



The Lois E. Silverman Department of Nursing
2023 Annual Report



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Model for Professional Nursing Practice at BIDMC

Nursing Mission

To build on a legacy of nursing excellence by caring with compassion, advancing the art and science of nursing, and advocating for the health of patients, families, and communities

Professional Values

Compassion | Excellence | Accountability | Respect | Collaboration

Patient Care Delivery

Collaborative Practice Model

Develop and advance professional nursing

Promote a culture of respect

Focus on outcomes

Develop and promote inter-professional collaboration

Optimize the work environment

Critical Operational Components

Professional Governance

Professional nursing at BIDMC is driven by its nursing mission and is grounded in the values of compassion, excellence, accountability, respect, and collaboration. It does not exist in isolation, but is developed and nurtured in tandem with professional values and professional relationships. A Collaborative Practice Model supports a vibrant patient care delivery system, through which critical operational components are advanced, supported by Nursing Professional Governance. Look for tagged examples of the **Critical Operational Components** of our practice model throughout this report.

Blue circle tags throughout the report identify a story's connection to Nursing Professional Governance at BIDMC.

Signs of Excellence



I was thrilled to return to BIDMC in November as your Chief Nursing Officer. Since my return, I've been pleased but not surprised to find that the exemplary nursing culture that has long characterized this organization is not only still in evidence, but it has also continued to grow and mature. I'd like to thank the leadership of my colleague **Dr. Jane Foley**, who served as Interim Chief Nursing Officer for

much of 2023, for her part in ensuring that the strategic priorities of the nursing service continued without interruption.

Since returning, I've noticed in particular that the infrastructure you all built that earned BIDMC its Magnet designation is incredibly strong and effective. I'm talking about **professional governance, certification and professional development, support for practice transitions, mentorship, evidence-based practice**—all these things that have strengthened the scaffolding for the practice of professional nursing at this organization.

This foundation has enabled you to do some extraordinary things. When a **team in the cath lab** looked at the use of urinary catheters in patients having a cardiac procedure, they asked: "Is there a better way?" They were soon defining **evidence-based practice improvements** that may well have broad safety implications across many patient groups. When **nurses in critical care** were planning annual training, they asked: "Is there a better way?" They studied elements of experiential learning and "gamification" to **create a new approach** that actively engaged learners. When nurses were responding to an unusual number of IV pump alarms that caused interruptions in the delivery of critical medications, they asked: "What is going on here?" Not content to settle with work-around replacement pumps, they **uncovered the root cause**, leading to a **national software recall** that helped clinicians across the nation avert harmful delays in medication administration. When **nurses in dermatology surgery** were caring for patients who needed essential, sometimes expensive dressing supplies after procedures, they asked: "How can we smooth the discharge process for these patients?" They worked with the BILH Pharmacy to **create low-cost dressing kits** that patients could pick up on their way home.

Reading and sharing stories like this helps us to be mindful of the excellence we are always striving to create. It is sometimes said—Does a fish know it's swimming? When we're in the midst of busy environments, we can easily lose track of where we are and what we've accomplished; to not "notice" **the remarkable quality of our shared work**.

As you read the stories in this report, I invite each of you to pause a moment to notice the caliber of the nursing service you have all built and the work you do every day. I've sensed something magical that has happened here in these last few years. It's palpable everywhere I go. I know if you take a moment of reflection, to notice and take pride in your extraordinary work, you'll feel it too.

Pat Folcarelli, PhD, MA, RN
Senior Vice President, Patient Care Services
Cynthia and Robert J. Lepofsky Chief Nursing Officer
Beth Israel Deaconess Medical Center

The Backbone of BIDMC

BIDMC's nurses make up the backbone of our health care organization. We build our programs of care for inpatients, outpatients, surgical patients, and more around the skill, knowledge, dedication, and compassion of our nurses. A strong staff of nurses and nursing leadership are essential to providing safe, high-quality care and they are central to everything we do.



In 2023, we welcomed **Dr. Pat Folcarelli** back to BIDMC as our new Senior Vice President for Patient Care Services and Cynthia and Robert J. Lepofsky Chief Nursing Officer. Pat is a widely respected and visionary nursing leader with decades of experience. She understands our nursing culture and is collaborating with her teams to constantly improve patient care delivery, strengthen pathways to advanced nursing practice, support nurses and nurse leaders, and ensure that nursing goals align with organizational strategic planning. In 2023, BIDMC nursing staff provided strong support for major initiatives and projects.

One such strategic initiative was the launch of **New England's first new heart transplant program** in decades. Nursing teams from across multiple departments have been instrumental in getting the **BILH Heart Transplant Program at BIDMC** off to a great start.

We opened the **Klarman Building** on BIDMC's West Campus in April 2023. As impressive as the new building's construction was, so too was the work our nursing teams did to **safely and efficiently move patients** into the new building through a carefully designed move plan, not to mention redesigning nursing workflows to adapt to the new unit configurations.

BIDMC nursing staff are widely recognized for the quality of care they provide and their drive for constant professional development, as evidence by our medical center's 2022 designation as a Magnet organization. Additional proof is in the impressive **list of publications and presentations** that BIDMC nurses share with nursing professionals across the nation and the world, helping to both develop and promote evidence-based nursing practice.

I am proud to work with our nursing staff as they continuously and compassionately support our mission to provide extraordinary care, where the patient comes first, supported by world-class education and research.

Peter Healy
President
Beth Israel Deaconess Medical Center

BIDMC Welcomes Pat Folcarelli, PhD, RN, as Senior Vice President for Patient Care Services and Chief Nursing Officer

In November, Pat Folcarelli, PhD, RN, was named the new Senior Vice President for Patient Care Services and Cynthia and Robert J. Lepofsky Chief Nursing Officer at BIDMC. The appointment marked Folcarelli's return to the place where she has spent the bulk of her nursing career, much of it leading groundbreaking work on patient safety.

Early work as a nurse

The focus on quality and patient safety is a thread Folcarelli can trace back to her earliest days as a nurse at the medical center. She was part of a novel 14-bed "collaborative care unit," designed to provide care to patients with intense nursing needs, but also to study and hone the collaboration between nurses and physicians. "We cared for complex patients," Folcarelli recalls. "We were asked to think about how to apply expert nursing interventions and also to learn about how nurses and physicians work best together." Folcarelli says this experience helped solidify her understanding of the importance of the nursing perspective. "I learned how important a strong nursing voice was at the bedside," she says.

Leadership in nursing and patient safety

In 2001, Folcarelli was in the inaugural class of Patient Safety Leadership Fellows, a national 18-month program developed by the American Hospital Association and the National Patient Safety Foundation. She credits that experience with being "transformative" in her career trajectory. That same year, she was named Director of Professional Practice Development at BIDMC, a role that saw her leading myriad initiatives focused on supporting and developing nursing practice. In 2005, she received the medical center's Robert. M. Melzer Leadership Award, presented to staff who have led "constructive, lasting, and all-embracing change."



In a 1992 nursing newsletter article on the clinical decision-making of master nurses, Folcarelli (right in photo) explained: "Making a decision means I am accountable for taking action, for designing and implementing the intervention a patient needs, and for evaluating the effectiveness of that intervention." She is shown with colleague Sharon Bartels, RN.



Pat Folcarelli, PhD, MA, RN,
Senior Vice President, Patient Care Services
Cynthia and Robert J. Lepofsky Chief Nursing Officer

"I learned how important a strong nursing voice was at the bedside."

– Pat Folcarelli, PhD, RN

In 2007, Folcarelli's work moved to the patient safety realm in earnest. She served first as a Director then Senior Director of Patient Safety, then as Vice President for Health Care Quality. In 2013, she was on the team that brought the American Hospital Association's ["Quest for Quality" prize](#) to BIDMC, which recognized **"organization-wide commitment to highly-reliable, patient-focused care, provided with exceptional quality."** In 2015, she co-authored an [innovative paper](#) that discussed emotional harm from disrespect as a preventable patient harm, work she presented with former CNO **Marsha Maurer**, DNP, RN, at the American Organization for Nursing Leadership's Annual Meeting in 2016. In 2017, she led a team that earned a HOPE Award from the organization, Medically Induced Trauma Support Services (now part of the [Betsy Lehman Center for Patient Safety](#)), recognizing the team's work to "support healing and restore hope to patients, families, and clinicians impacted by adverse events." Folcarelli left BIDMC in 2020 when she was appointed a Vice President at CRICO, the insurance provider for the Harvard medical community, where her work on patient safety continued.

In discussing the state of patient safety science today, Folcarelli cites a [January 2023 paper](#) in the *New England Journal of Medicine*, which she co-authored.¹ The paper reports on a study that provides updated data on the occurrence of harm during hospitalization. It showed that an adverse event occurred in nearly one fourth of the 2,809 admissions studied, and concluded that 22% of these were preventable. Folcarelli says the results serve as powerful motivation to further improve patient safety work, including broadening the perspectives that are brought into the discussion. **"The importance of nursing leadership in the patient safety arena cannot be overstated,"** she says. Folcarelli is an apt role model. Her resume includes more than 30 papers, dozens of invited talks, and participation or leadership in numerous patient safety organizations. She is a part-time lecturer at Harvard Medical School, and for the past five years has co-directed the course, "Patient and Family Engagement in Quality and Safety."

Empowering staff

As she began her tenure as CNO, Folcarelli challenged BIDMC nurse leaders to be "farmers," to nurture the legacy of excellence that is at the foundation of BIDMC nursing. **"What do we need to do to nourish the crops? To bear seeds for the future?"** she asked. She spoke of working with staff and learning about their passion projects, and she shared her vision to "write the post-pandemic narrative" about what nursing is and what it can be. **"I'm so excited,"** she said. **"I want to hear what everyone has been up to so we can think about what we do next."**

1. Bates DW et al (2023). The safety of inpatient health care. *New England Journal of Medicine*, 388(2):142-153.



In 2016, Folcarelli (right) joined former CNO **Marsha Maurer**, DNP, RN, in presenting "Insults to Dignity: A Neglected Preventable Harm" at The American Organization for Nursing Leadership's national conference.

"The importance of nursing leadership in the patient safety arena cannot be overstated."

– Pat Folcarelli, PhD, RN



In 2017, Pat Folcarelli, PhD, RN, (far left), led a team that earned an award for their work to support patients and caregivers impacted by adverse events.

Opening the Klarman Building

After years of planning and preparation, BIDMC opened the [Klarman Building](#) on April 1, 2023. Dedicated teams moved 102 patients in a single day, many of them critically ill, thanks to months of meticulous planning. **“It was a great, great weekend,”** said **Jane Foley**, DNP, RN, previously Interim Senior Vice President for Patient Care Services and Chief Nursing Officer and currently Associate Chief Nurse for Operations. **“It was quite a feat.”**

Michelle McGrory, DNP, RN, had served as Senior Clinical Operations Liaison for the new building since the earliest planning stages. Leveraging her years of nursing and leadership expertise, McGrory directed design and process decisions focused on bringing in the perspective of patients and families, as well as frontline nurses and other clinicians who would occupy the new space. Through her involvement with the [Nursing Institute for Healthcare Design](#) (NIHD) and an accreditation she earned from [The Center for Health Design](#), McGrory gained access to a repository of evidence for the building design process, enabling her to advocate for evidence-based decisions. **“NIHD has an evidence-based design checklist for patient rooms to make sure you’re accounting for things like infection control, lighting, accessibility, and more,”** she says. **“A significant and growing body of evidence attests to the fact that the physical environment impacts patient stress, patient and staff safety, staff effectiveness, and quality of care. As the team went through the design, I brought in the evidence, which I believe has helped us create the best possible spaces for patients, families, and staff.”**

“As the team went through the design, I brought in the evidence, which I believe has helped us create the best possible spaces for patients, families, and staff.”

– Michelle McGrory, DNP, RN



The Klarman Building



Michelle McGrory, DNP, RN, (left), with **Cindy Phelan**, DNP, RN. Said Phelan, **“Move day was the culmination of months of work, organization, and planning.”**

In the final year before the building opening, McGrory partnered with Clinical Nurse **Sara Steinberg**, RN, and Nurse Specialist **Lana Gavin**, RN, to ensure a smooth transition to the new space. They joined colleagues from Facilities Planning and dozens of other departments at the medical center to create a 55-page move manual, directing every aspect of the move day plans. On move day, specially trained move teams sporting color-coded vests handled all the logistics of move coordination, allowing staff on affected units to focus on providing patient care. Each team included four move facilitators, six transport nurses, six transporters, and two safety coordinators. They had participated in months of training and move simulations, planning for every conceivable contingency that might appear on move day.

