



BWFH NURSE

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BWFH COMPLETES SUCCESSFUL JOINT COMMISSION ACCREDITATION SURVEY

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At Brigham and Women's Faulkner Hospital, our number one priority is always to deliver the highest quality, safest patient-centered care possible. Recently, The Joint Commission spent four days completing their extensive, campus-wide, standards-based assessment process. Throughout the unannounced visit, The Joint Commission surveyors witnessed BWFH's staff's commitment to our patients, their families and each other and granted the hospital accreditation through 2017.



Throughout the survey process, The Joint Commission surveyors commented on the staff's determination to do what's best for their patients and their families, rather than what's easiest. The nurse surveyor was thrilled with the commitment to patient- and family-centered care she saw from the nursing staff, noting how they are empowered to care for patients by thinking outside of the box and thinking creatively.

In addition to meeting The Joint Commissions standards, several of BWFH's innovations were praised as true national best practices. The surveyors were impressed with our Butterfly Program on 6 South that continues to enhance patient- and family-centered care for those nearing end of life and our cross training of medical and surgical nurses, which the surveyors said is the best they have ever seen. The surveyors also noted our commitment to LGBT care and treating all patients with equality, dignity and respect to create a safe, supportive and affirming environment

for all patients. Finally, they said our dedication to cultural competency is outstanding and enables providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

"I'm so proud of our staff," says Vice President of Professional and Clinical Services Ed Liston-Kraft, PhD. "I can't thank them enough for the work they do every day and their continued commitment to our patients. Their dedication was on full display for The Joint Commission surveyors and everyone handled their tracers with professionalism and friendliness."

In the weeks after the Joint Commission's visit, BWFH worked to correct the few Direct and Indirect Impact Standards that The Joint Commission surveyors identified. We were given 45 days to correct the six Direct Impact Standards and 60 days to correct the nine Indirect Impact Standards. There were also five opportunities for improvement noted. "We strive to provide the safest, highest quality care at all times," says Director of Patient Safety, Quality, Infection Control and Accreditation Christi Barney. "We passed our Joint Commission survey with flying colors and now we have the opportunity to fine-tune minor issues with our processes. I know our staff will rise to the occasion to address these findings."

DEAR NURSING COLLEAGUES

I want to first of all wish each of you a very Happy New Year. We have much to be proud of as we close the book on 2014. I believe as you read this issue you will realize how much your practice and dedication has afforded our patients, Nursing Department and organization as a whole.

I must start by describing what I have to say is the most proud moment of my nursing career. During The Joint Commission Survey leadership interview this past October, I was asked how we here at Brigham and Women's Faulkner Hospital have created such a culture of safety and compassion in our nurses. I was able to describe for the leadership team here at BWFH and the surveyors the journey we are on. My pride has been reinforced as I attended the Unit Based Council Summit and was able to hear from clinical nurses who are on their Unit Based Councils about the work they do each and



Judy Hayes, MSN, RN

every day. Our nurses continue to publish, present and represent nurses beyond our organization. What a tribute to all of us here and of course an enhancement to the care we provide. We have taken the lead in so many initiatives.

The work we are currently involved in to implement Partners eCare in May seems almost beyond what any of us thought possible. Each SME and Super User has and will be the key to our successful implementation. You will read about the 7N staff and how they have taken the lead on utilizing the Partners eCare hardware. This will position us for success when the new software is implemented.

All of these activities are examples of why we are taking the Magnet Journey. Our practice, outcomes and ability to create the practice environment are more obvious each day. Thank you for all you do each and every day and again Happy New Year!

A handwritten signature in black ink that reads "Judy Hayes MSN, RN".

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

PROFESSIONAL DEVELOPMENT PROGRAM MANAGER PUBLISHED IN JOURNAL OF PROFESSIONAL NURSING



Helene Bowen-Brady,
MEd, BSN, RN-BC

Dedicated to increasing diversity among the nursing staff, the Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) pairs minority or foreign-born nursing students from UMass Boston

with experienced minority clinical nurses or nurse leaders within the Partners HealthCare System. The unique program supports students through the last two years of their undergraduate education and into their first year as a professional nurse.

