MEMBERS OF THE NATIONALLY RECOGNIZED BAYSTATE MEDICAL CENTER NURSING TEAM:
In photo from left, David Dionne, RN; Peter Collins, RN; Pamela Rivera, RN; Karissa Gorman, RN; Michelle Johansson, RN; Edyta Halastra, RN; Brennan Brigante, RN; Christine Klucznik, DNP, RN, CNO; Lisa Johnson-Yasufuku, RN; Karrian Benejan, RN; Cornelius Maddox, RN; Julie Rooney, RN
Dear Colleagues,

Welcome to the 2017 Baystate Medical Center Nursing Report. This year marks year two of our four-year Nursing Strategic Plan which supports the goals of the Baystate Health 2020 strategic plan and the four compass points of safety, quality, patient experience, and value. I thank the entire Baystate Medical Center nursing team for its commitment to the delivery of exemplary nursing care. The exceptional care provided is evidenced throughout this report – it is a testament to your daily commitment to “provide a higher state of caring.”

Numbering more than 3.6 million in the United States, nurses are the largest and most respected group of health care professionals. Dedicated to improving the patient’s overall well-being, the role of the professional nurse continues to evolve. Today, the professional nurse is seen as a steward of quality patient care, driving evidence-based practice to provide safe, quality, cost-effective health care.

One could say that today’s nurse is the linchpin in patient care delivery. Frontline nurses at Baystate Medical Center lead and collaborate with other healthcare professional teams that guide major initiatives at the hospital. Our nurses participate in unit and hospital councils and are focused on improving patient outcomes. Nurse driven protocols are utilized to optimize care and expedite patient discharge home or to another facility.

We are currently on our journey to our fourth re-designation as an American Nurse Credentialing Center (ANCC) Magnet hospital. Magnet is the ultimate seal of quality, the gold standard for nursing in the United States and our nurses achieving designation three consecutive times is an honor only about two percent of U.S. hospitals can claim.

This Nursing Report is structured to reflect our accomplishments in the Magnet pillars of Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovation and Improvements, and Empirical Outcomes. Throughout the report you will learn about the year’s exceptional achievements and see stories that demonstrate our commitment to deliver a higher state of caring.

Professional nurses at Baystate Medical Center are positioned to make a difference. Thank you to all of my nursing colleagues for another wonderful year!

Christine Klucznik, DNP, RN
Chief Nursing Officer
Vice President, Patient Care Services

On the cover, from left, Terekah Thaxton, RN, Wesson 4; Eric Ruiz, RN, LDRP; Magdalene Wamburu, RN, Daly Operating Room; Angel Soto, RN, ED; Nicole McClelland, RN, Springfield 2
National Recognition

Baystate Medical Center achieved Magnet® recognition from the American Nurses Credentialing Center (ANCC), a distinction that places the hospital’s nursing staff among the finest in the nation.

U.S. News & World Report Baystate Medical Center is ranked third among Massachusetts hospitals and is one of only 48 hospitals in the country rated “high performing” in nine adult procedures and conditions including heart surgery, cancer surgery, heart failure, joint replacement, and chronic lung disease.

Watson Health. 50 Top Cardiovascular Hospital (formally Truven Health Analytics) based on measures of quality, safety, and experience.

Baystate Medical Center earned Healthgrades America’s 50 Best Hospitals for being in the top 1% of hospitals in the nation for providing overall clinical excellence across a broad spectrum of conditions and procedures consistently for at least six consecutive years.

Baystate Medical Center’s Heart & Vascular Critical Care and Progressive Care Unit is a current GOLD-level American Association of Critical-Care Nurses Beacon Award for Excellence recipient. The award is based on sustained unit performance and patient outcomes that exceed national benchmarks.
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May I Have This Dance?

A patient on Daly 6A (the ACE unit specializing in acute care for elders) at Baystate Medical Center was restless. After many attempts to calm her, Jade Littlefield, RN, had a unique idea. Knowing the patient loved dancing and music, she enlisted Ricardo Morales, (then a patient care technician, now a behavior resource technician) and part-time dance instructor, to extend an invitation to the patient to dance. The patient gladly accepted, and the two danced the hallways. It was evident to everyone watching that she was overjoyed and immediately calmed.
Care Delivery Model
In November, Baystate Medical Center nurses began the journey of implementing on all adult and pediatric inpatient acute care areas a routine practice and new model of care delivery called Compassionate Connections in Caring. The model is built around Swanson Caring Theory, which emphasizes caring behaviors as a way to enhance patient experience. A key behavior within the model is asking nurses to sit with each patient, each shift, for 3-5 minutes of focused time, called a Moment of Caring. The new care delivery model was developed to reflect nursing feedback and to use nursing theory to frame how we deliver care at the bedside. Sitting to connect with the patient was not standard practice and nurses reported feeling like they needed permission to sit. To begin, MassMutual 7, South Wing 7, and Wesson 2 served as model units a few months prior to hospital-wide implementation. The behavior was so successful on the model units, with both patients and staff truly enjoying the time making connections and learning from each other, that the planned house-wide rollout was implemented sooner.

The culture is shifting from nurses feeling the need for permission to one of celebrating moments where they are sitting by the bedside and connecting with patients. On the first day of implementation, Chaplain Ute Schmidt led the units in a special celebration for this work and with thanks for the work the staff is doing to connect with patients.

An Academic Collaboration to Ensure Future Nurse Practitioners
In 2014, Baystate Health entered into a collaborative agreement with the Elms College School of Nursing to create a unique and sustaining model for an academic-practice partnership to fill the current and future need for Nurse Practitioners (Advanced Practice Registered Nurses, APRN) within Baystate Health. The partnership provides a quality Doctor of Nursing Practice (DNP) program for the education and training of these nurses. Clinical practice sites and preceptors are supported. Elms collaborates with Baystate on the selection of scholarly DNP capstone projects that contribute to advancing Baystate Health’s goals for quality practice and health care delivery. The DNP concentrations are the Adult Gerontology Acute Care Practitioner (AGACP) and the Family Nurse Practitioner (FNP). First graduates in the class of 2017 included nine nurses that received forgivable loan funding for the APRN program. To date, six graduates have accepted positions within Baystate Health and joined the teams including the Transcatheter Aortic Valve Replacement (TAVR) program, Baystate Medical Practice - Quabbin Adult Medicine, Baystate Wesson Womens Clinic, Hospital Medicine, Neuro-Critical Care, and Endocrinology.

