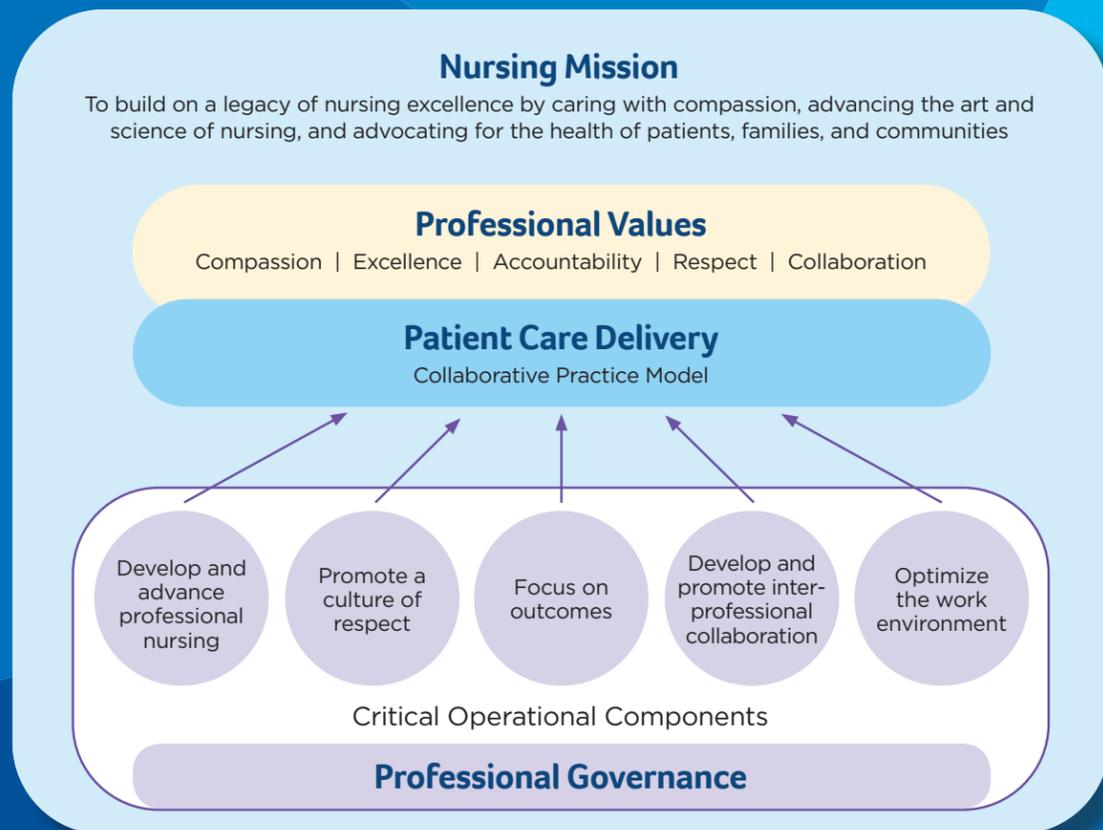




## Model for Professional Nursing Practice at BIDMC



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.

## Building our future

Throughout 2021, nurses at BIDMC were contending with repeating surge cycles of COVID-19 and acutely experiencing the downstream effects of the pandemic. These effects included workforce disruptions that impacted both our local operations and our ability to transition inpatients to post-acute care in a safe and timely way, creating pervasive capacity constraints that stressed every aspect of our organization. And yet in spite of these and other challenges that a once-in-a-century pandemic continued to bestow, **nurses at BIDMC did not stop moving our mission forward.**

The work that occurred in 2021 to build new infrastructures for nursing excellence showcases the strength, resilience, and resolve of our amazing nursing staff. Our nurses **built and launched RESA**—a new recognition program for frontline staff (pp. 4-5); rolled out a comprehensive **Transition to Practice Program** (pp. 12-13); created new systems for **peer review** (p. 17) and **mentoring** (p. 24); continued work to **support specialty certification** for nurses (p. 6); strengthened our diversity and inclusion work through our **Emmanuel partnership program** (p. 25); **collected more than 80 stories, documented in more than 3,000 pages** (p. 27), describing nursing excellence for our Magnet document submission; **published manuscripts** on an unprecedented scale (pp. 30-31); strengthened and solidified our systems for **Nursing Professional Governance** (pp. 6-9), and more. They did all this while continuing to provide excellent care in our inpatient, ambulatory, and community care spaces, and while working with partners across our system to keep our community safe, standing up COVID testing and vaccination sites across the city (pp. 14-15, 20-21).

Our journey to nursing excellence and Magnet recognition (p. 27) provided the timeline and structure for much of this work, but as I've said in many forums over the course of our three-year journey, all of these things were the right things to do apart from the recognition they may bring. **They are the right things to do because they make us better and stronger as a nursing service.**

I'm overcome with admiration for everything our staff accomplished in 2021. This work will reap benefits far into the future for our nurses, our patients and families, and our entire organization. Thank you.



**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

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## Simply the best

When people ask me what makes BIDMC a great place to receive care and to work, I tell them it's all about the people. It's about how all of our clinicians and staff work together toward the shared goal of excellence in patient care, education, and research.

No group exemplifies this essential teamwork and commitment more than our nurses. **BIDMC nurses stand at the center of the multidisciplinary teams that make our hospital work.** As the clinicians most often in the closest contact with patients, they are in an ideal position to make sure the patient's voice is heard. And as critical thinkers, scientists, and clinical experts, they have helped our medical center build programs and systems that make us better every day.

As you'll read in this year's report, their work has led us to pursue Magnet designation from the American Nurses Credentialing Center—a credential that would show not only that we value and support nurses and nursing care, but also that we understand the critical role nurses play in delivering our hospital mission.

**In 2021, nurses at our medical center did extraordinary work** while facing unprecedented strains and pressures. They showed up for patients and families every hour of every day, providing exemplary care, supporting each other along the way, and moving our nursing enterprise forward with an impressive array of new programs.

I know BIDMC nurses at every level of our organization are simply the best. My thanks go out to all of you. Congratulations on all you have accomplished this past year.

**Peter Healy**  
President  
Beth Israel Deaconess Medical Center



## Donors help BIDMC nursing build critical programs

### The Lunder Foundation

A generous gift from **The Lunder Foundation** is helping BIDMC expand a unique partnership program between the medical center and Emmanuel College (p. 25). The program supports nurses with associate's degrees as they transition to their first year of practice while simultaneously earning a bachelor's degree in nursing, with all expenses paid.

Supporting the health care workforce, specifically nurses, is a cornerstone of the foundation's giving. **Peter and Paula Lunder**, who lead the foundation's philanthropic efforts, state, **"We are confident that this program will have a positive impact in working toward a more equitable, inclusive health care system."** Among the program's unique features is its tremendous level of support to ensure nurse residents succeed in a challenging, fast-paced environment. **"We've taken into consideration the many stresses in life,"** says **Shelley Calder**, DNP, RN, Associate Chief Nurse for Professional Development and Research. **"We made sure the program provides support for things like health and wellness, professional nursing association memberships, and assistance with transportation expenses."**

Importantly, Calder adds, the program provides participants with tools to manage being a full-time student while working and elicits feedback from participants to ensure continual improvements. **Rachel Bresilla**, RN, (p. 16) is a daughter of Haitian immigrants and a 2021 graduate of the program. Her father recently retired after working for more than 20 years in environmental services at BIDMC. When Bresilla heard about the program, she was elated. **"I knew it would make my father so proud for me to be at the medical center,"** she says. **"Opportunities like this don't exist anywhere else. I feel so grateful to BIDMC and to its donors for investing in this program."**

### Sapers family supports early career development for nurses

Many at BIDMC will remember the late **Rhoda Sapers**, RN, a graduate of the Beth Israel Hospital School of Nursing who spent 20 years as a member of the nursing staff at the former Beth Israel Hospital (BIH). Always committed to advancement in nursing, she went on to earn her bachelor's and then her master's degree at a time when this was not a common path. She became an instructor at the hospital school and in time worked with the late **Joyce Clifford**, PhD, RN, former chief nursing executive at BIH, on special projects related to nursing. In 1991, she was instrumental in the development of an Advisory Task Force on Nursing, a precursor to a Visiting Committee on Nursing that brought nursing concerns directly to the board. The Committee's inaugural chair was **Lois Silverman**, RN, for whom the current BIDMC Department of Nursing is named. Silverman would go on to be the first woman and first nurse to chair the BIDMC Board of Directors.

In 2021, to honor Sapers' legacy, her husband **William Sapers** and his family provided a generous donation to support mentorship programs for nurses at BIDMC (p. 24). **Laurie Bloom**, RN, former Associate Chief Nurse for Professional Development and Research, knew Sapers well and thinks the directed gift is particularly fitting. Bloom says when she attended the final meeting of the Beth Israel Hospital Nurses' Alumnae Association in 2016, Sapers attended and was immediately the center of attention as a former faculty member. **"The alumnae idolized her,"** Bloom recalls, adding that when she herself was a young nurse, Sapers was one of her mentors. **"I came to Beth Israel as a nurse specialist when I was in my 20s,"** Bloom said. **"I was just starting a family. Rhoda had done so much in her career, while raising a family herself. She was an important mentor to me. She showed me what was possible at a time when my own path was not yet clear to me. She had a huge influence on me, personally and professionally. She would be so pleased about this important gift."**



In this 1994 photo, the late **Rhoda Sapers**, RN (right), is shown meeting with future Board Chair **Lois Silverman**, RN (left), and the late **Joyce Clifford**, PhD, RN, who was at the time Vice President for Nursing and Nurse-in-chief at Beth Israel Hospital. They are discussing the establishment of a Visiting Committee on Nursing that would report directly to the hospital's Board of Trustees.

# Recognizing Excellence, Scholarship, and Accountability (RESA)

In May 2021, **Marsha Maurer**, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, announced the launch of a new recognition program for nurses at BIDMC. The program was the culmination of months of planning, led by **Susan Holland**, PhD, RN, then Nursing Director for Finard 4; **Kari Phillips**, RN, Nursing Director on Deaconess 4; and **Sharon O'Donoghue**, DNP, RN, Nurse Specialist for Professional Development. The team worked closely with members of the Professional Development and Nursing Education Council to vet and test the program. The development phase included an extensive literature review and consideration of how a recognition program could best support the BIDMC nursing mission. Executive sponsors were **Jane Foley**, DNP, RN, Associate Chief Nurse for Critical Care and Medical-Surgical Services, and **Laurie Bloom**, RN, former Associate Chief Nurse for Professional Development and Research. **Shelley Calder**, DNP, RN, then Magnet Program Director, worked with the group to ensure alignment with Magnet program goals.

The new program, known as RESA, recognizes practice excellence, knowledge, competency, commitment to quality, and leadership. In announcing the program, Maurer said RESA incorporates the professional view and values needed to bring nursing into the future. **"We will be called to leverage the knowledge and skills embedded in our practice in new ways,"** she said. **"We'll be asked to continue to increase our accountability to our patients and the profession at large, supported**

**by scholarship and academic rigor."** Maurer talked about key roles in the health care enterprise that will be occupied by nurses in the coming decades and said RESA is a way to recognize and support the caliber of leadership that will be needed to operationalize these roles. **"Nurses in this century will be practice experts, innovators, policymakers, and more,"** she said. **"The RESA program is a way for BIDMC nurses to chart their own path along all these domains."**

The program recognizes two levels of leaders: Nurse Fellow and Senior Nurse Fellow. Applicants submit a portfolio, which is evaluated by a peer review board according to defined criteria such as participation on governance councils, leading a practice change or improvement, serving as a mentor or mentee in the medical center's new Nurse Mentorship Program (p. 24), participation in local, regional, national, or international specialty forums, and much more. Applicants are asked to show how their influence is evident at the bedside as well as in the wider world of nursing. Specialty certification is required for both levels. *(To give staff time to prepare, certification was waived for the Nurse Fellow level during the first review period.)* Applications are accepted twice a year. Fellow designation is for a two-year period and is renewable; each level comes with a salary bonus.

