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At the heart of compassionate care lies our dedicated nursing team, whose empathy and expertise touch the lives of patients throughout Boston and New England every day. As the cornerstone of patient care, our nurses are unwavering in their commitment to building healthier communities now and for generations to come.

This report celebrates dynamic, patient-centered nursing narratives that highlight the diverse roles our nurses play in spearheading innovative healthcare initiatives. Our nursing staff consistently delivers exceptional, high-quality care, supported by a proven track record in developing and implementing evidence-based policies, fostering high-performing teams, and optimizing patient outcomes.

Nursing leaders at Boston Medical Center exemplify clinical excellence, enhance patient satisfaction, and drive continuous process improvement through strategic planning and innovative problem-solving. By cultivating strong, collaborative relationships within the interprofessional team, we closely align with our organizational goals to ensure that our patient outcomes, experiences, and professional practice environments not only meet but exceed national benchmarks.

We are deeply committed to empowering our nurses by providing the tools and resources necessary to amplify their voices and bring our shared vision of nursing excellence to life. Our nurses are essential to fulfilling this mission as we continue to welcome, heal, and serve our communities with compassion and dedication.

Join us as we look toward a brighter future in healthcare—one defined by compassionate care and nursing excellence at Boston Medical Center.

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



COMMITTING TO NURSING PRACTICE

Our Professional Practice

At Boston Medical Center, our nurses are at the heart of improving health care every day. Through innovation, research, and collaboration, our team works tirelessly to deliver compassionate, patient-centered care. By partnering with patients, families, and other caregivers, we ensure every voice is heard, every cultural value is respected, and every clinical decision is guided by what matters most to our patients. Together, we deliver on our promise of “Exceptional Care Without Exception.”

Guided by our professional practice model, we align our nursing care with BMC’s mission, values, and goals. This model emphasizes patient-centered care, shared governance, and cultural awareness, ensuring that care is evidence-based and deeply personal. Our nurses prioritize listening, involving patients in their care, and tailoring their approaches to honor the unique cultural identities and needs of those we serve. Its philosophy underscores the dignity and respect at the core of everything we do.

We also believe in collaboration and empowerment. Through shared governance, all nurses at BMC play an active role in decision-making that enhances practice, improves patient outcomes, and strengthens staff satisfaction. By fostering teamwork and accountability, we create an environment where nurses thrive professionally while delivering the highest standard of care. At BMC, our nurses don’t just provide care — they lead the way in shaping what compassionate, innovative nursing looks like today and in the future.

Our professional practice model ensures that our practice is consistent regardless of where the care is provided.



Nursing Professional Practice Model

Strength in Unity: The Power of Shared Governance at BMC

AT THE HEART OF BOSTON MEDICAL CENTER'S NURSING EXCELLENCE LIES A STEADFAST COMMITMENT TO SHARED GOVERNANCE. THIS MODEL, BUILT ON COLLABORATION, INNOVATION, AND COLLECTIVE ACCOUNTABILITY, EMPOWERS EVERY NURSING PROFESSIONAL TO MAKE MEANINGFUL CONTRIBUTIONS TO ADVANCING PATIENT CARE AND FOSTERING A THRIVING HEALTHCARE ENVIRONMENT. THROUGH SHARED GOVERNANCE, BMC'S NURSING TEAMS NOT ONLY ELEVATE CLINICAL PRACTICES BUT ALSO PROMOTE A PROFESSIONAL CULTURE WHERE EVERY VOICE IS VALUED.

Elevating Nursing Through Councils of Excellence

BMC's shared governance is brought to life through a dynamic network of nursing councils, each dedicated to specific areas of professional practice. These councils embody the principles of teamwork and innovation, driving initiatives that enhance nursing care, enrich the patient experience, and inspire continuous improvement.

Certified Nursing Assistant (CNA) Council

Focused on advocating for professional development and well-being; the CNA Council has cultivated a supportive community for nursing assistants. This council leads efforts to promote high standards of patient care while encouraging lifelong learning. Their initiatives ensure CNAs at BMC feel heard, empowered, and equipped to thrive.

Nurse Practice and Quality Council

Dedicated to maintaining the highest standards of nursing excellence, this council oversees the development and refinement of policies and procedures. By regularly evaluating practices against key quality outcome measures, the council ensures that BMC continues to set the benchmark for patient safety and care.

Diversity, Equity, and Inclusion Council

The DEI Council reinforces BMC's unwavering commitment to fostering an inclusive environment for staff, patients, and their families. Their targeted initiatives have advanced equity across hospital systems and highlighted the importance of culturally sensitive care in creating better health outcomes.

Night Council

Recognizing the unique challenges of overnight shifts, the Night Council has spearheaded projects that enhance workflows, improve workplace safety, and boost both staff and patient satisfaction. By championing the needs of overnight teams, this council plays an invaluable role in maintaining continuity of care around the clock.

Retention & Recruitment Council

Committed to fostering a supportive and sustainable nursing workforce by addressing key challenges in recruitment, retention, and engagement. Serving as a collaborative platform, it brings together professionals to share strategies and solutions, promote development, and advocate for workplace improvements, ultimately strengthening the nursing workforce and enhancing the overall quality of patient care.

Skin Committee

Specializing in evidence-based skin care practices, the Skin Committee has empowered nurses with the knowledge and tools to prevent pressure injuries effectively. Their efforts have not only resulted in improved patient outcomes but also engaged staff nurses in ongoing professional development tied to best practices.



Transforming Healthcare Through Collaborative Innovation

BMC's councils go beyond addressing individual focus areas. They embody a shared purpose of collective wisdom and dedication. The **Nursing Informatics Council**, for example, has optimized patient care delivery by blending technology with clinical expertise, ensuring systems evolve to meet the demands of modern healthcare. Similarly, the **Nursing Substance Use Disorder Council** has provided evidence-based education and policy development, equipping staff to support patients navigating substance use challenges.

The **Integrative Nursing Council** enhances nursing and patient well-being by promoting self-care, offering education on holistic practices like Reiki and aromatherapy, and supporting the integration of these practices into clinical care. Its efforts improve satisfaction, care quality, and collaboration across BMC.

These councils also engage in cross-disciplinary collaboration to amplify BMC's impact. The **NICHE & Mobility Committee** has led the charge in geriatric care, aligning education and clinical practices with the latest evidence to create compassionate and effective care models for older adults. Across all these efforts, the guiding approach is clear—care for patients begins with empowering staff to succeed together.

Celebrating a Year of Partnership and Progress

The annual Council Congress remains a hallmark of BMC's commitment to collaboration and teamwork. Serving as a platform for showcasing achievements, this event brings together all hospital-wide nursing councils and unit-based councils to share insights, discuss challenges, and chart the path ahead. The Congress underscores the spirit of shared governance—celebrating milestones while inspiring innovation for the year to come.

Shaping a Thriving Healthcare Ecosystem

BMC's nursing councils transform the shared governance model from an ideology into a framework for actionable change. By fostering participation, empowering voices, and driving targeted initiatives, these councils exemplify the best of what nursing professionals can achieve together. As we reflect on the achievements of 2024, one thing stands out—BMC nurses are not just caregivers; they are visionaries shaping the future of healthcare. Together, they set a powerful example of unity, dedication, and excellence.





2,095 REGISTERED NURSES

484 CNAS & LPNS

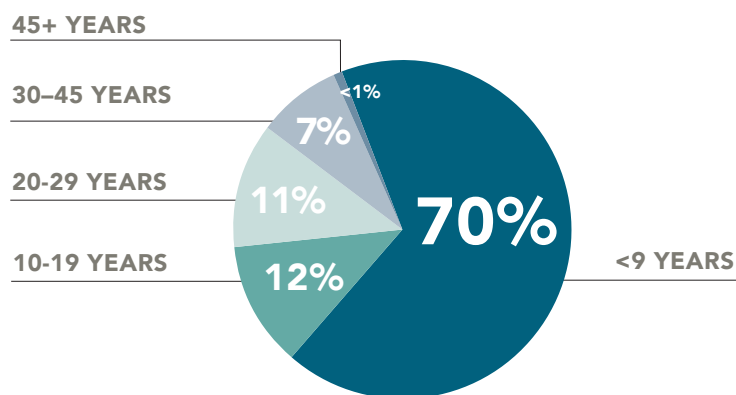
151 ADVANCED PRACTICE NURSES

90% FEMALE

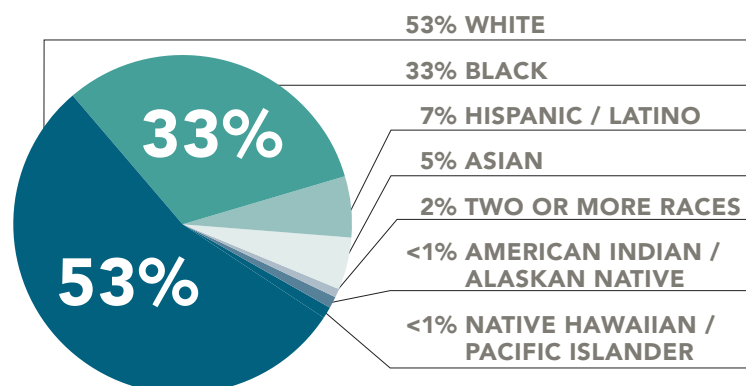
79% RNS WITH BSN, MSN, OR PHD

21% RNS WITH SPECIALTY CERTIFICATIONS

YEARS OF EXPERIENCE



ETHNICITY



TRANSFORM- ATIONAL LEADERSHIP



Turning the Tide on C. diff in SNICU

Clostridioides difficile, commonly known as C. diff, is a bacterium notorious for causing infections of the colon that range from mild diarrhea to life-threatening inflammation. Most cases emerge after antibiotic use, often affecting older adults in hospitals and long-term care facilities. The bacteria enter the body through the mouth, reproduce in the small intestine, and release toxins in the large intestine that can devastate healthy cells and cause severe diarrhea. Remarkably resilient, C. diff survives in the environment for long periods, lingering in feces, on surfaces, unwashed hands, water, and food. Its persistence outside the body allows it to spread widely, especially when proper hand hygiene isn't practiced.

At the BMC Surgical and Neurosciences Intensive Care Unit (SNICU), concern grew in September 2023 when two C. diff infections signaled a troubling upward trend. Nurse Director Jennifer Plummer, BSN, RN, recognized the situation's urgency. Determined to protect patients and staff, Plummer gathered clinical nurses Paula Mombourquette, BSN,

RN, and Ann Marie Walsh, BSN, RN, for a focused discussion. Together, the group brainstormed strategies, ultimately establishing a small task force of nurse champions to lead the charge against the spread of C. diff.

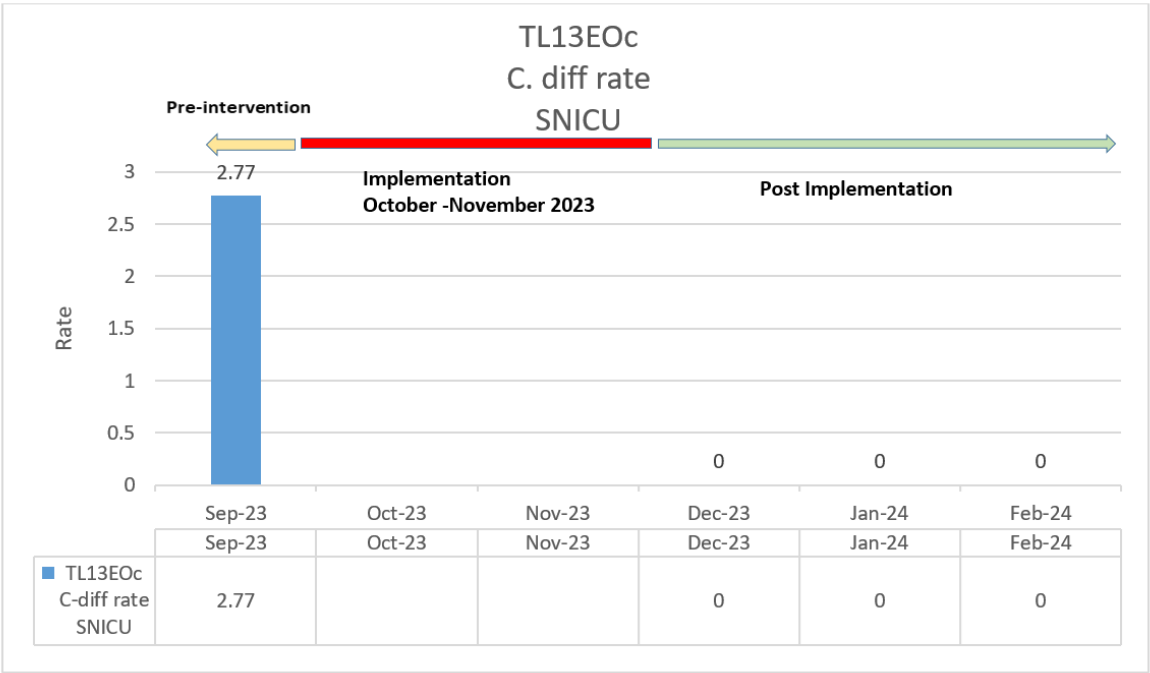
This task force began crafting a detailed room turnover sheet and setting specific linen supply levels for each patient room. Vigilant enforcement of strict handwashing protocols started immediately, introducing bright orange C. diff signs as visual reminders. Steps were taken to prevent cross-contamination by covering shared equipment like the Ultrasound machine. Collaboration with the housekeeping supervisor ensured robust room cleaning protocols, while nursing assistants received additional training on these new standards.

By November 2023, the SNICU team's commitment only intensified. Kayla O'Connor, MSN, RN, joined forces with Plummer to present the new procedures to the unit council. Together with clinical nurses, they fine-tuned the process further based on staff input, resulting

in the identification and proper storage of clean pillows and the installation of laminated linen guidance posters. The improved communication and real-time feedback helped the team maintain high standards for room cleanliness as each patient was discharged.

A newly established C. diff bulletin board provided ongoing education, while regular staff huddles built a culture of vigilance and open communication. Audits and spot checks reinforced best practices, and staff received consistent, practical feedback to ensure every member felt empowered and informed.

Through teamwork, innovation, and a shared commitment to patient safety, the SNICU decreased the C. diff infection rate. The collaborative spirit and dedication of leadership, clinical nurses, and support staff turned a moment of challenge into a story of success, ultimately safeguarding the well-being of patients and reinforcing a culture of excellence within the unit.



Creating Calm in Crisis:

The MICU Recharge Room's Impact on Care Providers



Within the Medical Intensive Care Unit (MICU), nurses deliver expert care for patients facing life-threatening conditions such as acute respiratory distress syndrome, sepsis, cardiac arrest, and more. Each day demands unwavering focus and resilience as cases of pneumonia, renal failure, diabetic crises, and other acute conditions arrive. Amidst these relentless pressures, the Unit-Based Council (UBC) has long sought ways to support staff members, emphasizing education, workflow efficiency, safety, and the overall well-being of the care team.

During the height of the COVID-19 pandemic, taxing work has already become even more challenging. Burnout, compassion fatigue, and decreased resiliency reached unprecedented levels. Research and frontline experience revealed how deeply these stressors could impact nurses' mental health, patient care, and satisfaction. The UBC,

led by co-chairs Jessica Hefflefinger, Sarah Jarbeau, and Jenna Gilman, recognized an urgent need for change.

While reviewing the latest literature, the council discovered a national movement emphasizing the importance of designated recovery spaces for healthcare staff. According to Brockman et al. (2023), providing areas where staff can decompress is critical for preventing moral distress and supporting long-term well-being. Equipped with this insight, the UBC proposed the creation of a Recharge Room within the MICU.

The ambition was clear: increase resiliency, reduce work-related stress, boost job satisfaction, lower burnout, and foster a culture that supports the emotional needs of nurses. To bring this vision to life, the UBC presented the idea to nursing leadership, detailing the importance of immediate, accessible self-care resources for the team. Nurse

Director Avital Rech championed the plan after consulting with Associate Chief Nursing Officer Kellie Smith to identify possible spaces for the room. Their collaborative advocacy, culminating in a direct appeal to hospital leadership, resulted in approval for repurposing a vacant office adjacent to the unit.

Before renovations began, UBC distributed a survey to gauge present stress levels and available coping strategies among the staff. Team members were encouraged to share honest feedback through channels like email, huddle cards, and QR codes. Once gathered, these insights directly influenced the room's design. Supported by Avital and Nurse Manager Rachel Leary, staff suggestions shaped the creation of a tranquil retreat featuring aromatherapy, coloring materials, a sand garden, massage devices, a yoga mat, ambient lighting, a water fountain, a recliner, and serene décor.

When the Recharge Room officially opened in March 2025, it stood as a testament to the power of teamwork and advocacy. Evaluations are ongoing; a post-use QR code survey within the room and planned follow-ups at three and six months assess the room's impact on stress reduction and overall well-being.