Kim Sulmonte, DNP, RN, Vice President for Organizational Planning, was Incident Commander for the move. At the day’s end, she praised the professionalism, attention to detail, and efficiency of all involved. **“Thank you to the hundreds of individuals who helped plan and execute this very successful and safe patient move,”** she shared. **Cindy Phelan**, DNP, RN, Associate Chief Nurse for the CardioVascular Institute, had worked closely with McGrory from the early planning stages. **“Move day was the culmination of months of work, organization, and planning,”** she said. **“I was so impressed with the spirit and dedication of the staff that was on display.”**



Named for longtime BIDMC supporters **Beth and Seth Klarman**, the Klarman Building is the medical center’s first new building in 27 years. The 10-story structure features 158 private, family-friendly patient rooms; leading-edge intensive care and operating units; a new medical helicopter landing pad; a rooftop healing garden; and meeting spaces for collaboration and learning. Imaging and procedural suites throughout the building house state-of-the-art technology that allow care teams to provide sophisticated diagnostics and extraordinary care.

Many of the 102 patients transported on move day were critically ill. Meticulous planning facilitated safe transfers for all.



Critical care nurse **Emer O'Shea**, RN, was on the nursing transport team, ensuring that patients received uninterrupted care before, during, and after the move.



Kim Sulmonte, DNP, RN (right), served as Incident Commander on move day. She is shown with **Jane Foley**, DNP, RN, and **Declan Carbery**, former Director of Emergency Management.



Michelle McGrory, DNP, RN (foreground), with clinical nurses and other members of the Klarman move teams.

That’s a wrap! Move nurses **Alyssa McNeill**, RN, and **Sue Everett**, RN, give a high sign that all went well!



Managing Care Transitions: New Department Created

A restructuring of the former Department of Case Management is yielding positive results. Designed to address myriad issues related to patient flow and transitions of care, the new Department of Care Transitions is better aligned to put targeted expertise where it is needed most and to more holistically meet patient needs. The changes are also meant to better address capacity constraints caused by challenges finding post-acute care settings for patients who need it, which can mean extended patient stays in acute care and a lack of beds for incoming patients.

Honing expertise

Tracy Lee, DNP, RN, Associate Chief Nurse for Care Transitions and Rehabilitation Services, says the changes are meant to better align services in an increasingly specialized field, which includes planning for post-discharge care and navigating complex health insurance issues, all while meeting patients' physical and psychosocial needs. Lee says these functions had become so complex, it made sense to consolidate expertise in distinct departments/roles to better attend to each. **"In the past, nurse case managers and unit social workers were trying to manage all of these elements,"** said Lee. **"We looked at the landscape and strategized about a different approach."**

Distinct departments of case management and utilization management were created, under the umbrella Department of Care Transitions. Nurses in case management work on post-discharge planning and care, while those in utilization management focus on insurance coverage and regulations, ensuring the patient's care needs are properly documented and working to minimize insurance coverage denials. **"Both of these functions required a really specialized expertise,"** said Lee. **Lorraine Antelo**, RN, is the Nursing Director of the Department of Case Management, and **Michele Melvin**, RN, was named the Nursing Director for the new Department of Utilization Management.

Triad model

Lee said the changes also called for a new "triad model" of care, where each patient has a dedicated case manager, utilization review nurse, and social worker. **"Patients are facing so many social and economic issues that can be barriers to safe post-acute care,"** said Lee. **"Having social workers partner in a tighter way with case management just made sense."** The social work component of the new model was managed in 2023 by **Mary McDonough**, LICSW, and is currently under the leadership of **Timothy Williams**, LICSW.

Standard daily work

Lee says all the plans for patient transitions come together in daily multidisciplinary rounds (MDRs) on the units, and that additional changes were made to make that process more efficient. **"We outlined standard roles and processes for the daily MDRs,"** she said. **"This has led to more focused participation from the interdisciplinary team."** The changes included visual management tools and enhanced communication methods.

Lee said hiring into the new roles has gone well, and that key patient metrics such as "excess days" in the hospital and average length of stay are moving in the right direction. **"Although there are many factors impacting discharge planning, excess days per discharge and average length of stay continue to decrease,"** she said. **"The utilization management team continues to collaborate closely with physician advisors on managing insurance denials, and we're starting to see some positive trends."** Lee says her staff members are pleased with the new approach. **"The restructuring allows nurses specializing in care transitions to feel less fragmented as they work with colleagues on discharge plans,"** said Lee. **"This has helped improve job satisfaction for our staff, and we believe it will lead to better outcomes for our patients as well."**



Tracy Lee, DNP, RN (right), confers with Tim Williams, LICSW, and Lorraine Antelo, RN, about a patient awaiting discharge. Michele Melvin, RN, (inset), will work with the team to help ensure the patient's care is properly documented and reimbursed.



Academic Advancement for Nurses: Partnership Programs Thrive

In May 2023, 28 nurses completed a Master of Science in Nursing Administration degree at Simmons University through a partnership in place since 2009. More than 80 nurses have completed the master's degree level of the partnership program; a doctoral level leading to a DNP with specialization in executive practice was added in 2016 and has 45 graduates to date. **Shelley Calder**, DNP, RN, Associate Chief Nurse for Professional Development, Research, and Magnet, says graduates of these programs are prepared to provide exemplary nursing leadership at the local level and to become thought leaders for the broader profession. **"We're so pleased to participate in this fantastic partnership with Simmons,"** she says. **"It provides a rich professional development opportunity that benefits nurses and the patients and families in their care. And it has helped us develop a robust succession plan within our nursing leadership team."** Calder says new cohorts for both levels were enrolled in 2023, with 26 in the master's degree track and 16 pursuing the DNP.

In October, 14 nurses came to BIDMC in the fourth cohort of an acclaimed partnership with Emmanuel College, which supports newly licensed nurses prepared at the associate's degree level in obtaining their bachelor's degree, with all expenses paid. The program was launched in 2019 and has graduated 31 nurses as of May 2024.



Cohort 4 of the ADN-BSN partnership with Emmanuel College started their program in the fall of 2023.

Back row: Wanna Leconte, RN; Jeremy Stephens, RN; Sunem Arafet, RN; Jennifer McCarthy, RN; Ashley Xayavong, RN; Shella Pratt, RN; Kimberlee Cogan, RN; and Nathalie Jean, RN.

Front Row: Eyrarn Gakpo, RN; Devina Flores, RN; Jeanette Talbot, RN; Taya Shevchenko, RN; Alexis Miller, RN; and Katrina Garrett, RN.

Master of Science, Nursing Administration May 2023 Graduates

Jacqueline Bentick, MSN, RN
Jill Brown, MSN, RN
Kathleen Casey, MSN, RN, MEDSURG-BC
Alison Chan, MSN, RN, MEDSURG-BC
Lynne Collins, MSN, RN
Tracey Dillon, MSN, RN, CPAN
Robyn Donnelly, MSN, RN, SCRIN
Lindsay Duphiney, MSN, RN, MEDSURG-BC
William Entwistle, MSN, RN
Kelly Farren, MSN, RN
Erica Gemellaro, MSN, RN, CCTN
Jo Gioia, MSN, RN
Sharon Hayes, MSN, RN
Nicole Houpes, MSN, RN, SCRIN
Jake Kenney, MSN, RN, OCN
Lisa MacMillan, MSN, RN, CCM
Kristen McLeod, MSN, RN, MEDSURG-BC
Jaclyn Miller, MSN, RN
Brianna Nadeau, MSN, RN
Tracy Quinn, MSN, RN
Kelly Rausa, MSN, RN
Kristin Reed, MSN, RN
Nicole Robbins, MSN, RN
Lauren Sullivan, MSN, RN, CNRN, SCRIN
Jo Underhill, MSN, RN, OCN
Roanna Villaroman, MSN, RN
Renee Ward, MSN, RN
Sarah Wasserman, MSN, RN



Members of the May 2023 Simmons masters cohort celebrate at their graduation.

Mentorship Mix and Mingle



Antoinette Chabibal, RN (right), a Clinical Nurse on the inpatient psychiatry unit on Deaconess 4, has taken on the role of mentor for colleague **Meaghan Frank**, RN.



Nursing Director **Kim Cross**, RN (left), with her mentee, Assistant Nursing Director **Emily Parsons**, RN.



Kendra Bruce, RN, Nurse Specialist for Professional Development, oversees the formal Nurse Mentorship Program at BIDMC. In 2023, she and former Nurse Specialist **Kathy Baker**, RN, launched a “Mix and Mingle” series to continue to spread the word about the program’s value and benefits.

Antoinette Chabibal, RN, a Clinical Nurse on the inpatient psychiatry unit on Deaconess 4, had been a preceptor for **Meaghan Frank**, RN, when Frank joined the Deaconess 4 staff in 2023. They attended a Mix and Mingle to see how they could extend their formal relationship through mentorship. Chabibal is passionate about passing on her experience to others. **“We use a lot of wisdom,”** she said. **“Wisdom is acquired through experience. It is my goal to share it with as many people as I can. This is my way of paying back. It is my bread and butter.”** Chabibal became Frank’s mentor to help guide her continued professional development and to impart the wisdom she feels is so important. **“Antoinette really cares about the patients,”** says Frank. **“I really appreciate her work ethic and dedication to making the patient’s time easier while they are in the hospital.”** Frank says the structured modules that are part of the mentorship program have helped her become aware of professional development opportunities she might otherwise have missed.

Mentorship is available for nurse leaders as well as frontline staff. When **Emily Parsons**, RN, was newly appointed as an Assistant Nursing Director on Farr 10, she reached out to a more seasoned nurse leader, **Kim Cross**, RN, Nursing Director on Klarman 9, and the two enrolled in the mentorship program. **“With Kim as a formal mentor, I’m hoping to get advice about how to multi-task and prioritize the many different aspects of my new leadership role,”** she shared. Bruce was delighted to learn about the pair. **“We have many new leaders in our institution, including assistant nursing directors, nurse specialists, and unit-based educators,”** she said. **“This presents so many opportunities for mentoring and for allowing relationships across units to build.”**

Nursing Instagram Account a Success!



Aug. 2023 marked the one-year anniversary of **@Nursing_BIDMC** on Instagram, with the account achieving success on many levels. The account was established in the fall of 2022 as a way to better connect with nurses on staff as well as the external nursing community, to showcase the institution’s unique nursing culture and values, and to generate goodwill, build community, and aid in nursing recruitment and retention.

The Nursing Workforce and Engagement Council helped inform content for the account, which was managed day-to-day by Communications Specialist **Katie Benoit**. Content highlights from 2023 included: BIDMC nurses networking at conferences, Nurses Week celebrations, DAISY award winners, and celebrations of recognition weeks/months. Staff profiles generated robust engagement and included features such as “Friday Feature: New Hires,” “Mentoring Mondays,” and “Get to Know Senior Leadership.” Especially popular features were unit “takeovers” and “Nursing Careers Over the Years,” celebrating veteran staff.

Benoit said the Instagram account has been very successful in advancing communication and recruitment goals. **“It’s been a great way for staff to interact with leaders and one another, and for the clinical and administrative teams to share stories of excellence and engage with internal and external stakeholders,”** she said. **Jane Wandel**, RN, Program Director for Communications in Nursing, agrees. **“The account has continued to grow and frontline staff have generated some great ideas for content,”** she said. **“It’s been a huge success on many levels.”** The account hit numerous milestones in 2023, including having more than 1,900 followers (and counting), and sharing more than 500 original posts and stories.



Promote a culture of respect

Action by BIDMC Nurses Leads to Nationwide Safety Recall



Nurses at BIDMC took action in 2023 that led to a nationwide recall involving an intravenous pump, resulting in the medical center receiving a formal recognition from the Food and Drug Administration for **“outstanding contribution in promoting patient safety with medical devices.”** The FDA Certificate of Recognition noted that the actions of the medical center resulted in a **Class 1 recall**, defined as a situation in which there is a “reasonable probability” that patient exposure to a particular product “will cause serious adverse health consequences or death.” It started with clinical nurses in critical care noting that certain IV pumps were signaling a false occlusion alarm. This type of alarm shuts off the pump, stopping the flow of medication to the patient while the nurse works to troubleshoot the issue or search for a replacement pump.

