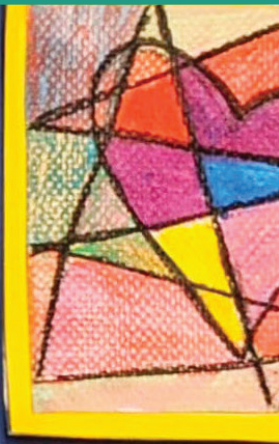
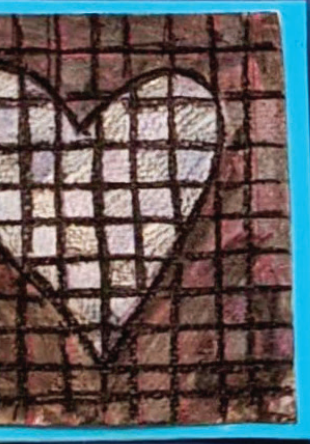
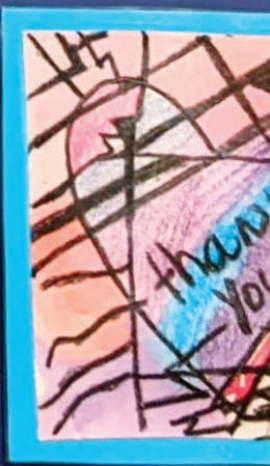
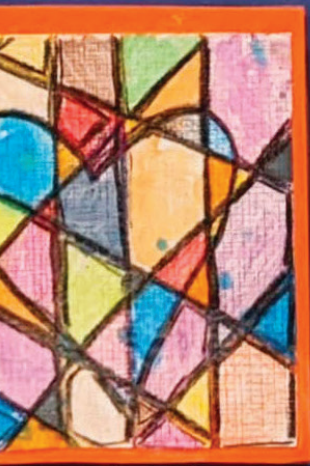


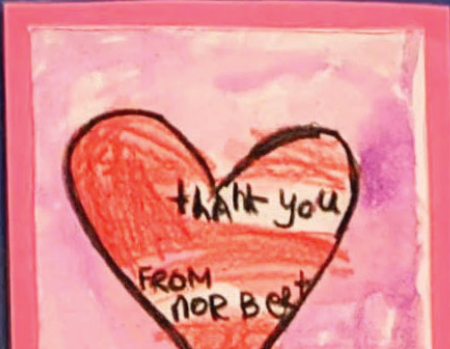
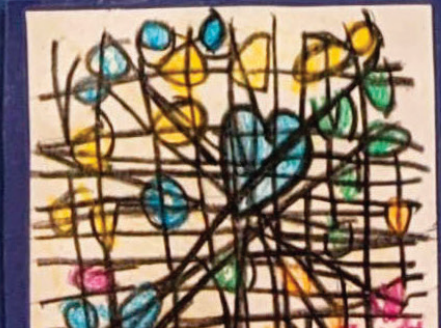
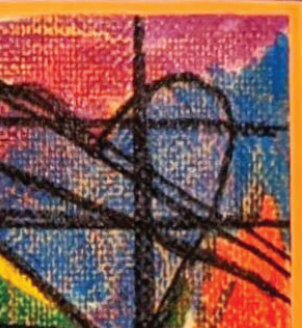
DEPARTMENT OF NURSING



ANNUAL REPORT 2020



BRIGHAM HEALTH
BRIGHAM AND WOMEN'S
Faulkner Hospital



“Our children are our greatest treasure.
They are our future.”

- NELSON MANDELA

The beautiful artwork on the cover page of the 2020 Annual Report was designed by our young neighbors at the Italian Home for Children. Last spring, the students were inspired to think of ways that they could help others during the difficult days of the coronavirus pandemic. Each piece of the artwork was in the shape of a heart with messages of support for our healthcare workers. The poster was on display for many months in the third floor Hillside Lobby for all staff and patients to enjoy.

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A Letter From Cori Loescher, MM, BSN, RN, NEA-BC, Chief Nursing Officer And Vice President Of Patient Care Services

Dear Nursing Colleagues,

Welcome to our 2020 Annual Report!

Even before the first case of COVID-19 hit American soil, the World Health Organization designated 2020 as the Year of the Nurse to honor the 200th anniversary of Florence Nightingale's birth. Nightingale is credited with founding modern nursing and even created the first scientifically based nursing school in 1860.

Brigham and Women's Faulkner Hospital closed out an incredible 2019 flying high after achieving Magnet designation when COVID-19 hit early in 2020. Even before we saw the first case here in Massachusetts or in our own halls, we had spent weeks planning, watching and waiting.

COVID-19 changed everything we set out to do at the beginning of the year as this virus had a different agenda for all of us. Nursing was thrust to the front lines of this blooming pandemic and without hesitation, you stepped up to meet the challenge in the face of so much uncertainty. Individually and collectively you responded with incredible bravery, amazing resilience, innovative spirits and loving hearts.

Inside the pages of this year's annual report you will read the stories of nurses caring for the sickest of patients under extreme circumstances with a sifting sand of knowledge and science. Some nurses were deployed to areas that were new and were asked to perform novel roles. Other nurses supported patients and families at the end of life, with care, compassion and innovation. And nurses led the organization as it responded to this extended state of emergency, which continues today. The virus also brought forth the harsh reality of racial disparity and helped us face the devastating impact of bias and inequity.

Florence Nightingale once said that, "If a nurse declines to do these kinds of things for her patient, 'because it is not her business', I should say that nursing was not her calling." Thank you, each and every one of you, for following your call to be a Nurse. Never have I been more proud to be a nurse and never have I been more humbled by the expertise, dedication, commitment and selflessness that each nurse brings to their work every day.

In this extended Year of the Nurse 2021, I hope for an end to the pandemic, a willingness to embrace diversity, equity and inclusion and an opportunity to express love, kindness and empathy for our patients, families and each other.

Sincerely,



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

Chief Nursing Officer recalls time as Incident Commander for COVID-19 Pandemic



For Cori Loescher, MM, BSN, RN, NEA-BC, Chief Nursing Officer and Vice President of Patient Care Services, serving others has been part of her decades long career in nursing. In the past, she has served as incident commander for many events, ranging from snowstorms and hurricanes to a staff strike and the Boston Marathon bombings. But nothing could prepare her for the months long duty of

serving as incident commander for the COVID-19 pandemic at Brigham and Women's Faulkner Hospital.

On January 24, 2020 planning began and three days later Mass General Brigham established their Hospital Incident Command Structure (HICS). "That was really when we began to think creatively and plan for how we were going to respond in the days, weeks and months ahead," said Loescher. It was also the beginning of long days that included 10-12 hours of COVID-19 meetings between Mass General Brigham, Brigham Health and BWFH, which were necessary to plan how to adapt care on the BWFH campus.

Those early actions laid the foundation for a response at BWFH that would culminate in changes to nearly every function in the hospital, from temporarily closing practices, postponing surgical cases, working remotely, managing a labor pool, patient and employees access to the building and, most importantly, treatment of COVID-19 patients while planning for a potential surge that could outweigh the number of beds.

Loescher said, "I had a real concern that we wouldn't be able to secure the amount of personal protective equipment (PPE) needed to care for our patients and as our COVID-19 patient population grew from unit to unit, I had to explain to staff that they might not have all the resources they were accustomed to." Loescher explains that at first she could see some of the fear on people's faces, even behind their masks, but then a real sense of pride took over and people began to understand the importance of working together to come up with creative solutions to continue providing high quality care. "Even as the guidance changed, sometimes daily or even more frequently, our staff showed amazing resilience in never letting anything stop them from caring for patients," says Loescher.

"I would try to walk the units a few times a week to check in on employees and see some of what our frontline employees were seeing because I knew staff feared for their own safety and for the safety of their families," says Loescher. "While I've never seen such sick patients in our ICU and I've never seen staff struggle so much with properly donning and doffing equipment because of how frequent the supply changed, I've also never seen such camaraderie among staff to take care of our patients, and each other."

And Loescher admits that taking care of each other was an important part of her role, one that she often relied on herself. "The weight of some decisions and the downstream effect it would have on staff and patients was overwhelming at certain points," explains Loescher. "I will forever be thankful for the entire incident command, all of the branch leaders and each deputy below them. The countless hours spent planning and the dedication to prepare the staff and the hospital was amazing and the work of an entire team."

One of those decisions that weighed heavily on Loescher, and many members of the hospital incident command team, was the establishment of the crisis standards of care, which are principles put in place during a crisis that guide decisions when providing a normal level of care is not possible. "Fortunately, we never had to implement them," she said.

When BWFH stood down the incident command structure on May 14, Loescher felt a great sense of pride in the job that they had done to care for COVID-19 patients. "While we anticipate having COVID-19 patients for some time, there are incredible lessons that we can use as we reimagine what the future of our care looks like." Chief among those is the use of virtual work and how that can change the way we care for patients in the future. "From a virtual visit prior to coming to the hospital and the use of other technological advances while here, we can do a better job of connecting patients with providers and with their loved ones going forward," she said.

Loescher concludes that there is still work to be done and that we must remain vigilant to continue to take care of our patients and ourselves as we move through the reopening phases. "As a community hospital, I'm very proud of the work we did and the role we played in caring for so many COVID-19 patients. As with so much of the work we can do, none of this would have been possible without the extraordinary efforts of our entire Faulkner family coming together!"

Preparing Staff

As we watched the impact of COVID-19 on HealthCare systems in places like Italy and New York, nurse leaders were active in preparing for the expected surge of patients at Brigham and Women’s Faulkner Hospital. Planning included identifying the need for resources and the training needs to support care of patients and each other. We had to prepare for the reality faced by other cities and nations of not having enough ventilators or other critical supplies. Lynne Morrison, MS, RN, Associate Chief Nurse of In-Patient Nursing, shared that many members of the leadership team completed required training on Crisis Standards of Care should the process for allocation of scarce critical care resources in a public health emergency arise. Morrison reflected that “this was extremely eye opening and very scary; thankfully we never had to implement these crisis standards”. She explained that being part of a large health care system “afforded BWFH the opportunity to level load resources across the system, ensuring that BWFH would continue to provide the highest standard of care for our patients”.

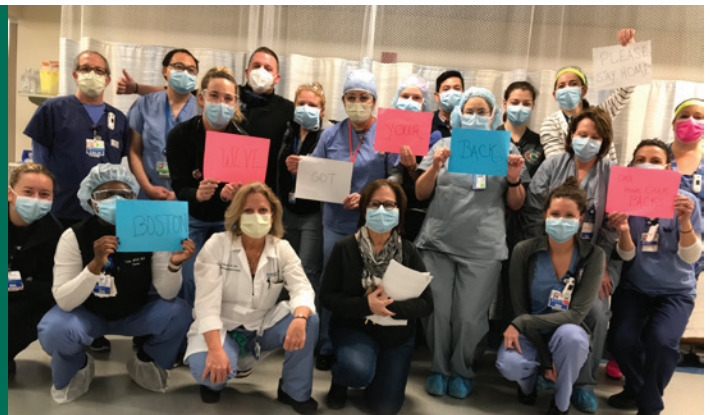
With some units experiencing low to no patient volume, over 100 nursing staff transitioned to different care areas temporarily and/or supported new roles that emerged. Colleen West, DNP, MBA, RN, CPHQ, Executive Director of Nursing Professional Development, Practice and Innovation reflected that “in developing a labor pool, I was grateful to have so many nurses and other staff offer to do whatever they could to support patient care and each other. It was amazing to see the dedication and support within Brigham and Women’s Faulkner Hospital.” Deployed staff with previous critical care experience were asked to support this work in the ICU and ED.

As the NPD Manager (NPDM) for the ICU, Patti Rabbett, MSN, RN, CCRN-K developed training modules skills labs, and precepted experiences. Estier Sayegh, MBA, BSN, RN, CNRN, PCCN-K, CCRN, Nurse Director (ND) of the ICU shared: “As we learned more about COVID-19, huddles with the staff were held to provide timely updates which helped us all succeed. The staff expressed that they felt supported, prepared, and well informed by ICU leadership and the organization.” Robin Powell, BSN, RN, CEN, Nurse Director for the ED shared that a “buddy system in which deployed nurses were buddied with an experienced ED nurse to gain confidence. These nurses slowly integrated themselves into the staffing mix and reported a high level of comfort following their buddy experiences”.

