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Nursing News & Views - March 2018

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Engage, Inspire, Recognize

Dear Nursing Colleagues,

Our annual employee engagement survey is around the corner. In October of 2017, we communicated our survey results to leaders and staff at a nursing retreat. Over 120 clinical nurses and nurse leaders attended the session to explore the dimensions of nurse satisfaction which are: Adequacy of Resources and Staffing, Autonomy, Fundamentals of Quality Nursing Care, Interprofessional Relationships, Leadership Access and Responsiveness, Professional Development and RN to RN Teamwork and Collaboration. A World Café format was used to engage all in conversation and action planning with the ultimate goal of improving satisfaction and engagement of our nurses. Those in attendance voted to explore more how to improve Adequacy of Resources and Staffing, and RN to RN Teamwork and Collaboration, Leadership Access and Responsiveness, and Professional Development. Clinical staff made several suggestions that have been implemented to date, some of which you will read about in this newsletter.

There are many definitions of employee engagement – most indicate a sense of trust, integrity and solid communication between leaders and team members. For our Magnet designation, nurses are required to respond to additional questions that speak to satisfaction with the organization.

In February we were notified by the ANCC (the certification body for Magnet designation) that the rules have changed. To receive a site visit for our 4th designation, we need to exceed the national benchmark for nurse satisfaction in three of the four categories listed above that we choose to provide data. Throughout this newsletter you will find stories about actions and planning. Significant work has been in progress addressing all these areas. We are working diligently to create those conditions where nurses can reach their potential and feel a sense of pride in their work. Please know that we are committed to improvement and are making great strides! Thank you to all our nurses for your insight and collaboration.

Sincerely,

Christie Dunigan
On February 15, Care Delivery Model units (SW7, MM7 and W2) kicked off Routine Purposeful Rounding and all other inpatient units kicked off Words and Ways that Work (WWW).

**Routine Purposeful Rounding**
Routine Purposeful Rounding is the process of routinely “checking in” on patients to help them understand that staff will “be there and do anything” to help promptly and efficiently meet their needs.

Team members introduce themselves upon entering rooms and are intentional about why they are rounding, checking that patient and family needs are addressed, and that they feel safe. This activity can be performed by anyone on the unit with patient care responsibilities. Some units use “3 Ps” as a reminder for staff to be intentional in their words and actions to meet patient needs. The 3 Ps are:

- **Pain** - evaluation of pain level and offer treatment/medication as necessary
- **Position** - offer assistance to reposition patient for comfort
- **Potty** - offer assistance in toileting or other personal needs

Units can consider individual needs with regard to the “Ps”. Some hospitals use 4 (Possessions are close by and reduce clutter) or 5 (Pumps are functioning and will not likely alarm before the next rounding) to help remember the activities associated with rounding. Units can consider individual needs when developing their “P’s” and add as needed. On Wesson 2 the 3 P’s are changed to match that populations needs to meet postpartum and infant care needs.

Implementation of purposeful rounding will reduce call bell use and can improve caring relationships with patients and visibility of care staff. It may also impart a feeling of safety for patients and families. The staff member should end visits by asking if the patient/family needs anything else or have any questions, which is an important WWW tool.

**Words and Ways that Work**
Also on February 15, all other adult and pediatric acute care units (and D3B) implemented WWW. WWW is the alternative to scripting, but provides some key phrases and behaviors to impart a positive service attitude and promote consistent messages to patients. Team members use confirming/reassuring statements that convey respect and affirmation, such as:

“Your safety is important to me” or “this is for your safety” when explaining procedures, and “take your time, I’m here for you” to help patients feel less rushed.

An important part of WWW is engaging with other departments to provide collaborative service recovery so that when things do not go as planned, staff refrains from blaming other departments for a perceived shortcoming. Blameless apology acknowledges the event by saying “I’m sorry” without blaming the patient/family or another department.

It is important that patients understand that our goal is always to do better and feel comfortable expressing concerns.
The Department of Nursing uses NDNQI, the National Database of Nursing Quality Indicators as our vendor for analytics related to nursing sensitive indicators. For Magnet designation, we must outperform in 5 out of the last 8 available quarters. Attached is a snapshot of some of our indicators (2016-2017).