Training Others in Compassionate Connections
In June, team members on unit Daly 6A participated in a film project with Healthcare Interactive and the Alzheimer's Association. The filming included nurses, physicians, patient care technicians, Environmental Services,
Food and Nutrition, and others. Participants demonstrated the importance of making a personal connection with our patients as they go about their daily work. A total of six hospitals were invited to participate from different regions of the country focusing on dementia-friendly care that is culturally sensitive. This film project will be available to healthcare facilities nationwide for use in employee training which shows our staff using the principles learned in our Compassionate Connections in Caring program.

**Helping Ensure End-of-Life Wishes**

Nurses on Daly 6A along with members from the Department of Healthcare Quality are working on an initiative with the Institute for Healthcare Improvement and the Conversation Ready Project. The project is designed to help ensure that everyone’s end-of-life wishes are expressed and respected and that health care organizations have access to a Health Care Proxy for each patient. Daly 6A’s goal was to have 95% of patients admitted to the unit have a valid, legal Health Care Proxy. Daly 6A’s research found that only 52% of patients on the unit had completed and updated Health Care Proxies with many having incorrect names and old phone numbers. They implemented numerous small tests of change including having the unit operations associate work to identify those missing Health Care Proxies upon admission and supporting the patient to ensure one was in place. They are also working with the Department of Information & Technology to have the most current Proxy form appear in initial screens during the admission process. So far, the unit has increased compliance to 92%.

**Certification Coach Program**

Each year the Nursing Department strategizes on goal development for the upcoming year. Achieving nurse certification in a specialty contributes to optimal patient safety, improves patient outcomes, and advances the individual nurse’s professional and personal growth. One of the FY2017 nursing goals was to increase nurse certification by 1% over the 2016 baseline. With Meg Beturne, MSN, RN, CPAN, CAPA and Gina Grabowski, BSN, RN, NE-BC leading, a core team of certified nurses gathered and strategized on how Baystate Medical Center could increase the number of nurses with a professional certification. The team soon became known as “certification coaches.” The coaches made certification information easily available to staff by developing certification binders kept on the units. These nurses were also readily available to field questions from peers and for reporting back information distributed at monthly coaches’ meetings. The ultimate goal was for coaches to be long-term mentors throughout all phases of certification (from study materials to website highlights to the examination). The coaches communicate their availability and expertise at a variety of Baystate events, encouraging staff to participate. Nursing educators also became involved and joined the efforts. As a result of their innovative efforts, their percentage goal was achieved.
The loss of a pregnancy occurs in about 10 percent of known pregnancies and the resulting grief can surface in different ways for everyone. Nancy Lis, BSN, RN, Baystate Medical Center Women’s Evaluation and Treatment Unit, wanted to create something that would provide comfort. Families in the urgent care setting have no physical remembrances of the baby they lost such as handprints or footprints, hair clippings or photographs. She designed a “Memory Box” that consists of a tiny footprint, seashell, and photo of a teddy bear holding an angel. These boxes have provided emotional comfort and families have said they are thankful to receive them.
Karissa Gorman, RN, on Wesson 4 at Baystate Medical Center, was caring for an elderly patient approaching the end of her life. After a call to her husband (in his 90s) to come to the hospital, Karissa learned he had no way to get there. Understanding how important it was for him to be at the bedside, Karissa arranged and paid for transportation to ensure the patient’s husband would make it to the hospital. When he arrived at the hospital, Karissa personally greeted him in the lobby and had a wheelchair waiting for him to get to the unit. His wife passed away that day with her husband present, all thanks to Karissa’s extraordinary efforts.

A Ride That Made All the Difference

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Nurses Give to the Community

This year has been filled with moments of nurses not only giving their talents in the care they provide to our patients and families but also volunteering in so many ways to their communities and beyond. Here are just a few examples of their extraordinary efforts.

“I deliver meals the first Sunday of every month for Warm Meals/Warm Hearts program in conjunction with The Immaculate Heart of Mary Parish in Granby, MA. Meals for the sick and homebound of the greater Granby/South Hadley community are prepared and delivered. We serve about 100 households, bringing not only food but our care and concern for them.” - Nancy Greco MSN, RNC

“I volunteered in Milot, Haiti at Hospital Sacre Coeur. I went to Haiti with a group from Baystate Medical Center, Dr. R. Alouidor, Dr. Erica Kane, Cathy Reidy CRNA, and Surgical Tech Besaida Diaz. It was an amazing eye-opening experience.” - Kayla Slessler, BS RN, CCRN

“MICU/SICU staff volunteer their time to help eliminate poverty housing. This year we had a great day learning construction skills, operating saws, hammering nails, and building the framework of a new home. Volunteering for Habitat for Humanity’s Women Build was one more opportunity to make a meaningful contribution that provides a lasting impact on the lives of others.” - Linda Pellegrino, BSN, RN, CCRN

RNs and Pharmacists participated in an interactive health care event at the Faith United Church – “Ask a Nurse.” Staff answered questions regarding health and wellness and medication safety. They also assisted members of the community in creating an up-to-date medication list.
Milk, Cookies, and Healing Staff

In the winter of 2016, Springfield 3 Medicine was relocated to Daly 6A. The unit is the dedicated ACE (Acute Care for the Elderly) unit at Baystate Medical Center and the new home for palliative and end of life care. Staff was trained in the philosophy and care of this newer patient population. Burnout, decreased work performance, absenteeism, depression, and detachment are just a few of the effects that can occur when staff must deal with multiple deaths in a short period of time. Acknowledging staff grief is essential for nurses to heal and carry on their work.

Nurses launched an idea to help staff manage their feelings in a comfortable, safe, and positive environment and a monthly “Milk & Cookies” session was started. At the session, caregivers are treated to milk and cookies and encouraged to share their experiences on coping with loss. Those that have experience with patients and family at the end of life listen and offer suggestions and guidance to those with less experience. This time is protected and staff are encouraged to sit, relax, share stories and heal.