The MICU Recharge Room now offers a peaceful sanctuary in the midst of crisis, redefining support for critical care providers and reaffirming a commitment to caring for patients and those who stand beside them every day.

Bridging the Gap in Maternal Health

Boston Medical Center's Accelerator launched a bold initiative to improve health equity across the health system by forming a dedicated team from the OBGYN department. With the persistent reality that Black women in the United States face pregnancy-related mortality rates more than three times higher than white women, the team focused on closing this gap in pregnancy outcomes. The Centers for Disease Control and Prevention highlights a web of contributing factors, including socioeconomic barriers, limited access to quality care, implicit bias, chronic stress from racial discrimination, higher prevalence of preexisting health issues, and demographic variables such as maternal age or family size. All of these converge to worsen pregnancy outcomes for Black women.

Recognizing the urgent need for action, the Maternal Newborn Team and the OBGYN department concentrated efforts on reducing racial disparities in postpartum hemorrhage, a serious and potentially fatal complication. The team identified an innovative intrauterine suction device, JADA, as a key tool to standardize the hemorrhage response protocol and improve patient safety for high-risk deliveries.

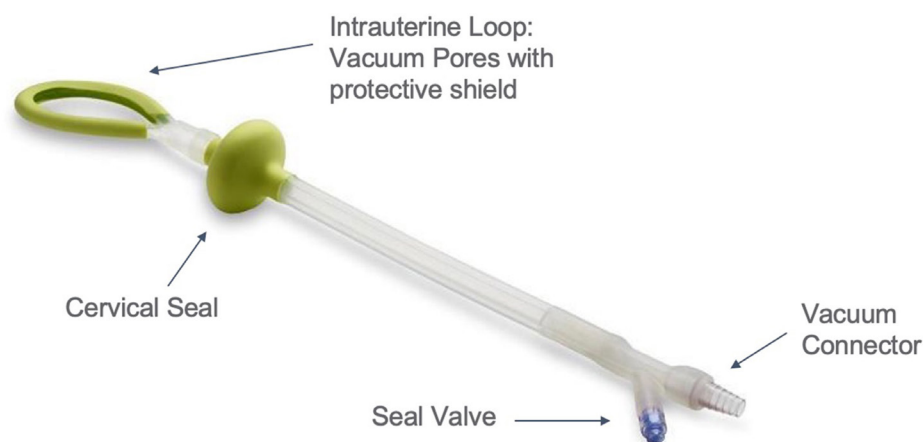
Maureen Fagan, DNP, FNP-BC, FAAN, Associate Chief Nursing Officer, became a champion for this change. Aware of the significant racial disparities in postpartum hemorrhage outcomes, Dr. Fagan advocated for securing funding to acquire the JADA device and to provide the necessary interprofessional training for its use. Explicitly designed for high-risk obstetric patients, JADA employs vacuum-assisted technology to swiftly respond when postpartum bleeding exceeds 500 cc and does not subside. The device's adoption signifies an ongoing commitment at Boston Medical Center to champion health equity for Black and Brown birthing individuals, who face a three to four times greater risk of obstetric complications compared to white patients.

By June 2024, JADA became an official part of the Labor and Delivery protocol, following comprehensive vendor-led training sessions for nurses and physicians. Claire Cole, WHNP-BC, OBQS-C, highlighted Boston Medical Center's innovative approach by presenting the story of JADA's adoption in a poster session at the PNQIN 2024 conference, demonstrating tangible advances in patient safety and health equity.

Through determination and clinical innovation, Boston Medical Center continues to lead efforts to advance equity in maternal healthcare, setting a new standard for patient safety and advocacy.

THE ADVOCACY EFFORT CAME TO A PIVOTAL MOMENT DURING AN APRIL 2024 MEETING, WHERE DR. FAGAN PRESENTED THE CASE FOR JADA'S PURCHASE TO CHIEF NURSING OFFICER NANCY GADEN, DNP, RN, FAAN, NEA-BC. THIS WAS FOLLOWED BY A DETAILED MEMO OUTLINING THE DEVICE'S POTENTIAL IMPACT, WHICH WAS SENT TO CNO GADEN FOR REVIEW BY THE SENIOR VICE PRESIDENT GROUP.

JADA System



EXEMPLARY PROFESSIONAL PRACTICE



Reducing EEG-Related Pressure Injuries Through Standardized Practices

Pressure injuries represent a critical health issue and remain one of the most persistent challenges for healthcare organizations. These injuries not only lead to substantial treatment costs but also significantly impact patients' quality of life and disrupt optimal care delivery. Preventing pressure injuries has consistently proven difficult due to their prevalence across various clinical settings and their potential to be avoided with the proper measures. The presence of pressure injuries can delay recovery, cause pain and infection, and prolong hospital stays. High-risk groups, such as the elderly and critically ill patients, are particularly vulnerable. Critical care patients face increased susceptibility due to factors such as the use of medical devices, hemodynamic instability, and the administration of vasoactive medications. Addressing these challenges requires a strong organizational culture, multidisciplinary collaboration, and operational practices prioritizing patient safety.

A concerning rise in medical device-related hospital-acquired pressure injuries (HAPIs), specifically linked to EEG leads, was identified during the September

2024 meeting of the Boston Medical Center (BMC) Pressure Injury Prevention Task Force. The task force, which includes certified wound care clinical nurses, nursing leadership, and respiratory therapy professionals, sought immediate action to address this issue.

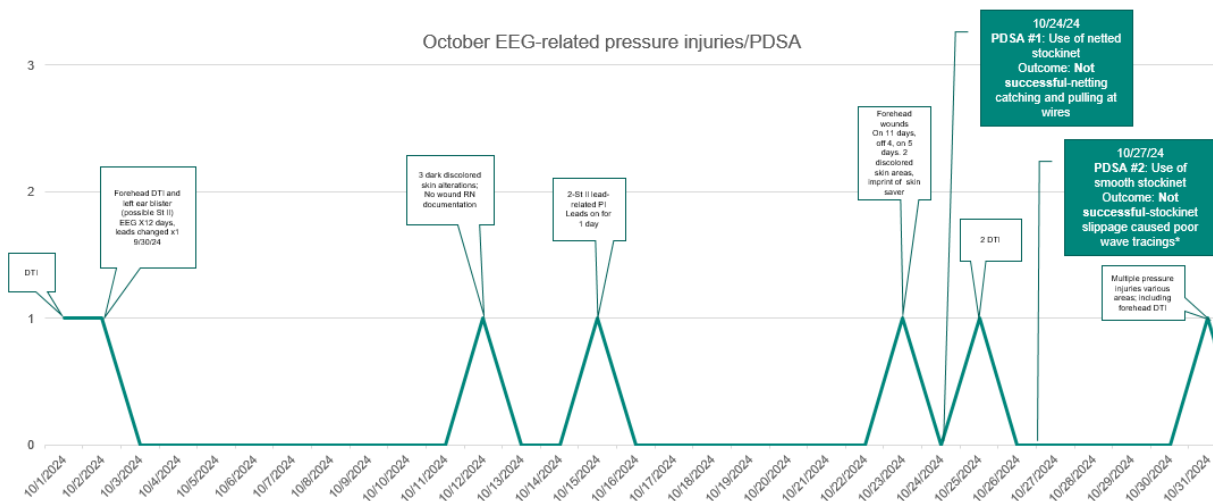
By August 2024, the incidence of EEG-related pressure injuries reached 10.7%. Recognizing the seriousness of the situation, the task force requested a comprehensive assessment of current EEG lead securing and surveillance practices by involving the Wound Care Team, EEG technologists, and the medical team. The aim was to decrease the occurrence of medical device-related pressure injuries linked to EEG leads across the hospital.

Following this request, the Quality and Patient Safety department initiated a root cause analysis. Insights from the Wound Ostomy and Continence Nurses (WOCN) team highlighted the need for educational interventions, while the root cause analysis identified further opportunities to standardize skin preparation and head wrapping techniques.

Interventions began in October 2024, with an accelerated Plan-Do-Study-Act (PDSA) process implemented by the EEG team, in collaboration with Carrie Googins, MSN, RN, CPHQ. The initial intervention introduced netted stockinets to secure leads, which resulted in wires catching and pulling. A subsequent modification involved smooth stockinets, which unfortunately slipped and caused poor wave tracings. Recommendations from the Wound Care nurses led to the third intervention, which utilized Nuprep skin saver, ensuring better skin preparation and leading to adherence. A final intervention was introduced, incorporating flat leads secured with loosely wrapped conforming gauze. To enhance monitoring, frontal leads were checked every two days, repositioned as needed, and detailed skin assessments were documented.

Implementing a standardized process for affixing and monitoring EEG leads has significantly reduced EEG-related pressure injuries. These efforts underscore the importance of cross-departmental collaboration in improving patient outcomes and care delivery.

EEG-related pressure injuries and PDSA cycles to standardize wrap, October



Standardizing Fall Prevention Interventions for Improved Patient Safety

Efforts to reduce patient falls and fall-related injuries have been ongoing since 2015. To address these issues, a multidisciplinary quality improvement project was introduced on the geriatric floor of 6W. The original interventions included using “red sock” signage and a “red rock” system to identify patients at high risk of falling. The concept drew inspiration from the Boston Red Sox, creating a memorable association for staff.

Since then, the Nurse Practice & Quality Council has continued to drive fall risk initiatives. These efforts involved reviewing e-learning modules, proposing policy updates, and establishing a tool to audit fall prevention practices. Active rounding during meetings provided opportunities to disseminate results to leadership and prioritize patient safety. Within ambulatory settings, work has focused on achieving standardization across clinics in fall screening, assessment, and intervention protocols while incorporating best practices and evidence-based approaches.

However, inconsistencies remained evident across hospital units. Interventions varied from red socks dangling from beds or stretchers to using red lights and various signage. Some areas lacked any form of visual fall risk indicators. For example, while the hospital-at-home program introduced yellow fall signs, the emergency department used yellow fall risk bands. This inconsistency created confusion, particularly for travel nurses and new staff accustomed to different systems at other facilities.



To address these challenges, adopting a unified approach became essential. The proposal introduced yellow as the universal color for fall risk identification. Yellow fall risk bracelets were suggested as a standard intervention across inpatient units. Unlike socks, bracelets always ensure visibility, providing an immediate and clear signal highlighting patients' mobility risks. These bracelets are simple to use, budget-friendly, and easily sourced. The American Hospital Association's 2008 quality advisory also supports this standardization, recommending color codes like yellow for fall risk, red for allergies, and purple for DNR status.

Several actions were taken to implement this change. Fall prevention policies were updated to reflect the transition to yellow bands, establishing them as a standard intervention. Informatics updates included changes to flowsheets, care plans, and call light systems to align with the new color coding.

Education played a vital role in preparing staff for these improvements. Falls prevention e-learning modules were updated. Key stakeholders such as nursing leadership, the Nursing Professional Development group, and council members were briefed through meetings, huddles, presentations, and the Nursing Top 5 weekly newsletter to ensure a focused and consistent understanding of the changes.

Coordinating the go-live date involved multiple departments, such as informatics, supply chain, and educators. The Nurse Practice & Quality Council remained integral throughout the process, ensuring a seamless transition. The supply chain required a four-to-six-week lead time to stock the yellow bands, while the remaining red sock supply was strategically utilized during the transition period.

This comprehensive effort has established a consistent, effective, and recognizable system to identify fall risks across various units, advancing patient safety and standardizing care practices.

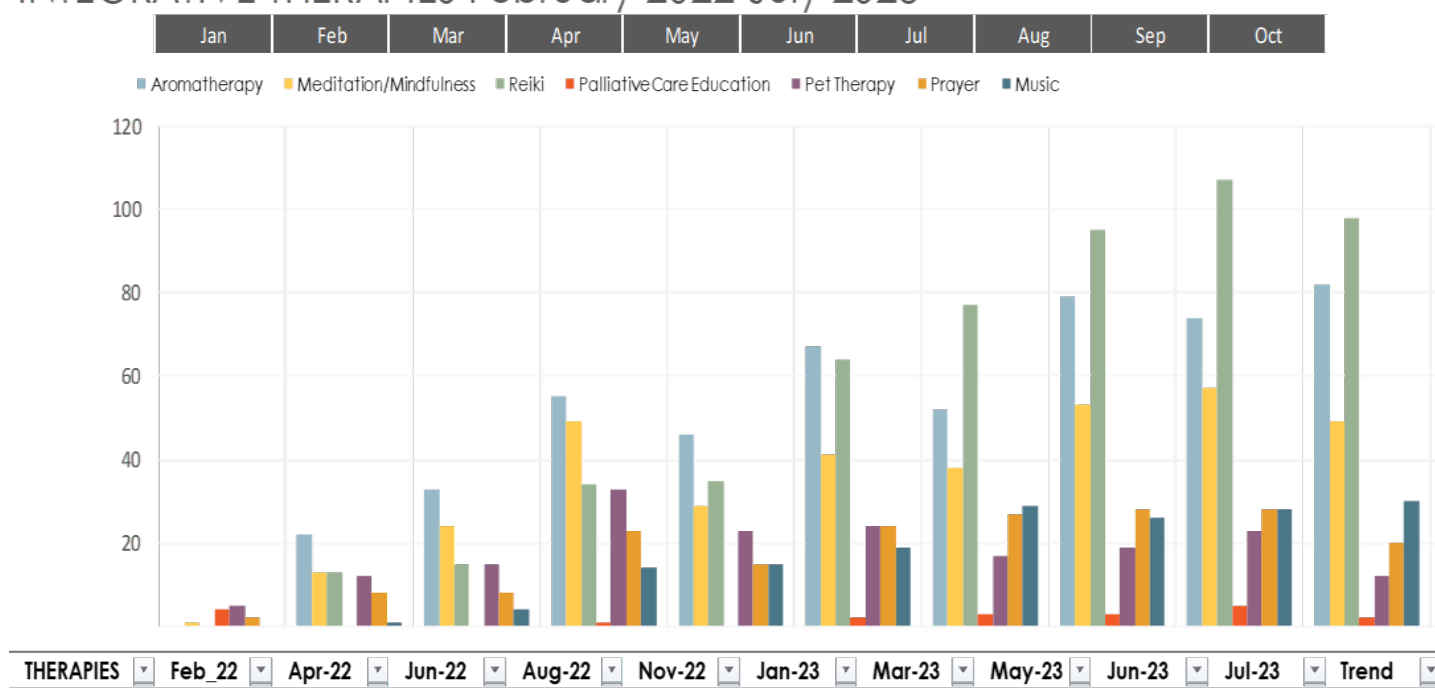
Revolutionizing Patient Care Through Boston Medical Center's Integrative Nursing Fellowship

At Boston Medical Center (BMC), clinical nurses are empowered by the Massachusetts Nurse Practice Act to make critical decisions regarding nursing care. The job descriptions for registered nurses at BMC define their scope of practice, while established nursing policies, guidelines, and care standards ensure precise instructions for actions. This framework allows nurses to use professional judgment across the full spectrum of nursing practice. One example of this autonomy is the integration of evidence-based therapies like aromatherapy, which clinical nurses independently administer as part of nursing orders, following established guidelines.

Integrative nursing at BMC blends traditional medical care with holistic approaches, offering patients non-pharmacological treatments for issues such as chronic pain, anxiety, insomnia, depression, and nausea. Recognizing the profound impact of physical, mental, emotional, and spiritual health on overall well-being, this method enhances care by aligning with patient preferences. The introduction of the Integrative Nursing Fellowship in March 2022 marked a pivotal moment, establishing a program to integrate these therapies more broadly across the hospital. This initiative focuses on embedding patient preferences into care plans, enriching bedside care with additional options for healing.

This program allowed clinical nurses to dedicate a portion of their workweek to advancing these practices. By applying their expertise to patient care, fellows became champions of integrative nursing. Order sets within the EPIC system make it simple for bedside nurses to request integrative consults, creating seamless collaboration. Integrative nurse fellows develop personalized care plans and administer evidence-based therapies that best meet individual needs. An example of this specialized care occurred on September 13, 2023, when a clinical nurse and integrative fellow assessed a patient, initiating aromatherapy and Reiki treatments tailored to the patient's needs. This personalized approach achieved positive outcomes, showcasing the power of intentional, holistic healing.

INTEGRATIVE THERAPIES February 2022-July 2023





Over the past year, integrative nursing has significantly impacted BMC, with over 2,500 integrative therapy sessions delivered to patients. The success of the fellowship program is attributed to the nurse fellows' expertise, enthusiasm, and commitment. The program fosters leadership, autonomy, and peer collaboration while creating meaningful bonds with patients. Fellows report greater job satisfaction and a sense of fulfillment, recognizing these therapies' profound effects on patient outcomes. By integrating non-pharmacological interventions, including Reiki, aromatherapy, and art therapy, BMC prioritizes relationship-based care, rooted in respect and compassion.

