



BWFH NURSE

NEWS FOR AND ABOUT
BWFH NURSING STAFF

AWARDS AND RECOGNITION

By Sheila Eisenstadt, MSW, BSN, RN

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Left to right: Noreen Connolly, Carolyn Hampshaw, Mary Pat Cunniffe, Gerri Shea, Robin Kaufman, Emma Chong, Maryanne Barry, Sheila Eisenstadt, Linda Morris, Helene Bowen Brady and Katie Lyons

Hats off to Brigham and Woman's Faulkner Hospital's nursing staff! The BWFH Awards and Recognition Committee was honored to celebrate the impressive work done by BWFH nurses during the 2014 Nurse Week Celebration with awards recognizing excellence in critical thinking, commitment to patient teaching, continuing edification and outstanding delivery of patient and family centered care with compassion and dignity.

As we all know, nursing is teamwork, so the entire nursing team should feel proud of the high standard of care delivered at BWFH. These awards would not be possible if not for the generosity of the families who donate these awards and scholarships. We are therefore very grateful.

The committee agrees that it is a "Feel Good" committee because we are able to read first person accounts of nursing excellence, inspiring stories of professionalism and moving acts of kindness. This is not to diminish the hard work of the Nursing Award Committee. The Nursing Award and Recognition Committee has worked throughout the year to improve the nomination process

and increase participation. Come join your fellow nurses on the Award and Recognition Committee, represent your unit and get inspired!

2014 Nursing Award Winners

MRACHEK AWARD RECIPIENTS:

Andrea Guarente, BSN, RN-BC,
Staff Nurse, 6 North

Chris Richard, RN, Clinical Leader, 2 South

Paula Wolski, MSN, RN, CCRN,
eCare Clinical Lead

MARY DEVANE AWARD:

Keisha Gilmore, Patient Care Assistant,
7 North

MCALARNEY AWARD:

Mary E. (Betsy) Kasper, RN, Staff Nurse,
Center for Pre-Operative Evaluation

HAZELTON AWARD:

Bernice Potter, RN, CEN, Staff Nurse,
Emergency Department

MAL AND LOIS LEWIS AWARD:

Liduina Gagnon, RN, Staff Nurse,
Critical Care Float Pool

DEAR NURSING COLLEAGUES

I must admit in some ways that the summer issue of BWFH Nurse has become my favorite. The celebration of our talented nurses and being able to recognize accomplishments during the past year is always rejuvenating. This year's nursing awards once again highlighted the continued presence and impact of BWFH nurses, not only here at BWFH but at state and national forums.

In our continuous efforts to improve the care we provide it is obvious that we are well on our way to becoming a Magnet organization. The increasing number of certified staff and those attaining advanced formal degrees has created a learning environment that will always translate into the best possible care for our patients. The commitment



Judy Hayes, MSN, RN

to our professional nursing practice model is evident in the graphics and words chosen by staff to demonstrate to everyone our commitment to care.

The organization is now less than one year away from the implementation of Partners eCare. This new electronic health record will assure our patients and clinicians access to all patient information regardless of care setting. So many of our nurses have participated as experts in developing the Partners eCare system that I have no doubt about the success of implementation and its impact on our patients' continued care.

Sincerely,

A handwritten signature in black ink that reads "Judy Hayes MSN, RN". The signature is written in a cursive, flowing style.

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

TAKING CARE OF PATIENTS, AND EACH OTHER, ON THE NIGHT SHIFT

In a hospital setting, patients require care around the clock. While most people are at home and asleep, staff members at Brigham and Women's Faulkner Hospital are hard at work caring for our patients and their families. Some of them are simply night owls, some find it makes child care easier and others are in positions where they just have to be flexible. But there is one thing everyone who works over night agrees upon: We take care of each other.

For the last ten years, Oswald (Ozzie) Ramos has worked the night shift at BWFH. As security supervisor he oversees two other officers on the night shift. The two officers take turns staffing the ED, leaving Ramos and one officer to patrol the rest of the hospital. Ramos says he was initially interested in the supervisor position on the night shift because, "I was always kind of a night owl anyway." Over the years, he's come to enjoy the hospital at night. It's quieter, there are fewer patients walking around and there are fewer visitors. But most importantly, "It's almost like close family because everybody knows each other. There's not as many people and staff so you get to work more with the staff that's here. We all take care of each other," says Ramos.

Like Ramos, 6 North staff nurse Sowaya Lerebour is also a night person. She describes the pace of the hospital at night as slower.