Along with Executive Director of the Institute for Patient Care at Massachusetts General Hospital Gaurdia Banister, PhD, RN, and Associate Dean and Associate Professor of Nursing at UMass Boston Marion Winfrey, EdD, RN, Brigham and Women's Faulkner Hospital Professional Development Program Manager Helene Bowen-Brady, MEd,

BSN, RN-BC, recently authored a paper on the topic. "Using Career Nurse Mentors to Support Minority Nursing Students and Facilitate Their Transition to Practice" was published in the July-August 2014 edition of the Journal of Professional Nursing.

In the CLCDN program, mentees are encouraged to work at a Partners HealthCare facility as a PCA while they are in school. After they graduate and pass the National Council Licensure Examination (NCLEX), the goal is to hire them within Partners HealthCare as newly licensed nurses. "It's a wonderful program," says Bowen-Brady who often finds herself overwhelmed listening to the mentees' stories and what they have overcome. "They're so enthusiastic and they really appreciate the support," she says. Because the mentors are career nurses with similar backgrounds to their mentees and not academic educators, they are able to impart wisdom not taught in classrooms. "I think our outcomes are strong and show the value. So sharing that is important," says Bowen-Brady of the group's motivation to publish on the topic.

Mentor Mila Guinto, RN, a staff nurse on 6 North, has been a mentor since the program began. She says, "It has been an amazing experience to learn and share my knowledge with students from different nationalities. I felt that I learned more from them than them from me." She explains, "The program not only enriches the academic and clinical knowledge of the mentee and the mentor but also enriches our cultural knowledge from each other's backgrounds."

"The program started in 2007 and we've been collecting data the whole time, so we have reams of data," says Bowen-Brady, who did the thematic analysis of the data for the paper. For Bowen-Brady, this was the first time she'd done this type of analysis. "I was responsible for analyzing the data and identifying the recurrent themes," she says. "It was a good learning experience."

Much like the students who participate in the CLCDN program, Bowen-Brady has benefited from mentors in her own life. "Gaurdia and Marion have been my mentors in the research and writing process," she says of this paper.

7 NORTH NURSES PILOT PARTNERS eCARE HARDWARE

With the transition to Partners eCare set to go live in May of 2015, staff at Brigham and Women's Faulkner Hospital will have to make many adjustments to their workflow. In addition to learning the new Epic software, nurses will have to become accustomed to doing all of their documentation in-room on installed workstations. "It's a huge change in workflow and I think the impact is greater than anybody ever imagined," says 7 North Nurse Director Lynne Morrison, RN.

Knowing her nurses would be eager to participate, Morrison volunteered her team to pilot the new Partners eCare hardware. "They're the front-end users. So it's most important that they're making the recommendations for how to move forward," says Morrison.



From left: Brenda Miele, RN, Jacqueline Dejean, RN, and Katie Pendergast, RN

The pilot program began with one nurse, Jacqueline Dejean, RN, working with a smaller case load of three patients. Dejean used the swing-arm workstations in her patients' rooms to do all of her documentation in-room. As Dejean became accustomed to the new hardware, the pilot expanded to include a total of four nurses, each with a four-patient case load. "My goal is to roll it out throughout the whole unit in a fairly short period of time," says Morrison.

Working with the existing Meditech software, the nurses are focusing on how the new setup will change their workspace. "The space is one of the things we're working on getting comfortable with," says Katie Pendergast, RN. She explains, "It's bigger and it's permanently there." Nurses, transport staff, physical therapists and others must be aware of how they situate patients, furniture and equipment within the room. "Everybody has to be on board and be aware that people are going to come in and use the computer," says Dejean.

Getting used to the physical aspects of the new workstations is just one consideration. Another is how the new workstations impact interaction with the patient. "There's a lot less interruption," says Brenda Miele, RN. Instead of making notes in the hallway where distractions can occur, nurses now make all their notes in the room with the patient. It saves time, and "I found that patients are happier because when they ask you a question you're able to look up the answer right away, right there," says Dejean.

