SUMMER 2015

BRIGHAM AND WOMEN'S
Faulkner Hospital

NEWS FOR AND ABOUT
BWFH NURSING STAFF

BWFH NURSE

NURSE RECOGNITION AWARDS HONOR BWFH'S FINEST

Nurse Recognition Award winners, from left: Margaret Lahar, MSN, RN, CCRN, CPAN, Kathryn Pendergast, RN, Elizabeth Princiotta, RN, Janet Donovan, RN, CNOR, and Phyllis Garr, RN (not pictured: Deirdre Botsch)

Each year, during National Nurses Week, 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. This year's winners are just a few examples of the work being done each and every day within the Department of Nursing.

On hand at the Nurse Recognition Awards ceremony was Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, who spoke of the strides the Department of Nursing has made in the last year, pointing out the steps taken to achieve Magnet status, the conferences attended and posters presented by staff, the hard work of those who have earned certification and the awards with which our nurses have been recognized. She acknowledged the winners as well as the nominees for this year's Nurse Recognition Awards saying, "We had so many great nominees this year. It just shows you how many great staff members we have caring for our patients and each other."

BWFH President Michael Gustafson, MD, MBA, also spoke, thanking the families who so generously support the Nurse Recognition Awards each year. "I also want to thank and congratulate our honorees and awardees on behalf of the leadership team and on behalf of the hospital. It's a really great opportunity to celebrate the best of what's already a really amazing group," he said.

Continued on P3

DEAR NURSING COLLEAGUES

Judy Hayes, MSN, RN

I am, as always, so excited to share our summer issue of *BWFH Nurse*. It has become the issue of celebration, highlighting our annual Nursing Awards, our first DAISY Award winner, the Medicine House Staff Appreciation Ceremony and this year a nurse has received the Susan Bezanson Patient Safety Award.

I am always so impressed and proud of all the work of the clinical nurses here at Brigham and Women's Faulkner Hospital. Each year our nurses set the expectation for themselves and their patients that outcomes will be continuously monitored to assure a best practice. The acknowledgment that we need to continue to explore the evidence that is available to us as nurses and use that evidence to improve care is never more evident than in the outcomes you will read about from our Falls Committee.

The implementation of Partners *e*Care will provide us with a new richness in information about our practice and our patients. Paula Wolski, MSN, RN, CCRN, makes it clear that we are just beginning to explore the potential that Partners *e*Care has to offer. Paula is an example of a new practice leader for all of us. Nursing Informatics will be critical as we move forward and continue to leverage the potential patient care improvements that Partners *e*Care will be a part of.

This issue of the *BWFH Nurse* reminds us that we must not only examine and measure our practice against national benchmarks, but also continue to share our own innovative practices with others. BWFH nurses continue to present their work at national, state and local forums. The achievements that are acknowledged here are the foundation for our pursing Magnet recognition. Our own Magnet Committee will continue to help guide us on that journey and have agreed to act as the editorial board for *BWFH Nurse* to assure the celebration and communication of our work continues.

Judy Hayes MSN, RN

Judy Hayes, MSN, RN
Vice President Patient Care Services
Chief Nursing Officer

DEPARTMENT OF NURSING HANDS OUT FIRST EVER DAISY AWARD AT BWFH

Brigham and Women's Faulkner Hospital's Department of Nursing recently handed out its first ever DAISY Award to 6 South nurse Jennifer Hansen. The award, established by the DAISY Foundation, is named in memory of J. Patrick Barnes who died at the age of 33 from Idiopathic Thrombocytopenic Purpura (ITP), 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.

From left: Associate Chief Nurse of Emergency and Inpatient Nursing Cori Loescher, RN, 6 South Nursing Director Kathy Codair, RN, Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, Jennifer Hansen, RN, Associate Chief Nurse of Ambulatory and Perioperative Services Kitty Rafferty, RN, and Associate Chief Nurse of Practice and Innovation Lisa Cole, MS, RN, CPHQ

Hansen was surprised and excited to be honored. "I don't know what to say except thank you," she said to the crowd gathered.

At the award presentation, Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, spoke about the importance of recognizing the good work of the nursing staff at BWFH. "What the DAISY Foundation really tries to acknowledge is that piece of nursing that goes that extra mile. And you know it when you see it," she said. "It's such a great way for us as nurses to really begin to look at what we do day in and day out for patients and families, and for one another."

