

# 2021

## NURSING REPORT

Baystate  Medical Center

**Nurses lead  
the way**

First to receive COVID Vaccine

MAGNET  
RECOGNIZED



AMERICAN NURSES  
CREDENTIALING CENTER





Advancing care. Enhancing lives.

*From left: Caitlin Bigda, Felicia Easton, Edyta Halastra, Joanne Miller, Jessica Stephens, Heather Clark, and Nicole Arnold*

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*Cover photo:*

*Baystate Medical Center's Heather Erdem, BSN, BCEN, TCRN receives the first COVID-19 vaccine administered at Baystate Health from Kaitlyn Patrick, MSN, RN, CNL on December 16, 2020.*

# Welcome



*Joanne Miller, DNP, RN, NEA-BC*

In honor of the 200th anniversary of Florence Nightingale's birth and to celebrate nurses, the World Health Organization declared 2020 the Year of the Nurse and the Midwife. In light of the COVID-19 pandemic, the World Health Organization extended the celebration into 2021 in recognition of the unmistakable strength of nurses and their role during the pandemic.

For 19 consecutive years, the American people have responded to a Gallup poll naming nurses the most honest and ethical professionals. During COVID-19 they continually demonstrated why: showing clinical excellence, extraordinary compassion and unwavering strength delivering care to patients and their loved ones and our community.

In 2020, Baystate Medical Center nurses received their fourth Magnet designation. This recognition illustrates how our nurses adhere to practice that is evidence-based and ensures that nurse leaders at all levels are formally trained to lead and reinforce education provided in orientation, our nurse residency program, nursing professional governance structures and clinical ladders. Magnet designation represents our continual quest for nursing excellence and like the nursing profession itself, requires intention and nurturing as well as a continuous commitment to learning.

Baystate Medical Center carries out the Baystate Health mission to improve the health of the people in our communities every day, with quality and compassion. In this 2021 Nursing Report, I know that like me, you will be captivated by the stories and accomplishments of our nurses. It is clear that they honor our mission statement and accepted the challenges that the pandemic brought, and despite the sacrifices they made to care for our precious patients and their loved ones, they made the time and commitment to advance their knowledge, skills and compassionate care.

It is a privilege to listen to understand and meet our nurses where they are on their professional journeys. I am truly humbled to work alongside you and for you.

With gratitude and love,

A handwritten signature in blue ink that reads "Joanne Miller". The signature is fluid and cursive.

**Joanne Miller, DNP, RN, NEA-BC**  
*Interim Chief Nursing Officer*  
*Vice President, Patient Care Services*

BH Nurse

# Residency Program



In 2021, Baystate Health welcomed its largest group of nurse residents to date. With over 400 nurse residents actively enrolled in our Baystate Health Nurse Residency Program, we continue to advance care and enrich the patient experience. It is truly a privilege to create a new generation of nurses. Thank you for choosing Baystate!



## ANCC Magnet

Baystate Medical Center has maintained its Magnet designation from the American Nurses Credentialing Center (ANCC), placing us among an elite group of less than one percent of hospitals nationally who have achieved this honor.



## ANCC Nurse Residency

The Baystate Health Nurse Residency Program has maintained its Practice Transition Program accreditation (PTAP) by the American Nurses Credentialing Center's Commission on Accreditation.





Babatunde Olatinwo, RN

## Perianesthesia Welcomes First Nurse Residents

Babatunde “Tunde” Olatinwo, RN started his journey at Baystate Health as a nursing student from UMass and did his senior clinical rotation in Fall 2020 in the Daly Perianesthesia department, Pre-op and PACU. The staff and leadership felt he was an amazing student with a lot of potential. He was eager to learn, adaptive, and caring. Historically, Perianesthesia had not participated in the Nurse Residency Program due to the critical care nature and experience desired to work in the department. The opportunity presented itself during COVID to bring on a nurse resident, and with ever-changing staffing dynamics, this was an ideal opportunity to add Tunde. He joined the team in January 2021, passed his boards and was hired as a nurse resident in cohort 24 in February 2021. Together with the ICU and intermediate care educators and Nursing Professional Practice, nursing staff collaborated to ensure Tunde had the best experience possible. He spent time in ICU, IMC, with the IV team, took the dysrhythmia course and became ACLS certified. The team developed an evolving program together over the past year that continued with a second resident. Hannah Manzi, RN started in July 2021, cohort 25. Hannah was a PCT on the unit prior to her graduating and becoming an RN. Staff welcomed these residents with open arms and have seen the value in growing the department with innovation and diversity. We continue to learn and grow with our new grad orientation program and hope to continue it in the future.

### ANCC Beacon Award GOLD Medical/Surgical ICU

Our medical/surgical ICU received a Beacon GOLD Ward from the American Association of Critical Care Nurses (AACN). The Beacon Award for Excellence recognizes individual units that distinguish themselves by improving every facet of patient care. AACN developed the Beacon Award program in 2003 and updated the program

in 2010 to closely align with proven indicators of excellence including the Malcolm Baldrige National Quality Award, American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program, National Quality Forum Safe Practices for Better Healthcare and AACN Standards for Establishing and Sustaining Healthy Work Environments.



## Transformational

# Leadership



*The SW 7 team*

### Java with Joanne

This is an opportunity for the interim chief nursing officer (CNO) to meet with bedside team members to get to know each other, share accomplishments, express appreciation for caregivers' dedication to excellent patient care, voice challenges and seek out new perspectives. These ongoing get-togethers enhance our Relationship-Based Care practice environment and communication with their CNO.

### Labor of Love Weekend

We wanted caregivers to know how much we appreciate and value their commitment to improve the health of the people in our communities every day, with quality and compassion. During Labor Day weekend nursing leaders showed their gratitude with fun giveaways and gifts for our caregivers. These included cafeteria gift cards, canvas tote bags, pens, umbrellas, water bottles and a few other surprises!



*Sarina Gallant, BSN and Leanne Fenney, RN, OCN, Springfield 3 Oncology*



## Thankful Thursdays

To express gratitude and appreciation to our caregivers, our chief nursing officer and members of the Recruitment, Retention and Recognition Council greet employees every Thursday morning and evening with warm welcomes and fond farewells that include music, bubbles, healthy snacks and a double dose of love and kindness. There are weekly prizes as well. Each unit is encouraged to create their own Thankful Thursdays to express gratitude to each other.

In September, the Women's & Infant's Services Leadership team kicked off Thankful Thursdays on WETU, L&D and Wesson 2 with this innovative message of appreciation. Leaders brought in Peppermint Patties, hoping the cool breeze would bring on a smile.



*Appreciate the cookies!*



*From left: Jamie Butler, Juliana Nekitopoulos, Robin Pelletier and Kimberly Lareau*



*Environmental Services team with Joanne Miller*



## Warm Welcome Boards

With the large number of staff in the process of onboarding, the leadership team in the NICU was challenged to find a way to help the current team get to know our newest team members. Diane Cody, nurse educator, came up with a novel approach. She posted each new team member's picture along with a small bio. Not only was it nice to see what these new staff members look like without their masks, it was great to know who likes to bake, read, what music they like to listen to, where they like to vacation and where they came to us from. It was a great way to connect and start conversations with our new team members.







## Nurse Leaders received Dale Carnegie Manager Certification

As part of Baystate Health's commitment to life-long learning and to create an engaging work environment for our teams, Baystate Health Manager Certification has been offered online through Dale Carnegie. As the pandemic surged, so did our leaders' commitment to learning.

Congratulations to our RNs who completed the Baystate Health Manager Certification. From left: Stephanie Bathel, Paula Brooks, Amber Dutton, Ormond Hamilton, Patricia Landry, Laura Murphy, Patrick O'Neil, Christy Parker, Brittany Patterson, Karen Plante and Michelle Whitney. Nurses in roles including practice manager, nurse manager, supervisor, and educator have engaged in 21 hours of coursework to earn their certification. This online learning asset, administered by the Talent Management Team as part of the Baystate Health Leader Academy, is highly rated by participants and continues to grow in popularity.

## Infection Prevention Recognition

The Committee on Infections (COI) is a multidisciplinary committee that meets monthly to review, advise, and support prevention and control of infections at Baystate Medical Center. During International Infection Prevention Week, committee members selected peers they felt were an asset to preventable harm. Three nurses were among the award recipients; (in photo from left) Catherine Dutton, MSN, RN, CNOR; Kaitlyn Patrick, MSN, RN, CNL and Karen Johnson, BSN, RN, CCMSCP.



## Structural

# Empowerment

### Schools of Nursing

BMC Nursing Leadership hosted a virtual event to create an exemplar for enhanced academic collaboration that fosters a culture of innovation and learning. Our community School of Nursing deans and coordinators shared their vision for improving our partnership. Together we began a journey to enhance nursing student clinical placements and ultimately create a new generation of nurses.

UMass**Amherst**

Elaine Marieb  
College of Nursing



Westfield  
STATE UNIVERSITY

Baystate Medical Center  
welcomed over

**900**

Nursing Students into  
clinical placements  
in 2021.



**STCC**  
Springfield Technical Community College

**ELMS**  
COLLEGE  
School of Nursing



I have been part of the BMC family for over a decade, transitioning from a high school student in the Baystate Springfield Educational Partnership (BSEP) program, to my role as a PCT on various units, and ultimately becoming a pediatric nurse. One of the most meaningful ways I give back to the BMC community is by being a mentor in the BSEP program. Being a role model is so important to me. I value empathy, kindness and compassion. I am dedicated to my patients, my peers, and most importantly, my son.