Maurer said that RESA is helping BIDMC nursing operationalize a key tenet of its mission: to advance the art and science of nursing. **"We're asking nurses, as they advance in expertise, to consider how they can share their knowledge, skill, and wisdom with their colleagues at BIDMC and also with the broader nursing profession,"** she said. **"The program is codifying the impact that our most expert staff can have on the practice of nursing itself." Congratulations to the extraordinary nurse leaders named in 2021 as inaugural fellows in the RESA program.**

**RESA**  
Recognizing Excellence,  
Scholarship, and Accountability

## How the inaugural RESA Fellows are Influencing the Practice of Nursing

15

are members of professional governance councils

9

participate in a specialty organization

### In the two years prior to their designation:

17

engaged in improvement initiatives

3

authored or co-authored professional papers

5

presented Silverman posters

5

precepted, mentored, or gave lectures to nursing students or residents

## NURSES RECOGNIZED THROUGH RESA IN 2021

### SENIOR NURSE FELLOWS



**Barbara Luker**, BS, RN, MHA, CDCES  
Healthcare Associates



**Deborah Tassone**, MSN, RN, CNOR  
Perioperative Services

### NURSE FELLOWS



**Andrea Clement**, BSN, RN  
Farr 6



**Charlotte Clements**, MSN, RN  
Stoneman 7



**Amelia Coyle**, BSN, RN  
Ambulatory OB/GYN



**Lindsay Duphiney**, BSN, RN  
Stoneman 5



**Stephanie Fiandaca**, BSN, RN  
Emergency Department



**Allie Fishbone**, BSN, RN  
Farr 10



**Megan Hickey**, BSN, RN  
Obstetric Nursing



**Urma Khan**, BSN, RN, CNRN, SCRNP  
Farr 11



**Hannah Lichtman**, MSN, RN, CVRN  
Farr 5



**Emily Mulrain**, BSN, RN  
Farr 10



**Michelle Richards**, BSN, RN  
MICU



**Shelly Watts-Dognazzi**, BSN, RN  
Beth Israel Deaconess Cancer Center,  
Needham



**Rebecca White**, MSN, RN, CEN, TCRN  
Emergency Department



**Kaitlin Whitecross**, BSN, RN  
Emergency Department



**Suzanne Wright**, BSN, RN  
Obstetric Nursing

# Professional Governance Councils make their mark

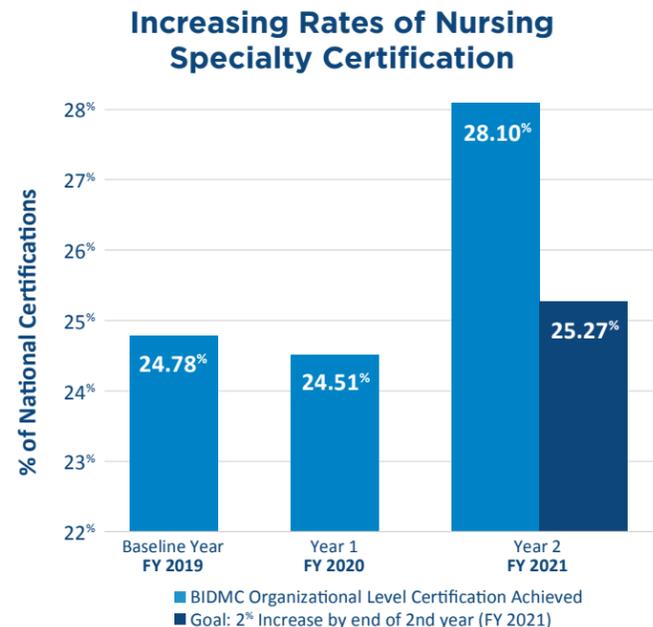
A revitalized structure for nursing professional governance, launched in 2020, hit its stride in 2021, moving forward on a number of strategic priorities. **Kendra Bruce**, RN, Nurse Specialist for Professional Development, supports the program and says the governance structure is meeting its goal of providing a way to advance the art and science of nursing. **“Professional governance is a structure that gives frontline nurses a voice around issues that are directly affecting their practice,”** she says. **“This is essential to our work as innovative, passionate, accountable care providers.”**

Dozens of unit-based councils are now in place and active across the medical center. In addition to addressing local issues, unit-based councils send representatives to one of five central councils, and an over-arching Coordinating Council that helps organize all council activities. A communication structure ensures that ideas and innovations flow bi-directionally, from unit councils to central councils and back. Chairs of the central councils attend a monthly meeting with the nursing executive team to share information about council activities and collaborate on key nursing initiatives.

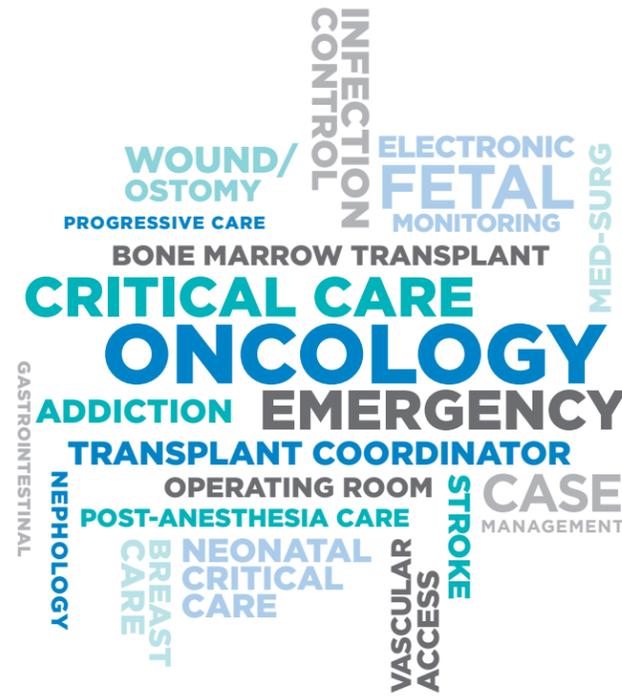


## The Professional Development & Nursing Education Council

A key initiative in 2021 focused on nursing certification. In August, the council presented a 26-page proposal to the Nurse Executive Council, outlining their recommendations to further increase nursing specialty certification at BIDMC. The work was meant to augment options implemented in 2020 that allowed nurses to use tuition reimbursement benefits for costs associated with certification or recertification. The proposal reported on a survey of 55 unit councils, which showed that financial burdens were still a barrier for many. The 2020 changes provided support, but required that nurses pay the costs up front. In addition, nurses who were already using their full tuition reimbursement benefit were not able to access support for certification costs. The council researched voucher programs and recommended several that would provide up-front funds for test prep and certification for key specialties. The council’s report included a detailed cost/benefit analysis associated with each program, according to the composition of BIDMC staff. Targeted voucher programs were set to launch on a rolling basis in 2022.



A goal was set to increase the rate of nursing specialty certification by 2% over two years. **The goal was met and exceeded.**

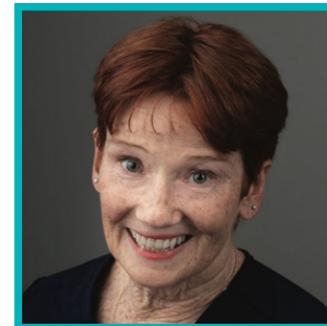


BIDMC nurses are certified in a wide variety of clinical specialties.

## The Professional Nursing Practice Council

Part of the work of the **Professional Nursing Practice Council** is to ensure that all nursing policies and guidelines are evidence-based, up to date, and readily available to staff. In 2021, a new online system was adopted for all hospital policies and procedures. The Practice Council worked to ensure that 192 policies were successfully migrated to the new system, and that policies needing review were updated. **Kathleen McManus**, RN, who began her term as co-chair of the Practice Council in late 2021, says that council members each take responsibility for a certain number of policies that need review. **“The members diligently follow up with policy owners,”** she says. **“They find out if any changes are needed that may need to be reviewed at our monthly meeting.”** **John Whitlock**, DNP, RN, a leader advisor on the council, says the ongoing work is critical to ensuring that clinical nursing practice at BIDMC is based on a solid foundation of the most recent evidence and professional standards.

## The Nursing Quality & Outcomes Council



Carmel Mullee, RN

**Carmel Mullee**, RN, a nurse on the Venous Access Team and a member of the Quality and Outcomes Council, led a project in 2021 designed to decrease the chance of a peripheral IV infection and to increase patient comfort. Mullee had observed for some time that when a patient’s intravenous line needed to be replaced because it was painful or had become dislodged from the vein, nurses would not always remove the problematic line while waiting for a member of the Venous Access Team to start a new one. **“Sometimes nurses would be nervous about taking out the line,”** she says. **“They might worry about leaving the patient without IV access.”** As an expert clinician, Mullee, who is a board-certified venous access nurse, shared her concerns with the council. She believed that nurses needed to understand that it’s better for the patient when the line is removed as soon as an issue is noticed. **“We wanted nurses to know they could help minimize the chance for infection, while also alleviating any discomfort the line may be causing.”**

Using the council structure, Mullee and her colleagues developed a communication sheet that was integrated on pilot units into the workflow around IV restarts, reminding staff to remove the old IV while waiting for a restart. Mullee believes the communication tool, as well as word of mouth that spread through the council structure, has helped. **“There is an increased awareness of the issue,”** she says. **Blanche Murphy**, RN, Clinical Advisor for the Venous Access Team, agrees that having governance councils in place has helped make an impact on this issue. **“The plan was made by the council to involve both the Venous Access Team and the nurses on the units,”** she says. Mullee says that participation on the council has been fulfilling as it has enabled her to have a voice in advancing these and other goals. **“I feel like we have a say in our practice,”** she says. **“I enjoy being involved in planning improvements.”**



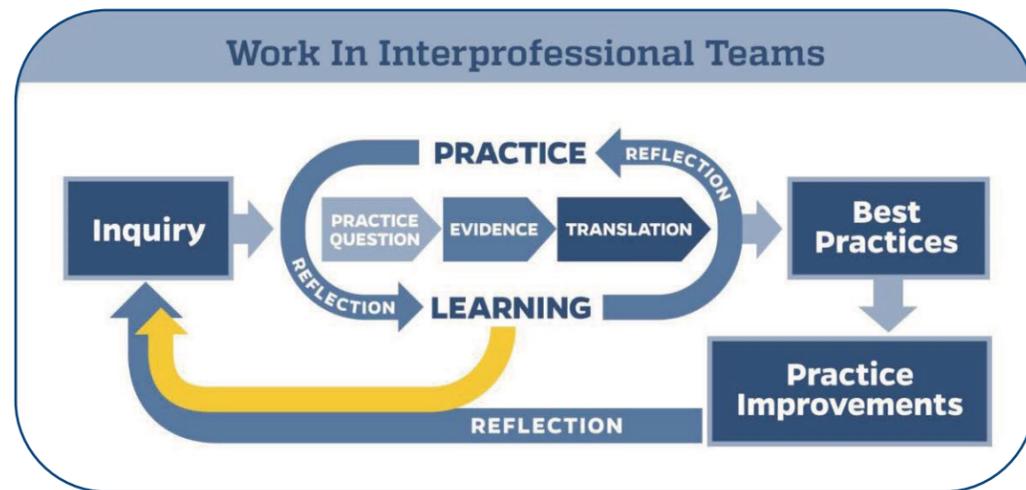
Focus on outcomes

## The Nursing Research & Innovation Council



Clinical Nurse **Urma Khan, RN**, co-chaired the Nursing Research and Innovation Council in 2021.

In the fall of 2021, **Urma Khan, RN**, then a Clinical Nurse on Farr 11 and co-chair of the Nursing Research and Innovation Council, reported to the nurse executive team on the council's work to choose a model to help organize and anchor existing and future evidence-based practice (EBP) activities for BIDMC nursing. The report was the culmination of months of research by council members, who analyzed available models and associated tools to determine which might best support the many areas where EBP comes into play for nurses, such as policy development, investigation of a clinical problem or best practice, development of a quality or research initiative, and more. After considering several options, the group chose the Johns Hopkins Evidence-Based Practice Model, based in part on its versatility and the wide array of tools it provides for staff. **"It's good for so many different activities,"** explained Khan. **"It helps staff make sure they are using the best possible evidence to support or drive their work."** **Shelley Calder, DNP, RN**, Associate Chief Nurse for Professional Development and Research, said that full implementation of the model will help strengthen nursing practice at BIDMC. **"Evidence-based practice is foundational to our mission to advance the science of nursing,"** she said. **"Having this infrastructure in place is helping us to continue to support this pillar of nursing practice."**



©The Johns Hopkins Hospital/The Johns Hopkins University. Used with permission.

In 2021, the Nursing Research and Innovation Council chose the **Johns Hopkins Evidence-Based Practice Model** to help organize and support existing and future evidence-based practice activities within nursing at BIDMC.