Patients don't go out for testing, there are no visitors, there are no doctors rounding, there's no physical therapy and there are no social services. "It's a little quieter," she says, but it's far from boring. "People have the misconception that patients sleep. Patients do not sleep," she says. During the night, patients must be woken periodically for vitals, and by 5 am everyone is getting up and call bells are going off. Because there is limited staff at night, those who are there must rely on each other. "I like the night shift because I like my coworkers a lot," says Lerebour. And when her shift is over, Lerebour



**Sowaya Lerebour, RN,
6 North**

is lucky enough to be flexible about when she sleeps and when she is active. "I need to have a life. I am very big on spending time with my friends and family. I'm not going to stay home and sleep all day. I'll sleep if I need to, but if I have to do things, I'll just go," she says.

For 7 North staff nurses Caroline King and Bernadette Javier, who've worked together for the better part of 25 years, working the night shift afforded them the opportunity to be present when their children were growing up. When her kids were little, "My husband would bring the

girls to school. I'd sleep like 2 or 3 hours in the morning if I could and then pick them up and bring them to wherever they wanted to go—library, sports, whatever. By 6 pm I'd have to be in bed because I'd have to wake up at 10 pm," says Javier. It was never easy. "Not everybody could do it," she says. But it worked. Similarly, when



**Caroline King, RN, and Bernadette Javier, RN,
7 North**

her children were young, King was able to work nights, sleep off hours and be awake when her kids needed her. "I was at every game. I was at every awards ceremony," she says. "My husband used to be annoyed when I was on nights all the time, but now he's so used to it. He used to always say, 'I think

you should come off the night shift.' But it was really the best thing for our family," she explains. Just like at home, during their shift, it's all about making it work. "We know each other really well. We depend on each other. We've worked together for years and years and years. It's like a small family," says King. She explains, "We know who's on all the time and who we can call." Javier agrees, saying, "We help each other."



**Leandra McLean, RN,
ED clinical leader**

Leandra McLean, RN, is clinical leader in the ED. She says, "Because there are so few of us at night, we do tend to work a little better together." She describes the workflow as a group of people taking care of a group people. This team feel comes from a deep respect and friendship among co-workers. "A lot of them have worked together for 20 or 25 years. It's a really nice group of people," says McLean. Much like King and Javier, working the night shift just works for McLean. "I choose it because I have young kids.

I have three kids in elementary school. I work 7 pm to 3:30 in the morning, which is a very odd shift. But I go home, I take

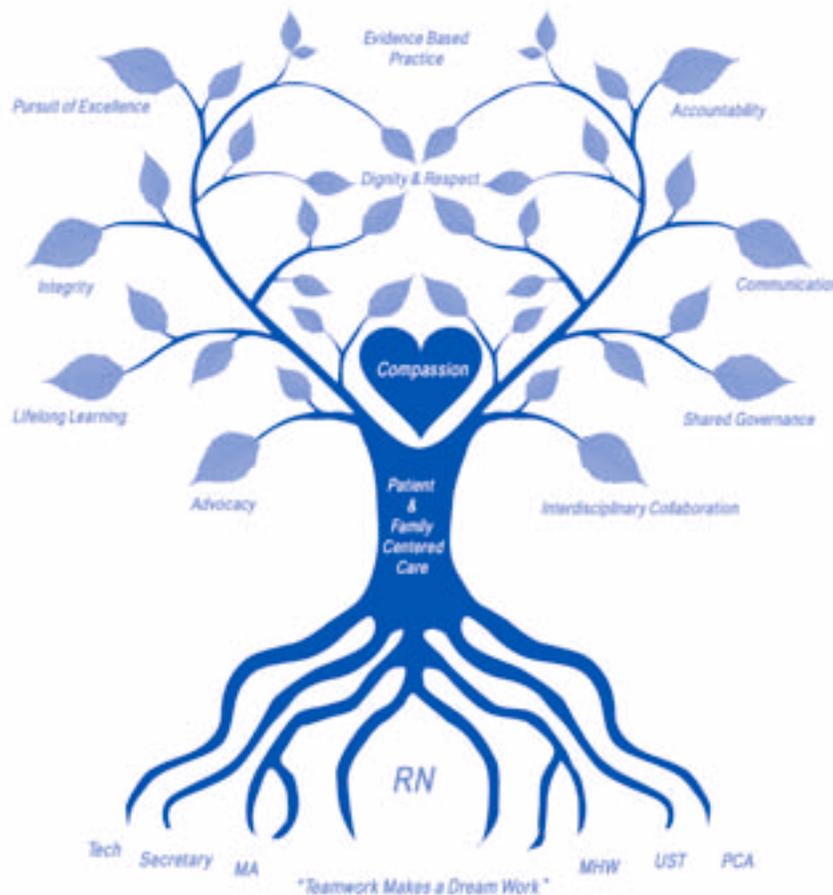
a nap and I'm able to get up with my kids in the morning, get them ready for school and get them off to school. I go back to bed and then get up when they're getting out of school so we can do afternoon activities," she says. It's not always easy to find time for sleep, but "It works. You do what you need to do," she says.