- Karen Diaz, RN, Children's and Adolescent Unit at Baystate Medical Center



## Collaborating to Create a New Generation of Nurses

### ELMS UNDERGRADUATE NURSING STUDENTS

We have a lot of great learning experiences due to a diverse patient population. We feel appreciated, like we make a difference. Our instructor works hard to make sure we have good learning experiences.



From left: Emma Agli, Miranda Cadena, David Bennett (instructor), Samantha Landry, Michelle Redenz and Krystal Fitzgerald

### WESTFIELD STATE UNIVERSITY UNDERGRADUATE NURSING STUDENTS

It's been a great experience. The instructor and staff are providing us with great learning experiences. Patients with different diagnosis' help us build our foundation.



From left: Kathleen Ryan, Meaghan Kleinebreil, Rebecca Spinelli, Maureen Nomakeo (instructor), Ashley Reynolds and Ian Oeschger

## UMASS UNDERGRADUATE NURSING STUDENTS

I love coming to Baystate Medical Center for clinical, the people are great!



From left: Rachel Abbott, Gianna Alberici, Frances Brown, Tori Bonazoli and Maisie Dolan

## AIC UNDERGRADUATE NURSING STUDENTS

I am thankful for the opportunity to have clinical at Baystate Medical Center.

The patients and staff are very respectful towards us.

I am happy we are able to help—it is a great learning experience.



From left: Patience Addo, Tiffany Hall, Magy Elrahep, Ariana Martel, Alina LeClaire (instructor), Anita Mosljchuk and Madeleine Forther

## STCC UNDERGRADUATE NURSING STUDENTS

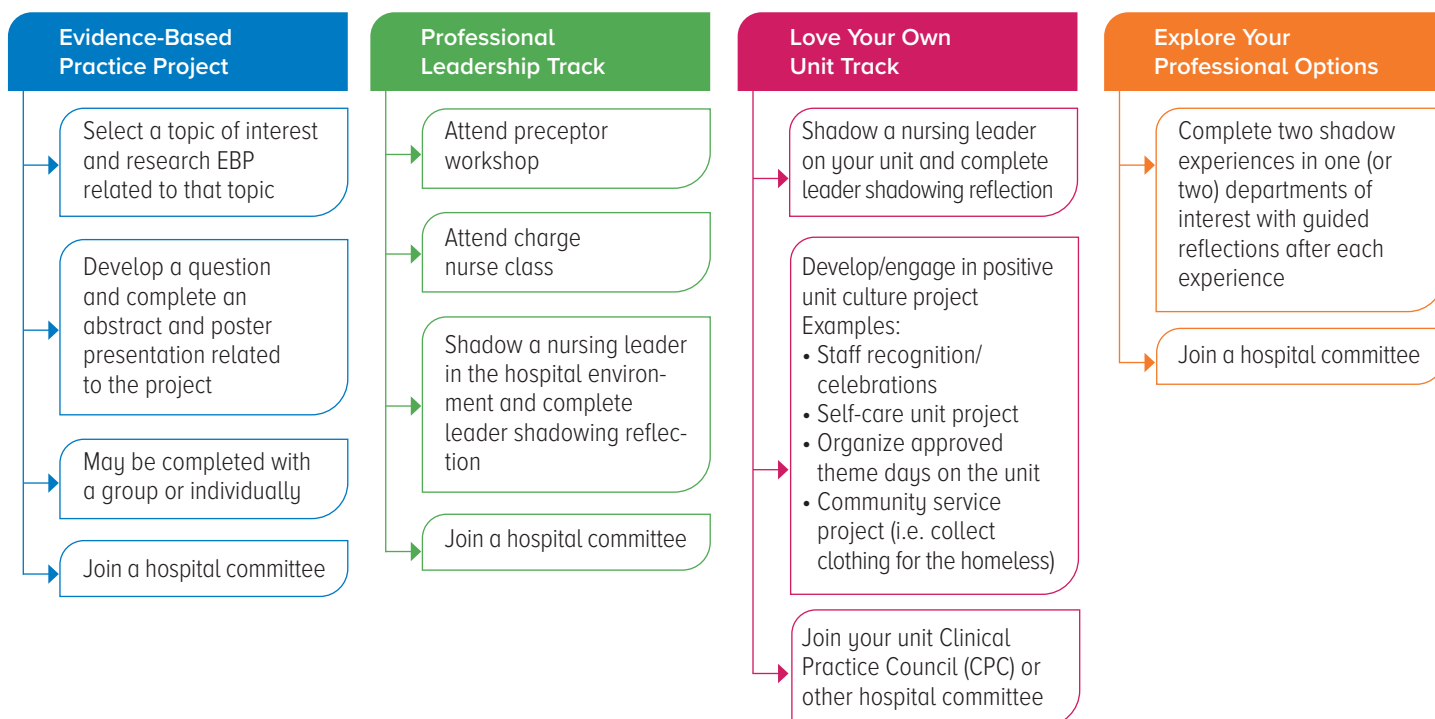
We get a lot of great experience, all of the staff are great, there are plenty of resources available to us. Our instructor makes sure we have learning opportunities.



From left: Melissa Isham, Shalana Ford, Jersica Brown, Grace Sizer and Matthew Meadows



## Baystate Health Nurse Residency Program (BHNRP) Professional Pathways



In an effort to strengthen nurse resident engagement, professional development, and to enculture nurse residents into a shared governance work environment, Brittany Patterson, MSN, RN, manager, BH Nurse Residency Program, developed new professional pathways for BHNRP.

In the final quarter of 2021, the Nurse Residency Program introduced three new professional pathway options as additional final project options for the completion of the program.

In addition to the classic nurse residency Evidence-Based Practice Project pathway, new options included the Professional Leadership track, the Love Your Own Unit track, and the Explore Your Professional Options track. These pathways allow nurse residents to expand on their professional development and further enculture themselves into the Baystate Health team environment. The pathways support a culture of shared governance, encouraging nurse residents to involve themselves in organizational and unit-based committees to advocate for themselves, their units, the organization, and their patients all while growing their professional nursing lens from multiple nursing perspectives.

The nurse resident members of cohort 25 are the first to engage in the new professional pathways and are already showing significant engagement and progress. Shelby Houle, nurse resident NRP25, joined the Baystate Medical Center team in Summer 2021 as a new graduate nurse resident on Wesson 3. Shelby had previously completed her senior practicum in the NICU and was anxious and excited to get back to caring for neonates and decided to engage in the NRP Explore Your Professional Options (EYPO) pathway. The EYPO track requires a nurse resident to complete two shadow experiences on units of their choice to expand their professional lens and explore their future nursing options at BMC. Shelby completed shadow experiences in the NICU and CCN at her six-month mark and applied for a NICU position and has since transferred to the NICU nursing team.



From left, sitting: Michelle DeLeon, Asha Annappan; From left, standing: Abriele Guaren, Jessy Steaphen

### ▲ International Nurses Join our Team

More than 30 international nurses joined Baystate Health in 2021 as a result of innovative recruiting programs to address the acute local shortage of experienced RNs. Many international nurses joined our team as permanent employees with more than 64% making long-term commitments.

## Night Shift Communication Committee

Communication is a critical component of providing safe, quality care. Night shift team members expressed concerns regarding communication between providers and nursing that left both groups feeling frustrated. There has been much discussion about how we as an organization can improve how we communicate, what we communicate, and the expectations around that communication. The desired outcome is a true culture of safety.

In an effort to break down the barriers, a night shift nursing representative from each unit was invited to a Communication Committee that included: Deb Baker, director, Patient Care Services, Matt Wood, Jen Orenstein (night shift providers), Angela Tauer, Rapid Response Team (RRT), and Dr. Kirti Joshi. Over the past year we were able to successfully streamline the paging system; develop a guide for new employees on who to page and when; create an algorithm which includes the provider, RRT and nurse coordinators; and develop a deep dive communication tool to have group discussions. Additionally, we developed and distributed two surveys. Our goal is to recognize a communication failure, discuss it as a team and decide what steps could be taken in the future to improve patient care and teamwork, and determine how to disseminate this new knowledge.



## Behavioral Health Responds to Second Pandemic Challenge

The second year of the COVID-19 pandemic increased the demand for behavioral health care to unprecedented levels at Baystate Medical Center. Nationally, the number of pediatric patients who spent days and weeks waiting for inpatient treatment by the end of 2020 reached crisis level. At times, our 17-bed pediatric ED was filled with children and adolescents seeking behavioral health services.

Psychiatric nurses and nurse leaders at Baystate rose to the challenge and in less than one year successfully opened two new behavioral health units for children and adolescents. In April 2021, in partnership with Kindred Healthcare, a new inpatient unit for children and adolescents ages 5-18 opened. The closing of a regional child and teen unit had resulted in zero hospital beds of this type in the entire western half of the state. Opening a new, specialized care unit within a few months was a feat that stretched the team. On April 28, 2021, the unit admitted its first two patients. The leadership team from Kindred on the new unit, called Child and Adolescent Psychiatric Treatment Unit (CAPTU), collaborated with Bob Horton,

Ormond Hamilton, Lindsey McDonald and other BMC nurses in those early days to get the new unit off the ground. This involved everything from writing policies and procedures, providing appropriate training, onboarding an entirely new staff, and taking care of a population that had never been treated within Baystate Health before. The unit has now been open approximately one year and has opened 12 beds to relieve the pressure on the Emergency Department and the community from the dearth of pediatric behavioral health services. Heather Murphy, LICSW and Jennie Wenzel, RN lead the day-to-day operations on this unit.

