

DEPARTMENT OF
NURSING



ANNUAL REPORT / 2017



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Transformational Leadership

A Letter from Cori Loescher, MM, BSN, RN, NEA-BC

Chief Nursing Officer and Vice President of Patient Care Services

Dear Nursing Colleagues,

Welcome to our 2017 Annual Report!

This year, in addition to completing a successful Joint Commission survey and providing the highest level of care to our patients and their families, we focused on two main areas: the Nursing Strategic Plan and our journey toward Magnet Designation.

Nursing Strategic Plan

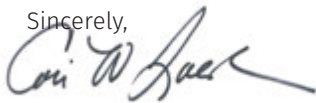
The Nursing Strategic Plan encompass five key areas: Growth, Financial Performance, Quality and Safety, Service Excellence and Staff Engagement. Through the “Going Social @ BWFH” campaign, which you will read more about in this report, you all participated in raising awareness about these goals. It was a true delight to see photos on Instagram of your work in these areas.

Journey Toward Magnet Designation

“Where are we on the path to ANCC Magnet® Designation?” you may ask. I’m pleased to say we are on our way! This year, BWFH officially submitted its intent to apply for ANCC Magnet® Designation. Members of the Department of Nursing are now busy gathering information, writing and preparing documents for submission in August of 2018.

Finally, I want to thank you all for your continued dedication to excellent patient care, even in the face of a changing work environment. Over the past year, with many retiring nurses, our department has seen a lot of leadership changes. I am personally so very grateful to have been welcomed into my new role as Chief Nursing Officer and Vice President of Patient Care Services. It’s a great challenge to lead a diverse group of individuals within a dynamic organization like BWFH, but it’s one I am thrilled to take on. I can’t wait to see where we, together, will take this department in the years to come.

Sincerely,



Cori Loescher, MM, BSN, RN, NEA-BC
Chief Nursing Officer and Vice President of Patient Care Services

TRANSFORMATIONAL LEADERSHIP

Nursing Administration



Cori Loescher,
MM, BSN, RN, NEA-BC
Chief Nursing Officer and
Vice President of Patient
Care Services



Helene Bowen-Brady,
DNP, MEd, RN-BC
Associate Chief Nurse of
Practice and Innovation



Lynne Morrison,
MS, RN
Associate Chief Nurse of
Inpatient Nursing



Kitty Rafferty,
MS, RN, NEA-BC
Associate Chief Nurse
of Ambulatory and
Perioperative Services

Nurse Directors



Mary Anne Barry,
MBA, BSN, RN
7 South



Juliet Gleason,
MBA, MSN, RN
7 North



Paula Knotts,
MSN, RN, NE-BC, RN-BC
2 South



Patricia Marinelli,
MSN, RN
ICU, IV Therapy and
Inpatient Hemodialysis



Kathleen Merrigan,
MSN, RN
Ambulatory



Robin Powell,
BSN, RN
Emergency Department



Natascha Reed,
MSN, RN
Operating Room



Suzelle Saint-Eloi,
MS, RN
6 North



Colleen West,
MBA, BSN, RN, CPHQ
Professional
Development



Aliesha Wisdom,
MSN, RN, CNL
6 South

Program Managers



Shelly Bazes,
MS, RN, WHNP-BC
Nursing Quality



Paula Wolski,
MSN, RN, CCRN
Informatics for Nursing/
Patient Care Services

Leading the Way: Unit Based Councils Meet for a Fall Summit

This fall, BWFH's Department of Nursing brought together nurses from each unit for a Unit Based Council Summit. Attended by nurse leaders and representatives from each of the Unit Based Councils, the day provided the opportunity to share ideas and best practices. The topics for the day supported ongoing leadership advancement for nurses under the American Nurses Association (ANA) leadership domains of "Leading the Way: Leading yourself, leading others, leading the organization."

The day began with a welcome and introductions from Associate Chief Nurse of Practice and Innovation Helene Bowen-Brady, DNP, MEd, RN-BC, followed by an update on the Nursing Strategic Plan by Chief Nursing Officer and Vice President of Patient Care Services Cori Loescher, MM, BSN, RN, NEA-BC.

Executive Director of Patient Safety, Quality, Risk, Infection Control, CDI and Clinical Compliance Christi Clark Barney, MSN, RN, was invited to speak on the topic of high-reliability organizations and what that means at BWFH. For 2 South Staff Nurse Nadia Sullivan, BSN, RN, Barney's presentation was the highlight of the day. "It was very inspiring to hear Christi speak about high-reliability organizations and share her own experiences navigating the healthcare system."

Later in the morning, Bowen-Brady was joined by 6 South Clinical Leader Tracy Lane, BSN, RN-BC, for an update on the department's shared governance model. And after lunch, Nurse Scientist and Regis College Professor Margaret Oot-Hayes, PhD, RN, talked to the group about evidence-based practice here at BWFH.

To cap off the day, each Unit Based Council had the opportunity to present an update on the work being done on their unit. For Pain Management Center Clinical Leader Kathy Armando, BSN, RN, this end to the day was inspiring. She says, "The BEST part of my day was listening to all our amazing nurses present the great work being done in their units to support best practice!"

The topics covered throughout the day served as a good summary of where BWFH is on the journey toward Magnet Designation. Currently, members of the Department of Nursing are busy gathering information, writing and preparing documents around much of the work highlighted during the fall Unit Based Council Summit. The Department of Nursing plans to submit these materials in August of 2018.



Attendees at the fall Unit Based Council Summit

Structural Empowerment

DAISY Award and DAISY Nurse Leader Award

The DAISY Foundation is an international program established in memory of J. Patrick Barnes who died at the age of 33 from Idiopathic Thrombocytopenic Purpura, an auto-immune disease. The Barnes Family was inspired by the care that Patrick received and established this unique program to recognize and thank the nurses who make a profound difference in the lives of their patients and families. The DAISY Award recognizes those nurses who go above and beyond their regular job responsibilities to make BWFH a great place to receive care.

Congratulations to this year's DAISY Award winners!



Kerri-Anne Morse, BSN, RN
7 South



Patricia Hanley, BSN, RN
IV Team



Nadia Sullivan, BSN, RN
2 South

The DAISY Nurse Leader Award annually recognizes the incredible work that nurse leaders do every day.

Congratulations to this year's DAISY Nurse Leader Award winner!



Suzelle Saint-Eloi, MS, RN
6 North Nurse Director

STRUCTURAL EMPOWERMENT

Giving Back to the Community ICU Staff Reach Out to the Italian Home for Children

Just in time for back to school, members of BWFH's ICU visited the Italian Home for Children where they toured the facility, spent time with the children and delivered backpacks filled with school supplies donated by the ICU staff.

"The ICU's Unit Based Council wanted to find a way to support our community," says ICU Clinical Leader Ellen McCarthy, MSN, RN, CCRN. "We have supported the Italian Home for Children during the holidays and thought it would be fun to support them throughout the year. We can actually see the Italian Home from the window where we hold our Unit Based Council meetings and it seemed fitting to reach out to our next-door neighbor!"

During the outing, McCarthy was joined by ICU, IV Therapy and Inpatient Hemodialysis Nurse Director Pat Marinelli, MSN, RN, staff nurses Meigan Young, BSN, RN, Tania Santini, BSN, RN, Danielle Contois, BSN, RN, and Maria Buccellato BSN, RN, and ICU Operations Coordinator Benjamin Pariser, BA. The group played games with the children, including a water balloon toss, Legos and Play-Doh. They also did face painting.

For the staff who attended, the experience was both fun and meaningful. The highlight of the day came when the ICU staff presented their new friends with backpacks for the new school year.



From Left: ICU Clinical Leader Ellen McCarthy, MSN, RN, CCRN, staff nurses Meigan Young, BSN, RN, Tania Santini, BSN, RN, Danielle Contois, BSN, RN, and Maria Buccellato BSN, RN, and ICU Operations Coordinator Benjamin Pariser, BA



Santini and Buccellato join in the face painting fun at the Italian Home for Children

7 South Shows They Care



7 South distributes gifts given to breast cancer surgery patients admitted post-operative. Each Caring Bag contains a water bottle and other items to help make their stay more comfortable.



At Easter, 7 South donated Easter baskets for all 48 children at the Italian Home for Children.



7 South Nurse Director Mary Anne Barry, MBA, BSN, RN, organized the units for a holiday collection for the Italian Home for Children. Here the Pain Management Center nurses display the items they purchased for their adopted child.