From March through June 2020, over 120 agency nurses were oriented to meet the anticipated spike in volume. NPDMs held weekly orientations to support new nurses. Phil Malleson, MSN, RN, NPD-BC, NPDM shared that “from a Professional Development standpoint, this was a year like no other. In my 13 years at BWFH as an educator/NPDM, I have never had to onboard so many nurses so quickly. I was proud of the way so many of our own staff welcomed and supported the orientation of the crisis nurses.”

Throughout the Nursing Department, the commitment to excellence in patient care and support for each other remained a priority. In the next section, we are proud to share heart-warming stories from clinical nurses during the pandemic.

"Boston: We've got your back.
Please stay home and have our backs."



Emergency Department staff

Stories from the Front Lines

The “Pull” to Go to the ICU

Christopher Malone, BSN, MPA, RN, CPAN, CCRN
Clinical nurse - PACU

When the news hit in February 2020 about the anticipated issues and needs related to the COVID-19 pandemic, several of us at BWFH volunteered to go back to the ICU. It was clear that we would not have the amount of staff needed, particularly qualified staff. The initial weeks were overwhelming and challenged my skills to every level imaginable. We had two patients each - on triple pressers and dual sedation, as well as insulin drips with complicated decision-making pathways. The true ICU nurses were encouraging and helpful, and certainly welcoming. They did not belittle my knowledge or make me feel unskilled. We were on a journey none of us had planned on, nor able to anticipate.



We lost many patients in those first weeks to the disease. We gained insight into what the patient would want and potentially need in this new environment. We adopted the use of FaceTime to allow patients' families to participate if they couldn't be at the bedside. At the end of the day, we asked what it was we would want had we been in the patients' position. Our best decisions came from listening to words from the ICU nurse director - we are in this together and not alone.

I have learned a lot in these past three months and I am sadder than when I started. To regularly see a patient in need, and not having the tools or staff to provide that care, certainly put a spin on what it is we take for granted each day. But we have learned to navigate the complex arena of the critical care units. We have done this as a team, relying not solely on our own abilities but gladly accepting the ideas and input of others.

We transitioned to a quieter summer - not yet normal, but performing surgeries and returning to traditional schedules. In the fall, we were a strapped unit struggling to cope with an escalating volume, with an unclear end in sight. We were seeking travel nurses- but so was the rest of the country. How were we supposed to get the help we so desperately needed? I reflected inward, asking myself what it was I could do or provide - while it was seemingly minimal in proportion to the crisis directly in front of us. I was still working full time and surgery was not slowing. I offered what I could - an extra shift here and there, offering to float if their needs went beyond the PACU. I obtained certification as a Critical Care Nurse (CCRN) during the first wave and obtained micro-certification as COVID Specialist from AACN in expectation of the second surge.

Humbled by the ICU team, I found myself constantly wishing I could do more to help. I was a person seen as caring, and helpful - and I was also treated as such. They relentlessly supported and encouraged me, embracing my help. They were the ones needing support but here they were helping me.

As the science evolved, the hospital and all the critical care team morphed treatments and evolved quicker than I had ever seen. I am still helping where and when I am able. I still recognize the Critical Care Staff: Dr. Tarp, Dr. LaHive, and Dr. Clark, the Pulmonary Intensivists, APPs, and the Respiratory Therapists. I recognize the unsung heroes - the secretarial support, nursing assistants, pharmacy, housekeeping, maintenance, and informatics. They are all essential members of the entire team that work to make care happen. On a more personal note, my heart goes out to the RNs - the stalwarts at the bedside that welcomed me, supported me, and humbled me. Had it not been for the relationships I formed with these individuals, my story would not have progressed to where it is today. For them, during this time and always, I am grateful.

An Unexpected Gift From My Deployment

Sheila Derby, BSN, RN
Clinical nurse – Endoscopy Centre

Sheila Derby, BSN, RN has been a nurse at BWFH for 22 years, starting her career on 7 North, and then moving to the IV Team prior to transferring to the Gregory Endoscopy Centre in 2017. During the initial stages of the COVID-19 surge, Derby was deployed back to the IV team since endoscopy, a unit that primarily schedules outpatient elective procedures, had closed. On returning to the IV Team, Derby said that she was very grateful she had skills that would be helpful to patients as well as her colleagues. She was welcomed with open arms and felt very supported throughout her deployment. Although her strong background in infusion therapy made it feel as if she had never left the IV team, the change back to rotating days and evening shifts was an adjustment. Derby shared that she “hadn’t seen 11:30 PM in a while!” since the endoscopy unit works straight day shifts.



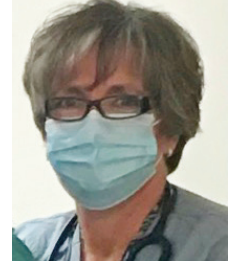
As easy as her transition was to the work, there were challenges. “I wasn’t concerned for myself but had a real concern of bringing it [the virus] home,” Derby said. The other challenging aspect of her deployment time was the fact that “every patient was alone and every patient that was positive for COVID needed to have their door closed. I did not like closing their doors- their rooms were too quiet,” she said.

Derby shares this compelling story of her time during deployment: The most rewarding aspect of my deployment was what is always the most rewarding for me- being there for the patients. I have always felt privileged to enter people’s lives at one of their worst times, although it was never more apparent than during COVID. A friend of mine had reached out to me one afternoon asking if I could check in on her father. He was brought here with COVID symptoms and sure enough was positive. It was extremely difficult for them, as they were not allowed to visit him, so I did every chance I got. He was transferred from the ICU to 6 North where he stayed for a few days before passing. My friend would give me messages to relay to him and they were a source of comfort for both him and his loving family. She wanted to make sure his grandchildren were able to tell him how much they loved him. I went to talk with him one last time and it was apparent his time was short, so I stayed after my shift, read him their messages, and comforted him as best I could. I honestly felt that was the reason why I was sent back to work on the IV team - he needed to have someone there for him and my friend needed someone to help her.

A Reflection of the COVID-19 Pandemic

Anne Forde, BSN, RN
Clinical nurse - Pre-Op Holding

I was a staff nurse in Pre-op Holding during the early stages of the COVID-19 pandemic and initially was deployed to the COVID-19 testing tent. This had its own set of challenges, particularly being outside in March in the cold, wet weather. I thought that this is where my deployment would be, but after about two weeks I was then deployed to the ICU.



It had been about ten years since I had worked in the ICU, so it was very scary to think that I would be required to use skills that I had not needed in years. We did get our refresher course and then arrived on the unit. The first day the unit was very quiet, but two days later it was unbelievable. The patient census and acuity had exploded over night. I was not alone in feeling anxious and overwhelmed, but with the exceptional leadership of Estier Sayegh, Nurse Director ICU, and the support of the ICU staff, I was able to use my old skill sets to assist in the care of these very sick patients.

One of the positive aspects of being deployed was being able to meet many staff from different departments. It was my privilege to work side by side with such an exceptional group of people. I knew who many of these people were but had never worked with them, and they were instrumental in helping with my success in the unit. Once the crisis was over we were sent back to our home bases, but now when walking the halls or in the cafeteria I see friendly faces that I would not ever have known.

COVID-19 Testing Tent

Sabine Jean-Giles, BSN, RN, Clinical nurse - Operating Room
Carolyn Geoghegan, RN, Clinical nurse – POH



As part of our commitment to support testing during the pandemic, BWFH operated an onsite COVID-19 test site between March 18th and June 15th. During that time over 3,944 tests were performed with an average of 52 patients tested per day. The tent operated for 87 days, seven days per week, closing fully only for Easter and Memorial Day, for a total of 586 hours in operation. During this time, employees from across BWFH staffed the testing tent, including clinical nurses from many different units.

When asked to support the COVID-19 testing site, clinical nurses Carolyn Geoghegan, RN and Sabine Jean-Giles, BSN, RN were happy to help. Jean-Giles was deployed to the testing tent for 89 days. She reflected that “through uncertainty, inclement weather, and PPE shortage crises, we were able to provide on average 60 tests a day.” When she was initially deployed, Geoghegan thought that it would be for a short time and she believed that spring would be right around the corner.

Geoghegan shared: "It was spring time according to the calendar but that was not what we encountered. We had the cold snow through late April and needed to find innovative ways to stay warm like wearing patient slippers on our hands under our gloves, holding a cup of hot water to keep our hands warm, and jumping jacks between each car that pulled in. We weathered many a rain storms with a leaky tent and high winds blowing through the tent. Sometimes we even closed early due to the rain and wind not to mention the thunder and lightning. Not only did we have our patients come to the tent, but we also had some unwanted visitors like the wild turkeys, coyote and the skunk that stayed for a few days!"

Geoghegan also reflected on the reputation of Massachusetts drivers confirmed by the nurses and Valet staff working in the tent. She said “Massachusetts has some bad drivers with some almost taking out the tent on several occasions” giving new meaning to the word “drive thru” testing.

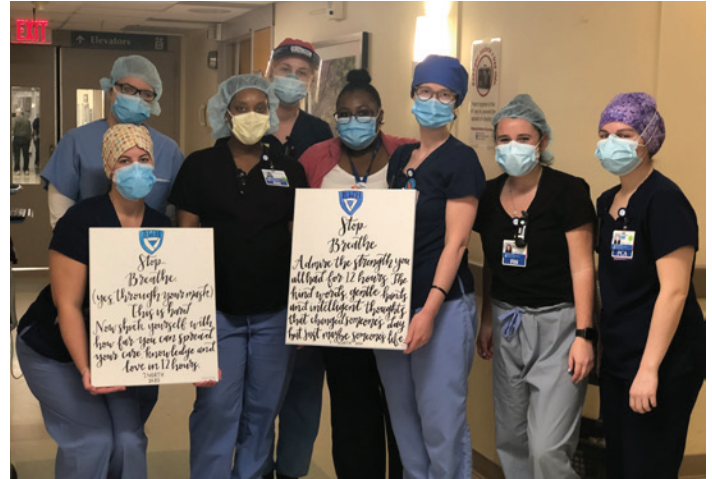
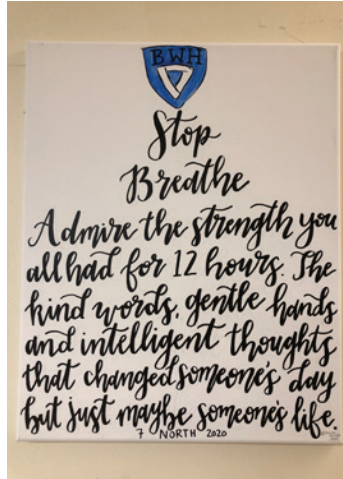
On reflection of her deployment to the testing tent, Jean-Giles shared that “calming anxious patients, assessing and making sure patients were being triaged accordingly, and offering encouragement in spite of their results was a dynamic experience I’ll never forget!” Geoghegan said that what she took away from the experience is “how we worked together as a team, figured out a process to safely take care of the patients and ourselves which then led to a special bond and new friendships. This truly is the Friendly Faulkner”.



BWFH staff at the COVID-19 Testing Tent

Signs of Inspiration

During the first pandemic surge in early 2020, the entrance and exit to the 7 North unit were decorated with inspirational signs to remind the staff of the incredible impact they have on their patients and to be proud of their strength during these difficult days. The signs were created by a friend of Kate Feeley, BSN, RN. "These words are so meaningful for all the hard work being done in every unit here at BWFH and these sentiments should be shared with all," says Paula Wolski, MSN, RN-BC, Program Manager Informatics for Nursing and Patient Care Services.



Hearts for Heroes

In an effort to add cheer, inspiration and hope to patients and staff during the COVID-19 pandemic, colorful hearts adorned the walls of the units at BWFH. "The idea came from Professional Development Manager Patti Rabbett" said Paula Wolski, MSN, RN-BC, Informatics for Nursing/Patient Care Services. "Nurses and other staff wrote messages for patients and each other and coordinated the transcription of messages from our patients' loved ones so they could read their messages of support. They've been written in English, Spanish and Haitian Creole so far."