Even as the new unit opened and census was full, the pressure on the pediatric ED increased; the opening of the unit could not prevent patients from building up in the Emergency Department while they waited for inpatient treatment. In response, the psychiatric leadership team decided to convert a smaller psychiatric unit used intermittently for special situations. Again, nurses and nurse leaders had to create policies, procedures, training, and day programming from scratch. The adult psychiatric treatment unit (APTU) leadership team of Bob Horton, Ormond Hamilton, Savannah Lofgren, Lindsey McDonald and Annabel Hallgren provided orientation and training, created clinical pathways,

and enhanced communication among clinical areas. The nurses and mental health counselors from the Child Partial Hospitalization program also provided their expertise with pediatric behavioral health treatment and programming to the new unit. Many experts in behavioral health feel that COVID-19 has created a second pandemic of behavioral health challenges and mental illness in adult and pediatric populations alike. We are proud of our psychiatric nurses at Baystate Medical Center who demonstrated innovation and clinical acumen to address the challenge of providing the care and services that our community needed.

## Exemplary

# Professional Practice

### Pre-op Huddle

Through quality improvement and assessment monitoring, we identified an opportunity to improve patient readiness prior to entering the operating room during living organ donations. The transplant RN supervisor in the Operating Room, the transplant program manager and the living donor coordinator collaborated on a pre-op huddle process to ensure that both the recipient and the living donor are ready and it is safe to proceed with the transplant surgery. The OR team, pre-op nurses and transplant coordinator convene at the patient's bedside and confirm that all routine pre-operative testing, lab work, assessments and consents are addressed and verified, ensuring there are no barriers to safely proceeding with transplant surgery (for example, recipients' potassium is normal and they don't need dialysis first). After a brief and successful trial period, the process was implemented in December 2021. Since implementation, there have been no last-minute findings that prevent patients from proceeding to the OR safely and on-time.

### Leading the Way in ECMO Care through Education and Certification

In the Heart and Vascular Critical Care unit, the ability to continue to grow expertise in managing Extracorporeal Membrane Oxygenation (ECMO) along with managing an increased volume of patients on ECMO support prevailed. In 2021 with the continued COVID-19 surges, we implanted the highest volume of ECMOs yet in the institution and flexed to manage up to four patients on support at a single given time. This highly intensive and medically complex therapy was able to be provided at such a volume due to the exemplary collaboration of nursing, perfusion and respiratory therapy. We have trained 23 ECMO specialists who have received a hospital institution certification, and we now have one nurse specialist, Zhu Bao, RN who passed her Adult Certified ECMO Specialist (CES-A) certification through the American Society of Extracorporeal Technology (AmSECT). Her success in passing this difficult and complex exam has encouraged more of our ECMO specialists to begin their journey to CES-A certification as well.

In addition to the clinical aspect of mechanical support, Alexandra Marra, RN (ECMO specialist) and Kimberly Grady, RN, MSN (HVCC educator) presented education and information at Baystate Nursing Grand Rounds on growing a nurse-driven ECMO program. Kimberly Grady, RN, MSN also had the opportunity to present a lecture featuring the Heart and Vascular Critical Care nursing team at the 8th Annual Western New England Acute Cardiology Conference on Cardiogenic Shock: Critical Care Management, which highlighted the nursing assessments and care of cardiogenic shock as well steps the HVCC nursing team has taken in managing moral distress in this highly acute and medically complex patient population.





Our Intravenous Therapy nurses play a vital role to numerous patients and team members across Baystate Health. They are a strong team that champion education, evidence-based practice and compassionate care. We are grateful for their support and resilience.

*From left: Logan Gumlaw, Kim Moffett, Erin Sevilla, Bhamini Rana. From left, bottom: Nichole Hanson, Siwanee Darsch, Brooke Silva and Erriloque Lord*

## Nursing Professional Practice Program Introduces Supporting Onboarding and Achieving Role Readiness (SOARR)

The SOARR program helps soften the onboarding of nurse residents into the organization in a supportive and structured way to enhance their early learning and help increase their success into their new careers. The SOARR program's evolution came from feedback during a preceptor town hall. Members of the Preceptor Committee met with residents on orientation and those who were newly off orientation, and preceptors and asked for suggestions on how to improve the onboarding process for nurse residents. It was stated multiple times that residents would have appreciated being front loaded with information prior to beginning their orientation on the units. After the town hall, a group of educators met, brainstormed and researched how this could evolve from an idea to an actual program.

The original SOARR program design was a two-week program at the start of nurse resident's orientation. Its purpose was to be a safe and inviting learning opportunity where brand new nurses could learn about equipment, policy and procedure, and have hands on experience before working on their units. The residents had a formal schedule broken down into various topics that were pertinent to them (for example, nutrition, tubes and drains, blood administration, ambulation with various pieces of equipment, documentation). Each topic had a didactic component with a review of important information for the new nurses. Each section then concluded with a skills session in which the residents would perform the tasks or complete an exercise related to the task to help solidify the new learning. The program also included the essential classes that most med/surg units required for nurse residents including telemetry (if applicable), ERHS, PCA, and trach class.

Feedback from the SOARR program was overwhelmingly positive. Residents and educators from the units that had residents go through their program were surveyed. The

original SOARR educators then took the feedback from both the educators and residents and modified further programs based on the input. Residents would reach out to the SOARR educators to let them know how the program enhanced their orientation. For example, one of the residents placed an ethics consult on one of their patients after learning about it in the program. The result was positive for the patient and the family and they were grateful they had learned about this during SOARR. Another resident took ERHS during he program and was able to respond appropriately without hesitation their first week of orientation during an emergency. The program continues to be modified each time the program runs based on the resident and educator feedback and has become an essential part of the beginning of the nurse residency program for many units at Baystate Medical Center.



From left: Patricia Fontaine, MSN, RN, CPN and Paula Davies, BSN, RN, CPN, Clinical Level III

## Baystate Children's Hospital Safety Brief

On October 4, 2021, Baystate Children's Hospital (BCH) began a Monday through Friday safety brief with 25 departments across BCH and Baystate Medical Center. We participate in a national pediatric collaborative called Solutions for Patient Safety (SPS), a network of more than 150 hospitals in the United States and Canada whose goal is to reduce serious harm in children. As part of the SPS work on improving culture, we discovered a gap in process, and so the daily safety brief was born! A safety brief is a leadership method used in high reliability organizations to make leaders aware of front-line

operations, assign accountability, and resolve identified safety issues with a specific time frame. Our aim was to improve both situational awareness and accountability using a look back and a look ahead 24 hours approach.

Trish Fontaine, MSN, RN, CPN, is Baystate Children's Hospital's Outcomes Nurse. Her passion for patient and team member safety was the catalyst to move the safety brief forward. Trish educated department leaders, worked to develop a new safety logo and ensured participants felt that they were empowered team members. To maintain structure, Trish created a standardized template that includes the most recent serious safety event. Resolution of the previous day's concerns are built into the format.

To date, the feedback has been positive on improved situational awareness, allocation of resources and timely resolution of safety concerns. The gains were most notable during the pandemic, as a team approach with shared services was critical. Our goal is to achieve ZERO HARM in the Children's Hospital while identifying improvements and gaps along the way. Nursing roles and responsibilities are diverse; the Children's Hospital is fortunate to have Trish in a role with a primary focus on patient outcomes and process improvements.







Aneta Wachta, BSN, RN, CRRN, assistant nurse manager, Wesson 3 Renal leads a huddle with members of her team.

## Daily Management System

Organizations that are committed to continuous improvement around patient safety and staff engagement are implementing the Daily Management System (DMS). DMS empowers front-line staff to solve problems in the moment, escalate those that they cannot, and receive feedback in a timely manner to course-correct and implement change. DMS involves 4 tiers or structured quick huddles with front-line staff to senior leaders within the organization in a clear, concise, productive manner.

During the huddle, any team member can raise issues using the acronym of Safety, Process, Equipment, Supplies

and Staffing (SPESS). These issues are discussed, placed in the appropriate space on the DMS board, but not resolved in real-time. Ownership of the problem is assigned with the goal of resolution within 5 days.

Good safety catches and recognitions are shared and celebrated during each huddle. Change happens at the speed of trust and once the team members trust each other, the safety opportunity discussions can occur in real time and be escalated through the Tiers as necessary.

Tier 2 occurs daily at 0800 with the director of the service line and the management team. This is where leaders share their process data collection to develop the metric and

the goal that the division has agreed upon. The same process is then used in Tier 3. SPESS are shared, themes identified, and ownership assigned to a team member from that department to develop a standard workflow to prevent the issues from recurring. If any issues cannot be solved at the Tier 3 within 48 hours, five days or 30 days, it is escalated to the Tier 4. Tier 4 is made up of our senior executive leadership group. The issue is shared, and the senior executive team become key stakeholders, committed to resolving the issue affecting patient safety.

## RN Resident Buddy Program in the Emergency Department

The COVID-19 pandemic disrupted the availability of educational programs for our nurses, and previously live and in-person didactic classes and clinical rotations went completely virtual. This resulted in a gap in the preparation of our new graduates. This, coupled with a staffing shortage, gave birth to the innovative RN Resident Buddy Program. The program recognized both the need for more real-time immersion in the practice environment as well as

the need for staff support to care for patients. Patient care interventions were identified for when working an extra shift alongside a senior nurse. The RN resident providing this extra shift was not on orientation, but rather there to provide much needed additional support. The RN Resident Program enhanced care for more patients; provided RN residents opportunities to perform and enhance more basic skills while not under the stress of orienting in an assignment; and was well-received.



Meghan Monahan, CCLS III

## Child Life & Healing Arts Enhances Pediatric Care

Our certified child life specialists on the Child Life & Healing Arts team ensured that much-needed psychosocial and emotional support to children and families remained strong during the pandemic. Child life specialists prepare and support children and families through their medical experiences, viewing care through a trauma-informed lens to advocate for a psychosocially sound approach to care within the multidisciplinary team, and guiding the child and family through an individualized, patient and family-centered approach. They assess the child's development, past healthcare experiences, communication and learning styles as well as their sensory needs to customize their approach to preparing and supporting each child. In collaboration with the Healing Arts team, they utilize play, art, music, theater and technology to help children understand procedures or diagnoses, reduce anxiety, normalize the medical environment, celebrate milestones, give children opportunities to express feelings surrounding their experiences and, of course, they ensure FUN along the way!