Baystate Health Nurse Residency

On August 18, 2017 nurse residents from Baystate Health’s Nurse Residency Program (NRP) attended their graduation ceremony in the Baystate Health Whitney Conference Education Center, marking the 4th year of the Nurse Residency Program. This event marks the achievement of a significant milestone in the nurse residents’ professional career. The accredited Vizient/AACN Nurse Residency Program offers all new graduate nurses hired at Baystate Health an opportunity to develop their professional role and clinical practice. The 12 month turnover rate for Baystate Health’s nurse residents is 8% as compared to the national average of 17.2%. The program offers a one-year curriculum with hands-on clinical experience to help advance skills through an individualized development plan and teaches how to bring research-based evidence into practice, provide quality care, and improve patient outcomes through monthly seminars and a unit specific competency orientation program. New graduate nurse residents gain invaluable experience and mentoring guidance under the care of the interprofessional healthcare team they partner with, and Baystate Health supports new nurse graduates to ensure we have the nurses we’ll need to provide exceptional care to our patients. Baystate Health has hired 366 new graduate nurse residents from the program to-date.
David had lost his wife six months prior to his hospitalization and had lost the will to live. During his first couple of days (of a 60-day stay) on South Wing 7, David was quiet and engaged minimally with the staff who treated him with kindness and respect. Caregivers were able to draw him out of his depression by spending time with him in his room and sharing stories. He began to share his feelings and discuss his life. Staff shared home-cooked meals and specially prepared desserts with him. Because both his arms were casted he had difficulty eating. PCT Kevin Maharne created an eating utensil that allowed David to eat independently. Over time, he improved physically and there was significant improvement in his emotional wellbeing. David says, “I arrived angry and left with the will to live and better prepared for the challenges ahead.”
John was a ten-year-old boy with a known seizure history who suffered a severe anoxic injury to his brain as a result of his illness. When nurse Doreen Lynch-Hamre from the Pediatric Intensive Care Unit came in on night shift, the first determination of brain death had already been made. When Doreen asked the mother if she could get her anything, the mother said in halting English, “I just want to hold him again.” Doreen and the respiratory therapist figured out a way to have the mother hold her son safely. After rearranging some equipment in the room, another bed was rolled in right next to her son. His mom climbed on the bed and John was carefully placed in her arms. The next morning, as the sun rose, the mother reached out to touch Doreen’s arm. When Doreen turned to her, she said, “Thank you. I have seen your heart.”
Partnering with School Nurses to Help Children with Diabetes

Type 1 diabetes is a chronic disease impacting the lives of individuals of all ages in the greater Springfield community. Many children with this disease are unable to achieve target glycemic control. Predictors of poor glycemic control include: educational level, socioeconomic status, and age. Baystate Pediatric Endocrinology partnered with the Springfield Public School’s Nursing Department to investigate a new care coordination model for students that require Type 1 diabetes mellitus management during the school day. Current guidelines recommend quarterly visits to an endocrinologist to modify insulin regimens and ensure adherence. These multidisciplinary appointments include educational sessions with registered nurses certified in diabetes education. The goal is to engage patients and families in diabetes self-management. This team-based approach enhances the role of the school nurse and incorporates them into the clinical care team. Monthly treatment plan reviews have resulted in improved clinical outcomes for this patient population.

Neonatal Abstinence Syndrome: Rooming In and Empower Programs

In the traditional medical model, infants in need of treatment for Neonatal Abstinence Syndrome (NAS) are transferred from the normal newborn nursery to the NICU or Continuining Care Nursery (CCN), separated from their mothers. All babies born to mothers on a Medication Assisted Treatment have to be hospitalized for at least five days to be watched for NAS. Mothers are sent home often without their baby and many times with a lot of guilt.

In late 2016, the Wesson 2 nursing staff began training to care for NAS babies with CCN nurse, Michelle Nicoli, BSN, RNC-LRN. In January of 2017, with Michelle’s continued support; the Wesson 2 staff welcomed their first NAS mother infant dyads, followed by at least one and up to four mothers and babies per week since. Caregivers have essentially stopped separating mothers who are good candidates to partner with the Wesson 2 staff to care for their babies, with some impressive results. As hard as the Wesson 2, CCN and NICU nursing, social work, and medical staff have worked to create and support this model of care; the real heroes are the mothers who are maintaining their sobriety.

No One Dies Alone

No one is born alone, and in the best of circumstances, no one should die alone. Yet from time to time terminally ill patients come to Baystate Medical Center who don’t have family nor close friends to be with them as they near the end of life. There are over 100 hospitals in the U.S. that have adopted the No One Dies Alone (NODA) program that arose at Sacred Heart Hospital in Oregon in 2001. Baystate Medical Center, through the leadership of Spiritual Services and Volunteer Services, engaged the first training class of volunteers in 2015. Since then 40 volunteers have trained to become Compassionate Companions to those...
dying alone. Currently, NODA has about 22 active volunteers who have participated in close to 50 vigils since inception.

The nine hour training program is facilitated by an inter-professional team of chaplains, nurses, and active NODA volunteers. Many of our volunteers are Baystate Medical Center employees from different clinical and mostly non-clinical areas of the hospital who want to share their humanity with patients in their last days of life. The NODA volunteers come together four times a year to debrief and share stories. Recently a NODA program informational card was developed for nursing units and social work as a reminder to initiate a NODA vigil for their patients when appropriate. The NODA volunteers take comfort and encouragement from being with patients in their last moments of life, “those are sacred moments and I am grateful to be of service to another person,” explains Kathy Martin, one of the first NODA volunteers in our Baystate program.

**Nurses Strive to Decrease Fall Rate**

The Joint Commission Targeted Solution Tool (TST) for falls was implemented via an interprofessional oversight group. This robust improvement tool was piloted on three units that had a historically higher than average fall rate. Unit leaders and Clinical Practice Committee members entered fall characteristics data from their area and were given several evidence-based solutions as they worked to improve their rates. The focus group worked to establish and test general fall prevention standards for their areas, which will be expanded throughout the hospital in the coming year.

In collaboration with the Fall Prevention Champions, the TST oversight group also recommended the house-wide implementation of gait belts for certain populations of at risk patients. Gait belts have the potential to reduce harm to patients and employees by lowering the patient safely to the ground or helping the patient to adjust their balance and prevent the fall altogether. The overall fall rate decreased in 2017 by 9%.

**Behavioral Health Works to Improve Time of Discharge**

Since 2014 Baystate Medical Center’s Adult Psychiatric Treatment Unit (APTU) has engaged in a multidisciplinary effort to improve patient flow, with particular focus on discharging patients earlier in the day. At baseline in FY13, only 11% of patients were being discharged before noon and 42% before 2 p.m. Discharge decisions were too often being made mid-day or in the afternoon, resulting in late discharges and less than optimal patient experience as the team scrambled to arrange referrals, discharge instructions, and transportation.

Under the leadership of Nurse Manager Robert Horton, MSN, RN, Program Supervisor Annabel Hallgren, LMHC, and Medical Director Larry Peters, MD, a multidisciplinary project was started which included members from unit leadership, physicians, nurses, treatment coordinators, occupational therapy, case management, and mental health counselors. This group came up with a number of tangible strategies to improve patient flow including:

- a daily multidisciplinary morning huddle confirming tomorrow’s planned discharges as well as today’s, with team discussion of strategies to address any potential barriers;
- a daily huddle in the ED psych pod discussing patients currently awaiting placement who can be admitted to APTU when beds open up during the day;
• nurses, attending MDs, and residents collaborate to ensure discharge orders are obtained in a timely way, treatment coordinators confirm discharge referrals and transportation, and mental health counselors assure that patient belongings are accounted for and gathered with plenty of lead time.

