



### Notes from Nancy

Dear colleagues,

When is nice not enough? Well, it turns out that although patients appreciate the kindness of the staff at Hallmark Health System (HHS), most of our HCAHPS mean scores are only in the 60s. These scores put us only around the 50th percentile, just average. The reason is that healthcare consumers are looking for more than nice. As you know, patients are anxious when they are in the hospital or outpatient setting. They are looking for the “expert,” the person who has seen this before, been through it before and can reassure them, not just with nice, but with knowledge.

Share your insight, your experience and give patients answers that help inspire confidence. Don’t answer that you don’t know something, answer that you will find out, or what you have typically seen in your experience. When a patient asks “when will I be able to go home?” the response “every patient varies, but on this floor we see a lot of patients with this and when you are able to eat or manage your pain, or you will be able to go home. For most patients, this takes about “x” days.” This is the kind of answer our patients are hoping we will give to them. Think of how busy your life is, imagine how frustrated you are when something unexpected happens, car trouble, a sick child, an accident or injury. During these times, you want to be in the hands of experts who can give you a sense of what to expect. When patients are informed, they maintain a sense of control in their healthcare and confidence in the healthcare team.

So share your expertise! Your patients are so lucky to have you and your colleagues caring for them. You are certified, your practice is evidence based, your handoffs are the safest in our industry (face-to-face). Your practice setting is among the “most wired” in the US, you work together as a team, your nursing quality outcomes lead the way, far exceeding the national benchmarks.

Let your patients know that your care is not just caring, but is expert care. That your answers are not just warm, but are brimming with experience and knowledge. That will decrease the anxiety of them and their families and will translate into the HCAHPS scores that we deserve!

Sincerely,  
Nancy Gaden, MS, RN, NEA-BC  
System Vice President Patient Care Services  
and Chief Nursing Officer

### Dedicated Education Unit



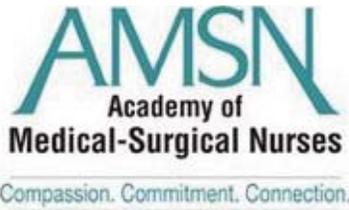
HHS and Lawrence Memorial/Regis Nursing Program collaborated on an exciting new pilot project that was implemented on West 2, Lawrence Memorial Hospital of Medford in January 2012; the Dedicated Education Unit (DEU). The purpose of the DEU is to develop an optimum learning environment for nursing students using the collaborative

efforts of direct care nurses, leadership and faculty to provide an environment that supports continued professional growth of both students and nursing staff. In this model, the staff nurse, as a clinical expert, is the primary teacher of the student in a role defined as a clinical teacher. After orientation to the role and preparation in the classroom through professional development workshops, clinical teachers oversee one to two students in practice on the unit. Also present on the unit is a faculty member from the Nursing Program. The faculty member works with staff and clinical teachers alike in implementing the knowledge, attitude and skills of the curriculum. Nursing students coming to the unit are chosen for this rotation based on their interest and performance in their academic program.

Theresa Johnson, BSN, RN-BC and Beth Campbell, MS, RN along with other leaders from both practice and academia led in the implementation of the project. Nurses from

West 2 who were interested in being considered for a role as a clinical teacher had to submit their curriculum vitae and obtain a copy of transcripts from their BSN program.

The DEU concept is exciting in that it allows the seasoned nurse to utilize his/her skills as a practitioner to develop the knowledge base of the next generation of nurses. In addition, the students become more active members of the unit team and in truth the “it takes a village” concept is put to the test as other staff participate at the Clinical teacher’s direction to provide opportunity for other skills and observations. After successful implementation and evaluation of the pilot program, a second unit will be selected for program replication.



## Update from The Academy of Medical-Surgical Nurses Chapter 123 Greater Boston

The Academy of Medical-Surgical Nurses (AMSUN) is the only national professional nursing specialty organization dedicated to adult health/medical-surgical nurses. Their mission is to promote excellence in adult health and their vision is to be recognized as the world-wide leader for medical-surgical nursing practice. The organization was formed in 1990 and by the following year had a membership of 1,723.

