

# Annual Nursing Report

## 2021





It is with great pride and deep gratitude that I present the New England Baptist Hospital's (NEBH) 2021 Nursing Annual Report. Throughout this time, we continued to cope with the COVID-19 pandemic with our NEBH colleagues and those throughout the city and state. Despite the pandemic and subsequent challenges, NEBH nurses managed through their dedication and resiliency. NEBH nurses navigated the uncertainty and multiple changes with poise. They led, and pivoted when necessary, with a relentless focus on high quality, safe patient care. I thank and deeply appreciate NEBH nurses for always stepping up and delivering on exceptional care.



Mary Sullivan Smith, DNP, RN, NEA-BC with Journey of Excellence Council co-chairs Tricia Peters, BSN, RN, ONC, Bond Center, Clinical Nurse and Marissa Alberghini, BSN, RN, Clinical Nurse, 5 East

Innovation, flexibility, resilience, and compassion are exemplified daily by NEBH nurses. Countless examples across NEBH are worthy of recognition and celebration; I am pleased to spotlight several in this report. As a Magnet® recognized organization, NEBH is on the path for re-designation. This reaffirms our efforts in driving clinical excellence through nursing practice. Throughout 2021, our focus was building a Nurse Residency, Transition to Practice Program for newly licensed nurses in the Operating Room and in the Surgical Inpatient units. We worked diligently to develop a contemporary, evidence based, best practice program through newly established class content, competencies, evaluations and simulation programs. We have graduated multiple cohorts and are delighted to offer this structured and supportive program at NEBH.

The NEBH professional practice model (PPM) is our core: Empowered Leaders, Quality Achievement, Innovation, Lifelong Learning, and Expert Caring. Each month these tenets of our PPM come alive during our Professional Governance council meetings. This is where we advance the professional nursing practice environment, leveraging the voice and perspective of clinical nurses. During 2021, our all-day council meetings continued in the virtual format. We continued to meet monthly to advance this tremendous work.

I hope you enjoy our retrospective report of 2021, highlighting the vital work and contributions achieved by the NEBH nursing community. I am honored and humbled to lead this remarkable team and I look forward to continuing our work into 2022.

Best,

Mary Sullivan Smith, DNP, RN, NEA-BC  
Senior Vice President, Chief Operating Officer and  
Chief Nursing Officer



Cover: Left to right: Paula Sylvester, BSN, RN, OR Clinical Nurse, Team Leader Spine, CN IV and Katie Maresca, BSN, RN, OR Clinical Nurse, CN III





We are two years into the COVID-19 pandemic, and I continue to be amazed by your determination and flexibility during unforeseen circumstances.

As a provider for orthopedic surgery and the treatment of musculoskeletal diseases, we accepted many daunting challenges outside of our customary sphere. For all of us in health care—particularly nurses—this presented a more than demanding call to service, which was answered with expert critical thinking and deep compassion.

Nursing met the moment, creating an environment of care and bringing a level of skill and expertise that ensured that each and every patient that came through our doors had access to the best possible care.

These were astounding contributions by any measure.

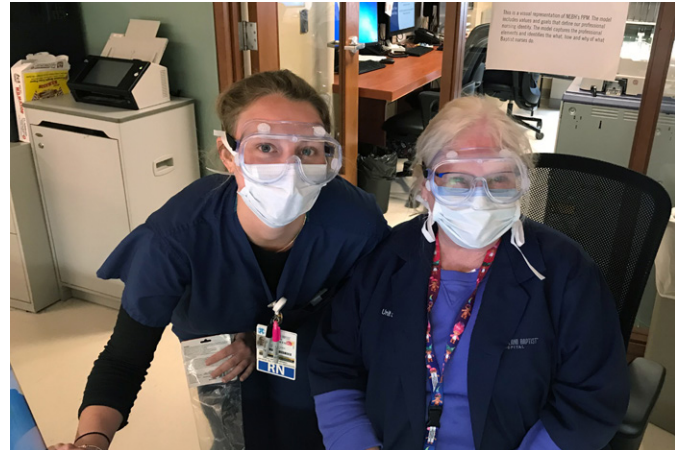
Not only did you show up in new and compassionate ways for our patients, but for each other by living the Baptist way. This year, as in all years, our Nursing team showed up for one another – helping strengthen our practices, collaborate on challenging cases and find answers to difficult problems.

It's no wonder that Press Ganey, the national leader in healthcare consumer and workforce engagement, named New England Baptist Hospital for the 2021 Pinnacle of Excellence Award® in patient experience.

Thank you for making our patients and their families feel cared for and understood.

With appreciation,

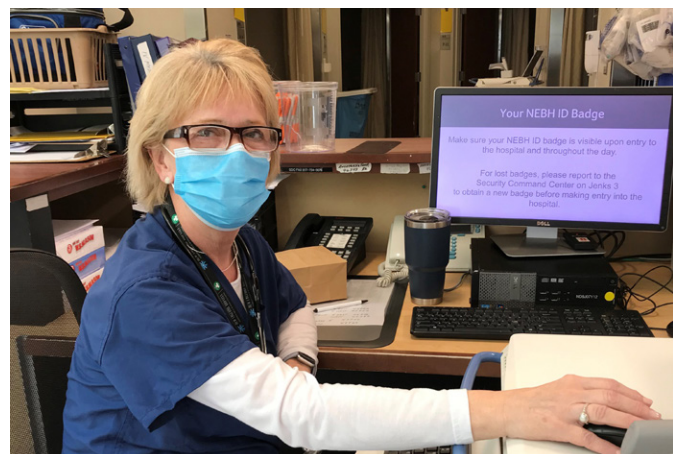
David A. Passafaro  
President



Left to right: Liz Vanflandern, BSN, RN, Clinical Nurse, 4 West and Marie Nolan, Unit Secretary, 4 West



Left to right: Mary Sullivan Smith, DNP, RN, NEA-BC; Betty Sanders, Mobility Aide, 4 West, and Cathy Donovan, MSN, RN, ONC, Nurse Manager, 4 West



Bond Center Clinical Nurse, Nancy McGilvery, RN



# Empowered Leaders

At NEBH the voice and perspective of all nurses are represented and heard through our Professional Governance structure and council meetings. Once a month, nearly 75 nurses representing all areas of nursing practice and leadership, gather to provide ideas, input, and expertise regarding nursing practice, leadership, research, quality and safety and professional development. Together, our unit-based councils (UBCs) and central councils, elevate nursing practice with the partnership and collaboration required to be successful. Due to COVID-19, our All-Day Council meetings became remote via a virtual platform. We all became expert with our Zoom and Teams' applications and most importantly, our collective and collaborative work to advance the professional practice environment, continued.

