Patient progression: Nurses on the front lines of change

It’s 9:15 on a Tuesday morning. A multidisciplinary team of clinicians is meeting in the conference room behind the nurses’ station on Rosenberg 6. Clinical nurses come and go, each taking about five minutes to discuss the patients on their assignment that day. The discussion is focused on how the patient is progressing in achieving milestones needed for discharge and is led by Christine Hunt, RN, a case manager, using set parameters. “Mrs. J.O.,” says Hunt. “85 years old, hospital day four, postop day two. Status post wound debridement. Anticipated discharge today.” The patient’s clinical nurse notes, “She’s still very weak on her feet. And she seems nervous. She doesn’t think her daughter can be with her today.” A team discussion ensues. Clinical advisor Danielle Souza, RN, asks about fluid intake. Hunt turns to the physical therapist in the room and discusses a consult. Hunt says she talked with the patient’s daughter yesterday and will check in again today. A working plan emerges: the patient’s clinical nurse will encourage her to drink and help her out of bed to gain strength; the patient will be seen by the physical therapist; and Hunt will confirm that the patient’s daughter will be available to help her mother out at home later today or tomorrow.

The scene is repeated each day on Rosenberg 6 and on an increasing number of units throughout the medical center and is part of a new quality initiative known as Patient Progression Rounds. Marsha Maurer, RN, senior vice president for patient care services and chief nursing officer, says it’s all part of the medical center’s work to optimize the discharge planning process for each patient. “People shouldn’t stay in the hospital longer than they need to,” she says. “We are trying to be more systematic and standardized about managing patient throughput.”

Preventing problems through daily rounds

Mary Jo Brogna, RN, associate chief nurse for through-

• Continued on next page
Many nurses have been working to ensure the success of Patient Progression Rounds at BIDMC. Shown from left to right are Pamela Chagnon, RN, patient progression champion; Lorraine Allen, RN, complex case manager; and patient progression champions Christine Mitchelson, RN, and Sean Fahey, RN.

**PATIENT PROGRESSION continued**

Put, says the role of the nurse case managers is being transformed to support this effort. “The case manager is an expert at understanding discharge planning,” she shares. “The role has evolved so that the case manager is now facilitating the process of standardized, interdisciplinary discharge planning.” The planning occurs in rounds like the ones on Rosenberg 6, which occur apart from the daily physician-led clinical rounds in which the clinical care of the patient is discussed in detail. Terry Dagesse, RN, nursing director of case management, says the case management team on each unit does ‘pre-work’ before rounds, exploring things like clinical history, family supports, and what kinds of care are covered by the patient’s insurance. During the daily Patient Progression Rounds, the case manager leads the discussion using a standardized format, addressing items such as clinical milestones, clinical deviations, barriers to discharge, anticipated discharge level of care, and more. Sarah Moravick, director of the office of improvement and innovation, and Ted Vander Linden, quality improvement project manager, have been helping to support the work. Moravick notes, “The case manager is now focused on how activities in the hospital are coordinated to work toward a safe discharge. We’re trying to define the clinical milestones and requirements early on so everyone on the care team is working toward a defined goal.”

Bedside clinical nurses are “key contributors” to the rounds, according to Dagesse. She notes that the nurse at the bedside is in the best position to not only assess the patient’s progress in achieving milestones needed for discharge but also to identify barriers. “The nurse reports out on variances that may impact the discharge planning,” she says. “It’s all about communication.”

Moravick says that four case managers have been serving as patient progression champions as the rounds have started to roll out across the medical center. They have been advising and coaching staff from all disciplines on the project goals and parameters, ensuring that there is a shared understanding of how this work improves communication among all providers and smooths the process of discharge for patients. Hunt, who serves as the overall educator for the project, was one of the four champions, along with Pamela Chagnon, RN, case manager on Farr 7; Sean Fahey, RN, case manager on Farr 5; and Christine Mitchelson, RN, case manager on Farr 9. Says Brogna, “The champions have helped us develop tools, educate staff, and plan rollouts. They are currently leading the work to standardize documentation. They have been fantastic in their support of this effort.”

Mary Jo Brogna, RN

**Complex patients**

The second work stream involves proactive planning for patients who have particularly complex discharge needs. Each week, a group of experts meets to problem-solve around the specifics of each identified patient’s case. The group is led by Dagesse and includes Lauren Doctoroff, MD, medical director for utilization management at BIDMC and the physician lead on the overall project, as well as colleagues from social work, patient access services, and the hospital’s legal team. In addition, Lorraine Allen, RN, a member of the case management team, has taken on the role of “complex case manager” and is a key player in planning the care needs for these patients. Says Brogna, “These are patients who have complex health care needs and face additional barriers such as no rehabilitation benefits or no family support. Lorraine is doing yeoman’s work in this role.” Moravick says Doctoroff and Brogna have “redesigned how these patients are discussed and how their challenges are addressed.” She notes Allen’s critical role, saying Allen is typically the person with the most knowledge about the whole patient and the myriad factors that he or she may be facing.

Dagesse says an additional component of this meeting is to begin to brainstorm about trends that relate to discharge barriers. “We are tracking and trending factors that keep appearing as barriers to discharge,” she notes. “We are trying to learn: What are the factors that are contributing

“The case manager is an expert at understanding discharge planning.”

Mary Jo Brogna, RN
to increased length of stay throughout our medical center as well as for individual patients.”

**Advanced heart failure**

A third work stream aims to understand more about why patients at BIDMC with certain diagnoses tend to stay in the hospital longer than expected. One such group is patients with advanced heart failure, and Cindy Phelan, RN, associate chief nurse for the CardioVascular Institute, and Robb Kociol, MD, director of the Advanced Heart Failure Program at BIDMC, have helped lead an effort to understand more about why this occurs in this population and to identify strategies to help these patients transition to discharge more smoothly. Phelan and her team are tackling the issue in several ways.