For Dr. Jessica Brooks, attending physician in the ED, working the night shift from time to time is just part of the job. She splits her time between the ED at BWFH and BWH, working both day and night shifts. Working both, she sees the pros and cons of each. During the day, the hospital is teeming with doctors and nurses who you can bounce ideas off of. At night, Dr. Brooks is often the only doctor in the ED after midnight. There is usually a physician's assistant on until 3 or 4 am, as well as the team of nurses and security, all working together to treat patients and help one another. "The night shift is nice because the hospital is quieter," says Dr. Brooks. "We all work well together as a team to care for anyone and anything that walks through the door," she says. There are other perks to the night shift as well. "The nice part about the night shift is being home to put my kids to bed before I go into work," she says.

Those that work the night shift do so for a range of reasons. One thing that is true across the board is this: With limited resources, staff members must lean on each other to get the job done. It's BWFH's dedicated staff, who care for both patients and each other, that keeps the hospital running over night.

BWFH DEPARTMENT OF NURSING PROFESSIONAL PRACTICE MODEL DESCRIPTION

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 (RN), Technicians (Tech), Secretaries, Medical Assistants (MA), Mental Health Workers (MHW), Unit Service Technicians (UST) and Patient Care Assistants (PCA) 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 & 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.



GERALDINE SHEA RECEIVES SADOWSKY AWARD FOR EXCELLENCE



Geraldine Shea, RN

Geraldine Shea, RN, is this year's recipient of the Dr. Norman L. Sadowsky Award for Excellence.

The award, established in 2004, is given each year to a staff person who displays the high levels of caring, compassion, creativity and service excellence Dr. Sadowsky showed to Brigham and Women's Faulkner Hospital patients and staff during his more than 40 years of leadership in radiology.

Shea, who is Clinical Leader in the Outpatient Infusion Center and recently certified in infusion nursing, was recognized for her excellent clinical care and dedication to providing a positive patient experience. She says of her patients, "You want to embrace them when they arrive and be sure that they have the information they need for their visit." She also provides comfort, be it a warm blanket or a quiet room. She says it's also important to embrace the patient's family. "Sometimes patients don't hear a lot of information because they are so nervous. By embracing their family, we're embracing them," she explains.

In her nomination, Susan Dempsey, Vice President, Clinical Services, said, "Gerri is a super star!" She was nominated because she makes patient safety and clinical care a priority, she creatively orchestrates the unit to meet the patients' and referring doctors' needs within staffing and facility restraints and she treats her patients with care and compassion on an emotional, personal and clinical level.

"I am honored to have received this award. For me, this has been the most meaningful recognition of my professional career because of what the award stands for and the legacy of Dr. Sadowsky," Shea says. She goes on to say, "The award validates the patient-centered care that we are providing in the Outpatient Infusion Center. We try to make every patient visit a positive patient experience."

A former Partners in Excellence (PIE) Award winner, Shea says, "I'm thrilled to have the award." And, despite being unable to attend the Employee Service Awards ceremony, she says, "It validates what I do."

NEVER STOP LEARNING

By Pat McCarthy, MSN, RN, ANP-BC, CNOR

The first thing I remember from nursing school (Diploma Program) is that one of the instructors told all of us that you should never stop learning.

Over my career that has always been true. Procedures, treatments, ideas and concepts all change over time. As RNs we must also change as our knowledge base changes. The profession of nursing is a commitment to life long learning. This is the expectation the patients have of all of us as RNs—that we will always do the right thing and if things change we will advance our knowledge and know how to do those things as well. Much has changed since I first sat for my RN boards over thirty years ago. Surgeries are now laparoscopic, gomco machines are rare, syringes and IV bottles are no longer made of glass and patients go home the same day of surgery. Thirty years ago patients having a hernia repaired were an inpatient for several days.

As nursing changes and medicine changes all of us must keep pace.

This is one of the reasons for certification in your area of specialty. We owe this level of excellence to our patients. My area happens to be the OR. For myself, I became certified in 1984 as a CNOR. Maintaining my certification every five years has lead me through a wealth of articles, seminars and journals that have helped to keep my knowledge current. This is true for many of you as well.

What follows is the OR's certification story.

After many discussions and meetings outlining the pros and cons of certification, the OR staff decided to work on their CNOR certification. One of our nurses found a two-day Webinar for a weekend. She asked me to help arrange a location for them to sit and watch. Ten nurses came in that first weekend on their own time and watched the seminar. They paid for it themselves. It was hard. The comments that I heard were, "Did you know that...?" and "We should do... It was on the Webinar." A second group did the same with a Webinar as well. I brought back a box of flash cards from the Association of Operating Room Nurses Congress a year ago. I left them in the lounge and checked back a little later. Some of the RNs were asking each other questions. Certification was starting to take hold.