STRUCTURAL EMPOWERMENT

BWFH Hosts Nursing Knowledge Center Medical-Surgical Nursing Workshop

In the spring of 2017, BWFH hosted the Nursing Knowledge Center Medical-Surgical Nursing Workshop for nurses who intend to take the American Nurses Credentialing Center's (ANCC) Medical-Surgical Nursing board certification exam. The course provided information relevant to current practice and reviewed materials to prepare for the exam. In addition, participants earned continuing education contact hours and gained valuable study tips and information to be utilized in preparing for certification exams. Domains of practice in the workshop reflected the test content outline.

A total of 33 individuals from around New England participated in the program with eighteen nurses attending from BWFH. For 6 North's Ellen O'Connor, BSN, RN, it was a chance to thoroughly review the material needed to take the exam. She said, "I especially appreciated the detailed discussions regarding many of the medications we frequently give to



A group of 6 South nurses show off the review booklets they received at the workshop to help them study for the exam

our patients as well as side effects and teaching points to remind us about when we are educating our patients and family members."

6 South Clinical Leader Jeanne Hutchins, BSN, RN, CCRN, also took part. Hutchins was impressed by the amount of information covered. "I was grateful to have had the opportunity to attend this," she said.

As of November of 2017, seven of the eighteen BWFH nurses who participated in the review course have successfully completed the medical-surgical board certification exam. Congratulations to the following nurses who have attained the credential RN-BC!

6 North

Amy Teasdale, BSN, RN-BC

6 South

Julia Almeida, BSN, RN-BC

Edwige David, BSN, RN-BC

Tracy Lane, BSN, RN-BC

Jessica Leary, BSN, RN-BC

Laurie Koelsch, BSN, RN-BC

Jacqui Slattery, BSN, RN-BC

Are you thinking about going back to school or becoming certified?

BWFH offers employees assistance through the tuition reimbursement program. Through the program, full-time employees are eligible to receive up to \$2,500 per calendar year to pay for academic courses taken for credit at an accredited educational institution. Registered nurses may also receive up to \$400 for certification-related expenses.

These benefits are pro-rated for part-time employees who work 16 hours or more. For more information,

call Human Resources at 617-983-7901.

Celebrating Our Certified Nurses

BWFH is proud to recognize the members of our nursing staff who currently hold professional nursing certification.

Emergency Department

Margaret Anastasi, MSN, RN, ANP
Aimee Patry, RN, CEN
Matt Reeder, MSN, RN, AGACNP-BC
Kathleen Shubitowski, MSN, RN, CEN

Endoscopy Unit

Helen Driscoll, RN, CGRN
Mary Fandel, RN, CGRN
Mary Hourihan, MSN, RN, CGRN
Dara Keenan, RN, CGRN
Mary Morris, RN, CGRN

OR

Janice Berman, MSN, RN, CNOR
Joanne Cassiani, BSN, RN, CNOR
Susan Clark, RN, CNOR
Janet Donovan, RN, CNOR
Nola Dzen, BSN, RN, CNOR
Mary Finn, RN, CNOR
Tim Fox, BSN, RN, CNOR
Gloria Hicks, BSN, RN, CNOR
Janet Killarney, BSN, RN, CNOR
Maura Lauenstein, RN, CNOR
Susan Marchand, RN, CNOR
Mary Martin, BSN, RN, CNOR
Ela Rafaela Martinez, BSN, RN, CNOR
Jean McGinty, MSN, RN, CNOR
Cora McHugh, BSN, RN, CNOR
Jennifer Harrington Morrison, MSN, RN, FNP-C
Christine Putney-Jacobson, BSN, RN, CNOR
Linda Sabo, BSN, RN, CNOR
Jeanne Smith, BSN, RN, CNOR
Sandra Spaulding, RN, CNOR
Jean Tremblay, RN, CNOR

PACU

Jane Shufro, BSN, RN, CPAN

2 South

OPIC

Virginia Grace, BSN, RN, OCN
Geraldine Shea, BSN, RN, CRNI

ICU

Rosita Herrera, BSN, RN-BC
Linda Luce, BSN, RN, CCRN
Ellen McCarthy, MSN, RN, CCRN

IV Team

Bernice Potter, BSN, RN, CEN

6 North

Amanda Farrell, BSN, RN, PCCN
Andrea Guarente, MSN, RN, FNP-BC
Kathleen Lyons, BSN, RN, PCCN
Amy Teasdale, BSN, RN-BC*

6 South

Julia Almeida, RN-BC*
Jenny Beder, BSN, RN-BC
Anne Marie Cecala, BSN, HNB-BC
Edwige David, BSN, RN-BC*
Lusy Gonzalez, BSN, RN-BC
Laurie Koelsch, BSN, RN-BC*
Tracy Lane, BSN, RN-BC *
Jessica Leary, BSN, RN-BC*
Jacqueline Slattery, BSN, RN-BC*

7 North

Katty Halloran, BSN, RN-BC

7 South

Caroline King, RN-BC
Tim Gray, RN-BC

Pain Management Center

Kathleen Magerman, BSN, RN-BC
Sarah Robart, RN-BC

Nursing Supervisors

Professional Development

Philip Malleson, BSN, RN-BC
David Pierel, MSN, RN, CNOR
Donna Rando, RN, CWS
Patti Rabbett, MS, RN, CCRN-K
Terry Roche, MSN, RN-BC

Nursing Leadership

Shelly Bazes, MS, RN, WHNP-BC
Helene Bowen-Brady, DNP, MEd, RN-BC
Paula Knotts, MSN, RN, NE-BC, RN-BC
Cori Loescher, MM, BSN, RN, NEA-BC
Colleen West, MBA, BSN, RN, CPHQ
Aliasha Wisdom, MSN, RN, CNL

Case Management

Diane Difonso, RN, CCM
Joanne Kelly, BSN, RN, CCM
Susan Schwarz, BSN, RN, CCM

Professional Services

Alexandra Koffman, MSN, RN-BC

APRNs

Addiction Recovery and Inpatient Counseling

Eunice J. MacAllister, MSN, RN, NP-C - ARP -
I/P Counseling
Madeline Spinosa, MSN, ANP-BC, CNS, CAGS -
Addiction Recovery - Ambulatory
Elizabeth Walsh, MSN, RN, FNP-BC - ARP -
I/P Counseling

Anesthesiology

Christina Blair, MSN, CRNA
Beth Brown, MSN, CRNA
Alfonso Combong, MSN, CRNA
Arthur Dayton, MSN, CRNA

Cary Endozo, MSN, CRNA
William Fehder, MSN, CRNA
Elizabeth Gilmore, MSN, CRNA
Raya Goldenberg, MSN, CRNA
Mary Iann, MSN, CRNA
Kimberly Kleinsorge, MSN, CRNA
Krista Klopfenstein, MSN, CRNA
Elizabeth McAnn, MSN, CRNA*
Michael McSweeney, MS, CRNA
Jessica Morrissey, MSN, CRNA
Elizabeth O'Brien, MSN, CRNA
Melanie Omojola, MSN, CRNA
Elizabeth Landree Parrott, MSN, CRNA
Olivia Stevens, MSN, CRNA
Sarah Toczylowski, MSN, CRNA
Julia Young, MSN, CRNA

Breast Center

Samantha Morrison-Ma, MSN, RN, ANP-C, WHNP-BC
Olivia Donnelly (Glynn), MSN, RN, WHNP-BC

CPE

Elaine Charbonnier, MSN, APRN, ANP-BC
Deborah Georgenes, MSN, APRN, NP-C
Joan Hunt, MSN, ANP-BC
Nickisha Hurlock, MS, APRN, FNP-C
Robin Kaufman, DNP, APRN, FNP-BCMSN
Anne Kennealey-McManus, MSN, APRN-BC
Karen Lamping, MS, APRN, NP-C
Kristen McKenzie, MSN, APRN, FNP-C
Pamela Park, MSN, APRN, FNP-C
Anna Peterson, MSN, APRN, ANP-BC
Bindu Thomas, MS, APRN, FNP-BC

Medicine

Vonette Anglin, MSN, RN, NP
Johanna Baldassari, MSN, RN, APRN-BC, FNP-C
Sharran Burney, MSN, RN, FNP-BC
Janice Galinsky, MSN, RN, ACNP-BC
Rebecca Mogensen, MSN, RN, NP-C
Jessica Lawlor, MSN, RN, FNP-C
Julie Vosit-Steller, DNP, FNP-BC, AOCN

Occupational Health

Dinah McDonald, MS, RN, COHN-S/CM, ANP-BC
Elaine Arnold, MSN, RN, ANP-BC
Suzanne Young, MS, RN, FNP-BC

Orthopedic Spine Surgery

Samantha Erikson, MSN, RN, ANP
Linda Bandazian, MSN, RN, ANP
Katherine Kane, MSN, RN, NP
Katherine Killinger, MSN, RN, NP
Jillian Martin, MSN, RN, NP
Laurie Rieger, MSN, RN, APRN-BC

**New certification in 2017*

Commitment to Education

In 2010, the Institute of Medicine recommended that the nursing profession increase the number of nurses with bachelor’s degree in nursing (BSN) to 80 percent by the year 2020 and that nurse leaders pursue advance degrees in nursing. As of 2017, over 80 percent of registered nurses at BWFH hold a BSN or higher. Even though BWFH exceeds the 2020 goal, nurses in all patient care areas and within the leadership team continue to pursue additional education.