The AMSUN membership is nearly nine thousand. AMSUN has more than 50 local chapters throughout the continental United States helping members to connect with other nurses who share their compassion and commitment.

The next meeting will be held on Sept. 13 at 5 p.m. in Perkins Lecture Hall. AMSUN also offers a quarterly educational series with CEs (look for Save the Date emails). For more information on joining your local chapter, please contact Terri Johnson at [tjohnson@hallmarkhealth.org](mailto:tjohnson@hallmarkhealth.org) or Anthony Alley at [aalley@hallmarkhealth.org](mailto:aalley@hallmarkhealth.org).



### A salute to one of our own

During Nurses Week this year many of our HHS nurses were honored in the Boston Globe. With as many names as they publish there are just as many that are omitted. One of the submissions that didn't make it to print was for Medical 5 Clinical Leader Nickie Bates. Please enjoy this article reprinted here in its entirety:

“When people hear the word nurse you often think of someone that is caring, compassionate, skilled and knowledgeable. The person I'd like to describe to you is all of those things and then some. One of the words I would use to describe Nicole Bates is amazing. Nicole is the clinical leader on a large 39 bed unit, including a vast array of patients with all different diagnosis. Clinical leaders often times are dealing with things like staffing, getting schedules out or even just attending multiple meetings throughout the week. Nicole deals with all of those things after the patients, patients come first in her eyes. On a daily basis Nicole is working her hardest to make sure the patients are happy. There isn't a day that goes by that she is working where she is not in a patient's room making them smile any way possible.

Bedside nursing is not for everybody, but bedside is where Nicole's heart is. Any chance she can get to be with the patient she takes, if a patient needs someone to go off the floor with them she always stands up to the task without being asked. Nicole loves to learn about the patient as a whole and doesn't just focus on the numbers and words on the paper. Nicole is a very good communicator, she speaks to the patients and families in language that they can understand, which is very relieving when yourself or a loved one is sick in the hospital. Any time you turn around Nicole is there to lend a helping hand, whether it be to help boost a patient, take someone to the bathroom, or even make a bed. One of Nicole's best attributes is that she is an amazing listener and when told something she listens and always follows-up until there is a resolution or answer. Nicole takes any situation and turns it into an education opportunity, she is always willing to walk through the situation and explain it, which is not just comforting to patients, but to the staff working with her as well.

People often forget how difficult nursing is. Nurses are the ones taking care of people when they are at their most vulnerable state. I feel that anyone can easily walk into the room of a demented patient crying out for their deceased husband and tell the patient that her husband died and simply walk out. Nicole on the other hand walks in sits down and asks about their marriage, holding their hand and listening to them, even though their spouse may have passed away 12 years prior. I notice that a lot of the time Nicole is able to shut the hustle and bustle of the rest of the floor when someone needs her attention even if it takes just two minutes for the patient to have the soothing touch and kind words of Nicole. Nicole has a heart of gold and her way of nursing is like no one else. I'm sure that you are going to receive a bunch of letters regarding amazing nurses, but just remember there is only one Nicole Bates.”



## Newly certified nurses in 2012

Board certification is an important way to distinguish that a nurse has met a level of distinction and knowledge indicating professional nursing practice. Board certification also gives the public some confidence that the individual must engage in lifelong learning to maintain and renew his/her certification, and in the case of advanced practice nurses his/her authorization/licensure to practice. The public recognizes the significance of this achievement and it provides some assurance that the individual who is caring for them has acquired a predetermined level of knowledge in the specialty area of practice.

Joining the ever growing ranks of HHS certified nurses, the following HHS nurses were recently certified. Please congratulate them on their accomplishment.

