

DEPARTMENT OF
nursing



ANNUAL REPORT / 2016

Table of Contents

Transformational Leadership

- 2 A Letter from Judy Hayes, MSN, RN, NEA-BC, Vice President of Patient Care Services and Chief Nursing Officer
- 3 Leadership Structure
- 4 Unit Based Council Summit Brings Together Nurses from Inpatient, Ambulatory and Perioperative Unit
- 4 7 North Welcomes New Nurse Director

Structural Empowerment

- 5 Peer Review
- 6 DAISY Foundation Founders Visit BWFH
- 6 Giving Back to the Community
- 7 Celebrating Our Certified Nurses
- 8 BWFH Nurses Continue Their Education
- 9 BWFH Hosts Psychiatric-Mental Health Nursing Review Course

Exemplary Professional Practice

- 10 CPE Begins STOP-BANG Screening for Sleep Apnea
- 11 Quality Data
- 16 Awards
- 17 Professional Practice Model
- 18 Going Social @ BWFH

New Knowledge, Innovations and Improvements

- 19 Department of Nursing Welcomes New Program Manager for Nursing Quality
- 20 Podium and Poster Presentations
- 20 Renovations Complete on 6 South, 6 North and 7 North
- 21 Bold Ideas, Big Savings Program Announces Winners from the Department of Nursing

Our Magnet Journey Continues

- 22 Shared Governance
- 24 Representatives from BWFH Attend 2016 ANCC National Magnet Conference

A Letter from Judy Hayes, MSN, RN, NEA-BC

Vice President of Patient Care Services and Chief Nursing Officer

Dear Nursing Colleagues,

Welcome to our 2016 Annual Report!

I am so thrilled to share with you all of the great work that's happened here at Brigham and Women's Faulkner Hospital over the past year. In the pages that follow, you will read about your nurse colleagues and their commitment to safe and compassionate patient care through evidence-based best practices.

It will also become clear that we are well on our way to meeting our Nursing Strategic Plan to assure we attain the BWFH 2017 goals. These goals encompass five key areas: Growth, Financial Performance, Quality and Safety, Service Excellence and Staff Engagement. BWFH has deemed this the pillars of our organization.

Growth: In 2017, the Department of Nursing will participate in the design of care models to meet the needs of specific patient populations and work on efficiencies in care to assure patient access and appropriate utilization. In many cases this is our extension of work done in 2016; in others it is a true innovation being tested with the multidisciplinary team.

Financial Performance: The Department of Nursing, as key leaders in evaluating patient care models and efficiencies, will participate in all forums to discuss current costs of patient care. The Department of Nursing will also continue to participate in the Bold Ideas, Big Savings program and nurses will continue to be accountable for the quality of patient care outcomes as we assure fiscal responsibility.

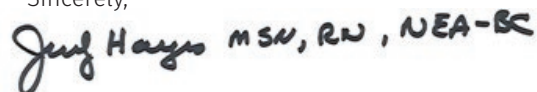
Quality and Safety: The Department of Nursing will continue the Magnet Journey. Each unit will evaluate their demographics and set targets for nurse certification and BSN attainment, and the Partners eCare super user and support model will be formalized.

Service Excellence: Patient satisfaction will be at the 90th percentile on the inpatient side and at the 75th percentile on the outpatient side. All nursing staff will use the I CARE Service Excellence Model as a part of their practice.

Staff Engagement: This year the Department of Nursing will review the results of the National Database for Nursing Quality Indicators (NDNQI) nursing satisfaction survey completed in April 2016 and implement action plans to address staff's specific areas of improvement. We continue to recognize staff excellence through the Annual Nursing Awards, PIE Awards, DAISY Awards and I CARE Awards. Nurse leaders and committee co-chairs will also begin to develop succession plans for their unique roles as we continue to grow as a department. It will be important to grow new leaders in this manner.

It sounds like a lot of work, I know! But if we each work together as part of a team, we can achieve our goals. In the coming months, I challenge each and every one of us to think about our unique role in meeting the goals of the Nursing Strategic Plan. If we each do our part, we will get there.

Sincerely,



Judy Hayes, MSN, RN, NEA-BC
Vice President of Patient Care Services
Chief Nursing Officer

Leadership Structure



Judy Hayes, MSN, RN, NEA-BC
Vice President of Patient Care Services
and Chief Nursing Officer



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



Cori Loescher, MM, BSN, RN, NEA-BC
Associate Chief Nurse of Emergency
and Inpatient Nursing



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

Unit Based Council Summit Brings Together Nurses from Inpatient, Ambulatory and Perioperative Units

In the fall of 2016, BWFH's Department of Nursing brought together nurses from each unit for the fifth 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 summit began with an update on BWFH's quest for Magnet Designation and an introduction to BWFH's new shared governance model by Associate Chief Nurse for Practice and Innovation Helene Bowen-Brady, DNP(c), MEd, RN-BC, whose enthusiasm for the gathering was clear. "This is one of my two favorite days of the year. The other is our summit in the spring," she said.

Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, NEA-BC, then presented BWFH's Nursing Strategic Plan for 2017. The plan encompasses five areas: Growth, Financial Performance, Quality and Safety, Service Excellence and Staff Engagement. Hayes stressed that nurses at every level play a role in attaining these goals. Next, Director of Process Improvement Kae Santos and Process Improvement Consultant McGuire Kelly talked about leading change through process improvement.

After lunch, Bowen-Brady led a discussion on shared governance and standardizing the council charters. Then 6 South Clinical Leader and Nursing Professional Recognition and Advancement Committee (formerly the Magnet Committee) Co-Chair Tracy



Co-Chairs of the BWFH Department of Nursing Unit Based Councils with Bowen-Brady

Healy, BSN, RN, and 7 South Staff Nurse and Nursing Practice Committee Co-Chair Brenda Miele, BSN, RN, talked about engaging staff in social media. The group focused on Instagram with help from special guest Web and Multimedia Specialist Caitlyn Slowe from the Marketing and Public Affairs Department. The units were even given an assignment: every month, until April, each unit has to submit one photo for use on Instagram along with a caption about how they are addressing the Nursing Strategic Plan.

To wrap up the day, each Unit Based Council provided an update on the clinical questions they have been working on. They were provided feedback by BWFH's Nurse Scientist and Regis College Professor Margaret Oot-Hayes, PhD, RN, who presented on the Rosswurm and Larrabee model for evidence-based change.

After a full day of sharing, Judy Hayes thanked the group for their continued dedication. "It was great to hear from the Unit Based Councils today and to hear about all of the work that is going on," she said.



Cynthia Labins, MSN, RN, CCDS

7 North Welcomes New Nurse Director

Cynthia Labins, MSN, RN, CCDS, has assumed the role of Nurse Director on 7 North at BWFH. Labins earned her bachelor's degree from Simmons College and her master's degree from the University of Phoenix. She has more than 20 years of nursing experience, much of which is from within the Partners HealthCare network, having worked as a bedside nurse, nurse manager and in clinical documentation. Most recently, she worked at Brigham and Women's Hospital as a clinical documentation improvement nurse.

