Department of Nursing

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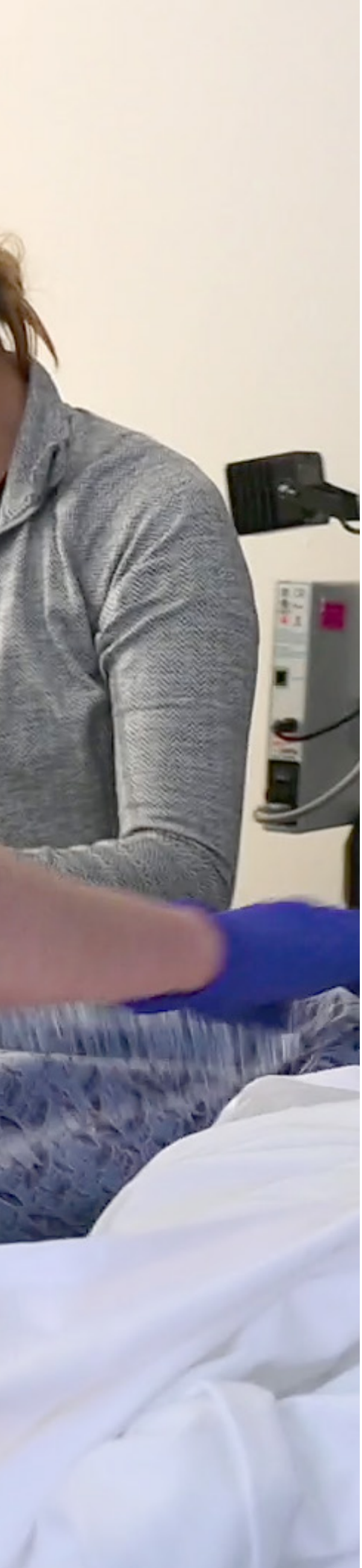


Welcome to the heart of compassionate care, where every day our dedicated nurses at Boston Medical Center infuse empathy and expertise into the lives they touch across Boston and New England. Our nursing team stands as the cornerstone of patient care, propelled by our unwavering commitment to creating healthier communities now and for future generations.

In our quest for excellence, we've shaped an environment that champions professional growth, career development, and partnerships that deepen our impact on healthcare. Our commitment is not just to the safety and wellness of our patients but extends equally to our staff, honoring the values of equity, diversity, and inclusion in every aspect of our work.

The patient experience at Boston Medical Center is enriched by our extraordinary nursing staff, whose dedication has earned Magnet® recognition from the American Nurses Credentialing Center© (ANCC)—a testament to their professionalism and the collaborative spirit that guides our patient care.

With the launch of the Boston Medical Center Institute for Nursing Innovation, we're driving progress, leading the charge in pioneering research, evidence-based practices, and innovative approaches that will set new standards in healthcare.

Our investment in the future of nursing includes cutting-edge programs like 'hospital at home', virtual nursing, and strategic clinical documentation, alongside focused initiatives on nurse recruitment, engagement, and retention. At our annual Council Congress, we unite to ensure our patient outcomes, experiences, and professional practice environment not only meet but also set national benchmarks.

We pledge to empower our nurses with the necessary tools and resources, making sure their voices resonate throughout our mission. They are crucial in bringing our shared vision of nursing excellence to life, as we continue to welcome and heal within the communities we serve.

NANCY W. GADEN, DNP, RN, FAAN
Senior Vice President and Chief Nursing Officer
Boston Medical Center Health System

Improving Communication in the Surgical/Neuroscience Intensive Care Unit (SNICU)

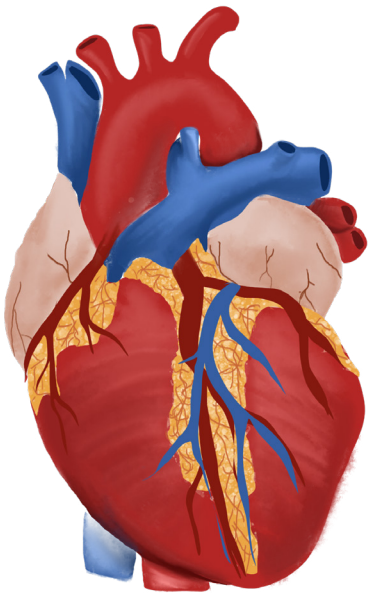
Patients admitted to the SNICU often face challenges in communicating due to intubation, sedation, or other factors that limit their ability to interact with healthcare providers and family members. This lack of connection can have a significant impact on the patient experience in the ICU, leading to lasting effects on both patients and their families.