This multi-pronged, multidisciplinary effort has produced strong results, with a 45% improvement in discharges before noon and 39% improvement in discharges before 2 p.m. The benefits include earlier admission times to address ED boarding, improved patient experience with more time for discharge planning, and improved staff engagement in a collaborative model of care.
Emergency Department nurse Michele Johansson was working in the behavioral health unit when a certain patient attracted her attention. She was told the patient was Somali speaking only and was refusing to eat. Michele learned the patient had psychiatric issues. She had spent time in a refugee camp and had witnessed family members murdered. Michele’s heart went out to her. After speaking with the patient with a Somali interpreter, Michele realized her lack of eating was due to religious dietary restrictions, she was Muslim and required a halal diet. A change in the diet order was given and the dietitian got protein shakes added to her tray. A security guard familiar with the diet made peanut butter sandwiches which the patient happily ate. Michele improved the patient’s health enabling her to move forward in her psychiatric care. Michele says “I looked at her holistically and realized how as a team, we can change the lives of our patients for the better.”
Looking Deeper and Making a Difference

Mr. X was a 19-year-old gunshot victim. After surgery, he was admitted to nurse Kaitlyn Patrick’s unit. Mr. X was physically and verbally abusive to staff and was assigned a security guard to be stationed outside his room. Kaitlyn treated him like any of her patients, with respect. She dug deeper into her patient history in order to get a better understanding of the source of his frustration and behavior. Kaitlyn learned he had come to the U.S. from another country, left school in the 9th grade, and had a past medical history that included ADD, Tourette Syndrome, and a personality disorder. Instead of taking his outbursts personally, she understood he acted out because he was afraid and did not understand what was going on. Kaitlyn took the time to let Mr. X. express himself and then teach him in a way that he could better comprehend. Mr. X. thanked her for taking such great care of him and Kaitlyn felt honored to have made a difference for her patient.
Improving Medication Dispensing Practices
Ensuring medication safety is a top tier goal in all areas that provide care to patients. Continuous assessment of practices and continuous quality improvement in this area ensures that this goal is met. In April 2017, the Baystate Health Medication Safety Committee comprised of physicians, pharmacists, and nurses, established a nursing/pharmacy collaborative work group to identify and address timely medication administration to ensure that medications are available on the patient care unit when needed.

Collaboration with key stakeholders helps identify barriers and inefficiencies and provides a team based approach to create solutions to improve safe, efficient care for patients. The three main goals of this work group were to identify the most common missing medications, improve medication availability, and to elicit ongoing feedback from bedside nurses to improve the care of our patients.

Since the groups’ inception, there have been four interventions that have helped to improve medication availability. These interventions mainly focused on increasing awareness and education of staff. Expectations were reset and education was provided in regards to when medications should be available on the units with a nursing/pharmacy service line agreement. Comprehensive re-education in regards to the functionalities of the medication pyxis was completed. Periodic Automatic Replenishment level adjustments were made on the patient units for frequently used/missing medications. Root Cause Analysis are being done to address missing medications that allow the pharmacy to address the root cause in real time. In addition, on-going meetings are being held with nursing to address medication availability concerns, answer questions, and provide education as needed.

The following graph demonstrates the effectiveness of interventions in regards to the number of medications unavailable at the time of need.

# Blind Stock-Outs
(November 2016 through November 2017)

Interventions targeted toward ensuring there was an accurate count of medications available in the medication pyxis were initiated in April 2017. Since that time, the number of missing medications has continued to decline, demonstrating the effectiveness of the interventions.

With continued efforts targeted at specific root causes, it is anticipated that the number of missing medications will continue to decline, ensuring that patients are receiving the medications they need at the time they need them.

Art of Innovation
Baystate Medical Center began the Art of Questioning campaign in 2014 in an effort to generate interest in clinical inquiry. Nurses are encouraged to ask clinical questions about issues affecting their nursing practice. The ultimate goal is to foster an interest in research and evidence-based practice which could result in outcomes that would improve patient care. In 2017, the campaign was renamed the Art of Innovation. Twenty-seven questions were submitted to determine optimal, evidence-based practice and ignite the spirit of inquiry. The results of these questions have directly affected nursing practice and patient care. The majority of the questions
resulted in quality improvement projects although some have gone on to be IRB approved nursing research.

An event celebrating the projects was held. Project posters were displayed as well as a panel discussion. Here are the 2017 winners:

**First Place & People’s Choice Winner**, *Bridging the Gap between Ambulatory Care and The Emergency Department*, Gloria Wilson, MSN, RN; Myra Camilleri, BSN, RN, CPN; Isarelys Claudio-Ortiz, MSN, RN; Valerie Cross, RN; Ann Humphries, RN, CCM.

**Second Place**, *The Power of De-escalation Training on our Adult Medical Surgical Telemetry Unit*, Melissa Buxton, BSN, RN, CMSRN; Caitlin Daley, RN, CMSRN.

**Third Place**, *Sleep Deprivation and Delirium in the ICU: Can a Sleep Protocol Make a Difference?*, Linda Pellegrino, BSN, RN, CCRN; Catherine Manning, BSN, RN, CCRN; Natasia Mysliwiec, BSN, RN, CCRN; Jessica Rutkowski, MSN, RN, CCRN.

**Nursing Excellence Award**, *Effectiveness of a Multimodal Educational Program to Improve Mobility Practices in the Intensive Care Unit*, Marisa Pease, BS, RN, CCRN; Daryl Mucci, BS, RN; Kathy Austin France, BS, RN, CCR; Karen Shea, RN; Elizabeth Shaheen, BSN, RN, CCRN.

**Artificial Intelligence to Reduce Pressure Ulcer Prevalence**

In recent years, health care organizations have begun to explore the use of artificial intelligence solutions to improve patient outcomes. Cognitive science machines are powered by mathematical engines that analyze complex data at significant speed. They can precisely and comprehensively foresee risk to patients and make clinical recommendations to health care providers to mitigate risk and improve patient outcomes.