2021 brought a new position to the Child Life and Healing Arts team with a certified child life specialist hired specifically to support children of adult patients through Baystate Medical Center as well as families in NICU and Labor and Delivery. Meghan Monahan, CCLS III, moved into this role in September with back-up support as needed from the inpatient team of child life specialists. Meghan has been working to gently and respectfully integrate child life supports into these areas, working closely with social workers and medical teams to identify families that can benefit from her support. These most often include adult patients who may have experienced a significant trauma or life-changing diagnosis that impacts the family, or those who may be anticipating death or have lost a loved one. Meghan prepares children to visit their family member, using developmentally appropriate information to help them understand what they may see, hear, or feel. She helps children learn about various machines or equipment and how it is helping their loved one, correcting any misconceptions, giving them space to process and opportunities to express how they feel. She guides families through memory making when their loved one dies and helps them understand death in a developmentally appropriate way. She also provides resources to families for further supports or guidance in supporting their children once they leave the hospital. This new position has already shown to be incredibly valuable and we are grateful to Meghan and the Child Life and Healing Arts team for all they do to support children and families in both pediatric and adult areas.



Amarilys Sepulveda, LPN

## LPN Continues Career at Baystate

When Amarilys Sepulveda completed her LPN course, she spoke with management about her future at Baystate. Having worked at Baystate for the past five years, she preferred to stay at the organization that helped establish her foundation as a caregiver.

Amarilys spoke with Thomas Panaccione, surgical director, and discussed the prospect of training as an LPN to help the South Wing 6 unit with its staffing needs. Her journey began with a 12-week orientation to the unit, moving from her PCT position into the role of a nurse with enthusiasm. Staff were excited to watch Amarilys advance in her professional career while contributing to the unit. “Amarilys has been such an asset to the team, and the charge nurses are excited to collaborate with her and for the support that she will be providing them,” says Kim Mendibe, nurse manager, SW6.



From left, standing: Amy Person, Aleksandra Swiatlowski, Gemma Evans, Sarina Gallant, Brooke Logan, Malena Tracy, Sara Scagliarini, Sarah Donahue. From left, sitting: Donna Smolen, Jennifer Salina and Janea Barrett

## Monoclonal Antibody Unit

The Infection Control Treatment Unit (ICTU) Team mobilized to meet our community's need to deliver high quality care to our COVID patients.

What began with a handful of referrals, a makeshift treatment area, and a rotation of redeployed employees blossomed into a full-fledged outpatient COVID treatment clinic. Our mission was to treat pediatric and adult patients with COVID who were at high risk for hospitalization, serious health complications and mortality. To do this, we had to be flexible to meet the ongoing needs of those affected, respond to the ebbs and flows of the pandemic, and keep up with the emerging science behind monoclonal antibody therapies.

The ICTU team lead by Paula Brooks, DNP, FNP-BC, MBA, RNFA was a true dream team of staff from S3 Oncology, the D'Amour Center for Cancer Care, Cardiac Cath Lab, ICU and APPs from throughout the health system. Because the success of these therapies is dependent on timely treatment, we had to adapt our staffing in real-time to ensure we could treat everyone within their window of eligibility. By the end of 2021 we had treated more than 1,500 patients. The pandemic brought us closer together through a shared enthusiasm to be where the care is needed.



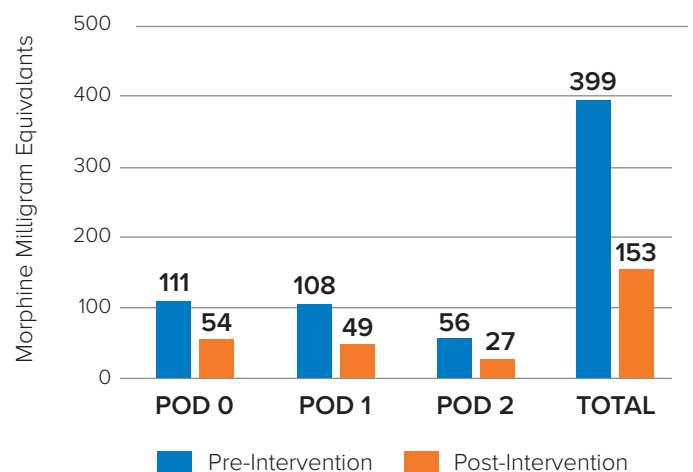
## New Knowledge

# Innovation & Improvements

### Culture Change in Post-Operative Cardiac Surgical Pain Management

In April 2021, the nursing teams of the Heart & Vascular Critical Care Unit and Cardiac Telemetry Unit M6, working with the cardiac surgical multidisciplinary provider team, implemented a performance improvement project, Culture Change in Post-Operative Cardiac Surgical Pain Management. The purpose was to evaluate the current state of situational awareness of Morphine Milligram Equivalence (MME) and nursing knowledge of MME in the Heart & Vascular Critical Care Unit (HVCC) and Cardiac Telemetry Unit (M6), as well as their use of complementary pain management strategies in this population. Education was provided on complementary therapies, multimodal analgesia, MME and a novel MME application in Cerner/CIS that was created by the cardiac surgical team. We then assessed if the total MME provided to patients post intervention decreased while maintaining adequate pain control for patients. The HVCC and M6 nursing teams were open and willing to learn the educational intervention as well as utilize the novel MME application in the electronic health record. Results of 15 CABG, CABG/Valve or Valve patients, in sequence of surgery, pre- and 15 post-intervention, suggests significant decrease in MME provided post-operatively after the intervention. This unit change project was then submitted to the American Association of Critical-Care Nurses (AACN) National Teaching Institute Conference and was accepted in November 2021 to be presented at the 2022 AACN NTI Conference in Houston, Texas.

Average MME Pre-Post Intervention



### Living Donor Enhanced Recovery Pathway

A multidisciplinary team, led by the living donor nurse coordinator, noted that living donors experience a high rate of nausea, vomiting and dehydration post-operatively, leading to decreased patient satisfaction and increased length of stay. The team conducted a literature search and based on cited best practices, developed a standard pathway for living donor patient management. Alterations in bowel prep before surgery, adding pre-surgery oral supplements, preemptively medicating for nausea, increasing IV fluids administered in the operating room, and minimizing narcotic administration by adding non-narcotic medications and adjuvant therapies, led to improved patient outcomes. Using this protocol has led to better pain management, less nausea and vomiting, less dehydration, improved patient satisfaction and shorter length of stay.



## Triage Model of Care Redesign/Rapid Medical Evaluation (RME)

Challenged with the need to better manage care due to increased Emergency Department volume, an interprofessional team of nurses, physicians and members of Operations Excellence worked to redesign the existing Triage Model. This transformative work specifically targeted improving the safety of patients with Severity Index Levels of II and III by providing a modified evaluation along with the start of diagnostic orders and treatment.

The redesign work involved multiple alterations and reiterations of processes affecting the physical environment, flow of patients, patient assessments, use of Information Technology and ultimately much deference to the patient experience. Methods included current and future state mapping, identification of executive nursing sponsors, physician partners, and most importantly the direct nurse process owners and stakeholders. Other planning tools included tabletop exercises aimed at garnering input to identify and problem-solve issues that would impede success.

These elements together created a model that provides care to the sickest patients in the waiting room who tend to wait for the longest periods of time. The success of this process required high levels of communication and collaboration. This work has reduced wait times and the rate of left without being seen of this population, as well as improved safety and patient satisfaction.



From left: Laura Spice MSN, RNC-OB, Khialeny Pena, BSN, RN and Alyssa Falvo, BSN, RN

## Babyscripts Remote Blood Pressure Monitoring Program Implemented in Wesson Women's

Hypertensive disorders in pregnancy are increasing nationally and remain a major cause of maternal morbidity and mortality across the world. A multidisciplinary team in Obstetrics started several new initiatives to help combat this trend, with a focus on standardizing care, improving postpartum and outpatient care, and expanding education to our emergency department staff.

One exciting project implemented as a part of this quality improvement initiative is Babyscripts, a remote blood pressure monitoring tool that uses a smart-phone app. All postpartum patients with a hypertensive disorder of pregnancy now go home with a free blood pressure cuff with Bluetooth and remote patient monitoring through the Babyscripts app. Patients receive reminders to check their BP at home twice per day; elevated or critical values trigger an outpatient workflow so that the Ob/Gyn practice can follow up and assess the patient in a timely fashion. The app also provides a full year of education for new parents.

Providers and nurses received comprehensive education about hypertensive disorders of pregnancy and the Babyscripts app before the project went live on November 2, 2021. Our hope is to raise patients' awareness and allow them to take a more active role in their care, all while keeping them safe.



Syrus Carey, ADN and Reilly McQueston, BSN

## Nurse Residency Mentorship Program

In 2021 the Nurse Residency Leadership Team developed a mentorship program. A mentor is an experienced professional who provides information, advice, support, and ideas (2020 *Practice Transition Accreditation Program Application Manual*, p. 20.) Mentoring is a dynamic process and an effective and proactive means for a more experienced nurse to foster a nurse resident in their professional development and lifelong learning in a confidential and safe environment.