BIDMC nurses immediately recognized this as a reportable patient safety concern and began filing reports in the medical center’s STARS safety reporting system. A weekly huddle involving all the critical care nurse specialists and educators soon revealed that the problem was not isolated to one unit. **Meredith Schofield**, RN, Nurse Specialist in the Finard ICU and West Campus MICUs, brought the issue to **Kerry Carnevale**, DNP, RN, Nurse Specialist for Quality and Safety, and **Tricia Bourie**, RN, Associate Chief Nurse for Quality, Safety, and Informatics, and discussed next steps. They reached out to **Matt Wheeler**, Executive Director of Clinical Engineering. Through a collaborative process with clinical engineering, including a meeting with the pump manufacturer, it was confirmed that a software upgrade on the pumps was causing the false alarms, which led to the national software recall.

Nurse leaders note that the story is a great example of how the BIDMC nursing culture embraces accountability for practice. **“In order for us to address this, everyone had to be in alignment with our practice to report issues using the STARS system,”** says **Andrea Milano**, RN, Nurse Specialist in cardiology. **Jean Gillis**, RN, Nurse Specialist in the Trauma SICU, believes that this level of coordinated accountability is something that sets BIDMC nursing apart. **“Any time we have an issue with a product or a manufacturer, we call it out,”** says Gillis. “And time and time again, we hear, **‘We are not hearing this from any other institution.’ We have a culture here that makes staff feel comfortable bringing issues forward.**” **Jacqui Rossignol**, RN, Clinical Nurse and unit educator in the Finard 4 ICU, agrees. **“Our ability to be part of a change is empowering and sets us apart from many other hospitals,”** she shares. **“We can feel confident in the care we are providing, knowing that our voices matter.”**

Suzanne Joyner, DNP, RN, Associate Chief Nurse for Critical Care and West Campus Inpatient Services, says the action by staff is evidence of the commitment to excellence she sees every day. **“Critical care nurses at BIDMC are passionate about accountability for practice,”** she says. **“The recall story is a great example of how important this is.”** **Chrissie Faulkner**, RN, Assistant Nursing Director in the Finard 4 ICU, concurs that frontline staff were the drivers of this safety success story. **“It was the bedside nurses who were calling this out,”** she says. **“It came from the staff.”**



ICU leaders unanimously report that credit for the patient safety callout involving the IV pumps goes to all the critical care staff. Shown representing the group are:

Adrian Wong, PharmD, Clinical Pharmacist in critical care
Chrissie Faulkner, RN, Assistant Nursing Director, Finard ICU
Mallory Green, RN, Clinical Nurse, MICU B
Adrienne Porrazzo, RN, Clinical Nurse and unit educator, Finard ICU
Kendra Strachan, RN, Clinical Nurse, Finard ICU
Molly Coit, RN, Clinical Nurse, MICU A
Anna Kirwan, RN, Clinical Nurse, MICU A
Sue Kelley, RN, Clinical Nurse, SICU
Dante Cobelli, RN, Clinical Nurse, MICU B

Focus on outcomes

2023 Nursing Awards



Lois E. Silverman Department of Nursing Excellence Awards

Gitta and Saul Kurlat Award for Nursing Excellence



Miguel A. Gonzalez
BSN, RN

Edward and Marilyn Schwarz Award for Excellence in Nursing Practice

Overall Practice Excellence—Experienced



Paige Lawrence
BSN, RN



Elizabeth Stamos
BSN, RN

Overall Practice Excellence—Novice



Zoe Clarkin
BSN, RN

Excellence in Patient Advocacy



Kristen Cassella
BSN, RN



Kate Pawluczzonek
BSN, RN

Excellence in Patient Education



Jennifer Draper
BSN, RN

Excellence in Peer Education



Felicia Driscoll
BSN, RN



Jordan Junge
BSN, RN

The Spirit Award



Courtney Gonynor
BSN, RN, OCN



Colleen Monbleau
BSN, RN

Excellence in Advanced Practice Awards



Cecily Kulsick
DNP, RN, CNP, AGPCNP-BC



Kyleen Elizabeth Swords
DNP, RN, CNP, FNP-BC

Departmental Excellence Awards

Clinton and Joseph Koufman Foundation Award for Excellence—Ambulatory Services

Jeanne Carbone, BSN, RN
Carli Scoville, MSN, RN, CCTC

Clinton and Joseph Koufman Foundation Award for Excellence—Inpatient Services

Christine August, BSN, RN

Clinton and Joseph Koufman Foundation Award for Excellence—Perioperative Services

Flordelinda Haduca, BSN, RN

The Colette Cantin Obstetric Excellence Award

Kate Cantrell, BSN, RN, RNC-OB
Andrea M. Mills, BSN, RN

CVI Excellence in Cardiovascular Nursing Award

Kayla Cullen, BSN, RN
Suzanne Garland, BSN, RN, CVRN-BC
Kaitlyn L'Heureux, BSN, RN

Department of Case Management Excellence Award

Jennifer Carew, BSN, MPA, RN, CMGT-BC

Eileen Stuart-Shor Nursing Recognition Award
Patricia O'Connor, DNP, RN, CRNA

Excellence in Clinical Research
Ann Connor, MSN, RN

Excellence in Emergency Nursing Award—Experienced
Adam H. Cabral, BSN, RN, TNCC

Excellence in Emergency Nursing Award—Novice
Michael J. Hayes, BSN, RN

Excellence in Hematology/Oncology Nursing Award—Inpatient
Briana Smith, BSN, RN, OCN

Excellence in Hematology/Oncology Nursing Award—Outpatient
Christie Klisz, MSN, RN, CNP, ANP-BC, WHNP-BC

Excellence in Medical Critical Care Nursing Award

Rachael Parker, BSN, RN
Michelle M. Richards, MSN, RN, CCRN

Excellence in Neuroscience Nursing Award

Heather Martin, BSN, RN, SCRNP

Excellence in Psychiatric Nursing Award
Korey Little, BSN, RN

Excellence in Surgical Critical Care Nursing Award
Brandon Call, BSN, RN, CCRN

Gastroenterology Nursing Excellence Award
April Andrea S. Monteza, BSN, RN

Harris Yett, MD, Award for Excellence in Orthopaedic Nursing Care
Joey Jay Botor, BSN, RN, CNOR
Janet Orr, RN

The Hogan-O'Brien-Fox Award for Perioperative Nursing Excellence
Janet Orr, RN

Hospital Medicine Nursing Award for Teamwork and Excellence
Allison Foley, BSN, RN

Internal Medicine Residency Nursing Excellence Award
Sherry P. To, BSN, RN

William D. Cochran Award for Excellence in Neonatal Nursing
Linda Mahoney, BSN, RN

Named Scholarships

Alexander and Brenda Tanger Nursing Scholarship, in honor of Mary M. Ferment, RN
Esther Apraku Bondzie, MSN, RN
Gina Evans, BSN, RN

Aron and Celia Steinberg Endowed Scholarship
Kathleen Clarke, BSN, RNC-OB
Brittany Ford, BSN, RN, TNCC
Kimberly Maloof, MSN, RN
Caitlynn Marcotte, MS, RN, CNP, AGACNP-BC, CEN, TCRN
Allison Mullen, BSN, RN
Janice Tso, BSN, RN, CCRN

C. Rose Finkelstein Nurse Scholarship
Sara Tong, DNP, RN, CNP, FNP-BC, DOT-CME

Scholarship in Critical Care Nursing, in memory of Daniel Raymond Wong
Emily Moore, BSN, RN
Christine Stewart, BSN, RN

Rene Mandell Memorial Scholarship
Emily Luc, BSN, RN



Shelley Calder, DNP, RN (left), Associate Chief Nurse for Professional Development, Research, and Magnet, led a team of clinical nurses and nurse leaders who reviewed award and scholarship applications and chose honorees. She is shown with **Jane Foley**, DNP, RN, who was Interim Chief Nursing Officer and Master of Ceremonies at the 2023 Nursing Award Ceremony, held at Fenway Park.

2023 RESA Fellows

In 2023, 15 nurses were named as Nurse Fellows or Senior Nurse Fellows in the clinical nurse recognition program, RESA (Recognizing Excellence, Scholarship, and Accountability). Fellows are recognized for their work to advance multiple domains of nursing practice, both locally and in the broader professional arena. A peer review process, led by members of the Professional Development and Nursing Education Council, evaluates candidates twice yearly, based on submitted portfolios outlining their professional activities. They serve a two-year, renewable term.



2023 SENIOR NURSE FELLOWS



Tia Bruno
MSN, RN, MEDSURG-BC



Jennifer Longval
MSN, RN, CBC



Kristen McGourty
MSN, RN, CBC

2023 NURSE FELLOWS



Meghan Ann Barton
BSN, RN, CWON



Jenny Canales
BSN, RN, CBC



Christine Culleton
BSN, RN, CWON



RoseAnne Cuniffe
MPH, BSN, RN, MEDSURG-BC



Martha Florance
BSN, RN, RNC-MNN



Karen Ewen
BSN, RN, MEDSURG-BC



Susan Gotthardt
RN, OCN



Nicole Houpes
MSN, RN, SCRIN



Sarah Marcinkiewicz
BSN, RN, BMTCN



Kathleen O'Rourke
BSN, RN, CVRN-BC



Debra Savage
DNP, RN, CNOR



Melanie Somerville
BSN, RN, CCRN-CSC

How the 2023 RESA Fellows are Shaping Nursing Practice

In the two years prior to their designation, RESA Fellows:

sat on more than **20** committees or governance councils.

championed or led over **35** clinical projects.

were involved in nearly **60** quality improvement projects, audits, or root cause analyses.

led or co-led more than **50** educational sessions for staff.

DAISY Award Comes to BIDMC!

Through the diligent efforts of the Nursing Workforce and Engagement (WFE) Council, the DAISY Award for Extraordinary Nurses was launched at BIDMC in early 2023.



The work was led by 2023 WFE Council chairs, **Hannah Alberts**, RN, Clinical Nurse in Labor and Delivery; **Sydney Orlando**, RN, former Clinical Nurse in critical care and currently Assistant Nursing Director on Farr 9; and **Caitlyn Winchell**, RN, Clinical Nurse in critical care. The council oversaw a Clinical Nurse Review Board that fielded 319 DAISY nominations across four review cycles in the program's first year. Nominations come from patients, families, and staff. Six awardees per cycle were named.

The DAISY Award is made possible through a partnership with the **DAISY Foundation**, established by the family of the late J. Patrick Barnes to honor the "skillful, compassionate care" Barnes received during his terminal illness. It is meant to "honor the super-human work nurses do for patients and families every day." The Foundation partners with nearly 7,000 health care organizations in 40 countries and territories, leading to more than 200,000 DAISY Awards to date. Awardees receive a "Healer's Touch" sculpture, a pin, and a certificate during a surprise celebration on their unit. They have access to numerous benefits through the Foundation, including scholarships and conference opportunities.

2023 Recipients at BIDMC

- Tia Bruno**, MSN, RN, MEDSURG-BC
- Thomas Casey**, BSN, RN
- Gabrielle Crespo**, BSN, RN
- Amanda Devlin**, BSN, RN
- Stephanie Fiandaca**, BSN, RN, CEN
- Rachel Grange**, BSN, RN
- Sam Grizzle**, BSN, RN
- Meghan Harris**, BSN, RN
- Melissa LaFrance**, BSN, RN
- Annie Malinn**, MSN, RN, CNP, NP-C
- Caitlynn Marcotte**, MS, RN, CNP, AGACNP-BC, CEN, TCRN
- Erin McGaffigan**, BSN, RN, MEDSURG-BC
- Kathleen McLaughlin**, BSN, RN, OCN
- Jacob Nowak**, BSN, RN
- Emer O'Shea**, RN
- Zarina Paltiel Gabay**, MSN, RN, RNC-OB, IBCLC
- Sandra Psihogios**, BSN, RN
- Brooke Shea**, BSN, RN
- Kerin Shea**, BSN, RN
- Teresa Sollitto**, BSN, RN, CPAN
- Joslin Teti**, BSN, RN
- Korintha Tongo**, BSN, RN
- Suzanne Sweeney Wright**, BSN, RN
- Scott Zak**, RN



Recipients of the DAISY Award are honored on their units with a surprise celebration attended by colleagues and nurse leaders.