The first is through implementation of the unit-based Patient Progression Rounds described previously, but adding some specific standards that are targeted at more closely managing the course of care for patients with heart failure.

For example, for any patient with heart failure, which is characterized by fluid overload in the body, Patient Progression Rounds includes a check-in on that patient’s daily “diuretic goal,” or the actual amount of fluid to be removed using a diuretic medicine (such as Lasix). Says Phelan, “During rounds we can check in and see if the previous day’s diuretic goal was met. If not, why not? We have an opportunity right there to understand why the goal wasn’t met and to try to intervene.” One way the team has helped move this goal forward is by encouraging the use of standardized order sets for diuretic medications, which have been in place for some time but have not been used consistently. Says Phelan, “We went from using the standard order set in about 20% of appropriate patients to more than 70% within a month. Ordering Lasix in a standard way has really helped address the idea of diuretic goal.”

The information shared in rounds is having an effect in the management of patients with heart failure. For example, she says that when the patient’s hospital day is mentioned during rounds, it can bring a new level of awareness regarding a particular patient’s lengthy hospitalization. She shares, “Team members are often surprised when we say a patient is on hospital day 15. When the multidisciplinary team is being informed about progression of care delays in a standardized way, we can address issues more efficiently which can help us reduce a patient’s length of stay.”

Phelan says additional work is now ongoing and aims to determine how to best partner with long-term care facilities in order to more efficiently transition patients to those settings, and also how to support select patients who may be able to go home to continue their diuretic therapy with frequent check-ins from a nurse practitioner.

Doctoroff notes, “Patient Progression Rounds offers a reliable opportunity for all the team members to meet to best coordinate patient care and avoid any surprises at discharge. No one wants to be in the hospital for any longer than needed, and this work will help patients get what they need, where they need it.”

Maurer believes the rounds are an ideal vehicle for the nurse to reflect on and articulate the in-depth knowledge embedded in bedside clinical practice, to the benefit of the patient. “This helps us think in insightful ways about the role of front-line nurses in patient care and the contributions they make to patient progression,” she says. “Who is in the best position to understand why a patient perhaps did not take prescribed medicines at home? Who spends the most time with the patient and family? It’s the nurse. These rounds are a way for nurses to share their perspective and talk about the whole patient.”

**On Rosenberg 6, clinicians meet to prepare for Patient Progression Rounds. Shown are (left to right): Arvind Von Keudell, MD; Alison Small, RN; Serena Skiffington, RN/CNP; Lauren Doctoroff, MD; and Danielle Souza, RN.**

**Farr 3 case manager Ruth Grover, RN (second from right), meets with colleagues to talk about patient progression on the unit. Their work includes particular attention to patients with advanced heart failure. Shown with Grover are (left to right) Erin Conti, RN; Alexa Triot, MD; and Jonathan Li, MD.**
Clinical staff supporting DMS implementation

DMS fellows join Sandra Sanchez, RN, implementation specialist

As patient care services’ Daily Management System (DMS) approaches the two-year mark since initial pilots, clinical nurses are taking an increasingly important leadership role in ensuring the success and sustainability of the program, which helps ensure that “everyone, every day” is involved in quality improvement efforts. On the clinical units, the program is implemented through the use of brief (5-10 minute) staff huddles, during which staff identify and track quality measures impacting both patient outcomes and staff workflow. The program teaches that small changes in daily practice that are easily monitored and addressed (such as: Did everyone get to lunch? Were all your IVs properly labeled?) can have a significant, cumulative effect on the medical center’s overall quality goals.

Sandra Sanchez, RN, former clinical nurse on Farr 7, has been in the role of DMS implementation specialist for just over a year. Sanchez had developed expertise in quality improvement methods during her work on a Farr 7 collaborative rounding project. When leaders in the DMS program were looking for someone to support unit-based staff as they worked on DMS implementation, Sanchez was identified as an ideal candidate because of her familiarity with many of the improvement methods that would also be used in the DMS work. She began to support the program 20 hours a week as a coach and mentor on units that were learning how to design and implement huddles. That commitment was soon expanded to full time as more units came on board.

Sanchez has worked with Allison Wang, a management engineer in BIDMC’s office of improvement and innovation, on developing tools and methods to support the DMS huddle process on each unit. She and Wang say the coaching and implementation plans have been refined and developed in a step-wise fashion as the project teams learn more from each rollout. For example, Sanchez and Wang have been running learning sessions on each unit prior to implementation, working with unit leadership and dedicated DMS champions. Says Sanchez, “We redesigned the way we teach based on what we learned from the pilots. It went from two sessions to six. We added scenarios and examples and interactive exercises. We did a lot of in-depth teaching on how to find the root causes of problems and how to sustain countermeasures [actions designed to tackle a problem that has been identified in the huddle].” Wang says that Sanchez’s involvement has been crucial to the success of this work. She shares, “With ease, Sandra moved into the unfamiliar role of co-facilitating learning sessions with me, which proved vital in the units’ progression during implementation.”

DMS fellows added

Although Sanchez has become known for her energetic and enthusiastic approach to her work, even she couldn’t keep up with the coaching as more and more units moved further into the implementation process and had ongoing learning needs. Kim Sulmonte, RN, associate chief nurse for quality and safety and a member of the DMS Steering Group, worked with nursing leadership colleagues to plan for more support. Using the success of Sanchez’s work as a model, they wanted to tap additional clinical staff as DMS leaders. Sulmonte notes, “We saw how effective Sandra was in the role, and we knew this was due in part to the fact that she was so close to clinical practice.

Want to learn more?