## The Coordinating Council

In 2021, the Coordinating Council, led by **Denise Corbett-Carbonneau, DPN, RN**, **Katherine Willetts, DNP, RN**, and **Theresa Normile, RN**, worked to mitigate the effects of the disruptions caused by the winter COVID-19 surge. Charged with overseeing, integrating, and coordinating the activities of all of the central councils, the Coordinating Council focused on helping the whole system stay on course. **Kendra Bruce, RN**, the Nurse Specialist for Professional Development who helps facilitate professional governance, says the role of this council was critical. **"Despite the interruptions of the pandemic, nurses were eager to continue to engage in governance and have their voices heard,"** she said. The Coordinating Council adopted the idea of "pause, recover, acknowledge, and work" to encourage colleagues to use a reflective approach to move their work forward. **"It was really important to acknowledge the impact the pandemic had on staff, but also to keep a forward momentum,"** said Willetts. **"We knew the pandemic had changed the entire landscape of health care, and professional governance needed to adapt as well."**

The council recommended to the broader council structure that a retreat be held for leader advisors and council chairs to gain insight and feedback into what was going well in professional governance, and what areas needed improvement. They also took up their usual work of reviewing issues that arise from unit or central councils and deciding which governance group should address them; ensuring that the council work is in alignment with the strategic priorities of both BIDMC and the nursing division; and overseeing the late 2021 election process that would seat council members for 2022.

## The Nursing Workforce & Engagement Council



Clinical Nurse **Megan Swedeen, RN**, co-chaired the Nursing Workforce and Engagement Council in 2021. In early 2022, she was named a RESA Nurse Fellow.

**"It was a building year,"** reports **Megan Swedeen, RN**, a Clinical Nurse in the Finard 4 ICU, who co-chaired the Nursing Workforce and Engagement Council in 2021. At council meetings throughout the year, members shared a broad range of ideas about the work environment. **"Our group was really passionate about where we could go with this council,"** said Swedeen. Notable accomplishments included:

- Help with 2021 Nurses Week celebrations, including a social media takeover that had members of the council organizing content for the BIDMC Instagram Account and distributing pins to award recipients
- Thank-you emails to nurses redeployed to unfamiliar areas during the winter COVID-19 surge, to acknowledge and recognize their hard work
- Recommendations to BIDMC groups working on employee wellness, informing them about what nursing staff need most during times of stress
- Interface with the BIDMC Workplace Violence and Prevention Committee, supporting new signage targeting key violence awareness and prevention initiatives

**Danielle Bessen, RN**, a Clinical Nurse in the East Campus post-anesthesia care unit (PACU) who co-chaired the council with Swedeen, was invited by **Marsha Maurer, DNP, RN**, Senior Vice President for Patient Care Services and Chief Nursing Officer, to join a Beth Israel Lahey Health (BILH) task force looking at workforce issues across the BILH system. Maurer co-chaired the group that sought to identify critical strategies moving forward that would "establish BILH as the region's destination employer." Bessen brought the voice of a frontline clinical nurse to the group of senior system executives in a series of meetings that addressed issues including physical and psychological safety of staff; workload, efficiency, and burnout; community, diversity, and inclusivity; training and development; and more.

**"It was a great honor to represent clinical nursing on the BILH committee. It was gratifying to see my perspective reflected in system decision-making."**

- **Danielle Bessen, RN**  
Clinical Nurse, PACU



## The Advanced Practice Provider Council

In 2021, the Advanced Practice Provider (APP) Council examined student/preceptor engagement by surveying clinicians about barriers. They also reviewed and provided feedback on a peer review process for advanced practice RNs and worked to revise the APP credentialing process. Early in the year, **Nicole Catatao, RN/CNP**, Director of Advanced Practice, announced that as of Jan. 28, APPs at BIDMC, which includes nurse practitioners, physician assistants, nurse midwives, and certified registered nurse anesthetists, would be recognized as members of the medical staff at BIDMC. The new designation meant that Catatao would be seated

as a member of the Medical Executive Committee, along with an additional at-large APP representative. In announcing the news, Catatao said, **"This change reaffirms our commitment to quality and exceptional patient care, as it recognizes the partnership that physicians and APPs have in providing collaborative, patient-centered care at BIDMC."** **Marsha Maurer, DNP, RN**, Senior Vice President for Patient Care Services and Chief Nursing Officer, added, **"This is an incredibly important recognition of advanced practice providers. It shows how much we value what these clinicians bring to our patients and to the health care system."**



**Nicole Catatao, RN/CNP**,  
Director of Advanced Practice



Promote a culture of respect

# 2021 Nursing Awards

Congratulations to the 2021 recipients of our central nursing excellence awards!

## Gitta and Saul Kurlat Award for Nursing Excellence



Katherine Orsillo, MSN, RN

## Edward and Marilyn Schwarz Award for Excellence in Nursing Practice



Victoria Avery, BSN, RN, OCN



Jessica Beauchamp, AD, RN

## Excellence in Advanced Practice Award



Joanne Devine, MS, RN/PCNS, PMHCNS-BC, CARN



Devon O'Connell, MSN, RN/CNP, FNP-BC



Allison Burdet, MSN, RN, CMSRN



Ryan Carey, BSN, RN

## Excellence in Quality Improvement & Research Award



Ijeoma Julie Eche, PhD, MPH, RN/CNP, FNP-BC, AOCNP, CPHON, BMTCN



Charlotte Clements, MSN, RN



Janice Felix, BSN, RN, CCRN



Victoria McKenna, BSN, RN



Meghan A. Melina, BSN, RN, CWOCN

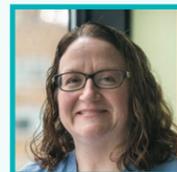
## Department of Case Management Nursing Excellence Award



Jill Brown, BSN, RN



Mary T. O'Sullivan, AD, RN



Jennifer Reader, BSN, RN

## Nursing Leadership Award

In recognition of their tremendous efforts during the COVID-19 pandemic, the **2021 Nursing Leadership Award** was presented to the entire leadership team.

## Departmental Excellence Awards

**Clinton and Joseph Koufman Foundation Award for Excellence—Ambulatory Services**  
 • Elizabeth Tillotson, MSN, RN/CNP, NP-C

**Clinton and Joseph Koufman Foundation Award for Excellence—Inpatient Services**  
 • William Entwistle, BSN, RN  
 • Alyssa Kuba, MSN, RN/CNP, AGPCNP-BC  
 • Alec Spooner, BSN, RN

**Clinton and Joseph Koufman Foundation Award for Excellence—Perioperative Services**  
 • Brianna Nadeau, BSN, RN

**Colette Cantin Obstetric Excellence Award**  
 • Kathleen Clarke, BSN, RN  
 • Justyne Werme, BSN, RN

**CVI Excellence in Cardiovascular Nursing Award**  
 • Julie Knute, BSN, RN  
 • Samantha Robinson, BSN, RN

**Department of Anesthesia Faculty Hour Award**  
 • Alma Martin, BSN, RN

**Eileen Stuart-Shor Nursing Recognition Award**  
 • Eileen Lyons, MSN, RN/CRNA

**Excellence in Emergency Nursing Award—Experienced**  
 • Sarah DeCosta, BSN, RN

**Excellence in Emergency Nursing Award—Novice**  
 • Rachel Wint, BSN, RN

**Excellence in Hematology/Oncology Nursing Award—Inpatient**  
 • Jillian Dooley, BSN, RN, OCN

**Excellence in Hematology/Oncology Nursing Award—Outpatient**  
 • Michelle Knox, BSN, RN

**Excellence in Medical Critical Care, Surgical Critical Care, and Neuroscience Nursing**

2021 honorees were the incumbent staff in these specialties, as well as the many med-surg and PACU nurses who supported critical care practice during COVID-19.

**Excellence in Psychiatric Nursing Award**  
 • Alexandria Bosenberg, BSN, RN

**Gastroenterology Nursing Excellence Award**  
 • Kelly Farren, BSN, RN

**Harris Yett, MD Award for Excellence in Orthopaedic Nursing Care**  
 • Charlotte Clements, MSN, RN  
 • Emily White, BSN, RN

**Hospital Medicine Nursing Award for Teamwork and Excellence**  
 • Fatima Barbosa, BSN, RN

**Internal Medicine Residency Nursing Excellence Award**  
 • Alfredo Vargas, BSN, RN

**William D. Cochran Award for Excellence in Neonatal Nursing**  
 • Kathleen Tolland, MSN, RN

## Named Scholarships

**Alexander and Brenda Tanger Nursing Scholarship, in honor of Mary M. Fermental, RN**  
 • Esther Apraku Bondzie  
 • Jennifer Jennings, BSN, RN, CEN, CCRN

**Aron and Celia Steinberg Endowed Scholarship**  
 • Nadia Alcindor, BSN, RN  
 • Christopher Allen, MSN, MPA, RN/ CNP, ACNPC-AG, TCRN, CCRN  
 • Missia Andrade  
 • Mary Sullivan, AD, RN

**C. Rose Finkelstein Nurse Scholarship**  
 • Gina Evans, BSN, RN

**Rene Mandell Memorial Scholarship**  
 • Mary Kent, RN

**Scholarship in Critical Care Nursing, in memory of Daniel Raymond Wong**  
 • Lorna Caffrey, BSN, RN, CCRN  
 • Aneesh Kizhakkedath, MSN, RN, CCRN

**\$138,000**

in scholarships awarded to staff to pursue an academic degree in nursing.

**3**

AWARDEES were pursuing a bachelor's degree

**48**

AWARDEES were pursuing a master's degree

**3**

AWARDEES were completing post-master's academic certificates

**18**

AWARDEES were working toward a doctor of nursing practice degree

**\$17,471**

in support given to staff to attend or give presentations at professional conferences.

**44**

NURSES benefited from this professional development opportunity

# Transition to practice nurse residency launched for new graduate nurses

In March 2021, a program to support new graduate nurses as they transition to practicing RNs was launched at BIDMC. Incorporating a curriculum provided by Vizient, a healthcare performance improvement company, in conjunction with the American Association of Colleges of Nursing (AACN), **the yearlong program is designed to provide both structured content and peer support.** New graduate nurses attend monthly seminars on a variety of clinical and professional topics, and they each complete an evidence-based practice project. Time is set aside during each seminar for nurses to reflect not only on the content they are learning, but also on how their transition into practice is progressing.

Nursing Director **Denise Corbett-Carbonneau**, DNP, RN, who helped lead the program launch, says the seminars provide a rich opportunity to round out the clinical and professional education of a novice nurse and also serve as a way for participants to receive structured support from both peers and leaders. **“The program provides support that is essential during the initial phases of transition to practice,”** she says. **“And the research shows that programs like this have a positive impact on both retention of staff and patient outcomes.”**

**Sharon O’Donoghue**, DNP, RN, Nurse Specialist for Professional Development, says the program focuses on three critical areas of nursing professional development: leadership, patient outcomes, and the professional role. The evidence-based standard curriculum is combined with a unit-based, precepted clinical orientation. Eight clinical nurses, nurse leaders, and nurse specialists serve as facilitators and work with O’Donoghue to keep the seminars



**Mikyong (Miky) Kim**, RN, who works on Rosenberg 6, and **Winta Haile**, RN, from the float pool, were in the first group of new graduates to complete the new 12-month nurse residency program. **Denise Corbett-Carbonneau**, DNP, RN, says the program **“provides support that is essential during the initial phases of transition to practice.”**

running smoothly. **Lindsay Duphiney**, RN, a Clinical Nurse, unit educator, and RESA Nurse Fellow on Stoneman 5, said that as a facilitator for the first group, it was gratifying to see the professional development of the novice nurses and to be able to validate and support them as they faced myriad challenges. **“The residents reflected on how overwhelming the work can be at times, such as when COVID-19 was surging,”** she said. **“We were able to help them process that and share that even the most seasoned nurses had similar feelings. Overall it was very rewarding to see the growth in the new graduate nurses, to watch their confidence and professionalism grow during a time when being a nurse can be challenging.”**