The nurses can face their patient as they make their notes and even turn their screen around so that the patient can see it for themselves. However, it's an adjustment. "You're spending more time on the computer in front of the patient, which is new to us. Normally we are more hands-on the whole time we're in the room," says Pendergast.

Overall, the staff is adjusting and the patients seem happy. "We developed a quick little three-question survey and all of the patient feedback thus far has been very positive," says Morrison. She believes the new setup is truly best for the patient. "Having had my son at Children's Hospital where they did all in-room documentation, I felt like the nurse was so engaged with us and so present and really listening and hearing our concerns. That was what sold me on it the most," she explains.

Morrison and her team are working with Kae Santos, Director, Performance Improvement, to document issues that arrive and recommend solutions so that the new system works for everyone. "My staff has been very, very positive and embraced it with open arms," says Morrison.



Jacqueline Dejean, RN



Partners eCare Hardware



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We welcome your feedback and suggestions for future issues.

BWFH NURSES GATHER FOR FIRST ANNUAL UNIT BASED COUNCIL SUMMIT

Moderated by Professional Development Program Manager Helene Bowen-Brady, MEd, BSN, RN-BC, the first Unit Based Council Summit brought together representatives from each of the Unit Based Councils within Brigham and Women's Faulkner Hospital's Department of Nursing. Nurses from each unit, including outpatient units, came together to share ideas and best practices around clinical care, communication, employee satisfaction and professional development, among other topics.

Bowen-Brady said, "There is great work going on." The full-day summit was designed to highlight and share that work and determine what still needs to be done as BWFH's Nursing Department moves forward with its quest for Magnet designation.

To begin the day, Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, spoke about the hospital's strategic plan and how it aligns with the Department of Nursing's strategic plan. "This is exciting," said Hayes. "To see everybody here in the room is great. It means things are starting to take shape and that we're all starting to work together."

The focus on coming together and sharing best practices was one that continued throughout the day as Director of Patient Safety, Quality, Infection Control and Accreditation Christi Barney spoke about the great work demonstrated for The Joint Commission and Associate Chief Nurse of Practice and Innovation Lisa Cole, MS, RN, CPHQ, talked about shared governance. Later Bowen-Brady, along with ICU Clinical Leader Ellen McCarthy, RN, MSN, CCRN, 6 South Clinical Leader Tracy Healy, BSN, and Pre-Op Holding Staff Nurse Phyllis Garr, RN, shared with the group their take-aways from the 2014 American Nurses Credentialing Center's National Magnet Conference.

The day concluded with small group discussions and a report-out on their progress. One group tackled outpatient nursing and

the challenges they face in organizing Unit Based Councils for their areas. Spokesperson Nancy Thompson, RN, from Interventional Radiology said, "Some of us have started, some of us haven't started at all, some of us didn't even know what to do to get started. Today was very instrumental in getting all of us motivated and pointed in the right direction. We realized the vast amount of resources we have to tap into and all of the great things that people are doing that we can learn from." As a result, it was determined that all outpatient areas will have a Unit Based Council by January of 2015.

Another group focused on the importance of creating charters for each Unit Based Council. Earlier in the morning, Linda Gagnon, co-chair of the Unit Based Council for the ICU, lead a discussion on the purpose and components of a committee charter, which provided the framework for the afternoon group work. "Everybody who was in the group decided that they want their Unit Based Council to have a charter for some more formality," said spokesperson Lindsey McDermott, RN, from 6 South. It was decided that the ICU Unit Based Council would share their existing charter with the other groups in order that they might tweak it to fit their specific units. The goal is for every Unit Based Council to have a charter by January of 2015.