Expanding the fellowship from six to twelve months allowed deeper connections through mentor-mentee relationships. The extended program encourages fellows to apply their skills toward improving access to integrative therapies for both patients and staff. To promote sustainability and continued learning, the fellowship incorporates leadership, professional development, self-care, and nursing philosophy

courses. Quality improvement projects developed by fellows further enhance the accessibility of integrative care throughout the organization.

Transformations within the hospital culture include introducing practices like "Revive with Your Tribe" breaks, where staff have opportunities to refresh with massage, Reiki, and aromatherapy. These breaks provide a moment of rest and renewal, revitalizing participants and readying them to continue their day with a greater sense of well-being.

By June 2023, the number of integrative therapies delivered per month increased from just 12 in February 2022 to an impressive 322 sessions. The program also positively influences nurse retention, with annualized turnover rates stabilizing to pre-COVID levels. This improvement reflects the program's emphasis on nurturing nurses and patients, establishing a healthier, more resilient workforce.

Commitment to advancing this initiative remains strong, with multidisciplinary teams collaborating to incorporate

integrative therapies into care plans. Nurses express growing interest in adopting these approaches for professional and personal self-care. Educational workshops and onboarding programs ensure new staff are equipped to deliver integrative therapies effectively. Each fellow contributes to expanding access and awareness by leading projects championing these novel approaches.

The Integrative Nursing Fellowship has transformed BMC's pain management culture, aligning with Joint Commission requirements to offer non-pharmacological intervention options. Beyond patient care, the program supports staff well-being through accessible therapeutic modalities, fostering resilience and job satisfaction while enhancing the sense of community among nurses.

By continuing to implement integrative approaches, BMC solidifies its position as a leader in patient-centered care, blending innovation with compassion to redefine what is possible in modern healthcare.

Reducing MRSA Rates Through Evidence-Based Interventions

Methicillin-resistant *Staphylococcus aureus* (MRSA) is an infection caused by a strain of *Staphylococcus aureus* resistant to methicillin and many other antibiotics, significantly complicating the treatment of typical staph infections. MRSA is a leading cause of hospital-acquired infections, contributing to increased morbidity, prolonged hospital stays, higher treatment costs, and, in some cases, mortality. It is most frequently observed in individuals receiving care in healthcare settings such as hospitals, nursing homes, or dialysis centers. Within these environments, infections are called healthcare-associated MRSA (HA-MRSA).

HA-MRSA infections are often tied to invasive medical procedures or devices, such as surgeries, intravenous catheters, and prosthetic joints. These tools and procedures create pathways for bacterial entry. Hospitals provide a particularly conducive setting for severe MRSA infections due to the high volume of patients with weakened immune systems, frequent use of invasive devices, and increased transmission potential from person-to-person interactions. Intensive care units frequently observe bloodstream infections associated with high-risk devices like central lines.

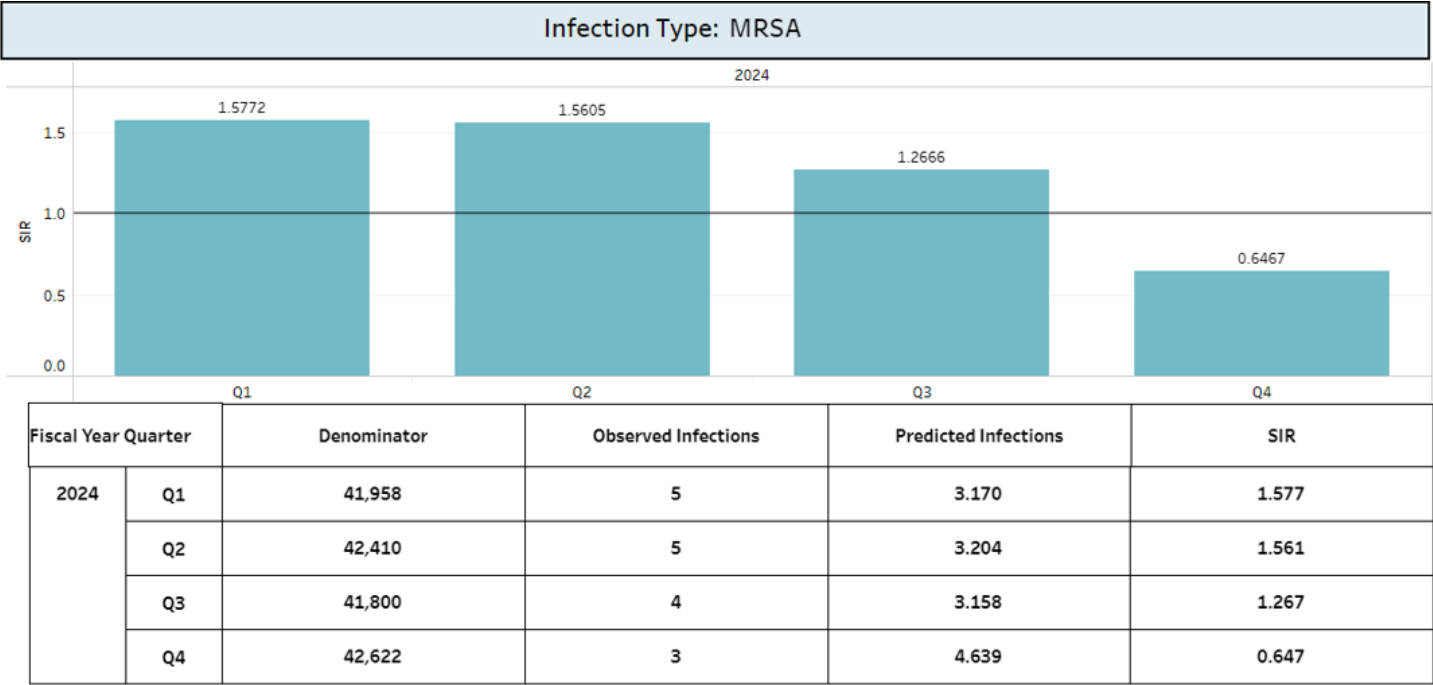
Transmission of HA-MRSA occurs through contact with contaminated surfaces, healthcare workers' hands, or direct physical interaction between individuals. Colonization is another concern, where individuals carry MRSA on their skin or nasal passages without showing symptoms. A simple nasal or skin swab can confirm colonization, with colonized individuals capable of transmitting bacteria or developing active infections.

The Boston Medical Center (BMC) nursing team adopted measures to address the persistent rise in hospital MRSA rates. Collaborative efforts among clinical nurses and nurse leaders led to revisions in the nursing professional practice model (PPM). The PPM framework supported professional nursing practices, emphasizing patient safety, advocacy, and evidence-based actions. BMC adopted interventions aligned with its mission to provide "exceptional care without exception," ultimately targeting MRSA rates and related patient outcomes.

An annual increase in hospital-acquired MRSA bacteremia prompted further action. The standardized infection ratio (SIR) of healthcare-associated MRSA bacteremia increased from 0.86 in 2022 to 1.1 in 2023. Toward the end of 2023, the infection prevention team conducted a detailed literature review, pinpointing universal decolonization protocols as an effective measure to lower MRSA incidence.

January 2024 marked the introduction of a new protocol. The literature highlighted the efficacy of universally applying a 5-day course of intranasal mupirocin for adult intensive care unit (ICU) patients, supplementing prevailing skin decolonization methods. The prevention team collaborated with stakeholders to integrate nasal decolonization into the hospital's order system using EPIC.





By early 2024, meetings were initiated with critical care leaders and nursing teams, emphasizing data collection on MRSA colonization and implementation strategies. Educational resources, including a tip sheet on mupirocin administration, were created to ensure proper protocol adherence. Nursing leaders further discussed operational strategy to streamline processes for patients transitioning from ICU to medical-surgical units with active mupirocin orders.

After months of collaboration, planning, and testing, the new mupirocin-focused order set was finalized in May 2024. This order was embedded into all admission protocols and prominently displayed within the EPIC sidebar for enhanced visibility. Alerts in EPIC notify ordering physicians if a patient has received mupirocin in the past 90 days, minimizing redundant treatments.

To address possible barriers to implementation, the infection prevention team conducted walkthroughs in workrooms across departments, raising awareness among medical personnel. An FAQ document was circulated among nursing staff to clarify the purpose and process for administering mupirocin.

The mupirocin order set was launched hospital-wide on July 1, 2024. The execution of this evidence-based protocol, combined with nurse-led education efforts, resulted in a notable reduction in MRSA bacteremia rates. This achievement underscored the importance of collaboration, education, and the structured application of evidence-based interventions in enhancing patient safety and outcomes.

Empowering Excellence through Ethical Practices in Nursing

The Boston Medical Center Ethical Practices in Nursing Conference, held on November 7, 2024, at the University of Massachusetts Boston, is a pivotal event dedicated to addressing one of the most critical challenges nurses face today: navigating the complex ethical dilemmas that arise in clinical practice. The conference, organized by Ann Carey, Ginny Combs, and Stacy Cooper, provided a platform for healthcare professionals to come together, share experiences, and explore strategies for empowering nurses to address moral distress in their work.

"This is our first ethics conference," Ginny Combs noted during the opening remarks. The goal is to turn the moral distress that our nurses feel into the ability to tackle the challenges of ethical issues in clinical care effectively."

Set against the backdrop of BMC's forward-thinking leadership, the conference was filled with inspiring discussions, thought-provoking sessions, and a shared commitment to advancing ethical practices in nursing.

One participant, reflecting on the morning sessions, shared that the information provided empowered nurses to find their voice when addressing moral distress. Hearing everyone's stories has been incredible. We all face the same challenges, just with different patients."

A recurring theme throughout the day was the reassurance that nurses are not alone in confronting these challenges. Another attendee noted, "I initially thought there was a disconnect between being a patient advocate and addressing the broader ethical concerns. But I've realized today that, as a collective, we understand these issues, and there's comfort in knowing we share similar experiences."

One key takeaway of the day was that ethics is intricately woven into every aspect of nursing, from patient care to decisions made on a systemic level. "Understanding our patients as people, connecting with their stories, and truly listening can minimize the moral distress we experience as we handle the toughest aspects of our work," speaker Leanne Homan, RN, BSN, MBE, HEC-C, remarked.

Physician, Michael Leong, MD, MPH, who serves as the co-chair of Boston Medical Center's Ethics Committee, expressed pride in the event and its larger significance: "This incredible conference is a testament to the commitment of nurses who strive to address ethical concerns head-on. BMC's support for this initiative is exceptional, and I'm optimistic this will be the start of real change."

Speakers also emphasized the value of building "moral communities" within healthcare teams. By fostering collaboration and open discourse, it's possible to minimize the frequency of morally distressing situations. Aimee Milliken Ph.D., RN, HEC-C, highlighted, "We, as nurses, are ideally positioned to create these spaces. We frequently engage with patients, understand the complexities, and are critical to interprofessional collaboration. This places us in a unique position to shape ethical practices."





Throughout the event, participants were urged to recommit to the nursing profession's core virtues of caring and compassion. "Ask yourself regularly if you can continue to honor your commitment to care. Lean on your colleagues, and allow them to lean on you. These principles, deeply embedded in our profession, can motivate us to move forward, even during challenging times," Brian P. Cyr, MSN, RN-BC, encouraged the audience.

The conference concluded with a thought-provoking discussion on burnout, described as a "terminal form of distress." According to Sheryl Katzaneck, burnout fosters desensitization, which reduces the ability to engage with the nuances of

ethics. Ethics thrives in the gray areas. To continue this meaningful work, we must invest in self-care, carve out time to process experiences, and create facilitated spaces to share and express our emotions."

The attendees left the event motivated and equipped with knowledge to confront their ethical challenges, drawing strength from the shared support of their peers and the resources introduced throughout the conference.

The inaugural Ethical Practices in Nursing Conference exemplified the importance of empowering nurses to recognize and address moral distress while maintaining a profound commitment to compassion and

ethical care. "By fostering these critical conversations, the event provided a roadmap for building stronger moral communities that support nurses in delivering care with dignity and respect for all," said Ellen M. Robinson, RN, PhD, HEC-C, FAAN.

The organizers encourage continued engagement in these vital discussions and professional opportunities for those seeking to enhance their ethical decision-making skills and take part in future initiatives dedicated to improving patient care. Together, these efforts can transform ethical practices in nursing and the broader healthcare field.

Creating a Safer Environment for Nurses at Boston Medical Center

Boston Medical Center (BMC), New England's largest safety-net hospital, caters to many patients and families in challenging neighborhoods. Unfortunately, healthcare workers in Massachusetts face alarming rates of workplace violence, with incidents occurring approximately every 38 minutes according to the Massachusetts Hospital Association (MHA). At BMC, the rate is even higher, with an average of three workplace violence incidents daily, significantly surpassing the city's average of one incident per day. Nurses are particularly impacted, experiencing more assaults than any other staff members. Addressing workplace violence became a critical mission for BMC.

The initiative began in May 2022 when the Chief Nursing Officer and Senior Vice President brought workplace safety to the forefront of leadership discussions. A proposal to include workplace safety as a key priority was discussed during a Senior Vice President meeting chaired by the hospital president. This discussion led to the formation of the Workplace Safety Steering Committee, with its inaugural meeting held in September 2022. Reducing workplace violence against nurses was identified as an immediate and urgent priority.

By January 2023, the Workplace Safety Steering Committee underwent further development under the guidance of senior leaders in clinical services and nursing. Comprising representatives from nursing, public safety, emergency management, human resources, and the quality department, the committee

adopted a multi-disciplinary approach to cultivating a safer environment. Leaders developed a governance structure, allocated organizational resources, and outlined key goals and initiatives. The committee's role extended to driving standardized practices, preparedness training, incident reporting, and improvement strategies. Efforts included fostering alignment with organizational priorities, integrating health equity perspectives, and promoting the adoption of best practices across all departments.

Throughout the year, several targeted actions were implemented. The committee was a centralized hub for coordinating efforts across existing workplace safety initiatives. Key activities included establishing action plans after violent incidents, tracking and reporting incidents, developing policies to address safety concerns, and ensuring comprehensive staff support. Risk assessment became integral to prevention strategies and was incorporated into the Epic system for better operational integration.

Visible signs of progress emerged in 2023. A new Code of Conduct for Patients, Staff, and Visitors was launched in April, reinforcing the hospital's commitment to a respectful and secure environment. By December, a security screening process was implemented at the Emergency Department entrance on Shapiro Drive. The screening station, featuring a metal detector and an X-ray package screener, operated around the clock, ensuring heightened safety for nurses, staff, and patients.

On January 1, 2024, a 24/7 Advanced Practice Registered Nurse Behavioral Response Team was introduced to address patient agitation and prevent escalation into workplace violence. Patient agitation emerged as a significant precursor to violent incidents, requiring early intervention and de-escalation. Implementing the Behavioral Activity Rating Scale (BARS) provided a structured method for assessing and managing agitation. Investments in new staff roles, such as hiring advanced practice registered nurses (APRNs) for the Behavioral Response Team, were critical in prioritizing safety.

The culmination of these efforts led to a marked reduction in workplace violence incidents involving nurses. Through establishing the Workplace Violence Steering Committee and operationalizing dedicated safety measures like the Behavioral Response Team, BMC successfully addressed one of its most pressing challenges. These measures represent a powerful commitment to ensuring a safe and supportive environment for all staff, patients, and visitors.

Hypertension Management in Outpatient Settings

Hypertension affects half of all adults over 20 in the United States, yet only 39 percent of those treated with medication have their blood pressure well controlled. Studies show that targeted interventions can make a significant difference, especially when thoughtful collaboration narrows disparities between patient groups. Working together, nurses and pharmacists in outpatient settings have been shown to improve health outcomes, broaden access to care, enhance medication safety, reduce hospitalizations, and strengthen chronic disease management.

During the Improvement Leadership Academy in March 2024, Katelyn Wilson, MSN, RN, charge nurse at the Family Medicine Ambulatory Clinic, and the pharmacy lead uncovered a shared goal within their separate quality improvement projects—to improve blood pressure control within their clinic. Recognizing the potential for greater impact through joint effort, the team united around the mission to enhance blood pressure outcomes for patients diagnosed with hypertension.

