

2020: The Year of the Nurse

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

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

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



And despite the pressures of the pandemic, our nursing service continued to advance key initiatives and strategic priorities. Our **Journey to Magnet** accreditation is **on track and on time**. We launched a robust professional governance structure (pp. 14-15).

We had a hugely successful **nurse engagement survey** that is helping inform our work into the future. And we stayed committed to **key initiatives on diversity and inclusion**, celebrating members of our staff who received awards from the New England Regional Black Nurses Association and supporting our first cohort of Nurse Residents in our innovative partnership with Emmanuel College (pp. 18-19).

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

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

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OUR MISSION

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



An extraordinary year, an extraordinary response



BIDMC Nursing has a well-deserved history and tradition of excellence.

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

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

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

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

Peter Healy

President
Beth Israel Deaconess Medical Center

Nursing benefactors help fund key programs in 2020

Cynthia and Robert J. Lepofsky

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

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



Nora and Raymond Wong

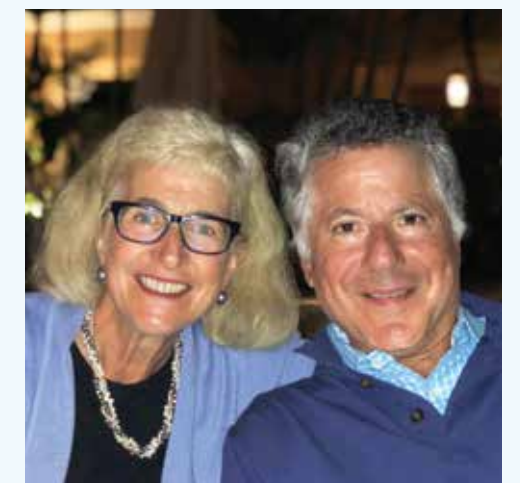
Nora and Raymond Wong **established the Tikkun Olam-Humanitas Giving Program at BIDMC**, inspired by the philosophies of Tikkun Olam, meaning "to heal the world," and Humanitas—a code of excellence, kindness, and education. They established the program and made an inaugural gift to honor the staff in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

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

Teresa Koster and Errin Siagel

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

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



To support nursing at BIDMC, please visit bidmcgiving.org/nursing

We've got this

BIDMC nurses respond to COVID-19

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

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

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

— Lauren Clark, RN



The 36-bed medical-surgical unit on Rosenberg 7 became the largest ICU at BIDMC during the height of the pandemic.



Nursing leadership in incident command



Nurses from medical-surgical units trained to step into support roles in critical care. Among the more than 90 completing this training were Rachel Bresilla, RN (top), and Meghan Gallogly, RN.

Nurses at BIDMC led a dizzying array of responses to the pandemic crisis in Boston. BIDMC set up its Hospital Incident Command System (HICS)—an infrastructure designed to help hospitals negotiate any unusual circumstance. Marsha Maurer, DNP, RN, BIDMC’s Senior Vice President for Patient Care Services and Chief Nursing Officer, served as Incident Commander, co-leading HICS with Sam Skura, then Senior Vice President in Ambulatory and Clinical Services and now Chief Operating Officer, as the weeks wore on. “We had seen reports of overwhelmed health systems,” Maurer recently shared.

“We did not want to be in that position.” In a paper published in April in the *Journal of Emergency Management*, Maurer shared her reflections on the team’s success, including lessons learned from a mock disaster in 2018 called “Operation Contagion” that modeled an infectious disease pandemic and included plans for a critical care surge. She noted, “We dusted off those plans and moved to confirm previously identified surge spaces, accumulate ventilators and monitoring equipment, and prepare our staff.”

Associate Chief Nurse Kim Sulmonte, DNP, RN, who was the HICS Inpatient Unit Leader during the spring 2020 surge, quickly moved to establish lines of communication with frontline staff and leaders. “We were in the early stages of the surge for the

whole country,” she recalls. “We didn’t know what we didn’t know.” Sulmonte says that, early on, she relied on email as she normally would to push out new information that was unfolding about personal protective equipment (PPE), infection control guidelines, projected census, and more. That soon changed. “There was no time to read emails,” she said. “We needed to respond to questions in real time, refine things based on those questions, then develop tools for leaders and staff. Things were changing so fast. Figuring out how to communicate through those early days was critical.” Sulmonte set up a conference call that ran seven days a week, attended by more than 70 people. Time during the call was set aside for updates on current operations; report-outs from nurse leaders who were working on PPE procurement, facilities planning, bed placement, and more; and questions and answers. Key takeaways and highlighted changes were posted in an FAQ document that was updated daily and that leaders could use as a guide as they huddled with staff. Sulmonte says the daily operational call was a critical piece of the COVID-19 response management, as it provided a consolidated way to give information, hear concerns, bring questions back to HICS, and report back the next day on updates.

Critical care capacity

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

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

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

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Annmarie Anderson, RN, of the MICU/SICU East, shows the thumbs-up approach that she and her colleagues brought to the pandemic response.



Nursing Director
Bill Entwistle, RN



Clinical Nurse
Sue Everett, RN

To each and all, one after another, I draw near; not one do I miss.*

Bill Entwistle, RN, Nursing Director for the Trauma-SICU, recalls well the somber days and nights of caring for so many critically ill COVID-19 patients. He describes the personal anguish he felt in having to tell family members they could not visit their loved ones; the exhaustion of 24+ hour shifts to make sure every patient got the care they needed, and every nurse the support; and the admiration he felt watching nursing colleagues provide expert, compassionate care under the most trying circumstances. He described one late night in April when he worked alongside SICU nurse Sue Everett, RN. “I simply can’t express in words how incredible she was, or how inspiring it was to work alongside her,” he says. “No one would ever confuse me with an angel of mercy, but there’s no doubt in my mind that in this crisis, Sue was just that.” Everett recalls, “I held hands with those dying of COVID as their loved ones said goodbye on a speaker phone. It truly felt like a war zone. We were all stressed, but we all put that aside and provided the best care and compassion we could to the sickest patients we will ever see in our careers.” Says Entwistle, “I’ll forever be changed by this experience.”

*Walt Whitman, *The Wound-Dresser*



REFLECTION | APRIL 2020



Nurse Specialist **Kym Peterson, RN**

They were scared

Under normal circumstances, my role is to be the clinical leader—to guide the nursing staff. I find myself now as the protector. When I look into their faces, the only visible feature is their eyes looking back at me from behind the head covers, masks, and eye protection. I see fear, exhaustion, frustration, and worry. **I worry for them as if they were my own. I see my own children in their eyes; they are my children, they are your children, they are our children.**

They are isolated when they're not at work. They are unable to find comfort, solace, and healing from the people closest to them—their parents, grandparents, and loved ones. I hope that their families know that we are looking out for them right now, watching over them, protecting them and doing our best to provide support and comfort. Today they are my children.



