



BRIGHAM HEALTH



**BRIGHAM AND
WOMEN'S HOSPITAL**

**DEPARTMENT OF NURSING
2019-2020 REPORT**





Unwavering
Compassion
Unparalleled
Care

On the Cover:

Portrait of *Unwavering* Compassion

Sandra Dougal, RN, was selected for the cover because of the extraordinary compassionate care she provides to her patients and their loved ones in the Medical Intensive Care Unit. One touching example was shared by Sandra's colleague, Jeff Flockton, BSN, RN, prior to the pandemic.

He wrote:

I would like to bring to your attention the extraordinary care, the true compassion and the best of humanity that Sandra provided to her patient and family. This patient has a child that is going to have to grow up without a mother and reach milestones without a mother.

Sandra truly left this child with more than a lasting impression; she gave this child a gift of life. Sandra printed out a paper copy of her patient's heart rhythm and gave it to her patient's child, saying the child could "always have your mother's heart with you." She also provided room in the patient's bed for the child to climb up in bed with the mother for the very last time. This child spent quality time talking to the mother, lying next to her and touching her skin.

I am grateful to have witnessed this truly remarkable, extraordinary compassionate care. As a nurse, caregiver and parent, I am grateful for Sandra's attention to detail, her skill set and her overall compassion for human life. Sandra makes this career, department and world a much better place. May we all follow Sandra's lead and strive to be better clinicians, advocates and people.

This report is dedicated to every nurse and colleague who has eased the suffering of patients and their loved ones with unwavering compassion. *Thank you for being a source of light in the darkness for those who need it most.*



Welcome from the Senior Vice President of Clinical Services and Chief Nursing Officer

I am proud to share with you the Brigham and Women's Hospital Department of Nursing Report for 2019 and 2020.

In 2019, we vigorously pursued innovation, quality improvement initiatives, and educational and professional development opportunities. We had the opportunity to share our efforts during a hospital-wide Nursing Scholars Day, which shined a light on the remarkable ways that nurses are striving to improve the care of patients and their experiences at the hospital. We are proud of these contributions and the impact they will have on patient care for years to come.

In 2020, all of our efforts and resources were devoted to responding to the COVID-19 pandemic. For most of the year, all non-direct care activities were put on hold as we worked together with our interprofessional colleagues to provide the best care for our COVID and non-COVID patients amid challenging conditions.

Many nurses stepped into new roles and assignments, developed innovative solutions to support care and helped to connect families and patients who could not be together in person.

Although our environment and circumstances were different between 2019 and 2020, there were two constants: nurses' compassion for their patients and colleagues, and the high-quality care they delivered across all settings in collaboration with interprofessional teams.

As a result, we have dedicated this report to illuminating examples of the unwavering compassion and unparalleled care provided by Brigham nurses.

Prior to the pandemic, the World Health Organization designated 2020 as the "International Year of the Nurse and Midwife" to spotlight the importance of these roles to global health. Certainly, the contributions of nurses everywhere were paramount during this immensely challenging time.

Thank you to all the nurses around the world for your courage, compassion and dedication to caring for patients and their loved ones during some of the most difficult circumstances imaginable.

With warmest regards,

A handwritten signature in black ink that reads "Madelyn".

Madelyn Pearson, DNP, RN, NEA-BC
Senior Vice President, Clinical Services,
and Chief Nursing Officer



About Us

3,970 nurses
Nurses with BSN or higher: 83 percent
Nurses with professional certifications: 24 percent

Mission and Vision

Guided by our vision of a healthier community and a healthier world, we work together to carry out our mission of maintaining and restoring health through leadership in compassionate care, scientific discovery and education.

Magnet

The Brigham achieved Magnet designation — the gold standard of nursing excellence and high-quality patient care delivered by an entire institution — from the American Nurses Credentialing Center in 2018.

Baby-Friendly Hospital

In 2019, the Brigham was awarded Baby-Friendly Hospital designation from Baby-Friendly USA in recognition of exceptional evidence-based, patient-centered care and education around infant feeding practices.



Authentic Leadership: Katie Fillipon, Deputy CNO and Vice President of Nursing

In 2020, Katie Fillipon, MS, RN, NEA-BC, was appointed to the newly created position of deputy chief nursing officer and vice president of Nursing. Fillipon, who has worked at the Brigham for her entire career, is responsible for overseeing daily operations within the department and working closely with Maddy Pearson, DNP, RN, NEA-BC, senior vice president of Clinical Services and CNO, and other senior leaders on strategic planning and the development of innovative, high-quality clinical programs.

You began in this new role just prior to the first COVID-19 surge in 2020. What was the greatest challenge at the time?

During the first surge, so much was unknown about the virus. We were rapidly changing our policies and processes as we learned more about how to prevent the virus. That was challenging, especially for those at the bedside as they were caring for COVID and non-COVID patients and supporting the families of patients who couldn't be with them. By the time the second surge started in December, we already had so many policies and structures in place to prevent transmission of the virus.

What was one of the lessons learned during the first surge?

We had opportunities to debrief with nurses throughout the department after the spring surge, and those discussions helped us prepare for the second surge.

Communication is so important during a crisis, especially during such rapid change. As soon as we began to surge again in December, we implemented regular huddles where nursing directors could bring forward issues that staff were experiencing. This helped us respond quickly, take concerns back to our COVID operations team and address issues.

What initially drew you to the Brigham?

I started at the Brigham as a nursing student on Braunwald Tower 5B, an oncology unit. I felt that the care here was different from other organizations where I completed clinical rotations. With every role I've had since then, I hope that I have been able to help nurses and our interprofessional colleagues continue providing the expert, compassionate care that is unique to the Brigham.

What has made you most proud in 2020?

There were so many things, but I think what stands out to me is the advocacy of nurses for their patients and families during this really difficult time, as well as the collaboration throughout the institution. The pandemic underscored how much we need every person and every role working together to provide the best care for our patients and a safe environment for everyone. I'm so grateful to everyone for going above and beyond.

Evaluating and Updating

Our Professional Practice Model

In 2019 and 2020, the Department of Nursing embarked on a journey to evaluate our professional practice model (PPM) to determine whether it accurately represented nursing practice at the Brigham.

“The input of nurses in every division was vital to the process,” says Maddy Pearson, DNP, RN, NEA-BC, senior vice president of Clinical Services and chief nursing officer. “We held more than 30 focus groups, with participation from more than 500 nurses, to review the model and discuss the defining elements of our practice.”

The most prominent theme that emerged during focus group discussions was the importance of relationships with our patients, their families and each other. Other themes included:

- Continual pursuit of excellence
- Passion for providing the best care to patients and loved ones
- Forming trusting relationships built on empathy and compassion
- Strong leadership and collaboration

These themes were incorporated into a newly designed graphic that supports the everyday practice of nurses at the Brigham.

What Differentiates Nursing at Brigham and Women’s Hospital?

Nurses answered this question as part of the process for creating the Professional Practice Model. Here are a few of the responses.

“We care about each other.”

“Nurses have a voice.”

“Getting to know the patient and family and what they were like before they came to the hospital.”

“Being respectful of cultures — understanding what is important to the patient.”

“Above and beyond is the norm here.”

“We work as a team to get where we need to be.”

“Nurses are empowered to push boundaries.”



Components of the New PPM

The new model is a compass. It signifies nurses' role as advocates who help patients and families navigate their health care experience.

Relationship-based care is the heart of our practice. The relationships among patient, family, nurse and team are vital to the delivery of relationship-based care.

The four points of the compass — collaboration, compassion, knowledge and excellence — are essential to our ability to deliver the best care.

Compassion is our “true north” and a defining quality of Brigham nursing practice.

These components also connect to our Brigham values, which are reflected in the outer circle.



**2019: Transforming the Future of Care
at the Bedside and Beyond**

Wendy Ortiz, MS, BSN, RN,
of Brookside Community
Health Center

*“As nurses, we all have the potential to enhance patient care
and the experience of patients and families by asking questions and
following through until we have answers.”*

— Katherine Gregory, PhD, RN, FAAN
Associate Chief Nursing Officer for Women’s and Newborn Health,
Research and Innovation

Inaugural Karsh Scholars Day Illuminates Nursing Research, Innovation and Scholarship

In May 2019, the Department of Nursing held its first Karsh Nursing Scholars Day to raise awareness about nursing science and evidence generation, including the range of research projects, innovations and improvement initiatives in every division of nursing. Events included a research poster session, innovation demonstration, skill-building session and competition for funding.

"Research and innovation open up doors to all kinds of opportunities for any nurse who is interested," said Lisa Comis, BSN, RN, CCRN, CRC, of the Cardiac Surgery Intensive Care Unit, who presented a poster highlighting a mentorship program her unit is developing. "Seeing all that nurses are accomplishing in terms of research and furthering their own education was amazing."

Maria Bentain-Melanson, MSN, RN, nursing director of the Cardiac Surgery ICU and co-chair of the Research and Innovation Committee, said that the program offered something for everyone.

"Nurses had opportunities to advance their skills at drop-in sessions that covered how to search for journals, integrate evidence into practice, write abstracts, create posters and more," she said. "I think

Karsh Scholars Day will greatly contribute to an environment that inspires innovation and helps shape nursing practice in new ways."

During the poster session, staff, visitors and patients viewed posters covering topics such as patient safety, quality, nursing education, the patient experience and more. In addition, demonstrations enabled passersby to engage with nurses about innovations in forensic nursing, fire safety, a diversity pipeline program and new products.

"The amount of posters was impressive and reflected such a diverse body of work," said Caitlin Guerrero, MSN, RN, CNL, OCN, Nursing program director, Inpatient Oncology Research. The event concluded with a high-energy pitch session before a live audience. Five nursing teams proposed original ideas for innovative tools, services and technologies, and three teams received funding to advance their initiatives.

Karsh Scholars Day was made possible by the support and collaboration of Estrellita Karsh, a longtime friend of the Department of Nursing and the hospital, who also generously funded one of the projects presented during Pitch Fest.