Structural Empowerment

Peer Review

In 2015, bedside leaders developed a peer review process to improve the quality of nursing care, strengthen team relations and provide the registered nurse with constructive feedback used to plan for individualized professional development. A HealthStream module was developed to describe the role of the registered nurse in the peer review process and relate how the process reflects the principles of the Department of Nursing's Professional Practice Model. All nurses complete this module annually prior to their peer review session. The peer review tool focuses on practice themes and guides nurses in their feedback. Through the peer review 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)

After the first successful year, surveys were sent to the facilitators, nursing

directors and registered nurses to obtain feedback in order to improve the process for 2016. After attending the facilitator workshop, results showed that 100 percent of the responding facilitators said they felt prepared for their role as a facilitator. Overall, the peer review process was viewed as a positive experience. Many staff nurses requested a workshop on effective communication. An unanticipated finding was that the nursing support staff requested to participate in a peer review process with their colleagues.

For 2016, many facilitators returned for a second year and some new facilitators were recruited using an application process. Two facilitator workshops were held in September: one for new facilitators and another for returning facilitators to advance their skills in the facilitator role. These workshops provided facilitators with knowledge of essential strategies for supporting a successful peer review and to demonstrate the

ability to engage, encourage and balance participation in a review session. Based on survey feedback, another workshop, titled "The Art of Giving Feedback," was offered to support crucial conversations. Nurses gained helpful strategies to assist them in providing feedback to their peers.

Another recommendation received from the survey was to engage staff in the peer review process. An interactive educational activity, "Fishing for Feedback," was developed to provide information and answer questions about the process. This strategy was well received by the nurses and generated worthy conversation regarding peer review.

At the conclusion of the 2016 peer review process, the Department of Nursing will conduct another survey. This feedback will allow the department to continuously improve the peer review process.



Nursing Peer Review

Accountability in the pursuit of excellence



The Department of Nursing goes "Fishing for Feedback"

DAISY Foundation Founders Visit BWFH

In 2015, the Nursing Professional Recognition and Advancement Committee brought the DAISY Award for Extraordinary Nurses recognition program to BWFH. Over the past year, four DAISY Awards have been presented as well as one DAISY Nurse Leader Award. The DAISY Nurse Leader Award was presented during a visit from Mark and Bonnie Barnes, the DAISY Foundation founders. In addition to witnessing the award presentation, they were on site to meet with members of the nurse leadership team, the Nursing Professional Recognition and Advancement Committee and some of our DAISY Award winners.

The DAISY Foundation is named in memory of J. Patrick Barnes who died at the age of 33 from Idiopathic Thrombocytopenic Purpura, an autoimmune 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. Vice President of Patient of Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, NEA-BC, was on hand to welcome the Barnes family to BWFH. “We are thrilled that you’re here,” she said. “It’s so powerful and beautiful when we present a DAISY Award. It’s been a gift for all of us to be able to do this.”

Patrick’s step-mother Bonnie talked about their motivation to begin a nurse recognition program and how it’s grown over the years. To date, more than 80,000 nurses, from all 50 states and 14 other countries, have received DAISY Awards and more than 750,000 have been nominated. “When Pat died, we were in the throes of so much emotion and suddenly it was over. Now what do you do?” she said. “We kept coming back to the care we got from those nurses. That was the one beautiful thing about the experience. We had never been around compassion, sensitivity and kindness like we were with Patrick’s nurses.” Founding the DAISY Award was the Barnes family’s way of saying thank you.

Mark Barnes, Patrick’s father, also said a few words. “I know you have the toughest job in the world. And there are lots of times you probably don’t feel like a hero, but you are still one to your patients,” he said. “I thank you so much for allowing us to be in your life and be able to say thank you.”



Bonnie and Mark Barnes meet with members of BWFH’s nurse leadership team, the Nursing Professional Recognition and Advancement Committee and some of our DAISY Award winners

Giving Back to the Community



In October, during Domestic Violence Awareness Month, staff from the Weiner Center for Preoperative Evaluation (CPE) collected donations for Renewal House, a local domestic violence shelter for individuals and families who are fleeing violence or abuse.



For the holidays, the 6 South nurses collected gently used handbags and filled them with toiletries and gift cards for St. Mary’s Center for Women and Children, a local organization that offers innovative and family-centered programs for women and children who have experienced trauma and are living in poverty.

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
Kathleen Roane, RN, CEN
Kathleen Shubitowski, MSN, RN, CEN

Endoscopy Unit

Jodie Bavineau, BSN, RN, CGRN
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 Georgenes, MSN, APRN, NP-C
Joan Hunt, MSN, ANP-BC
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
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
Michael McSweeney, MS, CRNA
Jessica Morrissey, MSN, CRNA
Melanie Omojola, MSN, CRNA
Barbara Ostendorf, CRNA
Brian Sim, MS, CRNA
Elizabeth Gilmore, MSN, CRNA
Mary Iann, MSN, CRNA
Elizabeth O'Brien, MSN, CRNA
William Fehder, MSN, CRNA
Olivia Stevens, MSN, CRNA
Julie Young, MSN, CRNA
Elizabeth Landree Parrott, 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 Rafaela 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
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
Jane Shufro, BSN, RN, CPAN
Kathleen Leone, BSN, CCRN

OPIC

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

ICU

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

IV Team

Bernice Potter, RN, CEN

6 North

Eileen Blais, RN-BC
Andrea Guarente, BSN, RN-BC
Amanda Farrell, BSN, RN, PCCN
Kathleen Lyons, BSN, RN, PCCN

6 South

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

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

Nurse Practitioners

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
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 Spine Surgery
Janice Galinsky, MSN, RN, ACNP-BC - Medicine Hospitalist Service
Julie Vosit-Steller, DNP, FNP-BC, AOCN - Palliative Care Consultant
Linda Bandazian, MSN, RN, ANP - Orthopedic Spine Surgery
Katherine Kane, MSN, RN, NP - Orthopedic Spine Surgery
Katherine Killinger, MSN, RN, NP - Orthopedic Spine Surgery
Jillian Martin, MSN, RN, NP - Orthopedic Spine Surgery
Laurie Rieger, MSN, RN, APRN-BC - Orthopedic Spine Surgery

Professional Development

Jean Crimmins, MEd, MSN, RN-BC
Joan Stack Kovach, MSN, RN, PMHCNS-BC
Philip Malleson, BSN, RN-BC
Margaret Lahar, MSN, RN, CCRN, CPAN
David Pierel, MSN, RN, CNOR, NE-BC
Donna Rando, RN, CWS
Patti Rabbett, MS, RN, CCRN-K
Terry Roche, MSN, RN-BC

Nursing Leadership

Helene Bowen-Brady, DNP(c), MEd, RN-BC
Judy Hayes, MSN, RN, NEA-BC
Paula Knotts, MSN, RN, NE-BC, RN-BC
Cynthia Labins, MSN, RN, CCDS
Cori Loescher, MM, BSN, RN, NEA-BC
Kitty Rafferty, MSN, RN, NEA-BC
Paula Wolski, MSN, RN, CCRN
Natascha Reed, MSN, RN, CNOR
Shelly Bazes, MS, RN, WHNP-BC

Case Management

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
Jocelyn Alexandre, BSN, RN, CCM

Nursing Supervisors

Aliesha Wisdom, MSN, RN, CNL

Professional Services

Maureen Fischer, MSN, RN, CPHRM
Nancy Schmitter, MS, BSN, RN, CCM
Christi Clark Barney, MSN, RN, CS
Alexandra Koffman, MSN, RN-BC

Occupational Health

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

BWFH Nurses Continue Their Education

Balancing a full-time career with family life is never easy. It gets even harder when you decide to go back to school. But BWFH nurses who have recently completed their BSNs say it's all worth it.

