2020: The Year of the Nurse

On November 7, 2019, the American Nurses Association (ANA) joined with the World Health Assembly in proclaiming 2020 the Year of the Nurse and Midwife, in honor of the 200th birthday of Florence Nightingale. The ANA identified three themes for the year: excel, lead, innovate.

The following month, COVID-19 had begun its march across the world. Massachusetts had its first confirmed case in February 2020; by the end of May, the state had almost 100,000 confirmed cases and 6,846 deaths. The Year of the Nurse had begun. The work of the nurse was suddenly in the national spotlight like never before. By year’s end, Massachusetts would log almost 360,000 cases of COVID-19 and more than 12,000 deaths.

At an extraordinary moment in history, nurses in every area of our organization showed their mettle; they embodied the themes the ANA had set out for the Year of the Nurse. BIDMC nurses excelled at their work to care for nearly 1,500 inpatients with COVID-19; to triage and counsel even more ambulatory patients with and without COVID-related illness; to stand up and staff COVID-19 testing tents, and later, vaccination sites; to deliver babies safely; to facilitate often heartbreaking virtual visits between patients and loved ones; and so much more (pp. 4-11). They led the work of patient care with tenacity, collaboration, creativity, courage, and resolve. In the midst of the crisis, nurses at BIDMC were innovators on an exceptional scale, authoring numerous publications that are helping to create the evidence base for a pandemic response (pp. 20-23).

And despite the pressures of the pandemic, our nursing service continued to advance key initiatives and strategic priorities. Our Journey to Magnet accreditation is on track and on time. We launched a robust professional governance structure (pp. 14-15). We had a hugely successful nurse engagement survey that is helping inform our work into the future. And we stayed committed to key initiatives on diversity and inclusion, celebrating members of our staff who received awards from the New England Regional Black Nurses Association and supporting our first cohort of Nurse Residents in our innovative partnership with Emmanuel College (pp. 18-19).

The ANA and the World Health Assembly have extended the Year of the Nurse into 2021 in acknowledgement of the tremendous impact that nurses had, and continue to have, in fighting a global pandemic. COVID-19 showed the world the vital, essential work of nurses as caregivers, leaders, and innovators. In each of these dimensions, nurses at BIDMC are leading the way for the profession, embracing all the elements of our nursing mission: building on our legacy of excellence, providing compassionate care, advancing the art and science of nursing, and advocating for the health of patients, families, and communities. Every nurse at this organization has my deep respect, appreciation, and gratitude for everything they accomplished during an unprecedented year.

Marsha L. Maurer, DNP, RN, FAONL
Senior Vice President, Patient Care Services
Cynthia and Robert J. Lepofsky Chief Nursing Officer
Beth Israel Deaconess Medical Center
An extraordinary year, an extraordinary response

BIDMC Nursing has a well-deserved history and tradition of excellence. I’ve always been exceptionally proud of the nurses at BIDMC, from Marsha Maurer, our Chief Nursing Officer, to every nurse at our medical center. Our Nursing leadership team, including Associate Chief Nurses and Nursing Directors, exemplifies everything we value at BIDMC, where we put the patients first, have a passion for providing extraordinary care, and look out for one another.

Our entire nursing workforce is known for excellence in practice and leading innovations in the profession, and I’m grateful for the effort they put in every day for our patients and their families. It’s no secret that I often talk about my personal connection to the nursing profession. My mother was a nurse, and she inspired me to get involved in health care. Certainly, one thing I’ve learned after more than 25 years in hospital leadership is that nurses are the backbone of any health care organization.

This past year, the incredible importance of BIDMC nurses to our medical center also meant that many of the challenges brought on by the COVID-19 pandemic landed solidly on their shoulders. BIDMC played a pivotal role during the public health emergency, but no one ever doubted or questioned whether our hospital could withstand the dramatic surges. One of the biggest reasons is because we knew our nurses were trained and prepared. When the stakes rose to a level none of us could have anticipated, our nurses met the challenge time and again with expert critical thinking and deep compassion—for their patients, for one another, and for all of us at BIDMC.

Thank you for leading the way in nursing excellence. You have my sincerest appreciation.

Peter Healy
President
Beth Israel Deaconess Medical Center

Nursing benefactors help fund key programs in 2020

Cynthia and Robert J. Lepofsky
Cynthia and Robert J. Lepofsky have developed a deep appreciation for the role nurses play in patient care and the critical influence of the Chief Nursing Officer (CNO). Robert, a longtime member of BIDMC’s Board of Trustees, and Cynthia, who believes nursing excellence is a key determinant of patient outcomes, have named and endowed the Cynthia and Robert J. Lepofsky Chief Nursing Officer, providing support for the strategic priorities of Chief Nursing Officer and Senior Vice President for Patient Care Services Marsha Maurer, DNP, RN, and her successors.

For Maurer, the Lepofskys’ generosity offers not just a change in title but also a valuable source of discretionary funds that can be used to move key nursing initiatives forward. In 2020, it provided key funding to support the medical center’s journey to attain Magnet designation.

Nora and Raymond Wong
Nora and Raymond Wong established the Tikkun Olam-Humanitas Giving Program at BIDMC, inspired by the philosophies of Tikkun Olam, meaning “to heal the world,” and Humanitas—a code of excellence, kindness, and education. They established the program and made an inaugural gift to honor the staff in critical care who cared for their late son, Daniel.

Their generous gift helped launch a Critical Care Nurse Practitioner Post-Graduate Residency Program at BIDMC, designed to provide intensive clinical education to newly graduated NPs who want to work in critical care. In 2020, the program had fellows rotating through all of the BIDMC ICUs, receiving in-depth training and bringing a nursing perspective to the multidisciplinary care of the hospital’s sickest patients.