The residents work directly with an experienced nurse scientist as they learn about evidence-based practice (EBP) and develop their own EBP project. **Susan DeSanto-Madeya**, PhD, RN, the Beth Israel Nurses’ Alumnae Association Endowed Nurse Scientist, helps participants brainstorm ideas, structure their project, and bring it to fruition. DeSanto-Madeya said her work with the first resident cohort confirmed the value of integrating the concepts of EBP into the professional socialization of the novice nurse. **“This component of the TTP program instilled in the residents as new nurses the importance of observing clinical practice and asking the question as to ‘why’ certain things are done,”** she said. **“The engagement in and integration of EBP into the professional development of these new nurses will not only help them develop as individual clinicians, it will also help us achieve our ultimate goal of improving patient outcomes and promoting a culture of nursing excellence.”**

**Laurie Bloom**, RN, the former Associate Chief Nurse for Professional Development and Research, was one of the executive sponsors of the program, along with **Elena Canacari**, RN, Associate Chief Nurse for Perioperative Services, and **Tracy Lee**, DNP, RN, Associate Chief Nurse for Case Management and Rehabilitation Services. Bloom shared that she believed in the program’s potential to not only enhance the practice of new graduate nurses, but also to attract new staff to BIDMC for their first nursing job. **“Nurses today are looking for hospitals that provide structured support during that impactful and sometimes difficult first year of practice,”** she said. **“Having this program in place will enable us to continue to attract a talented pool of novice professional nurses.”**

**“Nurses today are looking for hospitals that provide structured support during that impactful and sometimes difficult first year of practice. Having this program in place will enable us to continue to attract a talented pool of novice professional nurses.”**

– **Laurie Bloom**, RN  
Former Associate Chief Nurse for Professional Development and Research

## Curriculum



## Seminar Content

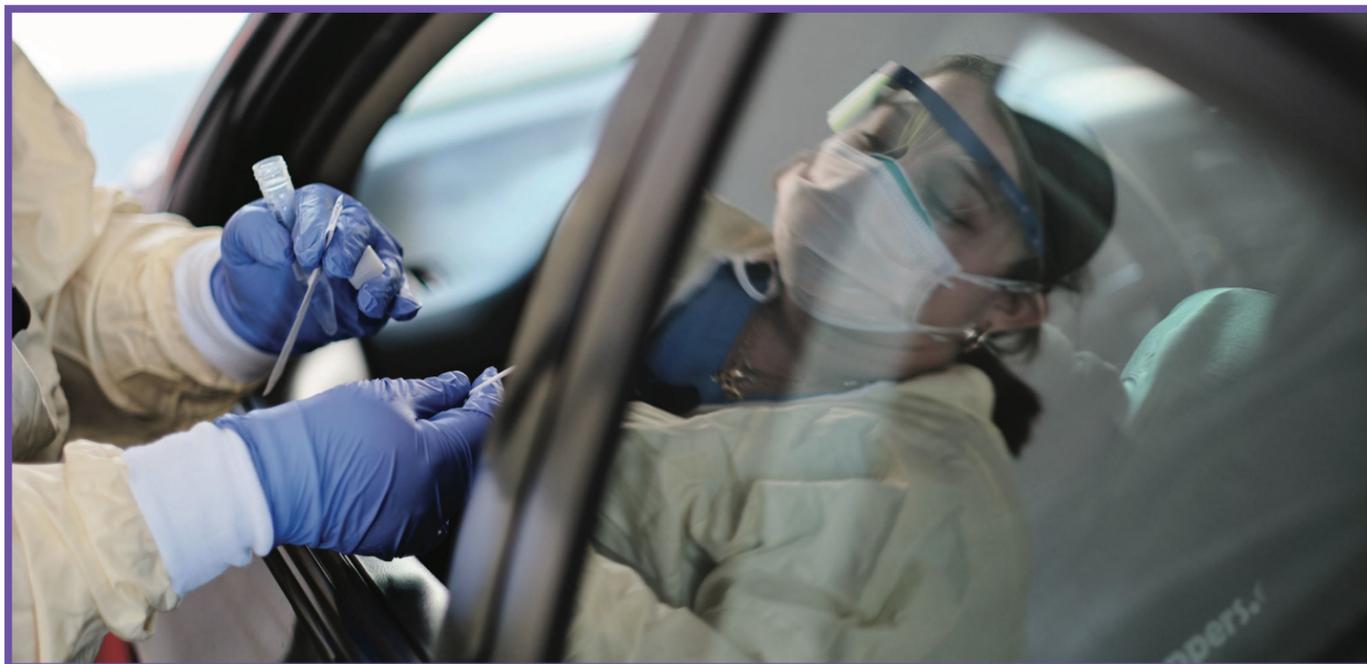


# Nurses step up to manage employee and community COVID testing

In early 2021, with a winter COVID-19 surge well underway and with home COVID tests not yet widely available, nurses in locations across **the BIDMC system moved mountains to handle a stunning volume of both employees and patients needing a COVID test.** And like an unwelcome guest, the pattern repeated late in the year, with cases spiking again in December and testing needs exploding. The testing sites saw nurses, many having been redeployed from other areas, partnering with colleagues from infection control, employee/occupational health, information systems, ambulatory and laboratory systems, and public and community health officials as they chartered unfamiliar territory to provide the much-needed care.

Nurse Practitioner **Nancy Littlehale**, RN/CNP, was deployed to the drive-through location at Beth Israel Deaconess Healthcare at Chelsea. She describes using both her clinical and critical thinking skills as she worked with a stellar team to help bring order to chaos. **“The volume was astounding,”** she recalls. **“And we knew it would be growing. We had long lines in the parking lot, regardless of weather, and it was difficult to get basic information from so many patients in a streamlined and consistent way.”** Littlehale worked with Chelsea’s Executive Director **Kelly Orlando** and team to develop a “parking lot form” that patients could fill out before encountering a provider. The form asked basic information about symptoms, vaccine status, and why the person was getting a test, helping to make things go more smoothly once the patient was in the testing tent. **“The form provided some standardization in the critical information we were collecting,”** says Littlehale. **“We could more efficiently provide the right counseling and education to each patient, based on what had brought them in.”**

On the BIDMC East Campus, Nurse Practitioner **Maura Crowther**, RN/CNP, helped manage testing volume that at times had cars in a queue on Brookline Avenue. Caring for both employees and community members, Crowther says a major challenge was being sure both staff and patients were up to date on changing guidelines as the pandemic evolved. **“We had to coordinate carefully with our leadership to make sure what we were telling patients was in line with the most recent Massachusetts DPH guidelines,”** she says. Crowther describes the often frenetic days of managing communications and patient flow, training new staff to swab and counsel patients, dealing with traffic jams, and responding to people walking up to the appointment-only site asking for a test. **“We always tried to accommodate everyone,”** she says.



Both Crowther and Littlehale talk about the critical role nurses played in counseling patients about their test results and overall COVID-19 risk management. **“Not all negatives are created equally,”** says Littlehale. **“You might have a person who tested on day one of symptoms and has a negative result, but that might be because the test was done too early. They need a different type of conversation.”** Littlehale says her team’s involvement in a weekly meeting with the Metropolitan Area Planning Council, which involved town managers and local public health officials, police, housing advocates, and more, helped her stay abreast of resources available to patients who may be in difficult circumstances. She related one example of a patient who said he planned to sleep in his car since he didn’t have a place to isolate at home and was concerned because of family members who were high-risk. **“I knew what the resources were in the community,”** Littlehale recalls. **“I knew where to direct this man so he would have a place to stay.”**



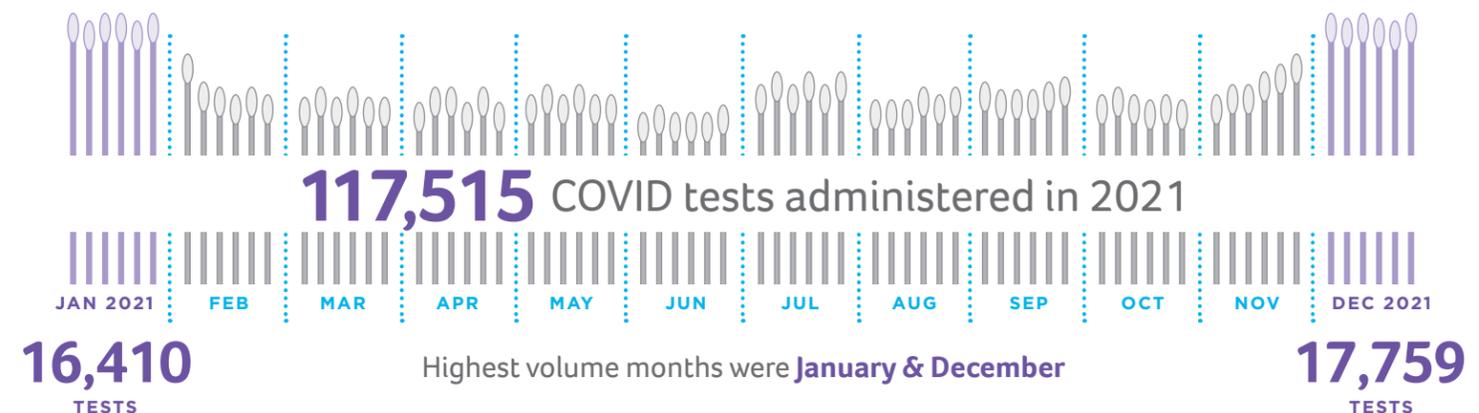
**Nancy Littlehale**, RN/CNP, was the lead clinician managing the COVID-19 testing tent in Chelsea. **“The volume was astounding,”** she recalls.

In both locations, and also a site that ran out of the Bowdoin Street Health Center, teams of nurses were using specially designed tools and dashboards to provide critical follow up for the sometimes hundreds of patients a day across all the sites. In Chelsea and at Bowdoin Street, this was happening while staff were simultaneously managing regular clinic volume. And efforts were compounded by staff getting sick during the surges and needing to be out of work. **Dominique Feliciano**, RN, worked as a clinical nurse in the Boston location. She says that early in 2021, she and her colleagues were calling patients to both provide information and try to calm their fears. **“Vaccines were just starting,”** she recalls. **“Patients were scared about getting the virus. We had to try to deescalate their stress. We gave them our phone number to call back if needed.”** Nurses redeployed to help with phone calls in Chelsea included **Amelia Coyle**, RN, from ambulatory obstetrics and gynecology, and **Karen Laning**, RN, from the post-anesthesia care unit. Laning says that she and the rest of the nursing team provided extensive education and counseling to patients, sometimes in complex circumstances. **“We’d sometimes have multiple family members on the line,”** she says. **“It often was the whole family testing positive. We were really committed to providing comprehensive education. Some calls took up to an hour.”**

**Kirsten Boyd**, DNP, RN, Associate Chief Nurse for Ambulatory and Emergency Services and the Transfer Center, says the way that nurses came together to get this work done really showcased the expertise, commitment, and accountability of the BIDMC nurses and their colleagues. Laning agrees. Commenting on the leadership of **Nancy Littlehale** and **Kelly Orlando** in Chelsea, Laning notes, **“Nancy and Kelly were so dedicated to really providing comprehensive care and education to these patients. They have a deep level of devotion to the Chelsea community.”**

**“We’d sometimes have multiple family members on the line. It often was the whole family testing positive. We were really committed to providing comprehensive education. Some calls took up to an hour.”**

– Karen Laning, RN



## Three BIDMC nurses featured in Harvard report

In November 2021, the *Harvard Gazette*, the official news website for Harvard University, ran a feature on 14 frontline nurses from Harvard-affiliated hospitals who cared for patients during the height of the COVID-19 pandemic. The story headline was a litany of the thoughts and emotions the nurses described: **“Love, death, fear, guilt, pride, hope, friendship, alienation and so much sorrow.”** It noted, **“Through it all, they kept showing up.”** Three frontline nurses at BIDMC were proudly featured in the story, which the website said illustrated both the “heartbreak and resilience” that nurses experienced.