Karsh Scholars Day Award Recipients

Pitch Fest Funding Winners

Maureen Tapper, MSN, RN, and Sarah Thompson, MSN, RN: *"Designing or Trialing a Bedside Organizer that Safely Attaches to the Bed to Hold the Call Light, Cell Phone and Other Supplies a Patient May Need for Easy Access"*

Melanie Nedder, MSN, RN, CCRN-CMC, CVRN, Sharon Levine, MSN, RN, CVRN, and Caroline Galligan, BSN, RN: *"Implementing the ICU Diary for Patients in Intensive Care Units and Designing Comprehensive Education for Nurses"*

Julie Cadogan, BSN, RN: *"Creating a Portable Warming Bed with the Appropriately Sized Supplies to Help NICU Infants Transition to Extra-uterine Life"*

Top Posters

Sherry Iuliano, MSN, NP-C, William Burke, BS, David Cote, BS, Hasan Zaidi, MD, and Edward Laws, MD: *"Evidence-Based Practice and Nursing Innovation in the Prevention of Post-operative Hyponatremia"*

Caitlin Guerrero, BSN, RN, OCN, and Daria Mlynarski, BSN, RN, OCN: *"Autologous Stem Cell Transplant D/C Pilot"*

Catherine Masse, BSN, RN, PCCN, Maureen Tapper, MSN, RN, PCCN, Sarah Thompson, MSN, RN, CCNS, CWON, Keri Townsend, PharmD, Karen Tsveybel, MSN, RN, CCTC, and Margaret Higgins, MSN, RN: *"A Lung Transplant Class: Improving Patient Care Through Peer-to-Peer Education"*

Karsh Nursing Scholars Day

By the Numbers

7 innovation demonstrations

60 presentations throughout the day

205 nurses and colleagues as poster authors

\$600 in education vouchers for top posters

\$5000 in funding awarded via the Lily Kravitz Nursing Studies Award



50-Plus Topics Presented via Posters on Karsh Scholars Day

Nearly 55 electronic posters were featured throughout the main campus, with case studies, analyses, innovations and more. Here are a few examples.

Lung Transplant Education

In November 2018, Catherine Masse, BSN, RN, PCCN, and Maureen Tapper, MSN, RN, PCCN, embarked on a journey to help educate their peers who care for lung transplant recipients. Masse and Tapper, together with a lung transplant inpatient nurse coordinator, a pharmacist and a professional development manager, developed a three-hour class for their nursing peers that covered the pre-lung transplant process, medications, post-operative nursing care and patient education.

Outcomes: Following the course, nurses scored 20 percent higher on a test of their knowledge, and self-reported confidence levels increased by 59 percent. All participants reported an increase in knowledge, confidence and competence in taking care of lung transplant patients.

Breastfeeding Outcomes

Most full-term babies who need nutritional supplementation to breast milk are given infant formula, but nurse investigators wanted to explore whether giving pasteurized donor human milk (PDHM) may influence breastfeeding outcomes for mothers and babies. PDHM is supplied by mothers who can produce more milk than their child needs.

PDHM is generally given to premature infants, but Jennifer Riley, MSN, RN, IBCLC, a lactation consultant for CWN 9 and 10, and colleagues established a pilot study to examine the practice of providing the option of supplementation with PDHM to mothers of full-term infants, a practice started at the Brigham in 2013.

Outcomes: With 39 mother-infant pairs enrolled in the study, the team found that those who opted for PDHM to participate had lower body-mass index and higher rates of intending to breastfeed.

Mothers who supplemented with formula and those who supplemented with PDHM did not have differing breastfeeding outcomes one month after leaving the hospital, but mothers in both groups reported lower confidence in their ability to achieve their breastfeeding goals.

“Based on our findings, we’d like to start an outpatient lactation program to support mothers after they leave the hospital,” said Riley. (See related story on page 22)

Improved Visit Compliance via Virtual Visits

For patients with a seizure disorder, getting to and from appointments can be a major hurdle, but follow-up care is crucial to their safety and well-being.

Erin Farina, RN, and colleagues in the Division of Epilepsy offered virtual visits, prioritizing patients with frequent appointment no-shows or cancellations.

Outcomes: Although the no-show rate was not affected, there was an overall improvement in virtual visit cancellation rates as compared to office visits. Furthermore, subjective data indicated the value of a virtual visit option, as patients expressed it eased their stress around their ability to get to appointments. This experience with virtual visits enabled the division to swiftly convert in-person appointments to virtual appointments at the start of the pandemic.



Nurse-Led Studies Underway in PACU, Neurosciences

Nurse-led studies in two units began in 2019 to improve the experience of patients and staff alike. Although paused due to the pandemic, both studies saw initial success.

Connecting Patients and Loved Ones in the PACU

To see a loved one after surgery in the Post-Anesthesia Care Unit (PACU), family members must wait until the patient is awake and feeling well enough to receive visitors, which may take up to 90 minutes.

Understanding how this waiting period can contribute to families' anxiety during an uncertain time, PACU nurses Josette Renda, MSN, RN, and Julia Rodriguez, MSN, RN, received funding for a pilot project to connect patients in the PACU with loved ones in the waiting room via the FaceTime app on iPads.

After receiving approval from the Institutional Review Board for the study, Renda and Rodriguez began documenting their results. This process was disrupted when visitors were restricted during the pandemic in 2020. "Our initial responses were positive, and we were amazed at how easy it was to connect families and patients with this technology," said Rodriguez.

"We are working on a toolkit to assist other facilities through the process of using technology," Renda said. "We hope that the use of technology will provide reassurance to patients' family members."

Neurosciences Nurses Study Effects of Integrative Therapies

In 2019, a pair of Neurosciences nurses set out to study whether integrative and holistic practices could improve the well-being of patients and staff alike.

"What if we could offer holistic practices as tools to our patients in order to focus on the whole person, not just the disease or illness?" asked Kristen Reed, BSN, RN, HN-BC, of Neurosciences Intermediate Care. "That could mean teaching someone a quick meditation, deep breathing with them for 10 seconds or even just sitting with them quietly. If a pain medication is not yet due, these holistic practices can help extend that time and induce relaxation and a sense of calm."

Reed, along with Jaimie Medina, BSN, RN, and Nursing Director Mary Pennington, MS, RN, of Neurosciences Intermediate Care, embarked on a reiki resiliency project to study the effects of the ancient Japanese practice on patients and staff.

The study includes a plan for 20 percent of staff on the unit to become certified in reiki 1, a beginner-level practice, via an eight-hour training session with Libby Barnett, a nationally recognized Reiki Master. Staff will also participate in regular surveys to determine the influence reiki has on job satisfaction, anxiety and burnout. The second phase of the study will focus on the effects of reiki on patients.



Science Spotlight: A Quest to Improve Patient Safety

The past two years have been pivotal for Senior Nurse-Scientist Patti Dykes, PhD, MA, RN, FAAN, FACMI, and her colleagues in advancing national research efforts that improve patient safety.

In 2019, Dykes, program director for Research in the BWH Center for Patient Safety, Research and Practice, launched a national study on the use of artificial intelligence and nursing documentation. In 2020, she published the results of a study on preventing patient falls in *JAMA Network Open*.

At the core of both studies is the unique ability of nurses to get to know their patients, resulting in the delivery of the safest, highest-quality care.

Elevating ‘CONCERNs’ with AI

Through the CONCERN project (Communicating Narrative Concerns Entered by RNs), Dykes and her team are building on more than 10 years of data science investigation to determine whether nursing documentation patterns can predict when a patient’s condition is about to deteriorate.

“When nurses are concerned about a patient, they increase their surveillance, resulting in increased documentation in the electronic health record,” said Dykes, principal investigator of the project, a collaborative effort with Columbia University and the National Institute of Nursing Research. “We have taken these nursing patterns and built predictive models using patient outcomes, including rapid response calls, cardiac events, inpatient mortality and unexpected transfers to intensive care units.”

Because CONCERN is based on subtle changes that usually occur well before physiological alterations, it can predict patient deterioration five to 24 hours earlier than warning systems based solely on physiological data, Dykes added.

Toolkit to Engage Patients and Families Reduces Falls and Injuries

While advanced technology like artificial intelligence opens new possibilities for improving safety, Dykes and her colleagues also found that both high and low-tech

solutions continue to be highly effective. A toolkit they created that engages patients and their families was associated with significantly reduced falls and fall-related injuries at three hospitals.

The research builds upon a prior study of the FALL TIPS (Tailoring Interventions for Patient Safety) Toolkit, a nurse-led, evidence-based intervention for fall prevention, that Dykes and colleagues developed in 2007. The toolkit was found to reduce patient falls by 25 percent, but did not impact fall-related injuries, likely due to patient non-adherence to fall-prevention plans.

To overcome these challenges, and in collaboration with Northeastern University’s Healthcare Systems Engineering Institute, Dykes and her team conducted interviews with patients, family members and providers. They then updated the toolkit to address barriers for engaging patients and families. This included hanging a dry-erase poster at the bedside with information about fall prevention that nurses completed on admission and at each shift with patients and their families.

The team examined whether posters were updated and if patients and families could articulate factors for fall risk and prevention.

While the original Fall TIPS Toolkit was most effective with older patients, the new study found important progress in falls prevention among younger and older patients.

Outcomes:

Implementing the fall-prevention toolkit led to a reduction in falls by 15 percent and fall-related injuries by 34 percent across three academic medical centers.

The toolkit was most effective at preventing falls in younger patients and fall-related injuries in older patients — those at greatest risk for injury.

More than 37,000 patients were evaluated.

The toolkit has been adopted by over 250 hospitals in the U.S. and around the world.