One of the key initiatives undertaken by the SNICU UBC is the implementation of a person-centered approach to care. This approach involves understanding the unique story, personality, and preferences of each patient, ensuring that their individual needs are met. To facilitate this understanding, the UBC introduced "all about me" boards, which provide valuable information about the patient as a person.

A study published in the Geriatric Nursing Journal found that when patients and families are empowered to participate in planning their care with these boards, it positively impacts workplace climate perception among registered nurses. As a result, nurses reported reduced burnout, indicating the potential for improved overall patient outcomes and fostering a collaborative environment that prioritizes each patient's unique journey toward recovery.

By increasing family engagement and participation in patient care, the SNICU UBC aims to foster a sense of connection between patients and healthcare providers in the ICU. Recognizing the importance of human connection in the healing process, the UBC strives to create opportunities for meaningful interactions that go beyond immediate illness by bridging the communication gap, enhancing patient experiences, and improving outcomes within the SNICU.

Nursing-Led Remote Monitoring Program Offers Promising Solution to Reduce Heart Failure Re-Admissions



HOSPITAL READMISSIONS FOR HEART FAILURE (HF) POSE A SIGNIFICANT CHALLENGE IN HEALTHCARE, WITH UP TO 27% OF DISCHARGED PATIENTS EXPERIENCING READMISSIONS WITHIN JUST 30 DAYS.

These readmissions not only deteriorate the quality of life for patients but also contribute to increased mortality rates. In an effort to address this issue, a new initiative led by nurses has emerged, leveraging the advancements in remote monitoring technology to revolutionize the management of heart failure patients.

Traditionally, HF patients were often admitted to the hospital when their condition worsened, leading to congestive symptoms. However, with the introduction of Abbott's CardioMEMS HF System, a remote pulmonary artery pressure monitoring platform, a paradigm shift has occurred. This system enables real-time monitoring of pulmonary artery pressures in both HFpEF and HFrEF patients, allowing for early detection and intervention before any noticeable symptoms arise. By implementing this NP/RN-driven initiative at the HF remote monitoring clinic, critical hemodynamic information can be collected through the CardioMEMS PA sensor, enabling timely interventions and ultimately reducing heart failure readmissions. Moreover, keeping patients in the ambulatory setting for as long as possible not only minimizes the burden on healthcare facilities but also allows patients to maintain their independence and well-being.

Nurses play a pivotal role in the successful implementation of this remote monitoring program. They work closely with Cardiomyopathy NPs and MDs to manage patients and follow up on their recommendations. Through diligent monitoring, they actively track patients' lab work, daily weights, symptoms, and pulmonary artery diastolic pressures. Education is also a key component of this program, as nurses provide guidance on dietary guidelines and medication regimens, reinforcing any changes made by the primary NP and Cardiologist. By monitoring PA pressures daily and engaging in routine communication, patients receive the necessary support and guidance to keep their pulmonary artery diastolic pressure within the target range.

Numerous publications have demonstrated compelling evidence that incorporating CardioMEMS into patient management can lead to a remarkable reduction in HF readmissions by 40-60%. Our own analysis of patients enrolled in our remote monitoring program yielded even more promising results, with a staggering 78% reduction in 30-day HF readmissions. This data underscores the tangible benefit of leveraging advanced technologies like CardioMEMS to enhance the continuum of care for HF patients.

Accelerating Process Improvement with a Real-Time, Data-Driven Dashboard

In the modern healthcare landscape, effective management of patient care and adherence to regulatory requirements are essential. Key performance indicators (KPIs) play a vital role in measuring change and its impact on healthcare organizations. The Care Management Epic environment lacked KPIs to evaluate performance and meet the requirements set forth by regulatory bodies such as the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission. Additionally, the absence of workflow integration for Patient Choice and limited capabilities within Epic caused increased workload and inefficiencies for care managers.

To address these challenges, a multidisciplinary team consisting of senior IT analysts, nursing informatics professionals, and key stakeholders collaborated to devise an effective strategy, discuss requirements, analyze data, and explore opportunities for improvement.