More information on the PCS Daily Management System is available on the BIDMC portal, including a wealth of educational resources and implementation tools and a list of metrics currently being tracked by DMS teams throughout the medical center. Go to Intranets/ Clinical/Nursing/General Nursing Resources/ PCS Daily Management System.
herself. We wanted to build on that success.” Sulmonte says a suggestion from Marsha Maurer, RN, senior vice president for patient care services and chief nursing officer, led the Steering Group to consider a rotating fellowship model. Sulmonte shares, “It was a way to accomplish a number of related goals, including increasing our pool of expert consultants, baking in that expertise across a wide variety of units, and expanding the availability of this professional development opportunity for staff.”

The group worked with Sanchez and Wang to develop a plan to have clinical staff serve as fellows in a dedicated DMS support role for several months. During the first few weeks, the DMS fellows would train with Sanchez; then they would assume the coaching and mentoring responsibilities on assigned units. “We decided to have the fellows assigned to specific units for the duration of the fellowship period,” says Sulmonte. “This is so they can develop effective working relationships with a particular group of staff.”

In January, the first two DMS fellows were announced. Kim Cross, RN, a clinical nurse III on Farr S, and Chris Gervino, RN, clinical nurse II on Farr 9, were chosen as the first fellows based on the leadership they had already shown in implementing DMS on their respective units. “Kim and Chris had been excelling at this from the beginning,” says Sanchez. “When you watched them run a huddle, they knew how to probe a little, how to get people to talk things through, how to not jump to conclusions before they heard all the facts. Those were things I didn’t have to teach them. They were great at it.”

Both Cross and Gervino are excited about this new opportunity to help impact the quality of care at BIDMC and the workflow of nursing teams across the medical center. Says Cross, “I am excited to get to know people outside of my unit and to help them through the DMS huddle process. I hope to help them achieve and appreciate the ‘small wins’ so they can see the benefits of the huddles.” Gervino adds, “DMS gives power and ability to staff to effect change in their departments. It lets all staff members have a voice and gives us a method to continuously improve.”

A successful model
Sulmonte says plans are in place to identify two new fellows when Cross and Gervino’s term is up. “We are already hearing about additional candidates who are not only good at this work but also genuinely enjoy it,” Sulmonte says. “Having these people spread that enthusiasm, and reaping the benefits they bring back to their units after they’ve gotten a broader view of the medical center, is invaluable. And it helps us nurture and develop people on our staff who are showing a potential for dynamic clinical leadership.”

Sanchez, who is enrolled in the partnership program between BIDMC and Simmons College that leads to a master’s degree in nursing administration, says the program has had a tremendous impact on her own professional growth. She notes, “This has been such an amazing opportunity for me. I have learned about problem-solving and about managing and facilitating conversations in groups of people. Being mentored and coached by Kim Sulmonte and Allison Wang has been a wonderful experience. I certainly have been able to learn from the best.” Regarding the program’s impact on the core work of the medical center, Sanchez is no less articulate. She shares, “The purpose behind this work gave me an extra push. When you look at some of the things that have been addressed – RN/PCT report, daily weights, pain management, hourly rounding – the list goes on – there is no way that this work has not had an impact on care here at BIDMC.”
Clinical Narrative

The power of bedside practice

By Mary-Ellen Gunning, RN

Mary-Ellen Gunning, RN, a clinical nurse IV on Stoneman 5, has been a bedside clinician for 26 years. In this narrative, she describes a recent event that caused her to reflect on the powerful impact a bedside clinical nurse can have on the course of a patient’s care.

“I was able to explain ... how fulfilling bedside nursing is for me. How it enables me to truly make a difference in the lives of countless patients and families.”

Mary-Ellen Gunning, RN

I had just started an hour-long car ride with my mother-in-law, a retired nurse who has a master’s degree and has had a distinguished career as a manager, when she posed this question: “Are you still floor nursing?” I thought about something that had happened just the day before while I was doing a shift on my unit. The memory brought a smile to my face as I pondered how to respond to this well-meaning question.

During my shift the previous day, another nurse on my unit said her patient had been asking for me by name. I had cared for the patient during her last admission, and she wanted to thank me. I recognized her name, but did not fully remember this patient until I walked into the room. Then vivid memories immediately returned...

I had met Ms. S. on a Saturday morning at the start of my weekend shift. She was a 68-year-old widow who lived alone. She was recovering from colorectal surgery with a new ileostomy, as are many patients on our unit, but her primary diagnosis was gyn cancer. This meant her attending team was gyn oncology, with colorectal surgery as a consulting team. When I walked into her room, I immediately knew she was in distress. She was clearly in pain, which she rated as 8 out of 10, despite using her patient-controlled analgesia (PCA) pump appropriately through the night. In reviewing the history on the PCA pump that told me how many times she had attempted or injected pain medicine, I could tell she hadn’t slept much. I told her I was going to ask her surgeon about increasing her medicine dose, and that’s when the tears started flowing and she began to share a litany of concerns and worries.

I pulled a chair close to her bed and waited for that good cry to hopefully relieve some of her stress. I asked her to start from the beginning and tell me all her concerns. I promised her we were going to make today a better day.

In addition to uncontrolled pain, Ms. S., was stressed because of her room situation. She was in the bed by the door but needed frequent trips to the bathroom; she was very uneasy about disturbing her roommate’s sleep and privacy during each bathroom trip. She was acutely aware of movement and sounds in the hallway, which disrupted her own attempts to sleep. She had asked for a private room but had been told there were none available. After hearing her concerns, I told her our first goal needed to be to get her pain under control.

Since her attending team was gyn oncology, I needed to page them, but I knew from previous experience that their usual practice is to use primarily non-narcotic pain medications. While this works well for their typical patient, this patient was not typical and I was going to need to use my communica-
tion skills to relay my concerns. The team did in fact want to use non-narcotic pain medication, but I was able to concisely articulate why I thought another approach might be best. For this patient, I wanted a bolus of Dilaudid along with an increase in her PCA rate. I reviewed the extent of her surgery with the team and conveyed my experience with colorectal patients and their pain management needs. Five minutes later I had an order for a bolus of Dilaudid and an increase in the PCA rate. Soon, I could see the relief on my patient’s face; I observed her body become more relaxed.