We devoted some time to study for the nurses and our surgical techs. (The surgical technologists are also engaged in certifying—there are now seven newly certified CSTs.) One of the nurses found an app on her iPhone for CNOR and many studied using this tool. There had been talk and study and finally one of the senior nurses came in one day and said she had passed the test. The race was on. Soon others followed. There was electricity in the air. One of them said, "I can't believe I did it." I am so proud of everyone who takes the challenge. Each nurse or tech that passes receives a congratulatory e-mail that goes to the entire staff and then a personal e-mail. Their names are placed on our bulletin board. This is soon to be replaced by a CNOR plaque. We need two plaques now and I am hoping that we need three. The hospital certification day was a great day for the OR RNs—almost everyone was able to attend. There was a poster board outside of the cafeteria listing everyone who was certified. The OR had a red ribbon of their list! How gracious was this!

Last year at this time three nurses were certified. To date we now have fourteen certified nurses with nine more enrolled in a program that will lead to their CNOR certification. CNOR certification is defined as the "documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during and after surgery." (CNOR certification brochure from CCI 2014.)

"The objectives of the certification is to recognize individual nurses who are proficient in perioperative practice, strengthen conscious use of theory in assessing, planning, implementing and evaluating patient care and to enhance professional growth through continued learning that results in broader knowledge and expanded skills." (CNOR certification brochure from CCI 2014.)

We are not done yet and I know that many of you are studying on your units as well. I know what it takes to become certified so to all of my staff and to all of you taking up the challenge of certification: we are so very proud of you and your accomplishment. Good luck and great job!

FOCUS ON LEADERSHIP

Valerie Hunt, PhD, RN, gave the key note address in May during our celebration of nursing at BWFH. Dr. Hunt highlighted four key areas for nurses to focus their efforts in advancing our practice.

1. Practice to the full extent of education and training
2. Achieve higher levels of education and training
3. Be full partners with physicians and other healthcare professionals in redesigning the healthcare system
4. Effective workforce planning and policy making

Dr. Hunt also stressed that nurses at the bedside have power and influence over patient care by advancing practice, leadership and education. Clinical nurses at the bedside lead through patient advocacy, use of evidence based practice and critical thinking.

Johanna Baldassari, RN, MSN, FNP-C, Medicine
Bette Bertini, MS, RN, CCRN, Nurse Director, Professional Development
Christina Blair, CRNA, Anesthesia
Helene Bowen Brady, MEd, BSN, RN-BC, Program Manager, Professional Development
Rebecca Caron, BSN, RN, CEN, Emergency Department
Maura Carrier, RN, CCDS, Case Management
Joanne Cassiani, BSN, RN, CNOR, Operating Room
Anne Marie Cecala, BSN, RN, HN-BC, 6 South
Elaine Charbonnaire, RN, ANP-BC, Center for Preoperative Evaluation
Sue Clark, RN, CNOR,* Operating Room
Lisa Cole, MS, RN, CPHQ, Nurse Executive Board
Noreen Connolly, MSN, RN, PCCN, ANP-BC, Professional Development
Jean Crimmins, MSN, M.Ed, RN-BC, Professional Development
Arthur Dayton, CRNA, Anesthesia
Dianne DiFonso, BS, RN, CCM, Case Management
Janet Donovan, RN, CNOR,* Operating Room
Nola Dzen, BSN,RN, CNOR, Operating Room
Cary Endozo, CRNA, Anesthesia
Ralph Faria, RN-BC, (Psychiatric-Mental Health Nursing), 2 South
Donna Folloni, RN, ACM, CCDS, Case Management
Deborah Georgenes, MSN, RN, NP-C, Center for Preoperative Evaluation
Raya Goldenberg, CRNA, Anesthesia
Virginia Grace, BSN, RN, OCN, Out-Patient Infusion Clinic
Andrea Guarente, BSN, RN-BC, 6 North
Claire Hamrock, BSN, RN, CCRN, Intensive Care Unit
Joanne Hart, BSN, RN, CPAN, Post-Anesthesia Care Unit
Rosita Herrera, BSN, RN-BC, 6 South
Gloria Hicks, BSN, RN, CNOR, Operating Room
Katty Holloran, BSN, RN-BC,* 7 North
Mary Hourihan, MSN, RN, CGRN, CNL, Endoscopy
Jeanne Hutchins, BSN, RN, CCRN, 6 South
Daniel Kelleher, MSN,RN, ACPN, Orthopedics
Caroline King, RN-BC,* 7 North
Krista Klopfenstein, CRNA, Anesthesia



CELEBRATING CERTIFICATION

BWFH nurses who currently hold professional certification celebrated with a luncheon sponsored by Judy Hayes, MSN, RN, Vice President of Patient Care Services, Chief Nursing Officer. National certification is a voluntary process that demonstrates advanced nursing knowledge and promotes excellence. Please congratulate our certified nurses!

