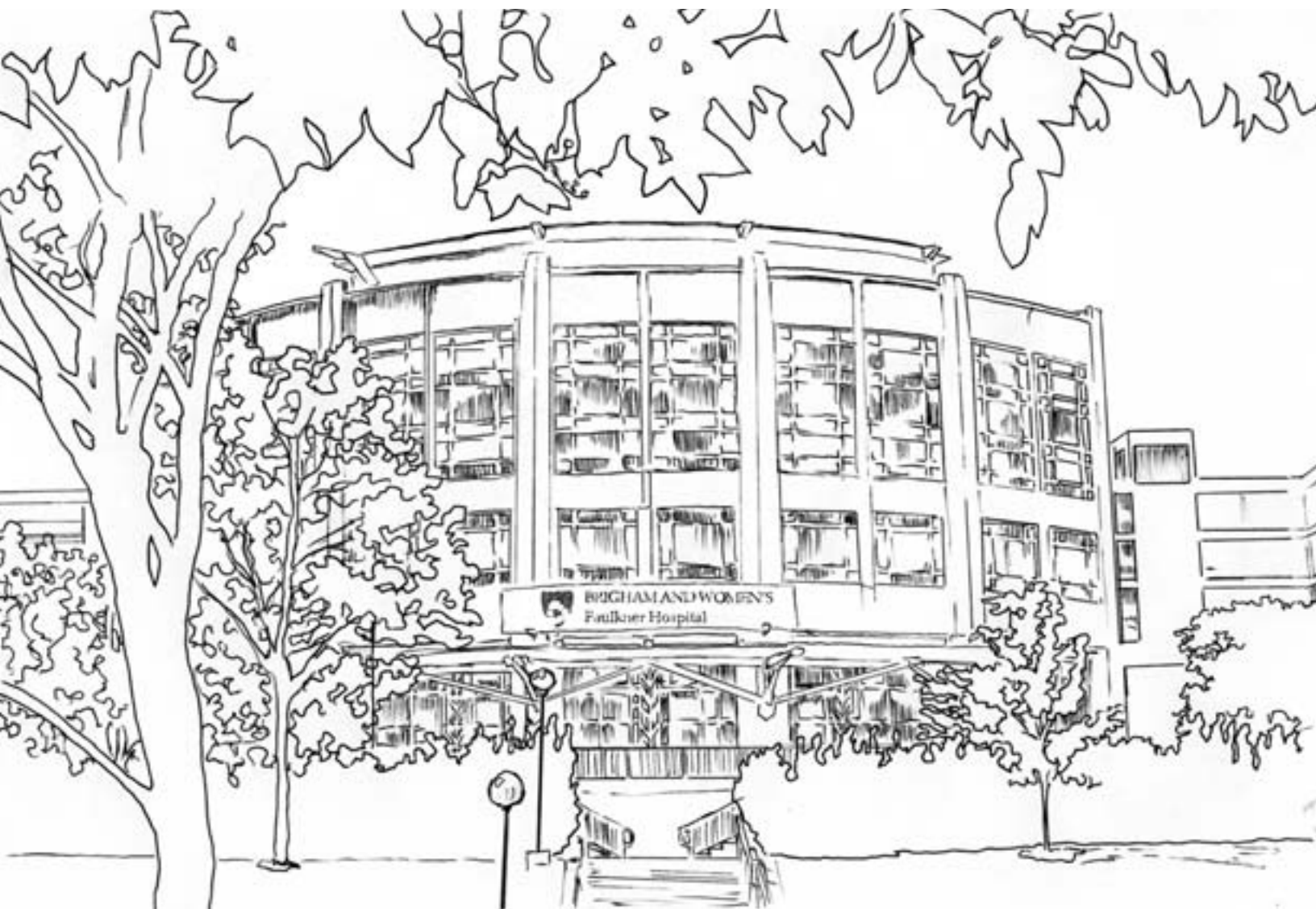


DEPARTMENT OF
nursing



ANNUAL REPORT / 2015



BRIGHAM AND WOMEN'S
Faulkner Hospital

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Transformational Leadership

A Letter from Judy Hayes, MSN, RN

Vice President of Patient Care Services and Chief Nursing Officer

Dear Nursing Colleagues,

Welcome to our very first Annual Report!

As you know, Brigham and Women's Faulkner Hospital's Department of Nursing is on the quest for Magnet Designation. In 2015, we've made great strides toward this goal, implementing peer review, making strides to reduce falls and hospital acquired infections, encouraging staff nurses to earn certification, rewarding nurses who go above and beyond, creating a nurse scientist position, focusing more on our Unit Based Councils and more. One important piece of the Magnet journey is an Annual Report to highlight the excellent work being done each and every day by our nurses.

As you will see, BWFH's Annual Report is structured around the four main components of the Magnet Model: Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; and New Knowledge, Innovations and Improvements.

These are buzz words that I'm sure you've all heard being bandied about. But what does it all really mean? Our Annual Report seeks to put it into practical terms.

In the Transformational Leadership section, you will read about BWFH's Unit Based Councils and the nurses who are learning to lead. In the Structural Empowerment section, we've highlighted our new peer review initiative, nurses who reach out to the community, our certified nurses and some of the newest faces in the Department of Nursing. The Exemplary Professional Practice section features our Professional Practice Model, fall prevention, our 2015 quality data and the nurses who have won awards this year. Finally, in the New Knowledge, Innovations and Improvements section, you'll read about our new nurse scientist, the BWFH nurses who have presented their research as poster presentations, the transition to Partners eCare and our new inpatient unit on 7 South.

On a personal level, I cannot thank our nurses enough for their continued dedication to providing the very best patient- and family-centered care. Our Annual Report truly highlights all of the hard work that each and every one of you has demonstrated over the past 12 months.

Seeing what's been accomplished in 2015 makes me excited for 2016. I know we will continue on our path toward Magnet Designation, but, more importantly, we will continue to improve our practice. It really is about our patients and giving them the very best care possible.

Sincerely,

Judy Hayes, MSN, RN

Vice President of Patient Care Services

Chief Nursing Officer

Leadership Structure



Judy Hayes, MSN, RN

Vice President of Patient Care Services and Chief Nursing Officer



Lisa Cole, MS, RN, CPHQ

Associate Chief Nurse of Practice and Innovation



Cori Loescher, MM, BSN, RN

Associate Chief Nurse of Emergency and Inpatient Nursing



Kitty Rafferty, MSN, RN

Associate Chief Nurse of Ambulatory and Perioperative Services

Unit Based Council Summit Highlights Department of Nursing's **Ongoing Dedication to Sharing Ideas and Best Practices**

In July, representatives from each of the Unit Based Councils within BWFH's Department of Nursing gathered for a full day of sharing. Moderated by Program Manager for Professional Practice/Magnet Designation Helene Bowen-Brady, MEd, BSN, RN-BC, the group discussed new ideas and best practices around clinical care, communication, employee satisfaction and professional development, among other topics.

The day began with a welcome from Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, who spoke about preparing the Department of Nursing's strategic plan for 2016. Participants then heard updates from each of the individual Unit Based Councils, a presentation on meaningful recognition by Director of Service Excellence and Special Projects Sarah Gardent, a presentation on collaboration with the Patient and Family Advisory Council by Director of Patient Family Relations Rosemarie Shortt, RN, MM, and a presentation on patient satisfaction by Senior Analyst Melanie Hadden, MHA, from Analytics Planning and Performance Improvement. Later, ICU/PACU Educator Patricia Rabbett, MSN, RN, shared information on the American Association of Critical-Care Nurses' Healthy Work Environments Initiative, followed by a discussion with BWFH's new nurse scientist and Regis College professor Margaret Oot-Hayes, PhD, RN, who will be at BWFH one day per week throughout the academic year.

During the Summit Summary at the end of the day, each Unit Based Council's representatives shared with the group their most profound take-aways. Many of the representatives expressed an interest in working with the community and creating a healthy working environment on their units. Still more expressed interest in working with Oot-Hayes in the coming months. "I think it's going to be great for us to have someone with the expertise that Margaret has. It will really begin to move us forward," said Judy Hayes of Margaret Oot-Hayes. "What is evidence-based practice? What is quality improvement?"



Program Manager for Professional Practice/Magnet Designation Helene Bowen-Brady, MEd, BSN, RN-BC, leads the discussion among the representatives from each of BWFH's Unit Based Councils

And what is research? I think we have to educate ourselves on what the difference is between those three questions and think about how we are going to engage in all three areas. I think we are very fortunate to have Margaret here to really walk us through some of that."

Before the day ended, both Hayes and Bowen-Brady took a moment to thank all of the participants. "This has been really great for me. It's so energizing," said Hayes. Bowen-Brady added, "I thank all of you for a great day. This couldn't happen without all of you coming and sharing and participating."

Representatives from the Unit Based Councils met again in December. They plan to continue to meet twice yearly going forward.

BWFH Hosts ANCC Workshop

Intended for nurse executives, administrators and managers, the American Nurses Credentialing Center's Nurse Executive/Nurse Executive-Advanced Review Course was recently held at BWFH.

The course taught attendees leadership and management information; reviewed organizations, roles and core competencies in the current practice environment; and provided resources and review materials for nurses desiring Nurse Executive or Nurse Executive-Advanced certification. The two-day course was taught by Al Rundio, PhD, DNP, RN, APRN, NEA-BC, DPNAP, from Drexel University's College of Nursing and Health Professions.

While the workshop was a great opportunity for BWFH nurses to continue their education, it was also an opportunity to meet peers from around the country and highlight BWFH's best practices.