At the same time, nurse leaders were planning how to staff the expanded critical care spaces. They reached out to Human Resources for a list of nurses who had transferred from critical care to non-critical care roles in the last five years. **Sharon O'Donoghue, DNP, RN**, and other nurse specialists in critical care ran a four-hour critical care skills refresher workshop for these staff and other nurses who had critical care skills. Additional training was developed to prepare nurses from the medical-surgical units to function in a critical care support role. O'Donoghue says that as the census of acutely ill COVID-19 patients quickly surged, these support nurses enabled experienced critical care staff to care for more than their usual caseload of patients. **Mary Grzybinski, DNP, RN**, Nursing Director in the Post-Anesthesia Care Unit, says that members of her staff who were redeployed as critical care nurses reported on the vital role the med-surg support nurses played. **"There was nothing but praise for these nurses,"** she says. **"They were the glue that held your day together. They were your right hand."**

The medical center's normal critical care capacity is 77 beds. On April 25, 2020, there were 131 critical care patients, and the medical center was staffed and ready for 149. Reflecting on the Rosenberg 7 transformation, Nurse Specialist, **Barbara Donovan, RN**, who served a key role in planning the logistics for the critical care surge, recalls, **"Rosenberg 7 had gone from a general medical-surgical unit to the largest ICU in the hospital. I am in awe of the nurses who went into those rooms."** Says Foley, **"I could not be more proud of the entire team. Their ability to plan, implement, and readjust was impressive."**

Inpatient units

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

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



Part of a sanctuary space created on Farr 11

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

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

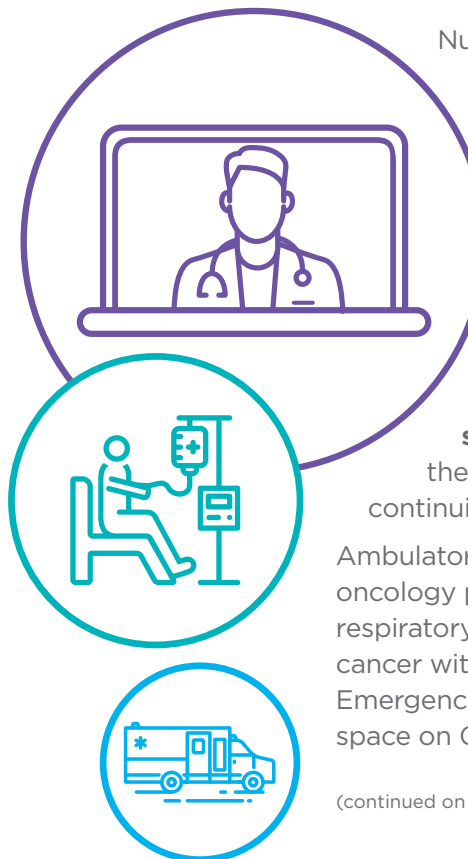
"Hundreds of separate projects were being conducted throughout the medical center at the same time, and yet they all seemed to come together in the way an orchestra does. I never heard anybody say 'no.' There was a palpable togetherness that will live with us forever."

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

Ambulatory and procedure areas

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

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



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To help staff the HO-REEES space, redeployed nurses received training from Unit Educator **Aya Sato-DiLorenzo, RN**, who noted, **“Everyone brought their own skill sets to make it work. They were all heroes.”** One of the nurses staffing the HO-REEES unit was **Tracey Barrett, RN**, who normally works as a Clinical Nurse in Dermatology Surgery but also had experience with oncology nursing. **“We worked really well together,”** she says. **“We all worked as a team, even though we came from totally different experiences.”**



Kylie Griffin, RN; Emily Klapman, RN; Hannah Landerholm, RN; and Samantha Hanley, RN, came to BIDMC to learn to be OR nurses and were among the many nurses who were redeployed to help staff COVID-19 testing sites at BIDMC and its community health centers.

Doing what it takes

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

Shelley Calder, DNP, RN, Magnet Program Director, took on the work of coordinating the redeployment of almost 900 nurses. Redeployed staff went to unfamiliar locations and took on new roles. Nurses from areas such as the ORs or outpatient clinics staffed COVID-19 testing sites. Others joined proning teams, helping to turn critically ill COVID patients onto their abdomens to improve ventilation. Ambulatory nurses worked in inpatient areas; nurses from surgical units, which saw lower patient volume due to cancelled procedures, moved to help colleagues on both COVID and non-COVID designated inpatient units.



Jamilah Allen, RN, Nurse Manager at Bowdoin Street Community Health Center, says that between April 2020 and April 2021, nearly 31,000 COVID-19 tests were administered at that location.



Sherica Metayer, RN



Patricia Bourie, RN

A source of strength

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

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

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

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

2020 Nursing Awards

Warm congratulations to our slate of 2020 Nursing Awardees! These awards were announced just as the COVID-19 pandemic came to Boston in March 2020. Our usual events, designed to celebrate these and other nurses, were canceled. We extend belated congratulations to these outstanding nurses.

Gitta and Saul Kurlat Award for Nursing Excellence



Bridget Hayes, BSN, RN, CLC

Joseph Ensign Lovejoy Exemplary Nursing Awards



Amanda Digitale, BSN, RN



Giselle Lopez, PCT

Excellence in Advanced Practice Awards



Garry Dunster, MHA, RN



Fiona Farquhar, MSN, RN/CNP

Department of Case Management Nursing Excellence Award



Catherine Morrill, BSN, RN

Excellence in Nursing Leadership Award

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

Edward and Marilyn Schwarz Awards for Excellence in Nursing Practice

OVERALL EXCELLENCE



LeeAnn Allsop, BSN, RN



Erica Lynn Fontes, BSN, RN



Hannah Lichtman, MSN, RN



Karen O'Sullivan, BSN, RN

PATIENT ADVOCATE



Sadie Dastrup, BSN, RN



Kathleen C. Mazzio, MS, RN

PEER EDUCATION

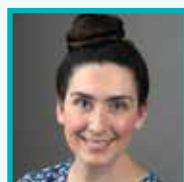


Elizabeth Ouellette, BSN, RN



Samantha Robinson, BSN, RN

SPIRIT



Rachel Moore, BSN, RN



Carol O'Connell, BSN, RN

Departmental Excellence Awards

Colette Cantin Obstetric Excellence Awards

- Kerri Stiehl, BSN, RN
- Emily Tyrrell, BSN, RN

CVI Excellence in Cardiovascular Nursing Awards

- Kendra Bruce, MSN, RN
- Jessica Melanson, BSN, RN
- Deborah Streeter, BSN, RN

The Eileen Stuart-Shor Nursing Recognition Award

All the **Certified Registered Nurse Anesthetists** and **Nurse Practitioners** in the BIDMC intensive care units

Department of Anesthesia Faculty Hour Awards

- Alma Martin, BSN, RN
- Courtney Mueller, BSN, RN
- Karen Veronica Quitiquit-Romano, BSN, RN
- David Sobin, BSN, RN

Department of Surgery and Joseph M. Koufman Foundation Awards for Excellence in the Care of Surgical Patients and in Perioperative Care

- Erin Hogan, BSN, RN, CBN
- Christopher Saenz, BSN, RN
- Betsy Szatkowski, BSN, RN

