



Department of Nursing

2021 Annual Report



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On December 20, 2021, we at the Boston Medical Center experienced a moment of unparalleled pride and joy. After years of meticulous efforts and dedication from nurses, nurse leaders, and interprofessional colleagues alike, we were officially awarded Magnet designation from the American Nurses Credentialing Center (ANCC). This distinction is not given lightly, as it requires organizations to demonstrate a high standard of excellence in patient care and nursing practice.

At BMC, this achievement was made possible through the hard work of our Nursing department and countless others on campus who endeavored to showcase all that we have to offer our community. Every single nurse played an invaluable role in our journey to Magnet designation. We are immensely proud of their efforts and contributions.

Magnet designation is the highest national credential that recognizes nursing excellence and quality patient care. It serves as a testament to the exceptional care we provide every day to patients and families. This remarkable accomplishment serves as a reminder that when each of us commit ourselves to demonstrating excellence day in and day out while upholding our core values — anything is possible.

We invite you to join us in celebrating this momentous occasion by taking a look at this 2021 Nursing Annual Report which chronicles our Magnet journey with examples from our site visit with appraisers. It is truly an honor for us at Boston Medical Center to receive such recognition for its commitment towards delivering only the best quality care for its patients.

NANCY W. GADEN, DNP, RN, NEA-BC
Senior Vice President and Chief Nursing Officer
Boston Medical Center

Front cover photo by Ed Collier

Photo this page by Jesse Shauffer
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OUR JOURNEY TO MAGNET

THE AMERICAN NURSES CREDENTIALING CENTER, A DIVISION OF THE AMERICAN NURSES ASSOCIATION, RECOGNIZES HOSPITALS INTERNATIONALLY WITH MAGNET DESIGNATION BASED ON RIGOROUS CRITERIA AND ASSESSMENT OF NURSING EXCELLENCE. ANCC MAGNET DESIGNATION IS THE MOST PRESTIGIOUS NURSING RECOGNITION FOR A HEALTHCARE ORGANIZATION. LESS THAN 10 PERCENT OF HOSPITALS IN THE COUNTRY HAVE MAGNET DESIGNATION! IT DEMONSTRATES TO THE WORLD THAT BMC IS AN ORGANIZATION THAT RECOGNIZES THE INVALUABLE IMPACT OF NURSES ON PATIENT OUTCOMES AND QUALITY HEALTHCARE. BECAUSE OF THE IMPORTANT ROLE OF PROFESSIONAL NURSES, BOSTON MEDICAL CENTER CAN PROVIDE EXCEPTIONAL CARE WITHOUT EXCEPTION. ORGANIZATIONS THAT HAVE ATTAINED MAGNET DESIGNATION HAVE BETTER PATIENT OUTCOMES AND A MORE SIGNIFICANT IMPACT ON THEIR COMMUNITY.

The Magnet Model

Nurses in Magnet hospitals use evidence-based models of care. These models of care result in better outcomes for our patients and families who live in the communities we serve.

Magnet hospitals outperform the national benchmarks of nurse-sensitive indicators such as hospital-acquired pressure ulcers, central-line blood system infections, catheter-acquired urinary tract infections, ventilator-assisted pneumonia, and pediatric infiltrates. Our patients deserve this high-level quality of care.

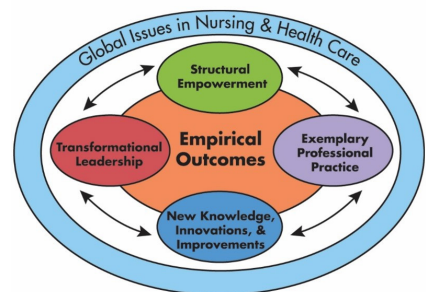
Boston Medical Center uses a Plan-Do-Study-Act model to document improvement changes. Outcome measures followed and measured at BMC are patient satisfaction, RN engagement, and many nurse-sensitive quality clinical indicators.

In April of 2021, we submitted our document, which included more than 100 narratives that met the Magnet requirements in each domain where data was required.

MAGNET DESIGNATION

On September 29, 30, and October 1, 2021, BMC welcomed three Magnet appraisers for our site visit to validate, verify and amplify information submitted in our document.

The appraisers spoke with hundreds of nurses and clinical staff across the organization. BMC nurses took the opportunity to shine and talk about their incredible work daily. Following the successful site visit, Boston Medical Center was awarded Magnet designation on December 20, 2021.



TRANSFORMA- TIONAL LEADERSHIP

Nurses are the cornerstone of BMC's patient care. Under the leadership of Chief Nursing Officer Nancy W. Gaden, DNP, RN, NEA-BC, Nursing's strategic plan aligns with Boston Medical Center's organizational priorities. Nurses improve the organization's performance by strengthening nursing practice and accountability in service to all patients, families, and staff.

In her role as Chief Nursing Officer at BMC, Nancy Gaden uses a leadership approach that values the importance of the nurse's voice. Leadership is not something that happens in a vacuum. Instead, it requires ongoing support and input. Professional nurses advocate for organizational change and implement evidence-based practice improvements that meet their patient's needs. As a result, nurses' voices throughout BMC are heard, their input valued, and their practice supported. Here are some highlights.

BOSTON MEDICAL CENTER (BMC) OFFERS MANY OPPORTUNITIES FOR NURSE LEADERS, EMERGING NURSE LEADERS, AND STAFF NURSES TO HELP THEM GROW AND EXCEL IN THEIR ROLES AND ADVANCE THEIR NURSING PROFESSIONAL PRACTICE. MANY OF THESE PROFESSIONAL DEVELOPMENT OPPORTUNITIES ARE OFFERED INTERNALLY. ADDITIONALLY, NURSES ARE ENCOURAGED TO PARTICIPATE IN PROFESSIONAL ORGANIZATIONS, CONFERENCES, CERTIFICATION PREP PROGRAMS, AND HEALTHCARE SUMMITS.

A few of our key programs:

Integrative Nursing Fellowship

This fellowship is a year-long experience designed to create and reinforce evidence-based whole person/whole systems care, relationship-based care, healing environments, and professional resilience. Composed of clinical, experiential, mentored, and didactic learning opportunities, the fellowship aims to reconnect and prepare nurses to practice holistically and experience joy in their practice.

Grayken Addiction Nursing Fellowship

This is the first Addiction Nursing fellowship of its kind in the United States. Composed of clinical, experiential, and didactic learning opportunities, the fellowship aims to prepare nurses with specialized training in treating patients with Substance Use Disorder (SUD) and co-occurring disorders, harm reduction, and providing trauma-informed care. At the end of the fellowship, nursing fellows will be prepared to sit for the Certified

Addictions Registered Nurse (CARN) exam. A longitudinal project prepared by the fellow throughout the fellowship will be presented to the BMC Substance Use Disorder Nursing Council, their colleagues from their home unit, and other speaking opportunities.

Health Equity Fellowship Program

This is a two-year appointment that allows fellows to advance BMC's health equity priorities through project and program activities to reduce inequities in health outcomes. As a health equity fellow, the nurse fellow will gain experience in designing and implementing hospital equity projects, provide education to BMC nurses, work with interdisciplinary teams across the BMC health system and engage in coursework at the Boston University School of Public Health, leading to graduate certification.

Infection Prevention Nursing Mentorship Program

This is a year-long program focused on the advancement of learning and professional development of competent nurses from diverse backgrounds new to the infection prevention role. An Infection Preventionist mentors nurses to gain knowledge and proficiency in infectious disease processes, microbiology/virology antimicrobial patterns, device-related infections, standard and transmission-based precautions, investigation and prevention of communicable diseases, and healthcare-associated infections. They are change agents that positively impact patient outcomes and the nursing workforce. At the end of the program, nurses will be prepared to sit for the Certification in Infection Prevention and Control exam and may matriculate into a full-time role as a certified Infection Preventionist in the Infection Prevention department.

BMC Nursing continues to strive and develop innovative leadership, team building, mentorship, and specialty programs with direct participation from leaders at the highest levels of the organization.

Instituting an Infection Prevention (IP) Mentorship Program to Address Critical Staffing Needs

As BMC prepared for the second wave of the Covid-19 pandemic in the latter part of 2020, discussions were underway to evaluate time to retirement data and national data related to the Infection Preventionists (IP) staffing shortage. At no other time has the criticality of the IP role been more evident. Hospital-based infection control emerged as a distinct specialty in the 1970s. This specialty was led by registered nurses, who remain the single largest group of clinicians in this now multidisciplinary field.

The Association for Professionals in Infection Control and Epidemiology (APIC) reported an expected decline in senior-level IPs. Nearly 50% of practicing IPs are within 1-2 years of retirement, and almost 70% are over 50 years old. At BMC, three out of four IPs are within two years of retirement, and one-third of the nurses are over 50. Recognizing this, the IP nurses disseminated a survey to the team to identify professional plans and expected turnover.

Clinical nurses Cathy Korn, RN, MPH, CIC, Deb Lichtenberg, RN, BSN, CIC, and Jacqueline Steiner, RN, BSN, collaborated with nurse director Diane Hanley, MSN, RN-BC, EJD, and reviewed the survey data and looked to identify and analyze new ways of sustaining this critical role. As a result of this work, the team proposed the establishment of an Infection Prevention Mentorship Program and was approved to hire three Nursing IP fellows.

The Infection Prevention Nursing Mentorship is a year-long program focused on the advancement of learning and professional development of competent nurses from diverse backgrounds new to the infection prevention role. An Infection Preventionist mentors nurses to gain knowledge and proficiency in infectious disease processes, microbiology/virology antimicrobial patterns, device-related infections, standard and transmission-based precautions, investigation and prevention of

communicable diseases, and healthcare-associated infections. They are change agents that positively impact patient outcomes and the nursing workforce. At the end of the program, nurses will be prepared to sit for the Certification in Infection Prevention and Control exam and may matriculate into a full-time role as a certified Infection Preventionist in the Infection Prevention department.



Left to right: Alison Nelson, MD, Cassandra Pierre, MD, Deborah Lichtenberg, Michelle Betances, Jacqueline Steiner (back), Cathy Korn, Sherine Henry

IP FELLOWS

Since hiring the three IP fellows, each has completed the APIC Roadmap for the Novice Infection Preventionist and is preparing to take their CIC exam. They have transitioned from training with a senior IP to independently covering their specific units and areas of interest.

Over the past year, the fellows have created an interactive “Escape Room” training for nurses and CNAs and have been instrumental in promoting best practices in infection prevention at BMC. In July 2021, Jacqueline Steiner became certified in Infection Control and is completing the APIC “Proficient Practitioner Bridge” to help build her professional background and experience to reach the IP advanced career stage.