Congratulations to the following BWFH nurses who committed to advancing their education and graduated in 2017!

| NAME | UNIT | COLLEGE | DATE OF GRADUATION |
|-------------------------------------|---|-------------------------------------|--------------------|
| BSN | | | |
| Phyllis Garr, BSN, RN | Pre-Op Holding | Regis College | August 2017 |
| June Nichols, BSN, RN | PACU | Western Governors University | May 2017 |
| MSN | | | |
| Bina Daria, MSN, RN | 6 North | University of Massachusetts | May 2017 |
| Diane Pessa, MSN, RN | Pre-Op Holding | American Sentinel University | May 2017 |
| DNP | | | |
| Helene Bowen-Brady, DNP, MEd, RN-BC | Nursing Leadership | Regis College | December 2017 |
| Robin Kaufman, DNP, APRN, FNP-BCMSN | Weiner Center for Preoperative Evaluation | University of Massachusetts, Boston | May 2017 |

Bowen-Brady and Kaufman Earn DNP

Balancing work and home life is always a challenge, especially when you decide to go back to school to earn an advanced degree. But Associate Chief Nurse of Practice and Innovation Helene Bowen-Brady, DNP, MEd, RN-BC, and the Weiner Center for Preoperative Evaluation’s Robin Kaufman, DNP, APRN, FNP-BCMSN, both of whom recently completed their Doctor of Nursing Practice (DNP), say it’s all worth it.

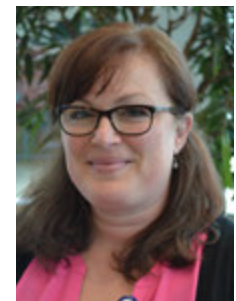
Bowen-Brady studied at Regis College, completing the program in the fall of 2017. While it was tough to devote her nights and weekends to school work, the degree, which is a practice focused nursing doctorate with an emphasis on utilization of research and evidence-based practice in the clinical setting, gives her skills she needs in her current role.

Because BWFH is on the journey to Magnet Designation, Bowen-Brady is finding she is putting her new skills to work right away. “We are currently writing exemplars that demonstrate the amazing work that is going on at BWFH. I am fortunate to work with incredible clinical nurses and nurse leaders that are leading such strong work. That makes it easy for me to apply the knowledge and skills I gained as a doctoral student to guide and support many of the initiatives that we are writing about for the Magnet documents,” she says.

Kaufman graduated in the spring of 2017 from UMass Boston. “I started out in a PhD program but as I started to practice as an NP I became more and more enthusiastic about translating nursing research into practice and the DNP seemed like an excellent way to make that connection between scholarship and practice,” says Kaufman.



Helene Bowen-Brady, DNP, MEd, RN-BC



Robin Kaufman, DNP, APRN, FNP-BCMSN

Kaufman had a baby in the last year of her studies, which made balancing work and home life with school work even more complicated, but the skills she learned are proving to be invaluable. “What I have learned is helping me contribute to advances in the practice environment and patient care here in CPE,” she says.

Newly Licensed Nurses Begin Their Careers at BWFH

At BWFH, the Department of Nursing is committed to helping nurses grow. At every stage of their career, nurses at BWFH find opportunities to learn, excel and advance their nursing practice. For those nurses just starting out, BWFH offers a supportive environment and a rigorous orientation process to prepare them to care for our patients. In 2017, we have had 22 newly licensed nurses in three cohorts complete the residency program.

At a ceremony for the second cohort, a group of newly licensed nurses celebrated their graduation from orientation and prepared to begin their careers. At the ceremony, attended by members of the Department of Nursing's leadership team and Nursing Professional Development, the newly licensed nurses were congratulated and encouraged by Chief Nursing Officer and Vice President of Patient Care Services Cori Loescher, MM, BSN, RN, NEA-BC. "I'm sure it's a little nerve-racking to know that you will now be the one responsible for taking care of your patients and not in a preceptor mode. But I want you all to remember that your preceptors, directors and clinical leaders are all here to be a resource for you," she said. "You've been through a rigorous orientation and you are ready to do this. You will deliver terrific care to our patients."

Nursing Professional Development Instructor Philip Malleson, BSN, RN-BC, who organized the event, also offered congratulations and encouraged the group of young nurses to mingle with their directors and the next batch of newly



Nursing Professional Development Instructor Philip Malleson, BSN, RN-BC, with graduates from the third cohort

licensed nurses who were to graduate from orientation in just a few short weeks. "After this, you're all going to be practicing independently on the floors," he said. "I'd like to welcome you all here to celebrate."

BWFH's Newly Licensed Nurse Residency Program includes a total of 12 weeks of orientation during which nurses receive two days of training on the unit as a group to learn how to use various equipment and workflows. They also receive five eight-hour days of interactive education covering various topics such as cardiac rhythm interpretation, diabetes and emergency situations. During these educational days, the newly licensed nurses participate in supportive group discussions reflecting on their nursing practice resulting in the development of a sense of camaraderie.

Competency Day 2017

In the 2017 Nursing Engagement Survey, satisfaction related to training and development did not outperform benchmark statistics in many units. With this information, the Nursing Professional Development (NPD) Department set a goal to improve nursing training and development programs. As a first step, a formal learning needs assessment (LNA) was developed and distributed to all nurses, including clinical nurses, advanced practice nurses, case managers, program nurses, nurse educators, nurse directors, associate chief nurses and the chief nursing officer. The RedCap survey platform was utilized to distribute and

gather LNA data. Between July and August 2017, over 100 nurses participated in the LNA. This information was used by the NPD Department to plan educational programs of interest to nurses.

The top skills education identified by nurses included: intravenous topics, defibrillator, peritoneal dialysis and massive transfusion protocol. As a result, the Nurse Competency Day for 2017 included learning stations for each of these topics. During the November 2017 Competency Day, nurses completed various skills competencies based on their specific role.

In addition to skills, nurses were asked to identify topics they were most interested in. Sixty respondents expressed interest in addiction, alcohol withdrawal and the opioid crisis; 50 identified a strong interest in healthy work environments; and 42 indicated strong interest in learning more about ethics. The NPD Department committed to developing Continuing Nursing Education (CNE) programs for the top three learning needs identified. The department offered "Safe Care of Withdrawal Patients" in November of 2017 and Ethics Grand Rounds in December of 2017.

Why Is Safe Patient Handling So Important?

Research shows nurses and patient care assistants are prone to injury on the job, particularly back injuries related to moving patients. At BWFH, all new hires are educated on back care and lifting during hospital orientation. During the transition to a clinical unit, nurses and support staff should learn how to use devices with their preceptor or educator. Depending on the practice setting, a variety of devices are available, including slide boards, ceiling lifts, sit to stand devices, Marisa lifts, hover mats and hover jacks.

In 2016/2017, new ceiling lifts were installed in the medical units and equipment such as repositioning sheets and slings were purchased to use with the lifts. Between February and March of 2017, over 200 nurses and support staff were trained on the use

of the ceiling lift. A reduction in reports of injuries related to safe patient handling was seen after this education. One of the goals for 2018 is to hold a monthly ceiling lift class for nurses and support staff.

A culture shift to prioritize the use of equipment for safe patient handling is needed. Instead of quickly trying to physically move a patient with just proper body mechanics, nurses need to take time to consider what device is available and should be used in the process. Using the equipment on a regular basis helps maintain confidence when using equipment. Working as a team and utilizing devices to move patients safely can keep nurses and patients safe.

New De-Escalation Training Model Gives Staff the Tools They Need to Remain Safe on the Job

At BWFH, staff safety is just as much a priority as patient safety. The hospital has implemented Code Grey start/stop announcements and debriefs and Security rounds with charge nurses. BWFH has also safe-proofed bathrooms in the ED, implemented a Community Policing program, built a Security desk in the ED waiting room and added more overnight Security staff, renovated the outpatient psychiatry reception desk, implemented Security and clinical team huddles for difficult, aggressive patients and begun using purple door signs to identify potentially aggressive or violent patients. The hospital is also encouraging staff to take an active role in their own safety by attending de-escalation training, a program that has been newly enhanced to give staff the tools they need to remain safe on the job.