Baystate Medical Center partnered with Jvion, a company that developed a cognitive science appliance providing individualized, patient specific predictions and then providing interventions and recommendations. These interventions are common nursing/evidence-based best practices and do not replace clinical judgment. Staff on Daly 6B, Daly 6A, and Wesson 4 were chosen as the pilot units for implementation of the Jvion pressure injury vector. Over 130 caregivers were trained over two days. An emphasis was placed on skin protocols and a new nursing workflow was developed. As a result of this three unit pilot, Jvion leadership has estimated that a total of 21 pressure ulcers were avoided. Staff are engaged and have adjusted to the workflow change with ease.

**Fecal Transplant Program**

The Fecal Transplant Program at Baystate Medical Center is a collaborative effort partnering Infectious Disease, Pharmacy, the Nursing staff of Daly 3B, and the Blood Bank.

Fecal Transplantation is the transfer of stool from a healthy donor into the gastrointestinal tract for the purpose of treating recurrent C. difficile colitis. The success rate of curing C. difficile is 94%. When introduced, an NG tube was used to perform the transplant. Since then, in the last year, pills have become the established method of administration.

Providing this treatment has been life-changing for patients. They are now able to live fuller, more complete lives. Some are now able to travel and visit new destinations, while others can leave their homes and spend time with family and friends. Knowing the importance of the outcomes, has made this a priority for nurses who have become engaged. Once nurses understand the amazing changes that occur, they want to train and become part of the program. In all, the procedure has been completed on almost 100 individuals. The
program’s success is related to collaborative effort of all partners to provide exceptional care for patients.

Dialysis Box

Sometimes, innovation in healthcare is fueled by necessity and creativity in addition to evidence. Recently, a patient needed radiation treatment for approximately three days in isolation and would also need dialysis so the radiation could be removed from her body. To receive dialysis, she would need to be in a “plumbed” room - a room with plumbing. At the same time, for radiation therapy, she needed to be in a lead-lined room. No one room existed for these two purposes at Baystate Medical Center.

So began a significant interdisciplinary collaborative journey of innovation and, ultimately, invention! Kimberly Davidson, MS, RN, BC, manager of Wesson 3 and Dialysis along with Deborah Hawkes, BSN, RN, NE-BC, manager of Springfield 3 Oncology brought a team together which included Oncology and Renal nurses, and team members from Nuclear Medicine, Engineering, Radiation Safety, Endocrinology, and Infection Control, to weigh their options and come up with potential solutions.

What resulted was an amazing effort for patient care. Using a lead-lined room on the Oncology unit, Jon Cullins, plumber in Engineering along with Jeffrey Jenks, his supervisor and their team, invented a mobile plumbed unit, a “Dialysis Box.” Inspired by an article they read about a situation in which a shower and indirect drain were used, and using mostly equipment they already had in their supply, they created a portable device that can now be used for future cases and can easily accommodate any kind of drain.

On August 2 the patient began her radioactive therapy and dialysis treatment and on day three was discharged home. The patient told staff she was quite overwhelmed with the effort that went into ensuring she receive this critical care.

Behavioral Intervention Team Works to Improve Patient Care

In 2017, a pilot program began with the Behavioral Intervention Team which consisted of two certified psychiatric nurses and a psychiatrist from the psychiatric consult service. The Behavioral Resource nurses involved were Khadijah Tuitt, BSN, RN-BC and Jennifer Caraballo, BSN, RN-BC. The psychiatrist on the team was Dr. Jay Kilpatrick. The goal of the pilot program was to proactively review every new admission that arrived to the unit, with the exception of patients admitted after 5 p.m. on a Friday and discharged by 9 a.m. on Monday morning. Comprehensive chart reviews were conducted by the team to evaluate patients who have the potential for extended lengths of stays related to psychiatric illnesses, opiate addiction, alcohol withdrawal, delirium, and individuals who may be at risk for violence.

A tracking tool was used to gather data for high risk patients. After patients were screened, recommendations, safety plans and care plans were placed in a Behavioral Team Action Plan Log at the nurses’ station. Team members reviewed each plan for continuity of care. Each patient was screened by the team psychiatrist who would make medication changes and discuss the recommendations with the covering MD. The Behavior Resource nurses would meet with the floor staff and educate the team on modeling techniques when dealing with behaviorally challenging patients and to discuss special patient approaches and safety interventions to enhance staff skills. The outcomes of the pilot program were profound and can be demonstrated by the change in atmosphere and attitudes validated by the staff. There was a rise in safety awareness.
Faith

A baby, only 11 hours old, was admitted to the Continuing Care Nursery at Baystate Medical Center exhibiting Neonatal Abstinence Syndrome (NAS) withdrawal symptoms. Typically babies with NAS are admitted after 4-5 days so Dale Parenteau, RN, her primary nurse, knew this baby was in a critical state. The baby's shakes were so bad she was on the verge of convulsions, she had tight muscle tone, could not eat and, with excessive high-pitched crying, she could not be soothed. Dale and the baby's team of nurses began medication protocols. The mother's substance use disorder was so severe she was not in this baby's life – the caregivers became her family. They didn’t want to call her Baby Girl “A” so they chose the fitting name of “Faith.” Finally, she began to show signs of recovery and after four weeks the baby was able to make eye contact and smile. When Faith turned two months, a loving foster family came to take her home. Dale and the team moved beyond the symptoms and found the baby within, advocated for her, and with a little faith, passed her into the arms of a safe and loving family.
2017 Certifications