Al Rundio leads the discussion

Nurse Leaders Participate in “Willing to Lead” Workshop

At BWFH, nurses in all areas demonstrate true transformational leadership. Those who hold the positions of clinical leader, professional development staff and committee chairs truly demonstrate a willingness to lead. They lead by supporting efficient and effective clinical operations and implementing change. A group came together to participate in a workshop titled “Willing to Lead.” Designed for nurses who have assumed these unique leadership roles, the goal of the one-day workshop was to provide diagnostic tools for nurse leaders to assess their own leadership strengths and areas needing improvement. It also taught practical communication skills and conflict management.

The workshop was led by Mary J. Connaughton, MS, RN, whose consulting practice specializes in executive coaching and leadership development. Pain Management Center Clinical Leader Kathleen Armando, BSN, RN, found the workshop to be beneficial in helping her define her leadership role. “For me there was a lot of valuable information. As a new clinical leader I feel I need clarity of my role for myself as well as clarity for the staff,” she said. The program gave her key insights into what it means to be a leader in a clinical role.

OR/Endoscopy Educator David Pierel, MS, RN, CNOR, NE-BC, used the day to reflect on his personal strengths and weaknesses.



Nurse leaders gather for “Willing to Lead” workshop

“I know I have weaknesses, but sometimes I am in denial. I need to be more accepting and cognizant to improve on them,” he said.

For 6 South Clinical Leader and BWFH's Falls Committee Co-Chair Jeanne Hutchins, BSN, RN, CCRN, the workshop was empowering. “It gave me the time to reflect on my leadership strengths and challenges. Mary shared some great tools to work on some of the challenges and I am certain it will improve my leadership skills.”

Structural Empowerment

Peer Review

Peer review was developed in the spring of 2015 by BWFH's bedside leaders. The purpose of initiating this process was to improve the quality of nursing care, to strengthen team relations and to provide the registered nurse with constructive feedback that is used to plan for individualized professional development. Through this process, registered nurses are held accountable for their professional actions, not only to themselves, but to their colleagues, their patients and society. (ANA, 2010; Haag-Heitman & George, 2011a)

Nursing peer review is part of a three-step process designed to promote professional development for registered nurses. In the first step, every registered nurse receives peer feedback from two registered nurse colleagues in the presence of a trained peer review facilitator. Second, the registered nurse incorporates the peer

feedback into the development of annual goals. In the final step, the registered nurse and nurse director discuss individual strengths during the annual review process and develop a plan to support professional development and attainment of goals in the upcoming year.

BWFH's peer review tool was designed around four practice themes (Evidence-Based Practice, Leadership-Based Practice, Care-Based Practice and Professional Development) and incorporates the words from our Professional Practice Model. Each registered nurse completed a separate Peer Review Feedback Form for the two nurses they were reviewing. Nurses selected an evidence of strength and an opportunity for development for each nurse and thoughtfully provided feedback citing examples to support their comments.

An application process was used to select facilitators for the peer review sessions. Facilitators attended a Facilitator Workshop to become familiar with the peer review process, learn the responsibilities of the peer review facilitator, gain knowledge of essential strategies for a successful peer review meeting and to demonstrate an ability to engage, encourage and balance participation in a review session.

A HealthStream module was developed describing the role of the registered nurse in the peer review process and relating how the process reflects the principles of the BWFH Professional Practice Model. All nurses completed this module prior to their peer review session.

ED Nurses **Reach Out to the Community**

A group of nurses from from BWFH's Emergency Department recently began a community outreach program to help educate community members about topics such as falls, infant and toddler safety and diabetes management.

At their first presentation at the BCYF Roche Community Center, Bernice Potter, BSN, RN, CEN, Joanne Hallahan, BSN, RN, Leandra McLean, BSN, RN, CEN, CCRN, and Robin Norberg, BSN, RN, SANE, talked to a group of seniors about falls.

The nurses from the ED's Unit Based Council presented again at the BCYF Roche Community Center on infant and toddler safety and then visited the Sophia Snow House to talk to those residents about falls. They also hope to develop a program on diabetes management in the near future.



From Left: Joanne Hallahan, BSN, RN, Leandra McLean, BSN, RN, CEN, CCRN, Bernice Potter, BSN, RN, CEN, and Robin Norberg, BSN, RN, SANE, at the BCYF Roche Community Center

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
Leandra McLean, BSN, RN, CEN, CCRN
Bernice Potter, RN, CEN
Kathleen Roane, RN, CEN
Kathleen Shubitowski, MSN, RN, CEN

Endoscopy Unit

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

CPE

Elaine Charbonnier, MSN, APRN, ANP-BC
Deborah Georganes, MSN, APRN, NP-C
Robin Kaufman, MSN, APRN, FNP-BC
Anne Kennealey-McManus, MSN, APRN-BC
Kristen McKenzie, MSN, APRN, FNP-C
Anna Peterson, MSN, APRN, ANP-BC
Bindu Thomas MS, APRN, FNP-BC

Anesthesia

Christina Blair, MSN, CRNA
Mark Blazey, MSN, CRNA
Joan Botelho, MSN, CRNA
Arthur Dayton, MNA, CRNA
Cary Endozo, MSN, CRNA
Raya Goldenberg, MSN, CRNA
Lisa Hovagim, MS, CRNA
Kimberly Kleinsorge, MSN, CRNA
Krista Klopfenstein, MSN, CRNA
Sanghamitra Kodukula, MS, CRNA
Michael McSweeney, MS, CRNA
Jessica Morrissey, MSN, CRNA
Melanie Omojola, MSN, CRNA
Barbara Ostendorf, CRNA
Rozanna Penney, MNA, CRNA
Brian Sim, MS, CRNA
Julie Young, MSN, CRNA

OR

Janice Berman MSN, RN, CNOR
Joanne Cassiani, BSN, RN, CNOR
Susan Clark, RN, CNOR
Janet Donovan, RN, CNOR
Nola Dzen, BSN, RN, CNOR
Leona Ferris, BSN, RN, CNOR
Mary Finn, RN, CNOR
Tim Fox, BSN, RN, CNOR
Gloria Hicks, BSN, RN, CNOR
Sandra Jones, RN, CNOR
Janet Killarney, BSN, RN, CNOR
Maura Lauenstein, RN, CNOR
Susan Marchand RN, CNOR
Mary Martin, BSN, RN, CNOR
Ela Martinez BSN, RN, CNOR
Cora McHugh, BSN, RN, CNOR
Jennifer Morrison, MSN, RN, FNP-C
Christine Putney-Jacobson, BSN, RN, CNOR
Linda Sabo, BSN, RN, CNOR
Andrea Schmid RN, CNOR
Kathleen Scott, RN, CNOR

Jeanne Smith, BSN, RN, CNOR
Sandra Spaulding, RN, CNOR
Jean Tremblay, RN, CNOR
Alice Wheeler BSN, RN, CNOR

PACU

Christopher Malone, MPH, BSN, RN, CPAN
Nicole Kramer, MSN, CNL, RN, CAPA
Jane Shufro, BSN, RN, CPAN

2 South

Jan D'Allessandro, MBA, BSN, RNC

OPIC

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

ICU

Ryan Boyd, BSN, RN, CCRN
Claire Hamrock, BSN, RN, CCRN
Linda Luce, BSN, RN, CCRN
Ellen McCarthy, MSN, RN, CCRN
Hollis Solorzano, BSN, RN, CCRN
Ross Stratton, BSN, RN, CCRN

6 North

Eileen Blais, RN-BC
Andrea Guarente, BSN, RN-BC
Amanda Farrell, BSN, RN, PCCN
Christina Jones, BSN, RN, PCCN

6 South

Jenny Beder, BSN, RN-BC
Anne Cecala, BSN, RN, HN-C
Rosita Herrera, BSN, RN-BC
Jeanne Hutchins, BSN, RN, CCRN

7 North

Tim Gray, RN-BC
Katty Halloran, BSN, RN-BC
Caroline King, RN-BC

Pain Management Center

Sarah Robart, RN-BC

Professional Development

Noreen Connolly, PhD(c), PCCN, APN-BC
Jean Crimmins, M.Ed, MSN, RN-BC
Joan Kovach, MSN, RN, PMHCNS-BC
Philip Malleson, BSN, RN-BC
Margaret Lahar, MSN, RN, CCRN, CPAN
David Pierel, MSN, RN, CNOR, NE-BC
Patti Rabbett, MS, RN, CCRN-K

Nursing Leadership

Bette Bertini, MSN, RN, CCRN, NE-BC
Helene Bowen-Brady, M.ED, BSN, RN-BC
Lisa Cole, MSN, RN, CPHQ
Donna Rando, RN, CWS
Paula Wolski, MSN, RN, CCRN

Case Management

Sara Chana Altman, RN, MA CCM
Maura Carrier, RN, CCDS
Diane Difonso, BS, RN, CCM
Donna Folloni, BSN, RN, ACM, CCDS
Joanne Kelly, BSN, RN, CCM
Debra Madden Payne BSN, RN, CCM
Susan Schwartz, BSN, RN, CCM
Sara Chana Altman, RN, MA CCM
Maura Carrier, RN, CCDS

Nursing Supervisors

Aliesha Wisdom MSN, RN, CNL

Professional Services

Maureen Fischer, MSN, RN, CPHRM
Nancy Schmitter, MS, BSN, RN, CCM, CPHM
Alexandra Koffman, MSN, RN-BC

Occupational Health

Dinah McDonald, MS, RN, COHN-S,CM, ANP-BC
Ruth Landau-Hoffeld, MSN, RN, ANP-BC
Marcia Nelson, MSN, RN, ANP-BC

Nurse Practitioners

Eunice J. MacAllister, MSN, RN, NP-C - ARP -
I/P Counseling
Madeline Spinosa, MSN, RNP, CNS, CAGS -
Addiction Recovery- Ambulatory
Elizabeth Walsh, MSN, RN, FNP-BC - ARP -
I/P Counseling
Samantha Morrison-Ma, MSN, RN, ANP-C,
WHNP-BC - Breast Center
Vonette Anglin, MSN, RN, NP -
Medicine Administration
Johanna Baldassari, MSN, RN, APRN-BC,
FNP-C - Medicine Administration
Sharran Burney, MSN, RN, FNP-BC -
Medicine Administration
Samantha Erikson, MSN, RN, ANP -
Orthopedic Administration
Janice Galinsky, MSN, RN, ACNP-BC -
Medicine Hospitalist Service
Julie Vosit-Steller, DNP, FNP-BC, AOCN -
Palliative Care Consultant
Linda Bandazian, MSN, RN, ANP - Surgery
Katherine Kane, MSN, RN, NP - Orthopedic
Administration
Daniel Kelleher, MSN, RN, ACNP - Orthopedic
Administration
Katherine Killinger, MSN, RN, NP - Orthopedic
Administration
Jillian Martin, MSN, RN, NP - Orthopedic
Administration
Laurie Rieger, MSN, RN, APRN-BC - Orthopedic
Administration

CNOR STRONG

BWFH is proud to announce that in 2015, the OR has been recognized as a CNOR Strong unit.