6 South Staff Nurse Julia Almeida, BSN, RN, graduated from the University of Phoenix in May of 2016. "I decided four years ago to start taking courses toward my BSN when we started hiring only nurses with BSNs as I wanted to be an equal asset in the workforce," she says. She chose to complete her degree online so that she could balance her work and home life with her education. Almeida says she learned valuable information about recent changes in her profession and the future of healthcare. As a result, she says, "It's now easier to embrace the changes that have come and continue to come through the nursing profession here at BWFH."

ICU Staff Nurse Anne Geary, BSN, RN, graduated from Curry College in January of 2016. Of her decision to go back to school in her fifties she says, "I felt an obligation to my peers and felt I would be more respected by the interdisciplinary teams. The most challenging aspect was time management. It is difficult but not impossible to find the time. The most rewarding aspect of obtaining my BSN was fulfilling a personal goal to keep up with the science and art of nursing during this complex time."

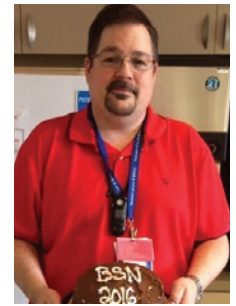
2 South Clinical Leader Chris Richard, BSN, RN, graduated from Framingham State University this past year. At first, he wasn't sure he needed to go back to school. "I had always heard that



Julia Almeida, BSN, RN



Anne Geary, BSN, RN



Chris Richard, BSN, RN

I should have a BSN, but I felt I was doing just fine without it. I was a really good nurse, why did I need more?" he says. After two and a half years of studying, he now says, "I can honestly say that I am a better nurse now for having a more rounded education and a more thorough nursing education. The BSN provided a larger view of nursing with more in-depth rationales for what we do, and an emphasis on nursing research and evidence-based practice."

To anyone considering going back to school, Richard says you too can do it. "Everyone can benefit from learning something new," he says "Specifically as nurses, we are required to complete CEUs. I would present to folks that you can further your career, have more opportunities and most importantly be a better nurse for your patients by getting your BSN... and maybe continuing on for your MSN as well!"

Are you thinking about going back to school?

BWFH offers employees assistance through the tuition reimbursement program

Through the tuition reimbursement 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. This benefit is pro-rated for part-time employees who work 16 hours or more. For more information, call Human Resources at 617-983-7901.

BWFH Hosts Psychiatric-Mental Health Nursing Review Course

Intended for registered nurses preparing for the Psychiatric-Mental Health Nursing Certification Exam, the American Nurses Credentialing Center's (ANCC) Psychiatric-Mental Health Nursing Review Course was recently held at BWFH.

The course provided attendees information relevant to current practice and review materials to prepare for the ANCC certification exam. The two-day course was taught by Kim Hutchinson, EdD, MS, CARN, PMHCNS-BC, and attended by nurses from Florida, Illinois, Kentucky, North Carolina, New Hampshire and Wisconsin, as well as nurses from BWFH.

Those in attendance from BWFH included 2 South Staff Nurses Doug Spalding, BSN, RN, and Nadia Sullivan, BSN, RN, as well as 2 South Clinical Leader Chris Richard, BSN, RN. "The idea of preparing for the certification exam is a little daunting. However, the speaker, Dr. Hutchinson, was highly engaging and able to cover a vast amount of knowledge," says Richard of the experience. "I am thankful for the opportunity that the hospital provided by having the conference here. The networking and connecting with other nurses was great."

The course was organized by Joan Stack Kovach, MSN, RN, PMHCNS-BC, from Nursing Professional Development. "I'm pleased that we were able to offer this course right here at BWFH," she says. "Certification as a psychiatric-mental health nurse is an acknowledgement of the knowledge and skills certified nurses bring to their work. Supporting our staff through the certification process is important for BWFH. It was wonderful to see members of our 2 South staff take advantage of this opportunity, and have a chance to meet and interact with nurses from all over the country."



Kim Hutchinson, EdD, MS, CARN, PMHCNS-BC, leads the review course

Exemplary Professional Practice

CPE Begins STOP-BANG Screening for Sleep Apnea

Sleep apnea is a prevalent problem that is associated with significantly increased risk of accidents, and cardiac, vascular, metabolic, behavioral and other health co-morbidities. An additional threat to patient health is that very often patients are unaware that they have sleep apnea and are not treated appropriately.

Surgical patients are at increased risk for sleep apnea and are also highly under diagnosed. The addition of surgical stressors and medications can exacerbate sleep apnea and place patients at increased risk for perioperative complications up to five nights after surgery.

The most common form of sleep apnea is obstructive sleep apnea (OSA) in which the patient's own tissues collapse into the airway during sleep and occlude airflow. Generally, these occlusions are only a few seconds and regular airflow resumes on its own. This can happen many times each night or even each hour depending on the severity of disease.

According to the Joint Commission, an estimated 2 to 26 percent of the US adult population, or 1 in 4 adults, suffer from OSA and up to 90 percent are undiagnosed and unaware of having it. In addition to its role in general health co-morbidities, OSA can contribute significantly to perioperative complications, particularly when it is undiagnosed and untreated.

After the transition to Partners eCare it was noted by nurses in the CPE at BWFH that an area to assess and document this was not available in the new system. As our philosophy of care centers around optimization of patient safety prior to their procedures at BWFH, this was taken

on as a Unit Based Council Evidence-Based Practice (EBP) Project. The goal of the project is to improve and standardize the identification, assessment, education and safety of our patients and to decrease practice variance among nurse clinicians through education.

The project was guided by the 2015 revised Iowa Model for Evidence Based-Practice to Promote Excellence in Health Care and sought to answer this PICO question: "In BWFH CPE patients presenting for their preoperative evaluation, does universal screening compared to no screening, increase the identification of patients at risk for OSA?" The CPE Unit Based Council conducted a literature review that substantiated the importance of identification of patients at risk for sleep apnea in the perioperative period with a solid foundation of external evidence. The STOP-BANG Screening was chosen as the tool due to its being an efficient tool that uniquely has been validated for use in the pre-operative setting. It is an eight-question instrument using self-reported and demographic data to determine the patient's risk for OSA.

Using information from the literature review, a brief education module was designed for nurses and nurse practitioners and conducted by Unit Based Council members. Pre and post testing was done which showed a statistically significant improvement in clinician knowledge after the education. Nurses and nurse practitioners were asked to screen all patients using the tool in the Partners eCare record, complete a brief education with those who screened positive for sleep apnea risk and then document this in their note and the after visit summary given to the patient.

