Inside this Issue

- Highlights
- Feature Affiliate
- Nurse Residency Reflection
- Residency Information & Updates
- Capstone Evidence-Based Practice Projects
- How Are We Doing?
- Accreditation Update
- General Information

Baystate Orthopedic Surgery Center (BOSC) hires 1st Nurse Resident: Nurse Resident Dena Phelps, BSN, RN is welcomed by Preceptors Joanne Long (L), Dena, Lori Cope, Jennifer Frangiamore (R)

Above: Nurse Residency July 2015 7th cohort

Nurse Residency 7th & 8th cohorts joins us!
Summer 2015 was our largest hiring to date – over 70 new graduate nurses made up of current employees transferring into a new role and external new hires. The July group included 35 new nurses; in September 2015, an additional 32 nurse residents joined BMC.

Baystate Health implemented the Nurse Residency Program in July 2013 to address issues surrounding an anticipated nursing shortage, and a plan to increase nurse retention. See “It Takes a Village” section to learn how the program benefits from the experienced and knowledge of Preceptors.

The UHC/AACN Nurse Residency Program™, the nation’s top nurse residency curriculum, is designed to empower our nurses—and transform our institution. In the first 3 years, UHC/AACN Nurse Residency Program™ hospitals had an aggregate turnover rate among first-year nurses of just 5.6%, compared with the national average of 27.1%.
Congratulations Nurse Graduates!

Left to Right: Marcia Duclos, Nancy Shendell-Falik, Bridget McDonald, Rachel Cowan, Rosemary Zehlaoui, Liliana Eaves, Olga Karcha, Alysha Marcil, Chris Hibbard, Stacey Charon, Christine Klucznik, Cara Chandler

September 2015 Nurse Graduates

<table>
<thead>
<tr>
<th>Graduate</th>
<th>Unit</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olga Karcha</td>
<td>Daly OR</td>
<td>BSN</td>
</tr>
<tr>
<td>Stacey Charon</td>
<td>Daly OR</td>
<td>BSN</td>
</tr>
<tr>
<td>Rosemary Zehlaoui</td>
<td>Daly 6B</td>
<td>BSN</td>
</tr>
<tr>
<td>Alysha Marcil</td>
<td>Daly OR</td>
<td>BSN</td>
</tr>
<tr>
<td>Liliana Eaves</td>
<td>Daly 5A</td>
<td>BSN</td>
</tr>
<tr>
<td>Christopher Hibbard</td>
<td>Daly OR</td>
<td>BSN</td>
</tr>
<tr>
<td>Rachel Cowan</td>
<td>INCH</td>
<td>BSN</td>
</tr>
<tr>
<td>Bridget McDonald</td>
<td>INCH</td>
<td>BSN</td>
</tr>
<tr>
<td>Erica Benoit</td>
<td>S2</td>
<td>AD-BSN</td>
</tr>
<tr>
<td>Marcia Duclos</td>
<td>Brightwood Health Center</td>
<td>AD-BSN</td>
</tr>
</tbody>
</table>

Left to Right: Preceptor Heather Bannon, Rosemary Zehlaoui, Shawna Edwards, Lynn Morris

Dr. Mark Keroack, BH President, addresses the September Graduates

The future of the nursing profession relies on effectively recruiting and retaining novice nurses.

Marcia Duclos (L) with her preceptor, Rebecca Poltack RN, BSN (R) at Brightwood Health

It Takes a Village

Thank you Nurse Preceptors! The pillar of a nurse resident’s success comes from their preceptor. Please take time to recognize and thank the nurse preceptors who are helping to build our future nursing leaders.

The implementation of the NRP has demonstrated success with keys points on data interpretation and why so important to retain; 84.4% two-year retention rate to date of graduated residents compared with 2010 retention rate of 79.2%. The team has developed the following plan moving forward:

- **Initiate** accreditation process with the Commission on Collegiate Nursing Education (CCNE)
- **Increase** cohort size and number of cohorts in relation to projected retirement and vacancy needs
- **Implement** program into specialty units and outpatient settings

Milestone Achieved!