Recognizing the importance of training and mentoring the next generation of IPs, and with the planned retirements of Cathy Korn and Deb Lichtenberg in June 2022, BMC has created an additional position for an IP Fellow as well as an IP Nurse Manager position that Jacqueline Steiner will cover. This will address a critical staffing need in IP and ensure BMC maintains a knowledgeable and competent infection prevention workforce.

Program Spotlight: Grayken Addiction Nursing Fellowship

Jason Fox, MSN, RN, ANP-BC, CARN-AP is the Director of the Grayken Addiction Nursing Fellowship program, an adult nurse practitioner at Boston Medical Center, and an Assistant Professor of Medicine at Boston University Chobanian & Avedisian School of Medicine. As a member of the Addiction Consult Service at BMC, Jason treats patients across all inpatient units; this includes providing withdrawal symptom management, motivational interviewing, and pharmacotherapy initiation for substance use disorders. Jason also works as a consultant educator for the Grayken Center for Addiction Training and Technical Assistance team; he has been a DATA 2000 X-waiver training course instructor via PCSS since 2019. Outside of addiction medicine, Jason has significant experience in the primary care of homeless individuals and members of the LGBTQIA+ community. Jason received his MSN in 2012 from the MGH Institute of Health Professions, where he also received a Certificate of Completion in HIV/AIDS. He is board-certified in addiction nursing by the Addictions Nursing Certification Board.

Kristin Wason, MSN, NP-C, CARN is the Associate Director of the Grayken Addiction Nursing Fellowship program, a Nurse Practitioner at Boston Medical Center, and Assistant Professor of Medicine at Boston University Chobanian & Avedisian School of Medicine. Kristin has been working in addiction medicine since 2009 - initially practicing as a Registered Nurse within BMC's multidisciplinary OBAT clinic, managing a large caseload of patients with substance addiction, and now as a Primary Care Provider with a full DATA2000 X-waiver. In addition to her clinical practice, Kristin advises and supports community health centers on integrating best practices for treating substance use disorders into institutions across Massachusetts and nationwide. Kristin earned her MSN, Adult-Gerontology Nurse Practitioner, a degree from Salem State University. She is board certified in addiction nursing through the Addictions Nursing Certification Board.

Q: Tell us about the Grayken Addiction Nursing Fellowship program. How did it start and why?

Jason: The original idea came from Chief Nursing Officer Nancy Gaden and the Grayken Center for Addiction Medical Director Miriam Kormaromy, MD. It was kind of the brainchild of both of theirs - to create this fellowship program for nurses interested in addiction medicine. It's the first of its kind in the country as far as we know and there has not been a program that has existed before this, except for the very first in the world, which was in Vancouver.

The fellowship was created not only as an educational fellowship but a critical need that we've all known for a long time, about the stigma that exists regarding the care of patients with substance use disorders in the hospital.

Nurses would not only have clinical rotations, in different varying sites where they would encounter patients across the spectrum of substance use – not just patients actively using but also patients in recovery – but the important sites where patients with substance use disorders were being treated that were nursing-led, which I think is the key characteristic of a lot of the clinical sites that the fellows rotate through.



Q: Why nurses? Are there physician addiction medicine fellowships?

Kristen: There are about 70 addiction medicine fellowships across the country, including one here at BMC that's existed for a few years – the addiction psychiatry residency program. And so, nursing was lacking and there wasn't any that had been identified in the entire United States.

Nurses provide so much frontline direct patient care and partner with our patients to keep them in the hospital and help with their care needs and so it seemed important, to target those nurses who are doing all that direct patient care. In addition, we know that there is a lack of education in nursing programs specifically for people with addiction.

We have a high percentage of patients at our hospital that have substance use disorders. Some nurses have expressed feeling burnt out and not having the tools they need to support the patients holistically. And so, the fellowship was developed to help provide an immersive experience where nurses could learn all about the tools that we have to care for patients so that the nurses' and the patients' experiences would be improved.

Q: How does the fellowship program work and what do you look for in applicants?

Jason: That's a great question. We're looking for nurses who are motivated and passionate about patient care, and also have already identified themselves as patient advocates because if there's one thing that research has shown, stigma, which is often derived from a lack of education around substance use disorder, especially for nurses, will result in poor patient care.

And so the first thing that we're looking for are individuals that want to be fellows and are motivated to care for patients with substance use disorder. They should have an eagerness and curiosity to learn more, and not just provide compassionate care that's standard for all nurses but also fellows who come with early leadership qualities – those identified as leaders among their colleagues because the real idea about the fellowship would not just have the education but be able to use that knowledge for change especially among their colleagues, in the units that they work in. They can further advocate for the patients that they're already advocating for.

Kristen: This is a very timely question because we are just now going through selection for our next cohort and we've been thinking about whom we're truly looking for -- change makers. We're looking for people that want to do the most for patients with substance use disorders and be able to engage patients and help them follow through on the care that they could benefit from. We're looking for nurses that will also have the ability to become clinical champions respected within their units. People look to them for leadership, advice, and guidance. They can help shift the culture of nursing at BMC because while we have tremendous nurses here in our hospital, we are also located in a setting that is surrounded by people who struggle with addiction – and so, being able to pull patients into the hospital and keep them there so that they can get the care they need is, is important.

Q: Tell me a little bit about the structure of the program.

Jason: The program is six months and when we designed it, we wanted to have a good variety of different sites not just sites within the hospital but also in the community. One thing that I think has been fantastic for both of us is that each cycle has been a little different because different sites change, open, close, or are available to us or not available so it's a great opportunity for the nurse fellows, not just to meet fellow nurses at BMC that are doing the work they're doing, but also a lot of the nurses in the community.

In terms of the structure, it's 12 hours a week and eight hours of that week are at a clinical site, and then the remaining four hours encompass usually a lecture each week that's through the care unit, which is the addiction research and education unit in GIM but also the mentorship session, which Kristin and I have enjoyed so much because it serves as a check-in/mentorship for the fellows, based upon the experiences of the patients they've cared for at their sites each week. On top of that, it's also a lot of self-directed learning and Kristen has done an amazing job in creating that for the fellowship. During the six months, the fellows will also work on a project or presentation that they present at the culmination of the fellowship.

Kristin: And I'll add, with the clinical rotations, we're fortunate that we have a lot of excellent resources within our institution and our neighborhoods. When the fellowship first started in September 2020, we were right in it with COVID and we had to keep everything at BMC. But we were lucky in that we had an Addiction Consult Service inpatient, and we have our OBAT programs, outpatient and Faster Paths, and Project Trust and so, we were still able to have our nurse fellows do inpatient and outpatient care and community work, which was a great thing. As the COVID pandemic became more manageable, we've been able to add in some other sites like Dimmock where they have acute treatment services.

We continue to work with other institutions and harness a lot of those resources for clinical sites, but we've also been able to harness a lot of resources for our education sites, in that, we have our now BMC Grayken TTA team, which does all the free online virtual live and prerecorded training with the continuing education credits attached to them.

We're able to have the nurse fellows attend a lot of those didactic sessions where they can get a ton of education, often led by nurses or nurse practitioners, which is great. They can even use the continuing education credit to sit for the Certified Addiction Registered Nurse exam, which is one of the goals of the fellowship -- to have nurses become board-certified in addiction nursing. We try to make the curriculum set up in a way that they'll be able to access all of that education to sit for the exam.

Jason: We had talked so much earlier about identifying the fact that as nurses, none of us received any sort of education about substance use disorder as a disease or how to care for patients with substance use disorder and the truth is even as full nurses and as practicing nurses, we don't receive that education either and so there's even a greater need for practicing nurses to be around other nurses and to have the opportunities to be in the fellowship, to care for patients.

Q: Now, in both of your experiences, how have you seen the fellows grow in terms of their nursing practice? What are some memorable moments?

Kristin: I would just say we're incredibly proud of all of them. It's been really rewarding to watch them grow during this process. We always try to start folks doing the clinical rotations, the inpatient in the hospital, because it's an area where they have the most comfort and maybe have the most experience in seeing everything that we can add on. As the fellows start to work their way outside the hospital, I think their minds are almost blown away. They see where people are being discharged to like a home or to the street and the resources that are available out there.

A lot of time, we doubled our mentor sessions from being every other week to essentially being weekly because people wanted to talk through these challenging cases and what they saw, what they heard, and how this clinic did something completely different than what maybe happens in a super structured setting, that is the hospital and thinking about how we engage people that maybe are super disenfranchised. It's been really interesting to talk through all of that with them as all the pieces come together. I think sometimes with addiction medicine and addiction

nursing, people think that they know something then but as they do more work, they realize you don't know what you don't know. I think that's an ongoing theme.

Jason: Yes, I would echo that. I mean all of us, Kristin and myself included, we're just so proud to be working at BMC and we're so proud of BMC Nursing. It's been incredible working with such fantastic nurses and you asked the question about memorable moments the point of the fellowship is not to get to a different position because I think we've seen all of them grow in different ways.

There is this feeling of confidence that you see that the fellows attain over the six months that it's just incredible to witness and we've seen the fellows leave with this, I don't know how to describe it, armor. It's confidence in their abilities as a nurse and their abilities as a person to connect with patients, speak with other colleagues, and advocate for patients. They feel more empowered.

Kristin: Jimmy [Evans] is a success story and I think that he's a nurse that a lot of other nurses look up to, of his knowledge and ability to work with patients. And with Kerri [Fernandez], when I do a talk sometimes, I mention the amazing Naloxone project she did where nurses can dispense Naloxone directly to patients who are at risk of witnessing or experiencing an overdose. And so her project was to implement this Naloxone distribution project, which is the first of its kind. I remember her doing her training where she said, "People never ask if there's an unplanned pregnancy, why wasn't that person wearing a condom or when they're in a car accident, they don't ask "why didn't they have their seat belts on?" "With an overdose, why didn't they have Naloxone?"

And so, we need to change the conversation. Azure [Bergernon] has been amazing and she did this great project on looking at managing alcohol withdrawal within the SICU setting. Her project has turned into a simulation that is actively ongoing now at BMC to train nurses and do this in a simulation-type setting. And then, Abby [Brennan] had this great idea to have an ice cream truck as her project to engage these high-risk populations and get people thinking about very practical ways that instead of drawing folks into the hospital, maybe we could leave the hospital sometimes and go to the patient. All of these fellows just have great ideas that connect with their nursing colleagues.

Jason: I'm just so constantly impressed and blown away. I've been using the word passion quite a bit, but it is a true passion. Kristen and I do not assign any specific topics, projects, or presentations for the fellows. We want to leave it up to the individual fellow to dive into a topic or project they have strong feelings about. It's been a true joy for both of us. I think working with the fellows, we constantly hear the fellows wanting the fellowship to be more than six months, and maybe one day it will be, but, but it truly is a pleasure. We've become a family in terms of the group that we have. We all stay in touch. Everyone is ready to jump on board to assist, help, to educate, and continue the work.

Q: How do you see the program in the next five years? What does the future look like for this program next five years? Where do see it going?