Supporting Nurses in Research and Innovation

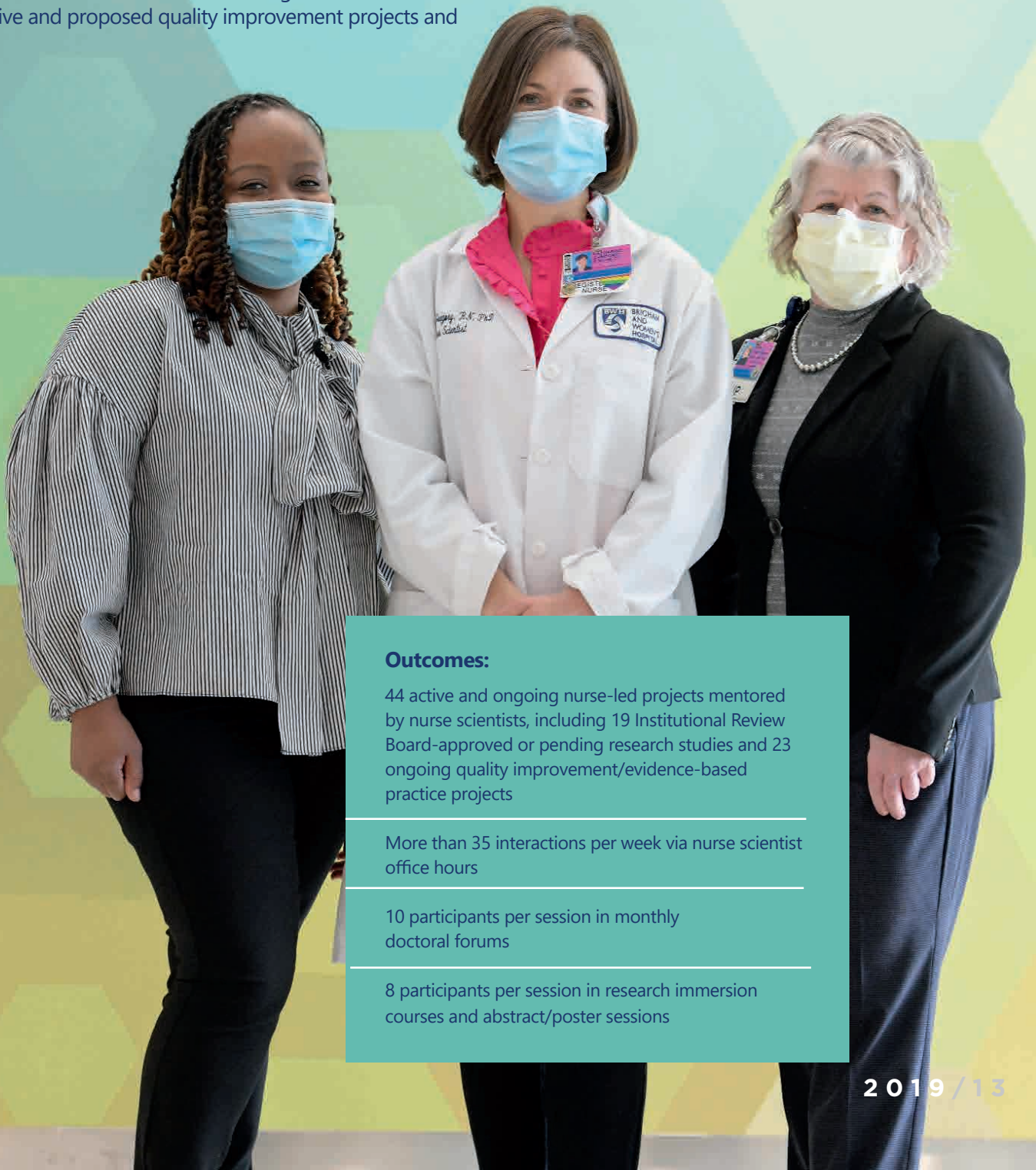
Through the Brigham Nurse Scientist Program, every nurse has access to resources and mentorship to help them pursue research and innovative initiatives, no matter where they are in the process.

Regular offerings include research immersion days to help nurses understand different concepts of research, and abstract and poster workshops assist nurses preparing for local and national presentations.

Additionally, nurse scientists hold weekly office hours to provide staff with feedback and guidance on active and proposed quality improvement projects and

research. Monthly doctoral forums provide an avenue for DNP- and PhD-prepared nurses and students to discuss research ideas.

"It's fulfilling to be able to engage nurses in a different aspect of care by supporting their research and innovative endeavors," said Dany Hilaire, PhD, RN, nurse scientist. "Through these efforts, nurses have opportunities to improve the care of many patients and loved ones. I think that creates another dimension of satisfaction in our work as nurses."



Outcomes:

44 active and ongoing nurse-led projects mentored by nurse scientists, including 19 Institutional Review Board-approved or pending research studies and 23 ongoing quality improvement/evidence-based practice projects

More than 35 interactions per week via nurse scientist office hours

10 participants per session in monthly doctoral forums

8 participants per session in research immersion courses and abstract/poster sessions

Unparalleled Care: Three Medicine Units Receive Beacon Award



In 2019, three medical intermediate care units received Beacon Awards for Excellence in recognition of their application of evidence-based information to improve patient outcomes and patient and staff satisfaction. The award, presented by the American Association of Critical Care Nurses (AACN), honors units that apply evidence-based information to improve patient outcomes and patient and staff satisfaction.

The Integrated Teaching Unit on Braunwald Tower 16AB (formerly 10AB) received the gold-level Beacon Award for Excellence. The reviewers noted that staff are dedicated to delivering quality care to patients and demonstrate this by their active involvement in committees.

Braunwald Tower 14CD earned the silver-level award. Reviewers commented on the support that staff receive to participate in educational opportunities and staff engagement in identifying areas for improvement and offering solutions to enhance patient care and nursing practice.

Braunwald Tower 14AB received the bronze-level award. AACN reviewers identified the unit's interdisciplinary team-training exercises in the Brigham's Neil and Elise Wallace STRATUS Center for Medical Simulation as a best practice, noting that these sessions promote collaboration and enhance the quality of care by focusing on communication among team members.

"These well-deserved awards speak to the level of staff engagement and high-quality care provided throughout Medical Intermediate Care."

— Maddy Pearson, DNP, RN, NEA-BC,
Senior Vice President, Clinical Services,
and Chief Nursing Officer



Unwavering
Compassion
&
Unparalleled
Care



Preparing the Next Generation of Nurses

Aligned with our goal of educating the next generation of nurses, the Department of Nursing launched a program in collaboration with Regis College to enable nursing students to gain experience as patient care associates (PCAs) in oncology and medical/surgical units.

Regis students are selected to work full-time over the summer and for four shifts per month during the academic year on a per-diem basis to cover vacations and leaves of absence for Brigham PCAs.

“It has been a pleasure having these bright students as part of our Oncology service,” said Katie Spinello, DNP, RN, NE-BC, nurse director for the Hematology/Oncology Float Pool, Braunwald Tower 6A and the Shapiro Pavilion. “They bring their enthusiasm for learning and professional growth with them to the bedside. The staff nurses and patient care associates do a wonderful job of welcoming them and mentoring them as they grow their practice in the clinical setting.”

Kristen Holly, BSN, RN, of the Neurosciences ICU, came up with the idea for program, which was then launched by nursing leaders with Regis.



Lifelong Learning: Celebrating CNL Master's Program Graduates

Clinical nurse leaders are recognized throughout the U.S. for advancing patient outcomes through risk assessment and quality improvement initiatives, as well as interprofessional initiatives that promote exceptional patient care.

In 2017, the Brigham launched the Clinical Nurse Leaders graduate program in partnership with Regis College to support nurses who wish to develop these projects while practicing at the bedside. The first cohort of 13 nurses graduated in 2019, with seven more nurses graduating in 2020.

The program structure supports nurses who are balancing work, family and other responsibilities, with some classes offered on-site and a tuition discount and reimbursement options to eliminate some barriers nurses may face.

Perspectives from CNL Graduates

"I believe this program gave me not only a deeper understanding of how the Brigham operationalizes from day to day, but also the confidence to embrace my nurse leader role on my unit. Many of the topics we discussed crossed over with the Brigham Magnet journey, and that truly helped to emphasize the importance of evidence-based practice and quality improvement."

— Alexander Machajewski, MSN, RN, CNL,
of Braunwald Tower 14AB, Orthopaedics

"When I found out about the Regis program, I couldn't resist because it addressed almost all the obstacles that were preventing me from achieving my goal of getting my MSN. It will also give me an opportunity to be a leader and remain at the bedside, which is what I hoped to do."

— Oluwabusayo Akinade, MSN, RN, CNL,
of Braunwald Tower 16AB, Intermediate Medical Care



By the Numbers:

CNL Program with Regis College

- 20 graduates of CNL program in the first two cohorts
- 39 credits (12 courses)
- 400 clinical hours
- 100% of the first cohort completed CNL certification, and graduates from the second cohort are in the process of taking the exam

Academic Partnerships

By partnering with nearby Emmanuel College and Regis College, the Department of Nursing supports staff pursuing a Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN) or other advanced nursing degree.

"The CNL program showed me the academic steps required for evidence-based practice changes that improve our delivery of safe, high-quality care. I believe bedside nursing initiatives are the key to better and safer care."

— Laurie Demeule, MSN, RN, CNL, CVRN-BC,
Electrophysiology Lab (who has since become a professional development manager for Procedural Services)





From left, Heidi Taylor, Matthew Medina, Sara Francis and Nina Hanley.

“When I asked Heidi, Sara and Nina to help me enable a new mother receiving intensive care to meet and hold her babies for the first time, they leapt into action and made it happen, gathering equipment and MD orders and making sure we had everything we could need. Their willingness to coordinate the visit soothed a new dad struggling to keep it together for his family. I’ve been privileged to collaborate with our NICU team for several years, and I am always inspired by the teamwork that comes together at the drop of a hat.”