Scan this code to access the DAISY nominations form for BIDMC Nursing. Nominations are accepted on a rolling basis throughout the year.

Professional Governance Updates

Nursing Professional Governance at BIDMC hit its stride in 2023, thanks to changes led by **Kendra Bruce**, RN, Nurse Specialist for Professional Development; **Megan Swedeen**, RN, former Clinical Nurse in critical care and former tri-chair of the Coordinating Council; and **Kelly Sullivan**, RN, current Clinical Nurse on Stoneman 5 and tri-chair of the Coordinating Council.

Standardizing council functions and reports

Bruce worked with the clinical nurses on the central councils to address variation in the tools and methods council members were using to support governance. A SharePoint site for governance was upgraded, with a new structure and the addition of standard templates for charters, minutes, and agendas. Bruce says standardizing the work on the charters was particularly important, as it helped ensure that they **aligned with the nursing strategic plan**.

To help organize communications about council work, “WINK” (What-I-Need-To-Know) slides were rolled out as a standard way to summarize council activities. Useful for anyone wanting an “at-a-glance” view of a council’s work, the central council chairs also used the slides for their monthly report-out to the Nursing Executive Council.

Training

A standard orientation and onboarding program for clinical nurse members of central and unit-based councils was also added. The program included general content on what professional governance is, breakout sessions, and peer-to-peer support. **“This wasn’t a top-down effort,”** said Bruce. **“It really was a collaborative effort between clinical staff and the leadership group.”**

Training was also provided for leader advisors who sit on central councils, and a decision was made to have a leader advisor from Professional Development join each central council to partner with the sitting leader advisor (either a nurse specialist or nursing director). **“We knew we needed some consistency in the leader advisor positions, since clinical nurse council members rotate after each election cycle,”** said Bruce. **“And the advisor training and professional development provided a shared understanding for all the advisors of what the role entails and helps ensure that central council work docks in seamlessly to related centralized programs.”**

Restructure

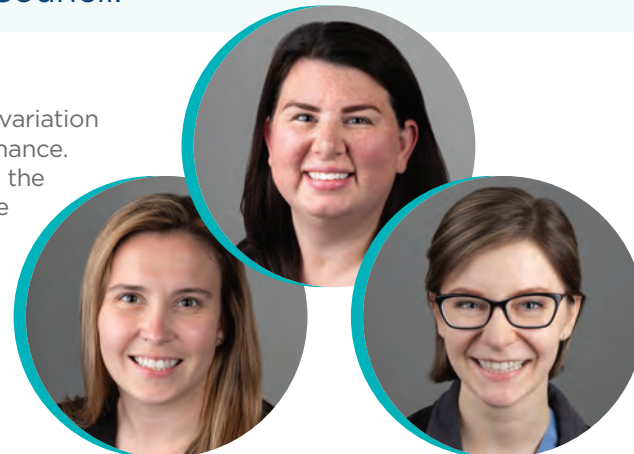
To meet growing needs related to informatics, a Nursing Informatics and Technology Council was added ([see p. 16](#)). And when council leaders and members noted an overlap in the goals and purpose of the Nursing Quality and Outcomes Council and the Professional Nursing Practice Council, a proposal was submitted to the Coordinating Council to create a merged Nursing Quality and Practice Council, which was presented to and accepted by the Nursing Executive Council.

Results

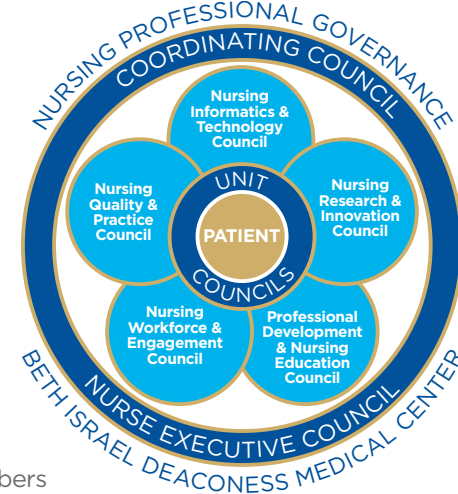
A formal evaluation of the governance structure was done using the Council Health Survey developed by Robert Hess and colleagues. First administered at BIDMC in June of 2023, the survey was repeated in January 2024 and showed encouraging results on members’ perceptions of governance efficiency, member preparation, leader support, and more. Bruce says the data are in line with other signs of council health. **“In October 2022, we began the FY23 council year with 68% of the clinical nurse leadership positions of co-chairs and communication coordinators filled,”** she says. **“In October 2023, that number was 88%. We also saw a marked uptick in issues elevated to the Coordinating Council for triage. We think this was a reflection of the improved communication paths that had been established.”**

Shelley Calder, DNP, RN, Associate Chief Nurse for Professional Development, Research, and Magnet, says the changes reflect the ongoing maturation of nursing professional governance at the medical center. **“In 2023, the councils were ready for the next phase,”** she shared. **“The changes that Kendra and her team put in place were meaningful, effective, and sustainable.”**

Bruce and Calder were invited to present the work on amplifying and standardizing Nursing Professional Governance at the [American Organization for Nursing Leadership’s](#) 2024 Professional Governance Conference in Chicago.



Kendra Bruce, RN (c),
Kelly Sullivan, RN (l) and Megan Swedeen, RN (r)



New Initiatives on Advanced Practice Provider Council

In 2023, the Advanced Practice Provider (APP) Council, under the leadership of co-chairs **Marcelline Previlon**, RN, CNP, Nurse Practitioner in Interventional Radiology, and **Erin Rebelo**, PA-C, lead APP in Neurosurgery, implemented some exciting initiatives designed to support communication and team cohesiveness within the APP group, and to launch a new Grand Rounds series to enhance APP professional development.

Quarterly APP Newsletter

Nicole Catatao, RN, CNP, Director of Advanced Practice, spearheaded the launch of a quarterly APP Newsletter, designed to keep BIDMC APPs informed of new guidelines and policies, issues related to licensure, educational opportunities, APP achievements and awards, and more. Each newsletter featured general APP announcements and a “Celebrating APP Achievements” section, which showcased APP promotions, poster presentations, and DAISY awardees. A “Clinical Documentation Corner” was also featured, with pertinent tips for APP clinical documentation. A “BIDMC APP Spotlights” column recognized individual APPs or APP teams throughout BIDMC, with a Q & A section where the featured APPs could share their background and interests as well as provide advice for new graduate NPs and PAs.

The newsletter was a great way to announce and celebrate the **2023 APP Awards**, presented by the Department of Advanced Practice. These went to **Rosanne Buck**, RN, CNP, Nurse Practitioner in Neonatology, for Excellence in Patient Care and Advocacy; and **Peter Germond**, PA-C, Physician Assistant in Cardiac Surgery, who was honored for Excellence in Leadership and Mentorship.



APP Grand Rounds is launched

The Council also sponsored the development of a new APP Grand Rounds series. **Barbara Rosato**, DNP, RN, CNP, Nurse Practitioner in Healthcare Associates, led the initiative, designed to offer topics addressing clinical care and sharing innovations in practice. Presentations were held virtually, with continuing education credits available for both nurse practitioners and physician assistants. Topics included:

- “Surgical Options for Lymphedema: What the Clinician Must Know,” presented by **Elizabeth Tillotson**, RN, CNP
- “Care of Transgender Patients,” presented by **Marybeth Meservey**, RN, CNP
- “Closing the Gap in Global Health: A Role for Advanced Practice Providers,” presented by **Lisa Dumouchel**, RN, CNP; **Paula Sterling**, PA-C; and **Eileen Stuart-Shor**, PhD, RN, CNP
- “Primer for Palliative Care: We are not there yet” presented by **Annie Malinn**, RN, CNP; **Ijeoma Eche-Ugwu**, PhD, RN, CNP; and **Kaitlin Kirby**, RN, CNP

Catatao says the council work in 2023 has helped meet key APP goals, as outlined in the Mission and Values of the APP Department, including cultivating **“a culture of respect and collaboration to fulfill the mission of BIDMC, [and] propelling the recognition of APPs as leaders, innovators, and compassionate providers.”** She adds that the teamwork and networking that occurred within the council was critical. **“The council allowed us to pull together advanced practice providers from across the hospital—clinicians who otherwise would not know one another—and to get their insight and opinions on what is important to our APP community and how we can try to create connections,”** she said.

“The council allowed us to pull together advanced practice providers from across the hospital—clinicians who otherwise would not know one another.”

– Nicole Catatao, RN, CNP



In Nov. 2023, **Nicole Catatao**, RN, CNP (left), presented 2023 APP Awards to **Peter Germond**, PA-C, and **Rosanne Buck**, RN, CNP.

New Council Focused on Nursing Informatics and Technology Launched

Following recommendations of the Coordinating Council, a **new professional governance council was launched** to ensure that the perspective of nursing was helping to inform technological advancements at the medical center.

Nursing
Informatics &
Technology
Council

Lydia Gallup, RN, a Clinical Research Administrator and former Clinical Nurse in cardiac surgery, and **Kathleen O'Rourke**, RN, a Clinical Nurse in Ambulatory Cardiology and a RESA Nurse Fellow, volunteered to chair the new Nursing Informatics and Technology Council, which held its first meeting May 18, 2023.

Alicia Beneteau, RN, Clinical Nurse in the West Campus PACU and a RESA Nurse Fellow, came on board as Communications Coordinator. Leader advisors were **Brian Laneau**, RN, Program Director for Nursing Informatics, and **Jean Campbell**, RN, Informatics Nurse Specialist.

Early project work

Gallup says the group set out to develop their charter, reviewing definitions of nursing informatics available from the American Nurses Association and ensuring that the charter was in line with organizational goals. The accepted charter states in part that the council will "serve as a resource in the evaluation, design, validation, and implementation of clinical systems and processes that impact nursing work...while utilizing research and evidence-based practice to explore technology and other innovative practices."

Gallup, who has a master's degree in healthcare informatics, is pleased with the enthusiasm the council generated. **"We had an immense turnout of nurses wanting to join the council,"** she said. The energetic group had a productive first year. They helped facilitate a survey of the unit-based governance councils on behalf of the OneBILH Epic team, in preparation for the June 2024 launch of the Epic Electronic Medical Record at BIDMC.



Leaders of the new council (from the top):

Lydia Gallup, MSN, RN, Co-Chair; **Kathleen O'Rourke**, BSN, RN, CVRN-BC, Co-Chair; **Alicia Beneteau**, BScN, RN, CPAN, PCCN, Communications Coordinator; **Brian Laneau**, MSN, RN, Leader Advisor; and **Jean Campbell**, MS, RN, Leader Advisor (not shown)

The survey helped the Epic planning team learn more about frontline nurses' knowledge about and perception of Epic. The group also collaborated with a hospital team on a redesign of an Accessibility Hub on the employee Portal—a toolkit providing information and resources to help providers best serve patients and visitors who have disabilities or other challenges.

Focus on artificial intelligence (AI)

The council was also tapped to weigh in on an AI-powered chat function being developed to streamline a user's search for information in the extensive collection of Policies, Procedures, Guidelines, and Directives (PPGD) on the employee Portal. The developers of a new tool, dubbed ChatPPGD, asked the Nursing Informatics Council to help try out the tool and provide feedback before it was set to launch in early 2024.

O'Rourke says the council enjoyed testing the model, adding that it sparked some great discussion. **"Since this project was done, we've come up with more ideas for future projects involving AI,"** she said. **"It's only the beginning."**

Laneau says the council's input into Epic, ChatPPGD, and other projects has shown the value that nurses can bring to technology projects at an academic medical center. **"The council has been providing important feedback for some major medical center initiatives, but they are also thinking proactively about how best to leverage technology in nursing practice,"** he says. Campbell agrees, adding that the potential for technology to increasingly support the work of nursing has excited the council members. **"The team is enthusiastic about how technology can do more to support nurses wherever they work,"** she says.