Kristin: I think we would like to see it continue to grow. Right now, we're still focused on inpatient nursing and I would like to see that be opened up to all nurses at Boston Medical Center. I think it would even be great if we could maybe add nurses at other institutions as well. One of the limitations is the fact that we do pride ourselves on having the clinical preceptorship and those experiences being nurse-driven so trying to find those programs where nurses can learn from nurses is a goal.

Jason: I agree with everything Kristen said. We want all nurses at BMC and in the Greater Boston area to be eligible for such a program so that's the thing that we're working on. We're still things out but it's exciting the changes that occur from cycle to cycle. It keeps things different so that's been wonderful and, we are very indebted to not only all of the great nurses that volunteer their time to the fellows at BMC but all of the nurses at the community sites as well because they're all volunteering.

Kristin: We keep evolving to meet the needs of our nurses and our patients and our community members. Our nurses have great ideas and can like identify these gaps and have practical solutions about what we can do better.

Jason: I think it's really important to acknowledge the fact that this fellowship was created here where Colleen Labelle and other nurses know contemporary addiction nursing and Colleen and her colleagues were able to create the Massachusetts model. I feel like we're continuing the legacy of educating nurses about SUD and about how to care for patients. The end goal is to provide better care and increase access to treatment for patients that need it and whom we care for.

Profile:

Abby Brennan, BSN, RN, CARN

Addiction is a complex issue that affects individuals from all walks of life. Finding the proper care and support can be challenging for those who struggle with addiction. Addiction nurses are vital in providing care to those with substance use disorders. Hear from Labor & Delivery nurse and Grayken fellow Abby Brennan, BSN, RN, CARN as she shares her experience working in addiction nursing.

How did you become interested in addiction nursing?

I've always been drawn to patients with SUDs. As a nurse, I have encountered many patients. One patient stood out for me. She came in while actively using, was homeless, and without custody of her children. The patient was open with me about her struggles, and I saw her at various stages of her recovery process. She eventually regained custody of her children, found housing, and stabilized her life. That experience with this patient sparked my interest in addiction nursing and motivated me to learn more.

Tell us about your experience in the fellowship.

Participating in the Grayken Addiction Nursing Fellowship, I was involved with working on the streets with homeless and pregnant patients with substance use disorders. The fellowship allowed me to engage

with patients who had not yet received care and connect them with the resources they needed. I recall one patient who was constantly overdosing and having psychotic episodes. I met her on the streets and eventually convinced her to seek care. This patient's willingness to engage in care opened new possibilities for her, and she was able to start the process of recovery.

Addiction nursing is a critical care area requiring specialized knowledge and skills. Addiction nurses support patients who are struggling with addiction and help them navigate the complexities of the healthcare system. Nurses in this field care for patients who face significant challenges, including homelessness, mental health issues, and a lack of access to resources.

The increasing prevalence of substance addiction among women is a growing concern that cannot be ignored. The range of substances used has changed, and there has been a significant increase in the use of fentanyl, methamphetamine, and cocaine. This development is especially problematic for pregnant women, as the use of cocaine can cause bleeding and abruption, leading to pregnancy complications.

While the treatment of addiction was more straightforward in the past, with drugs like methadone and suboxone, the current drug landscape presents new challenges.

Being in the fellowship, I've become a valuable resource in addiction treatment, especially now having received certification in addiction nursing. I'm a member of the

Nursing Substance Use committee, which meets monthly to discuss and improve the care of patients with substance use disorders. The committee has revamped outdated policies and practices, including creating a more mutually collaborative agreement between patients and care providers.

The committee has also changed the acuity scale for patients coming to the hospital's triage, adding a new category for acute withdrawal. This addition ensures that patients experiencing acute withdrawal symptoms are seen more quickly, and their treatment is prioritized.

Any last thoughts?

In my work, we are seeing increasing prevalence of substance addiction among women and the need for a comprehensive and collaborative approach to addiction treatment. We need to create a more inclusive and supportive care environment for patients with substance use disorders and serve as an example for other hospitals and health institutions. There is still much work to be done to improve addiction treatment and the care of pregnant women with substance use disorders and it requires great compassion and understanding. Addiction nurses play a vital role in helping patients who struggle with addiction to recover and lead fulfilling lives. Through my experience in the fellowship, it has shown me that addiction nursing is a field where nurses can significantly impact their patients' lives.





Profile: Azure Bergeron, BSN, RN, CARN

Addiction nursing is a unique and challenging field that requires a compassionate and holistic approach to care for patients with substance use disorders (SUDs). Hear from SICU nurse Azure Bergeron, BSN, RN, CARN, as she talks about her experience and interest in addiction nursing, the role of a nursing fellowship in supporting addiction nursing practice, and the importance of addressing the health system's failure in managing patients with SUDs.

How did you become interested in addiction nursing?

I have a background in acute care and med surg and noticed that most patients admitted to the unit had underlying issues related to SUDs. These patients often complained of being cared for improperly and having bad experiences with healthcare providers. Intrigued by this, I got a per diem job at a detox center and later became certified in addictions. This experience led me to pursue the Grayken Addiction Nursing fellowship, allowing me to learn more about addiction services and better understand patients' experiences with SUDs.

Tell us about your experience in the fellowship.

The nursing fellowship was an eye-opening experience for me, especially since I've been working primarily in the ICU. I saw firsthand the different services available to support patients with SUDs and learned about the healthcare system's failure, which often leads to poor outcomes. I spent five weeks on the consult services, rounding with the team, and seeing how they cared for patients with SUDs. I also learned about the experiences of patients before and after their hospitalization, which helped me understand the sources of their anxiety and reluctance to seek care.

As a part of my nursing fellowship, I worked on a project to improve the management of alcohol withdrawal in the ICU. The current standard practice for managing alcohol withdrawal is to use benzodiazepines, which are effective for some patients. However, many colleagues did not understand alcohol withdrawal and the available management strategies. I took this opportunity to educate my colleagues on the unit and develop a more holistic approach to managing alcohol withdrawal.

Any last thoughts?

Nurses in addiction nursing play a critical role in bridging the gap between addiction services and urgent care and advocating for the needs of patients with SUDs. Addiction nursing is a field that requires healthcare providers to take a holistic approach to care. Patients with SUDs often have complex medical and psychological needs that require healthcare providers to be knowledgeable and empathetic. Addiction nursing also requires addressing the healthcare system's failure, which often leads to poor outcomes for these patients. Through education and advocacy, we can provide the compassionate and knowledgeable care that patients with SUDs need to overcome their addiction and achieve long-term recovery.

Nursing Spotlight: Supporting New Nurses through our Nursing Professional Development Fellows

In 2018, the Nursing department created Nursing Professional Development Fellowship positions to support new nurses joining the organization. New nurses often come with traditional practice standards that vary from those at BMC, which can overwhelm preceptors and charge nurses. Staff nurses recognized the gaps in supporting our new nurses, leading to the creation of four fellow positions.

The fellows, including Celia Hill, Kristina Nichols, Maureen McCarthy, and Melissa Andrews, each brought unique expertise to the role. They provided support through education, promoted critical thinking skills, and evidence-based practice implementation. They also supported infection prevention, patient satisfaction, patient education, HIPAA, strategic goals, shared governance, and other organizational values.

The fellows supported approximately 70 new nurses during the fellowship, covering 10 Med/Surg units. They facilitated rounds, trained and audited staff, coached and redirected them, and provided support during rapid response emergencies. They also assisted with finding policies, picking up supplies, supervising IV sticks, and even hanging blood or starting a Heparin drip for new staff who had not previously experienced these tasks.

During the Covid-19 pandemic, the fellows supported nursing practice by providing tactical training around PPE, staff reassignments, and compliance while promoting safe patient care. Their direct strategy of rounding, questioning, training, redirecting, auditing, and coaching played a vital role during Magnet preparation and in preparation for Joint Commission visits.

As a result, the fellows received tremendous support from the Nursing executive leadership team, including coaching in organizational change and role development. Their detailed reports created data that supported the need for their role and the creation of additional education for staff.

They have been an invaluable addition to BMC’s organizational structure, providing essential education and support to new nurses. We are grateful for their ongoing commitment to promoting safe patient care and enhancing professional role competence.

In 2021, the Nursing Professional Development fellow positions became permanent, and Celia Hill transitioned to being the Nursing Professional Development Specialist after becoming board certified in professional development. She believes her work will continue to be instrumental in creating equitable learning opportunities, promoting safe practice changes, and professional practice excellence.



CELIA HILL, MSN, BSN, NPD-BC, RN-BC

STRUCTURAL EMPOWERMENT

BMC professional nurses are skilled, educated, and empowered to deliver high-quality care. We believe that nurses' involvement in organizational decision-making processes and shared governance improves patient outcomes and benefits our communities.

BMC's Chief Nursing Officer and the executive nursing leadership team participate in strategic decision-making, including creating standards for excellence in nursing care and identifying opportunities for improvement impacting efficient and effective operations.

Our commitment to providing quality care and improving the health of our community extends beyond our walls. We are dedicated to building a better future for our communities by partnering with local organizations. We provide many structures and processes that support lifelong learning, academic achievement, and career advancement among nurses across our organization. Here are some highlights.

Bedside Shift Report Continues on 6 West

The Covid-19 pandemic brought about many changes in the healthcare industry and significantly impacted healthcare facilities worldwide. The pandemic forced nurses to change their approach to shift reports and patient care.

Before the pandemic, 6 West sought to improve the patient experience by implementing a standardized nursing report that used the IPASS model, a powerful tool for patient handoffs, and moved the shift report to the patient's bedside. This change was supported by research that showed improved patient experience scores when the nursing report was moved to the bedside, allowing patients to be involved in their care plan and improving communication between the nurse, patient, and patient's family.

However, when the pandemic hit, nurses could no longer enter patient rooms for bedside shift reports. Instead, they were required to perform reports in the hallway and only enter the room when necessary to preserve personal protective equipment and reduce the risk of transmission of Covid-19. Despite this setback, 6 West continued researching the benefits of bedside shift reports. They found a toolkit created by The Agency for Healthcare Research and Quality (AHRQ) that could help BMC implement this approach.

With support from their Nursing Director, the 6 West unit-based council and their clinical educator support assessed the knowledge of 6 West clinical nurses. They developed an education and training program to support the implementation of bedside shift reports. This program included a two-week period of education that occurred at different times to accommodate staff from all shifts. The nurses gradually improved their compliance with the new approach through audits, huddles, and individual coaching. The IPASS model was fully implemented at BMC in late 2020, and their robust efforts continued in 2021.

THE IPASS MODEL

The implementation of bedside shift reports using the IPASS model and associated nursing continuing education assessment led to an improvement in the patient experience at 6 West. The nurses could provide more personalized care and involve patients in their care plan, leading to better communication and increased patient satisfaction.