This is a national designation through the Competency and Credentialing Institute. In order to achieve CNOR Strong designation, over 50 percent of eligible registered nurses on staff in the OR must be certified. BWFH is one of only three hospitals in Massachusetts that has achieved this designation.

New 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. A batch of recent college graduates recently joined the ranks on 6 South, 6 North and 7 North where they will begin their nursing careers.

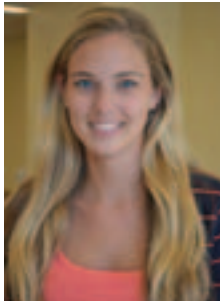
Laurie Koelsch, BSN, RN, graduated from Simmons College in May of 2015. While attending classes she worked as a PCA in the PACU at BWFH. “I really didn’t know what to expect,” she says of her first day working in a hospital setting. “I was working in an acute setting so I learned a lot. The nurses were great there. It was a really great place to start and gain my confidence, and know that I was able to take care of these critically ill patients.” She also did her preceptorship at BWFH. Now, as a nurse on the night shift on 6 South, she feels prepared for the challenges she will face. “I’m most looking forward to finally being a nurse on my own and seeing where it takes me,” she says. Koelsch is particularly excited to be part of the 6 South team. “They are always looking for new projects in quality improvement,” she says of her new coworkers. “During my preceptorship this past spring I really saw how they put all these projects into practice. That was really exciting. I’m hoping to get involved in that once I’m settled on the floor.”

Jessica Leary, BSN, RN, also graduated in May of 2015. She studied at Curry College and worked as a Student Nurse Tech at the VA Boston Healthcare System in Brockton. She says she was inspired to become a nurse by her aunts. “My dad has four sisters and they are all nurses. I grew up hearing all about it,” she says. On 6 South, she is excited to begin her own career as a nurse. “I’m learning so much. Every day is different,” she says. While there is a lot to learn, Leary feels at home and well supported on her unit. “I did clinical my sophomore year here on 6 South and I just loved all of the nurses. I feel like they are all so personable and the whole atmosphere is wonderful,” she says.

A 2015 graduate of UMass Amherst, Maria Buccellato, BSN, RN, was also eager to jump right into her new career, taking her boards in June. “It was stressful, but I wanted to get it over with as soon as I graduated,” she says. While in school, Buccellato gained experience as a Resident Care Assistant at Atria Senior Living and Collegiate Care Technician at Baystate Medical Center and completed her preceptorship at Mass General Hospital. These experiences have helped her feel prepared for work on 6 North. “I really like the variety of patients,” she says of 6 North. “And the staff is really nice. There is a good mixture of new grads and veteran nurses.” In the future Buccellato may like to earn her masters or perhaps complete a nurse practitioner program

or nurse anesthetist program. “We’ll see where things take me,” she says. “I definitely wanted to start off with med-surg and get a good variety of experience.”

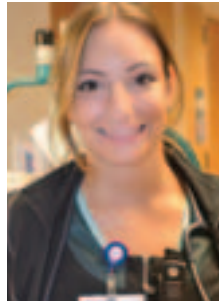
Also on 6 North is Deqo Ahmed, BSN, RN. Ahmed completed the nursing program at UMass Boston in 2010. After taking a year off, Ahmed moved with her husband to his hometown of Portland, Maine. There she worked as a travel nurse. She and her husband and their young sons recently returned to Boston so that Ahmed could care for her ailing father. Ahmed was born in Somalia and moved to the United States as a young child. Back then, she suffered from ear infections. In the United States she was able to receive the medical attention she needed, something that would not have been possible in Somalia. That early introduction to the healthcare system and her experiences with her father’s health made her want to be a nurse. “It feels good when I provide good care to patients because that’s what I got,” she says. “It’s really personal for me. It is not just a career.” In addition to caring for her father and children and working, Ahmed hopes to make an impact on members of the Somali community in the area. “One of my greatest passions is community nursing,” she explains. She looks forward to volunteering and helping to educate around the prevention of diabetes and other chronic diseases and encourage diagnostic testing.



**Laurie Koelsch,
BSN, RN**



**Jessica Leary,
BSN, RN**



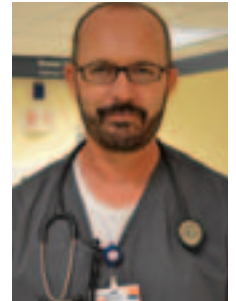
**Maria Buccellato,
BSN, RN**



**Deqo Ahmed,
BSN, RN**



**Tura Abate,
BSN, RN**



**Michael McGrath,
BSN, RN**

Since graduating from Massachusetts College of Pharmacy and Health Sciences last year, Tura Abate, BSN, RN, has gotten married and passed her boards, all while working as a PCA at both Mass General Hospital and Dana-Farber Cancer Institute. “I’ve been a PCA for so long,” she says, “It’s been great and it’s given me the foundation, but I am so excited to take the next step and be a nurse.” At BWFH, on 7 North, she will do just that. Abate decided to become a nurse after watching her mother successfully battle cancer. She is most excited to join the 7 North team because of the family environment she felt there when she interviewed. “The energy was just so warm and everyone seemed so willing to help,” she says. Abate is considering specializing in oncology in the future, but for now is focused on learning all she can from her patients and new coworkers.

Michael McGrath, BSN, RN, started his career working in graphic design, then in a group home for adults with special needs and later as an acupuncturist before entering the nursing program at UMass Boston. “My mother was a nurse and I’ve always known nurses, so I don’t know why it didn’t occur to me earlier,” he says of his career change. After graduation McGrath began contemplating the type of hospital in which he wanted to work, ultimately choosing BWFH, where he will work on 7 North, for its location and size. “I think this has been the perfect place to land. It’s very supportive for a new nurse,” he says. “Plus, for a small place, BWFH seems to have everything going on somewhere in the building.” McGrath’s mother sadly passed before he completed nursing school, but he says, “She was there when I started. She was super proud and she’s definitely been part of my whole nursing journey.”

BWFH nurses provide patient- and family-centered care utilizing a practice model that provides a personalized experience for patients in a learning environment that exemplifies best practice. As the newest nurses at BWFH, recent graduates to join the staff are now part of this motivated group of nursing professionals. “I’m thrilled to have such a talented group of nurses join our ranks,” says Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN. “These newest nurses are educated, experienced and eager to start their careers right here at the ‘Friendly Faulkner.’”