The new model is now implemented into New Hire Orientation. And the training itself has evolved to better meet the needs of staff and the environment in which they work. In the past, de-escalation training included a verbal de-escalation training model called Management of Aggressive Behavior (MOAB). That model has been

replaced by a new model: Awareness, Vigilance, Avoidance, Defense and Environment (AVADE). AVADE focuses on the fact that we always need to be aware of what's going on around us and that it's actually preferable to avoid a situation.

In addition to verbal de-escalation training, the program also teaches physical de-escalation. Staff learn how to extricate themselves from common scenarios that they might encounter, such as hair pulls and wrist grabs. They also learn how to properly apply both Velcro and leather restraints.

The course is taught by staff from the Department of Police, Security and Safety and clinical staff from 7 North and 2 South with the exception of the trauma informed care section. Trauma informed care involves understanding, recognizing and responding to the effects of all types of trauma in order to better understand a patient's triggers and soothing mechanisms. Director of Inpatient Psychology and Training Christopher AhnAllen, PhD, teaches trauma informed care that gives tips about how to talk to patients with behavioral health issues.



Frontline staff members practice how to properly restrain a patient during de-escalation training

Other topics covered in the course include constant observations and care of the suicidal patient.

For current employees who have not had de-escalation training, the new program requires just one eight-hour initial training session with a shorter recertification session every two years. The goal is to have every member of the staff have some form of de-escalation training. And for frontline staff, particularly those who go hands-on, it's a requirement that they complete the eight-hour training.

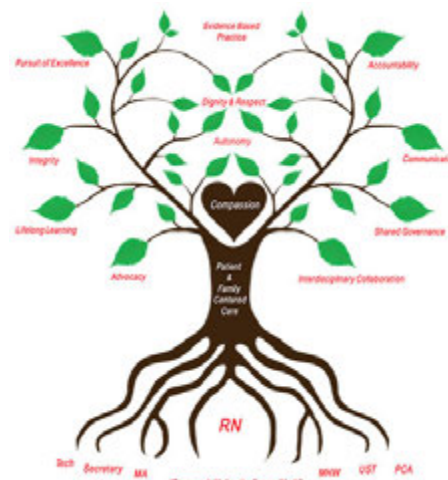
Exemplary Professional Practice

Professional Practice Model

Professional Practice Models provide the framework for nursing practice and identify the essential elements that support nursing practice within an individual organization. Professional Practice Models are usually represented by a visual image that is meaningful and easily understood by current and future nurses. At BWFH, our Professional Practice Model guides exemplary professional practice for all nurses across the hospital and is exemplified in the stories shared in the annual report each year.

At BWFH, we believe high-quality patient care is only possible through teamwork. It's both nurses and support staff working together efficiently that makes it all work. Like the majestic trees in

the neighboring Arnold Arboretum, our nurses flourish with the strength gained from their support system. The registered nurses, technicians, secretaries, medical assistants, mental health workers, unit service technicians and patient care assistants all come together to form the root system that allows our nurses to do their jobs properly. With this support, they are able to focus on patient- and family-centered care delivered with compassion, dignity and respect. Our nurses collaborate with a strong interdisciplinary team to support patients and families and incorporate principles of evidence-based practice, accountability, communication, shared governance, advocacy, lifelong learning, integrity and pursuit of excellence into the practice of nursing.



Peer Review



Nursing Peer Review

Accountability in the pursuit of excellence



Since 2015, all registered nurses at BWFH have been participating in a formal, annual peer review process. This year there were several updates to the peer review process based on feedback from surveys, follow-up workshops and an institutional review board-approved qualitative study. Process improvement for the upcoming year include the development of a new policy with clear guidelines for clinical nurses and nurse directors and moving away from mandatory web based education to unit based education led by peer facilitators.

Thank you to our peer review facilitators for making the process such a success!

Peer Review Facilitator Workshop

Coordinators

Ellen McCarthy, MSN, RN, CCRN
 Tracy Lane, BSN, RN-BC
 Helene Bowen-Brady, DNP, MEd, RN-BC

ICU
 6 South
 Nursing Leadership

Presenters

Jessica Craver, BSN, RN
 Phyllis Garr, BSN, RN
 Patty Hanley, BSN, RN
 Mary Anne Barry, MBA, BSN, RN
 Aliesha Wisdom, MSN, RN, CNL

7 South
 Pre-Op Holding
 IV Team
 Nursing Leadership
 Nursing Leadership

Unit Based Peer Facilitators

| | | | |
|---------------------------------|---------|---------------------------------|---------------------|
| Rachel Abarbanel, BSN, RN | 2 South | Kathy Glennon, RN | GI |
| Larry Borbee, MM, BSN, RN | 6 North | Judy Driscoll, BSN, RN | OPIC |
| Cynthia Parker, RN | 6 North | Ann-Marie Bermingham, BSN, RN | PACU |
| Joanna Butkiewicz, BSN, RN | 6 South | Ginny Ryan, MSN, RN | PACU |
| Paula Hertello, RN | 6 South | Laurie Flahive, RN | Pain Management |
| Lusy Gonzalez, BSN, RN | 6 South | Sania O'Leary, BSN, RN | POH |
| Sonya Amlaw, BSN, RN | 7 North | Patty Hanley, BSN, RN | IV |
| Cassie Zimmerman, BSN, RN | 7 North | Bobbi King, BSN, RN | IR |
| Michelle Carignan, BA, RN | 7 South | Missy Mahoney, BSN, RN | CPE |
| Tim Gray, RN-BC | 7 South | AJ Valenzuela, BSN, RN | OR |
| Aimee Patry, BSN, RN, CEN, BCEN | ED | Rafaela Martinez, BSN, RN, CNOR | OR |
| Alicia Ciulla, BSN, RN | ICU | Sandra Spaulding, RN, CNOR | OR |
| Evelyn Kelleher, BSN, RN | ICU | Susan Schwarz, BSN, RN, CCM | Case Management |
| Lorraine Shannon, BSN, RN | ICU | Jane Barta, RN | Nursing Supervisors |
| Hellen Driscoll, RN, CGRN | GI | | |

Shared Governance

Nurses at BWFH play an essential role in the delivery of high-quality, evidenced-based, cost-effective care to patients. Shared governance is a model that provides a framework for building effective relationships between nursing and colleagues to ensure the delivery of excellent patient care. Each of the Shared Governance Committees has been hard at work this year. On the following pages, you'll read about their accomplishments.

Nursing Practice Committee

The Nursing Practice Committee is comprised of registered nurses from each unit within BWFH. The group's purpose is to develop and evaluate standards of practice that support the delivery of patient- and family-centered nursing care at BWFH based on current research, quality outcomes and evidence-based practices and to support professional practice through the dissemination of best practice and the implementation of changes, as necessary, to nursing practice at BWFH.

2017 accomplishments:

- Supported Wound Champions' request to move skin survey audits to weekly instead of monthly
- Advocated for education in the introduction of Oxymasks to replace non-rebreather masks
- Reviewed and approved request to eliminate use of Accucheck in "critically ill patient" (to align with manufacturer guidelines)
- Recommended enhancements to the Sectioned Patients Comparison Chart to understand the differences amongst various types
- Collaborated with Pharmacy to adjust the "pre-done volume" for blood out of smart pumps
- Called for changes to the CAUTI Nurse Driven Protocol to clearly define the nurses' role and expectations



Front row, from left: June Nichols, BSN, RN (Co-Chair), Brenda Miele, BSN, RN (Co-Chair), Colleen West, MBA, BSN, RN, CPHQ (Executive Sponsor), Ellen McCarthy, MSN, RN, CCRN, Jessica Craver, BSN, RN, and Juliet Gleason, MBA, MSN, RN
 Back row, from left: Bernice Potter, BSN, RN, CEN, Phil Malleson, BSN, RN-BC, Mary Pat Cunniffe, BSN, RN, Phyllis Garr, BSN, RN, Tracy Lane, BSN, RN-BC, Mary Hourihan, MSN, RN, CGRN, Kerry Parsons, BSN, RN, Kathy Armando, BSN, RN, Ann Schifone, BSN, RN, Ellen O'Connor, BSN, RN, and Mary Martin, BSN, RN, CNOR
 Not pictured: Denise Amato, RN, Kim Fitzgerald, BSN, RN, Cora McHugh, BSN, RN, CNOR, Jessica Murphy, Erin Waldron, MSN, RN, SANE, and Karen White, BSN, RN

Nursing Quality Committee

The Nursing Quality Committee is an action focused committee with a defined role to disseminate information back to their respective units and Unit Based Councils. The standard is set for the membership to interpret data (such as NDNQI graphs) and explain to their peers how the data applies to their unit.