Despite the challenges brought on by the pandemic, 6 West successfully implemented a new approach to shift reports that improved patient outcomes. This serves as an example of the importance of adapting to changing circumstances and continually seeking out new ways to improve patient care.



I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

FIGURE 1
Elements of the I-PASS mnemonic.

Relationship-Based Patient-Centered Integrative Pain Management in Sickle Cell Disease

In 2021, a clinical interdisciplinary team at BMC reviewed metrics and patient feedback that revealed several areas needing improvement in treating patients with Sickle Cell Disease (SCD). Areas recommended for improvement included pain management, readmission rates, medication adherence, no-show rates for appointments, screening rates, and patient experience.

Central to these improvements was a desire to increase interdisciplinary communication and collaboration and deepen trust with SCD patients who felt stigmatized and dissatisfied with aspects of their care. The team partnered with SCD patients to include their preferences in redesigning care systems at BMC to break down barriers and advance racial health equity.

One aspect of the care redesign that our nurses implemented was the use of non-pharmacological therapies for chronic pain. SCD patients are often hospitalized for pain related to vaso-occlusive crises. SCD patients experiencing pain had limited access to integrative therapies that could help them better manage chronic pain. Additionally, there was no systematic method of assessing a patient’s preference to receive integrative therapies or other pain-related referrals for specialty care such as psychiatry, social work, physical therapy, or chaplain services.

As a result, a systems-level approach was stewarded by the Integrative Nursing Council and Pain Taskforce to address this patient care gap. The goals of the Council are to improve access to integrative therapies and facilitate a better quality of care for inpatients diagnosed with complex pain. This provided an excellent opportunity to address the complex pain needs of the SCD population at BMC.

Evidence suggests non-pharmacologic therapies complement and work synergistically alongside pharmacologic treatments for chronic pain. Patients benefit from reduced pain intensity, improved quality of life, and functional status. Sickle cell patients have complex pain and often are stigmatized due to pain-seeking behaviors. A team of nurses moved to implement this clinical project and manage the assessment in the patient’s electronic health record.

During the initiation phase, nurses received e-learning and in-person training on using the new chronic pain screening questions in Epic, the nursing care plan, and the nursing order set for these integrative therapies. They were asked to explore the impact of implicit bias on their nursing practice. Patients screening for complex pain received a brief interview to determine their preferences. The patient can then request integrative nursing

therapies and multidisciplinary consults. Individualized integrative nursing therapies and multidisciplinary consults are delivered during the patient’s stay at the hospital.

The nurses offered patients Reiki, aromatherapy, music, prayer, pet therapy, meditation/mindfulness, and other integrative therapies such as repositioning, heat, ice, massage, deep breathing, and yoga. Patients rated the integrative therapies as beneficial, and the vast majority opted to receive them again on future admission.

In summary, SCD patients assessed and screened for complex pain during inpatient hospital admission were interested in learning about integrative therapies. Bedside nurses impacted their patients’ care by working with them as partners, and the nurses were able to sustain this program with the newly established integrative nursing fellows at BMC.

Nursing Informatics Council Update

The Nursing Informatics Council (NIC) is a consultative, shared governance committee at Boston Medical Center (BMC) that plays a crucial role in developing and implementing healthcare information systems. The council, which just completed its seventh year, comprises clinical nurses from various departments, including ambulatory, emergency, inpatient, intensive care, and maternal and child health.

The council convenes monthly to drive the optimization of Epic functionality and supporting clinical workflows. As superusers of the Epic system, council members provide valuable insights and expertise to the organization in the following ways:

- Offer suggestions on enhancements and changes to the Electronic Health Record (EHR) and participate in testing the proposed changes. They help develop a communication and training plan and provide support during the go-live period to influence adoption among their colleagues.

- Assist in developing best practices and workflows of Epic to standardize the use of information, drive communication, and provide support to their colleagues.

- Pilot new functionality to assess the training and support needs of their co-workers.

- Contribute to developing refresher, new hire, and upgrade training plans for the nursing staff.

- Encourage fellow nurses to integrate informatics into their daily practices to improve decision-making at the point of care.

With a membership of 50 individuals, the Nursing Informatics Council is a group of change agents with a passion for informatics and a deep commitment to quality care. Their core values of teamwork, professionalism and accountability drive their work in optimizing healthcare information systems at BMC.

An Update from the Skin Committee

The Skin Committee at Boston Medical Center has been actively involved in the Nursing Department’s Magnet Journey by conducting quarterly pressure injury surveys on each unit. Each unit has a dedicated Skin Champion, and most committee members have served for over five years, working to prevent hospital-acquired pressure injuries. After each survey, the Skin Champion sends an email to their peers, Nurse Director, and Nurse Educator, highlighting positive outcomes and areas for improvement. This communication helps nursing staff learn and grow in their practice, ultimately preventing pressure injuries. The committee takes pride in being a resource for their unit and working as a team. We applaud the units that created educational boards to support their peers, including the SICU, 3 West IMCU and 5 West IMCU, 4 West, 6 East, MICU A & B, and the CCU. These boards were displayed during the Nursing Magnet journey and led by the Skin Committee Champion with the support of their Nurse Director. This collaborative effort significantly impacted preventing pressure injuries and improving nursing documentation. We extend our gratitude to all committee members for their hard work and dedication.

Hear from a few of our Skin Champions:

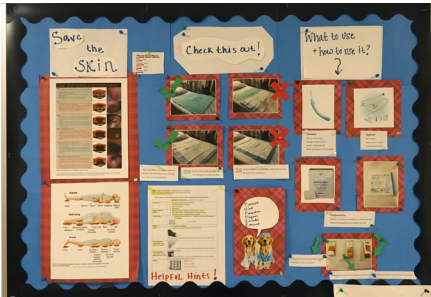
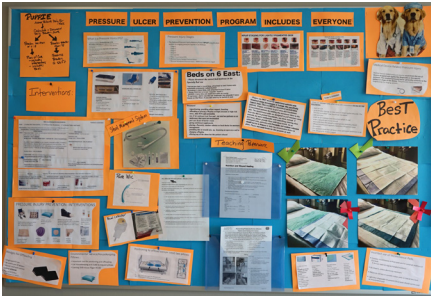
Laura Murphy, RN, is a nurse on 6 East and has been a member of the Skin Committee for 20 years and believes that the skin is the most important organ in the body.

The Skin Committee’s goal is to educate nurses on how to care for patients’ skin, especially those who have been in the hospital for a long time. Laura created an education board that serves as a one-stop-shop for nurses who need information about products and interventions related to incontinence and pressure relief.

“The board gives us interventions on how to take care of the skin for patients. We have incontinence products listed here with their number and how to order them, and we have a list of the types of beds and how we can special order one. If you need to get an answer, it’s on this board. When I’m not here to answer questions for off-shift staff, they know the answer is on the board,” said Murphy.

Laura believes that her board has helped reduce the use of diapers and increase the use of padding for beds. She has received positive feedback from new nurses who found answers to their questions on the board.

“My role is to be a resource, communicate and collaborate with my coworkers; being on the Skin Committee, I aim to inspire and remind everyone that we’re a team,” said Murphy.



Matthew Collins, BSN, RN, and **Samantha Grasso, BSN, RN** are nurses in the Menino 5 West step-down unit and are members of the hospital’s Skin Committee which focuses on preventing pressure ulcers and improving patient outcomes. The committee meets quarterly to survey units and identify areas that need addressing.

“In our unit, we found that certain device-related injuries and bed setups needed attention, particularly the use of air mattresses and the proper padding for patients with impaired skin integrity, so we included that in our education board,” said Matt.

The board included reminders for appropriate bed setups, anatomical pictures, and contact information for wound nurses. The unit has seen improved patient outcomes since the board’s implementation, including a decrease in unit-acquired injuries.

“I think overall the committee is great. It helps nurses pay closer attention to these preventable injuries, especially with some of our patients here for a long time,” said Sam.

Babette Bonnevie, RN is an SICU nurse and a member of the Skin Committee. She is dedicated to improving patient outcomes through education and personal involvement.

“We try to touch base with as many staff as possible and let them know we are here as resources to help. In addition, we create quarterly education boards based on survey feedback and identify areas of improvement, said Babette.

The board provides tools and resources for better care and helps staff identify and treat pressure injuries.

“Skin care is important because it can be costly to healthcare and have a detrimental effect on patient care. The unit has done well in preventing pressure injuries, and we are continuing to educate new staff, get the word out, and let people know what they need to do,” said Babette.

Overall, Babette believes education and communication are key to improving skin care and patient outcomes at BMC.





Nursing Education Report

Great news! The Provider Unit (PU) for Continuing Professional Development at Boston Medical Center has been reapproved by the American Nurses Association Massachusetts Approver Unit through 2023. The PU is committed to providing high-quality nursing and Interprofessional continuing professional development that meets the ANCC criteria.

The PU team, led by Primary Nurse Planner Pamela Corey MSN EdD RN CHSE and consisting of 16 nurse planners, is well-trained in ANCC criteria and has extensive knowledge in planning professional development. In 2021, despite the ongoing COVID-19 pandemic, the PU successfully provided 401 individual programs, granting 1143.44 contact hours and reaching 6808 nurses and 12468 professionals, an increase of 23%, 26%, and 41%, respectively.

The programs offered by the PU were diverse. They utilized various learning engagement strategies, including live, enduring, hybrid models, simulation, case studies, panels, lectures, and discussions. Many programs were series of education on specific topics to specialty audiences. The PU also partnered with the BMC Office-Based Addiction Treatment (OBAT) education team to provide education and professional development for this specialty population to all professionals.

The PU used data from the needs assessments and prior program post-activity surveys to plan programming. Due to the COVID-19 pandemic, many programs were moved to the zoom platform from in-person live sessions, but the PU team made sure to schedule them at preferred times and employ learning strategies selected by staff.

In addition to the above, the PU also provided contact hours for annual competency sessions for inpatient area nursing (medical-surgical, critical care), offered former programs such as basic dysrhythmias, preceptor workshops, and understanding and responding to domestic and sexual violence, and added new programs such as contact hours for Peripheral IV insertion, ECMO, Charge nurse workshop, Oncology educational rounds, Endovascular and PACU clinical update rounds and perioperative surgical skills for the orthopedic patient.

The PU team also recognized the need for integrative therapies and self-care/ resiliency programs, especially in these trying times. As such, programs were offered on mindfulness for nurses, aromatherapy, Reiki 1, 2, and 3, a resiliency workshop, the 11th Annual integrative care conference, and an Integrative Pain Experiential workshop.

The PU team also offered several interprofessional and community outreach programs, such as OBAT programs (NPS, MDs, SW, and counselors), COMET (Community Outreach Mobile Emergency Training), Responding to Sudden and Unexpected Infant Death, Building an Autism Friendly Practice, Miara Quality rounds, Schwartz rounds, and several communication-based programs.