Exemplary Professional Practice

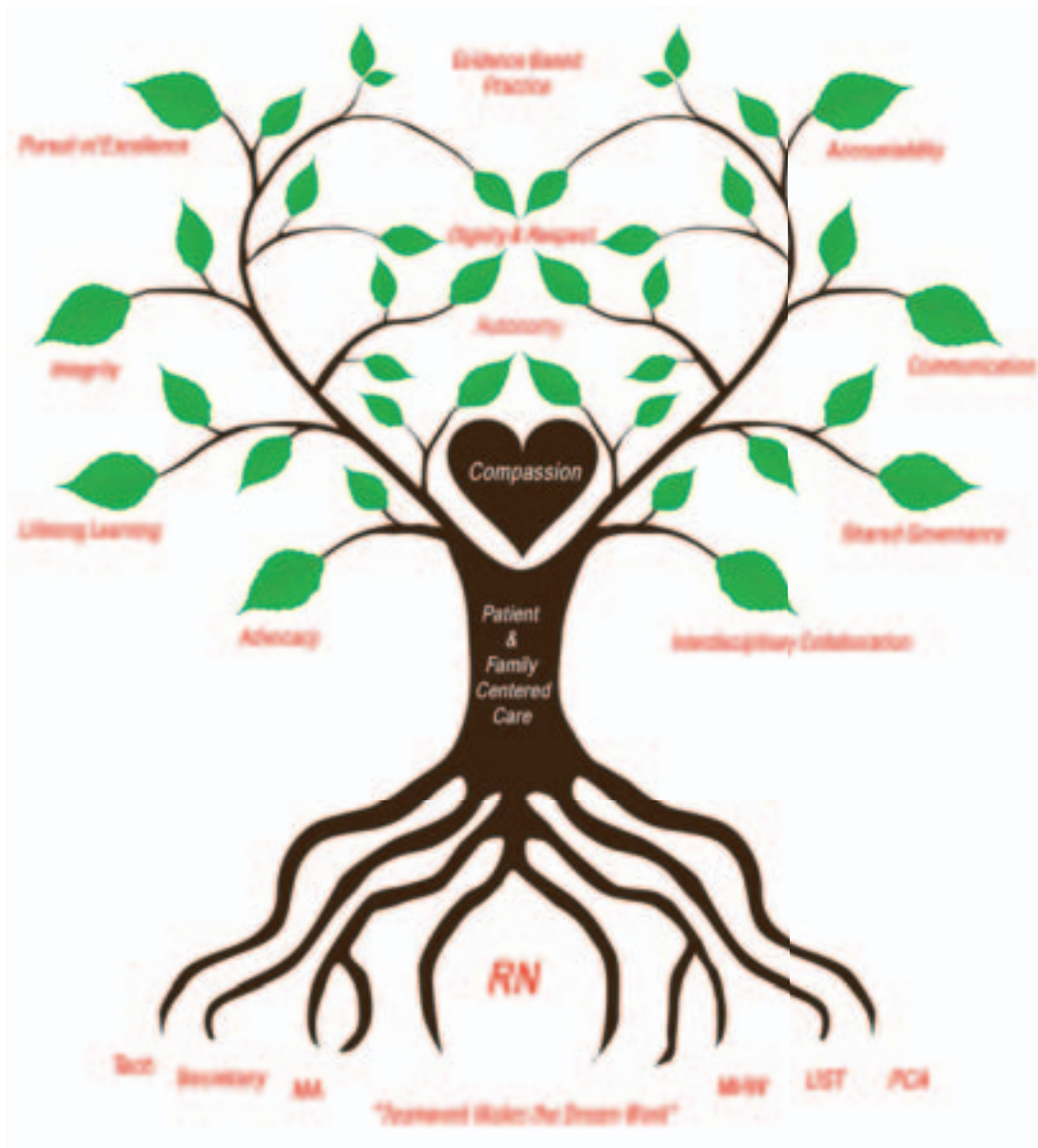
Professional Practice Model

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.



Implementing Evidence-Based Practice to Prevent Falls

Patient falls are a significant problem in hospitals across the United States. Even though hospitals have devoted considerable efforts towards research and quality improvement programs to prevent falls, patient falls continue to be the most common adverse events reported in hospitals. (*National Quality Measures Clearinghouse, 2013*)

Identifying patients at risk for falls and implementing strategies to prevent falls is a critical aspect of nursing assessment and safety management. That's why the Falls Committee dedicates itself to fall prevention. Over the past year, they have implemented several evidence-based strategies and made great strides reducing the number of falls that happen at BWFH.

In late 2013, the Falls Committee held a summit meeting where they focused on reviewing the literature about hospital fall prevention. "We looked at what we were doing in current practice and what the literature showed to be effective in reducing falls," says Falls Committee Co-Chair Jeanne Hutchins, BSN, RN, CCRN. As a result, the committee decided to revise current practice by adding new best practices. The new best practices included safety checks, purposeful rounding, post fall debriefs, Chief Nursing Officer debriefs and fall-free calendars.

Now at the beginning of each shift, each unit holds a brief safety check. During this safety check, each nurse shares with the group potential risk factors for their patients so that the whole team is aware of any concerns. This process only takes a few minutes but gives the whole team a snap shot of the high fall risk patients as well as the medically unstable patients. During each shift, staff also focuses on purposeful rounding. "It's purposeful in that very specific questions are asked when you're in the room," says Hutchins. "The biggest thing is not walking away before all the needs are met so patients don't feel they need to do things for themselves." Nurses are now addressing 6Ps: Plan, Priorities, Personal Hygiene, Pain, Position and Presence to ensure their patients are settled in and won't attempt to get up without assistance.

In the event of a fall, a post fall debrief is now conducted immediately. "This happens right after the fall with the people who are in the direct vicinity to talk about what happened. Addressing what we might have missed and if there is something we should be doing differently," says Hutchins. Care plans are modified at this time to prevent a subsequent fall for the patient. Additionally, it provides an opportunity to learn from the experience for staff who previously might not have known there was a fall on their unit.

Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, also holds weekly conversations with the staff involved in the fall. Even coming to the floors to make sure the discussion takes place. This has helped to show how important falls prevention is to the organization.



Members of BWFH's Falls Committee

Finally, a fall-free calendar keeps track of those falls that unfortunately still occur. "On every unit there's a calendar posted on which the number of days since the last fall is recorded. When a fall happens it's marked that a fall has occurred," explains Hutchins. This has helped staff be aware that a fall occurred in the department and prompts them to ask what happened. This has also created some friendly competition between units.

During the "What are we missing? Individualizing Fall Prevention" nursing case review, several staff members presented about various fall events, sharing their experiences and new insight. They specifically looked at anticipated physiological falls. "The anticipated physiological falls were those that we should have anticipated before they happened and, for a variety of reasons, we missed it," says Hutchins. This case review helped to reinforce what the literature showed around communication and the need for frequent assessment with purposeful rounding and the safety huddles.

Later, "Individualizing Falls Prevention: The Missing Pieces" case review follow-up was held to share with staff what was being rolled out in order to reduce falls. Hutchins says of the group's work, "Everyone on the Falls Committee has shown tremendous dedication and all the effort that has been done this year has markedly reduced the numbers of falls, but we still have work to do."

Going forward, "We're auditing the things that we've put into place. We're reporting out to National Database for Nursing Quality Indicators to track our results and remain accountable so we can ensure that every patient here at BWFH has the best and safest evidence-based care," says Hutchins.

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 for 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, central line associated bloodstream infections, patient falls and catheter-associated urinary tract infections.

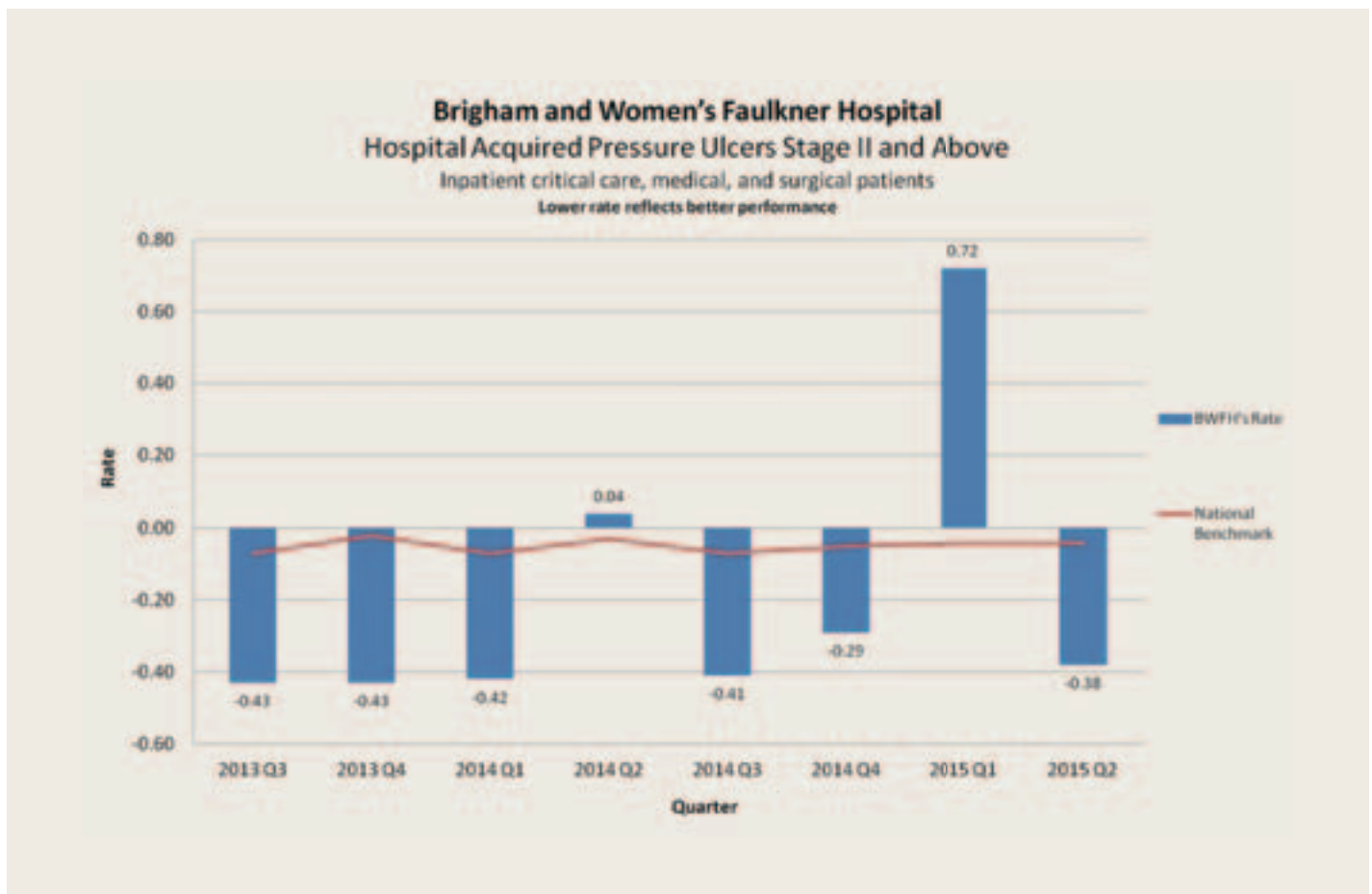
The following four NSIs are being followed on our journey towards Magnet designation.