Education done with the patients included general health risks, risk for after surgery, importance of follow-up with primary care and post-operative safety.

Positive screening results were passed along to the pre-operative holding nurses and the anesthesia care team via notation in the Partners eCare record. Progress was tracked through monthly chart audits with follow-up education for clinicians where it was needed.

This project was a first undertaking by the CPE Unit Based Council in using a framework to conduct an EBP Project. Results were very encouraging: Education of clinicians and identification of patients at risk for sleep apnea showed statistically significant improvement after the project began. Even using the stricter cut-off for a positive screening, our results increased from 11.02 percent before screening began to 21.7 percent at the first monthly audit.

The project had other exciting results as well. After presenting the project at an in-hospital meeting, enthusiasm spread to the post-anesthesia care unit (PACU), who took up an OSA project of their own. CPE future plans hope to include an interdisciplinary project involving multiple stages of the perioperative care team. In addition, multiple members of the perioperative staff sought diagnosis and treatment for sleep apnea due to the increased knowledge and awareness generated by the project. The CPE Unit Based Council was excited about this project's contribution to a feeling of autonomy in our ability to improve processes and continue to ensure the safest evidence-based care possible for our patients.

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 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.

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

PRESSURE ULCERS

Preventing pressure ulcers is a concern across the nation and at BWFH. The development of a pressure ulcer for any reason places patients at risk for other adverse events, increases the length of hospitalization and contributes to increased healthcare costs. (NDNQI, 2014) Preventing pressure ulcers and appropriately managing those that are present on admission to BWFH is an important priority for nurses on every clinical unit.

At BWFH, we strive to continuously evaluate and update evidence-based strategies designed to prevent and manage pressure ulcers/injuries. This past year has seen the implementation of exciting new strategies to advance care for our patients at risk for a pressure ulcer.

For the past few years, BWFH has participated in a quarterly, one-day survey to identify the number of hospital-acquired pressure ulcers. Although research suggests that quarterly surveys are a stable indicator of unit performance in preventing pressure ulcers, clinical nurses wanted to do more. This past spring, nurses began surveying patients on the second Wednesday of every month on a day that is now known as “Wound Wednesday.” The monthly surveys have resulted in an increase in the number of patients with potential skin issues who required a modification in their plan of care by the nurse and/or a consult with the wound/ostomy nurse for more complex issues. Based on feedback from staff nurses for more

informal education, the wound/ostomy nurse has a column in the monthly nursing newsletter titled “Words on Wounds.” Recently published columns have included articles on wound prevention, staging of pressure ulcers and case studies that highlight recommendations for improving assessment and care of patients at risk for pressure ulcers.

One of the most effective strategies identified in the literature as essential to improving patient safety outcomes for any quality improvement project is the use of unit based champions. Champions play a critical role in advancing evidence-based care at the unit level. This past October, the wound champions from the inpatient units attended an all-day workshop in Dedham that provided an update on latest research about pressure ulcer prevention and management and new technologies and products, as well as an opportunity to advance their skills in accurately staging pressure ulcers. In the upcoming year, the wound champions will be redefining their role and responsibilities for the monthly skin surveys and working with nurses on their units to strengthen knowledge and skills in the identification, scoring and development of care plans to prevent or manage a pressure ulcer. Wound champions will be meeting on a more formal basis with the wound/ostomy nurse to collaborate and develop strategies around quality initiatives designed to prevent and appropriately manage pressure ulcers.



Ostomy/wound care nurse Donna Rando, RN, CWS, with wound champions Jenny Beder, BSN, RN-BC, Sania O'Leary, BSN, RN, Cynthia Parker, RN, and Brittany Slowey, BSN, RN



Ostomy/wound care nurse Donna Rando, RN, CWS, with ICU wound champion Carolyn Hampshaw, RN

PATIENT FALLS AND FALL PREVENTION

Fall safety and prevention remains a top priority at BWFH. The interdisciplinary BWFH Falls Committee continues to work hard to identify key factors and tools in fall prevention. Interventions such as safety huddles are being brought back to the forefront. 6 South is currently working on a project indentifying key components to be discussed during safety huddles. Units are continuing purposeful rounding and fall free days/calendars to assist in lower falls rates.

The NDNQI is now including reports on outpatient area falls. In alignment with NDNQI, there is heightened awareness of fall prevention in these areas. "Preventing Falls in the Post Nerve Block Patient" was a nurse-lead research and data collection effort from the Preoperative Holding Unit Based Council here at BWFH.

With the assistance of BWFH's Nurse Scientist and Regis College Professor Margaret Oot-Hayes, PhD, RN, the group followed the six-step Rosswurm and Larrabee model for evidence-based change. First, they assessed the need for change, then they located the best evidence available in the literature and RL Solutions reports and critically analyzed that evidence. The unit designed a post nerve block telephone survey as well as developed a teaching tool and protocol.

The Preoperative Holding Unit Based Council is currently at step five of the Rosswurm and Larrabee model, implementing and evaluating change in practice. When a patient is getting a peripheral nerve block, a teaching sheet of information is

reviewed with the patient and/or support person and given to them to take home by Preoperative Holding or the PACU. Orange booties are put on the patient to signify fall risk post peripheral nerve block. An orange sign stating "Stop Falls in the Post Nerve Block Patient" in a Ghostbusters fashion is placed on the front of the chart. There is no mistaking that this patient is at risk to fall as long as the block is in effect.

The group is currently gathering preliminary data which indicates that patient education had been successful in the prevention of post nerve block falls in and outside the hospital. Due to the successful preliminary findings, the orange booties have been adopted hospital-wide to identify those patients with high fall risk.



Fall risk assessments continue to be conducted every eight hours and on an as needed basis using the Morse Fall Scale on inpatient units. Bedside handoff is also a key fall prevention component, as well as ensuring bed alarms and chair alarms are active and rooms and walkways are clutter free.

Safety net enclosure beds are available for those patients who have no contraindications. Many patients find it calming and some family members with education find it reassuring that their family members are safe.

As we look to 2017, we look forward to many exciting initiatives, literature updates, Unit Based Council projects and BWFH Falls Committee updates to support fall safety and prevention evidence-base practice.

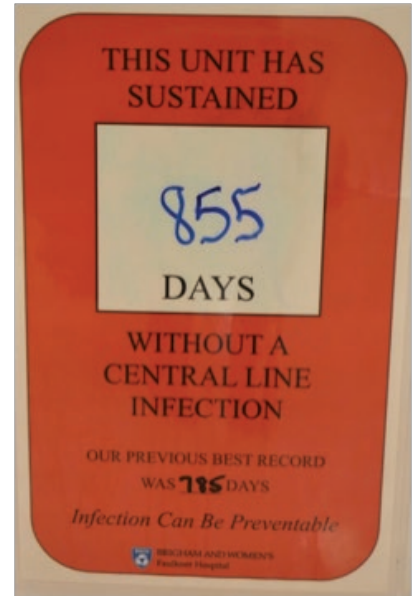
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS

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, 2013) At BWFH, our overall CLABSI rates are very low and BWFH has adopted several strategies to reduce CLABSI. These strategies include using a central line insertion checklist, documenting on intravenous (IV) sites every four hours and evaluating the need for the line on a daily basis.