The Baystate Health Nurse Residency Program (BHNRP) coordinates and facilitates a formal nurse resident mentorship program. Alumni nurse residents with at least one year of clinical nursing experience at Baystate Health can volunteer to become mentors to current nurse residents. The mentor candidate attends a mentoring training session led by the BHNRP faculty that discusses Benner's Novice-to-Expert Theory of practice transition, goals of the

mentorship program, benefits of mentorship relationships, and BHNRP mentor qualifications and expectations. Upon completion of the training session, a unit leader evaluation is completed on each mentor candidate to assess the appropriateness of mentoring based on that candidate's performance, attendance, communication skills, and interdisciplinary collaboration. After receiving a satisfactory leader evaluation, the nurse mentor is assigned one or two nurse residents who have chosen to participate in the mentoring relationship.

The mentor is expected to arrange and facilitate mentoring sessions with their assigned nurse residents at least once every two months (and up to one session every two weeks) for the duration of the 10-month nurse residency program. The mentor utilizes the BHNRP Mentoring Session Tracking Form for each mentoring session to ensure that topics covered during the mentoring session are focused on professional development, self-care, work-life balance, and lifelong learning. Once each mentoring

session is complete, the mentor submits the mentoring session tracking form to the NRP faculty for review. As content discussed between a mentor and nurse resident is confidential, no specific details are included on the tracking form. The mentor is asked to rate each mentoring session on a scale of 1 (strongly disagree) to 5 (strongly agree) in five separate areas to ensure there is connection and productive use of mentoring time for each session to help form a meaningful relationship.

## Support for Breastfeeding Parents

Lactation staff are essential partners for Obstetric and Pediatric services. Lactation nurses are certified as International Board-Certified Lactation Consultants (IBCLC), which solidifies and validates their knowledge. The role of the IBCLC is to support lactating parents to meet their individualized breastfeeding and/or pumping goals. The team provides breastfeeding education classes for both parents and staff, operates an advice warmline, facilitates an ongoing support group, manages an outpatient lactation clinic, supports Baystate Lactation Lounges for lactating employees returning to work and operates a retail breast pump rental station. Since 2016 we have been recognized by the International Board of Lactation Consultant Examiners for achieving the IBCLC Care Award. The award recognizes hospitals that hire currently certified IBCLC's and have a dedicated lactation support program. BMC received global designation for demonstrating that we have provided training for nurses and other care providers for breastfeeding families. IBCLC successfully implemented special projects that promote, protect, and support breastfeeding and the lactation consultant profession. We are grateful for this team of experts!





From left, bottom: Jaime Caron, MSN, MBA, NEA-BC, Michele Johansson, MSN, RN, CNL and Lauri Deary, MS, BSN, RN, HN-BC with the Daly 6B team

## Baystate's SmartBed Incontinence Detection System Protects COVID Patients from Pressure Injuries and Preserves Dignity

In many cases, HAPIs (hospital-acquired pressure injuries) are preceded by patients' prolonged exposure to moisture caused by incontinence. The pandemic has further exacerbated this threat because 1) COVID-19 patients typically have characteristics and conditions (old age, immobility, comorbidities and low skin integrity) that increase their vulnerability to pressure injuries and 2) COVID-19 safety protocols limit how often nurses can check patients for incontinence.

By sharing our experiences acquiring, implementing and using this system, we hope to help other hospitals learn how they might take advantage of SmartBed technology to improve patient care and caregivers' efficiency and effectiveness.

### The Pernicious Moisture-to-HAPI Pathway

Early detection and mitigation of incontinence is vitally important. Incontinence episodes occur more frequently than you might expect – one study of more than 5,300 adult hospital patients found that nearly half (46.6%) had urinary, fecal or dual incontinence. Research suggests that prolonged exposure to moisture is the most important factor for the development of incontinence-associated skin damage. Research also shows that, even in hospitals that use a premium pad with wicking technology, exposure to urine can break down skin in just 15 minutes; in one study, incontinent patients on average were exposed to moisture

for more than two hours. If not quickly detected and mitigated, an incontinent event often leads to incontinence-associated dermatitis (IAD). One study showed IAD was prevalent among 45.7% of patients with incontinence and was 3.56 times more likely to result in a pressure injury.

The WatchCare® Incontinence Management System operates by using sensors installed under the mattress and in absorbent Smart Pads, which are placed under the patient. As soon as a pad detects moisture, it signals the bed's lighting system to illuminate the floor near the footboard – a quiet, discrete notification that nurses can easily see from outside patients' rooms.



## Research, Awards

# Advancements & Certifications

### Baystate Medical Center MICU/ SICU/NCCU Receives Gold Beacon Award for Excellence

The American Association of Critical Care Nurses (AACN) Beacon Award for Excellence recognizes individual units that distinguish themselves by improving every facet of patient care. AACN developed the Beacon Award program in 2003 and updated the program in 2010 to closely align with proven indicators of excellence including the Malcolm Baldrige National Quality Award, American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program, National Quality Forum Safe Practices for Better Healthcare and AACN Standards for Establishing and Sustaining Healthy Work Environments.

The program has three levels of designation: gold, silver, and bronze. The application process consists of a series of 38 questions about the hospital and unit and is clustered into five categories. To receive a Beacon Award, a unit must meet defined criteria within the following categories:

- Leadership Structures and Systems (150 points)
- Appropriate Staffing and Staff Engagement (100 points)
- Effective Communication, Knowledge Management, Learning and Development (100 points)
- Evidence-Based Practice and Processes (200 points)
- Outcome Measurement (450 points)

Since its inception in 2003, the MICU/SICU/NCCU has won every year except one (2008-2009) where an application wasn't submitted. Starting in 2010, awarded units receive a three-year designation.

From 2011-2021, the MICU/SICU/NCCU has received three silver awards. These last two years with the pandemic have brought about tremendous challenges, and to be awarded a Gold Beacon Award at this time speaks volumes to the



From left: Barbara Eufemia, BSN, RN, Jaime Caron, MSN, MBA, NEA-BC and Kathleen France, BSN, RN, CCRN

commitment to excellence by unit leadership, nurses and interdisciplinary staff that support and work with nurses.

A special thank you to Sarah Caddeo, unit educator, for her role in writing the application, and also to Pam Trench, unit manager, and Kathy Austin-France and Barbara Eufemia, ANMs. Leadership support is paramount in the journey to excellence and the daily commitment by our critical care nurses to our patients/families and our profession is nothing short of commendable.

Congratulations to the MICU/SICU/NCCU for this prestigious nursing award and a huge thank you to the support staff and physician colleagues with whom we work with to deliver excellent care that meets or exceeds expectations daily.





*Jennifer Marion, BSN, RN, RNC*

## Nursing Excellence in Leadership Award

Jennifer Marion, assistant nurse manager, Neonatal Intensive Care Unit (NICU), was recognized for her leadership overseeing the interdisciplinary NICU breastfeeding sub-group committee of nurses, doctors, lactation consultants (IBCLCs) and human milk technicians (HMTs) and was awarded the Baystate Nursing Excellence in Leadership Award. Jen developed and oversees a NICU breastfeeding peer counselor program in collaboration with Women Infants and Children (WIC), providing access to breastfeeding support for NICU mothers. She researched and implemented a process for transitioning premature infants to breast and advocated for budgeted IBCLC positions, which has improved NICU lactation specific care for mothers separated from their sick or premature infants. Jennifer also advocates for changes statewide through her involvement with The Massachusetts Neonatal Quality Improvement Collaborative with the goal to increase the use of mother's own milk in very low birth weight infants. She initiated bill HD1929 An Act Relative to Hospital Grade Breast Pumps with MA legislator Daniel R. Carey to increase the availability of hospital grade breast pumps for mothers of babies in special care nurseries statewide. This bill is now moving forward in the legislature and has the potential to close the disparity gap.



*Amanda Mattoon, BSN, RN, CPEN, Sadowsky Family Pediatric Emergency Department*

## Transformational Leadership Award

Amanda was nominated for her success in developing a self-scheduling process for her team and for rearranging the resuscitation room and medication room. Her organization and dedication made it possible for the department to move to self-scheduling and every third weekend. She has exuded all of the qualities of a transformational leader!



# 2021 DAISY Awardees

The DAISY Award is part of an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. Here are our 2021 DAISY Award winners.

## JANUARY

### Caroline Dziel, RN, CHAD

Caroline was nominated by the mother of a patient who thanked Caroline for coming in for family meetings and bringing extra value and input to the plan. The patient's mother noted Caroline had an awesome bedside manner that is just the right combination of caring, professionalism, and a positive attitude.



## FEBRUARY

### Stefanie Dinoia, RN, MICU/SICU

Stefanie was nominated by a Baystate employee who thanked Stefanie for going above and beyond checking on her elderly parents during the pandemic and then when they were quarantined with COVID. Stephanie phoned frequently, offering advice either over the phone or in the driveway. She also ran to the store one night to purchase a new thermometer as theirs was not functioning and the father had a high fever.



## MARCH

### Susan Vurovecz, RN, OR

Susan was nominated by a physician colleague who appreciated Susan's help caring for a complicated patient with a history of dementia. She stated that Susan treated the patient with care and kindness, and that she consistently takes care of all her patients in this manner, always willing to lend a helping hand.



## APRIL

### Joevoneta (JB) Bernard, RN, D5A

JB was nominated by the daughter of a Daly 6A patient who was battling dementia. The family commented on the decision to follow the patient's goals of care and make him comfortable on hospice care. The daughter stated no matter how many patients he had, JB made them feel as if their father was the only one. He took the time to talk, to educate and listen to concerns.



## MAY

### Wendy Taylor, RN, ED

Wendy was nominated by a pediatric patient who wrote: "This was my first time in the Emergency Room. I could not have been luckier to have Wendy Taylor as my nurse! To say she was friendly and caring would be an understatement! Being in the Emergency Room can cause anxiety; especially when you are a young adult in the hospital for the first time AND by yourself because no visitors were allowed during the COVID pandemic. I felt safe and cared for by Wendy."