Caitlin Adams, RN
Kayla Aliengena, RN
Lisa Allsop, RN
Christine Amsden, RN
Bonnie Anderson, RN
Carolyn Anderson, RN
Deborah Anderson, RN
Mary Ayala, RN
Sallyann Bairstow Fortini, RN
Hope Baker, RN
Laura Balbony, RN
Laurie Bannish, RN
Kelsey Battige, RN
Jessica Bernard, RN
Vlada Beznos, RN
Sarah Bisaillon, RN
Marianne Bishop, RN
Michelle Boivin, RN
Lori Borowski, RN
Rebecca Boucher, RN
Karmin Boudreau, RN
Michelle Bradway, RN
Charles Brown, RN
Esther Brown, RN
Rosa Burkovskiy, RN
Jamie Butler, RN
Sarah Caddeo, RN
Maureen Callahan, RN
Maria Cardinale, RN
Amie Cashman, RN
Sheila Chaban, RN
Donna Cipriani, RN
Gina Collins, RN
Lisa Commaille, RN
Denise Connor, RN
Ross Cookis, RN
Katherine Coscia, RN
Ilona Cyr, RN
Diane Dahlquist, RN
Caitlin Daley, RN
Ellen Dale, RN
Lisa D’Angelo, RN
Paula Davies, RN
Jo Davis, RN
Alyssa Dawson, RN
Mariya Demyanchuk, RN
Cinnamon Desgres, RN
Cristina Desoledade Parent, RN
Lisa Desrochers, RN
Joanne DeStasio, RN
Maria Diaz, RN
Lisa Dietschler, RN
Jennie Do Carmo, RN
Jennifer Doe, RN
Rachel Donermeyer, RN
William Drost, RN
Norberto Duarte, RN
Brandon Dube, RN
Benjamin Duffy, RN
Jessica Dulaski, RN
Jennifer Duquette, RN
Patricia Fanion, RN
Leanne Fenney, RN
Joyce Fiorentino, RN
Virginia Forbes, RN
Jacquelyn Fouche, RN
Dennis Fournier, RN
Jason French, RN
Kathleen Frodema, RN
Karen Gale, RN
Denise Gallant, RN
Mary Gaouette, RN
Cherie Garrity, RN
Deana Gasperini, RN
Shelli Gebo, RN
Sandra Giusto, RN
Justine Gliesman, RN
Lindsey Goodrow, RN
Gwendolyn Grabiec, RN
Dawn Graves, RN
Eric Griffin, RN
Mary Guertin, RN
Lynn Guidi, RN
Beth Halla, RN
Melissa Hamilton, RN
Doreen Lynch-Hamre, RN
Laura Harnois, RN
Chloe Hegeman, RN
Lauren Hickson, RN
Nicole Hoffman, RN
Kaitlyn Hurst, RN
Christine Ingalls, RN
Elizabeth Jarry, RN
Ember Johnson, RN
Jessica Jordan, RN
Christine Kaleta, RN
Lilya Kennedy, RN
Danielle King, RN
Diana Krniec, RN
Gregory Krach, RN
Crystal Kruszyna, RN
Tara Kuehl, RN
Molly Kusek, RN
Danielle LaBarre, RN
Casey Lackenbach, RN
Michelle LaFountain, RN
Karen LaFrance, RN
Adam Lajeunesse, RN
Sara Lamontagne, RN
Nicole Laurencelle, RN
Connie Leung, RN
Brian Chase, RN
Erin Clark, RN
Shellie Donner, RN
Marcia Duclos, RN
Samantha Duffy, RN
Krystina Garreffi, RN
Marta Golasinski, RN
Gina Grabowski, RN
Kristina Grochowski, RN
Mary Guertin, RN
Marybeth Hayes, RN
Kelly Hayward, RN
Natalie Hill, RN
Jennifer Houle, RN
Sarah Irish, RN
Elizabeth Jarry, RN
Michele Johansson, RN
Ashley Kelley, RN
Anna Liza Kilcoyne, RN
Stephanie Lagoy, RN
Robin Lawrence, RN
Grace LaValley, RN
Amanda Macrae, RN
Laura Mazur, RN
Dorothy Monteiro, RN
Melene Mullings, RN
Deborah Nichols, RN
Maureen Nomakeo, RN
Lana Novia, RN
Amanda Nugent, RN
Mary O’Sullivan, RN
Sylvia Paine, RN
Karin Patingre, RN
Patricia Perkins, RN
Brian Priest, RN

Rebecca Rondeau, RN
Sandra Salmeron, RN
Meredith Sanschagrin, RN
Christine Scibelli, RN
Angela Sinclair, RN
Richard Smith, RN
Amanda Sosnicki, RN
Stephanie St. Onge, RN
Beth Stadnicky, RN
Jennifer Stankowski, RN
Karen Stefanik, RN
Cynthia Svec, RN
Erica Teles, RN
Thomas Tente, RN
Khadijah Tuitt, RN
Sheryl Vieira, RN
Korey Westbrook-Vega, RN
Pamela Zarane-Kuhn, RN

Kristy Cintron, RN
Caitlin Cobb, RN
Meeghan Collins, RN
Rachel Cowan, RN
Cara D’Antonio, RN
Gabrielle Devivo, RN
Kara Donoghue, RN
Viktoria Dubovoy, RN
Kaileen Duffy, RN
Kelly Dupuis, RN
Sara Dusza, RN
Jennifer Dziedzic, RN
Ronald Eison, RN
Daniel Ferguson, RN
Katie Forrest, RN
Amy Frazier, RN
Kathleen Gallant, RN
Nicole McClelland, RN
Elizabeth Gaspari, RN
Brigid Gildea, RN
Kailey Golobowski, RN
Jillian Goodwin, RN
Sara Guyer, RN
Melissa Hathaway, RN
Sophia Hayward, RN
Chris Hibbard, RN
Amanda Hill, RN
Nicole Hover, RN
Theresa Jackson, RN
Jillian Janicki, RN
Maksat Kabanov, RN
Liliya Kennedy, RN
Meaghan Killoran-Peterson, RN
Elizabeth Klimczak, RN
Julia Knightly, RN

Professional Nurse Advancements
Level II

Doreen Acheampong, RN
Joshua Alienga, RN
Victoria Alix, RN
Lindsay Apostle, RN
Freya Baez, RN
Izilda Barbosa, RN
Caitlin (Underwood) Bartholomew, RN
Michelle (Currie) Belanger, RN
Alicia Bernardos, RN
Anna Bombard, RN
Jennifer Buentello, RN
Renee Catjakis, RN
Kristi Chamberlain, RN

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Kelcie Knowles, RN
Nicole Konderwicz, RN
Stephen Konefal, RN
Julia Kozlik, RN
Mary Kate Kwarcinski, RN
Mayur Lalka, RN
Andrea (Castanera) Leger, RN
Samantha Link, RN
Jade Littlefield, RN
Erin Mahar, RN
Alexandra Marra, RN
Taylor McLane, RN
Jillian Midghall, RN
Patricia Millard, RN
Julie-Ayn Montalvo, RN
Marissa Morassi, RN
Maxine Moultrie, RN
Natasia Mysliwiec, RN
Kayla Narey, RN
Jeanne Nelson, RN
Emily Nelson, RN
Amanda (Culver) Nevue, RN
Meghan O’Brien, RN
Kate O’Rourke, RN
Kirsten Pasterczyk, RN
Drashti Patel, RN
Blair Patton, RN
Ashley Perez, RN
Tamara Pless, RN
Olga Poznyur, RN
Marissa Provost, RN
Heather Roden, RN
Eric Ruiz, RN
Chelsea Russell, RN
Kristina Savage, RN
Stephanie Scherpa, RN
Samantha Scibelli, RN
Cara Sesmer, RN
Patrick Shinoda, RN
David Stultz, RN
Erica Sullivan, RN
Jessica Szlosek, RN
Carrie Taylor-O’Neil, RN
Jennifer Torres, RN
Alexandra (DaCuhna) Valcourt, RN
Emily Wagner, RN
Casey Washington, RN
Jennifer Watson, RN
Caitlin Weaver, RN
Victoria Weltlich, RN
Kylie White, RN
Hteekapau Win, RN
Deirdre Yasutomo, RN
Lauren Yenulevich, RN