Alexandra Koffman, MS, RN-BC, Patient Safety, Quality, Infection Control and Accreditation
Peggy Lahar, MSN, RN, CCRN, CPAN, Post-Anesthesia Care Unit
Maura Lauenstein, RN, CNOR,* Operating Room
Phil Malleson, BSN, RN-BC,* Professional Development
Mary Martin, BSN,RN, CNOR,* Operating Room
Ellen McCarthy, BSN, RN, CCRN, Intensive Care Unit
Pat McCarthy, MSN,RN, CNOR ANP-BC, Nurse Director Operating Room
Cora McHugh, BSN, RN,CNOR,* Operating Room
Kristen McKenzie, MSN, RN, FNP-C, Center for Preoperative Evaluation
Leandra McLean, BSN, RN, CEN, Emergency Department
Jessica Morrissey, CRNA, Anesthesia
Barbara Ostendorf, CRNA, Anesthesia
Rozanna Penney, CRNA, Anesthesia
Anna Peterson, RN, ANP-BC, Center for Preoperative Evaluation
David Pierel, MS, RN, CNOR, NE-BC, Professional Development
Christine Putney Jacobsen, BSN, RN, CNOR,* Operating Room
Donna Rando, RN, CWS, Wound and Ostomy
Kathleen Roane, AD, RN, CEN, Emergency Department
Linda Sabo, BSN, RN, CNOR,* Operating Room
Carol Schneider, MSN, RN, CCRN, CPAN,* Professional Development
Nancy Schmitter, MS, RN, CCM, CPHM, Case Management
Kathleen Scott, RN, CNOR,* Operating Room
Kathleen Shubitowski, MSN, RN, CEN, Emergency Department
Jane Shufro, BSN, RN, CPAN, Post-Anesthesia Care Unit
Brian Sim, CRNA, Anesthesia
Jeanne Smith, BSN, RN, CNOR,* Operating Room
Sandra Spaulding, RN, CNOR,* Operating Room
Ross Stratton, BSN, RN, CCRN, Intensive Care Unit
Melanie Sullivan, CRNA, Anesthesia
Jeanne Tremblay, RN, CNOR,* Operating Room
Elizabeth Walsh, MSN, RN, FNP-BC, Addiction Recovery Program
Paula Wolski, BSN, RN, CCRN, Partners eCare Clinical Lead
Julia Young, CRNA, Anesthesia

**New Certification March 2013–Present*

PREPARING FOR A VISIT FROM THE JOINT COMMISSION

As many staff members know, The Joint Commission surveys hospitals every three years. At Brigham and Women's Faulkner Hospital, we were last surveyed in November 2011, making 2014 a Joint Commission survey year. We anticipate The Joint Commission surveyors will be on site sometime between now and November. It's important that we, as a team, are ready for this unannounced visit. A successful survey allows us to be "accredited" by The Joint Commission. Through accreditation, the hospital is able to demonstrate to our patients and community our commitment to patient safety and the delivery of quality care. In addition, The Joint Commission's accreditation allows us to be certified by the Center for Medicare/Medicaid Services (CMS). This process is called "deeming status." Only hospitals with CMS certification may receive payment for providing care to Medicare and Medicaid insured patients.

At Brigham and Women's Faulkner Hospital, we work hard year round to practice "continuous readiness." However, with a visit from The Joint Commission surveyors imminent, now is a good time to brush up on the standards.

The Joint Commission has a hospital manual with over 1,500 standards, on which we will be surveyed. These standards focus on two types of functions: Patient Focused Functions (Infection Prevention and Control; Medication Management; Provision of Care, Treatment and Services; Rights and Responsibilities of the Individual) and Organization Functions (Environment of Care; Emergency Management; Human Resources; Information Management; Leadership; Life Safety; Medical Staff; Nursing; Performance Improvement; Record of Care). The surveyors will spend four days on site using their tracer methodology to examine how well we provide services to our patients in all of these areas. Tracer methodology is a process where the surveyor picks a patient at random and then "traces" the path the patient took through the hospital, interviewing staff that interacted with the patient along the way. For example, in the case of a patient who enters through the ED, has an x-ray and then is admitted to the floor, the surveyor will speak to the team in the ED, the radiology staff who conducted the study, the transport team who moved the patient, the registration team who arranged for the bed, the environmental services person who cleaned the room and the team on the floor. Depending on the care provided for the patient, a member of social work, the IV team, consultants and others might be asked to discuss care of the patient in this tracer. The patient and the patient's family might also be interviewed by the survey team.



