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AMERICAN NURSES
CREDENTIALING CENTER



2020

Nursing Report

Baystate  Medical Center

ADVANCING CARE. ENHANCING LIVES.



Front row, from left: Peg Dwight, Janine Anderson, Tamia Cheeks, Christine Klucznik, Heather Stamm, Eric Griffin, Nicole Murray.
Back row: Angie Obomanu, Jonathan Varnet, Donald Sherman, Tonya Howell, Karen Marcoux, Frank Hunter, Ashley Perez.

Advancing Care. Enhancing Lives.



Dear Colleagues,

The year 2020 kicked off as a celebration of the 200th birthday of Florence Nightingale and was deemed “The Year of the Nurse and Nurse Midwife.” We knew that a spotlight would be on nursing throughout the year, but we did not know that an all-consuming pandemic would test the very core of the profession. The pandemic challenged us in ways not previously experienced. Our Baystate Medical Center nurses rose to the challenge, adjusting to the rapid pace of change to create new ways of caring for patients – teams innovated as they worked to create new workflows and care pathways. And they did so without argument, without judgment. Teams who had not yet learned to work together, became friends and colleagues, and trust was born. Staff addressed their fears with resilience and supported one another.

I am proud to present the 2020 BMC Nursing Annual Report. It is a testament to the incredible accomplishments of our nursing staff during an historic year. We will never fully understand the sacrifices made personally and professionally. The stories within this report are evidence of the commitment to those we serve. Through it all, we were able to achieve our 4th Magnet designation – an honor only 1% of all hospitals achieve. I remain humbled and in awe of the BMC nursing workforce. Advancing Care. Enhancing Lives.

A handwritten signature in cursive script that reads "Christine Klucznik".

Christine Klucznik, DNP, RN
Chief Nursing Officer

Transformational Leadership 4

- Baystate Medical Center Achieves 4th Magnet Designation
- Tea for the Soul: A Spiritual Care-Lead Staff Support Program
- A Symbol of Hope in a Time of Sorrow and Uncertainty
- “Nimble Response in a Pandemic: Establishing Ambulatory Testing Sites for COVID-19” Wins Baystate Health 2020
- President’s Excellence Award
- Caring for Caregivers in a Time of Crisis

Structural Empowerment 8

- Baystate Committed to Workplace Safety
- Implementation of LUCAS Devices Saving Lives
- PPE Coaches – People Protecting Everyone
- BMC Graduates 24 Nurses from the Integrative Healing Arts Academy™
- BMC Holds Virtual Nursing Town Hall to Create 2020-2025 Nursing Strategic Plan
- The Rapid Response Team Resource RN: “100 Nurses in 100 Days – Mentoring in the Moment”

Exemplary Professional Practice 12

- “Collaboration is the Key” - The Response to COVID-19
- Advancing Advance Care Planning
- Our CAUTI Prevention Journey
- BMC Nurses Advance in Professional Nurse Recognition Program (PNRP)
- Baystate Health Nurse Residency Program Achieves New Milestone

New Knowledge, Innovation, & Improvements 16

- Providing Comfort during a Pandemic
- Hardwiring Optimal Skin Care – The Development of a Pressure Injury Bundle
- WETU BP Measurements to Improve the Patient Experience of Care
- The Difficult Airway Response Team
- Psychiatric Observation and Transition Unit

Research, Awards, Advancements, & Certifications 21



ASHLEY CAVA, RN, MASSMUTUAL 6

During the height of the COVID-19 pandemic an older gentleman was taken to Baystate Medical Center via ambulance and admitted for observation and then surgery. At a time when patients and families struggled to cope with restrictions on visitors to the hospital, Ashley served as the “eyes and ears” for the patient’s family. Her attentiveness to the patient and her detailed, regular updates with family on the patient’s condition and recovery made an overwhelming difference, improving everyone’s peace of mind. Ashley cared not only for the patient, but his loved ones as well.



Transformational Leadership



Baystate Medical Center Achieves 4th Magnet Designation

The American Nurse Credentialing Center's Magnet designation is the highest and most prestigious credential a healthcare organization can achieve. Designation reflects the quality of care provided as organizations strive for nursing excellence. It is a performance-driven credential that is becoming extremely difficult to achieve and to maintain. Nurses who work in Magnet designated hospitals are proud that they are autonomous and have control over their nursing practice.

We received notice in September 2020 that our journey to number four was successful. Our survey was held virtually during the summer over the span of five days. Clinical nurses led the four appraisers on tours of all the units so that the appraisers could speak virtually with nursing staff. The appraisers also met with executive and physician leaders.

We are exceptionally proud of our nursing team who consistently deliver extraordinary care. Only 1% of organizations have achieved this level of success. Achieving this milestone is a testament to your commitment to their practice and to those we serve!

Tea for the Soul: A Spiritual Care-Lead Staff Support Program

In 2019, Baystate Medical Center chaplains began to offer intentional staff rounds on the nursing units incorporating a tea cart, cookies and affirmation prayer cards. "Tea for the Soul" is a staff support program led by the spiritual care team at Baystate Medical Center and a tangible way to express care and support. It creates a moment of respite and a compassionate connection between the chaplains, individual nurses, and the entire inter-professional team.

During the early months of the pandemic in 2020, the program was briefly suspended and restarted in the summer. With the approval of Infection Control the chaplains were again able to offer these moments of calm and peace in the midst of a stressful day. The spiritual care team implemented modifications to ensure social distancing and masking while offering a cup of tea to one team member at a time. Individually wrapped truffles replaced the cookies. Team members consumed tea and chocolate right there at the cart while having a chat with the spiritual caregiver.

"We had been hearing a lot about 'Corona-fatigue' and people generally feeling a bit discouraged," says Rev. Ute Schmidt, manager of Spiritual Services at BMC. "The ongoing pandemic precautions and restrictions impact people in different ways. We wanted to create an uplifting moment for our health care colleagues on the units." The multi-sensory experience of a fragrant, healthy tea paired with a piece of smooth chocolate and the calm, smiling eyes of a chaplain has helped people pause, take a breath and decompress.

"Tea for the Soul" is an informal opportunity to receive care while caring constantly for others. Since the chaplains began this practice about a year and a half ago, it has been warmly received by caregivers and support staff throughout BMC. More than once it has created an opportunity to interact with the chaplain in a more personal way and to connect with care. "Tea for the Soul" complements other holistic nursing initiatives and strengthens collaboration between nursing staff and the spiritual care team.

A Symbol of Hope in a Time of Sorrow and Uncertainty

April 9, 2020 marked the beginning of what became a BMC tradition amid one of our most challenging times as an organization: our first "Code Rocky" was called.

When staff realized they were having success with patients suffering with COVID-19 – that so many were being discharged home and doing well – they wanted to celebrate the victories. When a COVID-19 patient was getting ready to be discharged, available staff were alerted to come to the Daly Lobby. The "Rocky" theme played as the patient was brought out to their awaiting loved ones and cheering, clapping, well-wishes, and tears. "Code Rocky" truly was a sight to behold, and behold they did; "Code Rocky" video coverage received over 25,000 views on YouTube and

over 10,000 on our Baystate Health Facebook page. We also developed a “Grand Code Rocky” when someone from our Baystate family was being discharged. The halls were lined from the hospital room to the lobby with well-wishes for the employee’s discharge home. The patients enjoyed their triumphant moment and the staff embraced the fact that their work during this pandemic was bringing us so many victories. By the time we stopped the tradition on July 6, we had called over 600 “Code Rocky’s.” In a time of great sorrow and uncertainty, “Code Rocky” became a symbol of hope and a tangible example of the heart that is Baystate Medical Center.