With Ms. S.’s pain under control, I began to work on getting her a private room. I could see the stress build up in her body language at the sound of visitors in the hallway or whenever she needed to use the bathroom. It took a lot of coordination, room changes, and very supportive colleagues on my unit as well as in bed management, but by 2 p.m. I had an extremely grateful and much more relaxed Ms. S. in a private room.

I soon learned that the gyn oncology team had put in for the patient to be transferred to their home unit. I knew I needed to advocate for her to stay where she was. In addition to the comfort she had finally achieved in her private room, there were additional reasons I knew this was important. This patient had to learn all about her ileostomy. We had developed a relationship, and I had all my teaching material laid out and ready to be reviewed. She also was going to be discharged with a urinary catheter, so I also had information on caring for a urinary catheter ready and prepared. I spoke to the attending, and together we discussed what would be best for this patient. We agreed that she should stay on Stoneman 5. I was able to complete the teaching with her the next day.

I remember leaving work that weekend feeling tired but without a single doubt that I had taken care of every one of Ms. S.’s urgent nursing, emotional and preventive needs...

As this patient and I reminisced about that weekend, now months in the past, she shared that as each new problem had developed, I was her guardian angel – sent to take over the situation and guide her through it. This is one of the best compliments I have received as a nurse. She said that on that first morning, she had been close to a total meltdown and had been wishing that the cancer would just take her that day. She had made up her mind that she was not going to be able to battle her cancer and survive the ordeal she saw in front of her. But then I walked into her room and she immediately felt my experience along with my take-charge and fix-it attitude. She appreciated how I explained my plans to help her and how we were going to accomplish each goal. She finally felt composed after that weekend, able to manage her current situation and also to tackle what lay ahead.

It is always uplifting to get such wonderful compliments from a former patient. The thanks I got from Ms. S., who reported she is now cancer-free, really overwhelmed me. I never realized how much my nursing care had affected her.

As these thoughts went through my mind, in my car ride, I was able to explain to my mother-in-law how fulfilling bedside nursing is for me. How it enables me to truly make a difference in the lives of countless patients and families. How rewarding and validating it is when, on occasion, patients come back to tell you how important your care was to them. On hearing this, my mother-in-law looked at me and said, “I hope you always stay a floor nurse.” To me, that statement was priceless.

Identifying details about this patient have been changed to protect confidentiality. This narrative was written as part of Mary-Ellen Gunning’s clinical advancement portfolio.
Jenny Thomas, RN, receives 2016 BIDMC Black Achiever Award

On Jan. 14, the BIDMC community gathered for its 27th Annual Martin Luther King Jr. Day Celebration, during which this year’s BIDMC Black Achievers were announced. Jenny Thomas, RN, unit-based educator for the med/surg float pool, was one of the 2016 honorees. During the celebration event, the audience learned that Thomas’ path to nursing began at age 16 and soon led to where she stands today as one of the most beloved and respected nurses on staff at BIDMC.

Choose Nursing!
Thomas was 16 years old in the summer of 1994 and didn’t really know what she wanted to do after high school. She says her mother, “who wanted to keep me busy for the summer,” suggested she apply to a special program for inner city high school students being run by the former Beth Israel Hospital. The grant-funded program was called Choose Nursing! and was the brainchild of the late Eileen Hodgman, RN. It aimed to provide academic and career development support to area high school students who may be interested in a nursing career. The program recruited minority and economically disadvantaged students as a demonstration of how to increase diversity in nursing. Thomas reports, “I came that summer with eight other girls and one boy. We worked for two weeks with Diana [Diana Gist, RN, a former preceptor in the program and now an administrative clinical supervisor at BIDMC], learning to take vital signs and other basic skills.” The students worked as nursing assistants full time through the summer and on the weekends once the school year started. (This year’s second BIDMC Black Achiever, Menrika Louis, administrative director of operations for the Arnold Warfield Pain Center and the HMPF Comprehensive Headache Center, was also a graduate of Choose Nursing!, coming on board a few years before Thomas.)

Thomas says that while she came into the program with few concrete goals, she soon learned about the fulfillment that can come from helping others, and she found herself becoming genuinely interested in a nursing career. She took advantage of the academic supports the program offered (including funding for an SAT prep course and helping with college applications), and she was accepted into the nursing program at UMass Dartmouth. During college, she continued to work on Reisman 12 under then-nurse manager Phyllis West, RN, now associate chief nurse for the East Campus. After graduation, she was hired as a nurse by Cindy Phelan, RN, associate chief nurse for the Cardio-Vascular Institute who was then managing a 35-bed unit on the West Campus.

Career development
Of her first job, Thomas recalls, “It was very, very busy. But I always took the time to be ‘in the moment’ with every patient. Patients remember when you take the time to pour that glass of water or help them with their slipper socks.” She was encouraged by Kim Sulmonte, RN, current associate chief nurse for quality and safety (who had taken over as manager on Thomas’ unit), to try her hand at precepting new staff. “I didn’t know if I could do it,” Thomas recalls. But she gave it a try and soon excelled as a teacher.