Cheryl Murray, ASN, RN, SANE  
 Amy Levin, MSN, RN, NO  
 Nancy Marshall, ASN, RN-BC  
 Bobbi Zinck, RN, CAPA  
 Tammy McNeill, MAN, RN, ANP-BC  
 Jennifer Howard, MSN, RN, ANP-BC  
 Edward Day, ANS, RN-BC  
 Franca Egbunike-Omoruyi, ASN, RN-BC  
 Cynthia Cole, BSN, RN, CEN  
 Irene Frankel, ASN, RN, VA-BC  
 Judith Moffatt, RN, CCRN, VA-BC  
 Jane Flaherty, BSN, RN-COB  
 Anna Baladjay, BSN, RN-BC  
 Brenda MacPherson, BSN, RN-BC  
 Patricia Sanza, BSN, RN, TNCC  
 Michael Whatley, ASN, RN, TNCC  
 Kori Carroll, BSN, RN, CEN

## Hallmark Health System honored in fight against Healthcare Associated Infections (HAIs)

Hallmark Health System, which includes Lawrence Memorial Hospital of Medford and Melrose-Wakefield Hospital, is the recipient of an HAI WATCHDOG Award. Sponsored by Kimberly-Clark Health Care, the HAI WATCHDOG Awards were created to recognize the efforts of dedicated healthcare professionals helping to prevent healthcare-associated infections (HAIs). The award comes with a financial grant that will be used for professional development.

“It’s a great honor to see our work to prevent HAIs recognized by an industry leader like Kimberly-Clark Health Care. We will use our grant to further our ongoing commitment to quality care, infection prevention and education,” said Diane Hanley, MS, RN-BC, EJD associate chief nursing officer. “We’re proud to share our best practices as well as learn from other members of the HAI WATCHDOG Community to maintain, and even boost, our infection prevention and HAI awareness efforts. We will continue to seek out ways to maintain the highest levels of infection control to protect our patients and the community and we hope this recognition drives others in the healthcare community to do the same.”

HAIs are a national issue that affect more than two million patients each year and threaten to grow even more numerous and complicated. The HAI WATCHDOG Awards were judged by a panel of infection prevention healthcare professionals and submissions addressed a range of issues including ventilator-associated pneumonia (VAP), central line-associated bloodstream infections (CLABSI) and methicillin-resistant *Staphylococcus aureus* (MRSA).



CAUTI/CLASBI Task Force



## HHS electronic platform COLD, CPOE, EMAR/BMV

HHS continually looks for ways to improve patient safety, and the largest project currently ongoing in that regard is the conversion to 100 percent electronic documentation, order entry and medication administration documentation. Nursing, Physician, Pharmacist and IT Department collaborated to assure the technology needed met the goals. This multi-year project, is fueled by a generous budget and has recruited specialists from clinical areas all over the hospital: physicians, nurses, pharmacists, laboratory technologists, respiratory therapists, physical therapists, representatives from any area that has patient contact and specialists from the Information Services Department. Clinical care providers from all areas have been involved in the development and implementation of this project.

This multi-year, multi-phase project was designed to integrate many of the key computer-based systems that are used at HHS to care for patients into an electronic medical record, a comprehensive source of patient information. The primary goal is to enhance patient safety, which is an extremely important topic. One compelling patient safety issue is medication error. Based on published reports, medication errors leading to injury can occur at a rate of three per every 100 patient admissions. The majority of these errors happen because the appropriate information is not available to clinicians at the time medication decisions are made. Today's research demonstrates that by implementing technology-based patient care systems, errors can be reduced at every step of the medication administration process. In essence, the new systems provide patient information, such as lab results, medication administration records and allergy information to nurses and other

clinicians, allowing them to benefit from real-time decision support at the point of care. The system allows every clinician to have immediate access to all information on a given patient, improving communication among the care team and reducing the risk of information falling between the cracks. The result is systems that can streamline processes, improve patient care and reduce errors. This project was rolled out in three phases over a period of five years. The first phase began April 2006 and involved the clinical on line documentation for nurses. Inpatient nursing documentation with daily nursing notes and management care plans is completely computerized. The goal of the electronic medical record is to improve care by increasing clinicians' knowledge of relevant facts about a patient. Because of the complexity of patients, the amount of information generated about a patient's care needs is far more than be kept in the memories of practitioners. Documenting these in the Clinical Online Documentation (COLD) and making them available to any clinician at any time has improved the quality of care in at least two ways. It improves efficiency by preventing duplication and promoting follow-up of important clinical findings. Second, it reduces possible harm by preventing inappropriate actions. COLD provides up-to-date information to all of the clinicians who care for the patient and standardizes documentation, which ensures accurate, effective and efficient communication. Physicians were given instruction on how to view any nursing documentation on computer, including the nursing admission in its entirety. Daily nursing documentation was implemented as well, including vital signs and documentation of any ongoing care throughout the shift.