Leading and advancing through turbulent time is never easy but throughout the COVID-19 crisis, NEBH nurses rose to the challenges. You were flexible, open and displayed a can-do attitude while we delivered care for medically complex patients. This pivot allowed BILH hospitals to decant and focus on COVID positive patients. We also lead and advance by seeking outside, third party validation of our work. It is an endorsement of our collective mark on nursing and musculoskeletal (MSK) care and services. Our work with the American Nurses Credentialing Center (ANCC) for our Magnet designation and accreditation for our Nurse Residency, Transition to Practice Program for newly licensed nurses represent this level of validation.

We also aligned with The Joint Commission (TJC) for Advanced Disease Specific Certification in two programs: Total Hip & Total Knee and Spine Surgery. This work represents an intraprofessional collaboration between our surgeons, physicians, anesthesia, nurses, advanced practice providers, PT/OT, leadership,

support staff, radiology, pharmacy and laboratory team members. Both programs focused on compliance to the standards and dissemination of information on patient education, staff education, Clinical Practice Guidelines (CPGs), data & dashboards, and continuous improvement endeavors.

## Professional Governance Model



*Continued on next page*

## Empowered Leaders, *continued*

All nurses are leaders who influence care at every step along a patient's journey. Guided by our Chief Nursing Officer, Executive Directors, Nurse Managers, Clinical Leaders and Educators, and Nurse Coordinators, NEBH nurses are empowered to cultivate a professional practice that encompasses advocacy, influence, knowledge and expertise.

Strong communication and collaboration with teams showcase innovative ideas resulting in better patient outcomes. This was evident during the COVID-19 pandemic. We also continued to mature and evolve our Professional Governance, a practice through our nursing shared decision-making structure. Clinical Nurses are chairing councils,

committees, and work groups to improve workflow, impact care delivery and the work environment.

## Nursing Professional Practice Model

This is a visual representation of NEBH's Professional Practice Model. The model includes values and goals that define our professional nursing identity. The model captures the professional elements and identifies the what, how and why of what Baptist nurses do.



**Model is surrounded by the NEBH Mission**



**The five elements of our nursing practice are highlighted**



**NEBH core values are at the center of the model**

## Nursing Vision

We will be recognized as a leader in exemplary nursing practice, compassionate care delivery, research and innovation. We will foster a professional practice environment that engages nurses in improving the quality of life for patients and in enhancing the clinical environment.

## Nursing Mission

Nurses will transform lives through an unwavering commitment to excellence in patient care and outcomes.



# Quality and Safety

Thanks to our ongoing focus on collaboration, continuous improvement and care excellence, we continue to demonstrate exceptional quality and safety outcomes, patient experience scores and solid nurse satisfaction survey results. In another year dominated by the pandemic, our patients continued to receive personalized, high-quality care by NEBH nurses. The following highlights the work of the NEBH nursing team and underscores the impact of teamwork and a determined focus to continually improve the experience and outcomes for patients and families in our care.

At NEBH we have a strong data driven approach which supports our decision making. At our monthly All-Day Council meeting opening, we discuss and review our dashboards; data is provided to each Unit Based Council (UBC). Discussion continues in the Quality & Patient Safety Council.

Our continuous improvement (CI) framework consists of three levels: Yellow Belt, Green Belt and Black Belt. The Yellow Belt program participants at NEBH are equipped to lead single or multi-department improvements using the Continuous Improvement (CI) Roadmap. Applying the Aim-Measure-Change-Sustain approach, the teams improve by:

- Clarifying the problem and current state
- Analyzing the process and data to confirm root cause
- Implementing solutions using Plan-Do-Study-Act (PDSA) and
- Sustaining the gains

All co-chairs of our UBCs and some members attend the Yellow Belt training. The Green Belt program participants receive additional education and coaching, enabling the teams they lead to identify, implement and sustain more complex improvements. They develop a higher level of experience with a wider variety of CI tools and techniques to address a wider variety of needs and challenges across many NEBH groups.

The Black Belt program participants receive more in-depth education and development, not only on additional CI approaches and tools, but also CI leadership skills such as principles of excellence, behavior change and personal development. With this holistic skill set, Black Belts are skilled to mentor and train teams across NEBH. These cross-disciplinary

teams are then equipped to address NEBH's most complex and compelling improvement opportunities, and lead the evolution of NEBH's culture of excellence, safety, and CI.

Within our Professional Governance structure, we also leverage our Continuous Improvement Roadmaps which are a one-page visual depiction of an initiative being worked on at the unit level. The UBC, in partnership with unit leadership, devotes their time and expertise to improving an identified opportunity. Roadmaps have covered essential topics such as cardiac alarms and noise, aromatherapy to assist with post-op nausea and vomiting, medication communication, electrolyte protocol, falls, pressure injuries, workplace safety & resilience. An few examples are on the following pages.



4 West team members from left to right standing: Cathy Donovan, MSN, RN, ONC, Nurse Manager; Laura Morgan, MSN, RN, WCC, Clinical Leader; Anne Lacey, RN, Clinical RN, Michelle Dwyer, MSN, APN, Hospitalist team; Danielle, LaFave, MSN, APN, Hospitalist team; Front row: Jill Wasylow, BSN, RN, Clinical Nurse; Maricar Natividad, BSN, RN, Clinical Nurse



# CI Roadmap: Medication Communication

Owner: 5 East UBC Sponsor: Taylor Trifero & Olivia Brancato / Mary Beth Hamilton  
May 24, 2021

## AIM

### 1. Background

Why is this the right problem to solve right now?

Patient satisfaction scores regarding how effectively staff educates patients about possible side effects of new medications are not consistently above the national average. The results of these patient satisfaction scores shed light on the need for evidence-based strategies to improve a patient's perception of the medication education provided to them. (Woolley, Kyle R., "Enhancing Education of Medication Side Effects to Improve Patient Outcomes" (2015). Master's Projects and Capstones. 246) Patients experience discharge as a distinct episode in their hospital care, but it also colors their perception of the entire hospitalization. Staff may give important instructions once, but as in all learning, studies show that repetition and reinforcement are needed for patients and families to take in all of the information. Healthcare professionals may perceive such repetition as excessive, but patients and families find it helpful and reassuring to hear information repeated. Effective communication is an essential skill for the nursing profession because it has been linked to improved patient satisfaction and health outcomes. (Potter & Martin, 2005).

### 2. Current State

Where things stand today.

- 5 East communication about medication rate for March 2021 is 65.7%, which is **below** the NEBH Target rate of 73%.
- 5 East communication about medication rate for FY 2021 is 67.9% which is **below** the NEBH Target rate of 73%
- 5 East communication about medication is **above** the National Benchmark of 60.1%.

### 3. Smart Goal

What outcome is required?

- 5E to increase communication about medication HCAHPS rate to the NEBH target of 73% by 6/28/21.

## MEASURE

### 4. Analysis

What's the top root cause?