Teresa Koster and Errin Siagel
Teresa Koster is Vice Chair of the BIDMC Trustee Advisory Board. Errin Siagel is a member of the Leadership Board Executive Council and the BIDMC Finance Committee. Together they have been generously supporting the Associate Degree Nurse Residency Program (see pp. 18-19), an innovative partnership aimed at diversifying the nursing workforce. The program, which will graduate its first cohort in the summer of 2021, supports residents as they work at the hospital as nurses and study at Emmanuel College for their bachelor’s degree, with all school expenses paid.

In 2020, Koster and Siagel generously covered many of the unanticipated costs associated with the program, including needs that arose related to the pandemic. It enabled the medical center to help residents with issues related to WiFi access, emergency childcare, stress management, and more, which helped ensure they could remain in the program.

To support nursing at BIDMC, please visit bidmcgiving.org/nursing
Lauren Clark, RN, a Clinical Nurse on Farr 8, has spent part of her time over the past six years helping to lead a small group of fellow clinical staff in supporting colleagues throughout BIDMC as they implemented nursing’s continuous quality improvement program, known as QIMS—the Quality Improvement Management System. When COVID-19 hit, things suddenly changed for Clark and her QIMS colleagues, along with every other nurse at BIDMC.

“Our role quickly shifted from supporting QIMS to collecting and answering questions from frontline staff about COVID,” Clark says, adding that, in a relatively short period of time, the staff on the units had hit their stride.

“As more and more units were caring for COVID-19 patients, fewer and fewer questions and concerns were coming in. We would arrive on a unit, and the staff would unanimously say, ‘We’ve got this.’”  

– Lauren Clark, RN
Critical care capacity

Meanwhile, plans were rapidly unfolding to expand the medical center’s capacity to care for critical patients. Non-emergency surgeries and elective admissions were cancelled, which helped make space available. Jane Foley, DNP, RN, Associate Chief Nurse for Critical Care, says: “Nurse leaders worked with colleagues from across the medical center, including Respiratory Therapy, Materials Management, Clinical Engineering, Facilities, Pharmacy, Social Work, and more to transform available space into functioning critical care units, preparing for multiple scenarios at once, since no one knew exactly what the immediate future would bring.”

A 36-bed medical-surgical unit on Rosenberg 7 that had been part of the 2018 pandemic drill was the largest space to be designated for critical care expansion. Installation of monitoring equipment was completed in record time. A fleet of mobile workstations was deployed, and windows were cut into room doors so that doors could be closed for infection control but the patient could still be seen.

Additional spaces were quickly made ready for both COVID-positive and COVID-negative critical care patients, including the post-anesthesia care unit and converted space in the neurology intermediate care unit.

(continued on next page)
In Obstetrics, staff were suddenly caring for pregnant or postpartum patients who were acutely ill with COVID-19, some of whom went on to require critical care. Nurses in Labor and Delivery, the Antepartum and Postpartum Units, and the NICU found creative solutions to preserve family-centered care. They set up “hotline” webinars for expectant families to ally fears and answer questions; they provided safe ways for patients in labor to have a support person with them; and they set up virtual visits and online information platforms to connect with families in cases where sick newborns had to be separated from parents due to COVID risk.

Nurse specialists, program directors, unit educators, and resources nurses all worked together to make sure that staff felt safe and supported, wherever their location. Bridgid Joseph, DNP, RN, Program Director for Emergency Cardiovascular Care, helped coordinate and communicate changes related to PPE and other clinical materials management needs and shortages. Quality and Safety Nurse Specialist Kerry Carnevale, DNP, RN, worked to make sure evolving infection control practices and resources were disseminated throughout the organization. Patricia Bourie, RN, Program Director for Nursing Informatics, worked with Clinical Engineering on procuring and readying needed clinical equipment and made sure staff were aware of changes as supply chains for all kinds of medical equipment were disrupted. John Whitlock, DNP, RN, Nurse Specialist in Cardiac Surgery, called it a “symphony of chaos” where all the pieces came together like an orchestra.

Ambulatory and procedure areas

Nurses throughout the ambulatory and procedure areas adjusted their work to respond to the needs of the thousands of BIDMC patients who receive care in these settings. Francine Theberge, RN, a Clinical Nurse in Healthcare Associates (HCA), the medical center’s primary care practice, describes what those weeks were like. “The arrival of COVID-19 required every member of the team to take on new responsibilities, develop and implement new systems and protocols, and pivot in an instant as more was learned and we moved to maximize the use of telehealth and re-imagine the world as we knew it,” she says. “Part-time nurses worked full time; nurses worked on their days off; nurse practitioners added weekend sessions; and we welcomed nurses redeployed from other units. Whenever there was a need, there was always someone there to meet it.” Theberge says the HCA team worked to answer the questions of frightened patients calling with questions about COVID, all while continuing to meet the underlying medical needs of more than 41,000 HCA patients.

Ambulatory Nursing Directors Jo Underhill, RN, and Christine Flanagan, RN, who oversee oncology programs, worked with their teams to create a space where patients who had respiratory symptoms from known or suspected COVID-19 could receive care for their cancer without exposing other patients to the virus. A Hematology/Oncology Respiratory Emergency Evaluation Extension Site (HO-REEES) was set up in an available space on Gryzmish 8 that was equipped with private rooms.

EXEMPLARY PROFESSIONAL PRACTICE

“Hundreds of separate projects were being conducted throughout the medical center at the same time, and yet they all seemed to come together in the way an orchestra does. I never heard anybody say ‘no.’ There was a palpable togetherness that will live with us forever.”

— John Whitlock, DNP, RN
Nurse Specialist in Cardiac Surgery

They were scared

Under normal circumstances, my role is to be the clinical leader—to guide the nursing staff. I find myself now as the protector. When I look into their faces, the only visible feature is their eyes; they are my children, they are your children, they were my own. I see my own children in their eyes; they are my children, they are your children, they are my children, they are your children, they are my children, they are your children.