Through close collaboration with the Epic team, several key milestones were achieved:

- Lists within Epic were developed to streamline the delivery of essential documents required for patient care
- The Homecare and Rehab options were expanded, enabling a smoother referral process
- The introduction of KPIs enabled the team to gather knowledge and identify the most effective means of achieving organizational goals

The outcomes and results of this initiative were remarkable. A streamlined workflow was established to document Patient Choice and ensure compliance with CMS guidelines. The optimization of the Chart Link environment reduced the need for manual faxing and telephone communication, ultimately resulting in a decrease in length of stay for patients. The development of smart-phrase texts for Care Manager Handoff enhanced continuity of care, facilitating smoother transitions between care providers. Moreover, the case management navigator was fine-tuned to mitigate readmissions and further reduce length of stay.

One of the most significant accomplishments of this project was the development of a real-time dashboard accessible to front-line staff. This dashboard provides crucial insights into key metrics and offers real-time feedback, empowering the care team to make informed decisions for improved patient outcomes.

Through optimized workflows, enhanced communication channels, and the integration of key performance indicators, the Care Management team was able to achieve their goals while prioritizing patient-centered care and regulatory compliance.

Enhancing Patient Care through the Role of a Certified Nursing Assistant Ambassador

In the fast-paced world of healthcare, providing high-quality patient care is paramount. The unprecedented challenges brought about by the COVID-19 pandemic compelled the 4E unit to reassess their patient care strategies. The unit-based council, consisting of dedicated nurses and certified nursing assistants, took an innovative approach to revamp patient care and safety protocols.

The primary objectives were clear: enhance patient satisfaction, reduce noise levels, boost staff morale, and improve workflow and patient care/safety. To achieve these goals, the council collaborated closely with their Nursing Director and introduced a certified nursing assistant as the CNA ambassador. Through comprehensive guidelines and valuable feedback from the staff, the council identified the most effective routines and empowered the ambassador to make a significant impact.

For example, they introduced a dedicated rolling cart, enabling seamless workflow and eliminating any unnecessary time or effort during ambassador duties. The proactive rounding approach, along with providing water and snacks, ensured effective communication of patients' needs to the rest of the staff.

The implementation of the CNA ambassador program led to remarkable improvements and exemplified the power of collaboration, innovation, and dedication to patient care. By proactively addressing key areas for improvement, the unit achieved enhanced patient satisfaction, reduced noise levels, boosted staff morale, and improved workflow and patient care/safety.

Greater Roslindale Medical and Dental Center (GRMDC)

GREATER ROSLINDALE MEDICAL AND DENTAL CENTER (GRMDC) IS A COMMUNITY HEALTH CENTER THAT OFFERS EXCEPTIONAL HEALTHCARE SERVICES TO RESIDENTS OF ROSLINDALE, HYDE PARK, WEST ROXBURY, AND THE SURROUNDING AREAS. THE COMMUNITY CONSISTS OF AFRICAN AMERICAN, ALBANIAN, ARABIC, HISPANIC, AND GREEK RESIDENTS, AND THE CENTER STRIVES TO PROVIDE CULTURALLY SENSITIVE CARE. SERVICES INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, OBSTETRICS, BEHAVIORAL HEALTH, PODIATRY, AND DENTISTRY.

GRMDC serves one of the most racially and ethnically diverse patient populations in Massachusetts. The COVID-19 pandemic has drawn attention to the devastating impacts of long-standing health and mental health disparities in the United States, as well as the influence of racism and social determinants on these disparities (Langwerden, Thompson & Wagner, 2023).

COVID-19 vaccination rates in these communities have consistently lagged behind those in more homogeneous suburbs of Massachusetts. Mobile health clinic programs in the US play crucial yet under-appreciated roles in the healthcare system. They provide access to healthcare, particularly for displaced or isolated individuals, offer flexibility in the face of inadequate healthcare infrastructure, and fill gaps in the healthcare safety net for socioeconomically underserved populations in urban and rural areas (Attipoe-Dorcoo, Delgado, Gupta, 2020).

In an effort to extend COVID-19 vaccine services, GRMDC implemented mobile health initiatives to reach public housing complexes, schools, community events, and school bus yards. Ensuring in-house accessibility, staff nurses underwent comprehensive training and refreshers on safe COVID-19 vaccine administration. Medical Assistants conducted assessments for depression, anxiety, financial insecurities, and addiction prior to provider appointments. As a result, an integrative team workflow was established and has led to numerous referrals for in-house behavioral health therapy, community health advocacy, and Office-Based Addiction Treatment management.