**Rachel Bresilla**, RN, is a Clinical Nurse on Rosenberg 7, which is normally a medical-surgical unit. The *Gazette* story described how, in March 2020, she and her colleagues were told that the unit would be transitioning to a 36-bed COVID ICU. It was part of the critical care expansion that saw BIDMC nearly double its critical care capacity. At the time, Bresilla was a novice nurse, still completing a residency program for associate degree new graduates and working on her bachelor’s degree at Emmanuel College (p. 25). But she dove in and began training to be a critical care support nurse. The *Gazette* story reported Bresilla’s reflections on the experience. **“I look back to that time with great pride,”** she said. **“Pride in the devoted care we provided for each person in those hospital beds. Pride in how the Beth Israel Deaconess Medical Center community came together to support and encourage us in every way imaginable. Great pride in every hospital staff member who showed up every day despite the unknown.”**

**Roxane White**, RN, Clinical Advisor-Education in the Berenson Emergency Department, and her colleagues were the clinicians at the first point of entry for patients who came to BIDMC for care in the early months of the pandemic. The ED team worked across multiple departments to quickly stand up a triage area for patients with COVID-19 symptoms in order to help contain the virus spread. They found ways to lean on each other for support; to cope with the unprecedented strains and demands of those early days. White told the *Gazette*, **“Every staff member in our department banded together to get through this thing...The tears from my colleagues were real. The fear in their eyes was real. The compassionate care they provided to every patient coming into our emergency department was real. And the pride I have for my colleagues is real...Once you’ve been through a pandemic with your colleagues, you have a special bond that will last a lifetime.”**



**Sonya Elenbaas**, RN, has been a Clinical Nurse in the BIDMC NICU for 21 years. When the hospital had to restrict visitors in order to curb the spread of COVID-19, or when infants needed to be separated from COVID-positive birth parents immediately after birth in the earliest days of the pandemic, Elenbaas and her colleagues moved mountains to ensure that the critical bonding between newborns and parents that is so essential to the health of both would continue. Policies to allow healthy parents to safely visit newborns were quickly put in place, and entirely new protocols were developed to ensure the safety of birth parents, newborns, and staff when a COVID-positive patient was in labor. **“We worked as a team with labor and delivery,”** Elenbaas explained. **“We had to quickly remove the baby from the delivery room to try to decrease its exposure to the virus during a time when so much was unknown. It was traumatic for the birth parents, who could not visit the baby if they were COVID-positive.”** Elenbaas said she and her team leveraged technology to preserve the connection between parents and babies, using iPads for FaceTime calls. **“We would FaceTime as much as possible with families. We wanted them to see and have some contact with their baby.”** Elenbaas told the *Gazette*, **“I have never experienced a crisis quite like this, despite the life-and-death nature of my job...My role as a nurse never felt more important or more valued than during this time.”**



Nursing Director **Kim Cross**, RN, (left) worked with fellow Nursing Director **Nikki Burnham**, RN, (not shown) to lead work that culminated in an updated yearly review process for professional nurses at BIDMC.

## Nursing self-evaluation and peer feedback system launched

In October, a new system for nursing evaluation was launched, one that includes a more standardized method for nurses to **reflect on their own performance and get feedback from peers.**

According to the American Nurses Credentialing Center, a systematic process that incorporates both of these elements helps promote exemplary professional practice. Nursing Directors **Kim Cross**, RN, and **Nikki Burnham**, RN, led a group of leaders and frontline staff in developing the system. Cross says the goals were to make the process more meaningful by encouraging thoughtful reflection that would involve both the person being evaluated and their peers.

The new system uses the medical center’s learning management system (myPATH) and begins with the system notifying both the manager and the nurse that the yearly review process has begun. A link to a self-evaluation form is sent to the nurse, and the manager selects one of the nurse’s peers to complete a peer evaluation. When the nurse and manager meet for the nurse’s annual review, the responses from both reflections help inform a discussion about the nurse’s professional development plan and goals for the upcoming year. **“These changes give both the nurse and the manager/director more detail and greater insight about the nurse’s practice,”** says Cross.

The launch was preceded by a pilot phase in July, when it was tested in ten inpatient and ambulatory areas. The feedback from the pilot confirmed that things were on the right track. **“It’s nice to have colleagues’ feedback on your practice,”** said one participant. **“It feels valuable to hear them acknowledge your strengths and helps to guide improvement.”** Managers commented, **“The process has been very well received and valued by staff. Having staff input and feedback makes the yearly review process more detailed and meaningful to the staff member.”**

Burnham says the process has been valuable to her as a manager, in part because the peer review provides a perspective that she might not otherwise have. **“The nurses are the ones who are able to see first hand how someone’s practice is going,”** she says. **“It’s a different perspective than what I can observe as a manager.”** She adds that the structured self-reflection and peer evaluation provide the nurse with information that can lead to more focused and meaningful goals, and it also helps validate strengths they have shown to date. **“The process provides staff with new ways to think about the care they are providing and the goals they may want to be working on,”** she says. **“And when a nurse hears those positive comments from a colleague, it’s really affirming. It shows them that their exemplary work doesn’t go unnoticed.”**

Develop and advance professional nursing

# The power of nursing research

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**Ijeoma Julie Eche, PhD, MPH, RN/CNP, FNP-BC, AOCNP, CPHON, BMTCN**

**Ijeoma Julie Eche, PhD, RN/CNP**, a Family Nurse Practitioner on Feldberg 7, which specializes in bone marrow transplantation and cellular immunotherapy, is passionate about nursing research. An experienced clinician and clinical investigator, she worked for 16 years a clinical nurse in pediatric oncology at Boston Children’s Hospital (BCH), has authored over a dozen manuscripts, and has presented her work at a host of national and international meetings. Eche has received numerous awards and honors, including **2014 Dissertation Awards** from both Sigma Theta Tau International and the National Black Nurses Association, the 2020 and 2021 **Journal of Pediatric Oncology Nursing Writing Award**, and the 2021 **BIDMC Excellence in Quality Improvement and Research Award**. She is a two-time recipient of an **Excellence Award** from the New England Regional Black Nurses Association. In addition to her work on Feldberg 7, she recently completed a post-doctoral fellowship with **Joanne Wolfe, MD**, at Dana Farber Cancer Institute and BCH. Eche’s research portfolio centers around health-related quality of life in oncology patients and, most recently, on self-care needs of oncology nurses. She recently shared some reflections on her clinical and research interests and contributions, and her thoughts about embedding an investigative approach into every aspect of nursing practice.

## What has drawn you pursue nursing research?

“My interest in research came out of my clinical practice. I’ve always been interested in palliative care. As a nurse at Children’s, I had patients who had high symptom burden and I felt like the symptom management proximal to the end of life could be improved. As a nurse, you feel this weight; **you want to make a difference**. I wanted to make sure if I had any child who had advanced cancer, that I could figure out a way to improve their quality of life. **When you see suffering – for me, it made me want to learn more**. I started to ask: How do I increase symptom relief at the end of life? So I went back to school, first for my master’s degree, then for my PhD.”

## What have you learned so far from your research?

“I’ve done a lot of work to understand the state of the science with regard to symptom burden and management, and also about disparities in survival outcomes in children with cancer. I also have been learning about the experience of families – the psychosocial health and well-being of the family unit. These are all interrelated. **We need to understand the family’s well-being in order to address the patient’s quality of life**. At the moment, I’m working on a qualitative interview that focuses on understanding family psychosocial needs and support systems of African American families of children with cancer. If we can improve those things, my hope is that the patient’s quality of life will also improve.”

## Has anything surprised you?

“The major surprise for me in doing systematic literature reviews and meta-analyses on symptom burden, stress, interventions, and outcomes is that **disadvantaged groups are usually not a part of these studies**. So the qualitative study I’m doing involves having conversations with African American parents of children with cancer. **I’m trying to get their perspective so we can better support them**.”



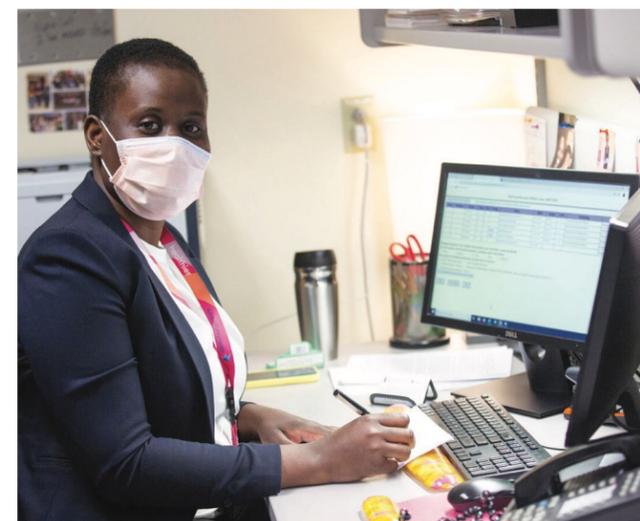
“If you have a question about something at the bedside, revise it in a way that could be a research question. Go and look into it, and see what you can do. We don’t always appreciate that we have so much to offer when we use the power of research to improve our practice.”

– **Ijeoma Julie Eche, PhD, RN/CNP**  
Family Nurse Practitioner  
Feldberg 7

## How did you come to work in adult oncology at BIDMC? What has your focus been?

“I came to BIDMC because I wanted to learn more about adult oncology, to expand and improve my clinical acumen and work with patients with any type of cancer. **I wanted to get a good sense of the spectrum of experience, from childhood to adult**. So I’ve been working with adult patients at BIDMC since 2015. **And being here gave me a new lens on how to improve patient care and nursing practice**. Most recently, I’ve been studying clinical issues with regard to how COVID-19 is impacting both nurses and patients/families. I saw the distress in nurses’ eyes during the pandemic; it was very difficult. I did a cross-sectional survey to get a sense of how nurses were self-reporting anxiety, depression, and compassion fatigue. My goal is to develop an intervention to help. I’ve also been looking into family caregivers’ perceptions of COVID-19 vaccinations. Our patients are so immunocompromised, their risk of severe disease and death from COVID is high. I wanted to learn more to see if there was an educational intervention we could do with families who

may be hesitant. I designed a study, ‘Attitudes and factors associated with COVID-19 vaccine hesitancy among family caregivers of patients with cancer.’ This work was also part of my MPH thesis.”



## What is your message to nurses regarding the power of nursing research?

“It’s really about the **intersection of nursing practice and research**. If you have a question about something at the bedside, revise it in a way that could be a research question. Go and look into it, and see what you can do. That was always my frame of mind, even as a novice nurse. That’s how I thought about nursing. **I try to help nurses understand that they have so much they can put on the table**; that they should feel they can have a huge impact on a patient’s care. As nurses, we don’t always do that. We don’t always appreciate that **we have so much to offer when we use the power of research to improve our practice**.”

# Making it work: Nurses are critical to COVID-19 vaccination efforts

In late 2020 and early 2021, there was finally good news in the fight against COVID-19. Vaccines were available and proving extremely effective in helping to prevent serious illness and death from the virus. **Across BIDMC, nurses were integral as partners and innovators**, working to get shots into the arms of patients and staff as quickly as possible, all while attending to fluctuating vaccine supply, vaccination guidelines, staffing, training of vaccinators, and more.

## Community response

In the community, there was a **laser focus on equity – making sure that patients most vulnerable to COVID-19 had access to vaccination**. Work at the system level helped ensure that vaccine sites would be accessible to communities hardest hit by the virus. Space was procured at a vacant grocery store in Chelsea, a church in Dorchester, and at Temple Israel near the BIDMC main campus. Two nurses from BIDMC’s Department of Improvement and Innovation, **Katelyn Rick**, RN, and **Kristin O’Reilly**, RN, were part of a team led by **Ellen Volpe**, Vice President in Ambulatory Services, who coordinated efforts between the medical center and the Beth Israel Lahey system as vaccination planning got underway. **“Ellen provided amazing leadership to this effort,”** says O’Reilly. **“She was our point person for vaccine supply, best practices, and more as we negotiated uncharted waters.”** Rick and O’Reilly used their project management and nursing skills as they helped the planning team think through the workflow for each location. **“We were able to reach out to patients with a scheduling link based on their zip code,”** says Rick, explaining that patient vaccine appointments had to be balanced with space capabilities, vaccine availability, staff readiness, and more. **“Helping to put all this together was so beyond anything I ever thought I would do as a nurse,”** recalls O’Reilly. Rick agrees, but adds that the scheduling component alone required a perspective that experienced nurses were prepared to provide. **“For older patients, we gave them more time,”** she says. **“Someone might need to use the restroom. Someone might be using a walker. Kirstin and I brought a perspective as nurses. It’s not just about the math. We know those things because we’ve been at the bedsides of patients.”**

## Staff readiness and training

Meanwhile, nurses at BIDMC were working behind the scenes to be sure staff were trained to work at the vaccine sites, and that plans were in place to handle any emergencies. **Bridgid Joseph**, DNP, RN, then Program Director for Emergency Cardiac Care, assembled “jump bags” with first aid and emergency medical supplies. Vital sign machines and defibrillators were stocked in each location. **“This was a new perspective for people who typically focus on inpatient operations,”** recalls Rick. **“This was not a hospital. It was a vacant grocery store next to a Home Depot.”** **Kerry Carnevale**, DNP, RN, Nurse Specialist for Quality and Safety, created training materials for the vaccination staff and worked with **Kate Willetts**, DNP, RN, to train and support vaccinators. Willetts had been a clinical nurse on Stoneman 7, but transitioned to the role of Clinical Advisor for the vaccine sites.