Inpatient units

Nurses in every inpatient area were affected by the pandemic in some way and universally rose to the challenge. Denise Corbett-Carbonneau, DNP, RN, Nursing Director on Farr 2, vividly recalls the day she learned her unit would become a designated COVID-19 care location. “It was March 18,” she remembers. “I received a call from my Associate Chief Nurse, alerting me that my unit was to become a dedicated COVID unit.” Reflecting on the weeks that followed, she went on to share, “If I had somehow been prepared, I immediately realized that I needed to keep my staff safe. I needed to keep my staff steady. They would provide care to patients, as they always do. But I needed to provide care to them. There was a clear, vivid sense that we were headed into battle.”

As the weeks of the spring surge wore on, more units would join Farr 2 as designated COVID units, while nurses in other areas of the hospital cared for non-COVID patients who may have been inside or outside of that unit’s usual specialty practice.

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April 2021, nearly 31,000 COVID-19 tests Center, says that between April 2020 and Bowdoin Street Community Health Jamilah Allen, RN, Nurse Manager at (continued from previous page)

“...they were all heroes.” One of the nurses staffing the HO-REEES unit was Tracey Barrett, RN, who normally works as a Clinical Nurse in Dermatology Surgery but also had experience with oncology nursing. “We worked really well together,” she says. “We all worked as a team, even though we came from totally different experiences.”

To help staff the HO-REEES space, redeployed nurses received training from Unit Educator Aya Sato-DiLorenzo, RN, who noted, “Everyone brought their own skill sets to make it work. They were all heroes.” One of the nurses staffing the HO-REEES unit was Shelley Calder, DNP, RN, who - Magnet Program Director, took on the work of coordinating the redeployment of almost 900 nurses. Redeployed staff went to unfamiliar locations and took on new roles. Nurses from areas such as the ORs or outpatient clinics staffed COVID-19 testing sites. Others joined nursing teams, helping to turn critically ill COVID patients onto their abdomens to improve ventilation. Ambulatory nurses worked in inpatient areas; nurses from surgical units, which saw lower patient volume due to cancelled procedures, moved to help colleagues in both COVID and non-COVID designated inpatient units.

Doing what it takes

The pervasive theme in all the stories that emerged from the pandemic experience is that the entire staff at BIDMC did what needed to be done. Nurses and their colleagues throughout every department turned on a dime, pivoted their focus, said “yes” over and over, and pulled through together.

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The theme “one team” was often heard, as staff all pulled together for patients and colleagues alike. Whitlock shared, “I remember Kurt Curry from Environmental Services telling me, ‘I am here to keep you safe’ as he wiped down a keyboard; Mary Helen Walker from Distribution promising she would get us whatever we needed—with an almost undetectable furrow in her brow, but a smile on her face, even if she didn’t really know how she would pull it off; Ahmad Ateyat from Clinical Engineering who practically turned toasters into cardiac monitors. I wish I could list them all. We lived a lifetime together in the space of three months.”

Foley shares, “In a very scary time, our staff leaned in as true professionals and heroes. I am humbled by the care and passion I witnessed at a time of unimaginable stress and worry.”

Adds CNO Maurer, “As a nursing service and an organization, we came together in truly extraordinary ways. Our strong values and our shared mission provided a foundation that enabled us to weather the COVID storm. I believe that what we witnessed and shared during this unprecedented time should make us all extremely proud.”

A source of strength

In an April 2020 email to colleagues, Divya Seth, MD, shared her admiration and appreciation for the quality of care she was witnessing as BIDMC pulled together to care for COVID-19 patients, many of whom faced the end of their lives far from family and friends. In her letter, she described the impact of the many donated iPads that staff used to ease the suffering of patients and families, and how staff moved mountains to coordinate virtual visits between patients and their loved ones. Too often, these proved to be the final visits they would have. Seth said that the donated iPads often brought “dignity and beauty” to patients’ last moments. “I feel privileged to be part of a team that made this possible,” she said. “It has been a source of strength and hope for the rest of the team at a time when our patients are so sick and the days are long.” Program Director for Nursing Informatics, Patricia Bourie, RN, worked with colleagues from Information Systems, Communications, and Healthcare Quality to set up and deploy donated iPads so they would be available to frontline staff and so that visits could proceed across the many platforms that families may be using to call in. “Nurses desperately wanted patients to have visits with their family members,” she said. “We set up the iPads for ease of use, we got IV pole holders. We tried to make it as easy as possible.” In her email, Seth mentioned the skill and compassion of Sherica Metayer, RN, who was redeployed to care for COVID-19 patients on Farr 2, and who was one of many staff who used the iPads to bring families together. Metayer is tearful when reflecting on her experiences during that time, sharing, “It’s something that will live with me forever.”
Warm congratulations to our slate of 2020 Nursing Awardees! These awards were announced just as the COVID-19 pandemic came to Boston in March 2020. Our usual events, designed to celebrate these and other nurses, were canceled. We extend belated congratulations to these outstanding nurses.