Integrative Nursing Fellowship Launched

Nurses across the nation, including those at Boston Medical Center (BMC), experience significant levels of stress and burnout. This has adverse effects on the quality and safety of patient care, productivity, staffing, and nurse retention. At BMC, turnover rates remain notably high among nurses with 0 to 5 years of experience, accounting for 71% of turnover. Additionally, Massachusetts has witnessed a rise in opioid-related overdose death rates in 2021, increasing to 32.6 per 100,000 individuals compared to the previous year's rate of 29.9 per 100,000.

To comply with regulations set forth by The Joint Commission, healthcare organizations must offer non-pharmacological pain management alternatives to patients undergoing pain treatment. Integrative healthcare plays a crucial role in providing high-quality care by considering patient preferences and expanding access to non-pharmacological treatments for chronic pain. Integrative Nursing Council is committed to supporting nursing self-care and enhancing patient care through various initiatives. This includes the development and review of policies and guidelines, provision of educational programs on integrative nursing topics, and serving as a resource for nurses implementing integrative nursing practices.

Launching on March 17, 2022, the Integrative Nursing Fellowship serves as a pilot program dedicated to nursing well-being and the promotion of Integrative Nursing principles and non-pharmacological therapies in patient care. The fellowship empowers integrative nurse fellows to devote 12 hours per week to applying their knowledge from fellowship courses to patient care and nursing education. This includes the integration of the new Integrative nursing order set, self-care practices, and the core principles of integrative nursing.

The primary objective of the program is to educate Integrative Nurse Fellows on teaching patients and nurses the core principles of Integrative Nursing, which include deep listening, mindfulness, meditation, guided imagery, aromatherapy, Reiki, and acupressure. In addition, staff nurses receive training on chronic pain screening and Integrative Nursing Therapies, with a focus on accommodating patient preferences for specific therapies and implementing changes to the Electronic Health Record (EHR) to facilitate the program's implementation on adult inpatient units.

The Integrative Nurse Fellows program has garnered a highly positive response, with a 100% graduation rate from the initial group. At the 2022 Integrative Nursing Conference held at Lombardo's, significant progress and achievements were discussed and celebrated.

Nursing Informatics Council (NIC)

Background

Boston Medical Center implemented the Epic Electronic Health Record (EHR) in May 2015. After a big bang go-live, nursing staff input was needed to drive optimization of the system, improve workflows and increase overall adoption. NIC was formed to address these initiatives and held its first meeting on October 15, 2015.

Now in its 8th year, NIC has been instrumental in making many improvements to BMC's EHR that has improved staff satisfaction and patient safety. The council nurses bring up practice issues, offer solutions, test changes, and provide unit-based support for updates.

NIC members assist in orienting new hires to the EHR and offer At-The-Elbow support to all colleagues as needed. Many staff have made great catches in finding documentation or system issues that could have contributed to unsafe situations.

Who We Are

NIC is a consultative, shared governance committee that participates in the development and implementation of the EHR that affects nursing practice and provision of care at BMC.

This council is facilitated by the nursing informatics team and consists of clinical nurses from all areas of the nursing department. Highlights of their responsibilities include:

- *Epic super-users: highly skilled in navigating within Epic and other software applications*
- *Change agents: identify system or workflow issues and propose solutions*
- *Decision makers: drive configuration and workflow decisions*
- *Prioritization leaders: review & prioritize system requests*
- *Communicators: provide unit level communication of system changes*

Members of the council have received multiple awards:

- *Nursing Excellence Awards*
- *2021 NERBNA Award*
- *2023 Daisy Team Award*

Members have also been acknowledged by the Patient Safety & Quality Department for "Good Catches".

Purpose and Goals

NIC was created to provide an opportunity for clinical nurses to have a voice in impacting the design, build and optimization of the EHR. The goal of this council is to reduce the documentation burden for nurses while still maintaining regulatory standards/requirements and optimizing communication throughout the interdisciplinary team.

Council Structure

NIC meets monthly (September through June). Ad hoc summer sessions are scheduled with focus on specialty specific needs.

Monthly meetings consist of 3 hours of general discussion and one hour breakout sessions by specialty. Specialties include: Ambulatory, ED, Inpatient, Perioperative/Procedural and OB.

Additional members of NIC consist of: Epic analysts & trainers, nurse educators and specialty nurses.

Agendas are developed based on collaboration with unit councils, nursing leadership, ITS project managers, inter-disciplinary staff and Quality & Patient Safety leadership.

Group recommendations are made by consensus (voting).

Outcome, Results & Growth

Members of NIC have actively participated in optimization and quality improvement projects. These initiatives have improved patient care.