After being in the job for 10 years, colleagues urged Thomas to apply for the position of educator for the med/surg float pool. “Anyone who knows me knows I really love patient care,” she muses. “So going for this job was a big leap for me.” But after she was hired into the role, Thomas found it didn’t take her very far from the bedside. She now works closely with clinical staff across the medical center on a wide variety of clinically-based education projects.
Joanna Kemp, RN, named nursing director for the Cancer Clinical Trials Office

Laurie Bloom, RN, associate chief nurse for professional development and research, and Jonathan Dinsmore, PhD, director of the Cancer Clinical Trials Office (CCTO), announced in January that Joanna Kemp, RN, had been appointed the nursing director for the CCTO. Kemp hails most recently from Boston Medical Center where she was a research nurse in the cancer center. She has previous experience in oncology and research at Yale, Thomas Jefferson University, Cornell, and the MD Anderson Cancer Center in Texas. In her new position, Kemp will oversee nursing practice related to cancer clinical trials at BIDMC. Says Kemp, “I’m excited to be leading a group of strong, smart, and compassionate nurses. Cancer clinical trials nursing is a specialized arena that can bring high levels of both stress and reward, and I’m looking forward to supporting this team and collaborating with clinicians as we continue to grow and improve the program.” Bloom says, “We are very pleased to have Joanna join our team to help ensure ongoing excellence in care for patients enrolled in cancer clinical trials at BIDMC. Her skills and experience will be great assets to the talented team of nurses who work with patients in this program.” Kemp is a graduate of the University of Pennsylvania School of Nursing and is certified in oncology nursing.

On appreciation and giving back

Thomas is emotional when she talks about being a first-generation Haitian-American and taking her first trip to Haiti at age 30. “Going to Haiti was eye-opening for me,” she recalls. “I came home and I couldn’t thank my parents enough for everything they gave me.” When an opportunity arose for Thomas to work with a group of Haitian nurses who were coming to BIDMC for a study visit, Thomas leapt at the chance. She recalls, “When I found out that nurses were coming from Haiti in order to bring knowledge back to their country, how could I say no to that? I really wanted to help them provide better care to their patients in Haiti.”

Thomas’ manager, Bobbie Carney, RN, nursing director of centralized services, says giving back is part of Thomas’ nature. “There is never a time Jenny says ‘no’, ” shared Carney. “It’s usually, ‘How can I help?’” Thomas is a volunteer at her daughter’s school and will be completing additional volunteer work in her role as a BIDMC Black Achiever, which is part of a national program of the YMCA that recognizes community mentors and role models. Thomas is humble when talking about her giving nature, noting, “Twenty years ago when I came into Choose Nursing!, someone gave me the opportunity to be the best that I can be. And I take that with me. Being able to influence the care that staff members provide to our patients brings me great joy. I’m being rewarded for doing something I just simply enjoy doing.” In her remarks to the audience at the MLK celebration, Thomas concluded by looking out at her colleagues, saying, “You always provide so many opportunities to grow. I thank you for this award, but I really just thank you for letting me be who I am.”

New cohort begins program at Simmons

Laurie Bloom, RN, associate chief nurse for professional development and research, has announced the new cohort of BIDMC nurses now enrolled in a partnership program between the medical center and Simmons College. The program is a seven-semester, part-time academic course of study leading to a master’s degree in nursing administration. This will be the third cohort of nurse managers and emerging nurse leaders at BIDMC who have been invited to participate in the program.

- Michelle Baar-Daley, RN
- Alice Bradbury, RN
- Nicolette Burnham, RN
- Erin Conti, RN
- Kim Cross, RN
- Kelly Gamboa, RN
- Mary Grzybinski, RN
- Suzanne Joyner, RN
- Veronica Kelly, RN
- Robert Lombardo, RN
- Melissa Murray, RN
- Theresa Normile, RN
- Scott Rollins, RN
- Bridget Sammon, RN
- Sandra Sanchez, RN
- Danielle Souza, RN
- Jenny Thomas, RN
- Kate Willetts, RN

In 2014, Jenny Thomas, RN (right), was pleased to be able to work with a group of nurses visiting from Haiti who had come to learn about nursing at BIDMC.
BIDMC expands team of clinical documentation improvement specialists

Experienced nurses filling vital role

When Nancy Friedlander, RN, is asked to describe her typical day as one of BIDMC’s clinical documentation improvement (CDI) specialists, she smiles. “There’s nothing the same every day,” she says, adding, “It’s such interesting work. There is always something new to learn.” Friedlander is one of three nurses who have been in the CDI specialist role for over a decade. This past fall, Marsha Maurer, RN, senior vice president for patient care services and chief nursing officer, and Steve Fischer, chief financial officer, announced that six nurses would be added to the CDI team, which aims to ensure that documentation in the medical record accurately reflects each patient’s diagnosis and care needs.

The group works under the direction of Gerry Abrahamian, director of health information management (HIM), who says these nurses fill a critical role. All experienced clinicians, they have received additional training in medical record coding and are therefore in an ideal position to bridge both worlds. And that bridging has important implications. Abrahamian says that when coders in HIM are reviewing a record, they have to find one or more specific diagnoses as written by the physician and translate that into a code. But busy clinicians may not always be using the language that will tell the coders exactly what is happening. Without the proper code, a patient may appear less acutely ill than was actually the case. This can mean that the hospital may not be paid appropriately for the care it provides, and it can also affect how patient outcomes are reported to the public. Maurer explains, “Publically-reported clinical measures, which include things like complications and overall effectiveness of care, are adjusted based on how sick your patients are. If your patients appear to be less sick than they actually are, you will look worse. So it matters to get that right.”

The nine nurse CDI specialists are each assigned to particular groups of patients. Each day, they peruse clinical documentation on their patients to find out if things have been stated clearly and in language that the coders will be able to use. Friedlander explains, “Let’s say the patient has a history of heart failure. I look in the record and see the patient has a low ejection fraction and is getting Lasix. It leads me to ask: Does this patient have acute heart failure? If so, is it systolic failure? These descriptions need to be in the record.” When questions like this arise, the CDI specialists will contact the physician on the team either in person or using an online query tool, which then helps ensure that accurate language gets into the record.