**2020 Nursing Awards**

Colette Cantin  
**Obstetric Excellence Awards**  
- Kerri Stiehl, BSN, RN  
- Emily Tyrrell, BSN, RN

CVI Excellence in  
**Cardiovascular Nursing Awards**  
- Kendra Bruce, MSN, RN  
- Jessica Melanson, BSN, RN  
- Deborah Streeter, BSN, RN

The Eileen Stuart-Shor  
**Nursing Recognition Award**  
All the Certified Registered Nurse Anesthetists and Nurse Practitioners in the BIDMC intensive care units

Department of Anesthesia  
**Faculty Hour Awards**  
- Alma Martin, BSN, RN  
- Courtney Mueller, BSN, RN  
- Karen Veronica Quitiquit-Romano, BSN, RN  
- David Sobin, BSN, RN

Department of Surgery and  
Joseph M. Koufman Foundation  
**Awards for Excellence in the Care of Surgical Patients and in Perioperative Care**  
- Erin Hogan, BSN, RN, CNB  
- Christopher Saenz, BSN, RN  
- Betsy Szatkowski, BSN, RN

Department of Surgery and  
Joseph M. Koufman Foundation  
**Awards for Excellence in the Care of Medical Critical Care**  
- Tara Killory, BSN, RN  
- Julie O’Neill, BSN, RN

Harris Yett, MD  
**Awards for Excellence in Orthopaedic Nursing Care**  
- Michelle Mc Veigh, BSN, RN  
- Naomi Stone, BSN, RN

William D. Cochran  
**Award for Excellence in Neonatal Nursing**  
- Sara Tong, MSN, RN/CNP, FNP-BC

Other Nursing Awards

Gastroenterology  
**Nursing Excellence Award**  
- Audra Murphy, BSN, RN, CCRN

Internal Medicine Residency  
**Nursing Excellence Award**  
- Caitlyn Hathaway, BSN, RN

Gastroenterology  
**Nursing Excellence Award**  
- Robin Bleau, ADN, RN

Hematology/Oncology  
**Nursing Excellence Award**  
- Amanda Digitale, MSN, RN  
- Garry Dunster, MHA, RN  
- Fiona Farquhar, MSN, RN/CNP

Hospital Medicine  
**Nursing Award**  
- Carol O’Connell, BSN, RN

Gastroenterology  
**Nursing Excellence Award**  
- Amanda Digitale, MSN, RN  
- Garry Dunster, MHA, RN  
- Fiona Farquhar, MSN, RN/CNP

Hospital Medicine  
**Nursing Award**  
- Rachel Moore, BSN, RN

Hospital Medicine  
**Nursing Award**  
- Maura Mulvey, MSN, RN/CNP, AGNP

Other Nursing Awards

Joseph E. Ensign  
**Lovejoy Exemplary Nursing Awards**

Amanda Digitale, BSN, RN  
Garry Dunster, MHA, RN  
Fiona Farquhar, MSN, RN/CNP

**Nurse Practitioners, Faculty Hour Awards**  
- Maura Mulvey, MSN, RN/CNP, AGNP

Other Nursing Awards

Jaworski  
**Nursing Excellence Award**  
- Esther Apaku Bondzio

Other Nursing Awards

Departmental Excellence Awards

Boston Red Sox  
**Nursing Scholarship**  
- Marian Ashcraft, BSN, RN
- Cears Conley, BSN, RN, SCRN
- Meghan Gallogly, BSN, RN, CCRN
- Kristina Walsh, AS, RN

Other Nursing Awards

C. Rose Finkelstein  
**Nurse Scholarship**  
- Karen Fradji, PCT

Other Nursing Awards

Named Scholarships

Aron and Celia Steinberg  
**Endowed Scholarship**  
- Bidisha Bhattacharya, PhD, MSN, RN  
- Amanda Borne, BSN, RN  
- Shannon Friaas, MSN, RN  
- Marie Gallagher, BSN, RN

Other Nursing Awards

C. Rose Finkelstein  
**Nurse Scholarship**  
- Kara Fradj, PCT

Other Nursing Awards

Endowed Scholarship

Boston Red Sox  
**Nursing Scholarship**  
- Marian Ashcraft, BSN, RN
- Cears Conley, BSN, RN, SCRN
- Meghan Gallogly, BSN, RN, CCRN
- Kristina Walsh, AS, RN

Other Nursing Awards

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Other Nursing Awards

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**Gitta and Saul Kurlat Award for Nursing Excellence**

Bridget Hayes, BSN, RN, CLC

**Edward and Marilyn Schwarz Awards for Excellence in Nursing Practice**

LeeAnn Allisop, BSN, RN  
Erica Lynn Fontes, BSN, RN

**Joseph Ensign Lovejoy Exemplary Nursing Awards**

Amanda Digitale, BSN, RN  
Giselle Lopez, PCT

**Excellence in Advanced Practice Awards**

Sadie Dastrup, BSN, RN  
Kathleen C. Mazzio, MS, RN

**Department of Case Management Nursing Excellence Award**

Catherine Morrill, BSN, RN

**Excellence in Nursing Leadership Award**

In recognition of the tremendous efforts of our entire nursing leadership team during the pandemic, the 2020 Nursing Leadership Award was presented to Nursing Directors, Nurse Specialists, Nursing Program Directors, Advanced Practice Nurses, Associate Chief Nurses, and all nurses in leadership roles.

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Establishing a structure
The work began late in 2019 with a Professional Governance Design retreat, attended by 56 nurses from throughout the medical center. Over two days, they learned about professional governance and designed a model that would work for BIDMC. Scott Rollins, RN, Nursing Director on Stoneman 8, helped lead the group. “Professional governance gives frontline nurses control over the professional accountabilities of knowledge, quality, practice, and competency,” he says. The group designed a tiered council structure, where clinical staff can discuss issues affecting these accountabilities. Each unit, or in some cases several related units, would establish a unit-based council where local issues could be addressed. Five central councils with representation from the unit level, would examine broader issues affecting practice. A program mantra began to circulate: Your voice, your practice, your profession.

Launching the program
Unit-based council elections were held in late 2019 with plans for the councils to launch in early 2020—just as COVID-19 was hitting the Boston area. While some of the unit councils were able to meet early in the year, most council activity was put on hold. When the COVID-19 disease activity waned temporarily in the summer months, teams lost no time re-booting the program. Planning meetings occurred over Zoom, and soon both unit-based and central councils were meeting and planning their work.