Accomplishments include:

- *Deployed Rover as a mobile solution for documentation*
- *Improved medication administration for high-risk drugs*
- *Improved pain assessments using education and dashboards*
- *Enhanced staff hand-off using "Getting to Know Me" tool*
- *Improved sepsis documentation compliance*
- *Tested the new Epic upgrade features to identify training needs*
- *Revised nursing care plans and implemented teach back education*
- *Optimized documentation in mother-baby to avoid redundancies and streamline workflows*
- *Built Code Narrator documentation*
- *Created pre-procedure educational videos in four languages for endoscopy patients*
- *Reviewed and updated Perioperative and Procedural Nursing home dashboard*
- *Optimized and streamlined all Preop and PACU navigators*
- *Developed specialty specific telephone triage protocols in ambulatory*
- *Implemented "Patient Choice" giving patients an option for post discharge facility placement*

Multiple live presentations and posters on NIC development and structure have been presented both locally and nationally at Epic annual conferences and NE Nursing Informatics Consortium.

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Epic Electronic Health Record (EHR)

The Boston Medical Center implemented the Epic Electronic Health Record (EHR) in May 2015, with a subsequent focus on optimizing the system, improving workflows, and enhancing overall adoption. To address these goals, the Nursing Informatics Council (NIC) was established, holding its inaugural meeting on October 15, 2015.

Now in its 8th year, NIC has played a pivotal role in driving significant enhancements to BMC's EHR. This has resulted in increased staff satisfaction and improved patient safety. The council enables nurses to address practice issues, offer solutions, test changes, and provide unit-based support for updates.

Moreover, NIC members play an integral role in orienting new hires to the EHR and offering At-The-Elbow support to their colleagues as necessary. Many staff members have made noteworthy contributions by identifying documentation or system issues that could have led to unsafe situations.

The Nursing Informatics Council (NIC) is an influential consultative committee at BMC that actively participates in the development and implementation of the Electronic Health Record (EHR) system. Comprised of skilled and experienced clinical nurses from diverse departments, the council, led by the nursing informatics team, assumes crucial responsibilities. These include being designated Epic super-users, offering effective solutions for system and workflow challenges, making vital configuration and workflow decisions, prioritizing system requests, and proficiently communicating system changes at the unit level.

The council members have been duly recognized for their outstanding contributions, receiving prestigious accolades such as the Nursing Excellence Awards, NERBNA Award, and Daisy Team Award. Their commitment to patient safety and quality is further acknowledged and celebrated by the Patient Safety & Quality Department, commending them for their "Good Catches".

NIC has achieved numerous accomplishments, including deploying Rover as a mobile documentation solution, improving medication administration for high-risk drugs, enhancing pain assessments through education and dashboards, and improving staff hand-offs with the "Getting to Know Me" tool. They've also made strides in sepsis documentation compliance, testing new Epic upgrade features to identify training needs, revising nursing care plans, implementing teach-back education, optimizing documentation in mother-baby, creating multilingual pre-procedure educational videos for endoscopy patients, reviewing and updating Perioperative and Procedural Nursing home dashboards, streamlining Preop and PACU navigators, developing specialty-specific telephone triage protocols in ambulatory care, and implementing "Patient Choice" to offer post-discharge facility options. Furthermore, NIC has shared their work through live presentations and posters at both local and national Epic annual conferences, as well as the NE Nursing Informatics Consortium.

Enhancing Patient Mobility in Hospitals: A Collaborative Approach

The NICHE (Nurses Improving Care for Health System Elders) Committee has partnered with the newly formed Mobility Committee to implement interventions and standardized tools that aim to improve patient mobility in healthcare settings. By setting mobility goals and evaluating their impact on key metrics such as length of stay, discharge to rehabilitation rates, and fall rates, this initiative ensures better patient outcomes and overall quality of care.

Extended bed rest during hospitalization can result in adverse effects such as muscle weakness, functional decline, and the need for further post-acute rehabilitation. It can also negatively impact quality metrics related to venous thromboembolism (VTE), hospital-acquired pressure injuries (HAPI), pneumonia, and fall incidents.

To address these challenges, a multidisciplinary team comprising nurses, physical therapists, occupational therapists, physicians, IT specialists, education professionals, quality experts, and patient safety staff was formed. Leveraging the Institute of Healthcare Improvement Model for Improvement framework, the team conducted a thorough analysis of the current state to identify areas for improvement in mobility documentation. Valuable feedback from nursing councils was considered in the development of new documentation flowsheet rows. In October 2021, behavioral mapping was conducted to establish baseline mobility trends across medical/surgical units, and a mobility barrier survey involving nursing, therapy, and physician staff was completed.