PRESSURE ULCERS

A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or pressure in combination with shear. (International NPUAP-EPUAP Pressure Ulcer Definition) Facility-acquired pressure ulcers of a stage I or greater are reported to NDNQI. Data related to pressure ulcers of any type is reviewed on a consistent basis by a team of bedside nurses who are wound champions on their units. These nurses collaborate with the skin and wound ostomy nurse Donna Rando, RN, CWS. Rando is available for nurse- and physician-driven consults to assess patient wounds and to recommend evidence-based treatment plans within the inpatient units of BWFH. In the past year, Rando has also lead new product teaching with nurses, including E-Z Wrap foam tubes to prevent pressure ulcers on ears from oxygen tubing and new colostomy bag closure devices with Velcro to make it easier for patients to manage. Every year, nurses are required to complete

an NDNQI pressure ulcer training module. Patients are evaluated every eight hours with skin and pressure ulcer risk assessments with interventions documented on the care plan.

The following graph represents the results of a quarterly, one-day survey to identify the number of hospital-acquired pressure ulcers (HAPU) stage II and above. Research suggests that the results of a quarterly pressure ulcer surveys are a stable indicator of unit performance in preventing pressure ulcers when averaged over the course of a year. Although all pressure ulcers are a concern for patients, nurses work diligently to prevent the most severe pressure ulcers from developing after admission to the hospital. Over the past two years, nurses at BWFH have demonstrated excellence in preventing HAPU stage II and above from occurring, as demonstrated in the graph.



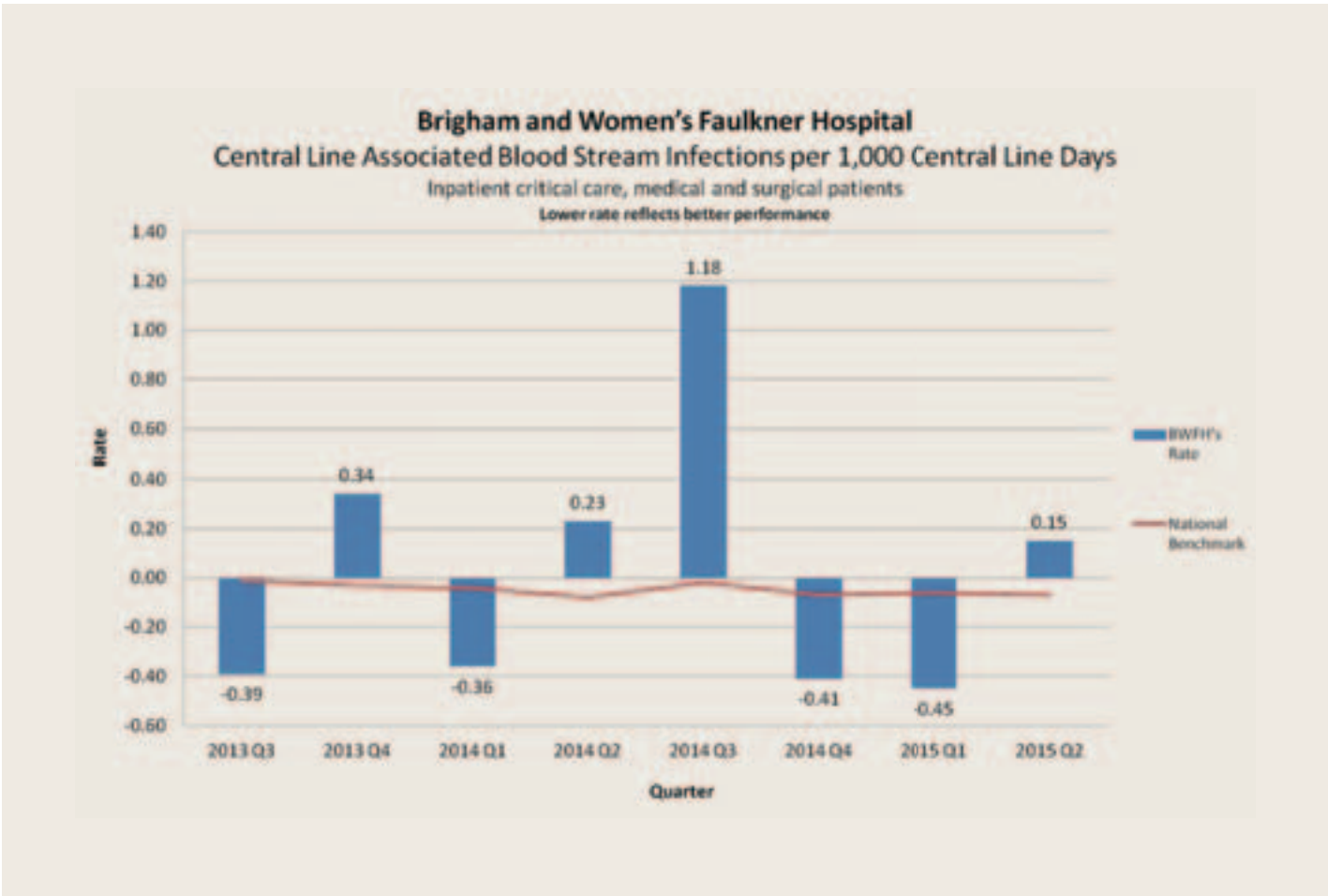
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS

A central line associated bloodstream infection (CLABSI) is a primary bloodstream infection that develops in a patient with a central line. The central line must be in place within the 48-hour period before onset of the bloodstream infection and may not be related to an infection at another site. (The Joint Commission)

CLABSI results in thousands of deaths each year and billions of dollars in added costs to the United States healthcare system, yet these infections are preventable. This year, the IV team at BWFH has developed a Back to Basics campaign, focusing

on nursing and patient education in managing peripheral intravenous (IV) and central lines. A case review in October 2015, titled “Accepted But Unacceptable: Peripheral IV Complications,” featured bedside nurses discussing patient cases with adverse peripheral IV events.

We anticipate strong performance in preventing CLABSIs in the upcoming quarters as nurses continue to use evidence-based practices when caring for patients with central and peripheral IV lines.



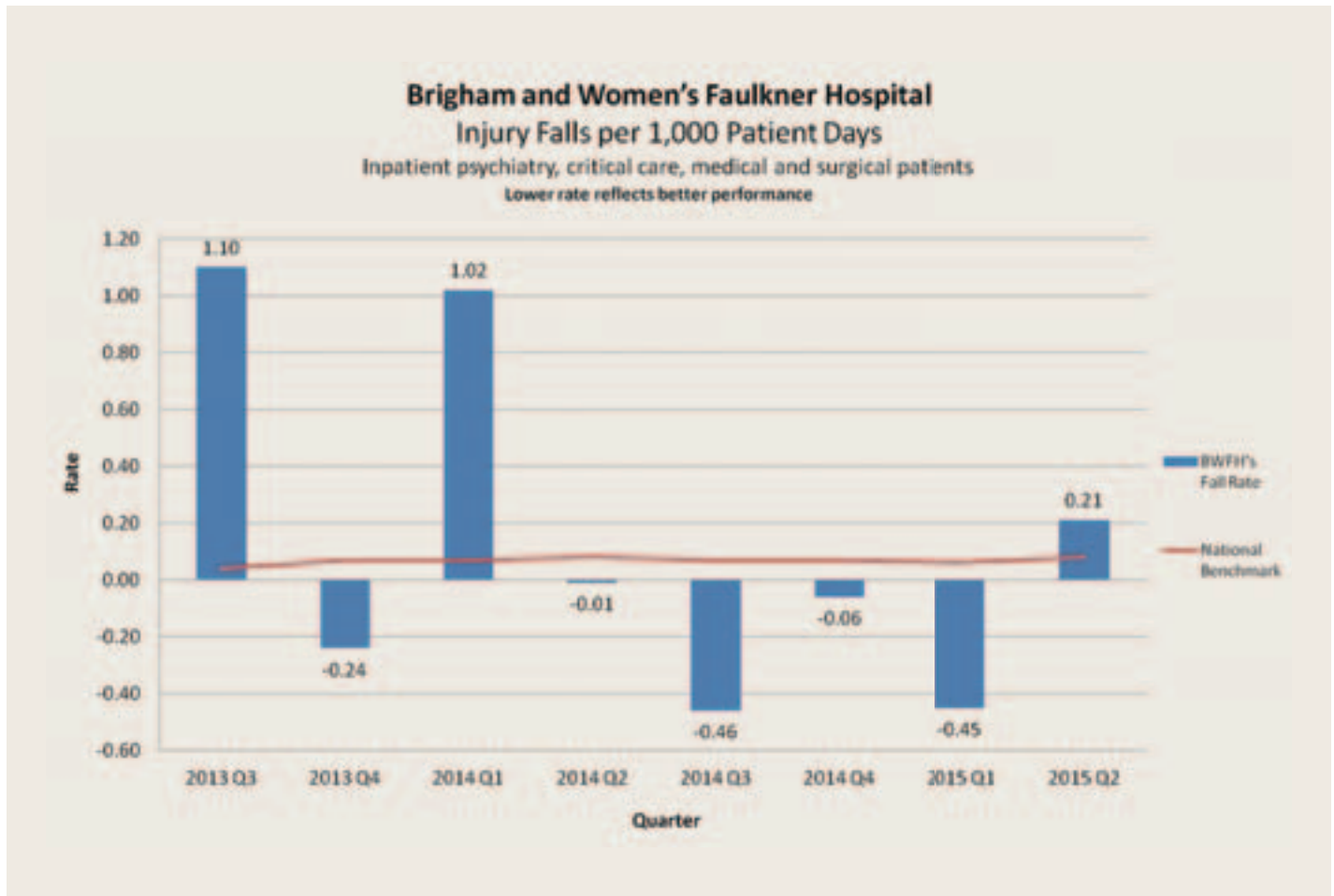
PATIENT FALLS AND FALL PREVENTION

A patient fall is a sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person or on an object (e.g., a trash can). This includes all types of falls whether they result from physiological reasons (fainting) or environmental (slippery floor), and assisted falls. An assisted fall is when a staff member attempts to minimize the impact of the fall by slowing the patient’s descent. (National Database of Nursing Quality Indicators, 2013)

In 2014, fall safety and prevention was the focus in a nursing case review due to the high fall rate at BWFH. With the support of the interdisciplinary BWFH Falls Committee, interventions such as safety huddles, purposeful rounding and fall-free calendars have been used to lower the fall rate. If a fall does

occur, nurses have a debrief tool that they use to evaluate the fall. Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, also conducts a debrief on the unit with the specific nurse/nursing staff to review the cause of the fall and what could be changed to prevent further falls. With this success, the ICU celebrated in July being 365 days fall free (and counting at the time of press)! Fall risk assessments are made every eight hours by the nurse using the Morse Fall Scale on the inpatient units and the Edmonson Psychiatric Fall Risk Assessment on 2 South. Products such as single patient use chair alarms and the Posey safety enclosure bed support patient safety.