Hansen was nominated by one of her patients for the care and compassion she showed when the patient was told she needed extensive surgery. "I wasn't capable of asking a question at the time. I was ready for a nervous breakdown. And you asked all the questions for me that I wouldn't have even thought of asking," said the patient at Hansen's DAISY Award presentation. "Every time a doctor came in, you came right in and held my hand. And that's not your job. What may be nothing to you meant the world to me because I was not in a good frame of mind." The patient praised Hansen as well as the rest of the staff at BWFH. "Honest to God, everybody here is great," she said.

To learn more about the DAISY Foundation, visit daisyfoundation.org.

BWFH DAISY nurses consistently demonstrate excellence through their clinical expertise and extraordinarily compassionate care. They are recognized as outstanding role models in our nursing community and make a profound difference in the lives of their patients and their family members. Patients, visitors, nurses, physicians and employees may nominate a deserving nurse by picking up a nomination form in the first or third floor lobby.

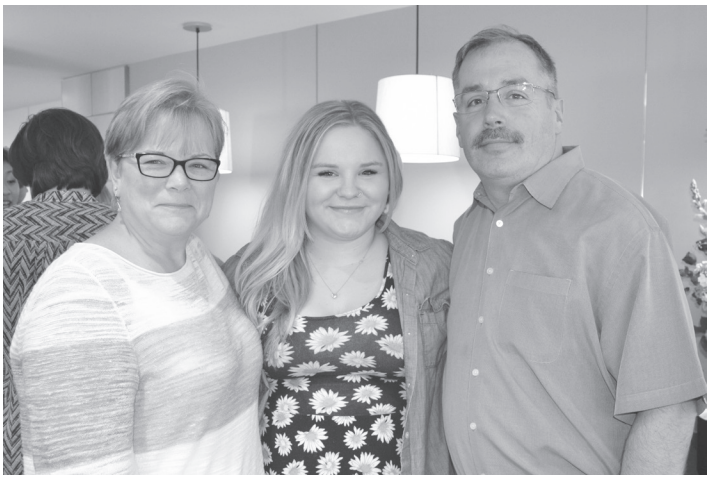
Nurse Recognition Awards honor BWFH's finest, continued from P1

In total, six staff members were recognized. Janet Donovan, RN, CNOR, from the OR, Margaret Lahar, MSN, RN, CCRN, CPAN, from the PACU and Elizabeth Princiotta, RN, from the ICU all received Mrachek Awards. 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. William J. Mrachek, a former Board Member, was on hand to present the awards to the winners.

The Mary Devane Award was established in 1998 to be given to any member of Brigham and Woman's Faulkner Hospital's Department of Nursing (RN, PCA, UST, MHW, Secretary) in recognition of their commitment to delivering patient care with compassion, kindness and humor. This year, the Devane Award went to Deirdre Botsch, who is a PCA on 6 North.

Members of the McAlarney family were on hand to present their award to 7 North's Kathryn Pendergast, RN. The Angela 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.

Finally, Phyllis Garr, RN, from the Pre-Operative Holding Area 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.



Mary Devane Award winner Deirdre Botsch with her parents

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

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

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

DELIRIUM PREVENTION INVOLVES PHYSICIANS, NURSES AND FAMILIES ON 6 NORTH

The effects of delirium and how it can be prevented is a topic that has long been of interest to BWFH Hospitalist Erin O'Fallon, MD, MPH, and 6 North Clinical Leader Kathleen Lang, RN. The two have developed and implemented a series of best practices, based partially on the Hospital Elder Life Program (HELP), to help identify patients at high risk for delirium and prevent its occurrence.

Delirium is a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking. Unlike dementia, which is a chronic and progressive disease characterized by short-term memory loss, delirium is typically temporary and commonly seen in hospitalized patients. "Delirium can happen to anyone, but it's more likely in older people," says Dr. O'Fallon. "We looked at the data for BWFH. More than 50 percent of our admissions are people over the age of 65, which is the high-risk population. We then decided to do two things: identify people who are at higher risk for delirium and then do some education and specific interventions to help prevent delirium."

In addition to age, some of the risk factors for delirium include taking multiple medications, urinary catheters, existing dementia and a history of delirium. Dr. O'Fallon and Lang encourage clinicians to look for these warning signs upon admission and take extra care to avoid disorientation with patients at high risk for delirium.

"Delirium is a volatile condition by definition," says Dr. O'Fallon. "People can have moments when they are lucid and moments when they are very confused. That can wax and wane over hours or days or even weeks. You can have delirium that is hypoactive or hyperactive. Sometimes people can have a delirium where they are withdrawn and not very interactive and not engaged in their environment or they can be the opposite, really agitated and acting out."