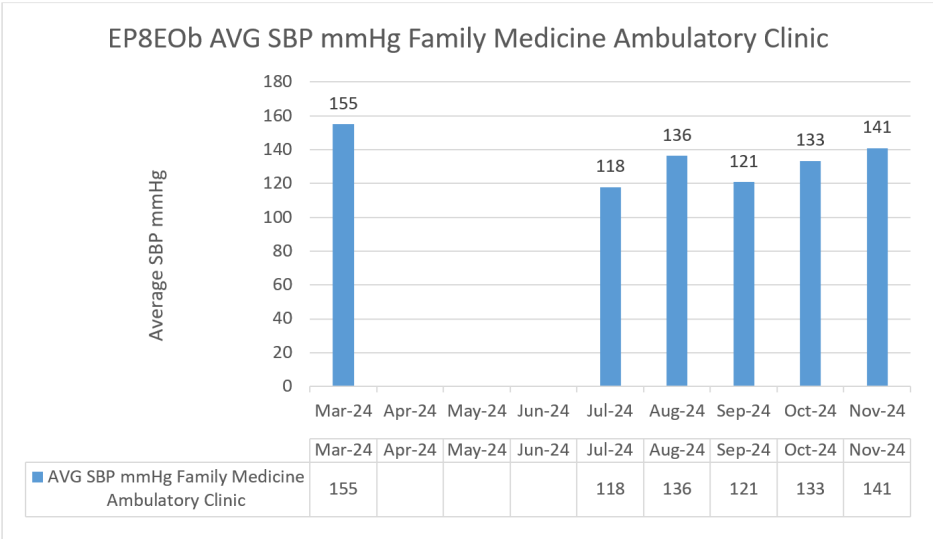
A current state assessment of the Family Medicine Ambulatory Clinic took place in March 2024, examining existing processes, workflows, and patient outcomes around blood pressure management. Analysis revealed strengths to build on and gaps to address, forming a clear foundation for redesigning clinical workflows and identifying the most effective interventions. At that time, clinic patients’ average systolic blood pressure measured 155 mmHg.

With a clear roadmap inspired by the Institute for Healthcare Improvement Model for Quality Improvement, the team launched a series of targeted interventions in April, May, and June of 2024. April introduced a new “Hypertension” visit type to the Family Medicine nurse schedule. A Hypertension Pool within the electronic medical record (EMR) soon followed, streamlining nurse-pharmacist communication. May focused on empowering patients, as clinic staff offered home blood pressure monitoring training and distributed blood pressure logs for self-tracking. June created best-practice teaching

resources and educational materials for use during nurse visits to help patients build confidence in managing their condition at home.

Patients learned to monitor blood pressure properly and were encouraged to bring their logs to follow-up nurse visits. Nurses reviewed and recorded readings in the EMR, enabling the pharmacy team to assess progress and adjust medications as needed. By the end of June 2024, new workflows, enhanced patient education and access to home monitoring equipment transformed hypertension management at the clinic.

The initiative decreased average systolic blood pressure among clinic patients, increased nurse visit volume for hypertension care, and expanded primary care access. Collaboration between nursing and pharmacy teams provided additional support for chronic hypertension patients. The project also served as a launchpad for remote home blood pressure monitoring, directly integrating patient results into the EMR. With these advancements, the clinical team can now monitor blood pressure trends remotely, paving the way for future telemedicine and digital health initiatives in chronic care management.



Driving Nurse Engagement and Reducing Turnover Through Innovative Strategies

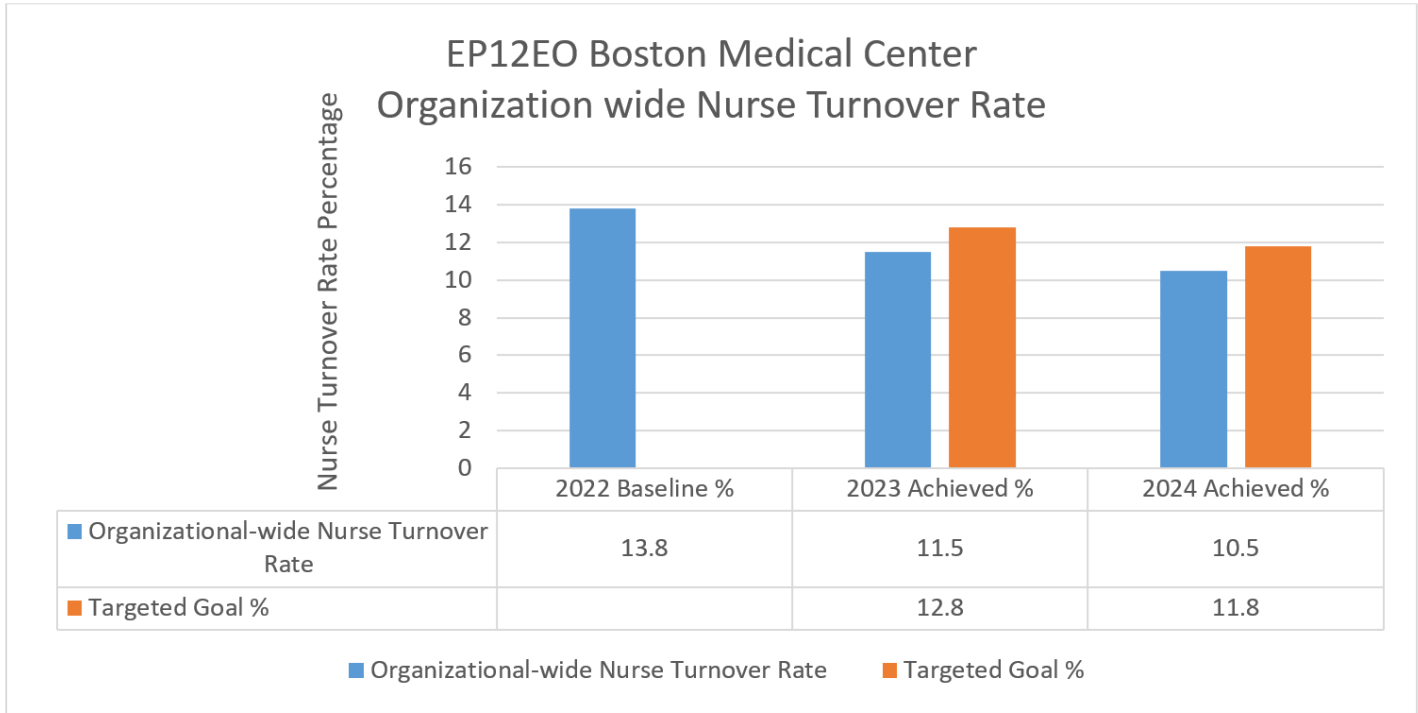
Since its formation in May 2023, the Nursing Retention & Recruitment Council at Boston Medical Center began addressing clinical nurse recruitment and retention challenges with a proactive, structured approach. Foundational strategies included monthly meetings and data-driven conversations to identify turnover trends and patterns by tenure. These consistent gatherings became a launching pad for solutions that enhanced nurse engagement and shaped a culture of accountability.

Leadership for the council rests with three clinical nurses—Alina Palanjian, BSN, RN in Ambulatory; Lynnette Delano-Chase, BSN, RN in Maternal Newborn Services; and David Nguyen,

BSN, RN in Critical Care. Nineteen additional clinical nurses, representing a broad spectrum of specialties, units, and experience levels, further ensure that council discussions reflect the diversity of Boston Medical Center’s nursing workforce.

In 2022, before the council’s formation, nursing turnover at Boston Medical Center stood at 13.8%. One of the earliest new initiatives was the launch of new hire coffee hours in fall 2023, organized and attended by council members. This gathering provided a welcoming environment for new clinical nurses, promoting mentorship, early support, and easier integration into the culture at Boston Medical Center.

Recognizing the value of direct insight from frontline staff, the council developed a clinical nurse-led process for conducting exit interviews with departing nurses. Access to this invaluable feedback highlighted specific issues affecting retention and shaped actionable recommendations for improvement. To expand outreach, council members distributed anonymous surveys during a professional development day, gathering data on what motivates nurses to stay and which professional development opportunities they prioritize. This feedback inspired additional staff-driven social activities to build community and cater to nurses’ interests.





Improving Nurse Retention Through Peer Exit Interviews

Launched in January 2024 by the Nursing Retention & Recruitment Council, the Peer Exit Interview program aims to encourage departing RNs to provide honest and valuable feedback by pairing them with trained peer interviewers. Many council members volunteered for this role, alongside additional non-council volunteers who were eager to contribute.

Each week, managers inform us of nurses planning to leave BMC. Peer interviewers then reach out to these nurses to request an exit interview. If they agree, the interview is scheduled at a mutually convenient time, and the interviewer records the feedback using an online questionnaire.

To date, 65 Peer Exit Interviews have been completed, providing essential insights into why RNs leave, their experience at BMC, and what could be improved to enhance retention. Key focus areas include work-life balance, career development opportunities, and workplace culture.

Every new nurse joining the team received a welcome gift to strengthen connections further, setting a positive tone for their experience at Boston Medical Center. By the fall of 2024, council members developed skills to run focus groups, yet another avenue for understanding the experiences and expectations of the nursing team. Insights from these discussions were presented to senior nursing leaders, emphasizing the importance of direct communication and ensuring the perspectives of frontline staff influenced organizational strategies.

The council's multifaceted efforts yielded several positive outcomes. Social gatherings fostered camaraderie among nurses, and targeted actions responded to exit interview feedback. Engagement with staff through focus groups identified new areas for growth, while ongoing collaboration with nursing leadership ensured accountability and transparency.

Although nurse turnover continues to present challenges, a reduction to 10.5% by the latest reporting period underscores significant progress from the baseline rate in 2022. The council's structured, collaborative, and data-informed initiatives now serve as a model for advancing nurse recruitment and retention, contributing to the well-being of Boston Medical Center and the broader community.

An ambitious goal was set by nursing leadership and the council in April 2022—to decrease turnover by 1% annually. The targets for 2023 and 2024 were set at 12.8% and 11.8%, respectively. Through the council's dedicated work, Boston Medical Center has met and surpassed these benchmarks, creating pride, autonomy, and resilience that inspire the nursing team and the institution.

Highlights from the 14th Annual Integrative Nursing Conference

THE 14TH ANNUAL INTEGRATIVE NURSING CONFERENCE TOOK PLACE ON MAY 6, 2024, WITH THE INSPIRING THEME, "PURPOSEFUL LIVING: THE ANSWER IS WITHIN." HOSTED BY A DIVERSE LINEUP OF THOUGHT LEADERS AND PRACTITIONERS IN THE FIELD OF HOLISTIC NURSING, THE EVENT CELEBRATED THE PROFOUND CONNECTIONS BETWEEN SELF-CARE AND PATIENT CARE. FROM ENGAGING KEYNOTE SESSIONS TO DYNAMIC WORKSHOPS, THE CONFERENCE PROVIDED INVALUABLE INSIGHTS INTO HOW INTEGRATIVE NURSING IS SHAPING THE FUTURE OF HEALTHCARE. THIS POST RECAPS THE HIGHLIGHTS, TAKEAWAYS, AND KEY MESSAGES THAT PROMISE TO LEAVE A LASTING IMPACT ON THE NURSING COMMUNITY.

Key Session Summaries

Wholeness in Wellness with Kristen Reed

Kristen Reed, a nationally recognized wellness coach and CEO of Nursing Your Way to Wellness, presented her innovative **4M Framework™** for building vitality in nursing. The four key pillars she highlighted were:

- **Mindset:** Cultivating a positive and resilient mindset through mindfulness practices.
- **Movement:** Engaging in regular physical activity to sustain energy and health.
- **Meals:** Prioritizing nutrition to fuel the body.
- **Me Time:** Incorporating self-care, quality sleep, and stress management into daily routines.

Reed's session emphasized the practical application of these principles, offering real-world tools to empower nurses to combat burnout and thrive in their professional and personal lives. Her actionable advice resonated with attendees, leaving them inspired to incorporate holistic wellness into their routines.

Move Better. Feel Better. Love Better. with Mike Morris

Mike Morris, founder of Hot House NH Yoga and Pilates, led an interactive and energizing movement workshop. Through basic functional movements, a low-impact HIIT session, and group meditation, Morris encouraged attendees to rediscover the joy and accessibility of physical activity. His key message was simple but impactful: "Just start moving—every bit counts." The session reminded participants that even small changes in daily movement can bring significant physical, mental, and emotional benefits.

Learning the Language of Loss with Myra Sack

Grief advocate and author Myra Sack delivered a deeply moving session focused on navigating personal and professional loss. Her interactive workshop combined storytelling, movement, and reflection to guide nurses through the compassionate language and strategies needed to connect with patients during times of profound loss. Sack shared her five-part process for coping with grief, offering attendees tangible tools for fostering resilience and empathy. Her session highlighted the role of emotional intelligence in facilitating meaningful and healing connections.

Integrative Nursing Fellows Panel Discussion

A highlight of the conference was the insightful panel discussion featuring the Integrative Nursing Fellows. Representing a range of perspectives and experiences, the fellows discussed their personal growth and collective achievements in integrative nursing. Their stories reflected the broad impact of evidence-based holistic practices on both patients and the nursing profession.

Shake It Up with Kristen Fleur

Kristen Fleury, a certified Zumba instructor and registered nurse, brought the energy with an exhilarating Zumba session. Highlighting the importance of movement in reducing stress, uplifting mood, and fostering community, her class encouraged attendees to "shake it up" in their approach to health and wellness. The session demonstrated how international dance rhythms, such as salsa and reggaeton, can create a fun and inclusive path to fitness and well-being.



The Power of Reflexology with Kelly Urso

Kelly Urso, a nationally certified reflexologist and educator, introduced attendees to the history and benefits of reflexology in healthcare and self-care. Her session covered the application of reflexology within healthcare settings, backed by research from hospital-based studies. Participants also engaged in a guided self-care routine, using ear and hand reflexology techniques to experience the immediate calming effects of the practice. Urso's presentation reinforced reflexology as a valuable tool for supporting holistic health.

Cultivating a Wellness Culture in Nursing

The day concluded with Kristen Reed delivering a closing session on integrating a culture of wellness within nursing. She framed wellness not as a luxury but as a critical foundation for professional excellence. Attendees left with actionable strategies for fostering a positive and empowered workplace environment.



Why These Insights Matter for Nursing Practice

The "Purposeful Living" theme of the conference underscored the importance of mindfulness, self-care, and holistic approaches to nursing. Attendees left equipped with practical strategies, a deeper understanding of integrative wellness, and a renewed commitment to their health as they continue to care for others.

For nurses and nursing students, the conference sparked conversations on how to integrate these practices into the curriculum and training.

If you're interested in learning more about integrative nursing or seeking strategies to implement purposeful living in your practice, stay tuned for updates from our Integrative Nursing Council. Engaging in wellness practices not only elevates patient care; it also builds a healthier and more sustainable profession.



Conference Highlights:

Leading Change in Substance Use Care

The Substance Use Disorders Conference hosted by the Boston Medical Center Nursing department was a day of powerful insights and collective growth. It brought together health professionals, addiction experts, and advocates dedicated to improving care for patients with substance use disorders (SUD). From the opening remarks to the final panel, the event underscored both the challenges and rewards of addressing SUD in healthcare.

One of the conference's core messages emphasized that addiction is a chronic illness rooted in brain chemistry and life experiences, rather than a moral failing. Kristin Wason encouraged the use of compassionate, person-first language and explained how understanding the neurobiology of addiction can improve patient engagement. Evidence-based interventions such as medication-assisted therapy, behavioral counseling, and harm reduction approaches were highlighted as critical to long-term recovery. Meeting patients where they are—even if they aren't ready for abstinence—is key to building trust and saving lives.

Addressing the ongoing opioid overdose crisis, Tehya Johnson presented best practices for recognizing overdoses and administering naloxone while minimizing withdrawal symptoms. She underlined the importance of providing nonjudgmental care during these moments, connecting patients with follow-up treatment, and ensuring post-overdose monitoring. Breakout sessions offered attendees opportunities to explore specialized topics in smaller, interactive settings. Topics included stimulant use disorders, workplace stigma, trauma-informed care, and innovative pain management strategies. These sessions allowed participants to engage deeply, exchange ideas, and leave with actionable insights.

Harm reduction remained a core theme throughout the conference. Presenters emphasized the importance of trust-building, flexible treatment models, and low-barrier approaches to care. Initiatives like Faster Paths and Project TRUST were highlighted as examples of practical frameworks for reducing stigma and improving health outcomes for patients with SUD. The need for systemic changes, such as policy advocacy and greater inclusion of addiction education in nursing training, was also a recurring message.

Jason Fox discussed managing withdrawal and pain for patients with opioid use disorder (OUD), emphasizing the ethical duty to provide adequate care. He also shed light on systemic barriers and racial disparities in OUD treatment, calling for equity-focused solutions. Samantha Ciarocco offered insights into trauma's impact on patient behavior, advocating for empathetic communication and de-escalation techniques to create safer care environments.

Azure Bergeron addressed substance use among nurses, highlighting risk factors, early intervention, and alternative-to-discipline programs like SARP to support recovery and reintegration into the profession. Sarah Flavell tackled stimulant use disorders in the ICU, stressing the importance of patient-centered care and flexibility in treatment planning, even when clinical tools are limited.

A concluding panel explored the effects of addiction on families, emphasizing family engagement and multidisciplinary support to address intergenerational trauma. The conference closed with an appeal for nurses to advocate for evidence-based policy reforms, such as Overdose Prevention Centers. Adrianna Hughes encouraged participants to use their clinical experiences to drive legislative changes.