The PU team is committed to meeting the learning needs of the hospital and community and providing high-quality nursing and interprofessional continuing professional development.

Building Resilience for a Better Tomorrow

Strengthening the resiliency of our nursing teams is a top priority at BMC. Resiliency programs reduce burnout, increase staff retention, and promote connectedness and joy in the workplace. At BMC, we have a hospital-wide council that promotes nursing self-care, wellness, and evidence-based patient care.

The Integrative Nursing Council consists of bedside nurses that meet monthly for four hours to plan programs that support the professional development of nurses and CNAs on the principles of integrative nursing. Building relationships with our patients and teams is essential in preventing burnout.

Here are key highlights of the nursing offered programs where we have taught evidence-based self-care techniques:

- Members from the Integrative Nursing Council partnered with Human Resources and Gabrielle Farquhar, MPH, to offer “Mindfulness-Based Stress Reduction (MBSR),” an eight-week session to enhance resilience, raise vitality and manage stress. The course also introduces the features of a mobile application called “Headspace,” available to all BMC employees. Headspace helps individuals concentrate on sleep, guided meditations, relaxation, and self-care. The mindfulness program continues to grow, and staff has incorporated “Mindful Moments” into their daily practice.
- Reiki, pronounced (RAY-key), is an ancient Japanese relaxation technique to enhance the body’s natural ability to relieve pain and anxiety. Reiki channels life energy to promote healing and can be

used in patients at the bedside and in nurse self-care. At BMC, different levels of Reiki classes are regularly offered at BMC for RNs and CNAs, and we have had over 200 participants to date.

- Aromatherapy is another evidence-based therapy that can manage symptoms such as pain, anxiety, nausea, and insomnia. This year, we have instituted a process for ordering integrative therapies.
 - o Staff can request Integrative Nurse Fellows to supply integrative therapies to unit teams experiencing stress, anxiety, insomnia, pain, or symptoms of burnout.
 - o Staff can also order aromatherapy, meditation, and Reiki for their patients by accessing the Integrative Nursing Order in Epic.

Integrative Nurse Fellows or a trained staff nurse will fulfill Meditation, Aromatherapy, and Reiki requests as needed.

- The Integrative Nursing Council hosted a full-day virtual conference during Nurses Week. The 11th Annual Integrative Nursing Conference, “Survive, Revive and Thrive,” Over 150 nurses attended the virtual event. Chief Nursing Officer Nancy Gaden kicked off the day with words of inspiration about the importance of self-care. The event highlighted self-care and healing workshops post-Covid, movement, acupressure techniques, and spirituality.

Thank you to the Integrative Nursing Council and resiliency teams for supporting our nurses in self-care.

EXEMPLARY PROFESSIONAL PRACTICE

Exemplary professional practice at BMC is evidenced by effective and efficient care services, interprofessional collaboration, and high-quality patient outcomes. Grounded in a culture of safety, our Magnet nurses partner with patients, families, support systems, and interprofessional teams to positively impact patient care and outcomes.

BMC professional nurses collaborate with other disciplines to ensure that patient care is comprehensively coordinated and monitored for effectiveness throughout the care continuum. Our nurses incorporate best practices, and many resources are available to respond to concerns.

Additionally, BMC nurses at all levels analyze data and use national benchmarks to gain a comparative perspective on their performance. BMC demonstrates outcome measures that outperform the national benchmark statistic for both patient and nurse-sensitive indicators. These measurements empower nurses to improve quality care and patient satisfaction.

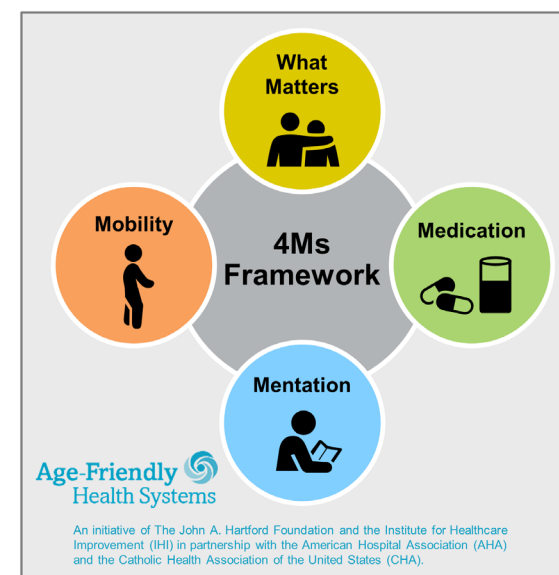
Improving Geriatric Care

The NICHE (Nurses Improving Care for Health System Elders) committee continues to provide expert geriatric nursing resources with the aim of improving outcomes for hospitalized older adults at Boston Medical Center.

This year, the committee implemented many interventions focused on improving patient experience, bedside handoff, quiet time, and patient safety by utilizing a multi-step action plan that includes:

- Utilization of communication boards with patients and their family members
- Extensive geriatric training for newly hired nurses and charge nurses with overall staff training completions at 88%
- “Quiet Time” protocol to help improve rest for our patients and promote healing
- Bed and chair alarms were implemented to further prevent falls
- Performing orthostatic vital signs on all patients who may be at risk for falls upon admission to the floor

Additionally, the NICHE committee has combined with the newly formed Mobility Committee to scale interventions and implement the Institute of Healthcare Improvement Age-Friendly Health Systems 4Ms framework for our elder patient population. BMC is so proud of the work done by all of our NICHE experts.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

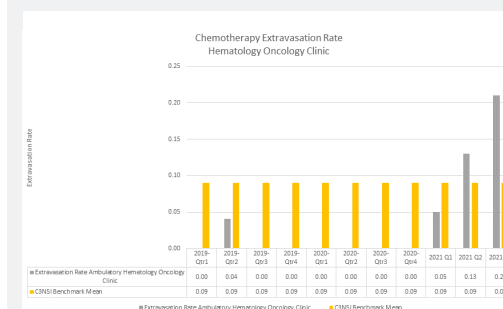
Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

ENSURING THE SAFE ADMINISTRATION OF CHEMOTHERAPY

As an American College of Surgeons comprehensive cancer center, BMC is committed to providing high-quality cancer care to patients, particularly in the outpatient setting. The Cancer Center's Consortium Nursing-Sensitive Indicators group (C3NSI) has identified chemotherapy infusion as a high-risk procedure, with the potential for extravasation or the leakage of vesicant chemotherapy outside of the vein and into the surrounding tissue. Extravasation can cause significant morbidity and may require surgical intervention.

To ensure safe administration and quality patient care, all BMC nurses who administer chemotherapy complete a comprehensive orientation program, including an extravasation simulation class and competency validation. The prevention of chemotherapy extravasation is a nursing-sensitive indicator. C3NSI has established a benchmark for the incidence of all extravasation events of 0.09% based on research. This benchmark is used to monitor and improve the safe administration of chemotherapy in the outpatient setting at BMC.

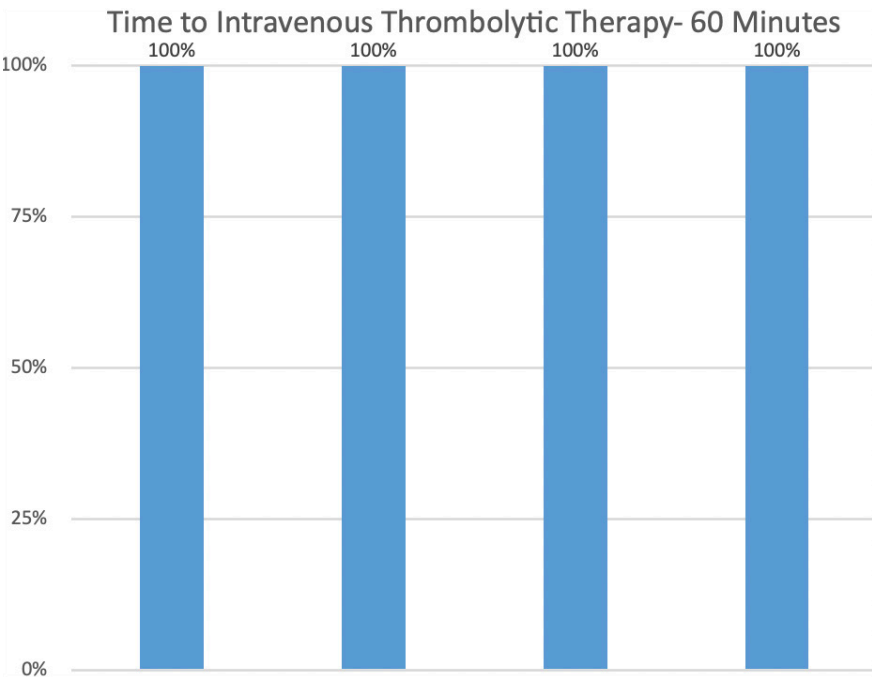


Improving Time to IV Thrombolytic Therapy for Acute Ischemic Stroke Patients: A Nurse-Sensitive Indicator

The Time to IV Thrombolytic - 60 Minutes is a nurse-sensitive indicator for the Boston Medical Center (BMC) ambulatory setting. The benchmark for this indicator is the average time of eligible acute ischemic stroke patients who receive intravenous thrombolytic therapy during their hospital stay, with a time from hospital arrival to initiation of thrombolytic therapy administration (door to needle) of 60 minutes or less. Treatment of acute ischemic stroke with IV, a tissue-type plasminogen activator, has been proven beneficial for select patients when administered up to 4.5 hours after symptom onset.

Meeting this measure requires collaboration between nursing, Emergency Medical Services (EMS), Emergency Department (ED) physicians, the Stroke Team, Radiology, Laboratory Services, and multiple areas of the ED. Upon identification of a patient with stroke symptoms, nursing coordinates the care to meet all the Stroke Time Targets using critical thinking, high-level communication, and organizational skills.

This nurse-sensitive indicator is reported to the American Heart Association’s Get With The Guidelines-Stroke program through IQVIA. The national comparison group used by BMC is set by the American Heart Association (AHA) to meet Time to IV Thrombolytic - 60 minutes. The national comparison benchmark cohort is All Comprehensive Stroke Centers. The most recent four quarters of data for this indicator are presented for 2021.



Creating a Diverse and Inclusive Environment in Critical Care

“Data on the racial groups in nursing at Boston Medical Center reflects that Black, Indigenous, and People of Color (BIPOC) nurses are underrepresented in specialty areas of nursing, including critical care. As a health system deeply rooted in the Boston community and committed to achieving health equity, it is essential not only for us as an organization to understand our patients culturally but also for staff to be a reflection of the community in which we are rooted.”