*— Matthew Medina, MSN, CNM, RNC-OB/EFM, nurse midwife
(formerly of the Center for Labor and Birth)
in a message of gratitude for Sara Francis, BSN, RN,
Nina Hanley, BSN, RN, and Heidi Taylor, BA/BS, RN,
of the Neonatal ICU*

ERAS Pathways: Accelerating Recovery and Improving Care

ERAS (Enhanced Recovery After Surgery) pathways are evidence-based guidelines designed to facilitate faster, safer and more comfortable recovery after surgery. They have been widely adopted by various specialties at the Brigham to improve patient care and fast-track postoperative recovery. Patients on these pathways have experienced fewer complications, such as surgical site infections, heart rhythm problems and blood clots.

“ERAS is a true collaborative approach across all disciplines, and nurses play an essential role,” said Casey McGrath, MSN, RN, senior director of Clinical Quality Improvement in the Department of Quality and Safety. “Nurses are at the table creating these pathways, as well as at the bedside ensuring that evidenced-based care is provided. They continuously advocate for their patients and empower them to actively participate in their care and improve their outcomes.”

Outcomes:

13 surgical ERAS pathways at the Brigham

More than 4,760 cases performed each year for patients on ERAS pathways

10 of 11 service lines decreased or maintained length-of-stay (LOS) for patients on these pathways between 2019 and 2020.

Initial Outcomes Included:

Decreased LOS in the ICU from 41 to 26 hours

Shorter intubation time of 3.6 hours, compared to 4.9 hours

Culture Change in Cardiac Surgery ICU

Many cardiac surgery patients at the Brigham are benefiting from an ERAS pathway that accelerates recovery, with participants up and walking within 24 hours of surgery compared to 48 hours previously.

“Seeing the success of patients when we implemented early mobility and ambulation, combined with the use of different pain management options, encouraged nurses to buy into the process early on,” said Andris Soble, BSN, RN, of the Cardiac Surgery Intensive Care Unit.

The pathway — which comprises pre-operative, intra-operative and post-operative interventions for patients undergoing certain surgeries — was developed with the input of the multidisciplinary team, including surgeons, anesthesiologists, perfusionists, nurses, rehabilitation therapists and others.

After witnessing the success of patients on the protocol, nurses took the program a step further for appropriate patients. “They began urging early ambulation for patients who aren’t on the ERAS protocol because they know it’s good for them,” said Tsuyoshi Kaneko, MD, cardiac surgeon. “It’s been a culture change within the ICU.”



Cardiac Surgery nurses won first prize with a poster reflecting the multidisciplinary team's success with the ERAS protocol during the 2019 annual meeting of the American Association of Thoracic Surgery.

Support for Patients Undergoing Radical Cystectomy

Patients undergoing radical cystectomy — the removal of the bladder — follow the ERAS protocol, which requires them to get out of bed and move around shortly after the procedure to reduce the risk of blood clots and regain gastrointestinal motility.

Wanting to better prepare patients for this life-changing surgery and recovery, a multidisciplinary team developed a comprehensive 1.5-hour pre-operative course for patients.

"The course covers lifestyle changes patients can make to improve their health prior to surgery and recovery, as well as what to expect throughout the process," said Emilie Schlitt, BSN, RN, PCCN, CWOCN, of Wound, Ostomy and Continence Nursing, who worked on Braunwald Tower 10A (formerly 12A) when the course was developed. "It's especially helpful to have education before the surgery so they know what to expect going home and don't feel overwhelmed on the day of discharge with all the information they need to retain."

Schlitt and colleagues Juliet Starr, RN, and Anne Fitzgerald, BSN, RN, attended the ERAS Conference in New Orleans in November 2019 to present a poster on the course and the positive outcomes the protocol has yielded so far.

Note: In 2020, the team shifted to a virtual education session to continue offering this course during the pandemic.

Outcomes:

Preliminary data showed that of the patients who took the class and completed an evaluation:

85 percent felt most prepared going home (based on a scale of 1 to 5)

85 percent correctly cited dehydration as the most common cause of readmission after surgery

100 percent reported a decrease in anxiety upon going home after surgery

100 percent would recommend the pre-op course

In addition:

Those who took the class experienced a lower readmission rate of 19 percent compared to 38 percent for those who did not take the class.

The average length of stay for those who completed the class was 6.8 days compared to 8.5 days for other patients.



Extending Breastfeeding Support to Outpatients

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“Can you come home with me?”

This is among the many questions that Brigham lactation consultants field when caring for patients in the Connors Center for Women and Newborns. Although asked half-jokingly, the question represented something bigger for the lactation consultant team: an unmet need.

Patients who deliver at the Brigham can meet with nurse lactation consultants during their stay to discuss how to fulfill their infant’s nutritional needs, whether that means breastfeeding, formula feeding, donor milk use or a combination of these sources. In October 2019, Sue Bryant, MSN, RN, IBCLC, and her colleagues launched an outpatient clinic to continue providing timely, expert lactation support after discharge.

“This clinic gives patients who choose to breastfeed a new option for continuity of care,” said Bryant. Prior to opening the clinic, lactation specialists would connect patients with providers outside of the hospital for lactation support after discharge.

“When you’re a new parent, the additional burden of seeking a new provider in those early postpartum days can be overwhelming, and many families quickly abandon their breastfeeding goals,” said Jennifer Riley, MSN, RN, IBCLC, of Lactation Support Services. “The ability to give them our phone number or schedule an appointment is an incredible reassurance. This has been echoed by the comments we receive in our follow-up surveys.”

During the 60- to 90-minute appointments, lactation consultants observe the infant breastfeeding and identify and address any potential issues as they occur. Babies are weighed and assessed during each visit to monitor their progress.

Patients can book an appointment for as soon as a few days after discharge. “Strong evidence shows that the most critical time to provide follow-up breastfeeding support is the first week after discharge,” Bryant said. “In many cases, the mom’s confidence level is still developing, yet the baby’s needs are very high, so you have very vulnerable mothers and babies at that point.”

When telehealth platforms were encouraged in spring 2020 due to the pandemic, the Center for Breastfeeding quickly transitioned to virtual visits while continuing to accommodate necessary in-person consults. By the end of the year, half of all appointments were conducted virtually.

“Families have been incredibly grateful for this option and feel supported by our lactation services, while remaining safe and comfortable at home,” Bryant said.

Since opening in October 2019, the clinic has provided more than 700 lactation consults and anticipates continued growth.

Patient Testimonial: Physical and Emotional Support at Outpatient Lactation Clinic

“Each visit began with an update from the last visit and ended with supportive feedback, such as ‘You are doing a great job.’

Often, there were visits when the baby needed a diaper change, and the specialist would do the changing, using her own well-stocked cabinet of baby supplies, which gave me a short rest and a chance to catch my breath. These encouraging words and supportive listening meant a great deal to me while I was in a very fragile state — minimal rest with a newborn, only two weeks post-partum on frigid winter days. It was a metaphorical hug I did not even know that I needed.

Starting from when my son was about two weeks old, I met with the specialist weekly for about three months. Without this consistency and the relationship that developed with the specialist, I am not sure I would have been able to meet my breastfeeding goals. At each visit, I had the opportunity to talk about the past week’s feeding and sleeping patterns and ask questions. The specialist weighed the baby at the beginning of the appointment, as well as after the first feed and the second feed, so I knew exactly how much he had transferred in that feed.

The specialist celebrated with me during those early days, as my son’s ability to transfer became stronger and the quantity transferred increased.”

— *Brigham patient Carolyn Ferguson
on her experience at the outpatient lactation
support clinic*





2020: Caring for Our Patients and Each Other Amid a Global Pandemic

NaTasha Washington, RN, center, with Jessie Brain, BSN, RN, left, and Erica Gaudet, BSN, RN, right.

“This experience with COVID-19 has shown me that we are so much stronger together than we can ever be apart. I don’t have to be that strong by myself because I have so much support from my team and the people I work with. With them, I feel invincible. We will get through this. We will go on. We will be that much stronger.”

— NaTasha Washington, RN,
Medical Intensive Care Unit





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In Response to Pandemic: “We’re Stronger Together”

Responding to the COVID-19 pandemic required the contributions of every role and department in the hospital to maintain a safe environment, care for COVID and non-COVID patients alike and support each other through an immensely challenging time.

At the start of the pandemic, Brigham facilities were transformed. Staff relocated to special pathogens units and developed innovative ways to minimize their time in rooms of COVID-positive patients. Ambulatory and non-urgent procedures were deferred, and virtual visits for outpatients skyrocketed. Some components of orientation for new nurses were also offered virtually, and the number of orientations dramatically increased to support the need for more staff.

As knowledge of the virus evolved, we implemented new protocols and practices to maintain a safe environment. We used technology to help care teams communicate with patients from outside of the rooms when possible, to connect with each other and to offer video sessions between patients and loved ones amid visitor restrictions.

Nurses worked closely with interprofessional colleagues, including physicians, residents, physician assistants, respiratory therapists and others in Infection Control, Medicine, Patient Care Services, Social Work, Environmental Services, Engineering, Biomedical Engineering, IS, Occupational Health, Admitting, Patient/Family Relations, Pharmacy, and many other teams to maintain a safe environment and care for patients. The Department of Nursing is immensely grateful for the collaboration of our colleagues throughout the hospital and across the Mass General Brigham system.

As 2020 drew to a close, a light shone at the end of the tunnel despite the second surge of COVID cases: our first shipments of COVID-19 vaccines.

The pandemic changed virtually every aspect of our lives and our work, yet the compassionate, expert care delivered by Brigham nurses in collaboration with colleagues throughout the hospital never wavered.

2020 Key Events and Milestones

The following captures some of the important dates and key events in the Brigham's response to the COVID-19 pandemic.

January 22

Brigham clinicians are advised of a novel coronavirus outbreak in Wuhan, China, and receive recommendations for screening, isolation and care of suspected cases.

January 29

Incident Command and an Emergency Operations Plan are activated.

February 6

Brigham leaders host an open forum to update staff on the organization's response efforts.