NRP04 Nurse Residents celebrate their graduation in the Tolosky Living Room on July 22, 2015. Colleagues, Preceptors, Educators, Managers and BMC Leadership joined the residents to celebrate their professional accomplishment.

Clockwise top right: Christina Petrucci, Kelsey Niemiec, Nicole Konderwicz, Maggie Kuntz, Jennifer Dziedzic
July 2015 Nurse Graduates:

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelsey Niemiec</td>
<td>Daly 5A</td>
</tr>
<tr>
<td>Jennifer Dziedzic</td>
<td>MM7</td>
</tr>
<tr>
<td>Samantha Scibelli</td>
<td>MM6</td>
</tr>
<tr>
<td>Holly Pitoniak</td>
<td>INCH</td>
</tr>
<tr>
<td>Colleen Thibault</td>
<td>ED</td>
</tr>
<tr>
<td>Patrick Shinoda</td>
<td>HVCC</td>
</tr>
<tr>
<td>Amanda Bryant</td>
<td>Daly 6A</td>
</tr>
<tr>
<td>Christina Petrucci</td>
<td>Daly OR</td>
</tr>
<tr>
<td>Molly Gove</td>
<td>Daly OR</td>
</tr>
<tr>
<td>Megan Cooke</td>
<td>DSA</td>
</tr>
<tr>
<td>Stephanie Scherpa</td>
<td>W4</td>
</tr>
<tr>
<td>Alexandra Marra</td>
<td>MM5</td>
</tr>
<tr>
<td>Nicole Konderwicz</td>
<td>W3</td>
</tr>
<tr>
<td>Erica Trombly</td>
<td>NICU</td>
</tr>
<tr>
<td>Wilberthe Pilate</td>
<td>Obs</td>
</tr>
<tr>
<td>Margaret Kuntz</td>
<td>Obs</td>
</tr>
</tbody>
</table>

Clockwise top right: Patrick Shinoda, Amanda Bryant, Stephanie Sherpa, Alexandra Marra, Erica Trombly, Samantha Scibelli, Wilberthe Pilate, Molly Gove, Holly Pitoniak

Top Photo: Megan Cooke and her Mom
Bottom Photo: Molly Grey and Colleen Thibault
Featured Affiliates:
BMC Respiratory Therapy Department

Celebrating a Birthday!
The Respiratory Therapy Care Team takes time to recognize each other. Pictured here are some members of the team celebrating John Santos’s birthday

Left to Right: Respiratory Therapy Student, Terry Eckert, Yesica Silva, Josie Znoj, Betsaida Tanow, Renate Robinson, John Santos, Mark Deehy, Robert Castor, Laurie Matczak, Maria Torres, Sarah Goodwin

Respiratory Therapy Care Team covers every aspect of patient care including the Neonatal Intensive Care Unit, Emergency Department, Surgical/Medical Intensive Care and Patient Care Units.

Every team member from Staff Assistant, Billing Specialist, Equipment Specialist and Respiratory Therapy Specialist are involved in providing excellent patient care.

All Respiratory Therapists at Baystate Medical Center are certified through the American Association for Respiratory Care (AARC).

Interprofessional Collaboration
It is clear that how care is delivered is as important as what care is delivered. Developing effective teams is critical to achieving care that is patient centered, safer, timelier, and more effective, efficient, and equitable.

Equipping a workforce with new skills and new ways of relating to patients and each other requires a shift of both the current health professions workforce and interprofessional learning approaches for supporting health care clinicians overall. New graduates are currently trained with the interprofessional model concept. Settings that promote interprofessional collaboration among the health care team support positive patient outcomes and quality of care.

Baystate Medical Center has multiple ongoing studies and residency programs that support interprofessional collaboration and learning through the patient’s experience.
“The Little Things, Often Not So Little”

She extended her hand, looking for mine, as the medicine began going through the IV—she mumbled “thank you,” under the thick plastic oxygen mask.