Friedlander believes that she and her colleagues are having an effect on the quality of patient care at BIDMC. She explains, “If we can come in and make sure the record is accurately and clearly reflecting the care that is being provided, that impacts continuity of care and ensures consistency in documentation. Yes, coding accuracy impacts billing, but it also helps us improve patient care.”
Celebrating recent retirees

The BIDMC community recently bid farewell to five nurses who retired after spending more than 25 years at the medical center. We wish them well!

Pat White, RN
33 years of service

“We have the best nurses in the whole world,” says Pat White, RN, of her BIDMC colleagues. White recently retired from her position as administrative clinical supervisor, but still comes in for an occasional per diem shift. Her path to nursing began at Framingham Union Hospital School of Nursing. After graduating, she moved to Virginia for a time and worked on a med/surg unit, then came back to the area and worked in an ambulatory department at the Leonard Morse Hospital in Natick. That experience included administering chemotherapy and piqued White’s interest in oncology nursing. She recalls, “I saw an ad in the paper that the Deaconess Hospital was looking for staff in oncology. I applied and started working on Farr 10 in September of 1982.” At around the same time, White volunteered for a work schedule that she would continue throughout her career – permanent weekends. She says that schedule was one of the reasons she was able to return to school. She was accepted into the Davis Scholars program at Wellesley College, a program still in place today that is designed for women who are returning to school at a “nontraditional time in their lives.” White’s plan took an unexpected turn when she decided to major in psychology, but I had to take electives. I took music and art for the first semester and I was hooked.” She says she loved studying art at Wellesley, noting, “I felt like I went someplace else when I was there. It was awesome.” She was 40 years old when she graduated from Wellesley.

Not long after she completed her degree, White moved into the supervisory position she would hold until her retirement. Clearly in awe of the colleagues she helped to lead for decades, she shares, “I’ve often said I wish I had a camera for some of the pictures I saw of the way BID nurses care for people. It’s unequaled.” White’s plans for retirement are still unfolding, but she is pleased to be able to return to BIDMC on occasional weekends. “I feel like I’m still part of things,” she says. “I don’t mind going back and picking up a weekend shift here and there.”

Maria Wilkins, RN
37 years of service

Maria Wilkins, RN, describes an unusual path to nursing. “I was in San Diego working on a graduate degree in sociology,” she says, “when I realized I wanted to do something different. I had written a paper on nursing and I got fascinated. I wanted to feel like I had a skill.” When Wilkins’ husband was accepted to a PhD program in Toronto, Wilkins began to study nursing at the University of Toronto. On graduating, she traveled to Boston to interview for jobs. It was 1978, and she was drawn to the former Beth Israel Hospital by the stories she was hearing about Joyce Clifford and the work on primary nursing. Wilkins took a position on a neurology unit (7 North). “Big changes were happening,” she recalls. “It was a heady, exciting, wonderful time in nursing. It was magic.” Wilkins stayed on 7 North for about 8 years, then decided to try something new and moved to the coronary care unit where she would stay for the remainder of her career, moving with it as it changed locations and cared for shifting patient populations. “There was • Continued on next page

In 2003, Maria Wilkins, RN (left), was the inaugural recipient of the Gitta and Saul Kurlat Award for Nursing Excellence. She is shown with Saul Kurlat and the late Gitta Kurlat.
no time to get bored,” she says. “I was there just as we were starting angioplasties. Things were constantly changing. There were all the advances in balloon pumps, cardiac assist devices. I was always learning and always being challenged.”

As for retirement, Wilkins has not slowed her pace. She says she is “as busy as I’ve ever been,” but now her cause is climate justice. She is an active member and volunteer at an organization called “350 Massachusetts for a Better Future,” which, according to its website, is focused on “building a powerful statewide social movement to confront the climate crisis.” Wilkins shares, “It’s more than enough to occupy the rest of my time. Instead of taking care of individual people, I’m working with folks to try to take care of the planet.” In 2003, Wilkins was inaugural recipient of the Gitta and Saul Kurlat Award for Nursing Excellence at BIDMC.

Deb Daly, RN
44 years of service

“I didn’t know what I wanted to do when I graduated from high school,” recalls Deb Daly, RN, who recently retired from active practice in the coronary care unit after a 44-year career at BIDMC. “But I got a job at a nursing home and liked it very much.” Daly goes on to describe how she got the last spot in a class at Framingham Union Hospital School of Nursing after someone had dropped out, and her nursing career began. She worked on a med/surg unit at Framingham Union for a year, then wanted to go to the “big city.” She got a job in critical care at the former New England Deaconess Hospital and spent the rest of her career in critical care units at BIDMC, most recently in the coronary care unit.

When talking about her long tenure at the medical center, Daly has high praises for her colleagues and for how the organization has always supported nursing practice. “Both the Deaconess Hospital and the Beth Israel Hospital put a high priority on the quality of nursing practice,” she says. “The managers here support you in your work as much as possible. My nursing director [Pam Browall, RN] would pitch in and work on the unit if we were busy. She was very good. We had a cohesive team that supported each other. Nobody was left alone to deal with a crisis.” Daly says that working with patients who were acutely ill from cardiovascular disease had many rewards. She shares, “Often you can have very positive outcomes. They come in very sick. You get them to the cath lab or you send them to surgery and they do well. We don’t always win, but oftentimes we make a difference and they go home.”

Daly says she already misses her coworkers. She has spent the first weeks of her retirement caring for a relative, and she doesn’t yet have any firm plans for the future.

Paula Hayes, RN
36 years of service

Paula Hayes, RN, who has been a certified wound and ostomy nurse since 1982, started out wanting to be a teacher. After high school she studied education at the University of Maine, but she soon decided that wasn’t for her. So she enrolled in a nursing program at Eastern Maine Medical Center in Bangor and began a versatile nursing career. Her first job was in Lincoln, Maine in a small hospital. “That was totally different from anything I’ve ever done since,” she recalls. “We had to not only take care of the patients on the floor, including pediatrics, but we also covered the 5-6 bed ICU. On occasion we would have to cover the emergency room. We were doing a little bit of everything.”