Excellence in Emergency Nursing Award

- Kathryn Paulhardt, BSN, RN

Excellence in Hematology/Oncology Nursing Awards

- Nicole Gearan, BSN, RN
- Susan Maclure, BSN, RN, BMTCN

Excellence in Medical Critical Care Nursing Awards

- Solveig Sheehan, ADN, RN
- Maura Mulvey, MSN, RN/CNP, AGNP

Excellence in Neuroscience Nursing Award

- Tara Killory, BSN, RN

Excellence in Psychiatric Nursing Award

- Julie O'Neill, BSN, RN

Excellence in Surgical Critical Care Nursing Award

- Audra Murphy, BSN, RN, CCRN

Gastroenterology Nursing Excellence Award

- Robin Bleau, ADN, RN

Harris Yett, MD Awards for Excellence in Orthopaedic Nursing Care

- Michelle Mc Veigh, BSN, RN
- Naomi Stone, BSN, RN

Internal Medicine Residency Nursing Excellence Award

- Caitlyn Hathaway, BSN, RN

Hospital Medicine Nursing Award for Teamwork and Excellence

- Leslie Ginnetty, MSN, RN

William D. Cochran Award for Excellence in Neonatal Nursing

- Sara Tong, MSN, RN/CNP, FNP-BC

Named Scholarships

Alexander and Brenda Tanger Nursing Scholarship in honor of Mary M. Fermental, RN

- Missia Andrade, PCT
- Cynthia M. Casey, MSN, RN, PCCN

Aron and Celia Steinberg Endowed Scholarship

- Bidisha Bhattacharya, PhD, MSN, RN
- Amanda Borne, BSN, RN
- Shannon Frias, MSN, RN
- Marie Gallagher, BSN, RN

Boston Red Sox Nursing Scholarship

- Marissa Ashcraft, BSN, RN
- Ceara Conley, BSN, RN, SCRNP
- Meghan Gallogly, BSN, RN, CCTN
- Kristin Walsh, AS, RN

C. Rose Finkelstein Nurse Scholarship

- Kara Fradj, PCT

Renee Mandell Memorial Scholarship

- Esther Apraku Bondzie



Nursing Professional Governance

Launched in 2020

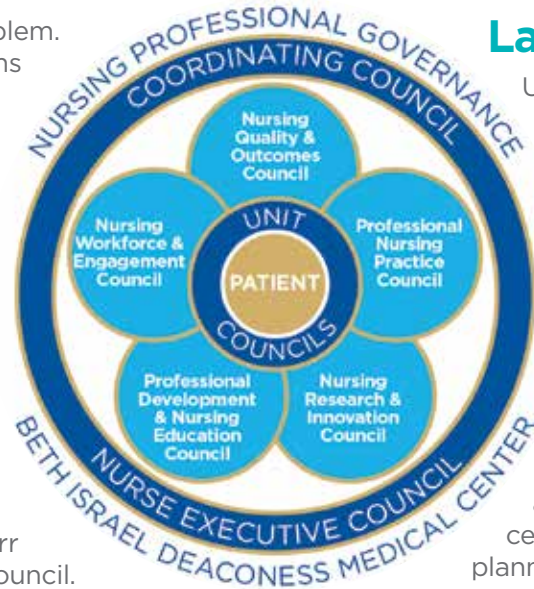


Farr 9 Unit-Based Council Co-Chair **Arindell Arnold-Penny, RN** (center), chats with council members **Kaitlin Kirby, RN** (left), and **Brittany Small, RN**, at a February 2020 council meeting.

Your voice, your practice, your profession

Nurses on Farr 10 were facing a problem. Many of their patients had bed alarms in place—a safety mechanism that alerts staff when patients who are at risk to fall are trying to get up. But staff responding to bed alarms would often be unaware of what type of assistance the patient required for safe ambulation. Is the patient strong enough to walk with one person helping? Or do they need a walker? Or can they not walk at all? If the person answering the alarm didn't know the patient, they would have to leave the room to find out more. It was a perfect issue to bring to Farr 10's new Professional Governance Council.

Soon, a solution was in place. A mobility aid section was added to the white board in each patient's room where information about the patient's mobility status can be recorded. Now, staff answering a bed alarm may see: "Out of bed with one assist and a rolling walker," and they can help a patient right away. **Emily Mulrain, RN**, and **Samantha Kelleher, RN**, Co-Chairs of the unit's governance council, say the solution has given staff vital information they need to keep patients safe. It's just one of many examples of improvements throughout the medical center being led by the Nursing Professional Governance program that launched in 2020.



Establishing a structure

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

Launching the program

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



Shelley Calder, DNP, RN, and **Scott Rollins, RN**, join the first meeting of the Coordinating Council, held via Zoom.



Units received posters with photos of their council members.

Sharing their voice

As nurses share their perspectives through the council structure, the benefits are clear. **Tina Loder, RN**, Co-Chair of the CCU Unit-Based Council, says her council has worked to improve nurses' participation in daily patient rounds with the interdisciplinary team. CCU nurse **Christine Bradley, RN**, describes how those changes impacted the care of one of her patients. **"When rounding with the team, I was able to elaborate on the patient's level of delirium overnight and the effect that medications were having,"** she says. **"Being able to relay this insight helped determine the medication plan moving forward. The medications were changed, which ultimately helped clear the patient's delirium."**

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

Nurses pursue certification

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

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

Denny Tan, RN, from Farr 8, was one of almost 100 nurses who were certified or recertified in their specialty in 2020.

In August, he became a certified medical-surgical nurse. Tan says he chose medical-surgical nursing certification because he enjoys caring for patients with a variety of diagnoses. **"My certification has enhanced my competence,"** Tan says. **"I've developed more confidence in my nursing practice, which led me to a higher degree of satisfaction in my role."**



Denny Tan, RN



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

Service/Academic Partnerships

Supporting practice transitions

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

Partnership with Simmons University

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



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



"My education has helped me learn leadership and management skills that I can apply to my daily work. The support from the Simmons faculty and the BIDMC leadership made the program especially valuable."

- **Jacqueline FitzGerald, RN**
Nursing Director of MICU/SICU East

Karen Waldo, RN, says completing her master's degree through the Simmons University program has helped her hone skills in leadership and communication that are critical to her role as Assistant Nursing Director in the NICU.

Program now includes DNP track

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

New cohorts are currently enrolled in the Simmons programs, 29 at the master's level and 18 pursuing the DNP.

14 nurses earn DNP in 2020 through Simmons partnership

Congratulations!