Resiliency Campfires

In the aftermath the first COVID surge, the Nurse Executive Board prioritized dedicated support to nurses and support staff who were dealing with the pandemic both professionally and personally. The goal was to implement a successful resiliency practice, similar to one used at BWH, called Resiliency Campfires. In early June, Annie Lewis-O'Connor, PhD, NP-BC, MPH, FAAN, a noted BWH expert in trauma and resiliency work, met with the Professional Development team to provide education about promoting resiliency through campfires. The goal was to implement Resiliency Campfires across the nursing department. Profession Development Managers Tedi Hughes, MSN, RN, PMHCNS-BC (2 South) and Beth Waters, MSN, RN, CPEN (ED) collaborated with Paula Wolski, MSN, RN-BC, Program Manager for Nursing Informatics to lead the development and implementation of Resiliency Campfires at BWFH.

In July, the first campfire sessions were held for the Shared Governance Committees, giving nurses an opportunity to discuss their experiences, share feelings, and receive validation from their peers that they were not alone in their experiences. During campfires, Waters shared that participants were supported to “look at the challenges they face and the possible opportunities within those challenges” and then to think about “how these opportunities could become a strength.” This gave people the opportunity to reframe challenges into strengths. For example, when deployed staff brought the challenge of working with unfamiliar people, other staff shared how they viewed deployed staff as a strength for their unit and for themselves. Having the opportunity to work with, and get to know, staff they previously did not know was an opportunity to expand their community.

Hughes, Waters, and Wolski asked for feedback from staff attending these sessions to learn how to improve the sessions.

Campfires also allowed nurses and support staff to reflect on changes they would like make when a second surge arrived. The Nursing Practice Committee prioritized focus on some of the recommended changes raised during the Campfires and continues to include discussion on improvements during monthly committee meetings.

As time has gone by the challenges, opportunities and strengths are ever changing. What was once a challenge, in many cases is now a strength as staff learn and grow from these shared experiences. The Professional Development team continues to offer Resiliency Campfires upon request to provide a forum for staff to connect and learn from their shared experiences during these challenging times.



Resiliency Campfire Leaders
(L to R) Professional Development Managers Beth Waters, MSN, RN, CPEN and Tedi Hughes, MSN, RN, PMHCNS-BC along with Paula Wolski, MSN, RN-BC, Program Manager for Nursing Informatics

United Against Racism: Moment of Reflection

In addition to an international pandemic, 2020 also brought the issues of racial justice to the forefront of discussions across our country. On June 9th, BWFH employees joined President David O. McCready, MBA, MHA and several members of senior leadership for a brief United Against Racism: Moment of Reflection ceremony in support of Black lives lost due to racial injustice and inequality and to stand together in our fight against racism. The ceremony included remarks intended to unite the BWFH community, the reading of Black lives lost senselessly to police violence, and a moment of silence. It was also an opportunity for the BWFH community to come together to reflect and acknowledge these acts of brutality are examples of systemic racism and to use that moment as a stepping stone to stand united against racism.



Suzelle Saint-Eloi, MS, RN, Nurse Director 6 North (far right) participated in the ceremony by reading of the names of the individuals that lost their lives due to police brutality.

Transformational Leadership

Nursing Administration



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



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



Colleen West,
DNP, MBA, RN, CPHQ,
Executive Director of
Nursing Professional
Development, Practice
and Innovation

Nurse Directors



Patrice Baril,
MSN, RN, CNOR,
Operating Room



Mary Anne Barry,
MBA, BSN, RN, 7 South
and IV Team



Allison Bernard,
PhDc, DNP, RN,
6 South



Juliet Gleason,
MBA, MSN, RN, 7 North
and Float Pool



Robin Kaufman,
DNP, APRN, FNP-BC,
NEA-BC, Perioperative



Maria Olivier,
MSN, RN, 2 South



Kathleen Merrigan,
MSN, RN, Ambulatory



Brenda Miele,
MSN, RN, 7 North and
Float Pool



Robin Powell,
BSN, RN, CEN, Emergency
Department



Suzelle Saint-Eloi,
MS, RN, 6 North



Estier Sayegh,
MBA, BSN, RN, CNRN,
PCCN-K, CCRN, Intensive
Care Unit, Dialysis, &
Respiratory

Program Managers



Rose Laplante,
MSN, RN, Nursing Quality
and Magnet



Shelly Bazes,
MS, RN, WHNP-BC,
Patient Acuity



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

Professional Development Managers



Tedi Hughes,
MSN, RN, PMHCNS-BC
2 South



Susan Belton,
MSN, RN, CNL,
6 North and 7 North



Phil Malleson,
MSN, RN, NPD-BC
6 South, IV Team, Float
Pool RNs



Maria McKay Murphy,
MSN, RN, Operating
Room, Endoscopy, OPIC
Pool RNs



Kathy McCarraher,
MHA, BSN, RN, CPAN, ONC
7 South, CPE, POH, PACU,
Peri-op Float



Patti Rabbett,
MSN, RN, CCRN-K ICU,
IR/IN, Hemodialysis and
Pain Management Center



Scott Waite,
BSN, RN, CCRN-K
Off Shift Educator



Beth Waters,
MSN, RN, CPEN,
Emergency Department,
Float Pool Support Staff
and Nursing Supervisors

Unit Based Councils Fall Summit Goes Virtual

Brigham and Women's Faulkner Hospital's Department of Nursing recently gathered representatives from each of the Unit Based Councils and Nursing Shared Governance Committees. Due to the COVID-19 pandemic, the spring summit was canceled, and the fall summit was held virtually for the first time. Over 30 nurses from across the nursing department still attended, however, and it provided a space to share best practices and discuss various ideas with colleagues, such as:

- The Nursing Strategic Plan
- Evidence Based Practice
- Engagement Strategies
- Individual Unit Based Council Project Updates

Participants of the summit have an opportunity to provide feedback on the nursing strategic goals and learn how their unit or committee work supports and advances the strategic goals of the nursing department and BWFH. Individual units and committees share project updates so participants gain a deeper understanding of the work being conducted throughout the nursing department.

Colleen West, DNP, MBA, RN, CPHQ, Executive Director of Nursing Professional Development, Practice and Innovation, had only positive things to say. "Every single one of the clinical nurses that presented their projects were extremely well polished and professional, and it really was remarkable in terms of hearing the different projects," said West. "I've had the privilege of attending a summit since 2017 and again, every time, even in the virtual format, the energy, engagement, and enthusiasm of the nurses is amazing to see."

Helene Bowen Brady, DNP, M. ED, RN, NPD-BC, NEA-BC, Nurse Scientist, appreciates the feedback she received from attendees. One participant stated that summit "always energizes me to return to my unit with new ideas" while another said the summit "always inspires me keep pushing forward and advance the profession for optimal patient and nurse outcomes." ICU Clinical Nurse Meigan Young Amaral, MSN, RN shared "though the in person summits are so fun to see people you haven't seen in a while and meet new faces you may not know from around the hospital, I really enjoyed the virtual summit as well! I felt like I was able to focus a bit more in the comfort of my own home. I got to eat and stretch when I needed to and it helped me pay attention. I felt that virtual was more productive too... quicker, but still filled with productive info."

Professional Development Manager for CPE, Pre-Op, the PACU and 7 South, Kathy McCarraher, MHA, BSN, RN, CPAN, ONC helped to organize the day. For her, it was special to see everyone participate. Staff were attentive and engaged throughout the day, even with the new virtual format, and still so excited to share their unit based council projects," she said.

Advancing Nursing Leadership

Although many things changed in the past year, one thing that has remained the same is our commitment to advancing nurse leaders across the department. In early 2020, many programs were held in person but, as the year progressed programs began using virtual technology to ensure that valuable education and support continued to be available to nurses.

PHS leadership program



From Left: Former Practice Coordinator Tonya Green and clinical nurse Helen Driscoll, BSN, RN, CGRN

The Partners' Clinical Process Improvement Leadership Program (CPIP) is designed to engage clinical teams in the use of process improvement tools to reduce variations in care and improve outcomes for patients. This program gives participants the tools they need to evaluate and improve a process at their own institution, within the span of four months. Clinical nurse Helen Driscoll, BSN, RN, CGRN and then Practice Coordinator Tonya Green were fortunate to be able to participate in this program.

The focus of their project was to improve the quality of bowel preparations for Spanish-speaking patients. During CPIP, Driscoll and Green compared data for good- and better-quality bowel preparation for the Gregory Endoscopy Centre in general, which was 89 percent, and compared that with good- and better-quality bowel preparation for their Spanish-speaking patients, which on 74 percent. "Our goal was to improve bowel preparations by five percent," explains Green. "We tried multiple interventions to achieve this goal." The most successful of the three interventions was providing instructions in Spanish to all Spanish-speaking patients. Ultimately, the team was able to improve rates by three percent. Going forward, the Gregory Endoscopy Centre will continue to offer bowel preparation instructions in Spanish to their Spanish-speaking patients.

Brigham and Women's Faulkner Hospital Nurse Leaders Enhance Their Skills at ONL Leadership Academy



Jacqui Slattery, BSN, RN, MEDSURG-BC (left) & Ginny Ryan, MSN, RN (right)

The Organization of Nurse Leaders (ONL) Leadership Academy is a two-month, multifaceted, executive-style program, designed using the ONL Leadership Development Model. Its purpose is to develop and continuously expand the knowledge, practice and character of nursing leadership for the benefit of patients, the nursing profession and the organizations the ONL serves throughout its five member states of Massachusetts, Rhode Island, New Hampshire, Connecticut and Vermont.

In 2020, ONL revised the traditional format to allow participants to participate remotely via a three-day virtual program. Among the participants in the 2020 program were two representatives from Brigham and Women's Faulkner Hospital: 6 South Clinical Leader, Jacqui Slattery, BSN, RN, MEDSURG-BC and OPIC Clinical Leader, Ginny Ryan, MSN, RN. Although initially leery about attending a virtual conference, Ryan said that this was one of the best experiences she has ever had. Attendees had the opportunity to participate in several small breakout session with four to five nurse leaders from across the region. They were given time to meet and discuss a specific topic, then returned to the main session with all 98 participants for further discussion. Ryan said that "it was great to hear everyone's perspectives, to meet new people, and to share our BWFH greatness. In a regular conference setting I would never have conversed with so many people!" As a new clinical leader on a busy medical floor, Slattery said that "attending the ONL conference gave me the tools and techniques to improve my interactions with staff." Slattery went on to say that the session on self-care was "eye opening and resonated across the board with fellow peers." Both Slattery and Ryan had positive take-aways from conference. A few of Ryan's favorites were "listen to understand; always take the emotions out of it" and, "take good lessons from bad experiences!"

MGH Institute’s Program for Nurse Leaders: Raising Your Leadership

The MGH Institute of Health Care professionals offers a program for nurse leaders to help strengthen their leadership impact within their own organizations. In 2020, three BWFH nurse leaders joined a cohort from across New England to learn, identify strengths and weaknesses, and participate in group discussions focusing on their own leadership styles. Topics include emotional and social intelligence, evidence-based leadership models, constructive conflict, and refining personal goals by creating a vision for the future. The 2020 BWFH participants included Kathy Merrigan, MS, RN, Nurse Director Ambulatory Services; Lynne Morrison, MS, RN, Associate Chief Nurse, Inpatient Nursing; and Paula Wolski, MSN, RN-BC, Program Manager Informatics for Nursing/Patient Care Services.

Over the first two days, participants were fortunate to have an external nurse leader panel discuss leveraging strengths, building resilient capacity, the impact of mindfulness and honoring specific leadership competencies. Although the program started out with in person learning, social distancing requirements quickly required a shift to virtual format for the remainder of the program. Program staff were creative for follow up workshops. Participants very quickly adapted to the use of Zoom and certainly made the best of the situation.



Pre-Pandemic in Person Session Paula Wolski, MSN, RN-BC (2nd from right)

In reflecting about program, Merrigan shared that one of the highlights was the opportunity to divide into smaller groups for subsequent virtual sessions that were led by one of the five faculty coaches involved in the program. The coaches facilitated the small group discussion as well as held individual mentoring calls with each participant in the program. Merrigan, Morrison, and Wolski appreciated that participation in the program provided them with valuable learning materials, opportunities to self-reflect and collaborate with their peer group as well as the chance to stay connected to coaches for future mentoring as needed.

