditation Timeline		
Application	January 31, 2018	Complete
Self Study Guide	May 31, 2018	In process
Nurse Resident Survey	June/July 2018	Accessible for 30 days
Virtual Visit	August/September 2018	2-3 hours teleconference
Accreditation Decision	October/November 2018	Within 2 months after the appraisers final report

Facts: ANCC Practice Transition Accreditation Program (PTAP)™

Purpose: The PTAP Virtual Visit amplifies, clarifies, and verifies information in the self-study document.

Virtual Visit Date: The appraiser team will send out an email with three dates and times that the site may pick from. If these dates and times do not work for the site, you must inform the Team Leader.

Conference Call Requirements: The applicant organization will arrange and pay for the conference call/virtual visit. The applicant organization should communicate call instructions, including what to do if the appraiser team experiences call difficulties or cannot access the conference call line.

Agenda: The agenda is sent at least 2 weeks prior to the site visit.

Length of Call: The call can last up to 3 hours. The average time is 2.5 hours including a break. The call is booked for 4 hours.

Attendees: The Program Director must be present throughout the virtual visit call. You may invite key stakeholders as appropriate. The Team Leader may request certain individuals be present based on the self-study.

Additional Evidence: Additional evidence must be submitted within 72 hours after a request from the Team Leader. There are no additional fees required for additional evidence requests.

Accreditation Decision: The accreditation decision is made within approximately 2 months after the appraisers' final report to the COA. The Accreditation Program informs applicant programs directly.

An update of each phase of the accreditation timeline will be provided to you. Please anticipate to be contacted in April for further information about how you can help support our accreditation.

Please contact Cara Chandler and Maripat Toye for additional information.

Autonomy

“Stop the Bleed”

by Dorothy Jacques, RN, ED

On April 10, 2018, I had the opportunity to be a part of a team in teaching "Stop the Bleed" to 35 high school seniors and their teacher at Pope Francis High School. The goal of this campaign is to better prepare the public to save lives by raising awareness of basic actions to stop life threatening bleeding in everyday emergencies. I was first inspired by Dr. Gross and his great work that he has done with this initiative to make the public aware of simple life-saving techniques that can make a difference.

I became involved after speaking with Ida Konderwicz, RN and Yolanda Marrow, RN from Trauma Services on how I could be a part of their team. I was one of three nurses on the team that day, including Dr. Ron Gross, and Nathan Stanaway. The event was supported by the school's Health and Wellness teacher and the group of students had just been certified in CPR training. I was so impressed by the students and how engaged and receptive they were to the information and their willingness to learn and participate and possibly make a difference in someone's life. We plan to reach out and teach this program to every high school in Western Massachusetts.

Baystate Nurses Attend and Testify at Massachusetts State House on Proposed Staffing Ballot



On Monday, April 30, Baystate Medical Center staff nurses from the ED and SW7 along with nurse leaders from the hospital and health system joined others from across the state to speak with state senators and representatives in opposition to the MNA ballot initiative on mandatory staffing.

The MNA which represents less than 25% of nurses in Massachusetts has filed a ballot proposal to impose government mandated staffing ratios in every hospital (community and academic) at all times, in every unit, with no flexibility regardless of circumstances and with a fine imposed for every instance of non-compliance. This



measure would cause dramatic and detrimental changes to the professional practice of nursing. For patients, there could be delays in access to health care, closure of hospitals and units, delays in emergency care and a reduction of available community resources. We appreciated the opportunity to testify about the detrimental impact such legislation could have on patient care.

To read more about this issue go to protectpatientsafety.com.

Interprofessional Relationships

The Nurse/Pharmacy Collaborative Working Group

by Mark Heelon, Pharm.D

The BH Med Safety Committee has discovered that missing medications are a common SRS event resulting in delays of appropriate care. Missing medications reduce time nursing spends with our patients and creates frustration between nursing and pharmacy disciplines. A few years ago, pharmacy estimated the financial impact to the health system concerning missing medications. Pharmacy collected missing medication request for seven days across all shifts. There were 1,132 events documented as missing medications during this time frame. Hours devoted per week were 94 for nursing and 43 for pharmacy. The annual cost of labor devoted to missing medications was \$250,706. Medication waste was not calculated at this time. The top three areas that influence missing medications are communication between the disciplines, inconsistency with the generation of medication request labels in the pharmacy, and inconsistency with medication delivery methods and locations.

The Nurse/Pharmacy Collaborative Working Group was created to identify root causes of missing medications and develop sustainable interventions to improve the care of our patients. The team is working to develop a process flow map beginning with when a nurse is looking for a medication. The team has completed several Rapid Improvement Events with pilots on Wesson 4 and MassMutual 6. Clinical nurses are involved and invested in this work. The next event will consist of pharmacists shadowing nurses to gain an understanding of the workflows and current issues. We will keep you updated as work evolves and solutions are generated.