For those patients with hypoactive delirium, sometimes their delirium is missed. "With the nursing staff we are really trying to educate around the types of delirium," explains Lang. "Those hyperactive delirium patients get attention because they are really outspoken, they are agitated, they aren't sleeping. But sometimes with the hypoactive, they fly under the radar." And just because their delirium isn't noticed, doesn't mean it's any less worrisome for the patient, their family and their healthcare providers.

"We know that people who experience delirium in the hospital are more likely to be in the hospital longer and they are more likely to need to go to a rehabilitation facility at discharge instead of going home. Sometimes people who already have dementia, if they experience an episode of delirium, may never fully return to the level of function they had before. It's even associated with higher rates of death," says Dr. O'Fallon.

Lang adds, "There is a great deal of fear that exists in patients who are experiencing delirium. We used to believe that patients didn't remember these episodes or didn't think about what happened. But there is a lot of research now that is showing there can be PTSD-like symptoms from the fear and emotional trauma that happens during delirium."

Once delirium sets in, there are few medical options for treating it. However, the good news is there are steps that can be taken to prevent delirium and measures that can be taken to help reorient a person who has become delirious. Research has shown regular sleeping patterns to be important. At BWFH, the team on 6 North avoids waking patients in the middle of the night for unnecessary vital sign checks. "Whether people are at risk for delirium or not, we're realizing that promoting sleep is good medical practice," says Dr. O'Fallon.

6 North Clinical Leader Kathleen Lang, RN, and Hospitalist Erin O'Fallon, MD, MPH

The team also encourages patients' families to play a role. "One of the important things to do for people who become confused is to have familiar people and familiar objects around. One of our strategies is to ask family members to be present when they can, or to even just bring in photographs or a familiar item like a blanket to have in their room. Those things can really help," says Dr. O'Fallon.

Led by Dr. O'Fallon and Lang, delirium prevention has come to the forefront on 6 North and beyond. "Our goal is to continue to share it with the rest of the hospital," says Dr. O'Fallon who has worked to educate BWFH's nurse practitioners, physician assistants and residents. Lang has taken the topic to her Unit Based Council and the Nursing Practice Committee.

Whether delirium is brought on by illness or illness is exacerbated by delirium, physicians, nurses and the patients' families can all agree that minimizing the risk of delirium is beneficial to the patient struggling to get better in the hospital. Patients who maintain their mental facilities are less likely to fall, sleep better and may maintain a more positive outlook, all of which may aid in the healing process.

GREGORY ENDOSCOPY CENTRE CLINICAL LEADER WINS BEZANSON PATIENT SAFETY AWARD

The Susan Bezanson Patient Safety Award is presented annually to a Brigham and Women's Faulkner Hospital employee who demonstrates superior levels of excellence and the same dedication to patient safety and quality assurance that Sue Bezanson exhibited. This year's winner, announced during the annual Employee Service Awards, is Gregory Endoscopy Centre Clinical Leader Mary Hourihan, MSN, RN.

Bezanson was once described as an unrelenting spirit with a passion for both the great outdoors and her career in transfusion medicine. She was focused on patient safety and quality assurance, in her personal life as a ski patroller as well as in her professional life, spearheading numerous patient safety initiatives at BWFH. Her participation on several interdisciplinary committees shed light on the vital role of ancillary services in patient care. She was a champion for all patients and was a recipient of the Dr. Norman L. Sadowsky Award for Excellence prior to her death from breast cancer in 2008.

Like Bezanson, Hourihan is dedicated to patient safety. She was nominated for her work in the Gregory Endoscopy Centre where she recently reviewed the scope reprocessing procedure to prevent the spread of superbugs. When he presented her with her award, BWFH President Michael Gustafson, MD, MBA, read from her nomination letter. "She is approachable and never dismisses a question a staff member or patient has. Overall, Mary is an excellent nurse who is extremely bright in her field," he read. "She exemplifies the meaning of this prestigious award."

Hourihan has been a nurse at BWFH for 36 years. In fact, she graduated from the hospital's school of nursing in 1977. "We are extremely thankful that she never left after that," said Dr. Gustafson.

Gregory Endoscopy Centre Clinical Leader Mary Hourihan, MSN, RN, (center) receives the Susan Bezanson Patient Safety Award from BWFH President Michael Gustafson, MD, MBA, (left) and Chief of Pathology Dr. Stephen Pochebit (right)

Over the years, she has worked in orthopedics, as an inpatient float nurse, in telemetry and in the ICU. She has been in the Gregory Endoscopy Centre for the last 25 years. In 2005 Hourihan earned her BSN and in 2011 she earned her MSN, both at Curry College.