Jenny Barsamian
DNP, RN/CNP, NP-C



Leigh-Ann Berk
DNP, RN/CNP, ANP-BC, RD



Alice Bradbury
DNP, RN



Pamela Browall
DNP, RN



Kerry Carnevale
DNP, RN



Erin Conti
DNP, RN



Kelly Gamboa
DNP, RN, CNOR



Mary Grzybinski
DNP, RN, CPAN



Kimberly Guibone
DNP, RN, ACNP-BC, FAAC



Bridgid Joseph
DNP, RN, CCNS



Michelle McGrory
DNP, RN, EDAC



Sandra Sanchez
DNP, RN



Jennifer Thomas
DNP, RN



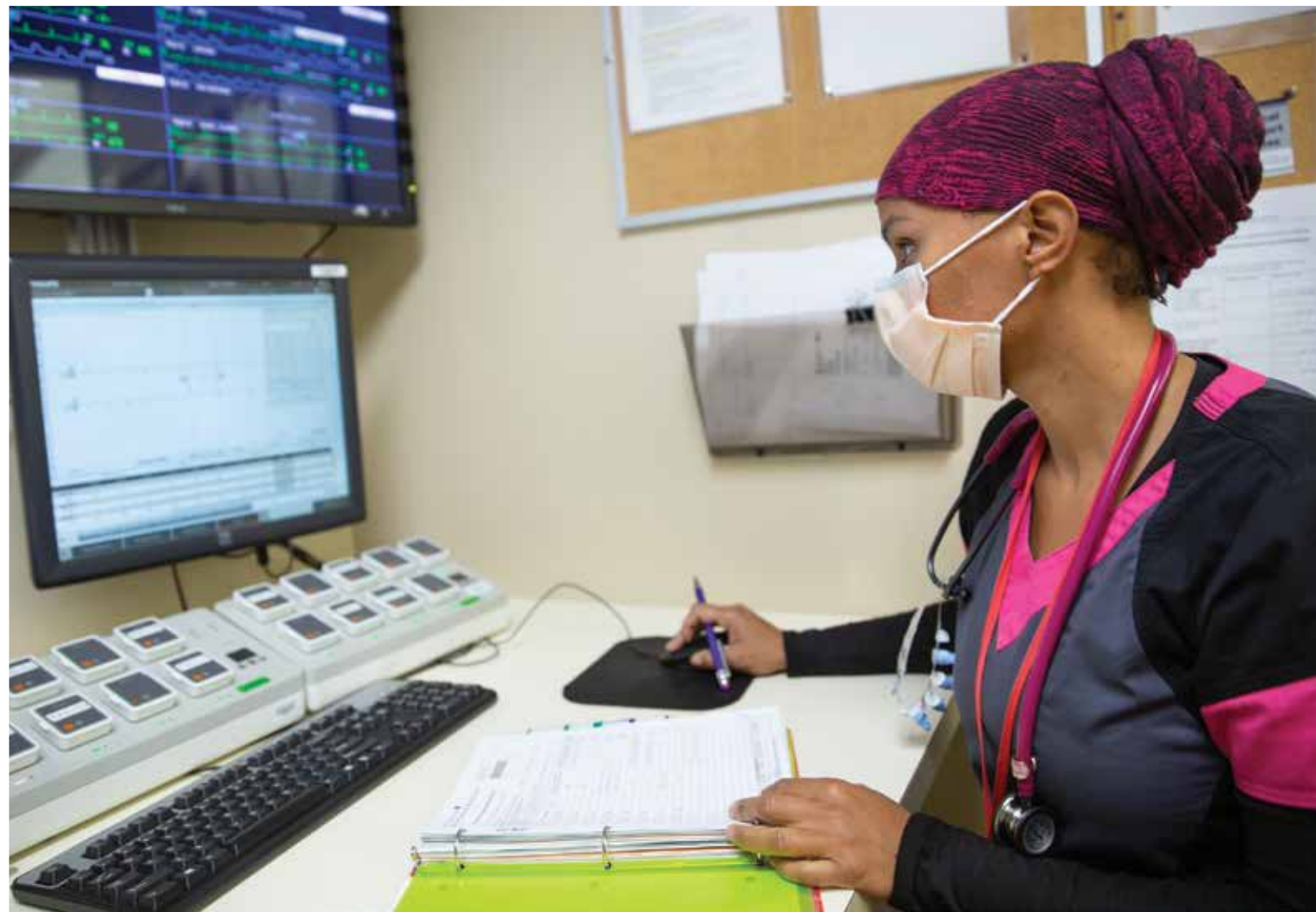
Katherine Willetts
DNP, RN

Creating a path to the BSN A diversity and inclusion strategy

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



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



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

Nurse Residents who will complete their BSN in 2021



Rachel Bresilla, RN



Hianety Brito, RN



Sherresa Downing, RN



Silvia Ramos, RN



Jennifer Santos Salvador, RN



Taylor Tabb, RN

Lessons learned from initial cohort

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



National attention

Maurer, Bloom, Thomas, and Nurse Resident **Rachel Bresilla, RN**, were invited to present the innovative program at the 2021 meeting of the American Organization for Nursing Leadership. Maurer says that it is incumbent upon nurse leaders to find ways to address the cycle of inequity faced by minority nursing students and to take proactive steps like this one to bring more diversity into the profession. **“Organizations need to make a commitment to filling the educational and financial gaps created by structural inequity,”** she says. **“Leveraging the greater diversity of associate degree nursing programs can be a path to diversifying the RN workforce.”**

Interviews for a second cohort were conducted in the Fall of 2020, with 12 new nurse residents joining the staff in March 2021.

Establishing the evidence base during a pandemic

BIDMC nurses lead the way

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

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

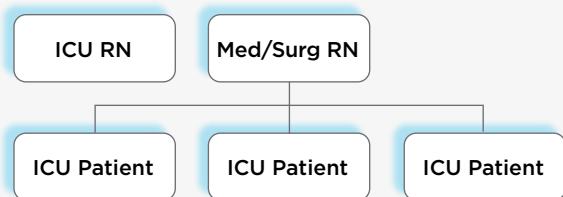
Doubling ICU capacity by surging onto med-surg units during the COVID-19 pandemic

THE TEAM:

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



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



“It’s a stellar example of a key tenant in our nursing mission: advancing the science of nursing. We should all be very proud.”

– **Marsha Maurer, DNP, RN**
Senior Vice President for Patient Care Services and Chief Nursing Officer

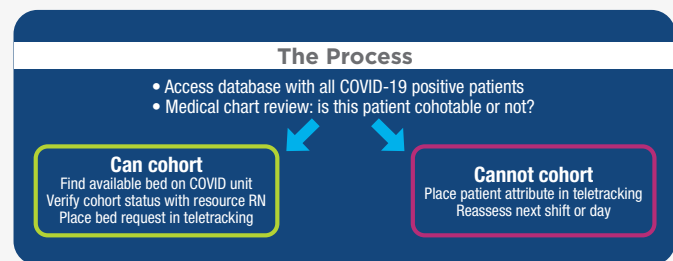
Establishing a COVID-19 inpatient cohorting team

THE TEAM:

- Lauren Clark, MSN, RN (pictured)
- Sandra Sanchez, DNP, RN
- Cynthia Phelan, DNP, RN
- Lauge Sokol-Hessner, MD
- Kendra Bruce, MSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN



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



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

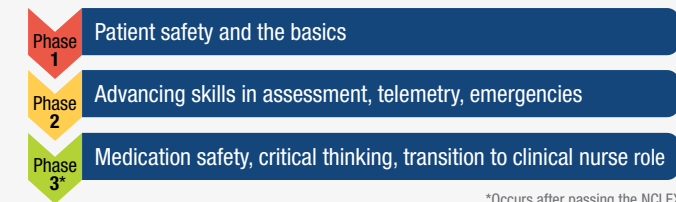
THE TEAM:

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



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

GN Orientation Curriculum, Tailored for Each GN



*Occurs after passing the NCLEX

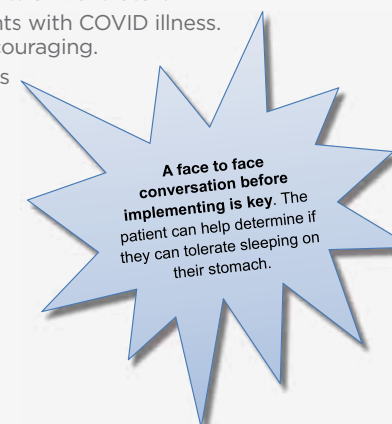
The use of proning in awake, non-mechanically ventilated patients with COVID-19