<table>
<thead>
<tr>
<th>NDNQI Measure</th>
<th>Current Status</th>
<th>Ongoing Work/Challenges</th>
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<tbody>
<tr>
<td><strong>Total Nursing Hours per Patient Day (Higher is Better)</strong></td>
<td>2017 average (10.79) improved over 2016 average (10.59)</td>
<td>Close monitoring of staffing with NASH huddles bi-weekly.</td>
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<td>Continue to recruit for open positions (both RN and UAP)</td>
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<td><strong>Total RN Hours per Patient Day (Higher is Better)</strong></td>
<td>2017 average (7.63 hrs) improved over 2016 average (7.11 hrs)</td>
<td>Recruiting events for RN staff continue across the region.</td>
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<td>This signals an improvement from 67% of nursing care hours provided by an RN in 2016 to 70.7% of nursing care hours provided by an RN in 2017.</td>
<td>Increased number of Nurse Residents hired each cohort.</td>
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<tr>
<td><strong>Total Patient Falls per 1000 Patient Days</strong></td>
<td>Exceeding benchmark in 8 out of 8 available data quarters for total patient falls (calendar Year 2016 and 2017)</td>
<td>The Fall prevention committee, guided by the TST-Falls Steering Committee, sped up implementation of hospital-wide standard fall precautions and universal gait belt and lap belt standards to address an increased fall rate.</td>
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<td><strong>Patient Falls with Injury per 1000 Patient Days</strong></td>
<td>2017 Fall rate (1.65) was slightly higher than the 2016 rate (1.55). The last two quarters of 2017 started an upward trend.</td>
<td>While lap belts are designed more to prevent falls, the gait belt may help us realize reduced falls with injury, and reduced staff injury associated with falls, by providing a more controlled lowering to a surface. This was implemented in February 2018.</td>
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<td>Exceeding benchmark in 6 out of 8 available quarters for falls with injury.</td>
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<td>2017 rate of injury (0.342) higher than 2016 rate (.3375). Overall, flat across the 8 quarters, with one quarter (2017 Quarter 4) increased.</td>
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<td>During Q4 Calendar Year 2017, we noted 93 total falls in inpatient areas, with 23 total falls with injury in inpatient areas.</td>
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<td>For the prior quarter (Q3 Calendar Year 2017), we had 85 total falls, with 21 patient falls with injury.</td>
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Leadership Access and Responsiveness: CNO for a Day

“I was honored to be chosen to be ‘CNO for the Day’ on February 28. I was chosen after submitting a "Moment of Caring" story. I felt like I had a powerful interaction with a patient that was worth sharing with Christine and the rest of the organization. My day started with attending the director’s meeting lead by Nancy Shendell-Falik, RN, MA, President, Baystate Medical Center and SVP of Hospital Operations, Baystate Health. Afterwards, I attended a high level safety meeting at Whitney Ave. In between meetings, I had chance to sit and ask Christine all of my burning questions regarding how she became a CNO and about her nursing career. I also was interested in any and all advice and tips as an inspired nurse on how to advance in my career. Christine was warm and very approachable. We had lunch together and had another meeting with directors and managers within the hospital and attended a process improvement meeting. It was a great day and I left feeling inspired. I know that as nurses, we are all in the best hands with Christine as our CNO.” – Michele Johansson, RN, BSN, CEN

*More CNO for a Day events are planned for the future. Stay tuned!*

Nursing Night Council Making a Difference by Eric Griffin

Baystate Medical Center’s newly established nursing “Night Council” is already creating positive outcomes with their inter-professional colleagues in Clinical Nutrition. 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 nursing practice, quality, research, education, and positive patient outcomes.

At a recent meeting, Young Hee Kim, manager, Clinical Nutrition, was asked to attend to work through issues of providing breakfast for some patients who were called to dialysis and the struggle to obtain tube feeding products when the kitchen is closed.

“Through our discussions with the night staff, we were able to determine that some late admission dialysis patients sometimes have an unexpected need for dialysis early the next morning and therefore were not
on the ‘breakfast tray list,’” said Kim. “We also realized some of the night nurses were unaware of the tube feeding delivery schedule and the existence of satellite areas where extra tube feeding products were kept.” As a result, Kim developed two documents which were made available to night staff (see documents below):

- **Do’s and Don’ts for Renal Diet** so nurses offer appropriate meal choices to the dialysis patients using what they have available in the pantry.

- **Tube Products** which outline delivery schedule and hours of operation as well as a chart showing where the satellite areas are and what products are available.

Ongoing work is also being done with Environmental Services, Food & Nutrition, and Patient Care Services. A resource guide aimed at supporting night staff is currently being developed by the Manager Oversight Committee with the support of the Rapid Response Team and Nursing Practice and Professional Development.

Want more information on these initiatives? Contact Young Hee Kim at 4-4954, Eric Griffin at 4-1479, or Laura Bolella at 4-8128.