- Ineffective communication between the nurse and patient about medications and the side effects.
- Patient may not understand the information given to them because of sedation due to anesthesia or side effects of narcotics.
- Patients may forget the information given to them if only explained once during hospitalization.
- Patient overwhelmed with too much information given to them at discharge.

## CHANGE

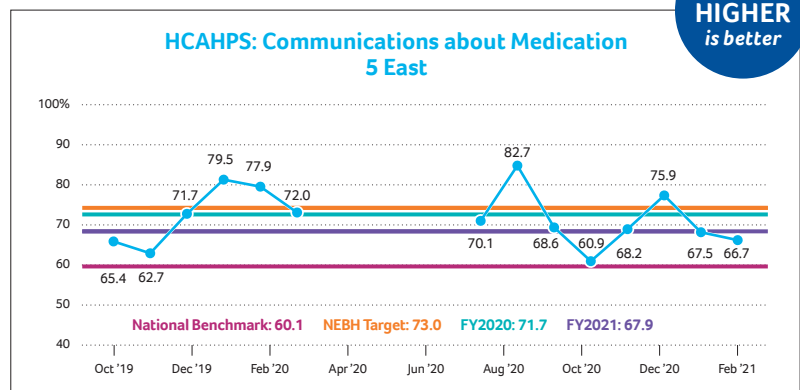
### 5. Countermeasures & Plan

Who, what, when?

- **Early** patient education on new medications day of admission.
- Patient education needs to be comprehensive and easily understood.
- **Repetitive** patient education with new medications needed for patients to take in all of the information.
- **Teach back** — ask the patient to explain to you about their medication and side effects as though they were teaching you about the medication.
- Remind staff to use effective communication with patients about their new medications through emails and daily safety huddles.
- Print Care Notes on new medications on initial administration of medication and review with the patients.
- Medication Pamphlet went live 3/1/21 after receiving positive feedback across the hospital.
- Continue to assess monthly quality data after the initiation of the pamphlet.
- Brainstorm new project topics to work on while continuously reviewing data from medication pamphlet.

### 6. Results

Data outcome & metrics



**Communication about Medications** is the % of respondents who answered "Always"

**Questions:** Before giving you any new medicine,

How often did the staff tell you what the medicine was for?

How often did the hospital staff describe the possible side effects in a way you can understand?

## SUSTAIN

### 7. Follow-Up

How will this change be sustained?

- Continue to monitor HCAHPS scores.
- Continue with interventions above.
- Annually and as indicated reinforce education with staff and patients
- Continue to utilize medication guide with each patient interaction

# CI Roadmap: Improve Bond CAHPS Communication Score

Owner: Bond UBC Sponsor: S. Heinzelman  
September 27, 2021

## AIM

### 1. Background

Why is this the right problem to solve right now?

Our overall rating for Bond Center Ambulatory patients on the Main campus generally exceeds the National benchmark 90.9 and NEBH target ranges between 83.1 to 96.6 on the CAHPS survey. The NEBH benchmark is 91.4.

There are 5 measurements:

- Overall rating
- Recommend the facility
- Communication— ***This is the one area we often fell below the national benchmark.***
- Facility/Personal Treatment
- Discharge

### 2. Current State

Where things stand today.

- Data is reviewed monthly and we noticed irregular month to month patterns of highs and lows.
- Four of the past 6 months the unit has been above the national benchmark
- Review of Domain Questions suggest responses around anesthesia issues have lowest satisfaction scores.

### 3. Smart Goal

What outcome is required?

- Continue to maintain the NEBH target goal of 91.4 by November 2021
- Maintain benchmark above target

## MEASURE

### 4. Analysis

What's the top root cause?

- Nationally day surgery scores are hard to keep high
- Day surgery patients do not meet with anesthesia prior to their day of surgery. They do see Anesthesia pre-op but do not have the opportunity to have questions answered before the stress of day of surgery.

## CHANGE

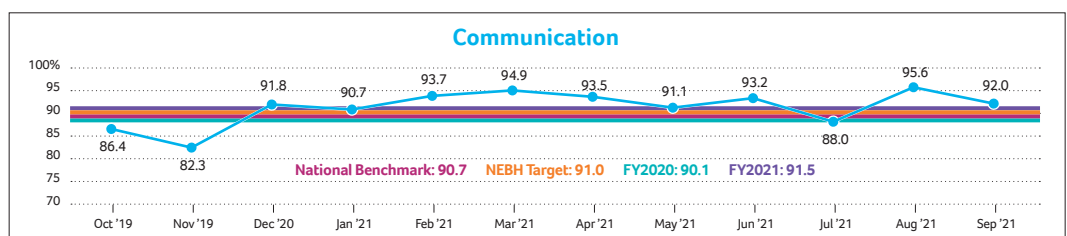
### 5. Countermeasures & Plan

Who, what, when?

- Become familiar with survey to know what is being measured
- Cont to educate staff regarding Patient Experience Dashboard results and UBC goal to maintain NEBH target rating of 91.0 for FY 2020 and FY 2021.
- Post the patient experience dashboard for staff to view and become familiar with the score along with survey questionnaire that are sent to patients.
- Encourage dialogue re: communication domain and improvement plans
- Post and discuss HCAHPS Solution Starters as a guide to educating patients and their perceptions of communication at next staff meeting
- Gathering staff input for standardized language regarding Communication with Patient Family/SO, for discharge Instructions.
- IE: Phone call for ride home, allow family/SO time to ask questions.
- Standardize documentation with family/SO in the outpatient Discharge chapter in EMR "comment section." Compliance data collection and evaluation over 6 months extension due to COVID 19 family/visitor restrictions. This is ongoing.
- Data collection from March - September 2021, compliance from Nursing staff documenting patient and Family discharge instruction/communication has consistently shown improvement.
- Implementation of new standardized discharge instructions and E-prescriptions.
- Continue to use teach back methodology.

### 6. Results

Data outcome & metrics



## SUSTAIN

### 7. Follow-Up

How will this change be sustained?

- Continue to monitor monthly score. March - June 2021 were above national benchmark and above NEBH target goal. July was below benchmark/NEBH target score — new electronic discharge pre-prescriptions implemented at that time.
- Continue to educate staff via communication tree and staff meetings adding an email for additional communication.
- Post results on Magnet board for all staff to see.