THE TEAM:

- Bridgid Joseph, DNP, RN, CCNS (pictured)
- Lynn Mackinson, MS, RN/CNS, ACNS-BC
- Lauge Sokol-Hessner, MD
- Anica C. Law, MD, MS
- Susan DeSanto-Madeya, PhD, RN, FAAN



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



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

AUTHOR:

Janet Carey Guarino, MSN, RNC (pictured)



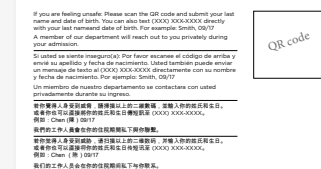
- All patients in L and D are screened for IPV.
- COVID policies allowed patients to have one support person during L and D, but restricted that person from leaving and returning.
- Privately screening for IPV became challenging.
- We posted a screening flyer (portion shown) in several languages in bathrooms,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

You Deserve to Feel Safe

Are you currently:

- Being controlled by someone close to you?
- Experiencing unwanted or forced sex?
- Being isolated from your family and/or friends?
- Having sexual contact where force and/or threats are used?
- Being verbally insulted?
- Being hit, pushed, choked, restrained, or physically harmed in any way?
- Being threatened by someone?

You are not alone. If you answer yes to any of these questions, we are here to help you in a confidential manner.



Supporting staff during the COVID-19 surge

THE TEAM:

- Charlotte Clements, MSN, RN (pictured)
- Jenny Barsamian, DNP, RN
- Nikki Burnham, MSN, RN
- Claire Cruz, MSN, RN
- Ann Marie Grillo Darcy, MSN, RN, ACNS-BC
- Lindsay Duphiney, BSN, RN
- Jacqueline FitzGerald, MSN, RN
- Susan Holland, EdD, MSN, RN, NEA-BC
- Christine Joyce, BSN, RN
- Susan DeSanto-Madeya, PhD, RN, FAAN



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



Clements had morale-boosting t-shirts made for her team.

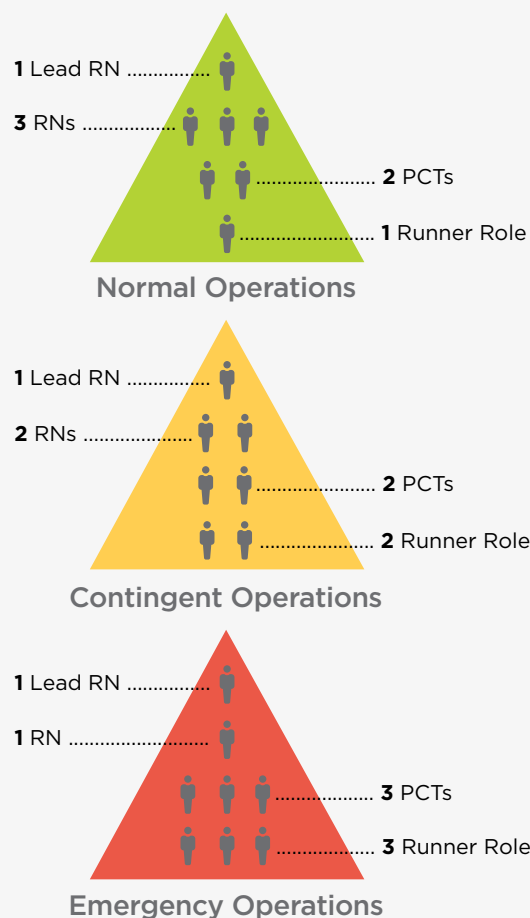
Nursing staffing model for an unprecedented event: Lessons learned from the COVID experience

THE TEAM:

Kimberly Cross, MSN, RN (pictured)
Alice Bradbury, DNP, RN
Nikki Burnham, MSN, RN
Denise Corbett-Carbonneau, DNP, RN
Kym Peterson, MSN, RN, CNL
Cynthia Phelan, DNP, RN
Susan DeSanto-Madeya, PhD, RN, FAAN



- As we anticipated the influx of patients with COVID-19, we pro-actively developed a tiered staffing model to support various volume and acuity contingencies.
- Support to meet increasing demands included expanded use of assistive personnel, standardized huddle communications, use of baby monitors, and more.
- Plan included standards for bundling and clustering of care.



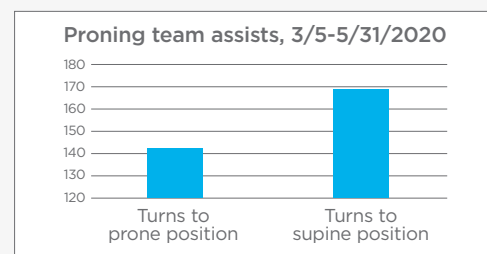
Development, implementation, and impact of a proning team during the COVID-19 ICU surge

THE TEAM:

Sharon C. O'Donoghue, DNP, RN (pictured)
Meghan Church, DPT
Kristin Russell, BSN, RN
Kelly A. Gamboa, DNP, RN
Jacqueline Hardman, BSN, RN, CCRN
Jennifer Sarge, BSN, RN
Ari Moskowitz, MD
Margaret M. Hayes, MD, ATSF
Michael N. Cocchi, MD
Susan DeSanto-Madeya, PhD, RN, FAAN



- Proning benefits in ARDS well known; reasonable to assume it would be good for COVID illness.
- Volume of patients and intensity of effort required to prone critical patients was unmanageable.
- HICS approved establishment of a dedicated, trained team.
- Partnered with Safe Patient Handling team to establish education.



COVID-19 skin manifestations in the acute care setting

THE TEAM:

Donna Loehner, BSN, RN, CWON (pictured)
Christine Culleton, BSN, RN, CWON
Ann Marie Feinstein, BSN, RN, CWOCN
Mary Ellen Gunning, BSN, RN, CWON
Meghan Melina, BSN, RN, CWOCN
Margaret Norberg, BSN, RN, CWOCN



- As our COVID-19 census grew, we began to see skin impairments that resembled pressure injuries but were not on pressure points. Were these injuries related to a systemic process?
- National Pressure Injury Advisory Panel issued a white paper confirming our suspicions.
- We launched staff education regarding appropriate conservative management and topical therapy.
- Our team is publishing a paper that will add to the emerging knowledge on this new phenomenon.



2020 BIDMC Nursing Innovations Accepted for Publication



American Journal of Nursing

Charlotte Clements et al.
 Supporting frontline staff during the COVID-19 pandemic

Bridgid Joseph et al.

The development and implementation of a prone positioning protocol for awake, non-intubated patients with COVID-19

Bridgid Joseph et al.

Improving cardiac and respiratory arrest event documentation: Moving from paper-based to hand-held electronic documentation

Dimensions of Critical Care Nursing

Sharon O'Donoghue et al.

Development, implementation, and impact of a proning team during the COVID-19 surge

Sharon O'Donoghue et al.