“Nimble Response in a Pandemic: Establishing Ambulatory Testing Sites for COVID-19” Wins Baystate Health 2020 President’s Excellence Award

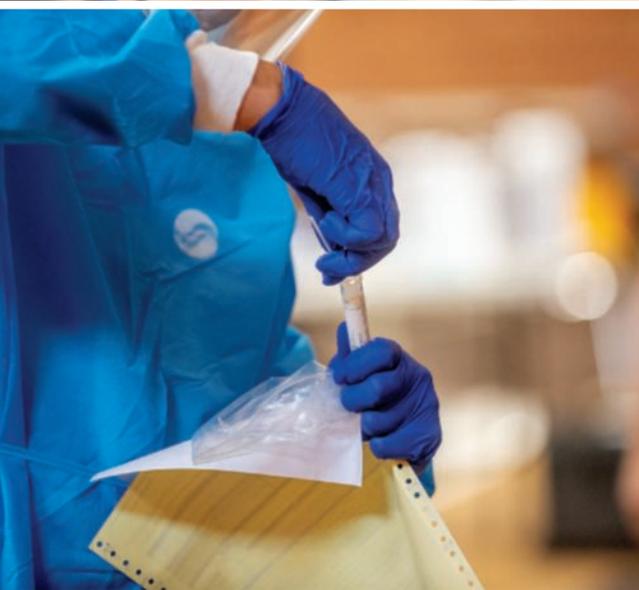
In response to the pandemic, it was essential to implement COVID-19 testing of non-hospitalized patients and employees. Testing needed to be performed safely from a technical as well as infection prevention perspective, and needed to be integrated into existing structures and processes. Standards were developed that were replicable for all BH regions. An executive committee led efforts to establish processes and algorithmic workflows.

Testing was initiated in a phased approach with workflows tested at one location to determine efficacy. Analysis of resources and need allowed for a maximum of seven sites to operate concurrently within a four-week period at the height of the pandemic. Re-deployed staff were utilized to staff the areas. “Just-in-time training” was used to train nursing and medical assistant staff in the swabbing technique. All staff were monitored for correct use of personal protective equipment in accordance with state, federal, and system guidelines and policies.

The populations eligible for testing were phased over time, utilizing the changing CDC-identified symptoms. Employees were first to be tested, then symptomatic patients, then pre-procedure, asymptomatic, contact tracing, and testing for patients awaiting placement. As of November 2020, 76,545 patients and 5,767 employees/first responders were tested at these locations. This implementation project was a significant success for the organization. For these efforts the team received the Baystate Health 2020 President’s Excellence Award out of a record 83 entries in October 2020. Michelle Phillips, RN, director, System-Wide Laboratory Ops, Baystate Medical Practices and Darlene Cloutier, MSM, director, System-Wide Laboratory Ops, Baystate Reference Laboratories, accepted the award.



Transformational Leadership



Caring for Caregivers in a Time of Crisis

Baystate Health was on the front lines of the fight against the COVID-19 pandemic since the first surge in March 2020. Normal operations were disrupted, care teams were reassigned and staff cared for many more critically and terminally ill patients, all while managing precautions for their own health and safety and that of their families. Healthcare workers functioning in such uniquely challenging conditions are at risk for emotional distress. Caring for Caregivers in a Time of Crisis (CCTC), led by Jessica Wozniak, PsyD, Jill Donelan, PsyD, and Diedre Hussey, PsyD, was the Department of Psychiatry's response. CCTC is based on an understanding that when we focus on helping caregivers build resilience, they are more likely to be able to do their highest quality work, thus improving patient care and providing a more positive patient experience.

CCTC was initially a two-pronged approach: live web-based group workshops for employees across the health care system; and targeted 1:1 Psychological First Aid support for employees most impacted by the pandemic response.

A team of 16 volunteer behavioral health providers completed certification in Psychological First Aid (PFA), an evidence-based approach for assisting people in the immediate aftermath of disaster, jointly developed by the National Center for PTSD and the National Child Traumatic Stress Network. This team provided PFA on a drop-in basis on three BMC nursing units treating COVID-positive patients. In-person PFA support was offered directly to all employees on these units in a confidential, individual setting over the course of 13 sessions between April and May 2020.

CCTC workshops included three live group workshops available to individuals and teams to provide support during these difficult times. Topics included Pandemic Response Resiliency, Skills for Resilience and Recovery, and Cultivating Resilience: Coping with Grief and Bereavement During COVID-19. These workshops increased awareness and understanding of the emotional distress that arises during times of crisis and provide evidence-based techniques to promote resiliency. A volunteer team of 22 facilitators offered a total of 30 workshop sessions between April and August 2020. Interdisciplinary CEU credits were offered to participants in each of the workshops.

441 Baystate Health team members have completed CCTC workshops since April, and 55% of participants provided feedback. Over 70% rated the workshops as excellent, and over 80% reported that their competence and performance would improve as a result of their participation. Participants reported key takeaways from participation including, "good to know that what we are feeling is normal," "more awareness of being able to use what is already working for me," and "you are not alone, there are so many resources available."

Our experience has shown the value of providing live, web-based group workshops as an efficient way to reach large numbers of BH employees with varying levels of exposure to the pandemic. In fact, the workshop series has recently been recognized as an innovative best practice by the National Joint Accreditation Council for Medical Continuing Education. With the second surge, CCTC continued its live, web-based workshops by request and also made recorded versions of the workshops available to employees to increase the reach of the program. In addition, CCTC offered a new service for employees who tested positive for COVID-19. In coordination with Employee Health and Baystate Healthy, employees who consented for the service received 1:1 telephone outreach from a CCTC team member. The CCTC team offered emotional support and brief informal guidance around coping, as well as facilitated referrals to the Employee Assistance Program or other professional counseling or psychiatry services as needed.



KERESE PATTERSON, RN, EMERGENCY DEPARTMENT

Kerese, an international nurse at Baystate Medical Center, recently saw a first-time mom who brought her newborn to the Emergency Department, tearfully stating her baby had been crying for 12 hours almost nonstop. The desperate mother said she didn't know what to do. Kerese placed the baby in a warmer, attached him to a monitor, and examined him with a provider. She rocked the baby to give mom a break, and when the baby stopped crying, the mom started to cry again -- they were tears of joy. Kerese stayed with mom and baby, bringing her a recliner and blanket; the mom held her baby with relief in her eyes as he fell asleep. Eventually the baby was diagnosed with colic. Kerese says that although having the best clinical skills is important, equally as important is the ability to provide compassionate, holistic, and family centered care. She recognized it wasn't only the patient that needed her attention, but the mom as well.

Structural Empowerment



Baystate Committed to Workplace Safety

The Baystate Health Workplace Safety Committee, currently in its third year, keeps abreast of new strategies to prevent and respond to violence in healthcare as it develops. This includes security operations, clinical operations, peer support and resilience, and data.

Security Operations

Security operations optimize engineering controls such as alarm systems, access control systems, the built environment, natural surveillance, and barrier protection. Security risk assessments are conducted on a regular basis. Results inform decisions to improve safety within the organization. Recent enhancements to security operations include installation of new “no weapon” signs, increased digital surveillance, additional security officers in the Emergency Department, a security officer on APTU, and a Springfield police officer walk-through in the ED daily.