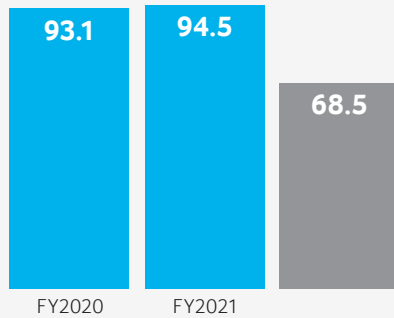
# Quality Data

## HCAHPS® — Percent of patients who responded “Always”

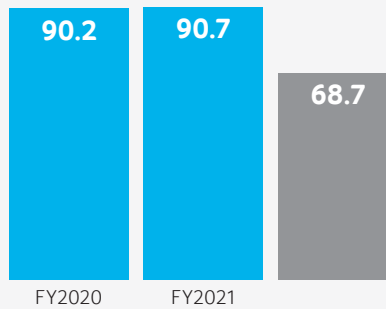
NEBH vs. Press Ganey Large Database Peer Group\*



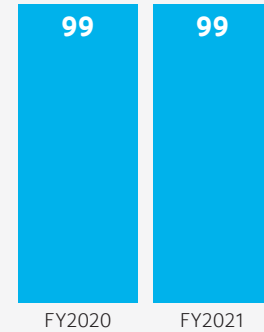
### Likelihood to recommend



### Overall Rating



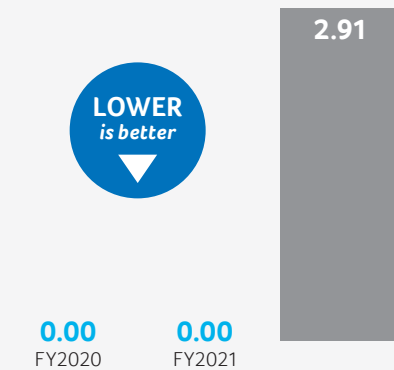
### NEBH Percentile Ranking



\*Hospital Consumer Assessment of Healthcare Providers and Systems, Source: Press Ganey

## Percent of Falls with Serious Injury

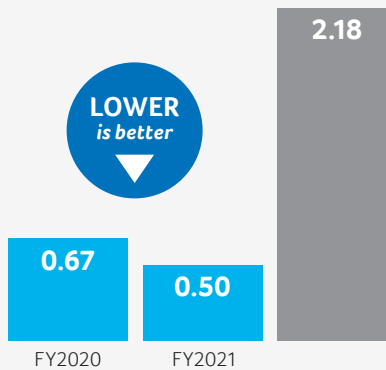
NEBH vs. NDNQI All Hospital Peer Group\*



\* Press Ganey, National Database of Nursing Quality Indicators

## Falls per 1,000 Patient Days

NEBH vs. NDNQI All Hospital Peer Group\*

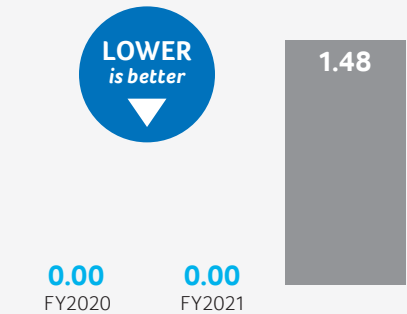


\* Press Ganey, National Database of Nursing Quality Indicators

## Hospital Acquired Pressure Injury Prevalence Study: Stage 2 and above

NEBH vs. NDNQI All Hospital Peer Group\*

Number of hospital acquired Stage 2 or Above pressure injuries per number of patients assessed



\* Press Ganey, National Database of Nursing Quality Indicators



ICU team members, left to right: Sue DeBerardinis, BSN, RN, CCRN, WCC, Clinical Educator; Bea Weisberger, BSN, RN, WCC, Clinical Nurse; Aida Rocha, PCA; Rachel Arthur, BSN, RN, Clinical Nurse; Trish Flanagan, BSN, RN, Clinical Nurse; Tony Peixoto, BSN, RN, Clinical Nurse; Theo Simon, BSN, RN, Clinical Nurse; Meaghan McDonough, BSN, RN, Clinical Nurse

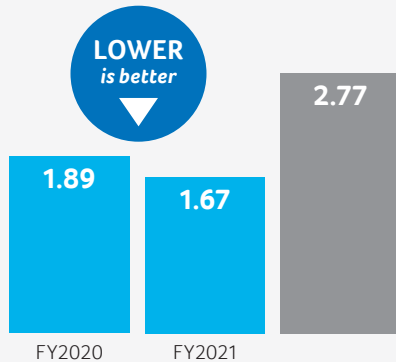


Case Management team members: Steve Menichetti, BSN, RN, CCM, Case Manager and Sean Fahey, DNP, RN, NEA-BC, Executive Director, Case Management

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### Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) per 1,000 patients

NEBH vs. Premier Inc., 101–200 Beds\*

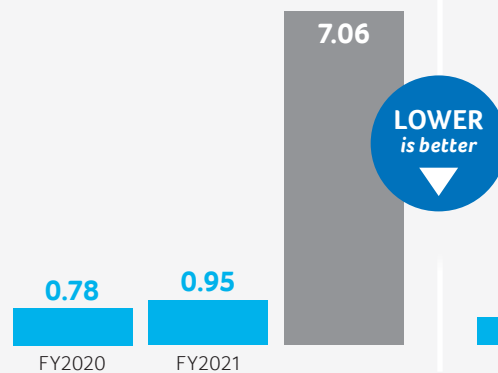


\* Premier Inc., National Quality Database

### 30 Day Unplanned Readmission Rate — All Cause

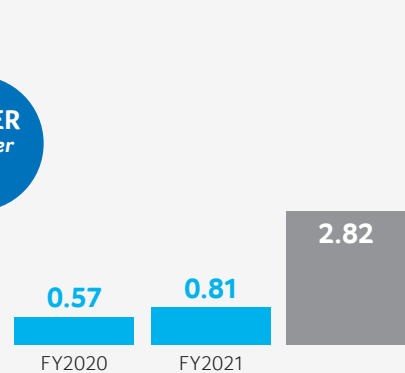
NEBH vs. Premier, Inc., 101 – 200 Beds\*

#### Overall Hospital Rate



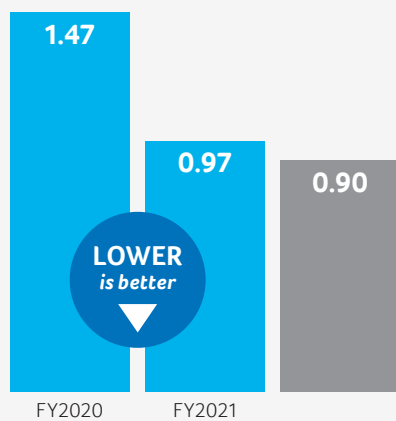
\* Premier Inc., National Quality Database