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

Journal of Emergency Management

Marsha Maurer

Leading a hospital incident command system during a global pandemic

Journal for Nurses in Professional Development

Jenny Barsamian and Kerry Carnevale

Support for unit-based educators: Imparting key leadership skills

Journal of Women's Health

Janet Carey Guarino

Innovative strategies to facilitate safe intimate partner violence assessment and intervention during a pandemic and beyond

Journal of Wound, Ostomy, and Continence Nursing

Donna Loehner et al.

COVID-19 skin manifestations versus deep-tissue pressure injuries in the acute care setting

Nursing Administration Quarterly

Marsha Maurer, co-author, with the Greater Boston Nursing Collective. The dual epidemics of 2020: Nursing leaders' reflections in the context of whole person/whole systems

Kim Sulmonte et al.

Flexibility in a crisis: How strong Relational Coordination and Lean literacy helped us weather the COVID storm

Nursing Management

Lauren T. S. Clark et al.

Inpatient cohorting team: Successes and lessons learned

Kim Cross et al.

A nurse staffing model for an unprecedented event

Nurse-driven protocol a win-win-win

The use of indwelling Foley catheters has been cited as a preventable cause of urinary tract infections (UTIs) and resulting complications in hospitalized patients. A team of nurses at BIDMC spearheaded an initiative in 2020 to help stop catheter-associated urinary tract infections, or CAUTIs, by implementing a nurse-driven protocol for intermittent straight catheterization to manage patients with actual or suspected urinary retention, with the aim of preventing the use of an indwelling catheter. Nurse Specialists **Jenny Barsamian, DNP, RN/CNP**, and **Kerry Carnevale, DNP, RN**, along with Stoneman 7 Unit Educator **Charlie Clements, RN**, approached the CAUTI Task Force with their ideas.

Working with physician colleagues from Hospital Medicine, Urology, and Infection Control, they researched the evidence base and established a protocol that outlines the steps frontline nurses should take if they suspect urinary retention in their patients. Using bladder scanning and, if needed, temporary catheterization for relief of retention, the protocol was pilot tested on Stoneman 7 and Farr 9 and rolled out house-wide late in the year. Barsamian, Clements, and Stoneman 7 Clinical Nurse **Maria Gavin, RN**, visited inpatient units to educate staff and post an algorithm outlining the protocol on each unit's bladder scanners. The project team, including **Leah Lammer, RN/CNP** from Orthopaedics and **Kate McDermott, RN**, Clinical Nurse on Farr 9, gave a Nursing Grand Rounds presentation on the topic in October. All nursing staff were assigned a myPath training to complete the rollout.

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

Because the new process is nurse-driven, it eliminates time previously spent by nurses and physicians communicating back and forth as to how best to manage a patient who might have retention—time that could be frustrating for staff and uncomfortable for patients. Barsamian says with the new process, everyone wins. **"It puts patients at lower risk for infection by enabling us to manage retention without using an indwelling catheter, and it improves their comfort level,"** she says. **"Physicians report improved workflow, and nurses feel increased autonomy and fewer delays in providing care for their patients. We call it a win-win-win."**



Speaking out for justice

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



Lynn Mackinson, RN/CNS, Clinical Nurse Specialist in Cardiology, joined hundreds of colleagues to participate in the "White Coats for Black Lives" event on June 5, 2020. **"We saw first-hand how COVID-19 disproportionately affected communities of color,"** she said. **"When George Floyd was murdered, it was another sobering blow. The White Coats for Black Lives vigil provided me an opportunity to stand with my colleagues and raise our collective voice in protest against this horrific, violent act."**

Nurses on Farr 9 show their support.



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

- Diana Gist, RN



Diana Gist, RN

BILH Diversity, Equity, and Inclusion Task Force at work

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

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

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



A young **Jennifer Thomas** (left) is shown with her Choose Nursing! preceptor, **Mary Mulry, RN**, who is still a Clinical Nurse at the medical center. In the pre-pandemic photo (right), Thomas consults with colleagues on a clinical unit.

Spotlights Professional Activities of Nursing Staff

Academic Degrees

Jessica Ansel

Master of Science in Nursing,
University of Massachusetts
Boston

Katelyn Armano

Master of Science in
Nursing Administration,
Simmons University

Diana Bartash

Master of Science in
Nursing Administration,
Simmons University

Stasia Bodnar

Master of Science in
Nursing and Master of
Business Administration,
Grand Canyon University

Caitlin Bourke

Master of Science in Nursing,
Framingham State University

Lauren Clark

Master of Science in
Nursing Administration,
Simmons University

Charlotte Clements

Master of Science in
Nursing Administration,
Simmons University

Carlene Cox

Master of Science in Nursing,
Simmons University

Julie Dasey

Master of Science in
Nursing Administration,
Simmons University

Britt Days

Master of Science in
Nursing Administration,
Simmons University

Yue-Chao Deng

Master of Healthcare
Administration,
Boston College

Elisa Duguay

Master of Science in Nursing,
Southern New Hampshire
University

Jacqueline FitzGerald

Master of Science in
Nursing Administration,
Simmons University

Wanda Foley

Bachelor of Science in
Nursing, Rivier University

Christopher Gervino

Master of Science in
Nursing Administration,
Simmons University

Sharon Goodwin

Master of Science in
Nursing Administration,
Simmons University

Bryar Hasenjaeger

Master of Science in Nursing,
University of Massachusetts
Boston

Meegan Joly

Master of Science in Nursing,
Northeastern University

Emily Keegan

Master of Science in Nursing,
Simmons University

Laura Kenney

Master of Science in Nursing,
Regis College

Carol Lee

Master of Science in
Nursing Administration,
Simmons University

Patrick O'Connor

Master of Science in
Nursing Administration,
Simmons University

Julie O'Sullivan

Master of Science in
Nursing Administration,
Simmons University

Kelley Parziale

Master of Science in Nursing,
Walden University

Jamie Perkins

Master of Science in
Nursing Administration,
Simmons University

Kari Phillips

Master of Science in
Nursing Administration,
Simmons University

Katelyn Rick

Master of Science in
Nursing Administration,
Simmons University

Abigail Robtoy

Master of Science in Nursing,
University of Massachusetts
Amherst

Theresa Sandler

Master of Science in
Nursing Administration,
Simmons University

Samantha Surprenant

Master of Science in Nursing,
Jacksonville University

Karen Waldo

Master of Science in
Nursing Administration,
Simmons University

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

Certifications (cont'd)