Next systems implemented were systems to improve department operations and to position the hospital to implement computerized provider order entry (CPOE). CPOE physician assessment and ordering of all care and medications went live in 2009. This inpatient implementation was phased into all the ambulatory units throughout the hospital departments over a few months so each area was adequately supported during implementation. This phase had the biggest impact on physicians and nurses, as well as on patient safety itself.

With CPOE systems in place, clinicians were required to enter patient orders, which were currently written on paper, directly into the computer, with warnings of potential drug interactions and allergies presented directly through the computer at the time the order is entered. CPOE also reduces the additional burden on nurses of deciphering hand-written orders. This system allows for more consistent and efficient patient care. Following the implementation of CPOE, the use of the electronic Medication Administration Record, (eMAR) began. Documentation of each medication administer was entered into the computer and was now visible to the entire multidisciplinary team. The system also alerts the nurse to the next dose due, overdue doses and displays cautions about medications. Interconnected to the eMAR is the use of the bar code scanning at the patient's bedside, Bedside Medication Verification (BMV). With the use of hand held scanners the nurse and respiratory therapists scan the bar code on the patient's wrist band and the bar code on the medication package. The system does a crosscheck to confirm the 6 rights of medication administration: Right patient, right dose, right route, right time and right documentation. Following a period of adjustment the use of this technology gave caregivers the confidence that were using the latest technology in providing patient care. As one nurse stated after these implementations, "I would never go back!" Also in this phase, communication among clinicians was improved through computer-generated rounds and shift reports. This includes patient safety measures, such as medication reconciliation, allergies and screening tools to address patient care issues early and implement the plan of care.

A variety of training options were offered as this project unfolded, they occurred in classroom settings, one-on-one on individual units and using computer learning modules that employees can complete on their own time. Training staff, dedicated entirely to this project and many hired specifically for this project, was one of the most important aspects of this project. The use of nurse and unit-based nurse super users as trainers was critical to the success of the implementation.



## Summary of Nurses' Week 2012

Nurses' Week 2012 - simply stated "amazing." Like other years we did have the usual Preceptor Appreciation Breakfasts and Certified Nurses Teas at both Melrose Wakefield Hospital (MWH) and Lawrence

Memorial Hospital (LMH). Our big food highlight this year was the Panera deliveries for all three shifts at the Hematology and Oncology Center, MWH and LMH. New this year we had Graduation Celebration cakes delivered to

all three sites to celebrate so many of our nurses furthering their formal education. Many obtained their BSN recently and some even their MSN. The number of nurses that are still on this commendable journey is impressive to say the least.

As we have done in years past we offered education sessions. The differences we had this year were that we were lucky enough not only to offer contact hours for the sessions, but we also tapped into our Staff Development Educators. These educators worked endless hours brain storming with staff on the needs/wants of the units. The topics that were delivered throughout the week were:

- The Preceptor Difference with New Grad Competency
- The Diabetic Foot
- Therapeutic Hypothermia
- Temperature Management of the Surgical Patient
- ABC's of Cardiac Meds
- Care of Central Venous Catheters

Instead of having staff have to choose a campus to attend the seminar on, sessions were offered at the given times in the Boardroom at MWH as well as the Johnson Conference Room at LMH.....and TELECAST IT! Sign of the times. We too at HHS are in the 21st century! The sessions were held at various times in order to be available to staff on all three shifts. Due to so many activities one topic "Are Narcotic Always the Answer?" will be offered at a later time.