Chief of Pathology Dr. Stephen Pochebit also spoke at the award presentation. He praised the entire BWFH staff for their commitment to patient safety. Of Hourihan he said, "Working in pathology I have the chance to personally see and appreciate everything that you do."

When asked about the honor, Hourihan says, "There is nothing more important than providing safe and conscientious care to our patients. I am extremely grateful for this award and proud of our staff who carry out the work every day."

BWFH NURSES RECOGNIZED AT 2015 MEDICINE HOUSE STAFF NURSING APPRECIATION CEREMONY

Emma Chong

Teresita "Tessie" Parand

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

This year, 10 BWFH nurses were nominated: Maureen Holleran, Emma Chong, Tracy Healy, Paula Hertello, Emily Robinson, Jen Hansen, Teresita "Tessie" Parand, Pat Connolly, Carolyn Hampshaw and Anita Mirando. Emma Chong from 6 South and Teresita "Tessie" Parand from the ICU were recently named winners.

For Chong, the award is particularly meaningful because of the strong working relationship she has with the Medicine House Staff. "I only work nights," she says. "We only have one supervisor at night and one doctor on the floor and a team of nurses and PCAs. For me to get the award, representing BWFH nurses, it shows that they appreciate us and we really work as a team."

For Parand, the award recognizes her dedication to patient- and family-centered care. "Being a recipient of the House Staff award is an acknowledgement that validates the importance of compassion when caring for patients and interacting with their families," she says. "I am honored to receive this award and greatly appreciate this recognition."

IMPLEMENTING EVIDENCE BASED PRACTICE TO PREVENT FALLS

"None of us came into this business to hurt people," says Jeanne Hutchins, RN, Clinical Leader on 6 South and co-chair of Brigham and Women's Faulkner Hospital's Falls Committee.

For Hutchins and her fellow nurses, a patient falling on their watch does just that–it hurts people. "Patients get hurt and staff gets emotionally beat up by what they perceive as their failure to prevent the fall," she explains. That's why the Falls Committee dedicates itself to fall prevention. Over the past year, they have implemented several evidence based strategies and made great strides reducing the number of falls that happen at BWFH.

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

Now at the beginning of each shift, each unit holds a brief safety check. During this safety check, each nurse shares with the group potential risk factors for their patients so that the whole team is aware of any concerns. This process only takes a few minutes but gives the whole team a snap shot of the high fall risk patients as well as the medically unstable patients.

During each shift, staff also focuses on purposeful rounding. "It's purposeful in that very specific questions are asked when you're in the room," says Hutchins. "The biggest thing is not walking away before all the needs are met so patients don't feel they need to do things for themselves." Nurses are now addressing the 7Ps: Plan, Priorities, Personal Hygiene, Pain, Position and Presence to ensure their patients are settled in and won't attempt to get up without assistance.

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

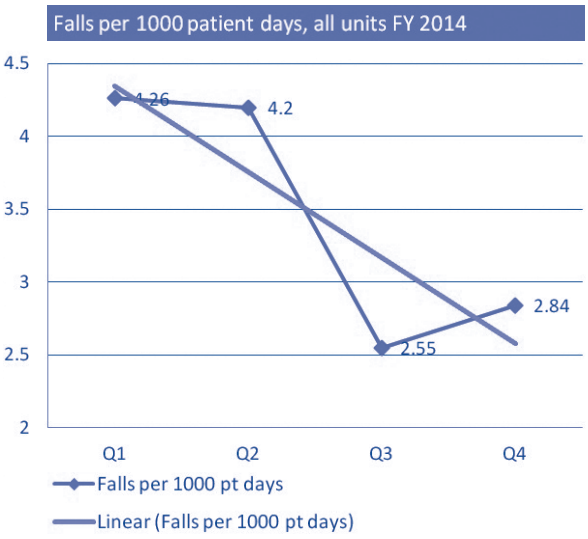
Chief Nursing Officer Judy Hayes, MSN, RN, also holds weekly conversations with the staff involved in the fall. Even coming to the floors to make sure the discussion takes place. This has helped to show how important falls prevention is to the organization.

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

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

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

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



PARTNERS *e*CARE: WHERE DO WE GO FROM HERE?

Paula Wolski, MSN, RN, CCRN
Clinical Lead Partners *e*Care

In the summer of 2014 I wrote an article in *BWFH Nurse* speaking about life with Partners *e*Care. Well here we are one year later and we have successfully implemented our new electronic health record system. Who could imagine just how quickly the past two plus years would go by developing all of the content needed to create this new documentation system? It has been an amazing experience seeing all of this unfold and develop into something that we should all be proud of.