Alliance for Nursing Informatics (ANI)



**Paula Wolski, MSN, RN-BC,
Informatics for Nursing/
Patient Care Services**

Paula Wolski, MSN, RN-BC, Program Manager, Informatics for Nursing/Patient Care Services was recently elected as a Member-at-Large to the Alliance for Nursing Informatics (ANI) Steering Committee for a 3-year term. Wolski has been a member of the New England Nursing Informatics Consortium (NENIC) since 2015 serving as Member-at-Large, President-elect, President, Past President, and National Liaison to ANI Governing Directors. These previous roles at the regional level provide a strong foundation for Wolski to now advance nursing informatics in this new role at the national level.

Structural Empowerment

2020 Annual Nursing Awards

Each year, as part of its National Nurses Week celebration, Brigham and Women's Faulkner Hospital 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. National Nurses Week usually takes place annually from May 6 through 12, but due to the COVID-19 pandemic, this year's festivities had to be postponed while the state battled surging numbers of new cases.

As a result, the 2020 Nurse Recognition Awards ceremony was rescheduled for September and presented as a scaled down event attended only by the award recipients and leadership. The ceremony was broadcast via livestream so that nursing staff, BWFH colleagues, and members of the recipients' families could share in their special day.

Providing opening remarks at the Nurse Recognition Awards ceremony were BWFH President David O. McCready, MBA, MHS, Chief Nursing Officer and Vice President of Patient Care Services, Cori Loescher, MM, BSN, RN, NEA-BC, and Program Manager for Informatics for Nursing/Patient Care Services Paula Wolski, MSN, RN-BC. The speakers welcomed virtual and in-person attendees and thanked members of the Department of Nursing for the work they do to care for our patients and their families each and every day.

This year's winners are just a few examples of the amazing work being done within the Department of Nursing on a daily basis.



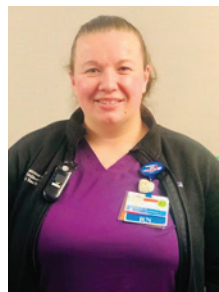
Emergency Department Clinical Nurse Lorraine Traft, BSN, RN was presented with the Mary Devane Award. The award was established in 1998 to be given to any member of Brigham and Woman's Faulkner Hospital Department of Nursing (RN, PCA, UST, MHW, Secretary) in recognition of their commitment to delivering patient care with compassion, kindness and humor.



ICU Clinical Leader Ellen McCarthy, MSN, RN, CCRN received the Elaine Hazelton Memorial Scholarship Award. Elaine Hazelton's family established this award in 2009 to be given to a nurse who demonstrates a dedication to Brigham and Woman's Faulkner Hospital within the practice and advance of nursing. This recipient should be continuing his or her nursing education.



6 North Clinical Leader Jessica Ollis, BSN, RN received The Angela McAlarney Award. The McAlarney Award was established in 2003 to be given to a member of Brigham and Woman's Faulkner Hospital's Department of Nursing in recognition of excellence in patient and family education.



7 North's Heidi Duran, MS, RN, AGNP-C, 6 North's Jordan Lizotte, BSN, RN and 6 South's Joanna Lysy, BSN, RN all received Mrachek Awards (pictured, left to right). The Mrachek Award was established in 1995 and is given to three members of Brigham and Woman's Faulkner Hospital's Department of Nursing in recognition of their clinical skills and to support their continuing education in the nursing profession.



New in 2020 was the Emmly Fidelia Support Staff Award, which is given to a member of the Department of Nursing's support staff, including PCAs, USTs, MHWs and Secretaries, in recognition of their commitment to the units and staff and their integral role in the delivery of care for our patients. The inaugural recipient of the award was Magdalena Malabug, UST in ICU.

STRUCTURAL EMPOWERMENT

Emergency Department nurse Alicia LaRock, BSN, RN, received the Newly Licensed Nurse Award. This award was established in 2019 and is given to a Newly Licensed Nurse hired in the previous 12 months at Brigham and Women’s Faulkner Hospital in recognition of their personal and professional growth.



Newly Licensed Nurse Award – Alicia LaRock, BSN, RN

The Community Outreach Award, established in 2019, is given in recognition of a unit-based team or committee that has positively impacted a group or community outside of BWFH. This year’s recipient was the Cardiac Rehab team.

Community Outreach Award (L to R) Aggie Casey, MSN, RN, Clinical Leader; Lisa Porazzo, BSN, RN, Clinical Nurse; Carrie Dvorak, MS, RD, LDN; Mark Prescott, Traveler, Exercise Specialist



The Evidence-Based Practice Award, established in 2019, is given in recognition of a multi-disciplinary unit-based team or committee with a project that contributes to evidence-based practice. This year’s recipient was 6 North’s Diabetes Project.



Nickie Burney, NP



Kim Danna, RN



Jessica Ollis, BSN, RN

2020 DAISY Awards

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 Brigham and Women’s Faulkner Hospital a great place to receive care.

Congratulations to Brigham and Women’s Faulkner Hospital’s 2020 DAISY Award Winners!



Post Anesthesia Care Unit (PACU) clinical nurse Mary Deseignora, RN



Intensive Care Unit (ICU) clinical nurse Carolyn Hampshaw, RN



7 North clinical nurse Kallie Fabrikorakas, MSN, RN

DAISY Nurse Leader Award

The DAISY Nurse Leader Award annually recognizes the incredible work that nurse leaders do every day. At Brigham and Women's Faulkner Hospital, nurse leaders include Nurse Directors, Nursing Supervisors, Professional Development Managers, and Program Managers in the Department of Nursing. Estier Sayegh, MBA, BSN, RN, CNRN, PCCN-K, CCRN, Nurse Director for the ICU, Dialysis, and Respiratory received the award for her leadership, especially during the COVID-19 pandemic, and her constant support and encouragement for her staff.



ICU Nurse Director Estier Sayegh, MBA, BSN, RN, CNRN, PCCN, CCRN, (center) received BWFH's 2020 DAISY Nurse Leader Award during a nursing leadership meeting.

BWFH Patient Safety Award

At Brigham and Women's Faulkner Hospital, 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 as it relates to patient safety, the hospital recognizes them with a Patient Safety Award.

This past year, Suzelle Saint-Eloi, MS, RN, 6 North Nurse Director was honored to be a recipient of a Patient Safety Award along with 2 South Mental Health Worker Joseph Akintayo. They both played a role in safely returning a patient to the inpatient psychiatric unit. They were selected for the Patient Safety Award after an event in which a patient who was on an accompanied walk outside the hospital with Akintayo attempted to run into traffic as a suicide attempt. Akintayo was able to catch up to the patient and prevented the patient from entering traffic. Saint-Eloi was also recognized for her role in the event. She witnessed the patient attempt to flee while heading to her car, called Security and assisted Akintayo in safely returning the patient back to the unit.



6 North Nurse Director Suzelle Saint-Elois, MS, RN, receives her Patient Safety Award from Patient Safety Project Coordinator Caitlin Parrott, Chief medical Officer and Vice President of Medical Affairs Peggy Duggan, MD, and Chief Nursing Officer and Vice President of Patient Care Services Cori Loescher, MM, BSN, RN, NEA-BC.

BWFH APP Award in Excellence

Earlier this year, Brigham and Women’s Faulkner Hospital established the APP in Excellence Award to recognize and celebrate the important contributions they make to the hospital. Advanced Practice Providers (APPs) include nurse practitioners, physician assistants and certified nurse anesthetists.

According to Johanna Baldassari, MSN, RN, FNP-BC, Chief Advanced Practice Provider, the award was established to celebrate an APP who consistently pursues excellence in all aspects of their profession. “This person is committed to their craft, can recognize their weaknesses and strive to strengthen them, is someone who is a mentor to others and whose peers respect them,” states Baldassari. “Someone whose purpose is guided by their desire to provide the best possible care for their patients.”

At a recent awards celebration, the first APP in Excellence Award was given to Becky Mogensen, MSN, RN, ACNP-BC. “I am so honored and surprised to receive the first APP in Excellence Award,” states Mogensen. “To know that my peers are the ones who nominated me makes it so much more rewarding and special to me. And I know that my success is really through a team effort because my colleagues are some of the best!”

In presenting the award to Mogensen, Baldassari noted that “Becky is an excellent clinician - bright, experienced, efficient and compassionate. She can calmly manage a critically ill patient, then quickly shift gears to help a colleague with a procedure or facilitate an unexpected discharge, and then shift again to lead a team meeting to advocate for a socially-complex patient’s needs. She does this all incredibly efficiently and with a smile on her face.

Becky is also a true bridge builder and has used this skill to build connections between the hospitalist service and the nursing staff. In her role as a 6N Triad Lead, she has strengthened relationships with the nursing staff by improving communication, increasing provider engagement around unit quality initiatives, and participating at 6N unit council meetings.



Inpatient Medicine Nurse Practitioner Rebecca Mogensen, MSN, RN, ACNP-BC (bottom row, 2nd from the right) received the first APP in Excellence Award during a recent celebration.

She is a natural leader and has an innate “go-getter” attitude. She is the first to spearhead new initiatives, as well as champion others’ initiatives. Most recently, during the initial COVID-19 surge, she was asked to step up in a new infectious disease consultant role. This role required her to temporarily leave her hospital APP role to support the infectious disease consult service. She didn’t hesitate in stepping up to this role and did so with grace and commitment during such uncertain times. We are all very grateful for her for doing so.”

Mogensen joined BWFH in 2016 and recounts that when she first interviewed for her position that she was told BWFH is like a big family. “After four years, I couldn’t agree more,” says Mogensen. “Working here has allowed me to grow in my professional career and I look forward to many more years ahead!”

Celebrating Our Certified Nurses

Brigham and Women's Faulkner Hospital is proud to recognize the members of our nursing staff who currently hold professional nursing certification.

2 South

Rose O'Sullivan, BSN, RN, PMH-BC
Kerry Parsons, BSN, RN, PMH-BC

6 North

Bina Darai, MSN, RN, FNP-BC

6 South

Anne Marie Cecala, BSN, HNB-BC
Lusy Gonzalez, BSN, RN, MEDSURG-BC
Rosita Herrera, BSN, RN, MEDSURG-BC
Elena McCarthy, MSN, RN, NP-C
Jacqueline Slattery, BSN, RN, MEDSURG-BC
Kelly Tuguinay, MSN, RN, FNP-BC

7 North

Heidi Duran, MSN, RN, AGNP-C
Katty Halloran, BSN, RN, MEDSURG-BC
Tracy Lane, MSN, RN, MEDSURG-BC

7 South

Ruth Ducrepin, MSN, RN, NP-C*
Caroline King, RN, MEDSURG-BC

Case Management

Rose Allain, BSN, RN, CCM
Latonya Bacon, BSN, RN, CCM
Dawn Hickey, BSN, CMGT-BC*
Joanne Kelly, BSN, RN, CCM
Margaret Kelly, BSN, RN, CCM
Kathy Lang, BSN, RN, CCM
Atiya Niles, BSN, RN, CCM
Leslie St. Cyr, BSN, RN, NC-BC, CCM
Paula Winskowicz, BSN, RN, CCM

CDI/Quality

Adriana Cecchini, MSN, RN, CIC
Kirsten Larrabee, RN, CCDS

Emergency Department

Margaret Anastasi, MSN, RN, ANP-BC
Brittany Ballaron, BSN, RN, CEN
Whitney Bobola, BSN, RN, CEN*
Jill Grant, BSN, RN, CEN*
Jessica Marcoux, DNP, RN, CEN
Shea North, BSN, RN, CEN*
Thea Patterson, BSN, RN, CEN*
Kathleen Roane, RN, CEN
Kathleen Shubitowski, MSN, RN, CEN

Gastroenterology

Helen Driscoll, BSN, RN, CGRN
Mary Hourihan, MSN, RN, CGRN
Dara Keenan, RN, CGRN
Mary Morris, BSN, RN, CGRN
Catherine Murphy, BSN, RN, WCC

Intensive Care Unit

Heather Crocker MSN, RN, NP-C
Daniel Fortin, BSN, RN, CCRN
Linda Luce, BSN, RN, CCRN
Ellen McCarthy, MSN, RN, CCRN
Meaghan McCarthy, MSN, RN, CCRN
Hollis Solorzano, MSN, RN, CCRN
Amy Teasdale, BSN, RN, MEDSURG-BC, CCRN*
Laure Vixamar, MSN, RN, NP-C