An additional area of focus was promoting the Department of Nursing's Professional Practice Model. Each nurse in attendance was given a laminated copy of the Professional Practice Model to bring back to their units and share. Another group looked into how to better streamline the administrative



Vice President of Patient Care Services and Chief Nursing Officer Judy Hayes, MSN, RN, addresses representatives from BWFH's Unit Based Councils

aspects of running a Unit Based Council. They decided to distribute templates for rosters, agendas and minutes to each group so that everyone will be working from standardized forms. Finally, another group used their time to discuss communication and shared governance. "We were trying to identify strategies that would accurately and timely get the communication out from the Unit Based Councils to the entire unit," said spokesperson Bernice Potter, RN, CEN, from the ED. The group decided each unit should determine what works best for their specific staff, be it email communication, in-person staff meetings or the use of bulletin boards. They also suggested inviting guests from other departments to meetings. For example, the ED might invite a nurse from the OR to share ideas on how the ED nurses might better prepare patients for the OR.

Leadership was invited to listen in on the report-out session. In response, Hayes said, "I'm extremely impressed with how you broke down the work and really supported and shared with one another." She continued, "I want to thank you all. I'm convinced this is the absolute right way to get the right work done. I applaud you all for spending the day. I know it's hard for clinical nurses to sit all day—it's like tying you to the chair—but it seems like it was well worth your time."

ED NURSE REPRESENTS MASSACHUSETTS AT ENA ANNUAL CONFERENCE



Bernice Potter, RN, CEN (back row, third from left) poses with the other delegates from Massachusetts

Each year, the Emergency Nurses Association (ENA) convenes for their annual conference. This year, Bernice Potter, RN, CEN, traveled to Indianapolis for the conference as part of the team of delegates representing Massachusetts to the General Assembly. Potter is a nurse in the Emergency Department at Brigham and Women's Faulkner Hospital and serves on the Board of Directors for the Massachusetts State Council of the ENA for 2014–2015.

During the General Assembly, state delegates, international delegates and ENA past presidents provide direction and stewardship for the organization, develop and adopt policies and positions affecting the emergency nursing profession and debate and vote on bylaws, amendments and resolutions. "This was my second year as a delegate representing Massachusetts," says Potter. "Our discussions focused on firearm safety, response to Ebola infection, patient education for mild traumatic brain injury/concussion and reduction in prescription drug abuse."

In addition to her role in the General Assembly, Potter took the opportunity to gather ideas for BWFH's ED and network with fellow emergency nurses. "The ENA Annual Conference is an amazing opportunity for nurses looking to expand their knowledge and exchange ideas with other nursing professionals," she says.

One of the major themes of the conference was "Life Saving Hands." For Potter, this theme represents the heart and soul of what she does. "It recognizes that emergency nurses' hands provide both critical care and a comforting touch when it's needed most," she says.

NURTURING OUR COMMITMENT TO NURSING QUALITY

By Lisa A. Cole, MS, RN, CPHQ
ACN, Practice and Innovation

BWFH has recently completed data submission to the National Database for Nursing Quality Indicators (NDNQI) for our eighth quarter! It is truly incredible that it has been two full years since we began contributing to NDNQI. These data are being reviewed by the Nursing Quality Committee and shared with the clinical units on a regular basis. The data are being posted on the Quality Boards and the Unit Based Councils are using these data as part of the discussion for improving patient care.

The Nursing Quality Committee members are currently participating in education to learn more about the quality improvement process. A goal over the next year is to have Nursing Quality and Nursing Practice Committee members work together with Unit Based Councils to gain better understanding of the data and to improve patient care in meaningful and measurable ways.

There has also been wider quality improvement work done through the Case Review process. Falls and Catheter Associated Urinary Tract Infection (CAUTI) have been spotlighted over the past year. Unit Based Skin Care Champions (UBC) have been working closely with Donna Rando, RN, CWS, our Wound Care Specialist, to expand their knowledge and understanding of skin and wound care. These UBCs have been involved with our quarterly pressure ulcer prevalence study and are beginning to work with staff on their units to manage patients admitted with pressure ulcers and to prevent patients from developing pressure ulcers while in the hospital.

The work that nurses are doing to understand our quality data and the time invested in improving the care that is provided supports our overall commitment to patient- and family-centered care.

BWFH TEAM CONTINUES QUEST FOR MAGNET DESIGNATION AT 2014 ANCC NATIONAL MAGNET CONFERENCE

The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® acknowledges healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Over the next several years, Brigham and Women's Faulkner Hospital's nursing staff will collect data and implement the latest best practices in their quest for Magnet designation. Recently, four delegates from BWFH attended the 2014 ANCC National Magnet Conference® held in Dallas, Texas. Their experiences will help them guide the nursing staff as a whole toward this goal.