2017 accomplishments include:

Indicator of the Month

- Guest speakers on nurse sensitive indicators
- Finding ways to support improvement activities around nursing practice
- Focus on what clinical staff are doing right and not just what needs improvement
- When you see how well you are doing in one area such as patient falls, you want to do well in all areas

Performance Improvement Project: Quality Bulletin Boards

- Standardizing the look and location of bulletin boards on all the nursing units

- Access for all staff, patients and family members
- Focus is the importance of the information and how well each unit is doing
- Green check mark indicates being above the mean
- Work in progress mark depicts areas needing improvement
- Positivity is the key for keeping staff motivated to continue to do well in all areas of patient care

The RN Engagement Survey

- Rolled out the Advisory Board Committee confidential RN survey
- Opportunity for nurses to answer questions about job satisfaction and their relationship with nursing leadership
- Results have been discussed with areas of improvement identified
- Unit Based Councils are working on strategies to make a positive impact going forward



From left: Amanda Davenport, BSN, RN, Kathy Glennon, RN, Ginny Ryan, MSN, RN (Chair), Joanne Hallahan, BSN, RN, Colleen Raab, BSN, RN, Kate Feeley, BSN, RN, Tess Parand, BSN, RN, Nadia Sullivan, BSN, RN, and Shelly Bazes, MS, RN, WHNP-BC (Executive Sponsor)

Not pictured: Larry Borbee, MM, BSN, RN, Maria McKay-Murphy, MSN, RN, and Karen Woodworth, BSN, RN

Nursing Informatics Committee

The Nursing Informatics Committee is comprised of registered nurses from each unit within BWFH. The committee's purpose is to develop and evaluate standards of practice that support the documentation of patient- and family-centered nursing care at BWFH based on current research, quality outcomes and evidence-based practices to support the development of professional practice with the use of Partners eCare through dissemination of best practices and changes in documentation standards whether regulatory or enterprise build to BWFH nursing staff.

2017 accomplishments include:

- Development of best practice guidelines for the administration of blood products in all clinical areas
- Developed communication strategy for the leave of absence functionality

- Revised hospital downtime policy for nursing
- Updated the documentation standards for nursing and support staff to be used by all IP/procedural staff
- Reviewed all nursing protocols and suggested creation of protocol for line placement in the pre-procedure area in the OR space
- Led to same process for the endoscopy area

Monitoring and education:

- Audited and educated end-users on the process for historical LDAs
- Resulted in functionality change in Partners eCare to have reconciliation completed with admission, transfer and discharge
- Audited and educated staff on the blood administration documentation process; increased compliance many areas to the 90th percentile
- Audited and educated staff on the Sunquest Collection Manager workflow
- Audited and educated staff on the Nurse Driven Protocol for the influenza vaccine order and administration

- Audited and educated staff on the pain plan of care and patient education related to pain medication administration
- Recommended the need for independent checks and the use of rate dose verify for all IV infusions



Front row, from left: Anh Le, BSN, RN, Ellen O'Connor, BSN, RN, Jeanne Hutchins, BSN, RN, CCRN, Phil Malleson, BSN, RN-BC, and Paula Wolski, MSN, RN, CCRN (Executive Sponsor)

Back row, from left: Dan Rec, BSN, RN (Co-Chair), June Nichols, BSN, RN, Diane Pessa, MSN, RN, Helen Driscoll, RN, CGRN, and Phi Le

Not pictured: Mary Pat Cunniffe, BSN, RN, Amy Kandalaft, RN, Cora McHugh, BSN, RN, CNOR, David Pierel, MSN, RN, CNOR, Erica Ricci, BSN, RN, Terry Roche, MSN, RN-BC, Geraldine Shea, BSN, RN, CRNI, Nancy Thompson, MSN, RN, Erin Waldron, MSN, RN, SANE, Meredith Leonard, BSN, RN, and Karen MacLean, RN

Nursing Professional Recognition and Advancement Committee

The Nursing Professional Recognition and Advancement Committee promotes values, nurtures and recognizes transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and research. The overarching goal is to achieve excellence in outcomes related to clinical nursing practice, patient- and family-centered care and organizational strategic goals.

2017 accomplishments include:

Peer Review

- Improved the 2017 process by incorporating feedback from nurse surveys, facilitator feedback and IRB study
- Developed a Peer Review Policy
- Organized and presented three facilitator workshops
- Implemented “Fishing for Feedback” education on the units

Annual Report

- Responsible for publication

BWFH Nurse

- Responsible for publication

DAISY Award

- Awards four clinical DAISY Awards and one DAISY Nurse Leader Award annually
- Reviewed options to increase DAISY awareness and generate nominations

Certification

- Supports professional certification
- Highlights newly certified nurses in newsletter and annually on National Certification day in March

Nurses' Week Committee

- Sponsors committee that prepares for annual Nurses' Week and annual Nursing Awards

Shared Governance Committee Newsletter

- Organized a hospital-wide contest for a new newsletter title for to reflect all shared governance committees
- Designed sections of the newsletter for each shared governance committee to provide updates in a timely manner to all nurses

Magnet Journey

- Lead Magnet submission documents for future 2018 application
- Engage peers in our Magnet journey



Front row, from left: Jessica Craver, BSN, RN, Helene Bowen-Brady, DNP, MEd, RN-BC (Executive Sponsor) and Carol Garcia
Back row, from left: Phyllis Garr, BSN, RN, Tracy Lane, BSN, RN-BC (Co-Chair) and Ellen McCarthy, MSN, RN, CCRN (Co-Chair)
Not pictured: Mary Anne Barry, MBA, BSN, RN, Patricia Hanley, BSN, RN, and Aliesha Wisdom, MSN, RN, CNL

Evidence-Based Practice/Research Committee

The Evidence-Based Practice/Research Committee supports nurses to improve patient outcomes through research, process improvement or evidence-based practice projects by providing guidance, education and oversight to nurses as they search for, develop and implement evidence of best practices.

2017 accomplishments include:

Project Oversight

- Review of project charters submitted by Unit Based Councils
- Meet with project leaders to assure clarity in the project plan
- Track progress of nursing projects
- Track poster and podium presentations accepted at local and national conferences
- Disseminate lessons learned to other units
- Communicate with Unit Based Councils to track progress and status of projects
- Encourage on-going project work

Evidence-Based Practice and Research

- Assist with or provide literature reviews
- Guide project leaders to conduct projects using the Rossum Larrabee Evidence-Based Practice Model
- Clarify measures and outcomes

Abstracts and Presentations

- Provide guidance and support to write and submit project abstracts for acceptance to conference presentations
- Provide education and structure for building poster presentations

In 2017, seven different abstracts for poster or podium presentations were submitted to four different conferences. Three were accepted and presented. Four different abstracts for poster or podium presentations have been submitted for conferences in 2018. Of those, one is accepted for presenting thus far. Additionally, Unit Based Councils presented project posters internally during Nurses' Week.

Goals for upcoming year include:

- Guide project leaders to align projects with strategic goals
- Expand database of nursing conferences projects where projects may be presented
- Provide education for performing literature searches and reviews



Front row, from left: Ellen O'Connor, BSN, RN, and Gail Nuzzi, BA, BSN, RN
Back row, from left: Margaret Oot-Hayes, PhD, RN, and David Pierel, MSN, RN, CNOR
Not pictured: Ann Marie Bermingham, BSN, RN (Co-Chair), Jacqueline DeJean, BSN, RN, Barbara Peary, MM, BSN, RN (Executive Sponsor), Laurie Flahive, RN (Co-Chair), Luzy Gonzalez, BSN, RN, and Sara Auerbach, BSN, RN

Quality Data

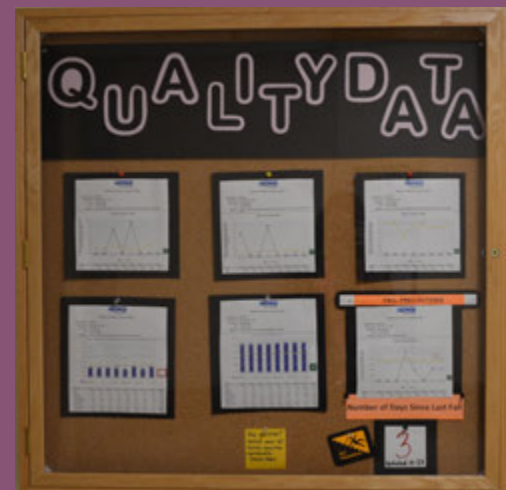
As nurses at BWFH, we strive for a culture of exemplary professional practice involving quality and safety monitoring to ensure the highest delivery standards. Nurses throughout the hospital collaborate with multiple disciplines to make sure that care is efficient, effective, comprehensive and well coordinated. As a profession dedicated to assessing others, it is important to benchmark our quality by collecting and analyzing data from like-sized hospitals and units throughout the country.