Monday morning, I arrived to work with a smile on my face. It was week two of my orthopedic/truma rotation, and the end of month 9 of my clinical orientation. This being said, I was feeling comfortable to work independently in the room that morning. I went to pre-op to meet my patient; a middle aged woman who was scheduled for an open reduction, internal fixation of both her tibia and fibula on her right leg. I began asking the patient the typical questions about NPO status, if she had any metal in her body, etc. When I looked up from my paperwork, I noticed the tears in her eyes, which helped to explain the tremble in her voice while she answered my routine questions. I took a seat in the empty chair next to her stretcher and asked if she had any questions. “I am so scared” was the only response she was able to verbalize before crying. “I have never had surgery before, I am so scared” she repeated. I began explaining to her what she could expect over the course of the next 45 minutes to an hour. I explained that she would meet her team, who would work together to keep her safe throughout the procedure. I explained what would happen once we enter the room, until she falls asleep. After explaining this to her, the tremble in her voice seemed to disappear. She thanked me, and I went to set up the room.

When I returned to bring the patient down to her room, she still appeared anxious. She was playing with her blankets, moving her IV tubing from one side of her arm to the other, and her eyes were red and watering. As we wheeled her to the room she sighed, and again said, “I am so scared”. I grabbed her hand and gave it a squeeze, although not much, it seemed to comfort her. Once in the room I asked her to tell us her name, birthday, allergies and procedure. She answered appropriately, but the tremble was back. I explained to her what was occurring in the environment around her. Someone at the head of the bed, so many wires, someone at the side of the bed, heavy belt strapped across the lap, someone on the other side of the room, noises of metal hitting metal, doctors in and out talking about the case but not to the patient, cold stickers, blood pressure cuff, compression boot, smelly plastic mask with oxygen, another person at the head of the bed, pressure against the neck, stinging in the arm, then off to sleep … all things health care professionals in the operative setting deal with every day and yet these things are extremely scary for a patient. I explained each event as it happened. She extended her hand, looking for mine as the medicine began going through the IV, and mumbled “thank you” under the thick plastic oxygen mask. My patient was off to sleep; my first orthopedic case working independently went off without a hitch.

Late Wednesday afternoon, I finally realized what I had done for my patient early Monday morning. At the end of my last scheduled case I received a call from the desk informing me that I had an add-on case. Per my routine, I brought my patient to PACU, and went directly to pre-op to see my next patient. I didn’t get halfway into the room when I heard someone say “Alysha! It’s you again, how nice.” I looked up and saw my patient from early Monday morning sitting in the bed. She reached out her hand to grasp mine, and thanked me again. She told me how much I helped her get through her first surgery ever. “I know exactly what to expect today, and I am so glad that I have you again today!” she continued to say to me. Early Monday morning, I was just doing my job, being there for my patient, looking beyond the paperwork and the broken leg to the person actually lying in the bed in front of me. I was able to care for this patient a total of three times that week, and each time I could see she was a bit more relaxed than the time before. Being able to make this difference to this patient reminds me of the reason I wanted to become a nurse in the first place.
Nurse Residency Program Seminar

Schedule:
- All Seminars are scheduled for 4-hour blocks (9a-1p or 8a-12p).
- Location: Annex Springfield 6 or Whitney Ave as noted.
- Seminar attendance is expected; tardiness or absenteeism follows the same guidelines as noted in the BH Policy 801.

Seminar Updates:
Partnering with Interprofessional Team Members
The UHC/NRP updated the program curriculum Spring 2015. The evidenced based curriculum provides content that supports the new graduate nurses transition into the clinical setting. The development includes interprofessional roles presenting and sharing how nurses can partner together to impact positive patient outcomes. The interprofessional roles include: Respiratory Therapy, Pharmacy, Physicians, Case Manager and Social Worker roles.