Jacqueline Hardman, recertified in Critical Care Nursing

Jennifer Jennings, certified in Critical Care Nursing

Rachel Kakos, certified in Critical Care Nursing

Susan Keefe, certified in Oncology Nursing

Elizabeth Kester, certified as a Nurse Executive, Advanced

Urma Khan, certified as a Stroke Certified Registered Nurse

Lindsey Kim, certified in Infection Control

Donna King-Luft, certified as a Holistic Nurse

Madison LaFreniere, certified as a Stroke Certified Registered Nurse

Jennifer Larrivee, certified as a Clinical Documentation Specialist

Marianne Lille, recertified as a Clinical Documentation Specialist

Hannah Lyon, certified in Critical Care Nursing

Lynn Mackinson, recertified as an Adult Clinical Nurse Specialist

Susan Maclure, certified in Bone Marrow Transplant Nursing

Kelly McArdle, certified in Critical Care Nursing

Heather McCallum, certified as a Clinical Documentation Specialist

Valerie McGrath, certified in Bone Marrow Transplant Nursing

Jessica Meehan, certified as a Clinical Documentation Specialist

Tara Meekins, certified in Bone Marrow Transplant Nursing

Juliana Mitchell, certified in Oncology Nursing

Denise S. Morin, recertified as a Clinical Transplant Coordinator

Lindsay Munas, certified in Critical Care Nursing

Blanche Murphy, recertified as a Vascular Access Nurse

Margaret Norberg, recertified as a Wound Care Nurse

Claire Rafferty, recertified as an Operating Room Nurse

Barbara Regan, recertified in Cardiac Surgery Nursing and Critical Care Nursing

Scott Rollins, certified as a Nurse Executive, Advanced

Gale Russo, certified as a Post Anesthesia Nurse

Kellie Ryan, certified in Oncology Nursing

Maria Rebecca Salapan, certified in Oncology Nursing

Mary Santerre, recertified in Obstetric Nursing

Aya Sato-DiLorenzo, recertified in Bone Marrow Transplant Nursing and Oncology Nursing

Stacey Smith, recertified in Critical Care Nursing

Katherine Sullivan, certified in Progressive Care Nursing

Joshua Tai, certified in Progressive Care Nursing

Dennis Tan, certified in Medical-Surgical Nursing

Diane Tarara, re-certified in Emergency Nursing

Mary Tarkanian, certified as a Post Anesthesia Nurse

Nancy Tarquinio, recertified as a Lactation Consultant

Kelsey Trillo, certified in Oncology Nursing

Allison Van Horn, recertified in Progressive Care Nursing

Mary Zheng, certified in Progressive Care Nursing

External Awards and Honors

Jacqueline Bentick received an Excellence Award from the New England Regional Black Nurses Association.

Yue-Chao Deng received the Dean's Recognition for Extraordinary Academic Achievement at Boston College's Wood College of Advancing Studies.

Laura Duff received the Ruth Lang Fitzgerald Scholarship Award from the American Nurses Association Massachusetts.

Dana Bordenave Frederique received an Excellence Award from the New England Regional Black Nurses Association.

Diana Gist received an Excellence Award from the New England Regional Black Nurses Association.

Scott Rollins was named to the Class of 2020 "Young Professional Voices" by the American Organization for Nursing Leadership.

Jane Smallcomb received the March of Dimes Excellence in NICU Leadership Award.

Eileen Stuart-Shor received the National League for Nursing Isabella Hampton Robb Award for Outstanding Leadership in Clinical Practice.

Certifications

Toni Abren, certified in Oncology Nursing

Christopher Allen, certified as a Trauma Nurse

Jennifer Arandela, certified as a Vascular Access Nurse

Victoria Avery, certified in Oncology Nursing

Nicole Baker, certified in Adult Progressive Care Nursing

Neely Beaulac, certified in Oncology Nursing

Beth Borlase, recertified as a Gastrointestinal Registered Nurse

Kristen Boyle, certified in Oncology Nursing

Tracy Brann, recertified as a Clinical Transplant Coordinator

Rosanne Buck, certified in Obstetric and Neonatal Quality and Safety

Allison Burdet, certified in Medical-Surgical Nursing

Shelley Calder, recertified as an Emergency Nurse

Natasha Cantone, certified in Critical Care Nursing

Carmen Carnazzo, certified in Oncology Nursing

Susy Carnevale, certified in Critical Care Nursing

David Carter, certified as an Emergency Nurse

Cynthia Casey, certified in Progressive Care Nursing

AnnMarie Cathcart, recertified in Medical-Surgical Nursing

Kaitlyn Cavaleri, certified in Critical Care Nursing

Elena Cerjanec, certified in End-of-Life Nursing Care

Janet Coleman, certified as an Operating Room Nurse

Jessica Craig, certified in Critical Care Nursing

Denise Cummings, certified in Bone Marrow Transplant Nursing

Jennifer Cushing, certified as a Clinical Documentation Specialist

Robin Dann, certified as a Breast Care Nurse

Joanne Devine, recertified as an Addictions Nurse

Jillian Dooley, certified in Oncology Nursing

Nancy Doraiswami, recertified as a Gastrointestinal Registered Nurse

Dawne Edlund-Barrett, recertified in Critical Care Nursing

Terri Ennis, recertified as a Childbirth Educator and as a Breastfeeding Specialist

Ann Marie Feinstein, certified as a Wound, Ostomy, and Continence Nurse

Maura Fitzgerald, certified in Obstetric Nursing

Michelle Flanagan, certified as a Clinical Documentation Specialist

Christine Flynn, certified as a Breastfeeding Specialist

Julianne Gminski, certified in Oncology Nursing

Charlotte Guglielmi, recertified as an Operating Room Nurse

Professional Leadership Activities

Ann Connor was elected President-Elect of the Boston-New England Chapter of the International Association of Research Nurses.

Laura Curtin participated as a Research Coordinator for the Peggy Leonard Grant awarded by the Case Management Society of America to the Case Management Society of New England's Public Policy Committee.

Diana Gist was elected Treasurer of the New England Regional Black Nurses Association.

Kimberly Giubone was elected as the first non-physician member of the Transcatheter Valve Therapy Registry Steering Committee. She was also elected to the American College of Cardiology's Life-Long Learning Oversight Committee.

Jeffrey Keane was elected to the Nominating Committee of the Association of periOperative Registered Nurses, and is also the committee's Chair-Elect.

Elizabeth Kester was elected to the Association of Women's Health, Obstetric, and Neonatal Nursing's Board of Directors.

Jennifer Tichon served as Secretary of the Central Massachusetts Oncology Nursing Society and has been elected President for 2021-2022.

Health-Related Community Activities

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

Publications

Baim M, Arcari PM, Sullivan SH, **Eileen Stuart-Shor**. (2020). Cognitive-affective strategies to promote resilience and well-being. In *Holistic Nursing, A Handbook for Practice*. Eighth Edition. M Helming, D Shields, K Avino, B Rosa, Eds. Jones & Bartlett Learning; pp. 551-567.

Kathy Baker, Natalia Vragovic, Banzett RB. (2020). Intensive care nurses' perceptions of routine dyspnea assessment. *American Journal of Critical Care*, 1;29(2):132-139.

Banzett RBB, Sheridan AR, **Kathy Baker**, Lansing RW, Stevens JP. (2020). Scared to death: Dyspnoea from the hospitalized patient's perspective. *BMJ Open Respiratory Research*, 7(1): e000493.

Bhatnagar A, Khraishah H, Lee J, Hsu D, Hayes M, **Bridgid Joseph**, Moskowitz A. (2020). Rapid implementation of a mechanical chest compression device for in-hospital cardiac arrest during the COVID-19 pandemic. *Resuscitation*, 156: 4-5.

Bidisha Bhattacharya, Xiao S, Chatterjee S, Urbanowski ME, Ordonez AA, Ihms EA, Agrahari G, Lun S, Berland R, Pichugin A, Gao Y, Connor JH, Ivanov AR, Yan BS, Kobzik L, Koo BB, Jain SK, Bishai WR, Kramnik I. (2020). The integrated stress response mediates necrosis in tuberculosis mycobacterium granulomas. *Journal of Clinical Investigation*, 10:130319.