BWFH is a member of the National Database of Nursing Quality Indicators (NDNQI). NDNQI is part of the American Nurses Association's National Center for Nursing Quality. NDNQI's mission is to aid the nurse in patient safety and quality improvement efforts by providing research-based, national, comparative data on nursing care and the relationship of this care to patient outcomes. This is done by looking directly at Nursing Sensitive Indicators.

WHAT IS A NURSING SENSITIVE INDICATOR?

A Nursing Sensitive Indicator (NSI) represents nursing practice that directly contributes to patient care. NSIs reflect the structure, process and outcomes of nursing care. The structure includes the supply of nursing staff, the clinical skill level of the nursing staff and the education and professional certification level of the staff. The process measures methods of patient assessment and nursing intervention, as well as nursing staff satisfaction. Examples of this include documenting the Braden skin assessment, Morse Fall Scale and the nursing satisfaction survey. Outcome indicators tie into patient care outcomes that depend on the quantity or quality of nursing care. Examples of outcome indicators include pressure ulcers, patient falls, central line associated bloodstream infections and catheter associated urinary tract infections.

At BWFH, NSIs are being monitored in every patient care area. Nationally benchmarked data is posted quarterly on the unit quality board. If you, your patient or your patient's family are interested in learning more about your unit's NSIs, speak to your Nursing Quality Committee representative.



6 South's quality board

Focus on Patient Safety: Best Practices Throughout the Hospital Aim to Improve Patient Outcomes

Patient Falls and Fall Prevention: Avoiding Slips, Trips and Broken Hips!

Evidence shows patients and families need to be engaged around their plan of care. When patients and families understand the risk for falls, the patient is more likely to adhere to appropriate safety interventions.

Fall prevention is a three-step process:

- (1) Conduct fall risk assessments
- (2) Develop a tailored or personalized fall prevention plan
- (3) Implement the tailored fall prevention plan consistently, along with universal precautions (Dykes, et al, 2009).

This practice has been proven to reduce fall rates in other facilities.

In October of 2017, BWFH's Falls Committee, which has interdisciplinary representatives from all areas of the hospital who meet monthly to discuss ways to improve patient safety, partnered in a multihospital Fall Prevention Practice Change utilizing tailored interventions for patient safety (TIPS) to improve patient safety, decrease fall rates and improve patient satisfaction. A falls prevention workshop and HealthStream education prepared nurses for this change. Falls Champions (nurses and PCAs) from each inpatient area have been chosen and received additional training to assist their coworkers.

The policy at BWFH is that a patient's fall risk is determined each shift using the Morse Falls Scale on the medical-surgical units. Under the multihospital Fall Prevention Practice Change, tailored interventions are based on the patient's assessment, are reviewed with the patient and family and a printed TIPS poster is placed on the white board in each patient's room so anyone entering the room will know the patient's safety needs. Patients and families are reminded of the plan for their safety and are included in any changes made going forward.



As with any practice change, implementation is key to a successful result. Patient engagement audits will be done monthly to monitor the utilization of TIPS and patient's involvement by the Falls Champions on each floor.

References

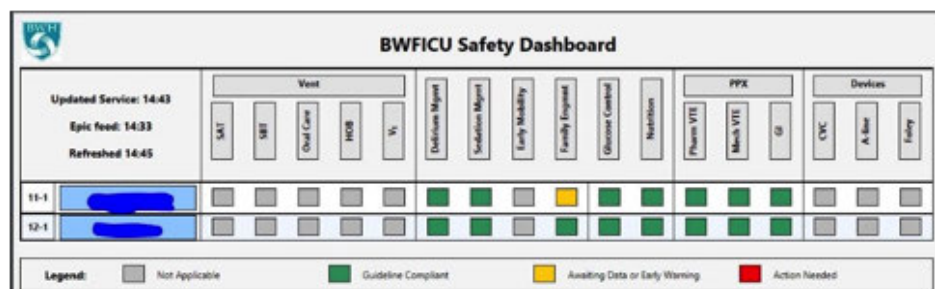
Dykes, P.C., et al. (2017). Pilot testing fall TIPS (Tailoring Interventions for Patient Safety): A patient-centered fall prevention toolkit. The Joint Commission Journal on Quality and Patient Safety. doi.org/10.1016/j.jcjq.2017.05.002

Dykes, P.C., et al. (2009). Why do patients in acute care hospitals fall? Can falls be prevented? Journal of Nursing Administration, 36: 299-304.

The Electronic ICU Safety Checklist Tool

In collaboration with Brigham and Women's Hospital's ICU, registered nurses and physicians in BWFH's ICU are using the Electronic ICU Safety Checklist Tool (eISCT) to help protect their patients against preventable harms. This tool incorporates existing validated safety checklists into a single integrated checklist and displays the real-time status of safety items such as ventilator associated events, delirium, early mobility, glucose

control, nutrition, gastrointestinal prophylaxis and venous thromboembolism prophylaxis. In addition, using the checklist ensures timely removal of devices on the order of central venous catheters, arterial lines and indwelling urinary catheters. BWFH registered nurses incorporate the eISCT into bedside handoff as well as using it during morning and afternoon rounds with the physicians.



Face to Face: Nursing Handoff at the Bedside from the PACU to 7 South

During handoffs (at change of shift or when a patient is moved on or off a unit), it is vital that providers communicate effectively with each other to properly convey the pertinent information needed for the next provider to care for the patient. However, when multiple providers, family members and others are involved, communication can sometimes pose a challenge.

Over the years, BWFH has experimented with different ways to streamline the handoff process and improve communication. In the past, after surgery when a patient was fully recovered from

anesthesia and ready to be admitted to the surgical floor, the PACU nurse would give report to a “report nurse” who would then turn around to give report over to the nurse assigned to the patient. This plan was designed to facilitate timeliness in the admission process. However, the result was that information was often lost in during this multi-person communication. The nurse assigned to the patient often found themselves calling the PACU later in the day with questions.

After a review of literature, in July of 2017 BWFH’s PACU implemented a practice

change incorporating bedside face-to-face handoffs. Continuity of nursing care, improved patient safety and satisfaction and engaging patients in their care was the focus of this practice change. The project was piloted with orthopaedic patients admitted to 7 South. Although this is a work in progress, the initial reports are positive from all parties involved. The PACU and 7 South nurses are pleased with the face-to-face interaction and the timely and efficient exchange of information. Patients also express being impressed with their hospital experience.

Focus on Hand Hygiene in the PACU



During a discussion in BWFH’s Hand Hygiene Committee, a question was asked: “Do the patients wash their hands?” This simple query became the driving force behind the change in our current practice to continue providing the best possible evidenced-based care for our patients.

The Centers for Disease Control and Prevention (CDC) has reported that patients do not wash their hands in a hospital setting as often as they would at home. This is believed to contribute to spreading infections between facilities when patients are transferred for further healthcare needs.

With full support from the Hand Hygiene Committee, the PACU Unit Based Council took on the challenge to change our

current practice. A Project Charter was written and approved. The plan of offering patients the chance to use Purell or soap and water to wash their hands before having something to eat or drink was initiated on May 1, 2017. Education of the importance of this mission for the PACU staff took place at staff meetings and with one-on-one conversations. Purell dispensers were attached to each bedside table for easy access. Continued encouragement is offered via personal observations, email and fun contests.

Many positive comments about the PACU’s hand hygiene initiative were made during the 2017 Joint Commission Survey. The Joint Commission nurse surveyor was pleased to see the availability of Purell around the unit and stated that she was compelled to use it herself.

New Knowledge, Innovations and Improvements

Nursing Research at BWFH

As healthcare continues to evolve and patient care needs become more complex, registered nurses are expected to play an important role to ensure that the best evidence is used in making patient care decisions. Nurses are increasingly being asked to lead and participate in nursing research to address gaps in the literature. Over the past year, nurses at BWFH have

had several Institutional Review Board (IRB) nursing research studies approved. Two studies have been completed and are in the process of being disseminated internally and externally (read more about these studies below) while three studies are currently in progress.