CLABSIs are associated with increased morbidity, mortality and healthcare costs. It is now recognized that CLABSIs are largely preventable when evidence-based

guidelines are followed for the insertion and maintenance of central lines. (The Joint Commission, 2012) At BWFH, we are committed to reducing the IV catheter infection rate. The IV team continues to work on their Back to Basics campaign and Nursing Professional Development has provided house-wide education for nurses in managing peripheral IVs. Nurses are consistently using the IV starter kits, documenting on IV sites every four hours and are using disinfecting port protectors on their IV lines in an effort to prevent line infections.

We predict exemplary performance in preventing CLABSIs in the upcoming year as nurses continue to demonstrate their commitment to our patients by providing evidence-based practices.



The ICU sustained 855 days without a CLABSI as of November 16, 2016

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. At BWFH, our overall CAUTI rates are very low as we continue to strive to eliminate CAUTIs.

A number of different strategies can reduce the risk of CAUTI and BWFH has adopted several of these strategies over the past several years in an effort to reduce CAUTIs. These strategies include 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, 2015)

This past year, BWFH participated in the Partners Internal Performance Framework (IPF), a Partners Healthcare system-wide effort to standardize models for practice improvement using the CAUTI measure. The Nursing Practice Committee led a team to identify best practices and implemented a pilot project on the inpatient units. The pilot project included education for nurses and support staff on preventing CAUTIs during staff competency days in June. Over the summer months the Nursing Professional Development educators provided unit based follow-up to reinforce education

with the nursing staff. Peer review audits were completed by both nurses and support staff.

The team leads have been collaborating with informatics leads to validate electronic reports on the appropriate use of Nurse Driven Protocols. Based on a recent American Association of Critical Care Nurses Practice Alert, the team is investigating the use of smaller French indwelling urinary catheters to prevent CAUTIs. In addition, the time span between time of urine specimen collection and processing time in the lab for urine cultures is being explored. The goal is to ensure integrity of urine cultures to prevent artificially inflated organism counts resulting in inaccurate infections and CAUTI rates by decreasing the time span to less than two hours. (MGH, (2014), CAUTI Associated Urinary Tract Infection Efforts)

Our anticipated milestones include:

- Decrease in rate of CAUTI infections per device day
- Decrease in catheter device days per month
- Increased use of the Nurse Driven Protocols for indwelling urinary catheters

We foresee that our strong performance in preventing CAUTIs will be reflected in the data for the upcoming year demonstrating our commitment to providing the best evidenced-based care for our patients.



The ICU sustained 466 days without a CAUTI as of November 16, 2016

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!



Mr. Mrachek with Mrachek Award winners Jill O'Brien, RN, Gail Nuzzi, BSN, RN, and Larissa Alves, BSN, RN



The Devane family with Psychiatric Nurse Director Paula Knotts, MSN, RN, NE-BC and 2 South Staff Nurse Doug Spalding, BSN, RN, who accepted on behalf of 2 South Mental Health Worker Yomi Buraimoh



The McAlarney family with Angela McAlarney Award winner Meaghan McCarthy, BSN, RN



Mr. Hazelton with Elaine Hazelton Memorial Scholarship Award winner Lindsey McDermott, BSN, RN



Maria Buccellato,
BSN, RN, 6 North

Patient Safety Award

At BWFH, delivering safe, high-quality care is at the center of all we do for our patients and their families. For staff members who exhibit exceptional care in regards to patient safety, the hospital recognizes them with a Patient Safety Award.

Congratulations to our recent winner!

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

Congratulations to this year's DAISY Award winners!



Christine DeMott, BSN, RN, 7 North



Bindu Thomas, NP, CPE



Kathleen Lang, RN, Case Management

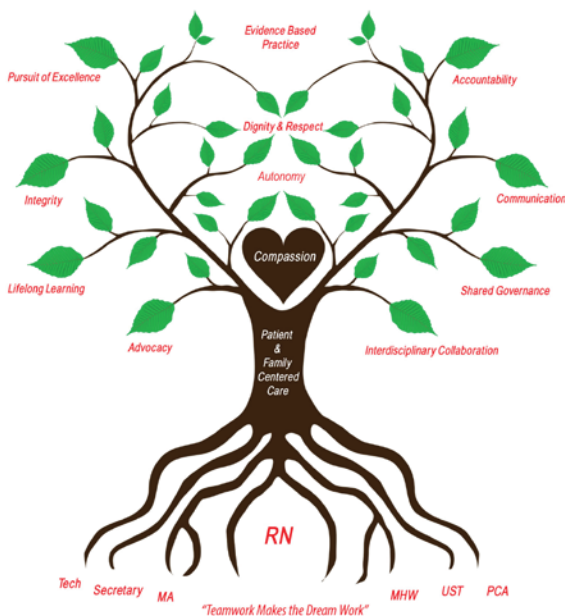


Sania O'Leary, BSN, RN, 7 South



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

Kathy Codair, BSN, MS, RN, 6 South Nurse Director



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.

Going Social @ BWFH

In 2017, the Department of Nursing is looking forward to using social media (defined as computer-mediated technologies that allow for the creating and sharing of information, ideas, career interests and other forms of expression via virtual communities and networks) as an additional way to enhance communication for nurses rather than relying solely on email. Our goal is to use social media to improve BWFH nurses' practice, education and community in a way that can be fun and creative. At the November 2016 Unit Based Council Summit meeting, 6 South Clinical Leader and Nursing Professional Recognition and Advancement Committee Co-Chair Tracy Healy, BSN, RN, and 7 South Staff Nurse and Nursing Practice Committee Co-Chair Brenda Miele, BSN, RN, presented "Going Social @ BWFH" to see how we could infuse social media with nursing.

Prior to the presentation, a Survey Monkey was sent to all nursing staff to learn about BWFH nurses and social media, specifically Facebook (an online social media and social networking service) and Instagram (an online mobile photo-sharing, video-sharing and social networking service). With 80 BWFH nurses responding, 72 percent said they use Facebook, 38 percent said they use Instagram; 34 percent said that follow BWFH's Facebook page and 21 percent said that they follow BWFH's Instagram account. The survey then asked three questions: "What are the components of BWFH's Nursing Strategic Plan?"; "What are the components of the Department of Nursing's Professional Practice Model?"; and "What is the image used in the Department of Nursing's Professional Practice Model?"

Our Professional Practice Model started in 2014 with staff nurses voting for the image of the tree and the words chosen by nurses through the BWFH Nursing Practice Committee. The survey revealed that two nurses knew the components of the BWFH's Nursing Strategic Plan, no nurses knew all the components of the Department of Nursing's Professional Practice Model and 27 nurses knew that image used in the Department of Nursing's Professional Practice Model is a tree.

Clearly there is work needed to enhance communication about these key topics. We hope that social media will be part of the solution.