## JUNE

### Dino Innarelli, RN, S6400

Dino was nominated by a patient who was impressed by the simple things Dino did, such as stopping in the room to tell her he was her nurse, answering the call light himself and answering promptly, and his expertise with the IV. She also stated he offered compassion and encouragement and that she felt safe in his care.



## JULY

### Carly Kimball, RN, Children's and Adolescents

Carly received two DAISY nominations in the same month. One was from a family who wrote with heartfelt gratitude about the impact Carly had on their daughter by partnering creatively with her, the family and the medical team, to bring moments of hope and normalcy to their child. The second nomination was from a new member of the medical team who felt overwhelmed until Carly took the time to offer praise and encouragement. It meant the world to this new provider, who watched Carly extend the same mentorship and care to nursing students, residents and to all members of the medical team.



## AUGUST

**Blair Patton, RN, SW6**

Blair was acknowledged by a patient from Florida who is also a nurse and who was attacked by a dog while vacationing in Massachusetts. The patient, who was admitted to South Wing 6, said that as her nurse, “Blair was attentive, compassionate and competent. I never needed to use my call bell, not even once. Blair anticipated my every need and checked on me often. She explained everything well, provided comfort and sent me off to surgery... I will return to work soon and plan on mirroring care like Blair’s!”



## SEPTEMBER

**Stephanie Mason, RN, D6A**

Stephanie was nominated by a physician colleague for her care of an elderly gentleman with dementia. She calmed the patient and used nursing judgment and compassion to understand his need leading to his escape. Stephanie removed restraints and sat down with the patient, learning he wanted to leave the hospital to get his paycheck from his job, as he thought he was still working. Stephanie pretended to interview him and then told him he was hired at Baystate and needed to stay in the hospital. She printed fake cash and gave it to the patient. This gesture not only calmed him but also preserved his dignity, his identity, his humanity and made him cognitively engaged.



## OCTOBER

**Amina Asvandiyeveva, RN, M3**

Amina was nominated by a colleague for her care of an elderly patient who needed an emergency cardiac procedure and was terrified. While he initially refused the procedure, Amina took the time to sit on the edge of the patient’s bed and make a compassionate connection. Amina validated his feelings while gently explaining why the team felt it was so important for the procedure to commence, and the patient agreed. The colleague wrote: “Amina is a fierce champion for all of her patients and goes above and beyond to care for our most vulnerable patients.”



## NOVEMBER

**Sarah Johnson, RN, SW5**

Sarah was nominated by her nursing colleague for helping to care for a young burn victim who also lost her home and her two cats. Sarah met the patient’s teary eyes and asked if she could perform Reiki. Sarah’s colleague described the patient’s reaction and watching every muscle in the patient’s body relax, her breathing become even and for the first time in hours, she was at peace.



## DECEMBER

**Nicole York, RN, ED**

Nicole was nominated by a former patient who had arrived in the Emergency Department after falling ill at the Big E. She said from the beginning, Nicole was warm, kind, accommodating and sympathetic, adding, “She listened to me carefully and took my questions and concerns seriously...during a procedure, I was alone and Nicole stayed and held my hand. She did not have to do that, she brought a great deal of comfort to me physically and emotionally...On a busy Saturday night in the ED, she must have had many patients and tasks, but she took special care of me.”

**Inaugural Nurse Leader DAISY Award**

In June 2021 BMC awarded its inaugural Nurse Leader DAISY award, to be given on a quarterly basis. **Amanda Miller, BSN, RN, assistant nurse manager, MM6** was our first Nurse Leader DAISY Award winner.



Amanda was nominated by Martha Edmond, who called her one of the greatest leaders she has ever known. Amanda was referred to as a positive force on the unit: “Everything a leader needs to be, from being compassionate to having those tough conversations. She sees no task as beneath her and will do whatever is needed to help the team.”

# Nurse Certifications

Allison Acerra  
Kristen Ahearn  
Alexandria Alders  
Brittney Allen  
Paula Alrutz  
Mackenzie Anderson  
Kerilyn Barrios  
Michael Bartolo  
Anna Bombard  
Alyson Bruneault  
Tara Budrewicz  
Brianna Castillo  
Katherine Ciolek  
Kelly Condikey  
Hannah Coombs  
Regina Cuizon

Siwanee Darsch  
Austin DeCosmo  
Bryce Donovan  
Caroline Dziel  
Emily Elmer  
Allison Falcetti  
Caroline Fallon  
Patricia Faron  
Renee Gagnon  
Elizabeth Gaspari  
Kristina Grochowski  
Erica Harp  
Mariah Henry  
Jessica Hicks  
Kristen Hicks  
Kelly Kowalczyk

Arlene Kruzel  
Jennifer Jackson  
Michele Johansson  
Sarah Johnson  
Kimberly Kirchner  
Chelsea Kirkbride  
Kathleen Koerner  
Michael Konetzny  
Nicole Ladeau  
Meghan Lagoy  
Kevin Langley  
Tanya Martin  
Wilnet Martinez  
Jillian Massaro  
Amanda Mattoon  
Rebecca Maziur

Colleen McMahon  
Michael Meagher  
Alyssa Meskell  
Megan Meyers  
Caitlin Millett  
Kimberly Moffett  
Anne Mukuhi  
Amanda Neveu  
Vananh Nguyen  
Loocy Parekkatu  
Cara Parent  
Kaitlin Parenteau  
Melissa Picard  
Madeline Ramos  
Allison Rauschenbach  
Maureen Redmond

Kelley-Ann Riddle  
Gina Russo  
Erin Short  
Hannah Smith  
Rebecca Szafir  
Kera Tanguay  
Kayla Therrien  
Jessie Thompson  
Maurice Turner  
Christina Vaiciulis  
Amber Wassmuth  
Korey Westbrook  
Meredith Whitfield



Becoming certified has not only validated my knowledge of holistic practice but has made me more confident to integrate holistic nursing into my bedside practice. Studying for any certification takes time but, in the end, it's worth the investment. Achieving my CMSRN and HN-BC was an excellent way for me to achieve the skill and expertise in holistic nursing practice and medical surgical nursing. Becoming certified is a professional honor and worth the hard work it took for my professional development.

- Hannah Coombs, MSN, RN, CMSRN, HN-BC



Being a certified clinical nurse leader gives me a sense of pride. It means that I took the initiative to ensure that I was well-versed and knowledgeable in my specialty. The importance of obtaining this certification was instilled as I obtained my MSN and I was grateful that I was coached throughout my program ensuring that I went for this certification. Aside from my certification in emergency medicine, I felt strongly that a CNL was needed for my professional growth. Obtaining my certification as a clinical nurse leader is one of my proudest moments in 2021.

- Michele Johansson, MSN, RN, CNL



Being certified makes me feel like I have a certain level of expertise in my specialty. I have a big body of knowledge and a number of different skills to draw from.

- Patricia Faron, BSN, RN, HN-BC



I have held a Medical-Surgical nursing certification since 1992 and obtained my certification in Nursing Professional Development in 2021. It's important for me as an educator to be certified, as it adds another layer of credibility to what I teach and enhances my love of lifelong learning.

- Arlene Kruzel, MSN, RN, NPD-BC, MEDSURG-BC



Being certified feels empowering. It's great to get recognition for your knowledge and use it in your clinical practice to teach and help others.

- Vananh Nguyen, BSN, RN HC-BC



To me being certified means that I am committed to continual learning in my specialty of trauma.

- Caitlin Millett, BSN, RN, TCRN



# Professional Nurse Advancements

## Publications

Schoen, D., MSN, RN-BC, CPXP. *The Influence of COVID-19 Visitation Restrictions on Patient Experience and Safety Outcomes: A Critical Role for Subjective Advocates*.

Contributor, Patient Experience Journal Volume 8, Issue 1. (April 2021).

Caron, J. MSN, MBA, NEA-BC, Grassetti, I. LSSBB. *How Baystate Medical Center's Smart Bed Detection System Protects Patients*. Healthcare Innovations. (May 2021).

## Presentations

Fontaine, P., MSN, RN, CPN, Cody, D., MSN, RNC-nic, Whitney, M., MSN, RN, CPN, CPAN. *Case Studies: Practical Application of the PIVIE bundle for Harm Prevention*. Solutions for Patient Safety National Learning Session, May 2021.

Johansson, M., MSN, RN, CNL, Deary, L., MS, BSN, RN, HN-CB, CCAP. *Changing Patient Outcomes with Incontinence Detection*. WOCNext, June 2021.

Brooks, P., DNP, FNP-BC, MBA, RNFA, Starr-Manning, C., MSN, RN, OCN. *Advanced Practice Provider Staffed Monoclonal Antibody Infusion Project*. APPex Annual Leadership Summit, September 2021.

Miller J., DNP, RN, NEA-BC. *Support through Recognition: Effectively Rewarding Your Care Team*. PRC Healthcare Experience Virtual Summit, September 29, 2021.

Betune, M., MSN, RN, CPAN, CAPA. *Orthopedic Complications*. Perianesthesia Conference, Michigan, October 2021.

Betune, M., MSN, RN, CPAN, CAPA. *Care of the Shoulder Surgery Patient*. Perianesthesia Conference, Michigan, October 2021.

Kostrzewa, A., MSN, RN, CNRN, HNB-BC, CCAP, Deary, L., MS, BSN, RN, HN-BC, CCAP. *Promoting Autonomy from Within-A Journey of Self-Care*. ANCC National Magnet Conference, November 2021. (Accepted as a podium presentation; unable to present due to COVID travel restrictions).