For many staff this is their first foray into electronic documentation. Many of our specialty areas only worked in a paper world prior to May 30. These folks have done an amazing job getting acclimated to this new practice. After training, each staff was given a practice booklet with a username and password to practice in the playground environment. The peri-op areas and endoscopy went above and beyond to prepare by setting up their own schedule of cases and completing ghost charting looking at ordinary cases and cases that required changes so that they would be prepared for the live environment. Despite the limitations of having no ability to print labels or requisitions, they came away from this practice experience with a better understanding of how to complete their documentation.

The idea of super users for a lead role for distributing information to the end users was a winning method for all involved. Mitigation and change sessions were well attended and the ability to make change prior to go-live ensured that staff had one less issue to deal with during the first few weeks after the system went up. The super users were given instruction on common practices that may not have been covered in training. This group then returned to their units and shared the information and slide decks from the presentations with their peers. It has been said that staff have referred back to these presentations when they have had questions about certain documentation points and that it was useful.

Perhaps one of the most important things learned through out this process of implementation is how standardization is both difficult but thrilling. Staff had to be involved in multidisciplinary conversations on how each part of the system might affect their specific group or role. Staff have been willing participants in creating documentation that can be used by many. Our PCA group is documenting for the first time and their nursing counterparts were very thoughtful in deciding how much was necessary for them to document. Because of all of this work, we know that if a patient who is normally seen at Brigham and Women's Hospital comes to BWFH we would be looking at the same documentation and would know where to go to get the most up-to-date information on a patient at the time of arrival. This should make the admission process much easier as the information from previous encounters is at your fingertips.

So, what is next now that we have been using the system for a few months? This next phase of implementation is referred to as stabilization. What does that mean for you the end user? This period is often defined as the break/fix period. After the system is deployed a host of issues can be found not to work correctly. This period of time can last six to nine months and focuses on how the system is set up to perform a specific way but it may cause unintended issues. As users become adept at using the system so that it is easier to find what you need, we are finding that some things are not so easy after all. The things that can be fixed now to make the system work the way we need it to are identified through the placement of help desk tickets. The tickets are broken into multiple categories where certain groups are then charged with taking the users input on what worked or didn't work and remediating the issue.

Once stabilization of the system has occurred and many of the more complicated workflows such as patient movement have been identified, the workflows are reprocessed and education or training has been updated the system can look at optimization. Optimization can be looked at as requesting new and innovative ways to get the most out of Partners *e*Care. Would you want to add something specific that would make the documentation of the care you give be included in the system? This time period post implementation will allow for this to happen. What this process will look like is currently under development.

The continued use of super users will be very important in the communication process for change as we move forward. Super users are often the staff that brings the difficult issues forward, along with the leadership group, so that these may be addressed in a timely manner. Once a problem is resolved it is this group again that will bring the answers or changes back to the front line staff. This group will be key to our future success with the ever-occurring changes that will occur over the next year or more.

The future of patient care and how it is analyzed and evaluated will be more efficient in the near future and perhaps changes in practice will result because of this information. The Partners *e*Care team looks forward to working with all staff in helping to realize the full potential of Partners *e*Care.

If you have a photo you want to share on social media, email it to Caitlyn Slowe at cslowe@partners.org.

BWFH NURSES SHARE THEIR RESEARCH AND BEST PRACTICES

Brigham and Women's Faulkner Hospital's Nursing Department is dedicated to providing patient- and family-centered care. It is also dedicated to research and best practices. In recent months, nursing representatives from various units have shared their work at several conferences throughout New England.

At the Organization for Nurse Leaders Massachusetts and Rhode Island Spring Educational Meeting in Worcester, BWFH nurses presented posters sharing practice changes and performance improvement projects. Pre-Op Holding Staff Nurse Phyllis Garr, RN, and ICU Clinical Leader Ellen McCarthy, MSN, RN, CCRN, presented "Innovation Communication: Practice Makes Perfect Newsletter." Garr said of the experience, "For me, the feeling of being rewarded for the hours and hours of work the newsletter has entailed over the years empowers me to do more for the better outcome of our patients."

At the same meeting, 6 South Clinical Leader Tracy Healy, BSN, RN, and Staff Nurse Lindsey Mc Dermott, RN, presented "The Butterfly Project." Their project aims to enhance patient- and family-centered care for those nearing the end of life. When the patient or family decides to stop invasive treatments like labs and vital signs and focus on comfort measures only, a butterfly is placed outside of the patient's door. The butterfly is a non-verbal cue to the staff to go the extra mile for the family and make sure the patient is comfortable.