In less than six months, more than **93,000 vaccines** were administered to patients at three temporary clinics in the community

Between Dec 2020 & July 2021, **22,000 staff** received their initial COVID-19 vaccinations



**Lori DeCosta**, RD (far right), posed with members of the team who ran the staff vaccination clinics, including Pharmacy Vaccine Coordinator **Elizabeth Haftel**, PharmD, and retired nurses **Doreen Foley**, RN, **Maureen Carr**, RN, **Barbara Mayer**, RN, and **Chris Garabedian**, RN.

**“Helping to put all this together was so beyond anything I ever thought I would do as a nurse.”**

– **Kristin O’Reilly**, RN



**Kristin O’Reilly**, RN, and **Katelyn Rick**, RN from the Department of Improvement and Innovation.

## Retired nurses tapped to vaccinate staff

At the same time community vaccinations were taking place, a massive effort was underway to vaccinate all BIDMC staff. **Lori DeCosta**, RD, Director of Clinical Nutrition, served as coordinator for the project along with Pharmacy Vaccine Coordinator, **Elizabeth Haftel**, PharmD. Carnevale and Joseph coordinated training and preparedness for these spaces as well, with planning facilitated by **Kim Sulmonte**, DNP, RN, then Associate Chief Nurse for Quality and Safety. But who would be available to give injections to the thousands of staff who would need one? **“In the rush to set things up as quickly as we could, someone suggested we reach out to retired RNs to see if they could help,”** DeCosta recalls. Nine nurses returned to be retrained to staff the vaccination spaces, comprising what DeCosta calls **“The best team ever!”**

DeCosta says the staff vaccination teams, running two locations seven days a week early in the year, also included nurse practitioners, physicians, pharmacists, pharmacy technicians, and physician assistants. Members of the senior nursing leadership team, including **Marsha Maurer**, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, and **Laurie Bloom**, RN, then Associate Chief Nurse for Professional Development and Research, dusted off their clinical skills to help administer shots. **“We had been feeling so helpless in the face of COVID,”** recalls Bloom. **“The vaccinations gave us all some hope, and it was a privilege to be able to help.”** The retired nurses were similarly energized. **Chris Garabedian**, RN, former Nursing Director, said, **“The staff in the vaccination clinic was nothing short of amazing, and I loved being back.”** **Isabel Hopper**, RN, formerly of the Venous Access Team, agreed, sharing, **“I was elated to be asked to be a part of this historic event.”**

Reflecting on the experience, Willetts, who cared for patients seriously ill with COVID-19 early in the pandemic, says the vaccine work was immensely gratifying. **“It was a nice transition for me to go from treating patients sick with COVID to helping prevent patients from getting it,”** she says. **“The patients were so relieved and thankful to be getting the vaccine. It was really nice to have patients leave feeling that they were well taken care of.”** Sulmonte has high praises for the team effort that went into standing up such successful operations for both patients and staff. **“No one taught these teams how to open up multiple vaccination clinics for either staff or patients,”** she says. **“But knowing the individuals who were involved, it was not surprising that everything went off without a hitch. These teams should be very proud of what they accomplished in an incredibly short period of time. Both staff and patients were so grateful for their efforts.”**

**Kerry Carnevale**, DNP, RN (l), **Bridgid Joseph**, DNP, RN (c), and **Kate Willetts**, DNP, RN (r) were instrumental in organizing the staff training and operations for all the vaccination clinics.



**“The patients were so relieved and thankful to be getting the vaccine.”**

– **Kate Willetts**, DNP, RN, former Clinical Advisor for the vaccination clinics

# Preparing future leaders

Since 2009, more than 130 nurses at Beth Israel Deaconess Medical Center have participated in a partnership program between the medical center and Simmons University focused on academic preparation for leadership roles in nursing. The partnership is part of the medical center’s succession planning strategy for nursing leadership. Two tracks are available, one leading to a master’s degree in nursing administration, and the second culminating in the doctor of nursing practice degree with a specialization in executive leadership. Both programs use a cohort model, where students proceed through the program as a group. We asked two participants, one who has completed both levels and one just starting, to share their stories.



Mary Grzybinski, DNP, RN, CPAN, was promoted to Perianesthesia Nursing Director in 2020

Mary Grzybinski, DNP, RN, has long roots at BIDMC. A graduate of the former New England Deaconess Hospital School of Nursing, she started her nursing career in 1986 on a cardiothoracic surgery unit at the former Deaconess Hospital. Her practice advanced quickly when she moved to a step-down unit in the same specialty and began to work on her bachelor’s degree in nursing, while also getting married and starting a family. For Grzybinski, the pattern of commitment to academic progression would stick. **“I never wanted to be in a position where you don’t have the education you need for a future position,”** she says.

After the 1996 merger that created Beth Israel Deaconess Medical Center, Grzybinski’s unit closed and she began working in the post-anesthesia care unit (PACU). Her leadership potential was recognized when, in 1998, she was named Clinical Advisor for the West Campus PACU and in 2008 was promoted to Assistant Nursing Director. In 2015, she had begun to explore master’s degree programs when then Nursing Director **Susan Dorion**, RN, and Associate Chief Nurse **Elena Canacari**, RN, encouraged her to apply for an upcoming cohort at Simmons, set to begin in the Fall of 2015. **“Susan and Elena encouraged and supported me to apply,”** Grzybinski recalls. **“The program was awesome.”** Grzybinski says that in addition to the academic

coursework, the program’s cohort model allowed her to learn from other leaders at BIDMC, such as Nursing Director **Suzanne Joyner**, RN, and then OR Clinical Advisor **Kelly Gamboa**, DNP, RN, who became her classmates. **“Suzanne was already in the director role,”** Grzybinski says. **“It was great to learn from her and others, like Kelly. We did a lot of work together.”**

After graduating with a master’s degree in 2017, Grzybinski didn’t wait long before pursuing the next step. When a DNP cohort was planned for the Fall of 2018, she applied. She recalls being asked, as part of the application process, how she would manage a reasonable work/life balance while juggling a rigorous academic workload along with her duties as an Assistant Nursing Director. She recalls her answer: **“I explained that I’m one of those people who does better when I have more to do. I said that during my master’s program I married off two daughters and ran a marathon. I think I can do it!”**

Grzybinski completed the DNP program in the Summer of 2020 – on time, despite the disruptions that began earlier that year with the arrival of the COVID-19 pandemic. Her

**“The Masters and DNP programs have helped Mary evolve into a stronger, more accomplished leader. She is able to lead staff in a positive direction, while also staying focused on the priorities of the unit, the organization, and the system. She is always working to provide the best and safest care to our patients.”**

– Elena Canacari, RN  
Associate Chief Nurse for Perioperative Services

BIDMC has partnered with Simmons University since 2009 to offer academic advancement for nurses using a cohort model. As of 2021, there are:



capstone project focused on team-building and communication between the OR and the PACU. She says that collaboration with Gamboa, who had since been promoted to Nursing Director in the OR and who was also a member of the DNP cohort, was critical to her success on both an academic and a personal level. **“We supported each other,”** she says, adding that as colleagues in perioperative nursing, they gained valuable insight into each others’ roles, which Grzybinski believes has helped both leaders promote more effective collaboration between their staffs. (Both Grzybinski and Gamboa were chosen in 2021 to participate in the medical center’s Sloane Fellows leadership development program; see p. 27.). Grzybinski credits the Simmons programs with helping her leadership development by providing content and experience on budget management, team-building, health policy, and more. Canacari says Grzybinski is a stellar example of the benefits of the program.

For **Ali Chan**, RN, applying to participate in the Simmons master’s cohort meant returning to her alma mater. A 2011 graduate of the Simmons undergraduate nursing program, Chan began her nursing career at Elliot Hospital in New Hampshire where she gained experience in medical-surgical nursing and got a feel for the culture of care at a community hospital. While the city beckoned, Chan enjoyed the pace and mission at Elliot. **“I wanted to be in the city for the reasons most nurses come here,”** she says. **“For the innovation, to be part of the ‘best of the best.’ But I also wanted to still have that community hospital feel. I felt BIDMC was the perfect combination.”**

She began as a Clinical Nurse on Stoneman 5 (now Stoneman 8) in 2013 and was soon pursuing leadership opportunities. **“I worked up to being one of the primary preceptors for incoming nurses,”** she recalls. **“That sparked my interest in education and leadership.”** She served as a fellow in the unit Quality Improvement Management System (QIMS), which she says got her interested in the whole world of quality and safety, and in 2018 was named unit educator. **“My preceptor skills turned into supporting and orienting new staff on a larger scale, while also implementing quality improvement projects,”** she says.

Chan says her work as a preceptor and educator led to a deeper interest in following a leadership path. She saw the value of strong leadership in advocating for and supporting the core work of nursing. In January of 2021, when an opportunity arose to apply for the Simmons master’s cohort, she jumped at the chance. Chan says she has been energized and motivated by everything she’s learned thus far. **“The program has been really excellent,”** she says. **“I have built relationships with other aspiring leaders from all different backgrounds. And the curriculum is very intentional. The classes we have taken are exactly what I would have wanted to learn.”** She says this includes content on research, the role of the nursing director, and looking at leadership theories and the foundational background of leadership roles. **“The program shows the breadth of where this degree can go,”** she says. **“It’s been a great way to tee up into the leadership world.”** **Scott Rollins**, RN, the BIDMC Magnet Program Director who was previously Chan’s manager on Stoneman 5, says Chan has shown a steady progression of leadership skill. **“Ali has continued to show interest in developing as a leader,”** he says. **“This includes her work as a QIMS Fellow, an educator, and taking on leadership roles in professional governance. It’s wonderful to see her continue to grow as a member of the current cohort of masters students at Simmons.”**



Alison Chan, BSN, RN  
Clinical Nurse and unit educator, Stoneman 8 and Feldberg 8A

Chan is already thinking about the kinds of qualities she may want to bring into a future leadership role. **“Nurse leadership is relational,”** she says. **“It’s important to be in touch with what staff members need. It’s also about being transformative – about looking forward. We can get very busy in a reactive way of problem-solving. Strong leaders are also looking forward and setting goals, transforming the environment to meet the high bar they set.”** Chan and 28 others in her cohort are due to graduate in May 2023.

Promote a culture of respect

# BIDMC nurses embrace mentoring!



A vibrant new mentorship program is now available for nurses at BIDMC, designed to help nurses at all levels succeed in achieving individualized professional goals and to promote a culture of professional development, support, and teamwork. A workgroup led by Nurse Specialist **Kathy Baker**, RN, and Nursing Director **Kelly Gamboa**, DNP, RN, led the development of the program; Nurse Specialist **Kendra Bruce**, RN, helped to facilitate and coordinate rollout. The program provides extensive resources and a structured pathway through which two nurses can form a partnership and develop a supportive, encouraging relationship.

Examples of partnerships include an experienced nurse partnering with a new nurse, a nurse transitioning into a new role partnering with a nurse more experienced with the role, or any nurse looking for counsel or guidance who wants to form a mentoring relationship with a colleague. At the close of 2021, 24 nurses had completed the program as part of a mentor/mentee pair.

One of these pairings was **Jennifer Draper**, RN, and **Samantha Prim**, RN, of Farr 5. Draper, who has been a nurse for 28 years, says she was “thrilled” to participate, noting that she has vivid and fond memories of her own first mentor. **“She was about the same age I am now, and really was such a role model for me,”** Draper says. **“I believe that I am the nurse I am today because of her mentorship.”** Prim, who started on Farr 5 as a new graduate nurse, says her relationship with Draper started even before the mentorship program was launched. **“Jen took me under her wing as my preceptor and friend from the start,”** she says, recalling how Draper sent her a gift basket and cards from coworkers when she became ill shortly after the pandemic began. **“It was such a kind gesture in the midst of such chaos.”**



**Jennifer Draper**, RN, and **Samantha Prim**, RN, of Farr 5 participated in the mentorship program in 2021, continuing a supportive relationship they had established when Prim was a new graduate nurse.