## Posters

Grady, K., BSN, RN. *Culture Change in Post-Operative Cardiac Surgical Pain Management*. University of Massachusetts-Amherst, MS Clinical Nurse Leader Program. April 2021.

Kostrzewa, A., MSN, RN, CNRN, HNB-BC, Deary, L., MS, BSN, RN, HN-BC, Peltier, J., MSN, RN, CH, HN-BC. *Promoting Autonomy from Within-A Journey of Self-Care*. ANHA, June 2021. (Accepted as a poster presentation; cancelled due to COVID).

Harp, E., BSN, RN, CPLC. *Navigating the Art of Bereavement Care: Creating a Plan of Action to Facilitate Efficient End-of-Life Nursing Care in the Neonatal Intensive Care Unit at Baystate Medical Center*. NANN Annual Conference, September 2021.

Starr-Manning, C., Scales, ME., Mathews, M., Barrett, J., Fenney, L., Joshi, K., Kos-Ditto, D., Patrick, K. MSN, RN, CNL, Smith, K., Feid, E. *Reducing Central Line Associated Blood Stream Infections (CLABSIs) for Hospitalized Patients with Acute Leukemia*. President's Excellence Award Submission. December 2021. (Celebration cancelled due to COVID, pending rescheduled date).

## 2021 Nurses Week Awards

### **Grace O'Neil Ambulatory Nursing Excellence Award**

Cynthia Taylor, RN

### **Sharon A. Smith Compassionate Caregiver Award**

Leanne Fenney, RN

### **Nursing Educator Leadership Award**

Michele Johansson, RN

### **Nursing Leadership Award**

Jennifer Marion, RN

### **Structural Empowerment Award**

Michael Yu, RN

### **New Knowledge, Innovation & Improvement Award**

Suzanne Tower Hansen, RN

### **Transformational Leadership Award**

Amanda Gibbs, RN

### **Empirical Outcomes Award**

Janine Niedziela, RN

### **Clinical Excellence Award**

Alexandra DaCuhna, RN

### **Compassionate Connections in Caring Award**

Cynthia St. John, RN

### **Nursing Beyond Baystate Volunteerism Award**

Michelle Kennedy, RN

### **BMC Collaboration Award**

Beau Bensch, PT

### **Julie Shea Life-Giver Award**

Paul Roberts, support associate

### **PCT Excellence Award**

Juanita Morales, PCT

### **Excellence in Supporting Clinical Care Award**

Geraldine Pearson, materials handler

### **OA Excellence Award**

Sulayka (Sully) Gomez

### **Preceptor- Department Winner**

Kayla Slessler, RN

### **Preceptor- Department Winner**

Ben Duffy, RN

### **Preceptor- Department Winner**

Jason French, RN

### **Preceptor- Department Winner**

Lori Cope, RN

### **Preceptor- Department Winner**

Ashley Anderson, RN

### **Preceptor- Department Winner**

Deb Sears, RN

### **Preceptor- Department Winner**

Cindy Kadish, RN

### **Preceptor- Department Winner**

Alyssa Grumoli, RN

# NRP EBP Projects 2021 – Cohorts 21, 22 & 23

**Instrument Sets: Surgery Specific, Nurse and Surgical Tech Approved,** Matt Martinez, Chestnut OR

**Burnout Blues: How to Kick Compassion Fatigue with A-B-C,** Manisha Malik, BFMC MST, Carlin Sparacino, BFMC ED

**Central Line Associated Bloodstream Infections (CLABSI's) and the Effort to Get to Zero,** Lawrence Pelland, S3Onc

**Assessment and Management of the Fall Risk Patient,** Elizabeth Boucher, S6400, Emily Feid, S6400, Macie Graham, S6400

**Identifying and Preventing Falls in the Inpatient Setting,** Sarah Marshall, BFMC MST, Musonda Nyendwa, BFMC MST, Tenzin Ngima, BFMC MST

**Increasing Breastfeeding Rates in Neonatal Intensive Care Unit Settings,** Jessie Thompson, NICU

**Intermediate Care Multidisciplinary Rounds; A Necessity to Enhance Patient Outcomes,** Page DeGegregorio, D6B

**Pressure Injury Treatment and Prevention,** Dominique Spencer, BMC ICU, Christian Vu, BMC ICU

**Neurological Assessment Efficacy in Stroke Patient Clinical Management,** Christopher Butler, BHN MST

**Prevention of Device-Related Pressure Injuries,** Patrick Chamberlain, BNH Fowler Psych Unit

**Recognizing and Intervening in a Postpartum Hemorrhage (PPH) with the Use of Simulation,** Sarah Pranka, W2

**Take It Easy: A Literature Review of Aromatherapy and Mindfulness in Decreasing Nurse Burnout and Improving Patient Outcomes,** Sara Beach, D6B, Emily Beglieter, W4, Cindy Thompson, S2

**Two-Provider Foley Catheter Insertion Method to Reduce CAUTI Rates,** Rachel Foley, D3B

**The Role of Verbal De-escalation Training and How It Can Help Nurses and Staff Care for Behavioral and Psychiatric Patients During Verbal or Violent Outburst,** Victoria Egan, CHAD

**We See You: A Two-Nurse Skin Assessment During a Patient's Hospital Stay,** Kayla Beswick, M7, Monica Hernandez, M5, Kristen Oliveira, M5, Kristen Steidler, M6, Amanda Wisnouskas, M6

**Bedside Shift Report,** Tamia Cheeks, D5A

**Safe Start,** Brett James, D5A, Catherine LaChapelle, D5A, Katie Livingstone, D5A

**Bedside Report,** Holly Braziel, BFMC ED, Samantha Keith, BFMC ED, Bridget Licata, BFMC MST, Hope Lively, BFMC MST, Addie Massa, BFMC MST, Molly Morgan, BFMC MST

**Holistic Approaches for Post-Operative Pain Management,** Ashley Gutowski, BWH MS, Sara Shepard, BWH MS, Courtney Welsh, BWH MS

**How Proactive Toileting Prevents Falls,** Lauren Pisani, BNH MST

**Trauma-Informed Care in the Inpatient Setting,** Benjamin Piemont, BNH MST

**Chestfeeding with Parents of Color,** Alexandra Jackson, NICU, Grace Boisvere, NICU

**Mother-Baby Couplet Care Introduction on Wesson 2,** Kailyn Plante, W2

**Music Therapy During Labor,** Alyssa Guiel, LDRP, Sydney Slattery, LDRP, Ashley Wilk, LDRP

**Parenteral Nutrition Do's and Don'ts for the Adult Patient at Baystate Medical Center,** Tammie Franceschi, W5, Izabela Halastra, SW5, Grady Harris, SW5

**Adolescent Mental Healthcare and Its Toll on Nurses,** Susana Nute, CHAD, Agnieszka Wiecek, CHAD

**Advantages of PCA Pumps vs. PRN Medication,** Hannah Consolini, W4, Tyler Houle, Adult ED, Thais Rivera, W4, Jennie Taylor, SW7

**Bedside Report and Patient Satisfaction,** Maggie DaMotta, BNH ED

**Preventing Compassion Fatigue in the Pediatric ED Staff,** Jashley Baez, Pedi ED, Caitlin MacGregor, Pedi ED, Noah Salmon, Pedi ED

**Early Ambulation,** Madison Musselwhite, M5, Meredith Townsley, M6

**Patient Satisfaction in the Emergency Department: Increased Food Supply on Night Shift,** Zachary Cyr, Adult ED, Brittany Daigle, Adult ED, Maddison Gabel, Adult ED, Najea Parkinson, Adult ED

**Hiring New Graduate Nurses to the Flex Team,** Daniel Marchia, Flex Team, Amber White, Flex Team

**Improving the Patient Experience for Victims of Sexual Assault in the Emergency Department,** Maria Endo, Adult ED, Rachel Maxton, Adult ED, Courtney Reisbig, Adult ED, Molly Serra, Adult ED

**De-Escalation and Fall Prevention in Geri-Psych Patients,** Kenai Adams, BWH Geri Psych

**Preventing Nursing Burnout to Improve Patient Outcomes,** Angie Obomanu, SW6

**Providing Stroke Education to West Springfield Middle School Students,** Samantha Burzynski, BNH MST

**Reducing Dependency on Restraints,** Timothy Hochstetler, D6A

**Wound Prevention and Treatment,** Valerie Mozolevskiy, M7, Katherine Valente, M7

**The Impact of Purposeful Rounding on Patient Satisfaction,** Todd Bonett, D3B, Victoria Perez, D3B

**Two-Person Catheter Insertion,** Jasmin Feliz, S2, Frank Hunter, S6400

**Safe Start,** LaTorya Adams-Nieves, D5A

**End of Life Education,** Shanique Blake, W4, Sabina Niyazova, D6A, Tallon Tomasi, D6A

**Supporting Families and Victims Post Sudden Cardiac Arrest,** Alexandra Boden, M5, Brianna Bertrand, M5

**Communication for Patients with Aphasia,** Anne Goyette, BNH Bronson Rehab

**Reducing Compassion Fatigue in Nursing,** Emily Maccini, W3, Khialeny Pena, W2

**Promoting Smoking Cessation Among Patients,** Steven Osei-Mireku, BWH Psych

**Best Practice for Implementing the Fall Risk Assessment Tool,** Shane Biernacki, BNH ED, Lauren Libiszewski, BNH ED, Amy Pont, BNH ED

**Kronos Project,** Lee Tatro, IR

**Improving Nursing Compliance & Infant Outcomes by Developing a Bedside Checklist for Transitioning to Open Crib in the NICU/CCN,** Allison Ulasewich, NICU

**Reducing Cost of Supplies,** Brandi Fontaine, BWH MST, Yuxian Kong, BWH MST, Fabio Rodrigues, BWH MST, Jennifer Velasquez, BWH MST, Caitlyn Waddell, BWH MST



## Culture Counts:

# Resilience Reigns

### Supporting Self-Care through Renewal Rooms

Through the generous support of the BH foundation, we have been able to partner with the BirchTree Center to introduce the concepts of Holistic Nursing and self-care to our team members. Sixty-five team members have completed the Integrative Healing Arts Academy, a nine-month intensive training. Classes explore self-care in greater depth and offer an introduction to several holistic modalities including aromatherapy, music therapy, acupuncture, Reiki, and guided imagery. Participants must complete a group project and we have been able to use these group project topics to prioritize staff member needs.