Transition to Practice: Embracing the Cohort Model

Professional
Development
& Nursing
Education
Council

As the workforce changed during and following the acute phase of the pandemic, the medical center has responded with changes in how it welcomes new graduate nurses. Specialty clinical areas that have not previously hired new graduates, such as the emergency department and critical care, are doing so with great success. And a new program launched in Sept. 2023 has changed the way the bulk of new grads destined for medical-surgical practice are welcomed to BIDMC. **"We know that new graduate nurses are looking to make connections and feel part of a team,"** said **Shelley Calder**, DNP, RN, Associate Chief Nurse for Professional Development, Research, and Magnet. **"These nurses also faced disruptions in their clinical training due to the pandemic. The cohort model is specifically intended to address these challenges, along with other professional development needs of new graduate nurses."**

Nearly 80 new graduates came to the medical center as a cohort in September. For two weeks, they participated as a group in onboarding, networking, and select clinical training exercises. Members of the Nurse Specialist and Nurse Leadership Councils worked to create the program content, facilitated by **Susan Holland**, EdD, RN, former Program Director in Professional Development and current Nursing Director on Farr 3. On the clinical units, clinical nurse educators and nurse specialists continued the new graduates' unit-specific orientation, knowing that some of the basic onboarding steps had already been covered. **Jane Foley**, DNP, RN, former Interim Senior Vice President for Patient Care Services and Interim Chief Nursing Officer and current Associate Chief Nurse for Operations, said she believed this work is timely and promising. **"We are listening to this new generation of nurses and adjusting our programs to enhance their learning,"** she said. **"This is the right work to be doing."**



New graduates **Cara Andrews**, RN, and **Kaley Grau**, RN, were part of a cohort participating in clinical skills exercises during their onboarding in September.

Support for Nurse Certification Continues

Professional
Development
& Nursing
Education
Council

Members of the Professional Development and Nursing Education Council (PDNE) continued their work to increase the rate of specialty certification for BIDMC nurses. Voucher programs that had previously been recommended by the council continued, providing up-front financial support to cover the costs of select certifications.

The council continued to remind benefits-eligible nurses that their tuition reimbursement benefit could also be used for certification costs. "Badge buddies" that certified nurses can attach to their hospital IDs were also introduced, and the PDNE Council helped BIDMC celebrate Certified Nurses Day, which occurs each year on March 19.

The PDNE Council surveyed nurse specialists and clinical nurse unit educators to understand more about certifications nurses wished to pursue and to identify perceived barriers to certification. **Bo Kim-Kopec**, RN, former Clinical Nurse in Interventional Cardiology and current Magnet Program Director, was chair of the PDNE subcommittee for certification, which generated the survey. **"Two themes stood out as barriers,"** she said, **"Time and money. This wasn't surprising."** However the survey also revealed that a number of nurses were unaware of how to access the financial supports in place. To help address the gap, Kim-Kopec presented the results at a meeting of the Nurse Specialist Council.



Brandon Call, RN, a Clinical Nurse in the SICU, gets into the spirit of Certified Nurses Day by sporting his "RN Certified" badge buddy and posing with a BIDMC Nursing Excellence frame. Call is certified in critical care nursing.

Shelly Watts-Dognazzi, RN, co-chair of the PDNE Council, says the expertise of certified nurses helps patients, families, and staff feel confident about the nursing care being provided. **"Certification requires that a nurse have in-depth knowledge of a specialty,"** she says. **"As experts in their field, certified nurses not only excel in direct care, they also provide valuable education and consultation on their units."**

Develop and
advance
professional
nursing

Embracing a New Specialty

Heart transplant nursing at BIDMC

In 2023, Beth Israel Lahey Health launched a [heart transplant program](#) based at BIDMC. It was the culmination of months of planning by teams in inpatient and ambulatory settings, interventional procedure suites, medical and surgical critical care units, the ORs and recovery areas, and the cardiac surgery recovery unit. Across all these disciplines and units, nurses collaborated to provide expert, compassionate care for this specialized patient population.

Planning and training

In the spring of 2023, **Jessie Breed**, RN, was named Director of Heart Transplant and Specialty Programs. She worked to continue the preparations for the program launch, ensuring key elements of an infrastructure were in place.

Nurse leaders throughout the medical center developed training programs for the staff who would care for patients before, during, and after heart transplant. **John Whitlock**, DNP, RN, Nurse Specialist for cardiac surgery, said that while training included technical knowledge, equally important was making sure nurses understood the difficult road these patients have traveled. **“If nurses understand what a patient has been through, they are better able to connect with and teach the patient,”** he said. Whitlock set up a series of trainings attended by more than 80 staff. A major focus was the specialized immunosuppressant medications these patients receive. **Ryan Vesper**, PharmD, a Heart Transplant Program Pharmacist, provided key aspects of this content.

At the same time, **Andrea Milano**, RN, Nurse Specialist for the CCU, ran training sessions for nearly 100 staff in the CCU and on the Klarman 8 medical cardiology unit. **Pam Browall**, DNP, RN, Nursing Director in the CCU, said her staff have relished being part of the transplant process. **“The staff have enjoyed caring for this population,”** she said. **“It’s a really amazing opportunity for the patient to be restored to health.”**

Outpatient management and transplant coordination

Clinical nurses and nurse practitioners who care for patients in the outpatient Advanced Heart Failure Program learned to assume the role of Heart Transplant Nurse Coordinator when a heart is found for a patient. In this role, they quickly set in motion the carefully choreographed series of steps that need to occur to get the operation underway. Nurse Coordinator **Shannon Frias**, RN, says that being able to offer this treatment feels extremely rewarding, especially given the relationships she builds with her patients. **“The patients don’t feel like they are a number,”** she says. **“They are part of our BIDMC family.”**

Nurse Practitioner **Cathy Lee**, RN, CNP, says her role in caring for transplant patients is both challenging and gratifying. **“The work is very detail oriented; it is very precise work,”** she says. **“It’s an honor that my patients trust me to help direct their care.”**



Cathy Lee, RN, CNP (right), Nurse Practitioner in the Advanced Heart Failure Program, consults with **Ryan Vesper**, PharmD, Heart Transplant Program Pharmacist, and **Amanda Judge**, RN, Heart Transplant Nurse Coordinator.



Jessie Breed, MS, RN, Director of Heart Transplant and Specialty Programs

In the Operating Room

Training in the OR was coordinated by **Deborah Tassone**, RN, a Clinical Nurse in perioperative nursing. Nurses also received training from the program’s Surgical Director, **Masashi Kai**, MD, which included in-person and video sessions.

Mary Francis Cedorchuk, RN, Nursing Director for the CardioVascular Institute OR, said she worked with her cardiac surgery nursing leadership team to ensure that staff felt prepared. The team included Clinical Advisors **Irene Delagrammaticas**, RN; **Marie Kaneko**, RN; and **Sue Pobywajlo**, RN; as well as Clinical Nurse and unit educator, **Marianne Kelly**, RN. **“I don’t know what I would do without my nursing leadership team,”** Cedorchuk said. **“These partners were instrumental in ensuring the staff had the training and education they needed to be successful.”**



The CardioVascular Institute OR team led an array of activities to prepare for the heart transplant program. Shown are (front) **Mary Francis Cedorchuk**, RN, Nursing Director, with **Irene Delagrammaticas**, RN, Clinical Advisor; (back) **Marianne Kelly**, RN, Clinical Nurse and unit educator; and Clinical Advisors **Marie Kaneko**, RN, and **Sue Pobywajlo**, RN.

Critical care

Barbara Regan, RN, a clinical nurse, unit educator, and RESA Senior Nurse Fellow in the cardiovascular ICU, said the training provided by Whitlock ensured staff knew all the elements of the close monitoring that transplant patients require. Clinical Nurse **Sean Huber**, RN, said that nursing surveillance is critical when caring for heart transplant patients. **“Any change, even a minor one, is immediately reported to the surgical team,”** he shared.

The post-op phase for transplant patients also includes frequent visits to the cardiac catheterization lab for biopsies to check the heart tissue for signs of rejection. **Nathan Masterson**, RN, Assistant Nursing Director in Interventional Cardiology, said his team has enjoyed being a critical part of the heart transplant process. **“Nurses, technicians, cardiologists, and support assistants take a multidisciplinary, team approach to providing exceptional and compassionate care to this patient population,”** he said.

Recovery on Klarman 7

Lia Yohanan, RN, a Clinical Nurse on the Klarman 7 cardiac surgery recovery unit, cared for the first heart transplant patient, and others since. **“I’ll never forget the moment of seeing my first transplant patient come onto the unit,”** she shared. **“This is their new life. They are getting a second chance at life.”** **Marnie Crowley**, RN, Nursing Director on Klarman 7, said things have gone “extraordinarily well” in the new program. **“The nurses love caring for these patients,”** she said. **“They get involved in all aspects of the patient’s medical care and discharge plan.”**

Breed credits the many nursing teams throughout BIDMC for their part in the program’s successful launch. **“The nurses have approached this with excitement and expertise from day one,”** she said. **Cindy Phelan**, DNP, RN, Associate Chief Nurse for the CardioVascular Institute, agrees, adding, **“I am amazed at the progress. I could not be more proud of our nursing staff and their contributions.”**

On Klarman 7, Yohanan reflected on the care she provided the first heart recipient at BIDMC. **“It was so fulfilling,”** she said. **“I cried on my way home from work that first day. I was so happy with my job, taking care of people. It’s literally the best feeling. This is why I do what I do.”**

“I cried on my way home from work that first day. I was so happy with my job, taking care of people. It’s literally the best feeling. This is why I do what I do.”



Lia Yohanan, RN, of Klarman 7, on taking care of the first heart recipient at BIDMC.

Patient Safety and Quality: Progress in 2023



Nurses throughout the medical center continue to work on ways to reduce hospital-acquired infections (HAIs). In the November 2023 meeting of the Quality and Safety forum, **Patrick Gordon**, DNP, RN, Director of Infection Control and Hospital Epidemiology, reported encouraging progress in the work to reduce both catheter-associated urinary tract infections (CAUTI) and central-line associated bloodstream infections (CLABSI).

CAUTI prevention

CAUTI prevention is part of the core work of nurses throughout the medical center. At the heart of preventive measures is ensuring that indwelling catheters are used only when clinically necessary. Daily multidisciplinary rounds now include a check-in on patients with catheters, with an ensuing discussion about timeline for removal.

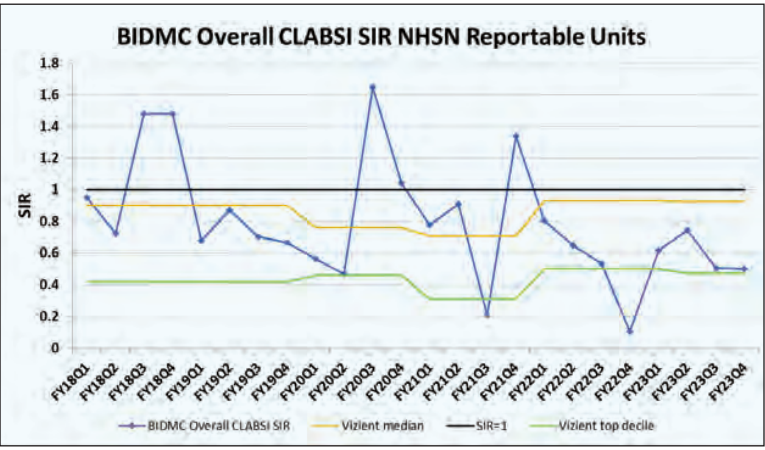
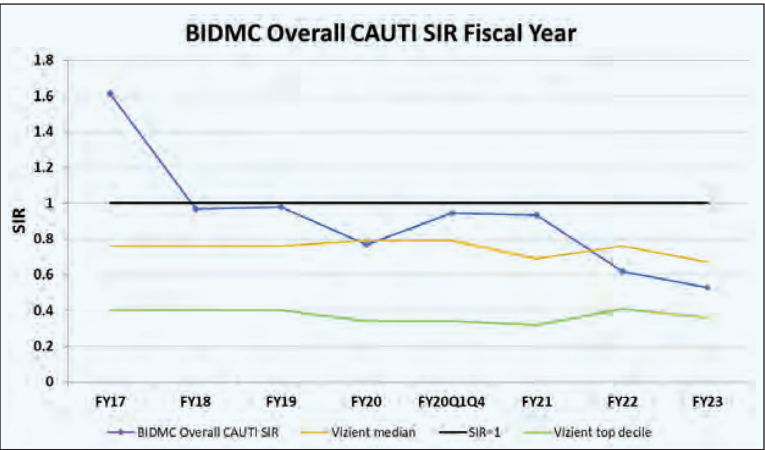
For patients at risk of urinary retention, a nurse-driven protocol empowers frontline staff to use bladder scans to assess patient bladder volume and perform an intermittent catheterization if the volume is over a certain threshold. **“In the past, these patients may have had an indwelling catheter placed,”** says **Kerry Carnevale**, DNP, RN, Nurse Specialist for Safety and Quality. **“We are now consistently following the evidence that tells us that relieving urinary retention using intermittent catheterization is a far safer approach and can be safely managed by bedside nurses.”**

At the November meeting, Gordon put the fiscal year 2023 data into context. **“There has been incredible work on this over the past few years,”** he shared. **“Fiscal year 2023 was our best year in terms of CAUTI prevention and reduction since 2017.”**

CLABSI prevention and IV surveillance

Gordon also reported positive results on prevention of CLABSIs, with fiscal year 23 overall data outperforming the Vizient national median and coming in at just above the Vizient top decile for academic medical centers. Gordon says the success is the result of nurses’ attention to standards of line insertion and care, as well as monthly surveillance audits performed by clinical nurses to ensure all standards of line insertion and care are being met. The audits in 2023 revealed significant progress on select patients receiving daily baths with chlorhexidine gluconate (CHG) to reduce bacteria on the skin, which can enter the bloodstream through a vascular access device, such as an IV (*see graph, next page*).