Clinical Operations

Clinical operations focus on safety in our inpatient and outpatient care settings. We strive to be proactive in identifying and managing violent situations. Cultural and generational considerations are important. Patients and team members can easily be disrespected. De-escalation training is provided to clinical staff, as well as Situational Awareness training for ancillary staff. We currently have security alerts in our electronic medical record (EMR) for facilities that use Cerner programming and we are working to provide alerts in other I&T systems.

Peer Support and Resilience

Reports for workplace violence are in the Safety and Injury Reporting (SRS) system and are widely disseminated to leaders. We provide individual and team support for those impacted by violence. Evidence of incivility, including harassment, intimidation, and bullying, exists within our health system. Our new quality partnership resulted in a Betsy Lehman grant that will allow us to improve and expand the existing peer support program. The Holistic Nursing Program supports efforts to help patients and team members cope with the stress that often occurs in healthcare. Baystate Healthy programming supports team members in developing and maintaining resilience; the ability to “bounce back” after being impacted by workplace violence.

Data

Data is collected from the SRS system, Employee Health Service, and OSHA reports. A new interactive dashboard for Baystate Health is disseminated quarterly to senior leaders. Baystate Health had 357 reported events during Q1 and Q2. In Q3 and Q4 of FY 2019 we had 375 total reported events. An increase in reporting over the past two years does not necessarily reflect an increase in violence, but rather a reflection of easier reporting capabilities of the SRS. We look for trends to identify areas to improve the safety of our patients and staff. Our goals include benchmarking against similar organizations, measuring efficacy of trainings in reducing incidence of assaults/attempted assaults on team members, identifying where incidents of violence are occurring, and working with TechSpring to include safety data in new clinical dashboards.

Implementation of LUCAS Devices Saving Lives

“Code Blue. Heart and Vascular Critical Care Unit. Code Blue. Heart and Vascular Critical Care Unit...”

This overhead page initiates an emergency response and activates the Rapid Response Team, a team of nurses skilled in advanced life support and patient assessment. Rick Barus, RRT, RN responded to a patient receiving CPR while visiting his wife in the CCU. The team decided to admit the patient directly to the Heart & Vascular Critical Care Unit as he was there already. The Emergency Room team had been prepared to accept the patient in transfer. When they learned the patient was staying in the CCU and was undergoing prolonged resuscitation, they decided to transport a LUCAS device to the unit to assist with compressions. The patient’s resuscitation effort lasted nearly an hour, was successful and the patient received additional treatments.

Following this event, Rick developed a business proposal submitted to the Baystate Foundation to fund the purchase of four additional LUCAS machines. The Foundation reviewed and accepted the proposal. During the height of the COVID-19 pandemic in April and May, the LUCAS device was essential for protecting staff when performing resuscitation on COVID patients. Limited staff was needed in full PPE in a room while the device was being used. Acknowledging the impact of the LUCAS in preserving PPE and protecting staff and patients, the Foundation has funded the purchase of additional devices. The entire staff is grateful for Rick’s advocacy and the Foundation’s support.

PPE Coaches – People Protecting Everyone

The COVID-19 pandemic has impacted health care workers in myriad ways. In the beginning, many hospitals were struggling with Personal Protective Equipment (PPE) shortages and by ever-changing infection control guidance from the CDC and state Departments of Public Health. In response to these concerns, Baystate Health designed the role of the “PPE Coach.” Re-deployed staff was recruited to fill the role. They received training in the coach role to round throughout the hospital and ensure all staff were donning and doffing PPE according to practice. Education was also essential to keeping staff safe. To date, the role has evolved and is now supported by permanent staff.



Structural Empowerment



BMC Graduates 24 Nurses from the Integrative Healing Arts Academy™

A virtual commencement ceremony honored the 24 nurses who graduated from the Integrative Healing Arts Academy™. The IHAA prepares nurses for pivotal roles in healthcare of the future. Participants help create caring cultures and healing environments within their organizations. Attendees are prepared for holistic practice in all healthcare settings across the continuum of care. The coursework was modified to be completed in a virtual setting, and these 24 nurses can now sit for the certification exam. Despite our virtual setting, the commencement was meaningful to the entire team. Congratulations graduates!

BMC Holds Virtual Nursing Town Hall to Create 2020-2025 Nursing Strategic Plan

The Department of Nursing held a Virtual Nursing Town Hall to begin creating the next nursing strategic plan. Over 75 clinical and nurse leaders attended. All inpatient and ambulatory units received posters encouraging clinical nurse input to generate ideas for goals. The BH platform also guided nurses in identifying goals. Clinical nurses wrote objectives in the themes of Communication/Teamwork, Patient/Family Experience, Team Member/Staff Experience, Value, Quality and Safety of Care, and Human Resource Management. During the Virtual Town Hall, nurses shared their thoughts and ideas. A “slido” virtual vote was taken to determine the top five areas of focus. Education about caring for behavioral health patients, improving employee safety and well-being, improving recruitment and retention, increasing professional development, and improving the availability of resources were the top five rated. A team will be created to identify tactics and time frames to achieve these desired goals. Thanks to all who participated in this innovative strategy session.

The Rapid Response Team Resource RN: “100 Nurses in 100 Days – Mentoring in the Moment”

The role of the Rapid Response Treatment Resource RN has been essential in providing clinical guidance and support to nurses caring for unstable patients. When rounding throughout the hospital, these nurses have also been viewed as educators and mentors. The composition of the Baystate nursing workforce has changed over the last years. To address the increased number of new nurses, the RRT team implemented a quality improvement project entitled “100 Nurses in 100 Days—Mentoring in the Moment.” RRT nurses met individually with nurse residents to review patient cases and the care plan and to educate them on the rapid response process. Throughout this process, the team hoped to support the nurse resident’s professional development, reduce failure to rescue, and increase the nurse’s confidence.

Developing the new nurses’ proficiency and confidence with skills benefits all involved; most importantly, the patient. Communication and collaboration improved as nurses grew familiar with the RRT and utilized them for questions and concerns. Along the way it built trust, as well as increasing comfort in asking questions and expressing needs for education. A survey sent out to participants showed that 100% felt better prepared to care for a decompensating patient and most felt that this encounter would change their practice. The RRT has adopted this practice informally as it clearly benefitted these newer RNs in Baystate’s employ.



DALY 6A & 6B TEAMS

Paul Mei, RN, Informatics & Technology, previously provided bedside care to patients on Daly 6B. He credits the team on his former unit as well as Daly 6A and others for extraordinary care in the midst of a devastating time for his family. Paul's father-in-law John was diagnosed with COVID-19 and admitted to Daly 6B. His condition was dire. Nurse manager Deb Baker and charge nurse Samantha Dubner set up a face-time session with John's children to say goodbye. Overnight nurse Erica Jack kept watch at night and provided Paul with updates each morning. When Erica learned John loved ice cream, she got him a bowl of chocolate ice cream. It was his last meal. John passed away not long after. The next day Paul's mother-in-law Joan was admitted to Baystate with COVID-19. Joan's day nurse Ashley Cibrao set up Jitsi Meet sessions so Joan could communicate with her family. Joan eventually beat COVID-19 and was discharged with a "Code Rocky" to the applause and well wishes of the Baystate team. Paul is grateful for "exceptional and compassionate care that will forever give our family peace," saying they can't express "how appreciative and grateful we are for those nurse angels."