Professional Development Program Manager Helene Bowen-Brady, MEd, BSN, RN-BC, ICU Clinical Leader Ellen McCarthy, RN, MSN, CCRN, 6 South Clinical Leader Tracy Healy, BSN, and Pre-Op Holding Staff Nurse Phyllis Garr, RN, joined nurses from around the world at the conference to celebrate newly designated Magnet organizations and share evidence-based practices. "It was very empowering to be with over 8,000 nurses. We learned so much," says Healy.

There were nurses in attendance from both small and large hospitals. "They all have the same issues regardless of their size," says Garr. From the 60-bed community hospitals to the massive multi-thousand-bed institutions, everyone's quest for Magnet designation requires the same application process.

"The whole culture of the Magnet Conference is sharing everything," says Bowen-Brady. "Everyone is more than willing to share so that you can adapt their ideas to your hospital."

In order to make the most of their time at the conference, the BWFH delegates each



From left: Ellen McCarthy, RN, MSN, CCRN, Phyllis Garr, RN, Tracy Healy, BSN, and Helene Bowen-Brady, MEd, BSN, RN-BC

attended different sessions. "Our plan was to divide and conquer," says McCarthy. From 7 am until 11 pm, their daily schedules were packed with learning sessions, poster presentations and vendor exhibits. Most importantly, they had the opportunity to network with others who've achieved Magnet designation and those who are on the quest for Magnet designation.

For Healy, it was inspiring to see the things that BWFH is already doing right. "You realize we do a lot of stuff really well, sometimes better than what people are presenting," she says. And in many cases, BWFH's existing practices are very close to where they need to be. Those remaining steps seem much more attainable now.

However, McCarthy stresses, "There's a lot of work that has to be done." One of the biggest areas of focus in these early stages

in the Magnet designation process is the idea of shared governance. "We have to get people to understand what it is. What does it mean? What does it mean for our hospital and for our practice? What are the steps you have to do to have it embedded? And then separate from that are all the action steps we can take within the shared governance and to spread that throughout the hospital," says McCarthy.

For the team returning from the conference, these building blocks are key. Garr says she learned so much foundational knowledge that she was unaware of before attending the conference. "I want to bring back to my unit just the basics," she says. Helping her team learn the basics will provide the framework for their future work.



Wash or sanitize before and after each patient interaction.

 BRIGHAM AND WOMEN'S
Faulkner Hospital

BWFH NURSES PRESENT POSTER AT STATE-WIDE MEETING

Striving to do better for our patients, Brigham and Women's Faulkner Hospital recently integrated its dedicated addiction recovery program into the general medicine unit on 6 North. The innovative project is the subject of the abstract "Integrating an Addiction Recovery Program into a General Medicine Innovative Unit" by Nurse Director Suzelle Saint-Eloi, RN, MS, Nurse Director Barbara Peary, RN, MS, Clinical Leader Kathleen Lang, RN, BSN, Nurse Educator Theresa Roche, RN, MS, and Associate Chief Nurse Cori Loeschner, RN. At the 2014 Organization of Nurse Leaders (ONL) Fall Meeting, Peary and Lang were the primary presenters of the topic as a poster.

The decision to integrate the dedicated addiction recovery program into a general medicine unit at BWFH was made for several reasons. It allows care givers to provide access to 24-hour on-site medical coverage, creates access to telemetry monitoring equipment, enhances nursing expertise in caring for patients with chemical dependency, decreases adverse events, decreases avoidable patient transfers to the ICU and in-patient medicine and increases treatment integration between addiction conditions and medical co-morbidities/diagnoses.

"What started off as something that had to be done transitioning patients from 7 South to 6 North eventually evolved into an innovative project because we were able to step back and look at what the work was, what we needed to do, how to support the patients and how to support the staff," says Saint-Eloi.