#### Hip, Knee and Spine



### CAUTI per 1,000 Catheter Days

NEBH vs. NDNQI All Hospital Peer Group\*



\* Press Ganey, National Database of Nursing Quality Indicators

### CAUTI Utilization Ratio



### Laminectomy Infection Rate per 100 procedures

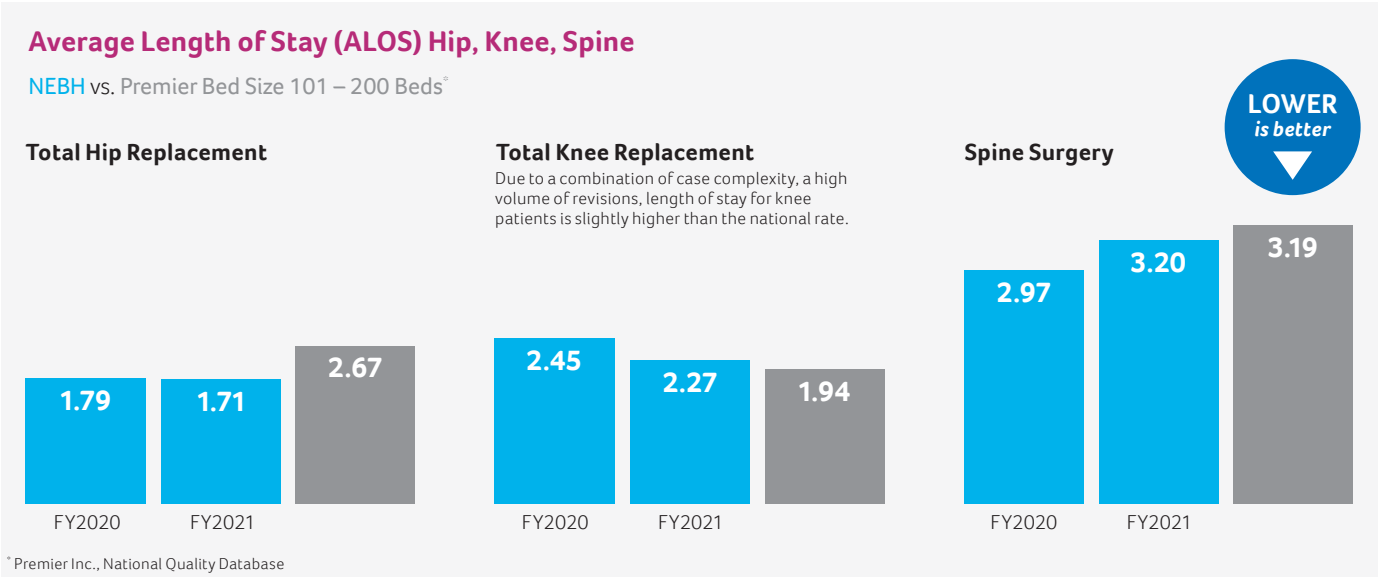
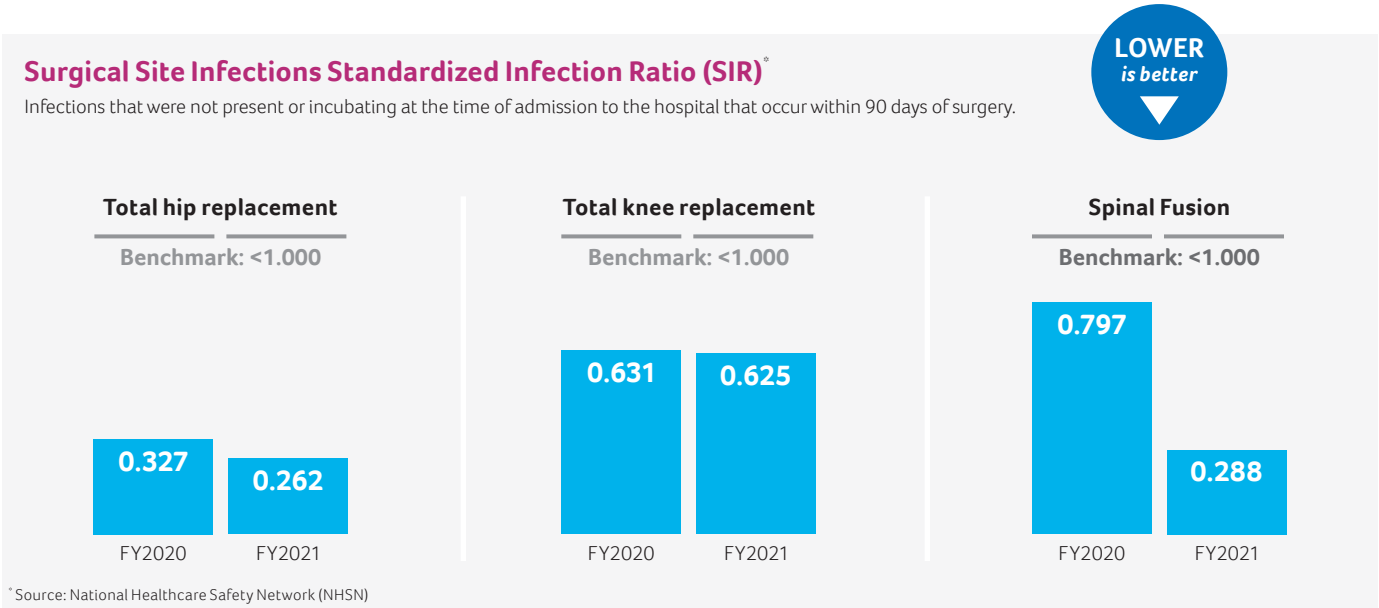


OR team members from left to right: Terri Corina, RN, Clinical Nurse; Roland Rankin, Surgical Tech; Monica Rothwell, BSN, RN, CNOR, Clinical Nurse



5 West team members from left to right: Alycia Krystofolski, MSN, APN, Hospitalist team; Darlene Kelleher, BSN, RN, Clinical Nurse; Helen Webster, PCA; Colleen Barry, BSN, RN, Clinical Nurse; Margaret McCarthy, MSN, RN, Clinical Leader; Chris Anderson, BSN, RN, Case Manager; Janet Niccoli, RN, CCM, Case Manager; Sherriann Humes, PCA

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Bond Center team members from left to right: Karen Gormley, RN, Clinical Nurse; Janet O’Leary, RN, Clinical Nurse; Nancy McGilvery, RN, Clinical Nurse; Christine Peterson, BSN, RN, Clinical Nurse; Marge Watro, RN, CAPA, Clinical Nurse; Maria Alfonso, BSN, RN, Clinical Nurse



Executive Director, Tricia Ide, DNP, RN, NEA-BC (standing) with Sue DeBerardinis, BSN, RN, CCRN, WCC, Clinical Educator, Critical Care

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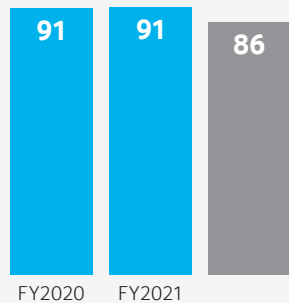