The Nursing SUD Conference reinforced the importance of empathy and education in transforming addiction treatment. Attendees left with fresh knowledge and a renewed determination to implement meaningful change within their organizations. By combining research, real-world practice, and the voices of those impacted by addiction, the conference was more than just an event; it was a call to action for progress and hope.



433

PROGRAMS OFFERED IN 2024

1,377

CONTACT HOURS PROVIDED

PROGRAM REACH:

15,984

REGISTERED NURSES

21,562

HEALTHCARE PROFESSIONALS



Nursing Professional Development

Boston Medical Center's (BMC) Provider Unit for Nursing Continuing Professional Development (NCPD) demonstrated a strong commitment to enhancing professional growth for nurses and healthcare professionals alike. Reapproved in April 2023 by the American Nurses Association (ANA) Massachusetts Approver Unit, with accreditation valid through 2026, the Provider Unit became a consistent leader in delivering high-quality NCPD offerings. Since its transition from the Ohio Nurses Association Approver Unit in 2017, the BMC Provider Unit has upheld rigorous ANCC standards to meet the evolving educational needs of its learners.

Led by the dedicated expertise of Pamela Corey, MSN, Ed.D., RN, CHSE, and the collaborative team of nursing professional development planners, the Provider Unit ensured excellence through ongoing training in ANCC criteria. New team members received a comprehensive orientation, mentorship, and requisite expertise to uphold the high standards of BMC's professional development programs.

Growth and Performance Highlights

The Provider Unit experienced significant growth over the last accreditation period, delivering a total of 433 programs in 2024. These programs provided 1,377 contact hours, engaging an impressive 15,984 registered nurses (RNs) and a total of 21,562 healthcare professionals. While these numbers reflected a decrease from 2023, this was attributed to the Grayken Center for Addiction Medicine transitioning its programs to the Boston University Approver Unit for continuing medical education (CME) and nursing contact hours. Despite this change, the partnership with the Grayken Center during the first six months of 2024 made a significant contribution to educational reach through Zoom platforms and enduring programs, underscoring the unit's focus on collaboration.

Program Models and Learning Strategies

The Provider Unit employed a diverse range of learning delivery models, including live sessions, enduring materials, and hybrid formats. Engagement strategies such as simulations, case studies, panel discussions, and interactive lectures were central to the success of these programs. Many sessions were structured as educational series targeted at specific specialty audiences, ensuring tailored content that met their respective professional needs.

Notable offerings included:

- **Competency Development** for critical care, medical-surgical nursing, ambulatory care, pediatrics, labor and delivery, postpartum, PACU, and IMCU clinical updates.
- **Skill-building programs** such as Basic EKG, IV placement, peritoneal dialysis, CAR-T therapy, care of ECMO patients, delirium and dementia management, and interdisciplinary code team training.
- **Professional Development Courses**, including preceptor and charge nurse workshops.
- **Conferences** addressing autism, SIDS, substance use disorder (SUD), integrative nursing, and ethics.

Needs-Based Program Development

The Provider Unit’s content development was informed by a robust annual educational needs assessment, incorporating input from stakeholders, quality data metrics, and environmental scanning. Collaboration with case managers, complex care teams (WellSense), public health nurses, and community hospitals (via the COMET simulation-based initiative) further ensured that educational content aligned with identified knowledge and skill gaps.

Recognizing the ongoing challenges faced by healthcare professionals, the Provider Unit introduced several programs focused on self-care, integrative therapies, and resiliency. Popular topics included aromatherapy, Reiki, and the Annual Integrative Care Conference, which provided essential support for nurses’ mental well-being during these trying times.

Impact Summary

The chart below illustrated the historic performance of the BMC Provider Unit, detailing the number of programs, contact hours offered, and attendance figures over the years.

Calendar Year	# programs	Contact hours	RNS	Total attendees	Joint
2017 ANA and ONA	154	606.9	2217	2950	15
2018 ANA	135	566.65	2146	3325	7
2019 ANA	296	1019.68	4005	6364	3
2020 ANA	310	841.37	3929	7416	6
2021 ANA	401	1143.44	6808	12468	3
2022 ANA	473	1362.45	8478	15643	9
2023 ANA	497	1321.3	17789	42398	6
2024 ANA	433	1376.6	15984	21562	3

Commitment to the Future

The Boston Medical Center Provider Unit remained steadfast in its mission to provide superior nursing and interprofessional continuing education opportunities. Armed with strong collaborative partnerships, innovative teaching strategies, and a focus on addressing emerging professional needs, the Provider Unit committed not only to meeting but also to exceeding the expectations of learners and stakeholders.

How Nurses Collaborated with Families to Improve Discharge Education



Nurses in the Neonatal Intensive Care Unit (NICU) at Boston Medical Center discovered a key gap in newborn discharge education. Videos provided before discharge existed only in English and Spanish. Nurses relied on interpreters to translate the videos for families who spoke other languages, often causing frustrating delays. These delays left families and nurses dissatisfied and highlighted a lack of equity in patient care. Parents also shared that the videos did not reflect the diverse backgrounds within the hospital's community.

Determined to close this gap, the NICU nursing team embarked on a mission to find or create better resources. Nurses searched nationwide for newborn discharge education materials in the most common languages spoken by the BMC community, including English, Spanish, Portuguese, Haitian Creole, and Vietnamese. The search revealed a lack of comprehensive, validated videos in multiple languages, especially those tailored to the needs of local families.

Nurses developed new video scripts to address this need, carefully reviewing topics such as infant CPR, safe sleep, car seat safety, and shaken baby syndrome. Collaboration played a central role in the creation process. The nursing team sought feedback from colleagues, incorporating suggestions from both NICU and pediatric nurses to ensure the accuracy and clarity of the information.

Recognizing that parents are the primary audience for this education, the nurses invited parent support staff and parents themselves to review the English-language videos. After watching, parents could scan a QR code to complete a short survey, providing meaningful feedback about the content.

With input from families and staff, the videos underwent multiple revisions. One video was even re-recorded to better meet the needs of viewers. The final step brought the content to life in numerous languages, making the education accessible to various families.

The newly created videos, each under five minutes long, became instantly available via QR codes for easy smartphone access. Nurses also provided parents with physical copies of the videos to share with anyone involved in caring for their baby. Through this collaborative, inclusive approach, the NICU team at Boston Medical Center transformed discharge education into a resource that reflects and supports the diversity and needs of every family.



STRUCTURAL EMPOWERMENT

Advancing Nursing Education

Boston Medical Center (BMC) has set an ambitious goal to elevate the education levels of its nursing workforce. By 2025, the institution aims to have 78% of nurses attain a baccalaureate degree (BSN) or higher. This initiative reflects the institution's commitment to optimizing patient outcomes, fostering professional development, and creating a highly qualified workforce prepared to tackle the evolving challenges of healthcare.

The target aligns with national recommendations for advancing nursing education. Influences include guidelines from the ANCC Magnet Recognition Program, suggesting 80% of registered nurses (RNs) hold baccalaureate degrees, and the Institute of Medicine's 2010 landmark report, *The Future of Nursing*, which underscored the need for better-educated nurses to adapt to the complexities of modern healthcare. Internal data, such as RN retention, hiring trends, and the nursing workforce's educational readiness, provided critical insights for establishing these goals.

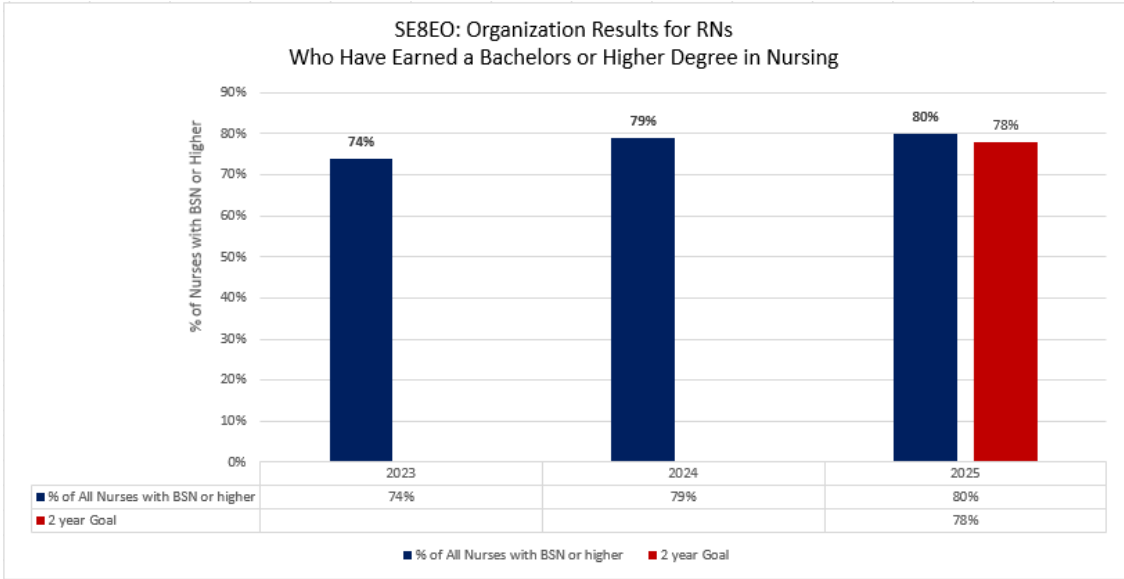
Several strategic pathways have emerged to support this vision. An organizational policy requires newly hired associate degree (AD)-level nurses to complete a baccalaureate program within four years of hire. This approach combines a commitment to diversity with measurable steps toward a key institutional goal. AD-prepared nurses diversify the workforce and benefit from structured guidance and monitoring to ensure academic progression.

Efforts to nurture existing nurses' interest in further education also play a vital role. Regular surveys collect insights on nurses' preferences and challenges when pursuing advanced degrees. Based on feedback, resources like the "Professional Development" page were introduced on the Nursing Gateway (Intranet), providing a centralized hub for program information, scholarship opportunities, and tuition details. This page highlights discounts from college partnerships, tuition reimbursement of up to \$5,000 per year, and preceptor vouchers for mentorship contributions.

Financial support is firmly rooted in BMC's strategy. Annual scholarships include ten \$1,000 Nursing Excellence Awards and Ross Scholarships to relieve tuition burdens. Partnerships with local and online institutions simplify access to education, offering discounted tuition and flexible learning options. These initiatives collectively remove barriers, making higher education attainable for nursing staff.

The impact of these efforts is evident. Since implementing targeted strategies, the share of nurses with a BSN or higher has risen steadily, improving from 74% in 2023 to the anticipated 78% by 2025. Beyond metrics, the benefits extend to patients and staff. Research links better-educated nurses to enhanced patient outcomes, job satisfaction, and organizational performance.

Elevating nursing education sends a powerful message about institutional priorities. It acknowledges nurses' critical role as leaders and innovators in healthcare while fostering an environment of growth and excellence within the workforce. Achieving these milestones aligns with national standards and ensures BMC continues to deliver high-quality care rooted in expertise and compassion.



Advancing ECMO Training Through the AACN Synergy Model for Patient Care

Complex medical and cardiac surgery patients faced significant challenges when care requirements escalated to Veno-arterial (VA) or Veno-venous (VV) extracorporeal membrane oxygenation (ECMO) support. Without appropriate resources and trained staff on-site, these patients were often transferred to other facilities, disrupting continuity of care during critical moments.

A multidisciplinary team was assembled at an academic safety net medical center to address this gap. The team, composed of perfusionists, nurses, respiratory therapists, laboratory specialists, and licensed independent practitioners, devised a plan to provide ECMO support directly within the hospital. Drawing from the AACN Synergy Model for Patient Care, a comprehensive, evidence-based educational program was designed to train Surgical Intensive Care Unit (SICU) nurses in managing VA and VV ECMO patients at the bedside. This program prepared nurses to confidently care for patients requiring the highest level of support, ensuring alignment between patient needs and nursing competencies.

The initiative focused on adult ICU patients, aged 18 and older, who presented with reversible and potentially survivable conditions, such as cardiogenic shock, trauma, pulmonary embolism, post-cardiotomy complications, or out-of-hospital cardiac arrest. Institutional policy guided the criteria for initiating ECMO care. Providing this advanced support allowed patients to remain within the hospital for their care, avoiding transfers and ensuring continuity in treatment while elevating nursing practice.

The impact of this program was significant. ECMO services expanded rapidly, transforming the medical center into a high-volume center for ECMO care. Total ECMO days grew from 29 in 2021 to 115 by mid-2024. This growth reflects the range of conditions addressed, including asthma, trauma, and cardiac events.

The success of this program was rooted in evidence-based practice and the commitment to aligning nursing competencies with patient needs. Support from nursing leadership proved essential. By fostering communication between key stakeholders, establishing

a steering committee, and dedicating resources to staff training and simulation sessions, the center created a sustainable model for ECMO implementation. Furthermore, new nursing staff benefited from robust quarterly training sessions while long-term staff received ongoing competency reinforcement.

Nursing leadership was vital in driving and sustaining the program's impact. Securing leadership buy-in and forming multidisciplinary committees are critical for hospitals looking to establish similar initiatives. These strategies foster collaboration and create a framework for continued success.

Looking ahead, the focus includes expanding the pool of trained ECMO specialists and acquiring additional equipment to support an increased patient census. These measures further enhance the center's capacity to deliver high-quality ECMO care, reinforcing its role as a leader in advanced patient support.

Nursing Gateway Launches to Empower Healthcare Professionals

On October 1st, the start of the fiscal year, Boston Medical Center's nursing team was introduced to an exciting resource. Nursing Gateway's groundbreaking platform is a hub designed to streamline access to essential tools, resources, and professional development opportunities. The driving force behind this effort, Erlyn Ordinario, has garnered much-deserved applause for her innovative approach. The result is a SharePoint site that taps into the capabilities of the newly upgraded Office 365, redefining how nurses at BMC collaborate, learn, and grow.

One of the standout features of the Nursing Gateway is its comprehensive nursing calendar. This allows users to seamlessly register for events such as Reiki therapy sessions, focus groups for qualitative research, and clinical aromatherapy workshops. It also lists major events, such as the Patient Safety Symposium, giving healthcare professionals one convenient location to stay updated and involved.

Another noteworthy addition is the unit profiles section, which offers detailed insights into specific units at BMC. For example, a pulmonary and allergy unit profile provides an overview of its specialties, and the expert care offered in areas such as asthma, bronchitis, and HIV-related complications. Similarly, the 3 West unit profile offers logistical details for new employees, such as scheduling guidelines and holiday policies, making onboarding and orientation smoother.

At the heart of the Nursing Gateway lies the clinical resources area, where nurses can find tools developed by hospital-wide councils. These resources support integrated care teams, infection prevention measures, and innovation in patient care. Accessible tabs on the site provide easy navigation to professional development opportunities, including fellowships, certifications, and toolkits designed to assist with patient care.

Highlighting the remarkable work being done by BMC's nursing teams, the Nursing Gateway also features the hospital's complete Magnet submission, underscoring the department's commitment to excellence and ongoing professional advancement. By celebrating these milestones, the platform becomes more than just a tool; it reflects the dedication and skill of BMC's nursing staff.

Erlyn and her team are also exploring future possibilities, including leveraging Artificial Intelligence to elevate the platform's effectiveness. This development underlines how the Nursing Gateway remains forward-thinking, always looking to enhance every nurse's experience and workflow efficiency.

The new Nursing Gateway is more than a resource; it's a testament to the exceptional contributions made by BMC's nurses. Offering a one-stop hub for professional support empowers staff to focus on what they do best—providing outstanding care to their patients.

Nursing Gateway

Nursing Gateway Home

Top 5

FY25 Strategic Goals

Innovation

Leadership

Magnet & Annual Reports

Media Center Support

Nursing Directory

Nursing Fellowships

Nursing Toolkits

Professional Development

Professional Governance

Recognition & Awards

Research

Staffing Office

Training Resources

Unit Profiles

Edit

Nurses Week Highlights

View the photos

Nursing Calendar

+ Add event

JUL 15

Reiki 3
Tue, Jul 15, 7:30 AM

JUL 17-20

36th International Nursing Research Congress
Thu, Jul 17, 9:00 AM

JUL 24-25

[Virtual] ARN's 2025 Rehabilitation Nursing Conference
Thu, Jul 24, 10:00 PM

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Nicole Lincoln Honored with ANA Massachusetts Nurse Innovation Award

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A New Standard for Operating Room Nurse Residency

Transitioning into the operating room is no small feat, especially for new graduate nurses stepping into high-stakes, high-acuity environments. Recognizing these unique challenges, Boston Medical Center (BMC) launched an innovative six-month residency program designed to bridge the gap between academic preparation and the complex realities of perioperative nursing. Grounded in the trusted AORN Guidelines for Perioperative Practice and Benner's Novice to Expert theory, this program reimagines the journey to becoming a confident, independent perioperative nurse.