Key to the success of the project was staff nurse education and clinical practice integration. "There's a larger group of staff now that have that skill set to be able to manage these patients," says Peary.

"The staff really stepped up to the plate and embraced the patients on 6 North. Most of them have taken the initiative to learn more about the addiction patient population and the nuances of caring



Presenters Clinical Leader Kathleen Lang, RN, BSN, and Nurse Director Barbara Peary, RN, MS

for these patients," says Saint-Eloi. "It's really been a great program."

At the ONL Fall Meeting, participants expressed keen interest in BWFH's poster presentation. "They were interested because they struggle with the issue, from their EDs to their floors, deciding how to provide care for these patients. It seems we're really light years ahead in trying to figure this out," says Peary. "They asked, 'how did you do this?'" Peary explains the initiative was only possible through a multidisciplinary approach. "You have to plan and you have to have everybody on board," she says.

BWFH's team was happy to share their experiences with peers. "It's always great to disseminate best practices. It's really about sharing our work and what we learned," says Saint-Eloi.

ED EDUCATOR JOINS NURSING PROFESSIONAL DEVELOPMENT DEPARTMENT



Erin Waldron, RN, MSN

Erin Waldron earned her BSN in nursing from Framingham State University. For roughly 20 years, she worked in emergency nursing before deciding a change of career was in order. Waldron enrolled in the nursing education MSN program at Framingham State University, graduating this past May. She now takes on the role of ED Educator with the Nursing Professional Development Department at Brigham and Women's Faulkner Hospital.

Most recently, Waldron worked as a staff nurse and charge nurse at Metro West Medical Center Emergency Department. She split her time there with her role as Sexual Assault Nurse Examiner for the Commonwealth of Massachusetts, a position she has held since 2006. At BWFH, Waldron will work 24 hours per

week, continuing her work with the state and working in the National Sexual Assault TeleNursing Center at Newton-Wellesley Hospital during her off hours.

At BWFH, Waldron will play a role in hospital-wide nursing professional development, but "My passion is in the ED," she says. Of her decision to come to BWFH, Waldron says it's a great fit for this new stage of her career. Plus, "The people in my group are very nice, welcoming, kind, inviting and offer anything they can do to help. It's wonderful," she says.

Outside of work, Waldron enjoys traveling and spending time with family and friends.

ROSE O'DONNELL EARNS U.S. CITIZENSHIP



Rose O'Donnell, RN, after her swearing in ceremony

recently, "My green card was about to expire and I thought, 'Let me just do citizenship.' So I did it and it was surprisingly smooth."

O'Donnell began the process in April of 2014 and was sworn in August of the same year. She has dual citizenship and can now travel to visit her sisters and brother in Scotland under her brand-new U.S. Passport. She took classes through Partners HealthCare to help her

As a young woman, Rose O'Donnell, RN, left her native Scotland to work in the United States. "I moved here because I felt like a change back in 1987. And I was only going to stay for a year. Twenty-eight years later and I'm still here," she says.

Today, O'Donnell works at Brigham and Women's Faulkner Hospital on 6 South doing admissions and discharges. She is also a newly minted U.S. Citizen. "I couldn't do it when my parents were alive, I just couldn't do it," she says. But

prepare for the exam and credits her co-workers for supporting her through the process. "I'm glad I did it. And they were so good here, they threw me a party the day after I came to work. Kathy Codair set it all up. It was really nice," she says.

Mary Duggan, Workforce Development Program Manager, says, "Obtaining citizenship is a hope of many of our employees. Partners HealthCare offers classes through the JVS (Jewish Vocational Services) Citizenship Program to provide our employees with the training they need to be successful. Assistance in completing the citizenship application and test preparation are just a few of the services offered in assisting our employees in reaching their dream." Duggan also says, "Employees who have become citizens have shared a number of reasons for doing so. Some have seen the classes advertised and decided it was time to pursue it, some see the long term benefits for their families and others are thrilled about having the opportunity to vote!"

Citizenship Classes are offered several times throughout the course of the year in the Longwood area. For more information on Citizenship Classes and other educational opportunities, contact Mary Duggan at 617-983-4634.



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