The following graph depicts the strong performance of BWFH staff in preventing falls with injury.



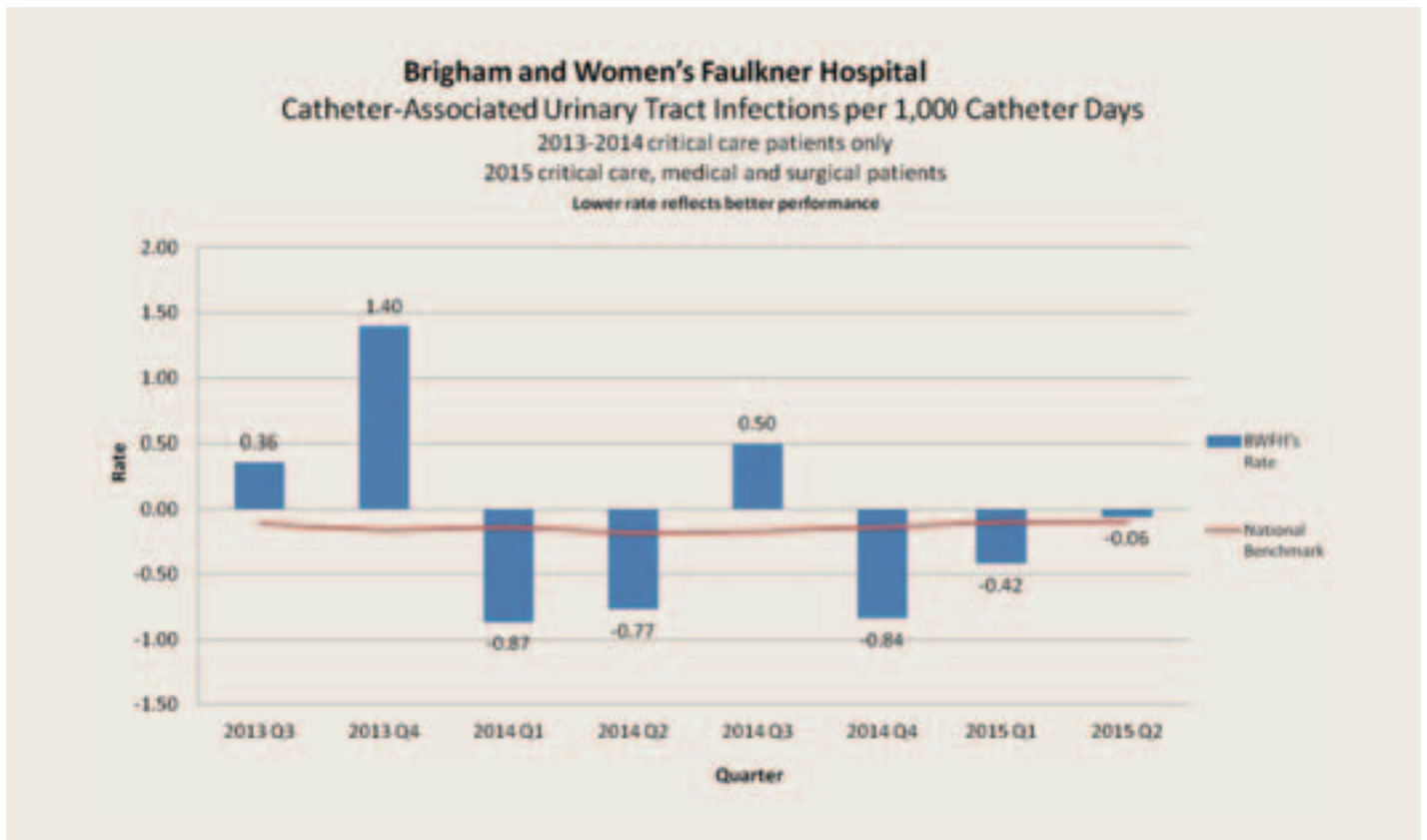
CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

A catheter-associated urinary tract infection (CAUTI) occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause infection. CAUTIs have been associated with increased morbidity, mortality, healthcare costs and length of stay. A number of different strategies can reduce the risk of CAUTI: ensuring that catheters are used only when needed and removed as soon as possible, that catheters are placed using proper aseptic technique and that the closed sterile drainage system is maintained. (Center for Disease Control)

This past year, BWFH focused on CAUTI as a quality metric in our December 2014 nursing case review. The case review focused on nursing education for the prevention of CAUTI and included topics such as the criteria for appropriate catheter use, proper insertion and maintenance of indwelling catheters and indicators to ensure that indwelling catheters are removed promptly. Each nurse in the ambulatory and inpatient units was responsible

for completing a chart audit to assess nursing documentation of the insert date/time, discontinuation date/time, evidence of catheter care and patient education. Efforts from the ambulatory surgical setting to improve pre-operative patient education with catheter care showed faster discharges from the inpatient surgical floor (7 North) as patients were better prepared. In June, a nurse-driven protocol for urinary catheter removal was designed to give nurses the autonomy to evaluate what indication the catheter was being utilized for and, if not appropriate, to discontinue the catheter using an algorithm.

Over the past two years, nurses in the ICU have been monitoring CAUTIs and reporting to a national database. In January of 2015, nurses on the medical and surgical units also began reporting nationally. We anticipate that our strong performance in preventing CAUTIs will be reflected in the data for the upcoming year.



Awards

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!



William J. Mrachek with Mrachek Award winners Janet Donovan, RN, CNOR, Margaret Lahar, MSN, RN, CCRN, CPAN, and Elizabeth Princiotta, RN



Mary Devane Award winner Deirdre Botsch with her parents



The McAlarney family with Angela McAlarney Award winner Kathryn Pendergast, RN



Elaine Hazelton Memorial Scholarship Award winner Phyllis Garr, RN, with her husband, daughter and parents

Medicine House Staff Nursing Appreciation

The annual Medicine House Staff Nursing Appreciation Ceremony celebrates the outstanding service and commitment to care exhibited by the nurses at Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital and the Boston/West Roxbury Veterans Administration Healthcare System.

Congratulations to this year's winners from BWFH!



**Emma Chong, BSN, RN,
6 South**



**Teresita "Tessie"
Parand, BSN, RN, ICU**

DAISY 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 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 winners!



**Jennifer Hansen,
BSN, RN, 6 South**



**Ellen O'Connor,
BSN, RN, 6 North**



**Barbara Ostendorf,
CRNA, OR**



**Tracy Healy,
BSN, RN, 6 South**

New Knowledge, Innovations and Improvements

BWFH Welcomes Nurse Scientist

Dr. Margaret Oot-Hayes has been researching women in prison since 2000. She is an Associate Professor and Director of Research of Theory at Regis College, where she also serves as Chair of the Regis Institutional Review Board. Dr. Oot-Hayes has been involved in legislation at the state level as an advocate for incarcerated women. She has served the Governor appointed position as member and former Co-Chair of the Citizen's Advisory Board at the New Hampshire State Prison for Women for the past 13 years and has published numerous manuscripts on women in prison, as well as presented locally, nationally and internationally. Her specific program of research is maternal after incarceration.



Dr. Margaret Oot-Hayes

In her role as Nurse Scientist at BWFH, Dr. Oot-Hayes meets with the Unit Based Councils to develop research studies, evidence-based practice projects and quality improvement projects. She also provides assistance with dissemination of the findings through presentations and publications and educational workshops on topics such as critiquing research articles, examining the state of the science and writing research proposals. She works closely with our nurses to improve patient care through evidence-based practice.

Poster Presentations

The following posters have been presented at conferences by BWFH authors.

The Butterfly Project. Tracy Healy, Lindsey McDermott. Weston, MA: Greater Boston Chapter of AACN and Regis College School of Nursing, Science and Health Professions, Emerging Trends Impacting Acute/Critical Care Nursing Leaders Conference, April 2014; Portland, Maine: American Association of Critical Care Nurses Horizons 2014, April 2014; Worcester, MA: The Organization of Nurse Leaders of MA-RI (ONL), March 2015.

Cardiac Monitoring Improvement: Beginning at the Bedside with an Update on Education and Electrode Placement. Philip Malleon, Jeanne Hutchins, Kathleen Codair, Noreen Connolly, Cori Loescher, Patricia Rabbett. Springfield, MA: Horizons 2012 Region 1, American Association of Critical Care Nurses, June 2012.