IR/IN

Bridget Hagen, BSN, RN, CCRN-Alumnus

IV Therapy

Christine Canavan, BSN, RN, CRNI
Jestin Jose, BSN, RN, VA-BC
Violeta Ramirez, BSN, RN, CRNI

Nursing Float Pool

Evelyn Kelleher, BSN, RN, CCRN
Lucy Wilson, BSN, RN, PCCN

Nursing Leadership

Patrice Baril, MSN, RN, CNOR
Shelly Bazes, MS, RN, WHCNP-BC
Helene Bowen-Brady, DNP, M.Ed, RN, NEA-BC,
NPD-BC

James Grafton, MSN, MHA, RN, CCM
Robin Kaufman, DNP, RN, FNP-BC, NEA-BC*

Cori Loeschner, MM, BSN, RN, NEA-BC
Robin Powell, BSN, RN, CEN
Estier Sayegh, MBA, BSN, RN, CCRN, PCCN, CNRN
Colleen West, DNP, MBA, RN, CPHQ
Paula Wolski, MSN, RN-BC

Nursing Supervisors

Julia Almeida, BSN, RN, MEDSURG-BC

Operating Room

Joanne Cassiani, BSN, RN, CNOR
Susan Clark, RN, CNOR
Janet Donovan, RN, CNOR
Nola Dzen, BSN, RN, CNOR
Mary Finn, RN, CNOR
Maura Lauenstein, RN, CNOR
Mira R. Lumahan, BSN, RN, CNOR
Mary Martin, BSN, RN, CNOR
Cora McHugh, BSN, RN, CNOR
Jennifer Morrison, MSN, RN, FNP-BC
Valerie Orenberg, BSN, RN, CNOR
Linda Sabo, MSN, RN, CNOR
Jeanne Smith, BSN, RN, CNOR
Sandra Spaulding, BSN, RN, CNOR
Jean Tremblay, RN, CNOR

Pain Clinic

Michelle Dixon, BSN, RN, PMGT-BC*

Post-Anesthesia Care Unit

Chris Malone, MPA, BSN, RN, CPAN, CCRN*
Jane Shufro, MS, RN, CPAN

Pre-Operative Holding

Diane Pessa, MSN, RN-BC
Dan Rec, BSN, RN, CAPA*

Professional Development

Susan Belton, MSN, RN, CNL
Tedi Hughes, MSN, RN, PMHCNS-BC
Philip Malleson, MSN, RN, NPD-BC
Kathryn McCarraher, MHA, BSN, RN, CPAN, ONC
Patricia Rabbett, MSN, RN, CCRN-K
Theresa Roche, MSN, RN-BC
Scott Waite, BSN, RN, CCRN-K*
Beth Waters, MSN, RN, CPEN

Advanced Practice Registered Nurses

Addiction Recovery and Inpatient Counseling

Madeline Spinosa, MSN, RN, ANP-BC, CNS
Elizabeth Walsh, MSN, RN, FNP-BC, ARP

Anesthesiology

Beth Brown, MSN, RN, CRNA
Ashley Broyles, MSN, RN, CRNA
Arthur Dayton, MSN, RN, CRNA
Raya Goldenberg, MSN, RN, CRNA
Diane Hake, MSN, RN, CRNA
Kimberly Kleinsorge, MSN, RN, CRNA
Krista Klopfenstein, MSN, RN, CRNA
Letitia Mazzaferro, MSN, RN, CRNA
Elizabeth McCann, MS, RN, CRNA
Michael McSweeney, MS, RN, CRNA
Jessica Morrissey, MS, RN, CRNA
Elizabeth O'Brien Varnum, MSN, RN, CRNA
Melanie Omojola, MSN, RN, CRNA
Landree Parrott, MSN, RN, CRNA
Sarah Toczylowski, MS, RN, CRNA
Julia Young, MSN, RN, CRNA

Center for Pre-Operative Evaluation

Elaine Charbonnier, MSN, RN, ANP-BC
Deborah Georgenes, MSN, RN, NP-C
Nickisha Hurlock, MS, RN, NP-C
Karen Lamping, MSN, RN, NP-C
Sharon Levine, MSN, RN, FNP-C
Tracy Marino, MSN, RN, NP-C
Kristen McKenzie, MSN, RN, FNP-C
Samantha Morrison-Ma, MSN, RN, NP-C, WHNP-BC
Pamela Park, MSN, RN, FNP-C
Anna Peterson, MSN, RN, ANP-BC
Bindu Thomas, MS, RN, FNP-BC

Medicine

Vonette Anglin, MSN, RN, ANP-BC
Jessica Ashman, MSN, RN, NP-C
Johanna Baldassari, MSN, RN, FNP-BC
Sharran Burney, MSN, RN, FNP-BC
Janice Galinsky, MSN, RN, ACNP-BC
Andrea Guarente, MSN, RN, MEDSURG-BC, FNP-BC
Jessica Lawlor MS, RN, FNP-BC
Nicholas Merry, MSN, RN, NP-C, CEN, CCRN
Rebecca Mogensen, MSN, RN, ACNP-BC
Corey Mullen MSN, RN, NP-C
Alla Sherer, MSN, RN, NP-C
Julie Vosit-Steller, DNP, RN, FNP-BC, CHPN, AOCN

*New certification in 2020

Commitment To Education

In 2010, the Institute of Medicine (IOM) recommended that the nursing profession increase the number of nurses with bachelor’s degrees in nursing (BSN) to 80 percent by the year 2020 and that nurse leaders pursue advanced degrees in nursing. As of December 2020, over 91% percent of registered nurses at Brigham and Women’s Faulkner Hospital hold a BSN or higher. Even though Brigham and Women’s Faulkner Hospital exceeds the 2020 IOM goal, nurses in all patient care areas and within the leadership team continue to pursue additional education.

Congratulations to the following Brigham and Women’s Faulkner Hospital nurses who committed to advancing their education and graduated in 2020!

NAME	UNIT	DEGREE	COLLEGE
Sheila Derby	Endoscopy	BSN	Regis College
Ruth DeCrepin	7 South	MSN	UMass - Lowell
Heidi Duran	7 North	MSN	UMass - Lowell
Mike MacDougall	Critical Care Float Pool	MSN	Aspen University

Are You Thinking About Going Back To School Or Becoming Certified?

Brigham and Women’s Faulkner Hospital offers employees assistance through the tuition reimbursement program. Through the program, full-time employees are eligible to receive up to \$2,500 per calendar year to pay for academic courses taken for credit at an accredited educational institution. Registered nurses may also receive up to \$400 for certification-related expenses. These benefits are pro-rated for part-time employees who work 16 hours or more. For more information, call Human Resources at 617-983-7901.

Community Servings Donation for Nurses Week

National Nurses Week is a time to thank nurses around the country, especially our incredible BWFH nurses! Your passion and ability to comfort our patients and each other during these stressful times is always inspiring and appreciated every day.

This year, in honor of BWFH Nurses, the Nursing Department donated to our friends at Community Servings who provide medically tailored and nutritious meals to chronically and critically ill individuals and their families.



Carolyn Hampshaw, RN, Clinical Nurse ICU and Chair of the Nurses Week Committee (2nd from left) is joined by nurse executives Colleen West, DNP, MBA, RN, CPHQ; Cori Loescher, MM, BSN, RN, NEA-BC and Lynne Morrison, MS, RN with Thank You cards that were distributed to BWFH nurses regarding the 2020 Nurses Week donation to Community Servings on their behalf.

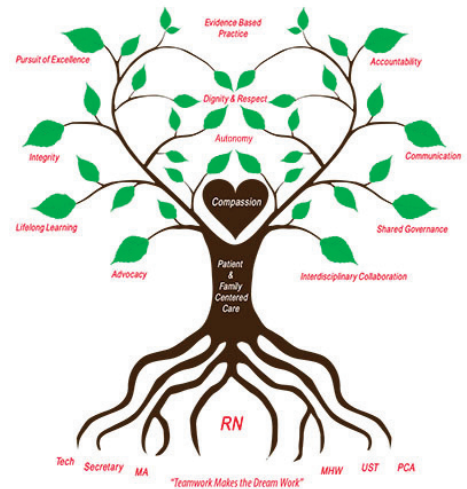
Exemplary Professional Practice

Professional Practice Model

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

At Brigham and Women's Faulkner Hospital, we believe high-quality patient care is only possible through teamwork. It's both nurses and support staff working together efficiently that makes

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



Peer Review Since 2015, all registered nurses at Brigham and Women's Faulkner Hospital have been participating in a formal, annual peer review process. Process improvements for this year include on-going work to incorporate components of the AACN's Healthy Work Environment (HWE) into the peer review process. New in 2020, nurses can now earn CEUs by completing the web-based peer review education. Peer facilitators continue to be key to the success of the peer review process by leading education, facilitating peer review sessions, and providing support to nurses on their individual units.

Thank you to our 2020 Peer Review Facilitators for making the process such a success!

2 South: *Claire Minguing Chen, BSN, RN
6 North: *Caroline Ambros, BSN, RN; *Shana James, BSN, RN; *Debbie Mondesir, BSN, RN,
6 South: *Kaitlyn Cowden, BSN, RN; Lucy Gonzalez, BSN, RN; Elisabeth Rudie, BSN, RN
7 North: *Kelly Coleman, BSN, RN; *Emma Tiedemann, BSN, RN; *Julie Kabukanyi, MA, BSN, RN; Katty Halloran BSN, RN-BC
7 South: Michelle Carignan, BA, RN; *Yvonne Estabrooks, BSN, RN
Emergency Department (ED): *Stephen Campbell, BSN, RN; *Michelle Leonard, RN; Kathy Nunan BSN, RN
Intensive Care Unit (ICU): Meigan Amaral, MSN, RN; *Michelle Boudreau, BSN, RN; Adena Matusow, BSN, RN; Meaghan McCarthy, MSN, RN, CCRN; *Kate Santiago, BSN, RN
Outpatient Infusion Center (OPIC): *Ginny Grace, BSN, RN
Gregory Endoscopy Centre (GI): Helen Driscoll, BSN, RN, CGRN; Kathy Glennon, RN

Interventional Radiology/Interventional Nephrology (IR/IN): Bobbi King, BSN, RN
IV Team: *Eunice Carias, BSN, RN
Pain Management Center (PMC): *Yvonne Brown, BSN, RN
Weiner Center for Preoperative Evaluation (CPE): Shirley Mahoney, BSN, RN
Pre-op Holding (POH): Sania O'Leary, BSN, RN, *Dan Rec, BSN, RN, CAPA
Post-Anesthesia Care Unit (PACU): *Danielle Contois, BSN, RN; *Patricia Dowling, BSN, RN; Kathy Leone, MBA, BSN, RN
Operating Room (OR): Linda Gagnon, BSN, RN; Valerie Gritsevskaya, BSN, RN, CNOR, *Jen Jaszek, BSN, RN; Sarah Moran BSN, RN; *Stacy Preus, BSN, RN; *Matt Wilson, BSN, RN
Case Management: *Kathy Lang, BSN, RN, CCM
Nursing Supervisors: Laureen Flahive, BSN, RN

*New facilitator in 2020

Shared Governance Committees

Nurses at Brigham and Women’s Faulkner Hospital 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 interdisciplinary colleagues to ensure the delivery of excellent patient care. In 2020, the foundation and strengths of our shared governance structure are evident in the committee accomplishments you will read about on the following pages.

Nursing Practice

Mission: To develop and evaluate standards of practice that support the delivery of Patient and Family Centered Nursing Care at BWFH based on current research, quality outcomes, and evidence based practices. To support professional practice through the dissemination of best practice and the implementation of changes, as necessary, to nursing practice at BWFH.

2020 Accomplishments

Practice Committee Members reviewed and advocated for many nursing related practice and policy changes before and during the COVID-19 crisis. The Committee also collaborated with Marketing, Communications and Community Relations on ways to improve communication during anticipated resurge.