Another new event this year was the presentation of the Amanda Savage Professional Development Scholarship. We were lucky to have many members of Amanda's family fly out to not only honor her, but honor the work she did in the development of the Professional Recognition Program here at HHS.

We also offered a wide variety of teleconference sessions in conjunction with Mass General Hospital. These sessions ranged from the Chief Nurse Address to Advancing an International Research Agenda. There were a total of five sessions. We look forward to more opportunities like this in the future.

## Partners of the year

During Nurses' Week, the nurses at HHS voted our colleagues from Environmental Services as our Partners of the Year. Every single day, in every corner of our organization, Environmental Services works hard to ensure the cleanliness of our hospitals. From our operating rooms to the offices these teammates struggle to keep up with the challenge of keeping our facilities looking their best.

Last month, I met with the Environmental Services team to talk about how we can work together to create the cleanest possible environment for our patients and families. It turns out there are a few key things that all of us can do that would make a significant difference. If we all commit to these small efforts, Environmental Services can focus their attention on really making our hospitals clean.

The first relates to linen. Please fill the linen bags only 2/3 full. When they are filled to the top - or worse, overfilled, although we purchase heavy duty bags, they do not consistently make it to the laundry room without splitting open or spilling and just as important, they are too heavy!

Every single employee can help with the second request. When we mindlessly place cups and cans in the trash cans with fluid still in them, we create extra weight and big messes result when bags break! So join with me as I try to remember to pour out the water, soda or coffee before I put the cup in the trash. Do it for our Environmental Services colleagues so they can focus on making our environment shine!

Sincerely,  
Nancy. Gaden, MS, RN, NEA-BC  
System Vice President Patient Care Services and Chief Nursing Officer

## Summary of Nurses' Week 2012

Another new event offered during this year's celebration was the HHS Talent Show. Our own employees did all kinds of singing and dancing, some for the first time! During the Talent Show the audience was surprised with the first performance of our own HHS band. We hope to see their reunion at other events throughout the year.

We also had a Self Care Day and Open House that was held at the new offices of the Staff Development Department at 65 Rowe St. At this site staff was given the opportunity to meet the educators as well as experience skin care treatments, make up consultations, skin care analysis and food demonstrations. The event was an huge success.

Our Annual Awards Ceremony was amazing. The following awards and scholarships were announced during this occasion:

### Physician Colleague of the Year

Dr. Faisal Malik

### Partner in Care

HHS Environmental Services

### Janet Fletcher Burns Scholarship

Katelyn Greene, BSN, RN, OCN

### Louise Hickey Scholarship

Katy-Lyn Verrette, BSN, RN

### Amanda Savage Professional Development Scholarship

Deb Cremens, BSN, RN, CEN

Robin Watson, RN-BC

### Lawrence Memorial/Regis College Nursing Scholarship

Matthew MacDonald, BSN, RN

Kelly Koczan, ASN, RN, CCRN

### Melrose Wakefield School of Nursing Alumni Scholarship

Ann Marie DiCredico, RN, CAPA

Denise Iacovello, RNFA, CNOR

Khadija Es-sadeqy

Kara Jeffas, MSN, RN, NP

Olivia Straw, BSN, RN, OCN

### Melrose Wakefield Hospital Auxiliary Scholarship

Elizabeth Guidod

In addition to the scholarships, the Academy of Medical Surgical Nursing and the Greater Boston Chapter 123 awarded one free year membership to:

Nicole Harnois, BSN, RN



## Another highlight was the beautiful gift baskets and our winners were:

### Winner:

Carol Campagna  
Mary Kate Nicolo  
Jean Thomas  
Josephine Olupone  
Kerri Krall  
Kara Jaffas  
Tamar Hamparian  
Judy Moffatt  
Cynthia Mitsakis  
Paul Champagne  
Heather Mecurio  
Amanda Parrett

### Type of basket:

Beach basket  
Wine, etc. basket  
Movie basket  
Martini basket  
Coffee basket  
BBQ basket  
Lounging by the Sea basket  
Margarita basket  
Cocktail Infusion basket  
Scratch ticket basket  
Wine basket  
Beach basket