Exemplary Professional Practice



“Collaboration is the Key” — The Response to COVID-19 Daly 6B Nursing & the Respiratory Care Department

At the start of the COVID-19 pandemic, we were concerned to hear of scarcity of providers, hospital beds and ventilators in Europe. On our Springfield campus, we typically have 50 adult critical care beds and 40 intermediate care beds. Our ventilator capacity was 84. In order to prepare, Nursing, Respiratory Care and Medicine worked collaboratively to ensure we had the resources our patients would require.

The Baystate team investigated all avenues to ensure capacity. BMC leaders John Castro, RRT and Mark Tidswell, MD, joined the state-wide task force for ventilator allocation. The Respiratory Care department developed a central repository for all respiratory equipment for Baystate Health. A Daily Tracker was developed to report all respiratory durable equipment use and availability to Baystate Medical Center leadership and the Massachusetts Department of Public Health. Baystate Health met the goal of having 200 ventilators ready and available for patient care. New ventilators were added to the inventory to support non-invasive ventilation (NIV) modes and high-flow, which enhances the efficiency and flexibility to provide interventions. Respiratory therapists were trained to convert V-60 NIVs into devices that would deliver invasive ventilation modalities. The team worked to ensure containment of the virus for staff and patient safety.

Registered nurses throughout the organization learned to administer nebulization and began providing more respiratory interventions such as chest physiotherapy and other tasks to preserve respiratory therapists for the critical care and intermediate care units.

When it became apparent that early intubation did not consistently improve patient outcomes, several physicians collaborated and developed the Early Respiratory Pathway, an effort to avoid intubation with NIV and to initiate the use of high-flow. Physicians from Intensive Care and Palliative Care, with an RRT Resource RN, and a respiratory therapist, rounded daily with nursing staff to provide a clear plan of care for patients.

The teamwork and comradery that has developed between all the roles working towards a common goal of providing the optimal care patients need to fight this disease is priceless. The entire team works together outside of formal rounds, communicating and collaborating. We have met the challenges of this COVID-19 pandemic head-on.

We celebrate the collaborative practice that has saved lives and pray for the families that have lost loved ones.

Advancing Advance Care Planning

To healthcare workers, Health Care Proxies (HCP) have always been important when end-of-life decisions are being made, but never more important than during the current unprecedented COVID-19 pandemic. In a national survey conducted in 2013, 90% of people indicated that talking with their loved ones about end-of-life care is important, yet only 27% had actually done so (The Conversation Project National Survey, 2013). Similarly, while 80% of people indicated that if they were seriously ill they would want to talk to their doctor about wishes for medical treatment toward the end of their life, only 7% reported having had this conversation with their doctor (Survey of Californians by the California HealthCare Foundation, 2012). Nationally, the completion of HCPs is low and Baystate Health's current performance of 10% in obtaining HCPs on adult patients presented an opportunity for improvement.

In addition to a low HCP capture rate, completed HCPs were not getting scanned quickly enough, so the daily list wasn't accurate.

Standardized education was developed and rolled-out system wide to all Baystate Health hospitals to help achieve the goal of obtaining health care proxies on 90% of inpatients

aged 18 or older. A measurement tool was developed to address lack of an inpatient compliance measurement tool and a direct fax STAT work queue was developed to streamline the scanning into the record. Workflows were created for unit manager follow-up to improve expectations. Videos were created demonstrating best practice on initiating and holding conversations about Advance Care Planning. The program was a huge success – Baystate Medical Center improved compliance from 39% to 64% through May.

The COVID-19 pandemic has highlighted the importance of obtaining Health Care Proxies from all patients, and the rates of HCP completion at BH will continue to increase. With ongoing education, broad outreach, innovative projects, and the engagement of a diverse and caring workforce, we will continue to advance care and enhance the lives of the patients that we care for in the communities that we serve.

Our CAUTI Prevention Journey

Currently when a nurse sees an order to insert an indwelling catheter (a Foley), it's often met with some skepticism. Conversation with the provider follows discussing insertion criteria and attempted alternatives such as the PureWick external female incontinence device or intermittent urinary catheterization. Likewise, for most new nurses on orientation, gone are the days of ample opportunities to practice the skill of Foley catheter insertion. For patients in the ED (including those intubated) careful insertion criteria is reviewed and alternatives discussed. Additionally, on numerous inpatient units like MM7, the Heart Failure (HF) unit, catheter associated urinary tract infections (CAUTI) have been prevented for well over a year.

The significant decrease in overall Foley utilization and CAUTIs hasn't been an accident, but rather a long purposeful journey focusing on a cultural shift in the way care providers think about and manage indwelling urinary catheters. CAUTI prevention science and best practice has been around for many years: Don't put them in unless you really need to (insertion criteria). Take them out ASAP (nurse driven removal protocol). Standard care and maintenance practices (ReadyCleanse wipes, bladder scanning, aseptic insertion). Sounds simple, but the reality has proven challenging, especially around sustainability. What has changed over the past few years?

Using the DMAIC methodology (define-measure-analyze-improve-control) to create standard work and principles of change management has been the driving force behind reducing Foley utilization and infection ratios. Traditionally, BMC had realized a SIR (Standard Infection Ratio) 2-3 times above benchmark (<1) but has been able to sustain a SIR at or below 1 since 2019Q2. SUR (Standard Utilization Ratio) at BMC has decreased by about 1000 catheters/patient day – although during Phase 1 of the pandemic an uptick was quickly identified (Q3) because of monitoring systems in place that analyzed and quickly mitigated bringing the SIR back down to <1 .

Some of the standard work implemented at BMC has been education for nurses and providers on insertion criteria. That includes communication with the care team during daily unit huddles to address patients with a Foley and plan for removal, educating nurses and providers on Nurse Driven Foley Removal protocol, and empowering and supporting RN-MD collegial conversations. Other implementations include standard use of alternatives to IUC such as bladder scanning, use of the PureWick device; more frequent intermittent catheterization; Multidisciplinary Deep Dives for each inpatient unit CAUTI; and utilizing On the CUSP SBAR communication tool to concisely outline the case details and lessons learned. We also partner with the lab utilization management (LUM) committee to streamline and standardize urinalysis and culturing clinical practices for patients with a Foley. There is continued surveillance and follow up by Infection Control and we pull the CAUTI team together to quickly mitigate upticks.

Although the CAUTI prevention journey has proven very successful, it doesn't end here. Continuing to provide safe quality care for our patients every day needs to remain at the forefront.

Exemplary Professional Practice

BMC Nurses Advance on Professional Nurse Recognition Program (PNRP)

One hundred and fifty-eight nurses advanced on the PNRP this year. BMC's advancement program is designed to promote self-enrichment. Participation in the program develops professional practice and ultimately improves patient care. Activities within the program help to advance nursing practice. They are designed to support the Baystate Compass Points of Safety, Quality, Experience and Value, and the Magnet components of excellence. Congratulations to all the nurses advancing this year. Your commitment to your personal and professional growth is a testament to your nursing practice!