March 1

The first COVID-19 case is reported in Massachusetts.



March 6

The Emergency Department assists the state Department of Public Health in testing 60 people who attended a Biogen conference in Boston the prior week.

March 8

Mass General Brigham establishes a COVID-19 Call Center, staffed by nurses, to provide guidance to clinicians, patients and the public.



March 10

Massachusetts declares a State of Emergency.



March 11

The World Health Organization declares COVID-19 a pandemic.



March 13

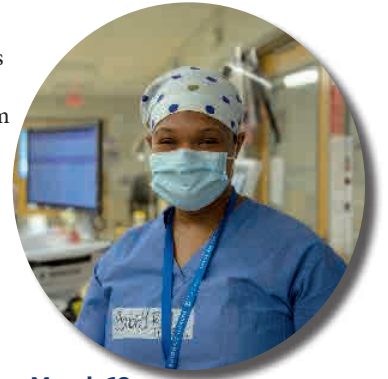
About 3,700 staff begin working remotely. Elective procedures and in-person outpatient visits are deferred. Connors Center 7 is converted to a Special Pathogens Unit, with immense support from the Float Pool staff to care for these patients.

March 14

The MICU is the first unit to care for COVID patients at the Brigham and sets the practice guidelines for care of these patients. The new visitor policy limits most patients to one healthy, adult visitor per day.

March 16

The first group of nurses from Perioperative and Procedural areas temporarily relocate to the Special Pathogens units and ICUs. A care team in the Center for Labor and Birth delivers the first baby born to a COVID PUI mother at the Brigham. Separate entrances are established for employees and patients/visitors. The ED tent opens for testing and patient assessment. All business travel is prohibited indefinitely.



March 18

A drive-thru testing site opens at 850 Boylston St. Teams begin converting Shapiro 6-10 into specialized units for COVID-19 patients.

March 19

Valet services are suspended. A new policy prohibits most visitors.

March 25

All staff are required to wear a surgical or procedural mask.



March 28

A mandatory wellness attestation process begins for all staff.

April 12

Proning teams comprised of physical and occupational therapists begin providing 24/7 coverage.

April 16

The screening and education site opens in Hyde Park.

April 22

The Brigham's COVID-19 census peaks at 171 inpatients, half of whom are cared for in ICUs.



April 23

The first Operation Hope discharge is activated for ED nurse Deb Buonopane, BSN, RN, following her recovery from COVID-19.

April 24

Testing is extended to all asymptomatic inpatients upon admission.

April 29

As admissions plateau, the Brigham enters a new phase, Recovery & Reimagining, to plan for the "new normal" while continuing to care for COVID-19 patients.

May 14

Incident Command is deactivated.



June 17-18

Brookside Community Health Center and Southern Jamaica Plain Community Health Center participate in a state-wide testing drive for asymptomatic people who attended large gatherings.

July 14

A study led by Brigham investigators and published in JAMA finds that the rate of COVID-19 infection among health care workers dropped significantly after universal masking was implemented at Mass General Brigham.

July 21

The Brigham experiences its lowest COVID census since the spring surge, with 4 COVID patients.



July 27

The first group of nurse volunteers travels to Shiprock, N.M., to care for patients and support staff at Northern Navajo Medical Center.

September 22

Occupational Health nurses join Infection Control and multidisciplinary colleagues in responding to a cluster of COVID cases on two units.

September 25

COVID-19 testing is made available to all asymptomatic staff on the main campus.

October 16

Leaders declare that the cluster is officially contained.



December 10

Incident Command is activated to manage vaccine distribution and respond to the second surge.

December 11

The U.S. Food and Drug Administration (FDA) issues emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.

December 15

Mass General Brigham receives its first shipment of COVID-19 vaccine, with 2,270 doses delivered to the Brigham.

December 16

The first group of Brigham employees receives the vaccine.

December 17

The Brigham employee vaccine clinic officially opens.



December 18

The FDA issues EUA for Moderna's COVID-19 vaccine. Visitors are restricted as COVID cases rise in the community.

Call Center Nurses Offer Expertise, Triage and a Lifeline



Call Center

By the Numbers

1,500 calls per day answered by nurses during the spring surge

77,081 Number of tests scheduled for callers between March 8, 2020, and January 11, 2021

10,440 Number of outreach calls to educate at-risk populations about COVID-19 and provide information about available resources and assistance

234,679 Total calls received between March 8, 2020, and January 11, 2021

For patients and loved ones who are sick, isolated or afraid, the Mass General Brigham COVID-19 Call Center is more than a hotline. It's a lifeline. That's because the hundreds of calls the center receives each day are answered by nurses who are skilled in gathering information and able to build trusting relationships with patients, even over the phone.

Nurses throughout the system staff the call center, including many Brigham nurses from ambulatory practices and other specialties, to provide information, resources and guidance about COVID-19 to patients, the public and clinicians.

"The nurses who relocated to the call center were immensely dedicated," said Danika Medina, MBA, RN, FACHE, NEA-BC, associate chief, Ambulatory Services, Procedural Areas and (interim) Center for Nursing Excellence. "Every call required the nurse to think of their role as a public health steward. Every call is an opportunity to provide education and guidance in the setting of a global pandemic, and we looked at every call as a way to protect and inform our community."

Michele McCullough, BSN, RN-BC, a nurse in the Brigham Plastic Surgery Clinic, says that nurses talk with callers to understand their symptoms and risks, connect them to the right resources (such as testing or a virtual visit with a physician) and help remove any barriers that would prevent them from accessing care.



For example, some callers do not have internet access, so they can't participate in a virtual visit with a physician. Other callers had no means of transportation to receive a test. "We work with them to navigate all kinds of issues to get them what they need," she says.

"The positivity that I have experienced at the hotline has given me hope during this difficult time," said Christine Lutfy, BSN, RN, of Cardiac Rehabilitation at Brigham and Women's/Mass General Health Care Center in Foxboro. "I am thankful for this experience and especially being able to do my part during this health crisis."

Nancy Joseph, MSN, RN, of the Primary Care Float Pool, sums up her experience at the Call Center as follows:

"For me, the Call Center has confirmed the true role of the nurse in health care. We are indeed the glue when it comes to advocating for care for our patients, whether someone is clinically acute at this moment or may need care in the next day or month. I can assess if someone needs respiratory support right now or help someone who is facing homelessness determine what resources they may need."

Ambulatory Team Assists with Early COVID-19 Cases

In February 2020, a corporate conference held in Boston by global technology company Biogen led to an outbreak of COVID-19 cases.

With many individuals receiving testing at the Brigham, the Brigham COVID Results Ambulatory Team was quickly formed to relay test results and answer patients' questions, connecting them to care and necessary resources.

"I was inspired by this team's commitment to ensuring every patient got a call and understood their test results and the time they need to continue to self-isolate to keep their household and community safe," said Pam Cormier, MSN, RN, AHN-BC, professional development manager for Primary Care.

The COVID Results Ambulatory Team began with Cormier and fellow Primary Care Professional Development Manager Elizabeth Donahue, MSN, NP-C, calling individual patients. This effort rapidly expanded into a robust outreach and testing initiative, with teams staffed by nurse practitioners, registered nurses and physician assistants from Primary Care and other specialties. The team was later transitioned to the Mass General Brigham COVID-19 Call Center.

By the Numbers

The team contacted more than **6,000** patients—up to **400** per day—who received testing at the Brigham's drive-thru locations over the course of **5** weeks.

From Contract Tracing to Call Centers, OHS Pivots for Pandemic Response



By the Numbers

14,970	Employee flu vaccinations (via lobby and peer-to-peer programs):
14,409	Employee COVID vaccinations first doses
3,558	second doses (as of January 22, 2021)
113,713	Hotline calls answered (system-wide)

The work of Occupational Health Services (OHS) in caring for employees often occurs behind the scenes — providing screening for new employees, organizing peer-to-peer vaccination programs and supporting employees with workplace injuries.

The pandemic changed that, with OHS playing a central role in contract tracing, establishing return-to-work guidance and staffing a hotline to answer thousands of questions as knowledge of the virus evolved.

"I'm proud of this team's willingness to pull together to support employees throughout the hospital during an uncertain and challenging time," said Diane Griesbach, CNP, of OHS. "We have been able to provide important information and guidance about COVID to employees, while also maintaining our regular services."

With support from staff who were reassigned from other areas, the OHS team worked closely with Infectious Diseases and Infection Control experts to ensure practices and processes were up to date.

"As the science evolved, we adapted our practices," said Griesbach. "So many things changed, and that was often frustrating, but we were able to put processes in place to keep employees safe as we learned more, such as with eye protection and updating return-to-work requirements."

Because of the need for more clinical staff during the first surge, the OHS team worked to prioritize screenings and immunizations for newly hired staff. "Hiring more staff was critical to the Brigham's COVID response," Griesbach said. "We also maintained our other usual functions, such as assisting staff who were injured at work and planning and running the employee flu vaccination clinic in the fall."

Sarah Kirchofer, MSN, RN, NP-C, NE-BC, interim director of OHS, reflected on the team's unwavering dedication to supporting Brigham employees throughout the year. "It's amazing that the team accomplished so many milestones in our COVID response while maintaining nearly normal pre-COVID operations to serve the needs of our colleagues," she said. "This includes nearly 15,000 non-COVID visits between February and December at BWH alone."



‘Everything Changed:’ Reflections from the Emergency Department

Jillian Baker, BSN, RN, recaps her experience on the front lines of care in the Emergency Department during the first surge.

“For most patients sick with COVID-19, the Emergency Department was their point of entry into the hospital. It was the first place they were told their family could not be with them during their hospital stay. It was the first time they saw their providers in PPE and the first time they were really isolated.

Often, the patients’ fear and anxiety were palpable, and it was important for us as nurses to help ease those fears and anxieties while dealing with our own. Even though our normal ED volume was down, work was so much more stressful. Every patient had potential COVID risk.