**Interested in joining the Night Council?** All staff nursing and non-nursing that work nights are welcomed and encouraged to attend. Contact: Eric Griffin at eric.griffin@baystatehealth.org.
Coffee with Christine

Last month, Christine Klucznik, CNO, began a series of morning meetings to which all staff were invited. It’s a great event supporting leadership access and nurses were able to answer questions and inquire about issues and concerns. Meetings in February and March were well attended and clinical nurses posed a variety of questions. Nurses asked questions about our safe patient handling initiative which is being led by Shawna Edwards, Nurse Manager, SW5 and SW6. Some inquired about getting support to implement the Critical Care Pain Observation Tool (CPOT) scale in CIS – Christine agreed to forward the concerns to I&T to get a timeline for implementation. There was also great interest in the Model of Care roll out. Look for the next Coffee with Christine, drop in, and join the conversation!

Professional Development: Taking the Step

“Taking the step from the ‘Art of Innovation’ to the ONL (Organization for Nurse Leaders) was a great learning experience. With much help from my manager and other members of the Baystate team, I was able to apply and had the pleasure of being accepted by the ONL. This was truly an honor. When I first learned about the submission for abstracts, I was instantly excited. Having the ability to show off all my hard work at a regional convention really sparked my interest. The application was quite simple and with a few e-mails sent to the review board, I found out I had been accepted.

The presentation of my poster at the spring meeting on March 9 was amazing. I was looking forward to spreading the data I collected with individuals from the surrounding area. Seeing the interest in my poster at the meeting reinforced the need for projects to be nurse driven. Everyone was very enthusiastic and interested in learning about the mobility boards. I would recommend this to anyone with information to share as my experience was fun and intriguing.” – Daniel Ferguson, RN, Daly 5A
This month we celebrate Certified Nurses Day™ on March 19. This celebration honors those nurses who have achieved national certification through their specialty. Achieving one’s certification is a personal choice and requires a significant commitment to one’s time, energy and finances. The literature has shown us that certified nurses possess increased confidence in their practice and decision-making skills. It has also been shown to improve patient outcomes. Certified nurses often express increased pride and joy in their work along with a sense of professional growth. At Baystate Medical Center, we encourage certification as a means to guide the nurses’ professional development. Baystate supports the nurse with reimbursement for the exam and allow a nurse two attempts to pass the test. A $500 one-time bonus is also given. Ice cream socials were held on the day and night shift. This year I would like to congratulate those nurses who achieved certification in 2017 up to this month.