Baystate Health Nurse Residency Program Achieves New Milestone

The Baystate Health Nurse Residency Program (BHNRP), founded in 2013, is designed for registered nurses with less than 12 months clinical experience. The BHNRP prepares nurse residents to be successful partners on the interprofessional health care team. The 12-month structured program provides nurse residents with the requisite knowledge and skills to deliver safe, quality, patient/family-centered care in a specific clinical setting. The BHNRP bridges the gap between academia and clinical practice through professional development, mentorship/peer support, and scholarly inquiry. The BHNRP offers hands-on, in-depth learning through simulation/skills training, monthly seminars, evidence-based practice projects, and ongoing professional development activities.

In August 2018, the BHNRP received American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program® (PTAP) accreditation with distinction after meeting rigorous evidence-based standards for quality and excellence. Nurse residents in accredited transition programs like the BHNRP experience curricula that promotes the acquisition of knowledge, skills, and professional behaviors necessary to deliver safe, high-quality patient and family care. The ANCC PTAP sets the global standard for residency programs that transition registered nurses (RNs) into clinical practice settings. The BHNRP is actively pursuing reaccreditation for 2021 and is currently in the process of writing the self-study document.

In December 2020, the BHNRP at Baystate Health received dual recognition by the ANCC Practice Transition Accreditation Program® (PTAP) as an Industry-Recognized Apprenticeship Program (IRAP) through the Department of Labor (Image 1). IRAPs are high-quality apprenticeship programs, recognized as such by a third-party entity under standards established by the department. Through these programs, individuals can obtain workplace-relevant training and progressively advancing skills. An IRAP is developed or operated by entities such as trade and industry groups, corporations, non-profit organizations, educational institutions, and joint labor-management organizations.





TAYLOR HOFFMAN, RN, MASSMUTUAL 5

Taylor Hoffman's floor was transitioned from a cardiac interventional floor to a COVID-19 positive floor during the pandemic. At first she and her team felt overwhelmed with the new policies and guidelines to follow, but together they learned to adjust their work habits into those that work around a harmful virus. Caring for COVID-19 patients, she learned the plan of care can change in the blink of an eye and not everyone's clinical symptoms are the same. Taylor was a hand to hold while a patient took their last breath. She consoled family members over the phone and watched last conversations between a husband and wife take place over an iPad. Working through the COVID-19 pandemic has emotionally impacted her and also made her thankful for many things, including her own health, family and friends, and her team, who have supported each other and bonded during a stressful time. Taylor says she's always been proud to be a nurse but that she does not feel like a hero, saying: "I am doing what I love to do."

New Knowledge, Innovations & Improvements



Providing Comfort during a Pandemic

Prompted by the COVID-19 pandemic, restrictions on family presence/visitation were put in place to slow the spread of the infection and its threat to those most susceptible to the virus. Virtual visits using the Jitsi App were developed across all Baystate Health care units to sustain family/loved one's connections with an intentional focus on our most vulnerable population – COVID-19 positive patients.

Successful virtual visitation requires significant coordination of the team, family and caregivers. Keeping families engaged and not on the sidelines is integral to safely and compassionately advancing care and enhancing the lives of our patients. With bans on visitation, it has been challenging for team members to make the connections between patients and their loved ones. Pictured is Melinda Grant, RN, nurse coordinator who voluntarily deployed to make these vital connections. Patients and families appreciated being offered this virtual option to be with loved ones during this difficult time.

Hardwiring Optimal Skin Care – The Development of a Pressure Injury Bundle

The Inpatient Wound Care Team has developed a nursing protocol to reduce the incidence of pressure injury in our hospitalized patients. Pressure injury rates in the critical care population are among the highest in hospitalized populations with a range of 13%-45% incidence. Up to 95% of persons with a spinal cord injury will experience a pressure injury at some stage of their life (NPIAP, 2019). At BMC, we have seen an incidence range of 2%-5% for a house-wide average over the last two years.

Anthony Shamoun, MSN, RN, ACNP-BC, CCNS, and Sarah Caddeo, MSN, RN, ACCNS-AG, PCCN, nurse educators, and the Skin Committee RNs led by Dennis Woytowicz, RN, CCRN developed the initial Pressure Injury Prevention Bundle for their patients based on an article from Deng et al (2017). The bundle was trialed in the Heart and Vascular Critical Care Unit and resulted in a care protocol that could be used throughout all patient care areas. Part of the bundle includes a two-person skin assessment upon admission.

The protocol is called a bundle, as it integrates a standard of practice with specific instructions on utilizing products and equipment to benefit high/severe at-risk for pressure injury patients; e.g. Mepilex dressings, Z-Flex boots, low air loss beds & Medline Creams.

WETU BP Measurements to Improve the Patient Experience of Care

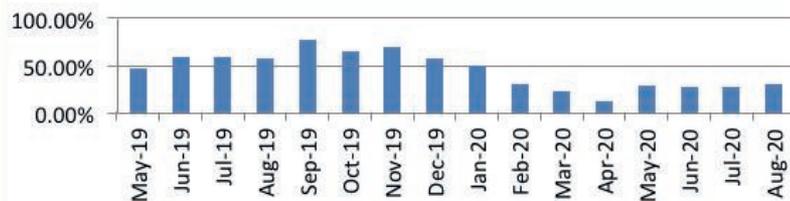
The Women's Evaluation and Treatment Unit (WETU) is a triage unit serving obstetric and gynecologic patients. Obstetric patients diagnosed with elevated blood pressure in the doctor's office are referred to us for additional evaluation and work-up.

WETU works closely with Labor and Delivery and Wesson 2. In January 2019, the unit teams began measuring a patient's arm to determine the proper sized blood pressure cuff. To ensure high reliability, all staff received evidence-based education regarding proper blood pressure technique. The number of normotensive patients seen in WETU was a direct result of this work, while these same patients continued to have the full hypertensive workup when seen in the office.

The differences were intriguing to the staff who then began collecting data on whether there were discrepancies in the doctor's office vs. WETU, possibly due to improper blood pressure cuff size in the office.

By September, providers began questioning why patients sent into WETU were having normal blood pressures in WETU. Patients were expressing frustration when they repeatedly were sent to WETU for elevated blood pressures only to be sent home hours later diagnosed as normotensive. WETU nursing decided it was time to share their work and collaborate with community practices to ensure high reliability throughout the system.

Patients Sent From The Office For Elevated BPs Determined to be Normotensive in WETU



WETU members involved in the collection and tallying of data: Jamie Shephard, BSN, RNC-EFM, Virginia Forbes, BSN, RNC-EFM, and Jeanne Hartmann, BSN, RNC-EFM

Data collection supported by WETU staff, and Donna Stafilarakis, MSN, RNC-MNN

Wesson Women's Clinic Collaborators: Valerie Cross, RN-BC and Jeanne Hartmann, BSN, RNC-EFM
Executive Team presenters: Jamie Shephard, BSN, RNC-EFM and Jeanne Hartmann, BSN, RNC-EFM

In September 2019, 75% of the patients sent from WWC were determined to be normotensive in WETU. In December 2019, WETU nursing presented the data that we collected along with evidenced-based educational material that supported arm measurement to Wesson Women's Clinic (WWC). The WWC nursing and ancillary staffs were all educated on this practice change. By February 2020, the rate of normotensive patients seen in WETU had decreased to 25%.

A decision was made to expand the practice change to other referring offices. Nursing representatives met with community providers to share the practice change, education, and outcomes.