Professional Nurse III

Christine Amsden, RN
Hope Baker, RN
Karrian Benejan, RN
Ellen Benjamin, RN
Jeremiah Berlin, RN
Vlada Beznos, RN
Rebecca Boucher, RN
Sarah Caddeo, RN
Ariana Cappelli, RN
Lori Cope, RN
Mariya Demychuk, RN
Norberto Duarte, RN
Jessica Dulaski, RN
Patricia Fanion, RN
Patricia Fontaine, RN
Jennifer Frangiamore, RN

Professional Nurse IV

Melissa Buxton, RN
Denise Connor, RN
Rachel A. Donermeyer, RN
Deana Gasperini, RN
Jennifer Houle, RN
Mary Lubarsky, RN
Maria O’Reilly, RN
Kaitlyn Patrick, RN
Nancy Pogg, RN
Karen Rahilly, RN
Denise Rennie, RN
Robbin Robitaille, RN
Meredith Sanschagrin, RN
Jil Scibelli, RN
Danielle Williams, RN
Michael Gloster, RN
Doreen Lynch-Hamre, RN
Marybeth Hayes, RN
Chloe Hegeman, RN
Michele Johansson, RN
Karen LaFrance, RN
Nancy A. Lis, RN
Amanda Morales, RN
Patricia Perkins, RN
Shannon Pickunka, RN
Rhianna Pluciennik, RN
Deanna Potorski, RN
Julie Rooney, RN
Gina Roumeliotis, RN
Maryna Shalypina, RN
Elizabeth Smith, RN
Alisha M. Spano, RN
Emily Walsh, RN
Awards

New Knowledge, Innovation & Improvement Award – Allison Kostrzewa, RN, Nurse Educator, D5A
This clinical nurse explores the safest and best practices for their patients and practice environment, and uses evidence-based practice and research to achieve high quality and innovative care, and contributes to the generation of new knowledge.

Empirical Outcomes Award – Marisa Pease, RN IV, MICU/SICU
This clinical nurse has demonstrated results and outcomes by implementing change projects and is positioned to become a pioneer of the future, demonstrating solutions to numerous challenges within our healthcare system today. Although structure and process create the infrastructure for excellence, the outcomes are essential to a culture of excellence and innovation.

Structural Empowerment Award – Maria O’Reilly, RN, Cardiac Cath
This award encompasses organizational structure and community outreach. This clinical nurse works within the organizational structure to establish standards of practice and address opportunities for improvement. Solid structures and processes provide an innovative environment where strong professional practice flourishes. Further strengthening practice are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of the people in the communities we serve.

Exemplary Professional Practice Award – Karen Kordas, Nurse Specialist, Hospital Case Management
The standards of the Exemplary Professional Practice include effective and efficient care service, interprofessional collaboration, and high quality patient outcomes. This clinical nurse demonstrates shared authority and accountability for evidence-based practice within the Professional Practice Model. The collaboration with other disciplines ensures that care is comprehensive, coordinated, and monitored for effectiveness through the Quality Improvement Model.

Transformational Leadership Award – Stephanie Scherpa, RN II, W4
This clinical nurse demonstrates vision, knowledge, influence, and a strong expertise in professional nursing practice. Transformational Leadership components, includes, idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

BMC Collaboration Award – Kristopher Walsh, Supervisor Clinical Engineering
This award is in recognition of a non-nurse employee who collaborates with nurses and other members of the healthcare team in a professional and positive manner to achieve a common goal of excellence in patient care.

Sharon A. Smith Compassionate Caregiver Award – Elizabeth Hicks, RN III, LDRP
During the years that Sharon A. Smith was the vice president for Patient Care Services and Chief Officer of Baystate, she created a legacy of exceptional clinical and compassionate care, as well as collaborative practice with other clinical disciplines. She inspired deep pride and passion for the practice of nursing through her efforts to establish an environment that has enabled our nurses to excel. This award recognizes an exceptional nurse who practices with compassion, respect for person, and integrity, in the delivery of care to patients and families.

Grace O’Neil Ambulatory Excellence Award – Tara Kuehl, RN III, WETU
Grace was a nurse for more than 30 years. As a staff nurse and then a manager, she epitomized the term “Professional Nurse” in all interactions and encouraged her staff to reach their fullest potential. As a caregiver, she had an insightful warmth and empathy for people who were less fortunate, and advocated tirelessly for better access to healthcare and resources for all individuals. Grace recognized and valued the importance of nursing and community partnerships to improve healthcare for all. This award recognizes an exceptional ambulatory nurse caregiver who demonstrates the compassion and care Grace had for those in need.

Annual Clinical Support Staff Awards

Edgar Martinez, Equipment Technician, Daly OR for his dedication to his team, his patients, and their
families. Leadership nominated him for his caring nature and willingness to help everyone he encounters, including creating a resource guide to help educate staff using detailed pictures and descriptions.

Yailyn Berrios, OR Associate, Chestnut Surgery Center  Yailyn is always friendly and willing to go the extra mile to help staff, patients, and families. She relieves anxiety for patients and families that do not speak English fluently by conversing in Spanish. Yailyn alerted staff about a patient she suspected was in an abusive relationship, which helped them provide resources so the patient could remove themselves from the situation.

Michelle Cabrera, Intermittent Observer/Constant Companion, Daly 6A  Her dedication to patients and families during the dying process exemplifies her commitment to caring and compassion. She is an advocate volunteer for the Palliative Care Population and member of the No One Dies Alone program. Michelle reaches out to local churches for donations of small blankets to warm each dying patient. The blanket is then given to the family as a keepsake of their loved one.

Tammy Graziano, PCT, Springfield 2  She was nominated for her willingness to volunteer to care for patients that most would describe as difficult. She focuses on maintaining dignity at all times and uses humor to engage the patient while providing care. Her dedication helped one patient during his 122 days on her floor. When she was on he would smile and engage with others on the unit. She brightened his days when she would volunteer to provide one-on-one observation in times of need.

The Julie Shea Life-giver award was presented to Johanny Flores, PCT, Wesson 4  She was with a patient that became sweaty, lethargic, and then unresponsive and eventually needed resuscitation. During the code Johanny strongly advocated that the patient’s blood sugar be tested, knowing she was diabetic. The patients’ blood glucose was identified as critically low. Dextrose IVP was then administered and the patient’s condition began to improve. Johanny exemplifies the award of life-giver.