My name is Monica Germain, and I currently serve as the first nurse health equity fellow at Boston Medical Center. I started the Diversity and Inclusion Committee in Critical Care to create a safe and inclusive environment for all staff and address race, culture, health equity, and diversity topics. I also wanted to develop a way for BIPOC nurses to advance their careers in critical care.

Out of the many things that we have accomplished, here are a few highlights in 2021:

- One of the committee’s guiding principles is “Remain open, so we are always learning with and from each other.” During competency day in critical care, the committee initiated the inclusion of BMC’s “Culture Code” in the yearly training so that nurses can learn and celebrate the different faces at BMC.
- BMC partnered with different schools, including Laboure College and Bunker Hill Community College, and recruited nursing students to work as certified nursing assistants (CNAs) in the hopes of continuing their nursing careers in the ICU.

- The committee invited Human Resources to their meeting to examine the behavioral questions asked during interviews to remove any bias or language that may make it harder to answer for candidates. The committee also discussed how intimidating it might be for candidates to interview with a white panel and invited staff members to interview potential candidates for the ICU.
- The committee participated in the Magnet designation site visit displaying their work in critical care.

The Diversity and Inclusion Committee in critical care has made great strides in creating career opportunities, advancement, and an inclusive environment at BMC. This work is vital to breaking down barriers for BIPOC nurses who want to advance their careers in critical care settings.



CATHERINE FABRIZI, MSN, RN

BMC Ethics Committee: Q&A with Cathy Fabrizi, MSN, RN

The Ethics Committee at Boston Medical Center meets monthly and consists of a dedicated multidisciplinary team of bedside nurses, physicians, chaplains, social workers, legal and patient advocates, and support staff.

The committee develops evidence-based improvement strategies to avoid, modify, and resolve frequently occurring ethical dilemmas. They review and develop policies related to ethical issues in patient care and, as needed, make recommendations to the Chief Executive Officer at Boston Medical Center (BMC).

In addition, the committee maintains an accessible consultation service to assist in assessing and resolving ethical dilemmas. The service meets with patients, family members, and staff to provide guidance and discuss ethical issues. Any staff member may initiate an Ethics consult by completing an intake form and paging the Ethics team.

We sat with Ethics Committee Co-Chair Cathy Fabrizi, MSN, RN, to give her unique perspective on discussing and considering ethical issues. Cathy has been at BMC for over 29 years and serves as Nursing Director for the Geriatrics and Dermatology departments. She has co-chaired the Ethics Committee for eight years.

What inspired you and your interest in ethics?

My nursing mentor in Geriatrics was on the Ethics Committee. When she retired, she recommended that I join the committee so they would have someone with a Geriatrics perspective. My mentor shared many consults with me about older patients (and their families) facing end-of-life decisions/dilemmas that conflicted with the goals of care. For example, prolonging life when it seemed patients were suffering; offering treatments that would not benefit the individual in the long term, for example, G-Tube placement; or families that requested “everything be done.” These were areas where the Ethics Consult team could help.

What were some of the highlights over the years of being co-chair of the Ethics committee?

The first is collaborating and co-chairing with Michael Jeong, MD. He is a wealth of knowledge and has incredible insight into medical ethics. Working with a true leader at the hospital and in the Boston ethics community has been gratifying. I have learned so much from him.

Secondly—working with a dedicated interdisciplinary group of committee members. They bring their experiences,

thoughts, and perspectives to their clinical or administrative roles at BMC. Everyone on the committee wants to be there and is interested in contributing to the lengthy discussions about ethical dilemmas and creating professional development opportunities for staff that foster an ethical culture within the BMC community.

We have instituted Ethics Grand Rounds to address topics that are personal and specific to our BMC patients and sourced from the consults BMC staff have requested. Additionally, the committee has branched out from concentrating on ethics consults to having focused learning on topics such as Structural Racism.

Third—being part of the Harvard Center for Bioethics Clinical Consortium’s citywide leadership group (HELG) and learning how other institutions deal with ethics. During the height of the pandemic, we had many discussions about Crisis Standards of Care at BMC and with HELG, and it has been invaluable addressing these ethical dilemmas collaboratively.

What perspective do nurses bring to the Ethics Committee?

Nursing is a unique clinical discipline, and nurses bring a more patient-centered, holistic approach to their care and, thus, to ethical discussions. Nurses are often between patients and the medical team or patients and their families. They bring a more patient advocate perspective to meetings and feel the suffering that patients experience more deeply, thus wanting to advocate on their behalf and act in the patient's best interests.

What would you say to nurses requesting an Ethics consult?

We often say that an “ethical dilemma” arises when there are two or more viable options or paths, and all seem undesirable. If nurses feel uncertain or in conflict with the course of a patient's medical (or nursing care), they should request an Ethics consult.

If nurses are feeling “moral distress” – being asked to do something that doesn't feel right or is against their professional or personal beliefs, they should call for a consult. Anyone can request a consult even if they are unsure if it's appropriate. They can discuss the situation with a member of the Ethics consult team, talk it out, and problem-solve over the phone.

Given your insight into the field of ethics in healthcare, what would you say you have gained from this experience?

I have gained a much broader and better understanding of ethical principles and how they relate to healthcare delivery and the daily struggles of our staff when trying to do the right thing for patients. It has taken me out of my “geriatrics bubble” to see what conflicts and struggles patients of all ages, races, cultures, and socioeconomic levels face and the heroic efforts that BMC staff have demonstrated to ensure patients get quality care.

NEW KNOWLEDGE, INNOVATIONS, IMPROVEMENTS

We are committed to delivering the best care for our patients by providing evidence-based practice and research, which are integrated into clinical and operational processes. Innovation is a hallmark of our organization—we have established new ways of achieving high-quality, effective, and efficient care. Thanks to our transformational leadership, empowering structures and processes, and exemplary professional practice in nursing, we have created an environment where innovation is possible.

Clinical Aromatherapy for Symptom Management

Clinical aromatherapy is an evidence-based integrative therapy that helps manage pain, nausea, vomiting, anxiety, depression, stress, insomnia, respiratory ailments, and dementia. Together with the Integrative Nursing Council, staff nurses piloted the use of aromatherapy in the preoperative & pre-procedure areas, PACU, Labor and Delivery, and Postpartum and Pediatric Pain Clinic areas.

The Council worked with a certified Clinical Aromatherapy Practitioner (CCAP) to draft policies and procedures on using essential oils for aromatherapy at the hospital. The policy aims to manage patients receiving aromatherapy to alleviate physical, emotional, and spiritual discomfort, enhancing the patient’s well-being, supporting self-care, and maintaining a healing environment.

Essential oils such as lavender, peppermint, frankincense, bergamot, mandarin, ginger, black pepper, and clary sage are provided and available to patients. Many of these oils have multiple indications

for symptom management. Studies have suggested that the chemical properties of essential oils work within the body to alleviate many symptoms. They can be used with deep breathing exercises and guided imagery to promote relaxation and wellness. Many patients stated that they have improved anxiety and mood, better pain management, alleviation of nausea, and the ability to fall asleep. Patients have often been observed to be joyful following this intervention.

In 2021, the Council updated the clinical aromatherapy policy to bring aromatherapy to other areas in the hospital, including critical care and medical-surgical inpatient areas. Clinical aromatherapy does not require a Licensed Independent Practitioner (LIP) order as it is part of the nurse’s professional practice. However, clinical aromatherapy at BMC does need aromatherapy to be done by a CCAP or by a Skills Validated Registered Nurse (SVRN). An SVRN must attend and complete either a BMC-

approved clinical aromatherapy program or a program approved by the American Holistic Nurses’ Association (AHNA), American Nurses Credentialing Center’s Commission on Accreditation (ANCC), or equivalent. There have been approximately 50 BMC nurses trained as SVRNs to date. The Council recently released an e-learning course for staff nurses to prepare to be validated as an SVRN.

Aromatherapy is also offered on the units to staff for symptom management, stress reduction, and self-care. Aromatherapy personal inhalers are available to staff upon request through the Integrative Nursing Council members. Resiliency classes are regularly offered to introduce the benefits of aromatherapy and other stress-reduction modalities. Finally, for those interested in becoming an SVRN and administering aromatherapy to patients or RNs at BMC, you can self-enroll in Workday for the course, which also offers contact hours.

Monoclonal Infusion Therapy: Outpatient Covid-19 Treatment for High-Risk Populations

Eight months into the Covid-19 pandemic, Boston Medical Center recognized the need to shift focus from inpatient virus treatment to preventing further admissions. To address this, the hospital implemented a program to provide early outpatient treatment to high-risk populations. These patients were identified by the Infectious Disease department and screened based on factors such as body mass index, age, and co-morbidities.

A collaborative effort between Nursing, Pharmacy, IT, the Anesthesia department, and the Infectious Disease clinic enabled BMC to treat high-risk patients in an outpatient setting. The Endoscopy nurses were trained to administer infusions and manage any adverse reactions. The patient workflow was designed to ensure a safe and transmission-free visit, which includes proper PPE training, room cleaning, patient transportation, and an escort system at the hospital.

The clinic workflow involved infusing two Covid-positive patients during each time slot, with a maximum of four patients per day. This was done simultaneously with the Endoscopy department continuing to treat urgent endoscopy patients. Nursing staff implemented unique workflows to ensure staff and patient safety, including using the buddy system and baby monitors.

Katherine Scanlon MSN, RN, CCRN, CCNS, CPAN created a resource guide and training program for endoscopy staff, which included in-services by the Moakley 3 Pharmacy Clinical Specialist, Radhika Jhaveri, and a staff resource book used for outpatient documentation. Candace Griffin, MSN, RN, Charge Nurse of Endoscopy, administered the first Covid-19 monoclonal infusion in late December 2020.

The entire endoscopy staff, including RNs, GI techs, and clerical administration, stepped up to meet the rising community need during the pandemic. The clinic eventually expanded to provide treatment to adolescent populations and the most currently recommended infusions for Covid-19 variants. As the pandemic progressed, the clinic moved to a new location in December 2021 as endoscopy volume returned. The endoscopy nurses then assisted in training the Ambulatory float pool nurses and set up the new infusion space.

Improving Telephone Nurse Triage at Boston Medical Center: Implementing Evidence-Based Protocols and IT Solutions

The Ambulatory Nursing team at Boston Medical Center (BMC) participated in a hospital-wide risk assessment conducted by the Quality and Patient Safety department. The goal was to proactively identify and address evolving patient safety risks within the organization. During the assessment, it was identified that telephone nurse triage presented a potential risk due to a lack of real-time access to evidence-based care resources for triage nurses, inconsistent medical record documentation, and a lack of data-driven processes for ongoing review of telephone triage performance.

To address these gaps, BMC invested in an IT solution to sub-license pediatric and adult telephone triage guidelines developed by Barton Schmitt, MD, and David Thompson, MD. These protocols were integrated into the electronic medical record and provided decision support and standardized, symptom-based care advice, reducing nurse variation in practice.