The key findings of the study indicated that lack of equipment, particularly chairs, and insufficient time were the primary barriers to patient mobility. To address these challenges, training programs were implemented, with 34 staff completing mobility advocate training and 999 employees participating in end user training by October. These initiatives aimed to empower and equip staff with the necessary knowledge and skills to support patient mobility.

Effective reporting systems have been established to monitor documentation compliance and track the percentage of patients who meet or exceed their daily mobility goals. The behavioral mapping conducted in October 2022 played a crucial role in evaluating the overall improvement in patient mobility. Additionally, the introduction of a hospital monthly reporting feedback loop has enabled standardized reporting on mobilization efforts. The availability of this information for the first time has unveiled opportunities to further assist patients in achieving their mobility goals. Moreover, it has the potential to establish a common language regarding patient mobility across healthcare units.

In a quest to provide optimal care and improve patient outcomes, the team also established a valuable partnership with Johns Hopkins, leveraging their Activity and Mobility Promotion (AMP) framework. As part of this collaboration, the team seamlessly integrated the "six click" tool of Activity and Mobility for Post Acute Care (AM-PAC) into the nursing admission navigator and daily cares flowsheet, mandating its use for assessing patients' mobility capability on a daily basis.

To empower healthcare professionals with comprehensive insights into patients' mobility goals, the AM-PAC score, along with the Johns Hopkins Highest Level of Mobility (JH-HLM) goal calculator, is automatically computed. This data feedback loop is facilitated by the development of custom reports which are tailored to capture relevant information entered into Epic. Monthly report information is consistently displayed on huddle boards and shared during safety huddles.

The collaborative efforts of the NICHE Committee, the Mobility Committee, and the multidisciplinary team have paved the way for enhancing patient mobility at BMC. By implementing evidence-based interventions, standardized documentation processes, and comprehensive training programs, staff are equipped to support patients in achieving their mobility goals, ultimately improving patient outcomes and enriching the quality of care provided.

Retention and Recruitment Council: Addressing Turnover Rates at BMC

In response to the mounting turnover rates within healthcare organizations, particularly reaching 74% for nurses with zero to five years of employment at BMC, the Retention and Recruitment Council was established. Consisting of 23 staff nurses, two nursing leaders, and three Human Resources representatives, the council's primary objective is to develop effective strategies to improve retention and enhance nurses' involvement in the recruitment process.

Representing various nursing areas, the council actively convenes monthly meetings, allowing for open discussions and welcoming new members to expand their representation. The council serves as a valuable platform for inter-professional colleagues to share and promote best practices related to retention, engagement, and the recruitment of the workforce at the esteemed BMC.

The council's initiatives commenced with a World Café brainstorming session where five key themes were identified: Welcome/Onboarding, Social Media Presence, Preceptor Program, Certification/CEU, and Engagement/Activities. Dedicated workgroups were established for each theme, with appointed leaders overseeing their development.

Under the Welcome/Onboarding theme, the objective is to create a centralized welcome packet template that contains essential unit operational information. The Social Media workgroup seeks to brainstorm content ideas, conduct market research, delve into the Nursing brand, develop an effective content strategy, and design a staff survey. Additionally, plans are in place to organize various activities such as Coffee Hours for New Hires, Nurses Week Activities, Recruitment Event Calendar, and conducting Exit Interviews.

Results from the Social Media updates have been exceptionally encouraging, garnering a strong response, particularly from the Ambulatory, Critical Care, and Medical/Surgical areas. Notably, different age groups have shown preferences for various social platforms, with individuals aged 25-44 favoring Instagram and those aged 45-65 favoring Facebook. Efforts are underway to establish a "public facing" Instagram account, while the Nursing private Facebook group will remain internal for the time being. A soft launch of the new initiatives is planned for Nurses Week in May, beginning with dedicated Nurses Week content.

The council remains committed to its mission of reducing turnover rates and creating a supportive environment for nurses at BMC, encouraging their active participation and disseminating best practices throughout the organization. With their unwavering efforts, the Retention and Recruitment Council aims to enhance job satisfaction and build a stronger workforce dedicated to providing exceptional patient care.

Addressing the Opioid Epidemic: The Nursing Substance Use Disorder Council's Commitment to Better Patient Care

The Nursing Substance Use Disorder Council was established as a response to the urgent need for action against the escalating opioid epidemic. Substance Use Disorder (SUD) is characterized by compulsive drug seeking and use, despite negative consequences. Driven by a mission to bridge gaps in policy, clinical practice, and staff education, the Council is dedicated to improving care for patients with SUD by promoting Harm Reduction principles and reducing the stigma associated with SUD patient care at BMC.