2017 BWFH Nursing Research Studies

| Title of Study | Principal Investigator/Co-Investigator | Type of Study | Status |
|--|--|---------------|------------------------|
| iPad Education to Optimize Patient Teaching and Efficiency in the Preoperative Setting | Robin Kaufman, DNP, APRN, FNP-BC (PI) Margaret Oot-Hayes, PhD, RN (Co-PI) | Quantitative | Completed April 2017 |
| Registered Nurses' Perceptions of a Peer Review Program in a Community Hospital | Helene Bowen-Brady, DNP, MEd, RN-BC (PI) | Qualitative | Completed October 2017 |
| Health Care Providers and Patients Perceptions of Administration of Narcan Kits in the ED Setting | Cori Loescher, MM, BSN, RN, NEA-BC (PI) Joanne Hallahan, BSN, RN (Co-PI) Karen White, RN (Co-PI) | Mixed Methods | In progress |
| Patient Perceptions of Nursing Bedside Shift Report | Robin Kaufman, DNP, APRN, FNP-BC (PI) | Qualitative | In progress |
| Understanding Clinical Nurse Perceptions of Nursing Professional Development in a Community Hospital Setting | Colleen West, MBA, BSN, RN, CPHQ (PI) | Qualitative | In progress |

iPad Education to Optimize Patient Teaching and Efficiency in the Preoperative Setting

Co-Principal Investigators:
Robin Kaufman, DNP, APRN, FNP-BC
and Margaret Oot-Hayes, PhD, RN

A quasi-experimental pre-test/post-test design was utilized to assess the effectiveness of iPad education in the preoperative setting to increase patient's peri-operative knowledge, increase patient satisfaction and decrease patient anxiety. A total of 750 preoperative patients enrolled with approximately 282 participants in the intervention group and another 240 in the control group.

Initial study findings reveal that peri-operative knowledge was higher for the intervention group ($p < 0.0001$). There was no significant difference in patient satisfaction between the two groups. There was a paradoxical result in regards to patient anxiety. The patients in the control group experienced a greater decrease in anxiety than the intervention group ($p < 0.0001$), opposite of what was hypothesized.

Registered Nurses' Perceptions of a Peer Review Program in a Community Hospital

Principal Investigator: Helene Bowen-Brady, DNP, MEd, RN-BC

The purpose of this study was to gain a better understanding of the perceptions of registered nurses working in a community hospital who participate in a peer review process.

Results from this study reveal that peer review is a meaningful experience that promotes professional growth and development. Findings validate the importance of using a structured formal peer review process. Education, structural and leadership support are essential components of an effective process. A key finding was that knowledge, perceptions and engagement in peer review improved during the second year of the program.

6 South's Accountable Care Unit

In February of 2017, 6 South launched an Accountable Care Unit (ACU). The ACU is an interdisciplinary care model that focus on improving communication and quality-safety outcomes in our patient and family care model. The ACU model includes three major features: change of shift huddles, structured interdisciplinary bedside rounds (SIBR) and bedside hand-offs.

Change of Shift Huddles

At 7 am and 7 pm, on-coming 6 South staff, including nurses, PCAs and secretaries, huddle with the off-going charge nurse to capture the pulse of the unit. Huddle report discussions identify the team members for the shift, the clinical environment of the unit, special advocacy patient/family populations and always end with a motivational quote to start the shift.

SIBR

SIBR take place every morning. All members of the patient care team participate including the bedside nurse, physicians, case manager, social worker and physical therapist. Guided by a 6 South SIBR facilitator, each patient is rounded on with most rounds taking place at the bedside with the patient and family. The aim is for the team to discuss each patient in approximately three to five minutes, focusing on enhancing communication between the patient, their family and clinical team members. Each clinical nurse is responsible for completing the SIBR checklist prior to rounds. The checklist provides a structured tool to address the following information: events from overnight shift, the patient's goal for the day, clinical nursing concerns and a quality nursing safety checklist. The following quality metrics for 6 South patients are highlighted in the checklist: venous thromboembolism prophylaxis, pressure ulcers, urinary catheters (prompting to see if a nurse driven protocol is ordered), IV access, glycemic control and the patient's mobility



status. All team members involved in the patient's care have an opportunity to contribute to the discussion before the plan is summarized by the physician to ensure that the patient, family and members of the healthcare team agree about the plan for the day.

Bedside Hand-Offs

A "6 South ACU Bedside Handover" report sheet has been customized for 6 South nurses to utilize while giving bedside hand-off from one shift to the next. 6 South worked on a bedside hand-off project, into which this new documentation piece was incorporated. Literature shows that bedside reporting makes shift report more objective, concise, relevant and financially beneficial due to decreased time. Studied benefits of bedside hand-offs also include increased patient satisfaction, improved nurse-patient relationship, increased mentoring opportunities, increased nurse ability to answer physicians' questions at the beginning of the shift, reduction in patient discharge times due to improvement in patient education, better task prioritizing at the beginning of shift, decrease in patient falls, decrease in patient call light use, faster start to assessments and receiving report on the right patient.



A Picture Is Worth 1,000 Likes: Nurses Using Social Media to Increase the Percentage of Nurses Who Correctly Identify Components of the Nursing Strategic Plan

In 2017, the Department of Nursing started using social media as an additional way to enhance communication and education for nurses. With currently over one billion people using social media, the goal is to engage registered nurses at BWFH to use social media as a fun and creative strategy to improve nursing practice, education and showcase involvement in community activities. At the November 2016 Unit Based Council Summit, Brenda Miele, BSN, RN, and Tracy Lane, BSN, RN-BC, presented the “Going Social @ BWFH” campaign to infuse social media and nursing.

Prior to the initiation of the campaign, a pre-survey was sent to BWFH registered nurses that asked three questions:

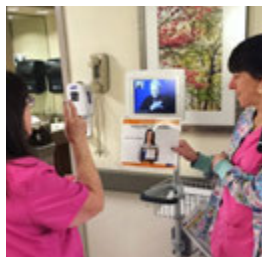
“What are the components of the BWFH Nursing Strategic Plan?”; “What are the components of the BWFH Nursing Professional Practice Model?”; and “What is the image of our BWFH Nursing Professional Practice Model?” Summit participants recommended using the social media campaign to educate clinical nurses about how the unit based initiatives support the Nursing Strategic Plan. Between November 2016 and April 2017, each Unit Based Council was challenged to show how their unit connected to the five nursing strategic goals of Growth, Financial Performance, Quality and Safety, Service Excellence and Staff Engagement. Each unit submitted photos to BWFH’s Instagram account. At the conclusion of the social

media campaign, three post-surveys were completed by BWFH registered nurses to determine if knowledge of the five components of the BWFH Nursing Strategic Plan increased.

In addition to being a strategy to increase knowledge, the Going Social campaign was successful in engaging nursing staff on every unit. Congratulations to OPIC, ICU, 6 South and 7 South for completing the entire challenge by submitting monthly photos for each goal of the Nursing Strategic Plan. The photos below represent the posts with the “most likes” on social media for each component of the Nursing Strategic Plan.



Growth: The Gregory Endoscopy Centre has hired three new nurses over the past several of months



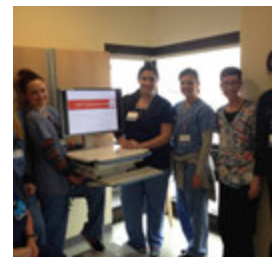
Financial Performance: 6 South nurses test the Interpreter on Wheels, a new device for patient communication that is quick, cost-effective and easy to use



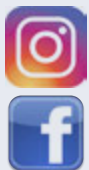
Quality and Safety: The ICU was “doing their job” on Super Bowl Sunday, keeping our patients safe and providing quality care



Service Excellence: 2 South offers pet therapy to provide comfort to their psychiatry patients



Staff Engagement: 7 South nurses engage in their monthly Nursing Grand Rounds



Be on the look out to see how members of the nursing staff are demonstrating their connection to the BWFH Professional Practice Model and the Nursing Strategic Plan. All staff are invited and encouraged to participate and follow along on BWFH’s Instagram and Facebook pages. If there is something you would like to share from your unit, please send pictures to Caitlyn Slowe, Web and Multimedia Specialist, at cslowe@bwh.harvard.edu.

Podium and Poster Presentations

The following podium and poster presentations were presented at conferences by BWFH authors in 2017.

Podium Presentations

GIP Hospice Program. Lindsey McDermott, BSN, RN, and Julie Vosit-Steller, DNP, FNP-BC, AOCN. Boston, MA: Partners Symposium. 2nd Annual Partners Health System Quality, Safety and Value Symposium, March 2017.

The Intersection of Academia and Practice: The Role of the Nurse Scientist in Promoting Evidence-Based Practice at a Community Hospital in the Greater Boston Area. Helene Bowen-Brady, DNP, MEd, RN-BC, and Margaret Oot-Hayes, PhD, RN. Woburn, MA: New England Organization of Nurse Educators (NEONE), April 2017.

Poster Presentations

AM vs. PM Colonoscopy: Is It Timing or Lack of Patient Education? Jodie Bavoineau, BSN, RN, CGRN, and Kathy Glennon, RN. Mohegan Sun, CT: Organization of Nurse Leaders (ONL), March 2017.

Let's Get to the Bottom of This: Reducing Hemolysis in Blood Bank Specimens for Transfusion Patients. Virginia Grace, BSN, RN, OCN, and Susan FitzMaurice, MPA, BSN, RN. Mohegan Sun, CT: Organization of Nurse Leaders (ONL), March 2017.