The Nurse Mentorship Program provided Draper and Prim with a way to continue their relationship beyond the orientation period, with Draper moving from the role of preceptor to that of mentor. Prim says, **“Working at BIDMC has helped me become the nurse I am today, and Jen has everything to do with it.”** Draper adds that she has learned from Prim, as well, and says, **“I have been able to see different situations and different paths to solving things from her perspective.”** Baker believes in the power of mentoring to support growth in practice. **“A mentoring relationship offers the mentee an exciting opportunity to develop skills and gain confidence,”** she says. **“It provides a supportive environment and guidance from an experienced colleague who really cares about their success.”**



**“Serving as a mentor provides such a unique opportunity to grow as a leader, employee, and individual. It can be a rewarding experience because you play a part in the growth and development of another nurse.”** – **Kelly Gamboa**, DNP, RN  
Nursing Director

# BIDMC/Emmanuel partnership thriving

Develop and advance professional nursing

## Participants growing, program receiving national attention

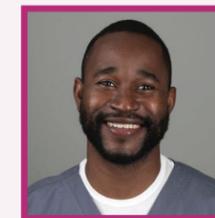
In July, members of the BIDMC community gathered to celebrate the first six graduates of BIDMC’s innovative partnership with Emmanuel College that supports academic advancement for associate degree nurses, and to welcome a second cohort of residents. The program, part of a broader diversity and inclusion strategy in nursing, aims to increase the diversity of the BIDMC nursing workforce by lowering barriers to employment for nurses who are initially prepared at the associate’s degree level – a group that is typically more diverse than nurses who enter the workforce with a bachelor’s degree. The residents participate in Transition to Practice (pp. 12-13) and other clinical programs, while completing their bachelor’s degree at Emmanuel, with all expenses paid. Addressing the graduates, **Marsha Maurer**, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, praised the group not only for their perseverance in completing the program in the midst of the COVID-19 pandemic, but also for sharing their ideas and experiences with program planners and nursing leaders. **“Through your reflections and feedback, you have made the program better,”** said Maurer. **“Your success marks a great individual achievement for each of you, but make no mistake; you’ve had an impact that goes well beyond that. We are so grateful for everything you have taught us, which we are putting in place for your colleagues in our second cohort.”**

In April, a BIDMC team was invited to present the program at the 2021 Annual Meeting of the American Organization for Nursing Leadership (AONL). Maurer was joined by then Associate Chief Nurse **Laurie Bloom**, RN; Nursing Director **Jenny Thomas**, DNP, RN, who helped facilitate the program; and program participant and graduate, **Rachel Bresilla**, RN. Later in the year, the group was invited by AONL to record a podcast on the topic.

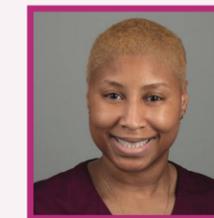
## NEW COHORT OF RESIDENTS ACCEPTED INTO BIDMC/EMMANUEL PROGRAM



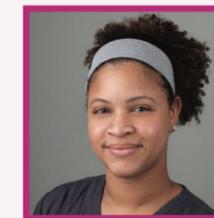
**Dolores Belabe**, RN



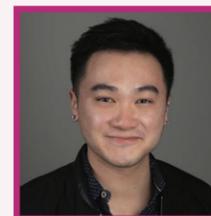
**Wilfred Cadet**, RN



**Ashleigh Coppin**, RN



**Jessica Correia**, RN



**Vincent Fong**, RN



**Yassine El Hamiz**, RN



**Jamila Hobbs**, RN



**Natasha Maurose**, RN



**Luarytza Quinones**, RN



**Joanne Smith**, RN



**Claire Tongkaew**, RN

# Leadership perspectives

## Thomas helps lead mobile TeleTracking initiative as a Sloane fellow

**Jenny Thomas**, DNP, RN, Nursing Director for Hemodialysis, Venous Access, and Central Staffing, was one of four nurses chosen to participate in the 2021 class of Sloane Fellows at BIDMC (p. 27). For Thomas, this was another step on a leadership development track at the medical center that dates to the 1990s when she participated as a teen in a program for aspiring nursing students. She progressed from Nursing Assistant to Clinical Nurse, Administrative Clinical Supervisor, and Assistant Nursing Director before assuming her current role in 2020. As she increased her leadership portfolio, she earned her masters degree in 2017 and her DNP in 2020 as part of the BIDMC/Simmons partnership (pp. 22-23).



Jenny Thomas, DNP, RN

For her Sloane fellowship, Thomas worked on a project with **Joseph Haftel**, and **Katelyn Rick**, RN, from the Office of Improvement and Innovation to improve the workflow involved in transporting patients throughout the medical center. She partnered with **Rochelle Anton-Robinson**, Manager and TeleTracking System Administrator, and colleagues from Information Systems, and she received individualized coaching from Organizational Development Specialist **Joan Balaban**. Thomas says the project was about improving the efficiency of a system that relied on multiple phone calls and a cumbersome process to get patients from one location to another. **“A transporter would get a page, and then would have to find a phone to call the central office to find out the transport assignment,”** Thomas explains. **“They would proceed to the patient’s location and, if no complications had arisen in the interim, would transport the patient. Then they would have to find another phone and call back in to say the job was completed. There was a lot of back and forth, and time wasted looking for a phone. There was also not a good way to account for or track delays.”** Thomas became a point person to help pilot test a new system that has transporters using a custom app on a dedicated iPhone to receive transport calls; accept or decline them, and if declining,

choose from a drop-down of reasons why; and indicate through the app when the job is complete. Thomas says the feedback has been positive from transporters involved in the pilot. **“They are loving it,”** she says. **“It’s really a time saver.”** Plans are underway to roll out the project house-wide, and to integrate it into the electronic bed-tracking system.

Thomas reports that her work as a Sloane Fellow provided an enriching learning experience, centered on a real-world problem. **“We used fishbone diagrams to track the project progress,”** she says. **“And I learned about the importance of a timeline in the whole process improvement cycle.”** Thomas also relished the time to work directly with the transporters and listen to their concerns. In her role as a director, Thomas has seen the frustrations that can arise on units when transports are delayed. But seeing the work from the transporter’s perspective has widened her view. **“I enjoyed learning about what**



Jenny Thomas, DNP, RN, and Patient Escort **Lindon Beckford** review information on the new mobile TeleTracking devices that are helping to improve workflow related to patient transportation. Thomas says that being a Sloane Fellow has helped her gain new perspectives and learn about leveraging project management tools to help track improvement goals.

a transporter’s day is like,” she says. **“Everyone has a story. It’s easy to get into our own silos, but it’s great to get the perspective of others. I have enjoyed this part of the work, getting to know people I see every day on another level and better understanding their role on the team.”** Balaban says that Thomas’ participation was a great example of the program’s value, both for the individual fellows and the organization at large. **“Jenny’s fabulous work on this project highlights the program’s goal of providing learning experiences that can be applied to real life issues,”** she shared. **“Jenny has taken full advantage of everything the program has offered and clearly made a tremendous impact on improving the timeliness of patient transportation.”**

## Four nurses selected as Sloane Fellows

Four nurses were chosen in 2021 to participate in a one-year, hospital-wide leadership development initiative. The Sloane Fellows Program is a 12-month accelerated leadership program that was created to identify and groom some of BIDMC’s most promising leaders to help prepare them for future work and responsibilities. One way the program aims to capitalize on their leadership potential is by exposing them to a broader view of hospital leadership than they might experience in their current roles and assigning them an **“action learning project”** where they partner with leaders from across the organization on designing a solution to an identified institutional need. **The 2021 Sloane Fellows from nursing were:**

**Kelly Gamboa**, DNP, RN  
Nursing Director,  
OR West

**Mary Grzybinski**, DNP, RN  
Nursing Director,  
PACU West and  
Pre-admission Testing

**Sandra Sanchez**, DNP, RN  
Nursing Director,  
Office of Bed Management and  
the Transfer Center

**Jenny Thomas**, DNP, RN  
Nursing Director,  
Hemodialysis, Venous Access,  
and Central Staffing

## The journey to Magnet: On track and on time



In 2019, BIDMC nursing embarked on a process to seek Magnet recognition — the highest credential an organization can receive to recognize nursing excellence. In her 2019 announcement, **Marsha Maurer**, DNP, RN, Senior Vice President for Patient Care Services and Chief Nursing Officer, predicted the journey from launch to Magnet recognition would take between three and four years. Shortly thereafter, **Shelley Calder**, DNP, RN, then Magnet Program Director, rolled out an extensive timeline that called for a Fall 2021 submission of the Magnet “document,” which outlines all the ways BIDMC nursing meets the Magnet criteria.

In Feb. 2020, just before the COVID-19 pandemic hit hard in Boston, Calder and her team submitted an “Intent to pursue” Magnet application, which resulted in the Magnet program assigning BIDMC a document submission deadline of October 1, 2021. That day, a team worked over Zoom well into the evening to submit some 80 documents — totaling more than 3,000 pages — to the Magnet submission site. On achieving the document submission milestone, Maurer addressed the nursing staff, noting, **“Our Magnet document tells the stories of the work you do every day that makes us who we are. This includes not only the extraordinary care we’ve long been known for but also the work you’ve all done to build new infrastructures that are supporting professional nursing practice at BIDMC. I’m immensely proud of what you all have accomplished, despite the enormous pressures you’ve faced these past 18 months. I am certain that we couldn’t have a better cadre of nurses and nurse leaders doing this work.”**



Smiles all around signified the final steps of a Zoom team effort to submit the Magnet document by midnight on October 1, 2021. Shown left-to-right are **(top row) Alyson Dossett, Kim Sulmonte**, DNP, RN, and **Shelley Calder**, DNP, RN; **(middle row) Liz Escobar, Jane Wandel**, RN, and **Kerry Carnevale**, DNP, RN; **(bottom row) Laurie Bloom**, RN, **Katie Benoit**, and **Michelle Midura**.



**BIDMC Magnet Timeline**  
The Magnet journey has stayed on track and on time since the 2019 launch. Early in 2022, BIDMC was informed the Magnet site visit would be Sept. 12-15, 2022.

Many Magnet-related programs have been supported in part by funds available to **Marsha Maurer**, DNP, RN, as the endowed **Cynthia and Robert J. Lepofsky** Chief Nursing Officer. We are grateful to the **Lepofsky** family for supporting nursing at BIDMC.

# Spotlights Professional Activities of Nursing Staff

## Academic Degrees/Certificates

**Kou Michelle Baar-Daley**  
Doctor of Nursing Practice  
Simmons University

**Bidisha Bhattacharya**  
Master of Science in Nursing  
Simmons University

**Esther Apraku Bondzie**  
Master of Science in Nursing  
Boston College

**Cynthia Casey**  
Master of Science in  
Nursing Education  
Curry College

**Michelle Dustin**  
Master of Science in Nursing  
Sacred Heart University

**Ashleigh Dziedzic**  
Master of Science in  
Nursing Education  
Worcester State University

**Shannon Frias**  
Master of Science in  
Nursing Education  
Worcester State University

**Meghan Gallogly**  
Master of Science in Nursing  
Thomas Jefferson University

**Nicole Keenan**  
Master of Science in Nursing  
Southern New Hampshire  
University

**Veronica Kelly**  
Doctor of Nursing Practice  
Simmons University

**Aneesh Kizhakkedath**  
Post-Master's Certificate,  
Adult/Gerontology  
Nurse Practitioner  
University of Massachusetts  
Boston