Hayes moved to Florida for a time, but family ties pulled her back to New England and landed her on Palmer 5 at the former New England Deaconess
Hospital. She cared for patients having general and vascular surgery and started to think about specializing in wound and ostomy care. In 1982, she took a leave of absence to attend an intensive program in wound/ostomy care to prepare for national certification. Hayes shares, “I postponed my wedding a few weeks so I could finish the program!” Hayes returned to Boston and began her long tenure as a wound/ostomy nurse. “The specialty has evolved so much,” she shares, explaining that one of the biggest changes was patients spending far less time in the hospital around their ostomy surgery, resulting in less time for teaching during the inpatient phase. “We tend to do a whole lot more preoperatively now because we want them to have as much knowledge as possible before they have to do the hands-on care,” she says.

Hayes has helped countless patients learn to heal and cope after undergoing ostomy surgery, enabling them to return to fulfilling, meaningful lives. She has followed some patients for decades. She muses, “I originally went to college to be a teacher. Doing ostomy care gave me the opportunity to work with patients one-on-one and teach them. I would have a lot of patients to see, but when I was with that one patient and family, I was able to meet their needs and do a lot of teaching.”

Hayes has just returned from a trip to Hawaii with her husband and plans to do more traveling in the coming months. She is also hoping to do some consulting on ostomy care with nurses at long-term care facilities.

Maureen Houstle, RN  
41 years of service

“When I came, I was only going to stay a year,” recalls Maureen Houstle, RN. She laughs, adding, “So, 41 years later…!” Houstle said that as a young woman she was interested in become either a nurse or a teacher. After spending much of her career as a unit-based educator in the ORs at BIDMC, she says, “I ended up doing both!”

After Houstle graduated from the nursing program at the University of Vermont, she travelled to Boston with two friends, not really sure what area of nursing she wanted to pursue. She says the three friends interviewed, as a group, at several of the Boston hospitals. But Houstle recalls clearly the first time she set foot in the Farr Lobby at the former New England Deaconess Hospital. She shares, “The last place we went was the Deaconess. We walked into the lobby and I had this feeling of peace and calm come over me. I said, ‘This is where I want to work. This is where I need to be.’” Energized by the immediate feeling of belonging, Houstle accepted a position on Farr 3, which at the time was a 36-bed med/surg unit. She was soon named unit teacher and saw the unit through changes that included the addition of neurology and cardiology patients. She recalls bringing 18 new nurses on board one summer, noting, “I felt like I gave them their start.”

Houstle would move to a unit teacher position in oncology before transitioning to the OR, where she would stay for the remainder of her career. Although she initially went to the OR as a clinical nurse, she was sidelined by an injury that occurred at home soon after and could not work a regular schedule. Houstle says when that happened, the unit’s nurse specialist, Charlotte Guglielmi, RN, said she needed help with some of the orientation and training needs in the unit. “She saw something in me,” says Houstle. Houstle remained in the perioperative nurse educator role until she retired this past year. She says, “After 41 and-a-half years, BIDMC was my home away from home. The feeling I got that first day walking into that Farr lobby has always remained. People supported me, and I was able to support others.”

Houstle is excited about “reinventing” herself during retirement, spending more time with family and friends and seeing what life might hold.
Spotlights

John Ryan, RN, receives Patriot Award

In January, John Ryan, RN (center), nursing director of Farr 9, was honored by the United States Department of Defense with a Patriot Award, which was given to recognize his “extraordinary support of his employee who serves in the Massachusetts National Guard and Reserve.” Ryan was nominated for the award by Chris Allen (right), a patient care technician on Farr 9 who is currently a First Lieutenant in the Guard. Allen says Ryan has helped him fulfill his regular obligations to the Guard and has also enabled him to take advantage of special opportunities. He notes, “John has always been fully supportive of me. He allowed me to finish a Captain’s Career Course so that I am now promotable up to the rank of Major. I wanted to make sure he knows how much I appreciate all his support.” Allen has just received word of his upcoming promotion to Captain, which will be official in several months. Shown presenting the award is John Pelose, a representative from Employer Support of the Guard and Reserve, an agency of the Department of Defense.

Panel

Susan Young was a member of the panel presentation, “Improving safe sleep practices in Massachusetts NICUs and beyond,” sponsored by the Massachusetts Medical Society, Waltham, Mass.

Poster


Rosanne Buck. NICU safety equation: staying at a zero CLABSI = staying alive without infection. Hot Topics in Neonatology, Washington, DC.


Professor leadership and consultation

Justin DiLibero was named co-founder and co-chair of the Massachusetts CSI Nursing Delirium Collaborative.

Patricia Folcarelli was elected to the Board of Directors for the Massachusetts Society for Health Care Risk Managers.

Charlotte Guglielmi was re-elected as president of the AORN Foundation Board of Trustees. She was appointed as the AORN representative to the American College of Surgeons, Committee on Perioperative Care.

Publications


Presentations & posters

Podium and webinar

Patricia Folcarelli and Buchsbaum L. Communication, apology and resolution: Approaching adverse events with empathy at BIDMC. Planetree International Conference for Patient-Centered Care, Boston, Mass.


Charlotte Guglielmi, Duffy W, McNamara S. Ownership of our practice; are we giving it away? Tarheels Chapter AORN Fall Conference, Raleigh, NC.


Kudos

John Ryan, RN, was a member of the panel presentation, “Improving safe sleep practices in Massachusetts NICUs and beyond,” sponsored by the Massachusetts Medical Society, Waltham, Mass.

Poster


Rosanne Buck. NICU safety equation: staying at a zero CLABSI = staying alive without infection. Hot Topics in Neonatology, Washington, DC.