The protocols have improved the efficiency and knowledge of experienced nurses and shortened the training period for new nurses. They also provide standardized documentation, reducing the risk

of litigation and allowing for the identification of nurses who may need additional training or support.

In the future, BMC plans to implement custom protocols for specialty clinics based on recommendations from professional associations and published research findings. This solution has provided our triage nurses with the tools to deliver timely and effective care advice over the telephone, ensuring clinical safety and consistency in patient care delivery.

Improving Patient Outcomes through Standardized Mobility Protocol: A Collaborative Effort Among Healthcare Stakeholders

Mobility plays a crucial role in the healing process, as evidenced by numerous studies that demonstrate the negative impact of bed rest on patients, including increased risk of pneumonia, deep vein thrombosis, delirium, falls, loss of muscle strength, and skin breakdown (Booth et al., 2016). However, strategies focused on early, progressive mobility have effectively reduced the iatrogenic burden of acute care-acquired weakness in recent years (Reames et al., 2016).

Studies have examined the effects of mobilization and physical therapy on patient safety, ambulation capacity, muscle strength, bone demineralization, functionality with activities of daily living (ADLs), ventilator days, and respiratory failure (Booth et al., 2016). Nurse-driven mobility programs have led to increased mobility and better patient outcomes (Hoyer et al., 2016; Klein et al., 2018; Jones et al., 2019).

The Rehab Therapies team, Quality Improvement Leaders, Nursing Education, and Nurse IT Leaders collaborated with bedside nurses to develop a standardized mobility protocol for all adult inpatients to address these issues. This protocol incorporates the John Hopkins

Highest Level of Mobility and the Mobility Goal Calculator. It has been approved by Hospital Leadership, medical teams, and bedside nursing councils, including Nursing Informatics, Nurse Practice, Fall Prevention, and Nurses Improving Care for Health System Elders (NICHE).

Using standardized mobility goals, such as the Johns Hopkins Highest Level of Mobility (JH-HLM), has resulted in increased mobility and decreased length of stay for patients (Hoyer et al., 2016). The Johns Hopkins Mobility Goal Calculator (JH-MGC) allows nurses to assess mobility status and set goals, resulting in more frequent patient mobility (Klein et al., 2018).

A consensus was reached among stakeholders, and the electronic health record (EHR) build was completed in late 2021. E-learning training was developed and assigned to all Registered Nurses, Certified Nursing Assistants, and Rehab Therapists. Physicians were educated through email, socialization at operation meetings, and huddles. The MD/LIP EHR now includes a patient mobility dashboard so that doctors can easily visualize the patient’s mobility goal and whether or not it has been met.

The go-live of the EHR changes was completed in December 2021, and the mobility protocol will go live in the coming year. The mobility leadership team continues to meet and strategize the next steps toward optimizing the program, addressing any barriers that frontline staff may encounter. Recent improvements include the purchase of recliners for the units and changes to the EHR to streamline documentation. A streamlined Annual Competency has been developed and will be assigned to staff.

Fall rate and falls with injury were nurse-sensitive indicators that were measured to ensure that falls were not increased with the implementation of the mobility protocol. Both measures remained below the benchmark, indicating that the program did not negatively impact fall rates.

Staff perceptions are being collected through focus groups, and early feedback shows enthusiasm for the program and ease of use of the protocol. Staff report sensing that a culture of mobility is evolving and that mobilizing patients does not add significant time to their day.

Caring for Transgender Patients: Addressing Negative Patient Experiences and Improving Cultural Competence through Education and Care Planning

Transgender individuals are a diverse group whose gender identity differs from the sex assigned to them at birth. They may change their name and personal pronouns to align with their identity, which may not match the name and pronouns on their official documents. Unfortunately, transgender individuals often experience negative patient experiences due to bias and misunderstandings from healthcare providers. One common issue is the use of incorrect pronouns by nurses and staff, which can lead to further alienation and prevent transgender patients from seeking care.

To address this, nurses and other healthcare providers must interact with transgender patients in a culturally appropriate and respectful manner. One resource used is a new evidence-based guideline that supports staff in providing safe, ethical, and respectful interactions with transgender patients. A transgender-focused education program for nurses on post-surgical units was also created and implemented. A significant portion of this program focused on the proper use of pronouns and how to ask patients for their correct pronouns. The program also included case studies, simulation, and didactic learning.

As a result of this education program, nurses at BMC identified the need for a gender identity care plan to provide emotional support and culturally-sensitive care for this underserved patient population. To address this need, a member of the Transgender Task Force and the Nursing Informatics Council, Molly Laferte, DNP, NPD-BC, created an evidence-based gender identity care plan for nurses to use when caring for transgender patients.

Gender Identity Care Plan

Interventions:

- Provide a safe environment without bias/judgment.
- Identify and utilize the patient and support person's preferred name and pronouns.
- Identify emotional/cultural distress and encourage the use of coping skills.
- Implement Behavioral Health Support Services consult.

Goals:

Patients will feel accepted/safe during hospitalization.

Patient X was admitted to BMC for abdominal pain. The nurse added the nursing care plan, 'Gender Identity,' to the patient's overall plan of care found in the EMR EPIC. Nurses document daily the care plan for the patient's progress toward meeting goals. The nurse noted that the patient was concerned about sharing a hospital room due to the patient's gender status.

The patient was assured a private room, and the care plan included offering emotional support and ensuring the patient's privacy needs were met. Also noted were the preferred name and pronouns requested by the patient.

BMC nurses are committed to providing Exceptional Care Without Exception, which is evident in the nurse's delivery of culturally and socially sensitive care to our transgender patients.

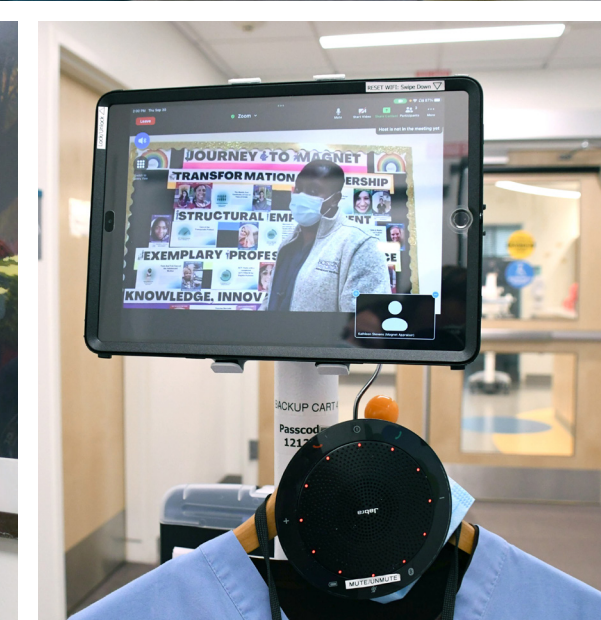
MAGNET SITE VISIT

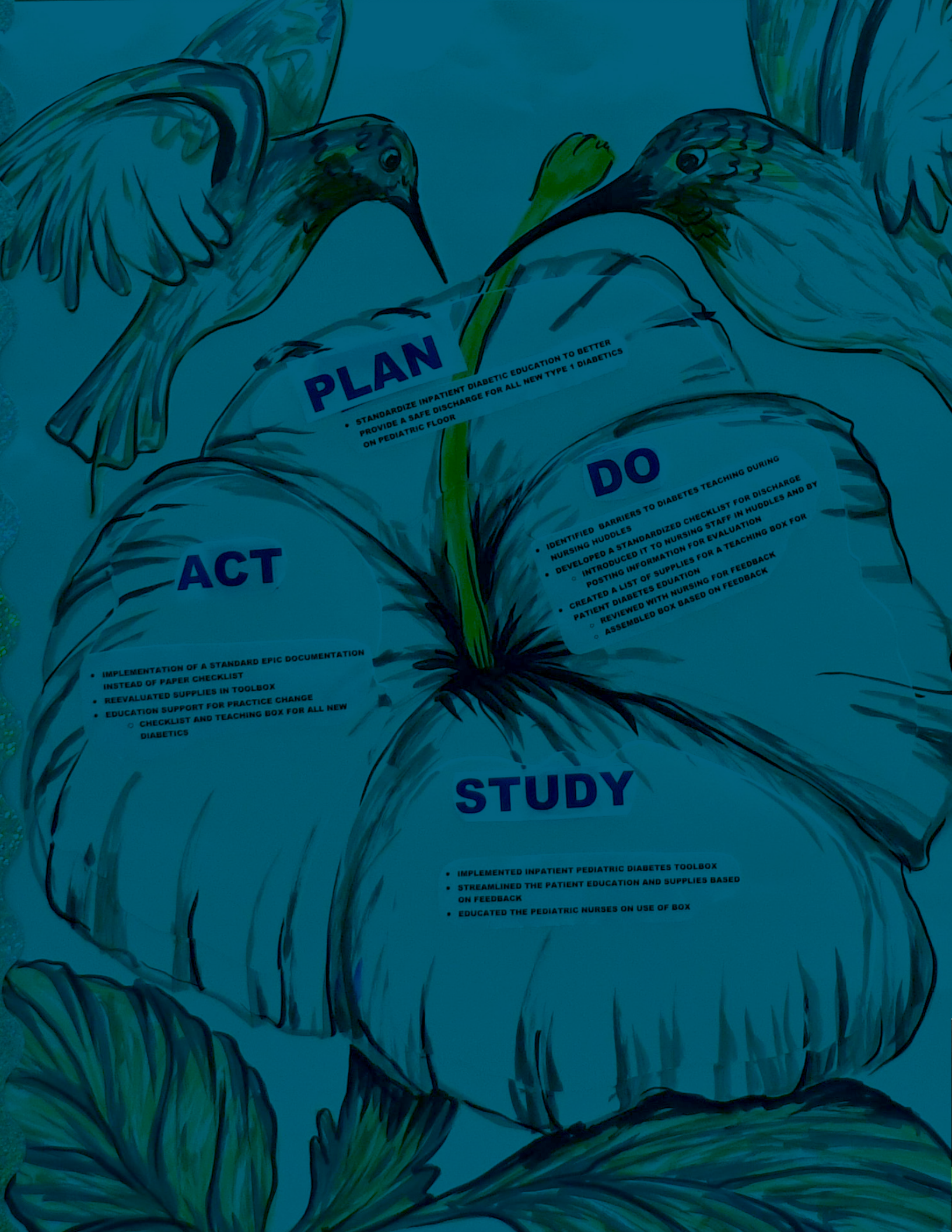
BMC recently hosted a virtual Magnet site visit from September 29 to October 1, 2021. The Magnet site visit is a fantastic opportunity for organizations to showcase their exceptional nursing professional practice, outstanding patient outcomes, and innovative approaches. A team of three appraisers was responsible for validating, verifying, and amplifying the excellent work presented in our Magnet document. This visit allowed us to showcase the perfect nursing practice at BMC proudly. It was an experience unlike any other accreditation survey we've participated in.