Stacey Mealey, MSN, RN, CNOR, a Nursing Professional Development Specialist, spearheaded the initiative with a clear vision: success in the operating room requires more than technical skills. The program was built on a strong conceptual foundation, emphasizing critical areas such as airway and anesthesia care, sterile technique, safe patient handling, electrical safety, and comprehensive patient assessment. By incorporating the Advancing Research and Clinical Practice through Close Collaboration (ARCC) model, Mealey ensured the program fostered evidence-based practice, continuous improvement, and organizational excellence.

From the outset, the program prioritized creating a supportive and inclusive environment. New graduate nurses joined as part of a cohort, fostering a sense of community and shared purpose. Transparency was key—leaders across the institution set clear expectations during interviews and onboarding, reinforcing a collective commitment to each nurse's success. The curriculum, developed in collaboration with experts from various hospital departments, integrated lessons on Shared Governance, pathways to Nursing Excellence, and ongoing professional development. Exposure to interdisciplinary teams and hospital-wide operations further enriched the experience, embedding new nurses into the fabric of BMC's culture.

Launching the residency program required careful integration with existing organizational structures. Success wasn't just about filling seats in a classroom—it was about creating a cohesive, collaborative learning environment. A standardized, evidence-based curriculum ensured consistency in training, while regular feedback and evaluations kept the program agile and responsive. Veteran nurses played a pivotal role, receiving targeted preceptor development to prepare them as mentors and role models. This focus on preceptor training cultivated a welcoming and psychologically safe space for new nurses to thrive.

Quality was the cornerstone of the program's curriculum, which was meticulously designed around QSEN competencies. These competencies—patient-centered care, teamwork, evidence-based practice, safety, informatics, and quality improvement—provided a framework for developing skilled, confident nurses. The program unfolded across five key domains: patient safety, professional role transition, leadership development, lifelong learning, and evidence-based practice. Simulation labs, hands-on clinical immersion, and mastery of sterile technique emphasized safety as the program's core value. Structured guidance and individualized mentorship supported a seamless transition into the perioperative role. Reflective practice, collaboration with multidisciplinary teams, and participation in unit initiatives nurtured leadership skills. A blend of classroom theory, simulation, and hands-on training inspired a commitment to ongoing professional growth. Nurses engaged in quality improvement initiatives and integrated data-driven decision-making into their daily care.

The renowned PeriOp 101 curriculum served as the program's backbone, supplemented by skills labs, readings, videos, and real-world experience. Over seven to eight months, new graduates rotated through surgical specialties such as gynecology, orthopedics, general surgery, ENT, plastic surgery, vascular, and robotic procedures. Night shifts, weekends, and on-call duties provided additional learning opportunities, while frequent check-ins with Mealey and preceptors ensured steady progress and real-time support.



The program's results speak volumes. Turnover among new hires dropped from 22% to under 10%, while clinical decision-making improved significantly. Preventable near-miss incidents decreased, and engagement in evidence-based practice soared. Every participant in the program's first two cohorts passed the final AORN exam with strong scores, and skill checklists confirmed mastery of sterile technique and patient safety well before the program's conclusion.

Perhaps the most compelling evidence of the program's impact lies in the stories of its participants. Cohort retention rates soared, with nurses reporting feeling genuinely supported and welcomed throughout the residency. Graduates demonstrated growing confidence in communication and leadership during surgical procedures, with several emerging as candidates for CNOR certification, leadership roles, and key council positions. These outcomes reflect not just short-term success but a sustained drive for professional growth and leadership within the field.

Boston Medical Center's operating room nurse residency program has set a new benchmark for transitioning new graduate nurses into perioperative practice. By blending standardized education, intentional mentorship, and a culture of continuous quality improvement, the program has produced skilled, confident, and engaged perioperative nurses ready to deliver exceptional care. As a model of evidence-based, results-driven training, it promises to shape the future of perioperative nursing for years to come.

Honoring Excellence in Nursing at the **2024 NERBNA Awards**

THE NEW ENGLAND REGIONAL BLACK NURSES ASSOCIATION (NERBNA) CELEBRATED ITS 36TH ANNUAL EXCELLENCE IN NURSING AWARDS ON FRIDAY, FEBRUARY 9, 2024, AT THE ROYAL SONESTA BOSTON HOTEL. THIS PRESTIGIOUS EVENT, DEDICATED TO RECOGNIZING OUTSTANDING NURSES OF AFRICAN DESCENT IN THE REGION, HIGHLIGHTED EXCEPTIONAL CONTRIBUTIONS TO NURSING PRACTICE, RESEARCH, AND LEADERSHIP. AMONG THIS YEAR'S HONOREES WERE WILBERTHE PILATE, BSN, RN, AND UDA ALLEN-GUNTER, BSN, RN, BOTH ESTEEMED PROFESSIONALS AT BOSTON MEDICAL CENTER. THEIR REMARKABLE ACHIEVEMENTS EXEMPLIFY THE VALUES AND MISSION OF NERBNA, SHOWCASING THE IMPACT OF PASSION, DEDICATION, AND LEADERSHIP IN NURSING.





Wilberthe Pilate, BSN, RN – Transforming Postpartum Care and Breastfeeding Equity

Wilberthe Pilate, a Registered Nurse and International Board-Certified Lactation Consultant (IBCLC) at Boston Medical Center, has distinguished herself as a leader, educator, and fierce advocate for equity in breastfeeding. Working in the Postpartum Unit, Wilberthe provides comprehensive lactation support to parents navigating the often-daunting early days of parenthood. Her unwavering commitment to patient care and education has inspired both her colleagues and the families she serves.

Championing Breastfeeding Equity

A co-founder of Boston Medical Center's Breastfeeding Equity Center, Wilberthe is at the forefront of addressing disparities in breastfeeding rates among Black and Brown families. While research shows that Black parents and White parents express equal intent to breastfeed, systemic barriers and implicit biases have resulted in Black parents being 50% less likely to meet their breastfeeding goals. Understanding the long-term health implications of these disparities, Wilberthe has worked tirelessly to create solutions. Her efforts include expanding breastfeeding education, fostering cultural competence in care delivery, and creating safe, welcoming spaces where families of color feel empowered to prioritize their feeding goals.

Her work goes beyond education and advocacy. Wilberthe's presence as one of only 1-2% of Black IBCLCs in the United States is itself an act of representation and empowerment. Families feel a greater sense of trust and connection when receiving care from someone who understands their lived experiences. This speaks to the power of culturally congruent care, an area where Wilberthe continues to lead with grace and authenticity.

A Passionate Educator and Mentor

Wilberthe is also known for her innovative teaching methods. She designed and leads breastfeeding education programs for newly hired nurses, seasoned staff, and even medical students and residents. Through her courses, she combines case studies and evidence-based practices with real-world examples, instilling confidence and knowledge in her peers. Her "Bertie's Breastfeeding Basics" course has become a sought-after resource within the hospital.

Her impact extends far beyond her department. From hosting collaborative events like "Breastfeeding While Black" to creating opportunities for community dialogue, Wilberthe has redefined what it means to inspire change in nursing. Her efforts are critical in promoting health equity and improving maternal and infant outcomes, making her a deserving recipient of the NERBNA Excellence in Nursing Practice Award.



Uda Allen-Gunter, BSN, RN – Innovating Care Management with Compassion

Uda Allen-Gunter has earned widespread admiration as a Nurse Case Manager at Boston Medical Center's Hematology/Oncology unit. Known for her tireless advocacy, innovative problem-solving, and dedication to vulnerable patients, Uda represents the gold standard in nursing care management.

Empowering Patients Through Holistic Discharge Planning

With a background in community nursing for the Boston Healthcare for the Homeless Program, Uda brought her deep understanding of underserved populations into her current role. Many of her patients face financial barriers, limited insurance coverage, and complex medical needs. For Uda, these challenges are not obstacles but opportunities to innovate. She meticulously creates individualized discharge plans that balance clinical outcomes with the social realities patients face.

"I would describe Uda as unwavering," said one colleague. Whether it means calling community partners, researching resources, or facilitating goals-of-care meetings, Uda goes above and beyond to ensure every patient transitions to the next phase of care safely and with dignity. Her patients, many of whom already face devastating diagnoses, experience relief and trust knowing that Uda is in their corner.

A Trusted Leader and Mentor

Uda also plays a key role in mentoring her peers. Her expertise in managing complex cases, particularly for patients with Hematology/Oncology conditions, has made her a reliable source of guidance for colleagues across various

hospital units. She has trained new case managers, helping them develop the skills necessary to address complex care coordination challenges. Known for her humility and collaborative spirit, Uda is a consummate team player who fosters an environment of lifelong learning.

Beyond her immediate role, Uda is an active participant in Boston Medical Center's Nurse Informatics Council, staying updated on technological advancements in nursing and bringing valuable insights back to her team.

Leading with Cultural Competence and Compassion

Uda's ability to provide culturally competent care has positioned her as a vital advocate not only for her patients but also for her profession. Whether she's discussing end-of-life care with a patient's family or navigating the intersection of clinical and social needs, Uda ensures that every voice is heard, and every cultural nuance is respected. Her actions embody Boston Medical Center's mission of "exceptional care without exception."

Her peers and managers describe her as an exceptional problem solver whose dedication has transformed care management on her unit. It's no surprise that Uda was honored with the NERBNA Excellence in Nursing Practice Award for her outstanding contributions.



Celebrating the Nurses of Tomorrow and Today

The stories of Wilberthe Pilate and Uda Allen-Gunter serve as a powerful reminder of the profound impact nurses can have on individuals, families, and communities. Through their dedication to education, advocacy, and culturally competent care, they have embodied the mission of the New England Regional Black Nurses Association. Their work not only uplifts patients but also strengthens the future of nursing by inspiring their colleagues to aim higher, learn more, and care more deeply.

NERBNA's Annual Excellence in Nursing Awards shines a spotlight on the extraordinary contributions of nurses like Wilberthe and Uda, ensuring their achievements are celebrated and their missions supported. To all the winners, participants, and attendees of the 2024 awards, congratulations on another year of raising the bar in nursing excellence!



Celebrating Excellence in Nursing

OUR RECOGNITION PROGRAM CELEBRATES THE VITAL CONTRIBUTIONS OF NURSES, NURSING ASSISTANTS, UNIT COORDINATORS, MEDICAL ASSISTANTS, PHYSICIANS, AND CLINICAL STAFF IN DELIVERING EXCEPTIONAL CARE. THROUGH MEANINGFUL AWARDS AND PUBLIC RECOGNITION, WE HONOR THESE UNSUNG HEROES AND INSPIRE CONTINUED EXCELLENCE IN INTERPROFESSIONAL PRACTICE.

The 25th Annual Nursing Excellence Award Program

On Thursday, May 9, 2024, the Department of Nursing at Boston Medical Center (BMC) hosted the 25th Annual Nursing Excellence Award Program, a heartfelt celebration of the extraordinary contributions of nurses and healthcare professionals. The event honored the dedication, skill, and compassion of those who tirelessly advocate for patients and inspire positive change within the healthcare system. It spotlighted individuals and teams who exemplified clinical expertise, compassionate care, and leadership. Here were the highlights of this year's honorees:

ANN G. HARGREAVES AWARD

Victoria Gately, BSN, RN, 3 West IMCU, was recognized for her expert clinical care and patient advocacy.

BMC NURSE EXCELLENCE AWARD

Ten outstanding RNs were honored for their exceptional contributions to nursing and patient care:

Maura Babineau, BSN, RN, 3 West IMCU

Rolanda Barros, BSN, RN, 6 West

Beth Gallant, RN, Emergency Department

Candace Griffin, MSN, RN, CCRN, Nursing Professional Development

Sandy Hughes, BSN, RN, CWOCN, Wound Nurses

David Ibbitson III, BSN, RN, Critical Care Resource Nurse

Jordan Kane, BSN, RN, Hematology/Oncology Clinic

Jessica Kelly, BSN, RN, CCRN, MICU A

Amy Kennedy, RN, Radiation Oncology

Erin Nastari, BSN, RN, MICU B

FRIENDS OF NURSING AWARD

Madison Moreau, Clinical Engineering, was acknowledged for going above and beyond to support nursing efforts.

LYNN RONAN, RN MEMORIAL AWARD

Stephen Desantis, RN, Operating Room, was honored for embodying resilience, passion, and kindness.

NURSING PRECEPTOR OF THE YEAR AWARD

Ryann Carr, BSN, RN, Hematology/Oncology Clinic, was celebrated for exceptional mentoring and leadership.

PEGGI CENCI, RN MEMORIAL AWARD

Sheri Blanchard, BSN, RNC-OB, Labor & Delivery, was recognized for her unwavering support and dedication.

PROVIDER EXCELLENCE AWARD

Nine physicians and advanced practice providers were honored for their collaborative spirit and clinical expertise:

Rachel Achu, MD, Anesthesia

Lisa B. Caruso, MD, Geriatrics

Jeffrey Cooper, MD, General Surgery

Erica Holland, MD, OB/GYN

Christopher Huang, MD, Gastroenterology

Jodi Larson, MD, Chief Quality Officer

Vanessa Loukas, NP, General Internal Medicine

Daniel P. Newman, MD, General Internal Medicine

Noelle N. Saillant, MD, Trauma Surgery

RISING STAR AWARD

Ariana Romeo, BSN, RN-BC, of the Medical/Surgical Float Pool, was recognized for her remarkable potential as a future nursing leader.

The 25th Annual Nursing Excellence Award Program was more than an event—it was a tribute to the heart and soul of healthcare. By recognizing the tireless efforts of the nursing community, BMC reaffirmed its commitment to fostering a culture of excellence and compassion.



Annual Awards

PATIENT CARE TECHNICIAN/EMERGENCY DEPARTMENT TECHNICIAN OF THE YEAR AWARD

Bianca Hussein, *Emergency Department*, and
Maria Lopes, *Yawkey 5 Med/Surg*, were recognized
for their dedication and professionalism.

UNIT COORDINATOR OF THE YEAR AWARD

Emilie Palmer, *MICU B*, was honored for her exemplary
leadership and innovation.

MEDICAL ASSISTANT OF THE YEAR AWARD

Kieu Pham, *Primary Care*, was celebrated for
compassionate and outstanding patient care.



DAISY Program

The DAISY Awards, a cornerstone of our program, highlighted the profound impact nurses had on patients and their families. Nominated by patients, families, and colleagues, these awards celebrated nurses who went above and beyond in their duties, demonstrating exceptional care and humanity.

DAISY NURSE AWARD

The selection process for the DAISY Award was rigorous, with the Nurse Practice & Quality Council carefully reviewing nominations to identify those who truly stood out. Each recipient represented the best of nursing, embodying the values of compassion, dedication, and excellence. Eight exceptional nurses were recognized for their extraordinary skill and kindness:

Khiana Davis, BSN, RN, 4 West

Allison Lundquist, BSN, RN, SICU

Lisa Mendelson, NP, Hematology/Oncology

Marvin Molina, RN, MICU A

Genevieve Ohemeng, NP, HARP

Alyssa Roach, BSN, RN, 7 East

Erica Swain, RN, 7 West

Danielle Walker, MSN, NP, Psychiatry

DAISY NURSE LEADER AWARD

Ann Carey, DNP, RN, NE-BC, was recognized for her inspiring leadership and dedication to fostering a compassionate work environment.

DAISY LIFETIME ACHIEVEMENT AWARD

Diane Hanley, MS, RN, NPD-BC, EJD, *Associate Chief Nursing Officer for Professional Practice and Magnet Program Director*, was recognized for her lifelong dedication to nursing, mentoring, and advocacy.

Together with colleagues, patients, and families, we honor these remarkable individuals who make a difference every day, embodying exceptional leadership, clinical expertise, and compassionate care.



Khiana Davis, BSN, RN



Alyssa Roach, BSN, RN



Danielle Walker, MSN, NP



Allison Lundquist, BSN, RN



Diane Hanley, MS, RN, NP-BC, EJD



Erica Swain, RN

Celebrating Nurses Week 2024

NURSES WEEK 2024 WAS NOTHING SHORT OF EXTRAORDINARY! OVER TWO WEEKS IN MAY, WE CAME TOGETHER TO HONOR AND CELEBRATE THE DEDICATION, COMPASSION, AND INCREDIBLE CONTRIBUTIONS OF OUR NURSING COMMUNITY. HERE'S A LOOK BACK AT SOME OF THE HIGHLIGHTS THAT MADE THIS CELEBRATION SO SPECIAL.

Craft Fair Extravaganza

Our nurses showcased their incredible creativity with handmade treasures like sea glass art, crochet items, and wood carvings. Partnering with local vendors, this vibrant event was the perfect kick-off to our celebrations.

Integrative Nursing Conference

The "Purposeful Living: The Answer is Within" conference brought together leaders in integrative nursing who shared their wisdom and strategies for holistic care. The energy, ideas, and passion shared will undoubtedly inspire practices for years to come.