Dhaynaut M, Cappon D, Paciorek R, Macone J, **Ann Connor**, Guehl N, Pascual-Leone A, El Fakhri G, Santarnecchi E. (2020). Effects of modulating gamma oscillations via 40Hz transcranial alternating current stimulation (tACS) on Tau PET imaging in mild to moderate Alzheimer's Disease. *The Journal of Nuclear Medicine*, 61 (supplement 1) 340-340.

Dlamini CP, Khumalo T, Nkwanyana N, Mathunjwa-Dlamini TR, Macera L, Nsibandze BS, Kaplan LK, **Eileen Stuart-Shor**. (2020) Developing and implementing the family nurse practitioner role in Eswatini: Implications for education, practice, and policy. *Annals of Global Health*, 86(1):50, 1-10.

Grashow R, Weisskopf MG, Baggish A, Speizer F, Whittington AJ, Nadler L, **Ann Connor**, Keske R, Taylor H, Zafonte R, Pascual-Leone A. (2020) Premortem chronic traumatic encephalopathy diagnosis in professional football. *Annals of Neurology*, 88:106-112.

Kimberly Guibone (2020) Who is the right patient for TAVR: Complexities of case selection. *Transcatheter Aortic Valve Replacement Development: A Guide for the Heart Team*. MC Hawkey, EM Perpetua, S Lauck, A Simone, Eds. Wolters Kluwer, pp. 133-155.

Evgeniya Larionova, Jalisi SM, Jones DB. (2020) Hearing voices and strange noises after sleeve gastrectomy. *Minimally Invasive Surgery*, 4:59.

Muchira JM, Gona PH, Magos MF, **Eileen Stuart-Shor**, Leveille SG, Piano MR, Hayman LL. (2020) Temporal trends and familial clustering of ideal cardiovascular health in parents and offspring over the life course: An investigation using the Framingham Heart Study. *Journal of the American Heart Association*, 9(12):e016292.

Plessow F, Pascual-Leone A, McCracken CM, Baker J, Krishnan S, Baggis A, **Ann Connor**, Courtney T, Nadler L, Speizer F, Taylor H, Weisskopf MG, Zafonte R, Meehan WP. (2020). Self-reported cognitive function and mental health diagnoses among former professional American-style football players. *Journal of Neurotrauma*, 37(8):1021-1028.

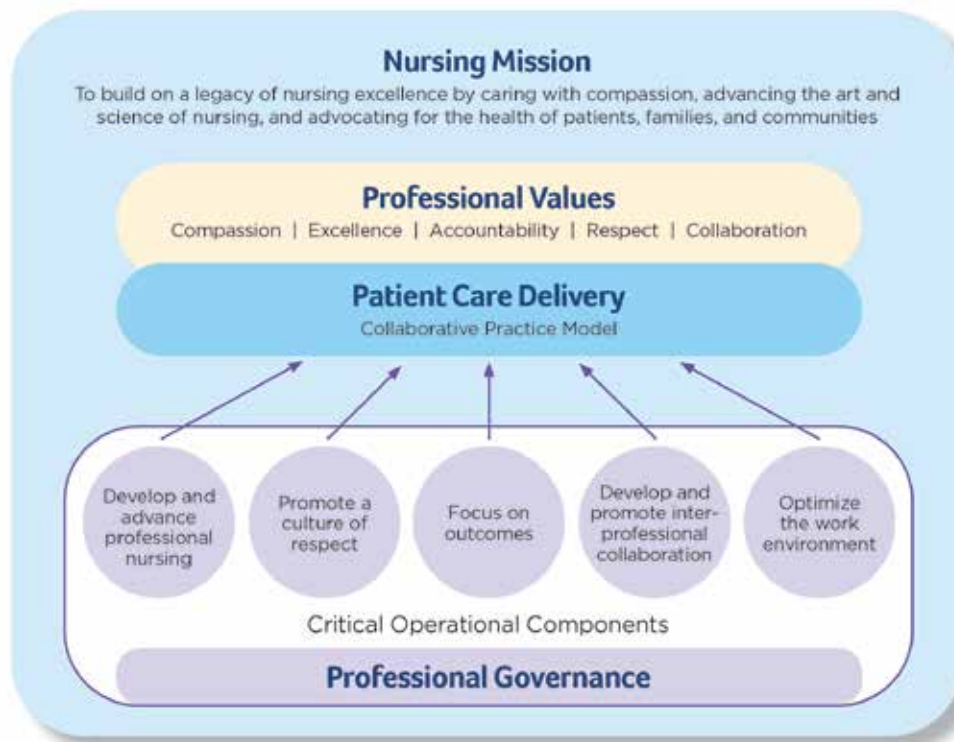
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Eileen Stuart-Shor, Dewan J. (2020) The courage to feel the fear and do it anyway: Lessons from Liberia and Ebola nurses. *MA Report on Nursing*, 18(3):7.

Nursing Professional Practice Model

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center



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Presentations

Podium/Virtual

Janet Carey Guarino. Intimate partner violence screening: Best practices and innovation. Synova Associates Annual Perinatal Leadership Forum.

Yael Koren and Leveille SG. Pain interference: A barrier for daily living activities in older adults with multisite musculoskeletal pain. Annual Meeting of the Gerontological Society of America.

Quigly-Stickney J, Quinn TM, **Laura Curtin**, Chartier A. Introduction to nursing and case management and how we interact with the legislative process. Case Management Society of New England. Virtual State Capital Day Public Policy Forum.

Panel

Ann Connor. Expert research nurse panel discussion. The Yvonne L. Munn Center for Research Nursing at the Massachusetts General Hospital and the New England Chapter of the International Association of Clinical Research Nurses. Massachusetts General Hospital, Boston.

Rena C. Holzer. Collaborating with referring providers: A panel discussion. American Academy of Dental Sleep Medicine.

Poster

Bidisha Bhattacharya, Kapadia N, Yee G, Sabharwal V, Rissmiller P. Identification of risk factors for hepatitis C virus perinatal transmission. Eastern Nursing Research Society. Awarded first place for student poster.

Quigly-Stickney J, Quinn T, **Laura Curtin**, Chartier A. Opioid legislation in action for the professional case manager. National Case Management Society of America.

Research and Grants

Stephenson K, Barouch D. et al. **Jessica Ansel**, co-investigator. A randomized, double-blind, placebo-controlled Phase 1/2a study to evaluate the safety, reactogenicity, and immunogenicity of Ad26COVS1 in adults aged 18-55 years inclusive and adults aged 65 years and older, and A Phase III, randomized, double-blind, placebo-controlled study to assess the safety and efficacy of anti-spike SARS-CoV-2 monoclonal antibodies in preventing SARS-CoV-2 infection in household contacts of individuals infected with SARS-CoV-2.

Ann Connor, Johannson A, co-project leaders. Community engagement: Clinical Researcher tools. Harvard Catalyst Research Resource Development Pilot.

Barbara Luker, Barbara Rosato, Maura Brain, Maureen Cassidy, Oshin A, Rivera O, Abrahamson M, Li JX, Wemple L. Improving patient engagement in diabetes care via continuous glucose monitoring. Supported by the Linde Family Innovation Grants Program in Primary Care.