During the visit, nurses from every practice area were eager to share their pride and enthusiasm by directly responding to the appraisers' questions. It was clear that exceptional care was a top priority at BMC, and it was evident throughout the entire visit. Our Magnet champions served as outstanding ambassadors for the site visit. Hundreds of nurses participated, sharing their exceptional work daily during lunch and breakfast meetings, and even unit tours. We are incredibly proud of our nurses' work at BMC and grateful for the opportunity to showcase it during the Magnet site visit.









PLAN

- STANDARDIZE INPATIENT DIABETIC EDUCATION TO BETTER PROVIDE A SAFE DISCHARGE FOR ALL NEW TYPE 1 DIABETICS ON PEDIATRIC FLOOR

DO

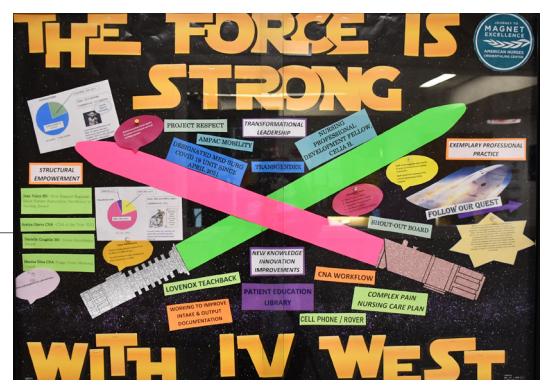
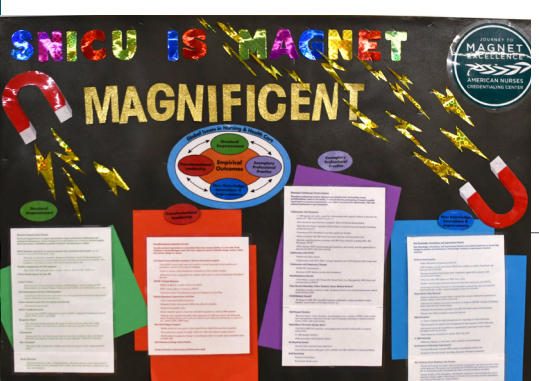
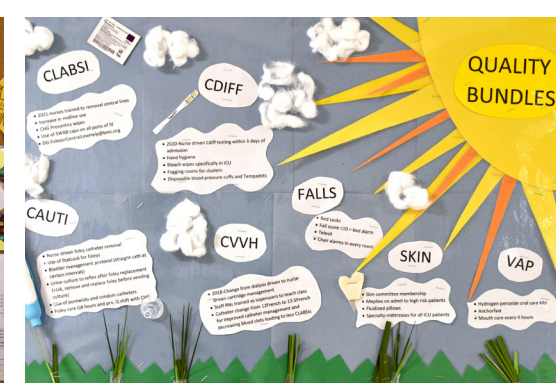
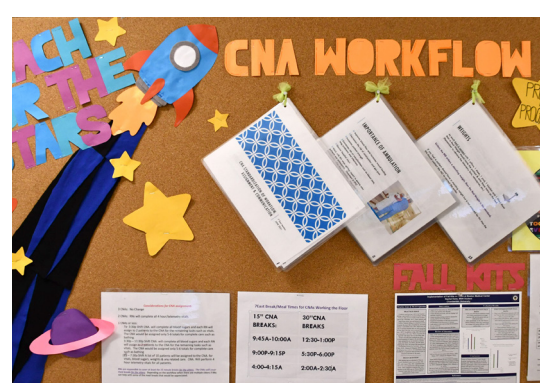
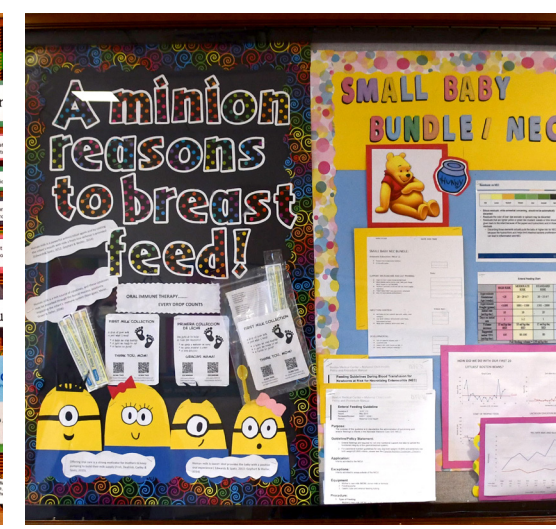
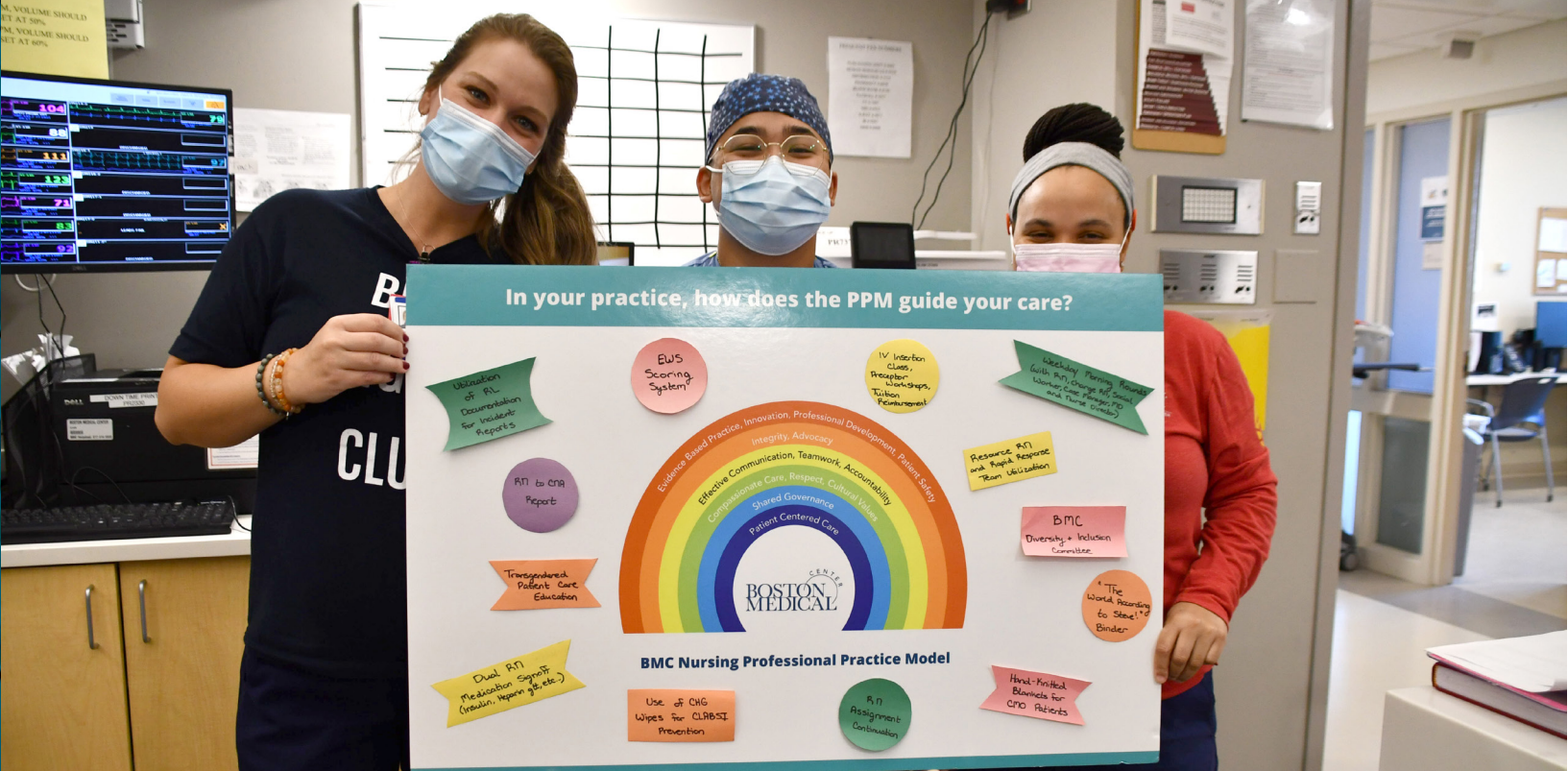
- IDENTIFIED BARRIERS TO DIABETES TEACHING DURING NURSING HUDDLES
- DEVELOPED A STANDARDIZED CHECKLIST FOR DISCHARGE
- INTRODUCED IT TO NURSING STAFF IN HUDDLES AND BY POSTING INFORMATION FOR A TEACHING BOX FOR PATIENT DIABETES EDUCATION
- REVIEWED WITH NURSING FOR FEEDBACK
- ASSEMBLED BOX BASED ON FEEDBACK

ACT

- IMPLEMENTATION OF A STANDARD EPIC DOCUMENTATION INSTEAD OF PAPER CHECKLIST
- REEVALUATED SUPPLIES IN TOOLBOX
- EDUCATION SUPPORT FOR PRACTICE CHANGE
- CHECKLIST AND TEACHING BOX FOR ALL NEW DIABETICS

STUDY

- IMPLEMENTED INPATIENT PEDIATRIC DIABETES TOOLBOX
- STREAMLINED THE PATIENT EDUCATION AND SUPPLIES BASED ON FEEDBACK
- EDUCATED THE PEDIATRIC NURSES ON USE OF BOX



BMC RECEIVES MAGNET DESIGNATION

On December 21, 2021, Boston Medical Center (BMC) has been awarded Magnet® Recognition by the American Nurses Credentialing Center (ANCC), the highest national credential for nursing excellence, quality patient care and innovation in professional nursing practice.

With this recognition, BMC joins a select Magnet® community, with fewer than 10 percent of hospitals in the United States achieving Magnet® status. The ANCC thoroughly evaluated BMC nursing practice in their review of submitted documents that included exemplars and outcome data, as well as interviews of clinical nurses, nurse leaders, the BMC executive team and members of the Board of Trustees.

“BMC’s Magnet® designation was made possible by years of hard work by our Nursing Department and many other teams across the hospital,” said Kate Walsh, President and CEO of BMC. “This is a reflection of the high quality, compassionate care that our nursing team provides across the hospital and in all of our clinics, and our nurses should feel incredibly proud, as I do.”

“Magnet® recognition is an honor that reaffirms the professionalism and dedication of our entire staff and reinforces the core values that guide how we do our jobs every day,” said Nancy Gaden, BMC’s Chief Nursing Officer. “As a Magnet® —recognized organization, we live by our mission— exceptional care without exception.”

We congratulate you!



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