Through the use of the Nursing Practice Update and other communication platforms, supported education and awareness on:

- Clinical decision making in relation to Drug Administration Guidelines and staff education related to drug diversion compliance (through partnership with Pharmacy Colleagues)
- PrimaFit external urine management system for female patients to help with the reduction of catheter associated infections
- Removal of non-tunneled Central Venous Catheters
- Lymphedema precautions
- Nurse driven protocol to remove urinary catheters
- Restraint and seclusion policy, to include RN documentation and attestation of ongoing assessments
- Changes made to the Constant Observation policy, to include rotation of observer staff every 4 hours, redefined observations levels with clinical criteria, and the introduction of security watches
- Blood product administration
- Safe practice for patients requiring thermoregulation
- Proper use and disposal of pill cutters/crushers

Leadership

Jill Grant, BSN, RN, CEN (Chair) - ED
 Colleen West, DNP, MBA, RN, CPHQ (Executive Sponsor) - Executive Director of Nursing Professional Development, Practice and Innovation

Members

Current members:

- Yvonne Brown, BSN, RN – Pain Clinic
- Anna Costello, BSN, RN- 2 South
- Amanda Ganzel, BSN, RN – 7 North
- Kristin Feeley, BSN, RN – Float Pool
- Linda Gagnon, BSN, RN – OR
- Phyllis Garr, BSN, RN – Pre-Op Holding
- Juliet Gleason, MBA, MSN, RN – Nurse Directors
- Jill Grant, BSN, RN, CEN – ED
- Rose LaPlante, MSN, RN – Nursing Quality & Magnet
- Katie Lyons, BSN, RN – 6 North
- Ellen McCarthy, MSN, RN, CCRN – ICU
- Phil Malleson, MSN, RN-BC – Nursing Professional Development
- June Nichols, BSN, RN – PACU
- Jacqui Slattery, BSN, RN-BC – 6 South
- Ann Schifone, BSN, RN – Ambulatory Float Pool
- Lindsay Turransky, BSN, RN – 7 South

Additional Members who served in 2020:

- Kathy Armando, BSN RN – Pain Clinic
- Suzanne Devitt, BSN, RN -7 South
- Kate Feeley, BSN, RN – 7 North
- Alyson Griesche, BSN, RN – Float Pool
- Mary Hourihan, MSN, RN, CGRN - Endoscopy
- Tracy Lane, MSN, RN-BC – 7 North
- Mary Martin, BSN, RN, CNOR - OR



Nursing Quality

The Nursing Quality Committee (NQC) identifies, reviews and analyzes data regarding nurse sensitive indicators, hospital wide safety issues and Department of Nursing strategic goals. The NQC is responsible for disseminating data on a unit level as well as supporting action plans for quality improvement measures. Members serve as a resource on quality initiatives to the greater Brigham and Women's Faulkner Hospital nursing community.



2020 Accomplishments:

- Revised format of data for Unit Nursing Quality Boards
- Assumed responsibility for monitoring hand hygiene data
- Assisted with world sepsis day education
- Reinvigoration of Falls TIPS through monitoring and enhancements, and expanding Falls TIPS to the ED and ED observation unit

Leadership

Amanda Davenport, BSN, RN (Co-chair) – 7 North
 Beth Waters, MSN, RN, CEN, CPEN (Executive Sponsor) – Nursing Professional Development

Members:

Larry Borbee, MM, BSN, RN – 6 North
 Rachel Chong, BS - Patient Safety Project Coordinator
 Anna Costello, BSN, RN – 2 South
 Kathy Glennon, RN - Endoscopy
 Maureen Holleran, MSN, RN - ICU
 Rose LaPlante, MSN, RN – Nursing Quality & Magnet
 Maura Lauenstein, RN, CNOR - OR
 Megan Lucke, BSN, RN – Float RN
 Trish Martin, MPH - Patient Safety, Quality, Infection Control & Accreditation
 Kirsten Oteri, BSN, RN - ED
 Shashalee Reid – Administrative Coordinator
 Ginny Ryan, MSN, RN - OPIC
 Christine Sgroi, BSN, RN – Float Pool

Professional Recognition and Advancement

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

2020 Accomplishments

- Oversee DAISY Nursing and Leadership Awards
- Published the Annual Report 2019
- Organized Certified Nurse's Day 2020
- Recognition cards signed by PRAC and NEB sent to recently certified and graduated nurses
- Updated Peer Review forms and HealthStream education with associated contact hours
- Recruited Peer Review facilitators for all units and educated facilitators virtually

Leadership

Ellen McCarthy, MSN, RN, CCRN (Chair) - ICU
 Tracy Lane, MSN, RN-BC (Executive Sponsor: January-July) – 7 North
 Kathy McCarraher, MHA, BSN, RN, CPAN, ONC (Executive Sponsor: August - December) – Nursing Professional Development Members
 Phyllis Garr, BSN, RN - Pre-Op Holding
 Rose LaPlante, MSN, RN – Nursing Quality & Magnet



Nursing Informatics

The Nursing Informatics Committee develops and evaluates standards of practice that support the documentation of Patient and Family Centered Nursing Care at BWFH based on current research, quality outcomes, and evidence-based practices. The committee also supports the development of professional practice with the use of Digital Health eCare through dissemination of best practices, and changes in documentation standards whether regulatory or enterprise build to BWFH nursing staff.

2020 Accomplishments:

- Supported the conversion to disaster documentation through the COVID-19 pandemic surge from April to July 2020.
- Supported the implementation to Epic Storyboard for all care areas
- Supported the implementation of transparent classification through September 2020
- Supported the review of documentation From July-September 2020 for the Joint Commission Survey
- Educated staff monthly on changes coming to the EHR monthly.
- Implemented updates to the Columbia Suicide Risk Assessment
- Supported staff with the use of digital communication technologies during the COVID-19 surge in Spring 2020
- Continued to update Best Practice Documents and Nurse Driven Protocols
- Supported staff when the disaster documentation converted to standard documentation in July.
- Ongoing support of clinical practice in terms of giving access to the tools needed to document care appropriately.



Chairs:

Anh Le Nguyen BSN, RN (Co-chair) – 7 North
 Phi Le, BA (Co-chair) – Information Systems
 Paula Wolski, MSN, RN-BC (Executive Sponsor) – Program Manager, Informatics for Nursing/Patient Care Services

Members:

Michelle Boudreau, BSN, RN - ICU
 Hellen Driscoll, BSN, RN, CGRN - Endoscopy
 Julia Frantzen, BS – Information Systems
 Gibu George, MD - Information Systems
 Ginny Grace, BSN, RN - OPIC
 Valerie Gritsevskaya Orenberg, BSN, RN, CNOR - OR
 Michelle Harnden, BSN, RN – Interventional Radiology
 Amy Kandalaft, RN – Pain Clinic
 Christopher Levesque, BSN, RN – 2 South
 June Nichols, BSN, RN- PACU
 Ellen O'Connor, BSN, RN – 6 North
 Diane Pessa, MSN, RN-BC – Pre-Op Holding
 Erica Ricci, BSN, RN – 7 North
 Darren Scully, BSN, RN – 6 South
 Timothy Wilder – Information Systems

Evidence-Based Practice/Research Committee

The Evidence-Based Practice/Research Committee (EBPRC) promotes evidence-based nursing practice and supports nursing research to improve patient and/or nursing practice outcomes at BWFH. The Committee provides support and mentorship for nurses involved in the development, implementation, and evaluation of evidence-based practice projects or research studies. The committee maintains a database for all nursing projects and supports the dissemination of completed projects to conferences through abstract writing, poster development, and preparation for oral presentations.

2020 Accomplishments:

- Supported the development, implementation, evaluation of evidence-based practice projects within the nursing department
- Revised the process for EBP/Research project review and approval
- Provide education on evidence-based practice at the Unit Based Council Summit, monthly UBC Co-Chair Development sessions, and EBPRC meetings
- Facilitated development of evidence-based practice project presentations for the Fall Unit Based Council Summit
- Supported dissemination of evidence-based practice projects locally and nationally

Leadership

Helene Bowen Brady, DNP, M.ED, RN, NPD-BC, NEA-BC (Executive Sponsor) – Nurse Scientist
 Kathy McCarraher, MHA, BSN, RN, CPAN, ONC (Executive Sponsor) – Nursing Professional Development

Members

Meigan (Young) Amaral, MSN, RN - ICU
 Heather Cabral, BSN, RN – 6 North
 Stephen Campbell, BSN, RN - ED
 Jackie Dejean, BSN, RN – 7 North
 Judy Driscoll, BSN, RN - OPIC
 Kallie Fabrikarakis, MSN, RN - 7 North
 Joanne Hallahan, BSN, RN - ED
 Kelly Mastroianni, BSN, RN – PACU
 Ellen McCarthy, MSN, RN, CCRN - ICU
 Jessica Ollis, BSN, RN – 6 North
 Erica Ricci, BSN, RN – 7 South
 Sarah Sargalski, RN - ED (new member November 2020)
 Thea Patterson, RN - ED (new member November 2020)



Shared Governance Coordinating Council

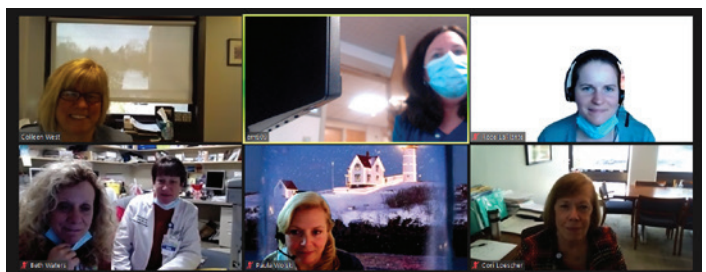
On the fourth Wednesday of every month, the chair(s) and sponsors of the five Shared Governance Committees meet with Chief Nursing Officer and Vice President of Patient Care Services Cori Loescher, MM, BSN, RN, NEA-BC. Each chair highlights a review of topics discussed during their meeting and addresses any potential concerns. The objective of the Shared Governance Coordinating Council is to align goals and outcomes for the Department of Nursing. Updates from the Shared Governance Coordinating Council are shared with the Nurse Executive Board and Nursing Leadership.

2020 Accomplishments

- Assisted in creating an opportunity for Crisis Standards of Documentation
- Involved in interdisciplinary discussions to improve the communication of practice changes effecting frontline staff in a timely manner during a crisis

Members

Mary Anne Barry, MBA, BSN, RN – 7 South
 Nicole Chaisson, MBA, BS, BA – Nursing Administration
 Amanda Davenport, BSN, RN – 7 South
 Jill Grant, BSN, RN, CEN – ED
 Tracy Lane, MSN, RN-BC – 7 North
 Rose Laplante, MSN, RN – Nursing Quality & Magnet
 Anh Le, BSN, RN – 7 North
 Cori Loescher, MM, BSN, RN, NEA-BC – Chief Nursing Officer
 Kathy McCarraher, MHA, BSN, RN, CPAN, ONC – Nursing Professional Development
 Ellen McCarthy, MSN, RN, CCRN - ICU
 Ginny Ryan, MSN, RN - OPIC
 Beth Waters, MSN, RN, CEN, CPEN– Nursing Professional Development
 Colleen West, DNP, MBA, RN, CPHQ –Executive Director of Nursing Professional Development, Practice and Innovation
 Paula Wolski, MSN, RN-BC - Program Manager, Informatics for Nursing/ Patient Care Services



Quality Data

As nurses at Brigham and Women’s Faulkner Hospital, 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.

Brigham and Women’s Faulkner Hospital is a member of the National Database of Nursing Quality Indicators (NDNQI), which is part of the American Nurses Association’s National Center for Nursing Quality.

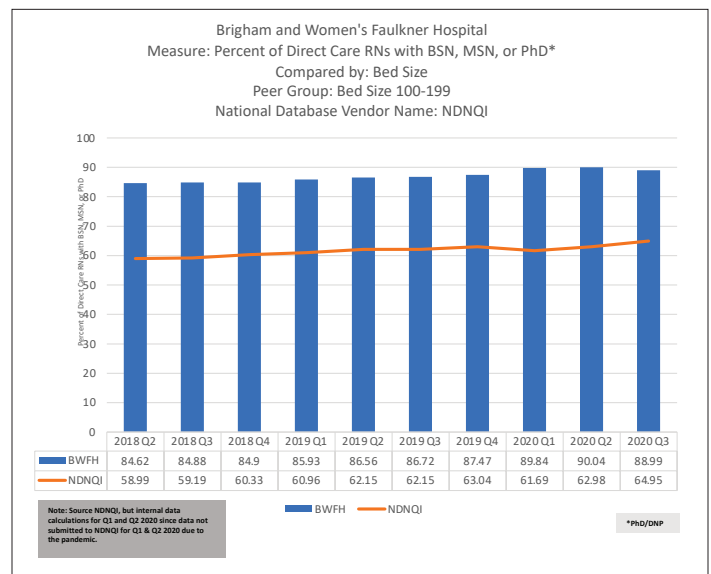
NDNQI’s mission is to aid the nurse in patient safety and quality improvement efforts by providing research based, national, comparative data on nursing care and the relationship of this care to patient outcomes. This is done by looking directly at Nursing Sensitive Indicators.