Through collaboration and evidenced-based practice, WETU has improved the quality of care for our patients and the practices affiliated with WETU. At this time, 31% of the patients seen in WETU with elevated blood pressures in the office are normotensive. We continue to collect data and share the results with the practices; our goal is to have 20% of patients seen in WETU for elevated blood pressure to be normotensive. This one simple step of measuring an arm has allowed for a continuum of care at Baystate Wesson Women's Clinic and in our community practices.

The Difficult Airway Response Team

The Difficult Airway Response Team (DART) was formed after reviewing several sentinel events relating to airway challenges. The group first formed with representation from Anesthesia, Trauma Surgery, Emergency Room, and Patient Safety to develop a practice guideline and algorithm based on evidence and best practice. Respiratory Therapy and the Rapid Response Team were brought into the process to discuss their roles. The team was ready to go live once education with each service line team was completed.

A difficult airway cart with specific instrumentation needed for a challenging airway was created. Funding from the Baystate Health Foundation was secured to purchase five Glidescopes. These would be placed on five difficult airway carts strategically placed throughout the hospital for access to all activations. In-person as well as e-mail

New Knowledge, Innovations & Improvements

communication helped break the barrier of communication dissemination. A “just-in-time” learning strategy was adapted due to the restrictions from the COVID-19 pandemic. Debriefs are utilized after each DART activation to help educate what went well and what could be improved.

Difficult airways, while infrequently encountered, represent a significant risk to the safety and well-being of our patients. Difficulty with airway management can have devastating complications. The guideline was designed to assist clinicians with a standardized approach to airway management and to ensure adequate resources at the bedside when difficulty is anticipated or encountered. Team members include an anesthesia attending, a trauma surgery attending, respiratory therapy, the Rapid Response Team and an ED attending if the patient is in the ED.

Psychiatric Observation and Transition Unit

In response to increasing numbers of adult behavioral health patients boarding in the Baystate Medical Center Emergency Department, we opened a Psychiatric Observation and Transition Unit (POTU). POTU is a new six-bay psychiatric observation unit located on Springfield 6500 in the former Nursing Education Center. These patients are medically cleared and assessed by the Emergency Service provider as needing inpatient behavioral health care. Patients are admitted on observation status under the care of a psychiatrist and held on the unit until placement is secured. The Hospitalist Service manages medical concerns. The unit is open 24/7 and staffed by experienced Behavioral Health nurses and mental health counselors. The nursing intention is to provide a safe, quiet, and restful environment. Several patients have mentioned appreciating being able to walk around within the unit, how helpful windows are in knowing if it is day or night, feeling safe, and being able to sleep. Emergency Department leaders note that with patients boarding on POTU, there is increased availability for medically ill patients in the Emergency Room.



DELICIA WALKER, RN, DALY 6B

Delicia makes compassionate connections a part of her daily routine. While caring for a gentleman who was agitated, Delicia connected with the patient, who was COVID-19 positive, to talk through his frustrations. She made this connection while surrounded by PPE. Delicia took the time to prepare for the moment, she connected with care, was purposeful in her dialog, and linked that moment to the next by building trust so the patient felt better. Delicia shared the patient's story with other staff who were caring for him to build empathy and compassion so that they could prepare for their next connection with him. Her actions help demonstrate the Swanson Model of Care by providing a Moment of Caring and using Words and Ways That Work.



ASHLEY WILSON, RN, EMERGENCY DEPARTMENT

A Vietnam veteran who had been in and out of hospitals multiple times was admitted to the Emergency Department where Ashley cared for him. The patient suffered from PTSD and struggled in hospital settings due to his time served in Vietnam. Ashley took the time to listen to the patient and truly hear his history and his concerns and worked to accommodate his special requests. Her listening ear and personalized care put the patient at ease and provided one of the few enjoyable hospital experiences he'd ever had.

Recognition

Baystate Medical Center: American Nurse Credentialing Center – 4th Magnet Designation 2020-2025

Baystate Children's Hospital NICU: Center of Excellence in Education and Training for Antibiotic Stewardship in Newborn Care from the Vermont Oxford Network

BMC Chestnut/Daly OR: Honorable Mention, Infection Prevention – Outpatient Surgery Magazine

Manju Mathew: APIC New England Shirley Bradley Memorial Innovation Award, "We Share Care, Not Germs – A Multifaceted Approach to Create a Quality Focused and Safe Environment in the Neonatal Intensive Care Unit (NICU)

Baystate PeriOperative Service: Go Clear Award – Gold Level

Rev. Ute Schmidt: New York Life Foundation Love Takes Action - \$50,000 grant



**Baystate
Children's Hospital**



ADVANCING CARE.
ENHANCING LIVES.



Research, Awards, Advancements, & Certifications

Nurse Certifications 2020

Stephanie Allen
Laurie Bannish
Zhu Bao
Izilda Barbosa
Janea Barrett
Courtney Beauregard
Michelle Bechard
Debra Bercovici
Constance Blake
Michelle Boivin
Lindsey Bowen
Nicole Broderick
Benjamin Brumbaugh
Betzaida Caban
Jennifer Caron
Shauna Castillo
Ariane Christensen
Emily Chute
Heather Clark
Amelia Coles
Gina Collins
Denise Connor
Valerie Cross
Monica Cuccovia
Ann Marie Culver
Helen Dansereau
Kimberly Davidson
Joanne De Stasio
Lauri Deary
Maria Diaz
Samantha Dubner
Brianna Ducharme
Nicholas Dugan
Mary Ann Duggan
Catherine Dutton
Deidre Felici
Hillary Flanders

Patricia Fontaine
Virginia Forbes
Sallyann Fortini
Maureen Fournier
Susan Foxx
Mackenzie Foye
Shelby Franco
Kathleen Frodema
Janice Fruwirth
Lauren Gage
Ashley Gagne
Kathleen Gallant
Deana Gasperini
Laura Gibb
Vera Gobrial
Gwendolyn Grabiec
Amy Green
Alyssa Grumoli
Josephine Hall
Aaron Hayes
Chloe Hegeman
Chris Hibbard
Elizabeth Hicks
Christine Ingalls
Jo-Ann Instrum
Sheila Johnston
Jessica Jordan
Kaitlyn Kaselouskas
Rachelle Kiley
Jordan King
Kimberly Korenewsy
Allison Kostrzewa
Crystal Kruszyna
Kimberly Kubosiak
Karen Ladd
Michelle LaFountain
Melissa Laws

Jung Hee Lee
Hannah Lefebvre
Ariana Liquori
Brianna LoManto
Esa Ly
Lyudmyla Lytvynchuk
Ashley Maciaszek
Catherine Manning
Karen Marcoux
Cynthia Martin Taylor
Lisa Mayo
Melissa McCarthy-Bates
Kelsey McLaughlin
Tara McMahan
LoriAnn Melvin
Grisel Miranda
Krista Mitchell
Darren Murphy
Alexa Murray
Natasia Mysliwiec
Debra Newell
Janine Niedziela
Sharon Nivar Flores
Ana Nunez
Lindsay Palazzi
Cristina Parent
Heather Patterson
Jennifer Peck
Jody Peltier
Ashley Perez
Robin Pleshaw
Molly Porter
Catherine Powers
Laura Pratt
Amanda Raschilla
Denise Rennie
Katie Richton