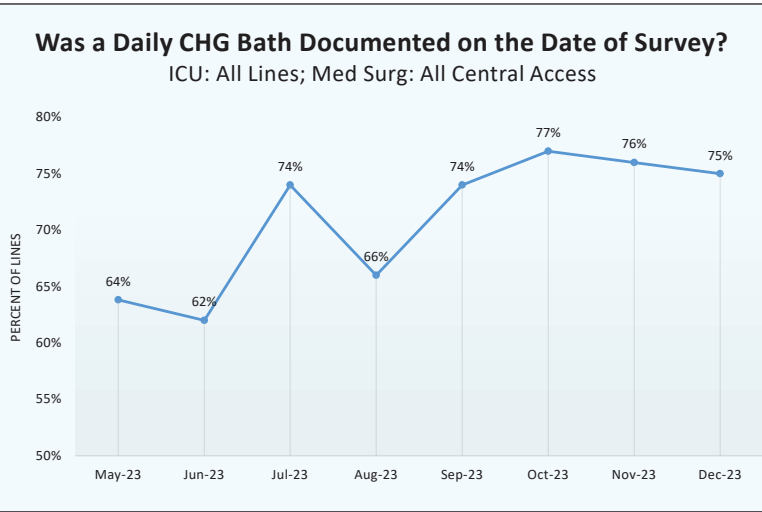
CAUTI and CLABSI outcomes



The standard infection ratio (SIR) represents observed infections over expected infections as determined by the National Healthcare Safety Network (NHSN). Lower is better. The overall SIR for CAUTI in FY23 was the lowest in the past six years. The SIRs for both CAUTI and CLABSI were below the median for academic medical centers as determined by Vizient, and just outside the top decile, representing significant progress across BIDMC.

Blanche Murphy, RN, Assistant Nursing Director for the Venous Access Team, says the IV surveillance system expanded in 2023 to add additional standards for the audit and to include regular assessment of a range of IV access lines, including basic peripheral lines. **“Care of peripheral IVs is just as important as care of central lines,”** she says. **“That catheter is in the bloodstream and could be an entry point for an infection.”** Murphy says a new assessment tool was developed and a new standard for the monthly audit called for the assessment of all central lines and 10 peripheral lines. She also said the new approach involved improved reporting of results to individual units. **“We make sure staff can see the trends specific to their own unit,”** she said. **“This information can then go to the unit councils, involving the frontline staff in addressing any concerning trends and finding ways to improve.”**

Tricia Bourie, RN, Associate Chief Nurse for Safety, Quality, and Informatics, said the 2023 successes in HAI prevention were due to the efforts of nurses throughout BIDMC. **“It’s taken effort from every unit, every day,”** she said. **“This is really awesome work.”**



Monthly IV surveillance audits showed improvement in use of CHG baths to help reduce bloodstream infections.



Johalex Rijo, RN (*left*), a Clinical Nurse and RESA Nurse Fellow on Feldberg 7, teaches staff how to perform monthly IV surveillance audits as part of her unit educator role. She is shown demonstrating elements of the process to Clinical Nurse **Elissa Dunn**, RN, using a simulated IV model.

Mission: Community Advocacy

The BIDMC Nursing Mission charges BIDMC nurses to “advocate for the health of patients, families, and communities.” Nurses throughout the medical center are embracing the mission’s community advocacy call. Here are some examples.

Jennifer Longval, RN, a Clinical Nurse in OBGYN and a RESA Senior Nurse Fellow, is actively involved in the Community Outreach Clinical Program for the **Upper Cape Women’s Coalition** (UCWC). The goal of the UCWC is to “protect and advance the rights of women and girls.” Longval has been involved in UCWC work on reproductive justice and educating women about birth control and abortion services. Throughout 2023, she spoke at UCWC events regarding a variety of women’s health and access issues.

In 2023, **Heidi Gates**, RN, a Clinical Nurse in the neonatal ICU, was selected as a member of the Continuous Skilled Nursing (CSN) Service Delivery Advisory Council for MassHealth, the state organization providing health benefits for low-income and disabled residents. The Advisory Council is comprised of physicians, nurses, community service administrators, MassHealth officials, and parents who have children who use MassHealth services. The goal of the Advisory Council is to assist MassHealth in its efforts to support and enhance CSN Service Delivery and to advise MassHealth on the Community Case Management Program.

Kathleen Bueschen, RN, is a Clinical Nurse in radiation oncology and a brain tumor survivor. In October 2023, she spoke at the New England **Brain Tumor Walk** at Carson Beach. Bueschen was diagnosed at age 22, just after she graduated from nursing school. Hers is a full-circle story as she now works with patients facing cancer, helping them navigate their treatment. **“Caring for cancer patients each day I come to work is truly a fulfilling and rewarding experience,”** she says. **“I feel lucky to have such a unique perspective, knowing exactly what my patients are experiencing. It’s something I feel has made me a better nurse.”**



Kathleen Bueschen, BSN, RN (*c*)
Heidi Gates, BSN, RN (*l*)
Jennifer Longval, MSN, RN, CBC (*r*)

Honing Evidence-Based Practice

Work group develops tools, highlights case study

Throughout 2023, a subgroup of the Nursing Research and Innovation (NRI) Council and the Nurse Specialist Council worked to demystify evidence-based practice (EBP) and to support the ongoing work of ensuring that EBP is embedded into nursing practice at the medical center. The group was led by **Kate Orsillo**, RN, Nurse Specialist in Professional Development, and **Susan DeSanto-Madeya**, PhD, RN, BIDMC Nurse Scientist. Additional leadership was provided by **Garry Dunster**, RN, previously a Nurse Specialist in the emergency department (ED) and currently a Program Director in Professional Development, and **Jenna Sarruda**, RN, a Clinical Nurse and unit educator for the East Campus PACUs, a RESA Nurse Fellow, and co-chair of the NRI. **Laurie Regan**, Senior Knowledge Specialist at BIDMC, provided consultation on literature searches and sources of evidence.

Resources for staff

Shelley Calder, DNP, RN, Associate Chief Nurse for Professional Development, Research, and Magnet, says that EPB has long supported not only nursing policies at BIDMC but many improvement projects as well. **“Evidence-based practice is alive and well at BIDMC,”** she says. **“The EPB work group was focused on broadening access to the tools and resources that facilitate an EBP approach to a clinical question, and providing education on launching an EBP project.”**

In 2021, the NRI council chose the **Johns Hopkins Evidence-Based Practice Model** to provide a structure for EBP in nursing. In 2023, the EBP work group launched a new SharePoint site for staff that outlined elements of the model and became a central resource for tools and education. It also included direct links to databases for literature searches and a dedicated mailbox to field staff members' EBP questions. DeSanto-Madeya held informational drop-in sessions throughout the year. **“Our overarching goal was to help nurses engage with the concepts of evidence-based practice,”** shared Orsillo. **“We wanted to provide accessible tools and resources, as well as opportunities to have questions answered in real time by our nurse scientist or another member of the work group.”**

Following a case study

As part of their educational goal, the work group chose to follow an EBP project underway through the ED unit-based governance council and to unpack the process in monthly installments, published in the medical center's nursing newsletter. Led by Dunster and Clinical Nurse **Kaitlin Whitecross**, RN, the ED project concerned the accuracy of temporal thermometer measurements taken in the ED triage area. Using the steps of the model to investigate a targeted clinical question, they found that the data suggested a possible discrepancy between oral and temporal temperature measurements in patients with a fever. In a Nursing Grand Rounds presentation on the topic, Whitecross shared that while the data were not compelling enough to support a practice change, the ED council was taking several steps, including making oral thermometers available in triage for use in select patients and pursuing new questions that emerged as part of the EBP process.

“The ED project was a great example of how a clinical team can effectively use the steps of the Hopkins model to investigate an important clinical question,” says Calder. **“It was a great case study for the work group to share.”**



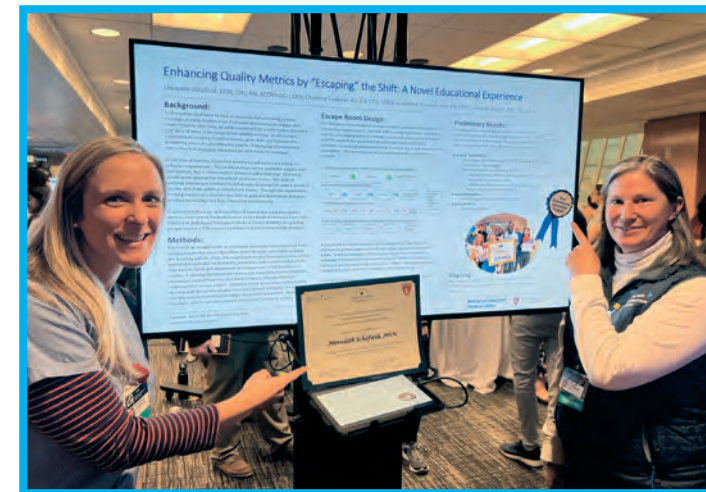
An evidence-based practice project from the ED governance council was presented at Nursing Grand Rounds in October. Shown are **Jenna Sarruda**, RN; **Kate Orsillo**, RN; **Sharon O'Donoghue**, DNP, RN; **Kaitlin Whitecross**, RN; and **Garry Dunster**, RN.

ICU Team Devises Innovative Training

Nurses in critical care used creativity and innovation to enhance staff engagement in mandatory training on nurse-sensitive indicators. They used an “escape room” strategy that engaged learners in content on quality indicators, such as prevention of falls and hospital-acquired infections. To “escape the shift,” learners were required to solve puzzles, including riddles, decryption, clue sequences, picture extraction, and questions/answers. Completion of all puzzles signaled the learner was versed in evidence-based practice related to the metrics involved in the training. The project was led by **Meredith Schofield**, RN, Critical Care Nurse Specialist; **Chrissie Faulkner**, RN, Assistant Nursing Director in critical care; along with critical care Clinical Nurses and unit educators, **Jacqueline Johnson**, RN, and **Annalyn Ninobla**, RN.

In evaluations, learners reported an average satisfaction score of 4.2 (very helpful) out of 5 on a Likert scale. Written feedback described the training as a “fun way to bring different topics together,” “a great way to work as a team,” and a “captivating” approach to teaching.

A poster describing the work was presented at an event sponsored by the **Carl J. Shapiro Institute for Education and Research at BIDMC and Harvard Medical School**. The poster session was part of the Institute's acknowledgment of Medical Education Week, which it marks as a “celebration of our passion for education.” The poster won a session award for **“Best Educational Innovation Project.”**



Critical care nurse leaders **Meredith Schofield**, RN (left), and **Chrissie Faulkner**, RN, won an innovation award for their poster on using an “Escape the Shift” model to provide mandatory training for staff.