Clinical Leadership Collaborative for Diversity in Nursing (CLCDN): Leveraging Partnerships to Expand Opportunities for Minority Students. Helene Bowen Brady, et al. Boston, MA: American Organization of Nurse Executives Conference, March 2012.

Code Blue: Reducing Fears and Improving Staff Nurse Performance. Ellen McCarthy. Weston, MA: Greater Boston Chapter of AACN and Regis College School of Nursing, Science and Health Professions, April 2015; Ellen McCarthy. Woburn, MA: NEONE 8th Annual Nurse Educator Symposium, April 2015.

Creating an Educational Day. Victoria Sherry, Jeanette Cote, et al. Cherry Hill, NJ: ASPAN National Conference, May, 2011.

Does Obtaining Consent & Involving the Patient Have a Place in Hospital-Based Fall Prevention? Sharran Burney, et al. Nursing Alliance for Quality Care National Conference on Nurses' Contributions to Fostering Successful Patient Engagement, November 2012.

Integrating an Addiction Recovery Program into a General Medicine Unit. Suzelle Saint-Eloi, Barbara Peary, Kathleen Lang, Theresa Roche. Devens, MA: Organization of Nurse Leaders in MA/RI Fall Educational Meeting, September 2014.

Medical Library Association Consumer Health and Patient Information Section. Cara Marcus, et al. Chicago, IL: Medical Library Association Annual Meeting, May 2014.

Patient and Family Centered Care: Our Way. Peggy Tomasini, Ann Booker. Weston, MA: Greater Boston Chapter of AACN and Regis College School of Nursing, Science and Health Professions, April 2015.

Poor Performance: Best Practices for Addressing and Resolving Performance Gaps. Helene Bowen Brady, Carole MacKenzie. Devens, MA: The Organization of Nurse Leaders of MA-RI, March 2013.

Practice Makes Perfect Newsletter. Ellen McCarthy and Phyllis Garr. Worcester, MA: The Organization of Nurse Leaders of MA-RI (ONL), March 2015; Ellen McCarthy, Phyllis Garr, Kathy Lang, Helene Bowen Brady. Weston, MA: Greater Boston Chapter of AACN and Regis College School of Nursing, Science and Health Professions, April 2015; Ellen McCarthy, Phyllis Garr, Kathy Lang, Helene Bowen Brady. Woburn, MA: NEONE 8th Annual Nurse Educator Symposium, April 2015.

The Psychopharmacology Algorithm Project at the Harvard South Shore Program: 2014 Update on Bipolar Depression. Arash Ansari. 69th Society of Biological Psychiatry Annual Meeting, May 2014.

Real Time Clinical Audits as a Strategy to Improve Provider Driven Practice. Ellen McCarthy, Paula Wolski, Pat Marinelli, Patti Rabbett. Devens, MA: The Organization of Nurse Leaders of MA-RI, March 2013.

Secrets of Successful Health Sciences Library Volunteer Programs. Cara Marcus. Rockport, ME: North Atlantic Health Sciences Libraries Annual Meeting, October 2014.

Taking the Confusion Out of Transfusions. Helene Bowen Brady, Jean Crimmins, Terry Gorey. Weston, MA: Greater Boston Chapter of AACN and Regis College School of Nursing, Science and Health Professions, Emerging Trends Impacting Acute/Critical Care Nursing Leaders Conference, April 2014; Portland, Maine: American Association of Critical Care Nurses Horizons 2014, April 2014.

Using Rapid Cycle Testing to Implement In Room Documentation. Paula Wolski, Margaret Tomassini. Waltham, MA: New England Nursing Informatics Consortium, April 29th, 2015.

What a Shock! Anaphylaxis Rapid Recognition and Treatment. Jane Shufro. Las Vegas, Nevada: American Society of PeriAnesthesia Nurses Conference, May 2014.

BWFH Opens **New Inpatient Unit Dedicated to Orthopedics and Spine Care**



After a full year of construction, BWFH recently opened a brand-new state-of-the-art inpatient orthopedic and spine care unit. Coupled with renovations to the sixth floor operating rooms and the opening of Brigham and Women's Orthopedic Center and Brigham and Women's Comprehensive Spine Center, the new inpatient unit completes a project that allows BWFH to deliver comprehensive orthopedic and spine care services in one convenient location.

At an open house and ribbon cutting ceremony, members of the design team mingled with hospital staff eager to get a look at the new space. Light and bright, the new space features sweeping skyline views and a modern look and feel. The rooms are specifically geared towards treating patients recovering from spine and orthopedic surgeries with large private bathrooms and space for visitors to stay in comfort.

One of the highlights of the new space is the physical therapy gym. Located on the unit, it boasts a spectacular view of the Arnold Arboretum. This combined physical and occupational

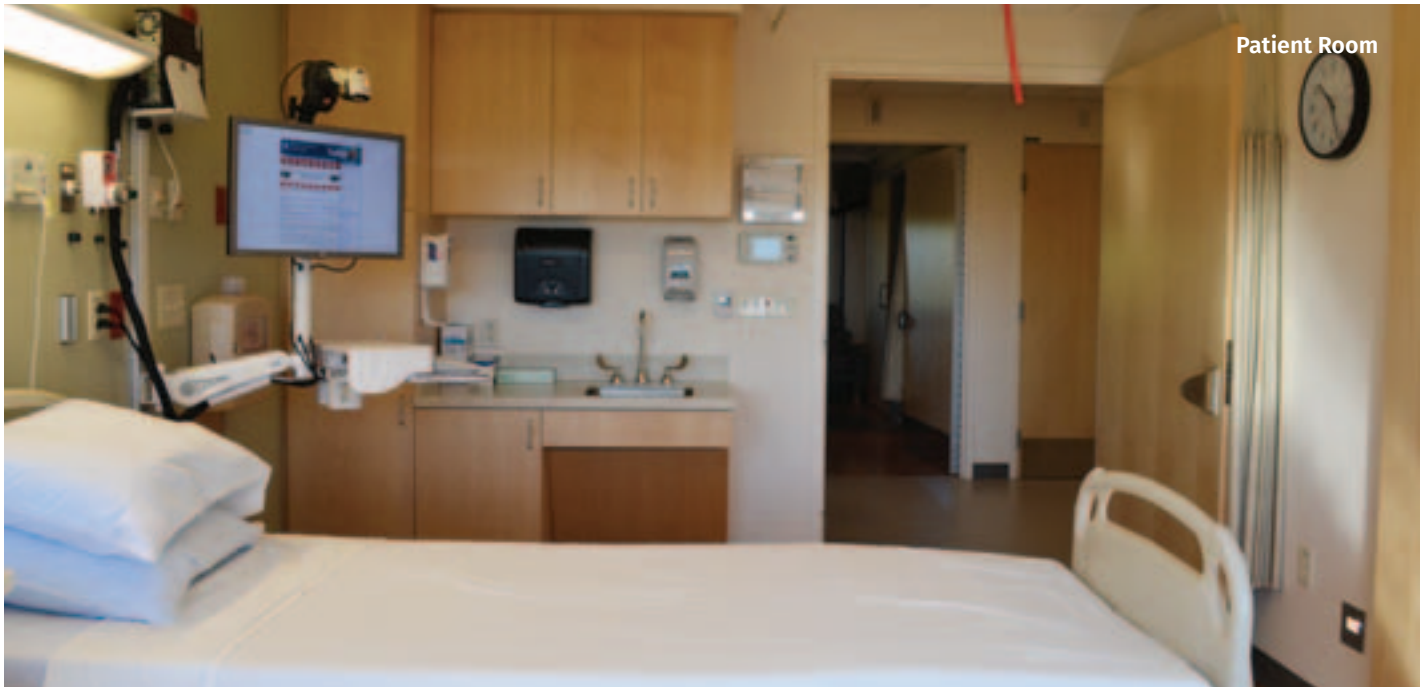


Drs. Gustafson and Earp cut the ribbon, officially opening 7 South

therapy space allows BWFH's expert staff to fully prepare patients for going home. It's outfitted with a full training bathroom including a tub, a front seat of a car, bikes and exercise equipment to begin the rehabilitation process.

BWFH President Michael Gustafson, MD, MBA, was on hand at the grand opening event to welcome guests. "This unit has truly been an institutional achievement. It's been two years in the making," he said.

He then thanked members of the design team, including Chief of Orthopedic Surgery Dr. Brandon Earp, Orthopedic Surgeon



Dr. Wolfgang Fitz, 7 North and 7 South Nurse Director Lynne Morrison, RN, Director of Rehabilitation Services Jean Flanagan Jay, PT, DPT, CLT, Director of Strategy and Clinical Program Development Linda Burgoon and Director of Facilities Paul Keating. Dr. Gustafson also thanked the construction team, including Brigham and Women's Health Care Project Manager Scott Robins and Richard Shields from Ryan Construction, for their incredible workmanship and attention to detail.

In describing the space, Dr. Gustafson said, "We tried to emphasize the healing environment. It is a guiding principle for the entire campus, but this unit really embodies it. It includes the room design, which allows families to stay comfortably. The views are amazing. The color palette and other features promote healing, all the way down to the art work. I think this is a great example of what we want to try to accomplish throughout our entire campus."

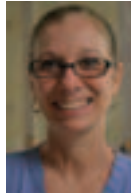
New Electronic Medical Record System Changes Our Practice

The year 2015 has been one of significant changes within the Department of Nursing and BWFH as a whole. One of the biggest changes that occurred was the implementation of Partners eCare for clinical documentation. The patient story is now in one location for all to see and use to allow for improved care.