Nancy Rines
Pamela Rivera
Adam Robbins
Gina Roumeliotis
Eric Ruiz
Christiana Samoh
Alena Sas
Mary Ellen Scales
Neomi Seidell
Erin Sevilla
Lori Sgueglia
Deanna Shaw
Melissa Shaw
Jamie Shepard
Julie Sheperd
Joanne Siano
Kylie Siniscalchi
Courtney Skowron
Kayla Slessler
Christine Smith
Elizabeth Smith
Kristin Smith
Donna Stafilarakis
Jennifer Stankowski
Kylie Sweet
Cynthia Taylor
Lauren Thomas
Amy Villanueva
Connie Wahlers
Donna Wallace
Brenda Walto
Caitlin Weaver
Cristina Welch
Gena Yelinek
Lisa Zbikowski
Jennifer Zollo

Awards

Sharon A. Smith Compassionate Caregiver Award

Sarah Mouser, PNRP I, D6a

Grace O'Neil Ambulatory Nursing Excellence Award

Virginia Forbes, RN, C-EFM

Transformational Leadership Award

Edyta Halastra, PNRP III

Mentor/Preceptor Award

Allison Boyden, PNRP II

Excellence in Professional Practice

Jillian Mason, PNRP IV, Daly OR

Nurse Leader Award

Nancy Rines, MSN, RN, NE-BC, Director Women's and Children's Services

Innovation Award

Rick Barus, BSN, RN, RRT

Julie Shea "Life Giver" Award

Al DeSimone, PCT, MM6

Publications

Engelman, D. T., MD, & Crisafi, C., MS, RN. Commentary: Low Hanging Fruit – Reducing Hospital-Acquired Pressure Injuries Associated with Cardiac Surgery. *The Journal of Thoracic and Cardiovascular Surgery*, July, 2020.

Haessler, S., MD, Martin, E., Scales, M.E., RN, Lang, L., Doll, Michelle, Stevens, M.P., Uslan, D.Z, Pryor, R., Edmond, M.B., Godbout, E., Abbas, S., & Bearman, G. Stopping the Routine Use of Contact Precautions for Management of MRSA and VRE at Three Academic Medical Centers: An Interrupted Time Series Analysis. *American Journal of Infection Control*, (2020), 48(12).

Starr-Manning, C., MSN, RN, OCN. Beasts, Gods and FaceTime: The Anguish of Visitor Limitations During the COVID-19 Pandemic. *American Nurse*, 2020.

Oloruntola-Coates, Y., Schwartz, J., Williams, G., Jones, M. & Carbery, S. How Diversity and Inclusion Strategies Enhance Organizational Readiness for Global Nurse Recruitment. *Nurse Leader*, 2020.

Scales, M.E., RN, Smith, J., & Haessler, S., MD. *Mayhall's Hospital Epidemiology and Infection Prevention 5th Edition*, Chapter 10.

Schoen, D., MSN, RN-BC, CPXP. *Maintaining Human Experience in a New Era of Virtual Connection in Healthcare*. Beryl Institute, 2020.

Presentations

Adams, Caitlin, BSN, RN, CCRN, and Gallant, Denise, RN. "Post Extubation Dysphagia, an RN-Bedside Swallow Screen." Beturne, M., MSN, RN. "Running an Effective Meeting." Elm's College Alumni Board of Directors. January, 2020.

Leblanc, Adrienne, BSN, RN. "A Baystate Story." ONL Nursing Summit, MA. January, 2020.

Mathew, M., MBA, RN, CIC. "Share Your Care, Not Germs." Association for Professionals in Infection Control and Epidemiology, New England. November, 2020.

Mathew, M., MBA, RN, CIC. COVID-19 Task Force Webinar Series, Part 5. Association for Professionals in Infection Control and Epidemiology, New England., November, 2020.

Parker, K., BSN, RN, CCRN-K, Cody, D., MSN, RN, RNC-nic, Adam, S., RN, Konefal, S., BSN, BA, RN, Werbick, A., RT, O'Connor, S., MD, Mtui, E., MD, Fontaine, P, MSN, RN, CPN, Pregent, A., RN, Rothstein, R., MD, & McKiernan, C., MD. "Factor Testing of Depth of ETT Annotation on X-Ray: An Adjunct to the Solutions for Patient Safety (SPS) Unplanned Extubation (UE) Bundle, NICU/PICU/Radiology." *Solutions for Patient Safety*, January, 2020.

Peretti, J. RN-BC, CDP. "Interprofessional Team (IPT) Offers Supportive Care to Older Adults (OA) in Persons Living with Dementia (PLWS) in the Community." AGS Abstract Acceptance.

Research, Awards, Advancements, & Certifications

Peretti, J. RN-BC, CDP. "Drugs and De-scribing." Virtual Pal TLC Immersion Course. November, 2020.

Schoen, D., MSN, RN-BC, CPXP. "Increasing Patient Experience Through Increased Provider Awareness of Shared Decision Making." Press Ganey Virtual National Client Conference, November, 2020.

Schoen, D., MSN, RN-BC, CPXP. "More than a Visitor: Balancing Safety, Connection, and Well-Being at Places of Care in a Time of COVID." Virtual Massachusetts Coalition for Serious Illness Care, October, 2020.

Vear, K.M. & Col. John Groves. "Don't Let Your Next Mass Casualty Be a Disaster: Lessons Learned from the Military and Civilian Nursing Leaders." National Emergency Nurses Association Virtual Learning Hour, September, 2020.

Posters

Adams, Caitlin, RN, and Gallant, Denise, RN. Post Extubation Dysphagia, An RN-bedside swallow screen. Horizons Region 1 Conference, 2020.

Morales, A. BSN, RN, CCRN. The Use of Physical Restraints in the ICU, Understanding and Comparing ICU RN's Attitudes and Knowledge. Horizons Region 1 Conference, 2020.

Caddeo, S., MSN, RN, ACCNS-AG, Evaluating the Impact of the ICU's Onboarding Program on Nurses' Knowledge and Learning. Horizons Region 1 Conference, 2020.

Fiorentino, J., BSN, CCTC, CNN, McPartland, K. MD, Glieman, J., MSN, RN, CMSRN, & Feinstein, D., MM, RN. Living Donor Enhanced Recovery After Surgery Pathway. Transplant Management Forum, April, 2020.

Nurse Residency Program Projects 2020 – Co-horts 18, 19 & 20

Role of an Acuity Tool in Balancing Patient Assignments in a Pod Nursing Setting, Amy Dunham, W4, Joshua Colbert S2, Amy Szalony W4

Bringing Ease to Conversations that are not Easy: End-of-life Communication, Ashley Starr, D6A, Lindsay Houpp, HVCC
Congestive Heart Failure Readmission Rate. Matt Coppellotti, M7, Will Krach, M7.

An Analysis of the Impact and Significance of Bowel Management on In-Patient Hospitalization. Juliana Nekitopoulos, D5A, Jake Simons, D5A

Introducing the Agitated Behavior Scale. Lucy Duncan, NIU

Preventing Post-Operative Ileus with Chewing Gum. Mikaela Lachapelle, SW6, Lauren Maslon, SW6, Katelyn Panajia, SW5, Michael Bartolo, SW5, Jessica Remillard, Peri-Op

Preventing Radiation Exposure in Children, Finding New Methods for Confirming Nasogastric Tube Placement. Kierra Laramie, INCH, Olivia Newcomb, NICU, Neecolette Forde, CHAD

Use of an Activity Box to Improve Patient Safety and Enhance the Patient Experience. Amanda Baum, S6400, Kayla Delgado, S6400

VAP Prevention. Dee Walker, D6B, Kaz Iwamoto, D6B, Annette Gibson, S2

De-escalation Strategies to Reduce Patient Restraints. Nicole Wolliston, APTU, Nathaniel Amanin, MHU

2020 DAISY Awardees

In late 2019 a multidisciplinary team at Baystate began presenting a DAISY Award to one outstanding nurse each month. The DAISY Award is part of an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. Here are our 2020 DAISY Award winners.