Nurses pursue certification
A new policy designed to support and encourage nurses to pursue specialty certification was rolled out in March 2020. It allows benefits-eligible employees to use up to $500 a year of their tuition reimbursement benefit for costs associated with certification or recertification, including review courses and exam fees. Laurie Bloom, RN, Associate Chief Nurse for Professional Development and Research, says, “Nurses are the professionals in closest continuous contact with patients. We thought it was important to put some guide-lines in place for this group to enable them to use tuition reimbursement for certification expenses.” Shelley Calder, DNP, RN, Magnet Program Director, says that having more certified nurses leads to both higher nurse satisfaction and improved patient outcomes, metrics that are in line with the medical center’s goals related to Magnet accreditation.

Sharing their voice
As nurses share their perspectives through the council structure, the benefits are clear. Tina Loder, RN, Co-Chair of the CCU Unit-Based Council, says her council has worked to improve nurses’ participation in daily patient rounds with the interdisciplinary team. CCU nurse Christine Bradley, RN, describes how those changes impacted the care of one of her patients.

“When rounding with the team, I was able to elaborate on the patient’s level of delirium overnight and the effect that medications were having,” she says. “Being able to relay this insight helped determine the medication plan moving forward. The medications were changed, which ultimately helped clear the patient’s delirium.”

Says Masha Maurer, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, “The wisdom, dedication and passion of our frontline staff is our true north. It is what we need to be listening to as we design the future of nursing at BIDMC.”

“Higher rates of nursing specialty certification are associated with lower rates of patient falls, central line-associated bloodstream infections, and even mortality,” she says.

Denny Tan, RN, from Farr 8, was one of almost 100 nurses who were certified or recertified in their specialty in 2020. In August, he became a certified medical-surgical nurse. Tan says he chose medical-surgical nursing certification because he enjoys caring for patients with a variety of diagnoses.

“My certification has enhanced my competence,” Tan says. “I’ve developed more confidence in my nursing practice, which led me to a higher degree of satisfaction in my role.”

In 2020, unit leaders learned about new supports for certification and began to consider critical steps to help boost certification rates among staff.

“Nursing Professional Governance
Launched in 2020

Your voice, your practice, your profession
Nurses on Farr 10 were facing a problem. Many of their patients had bed alarms in place—a safety mechanism that alerts staff when patients who are at risk to fall are trying to get up. But staff responding to bed alarms would often be unaware of what type of assistance the patient required for safe ambulation. Is the patient strong enough to walk with one person helping? Or do they need a walker? Or can they not walk at all? If the person answering the alarm didn’t know the patient, they would have to leave the room to find out more. It was a perfect issue to bring to Farr 10’s new Professional Governance Council. Sooon, a solution was in place. A mobility aid section was added to the white board in each patient’s room where information about the patient’s mobility status can be recorded. Now, staff answering a bed alarm may see: “Out of bed with one assist and a rolling walker,” and they can help a patient right away. Emily Mulrain, RN, and Samantha Kelleher, RN, Co-Chairs of the unit’s governance council, say the solution has given staff vital information they need to keep patients safe. It’s just one of many examples of improvements throughout the medical center being led by the Nursing Professional Governance program that launched in 2020.

Units received posters with photos of their council members.

Who is certified on our unit?
Which certifications align with our work?
What is our unit goal?

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Supporting practice transitions

Nurse leaders at BIDMC are forging partnerships with academic institutions in innovative ways that are facilitating practice transitions and succession planning and advancing critical goals around increasing the diversity of the BIDMC nursing workforce.

Partnership with Simmons University

In 2020, 17 leaders and emerging leaders graduated with a master’s degree in nursing administration as part of a partnership program with Simmons University. According to Laurie Bloom, RN, Associate Chief Nurse for Professional Development and Research, the program dates back to 2009 and has been touted as an innovative model for leadership development. “We were asked to present this work at a meeting of the American Organization for Nursing Leadership where it was very well received and considered a model program,” she says. “To date, 56 nurse leaders have completed the program, many of whom remain on staff and are having a tremendous impact leading our nursing service.” Bloom says the program facilitates academic progression by offering discounted tuition, pro-active use of tuition reimbursement funds, and a cohort model where staff proceed through the program as a group, enhancing opportunities for encouragement and support. Interested nurse leaders are accepted into the cohorts through an application process.

Program now includes DNP track

An expansion of the Simmons partnership was added in 2016, leading to a doctor of nursing practice (DNP) degree, with a concentration in executive leadership. In 2020, 14 nurses successfully completed the DNP track (shown on right). They were the second cohort to complete the DNP program, which has graduated 27 nurses in all. “The DNP graduates are having a transformative impact on our nursing service,” Bloom says. “They are adding a scholarly and cutting-edge dimension to our decision-making in virtually every area of our medical center.” New cohorts are currently enrolled in the Simmons programs, 29 at the master’s level and 18 pursuing the DNP.

Jacqueline Fitzgerald, RN was among the 2020 graduates completing a master’s degree in nursing administration at Simmons University as part of the partnership between the university and BIDMC. In June 2020, she was promoted to Nursing Director of MICU/SICU East. Committed to advancing her education, Fitzgerald is now one of 18 nurse leaders at BIDMC pursuing a Doctor of Nursing Practice degree through an expanded partnership with Simmons. She will graduate in 2022.

Karen Waldo, RN, says completing her master’s degree through the Simmons University program has helped her hone skills in leadership and communication that are critical to her role as Assistant Nursing Director in the NICU.
Creating a path to the BSN
A diversity and inclusion strategy

In 2020, six nurses were nearing the finish line as the first cohort of participants in the medical center’s innovative partnership with Emmanuel College, designed to provide a path for nurses with associate’s degrees to complete their bachelor’s degree in nursing. The program came about as part of a multi-pronged approach to increasing the diversity of the nursing workforce at BIDMC. Marsha Maurer, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, says Black nurses currently working at the medical center were invited to focus groups to share their experiences and ideas. Some focus group discussions centered around the medical center’s longstanding policy requiring that all newly hired nurses have at least a bachelor’s degree. Group participants said this was creating barriers for a more diverse group of employment candidates whose path to nursing begins in an associate’s degree program. Maurer says, “We explored ways we could expand our pool of diverse applicants by removing the BSN barrier, while staying true to our commitment to the BSN as the entry-level credential for a professional nurse at our organization.” A team began working with Joanne Pokaski, Senior Director of Workforce Development and Community Relations, and Bridget Gardner, Program Manager in Workforce Development, to create a partnership program with Emmanuel College that would enable BIDMC to hire RNs prepared at the associate’s degree level as nurse residents and to provide financial and logistical support for them to continue their studies toward a bachelor’s degree in nursing.