Garr and McCarthy also presented their Practice Makes Perfect newsletter poster at the Greater Boston Chapter of the American Association of Critical Care Nurses (AACN) and Regis College. This annual program affords graduate nursing students and licensed registered nurses an opportunity to share research and evidence based practice with acute and critical care nurses. McCarthy also presented her poster "Code Blue: Reducing Fears and Improving Staff Nurse Performance" and 7 North Staff Nurse Ann Marie Booker, RN, and Clinical Leader Peggy Tomasini, RN, presented "Patient- and Family-Centered Care: Our Way, Caring Bags." The poster focused on the care of mastectomy patients. "It dealt with a unique practice program that has proven to be very successful," says Booker. "It provided recognition of our efforts and positive patient outcomes. The poster session at Regis College provided a two-way information exchange and an opportunity for detailed discussion about our project. I enjoyed speaking with the Regis nursing students who were very impressed by our compassion and willingness to go above and beyond to foster a positive patient experience."

BWFH nurses at the Organization for Nurse Leaders Massachusetts and Rhode Island Spring Educational Meeting in Worcester, MA; From left: Lindsey McDermott, Phyllis Garr, Ellen McCarthy, Patti Rabbett and Tracy Healy

The New England Organization of Nurse Educators (NEONE) conference is an annual program offered for all nurse educators and nurses working in staff development. The full day program provides an opportunity for participants to experience educational sessions related to a variety of topics. Posters that are accepted for presentation provide topics of interest and/or relevance for education specialists. At this conference, Garr and McCarthy again shared "Innovation Communication: Practice Makes Perfect Newsletter" and McCarthy shared "Code Blue: Reducing Fears and Improving Staff Nurse Performance." Of her poster, McCarthy says, "Nurse educators were very interested in the Code Blue work that we have started, knowing that it is a frequently listed educational by staff nurses. This type of education takes time, and we have seen the benefit of this program on the medical floor during recent codes."

For BWFH's nurses, sharing their work at conferences is a rewarding experience both personally and professionally. As McCarthy says, "Conferences are a perfect venue to share best practices. I have learned that we don't need to reinvent the wheel with everything we want to do to improve our patient outcomes and it is a privilege to share our work with others."

Visitation in the PACU: It's a family affair

Jane Shufro, BSN, CPAN

PACUs have historically been a closed area to the general public, but, over the past 20 years, a growing body of nursing research has emerged challenging the restrictive practices of excluding family visitation in the immediate postoperative period. The current practice of visitation varies within hospitals across the country. Even though much of the literature supports the positive effects of family visitation for patients and family members, family visitation in the PACU is still highly controversial among healthcare providers and guidelines are unclear. Common factors found in the literature are:

- Inconsistent practices
- Lack of formal policies
- Certain beliefs and workplace culture

In the last 10 years, visitation has been fairly informal and a number of hospitals do report a practice of "No Visitors" or restricted visitation in the PACU. Family access becomes dependent upon the primary nurse's discretion, which adds to the confusion and frustration for healthcare consumers and their families. In 2003, The American Society of Perianesthesia Nurses (ASPAN) published a position statement in support of visitation and made recommendations for "perianesthesia nurses to develop their own guidelines within their own practice settings." At a time when competition for surgical patients exists, hospitals are faced with the need to continue to improve patient and family satisfaction.

How does this impact us at BWFH?

Feedback on PACU visitation was brought to the attention of Jill Benoit, a PACU staff nurse who serves as a member of her unit based council at Brigham and Women's Faulkner Hospital. Benoit realized that not having a clear and consistent family visitation policy was negatively impacting our satisfaction scores. She decided it would be beneficial to review our existing visitation policy in order to compare it with what was being reported in the current literature. Our goal was to update our policy according to evidenced-based literature and make improvements for the patients, families and the staff.

What are the current PACU visitation practices in the United States?

Benoit began with a literature search to get a feel for what other PACUs were doing, how they were implementing changes into their practice and what the barriers were for patients and staff. Issues regarding confidentiality, privacy, disruption in patient care and recovery and space were major factors reported by staff. In general, several articles mentioned resistance towards visitation, but the more recent findings point to mounting evidence in support of visitation, citing the importance of communication with families and the ability to be involved in decision making.