There were four projects that came out of the first cohort. Three projects looked at the need for quiet areas of respite where team members could relax, renew, and re-center. These projects were the impetus to develop renewal rooms at BMC. Initial renewal rooms were located on S1400, M5, and M7.

At the height of the pandemic, Daly 5A received a generous donation of a massage chair from the Ocean State Job Lot Foundation which led to the creation of a renewal room on D5A. Team members reported that using the massage chair, and taking time in their shift to use the renewal room for self-care reduced their stress burden in the moment.

BH Foundation support provided massage chairs for current and developing renewal rooms throughout BMC. Additional Foundation funding was obtained to provide consistent therapeutic offerings in the renewal rooms. The items purchased included a tongue drum (a small type of steel drum) for therapeutic music creation, a Bluetooth speaker for personal meditation/music, a light therapy lamp to aid in the prevention of seasonal affective disorder, and an electric tea kettle for relaxation with herbal tea.

There are now eight renewal rooms available for team members located throughout BMC.

Location Number	Room
Springfield 1400	S1405B
Wesson 1	W18626
Daly 3B	D3253
Daly 5A	D5188
MassMutual 5	M5251D
MassMutual 6	M6251D
MassMutual 7	M7251D
Emergency Department	ED1436
Daly 4B ICU (under construction)	D4270

### Service of Remembrance

On September 14, Spiritual Services staff and other team members conducted a Service of Remembrance for families who lost loved ones at Baystate over the past year. The service took place in the Healing Garden at Baystate Medical Center.



*From left: Amanda Galipeau, BA, RRT, Donna Feinstein, BSN, MM and Justine Czaplicki, MSN, RN, CMSRN*

## Rose Ceremony

Each year, Donate Life produces a themed float (displayed in the Rose Bowl Parade) that honors those selfless, brave individuals and families that allow organ, tissue and eye donation to be successful. Without these acts of courage in the most difficult times, individuals would not get to experience the newness of the world through improved vision, or their child's next basketball game without a new heart or the ability to go for a walk in their favorite park without repaired bones or ligaments. Each year, we have the opportunity to celebrate these gifts through this parade and this float and with our very own Rose Ceremony. Each year, we send vials that will house roses as part of the float with special and unique messages honoring our donors and their loved ones.

The annual Rose Ceremony hosted by the Transplant Program at Baystate Medical Center is an opportunity to pay tribute to individuals who have donated and the families that have loved and supported them. This year, we also paid special tribute to the teams that make this possible. All teams, whether clinical or non-clinical, inpatient or outpatient, allow transplant recipients, donors and their families to get the care they so desperately need. From the assistant in the GI office, to the ICU nurse and anesthesia; from the IT specialist to the courier – all teams, in all places, affect all patients lives.

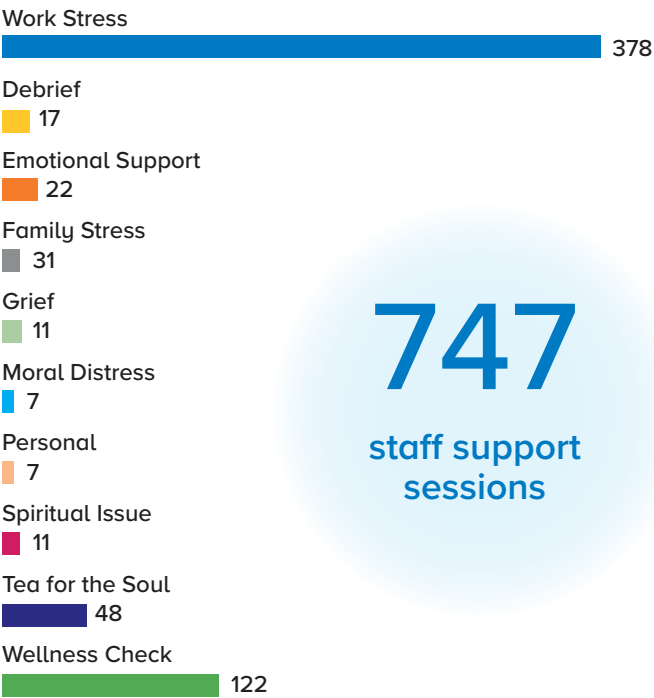
## Spiritual Services Team Provides Support

Since its inception in 2003, the mission of Spiritual Services at Baystate Medical Center has been to provide emotional-spiritual-religious support to patients, families and staff of all spiritual or no spiritual tradition(s). This three-fold approach to spiritual care in a health care setting is well established within the professional identity of Baystate’s spiritual caregivers. In 2018 the Spiritual Care team began to document their staff support interventions by creating an Excel chart which included the following reason for support indicators: debrief sessions after adverse events, emotional support, family stress, grief, moral distress, personal stress and work stress. Later the team included holistic care approaches like Tea for the Soul or wellness check-ins.

At Baystate there had been a recognized role for spiritual caregivers to provide support to staff at times of grief and bereavement. Memorial services for deceased staff or patients were regularly conducted by the team upon request from other departments.

The COVID-19 pandemic increased the need for staff support. The Spiritual Services team pivoted to focus on providing support, presence, debriefs, spiritual ritual and wellness check-ins. Over the last year, 747 sessions in staff support were provided. The chart to the right shows a breakdown based on need. There was a large opportunity to support staff in work related stress management. By incorporating and integrating daily purposeful compassionate staff rounding, the spiritual care team increased their visibility on the units, which strengthened relationships and trust.

### Staff Support Provided in 2021







## Staff Engagement on Daly 3B

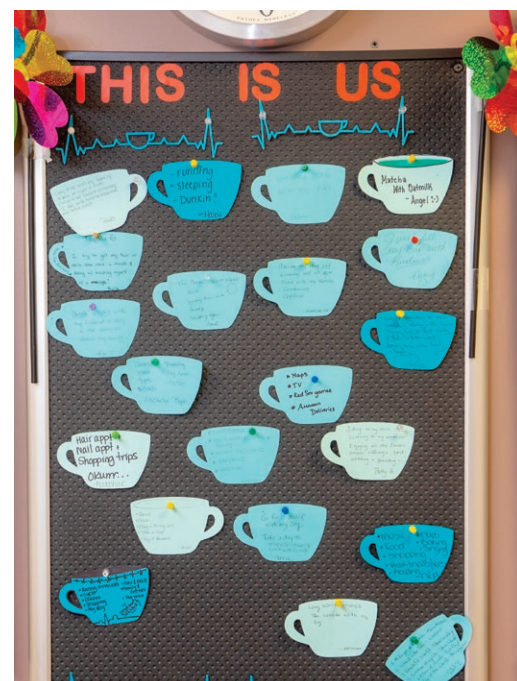
In 2021, the Nursing leadership team on Daly 3B developed several fun ways to encourage staff engagement. These included:

**This Is US board** – Staff wrote about what helps them bring their best self to work and what they enjoy doing.

**Appreciation Wall** – Staff wrote appreciation cards to their peers telling them why they appreciate them.

**Snowball fight** – Staff threw snowballs recognizing someone on the opposite shift for making their shift better, creating a Blizzard of Blessings.

The team also plays a fun monthly game to help create positive energy, which has improved morale and engagement. Previously staff did not know each other and were uninterested in interacting with one another. Now, they talk to each other and have found some things in common to help them connect. It makes the workday better and they smile more and have fun. Our Press Ganey staff engagement scores have moved up to Tier 2.





*From left: Paul Placanico, Ellie Ragone, Ellen Shaw and Carlo Reale*

## Transgender Care Innovation in Baystate Medical Center's Emergency Department

Baystate Health provides supportive and sensitive care regardless of gender identity, gender expression, sexual orientation, race/ethnicity, religion, or socio-economic status.

Within that caring framework is Baystate Medical Center's BMC Emergency Department (ED). The BMC ED provides emergency medical services to our transgender community that strives to be consistent with the philosophies of a therapeutically holistic and multidisciplinary approach. "Transgender" is an umbrella term used to describe people whose gender identity and/or gender expression differ based from the sex they were assigned at birth. For these transgender patients we strive to provide care that is sensitive to the individual's need for dignity and respect regardless of where they see themselves on the transgender spectrum.

Nationally, there are opportunities to reduce structural barriers and improve access to care for transgender patients. The BMC ED decided to act by utilizing Information Technology to implement a process in the patient's electronic health record to improve cultural competence. The interprofessional team included clinical nurses, informatics technology specialists and physician support. Department education on gender identity and gender affirming care was provided. The need for addressing an individual using the pronoun they identified with was emphasized. On assessment, the nurse/provider enters data consistent with the patient's gender identity. An electronic icon representing an individual's gender preference is then fired and the appropriate pronoun is flagged for use in all interactions and communication with the patient.

Baystate Health is committed to diversity, health equity and inclusion. The work highlighted here is one of the many ways we are moving to improve the patient care experience to recognize and respect the dignity of those in the community we serve.

**To our Inaugural Nursing Editorial Board who helped contribute to this report:**



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