## Discharges — Percent of Patients Discharged to Home or Home with Home Care

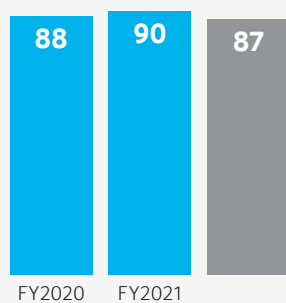
NEBH vs. Premier Area- Northeast Hospitals\*



### Total Hip Replacement

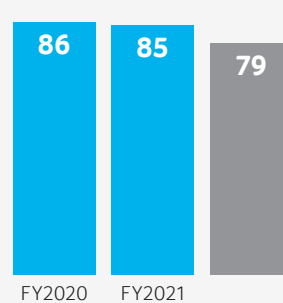


### Total Knee Replacement

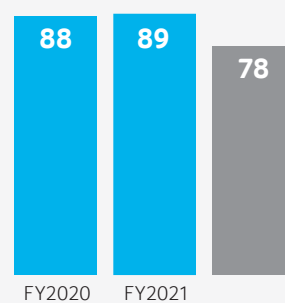


### Spine Surgery

Back and Neck, Spine Surgery -  
Dorsal/Lumbar Fusion



### Overall



\* Premier Inc., National Quality Database



Lauren Kirk, BSN, RN, Clinical Nurse,  
5 East.



PACU team members from left to right: Susan Boudreau, BSN, RN, Clinical Nurse; Ciara Lordan, BSN, RN, Clinical Nurse; Rachael Doherty, RN, CPAN, Clinical Nurse; Shannon Hurley, BSN, RN, Clinical Nurse; Don Trudeau, BSN, RN, Clinical Nurse



5 East team members from left to right: Janet McCarthy, RN, Clinical Nurse; Andrea Machado, MSN, RN, ONC, WCC, Clinical Leader; Taylor Trifero, BSN, RN, WCC, Clinical Nurse; Rachel Weinstein, MSN, APN, Hospitalist team; Bruno DaSilva, BSN, RN, Clinical Nurse; Marjorie Phillippe, PCA; Garrett McMorro, BSN, RN, Clinical Nurse; Patti Holbling, RN, Case Manager; front row, Vicky Agyeman, PCA.



ICU team members from left to right: Sue Collins, RN, CCM, Case Manager; Theo Simon, BSN, RN, Clinical Nurse; Chiara Marcoccio, BSN, RN, Clinical Nurse



# Innovation

Innovation generates new knowledge through the generation of evidence based best practices and research in conjunction with the dissemination of those findings. Applying evidence requires adaptation and innovation to improve healthcare for musculoskeletal patients. NEBH has a robust Nursing Research Council that meets monthly with an academic partnership with the University of Massachusetts, Boston. The council has a number of studies underway. Our studies from 2021 are listed in the table below.

During the COVID-19 pandemic, Rhonda Adams, DNP, RN, Clinical Informatics Analyst, saw an innovative opportunity to serve

her surrounding community with COVID-19 vaccine programs. She leveraged her professional and personal NEBH relationships to assist her with an outreach strategy that offered COVID-19 vaccine administration clinics in the Boston area. She partnered with her Church community to secure the locations and used their communication vehicles to solicit interested members who needed vaccine information and the opportunity for vaccination. She coordinated NEBH clinicians and associates she met in her DNP program who offered to assist with the actual clinics. Rhonda worked closely with the Boston Public Health Department to secure the vaccine itself and necessary PPE for the



Rhonda Adams, DNP, RN

clinics. She partnered with our NEBH pharmacy department to safely secure the vaccines.

Rhonda successfully coordinated three events in Boston and even assisted a nursing colleague with their clinic in Ohio, traveling under her own resources.

Rhonda's underlying motive was to educate this underserved population on general health needs with a hope to disseminate information about common chronic disease management in minorities. Rhonda ensured vaccine clinic attendees were offered materials on any chronic disease illnesses they had or were interested in learning about at the time of the vaccination. She wisely coached her volunteers to keep an ear open for the opportunity to hand out relevant materials during their health screening process for each clinic attendee. Only a nurse with a strong appreciation for her community's wellness would have thought to add a much-needed educational component to an already critically important COVID-19 vaccine clinic.

## CURRENT NURSING RESEARCH ACTIVITIES

RESEARCH TITLE	PRINCIPLE INVESTIGATOR
Impact of high risk OSA Stop Bang 5-8 in length of stay after orthopedic surgery	M. Dwyer, MSN
OSA in TKA patients with peripheral nerve blocks	S. Higgins, MSN
Aromatherapy for post operative nausea and vomiting	J. Matter, BSN
Measuring the effect of a pre-operative high carbohydrate drink in unilateral primary total hip and knee arthroplasty patients	D. Cody, MSN
The effect of composite hydrocellular foam dressing with silicone gel adhesive to prevent tissue damage in the prone surgical spinal fusion patient	K. Doller, BSN
Pre-operative screening urinalysis practice change and it's effect on surgical site infections and catheter associated urinary tract infections in an orthopedic population	C. Bell, MSN
Understanding pre-operative patient education (patient education for TKR)	P. Ide, DNP
Identifying contributing factors of presyncopal episodes in post-operative patients	A. Ell, BSN



# Lifelong Learning

**“Let us never consider ourselves finished nurses... we must be learning all of our lives.”**

— Florence Nightingale

A recommendation from the groundbreaking report, *The Future of Nursing*, is to ensure that nurses engage in lifelong learning, whether they are students, faculty, clinicians, administrators, or others. Lifelong learning allows nurses to develop the critical-thinking and problem-solving skills necessary to care for complex, challenging patients in a highly technical, fast-paced environment. NEBH’s Clinical Education and Professional Development team has been busy. With the ongoing evolution of COVID-19, tremendous coordination of efforts was required. Collaboration with infection control and the evolving science necessitated

a multi-pronged response to provide education, training, support and awareness. Together, the teams persevered and we managed the crisis well.

As mentioned earlier, the Clinical Education/Professional Development department evaluated the need to review and update NEBH nursing orientation materials. The team determined that they would also embark on creating a nurse residency program. The Nurse Residency Transition to Practice Program (TPP) at NEBH is currently a 12-month program that fosters the transition of the newly licensed nurse to an independent professional nurse. It also aids in transitioning the nurse from an academic setting to an acute care setting. Based upon fundamentals from the American Nurses Credentialing Center (ANCC), Practice Transition Accreditation Program (PTAP) core criteria, as well

as, AORN, NAON, QSEN, IOM and other professional organizations, the TPP is fully embedded into NEBH.

This program’s development is in response to the increasingly complex role of the clinical nurse due to evolving, sophisticated technologies, evidence based best practice expectations, quality and safety requirements, acuity level of patients, continuous churn of admissions, transfers and discharges due to decreased length of stay, and complex coordination of care. The TPP is a structured, supportive and comprehensive program that provides a strong foundation for the nurse resident to develop skills, competency and confidence essential for independent practice.