We altered and adjusted almost all our processes. Everything changed. Where and how we kept supplies, the amount of staff allowed in a room for critical procedures and events, and even the way we transported patients to the floors. We tried to have the least amount of staff members enter the patients’ rooms. All nursing care was in person. Things we would normally delegate were all done by nursing.

I think most people become nurses because they like to help people, and this was a time when our patients were

at their most vulnerable and needed a lot of help. Although it was scary preparing for and caring for patients during a pandemic, I am glad I had the opportunity to do so. And I am glad to have been surrounded by people who felt the same way.

What I will remember most about this time is the amazing team I worked with. Everyone worked together, supported each other and ensured we could provide the most comprehensive, up-to-date medical care for our patients. I will remember the community of Boston and the surrounding cities and towns that supported us. I will remember the amazing scientific community of Boston that created 3D-printed face shields to help protect us when our PPE supply was low. I will remember a robotic dog that helped interview patients virtually and a booth that we stood in to perform the COVID tests, both of which helped protect us from possible exposure.

I will remember the patients who were so appreciative of our care. I will remember the fear and the anxiety that accompanied every shift. But most of all, I will remember a time when we all worked together to fight a disease we knew very little about.

I will remember that when it got really hard, our ED team showed how strong we really are.”

Community Health Centers Team Up to Support Patients Amid Pandemic



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Patients of Brookside Community Health Center and Southern Jamaica Plain Health Center (SJPHC) have long counted on the centers for more than medical care.

“We provide so many services besides medicine, including nutrition, dentistry, labs, financial services and community resources,” said Meg Cole, MBA, BSN, RN, nursing director of Brookside, whose patients include underserved residents of Jamaica Plain and other communities in Boston. “Patients are at home at the health centers.”

So when the pandemic hit Massachusetts, the centers got creative about how to make sure their patients received the care and resources they needed for their physical and emotional well-being.

“In March, when people were isolated, we would call patients to let them know we cared about them,” said Cole. “We screened for depression and connected people with referrals for behavioral or acute socioeconomic needs. We had many patients who were anxious not only about COVID, but also its impact, such as losing their jobs or struggling to put food on the table. Our nurses listened, offered guidance and connected patients with resources.”

At SJPHC, staff phoned more than 1,600 patients for wellness checks.

“Patients were so grateful to have someone check in and see how they were doing,” said Maureen Balaguera, MSN, RN, CDCES, CNL, ambulatory flow manager. “The greatest needs we identified were around housing and food security. We were able to offer food delivery and provide housing assistance for those who needed it.”

Both centers facilitated the delivery of medications and other items, such as blood pressure cuffs, to patients’ homes. Nurses conducted appointments virtually or over the phone for patients managing hypertension and other diseases.

The centers also ensured that patients had access to vaccines, hosting an outdoor flu shot clinic and vaccine “catch-up” clinics under a tent for pediatric patients who missed annual primary care appointments due to the pandemic. Nurses and medical assistants recorded patients’ height and weight, conducted vision screenings and completed questionnaires that would be used during patients’ virtual appointments.

The adult flu shot clinic included blood pressure and vital signs screening for hypertensive patients. “We reached out to all of our patients with hypertension who were due for a flu shot by partnering with the Brigham’s population health management team,” said Cole. “We took patients’ blood pressures before giving their flu shots, counseled them and consulted their provider if needed.”

SJPHC transitioned in-person diabetes and mental health support groups, as well as Zumba classes, to virtual sessions so patients could participate from home.

“To support patients with technology, both health centers are working closely with the Center for Community Health and Health Equity on a pilot program that provides patients in need with devices, internet access and training — in English and Spanish — so that they can access health care appointments and other resources,” said Balaguera.



COVID-19 Testing and Resources

Brookside and SJPHC collaborated to open an outdoor, walk-up testing site at Brookside for anyone who wanted to be tested for COVID-19.

At the site, staff, in collaboration with BWH ED navigators, community health workers and other team members, also screened community members for housing and food insecurity, intimate partner violence and other social determinants of health. Staff offered voter registration and provided community members with fresh produce, donated meals, gift cards, diapers and other essentials.

“Staff worked through sweltering days, rainy and windy days and very cold days. They worked through some very tough weeks when there was political unrest, incidents of police brutality and racism and a lot of uncertainty,” said Christin Price, MD, program director of Medicaid ACO, who is now the site lead at the Strand Theatre testing site. “Yet they did it with compassion, patience, dedication to patients and smiles on their faces. They served thousands of patients and community members and touched people’s lives.”

When the outdoor testing site closed in the winter, nurses at the centers also collaborated with other members of the team to help open another testing site at the Strand Theatre in Dorchester.

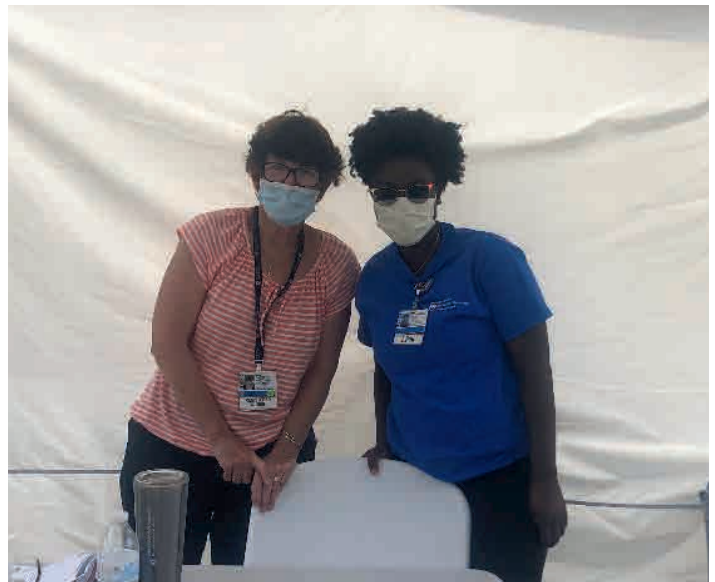
Nadia Raymond, MSN, MHA, RN, nursing director at SJPHC, praised the tremendous collaboration between the centers. “As devastating as COVID has been to our population, it has helped us to look at each other in new ways and work together as never before,” she said. “We pulled together as a community to get through it.”



By the Numbers

Highlights from the testing site team between mid-May and the middle of November:

16,693	COVID-19 tests administered
14,504	care kits with masks, hand sanitizer and other items distributed
9,802	screenings for social determinants of health completed
8,166	bags of food distributed
397	residents were registered to vote



“Working at the Brookside COVID-19 testing site was a source of light and joy for me. It is amazing what can be accomplished in a parking lot! Within a matter of days of finding out that we would be opening, we had a fully functional site that offered COVID-19 testing, screening for social determinants of health and food distribution. It was very meaningful to collaborate with others to provide an important resource to the community. This site also brought together people who I wouldn’t otherwise have the privilege of working with — team members from other practices and incredible teams from the lab and COVID-19 hotline. While the work at times was difficult, it was incredibly fulfilling. I will carry these moments with me when I think back to this challenging time.”

— Victoria Hill, MSN, NP, Brookside



Leading the Way in Racial Justice

Brookside and SJPHC are at the forefront of efforts to promote racial justice and health equity.

Both centers held weekly silent vigils with participation from staff, their families and members of the community in 2020. For eight minutes and 46 seconds, participants would kneel, stand or raise their right fist, and hold signs for Black Lives Matter and other social justice messages.

The centers are also involved in the Primary Care Racial Justice Committee at the Brigham. “We’re figuring out how to attack systemic racism in primary care from the avenues of recruitment and retention, politics, culture and education,” said Meg Cole, MBA, BSN, RN, nursing director at Brookside.

Through the Health Promotion Center at SJPHC, staff throughout the Brigham and community members can participate in health equity/racial justice trainings to better understand the social determinants of health, health inequity and how systemic racism leads to inequitable health outcomes.

“We are committed to addressing social determinants of health,” said Maureen Balaguera, MSN, RN, CDCES, CNL, ambulatory flow manager at SJPHC. “Unfortunately, COVID has made things so much worse for many members of our community.”



Connecting Patients and Loved Ones, Virtually and Creatively, in Oncology



With restrictions on visitors amid the first surge, nurses worked tirelessly to find ways to help patients connect with their families, whether through video calls or other creative means.

"Prior to COVID, oncology patients were almost always surrounded by their families, friends and loved ones," said Daria Mlynarski, BSN, RN, OCN, of Braunwald Tower 4C Hematology/Oncology/Bone Marrow Transplant. "With the visitor policy changes, we were not only nurses to our courageous patients but also their support people, family and a shoulder to cry on as they faced the hardest days of their treatment and recovery alone, scared and isolated."

Nurses on 4C organized FaceTime chats, conference calls and bone marrow transplant educational sessions with patients' families via video calls. They celebrated their patients' discharges, remissions and chemotherapy completions. Mostly, they spent time sitting with patients, talking and listening, Mlynarski said.

On Braunwald Tower 7C Oncology, Brittany Davis, BSN, RN, Katie Larmouth, BSN, RN, OCN, and Debbie Capodilupo, RN, lifted the spirits of a patient and family. The patient's family had planned to park on the top level of the parking garage across the street so the patient could look out the window and see them. "We wanted to make the patient's room more visible so it would be easier for the family to find the right window," said Larmouth.

The nurses made a sign with the words "love you, miss you" for the window. "When the family arrived, it was a caravan of cars and people with large signs and words of encouragement," said Larmouth. "It was such a beautiful moment, and one that I will never forget."

To support patients who didn't have access to personal devices, a device loaner program enabled any hospitalized patient to borrow mobile devices and laptops with apps such as Zoom and FaceTime.

Strong Bonds: Supporting Mothers and Newborns During the Pandemic



Interprofessional teams did not waver in their commitment to providing the highest-quality care to mothers and the more than 5,000 babies born at the Brigham since the pandemic began.