RN Preceptor Appreciation Breakfast

We took a moment to honor the mentors in our community with a delicious breakfast and heartfelt thanks for their guidance and the impact they have had on the profession.

Ice Cream Socials

From ambulatory nurses to overnight staff, everyone had their moment to indulge in scoops of appreciation with a side of sprinkles. Our weekend ice cream cart even surprised and delighted staff during their shifts.

Nurse Tank Pitch Event

Our nurses pitched innovative ideas aimed at improving care, safety, and well-being. Witnessing their creativity in action was truly inspiring!

Social Media Content Workshop for RNs

Nurses sharpened their storytelling and social media skills, equipping them to amplify the voice of nursing across platforms.

Nurse Excellence Awards

The week culminated in an unforgettable ceremony celebrating the outstanding contributions of our remarkable colleagues. It was a genuinely emotional afternoon, filled with pride and gratitude.

From moments of indulgent self-care during the **Integrative Blitzes** to cheering on nurses during **Nurses Night at Fenway Park**, every event was a testament to the commitment and heart of our nursing community.

To all our nurses, thank you for everything you do. Your dedication heals, your compassion comforts, and your efforts inspire. You are the backbone of healthcare, and it's a privilege to celebrate you—not just during Nurses Week—but every single day.



NEW KNOWLEDGE, INNOVATIONS, IMPROVEMENTS



Nursing Research Drives Healthcare Forward

Nursing research addresses healthcare challenges, improves patient outcomes, and advances evidence-based practices. By identifying knowledge gaps, designing studies, and sharing findings, nursing professionals contribute to patient care and policy-making innovation. This vital process transforms the healthcare landscape, ensuring efficient, effective, and equitable care.

At Boston Medical Center (BMC), Dr. Manu Thakral, PhD, NP, serves as the Nurse Scientist with a mission to transform nursing practices through rigorous research. Speaking about nursing research, Dr. Thakral emphasized, "We are frontline practitioners who need to be part of shaping policy and the healthcare system. Engaging in nursing research makes you a leader because it allows you to engage in change."

Dr. Thakral brings vast expertise to her role. She earned her PhD in Nursing with a focus on Population Health from the University of Massachusetts Boston and completed a postdoctoral fellowship at Kaiser Permanente Washington. Her research experience spans electronic health data analysis and population health studies, aiming to evaluate innovative care models and achieve scalable equity in healthcare. These efforts are designed to address longstanding disparities in underserved populations.

As a faculty member at the University of Massachusetts Boston, Dr. Thakral guided graduate students in developing advanced quantitative research skills. Her experience as a nurse practitioner caring for unhoused populations fuels her dedication to improving outcomes for vulnerable groups. At BMC, she fosters a research-driven culture, empowering nurses across the organization to lead impactful research projects. "If we are not engaging in research, then we're not at the table where decision-makers are driving care," Dr. Thakral noted. She

aims to ensure nurses take a front seat in shaping the future of healthcare.

When beginning a nursing research project, the first step is identifying a clinical problem or question. For example, "How can hospital-acquired infections in ICU patients be reduced?" Once a question is identified, existing research is reviewed to understand the knowledge gaps. Dr. Thakral explained, "We go to the literature. That's where it all starts. The opportunity and obligation to represent our diverse patient population in research bring great potential for new discoveries."

The next step involves designing a study aligned with the research question. This may include testing interventions, choosing appropriate study populations, and developing a detailed research protocol to ensure clear and ethical methods. Dr. Thakral shared, "Measurement is crucial to research. If appropriate measures aren't chosen, the effects won't reflect in the results." Ethical review boards verify that the research protects participants' rights and well-being before the study begins. Flexible execution of studies allows for adaptations based on findings gathered along the way. Once data is analyzed, the findings are disseminated to create meaningful change.

Dr. Thakral highlighted how accessible resources and support structures at BMC are helping nurses integrate research into their practices. "We've created a SharePoint site with resources for nursing research, including short videos on writing abstracts and searching databases effectively. The site even includes a calendar listing conferences and abstract submission deadlines. It's about bringing research within reach for every nurse," she said.

Nurses pursuing advanced degrees, such as master's or DNP programs, can also benefit from Dr. Thakral's

mentorship in refining research questions and implementing evidence-based practice projects. This focus on data-driven, equitable approaches to care ensures that BMC's innovative research reflects the needs of its diverse patient populations. "Our population is underrepresented in research," Dr. Thakral explained. "This is an opportunity to ensure our patients' needs are visible in national discourse, to innovate, and to find unexpected results that can only emerge from studying our unique population."

Nurses interested in pursuing research projects or showcasing work at professional conferences can contact Dr. Thakral for guidance. "Start with a topic," she explained, "and from there, we can refine questions and explore how to study the issue within the resources available at BMC."

Advancing nursing research is paramount for shaping healthcare systems that prioritize patients and workforce interests alike. With initiatives like Dr. Thakral's leadership and enhanced access to resources, Boston Medical Center continues to push the boundaries of what's possible in nursing research. It's research not just for today's questions but also for tomorrow's answers.



Innovations in Harm Reduction Support

The integration of harm reduction practices into healthcare is reshaping the way healthcare providers address the needs of people who use drugs (PWUD). By adopting evidence-based interventions and meeting individuals where they are, care providers increasingly focus on reducing risks and promoting safety, rather than solely emphasizing abstinence. This approach aligns with ethical principles like beneficence and autonomy and addresses significant gaps in care and barriers stemming from stigma and systemic challenges.

Substance Use Disorder (SUD), a chronic and relapsing condition, affects over 48 million Americans aged 12 and older, according to the 2023 National Survey on Drug Use and Health. Challenges tied to SUD often include unsafe practices, such as sharing syringes, which increase risks of HIV and hepatitis C transmission. Despite the urgency of these issues, many individuals with SUD do not receive treatment due to factors like stigma, outdated abstinence-based models, and regulatory barriers.

Harm reduction expands access to lifesaving interventions. Strategies such as overdose education and naloxone distribution provide immediate solutions for opiate-related risks. Syringe programs offering sterile equipment are key to mitigating transmission of infectious diseases, while safer use supplies and wound care enhance the health and dignity of PWUD. Evidence from the National Institute on Drug Abuse shows these measures are effective at reducing individual risks, improving public health outcomes, and encouraging greater engagement with treatment services.

Nurses are uniquely positioned to champion harm reduction. They already apply these principles in everyday practice with skills in injection techniques, wound care, and education. Combining clinical knowledge with a low-barrier, trust-building approach ensures patients' autonomy and dignity remain central to care. Despite this alignment, stigma from society and within the healthcare industry hampers the widespread adoption of harm reduction. Many PWUD experience internalized shame, further discouraging engagement in care. Structural stigma intensifies the issue by restricting access to essential harm-reduction resources in several regions.

Massachusetts has emerged as a leader in addressing these challenges. Syringe distribution is legally supported, and naloxone is widely accessible both over the counter and through statewide standing orders. Recent changes, such as the Massachusetts Board of Registration in Nursing's 2024 advisory ruling, officially endorsed harm reduction within the nursing scope of practice.

By protecting clinical actions like sterile syringe distribution, these advancements elevate care standards while reducing risks for nurses implementing harm-reduction interventions.

The nursing profession can make a larger impact by advocating for regulatory changes that expand access to proven harm-reduction tools such as fentanyl test strips and safer-use resources. Policymakers and nursing boards nationwide could benefit from emulating Massachusetts's approach. Equipping nurses with harm-reduction education and training strengthens their capacity to support PWUD and fosters more equitable healthcare environments.

Empowering healthcare providers to support patients through evidence-based interventions solidifies their role as trusted professionals committed to safety, well-being, and dignity for all. Incorporating harm reduction into everyday practice offers a path forward, not just for PWUD but for the broader healthcare system striving to meet the needs of all its patients.



VIEWPOINT

OPEN

Harm Reduction Is Nursing Practice

Barriers remain to applying this approach with people who use drugs.

By Brittany L. Carney, DNP, FNP-BC, Vanessa Loukas, MSN, FNP-C, CARN-AP, and Colleen T. LaBelle, MSN, RN-BC, CARN

Harm reduction looks to meet people where they are while providing evidence-based interventions to support safety. Nursing should embrace the core principle of harm reduction in our work with people who use drugs (PWUD). There's no doubt that harm reduction is something nurses already do in multiple ways; knowledge gaps, regulatory barriers, and stigma limit how our profession approaches harm reduction for PWUD.

According to the 2023 National Survey on Drug Use and Health, over 48 million Americans ages 12 and older reported having a substance use disorder (SUD)—a chronic, relapsing disease categorized by craving and continued use despite harms. According to the Centers for Disease Control and Prevention (CDC), nearly one-third of those who inject drugs report sharing syringes or other drug use equipment, a practice that increases the risk of HIV or hepatitis C transmission. Furthermore, the CDC estimates that 107,543 people died from a drug overdose in 2023. Despite evidence-based addiction treatment, most individuals with SUD do not receive care. Historically, SUD treatment emphasized abstinence-based interventions, which fail to engage many PWUD for whom abstinence may not be achievable or desirable. Nurses are well positioned to promote lifesaving interventions for PWUD that decrease overdose risk or HIV acquisition.

Harm reduction focuses on supporting individual autonomy among PWUD by providing education and practical interventions. Critical interventions include overdose education and naloxone, an over-the-counter medication to reverse an opioid overdose; access to sterile syringes; safer use supplies; and wound care. Some critics argue that harm reduction perpetuates or condones drug use. However, according to the National Institute on Drug Abuse, there is ample evidence that evidence-based harm reduction strategies not only reduce individual risks and health care costs, but also increase engagement in SUD treatment. Naloxone coupled with overdose education reduces opioid overdose deaths. Sterile syringe access through syringe service programs decreases HIV and hepatitis C acquisition.

Brittany L. Carney and **Vanessa Loukas** are NPs and **Colleen T. LaBelle** is in nursing leadership in the general internal medicine section, Department of Medicine, Boston Medical Center (BMC); all 3 are assistant professors of medicine in the Boston University Chobanian and Avedisian School of Medicine. Carney and Loukas are also clinical nurse educators at BMC's Grayken Center for Addiction Training and Technical Assistance, where LaBelle is the executive director, and Carney is an NP in BMC's Adolescent Clinic. Contact author: Brittany L. Carney, brittany.carney@bmc.org. The authors have disclosed no potential conflicts of interest, financial or otherwise.

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The principles of harm reduction are central to nursing practice. Nurses regularly cultivate trust with patients with health care-related trauma in order to provide critical interventions. Nurses are taught to advocate for patient autonomy while educating patients and families on evidence-based approaches. We seek to exemplify the ethical principles of beneficence and nonmaleficence by promoting health, well-being, and growth for our patients. In practical terms, we are skilled in injection technique, wound care, and responding to respiratory compromise (like overdose). We teach, support, and individualize interventions to "meet people where they are." This low barrier, nonjudgmental approach is central to our nursing practice.

PWUD may experience internalized stigma (shame or guilt) that leads to reluctance to engage in care. Stigma from providers and society further perpetuates health inequities. At the same time, structural stigma limits access to critical harm reduction interventions, such as safer drug use supplies. For example, if supplies are categorized as "contraband" or as "drug paraphernalia," their dissemination may have legal implications for nurses. These types of restrictions limit inclusion of harm reduction across nursing education and clinical settings.

In Massachusetts, syringe distribution is legal and naloxone is available both over the counter and through statewide standing orders. On July 10, 2024, the Massachusetts Board of Registration in Nursing passed an advisory ruling stating that harm reduction interventions are within nursing scope of practice. This endorsement of harm reduction, specifically stating that supporting sterile syringe access is a part of nursing scope of practice, is groundbreaking. It elevates the standard care for PWUD statewide and helps protect nurses from prosecution for providing safer use supplies across care settings.

Every nurse can take steps to incorporate harm reduction into their practice. Nurses should understand the harm reduction laws within their state (see U.S. Department of Justice, <https://bja.ojp.gov/library/publications/harm-reduction-laws-united-states>), including naloxone access legislation. Nurses can advocate for policymakers to amend laws that restrict nursing practice and adopt legal protections for evidence-based harm reduction interventions like fentanyl test strips and syringe access. Nursing boards across the country can follow the lead of Massachusetts and advocate for incorporating harm reduction interventions into nursing scope of practice. Nurses can also access harm reduction education and training (see <https://hccc.ucsf.edu/clinical-resources/substance-use-resources/harm-reduction-resources-and-toolkits>).

We hope to empower fellow nurses to build their harm reduction knowledge and clinical skills, raise their voices for policy change, and continue to support PWUD unconditionally. We have a duty to incorporate harm reduction into our nursing practice, to stand behind PWUD, while preserving the integrity of our work as knowledgeable, dedicated, and trusted nurses. ▼

Hospital at Home: Redefining Patient Care with Boston Medical Center

Boston Medical Center's Hospital at Home program is revolutionizing healthcare delivery, positioning itself as a game-changer for eligible patients needing high-acuity care. Enabling patients to receive hospital-level treatment in the comfort of their homes, this innovative approach is expanding the boundaries of healthcare while prioritizing both efficacy and convenience.

Hospital at Home does not resemble hospice care but provides rigorous medical services for patients stabilized in the Emergency Department or inpatient settings. Before transitioning to the program, patients are screened to ensure they meet all criteria regarding their diagnosis, insurance, and home environment. Once approved, they experience seamless care akin to being in a hospital but within their personal space.

"We are bringing the hospital room to them," explains Kate Baudin, Nursing Director for BMC's Hospital at Home Program. After a patient is enrolled, a well-structured process involving multiple teams is initiated. "Patients are transported home with all the tools needed to make their transition successful, from medical devices to a fully operational tech kit," Kate shares. The tech kit, equipped with a tablet, blood pressure cuffs, a scale, and an emergency response button, forms the foundation of communication and monitoring.

Boston Medical Center has partnered with Medically Home for in-person support services. Medically Home supplies paramedics or nurses to serve as on-site clinicians, acting as an extension of the highly skilled BMC care team. Baudin details these clinicians as "the eyes, ears, and hands of the BMC nurses and physicians." From auscultating lung sounds to administering medications, the in-home clinicians work in tandem with hospital staff connected via telehealth.

Medical services delivered by Hospital at Home are comprehensive. "We can provide much of what happens inside the hospital, including lab tests, infusion therapy, imaging, specialty consults, and even diagnostics," adds Baudin. This robust service offering ensures that patients receive the highest quality care without compromise.

The program addresses more than clinical aspects. Home safety and social support are integral to the patient assessment process. Screenings evaluate housing environments, ensuring patients can access amenities like durable medical equipment, meals, or home cleaning services where necessary. "We've even gone into shelters where patients can have individual space for care," Baudin states, emphasizing the program's adaptability.

The orchestration that occurs behind the scenes is nothing short of impressive. Once a patient agrees to enroll, the team convenes to coordinate every aspect of the transition. Medications are arranged through timed deliveries, tech equipment is deployed for immediate use, and transport is organized seamlessly. "When patients walk through their door, their hospital room is essentially set up instantly," says Baudin.

Launched in April 2024 after careful planning and development, BMC's Hospital at Home has already proven to be more than an extension of traditional care; it has emerged as a critical tool in achieving better patient outcomes. Studies highlight significantly lower mortality rates, decreased incidences of hospital-acquired infections, fewer readmissions, and higher patient satisfaction. "COVID-19 showed us how much we can accomplish outside traditional healthcare walls. Programs like this are no longer a luxury; they are the future," Baudin reflects.

The approach is flexible enough to accommodate unforeseen clinical needs. For procedures such as imaging or specialist consultations that cannot be conducted off-site, patients are temporarily transferred back to campus through coordinated transport, ensuring continuity of care. "We can book a landing spot for our patients in cases where in-person consults or urgent procedures are required, and once complete, they're brought back home," explains Baudin.

Patients benefiting from Hospital at Home return to a more familiar environment and improved welfare. Home settings promote faster recovery, emotional comfort, and reduced risk of cognitive decline. Feedback from this initiative reveals remarkable satisfaction levels among both patients and clinicians. The care model allows clinicians to focus more on direct patient care, fostering stronger connections and a better understanding of individual needs.

With its scalable design, collaborative efforts, and cutting-edge technology, BMC's Hospital at Home program provides a glimpse into the potential of patient-centered health solutions. Reflecting on the program's impact and room for growth, Baudin remarks, "It's not just about the treatment. It's about connecting care with compassion, meeting people where they are."

Boston Medical Center's commitment to advancing healthcare while addressing patients' preferences marks a significant milestone in medical innovation. Hospital at Home is not simply redefining how care is delivered; it is reshaping patient experiences, ensuring their dignity, safety, and recovery come first.

Perspectives from Fitzgerald Shepherd, MD, Medical Director of the Boston Medical Center (BMC) Hospital at Home

The BMC Hospital at Home program launched in April 2024 and has seen remarkable patient feedback. "The biggest thing for us so far is the feedback we've received. Patients love being able to receive care at home. They appreciate the comfort and familiarity of their own space while they heal," notes Shepherd.