Staffing Resources and Adequacy

On May 10, an all-day recruitment event will be held at Baystate Medical Center. An Open House will be held in the Daly Lobby. Please remember our Employee Referral Bonus continues to go strong – some positions are eligible for a \$2,000 bonus! We are hoping to accelerate hiring efforts in preparation for the summer months. The SNAP program will expand this year to the Adult and Pedi ED and Infusion & Observation units. Those SNAPs will not float to any other med/surg unit. We are currently looking to hire at least 45. We have a new recruitment strategy- all current employees (including SNAPs) who are graduating May 2019 will be invited to an **Open House Meet & Greet in January 2019**. Select unit leaders will provide feedback on their unit population, procedures and example of what life is like within their service line. Moving forward, an Open House Meet & Greet will precede each new graduate nurse resident job posting. More information coming on this event!

Good news! We have received approval to implement a tiered incentive bonus for scheduling additional shifts along with **the addition of nurse travelers** to assist with staffing coverage this summer. As you recall, this initiative was greatly successful and helped us cover summer vacations!

Nursing Recruitment and Retention Dashboard

BMC Direct Care RN Dashboard										
Metric and * Benchmark	Performance	Oct-17	Nov-17	Dec-17	FY18-Q1	Jan-18	Feb-18	Mar-18	FY18-Q2	Trending
Higher is better ↑ Diversity in Nursing Top Quartile (Target) Median	✘				12.9% 17.2% 14.4%				13.5% 17.2% 14.4%	↑
Lower is better ↓ Vacancy Rate Top Quartile (Target) Median	⚠	5.9%	5.9%	6.6%	6.1% 5.5% 7.4%	6.2%	6.2%	6.2%	6.2% 5.5% 7.4%	↑
Lower is better ↓ Turnover Rate Top Quartile (Target) Median	✔				12.7% 11.1% 13.1%				10.6% 11.1% 13.1%	↓
Lower is better ↓ 90-day Turnover Rate Top Decile Top Quartile (Target)	✔				5.5% 4.8% 12.2%				5.1% 4.8% 12.2%	↓
Lower is better ↓ 1st Year Turnover Rate Top Quartile (Target) Median	✘				20.5% 16.0% 19.9%				17.6% 16.0% 19.9%	↓
Lower is better ↓ # Turnover		15	23	22	60	15	11	15	41	↓
Higher is better ↑ # Occupied Positions - Head Count		1898	1892	1882	1882	1875	1877	1889	1889	↑
Lower is better ↓ # Job Openings <small>Part-time and fulltime only</small>		107	105	119	110	110	110	111	110	⚠
Higher is better ↑ Transfer In & Out – Net Gain(Loss)		(5)	(1)	(15)	(21)	(6)	3	(7)	(10)	
Higher is better ↑ External Hires		19	18	27	64	14	10	34	58	↓
Higher is better ↑ Net Gain/(Loss)		(1)	(6)	(10)	(17)	(7)	2	12	7	↑
Lower is better ↓ % RN Overtime <small>Goal 2% or less</small>		2.7%	2.9%	2.0%	2.6%	2.4%	2.9%	2.7%	2.6%	⚠
Lower is better ↓ Actual Travel RN Expenses		\$284,702	\$279,793	\$183,476	** \$760,207	\$214,888	\$329,250	*** \$297,166	\$841,304	↑

At Maximum

At Target

At Threshold

Below Threshold

Negative Decrease

Negative Increase

No Change

Positive Decrease

Positive Increase

* Benchmark Saratoga Hospital Survey from peer group of 31 Academic Medical Centers on the east coast. Target set at Top quartile performance.
 ** Includes a quarterly lump sum for Freedom
 *** Excludes Freedom invoices at this time

In an effort to be transparent, we have created the nursing recruitment and retention dashboard. As you can see our vacancy rate (although it feels large) is at threshold. We continue to work on recruitment initiatives. Our turnover rate is at target which means we are retaining our workforce. The number of job openings is fairly constant despite the addition of new hires. Our travel expenses remain high, as we work to provide the bedside resources required for care.

[Explore the 2017 Baystate Medical Center Nursing Report!](#)



In this report you'll:

- ❖ learn about the amazing accomplishments in care of our BMC nurses from this past year;
- ❖ be captivated by moving stories you won't forget from nurses who impacted the lives of their patients and their families;
- ❖ and feel proud of the number and diverse research, awards, and certifications our nurses have achieved in 2017.

Read the report online by going to the Publications page of eWorkplace or by going to baystatehealth.org>About Us>Annual Reports.