JANUARY **Alena Sas, PNRP II,** **Springfield Wing 5**

A patient's daughter nominated Alena, calling her "a real professional who cares about her patients a lot. She is passionate about her job, not because it provides for her, but because she wants to help people." One comment highlights how Alena demonstrates "Words and Ways That Work" in our nursing model of care. When a patient was feeling badly about having others care for her, Alena said, "You are never a burden to us; you have to think about your needs and stop worrying about us. Otherwise, your recovery will last forever."



FEBRUARY **Christina Raco, PNRP III,** **Flex Team**

Christina was nominated by Brianne Ducharme, RN, IV team who mentored Brianne years back when she was a student. Brianne stated Christina "is an exemplary nurse in practice – her assessments are thorough, meds on time, appropriate data always communicated," and the type of nurse she wants to be: "altruistic, compassionate and kind." Brianne said recently in the ED Christina spent an extended period of time on the phone for a patient. The patient's husband was an inpatient and she was concerned her dog would be alone. Christina took the extra effort to contact a family member to take care of the beloved pet.



MARCH **Kera Tanguay, PNRP II,** **Short Stay Unit**

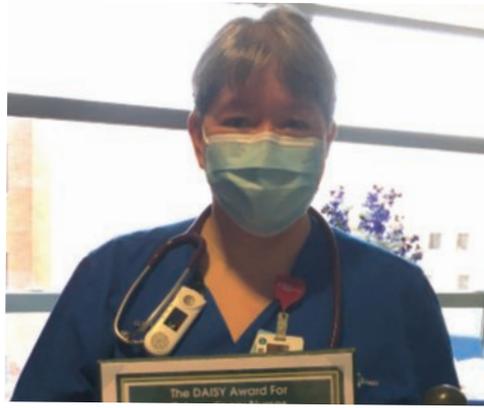
Kera was nominated by a patient who stated the only reason she made it through a challenging time was because of Kera, calling her a "guardian angel." She said the Kera encouraged her through her pain, repeating again and again, "You can do this. You will get through this pain." The patient also stated never in her life had she received such compassionate, caring and unbelievable support.

Research, Awards, Advancements, & Certifications



APRIL **Sarah Murphy, PNRP I,** **Emergency Department**

Sarah was nominated by a patient who was cared for in the ED during the COVID-19 pandemic. The patient said Sarah immediately put her at ease, especially her concerns about virus transmission. She acknowledged Sarah's compassionate care that made her "feel special."



MAY **Martha Emond, PNRP III,** **MassMutual 6**

Martha was nominated by a patient expressing gratitude for her genuine compassion, smile, and thoughtfulness. Martha consistently made the patient feel comfortable, explaining things in a way she could understand, answering questions, and never being too busy to take the time to listen. She stated Martha made her feel she was her only concern, adding: "You've put me at ease and helped me to heal."



JUNE **Shelby Franco, PNRP II,** **Emergency Department**

Shelby was nominated by a patient who stated his fear was so strong he felt like "giving up" until Shelby came and calmed his fears, addressing each one. She kept him informed, took the time to sit with him and "REALLY" listened. He remarked on how "this was the best possible experience" he had ever had.



JULY
Lauryn Miller, PNRP II,
Heart & Vascular Critical Care

Lauryn was nominated by a physician colleague for the care provided at end of life to a critically ill patient. The provider stated Lauryn not only provided expert clinical care but did so with care and compassion. Knowing that a patient's end was near, Lauryn arranged for her to be taken out to the healing garden so that she could pass with her family surrounding her. The family was pleased they could surround their mom with love and care.



AUGUST
Melinda Grant, PNRP III,
Baystate Breast & Wellness
Center

Mindy was one of the first nurses to implement "virtual visitation" for patients and families during COVID-19. Staff nurses working alongside Mindy in the ICU reported Mindy often stayed into the night so families could connect with loved ones. A patient's family wrote that Mindy's support via virtual visitation allowed them precious moments with their mom prior to her passing.



SEPTEMBER
Cindy Porway, PNRP II,
Baystate Orthopedic Surgery
Center

Cindy has been an advocate for patients' safety throughout her career. Cindy was nominated by a co-worker for her work protecting a patient whose husband was abusive and was stealing her pain medication. Because of Cindy's advocacy, the patient was not only able to receive the care and medications she needed, but she received appropriate protection.

Research, Awards, Advancements, & Certifications



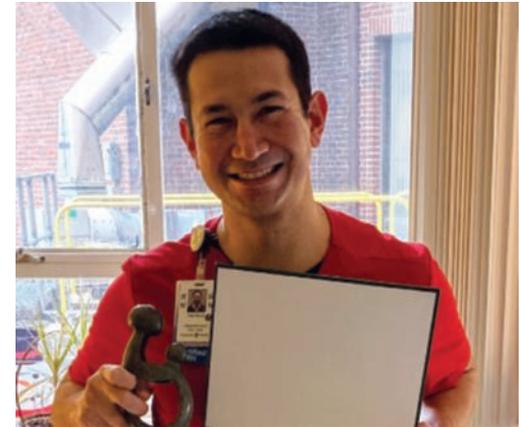
OCTOBER Cheryl Hernandez, PNRP II, MICU/SICU

Cheryl was nominated by a patient's mother for the care given to her 23-year-old daughter who was a patient in the ICU for 60 days. She stated Cheryl consistently went above and beyond, always comforting and helping. Cheryl is the only nurse the daughter remembers – she would visit her on the Medical/Surgical unit once she transferred out of the ICU. The mom credits Cheryl with saving her daughter's life.



NOVEMBER Laura Mazza, PNRP III, Daly 6B

Laura was nominated by a colleague for the compassionate care she has consistently given to a patient routinely admitted to the unit. The patient is severely disabled due to Shaken-Baby Syndrome, and Laura goes out of her way to make the patient comfortable, appreciated, and cared for. The non-verbal patient even learned how to play patty cake.



DECEMBER Patrick Shinoda, PNRP III, Flex Team

Patrick was nominated by the wife of a husband whose mother suffers from dementia and was admitted to hospital. A few days later, the father came to the ED and was also admitted. Patrick was caring for the father-in-law and worked to arrange a visit with the wife. The couple was so happy to see one another and the family credits Patrick for going above and beyond to make it possible for the couple to be together. They eventually ended up as roommates on the same unit.



The pandemic challenged us in ways not previously experienced. Our Baystate Medical Center nurses rose to the **challenge**, adjusting to the rapid pace of change to create new ways of **caring** for patients – teams **innovated** as they worked to create new workflows and care **pathways**. And they did so without argument, without judgment.

Make a Difference by Investing in Baystate Health Nurses

During this past year, Baystate Health nurses have held the hands of patients through difficult moments, connected families to their loved ones in creative ways when they couldn't visit due to the pandemic, and given much of themselves to help others.

Now, let's help nurses.

Consider a gift to Baystate Health Foundation in support of our nurses by calling 413-794-5444 or visiting BaystateHealth.org/Give-Now.

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