Nurse Residency Program Accreditation Update: The Nurse Residency Program has begun the process to seek accreditation through the CCNE. The process is similar to the Magnet accreditation process as they share the same accreditor. In evaluating a post-baccalaureate nurse residency program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with key elements:
- Program Quality: Program Faculty
- Program Quality: Institutional Commitment & Resources
- Program Quality: Curriculum
- Program Quality: Effectiveness

Please read more info on accreditation planning page 9

<table>
<thead>
<tr>
<th>Patient Safety &amp; Outcomes</th>
<th>Professionalism</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full member of the Interprofessional Healthcare Team</td>
<td>Professional Development Portfolio</td>
<td>Prioritization &amp; Organization of Care Skills</td>
</tr>
<tr>
<td>Patient Assessment &amp; Reassessment</td>
<td>American Nurses Association of Code of Ethics</td>
<td>Delegation &amp; Supervision Skills</td>
</tr>
<tr>
<td>Patient/Family/Caregiver Education</td>
<td>Ethical Decision Making</td>
<td>Assignment/Patient Acuity Skills and Strategies</td>
</tr>
<tr>
<td>Early intervention criteria &amp; Quality Outcomes</td>
<td>Cultural Competence and Care</td>
<td>Resource Management &amp; Financial Accountability</td>
</tr>
<tr>
<td>Evidenced Based Practice</td>
<td>Data Collection &amp; Analysis</td>
<td>Critical Thinking Skills</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>Communication Skills</td>
<td>Health Care Quality Initiatives</td>
</tr>
</tbody>
</table>

Nurse Residency Program seminar provides a curriculum to new graduate nurse residents that was developed by experts in health care quality and nursing, www.uhc.edu. The UHC/NRP curriculum was recently revised Spring 2015 and based on the best evidence that supports new graduate nurses transitioning into clinical practice.
People’s Choice Winners

July 2015
Physicians and Nurses: Is there a knowledge gap regarding CAUTI prevention?
Left to Right: Colleen Thibault, Stephanie Scherpa, Margaret Kuntz, Amanda Bryant

September 2015
Sharps: Make it a Point!
Left to Right: Alysha Bastine, Olga Poznyur, Stacey Charon, Chris Hibbard

People’s Choice Runner Ups

July 2015
Hourly Rounding: A Nurses Perspective
Left to Right: Nicole Konderwicz, Kelsey Niemiec

September 2015
Let’s Take a Step in the Right Direction: Early Ambulation in Hospitalized Patients
Left to Right: Liliana Eaves Rosemary Zehlaoui, Natalie Bass (absent)

AD-BS Capstone Project

AD-BS Nurse Resident Capstone Project
Erica was one of two graduating AD-BS Nurse Residents in September 2015. Baystate Medical Center continues to hire AD Nurse Graduates and support their achievement of a BSN degree. For information on Forgivable Loans please contact Patty Samra.
Left to Right: Patty Samra, Director of Workforce Planning, Erica Benoit, BSN, RN Springfield 2, Cara Chandler, VernetTE Townsend, Director Of Medical Nursing and Transplant Services.

See all of the Evidence-Based Practice posters on the library website:
http://scholarlycommons.libraryinfo.bhs.org/nursing_capstone_project/
Trends & Outcomes

UHC / NRP Program Surveys: Completed 3 times during the yearlong residency:
Onboard (Initial), 6 months, & 12 months

1. Casey Fink Survey- Measure confidence and competence in clinical practice
2. Progression Survey- Measures the relationship between the nursing education and both the quality and safety of patient care.

Summary of Results: (1-4 Scale)
How we are doing compared to national NRP’s:
- BMC had higher Onboard overall mean score of 3.09 compared to that of “All Organizations” score of 3.05
- BMC had higher 6- and 12-month Overall Mean Scores (3.24 and 3.33, respectively) compared to that of “All Organizations” (3.17 and 3.25, respectively)
- 6 month results reflected a positive perspective of Support, Organizing, Communication, Leadership, and Professional Satisfaction among the Nurse Residents
- Overall survey results demonstrated improvement in nearly all measured aspects compared to that of “All Organizations”

Retention rates reflect staff engagement within the workforce. It is important for Nurses to have meaningful work that serves a purpose for the greater good.

Cultural diversity in the workplace provides opportunities to deliver quality care and promote patient satisfaction and emotional well-being.