Registered Nurses' Perceptions of a Peer Review Program in a Community Hospital. Helene Bowen-Brady, DNP, MEd, RN-BC. Woburn, MA: New England Organization of Nurse Educators (NEONE), April 2017.

Identifying Patients at Risk for Obstructive Sleep Apnea Using the STOP-BANG Questionnaire. M. Betsy Kasper, RN, and Judy Shelton, RN. Norwood, MA: Organization of Nurse Leaders (ONL), September 2017.

Implementation of Plan of Care Documentation. Paula Wolski, MSN, RN, CCRN, and Mary Anne Barry, MBA, BSN, RN. Norwood, MA: Organization of Nurse Leaders (ONL), September 2017.

BWFH Nurses at ONL

BWFH's Department of Nursing was well represented at the Organization of Nurse Leaders (ONL) for Massachusetts, Rhode Island, New Hampshire and Connecticut Spring and Fall Meetings this year.

At the spring meeting, from the Gregory Endoscopy Centre, Kathy Glennon, RN, and Jodie Bavoineau, BSN, RN, CGRN, presented a poster based on their Unit Based Council work titled "AM vs. PM Colonoscopy: Is It Timing or Lack of Patient Education?" and the OPIC submitted its Unit Based Council work titled "Let's Get to the Bottom of This: Reducing Hemolysis in Blood Bank Specimens for Transfusion Patients."

At the fall meeting, 7 South's Nurse Director Mary Anne Barry, MBA, BSN, RN, along with Program Manager of Informatics for Nursing/Patient Care Services Paula Wolski, MSN, RN, CCRN, presented their work titled "Implementation of Plan of Care Documentation." And, from the Weiner Center for Preoperative Evaluation, staff nurses Betsy Kasper, RN, and Judy Shelton, RN, presented their work titled "Identifying Patients at Risk for Sleep Apnea Using the STOP-BANG Questionnaire."



From left: Kitty Rafferty, MS, RN, NEA-BC, Jodie Bavoineau, BSN, RN, CGRN, Susan FitzMaurice, RN, BSN, MPA, and Kathy Glennon, RN, at the spring ONL meeting



From left: Betsy Kasper, RN, Judy Shelton, RN, Paula Wolski, MSN, RN, CCRN, and Mary Anne Barry, MBA, BSN, RN, at the fall ONL meeting

Celebrations

Faulkner Hospital School of Nursing Class of 1970 Celebrates 50 Years of Friendship with a Visit to BWFH

On September 11, 1967, a group of young women met for the first time when they arrived for their first day of class at Faulkner Hospital School of Nursing. Fifty years later, to the day, several members of the class of 1970 returned to BWFH to tour a hospital that has changed much over the years.

ICU, IV Therapy and Inpatient Hemodialysis Nurse Director Patricia Marinelli, MSN, RN, herself a graduate of the Faulkner Hospital School of Nursing (class of 1976), was on hand to welcome the group and lead them on a tour. Marinelli led them through Belkin House (their former dorm) and showed them the history wall on the first floor. They then ate lunch in the cafeteria and each visitor left with a copy of the History of the Faulkner Hospital book from the gift shop.



Members of the class of 1970 at BWFH in September of 2017



The class of 1970 on their first day of school at the Faulkner Hospital School of Nursing

A Salute to BWFH's Retiring Nurses

"A good nurse is like a candle, it consumes itself to light the way for others."

As 2017 comes to a close, the Department of Nursing wishes to acknowledge the dedicated group of nurses who have retired this past year. These nurses have been an integral part of building our community and professional practice. You have left a lasting legacy that strived to improve safe patient care and teamwork. The Shared Governance Committees thank you for your many years of service. Best wishes and happy retirement!

BWFH Named Top Hospital for Nurses to Work for in Massachusetts by Nurse.org!



Nurse.org, a leading career site for nurses, has recognized BWFH as the top hospital for nurses to work for in Massachusetts. Over the past two years, Nurse.org has collected reviews by nurses at 68 Massachusetts hospitals about their workplace satisfaction. The data from the reviews revealed that BWFH has one of the highest levels of job satisfaction among its nurses. The full rankings of the Best Hospitals in Massachusetts for Nurses is available to view at nurse.org/articles/best-hospitals-massachusetts/. To see all of BWFH's reviews, see our facility page at nurse.org/facility/2529/brigham-and-womens-faulkner-hospital/.

Annual Nursing Awards

Each year, during National Nurses Week, BWFH celebrates its nurses with awards recognizing excellence in critical thinking, commitment to patient teaching, continuing education and outstanding delivery of patient- and family-centered care with compassion and dignity.

Congratulations to this year's winners!

MRACHEK AWARDS



Kimberly Danna, RN



Mary Malinn, BSN, RN

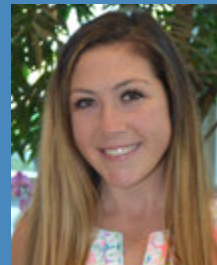


Brenda Miele, BSN, RN

ANGELA MCALARNEY AWARD



Jill Benoit, BSN, RN



Erica Ricci, BSN, RN

ELAINE HAZELTON MEMORIAL SCHOLARSHIP AWARD



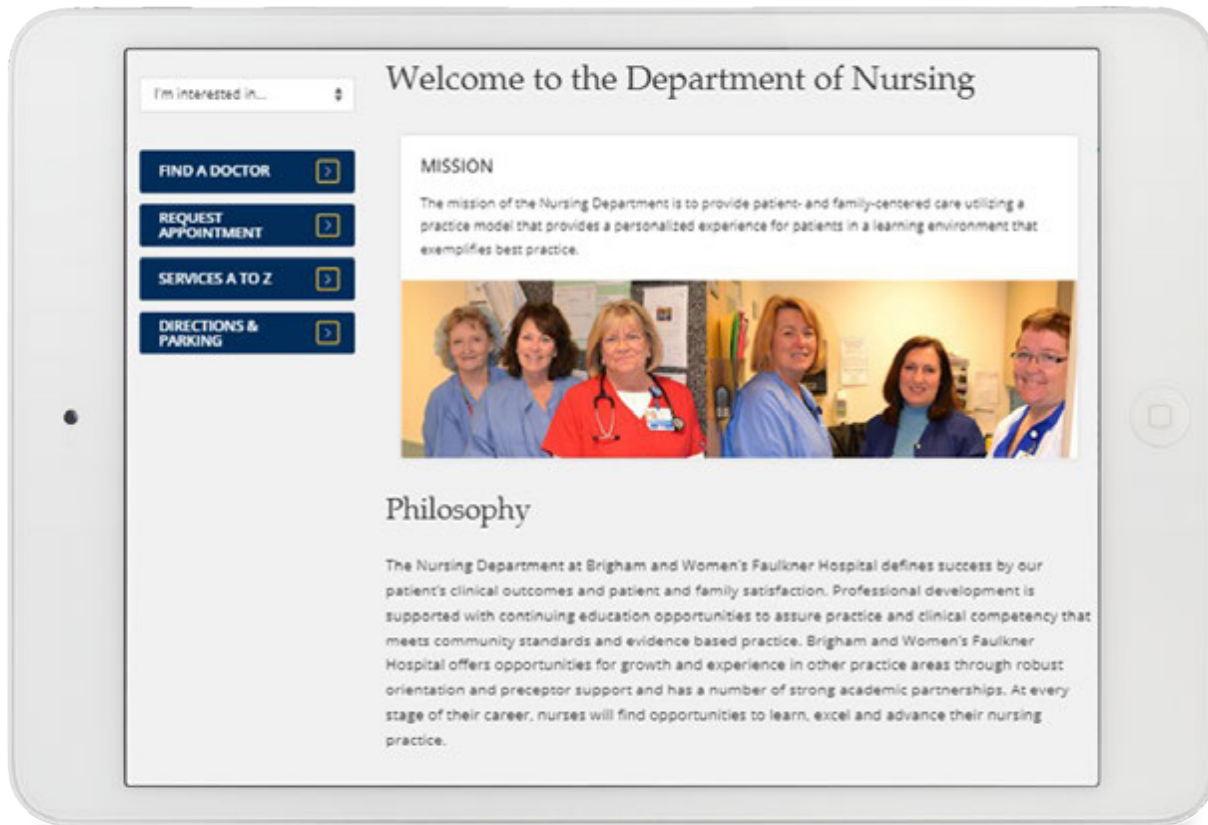
Helen Driscoll, RN, CGRN

MARY DEVANE AWARD



Tonya Green
Endoscopy Triage Coordinator





For the latest news about Brigham and Women's Faulkner Hospital's Department of Nursing, visit our website!

brighamandwomensfaulkner.org/nursing

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