International Board of Lactation Consultant Examiners® Care Award – Baystate Medical Center.

Compass One C.A.R.E. Award – Springfield 3 Oncology

Baystate Health President’s Safety Award: Selection of First-Line Surgical Antimicrobial Prophylaxis Nurses and Residents as Change Agents. Kathy Frodema, ADN, RN, CAPA; Mary Okseniak, RN, Sandy Fidalgo, RN.

Brightwood Health Center Nurse of the Year 2017 - Sonia Cotto, RN.

Publications


Presentations

Academy of Medical Surgical Nurses Annual Convention October 2016 Title: Interprofessional Patient Care Rounds. Laura Bolella, MSN, RN, Eric Griffin, MSN, RN, and Debra Meyer, MSN, RN.

American Association of Critical Care Nurses (AACN). Reducing Alarm Fatigue: Pulling Back the Layers of the Onion Without Tears. Gina St.Jean, MSN, RN, CCRN-CSC and Carol Lynn, MSN, RN-BC.

American Association of Peri-Anesthesia Nurses (ASPN). Foundations of Peri-anesthesia Practice. Margaret Beturne, MSN, RN, CPAN, CAPA.

American Association of Peri-Anesthesia Nurses (ASPN). Peri-anesthesia Certification Review. Margaret Beturne, MSN, RN, CPAN, CAPA.

International Peri-Anesthesia Conference, Sydney, Australia. Climbing PICOT Mountain: Enhancing Nursing Inquiry at the Bedside. Margaret Beturne, MSN, RN, CPAN, CAPA and Cidalia Vital, MSN, RN.
Massachusetts Action Coalition. Redesign of a Clinical Ladder Program to Enhance RN Professionalism and Improve Accountability: The Professional Nurse Recognition Program (PNRP). Christine Klucznik, DNP, RN and Melissa O’Malley Tuomi, Ph.D, RN, CPHQ.

Phillips Connect2Care User Summit. Reducing Alarm Fatigue: Pulling Back the Layers of the Onion Without Tears. Gina St.Jean, MSN, RN, CCRN-CSC & Carol Lynn, MSN, RN-BC.

The Art of Innovation 2017

Antenatal Expression of Colostrum for Diabetic Mothers. Neomi Seidell, MSN, RN, IBCLC.

Piggyback Infusions: A Nursing Opportunity to Reduce CLABSI Rates & Unit Costs. Sarah Averill Caddeo, MSN, RN, ACCNS-AG, PCCN.

Can I Get A Witness? Promoting Best Practice for Alteplase Administration and Documentation in the Vascular Setting. Mary Galouette, MSN, RN-BC, Deana Gasperini, BS, RN-CAPA.

The Effect of Oral Care on Non-Ventilator Associated Hospital Acquired Pneumonia. Katherine Walles, MSN, RN, CCRN.


Neonatal Pain Knowledge. Anna Liza Kilcoyne, BSN, RN, Janine Niedziela, RNC-NIC, Diane Cody, MSN, RNC-NIC.

Suction Requirements with Chest Tubes. Jessica Pietras, RN.

Facilitating Uninterrupted Sleep During Hospital Stay. Robin Clark, RN, OCN.

Enhanced Wound Documentation with Inclusion of Photography. Melissa Hathaway, RN.

In Adult Cardiac Surgery Patients Does a Pre-Operative Mechanical Bowel Preparation Decrease the Incidence of a Post-operative Ileus? Cheryl Crisafi, MSN, RN, CNL, Kimberly Galiatsos, BSN, RN, Rebecca Lussier, BSN, RN-BC.

Bridging the Gap Between the Ambulatory Care and The Emergency Department. Gloria Wilson, MSN, RN, Isarelys Claudio Ortiz, MSN, RN, Ann Humphries, RN, Myra Camilleri, BScN, RN, CPN, Valerie Cross, RN.

The Power of De-escalation Training on our Adult Medical Surgical Telemetry Unit. Melissa Buxton, BSN, RN, CMSRN, Caitlin Daley, RN, CMSRN.

Will Intentional Hand Hygiene Promote Self-Care and Reduce Perceived Stress in the Patient Care Team? Lauri Deary, BSN, RN.

Magnetic Mobility Boards. Daniel Ferguson, BSN, RN.

Sleep Deprivation and Delirium in the ICU: Can a Sleep Protocol Make a Difference? Linda Pellegrino, BSN, RN, CCRN, Catherine Manning, BSN, RN, CCRN, Natasia Myśliwiec, BSN, RN, CCRN, Jessica Rutkowski, MSN, RN, CCRN.

Comparing the Accuracy of Paper vs. Computerized Medication Reconciliation in the Surgical Preadmission Setting. Christine Skawinski, BSN, RN, CAPA, Sandra Fidalgo, RN, Elizabeth Simao, RN, Laurie Hurley, RN, Stella D’Ascoli, BSN, RN, Mary Okseniak, RN.

Implementation of a Peer Mentorship Program in the HVOR. Karen J. Davis, MBA, RN, CAPA, Mary Ann Pottier, RN-BC.

Sepsis. Kelsey Battige, RN, David Stultz, RN, Danielle Czarnecki, RN, Nancy Pogg, RN, Sarah Kinnaman, RN, Krishna Kharel, RN.

Reducing Specimen Identification Errors in the Emergency Department. Rhonda Fernandes, MSN, RN, CEN.

Complementary and Alternative Strategies for the Relief of Pain and Anxiety: A Nurse Driven Intervention. Katherine Bak, MSN, RN, BC, Allison Kostrzewa, MSN, RN, CNRN.

Effectiveness of a Multimodal Educational Program to Improve Mobility Practices in Intensive Care. Marisa Pease, BS, RN, CCRN, Daryl Mucci, BS, RN, Kathy Austin France, BS, RN, CCRN, Karen Shea, RN, Elizabeth Shaheen, BS, RN, CCRN.

Preoperative Education: Changing Patient Perceptions and Expectations One Spine at a Time. Allison Kostrzewa, MSN, RN, CNRN, Amber Monson, MSN, RN, CNL, Donna Wilson, MS.
Make An Impact By Investing In Baystate Health Nurses

Charitable gifts play an important role in supporting nursing education and the development of our nursing leaders at Baystate Health. Last year, thanks to the generosity of our donors, Baystate Health Foundation helped fund scholarships and education programs for our nurses.

This year, we hope you will select Baystate Health Foundation as your charity of choice and make a gift in support of our nurses by visiting baystatehealth.org/bhf or calling 413-794-5444. Together, you help us deliver a higher state of caring.