Nurse Resident Sherresa Downing, RN, cares for patients on Farr 9. Her Nursing Director, Alice Bradbury, DNP, RN, says Downing quickly gained the trust of her patients through her thoughtful approach and her commitment to compassionate care.

Hianety Brito, RN, a former Respiratory Therapist at BIDMC, is completing her nurse residency on Farr 5. Kim Cross, RN, Nursing Director on the unit, says Brito has blended her expertise in respiratory care with her emerging nursing knowledge in a way that is benefitting patients and staff alike. “Hianety is a valued resource for her colleagues on Farr 5 who have questions about respiratory issues,” says Cross. “She is always calm and has a great ability to connect with her patients.” During the COVID-19 pandemic, Brito volunteered to be redeployed to the surge ICU on Rosenberg 7.

Lessons learned from initial cohort
The six nurses pictured above comprise the first cohort in the program. They worked on the units at BIDMC throughout 2020, while also attending classes at Emmanuel and preparing for graduation in the Summer of 2021. Maurer and Laurie Bloom, RN, Associate Chief Nurse for Professional Development and Research, say that work with this initial cohort has deepened their understanding of the structural inequities faced by groups of associate degree nursing students who are not advantaged economically or by race/ethnicity, and who go on to face barriers to advancement in nursing that extend beyond graduation. One example concerned the differences in the types of clinical experiences nurses from associate degree programs are exposed to as students, compared to the experiences of nursing students in bachelor’s degree programs. “There are so many bachelor’s degree nursing programs in Boston, all vying for the same clinical sites for their students,” Bloom says. “This means that the associate degree nursing students in our area graduate with very little clinical experience in acute care settings, which then leads to fewer options for employment after graduation.” Bloom worked with Nursing Director Jennifer Thomas, DNP, RN, and others to put supports in place that would provide the residents with some of the clinical teaching they may not have received while in school. These supports have evolved into a structured eight-week practicum for residents accepted into the second cohort in 2021. Bloom says philanthropic support in 2020 (see pg. 3) meant that the medical center could respond as residents faced other barriers that had not been anticipated, some of which were made worse during the pandemic. “When all the Emmanuel classes went online, some of our residents needed support for computer hardware and reliable internet access,” she explains. “We were pleased to be able to provide these and other supports that are helping make sure these new colleagues can complete the program.”

Nurse Residents who will complete their BSN in 2021

National attention
Maurer, Bloom, Thomas, and Nurse Resident Rachel Bresilla, RN, were invited to present the innovative program at the 2021 meeting of the American Organization for Nursing Leadership. Maurer says that it is incumbent upon nurse leaders to find ways to address the cycle of inequity faced by minority nursing students and to take proactive steps like this one to bring more diversity into the profession. “Organizations need to make a commitment to filling the educational and financial gaps created by structural inequity,” she says. “Leveraging the greater diversity of associate degree nursing programs can be a path to diversifying the RN workforce.” Interviews for a second cohort were conducted in the Fall of 2020, with 12 new nurse residents joining the staff in March 2021.
Establishing the evidence base during a pandemic

**BIDMC nurses lead the way**

In the midst of the pandemic, even as capacity to provide care was being strained as never before, nurses at BIDMC led an extraordinary number of initiatives that will help define the science of a pandemic response into the future. Many of these projects have been accepted for publication in the literature (see page 23). “It’s a stellar example of a key tenant in our nursing mission: advancing the science of nursing,” says Marsha Maurer, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer. “We should all be very proud.”

Staff were invited to present posters to colleagues on some of these topics. Excerpts are below.

### Doubling ICU capacity by surging onto med-surg units during the COVID-19 pandemic

**THE TEAM:**
- Sharon C. O’Donoghue, DNP, RN (pictured)
- Barbara Donovan, MSN, RN
- Joanna Anderson, BSN, RN, CCRN, CNRN
- Jane Foley, DNP, RN
- Jean Gillis, MSN, RN
- Kimberly Maloof, MSN, RN
- Andrea Milano, MSN, RN, CCRN, CMC
- John Whitlock, DNP, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- ICU capacity during spring 2020 surge was expanded by 93%.
- Pod-based approach allowed for converting med-surg to critical care beds in a step-wise fashion.
- Educational training and staffing model developed; specially trained med-surg nurses functioned in a support role. Additional “just-in-time” training and twice daily huddles crucial.
- Nimble approach with regard to supplies and equipment was essential; demand was in constant flux.

### The use of proning in awake, non-mechanically ventilated patients with COVID-19

**THE TEAM:**
- Lauren Clark, MSN, RN (pictured)
- Sandra Sanchez, DNP, RN
- Cynthia Phelan, DNP, RN
- Lauga Solok-Hessner, MD
- Kandra Bruce, MSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- The rapid influx of COVID-19 patients quickly outstripped normal bed placement process.
- A paucity of private rooms meant we needed a safe and efficient cohorting strategy.
- Partnered with Infection Control and deployed a team of nurses to identify patients who could cohort and to manage this new assignment process 24/7.
- Using our Lean toolkit, standardized all communication and process steps involved in bed assignments.
- New process now baked into post-COVID isolation management.