There are many benefits to using social media as a means of communicating with our fellow nurses at BWFH, including engagement, collaboration, creativity, teamwork, camaraderie, knowledge, humor, acknowledgement, solutions and practice/quality improvements. The representatives who attended the November Unit Based Council Summit meeting will be working to connect their unit's professional practice to BWFH's Nursing Strategic Plan. Each month, every unit will be asked to take a picture representing that month's strategic goal:

Growth: "Bringing the Best of Boston to Our Community"

Financial Performance: "Great Value Delivered in State-of-the-Art Facilities"

Quality and Safety: "High-Quality Care in a Safe Environment"

Service Excellence: "Experiences That You Would Want for Yourself and Family"

Staff Engagement: "A Great Place to Contribute, Grow and Thrive"

We are also working with Caitlyn Slowe, Web and Multimedia Specialist in the Department of Marketing and Public Affairs, on updating our BWFH's Department of Nursing internet site and intranet site so that the pages are more user friendly, with references and information in a more centralized location. Ideally, we hope to create pages that can serve as our nurses' homepage when logging on at work.

We hope that all of BWFH's nurses will join in and use their sense of fun and creativity to join the conversation. We encourage everyone to follow BWFH on Facebook (www.facebook.com/faulknerhospital) and Instagram (@[bwfaulknerhospital](https://www.instagram.com/bwfaulknerhospital)). If there is something you would like to share from your unit, please send pictures to Caitlyn Slowe at csolow@partners.org.

New Knowledge, Innovations and Improvements

Department of Nursing Welcomes New Program Manager for Nursing Quality

Shelly Bazes, MS, NP, RN-BC, has joined the Department of Nursing at BWFH as Program Manager for Nursing Quality. In her new role, Bazes will be involved with the NDNQI, Magnet Designation work and assorted other efforts to support the development of more robust quality improvement.

Bazes comes to BWFH from Tufts Medical Center where she was a Quality Project Leader in the Department of Quality and Patient Safety. She began her career in Quality at Massachusetts General Hospital where she completed the CPIP training and was also the recipient of a Making a Difference Grant used to launch relaxation television channels for inpatients. She is an active member of the Massachusetts Association for Health Care Quality.

Bazes received her RN at Hadassah School of Nursing in Jerusalem, Israel, later completing studies as a Women's Health Nurse Practitioner at Harbor-UCLA in California. She received her BSN at Hunter College in New York City. Her graduate education was at Columbia University where she completed her MS and Family Nursing Practitioner education. She holds certification from the National Certification Corporation in Women's Health. Prior to beginning her career in quality and as an advanced practice

nurse, she was in acute care in the PACU and critical care areas. Later, she worked in primary care, college health and academic education where she lectured nationally on evidenced-based women's health issues.

Of her decision to take on her new role at BWFH, Bazes says, "What a great opportunity!" She adds, "It's wonderful to join this organization and to partner with such a dynamic group of nurses and other professionals. I am so pleased to be working in the Department of Nursing in this position."

In addition to her work here at BWFH, Bazes continues to work as an RN at MGH on a per diem basis in a primary care practice. "My goal is to stay working with patients and to remain clinically relevant," she says. "I think that is so vital to working in an administrative role in a healing environment."

When she's not working, Bazes is still focused on helping others heal. For the past 14 years, she has been a member of the Hearts and Noses Hospital Clown Troupe where she goes by the name Tweedles. She explains, "I've always been interested in humor and healing."



Shelly Bazes, MS, NP, RN-BC

Podium and Poster Presentations

The following podium and poster presentations were presented at conferences by BWFH authors in 2016.

Podium Presentations

A Unit within a Unit: Caring for Patients with Chemical Dependencies on a Medical Unit. Terry Roche, MSN, RN-BC, and Phyllis Cotter, RN. Warwick, RI: Horizons, April 2016.

Critical Care Nurses 'Boning Up' on Intraosseous Insertions. Ellen McCarthy, MSN, RN, CCRN. Warwick, RI: Horizons, April 2016; Ellen McCarthy, MSN, RN, CCRN. Boston, MA: Boston ICU Consortium, December 2016.

Opportunity Knocks: Utilizing Safety Reporting Data During EHR (Epic) Implementation to Drive Improvements in Hospital Patient Safety. Christi Barney, MSN, RN, CS, and Tayla Hough, BS. Toronto, Canada: RL Palooza, June 2016.

Optimizing a Quality and Safety Program in a Community Hospital with Limited Resources. Christi Barney, MSN, RN, CS, and Tayla Hough, BS. Boston, MA: Patient Safety and Healthcare Quality Improvement Conference, September 2016.

Striving for High Reliability. Christi Barney, MSN, RN, CS. Burlington, MA: High Reliability Healthcare: The Path to Zero Harm, Mass Hospital Association, December 2016.

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. Margaret Oot-Hayes, PhD, RN, and Helene Bowen-Brady, DNP(c), MEd, RN-BC. Waltham, MA: ANA Massachusetts 2016 Spring Conference: Caring Across Generations, April 2016; Margaret Oot-Hayes, PhD, RN, and Helene Bowen-Brady, DNP(c), MEd, RN-BC. Falmouth, MA: Saint Anselm College's 24th Annual Conference for Nurse Educators, June 2016.

Maintaining Automation During EHR Conversion. Alexandra Koffman, MSN, RN-BC, and Ann Cooney, BSN, MBA, RN. San Diego, CA: American College of Surgeons, NSQIP Annual Conference, July 2016.

Physician Meet and Greet Program. Kathleen Merrigan, MSN, RN, and Jeffrey Blackwell, MHA. San Diego, CA: American College of Surgeons, NSQIP Annual Conference, July 2016.

Opportunity Knocks: Utilizing Safety Reporting Data During EHR (Epic) Implementation to Drive Improvements in Hospital Patient Safety. Christi Barney, MSN, RN, CS, and Tayla Hough, BS. Toronto, Canada: RL Palooza, June 2016.

Optimizing a Quality and Safety Program in a Community Hospital with Limited Resources. Christi Barney, MSN, RN, CS, and Tayla Hough, BS. Boston, MA: Patient Safety and Health Quality Improvement, September 2016.

Poster Presentations

A Unit Within a Unit: Caring for Patients with Chemical Dependencies on a Medical Unit. Terry Roche, MSN, RN-BC. Woburn, MA: NEONE, April 2016; Terry Roche, MSN, RN-BC, and Ellen O'Connor, BSN. Weston, MA: Greater Boston Chapter of AACN and Regis College, Emerging Trends Impacting Acute/Critical Care Leaders, April 2016; Terry Roche, MSN, RN-BC, and Phyllis Cotter, RN. Warwick, RI: Horizons, April 2016.

Back to Basics: Nurse-Led Evidence Based Infusion Practices. Patty Hanley, BSN, RN. Devens, MA: ONL, March 2016; Patty Hanley, BSN, RN. Weston, MA: Greater Boston Chapter of AACN and Regis College, Emerging Trends Impacting Acute/Critical Care Leaders, April 2016; Patty Hanley, BSN, RN. Woburn, MA: NEONE, April 2016; Patty Hanley, BSN, RN. Warwick, RI: Horizons, April 2016.