### Donated by:

Maternity Service  
South 1/ West 1  
Nursing Leadership  
Nursing Leadership  
Quality Department  
Medical 3/MWH ICU  
West 3  
Nursing Leadership  
West 2  
Medical 5  
Surgical Services  
Medical 4/Cummings 5

Nurses' Week 2012 photo gallery



## The Magnet Corner

On June 12, 2012, Diane Hanley, associate chief nursing officer held the first Magnet Ambassador Day. Each nursing unit sent one or two representatives to become “magnetized.” These ambassadors will serve as a major communication link, they will:

- Be liaisons between individual unit/area and the committee to help “spread the word” and communicate initiatives, plans, education, etc.
- Generate ideas and activities to build unit knowledge of the magnet model.
- Share unit based evidence from the narratives developed in our application.
- Energize departments for the site visit.
- Serve as unit hosts for magnet appraisers during the site visit.
- Meet with escorts prior to visit, tour unit.

The next Ambassador day will be held in the fall.

## Staff Development contacts

For more information on how to obtain your certification, please contact your unit’s staff development educator directly at:

Deb Abele	(781) 979-3934
June Corey	(781) 306-6792
Patrice Desrochers	(781) 979-3306
Lisa Duffy	(781) 306-6401
Joy Gaviola	(781) 979-3301
Lisa Streeter	(781) 979-3209
Sharon Turcotte	(781) 306-6793

## Center for Professional Development contacts

Beth Davidson	(781) 306-6752
Lisa Falanga	(781) 306-6751

## Editorial board

Publisher

Nancy Gaden, MS, RN, NEA-BC, system vice president for patient care services chief nursing officer (CNO)

Editors

Diane Hanley, RN-BC, MS, EJD, associate chief nursing officer  
Beth McCurdy, contributing editor

## Council Connection

### The Nursing Resource and Government Affairs Council

This council is responsible for coordinating with the ACNO for Nursing Resource Management for issues around allocation of nursing resources. The council also monitors and responds to legislation on the local and national level that involve patient care. This council is responsible for the selection of the quarterly DAISY Award. If you are interested in this council, please contact Elana Daly at (781) 306-6350.

### The Nursing Practice and Quality Council

The council is represented by many members of the nursing staff from both campuses. The council invited experts from an array of disciplines within the system to speak about current evidence-based practices and incorporate into policy and procedure. Anyone interested should contact Joy Welsh at (781) 306-6280 or Dina Borda at (781) 979-3360. Next meeting: Aug. 28.

### The Nursing Research Council

This council is comprised of nurses who think critically and look at evidence to determine best practice that then transforms care at the bedside. The council was instrumental in the organization of the Third Annual Christine Cameron Symposium on Nursing Quality and Research. If you are interested in this council, please contact one of the co-chairs: Kathy Delesky at (781) 306-6687 or Sharon Turcotte at (781) 306-6793.

### The Nursing Informatics Council

The current PICC screens were discussed as well as the need to develop a screen for Midline and Port-s-caths. The go-live date for the Meditech changes went off without a problem. Also reviewed were the drafts of the new Skin Wound Assessment screen. If you are interested in this council, please contact one of the: Judy Thorpe at (781) 979-3317 or Annmarie Muse at (781) 979-3353. Next meeting: Aug. 25.

### The Clinical Practice Leader Forum

This council is comprised of all our Clinical Practice Leaders. They have recently revised their bylaws and forwarded them to the Chief Nurse Council for approval. This council does not meet in July or August. The council is currently seeking a co-chair and a secretary, each come with a one year commitment. If you are interested in these positions or this council, please contact one of the: Lori Stevens at (781) 306-6783. Next meeting: Sept. 20.

### The New Grad Council

This is the newest of all our councils here at HHS. This is a great opportunity for you to have a voice even as the newest additions to our Team. This month the council discussed the importance and role of communication and were presented Process Improvements that are happening now. If you are interested in getting in on the ground floor of this council please contact Beth Campbell at (781) 306-6796, Kyle Martell (781) 979-3360 or Matthew MacDonald (781) 979-3390.