### The implementation of the graduate nurse role to support nursing staff during the COVID-19 pandemic

**THE TEAM:**
- Cassandra Plamondon, MSN, RN (pictured)
- Kyra Peterson, MSN, RN, CNL
- Kathy M. Baker, MSN, RN
- Jenny Barsamian, DNP, RN/CNP
- Ann Marie Grillo Darcy, MSN, RN, ACNS-BC
- Lynn Mackinson, MSN, RN/CNS, ACNS-BC
- Andrea Milano, MSN, RN, CCRN, CMC
- Lauren B. Mills, BSN, RN

- Governor passed an executive order allowing graduate nurses (GNs) who were not yet licensed to practice with limited capacity.
- We swiftly created a three-phase orientation program that would support supervised GN practice during the pandemic and facilitate transition to the clinical nurse role after licensure.
- We surveyed GNs on completion of their orientation to learn more about how it was received.
- 15 of 16 GNs went on to pass boards and join the staff.

### Innovative strategies to facilitate safe intimate partner violence (IPV) assessment during a pandemic and beyond

**AUTHOR:**
- Janet Carey Guarino, MSN, RNC (pictured)

- All patients in L and D are screened for IPV.
- COVID policies allowed patients to have one support person during L and D, but restricted that person from leaving and returning.
- Privately screening for IPV became challenging.
- We posted a screening flyer (position shown) in several languages in the birthing rooms, where patients could ask for a private consultation by scanning a QR code or sending a text.

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**THE TEAM:**
- Charlotte Clements, MSN, RN (pictured)
- Jenny Barsamian, DNP, RN
- Nikki Burnham, MSN, RN
- Claire Cruz, MSN, RN
- Ann Marie Grillo Darcy, MSN, RN, ACNS-BC
- Lindsay Dophony, EDD, RN
- Jacqueline FitzGerald, MSN, RN
- Susan Holland, SBSN, MSN, RN, NEA-BC
- Christine Joyo, BSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- Experiencing unwanted or forced sex?
- Being isolated, threatened, or forced to stay in a situation where you feel unsafe?
- Having sexual contact where you were not aware of and did not consent to?
- Being threatened, hit, pushed, choked, restrained, or physically abused by someone?
- Being threatened, hit, pushed, choked, restrained, or physically abused by someone?
- Feeling unsafe: Please scan the QR code and submit your last name and date of birth. You are not alone. You Deserve to Feel Safe.

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**THE TEAM:**
- Bridgid Joseph, DNP, RN, CCNS (pictured)
- Breda Joseph, DNP, RN, CCNS
- Andrea Milano, MSN, RN
- Kathy M. Baker, MSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- Could proning help COVID-19 patients who were not critically ill improve their oxygenation?
- Protocol for proning developed based on what was known about proning for patients on ventilators.
- Used on over 100 patients with COVID illness.
- Anecdotal evidence encouraging.
- Ongoing use for patients with respiratory illness will enable additional outcome tracking.

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**THE TEAM:**
- Charlotte Clements, MSN, RN (pictured)
- Lindsay Dophony, EDD, RN
- Jacqueline FitzGerald, MSN, RN
- Susan Holland, SBSN, MSN, RN, NEA-BC
- Christine Joyo, BSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- Supporting staff and prioritizing staff self-care was critical in the COVID-19 response.
- Numerous hospital-wide and unit-based supports were put in place.
- Clear, consistent, and systematic communication to and from staff members was critical.

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**THE TEAM:**
- Andrea Milano, MSN, RN
- Kathy M. Baker, MSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN

- Developing an alert response with a designated team.
- heels and t-mides made for her.
American Journal of Nursing
Charlotte Clements et al. Supporting frontline staff during the COVID-19 ICU surge
Bridgid Joseph et al. The development and implementation of a prone positioning protocol for awake, non-intubated patients with COVID-19
Bridgid Joseph et al. Improving cardiac and respiratory arrest event documentation: Moving from paper-based to handheld electronic documentation

Dimensions of Critical Care Nursing
Sharon O’Donoghue et al. Development, implementation, and impact of a proning team during the COVID-19 surge
Sharon O’Donoghue et al. Doubling ICU capacity by surging onto med-surg units during the COVID-19 pandemic

Journal of Emergency Management
Marsha Maurer Leading a hospital incident command system during a global pandemic

Journal for Nurses in Professional Development
Jenny Barsamian and Kerry Carnevale Support for unit-based educators: Imparting key leadership skills

Journal of Women’s Health
Janet Carey Guarino Innovative strategies to facilitate safe intimate partner violence assessment and intervention during a pandemic and beyond

Nurse-driven protocol a win-win-win
The use of indwelling Foley catheters has been cited as a preventable cause of urinary tract infections (UTIs) and resulting complications in hospitalized patients. A team of nurses at BIDMC spearheaded an initiative in 2020 to help stop catheter-associated urinary tract infections, or CAUTIs, by implementing a nurse-driven protocol for intermittent straight catheterization. The project team, including Nurse Specialists Jenny Barsamian, DNP, RN/CPN, and Kerry Carnevale, DNP, RN, along with Stoneman 7 Unit Educator Charlie Clements, RN, approached the CAUTI Task Force with their ideas. Working with physician colleagues from Hospital Medicine, Urology, and Infection Control, they researched the evidence base and established a protocol that outlines the steps frontline nurses should take if they suspect urinary retention in their patients. With bladder scanning and, if needed, temporary catheterization for relief of retention, the protocol was pilot tested on Stoneman 7 and Farr 9 and rolled out house-wide late in the year. Barsamian, Clements, and Stoneman 7 Clinical Nurse Maria Gavin, RN, visited inpatient units to educate staff and post an algorithm outlining the protocol on each unit’s bladder scanner. The Proeject Orthopaedics and ICU team, including Leiah Lammer, RN/CPN, Clinical Nurse on Farr 9, gave a Nursing Grand Rounds presentation on the topic in October. All nursing staff were assigned a myPath training to complete the rollout.