Critical Care Nurses 'Boning Up' on Intraosseous Insertions. Pat Marinelli, MSN, RN, and Kristyn Shields, BSN, RN. Devens, MA: ONL, March 2016; Ellen McCarthy, MSN, RN, CCRN. Weston, MA: Greater Boston Chapter of AACN; Ellen McCarthy, MSN, RN, CCRN. Regis College, Emerging Trends Impacting Acute/Critical Care Leaders, April 2016; Ellen McCarthy, MSN, RN, CCRN. Woburn, MA: NEONE, April 2016; Ellen McCarthy, MSN, RN, CCRN. Warwick, RI: Horizons, April 2016; Ellen McCarthy, MSN, RN, CCRN. Boston, MA: ICU Consortium, December 2016.

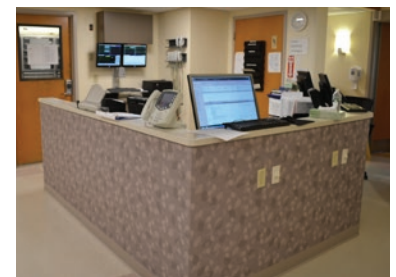


From Left: Surgical Quality Manager Alexandra Koffman, MSN, RN-BC, Chief of Surgery Pardon Kenney, MD, FACS, and Director of Perioperative Services Kathleen Merrigan, MSN, RN, at the American College of Surgeons National Surgical Quality Improvement Program Annual Conference

Renovations Complete on 6 South, 6 North and 7 North

Over the summer, BWFH launched a renovation project focused on improving the environment of care on the inpatient units. On 6 South, 6 North and 7 North, the main patient-facing areas received a facelift to improve appearances and workflow.

The project was completed in phases, beginning on 6 South, progressing to 6 North and finishing on 7 North. Each unit took approximately five weeks to renovate and included replacing ceilings and lighting in the corridors, installing new handrails, reconfiguring and decluttering the nurses stations, reworking telemetry and other cabinetry at the nurses stations, replacing nurse server doors with modern, hardwood panels and installing new large patient white boards as well as nature-inspired artwork to enhance the healing environment and match other improvements made throughout the hospital.



Bold Ideas, Big Savings Program Announces Winners from the Department of Nursing

In a hospital-wide effort to reduce costs and improve efficiency, BWFH officially launched the Bold Ideas, Big Savings program last year. Through the program's website, BWFH staff are encouraged to submit any and all cost-savings ideas they can come up with. If the idea is implemented, the individual or team that submitted the idea will be awarded a cash prize. Each idea is reviewed by the Bold Ideas, Big Savings committee to ensure it meets eligibility requirements of originality and feasibility.

Pain Management Center Clinical Leader Kathleen Armando, BSN, RN, was presented with a \$500 check for her cost savings idea that will potentially save the hospital more than \$1,500 a year.

In the Pain Management Center, Armando noticed there were three different procedural trays by two different vendors. By using just one vendor and having only two different procedural trays, Armando was able to lower the cost of the trays, save on storage space in the warehouse and, since less plastic is used to make the new trays, there would be less plastic wasted. "This will be a 50 percent savings," she says. "Plus, it's a space saver for the warehouse and, since less plastic is used in these trays, it will also be better for our environment!"

ICU Clinical Leader Ellen McCarthy, MSN, RN, CCRN, was presented with a \$500 check for her cost savings idea that will potentially save the hospital \$3,000 a year.

At a nursing conference, McCarthy was introduced to the DigniShield Stool Management System. Immediately she could see the benefit to both patients and the hospital compared to the product currently in use at BWFH. "The DigniShield Stool Management System decreases odor considerably, is supposed to be more comfortable due to a different balloon design, decreases potential exposure to staff, has an improved sampling port and is easier to instill medications," says McCarthy. "Plus, it costs less! It seems like a win-win!"

Pre-Op Holding Staff Nurse Kathleen Opanasets, RN, was presented with a \$500 check for her cost savings idea that will potentially save the hospital almost \$3,000 a year.

In Pre-Op Holding, Opanasets noticed that for almost every peripheral nerve block done there are at least ten pounds of linen used to position the limb being blocked. "After the nerve block is complete all that linen gets tossed into the laundry to be sent for cleaning," says Opanasets. She suggested BWFH purchase positioning wedges or blocks that can be covered with just a pillow case. Since there are between one and ten nerve blocks done every day, the savings is quite substantial.



**Kathleen Armando, BSN, RN,
with Dr. Gustafson**



**Ellen McCarthy, MSN, RN, CCRN,
with Dr. Gustafson**



**Kathleen Opanasets, RN,
with Dr. Gustafson**

***Do you have a cost savings idea? Submit it to the Bold Ideas,
Big Savings program by visiting bwhboldideasbigsavings.org.***

Our Magnet Journey Continues

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. (Swihart & Hess, 2014) Shared governance, also known as shared decision-making, plays an important role in ensuring that all members of the healthcare workforce have a voice in decision-making. (Swihart & Hess, 2014)

Shared governance is based on the principles of partnership, equity, accountability and ownership at the point of service. Partnership is essential to building relationships and implies that each member has a key role in supporting the mission of the organization. Equity means that each member of the team has an essential role in providing safe and effective care. Accountability is considered to be at the core of shared governance and means that individuals must be willing to invest in decision-making and own those decisions. Ownership is recognition and acceptance of the importance of individual roles and acknowledgement that the success of the organization is directly tied to how well each individual performs their job. (Swihart & Hess, 2014)

Over the past few months, members of the shared governance committees at BWFH have been reviewing and refining the structure of the nursing committees. The new BWFH shared governance image reflects important advances to refine committee expectations and improve communication between committees.

The shared governance committees meet on the third Wednesday of every month. The five main committees are Nursing Practice, Nursing Quality, Nursing Informatics, Nursing Professional Recognition and Advancement and Evidence-Based Practice/Research. After careful consideration, the name of the Magnet Committee was changed to the Nursing Professional Recognition and Advancement committee. This change more accurately reflects the committee charter and the work that the committee has been involved in over the past few years.



On the fourth Wednesday of the month, the committee co-chairs meet during the Shared Governance Coordinating Council meeting. At this meeting, the co-chairs review topics discussed and address concerns identified during the committee day meetings. The goal for the Shared Governance Coordinating Council is to align goals and outcomes among committees. Updates from the Shared Governance Coordinating Council meeting are shared with the Nurse Executive Board and the nursing leadership over the next two weeks at regularly scheduled weekly and monthly meetings. Urgent concerns are immediately addressed with nursing leadership by Shared Governance Coordinating Council co-chairs.

Unit Based Councils meet monthly and shared governance committee members are expected to relay information from committee meetings to and from the Unit Based Councils in a timely manner. On some units, shared governance committee members participate in Unit Based Council meetings while on other units, members are guests at Unit Based Council meetings. Whatever strategy is used to communicate with Unit

Based Councils, the shared governance committee members are also expected to share information at staff meetings. The Unit Based Council co-chairs convene twice a year for a full-day Unit Based Council Summit meeting in May and November. In November of 2016, the leaders of the shared governance committees were also invited to attend the Unit Based Council Summit as another strategy to align goals and improve communication.

In 2017, the monthly Practice Makes Perfect newsletter will be renamed and begin to include monthly updates from all of the shared governance committees in one publication. We are proud of the work and dedication from each committee member that gives a voice to help improve our professional practice in the Department of Nursing at BWFH.