Our TPP exists for our OR and surgical inpatient units. Orientation is competency based and is a combination of didactic, simulation

## NURSE RESIDENCY TRANSITION TO PRACTICE PROGRAM GOALS

Nursing Professional Development	90% of the nurse residents present an evidence-based case review during their residency. NEBH Outcome: 100% completed
Practice-based knowledge, skills, and attitudes	90% of the nurse residents complete all orientation competencies by the completion of preceptor led orientation. NEBH Outcome: 100% completed
Self-reported	>= 90% of nurse residents, using the Casey Fink Readiness to Practice Survey, report an increase in readiness to practice at the completion of preceptor led orientation. NEBH Outcome: 100% reported increase
Financial	90%-year one retention rate of nurse residents who entered into the program between November 2020 and January 2021. NEBH Outcome: 89% one-year retention rate (1 resident moved out of state)

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## Lifelong Learning, *continued*

and experiential learning. Participation includes a precepted orientation over 14 weeks for inpatient areas and 6 months for the operating room.

Advancement through the residency program is supported through monthly Professional Development education sessions with a focus on:

- Time Management, Delegation & Prioritization
- Journey of Excellence & Professional Governance
- Communication Skills & Feedback
- Complications of Orthopedic Surgery
- Patient Experience, Regulatory Readiness & Continuous Improvement
- Workplace Safety & Well-Being
- Professional Advancement Program & Mentorship
- Critical Thinking
- Ethical Decision Making, Advocacy & Essential Elements of Documentation Including Risk Management Strategies

The nurse resident is closely coached by an assigned and trained preceptor, educator and unit nurse leadership. Feedback and progression to goals is also reviewed by the Clinical Education/Professional Development team and adjustments to the TPP are considered.

Congratulations to our Graduates! We recognize Lauren Jasminski, MSN, RN and Sherry Gomes, BSN, RN, CNOR as site clinical coordinators with Tricia Ide, DNP, RN, NEA-BC, Program Director. Together with support from Ed Burch, DNP, RN, CNRN; Sue DeBerardinis, BSN, RN, CCRN, WCC and nursing leadership we congratulate the following clinical nurses:

### First cohort

- Ashley Chipman, BSN, RN, Clinical Nurse, 5 East
- Bridget Dowling, BSN, RN, Clinical Nurse, 5 West
- Kayla Dello-Iacono, BSN, RN, Clinical Nurse, 5 West
- Kristen Casselberry, BSN, RN, Clinical Nurse, OR

### Second cohort

- Jason Merzeus, BSN, RN, Clinical Nurse, 5 East
- Andrew Jaquint, BSN, RN, Clinical Nurse, 4 East

### Third cohort

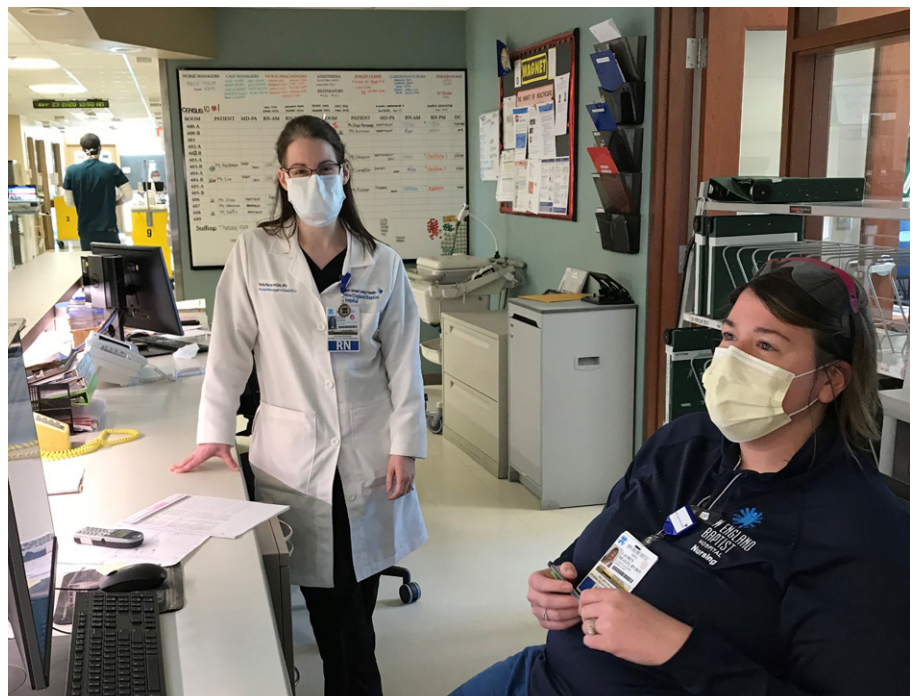
- Sarah Quinn, BSN, RN, Clinical Nurse, 4 West
- Lina Saldarriaga, BSN, RN, Clinical Nurse, 5 East
- Kyla Merritt, BSN, RN, Clinical Nurse, OR

### Fourth cohort

- Scott Sykowski, BSN, RN, Clinical Nurse, 5 West
- Erma Babo, BSN, RN, Clinical Nurse, 5 West

### Fifth cohort

- Hannah Bromberg, BSN, RN, Clinical Nurse, 4 East
- Caitlin Finnerty, BSN, RN, Clinical Nurse, 4 East



Kelly Ranjo, MSN, RN, Nurse Manager 4 East; Lauren Healy, MSN, RN, Clinical Leader 4 East

# Expert Caring

NEBH nurses are known for their MSK expertise, strong compassion, and focus on high quality, safe care. We take pride in our dedication and drive to lead nursing practice and research.

To celebrate and regularly recognize these efforts, a Moment of Excellence (MOE) was created and disseminated. A MOE is a period of success where an individual or group of individuals is recognized after demonstrating the quality of being selfless by going above and beyond. We are fortunate to have dedicated teams working collaboratively across every area to provide the best care for our patients. Whether it's an individual or an entire group going above and beyond to provide excellent care and service for our patients, these are moments to celebrate and acknowledge.

We are proud to showcase your extraordinary efforts and highlight the

meaningful difference nurses make in the lives of our patients. Several care areas already have designated bulletin boards and other methods to recognize these special moments. In addition, our Central Councils and Unit Based Councils now begin each meeting by sharing a Moment of Excellence.

Our 2021 Annual Nursing Awards Ceremony was virtual due to COVID-19. Despite the different platform, we were still able to recognize and celebrate our nominees. Congratulations to all! Our recipients are bolded.