Nurse-Led Anesthesia Care in the Cath Lab

Nurses in Interventional Cardiology were integral members of a multidisciplinary group that planned for the effective use of nurse-led moderate sedation in patients receiving transcatheter aortic valve replacement (TAVR). TAVR is a way to replace the heart's aortic valve using a catheter threaded into the heart from a blood vessel in the groin.

Eric Harrington, RN, a Clinical Nurse and unit educator in Interventional Cardiology, was a champion advocating for nurse-led moderate sedation rather than general anesthesia for select patients undergoing TAVR. With more than 20 years of experience providing moderate sedation for patients undergoing interventional procedures, he saw the potential benefits of adopting it in select TAVR patients, including reducing the risks associated with general anesthesia. He helped develop a patient selection tool to guide discussion on the best sedation option for each patient. During weekly multidisciplinary team meetings, the tool was used to guide a review of upcoming patients scheduled for TAVR. The project started as a pilot of 20 patients and has since grown to become a standard of care for select patients. In the first year, 49% of TAVR procedures were done using nurse-led sedation, with no adverse events noted.



“Nurse-led moderate sedation in TAVR maximizes the scope of practice of the nurse,” says Harrington. **“It has proven to be a safe and effective alternative to the conventional deep sedation approach.”** **Kim Guibone**, DNP, RN, Clinical Program Manager for the Structural Heart Center at BIDMC, agrees. **“This is an evidence-based intervention to empower top-of-license practice, enhance the patient experience, and improve programmatic efficiency and use of resources,”** she says.

Harrington and **Nathan Masterson**, RN, Assistant Nursing Director in Interventional Cardiology, will be presenting their work at the 2024 **National Magnet Conference**, being held in New Orleans in October.

A team collaboration in Interventional Cardiology led to a change in sedation practices for select patients having a TAVR procedure. Shown are **Nathan Masterson**, RN, Assistant Nursing Director; **Eric Harrington**, RN, Clinical Nurse and unit educator; **Kim Guibone**, DNP, RN, Clinical Program Manager for the Structural Heart Center; and **Alexandrea Murphy**, RT (R)(CT)(CI), Technical Director in Interventional Cardiology.



Nurses Collaborate to Reduce Urinary Catheterization After Atrial Fibrillation Ablation

A team of nurses in Interventional Cardiology and the Postanesthesia Care Unit (PACU) collaborated on an evidence-based practice (EBP) project that resulted in reduced use of urinary catheterization (UC) in patients with atrial fibrillation (AF) who undergo an ablation procedure.



Chrystal Maki, RN, Clinical Advisor for Education in the West Campus PACU, **Christina Jewell**, RN, Nurse Specialist in Interventional Cardiology, and **Michael Carlozzi**, RN, Assistant Nursing Director for Interventional Cardiology, led the project. They used an EBP framework to analyze an element of existing practice that called for patients to be catheterized after the procedure if their scanned bladder volume was > 500 ccs. The practice was meant to avoid postoperative urinary retention (POUR) as these patients receive large amounts of intravenous fluid.

The team knew that reducing catheterization is critical to reducing catheter-associated urinary tract infections (CAUTI), a nurse-sensitive indicator ([see p. 20](#)). Based on a review of evidence and a practice analysis, the team recommended that UC be delayed until after the patient was fully awake and had attempted to urinate. If the patient was unable to urinate within a set time, or if there were other signs of POUR, UC would be done.

After the practice change, data were collected on 135 AF ablation patients over a two-month period. Fifteen patients (11.11%) were catheterized. Under the previous standard, 63 patients (46.67%) would have been catheterized. The new practice eliminated the need for catheterization in 48 patients, representing a reduction in UCs of 35.56 %.

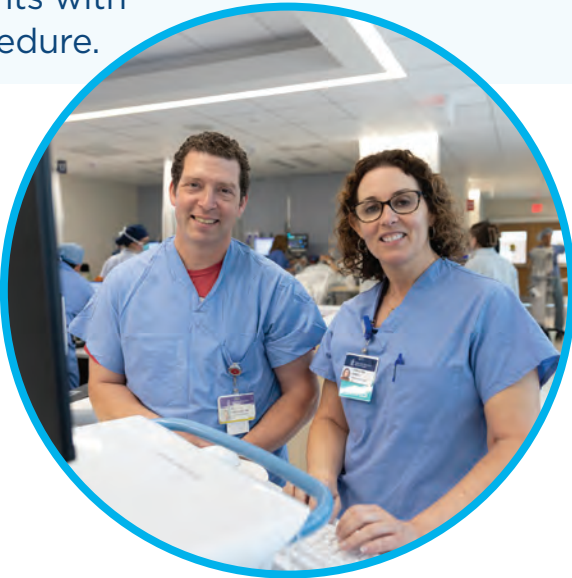
The team believes their data may have broad implications for future standards of nursing practice. **“Assessment & management of urinary retention has increasingly become a nurse-led function,”** says Maki. **“This project adds to the knowledge base in this area and has broad implications for further study in other patients receiving general anesthesia.”**

Members of the team presented the work in December at a quarterly meeting of the [Organization of Nurse Leaders](#) and at the April 2024 National Conference of the [American Society of PeriAnesthesia Nurses](#).

Promoting Equal Access to Dressing Supplies in Dermatology

A practice innovation in Dermatology Surgery, led by Clinical Nurses **Katie Collazo**, RN, and **Melissa Shrestha**, RN, has streamlined postoperative care for select patients. The nurses were concerned that affordability and accessibility of supplies were barriers for some patients whose surgery requires dressing changes for up to two weeks. They partnered with colleagues in the BILH Pharmacy at BIDMC to develop a bandage kit, reconfiguring the contents a number of times until their affordability goal was achieved. Now, as patients are being discharged they have the option of taking an order slip for the supplies down one floor to the on-site pharmacy. This enables patients to quickly and efficiently obtain affordable dressing supplies before they leave the hospital.

“Patients who are older or those with limited means can struggle to obtain the proper supplies,” said Collazo. **“We believed that providing affordable and easily accessible supplies would help ensure our patients could care for their wounds properly.”** Shrestha agreed, adding, “This initiative was cost neutral for the clinic but provided an important service to patients. They have shared how satisfying it is to be able to pick up their supplies at the hospital pharmacy.”



Interventional Cardiology nurses **Michael Carlozzi**, RN, Assistant Nursing Director, and **Christina Jewell**, RN, Nurse Specialist, collaborated with **Chrystal Maki**, RN (*not shown*), Clinical Advisor in the West Campus PACU, on a project that reduced urinary catheterizations by nearly 36% for patients having atrial fibrillation ablation procedures.

Kudos!



Outgoing Chief Nursing Officer Honored by Boston College

Marsha Maurer, DNP, RN, a graduate of the Connell School of Nursing at Boston College, was honored in 2023 with the [Dean Rita P. Kelleher Award](#). Named after the school’s first faculty member and former dean, the award recognizes **“a Connell School graduate who is an accomplished nurse leader, an ethically aware scientist, and an inquisitive clinician.”** Maurer retired from her position as BIDMC’s Senior Vice President for Patient Care Services and Chief Nursing Officer in March 2023.

Perinatal Service Promotes Anti-Racism Challenge

In Feb. 2023, **Anny Garcia**, RN, a Clinical Nurse in Labor and Delivery, joined colleagues from throughout the perinatal areas to promote the [28-day Anti-Racism Challenge](#), sponsored by the [Institute for Perinatal Quality Improvement](#). The challenge is part of the Institute’s mission to **“end perinatal racial and ethnic disparities.”** Garcia, who has helped lead her unit’s work on diversity, equity and inclusion, said the challenge provides daily prompts to reflect, learn, and act. **“It’s an opportunity to reflect on the issues of bias and inequality, to learn from others, and to break down barriers,”** she explained. **Phyllis West**, DNP, RN, Associate Chief Nurse for Perinatal, Inpatient Oncology, and East Campus Medical-Surgical Services, says the work of perinatal nurses in this area has been exemplary. “Nurses are working with colleagues across the division to do what they can to address health disparities,” she said.



Oncology Nurse Receives the Circle of Nursing Excellence Award

In Nov. 2023, **Ana Ribeiro**, RN, received the **Circle of Nursing Excellence Award** from the [Cape Verdean Nurses Association](#). She was nominated by colleague **Ijeoma Eche-Ugwu**, PhD, RN, who said, **“Ana is among the most talented and highly promising early career oncology nurses I have ever encountered.”** Eche-Ugwu praised Ribeiro’s “exceptional care provision” and called her a “quiet, thoughtful, and inquisitive leader.”



Nurses Receive NERBNA Excellence in Nursing Awards

Susan Fontes, RN, a Clinical Nurse in the East Campus PACU, and **Nadia Alcindor**, RN, a Clinical Nurse and nurse educator in hematology/oncology/bone marrow transplant, received the **2023 Award for Excellence in Nursing Practice from the New England Regional Black Nurses Association**. The awards are based on peer nominations and were celebrated in Feb. 2023 at a NERBNA event attended by nurses from throughout the region.

Nurse Researcher Named a STAT Wunderkind

Ruth-Alma Turkson-Ocran, PhD, RN, CNP, was selected as a **2023 “Wunderkind”** by [STAT](#), a media company reporting on health, medicine, and the life sciences. Turkson-Ocran was selected from hundreds of nominations submitted from across North America. The award honors **“the next generation of scientific superstars.”** Turkson-Ocran is a clinical investigator with research interests in health disparities, social determinants of health, and cardiometabolic health. She is clinically active as a nurse practitioner in Healthcare Associates and is an Instructor in Medicine at Harvard Medical School.



Wilfred Cadet Speaks to the Board of Trustees

In March 2023, **Wilfred Cadet**, RN, a graduate of BIDMC’s ADN-to-BSN partnership program with Emmanuel College ([see p. 7](#)) and a Clinical Nurse in the Emergency Department, was invited to speak to the Beth Israel Lahey Health (BILH) Board of Trustees. In a “Mission Spotlight” segment, Cadet talked about **his experiences in the medical center’s workforce development programs and their impact on his professional development**. He is shown with **Mary Nash** (*left*), former BILH Vice President of Talent Development, and **Joanne Pokaski**, Assistant Vice President for Workforce Planning and Development for BILH.

Spotlights Professional Activities of Nursing Staff*

Academic Degrees

Gregory Brotske Master of Science in Nursing & Interprofessional Leadership, Tan Chingfen Graduate School of Nursing, UMass Chan Medical School	Cara Distefano Master of Science in Nursing, Framingham State University	Caitlynn Marcotte Master of Science in Nursing, Northeastern University	Ariana Rowell-Hanson Doctor of Nursing Practice, Boston College
Lorna Caffrey Master of Science in Nursing, Regis College	Laura Doran Master of Science in Clinical Management, Massachusetts College of Pharmacy and Health Sciences	Lindsay McGregor Doctor of Nursing Practice, Tan Chingfen Graduate School of Nursing, UMass Chan Medical School	In addition, please see pg. 7 for a list of 28 nurses who earned a Master of Science in Nursing Administration through BIDMC's partnership with Simmons University.
Leanna Copa Master of Science in Nursing, Salem State University	Kelli Gillis Master of Science in Regulatory Affairs and Health Policy, Massachusetts College of Pharmacy and Health Sciences	Cassandra Plamondon Doctor of Nursing Practice, Regis College	

New and Renewed Certifications

Academic Clinical Nurse Educator: Alexandra Hall	Cardiovascular Nursing: Emma Browall Michele Dannenberg Tobie Garis Suzanne Garland Eliza Lebeau	Emergency Nursing: Stephanie Fiandaca Sisi Huang Dorothy Hunter Meagan Laird Caitlin McIntyre Colleen McMenimen Gina Pallanta Kierstin Runkel	Medical-Surgical Nursing (<i>cont'd</i>): Marytheresa Lee Brynn McCafferty Erin McGaffigan Shelby Hickox Murray Anne Purchase Angela Schawbel Naomi Stone	Oncology Nursing: Kelsey Black Patricia Forino Devon Hoyt
Ambulatory Care Nursing: Amelia Coyle Daisy Macasaquit	Childbirth Education Instructor: Sadie Dastrup	Medical-Surgical Nursing: Kerri Cellucci Albert Tia Bruno Lashaela Burton Amy Calkins Alison Chan RoseAnne Cuniffe Sarah DeBari Siobhan Kindlan	Nephrology Nursing: Pauline Gray	Post-Anesthesia Nurse: Tracey Dillon Melissa Falzone Elizabeth Szatkowski
Bone Marrow Transplant Nurse: Johalex Rijo	Critical Care Nursing: Gregory Brotske Erica Fontes Andrea Milano Kelly Pagano Barbara Regan	Nursing Professional Development: Jennifer Barsamian Ann Marie Darcy Caitlin Malcolm	Stroke Registered Nurse: Nicole Houpes	



External Awards & Honors

Ruth Bisschop and **Sophia Monserate** won third place for their poster, Implications of artificial intelligence in colon screening, at the **Society of Gastroenterology Nurses and Associates' 50th Annual Course**.