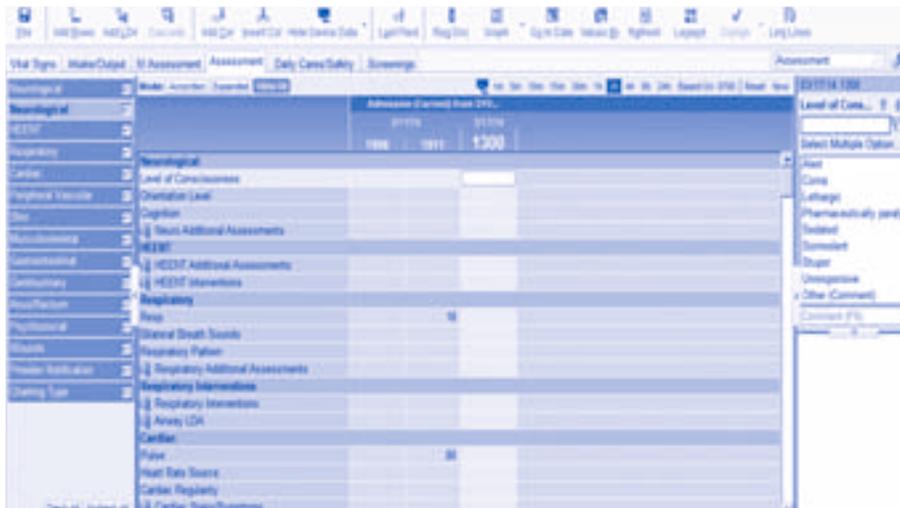
Joint Commission survey team from Partners Clinical Compliance

Recently a survey team from Partners Clinical Compliance conducted a review of the hospital. Our performance overall was a great success, but they did find a few things for us to focus on. The survey team encountered minor glitches in ENS system messaging. As a result, the ENS pager list has been updated and the message changed. In terms of policy readiness, analysis of the survey found that 70% of the policies requested by the survey team were not up to date. There are many members of the Department Leadership group working on updating policies. The survey brought to light some issues in the area of infection control, specifically identifying process issues for the cleaning process for O2 tanks. There are several places where individual oxygen tanks are stored in utility rooms, most notably on the in-patient floors, OR, PACU and in the ED. In these areas we are storing these tanks in a location that is not considered "clean," so we need to wipe down the tanks we take from these storage areas before placing them in a patient room or on a patient stretcher. There were a number of issues that are considered "Environment of Care" or "Life Safety" issues. These include making sure that all logs are completed as required. Additionally, all staff can assist us in decreasing hallway clutter, maintaining 18" sprinkler head clearance particularly in medication rooms, utility and storage rooms and removing cardboard boxes and clutter. There were many issues that are particular to a unit or service area. These have been reviewed at the June Quality and Accreditation meeting. For more information on issues specific to your area, please speak with your Manager or Director.

In the coming weeks, as we continue to prepare, look for reminders, tips and more in the Scanner and BWFH Pulse. And, as always, you can find more information on Joint Commission Continuous Readiness on Faulkner 411.

LIFE WITH PARTNERS eCARE

By Paula Wolski, MSN, RN, CCRN
Clinical Lead, Partners eCare



Example of concept screen for nursing documentation

May 30, 2014 marked a major milestone for Partners eCare. Exactly one year from this date we will be entering a new phase of documentation at BWFH. The changes that will occur because of Partners eCare will be many, but I am confident that the staff here at BWFH will take this challenge on and succeed.

The benefits of Partners eCare are many with perhaps the most impressive attribute being that any clinician will have the ability to see all of a patient's information across encounters in one place. The need to repeatedly ask the same questions will be diminished in the future. Knowing that a patient's medication list will follow them through every visit with the ability to see what was continued or stopped or changed on one screen.

Having integrated workflows will help to consolidate information into easy to read format all in one basic screen. The data sources for I & O, vital signs, lab results, patient demographic information and medication administration will be all in one place in an easy to read display. Placing computers at every point of care will allow care givers to spend more time with their patient, likely improving both

patient and staff satisfaction. Just in time documentation is the goal for Partners eCare. To have vital signs and point of care tests entered as they are taken allows all members of the care team to see a patient's progress in a real time situation. This data will then flow over to progress and H & P notes.

The patient plan of care will be enhanced with evidence based interventions that will be individualized for each patient. The plan of care will be in part based on the patient's active problem list. Patient education will also be evidence based. Progression of goals can be easily documented on one screen.

The Partners eCare team at BWFH hopes that you will share the same enthusiasm for this new documentation system. Because there are so many changes coming, to accomplish the goal of a smooth transition we are readily available to answer any questions you may have. Please also sign up for the monthly newsletter entitled Epic Matters by emailing Sally Carlson at sjcarlson@partners.org.