Nurses reflect on how the experience of giving birth was different for patients, as well as the support and advocacy they needed and the essential collaboration among staff, during this challenging time.

“Babies and families need extra love from us right now, and we have all come together to make sure that our new moms and dads feel that love, whether they are holding their tiny miracle in their arms on the unit or at home, away from the single thing they love most in this world — in which case we, as nurses, provide the snuggles as often as we can.”

— *Ali Colarusso, BSN, RN, Neonatal Intensive Care Unit*

“The bonds we made with our patients were even stronger than usual. Antepartum patients can have extended stays from days to weeks to months at a time. For the most part, because of the no-visitor policy, these moms felt more alone than ever. We were their family and their friends. We were their go-to people. Patients on antepartum are usually very anxious because their pregnancy didn’t go as planned. So, when COVID happened, these feelings of anxiety escalated as these moms were going through this alone.”

— *Amy Meehan, RN, Antenatal*

“This experience has been a true test of our mental ability to stay strong and positive with so many unknowns. Our patients needed us to be present and to provide support and care during one of the most remarkable events in their lives. The most memorable part of this past year is the amount of resiliency our staff have portrayed. We have been there to encourage each other to keep our heads up, stay positive and remind ourselves why we are Labor and Delivery nurses: to be our patients’ guides, advocates and cheerleaders throughout the birthing process.”

— *Bridget Mirarchi, BSN, RN, Center for Labor and Birth*

“We were not only focusing on the physical health of our new moms, but also the mental health and emotional support our patients needed. We helped facilitate the discharge of our patients as early as possible while still continuing our teaching of newborn and postpartum care. The unknown, the fear of what was happening all around us brought our unit closer together. Our nurses working together — supporting each other and our patients — is something I will always remember.”

— *Maureen Kent, RN, Mother and Baby Unit*

New Units, New Teams: Opening Special Pathogens Units for COVID-19 Patients

One of the largest-scale physical transformations the hospital underwent was a multidisciplinary effort to convert Shapiro 6–10, Braunwald Tower 3BC and 16CD, and Connors Center 7 into Special Pathogens Units (SPUs) and Intensive Care Units (ICUs) dedicated to the care of COVID-19 patients.

Nursing collaborated closely with Infection Control, Biomedical Engineering, Central Transport and Equipment Services, Engineering and many others to ensure units had the appropriate clinical equipment.

But the physical transformation was just the start. A comprehensive effort brought together interprofessional care teams comprising nurses from many different units and divisions to care for patients.

“As a Cardiac Cath Lab procedural nurse with current ICU experience, it was a privilege and pleasure to be deployed to the SP-ICU for COVID critical care,” said Matthew Costello, BSN, RN, of the Cardiac Catheterization Lab.

Exceptional Staff

In the ICUs, staff were caring for a high volume of critically ill patients in collaboration with a multidisciplinary team.

“We were seeing sicker patients than we’ve ever had,” said Natasha Cacciatore, BSN, RN, of the Burn, Trauma and Surgical ICU.

That, coupled with the anxiety about becoming infected with the virus and spreading it to loved ones, made the first surge one of the most difficult experiences many nurses have ever faced.

“It was scary during the first surge because we didn’t know a lot about the virus and how it was transmitted,” said Susan Gabriel, MSN, RN, CCRN, of the Cardiac Surgery ICU, noting that the second, year-end surge felt different because “we knew the PPE worked.”

With most non-urgent procedures and surgeries on hold, nurses from perioperative and procedural areas joined colleagues in the SPUs and ICUs to care for COVID-19 patients and serve as ICU extenders.

“Staff connections and collaboration came in different forms on any given shift,” recalled Heather Ankiewicz, RN, of the PACU. “One day as an extender, I worked alongside an amazing nurse who was caring for an extremely sick patient. It didn’t take long for me to realize I may not have been there solely to help him with patient care, but also to support him personally, whether that was through conversation or silence. It was so impactful for both of us. I remember him saying that was what he needed that day. And I needed it just as much.”

Varina Bednarz, BSN, RN, of the PACU, said that staying connected through email and text with other PACU nurses who relocated gave her the support she needed. “We understood how each other felt and why we struggled,” she said. “This experience was scary, but it was also empowering to learn that I could show up in a way that I never thought I could. I was bolstered and supported by colleagues, friends and family.”





Gregory Kelly, BSN, RN, relocated from the Electrophysiology Lab to care for ICU patients. "The ICUs are not my area, but there was a need," he said. "I was happy to see many familiar faces from my years of working at the Brigham. I knew I would be challenged, but I was simply going to be part of the care at that time. There isn't anywhere else I would rather be during the initial surge."

Sherry Walsh, BSN, RN, of the Operating Room, relocated during the first and second surge.

"Working together with nurses from all different areas for the benefit of our patients was a humbling experience," she said. "I am happy I had valuable ICU skills to help, and I'm proud to work with so many talented ICU nurses at the Brigham, as well as our interprofessional colleagues."



Excellent Collaboration

Collaboration with interprofessional colleagues was essential throughout the pandemic. With many patients on ventilators, it was difficult for unit staff to keep up with proning. Rehabilitation Services established teams to support nurses and respiratory therapists on a 24/7 basis during the first surge.

"The implementation of the Prone Teams was one of the biggest COVID ICU workflow improvements," said Isabelle Shaw, MSN, RN, of the Thoracic ICU. "Prior to their existence, it was very difficult to coordinate proning, as it required four nurses to assist."

Costello praised the many colleagues who made his transition to the ICU setting a smooth one. "Seeing the familiar faces of our beloved anesthesiologists on the unit, our respiratory therapists whom I've worked alongside with for four years and to whom we are forever grateful, and physicians, including the pulmonary and MICU intensivists, made it easy to jump right back into the critical care treatment team and start working ARDS protocols," he said.

Innovative Leadership and Solutions

With many unprecedented challenges, nursing directors and clinical nurses in the SPUs and ICUs worked closely together and in collaboration with other teams to provide the best care and maintain a safe environment.

"I was fortunate to lead and support an incredible group of nurses," said Margaret Higgins, MSN, RN, clinical executive director of Care Continuum Management, who served as nursing director for two of the ICUs. "We worked together to problem-solve and come up with innovative solutions for a range of needs."

That included coordinating with Nursing Informatics to provide hands-free communication devices to all critical care units and secure virtual intercom systems to minimize nurses' entry into patient rooms.

"Despite managing multiple ICUs in the height of the pandemic, Margaret would speak with every single staff member and listen to concerns," said Shaw. "She could be reached day or night and was always quick to respond to issues. During an uncertain time, it was very reassuring to have such a visible, effective and supportive leader."

Extraordinary Compassionate and Care

During the first surge, Roberta Viens, RN, of the ICU Float Pool, often served in the STAT nurse role, responding to codes and rapid response requests with her colleagues. STAT nurses rounded to identify patients with potential respiratory compromise.

"When I meet these patients, they are struggling," said Viens. "Making eye contact with my patients has become more important than ever when the rest of my face is covered and unrecognizable. Holding my patient's hand and communicating my commitment to help them is how I start every conversation: 'I am here. I will stay with you. You are not alone.'"

Through all the challenges, staff remained steadfast in their commitment to delivering the best care to every patient.

"If I have faith in anything, it is in the confidence that you will get the best medical care right here at the Brigham," said Kelly.



“Making eye contact with my patients has become more important than ever when the rest of my face is covered and unrecognizable. Holding my patient’s hand and communicating my commitment to help them is how I start every conversation: ‘I am here. I will stay with you. You are not alone.’”

— Roberta Viens, RN

Building Connections in a Time of Separation



When the pandemic required some Care Continuum Management staff to transition to remote work, care coordination nurses quickly found ways to establish relationships with patients and families and stay connected with bedside clinicians while working from home.

"It was daunting at first. How do you get your list of patients? How do you talk to your team? How do you do rounds?" recalled Jada Devlin, BSN, RN, an Emergency Department (ED) care facilitator. "We had to learn how to navigate all of that."

Care coordination nurses worked tirelessly to build rapport with patients and families over the phone — establishing therapeutic relationships, engaging them in discharge planning and being a source of comfort during a time of profound uncertainty.

"I've always been a compassionate person, but I think I've become even more compassionate and empathetic from this experience," said Denise MacPherson, RN,

float case manager. "While patients have great support from the unit staff and bedside nurses, who are amazing, it's hard for them not to have visitors. I try to spend more time with my patients now, and it's a little easier to do over the phone because we're not rushing around to several different floors."

Building these trusting relationships became especially important when supporting patients who were being discharged to another facility, such as a rehabilitation center or the Boston Hope field hospital.

"A lot of patients and families were panicked about being discharged because the patient still had COVID but couldn't isolate at home and didn't want to risk infecting others," Devlin said. "They were so relieved when we said we could send them to Boston Hope — where there were doctors, nurses, FaceTime, whatever they needed. It felt really nice to give people a little peace of mind and let them know their loved one would still be cared for while keeping the rest of the family safe from potential exposure."

Resiliency Podcast Provides Inspiration, Resources for Recovery and Self-Care

After the first surge, units and practice areas held debriefing and “campfire” sessions to provide opportunities for staff to discuss the difficult experiences they had endured and begin to heal.

As part of this effort, work began on a resiliency-focused podcast that would launch in 2021, following the second surge.

“We thought a podcast would be powerful because nurses can access it anytime, regardless of their work schedules,” said Danika Medina, MBA, RN, FACHE, NEA-BC, associate chief nurse for Ambulatory Services, Procedural Areas and (interim) Center for Nursing Excellence. “The topics we covered are relevant to nurses everywhere — at the Brigham, across the Mass General Brigham system and beyond. Throughout the pandemic, nurses everywhere have experienced stress, grief, fear and uncertainty like never before.”

The eight-episode podcast series, hosted by Maddy Pearson, DNP, RN, NEA-BC, chief nursing officer and senior vice president of Clinical Services, features conversations with clinical nurses and interprofessional colleagues who share their expertise and experiences. Topics include trauma-informed self-care, sleep health, moral distress and cultivating joy and a sense of belonging, among others.