The Nurse Residency Program supports the competence and confidence of New Graduates through seminars that foster critical thinking and develop professional practice behaviors.
Nurse Residency Program Accreditation

**Nurse Residency Programs** were developed to improve quality of patient care by providing additional training and support to the new nursing graduate. The purpose is to support the development of competent professionals who will provide patient care leadership at the bedside.

**How the NRP supports New Grads:** The complexity of patient care today requires highly competent nurses who use research and other forms of evidence to guide practice to ensure patient safety and quality care. New Graduate Nurses must develop skills to apply valid current and emerging evidence to improve outcomes for their patients. Education, training, and support for new nurses are necessary to fully develop professional practice and skills critical to patient safety and quality of care. Baystate Medical Center provides extended orientation and/or residency programs to support new graduates in the transition into practice.

**It takes a Village:** An aging nursing workforce, combined with diverse career opportunities and an increased societal need, are driving the demand for professional nurses. The support and education provided in a nurse residency program is designed to improve retention and job satisfaction for new graduates, and to strengthen their life-long commitment to professional nursing. The experienced workforce is the pillar of the program and the most crucial role to the success of the New Graduate Nurse.

**Accreditation** is a nongovernmental process conducted by representatives of professional groups. Accreditation focuses on the quality of institutions and on the quality of educational programs within institutions.

**The Commission on Collegiate Nursing Education (CCNE)** is an autonomous accrediting agency, contributing to the improvement of the public’s health. As part of this mission, CCNE is the standard setting accrediting organization. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices.

**Accreditation provides measures to validate high quality programs that result in nursing excellence**

**Why seek accreditation?** Because of the wide variety of transition-to-practice programs and their characteristics, nationally recognized accreditation standards have been developed and are contained herein to ensure uniformity of the quality, content, and structure of nurse residency programs.

**The Plan:**

- Identify criteria and standards to qualify for requesting permission to apply for accreditation
- Establish plan to align current program with accreditation criteria and standards
- Complete application package
- Review process begins by requesting applicant status
- After receiving applicant status, submit a self-study that will address all accreditation standards
- Host a comprehensive on-site evaluation
- Following the on-site evaluation, the evaluation team presents its assessment to the chief nursing officer
- CCNE’s Residency Accreditation Committee (RAC) reviews the team report and the chief nursing officer’s response and makes a confidential recommendation to the CCNE Board regarding the program’s compliance with CCNE Standards.
- The CCNE Board reviews the team report, the chief nursing officer’s response, and the recommendation of the RAC and makes a final determination regarding accreditation

You are welcome to join as we take the steps to secure NRP accreditation for BMC.

Please contact Cara Chandler for more information on how you can help. Thank you!
Cara Chandler, MS, RN, CNL
Manager, Nurse Residency Program

Office Hours:
Monday 9am-11am, 2pm-4pm
Wednesday 2pm-4pm
Thursday 1pm-4pm

Available by appointment:
Text, phone, or email your request. Please communicate your availability and preferred method of meeting: in-person, Telephone, Skype, Fuze, or going for a hike!

Contact information:
413-794-0470
cara.chandler@baystatehealth.org

Magnet® Award, Again!
Less than 2% of our nations hospitals are awarded Magnet® a 3rd time—We did it!

Benefits of Magnet Designation
• Attract and retain top talent
• Improve patient care, safety and satisfaction
• Foster a collaborative culture
• Advance nursing standards and practice
• Grow business and financial success

Magnet® designation has become the gold standard for nursing excellence and is taken into consideration when the public judges healthcare organizations. In fact, U.S. News & World Report’s annual showcase of “America’s Best Hospitals” includes Magnet® recognition in its ranking criteria for quality of inpatient care.

Next Issue: Winter 2016
• It Takes a Village
• Resident Reflections
• NRP Accreditation Updates
• Featured Affiliate
• Next cohort (9th!) planning
• Graduates Update

BH Nurse Educators collaborating!

Please submit a news item or kudos to share with our team.
Email cara.chandler@baystatehealth.org for more information.