PRESSURE ULCERS AT BWFH

By Donna Rando, RN, CWS

Did you know that BWFH reports pressure ulcer data locally, to the state and nationally? Massachusetts Hospital Association, Patient Care Links (State) and National Database for Nursing Quality Indicators (NDNQI) data is reported quarterly based on a one day/quarter snapshot of our patients. The state report is available to the public comparing all Massachusetts hospitals. Locally (BWFH) data is collected monthly by the Wound Care Nurse and includes present on admission and hospital acquired pressure ulcers.

Through the analysis of the data collected locally, we have determined that the majority of our patients that come into the hospital with pressure ulcers are coming from home. This has shown us there is a need for education of patients and families on how to prevent pressure ulcers from occurring.

We are able to use our state and national data to benchmark ourselves against other hospitals. Although we continue to have a small number of pressure ulcers that develop in the hospital, our state and national percentages are very low. Our local data has given us the support to develop unit based wound champions and advance practice of all our staff. It has also given us the ability to focus on patient outcomes and provide improved documentation.

Through continued hard work we hope to achieve our goal of zero hospital acquired pressure ulcers.

AN IDEA, A PRACTICE CHANGE AND AN ABSTRACT

By Tracy Healy, RN, Lindsey McDermott, RN, and Patti Rabbett, MSN, RN

The work that is done on individual units by the staff is the work that is visible to patients and their families.

6 South nursing staff worked to enhance end of life care for patients and their families. Resources were available to guide this care but as critical moments passed, there weren't always immediate cohesive interventions to employ or effective mechanisms to share the change in a patient's plan of care with the entire staff.

The Butterfly Project enhances patient and family centered care for those nearing the end of life. The Butterfly Project begins when a patient or family decides to focus on comfort measures. A colorful synthetic butterfly is placed outside of the patient's door, communicating comfort to all.

After project implementation, a brief survey of 6 South staff revealed that most individuals felt that this practice change had a positive impact on end of life care. The Butterfly Project may expand and work is planned to

strengthen the relationship between end of life care and the palliative care team.

After almost a year of employing the Butterfly Project at the end of life, several opportunities arose for this successful project to be shared with others through formal presentations beyond BWFH. These presentations allowed our successes in practice to be viewed and utilized by other practitioners.

Professional organizations often seek abstracts for educational offerings and conferences that relate to collaborative nursing practice. A Call for Abstracts at conferences is usually placed up to nine months before a conference. The time frame allows participants to submit their work in a required format. A regimented format allows reviewers to read, critique and determine if the submitted work is conference related, scholarly and well written. The abstract submission criteria may include a due date, format, title, number of words, blind review (no names) with an attached cover sheet, method of presentation and costs.

Developing a well-written abstract that meets all criteria can be very challenging. However time and openness to critiquing by members of the abstract presenters and an advisor can lead to a successful product.

The Butterfly Project was not only accepted but was an award-winning poster at Horizons, a biennial regional critical care conference. Presentation of this work was also done during Nurses Week in May.

Ultimately, presentation of practice change allows a nurse to share the true meaning of patient and family centered work. It also allows presenters to gain new knowledge and ideas. We look forward to being able to "give wings" to BWFH through more innovative practices.



PROFESSIONAL DEVELOPMENT DEPARTMENT INTRODUCES NEW STAFF MEMBERS

By Bette Bertini, MSN, RN, CCRN

Two new instructors have recently joined the Professional Development Department: David Pierel, MSN, RN, NE-BC, CNOR, and Joan Kovach, MS, RN, PC. David is the educator for the OR and pre-op holding while Joan will be covering 2 South. Both come to the department with a broad base of experience, in-depth clinical knowledge and expertise in education and administration.

David Pierel, MSN, RN, NE-BC, CNOR **Joan Kovach, MS, RN, PC**

responsible for the management of the Operating Room, PACU, pre-admission testing and pre-op holding. When he is not in the OR, David enjoys traveling with his wife and dog Benson in their new RV or on their motorcycle. Yes, the dog has his own trailer for the motorcycle!

Joan comes to BWFH after a career in community mental health followed by eleven years as the Nurse Director at McLean SouthEast, a satellite inpatient adult unit of McLean Hospital. She has three grown sons and lives on the South Shore with her husband. Joan knows she should say she enjoys athletic activities and exercises regularly but in fact she can say she enjoys creative writing and reads regularly.

SPRING EDUCATIONAL EVENT ARTICLE

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

On April 10, 2014 the Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) held its Annual Spring Educational Event, which was hosted by Brigham and Women's Faulkner Hospital. This is one of three events that are held yearly by the CLCDN program with the goal of imparting knowledge and skills that would help CLCDN students, advanced practice nurses and mentors more effectively flourish in an environment in which they are not in the majority. This year the theme and presentation focused on mentoring, its effectiveness, importance and establishment.