In previous years we have focused on Nursing Sensitive Indicators (NSIs) related to clinical outcomes (CAUTI, CLABSI, Falls with Injury, and HAPI). For the 2020 Annual Report, we are focusing on two NSIs related to the education and certification rates of direct care nurses. These two NSIs are continuously monitored for Magnet® Redesignation.

Percent of Direct Care RNs with BSN, MSN, or DNP/PhD

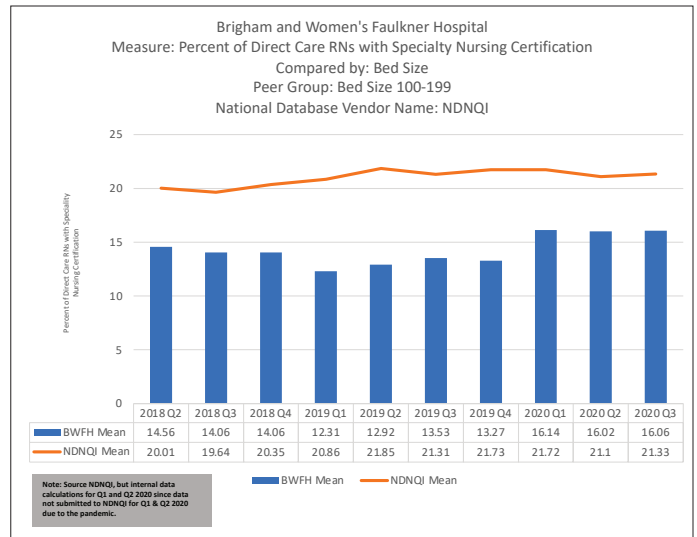
In 2010, the Institute of Medicine called for 80% of nurses to earn a BSN by 2020 since higher levels of education are associated with better patient outcomes. Over the past decade, numerous research studies have repeatedly validated the association between nurse education and patient outcomes. For every 10% increase in the proportion of BSN prepared RNs hired, there is a 5% decrease in the likelihood of patient deaths (Aiken et al., 2011).

In 2014, the first year that BWFH began formally tracking education, 63% of all nurses held a BSN or higher. By 2020, BWFH exceeded the IOM goal with 89% of direct care nurses holding a bachelor’s degree or higher. BWFH also outperforms other hospitals across the country in the percent of nurses with BSN or higher. Congratulations to all of the nurses who have worked so diligently to advance their education over the past few years. (Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011). *Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. Medical Care*, 49(12), 1047–1053. <https://doi.org/10.1097/MLR.0b013e3182330b6e>



Percent of Direct Care RNs with Specialty Nursing Certification

The benefits of professional nursing certification for nurses, patients, and healthcare organizations are widely published in the literature. Professional nursing certification is associated with improved patient outcomes, increased workplace empowerment, decreased turnover, and improved retention rates (Rees et al., 2015). Professional certification measures life-long learning and validates that nurses have specific knowledge, skills, and abilities specific to their specialty and beyond initial licensure requirements. Most certification organizations require the individual nurse to have worked in that specialty area for at least two years with a minimum number of annual practice hours. In 2014, the overall certification rate at BWFH was 14% for all nurses. In 2020, certification rates increased to 16%. Individual units and departments are actively involved in strategies to improve that rate in the upcoming year in an effort to meet national benchmarks for certification (Rees, S., Glynn, M., Houlihan, B. (2015). *Increasing professional nursing certification. Nursing Management.* 46(8)10-12. doi: 10.1097/01.NUMA.0000469356.56695.ef)

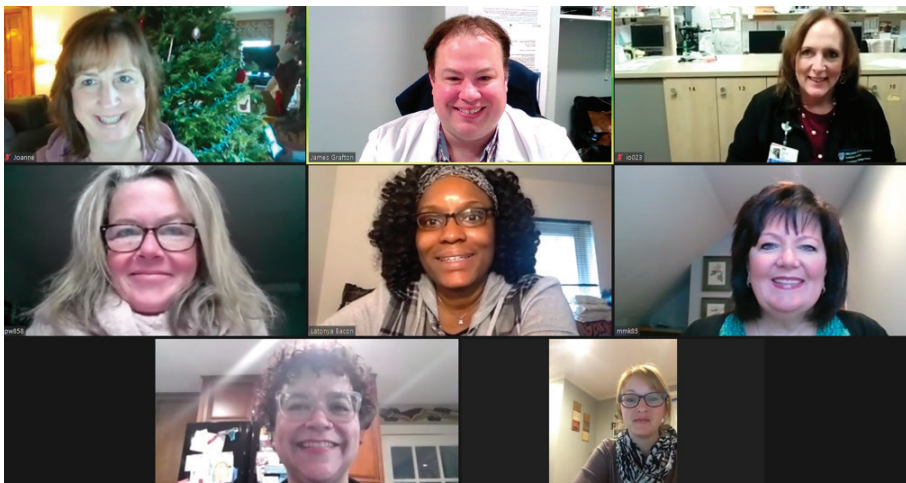


Care Continuum Management: A Success Story for Improving Certification Rates

In early 2020, Jim Grafton, RN, MSH, MHA, CCM, Director Care Continuum Management (CCM), identified that he wanted to pursue professional certification as one of his annual goals. In addition, Grafton discussed certification goals with case managers during the annual review process. Grafton strives to ensure that annual evaluations are meaningful for his staff and aligns goals with the BWFH Nursing Professional Practice Model. In 2020, he identified CCM certification for case managers as a goal within the component of Lifelong Learning. Since so many of the nurses in CCM expressed interest in pursuing CCM certification, Grafton put a plan in place to support them.

He identified when certification preparation courses were being held, determined which staff were eligible to sit for the exam, and then scheduled time off by seniority for individuals to attend a course. Eligible case managers were excited for this opportunity since so many of their colleagues held CCM certification. By the end of 2020, five additional nurses had successfully earned the CCM certification credential increasing the percentage of certified case managers from 42% in 2019 to 68% in 2020.

Care Continuum Management – CCM Certified Nurses



New Certifications

Top row (L to R) Joanne Kelly, RN, BSN, CCM; James Grafton, RN, MSN, MHA, CCM*; Kathleen Lang, RN, BSN, CCM*
Middle row: Paula Winkowicz, RN, BSN, CCM*; Latonya Bacon, RN, BSN, CCM*; Maggie Kelly, RN, BSN, CCM
Bottom row: Atiya Niles, RN, BSN, CCM; Dawn Hickey, RN, BSN, RN-BC*
Not Pictured: John Abbatematteo, RN, BSN, CCM; Rose Allain, RN, BSN, CCM; Carolyn Amsbaugh, RN, BSN, CCM; Dianne Difonso, RN, BSN, CCM; Leslie St. Cyr Connors, RN, BSN, CCM
* certified in 2020

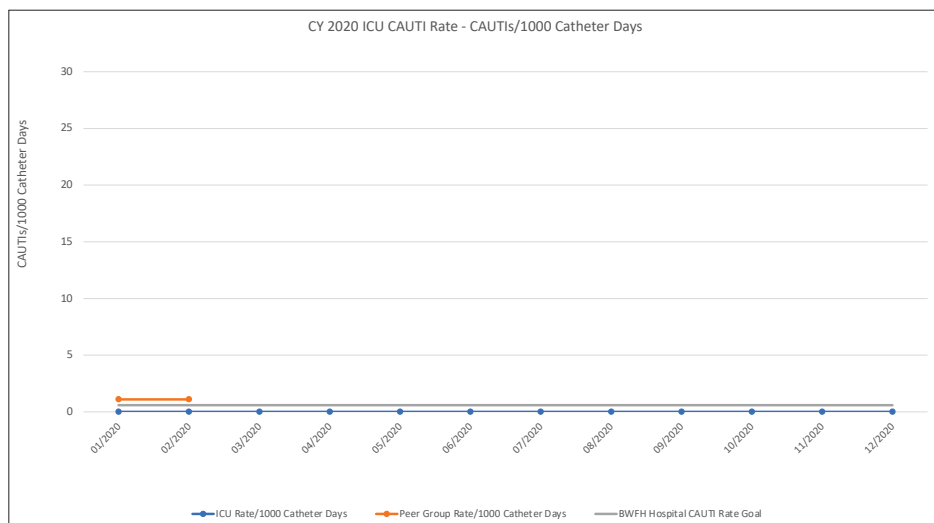
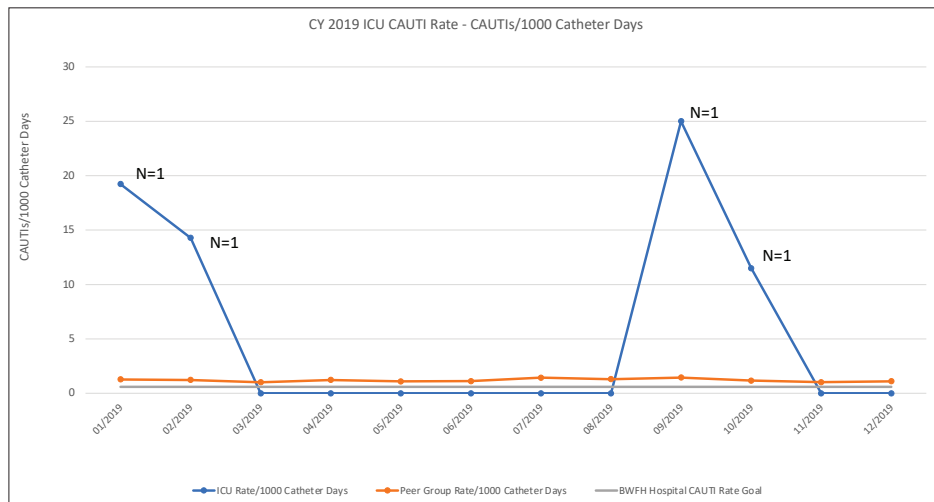
Mission 2020: ICU CAUTI Prevention Plan

Catheter associated urinary tract infections (CAUTIs) are one of the most frequently occurring health care-associated infections seen in hospitalized patients. For patients in the ICU who are critically ill, preventing CAUTIs is of the utmost importance.

In 2019, the ICU had an increase in the rate of CAUTIs across three of four quarters (see CY2019 graph). Staff in the ICU were concerned and developed a multi-step plan to decrease the incidence of CAUTIs. In December 2019, a CAUTI Knowledge Survey was sent out to all ICU nurses and targeted education to address identified knowledge gaps was then provided for staff. Next, a CAUTI audit tool was created to monitor adherence to the CAUTI Bundle, a checklist of the most important factors to prevent a CAUTI. All ICU RNs participated in CAUTI audits. Audits are an important part of the quality improvement process. When nurses complete audits, it provides an opportunity to evaluate nursing practice against evidence-based standards of care.

Following the education and the audit process, a repeat CAUTI Knowledge Survey was completed by the ICU nurses. Results showed that the combination of education and audits was successful in closing the knowledge gaps for staff. More importantly, there have not been any CAUTIs since the start of the project, resulting in improved CAUTI rates for the ICU for 2020 (see CY2020 graph).

Major findings from the prevention plan were that determining knowledge gaps and targeting education to close those gaps is important. Re-educating ICU nurses on the indwelling urinary catheter nurse driven protocol was crucial to the success of the project. Nurse participation in CAUTI audits increases engagement and accountability. Recently, the ICU added an additional step to prevent CAUTIs with the implementation of external urinary catheters for both men and women to decrease the use of indwelling urinary catheters.