**Hannah Lichtman**  
Master of Science in Nursing  
Education  
Rivier University

**Julia Mansolillo**  
Master of Science in Nursing  
Simmons University

**Hope McDonald**  
Master of Science in Nursing  
Emmanuel College

**Krisia Montalvo**  
Master of Science in Nursing  
Northeastern University

**Sydney Orlando**  
Master of Science in Nursing  
Curry College

**Edward Pedro**  
Master of Business  
Administration  
Fitchburg State University

**Barbara Regan**  
Master of Science in Nursing  
Framingham State University

**Alison Rogg**  
Master of Science in Nursing  
Massachusetts College  
of Pharmacy and Health  
Sciences

**Theresa Short**  
Master of Science in Nursing  
Salem State University

**John Whitlock**  
Doctor of Nursing Practice  
Simmons University



## Certifications

**Jessica Adams**, certified  
in Emergency Nursing

**Monica Aquila**, certified in  
Cardiovascular Nursing, Level 1

**Radka Arnold**, certified as a  
Lactation Consultant

**Melissa Ball**, certified as a  
Clinical Transplant Coordinator

**Hannah Bary**, recertified in  
Oncology Nursing

**Chelsea Blanchard**, certified  
in Electronic Fetal Monitoring

**Amanda Brennan**, recertified  
in Oncology Nursing

**Lindsay Castellini**, recertified  
in Critical Care Nursing

**Jaelyn Cinelli**, certified in  
Oncology Nursing

**Claire Davison**, recertified as  
an Advanced Oncology  
Nurse Practitioner

**Holly Dowling**, recertified  
in Oncology Nursing

**Sophia Dres**, certified in  
Progressive Care Nursing

**Helen Drown**, certified as  
a Post-Anesthesia Nurse

**Noelle Dulong**, certified in  
Emergency Nursing

**Kathleen Edwards**, certified  
in Case Management

**Jane M. Foley**, recertified in  
Oncology Nursing

**Zarina Paltiel Gabay**,  
recertified as a Lactation  
Consultant

**Margaret Galligan**,  
certified as a Bone Marrow  
Transplant Nurse

**Kathleen Gorman**, certified  
as a Clinical Documentation  
Specialist

**Susan Gotthardt**, certified  
in Oncology Nursing

**Nicole Graber**, certified in  
Oncology Nursing

**Katie Grady**, certified as  
a Vascular Access Nurse

**Chandra Grim**, certified in  
Radiology Nursing

**Katelyn Guarino**, certified  
in Critical Care Nursing

**Michelle Guerriero**, certified  
as a Stroke Certified  
Registered Nurse

**Elizabeth Hammerstrand**,  
recertified as an Advanced  
Oncology Nurse Practitioner

**Jacqueline Hurteau**, recertified  
in Oncology Nursing

**Kimberly Iudice**, certified as  
a Clinical Documentation  
Specialist

**Princy Joseph**, recertified  
in Infection Control

**Peter Kennedy**, certified in  
Hospice and Palliative Care

**Gay Kimball**, recertified in  
Case Management

**Mary LaMorte**, certified in  
Critical Care Nursing

**Erin Leone**, certified as a  
Bone Marrow Transplant Nurse

**Maureen Lira**, recertified as  
a Wound Ostomy Nurse

**Donna Loehner**, recertified  
as a Wound Ostomy Nurse

**Lynn Mackinson**, certified in  
Cardiovascular Nursing, Level 1

**Megan Maguire**, certified in  
Cardiovascular Nursing, Level 1

**Lindsay Malster**, certified in  
Medical-Surgical Nursing

**Kathleen Mazzio**, certified  
in Case Management

**Jill Morris**, certified as a Stroke  
Certified Registered Nurse

**Laureen Moss**, certified in  
Oncology Nursing

**Brittany Nation**, certified as  
a Wound Ostomy Nurse

**Kelly O'Brien**, certified  
as a Clinical Documentation  
Specialist

**Emily O'Connell**, recertified  
in Critical Care Nursing

**Patrick O'Connor**, recertified  
in Emergency Nursing and  
recertified as a Trauma  
Certified Registered Nurse

**Hannah Padykula**, certified  
in Electronic Fetal Monitoring

**Michele Phelps**, certified in  
Case Management

**Joseph Principato**, certified  
in Critical Care Nursing

**Louise Riemer**, recertified as  
a Nephrology Nurse Practitioner

**Joselyn Rossi**, certified in  
Neonatal Intensive Care Nursing

**Gabrielle Rozowsky**, certified  
in Oncology Nursing

**Meghan Ryan**, certified in  
Oncology Nursing

**Victoria Shaw**, certified in  
Critical Care Nursing

## Certifications (cont'd)

**Susan Sheehan**,  
recertified in Oncology  
Nursing

**Theresa Short**, certified  
as a Stroke Certified  
Registered Nurse

**Teresa Sollitto**, certified  
as a Post-Anesthesia  
Nurse

**Stacy Sutton**, recertified  
in Neonatal Intensive  
Care Nursing

**Megan Swedeen**,  
certified in Medical-  
Surgical Nursing

**Erin Tardanico**, certified  
in Oncology Nursing

**Deborah Heck Tassone**,  
recertified as an  
Operating Room Nurse

**Alfredo Vargas**,  
certified in Critical  
Care Nursing

**Julia Wagner**, certified  
in Critical Care Nursing

**Brittney Walenta**,  
certified in Emergency  
Nursing

**Ashley Wiseman**,  
recertified as a Critical  
Care Nurse

**Kimberly Zimmer**,  
recertified as an  
Operating Room Nurse

## External Awards and Honors

**Janet Carey Guarino**  
Laudio/ONL Award,  
Outstanding Nurse  
Manager/Nurse Director  
Scholarship, Organiza-  
tion of Nurse Leaders

**Nancy Littlehale**  
Honorable Mention,  
Compassionate  
Caregivers of the Year  
Award, Schwartz Center  
for Compassionate  
Healthcare

**Debra Savage**  
Association of peri-  
Operative Registered  
Nurses Foundation,  
Trish Seifert  
Scholarship Award

## Professional Leadership Activities

**Caitlin Bourke** was appointed Secretary  
of Southeastern Massachusetts Nurses  
in Professional Development.

**Barbara DiTullio** was re-appointed to the  
Association of periOperative Registered  
Nurses National Research Committee.

**Donna Loehner** was elected President  
of the New England Wound, Ostomy,  
and Continence Nurses Society.

**Eileen Stuart-Shor**, along with  
CRNAs Patricia O'Connor,  
Donnell Carter, Allan Thomas,  
Beth Coolidge, Megan Clancy, and  
Katherine Bellanti, collaborated  
with Liberian CRNAs to host  
monthly Boston-Africa Anesthesia  
Grand Rounds, with attendees  
across multiple locations in the  
US and Africa.

## Health-Related Community Activities

**Kathleen Dauphinais** was elected to serve on the Hanover Board of Health.

## Jessica Rateau receives Excellence in Nursing Practice Award



Jessica Rateau, BSN, RN

**Jessica Rateau**, BSN, RN, a Clinical Nurse on  
Farr 3, was a 2021 recipient of an **Excellence  
in Nursing Practice Award** from the **New  
England Regional Black Nurses Association**.  
In nominating her for the award, Rateau's  
colleagues said that she cares for complex  
cardiology patients "with compassion,  
professionalism, and always with attention  
to detail." She is known and admired for her  
sensitivity to patient preferences and her  
ability to integrate her fluency in Haitian-  
Creole into her practice to provide more  
personalized care to patients from the  
Haitian community.



At BIDMC,  
nurses are teachers!  
In 2021, we

WELCOMED

805 & 119  
UNDERGRADUATE NURSING STUDENTS GRADUATE NURSING STUDENTS, INCLUDING

8 PURSUING THE DNP  
FROM 17 SCHOOLS  
ACROSS 6 STATES & THE DISTRICT OF COLUMBIA



262 & 37  
STUDENTS WERE PRECEPTED BY BIDMC NURSES  
BIDMC NURSES HAD ADJUNCT ACADEMIC APPOINTMENTS, SERVING AS ON-SITE CLINICAL INSTRUCTORS

\*BIDMC nursing staff names in bold

## Publications



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## Presentations

### Podium/Invited Lectures

**Laurie Bloom, Marsha Maurer, Jennifer Thomas, Rachel Bresilla**. Creating a path to the BSN: A diversity and inclusion strategy. American Organization for Nursing Leadership, AONL 2021.

**Tricia Bourie**. Nursing informatics: Impact on quality and safety; and Nursing informatics and considerations in design to improve clinical workflows and support patient safety and quality outcomes. Harvard Medical School, Boston, Mass.

**Janet Carey Guarino**. Innovative assessment for intimate partner violence and safety during a pandemic and beyond. Association of Women's Health, Obstetric, and Neonatal Nurses, 2021 Convention.

**Jennifer Oztan**. Advanced practice providers in the Heart Center ICU: Leadership, collaboration and education. American Association of Critical Care Nurses, National Teaching Institute 2021.

Mahmood K, Pannu J, Gillaspie E, **Alichia Paton**. Disorders of the pleura: Pneumothorax and persistent air leak. The CHEST Annual Meeting 2021, Orlando, Fla.

**Mary Ward**. Successful follow-up: What every SCR needs to know. American College of Surgeons Quality and Safety Conference.



### Panel

Carlozzi M, **Kim Guibone, Catherine Saniuk**, Goldense D, Lowe J. AF management for the cardiovascular team: Today and tomorrow. Massachusetts Chapter, American College of Cardiology.

### Poster

**Ruth Bisschop, Sophia Monserate**. Use of volumetric laser endoscopy in Barrett's esophagus. Society of Gastrointestinal Nurses Association, Annual Course.

**Kimberley Campbell**. Passport to learning: Labor and delivery. Synova 25th Anniversary Nurse Leadership Forum: Perinatal and NICU, Tucson, Ariz.

Leveille S, Ambrizzi Moraes C, Butts W, Yeh G, Wayne P, You T, **Yael Koren**. A remote Tai Chi program for diverse older adults with multisite pain during the COVID-19 pandemic. Gerontological Society of America. University of Massachusetts, Boston, Mass.

**Donna Loehner, Christine Culleton, Ann Marie Feinstein, Mary Ellen Gunning, Meghan Melina, Margaret Norberg**. COVID-19 skin manifestations versus deep-tissue pressure injuries in the acute care setting. The New England Region Wound, Ostomy & Continence Nursing Society Annual Conference, Manchester, NH.

Ospina-Delgado D, Gangadharan SP, Kheir F, Parikh MS, Rudkovskaia A, **Alichia Paton**, Majid A. Combined thoracoscopic fissure completion and endobronchial valves placement for severe emphysema. 2021 American Thoracic Society Meeting, San Diego, Calif.

**Deborah Heck Tassone, Charlotte Guglielmi, Jane Cody**. Facilitating and improving documentation of intentionally retained surgical items (IRSI) in open wounds. Association of periOperative Registered Nurses Global Surgical Conference & Expo.

\*BIDMC nursing staff names in bold. Principal investigator listed first.

## Nurse-led Research

**Charlotte Clements, Lauren Clark, Jacqueline FitzGerald.** Combating inpatient nurse burnout with a staff wellness support bundle

**Ijeoma Julie Eche.** Attitudes and factors associated with COVID-19 vaccine hesitancy among family caregivers of patients with cancer

**Patrick Gordon,** Wright SB. Alternative respiratory protection: A quality improvement initiative

**Kimberly Guibone,** Perpetua EM, Clarke SE, Hathaway L, Keegan PA, Speight MK, Redick CL, Lindman BR. The EMPOWER Study: Examining the Impact of People and Process on Structural Heart Program Outcomes, Workflow, and Experience

**Cherlie Magny-Normilus.** Self-management and glycemic control in adult Haitian immigrants with type 2 diabetes



**Barbara Regan, Ziporah Brown.** Evaluation of critical care nurses' meal break practices and work fatigue levels in a cardiovascular intensive care unit

**Scott Rollins.** Clinical nurses' perceptions of their nurse leaders' transformational leadership and their own structural empowerment

**Bridget Sammon.** A targeted intervention to decrease compassion fatigue on the inpatient oncology unit at BIDMC

**Debra Savage.** Understanding the effects of perioperative preceptor programs on the knowledge and skills of perioperative preceptors

**Jane Smallcomb,** Park J, Stark A. Biobehavioral efficacy of the semi-elevated side-lying position for feeding

**John Whitlock, Jared Rose,** Mylott M, Butera M. Nurses' perceptions of using a dexmedetomidine protocol for fast-track extubation

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## COMMENTS ABOUT BIDMC NURSES, FROM OUR PATIENTS

“My nursing care was exceptional. I have a very complex medical history and I experienced great care.”

“The nurses were professional, informed, and **quick to respond** to emergencies.”

“I had a LOT of questions. I was given info on meds, side effects. I felt the staff **treated me like family** or a good friend.”

“The country’s heroes! Amazed.”

“Nurses **really listened** to my concerns and questions and gave explanations that were easy to understand.”

“I felt comfortable and cared for by all the nurses. You have some very good nurses, I felt **safe** and never hurried.”

“The nurses were attentive and **supportive** with their words of encouragement. **Genuinely kind** people!”

“The nursing staff was incredible. Everyone was **attentive & helpful**. They were **compassionate** and provided outstanding care.”

“Nurses were **informative**, funny (*to ease nerves of patients*), **caring** and **thoughtful** of feelings.”