And survey says…

A visitor questionnaire made up of 10 open-ended responses with comments was handed out to nursing staff. The purpose was to look specifically at our adult patients. It was based on our PACU practices and beliefs and evaluated using a Likert scale. Results were shared in a staff meeting. Among the highest responses were:

- 63 percent stated they were open to visitors for a limited stay
- 58 percent said there should be a limit to the number of visitors per patient
- 84 percent responded that visits enable patient/family education
- 89 percent rated the major concern was patient privacy and that of the other patients in the PACU

What was somewhat surprising was the nursing staff reported less resistance to family visitation than found in the literature, but also echoed the same importance of confidentiality and flexible visit times noted in several articles.

The role of the liaison was revisited which included a meeting with the current liaison to discuss concerns and suggestions on how best to improve the family-centered care we wanted to provide.

We have since hung white boards within the unit to communicate patient location. The liaison uses a system of placing a small colored magnet by a patient's name to indicate there is a visitor. This makes it easier for a nurse to know when a visitor is waiting, which can decrease wait times and offer a more efficient process for the flow of visitors.

Visits

The survey results and comments showed that visitation was a significant issue to many nurses. Further education may benefit patients, family and staff about visitation policy changes and the process for this.

Our visitation policy has been revised to address the overall goal of creating a supportive and safe environment. It includes the collaboration of the pre-op areas and the surgical liaison, RNs and PCAs. A PACU visitation brochure is coming in the near future, which will include the 1st floor PACU, the Taiclet Family Center and the 6th floor surgical suite areas.

What's next? Testing the program

For a family visitation program in the PACU to be a success, nurses and related staff have to be involved. Their thoughts have to be acknowledged and they must participate in order for it to be successful. We will continue to assess, implement and change the approach to visitation as needed as we know that adequate support systems need to be in place to effectively manage this change. In time, we may also discover the satisfaction of seeing the positive impact visitation has on the PACU experience of our patients and families.

UPDATE TO THE EFFORTS BY THE ALARM TASK FORCE

Associate Chief Nurse of Emergency and Inpatient Nursing Cori Loescher, RN

What is the Alarm Task Force?

It is a Joint Commission required and hospital sanctioned multidisciplinary team that has been organized to comply with National Patient Safety Goal (NPSG). 06.01.01- Improve the safety of clinical alarm systems. The Alarm Task Force is sponsored by Dr. Peggy Duggan and Dr. Ed Liston-Kraft and is supported by Senior Leadership and the Physician Chiefs. It has representatives from Nursing, Biomed, Respiratory, PACU, Safety and Risk, Professional Development and the ICU.

Why do we need this?

Clinical alarms are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level and alarm limits that are too narrow. These issues vary greatly among hospitals and even within different units in a single hospital. (The Joint Commission 2013)

The NPSG requires that we develop a team to look at our system, evaluate the most important alarms to address and establish policies and procedures to manage the alarms, hence decreasing the noise and fatigue associated with them.

What are they working on?

Over the past year, the Alarm Task Force has done a system inventory assessment of all of our alarmed equipment in the organization and evaluated what resources were available to be our tool kit to do further risk assessments. We have chosen to use the ECRI Alarm Tool Kit for our assessment which is an industry accepted and validated tool to use to evaluate an organization's alarms in regards to the number of alarms, impact on the work, risk and the potential for alarms to contribute to alarm fatigue. We conducted a Director and Staff Survey for all of the departments with alarmed patient care equipment (7N, 6S, 6N, ICU, Dialysis, OPIC, ED, IN/IR, Pain Management, GI, Pre-op 1st floor, Pre-op 6th floor, PACU 1st floor, PACU 6th floor, Respiratory for ventilators and Radiology) that asked questions about alarm load, obstacles to responding or hearing alarms, communication of alarms, response to alarms, environmental impacts, technology, workflow practices, policies and training.

What did we learn?

Alarm Task Force Survey 2015		Overview: Break down of low, moderate, high in response to what the alarm load is in the care area from the clinical survey responses	Overview: If the obstacles to effective alarm communication or response in the care area is more than 50% moderate and high combined they are into the chosen care areas to evaluate with an "X"	Overview: If the responses from the survey to the obstacles are more than 50% moderate and high response combined they will be selected with an "X" and the type of alarm is noted	The final care areas determined by the ATF Committee
Care Area	**Total Number of Clinical Responses from Care Area**	**Alarm Load**	**Obstacles to Effective Alarm Communication or Response**	**Device/System**	**Areas of Focus**
6N	5	Moderate - 100%	X	X: Bed Chair, Telemetry	X
6S	31	High - 41% Moderate - 51% Low - 6%	X	X: Telemetry	X
7N	3	Moderate - 66% Low - 33%	X	X: Telemetry	X
ED	7	Moderate - 100%	X	X: Telemetry	X
GI	7	High - 28% Low - 71%			
ICU	5	High - 20% Moderate - 40% Low - 40%	X		
OPIC	2	Low - 100%			
PACU	11	High - 27% Moderate - 36% Low - 36%	X		
Radiology	9	Moderate - 22% Low - 77%			
Respiratory	4	Moderate - 25% Low - 75%			
Sagoff	3	Low - 100%			