With a focus on evidence-based education, training, and support for BMC nurses, the Council strives to develop policies, provide education, and foster expert clinicians who can become champions and advocates for SUD patients. Membership within the Council is diverse, representing various units within BMC, including inpatient areas, clinics, the emergency department, and the leadership team.

A significant initiative organized by the Council was a full-day conference on SUD Harm Reduction. This conference aimed to meet the professional development needs of BMC nurses and improve clinical care for patients with SUD. The proposal for the conference, developed by Council members, received approval and funding from senior leadership.

During the conference, addiction nursing experts shared their insights and experiences, discussing strategies to enhance patient satisfaction and reduce stigma related to substance use disorders among inpatient nurses. These strategies revolved around promoting kindness, maintaining non-judgmental attitudes, showing respect, practicing mindfulness, and maintaining honesty in all interactions with patients. The experts emphasized the importance of using appropriate language, demonstrating empathy, advocating for SUD services and medications, integrating SUD education into nursing programs, challenging bias through empathy-building exercises, treating patients with respect, ensuring their comfort and safety, providing outpatient resources, and embracing patient-centered language. Additionally, the experts highlighted the significance of advocating for medications to alleviate discomfort during a patient's hospital stay. The conference also covered critical topics such as SUD treatment withdrawal and COWS/CIWA assessment, making it an invaluable resource for vulnerable patients.

Through their tireless efforts, the Nursing Substance Use Disorder Council at BMC is at the forefront of combatting the opioid epidemic, ensuring that patients with SUD receive the care and support they deserve. Their dedication to improving nursing practice and providing the highest level of care stands as a testament to their unwavering commitment.

Enhancing the Induction of Labor Process at BMC's Labor and Delivery Unit

The induction of labor (IOL) is a crucial procedure involving various interventions aimed at stimulating uterine contractions. Its primary objective is to ensure a safe and successful delivery, particularly when the continuation of pregnancy poses risks to both the mother and/or the fetus/newborn. At BMC's Labor and Delivery unit, daily inductions are scheduled for patients meeting certain criteria. However, challenges related to standardization and resource management have hindered the scheduling process, resulting in the need for improvement.

The scheduling process for IOLs faced two significant challenges. Firstly, there was a lack of standardization regarding the indications and gestational age for initiating IOLs. This inconsistency created confusion and inefficiencies in decision-making. Secondly, non-clinical support personnel, known as Patient Access Coordinators (PACs), were solely responsible for scheduling inductions without clinical assessment capabilities or the ability to prioritize patients based on diagnosis. Consequently, rescheduling IOLs due to resource challenges also lacked standardization, resulting in communication difficulties with patients and further straining the system's resources.

To address these issues, a comprehensive assessment and revision of the scheduling, rescheduling, and prioritizing process for IOLs became imperative. The Induction of Labor core workgroup was formed, consisting of healthcare professionals who bring their expertise to streamline operations and ensure comprehensive clinical support throughout the process. Key members of this workgroup include Charge Nurse Doris Burford, RN, Operations Supervisor Kristina Douze, RN, Nurse Director Michele Schultz, MSN, RN, and Procedures Nurses Kristen Keith, BSN, Jessica Austin, BSN, and Sheri Blanchard, BSN.

The primary goals of this initiative are to establish a systematic prioritization system for inductions, facilitate easy access to relevant information for rescheduling, and maintain adequate bed space for laboring patients and other admissions. By achieving these goals, the team aims to optimize efficiency, enhance the quality of care provided, and improve patient satisfaction.

Efforts to improve the scheduling process for Induction of Labor (IOL) at BMC's Labor and Delivery unit involved various measures, such as standardizing indications, consulting with Maternal Fetal Medicine providers, implementing a color-coded rescheduling system, distributing scheduling tools, and reviewing the process with core workgroup members. Additionally, collaboration with RN clinical staff, workflows implementation, and an intake template were incorporated, along with improvements to the snap board appointment field. These extensive efforts aim to enhance efficiency and accuracy in IOL scheduling, leading to improved outcomes, resource management, and patient experiences at BMC's Labor and Delivery unit.