As members of the largest and most trusted segment of the healthcare workforce, nurses will be expected to play a vital role in the transformation of healthcare in this country. (Gallup, 2015; IOM, 2011) The IOM (2011) states that nurses are well positioned to lead transformational changes that will advance the delivery of healthcare in the future. Whatever the future of healthcare will be, nurses need to be actively involved in leading the changes. (Swihart & Hess, 2014) Shared governance provides a framework for nurses, and every member of the healthcare team, to play a key role in leading changes that will support our mission to provide patient- and family-centered care that exemplifies best practice.



Nursing Practice Committee



Nursing Quality Committee



Nursing Informatics Committee



Nursing Professional Recognition and Advancement Committee



Evidence-Based Practice/Research Committee

Representatives from BWFH Attend 2016 ANCC National Magnet Conference

The ANCC Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. As part of BWFH's continued quest for Magnet Designation, five delegates from BWFH recently attended the 2016 ANCC National Magnet Conference® held in Orlando, Florida.

For Nursing Supervisor Aliessa Wisdom, MSN, RN, CNL, her experience at the conference was enlightening. "I knew we were on the Magnet journey, but I hadn't taken a deep dive into it. For me, the conference was very empowering. As a nurse, to see all these nurses coming together and to see all the work that they have done to bring change to their institutions, it was motivational. It defined the why factor for me. Why we should be on this journey."

For Associate Chief Nurse of Emergency and Inpatient Nursing Cori Loescher, MSN, RN, NEA-BC, the conference helped to define her personal role in the quest in the Magnet Designation. "The keynote sessions were really excellent," she says. "They were around your personal responsibility to demonstrate Magnet qualities and your responsibility to motivate others. Individuals can make a difference and are responsible for making a difference when it comes to changing the culture at your institution."

7 South Clinical Leader Mary Anne Barry, BSN, RN, was particularly impressed with the presenters. "They weren't all public speakers, but they knew their topics, they kept on point and they addressed some difficult conversations. It was clear

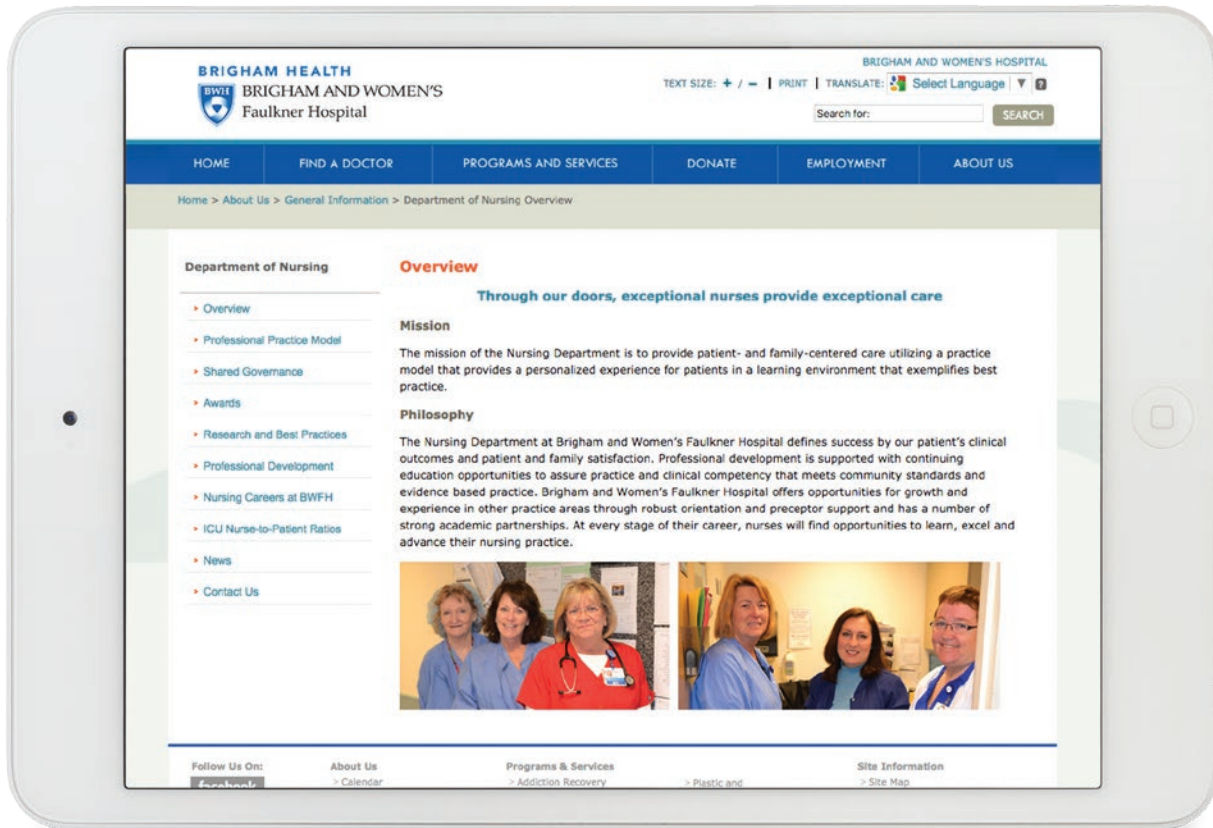
they had done a lot of preparation and wanted to share their ideas," she says. Barry says the conference helped define for her why Magnet Designation is important. "I hear a lot of people say, 'We're doing that for Magnet.' The recognition is part of it, but actually we're doing it because it's best practice. Magnet is a goal, but the real goal is to take care of our patients."

For Director of Patient Safety, Quality, Infection Control and Accreditation Christi Barney, MSN, RN, CS, being able to choose from the many presentations gave her the chance to explore some of her passions. "I really enjoyed the sessions on high reliability, which is very much about providing the safest possible, highest quality care throughout the hospital. I also enjoyed the sessions on readmissions work, which is something we're working to improve upon here at BWFH. I learned about innovative ways to use nurses to address the issue so that patients leave the hospital and don't bounce back in," she says. She also found the award presentations to be powerful. "There is so much amazing innovation taking place. To be able to celebrate nurses who have extended themselves or thought outside the box to make a huge impact in the lives of their patients was really inspirational," she says.

Perhaps most impactful for all the participants was simply having the opportunity to get to know one another. "As important as the educational sessions are, one of the most important aspects of the conference is the teambuilding and relationships that develop among colleagues at the conference," says Associate Chief Nurse of Practice and Innovation Helene Bowen-Brady, DNP(c), MEd, RN-BC.



From Left: Director of Patient Safety, Quality, Infection Control and Accreditation Christi Barney, MSN, RN, CS, Associate Chief Nurse of Emergency and Inpatient Nursing Cori Loescher, MSN, RN, NEA-BC, Associate Chief Nurse of Practice and Innovation Helene Bowen-Brady, DNP(c), MEd, RN-BC, Nursing Supervisor Aliessa Wisdom, MSN, RN, CNL, and 7 South Clinical Leader Mary Anne Barry, BSN, RN



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