“This is a really good example of using evidence-based practice to empower nurses and promote their autonomy in practice,” Barsamian says. Clements adds, “This process uses the clinical expertise of nurses. It recognizes that frontline staff have the knowledge to make these clinical decisions.”

Because the new process is nurse-driven, it eliminates time previously spent by nurses and physicians communicating back and forth as to how best to manage a patient who might have retention—time that could be frustrating for staff and uncomfortable for patients. Barsamian says with the new process, everyone wins.

“It puts patients at lower risk for infection by enabling us to manage retention without using an indwelling catheter, and it improves their comfort level,” Barsamian says. Clements adds, “This is a really good example of using evidence-based practice to empower nurses and promote their autonomy in practice.”

“Imparting key leadership skills to our nurse specialists regarding the content of evidence-based practice and the use of evidence-based practice, particularly for nurses, is critical,” Barsamian says. “It helps them to be able to work in collaboration with other disciplines and to continue to be the front runners in terms of evidence-based practice.”

“Physicians report improved workflow, and nurses feel increased autonomy and fewer delays in providing care for their patients. We call it a win-win-win.”
In the summer of 2020, nurses at BIDMC joined colleagues throughout the medical center and citizens across the nation to protest systemic racism and to speak out for justice. At an event in June organized by BIDMC’s Department of Medicine, staff participated in a Kneel-In for 8 minutes and 46 seconds, representing the length of time George Floyd was pinned to the ground before he died on a street in Minneapolis. In addition to scores of staff kneeling together outside of the Shapiro Building, more than 900 also participated on Zoom. Audrey Li, MD, Internal Medicine Resident and one of the event organizers, addressed the group, saying, “Thank you for joining us as we gather to express our grief and frustration surrounding the killings of George Floyd, Breonna Taylor, Ahmaud Arbery and countless others. Their deaths are the consequences of racism that is deeply entrenched in our country’s structure. We join together today in recognition of an irrefutable fact: Racism is a public health crisis.” The Kneel-In, also dubbed “White Coats for Black Lives,” occurred on what would have been Breonna Taylor’s 27th birthday.

“We all have biases, and we all have to talk about that and reeducate ourselves. We need to embrace our differences, see everyone as human beings, and change the way we think about and look at others.”

– Diana Gist, RN

BILH Diversity, Equity, and Inclusion Task Force at work

In the summer of 2020, Diana Gist, RN, whose career at BIDMC spans 40 years, participated in Beth Israel Lahey Health’s Diversity, Equity, and Inclusion Task Force, a group representing the entire BILH system that was charged with recommending a set of actions BILH can take to address systemic racism, institutional bias, and inequity. The group issued 21 recommendations that became BILH’s multi-year Diversity, Equity, and Inclusion Road Map. “It was wonderful to be part of this essential work,” Gist recently shared.

Gist has been a role model throughout her career, something that she says stems from visiting hospitals as a young child and “not seeing anyone who looked like me” in professional roles. In the 1980s and 90s, she helped lead the Choose Nursing! Initiative at the former Beth Israel Hospital—a program to introduce minority and economically disadvantaged high school students to the nursing profession. “I am very proud of Choose Nursing,” says Gist. “I got to live the dream of embracing young minority students with promising futures.”

One of these students was Jennifer Thomas, DNP, RN, who was a junior at the John D. O’Brien High School in Roxbury when Gist came to the school to talk about Choose Nursing! Thomas joined the program and has been on staff at the medical center ever since. In 2020, Thomas completed her DNP degree. She is currently the Nursing Director of Centralized Services at BIDMC.
Spotlights Professional Activities of Nursing Staff

Academic Degrees

Jessica Ansel: Master of Science in Nursing, University of Massachusetts Boston
Katelyn Armano: Master of Science in Nursing Administration, Simmons University
Diana Bartash: Master of Science in Nursing Administration, Simmons University
Stasia Bodnar: Master of Science in Nursing and Master of Business Administration, Grand Canyon University
Caitlin Bourke: Master of Science in Nursing, Simmons University
Neely Beaulac: Master of Science in Nursing, Simmons University
Tracy Brann: Master of Science in Nursing, Rivier University

Certifications

Rosanne Buck: certified in Obstetric and Neonatal Quality and Safety
Allison Burdet: certified in Medical-Surgical Nursing
Shelley Calder: recertified as an Emergency Nurse
Nathan Cantone: certified in Critical Care Nursing
Carmen Carnazzo: certified in Obstetric Nursing
Susy Carnevale: certified as a Critical Care Nurse
David Carter: certified as an Operating Room Nurse
AnnMarie Cathcart: certified in Critical Care Nursing
Tracy Brann: recertified as a Clinical Transplant Coordinator
Kaitlyn Cavalier: certified in Critical Care Nursing

In addition, please see page 17 for a listing of 14 nurses who earned a Doctor of Nursing Practice in Executive Leadership through BIDMC’s partnership with Simmons University.

Professional Leadership Activities

Ann Connor was elected to the Partnership-Effect of the Boston-New England Chapter of the International Association of Registered Nurses (IANA).
Laura Curtis participated as a Research Coordinator for the Peggy Leonard Grant awarded by the Case Management Society of America to the Case Management Society of America’s New England Chapter.
Michelle Flanagan: certified as a Critical Care Nurse
Charlotte Guglielmi: recertified as an Operating Room Nurse

Health-Related Community Activities

Zsiporah Brown delivered meals on behalf of the Newton Senior Center and Newton Medical Reserve Corps (MRC). She also volunteered with the Newton WMC administering flu vaccines and volunteered at Northeastern University administering COVID-19 vaccines.

(continued on next page)
Publications


Presentations

Podium/Virtual


Marsha L. Maurer, DNP, RN, FAONL; Suzanne Courtney Creative, July 2020.

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