Ijeoma Eche-Ugwu received a **Harvard Catalyst/K12 Career Award** and the **Eleanor and Miles Shore Faculty Award**.

Debra Savage, Elena Canacari, Barbara DiTullio, and **Charlotte Guglielmi** won first place for Best Evidence-Based Practice Poster for their poster, Understanding the effects of preceptor education on attitudes of precepting new perioperative staff, at the **Association of periOperative Registered Nurses' 2023 Surgical Conference and Expo**.

Health-Related Community Activities

Kathleen Bueschen spoke at the New England Brain Tumor Walk.

Lashaela Burton volunteered with the Middlefolk Medical Reserve Corps.

Jean Furbish worked with Afghans by the Dozens to provide warm blankets to those in need.

Heidi Gates was selected as a member of the Continuous Skilled Nursing Service Delivery Advisory Council for MassHealth.

Jennifer Longval participated in the Community Outreach Clinical Program for the Upper Cape Women's Coalition.

Professional Leadership Activities

Connie Clauson was appointed by the American Association of Critical Care Nurses to the National Practice Analysis Task Force, Neonatal, and the Critical Care Registered Nurse Exam Development Team, Neonatal.

Ijeoma Eche-Ugwu served as Director-at-Large for the Association of Pediatric Oncology and Hematology Nursing.

Heidi Gates served on a National Steering Committee of the National Perinatal Association to develop interdisciplinary guidelines and recommendations for NICU discharge preparation and transition planning.

Charlotte Guglielmi was appointed to the Fellowship Selection Committee of the Association of periOperative Registered Nurses (AORN). She was named Vice Chair of the Council on Perioperative and Surgical Safety. And she was also appointed Trustee & Chair of the Nominating Committee of the AORN Foundation Board of Trustees.

Caitlin Malcolm was appointed President of Southeastern Massachusetts Nurses in Professional Development.

Ruth-Alma Turkson-Ocran served on the EPI Early Career Committee, American Heart Association Council on Epidemiology and Prevention. She was also an Editorial Board Member for the *Journal of the American Heart Association*.

BIDMC nursing staff names in bold

Publications

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At BIDMC, nurses are teachers!

In 2023, we

WELCOMED

736 UNDERGRADS FOR CLINICAL PLACEMENTS & **103** GRADUATE STUDENTS FOR CLINICAL PLACEMENTS

6 LPN STUDENTS FOR CLINICAL PLACEMENTS



FROM **33** SCHOOLS



INCLUDING MA



254 & 36

MEMBERS OF OUR STAFF WERE PRECEPTORS FOR CLINICAL PRACTICUM STUDENTS

MEMBERS OF OUR STAFF WERE CLINICAL INSTRUCTORS FOR NURSING STUDENTS DOING CLINICAL PLACEMENTS WITH US

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Presentations

Podium

Rachel Copertino. NICU-based advanced practice providers: The development of a professional model. UMass Memorial Children’s Medical Center, Griffin Memorial Symposium, Worcester, Mass.

Mary Beth Cotter, Chude-Sokei R, Ward M, Whyte R. Quality on the radar. The American College of Surgeons, Quality and Safety Conference, Minneapolis, Minn.

Ijeoma Eche-Ugwu. Pediatric oncology nurses’ perspectives on roles as psychosocial interventionists. Association of Pediatric Hematology and Oncology Nurses, Cleveland, Ohio; and at the National Palliative Care Research Center, Jackson Hole, Wyo. ■ “I think what you’re doing is awesome:” Inclusive recruitment strategies and study procedures for African American parents of children with cancer. International Family Nurse Association, Dublin, Ireland ■ Centering the voices of African American parents of children with cancer. Oncology Nursing Society, 48th Annual Congress, San Antonio, Tex. ■ Building a program of research to improve disparate psychosocial outcomes in African American families of children affected by childhood cancer. University of Massachusetts Medical School, Worcester, Mass.

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John Whitlock. (2023). Cardiac surgery unit advanced life support training: A 10-year retrospective study examining patient mortality outcomes after implementation. *Dimens Crit Care Nurse*, 42(1):22-32.

Patricia Folcarelli, Siegel D. Are we biased about bias? Exploring the potential for bias in the diagnostic process. American Society for Health Care Risk Management, 2023 Annual Meeting, Minneapolis, Minn.

Charlotte Guglielmi, Gardner B, Becker C. Visions for the future: Growing the role of the perioperative LPN. AORN Surgical Conference and Expo, San Antonio, Tex.

Jeffrey Keane, Charlotte Guglielmi. Just-in-time in situ simulation training as a preparedness measure for perioperative emergencies. AORN Surgical Conference and Expo, San Antonio, Tex.

Tracy Lee. Redesigning case management to optimize patient outcomes and transitions of care. Massachusetts Health & Hospital Association, Virtual Post-Acute Care Summit.

Danielle Leone-Sheehan. Caring as a foundation for professional identity: An educational intervention. 44th Annual International Association for Human Caring Virtual Conference.

BIDMC nursing staff names in bold

Presentations *(cont'd)*

McDonough MR, **Danielle Leone-Sheehan.** The dyad experience of nurse caring following fetal loss. 44th Annual International Association for Human Caring Virtual Conference ■ Relationship after loss: The experience of the dyad following fetal death. 16th International Family Nursing Conference, Dublin, Ireland.

Katelyn Rick, Samantha Robinson. Standardized multidisciplinary rounds improve patient flow. American Nurses Credentialing Center, National Magnet Conference, Chicago, Il.

Ruth-Alma Turkson-Ocran. Advancing equity in cardiovascular outcomes among persons of African descent: Local and global perspectives. 33rd Annual Vascular Biology and Hypertension Research Symposium, Birmingham, Ala. ■ Seated and supine blood pressures and risk of cardiovascular disease and mortality from The Atherosclerosis Risk in Communities Study. American Heart Association Scientific Sessions 2023, Boston, Mass.

Waters D, **Barbara Regan,** Bixby M. Feel the beat: Developing mastery and competence in cardiac pacing. American Association of Critical Care Nurses, National Teaching Institute, Philadelphia, Pa.

John Whitlock. Data outcomes in cardiac surgery resuscitation. The Society of Thoracic Surgeons, 59th STS Annual Meeting, San Diego, Calif.

Panel Participant

Patricia Folcarelli. Q&A: Three experts on the SafeCare study and its implications for future patient safety action. Betsy Lehman Center for Patient Safety, Boston, Mass. ■ Broad support for new Roadmap to Health Care Safety voiced at MA Health Policy Forum. Betsy Lehman Center for Patient Safety, Boston, Mass. ■ The 10th Annual Communication, Apology, and Resolution Forum. Massachusetts Alliance for Communication and Resolution following Medical Injury, Betsy Lehman Center for Patient Safety, Boston, Mass. ■ Roadmap to health care safety for Massachusetts. The Massachusetts Health Policy Forum, Boston, Mass. ■ Patient safety’s hidden threat: Variation in communication processes. American Society for Health Care Risk Management, 2023 Annual Conference, Minneapolis, Minn.

Suzanne Swedeen. Reducing diagnostic communication errors in radiology practice through human factors engineering. Society to Improve Diagnosis in Medicine, Cleveland, Ohio.

Jenny Thomas. Scrubs to Suits: The road to senior leadership. National Association of Health Services Executives, Greater Boston Chapter, Boston, Mass.

Ruth-Alma Turkson-Ocran. Healing power: Celebrating survivorship. Dana Farber/Harvard Cancer Center, Boston Public Health Commission, and at The Faith-Based Cancer Disparities Network. Boston, Mass. ■ Career Panel, Youth Leadership Program, Bowdoin Street Community Health Center, Boston, Mass.

Podcast/Webinar

Ruth-Alma Turkson-Ocran. Host/discussant for the *Under Pressure*, Episodes 9-12. ■ Addressing hypertension: Engaging Black communities in Boston. Harvard Catalyst, *ThinkResearch*, Episode #160

Media Appearances

Kimberly Guibone was quoted in the June 2023 issue of Cardiology Magazine regarding workforce issues in cardiology.

Research

Lydia Gallup. The effects of a documentation tool on cardiac surgery postoperative readmissions
Susan Holland. Violence experienced by registered nurses working in hospitals in Massachusetts: An evaluation study
Kristine Sagrado. Music in the operating room and stress reduction among health personnel

Poster

Ruth Bisschop, Sophia Monserate. Implications of artificial intelligence in colon screening. Society of Gastroenterology Nurses and Associates, SGNA 50th Annual Course, Phoenix, Ariz.

Mary Beth Cotter, Chude-Sokei R, Dombek M, Messaris E, Murillo A, Ward M, Whyte R. The tale of two services: A VTE (venous thromboembolism) comparison. The American College of Surgeons, NSQIP Quality and Safety Conference, Minneapolis, Minn.

Connie Clauson, Kathleen Tolland, Pursley D, Fraiman Y. Implementation of anti-bias, anti-racism, upstander education for neonatal intensive care unit staff: Feasibility, acceptability, and impact. Boston Children’s Hospital Medical Education Symposium. Boston, Mass.

Fraiman Y., **Connie Clauson, Kathleen Tolland,** Pursley D. Impact of an anti-bias, anti-racism, upstander training for all staff in a large, academic, level 3 neonatal intensive care unit to reduce racial and ethnic inequities. Pediatric Academic Societies Annual Meeting, Washington, DC.

Heidi Gates, Love K., Romeo C. NICU discharge preparation and transition planning: Interdisciplinary guidelines and recommendations. 36th Annual Gravens Conference, Clearwater, Fla.

Mary Grzybinski, Chrystal Maki, Elizabeth Szatkowski. Improving care and communication of critical care patients through electronic charting in the West PACU. American Society of PeriAnesthesia Nurses National Conference, Denver, Colo.

Donna Loehner, Meghan Barton, Christine Culleton, Ann Marie Feinstein, Mary Ellen Gunning, Brittany Nation, Margaret Norberg. Decreasing HAPIs in critical care units: Quality improvement project. New England Region WOCN Annual Conference, Mohegan Sun, Conn.

Chrystal Maki, Michael Carlozzi, Christina Jewell. Reducing urinary catheterizations after atrial fibrillation ablation. Organization of Nurse Leaders, Winter 2023 Quarterly Meeting, Framingham, Mass.

McDonough M, **Danielle Leone-Sheehan.** Lived experience of the dyad following a fetal death: The grief journey. Association of Women’s Health, Obstetric, and Neonatal Nurses Convention, New Orleans, La.

Scott Rollins. Transformational leadership and structural empowerment. American Nurses Credentialing Center, National Magnet Conference, Chicago, Il.

Debra Savage, Elena Canacari, Barbara DiTullio, Charlotte Guglielmi. Understanding the effects of preceptor education on attitudes of precepting new perioperative staff. AORN Surgical Conference and Expo, San Antonio, Tex.

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SHOWN ON COVER (l to r), Kelly Sullivan, RN; Pat Folcarelli, PhD, MA, RN; Ariana Rowell-Hanson, DNP, RN, CNP

PHOTOGRAPHY Danielle Duffey and James Derek Dwyer, BIDMC Media Services; select photos contributed by clinical staff

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CONTACT Pat Folcarelli, PhD, MA, RN, Senior Vice President, Patient Care Services & Chief Nursing Officer
Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, MA 02215