## Nurses as Teachers Award

- Sherry Gomes, BSN, RN, CNOR
- Amanda Schneider, BSN, RN
- Lauren Jasminski, MSN, RN
- **Regina Alessi, BSN, RN**

## Nurses as Leaders Award

- **Denise Cody, MSN, RN, CPAN**
- Megan Gilmore, BSN, RN, WCC
- Tricia Peters, BSN, RN, ONC
- Andrew McLellan, RN
- Ann Ell, BSN, RN, WCC
- Jessica Ezepik, BSN, RN
- Jayne Campbell Beaudet, BSN, RN

## Jan Woodbury Sliby, MSN, RN, Excellence in Clinical Practice

- Dante Mendoza, BSN, RN
- **Paula Cote, BSN, RN**
- Erin Pearson, BSN, RN
- Jocelaine Auguste, MSN, RN
- Roberta McCourt, RN
- Anne Lacey, RN

## 2021 Nursing Award Recipients with CNO Mary Sullivan Smith, DNP, RN, NEA-BC



**2021 Nurses as Teachers Award**  
Regina Alessi, BSN, RN, Clinical RN, NEBOCC



**2021 Nurses as Leaders Award**  
Denise Cody, MSN, RN, CPAN, Nurse Manager, Peri-Operative Services



**2021 Jan Woodbury Sliby, MSN, RN Excellence in Clinical Practice Award**  
Paula Cote, BSN, RN, Clinical Nurse, 4 East

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### Mary Sullivan Smith, DNP, RN, NEA-BC Spirit of Inquiry Award

- Hailey Mullen, BSN, RN
- **Megan Gilmore, BSN, RN, WCC**
- Anna Talbot, BSN, RN

### DAISY Award

- Janet McCarthy, RN
- Lourdes Fevrier, RN
- Keri Goodman, BSN, RN, JD
- Castella Edward, MSN, RN
- Janet Bridges, RN
- Scott Sykowski, BSN, RN
- Claire McCarthy, BSN, RN
- Alexis Economy, BSN, RN
- Jennifer Jenkins, BSN, RN
- **Maryellen Connolly, BSN, RN**

### 2021 Boston Globe Salute to Nurses

- **Sarah McCaffrey, BSN, RN**



**2021 A. Elizabeth Kolligian Nursing  
Scholarship Award**  
Kathy Lehan, BSN, RN, COHN-S, Quality  
Performance Specialist

### 2021 A. Elizabeth Kolligian Nursing Scholarship Award

- **Kathy Lehan, BSN, RN, COHN-S,  
Quality Performance Specialist**



**2021 Mary Sullivan Smith, DNP, RN, NEA-  
BC Spirit of Inquiry Award**  
Megan Gilmore, BSN, RN, WCC, Clinical  
Nurse, 4 East

### 2021 President's Award for Excellence in Quality and Patient Safety

During Hospital Week, the 2021 President's Award for Excellence in Quality and Patient Safety was awarded to the Case Management and Hospitalist teams. Accepting the award is Sean Fahey, DNP, RN, NEA-BC and Ivi Kasimati, MD for their tireless work in managing patient transfers during COVID-19.



From Left to Right: Ivi Kasimati, MD, Hospitalist Team; David A. Passafaro, President;  
Sean Fahey, DNP, RN, NEA-BC, Executive Director, Case Management; Mary Sullivan  
Smith, DNP, RN, NEA-BC, CNO/COO

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## DAISY Award

Twice a year, NEBH celebrates the DAISY award through the DAISY Foundation. The Foundation was established in 1999 by the family of Patrick Barnes, who died of complications of an auto-immune disease. The family created DAISY – an acronym for Diseases Attacking the Immune System. The Barnes family wanted a positive way to honor Patrick. Throughout their son's illness, the family was very impressed by the clinical care Pat's nurses provided, as well as the compassion and kindness that his nurses brought to Pat's bedside day in and day out.

The nurses' sensitivity made a great difference in the Barnes' experience, and they wanted to say thank you to the nurses for their extraordinary care to patients and families every day. The DAISY Award® for Extraordinary Nurses was developed. We are very proud to partner with DAISY, for our extraordinary nurses at New England Baptist Hospital.

For our DAISY award In May 2021 we recognized and celebrated Mary Ellen Connolly, BSN, RN, Clinical Nurse, NEBOCC.

Mary Ellen was presented with flowers, the DAISY award pin, the Healer's Touch Sculpture, which is a hand-carved sculpture by artists in Zimbabwe, and received the DAISY banner proudly displayed at NEBOCC.

MAY 2021

## Mary Ellen Connolly, BSN, RN

### From the patient's grateful mother:

*"Last week my 17-year-old son had hand surgery at the Dedham Day Surgery center. Mary Ellen was responsible for my son's care before and after his surgery. He was very nervous before his surgery, as any kid would be. Mary Ellen was so kind to him--helping him get medication for his headache and being understanding that he was so hungry. During his 6-hour surgery, Mary Ellen came out and kept me informed, brought me*

*snacks, and even found a phone charger for me when my phone was about to die. After my son's surgery was completed, Mary Ellen provided excellent care as he recovered. Throughout the entire process it was apparent that Mary Ellen truly cared and wasn't there just because it was her job. She provided remarkable care to my son, and outstanding support to me at a very stressful time."*

Thank you Mary Ellen for your professionalism, orthopedic expertise, and caring nature.



From left to right, CNO/COO, Mary Sullivan Smith, DNP, RN, NEA-BC; NEBOCC Nurse Manager, Judi Moscatel, MSN, RN, CNOR, Mary Ellen Connolly, BSN, RN, Clinical Nurse, NEBOCC & recipient of the DAISY Award and Executive Director, Sharyn Heinzelman, DM, BSN, RN, NEA-BC

## Nurse Residency Transition to Practice Program: First Cohort



Nurse Residency TPP First Cohort: Kayla Dello-Iacono, BSN, RN, Clinical Nurse, 5 West; Bridget Dowling, BSN, RN, Clinical Nurse, 5 West; Ashley Chipman, BSN, RN, Clinical Nurse, 5 East; Kristen Casselberry, BSN, RN, Clinical Nurse, OR



Left to right: Senior Vice President, CNO/COO, Mary Sullivan Smith, DNP, RN, NEA-BC, celebrates with Nurse Resident Kayla and Surgical Inpatient, Clinical Educator, Lauren Jasminski, MSN, RN



Mary and Lauren with Nurse Resident Bridget



Mary and Lauren with Nurse Resident Ashley



OR Nurse Resident Kristen with Preceptor, Haleigh Briggs, BSN, RN, Clinical Nurse, OR on her left, and on her right, OR Clinical Educator, Sherry Gomes, BSN, RN, CNOR

New England Baptist Hospital, part of Beth Israel Lahey Health, is a regional and national center of excellence for orthopedic care. The hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with Harvard Medical School.

The 2021 Annual Nursing Report was produced by the Nursing Department at New England Baptist Hospital.

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