The nursing staff has gone above and beyond in terms of adapting to this new system. They have quickly noted when things do not seem to be working correctly and placed calls to the helpdesk to get assistance. During the initial go-live phase many of the support staff made notice of how pleasant the staff was and how they seemed to have caught on to the system fairly well. Some Epic team members even stated that our staff was farther along in the acceptance phase, enough to be looking for advanced functionality to allow them to know how well they were performing.

During our first post go-live visit this summer the Epic representatives congratulated our nursing staff, noting that they were astute enough to uncover performance problems that others had not noticed. This then led to enhancements in the system that will help all other institutions moving forward. The staff should be very proud of the accomplishments that have been made in the past few months. Because of their commitment we will end up with a much better patient-centered product.

Here's what some of our nurses had to say about their experiences with Partners eCare...



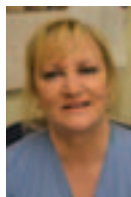
"We had a lot of opportunity for training. By the time we were ready to go live we were excited to put our training into practice. Of course there are glitches with the product itself, but you expect that, but those seem to be worked out now. People are doing great!"

-June Nichols, RN, PACU



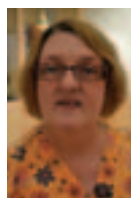
"We were very fortunate to get fantastic at-the-elbow support. They were fantastic because they could see things from a different perspective. They might not have known our workflow, but they were OR nurses. That was very, very helpful."

-Clinical Leader Mary Martin, RN, OR



"I've found the Epic software to be useful and efficient. My computer in the OR uses an intra-op navigator checklist that constantly reminds me of my workflow. It definitely increases patient safety by reducing the chance of error and omission. There are also comment sections throughout. The communication loop between Pre-Op Holding, the OR and the PACU is improved. I can see exactly what has been done by all members of the perioperative and surgical team. And, best of all, it's customizable. Not only can you customize your screen, but you can customize the OR navigator to your workflow."

-Sandy Jones, RN, OR



"I was apprehensive about starting Epic, but once I started using it I found it to be more streamlined, less time consuming and information was available in one screen as opposed to looking at many different screens. It enhanced my practice."

-Rose O'Donnell, RN, 6 South



"It's been a lot easier than we thought it would be once we got going. We went completely from paper to computer. We were all a little nervous that maybe something wasn't being documented, but as we've reviewed and reviewed everything has been positive."

-Amie Kandalraft, RN, Pain Management Center

Our Magnet Journey Continues

BWFH Continues **Quest for Magnet Designation** at 2015 ANCC National Magnet Conference

The American Nurses Credentialing Center's Magnet Recognition Program acknowledges healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. As part of BWFH's continued quest for Magnet Designation, BWFH nurses have been collecting data and implementing the latest best practices. In addition, five delegates from BWFH recently attended the 2015 ANCC National Magnet Conference® held in Atlanta, Georgia. Their experiences will further guide the Department of Nursing toward this goal.

Program Manager for Professional Practice/Magnet Designation Helene Bowen-Brady, MEd, BSN, RN-BC, 6 South Nurse Director Kathy Codair, MSN, RN, Interventional Radiology/Interventional Nephrology and Pain Management Center Nurse Director Barbara Peary, MS, RN, Emergency Department Nurse Bernice Potter, BSN, RN, CEN, and IV Nurse Patricia Hanley, BSN, RN, joined thousands of nurses and nursing executives from around the world at the conference to celebrate newly designated Magnet organizations and share evidence-based practices.

In order to make the most of their time, BWFH delegates attended different sessions. "I was focused on the application," says Bowen-Brady. "I went to every session I could on how to write the application." There were also sessions on peer review that she found particularly relevant to the work being done at BWFH.

"The enthusiasm was great," Codair says of the three-day conference. "There was a lot of discussion about evidence-based practice. Everything we do, we have to think about the evidence behind it and why we're doing it." As a result, Codair is already encouraging her staff to think more about evidence-based practice and gathering pre-data that can be used later.

For a veteran nurse like Peary, attending the convention was a highlight of her career and has helped energize her. "You see all of the possibilities that exist for advancing nursing practice and it motivates you to want to come back and make a difference in your practice and the practice of nursing at BWFH," she says. "It makes you proud to be a nurse."

When she's working in the ED, Potter is often only focused on patient care. Attending the Magnet Convention afforded her the opportunity to share with her peers and learn best practices. "Nurses from all over the world came together to share research results, techniques and outcomes. Everyone had the common goal of quality patient care with best outcomes," she says. "My goal now that I am back is to be able to share what I learned and experienced with my peers."

Like Peary, Hanley is a veteran nurse who felt rejuvenated by the conference. "When I sat there and listened to nurses share their ideas about the Magnet journey, I could not help but think that BWFH can do this! We have the quality of nurses to



From Left: Bernice Potter, BSN, RN, CEN, Helene Bowen-Brady, MEd, BSN, RN-BC, Patricia Hanley, BSN, RN, Kathy Codair, MSN, RN, and Barbara Peary, MS, RN

take on this challenge, we just need to educate them on what Magnet will mean to us, our hospital and, most of all, our patients," she says. "I left Logan airport with four RN colleagues with varying titles from BWFH and I came home with four friends. We are all excited about sharing our Magnet experience with our peers. Our foursome definitely fits the theme of 'We Not They.'"

An Update from the **Magnet Committee**

BWFH's Magnet Committee officially started in June 2014. We are a group of dedicated bedside leaders who have been working on initiatives utilizing evidence-based practice to improve quality patient care, patient satisfaction and nursing satisfaction within the hospital. Our ultimate goal will be to achieve Magnet Designation for BWFH in the near future. A few major accomplishments for 2015 include establishing the DAISY Award to recognize compassionate nursing care, creating and implementing nursing peer review, serving as the editorial board for the BWFH Nurse, authoring the Department of Nursing Annual Report and creating guidelines for attending/presenting at a nursing conference. We look forward to expanding in 2016 as we lead our nursing practice.

Contact the Magnet Committee

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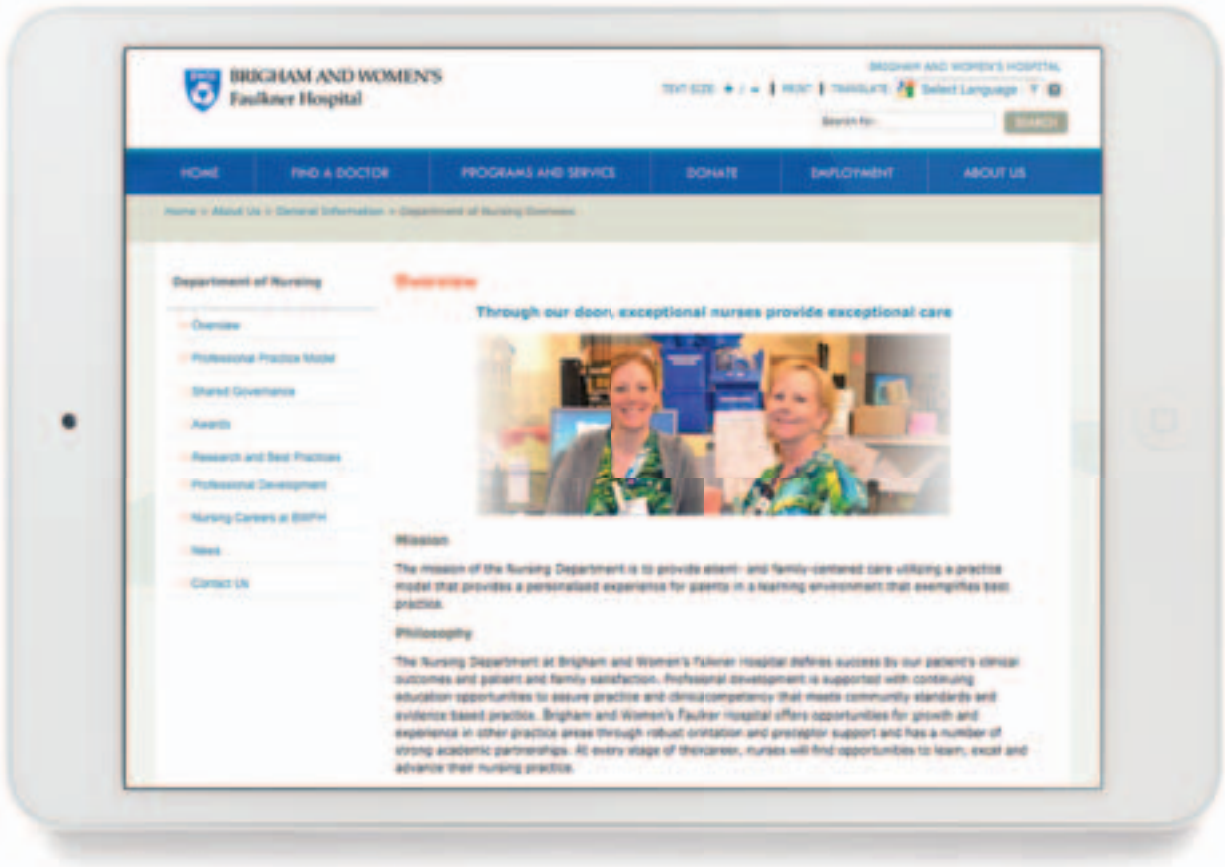
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BWFH's Magnet Committee: Phyllis Garr, RN, Tracy Healy, BSN, RN, Bernice Potter, BSN, RN, CEN, Christine Putney-Jacobson, BSN, RN, CNOR, Helene Bowen-Brady, MEd, BSN, RN-BC, and Ellen McCarthy, MSN, RN, CCRN ; Not Pictured: Patricia Hanley, BSN, RN



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Brigham and Women's Faulkner Hospital's
Department of Nursing, visit our new website!

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