Caitlyn Adams
Kayla Aliengena
Carrie Allard
Christine Amsden
Deborah Anderson
Carolyn Anderson
Bonnie Anderson
Anne C Atkins
Mary Ayala
Sallyann Bairstow
Fortini
Hope Baker
Laura Balbony
Laurie Bannish
Lisa Bartolucci
Kelsey Battige
Vlada Beznos
Sarah Bisaillon
Marianne Bishop
Michelle Boivon
Lori Borowski
Rebecca Boucher
Karmin Boudreau
Michelle Bradway
Charles Brown
Rosa Burkovsky
Christina Bushey
Jamie Butler
Sara Caddeo
Maureen Callahan
Jaclyn Carbonneau
Maria Cardinale
Jennifer Caron
Gordon Carr
Amie Cashman
Sheila Chaban
Donna Cipriani
Gina Collins
Lisa Commaille
Erin Clark
Diane Cody
Denise Connor
Ross Cookis
Katherine Coscia
Linda T Cross
Kimberly Curtin
Ilona Cyr
Diane Dahlquist
Ellen Dale
Caitlin Daley
Lisa D’Angelo
Lisa Dargie
Paula Davies
Jo Davis
Jodie Davis
Alyssa Dawson
Mariya Demyanchuk
Cinnamon Desgres
Cristina Desoledade
Parent
Lisa Desrochers
Joanne DeStasio
Maria Diaz
Lisa Dieetschler
Catherine DiRienzo
Jennie Do Carmo
Jennifer Doe
Rachel Donermyer
Cari Douglas
Rachel Downey
William Drost
Norberto Duarte
Brandon Dube
Benjamin Duffy
Jessica Dulaski
Jennifer Duquette
Patricia Fanion
Leaann Fenney
Joyce Fiorentino
Mary Forbes
Virginia Forbes
Renea Fortini
Jacqueline Fouche
Dennis Fournier
Jason French
Jill Fisher
Kathleen Frodema
Karen Gale
Denise Gallant
Mary Gaouette
Cherie Garrity
Deana Gasperini
Shelli Gebo
Sandra Giusto
Justine Gliesman
Lindsey Goodrow
Gwendolyn Grabiec
Dawn Graves
Eric Griffin
Leah Grippo-Beck
Mary Guertin  
Lynn Guidi  
Edyta Halastra  
Melissa Hamilton  
Doreen Lynch-Hamre  
Laura Harnois  
Chloe Hegeman  
Heather Herbert  
Elizabeth Hicks  
Lauren Hickson  
Nicole Hoffman  
Virginia Hopkins  
Christina Holmes  
Kaitlyn Hurst  
Christine Ingalls  
Elizabeth Jarry  
Ember Johnson  
Jessica Jordan  
Christine Kaleta  
Liliya Kennedy  
Michelle Keney  
Anna Liza Kilcoyne  
Danielle King  
Diana Kmiec  
Gregory Krach  
Crystal Kruszyna  
Tara Kuehl  
Danielle Labarre  
Casey Lackenbach  
Michelle LaFountain  
Karen LaFrance  
Sara Lamontagne  
Nicole Laurencelle  
Kimberly Legros  
Jennifer LeVierge  
Nicole Laurencelle  
Connie Leung  
Carla Lindsay  
Nancy Lis  
Marina Litvak  
Mary Lubarsky  
Katie Maggi  
Catherine Manning  
Karen Marcoux  
Jacqueline Marquart  
Laura Maynard  
Jennifer Mayo  
Laura Mazur  
Shelley McAvoy  
Mary Ellen McCarthy  
LoriAnn Melvin  
Jamie Mercadante  
Diane Mercier  
Michelle Merrill  
Kristine Methot  
Grisel Miranda  
Amy Moore  
Amanda Morales  
Michelle Morello  
Denise Moroney  
Hillary Morrissette  
Daryl Mucci  
Kimberly T Murphy  
Natasia Mysliwiec  
Janine Niedziela  
Amanda Nugent  
Kelley O’Hara  
Julie Olmos  
Maria O’Reilly  
Joanne Orloski  
Karen Paluch  
Megan Pare  
Helena Pastore  
Kaitlyn Patrick  
Patricia Perkins  
Shannon Pickunka  
Kristen Pike  
Zofia Pisklak  
Cristina Placzek  
Rhianna Pluciennik  
Nancy Pogg  
Melissa Pope  
Lisa Popowski  
Deanna Potoski  
Maryann Pottier  
Laura Pratt  
Marissa Provost  
Nicole Provost  
Amy Quinn  
Christina Raco  
Jennifer Raymond  
Sara Richardson  
Rosemary Rimondi  
Pamela Rivera  
Dorinne Rodriguez  
Angela Rodriguez  
Julie Rooney  
Janine Rose  
Gina Roumeliotis  
Gillian Roy  
Tracy Rusin  
Cassandra Russell  
Sharon Ryczek  
Melissa Santos  
Eva Schachtl  
Aaron Schwartz  
Lisa Scioopou  
Samuel T Sebastyn  
Amanda Sevinc  
Lori Sgueglia  
Maryna Shalypina  
Anthony Shamoun  
Deanna Shaw  
Julie Sheperd  
Joanne Siano  
Jillian Sipperly  
Kayla Slessler  
Elizabeth Smith  
Donna Smolen  
Carrie Somppi  
Nina Southworth  
Alisha Spano  
Jennifer Stankowski  
Lindsay Stockley  
Kathryn Sullivan  
Cynthia Taylor  
Emily Torcato  
Deb Tully  
Rebecca Uchneat  
Audrey Vandervoort  
Dusti Wells  
Mary Ann Westcott  
Bogdan Wierzbinski  
Janet Willemain  
Danielle Williams  
Crystal Wilson  
Dennis Woytowicz  
Melissa Wozniak  
Gena Yelinek  
Lisa Zbikowski  
Jennifer Zollo  
Nathan Zyla
Autonomy
Bridging the Gap between: Ambulatory Care & the Emergency Department
by Gloria Wilson, RN

The Mason Square Neighborhood Health Center (MSNHC) Project was initiated to provide patients with a Call First, “Call vs GO,” educational tool to reduce non-urgent visits to the Emergency Department (ED). The tool was created by Health New England Insurance for staff to teach patients that were going to the ED greater than 6 times in 3 months. This tool, once implemented, filled the gap of knowledge in the clinic or home setting. The nurse could use the Call vs. Go tool to explain what symptoms warrant a call versus those symptoms that the patient would experience and know they should seek prompt care. The Call vs. Go tool is simple, with easy to follow instructions in English & Spanish. The tool proved to be effective in helping patients make a prompt decision; if home ill and attempting to make a decision to make an appointment or go to the ED. The research data was collected quarterly and reviewed for a year to enable an evaluation of the shift of visits back to the Patient Centered Medical Home setting. The Call vs Go card is an innovative tool that will teach the patient self-advocacy, assist in continuity of care, support reduced unnecessary ED visits and waits, while providing cost effective care in the appropriate care setting.