New Knowledge, Innovations and Improvements

Poster And Podium Presentations

The following abstracts by Brigham and Women's Faulkner Hospital authors were accepted for presentation in 2020. Links to view each of these presentations can be found at www.bwfh.org/posters.

Administering Ketamine Infusions for Depression: Embracing Change in the Post Anesthesia Care Unit.

Jill Benoit, BSN, RN; Robin Egan, BSN, RN; Mary DeSeignora, BSN, RN. American Society of PeriAnesthesia Nurses (ASPAN) 39th Annual Conference, Denver, CO. (Conference cancelled due to pandemic).

Advanced Practice Provider Orientation- A focus on quality, safety, and APP engagement

Johanna Baldassari, MSN, RN, CNP; Peggy Duggan, MD; Christi Barney, MSN, RN; Allyson Hammerstedt, Esq; Alana Gruszecki, PharmD, BCP; Vonette Anglin, MSN, RN, CNP; Katie Killinger, MSN, RN, FNP-C; Krista Klopfenstein, MSN, CRNA; Nickisha Hurlock, MS, RN, CNP; Julie Steller, DNP, RN, CNP, ACHPN, AOCN. 5th Annual Quality & Safety Symposium: Quality & Safety Efforts Across the Mass General Brigham System, September 2020.

Improving the Effectiveness of Structured Interdisciplinary Bedside Rounds (SIBR)

Matthew DiFrancesco, MD; Allison Bernard, PhD, DNP, RN; Jeanne Hutchins, BSN, RN. 5th Annual Quality & Safety Symposium: Quality & Safety Efforts Across the Mass General Brigham System, September 2020.

Reducing Cancellations in Outpatient Spinal Cord Stimulator (SCS) Trials through Patient Education.

Kathy Armando, BSN, RN; Amie Kandalauft, RN. 5th Annual Quality & Safety Symposium: Quality & Safety Efforts Across the Mass General Brigham System, September 2020.

Same Day Joint Arthroplasty: Redesigning the Care Pathway in a Community Hospital.

Katie Killinger, MSN, RN, FNP-C; Lindsay Bandazian, MSN, RN, ANP-C; Katie Kane MSN, RN, NP-C, ONP-C; Mary Anne Barry, MBA, BSN, RN; Gina Marsh, PT, MSPT; Kerri-Anne Morse, BSN, RN; Jeff Blackwell, MHA; Jean Flanagan, PT, DPT, CLT. American Association of Nurse Practitioners: AANPconnect: An Online Conference Experience, September – December 2020.

Same Day Joint Arthroplasty: Redesigning the Care Pathway in a Community Hospital

Kerri-Anne Morse, BSN, RN; Peggy Tomasini, RN; Mary Anne Barry MBA, BSN, RN. Accepted for presentation at the 2020 National Association of Orthopaedic Nurses' Annual Congress, Pittsburgh, PA (Conference cancelled due to pandemic).

Workforce Strategies: Implementing A Triad Leadership Model.

Johanna Baldassari, MSN, RN, CNP; Erin O'Fallon, MD, MPH; Scott Schissel, MD, PhD; Cori Loescher, MM, BSN, NEA-BC. Society of Hospital Medicine HM20 Virtual Conference, July 2020.

**Winner of the HM20 Virtual Abstract Competition – Innovations category

Developing a Novel Nursing Pathway for Phase II PACU Discharge of Same Day Joint Arthroplasty Patients.

Robin Kaufman, DNP, APRN, FNP-C, NEA-BC. OR Manager Conference OnDemand, October 2020.

Successful Same Day Joint Surgery Program Expands to the Breast Surgery Program

In 2018, updated regulatory guidelines from the Centers for Medicare & Medicaid Services (CMS) identified that Total Knee Arthroplasty (TKA) procedures could be performed on an inpatient or outpatient basis. At BWFH, an interdisciplinary task force met over several months to redesign the care pathway for same day joint arthroplasty. The successful implementation of this same day outpatient care model proved successful in reducing costs and improving patient and provider satisfaction while ensuring quality outcomes. Key lessons learned from this initiative have since been used to redesign care pathways for other surgical procedures at BWFH to move to extended recovery models for eligible same day procedures.

One of the surgical procedures that has moved to the extended recovery model is the mastectomy surgery program. Modeling best practices from the same day joint arthroplasty, a multidisciplinary team consisting of breast surgeons, anesthesia and advanced practice providers, physical therapists, and clinical nurses from CPE, POH, and PACU were involved in the care pathway redesign for this expanded service. One of the initial steps was to create a protocol to identify qualified patients, initially identified as those undergoing unilateral mastectomy without reconstruction. Physician Assistants from the breast surgery program then worked revising pre-op education including a scripted video for patients that takes them through the entire process from the pre-operative visit to discharge. Another change for same day patients is that they receive a high caloric liquid to drink on the morning of the procedure that has been found to enhance post-op recovery. June Nichols, BSN, RN, clinical leader in the PACU was instrumental in developing a comprehensive resource binder for clinical nurses providing information on post -op care of same day mastectomy patients in the PACU. The PACU staff was oriented to care for the same day mastectomy patients by using a resource manual created to describe every phase of care and specific instructions for home care.

Although there was no change to the intraoperative process, the overall length of hospitalization decreases for same day patients. Typically, these patients would recover in the PACU for 1-2 hours and then move to the inpatient surgical unit for an overnight stay. Same day breast surgery patients now remain in the PACU for a minimum of six hours following their surgery and discharge directly to home. During this time, they are evaluated by a physical therapist. To ensure a seamless transition to home, case managers coordinate home care services and ensure that the patient has a follow up visit scheduled with the surgeon prior to discharge.

In June of 2020, the perioperative area successfully discharged the first same day mastectomy patient. Phyllis Garr, BSN, RN, clinical nurse POH, cared for this patient. Garr shared that “the patient was excited to be the first person in the new program” and “grateful to be able to limit the amount of time she was in the hospital during the pandemic”. As of early December 2020, five patients have been successfully discharged from the PACU to home.

Similar to the same day joint program, the extended recovery model for mastectomy surgery has resulted in improved patient, provider, and nurse satisfaction with the surgical experience as well as decreased hospital costs while continuing to maintain the high-quality outcomes that the BWFH Breast Surgery Program is known for. Nichols shares that over the past few months, “feedback from the same day mastectomy patients has been positive”. Patients have stated that they feel “well prepared for surgery, well taken care of during recovery, and well equipped to take care of themselves at home postoperatively”. Recently, the PACU was notified that their abstract describing this innovative successful practice was selected for a poster presentation at the American Society of PeriAnesthesia Nurses’ 40th National Conference, April 25-29, 2021. Plans for 2021 include expanding this successful care pathway for patients undergoing prostatectomy surgery.



Phyllis Garr, BSN, RN – POH & June Nichols, BSN, RN - PACU

Telehealth Trial in Preoperative Holding

The current pandemic has reminded healthcare professionals and patients about the value of using telehealth to deliver healthcare. In late June, the Preoperative Holding Area (POH) began a pilot program using telehealth as a strategy to keep patients safe on the day of surgery. Phyllis Garr, BSN, RN, clinical nurse lead for the project says, “The use of telehealth in the POH area allows us to decrease the amount of time patients spend inside the hospital and on our unit prior to going to the operating room while continuing to provide compassionate, safe, high-quality care.”

During the trial phase, telehealth was used for patients who met criteria and received approval from the surgeons. First cases of the day were exempt for the trial. Clinical nurses called patients on the day before surgery to inform them of the trial, confirm contact information, and to determine a tentative time that the patient would arrive to the parking lot. The patients notified the nurse when they were on site. Once they arrived at BWFH and were safely parked outside, nurses were able to complete the same assessment by phone that normally would be completed in person in the POH unit. Then it would be determined according to the OR schedule when the patient should arrive to the holding area. When they entered BWFH, the patient would complete the routine screening process.

The results of the pilot telehealth program have been impressive. The length of stay for the majority of telehealth patients in the POH area was less than one hour compared to the typical length of stay of two to two and a half hours. Garr shared that patients involved in the pilot were thankful that BWFH had their safety as the number one concern. Patients were also thankful that they could remain with their family members for longer and spend less time in the hospital before their surgery. Feedback from the surgical team and nursing staff has also been extremely positive.



Telehealth Project Leaders

(L to R) Kathy McCarraher, MHA, BSN, RN, CPAN, ONC - Professional Development Manager; Phyllis Garr, BSN, RN - Clinical Nurse - POH; Robin Kaufman, DNP, APRN, FNP-BC- Nurse Director Perioperative Services

Informatics Innovations 2020

The 2020 pandemic challenged healthcare organizations across the country to rethink the delivery of healthcare. Many aspects of patient care transitioned to online modalities using existing technology in new and innovative ways. Over the past few years, Paula Wolski, MSN, RN-BC, Program Manager Informatics for Nursing and Patient Care Services has assisted in launching numerous programs and resources to help improve the delivery of patient care using technology in innovative ways. In the midst of a pandemic, Wolski's mission to advance the use of technology was more important than ever.

One of the earliest identified needs during the pandemic was to keep the care team connected with the patient using technology. Wolski shared that establishing Virtual Visits was identified as a top priority. New technology was introduced to the care area that included applications installed on iPads to allow for virtual visits between patients and the care team. At the end of March, Wolski oversaw the initial deployment of the updated iPads to the ED and 2 South. To support the nursing staff using this new application, Wolski created user friendly tip sheets that provided step by step instructions with screenshots making it easy for nurses to connect patients and the care team.

By the beginning of April, the updated iPads were available on 7 North, the first inpatient unit to have this technology. Wolski stated that "the purpose for iPads on the inpatient units extended beyond virtual visits to using the technology to improve the delivery of care". Since 7 North was the designated inpatient COVID unit, many patients were on COVID-19 precautions. This meant that hallway doors leading into patient rooms were closed and health care staff were donning and doffing PPE every time they entered and left a patient room.

Wolski said, "By using the iPads, nurses were able to visually monitor and communicate with patients from outside the room, while preserving limited supplies of PPE". This technology was useful for simple things like reminding patients to take deep breaths or drink more fluids. More importantly, it also provided an effective strategy to increase the frequency of communication with patients and allowed staff to monitor patients behind closed doors who were at a higher risk for falls.

When the rollout started on 7 North, Wolski worked with Clinical Leaders Jacqueline Dejean, BSN, RN and Jessica Craver, BSN, RN over the course of two weeks to educate staff from 7 North on this new technology. A few weeks later, Wolski oversaw the deployment of iPads and coordinated education as the technology moved to other inpatient units. In the ICU, nursing staff including Ellen McCarthy MSN, RN, CCRN determined that the iPads would not meet the needs of their patients and advocated for iPhones. Wolski shared that in the ICU, the iPhones "were used to facilitate Face Time visits providing patients with a chance to connect with family in real time. Using iPhones addressed an identified 'gap in emotional care' for patients and family members".

As with any technology rollout, there were minor glitches along the way but overall nursing staff were grateful for the opportunity to use technology in a new way to deliver safe and high quality patient care. Staff appreciated that they were able to communicate with patients and keep them safe through enhanced monitoring. They were also appreciative of the ability to connect patients with their loved ones during the pandemic at a time when face-to-face visits were prohibited.



My Thoughts

by Phyllis Garr, BSN, RN-POH

Along came the COVID-19 Pandemic
then difficulties ensued with much panic

There was so much that was unknown
it felt like we were in a cyclone

I noted a lot of anxiety
amongst all of us at work and in society

I saw instability along with sensibility
and realized everyone is entitled to their own level of vulnerability

I met many new coworkers each day
who shared their stories in a heartfelt way

By listening to your peers, you begin to discover
that understanding it all, is truly within each other

As time has passed, we must always keep in mind
the key is to be kind and remain aligned

BRIGHAM AND WOMEN'S FAULKNER HOSPITAL
DEPARTMENT OF NURSING



Our Mission

Our mission is to provide compassionate high-quality, evidence-based, nursing care in a learning environment that meets the diverse needs of our patients, families and communities.

Our Vision

To be the premier department of nursing in an academic community hospital in the New England area.

Our Values

All of our nurses demonstrate a commitment to the profession of nursing through the following core values:

RESPECT

INQUIRY

COLLABORATION

EXCELLENCE

BRIGHAM HEALTH



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