Professor leadership and consultation

Justin DiLibero was named co-founder and co-chair of the Massachusetts CSI Nursing Delirium Collaborative.

Patricia Folcarelli was elected to the Board of Directors for the Massachusetts Society for Health Care Risk Managers.

Charlotte Guglielmi was re-elected as president of the AORN Foundation Board of Trustees. She was appointed as the AORN representative to the American College of Surgeons, Committee on Perioperative Care.
Kathleen Bower, RN, DNSc, is keynote at the Annual Joyce C. Clifford Seminar in Nursing

The Sixth Annual Joyce C. Clifford Seminar in Nursing was held this past November at the Longwood Galleria and featured the distinguished keynote speaker, Kathleen Bower, RN, DNSc, principle emeritus of The Center for Case Management and a 2015 recipient of a Lifetime Achievement Award from the American Organization of Nurse Executives. Bower is known for her groundbreaking work on care management and care transitions. She gave an engaging presentation entitled, “Appreciating the Past, Anticipating the Future,” in which she paid homage to key figures who helped shape nursing at BIDMC, and she helped audience members envision innovative nursing roles for today and into the future.

Bower paid tribute to the late Joyce C. Clifford, RN, PhD, who served as the senior nursing executive at the former Beth Israel Hospital and at Beth Israel Deaconess Medical Center, and to the late Elaine Sherwood, RN, a key member of the nursing management team at the former New England Deaconess Hospital. She spoke of their contributions not only to their respective organizations but also to the profession at large, noting, “Beth Israel Deaconess Medical Center has a strong legacy upon which to continue to evolve a practice that shapes and forms nursing and the health care of the future.” She outlined key factors that will influence health care in the future, including the Affordable Care Act, patient-centered medical homes, bundled payments and caring for the increasing ranks of newly insured patients. Bower discussed the pivotal role of nursing in this future, emphasizing the importance of care coordination and patient progression. She noted that nurses are well versed in the competencies that this work requires, including a deep knowledge of the patients and their stories, expertise in educating and coaching patients and more. She said that for the future, nurses need to build on their existing knowledge of health care financial systems and health care resources and must work to establish effective collaborative relationships within the system. She believes the profession must “more clearly define nursing’s value to patient care.” Bower concluded her remarks noting, “As nurses, we are privileged to be with fellow humans at life’s most intimate moments, bringing presence, knowledge, science and care. The breadth and depth of our profession’s possibilities are endless. They are gifts given to us by leaders of the past. They allow us to shape nursing practice and the health care world of the future.”

The Joyce C. Clifford Seminar in Nursing was established in 2010 as an annual event, designed to give practicing nurses a chance to interact with nursing leaders and colleagues around topics of importance to practice. It honors Joyce C. Clifford, RN, PhD, her lifelong focus on bedside clinical nurses and her stalwart belief in the importance of the nurse-patient relationship.
The purpose of our work

I have been thinking lately about what it means to be a nurse in the current health care environment. I believe any nurse in our system could describe what nurses do during the course of a day, or talk about how busy the units are. We could all describe the acuity of our patients and the importance of providing patients and families with the best possible care. But if we all stopped to dig a little deeper, I wonder how would we answer the question: What is nursing’s purpose? What value does the registered professional nurse bring to the health care team? How have the contributions of the nurse been shaped by the relentless pressures of acuity and volume that seem to have become routine? In a related vein, I wonder: Have those pressures meant that we are so busy keeping up with day-to-day tasks, it has become difficult to be mindful of our underlying purpose? I don’t have easy answers to these questions. I am planning some work in the coming months that will have us, as a nursing service, focusing in a more deliberate way on this idea of purpose. But one piece of that work will surely be to articulate examples where our purpose is particularly clear. I think many of the articles in this issue of our newsletter do just that.

Patient Progression Rounds is a multidisciplinary initiative in which nurses play a critical role. Nurse case managers and bedside clinical nurses are bringing their in-depth knowledge of each patient into a forum in which all the disciplines are looking to ensure safe, efficient and effective transitions of care for every patient. Nursing is a relationship-based practice, even in settings where our time with the patient is short. That relationship yields a holistic perspective of the patient, including the patient’s physical, psychological and social status. We are leveraging the power of that nurse-patient relationship to inform our multidisciplinary planning process; we are seeing that nurses are indispensable members of the discharge planning team because of how well they know the patient.

In the moving clinical narrative by Mary-Ellen Gunning, we see an individual example of the power of relationship-based care. Mary-Ellen found herself caring for a very distressed patient, who, by her own later admission, was ready to give up on her recovery from cancer. Mary-Ellen took the time to get to know exactly where this patient’s concerns and frustrations lay. The nursing expertise that Mary-Ellen brought to the care of this patient not only included completing the clinical tasks of the day, but also encompassed skilled communication and collaboration, patient education, and powerful patient advocacy.

Jenny Thomas, a nurse who is profiled in this issue as a BIDMC Black Achiever, has shared, “I always took the time to be ‘in the moment’ with every patient. Patients remember when you take the time to pour that glass of water or help them with their slipper socks.” If we are thinking about our purpose, we may ask: Why are caring gestures like this so integral to our identity as nurses? How do they intersect with the in-depth clinical knowledge and skills that we bring to our work as health care professionals?

Pat White, one of the nursing retirees profiled in this issue, recently said, “I wish I had a camera for some of the pictures I saw of the way Beth Israel Deaconess nurses care for people. It’s unequaled.” I agree. But in the coming months, I want us to all take some time to reflect and learn more about what that really means. To look at examples such as the ones above, and so many more, and to make sure we are thinking in a deliberate way about why we do what we do. I believe reflection is a powerful tool. By stopping to think mindfully about what we are doing, we can be unified in both our understanding of the purpose of nursing at BIDMC and in our confidence that we are serving that purpose well.