Outcome: The four Departments to focus on - 6N, 6S, 7N and the ED because their alarm load was greater than 50% with moderate and high responses and their response to the obstacles to effective alarm communication or response was also greater than 50% with moderate and high response. ICU and PACU did not have a response of 50% or greater in the obstacles category therefore they were not selected in column E.

What are we doing next?

The Alarm Task Force will be focusing on the telemetry alarms on 7N, 6N, 6S and the ED as they were identified as the alarms and areas with the highest impact and risk. We will be soliciting new members from 6N and the ED and have engaged a Cardiologist to join the Task Force. Lastly, we are educating you on what we are doing and why it is important!

Thank you for your support and help,
The Alarm Task Force

POSITION	AREA	NAME
Executive Sponsor	Administration – Chief Medical Officer	Dr. Peggy Duggan
	Vice President of Professional and Clinical Services	Dr. Ed Liston-Kraft
Chair	Associate Chief Nurse of Medical Surgical Nursing	Cori Loescher
Members	Project Manager	Melanie Hadden
	Patient Safety/Risk Manager	Christi Barney
	Biomedical Engineering	David Strong
	Nursing Leadership	Kathy Codair
	PACU	Chris Malone
	Respiratory Therapy	Nancy Rec
	ICU	Dan Rec
	Nursing Staff	Jeanne Hutchins
	Professional Development	Patti Rabbet

New *BWFH Nurse* editorial board announced

The members of Brigham and Women's Faulkner Hospital's Magnet Committee have recently been named to the *BWFH Nurse* editorial board. Contact any member if you have a story idea for the next edition.

Phyllis Garr
pgarr@partners.org

Christine Putney-Jacobson
cputney-jacobson@partners.org

Tracy Healy
tkhealy@partners.org

Helene Bowen-Brady
hbowen-brady@partners.org

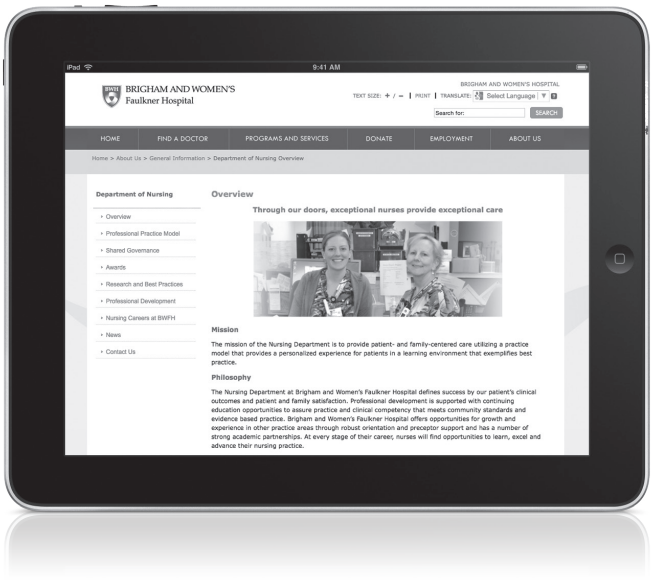
Bernice Potter
bpotter@partners.org

Ellen McCarthy
emccarthy5@partners.org

BWFH NURSE

Published by BWFH's Magnet Committee
Helene Bowen-Brady, MEd, BSN, RN-BC
(617) 983-7000 ext. 2853
hbowen-brady@partners.org

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



YOU'LL FIND:

- A Department Overview
- Our Professional Practice Model
- Information on Shared Governance
- A List of Nursing and DAISY Award Winners
- The Latest Research and Best Practices
- Information on Professional Development
- A Link to Nursing Careers at BWFH
- The Latest News
- Our Contact Information

www.brighamandwomensfaulkner.org/about-us/general-information/Nursing

BRIGHAM AND WOMEN'S
Faulkner Hospital
Brigham and Women's Faulkner Hospital
Marketing and Public Affairs
1153 Centre Street
Boston, MA 02130