Implementing Quiet to Promote Positive Patient Outcomes and Reduce Hospital Stays

Rest and sleep play a crucial role in promoting positive patient outcomes and reducing hospital stays. The human body requires sleep to recover and grow properly. The brain and central nervous system are composed of delicate tissues that cannot function or heal effectively without sufficient sleep (Morris et al., 2012).

In hospital settings, most patients are recuperating from illnesses or trauma, leaving their bodies more vulnerable to various risks such as infections, muscle loss, and decline in cognitive and motor skills (Morris et al., 2012).

Studies have found that the release of human growth hormone (HGH) occurs during sleep, promoting growth and recovery. This hormone is released approximately every two hours while sleeping (Morris et al., 2012).

Additionally, researchers have discovered a link between poor nutritional choices and inadequate sleep, which increases the risk of infection, muscle loss, and decline in cognitive and motor skills (Morris et al., 2012).

Here's how several councils implemented quietness in their areas:

- 6West implemented various strategies to promote sleep and minimize nighttime noise for patients. Every patient admitted to the unit receives a sleep kit containing ear plugs and a face mask. They also utilize a decibel meter at the nurses' station to monitor noise levels and alert staff when there is an increase in noise. Additionally, keeping doors shut, turning off lights at specific times during the night, and minimizing the frequency of patient disturbances, particularly for vital sign checks overnight, yielded positive results.

BMC is so proud of the work done by all our professional nurses and teams.

- 5West IMCU introduced "tele time" during the night shift. Nurses, including charge nurses, would assign themselves the task of promptly responding to alarms on the central monitor while also fulfilling their regular cardiac monitoring duties. This shared responsibility among staff nurses empowered autonomy and improved patient care. The successful implementation of "Tele Time" resulted in improved HCAP scores and served as inspiration for other Med-Surg units to adopt a similar program. Moving forward, they remain committed to ensuring feasible assignments and appropriate staffing allocations for telemetry monitoring.

- The Observation Unit is a 28-bay room without doors, only curtains. The unit experienced low patient satisfaction scores regarding the quietness at night, falling below the goal of 55%. The unit implemented interventions to reduce noise and improve patient experience. Yacker trackers were installed at nursing and medical team stations to monitor noise levels. Traffic during quiet hours was redirected to non-adjoining areas. Quiet hour signs and announcements were implemented. CNAs offer snacks and rounds at night to reduce call light use. Patients are provided with sleeping masks and earplugs upon admission. Measures were taken to minimize noisy carts and align telemetry alarm reductions with quiet hours. The unit has adopted a mascot, "Quiet as a Mouse," with a hand sign to encourage silence. The intervention has led to improved results in the NRC observation regarding the quietness of the area around patients' rooms during hospital stays.

- The Night Council implemented various strategies to enhance the patient care experience by collaborating with different departments, creating a "Quietness Campaign" called Sleep well be Well, and implementing measures to minimize noise during specific hours. They also developed new hospital signage and a patient care order set and piloted an in-patient rounding questionnaire to gather feedback on sleep quality and suggestions for improving nighttime quietness. As a result of these efforts, they observed improvements in HCAHPS scores on quietness and plan to utilize data to further enhance our strategies including incorporating multiple languages into the hospital signage based on frequent requests from interpreter services.

Safer Delegation Pathways Created

The Nursing Professional Development team identified gaps in the delegation process between Registered Nurses (RNs) and Certified Nursing Assistants (CNAs). To address this, a dedicated Professional Development Educator role was created to support safer delegation pathways and enhance communication between RNs and CNAs.

The Nurse Professional Development Generalists were committed to enhancing the role of nursing assistants and employed a quality improvement project aimed at enhancing nursing practices. The study utilized the Plan-Do-Study-Act (PDSA) methodology to achieve specific objectives, including literature review, needs assessment, and competency classes for Certified Nursing Assistants (CNAs).

Processes included the following:

- **Building Trust:** Establishing rapport among Certified Nursing Assistants (CNAs), Nurse Directors, and relevant stakeholders through introductions, huddles, and regular check-ins.
- **Competency Days:** A meticulous process of identifying learning needs, developing outcomes aligned with quality indicators, and designing activities to measure success in meeting those objectives.
- **Shadowing:** A comprehensive observation period of two hours per unit, across all shifts, to gain firsthand insight into the CNA's role and responsibilities.
- **New Role Socialization:** Creating awareness and encouraging engagement through huddles, emails, and other forms of communication.
- **CNA Council:** A platform for collaboration and continuous improvement among CNAs.

By prioritizing effective methodology and clear delegation guidelines, staff can make significant strides in achieving excellence in patient care.

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