The next steps of this project in an Accountable Care Organization (ACO) setting will include the impact of literacy, social determinants, and behavioral health. It was a great experience and opportunity to share this project of three years with the Nursing Grand Rounds and my colleagues.

RN to RN Teamwork and Collaboration
The Easter Bunny Makes a Visit by Laura Bolella and Eric Griffin

Baystate Medical Center’s Professional Excellence Magnet Committee (PEMC) sponsored an Easter Basket donation event to benefit children in our surrounding community. Thirty five inpatient and ambulatory departments/nursing units participated and collectively donated a total of five hundred and sixty one baskets. Fifty eight baskets were donated by Baystate Children’s Specialty Center (pictured on left above), the most from an individual team. They will receive a congratulatory pizza party courtesy of PEMC. Baskets were distributed to the Gray House, Faith United Church, and Baystate Medical Center’s Children Hospital. It is truly amazing to witness the generosity and collaboration this project created! Thank you to all who participated – you have made many little children smile!
Adequacy of Resources and Staffing
Our Work to Attract and Retain Top Talent by Patty Samra, Kym O’Brien and Elaine Duarte

Last year, we engaged the firm Applied Management Systems to conduct a review of our staffing. Following that review, the Board and senior leadership agreed to support the addition of 150 new nursing positions. Since then, Talent Acquisition has been focused on recruiting new talent. Here is a summary of our ongoing activities:

• Posting all open positions with local college Alumni offices.
• Featuring Specialty Nurses Recognition Weeks with Open Hours for Walk-in Interview
• Promoting Use of Mobile Application App
• Searching our Applicant Tracking System to search all of our historical RN applicants and promote events and new openings
• Ongoing Campus Recruitment

January 2018
• Talent Acquisition Consultants personally called former BMC RNs that resigned in good standing within the last 3 years so see if a sign-on bonus might entice them to return to BMC.

February 2018
• The Talent Acquisition and more than 20 BMC nurse leaders attended a Connecticut-based open house event. Advertising for this event included radio, newspaper, and Facebook. The social media response was significant with more than 200 likes, however attendance was less than expected. We are revamping our approach to be in the Connecticut market more regularly at pop-up events that are communicated via Facebook and Twitter.
• Nurse recruiters had a booth at the Employee Appreciation Day to promote our Employee Referral Program.

March 2018
• BH launched a recruitment Facebook page and Twitter account #BaystateCareers.
• The spring Nurse Residency cohort hired 27 new graduates.
• Many units are trialing a variety of shifts, both shorter and longer depending on the departmental needs and candidate needs, trying to find good fits to balance both.
• Recruitment is underway to increase the number of Student Nurse Assistant Program (SNAPs) for the Med/surge Flex team at BMC. This includes a new team of SNAPs dedicated specifically to the Adult and Pediatric Emergency Departments and the Infusion & Observation units.

April 2018
• Attending Emergency Nurse Association Regional Symposium

May 2018
• We are continuing to work on a text recruiting campaign... more to come. We welcome any new ideas staff may have. Our goal is to fill our positions and work to retain top talent!
Nursing Recruitment and Retention Dashboard

We continue to partner with our Human Resource and Talent Acquisition partners on the development of a nursing dashboard that will help us visualize where we are performing with regards to recruitment and retention. Our vacancy rate (number of open positions) is at threshold, but slightly higher than in previous years. This is related to the number of new positions added to this year’s budget. Top quartile performance is at 5.5% and we are at 6.2%. The turnover rate is also at threshold. Top quartile performance is 11.1% and we are slightly higher at 12.7%. We are performing well as related to 90-day turnover. With regards to turnover in the first year of employment, our rate is above the median at 20.5%. Creating a positive, welcoming onboarding experience is essential for our success. Internal movement from unit to unit impacts our ability to stay ahead of open positions. Our overall goal is retain talent within Baystate Health, so we are supportive of internal movement to help professional nurses with career opportunity and growth. We have had some success with external hiring and have on-boarded 64 new nurses. Traveler expense is significant, at $760, 207 for the first quarter alone. Any ideas, thoughts you have with regards to creating a successful onboarding experience are welcomed!

Stay tuned for the 2017 BMC Nursing Report – Coming soon!