The evening began with a welcome by Chief Nurse Judy Hayes who graciously welcomed us to BWFH. It was followed by a presentation by LaDonna Christian, Associate Professor of Practice, Nursing; Director of the Dotson Bridge and Mentoring Program at Simmons College in Boston, MA, entitled "Mentoring to Empower; A Village Model." Ms. Christian was able to impart the importance of diversity in healthcare and the role that mentors have for individuals that are transitioning into the healthcare field with an emphasis on strategies for effective mentoring of a diverse/multicultural student.

Following the presentation, Ms. Christian facilitated a three person panel made up of mentors that have been with the CLCDN for years and have helped to successfully support, guide and transition their mentee from being a student to a newly licensed nurse. The panelists were Marie Guerrier of Massachusetts General Hospital, Tess Panizales of Brigham and Women's Hospital and Joy Williams of Massachusetts General Hospital. The panelist imparted their knowledge and experience regarding being a mentor, strategies for effective relationship development and student engagement. One of the key elements that came out of the panel session is the need for constant communication and interaction between the mentor and student. Communication is the foundation of a successful mentorship relationship.

The evening was capped off with a delicious dinner and networking. These events allowed mentors to renew relationships with their mentees, network expansion and the sharing of plans and ideas.

DARE TO SHARE

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

In the fall of 2009 I attended a workshop titled "Dare to Share: A Starter Kit for Publishing" at Saint Anselm College in Manchester, NH. Since that time, I have attended other workshops on publishing and was fortunate to be given a copy of an excellent resource book on publishing, *Anatomy of Writing for Publication for Nurses*, by a good friend and nursing colleague who publishes frequently. It would be fair to say that in the past few years I have done a lot of reading and researching about writing for publication, but did not put any of that work into action. It seems so easy when you are sitting in a workshop and the experienced writer says, just "turn your everyday practice into publications." How hard can that be?

In the book *Words of Wisdom from Pivotal Nurse Leaders*, Margaret McClure says that one of the biggest handicaps nurses have is that we work in a field where our basic practice does not require us to write in complete sentences. Maybe writing will be harder than I thought. But then again, maybe it won't.

As BWFH progresses on the Magnet journey, one of the characteristics of a Magnet



organization and a hallmark of professional nursing practice is the "dissemination of best practice." As nurses, we have a responsibility to our patients and families, our colleagues and our profession to share our knowledge in order to improve outcomes and to advance the practice of nursing. Publication in scholarly journals is important, and intimidating, but there are so many different ways that we can share our best practices at BWFH.

Did you ever think about submitting an abstract for a poster presentation? When you open a journal, do you turn to the personal narrative stories first? Then consider sharing your story as a narrative. Did you know that there are members of the BWFH nursing

department who sit on editorial boards for national journals and who regularly review articles for journals? Think about lending your expertise by becoming a reviewer or writing for continuing education programs. Publication does not need to be limited to peer reviewed nursing journals.

On a personal note, I finally did take the plunge into writing. Last summer I was invited to do a book review about a new evidenced-based practice book. The review was published in the Nov/Dec issue of the journal *Dimensions of Critical Care Nursing* and it was exciting to see my name in print. Over the past two years, I have also had the opportunity to be involved in a research project through the CLCDN that investigated the impact of nurse mentors in supporting diverse nursing students as they transition into practice. I was honored to be the second author on this research article, which is scheduled for publication later this year in the *Journal of Professional Nursing*.

So my advice to all of the fabulous nurses at BWFH: start with a small project and "Dare to Share" your story.

DE-ESCALATION TRAINING GIVES STAFF THE TOOLS THEY NEED TO REMAIN SAFE ON THE JOB

At Brigham and Women's Faulkner Hospital, staff safety is just as much a priority as patient safety. However, according to Ashley Ditta, Director of Police, Security, Safety and Parking, "We're having an uptick in violence in healthcare." To better prepare staff for the violence they may encounter, the departments of Safety and Security, Nursing Professional Development and Education provide De-Escalation Training.

De-Escalation Training combines Management of Aggressive Behavior (MOAB), which was previously two days of training, with trauma informed care and restraint application. "What we really tried to do is package a program that really is 100 percent applicable," says Ditta. The new program requires just one eight-hour initial training session with a four-hour recertification session every two years.

During training taught by the department of Safety and Security, students learn about verbal and physical de-escalation and how to properly apply both Velcro and leather restraints. Students also learn trauma informed care, which involves understanding, recognizing and responding to the effects of all types of trauma in order to better understand a patient's triggers and soothing mechanisms, and the importance of debriefing and communication from a staff member on 2 South.

De-Escalation Training is strongly recommended for all staff. "In a perfect world, we want everyone to go," says Ditta. However, it's especially important that frontline staff in the ED, 2 South and 6 North complete training. For a complete list of initial training sessions and recertification sessions, visit Faulkner411.org.



Safety and Security Lead Officer Michael Kielbasa demonstrates how to properly restrain a patient



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