What makes the Hospital at Home model so unique is its emphasis on addressing medical needs and the environmental and social factors affecting a patient's recovery. Shepherd shares an example of a patient whose home environment required urgent attention. "We had a patient whose carpet was soiled, and he felt it wasn't a good place to heal. Our team intervened to ensure his living conditions were addressed before he returned home for treatment."

Another case involved providing dog food to a patient unable to care for their pet adequately due to illness. "It's about seeing the patient as a whole, not just their disease. We focus on ensuring that the home environment is conducive to healing," he emphasizes.

This holistic approach also benefits family members, often included in the care process. Shepherd explains, "Having family members involved helps them understand the treatment and its impact. For instance, many families see firsthand how medications like IV Lasix improve symptoms in heart failure patients. This understanding can drive better medication compliance and improve outcomes."

The program's success relies heavily on multidisciplinary collaboration. "Our team is incredibly cohesive and engaged, working across departments like physical therapy, nutrition services, and case management," says Shepherd. This teamwork ensures that the care patients receive remotely mirrors the quality they would experience in a brick-and-mortar hospital.

Currently capped at nine patients, the program has treated over 270 individuals since its launch. Plans are in place to expand capacity to 12 patients by the end of the year, with discussions underway to include care for surgical and post-operative patients. "Scaling up will involve increasing staffing levels for physicians, nurses, and administrators to ensure we can maintain the same quality of care as we grow," Shepherd notes.

Practicing virtual medicine has challenges, but Shepherd sees it as an opportunity to innovate. "Practicing inpatient medicine remotely is very different. It requires a lot of foresight. You can't just react; you must anticipate potential outcomes and plan accordingly. For example, if a heart failure patient may need potassium repletion, you ensure it's available at home ahead of time," he explains.

The remote model also enables real-time educational opportunities with patients and their families. Shepherd adds, "Being in their home allows us to involve families directly in care education. We can show them how to track symptoms, adhere to dietary recommendations, and better understand the importance of compliance. It's a level of engagement you don't often get in a traditional hospital."



Telehealth, a key program component, has taken on a new level of prominence. It allows the team to address capacity constraints and improve access to care. “For patients who can be served at home, we create more room in the hospital for those who can’t. It’s a win-win,” Shepherd states.

Shepherd is optimistic about the future of the Hospital at Home model. “This is a budding field that’s gaining traction worldwide. Over the next five years, we aim to expand our capacity and broaden the types of patients we serve. Whether it’s post-surgical care or postpartum support, the possibilities are endless,” he says.

Transitioning from the Bedside to Virtual Nursing

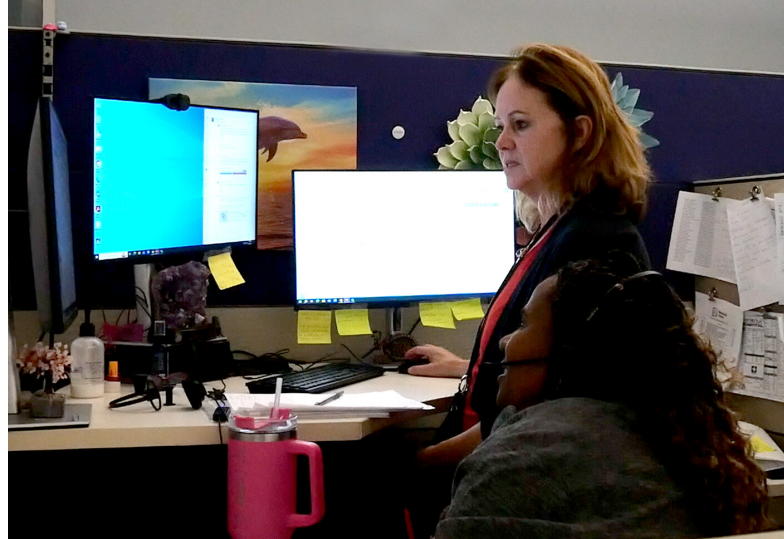
Nicole Maher, a Hospital at Home program nurse, has been with BMC for nearly a decade. Similarly, Michelle Klier, a command center nurse in the same program, is approaching her 10th anniversary at the facility. Both spent over 20 years as bedside nurses before transitioning to this new model of care. For Nicole, “It’s been exciting to learn something new after 28 years at the bedside. I love the change and seeing the positive impact on the patients.” Michelle agrees, emphasizing how fulfilling providing more focused, individualized care is. “This program allows us to give patients that one-on-one attention we sometimes struggled to provide in traditional hospital settings,” she said.

At its core, this program mirrors the care provided in a hospital but adapts it to the home environment. Nicole and Michelle describe their daily responsibilities as multi-faceted and dynamic. After receiving their patient reports, their day revolves around coordinating care, directing team members (like medics or nurses visiting patients), and troubleshooting challenges.

“It’s a collaborative effort,” Michelle explains. “From medics to doctors to fellow nurses, teamwork is essential. We’re constantly bouncing ideas off each other to ensure things run smoothly.” Some tasks include organizing lab pickups, ensuring patients have the necessary medical equipment, and, sometimes, finding creative solutions for seemingly simple needs, like delivering a specific medical supply to a patient’s house.

“At the hospital, you can grab things like a catheter collection container from the utility room in seconds,” Michelle shared. “At home, it’s a completely different challenge. We must identify the exact supply, arrange a courier, and coordinate the delivery. It’s multitasking to the next level!”

The Hospital at Home initiative creates a unique bond between healthcare professionals and patients. Michelle and Nicole discuss how being in their patients’ environments offers extra insight into their care. Michelle recalls training a new diabetic patient on managing insulin at home. “Teaching them in their kitchen, surrounded by their usual groceries, made the education relatable,” she shared. “It’s rewarding to help patients develop habits in their own space, like tracking meals and blood sugar that they’ll realistically stick to.”



For Nicole, the familiarity and comfort of home make a significant difference in a patient's recovery. "Patients rest better, feel less stressed, and are happier in their own surroundings with family and even pets nearby," she explained. This environment often leads to better outcomes."

While the program is enriching, it's not without its challenges. One of the primary hurdles has been adapting to the technological components of remote care. Michelle laughs from blurred camera feeds to blank screens, "We've had to learn a lot of patience when dealing with tech glitches." However, both Nicole and Michelle proudly note how far they've come. "Initially, we'd panic when something went wrong, but now, we know exactly how to troubleshoot and keep things moving," Nicole shared.

Despite missing the physical component of bedside nursing, the nurses highlight that this model allows them to form deeper relationships with their patients. "It's different but just as rewarding," Nicole reflected. "Seeing how appreciative patients are of having access to hospital-grade care at home is truly fulfilling."

Patients treated through the Hospital at Home model vary widely, from those managing congestive heart failure to individuals recovering from Crohn's disease flare-ups or urinary tract infections. Nicole and Michelle note that heart failure patients are often among their most common cases. "We can monitor their weight daily, track fluid intake and output, and educate them on recognizing early signs of complications," Michelle explained. This proactive care often prevents readmissions and empowers patients to manage their conditions better.

For Michelle, success in the program looks like this: "A patient feeling better, hitting their weight goal for heart failure care, and confidently knowing how to recognize when they need help." Nicole added, "We're teaching them lifelong skills to stay healthier and out of the hospital."

The value of the program transcends individual patient outcomes. "It's another unit of the hospital," Nicole stressed. "It frees up beds for critically ill patients and offers an incredible alternative for those who thrive better at home. Some patients who would have otherwise left the hospital against medical advice stay with this program and complete their care successfully."

Hospital at Home isn't just a program; it's a shift in delivering healthcare. For nurses like Nicole and Michelle, it's an opportunity to provide care in innovative ways while fostering deeper connections with patients. "We're helping patients get better, and we're helping the healthcare system adapt to meet modern challenges," Michelle said. "That's something to be proud of."

For healthcare providers, administrators, and nurse leaders, the success of programs like Hospital at Home illustrates a promising way forward. As Nicole and Michelle's experiences show, this model can transform healthcare delivery, providing patients with the best of care while redefining what's possible in nursing.

Transforming Patient Care at BMC with the Nurse Call Deployment Project

EFFECTIVE COMMUNICATION IS PIVOTAL IN HEALTHCARE, ESPECIALLY WHEN IT COMES TO ENSURING THE SAFETY AND SATISFACTION OF PATIENTS. RECOGNIZING THE CRITICAL ROLE OF NURSE CALL SYSTEMS IN THIS PROCESS, BOSTON MEDICAL CENTER (BMC) EMBARKED ON AN AMBITIOUS NURSE CALL DEPLOYMENT PROJECT. THIS GROUNDBREAKING INITIATIVE AIMED TO MODERNIZE PATIENT CARE THROUGH THE IMPLEMENTATION OF A NEW, STATE-OF-THE-ART NURSE CALL SYSTEM ACROSS THE HOSPITAL.

Why Upgrade the Nurse Call System?

BMC's legacy nurse call system, while once effective, no longer met the needs of a growing and dynamic healthcare environment. The outdated system posed several challenges, including inconsistencies across units and limited functionality. With some units operating on older versions of the system, workflows were fragmented, creating inefficiencies for nursing teams across the hospital.

The decision to upgrade the system stemmed from three key priorities:

- 1. Enhancing Patient Safety:** The new system introduced visual alerts for fall risks and behavioral concerns, providing staff with immediate, at-a-glance information about patient-specific needs.
- 2. Streamlining Workflows:** By consolidating all departments onto a unified, upgraded system, BMC established consistent processes and reduced variability in operations.
- 3. Leveraging Modern Technology:** The advanced features of the new system, including touch-screen nursing interfaces and department-specific customization options, empowered clinical teams to work more efficiently and respond faster to patient needs.

The Benefits of the New Nurse Call System

The upgrade delivered tangible benefits for staff, patients, and operational workflows. Some of the standout features of this system included:

Visual Alerts for Patient Safety:

One of the most innovative features was the use of enhanced dome lights located above patient rooms. These lights displayed color-coded alerts that provided essential patient information at a glance:

- **Red Light for Fall Risks –** A consistent red light signaled that the patient was at risk of falling, ensuring staff exercised extra caution during interactions.
- **Purple Light for Behavioral Concerns –** A purple light was used for patients exhibiting aggressive or unpredictable behavior, promoting safety for both staff and other patients.

These alerts were activated and deactivated by nursing staff and remained visible until no longer required, ensuring critical information was readily available throughout the patient's stay.

Streamlined Interface for Nursing Staff:

The system included an advanced nursing interface known as the "staff terminal," situated at the doorway of each room. This touch-screen device allowed nurses to:

- View and address alerts without needing to reach or reposition the patient.
- Toggle patient-specific safety measures on and off, such as fall-risk or behavioral indicators.
- Request assistance from care staff (e.g., a Certified Nursing Assistant or Registered Nurse) directly from the terminal.

The intuitive design of the interface made it easier for nurses to manage alerts and transfer information seamlessly between shifts.

Patient-Centric Features:

The upgraded patient handsets, or pillow speakers, included additional buttons for specific requests:

- Toileting assistance
- Pain management
- Water requests

These user-friendly additions created a more tailored and respectful communication system while addressing language barriers through the use of universal symbols.



Improved Reporting and Insights:

The new system offered enhanced reporting capabilities, tracking metrics like the frequency of nurse calls and the speed of response times. This data enabled leadership to analyze and optimize staff workflows, ensuring increased efficiency and patient satisfaction.

The Deployment Process

Rolling out such a sophisticated system was a complex task, requiring coordination between several teams and minimal disruption to patient care. Here's how BMC managed the deployment:

- 1. Phased Installation:** To minimize disruptions, installations occurred in phases, with two patient rooms being taken offline each weekday. Moving systematically, the deployment team spent approximately 30 days per unit completing the installation.
- 2. Room Maintenance and Cleaning:** While patient rooms were offline, facilities and cleaning teams addressed any maintenance needs and performed terminal cleaning before the rooms were returned for use.
- 3. Dual-System Transition:** During the rollout, units operated using both the old and new systems. Fully upgraded rooms were integrated into the new system, while the remaining beds continued to use the legacy system until their installation was complete.

4. Training and Support: Preparing staff for the transition was a key priority. Training materials—including videos and step-by-step guides—were hosted on the hospital's Workday platform. These resources were assigned to staff as their respective units approached deployment. Additionally, the deployment team provided on-site support and troubleshooting throughout the process.

5. Feedback Channels: To ensure a smooth transition, staff directed questions or concerns to the project manager, who remained readily accessible via email and phone throughout the implementation.

Impact on Staff and Patient Care

The introduction of the new nurse call system represented a transformational step for BMC, not just in advancing patient care, but also in enhancing the working environment for staff.

For Staff

- **Enhanced Efficiency:** Nurses made faster decisions and responded more effectively using the real-time alerts and streamlined interfaces.
- **Workload Transparency:** Tracking data from the system offered valuable insights into staff activity and resource allocation.
- **Reduced Errors:** Clear, visual notifications minimized the risk of miscommunication across care teams.

For Patients

- **Faster Response Times:** The intuitive system ensured a quicker response to calls, improving the patient experience.
- **Greater Communication Clarity:** Specific call options empowered patients to communicate their needs with precision.
- **A Safer Environment:** The proactive use of safety alerts addressed risks before they escalated.

Looking Ahead

With several units—such as Y5 Observation, Y5 Med/Surg, and Menino 6 West—already benefiting from the upgraded system, the rollout continued at pace. The next phase of deployment began at Menino 6 East, with plans to extend the system hospital-wide.

The Nurse Call Deployment Project reflected BMC's unwavering commitment to patient safety, innovative care delivery, and continuous improvement. By investing in cutting-edge technology and prioritizing the needs of both staff and patients, BMC set a new standard for healthcare excellence.

Transition to the Virtual Safety Observation Program (VSOP) at BMC

BOSTON MEDICAL CENTER (BMC) ANNOUNCED A VITAL UPGRADE TO ITS PATIENT CARE SYSTEM, TRANSITIONING FROM THE TELESIT PROGRAM TO THE INNOVATIVE VIRTUAL SAFETY OBSERVATION PROGRAM (VSOP). THIS CHANGE NOT ONLY REPRESENTED A TECHNOLOGICAL ADVANCEMENT BUT ALSO ENHANCED PATIENT SAFETY, STREAMLINED WORKFLOWS, AND ENSURED ROBUST PRIVACY PROTECTIONS.

What Is the Virtual Safety Observation Program?

The VSOP is a state-of-the-art patient safety platform utilizing real-time audio and video monitoring. Virtual Safety Technicians (VSTs) remotely observed patients, providing immediate support when necessary. This advancement improved responsiveness, mitigated risks, and fostered a safer care environment.

Key Features of VSOP

1. Real-Time Audio/Video Monitoring

Advanced live-streaming technology was installed in patient rooms, ensuring VSTs could monitor and assist patients without recording audio or video. VSTs redirected unsafe behaviors (e.g., a patient attempting to get out of bed) and summoned help promptly when needed.

2. Role of Virtual Safety Technicians (VSTs)

VSTs provided 24/7 patient observation, assisting with:

- **Behavior Redirection:** Safely guiding patients through intercom systems.
- **Emergency Alerts:** Triggering alarms to summon on-site assistance.
- **Collaborative Support:** Offering guidance to both patients and healthcare providers.

This arrangement relieved bedside nurses, allowing them to focus on core responsibilities.

3. Privacy and Respect

Patient privacy remained paramount, with safeguards like:

- **Live-Stream Only:** No recordings were made, ensuring compliance with HIPAA.
- **Privacy Mode:** Cameras were positioned away during private moments like bathing or toileting.

These measures helped maintain trust and patient dignity.

Benefits of the New System

- **Enhanced Patient Safety:** Continuous observation enabled VSTs to identify risks promptly, particularly for high-risk patients, thereby reducing the likelihood of accidents such as falls or IV removal.
- **Improved Staff Workflow:** The centralized system saved nurses time and effort. Cameras were requested via EPIC, where patient monitoring could also be tracked. Faster emergency responses promoted more efficient care delivery.

• Strengthened Patient and Family Trust

Transparency and education helped families and patients feel comfortable using the system:

- Technicians explained the system during setup.
- Visual indicators like the iObserver icon denoted active monitoring.
- Families were assured that privacy was respected, and no recordings were made.

Addressing Patient Concerns

To ease concerns about in-room monitoring, BMC emphasized open communication. Patients learned how the system supported their well-being during setup, and families were encouraged to ask questions. Both were reminded that VSTs were there to enhance patient safety and care, not to infringe on privacy.

A Commitment to Safety and Innovation

The Virtual Safety Observation Program represented a meaningful leap forward in patient care at BMC. By combining cutting-edge technology with a focus on safety, privacy, and trust, the VSOP ensured a better experience for patients, families, and healthcare staff alike.



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