Christine Murphy, MS, PMHCNS-BC, CARN-AP, program director of the Brigham’s Psychiatric Nursing Resource Service, was involved in the Department of Nursing’s resiliency efforts along with her colleagues. She participated in a podcast episode about how the “health care superhero” label can negatively affect nurses’ well-being.

“The hero construct places an expectation of heroism on nurses, with little acknowledgment of our limitations and experiences as humans,” she explained. “The pandemic has had a significant impact on nurses, and the hero label can be detrimental when nurses assume a hero role and are so focused on taking care of others that they aren’t taking care of their own needs.”

The Department of Nursing thanks Mark and Julie Jones for their generous philanthropic support of this effort.



In that episode, Murphy was joined by Susan Gabriel, MSN, RN, CCRN, of the Cardiac Surgery ICU, who shared her perspective on caring for critically ill COVID-19 patients during the first surge. The two also provided listeners with tips for self-care practices, urging nurses to carve out time to care for themselves.

“More than ever, we as nurses need to put the oxygen mask on ourselves first so that we can continue to do what we love, which is practicing nursing,” Murphy said.



Extending Support to Navajo Nation

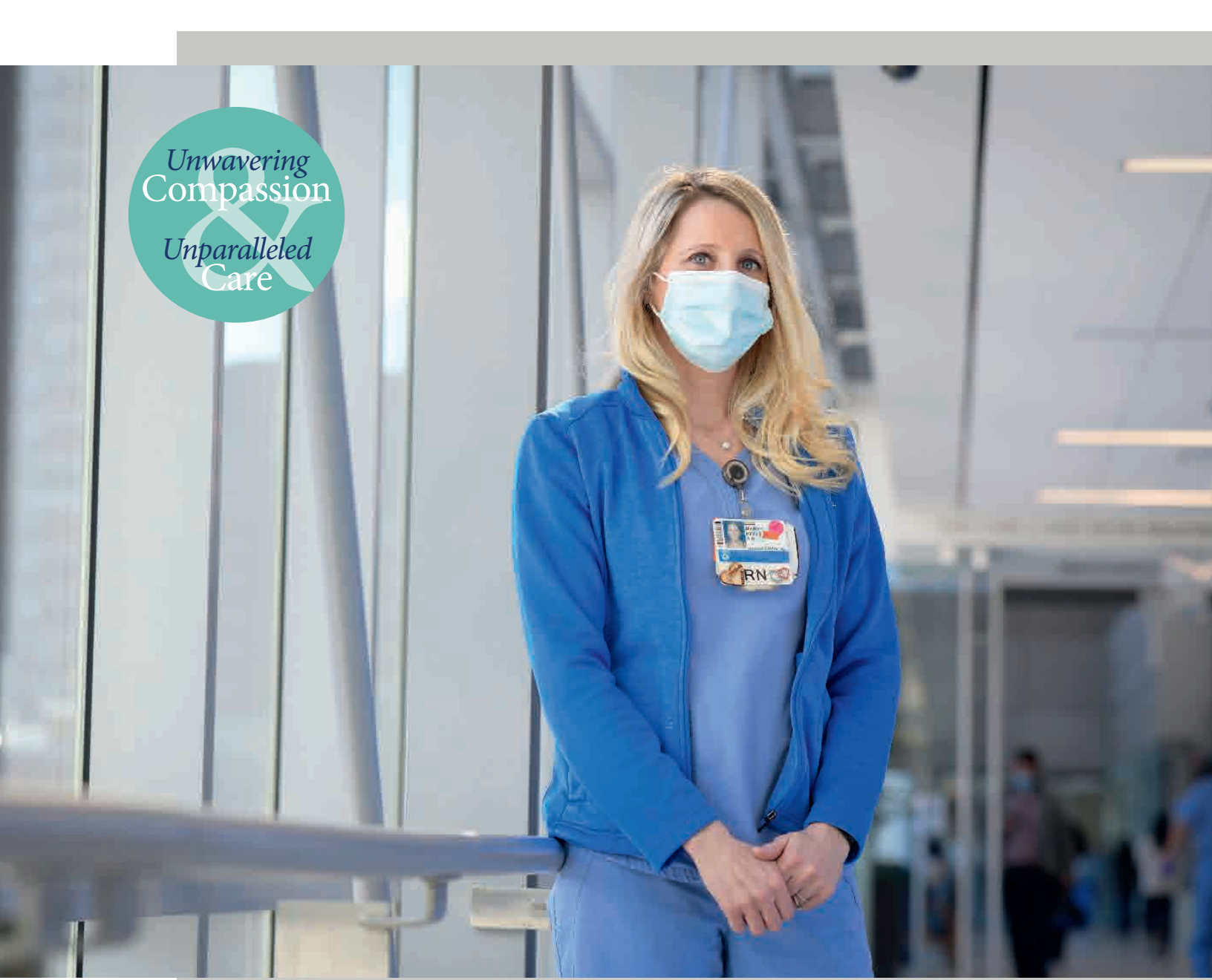
Given the high COVID-19 infection and death rates in Navajo Nation and critical staffing shortages at the Northern Navajo Medical Center (NNMC) in Shiprock, N.M., Brigham and Women's Outreach Program leaders asked Maddy Pearson, DNP, RN, NEA-BC, senior vice president of Clinical Services and chief nursing officer, for support in offering opportunities for staff to volunteer.

The response was overwhelming. More than 25 Emergency Department and critical care nurses and emergency services assistants, including Denise Palmer, MSN, RN, of the Cardiac Care Unit, and Steven Palmer, BSN, RN, of the Emergency Department (pictured here), traveled to N.M. for one to two weeks between July and October. They cared for patients and supported staff in the Emergency Department and intensive care unit, which each have a vacancy rate greater than 50 percent.

"While all communities and health care workers who have endured a COVID surge continue to recover, it was apparent to me that this small community felt it differently than we had in Boston. March brought a surge and, like ours, it made providers acutely aware of their own vulnerability to this disease and drove barriers between devastated families in a way that has come to define the year 2020. But when NNMC abruptly developed a critical gown shortage, workers from around the hospital held all-night sewing sessions to protect their own from succumbing to the same fate as their patients. As I donned the same gowns they crafted, a nurse shared heartbreaking stories of intubating her colleagues. I was reminded of my own deployment in one of the Brigham's Special Pathogen Units and felt grateful for having been sheltered from some of the harsher realities that were felt in communities like this one."

— James Martin, BSN, RN, CSC, CMC,
of the Cardiac Surgery ICU, on his time at NNMC

26 Brigham nurses and ESAs volunteered a total of
31 weeks of service at Northern Navajo Medical Center



Unwavering Compassion

Mary Kelley, BSN, RN, of Shapiro 9/10, lifted the spirits of a patient by arranging a special “visit” with her loved ones. After coordinating with the patient’s family to stand on the sidewalk by the Shapiro bridge, Kelley brought her patient to the bridge so she could see her family through the windows while they spoke over the phone. The experience gave the patient renewed strength and set her loved ones at ease.

“A Brigham and Women’s cardiology colleague, Mary Kelley, RN, showed how humanity can triumph in the time of social distancing: by prioritizing dignity. That bridge’s windows let in light — so do acts like this.”

— Cameron Nutt, MD, internal medicine resident

Neuro ICU Strives to Improve Care for COVID-19 and Cancer Patients

The Neurosciences Intensive Care Unit team partnered with interprofessional colleagues to launch two innovative initiatives to improve patient care.

Use of Anesthesia Ventilators in the ICU

Given the national shortage of respiratory ventilators, the U.S. Food and Drug Administration (FDA) issued new guidance in March 2020 on using anesthesia ventilators outside of the Operating Room.

"The ventilators used in critical care are very different from those used in the OR, but they both serve the same purpose of providing lifesaving oxygen," said Shaun Golden, MSN, RN, nursing director of the Neuro ICU. "We collaborated with the Department of Anesthesiology, Perioperative and Pain Medicine in a progressive trial of anesthesia ventilators, which would otherwise be sitting unused because elective surgeries were on hold."

Certified registered nurse anesthetists and anesthesiologists relocated to the ICU to work with intensivists, nurses and respiratory therapists on a 10-day trial of anesthesia ventilators in the ICU setting with promising results.

"After this collaborative effort, we are confident that anesthesia ventilators can support any patient in the critical care setting during a resource shortage," said Golden, who published a post about this work on the NeuroCriticalCare.org blog with Sarah Beth Thomas, MSN, RN, CCRN, CNRN, SCRNP, professional development manager.

Early Identification of CAR T-cell Therapy Side Effects

The Neuro ICU team also launched an effort to improve the care of cancer patients receiving chimeric antigen receptor (CAR) T-cell therapy.



"CAR-T cell therapy is a revolutionary immunotherapy in the field of malignancies, but the potential for severe reactions, such as encephalopathy or neurotoxicity, remains significant," said Thomas. "These reactions can result in extended length of stay, treatment failure and, rarely, life-threatening cerebral edema."

In collaboration with the Dana-Farber Cancer Institute Immune Effector Cell Program, the Neuro ICU began a controlled clinical trial to determine whether using a pupillometer — a portable tool that measures intracranial pressures — will help care providers identify signs of neurotoxicity early.

"Currently, pupillometer utilization is a standard of care in the complex neurological examination of Brigham Neuro and Burn/Trauma ICU patients," said Thomas. "We hope that implementing pupillometry in the standard neurological examination of patients undergoing CAR T-cell therapy will be a cost-effective, reliable way to offer enhanced indicators of impending neurotoxicity."

Center for Nursing Excellence Redesigns Orientation

To continue supporting the hiring and onboarding needs of the Department of Nursing during the first surge, the Center for Nursing Excellence transitioned to a virtual model for some components of orientation for new nurses, patient care associates (PCAs) and medical assistants (MAs) in March 2020.

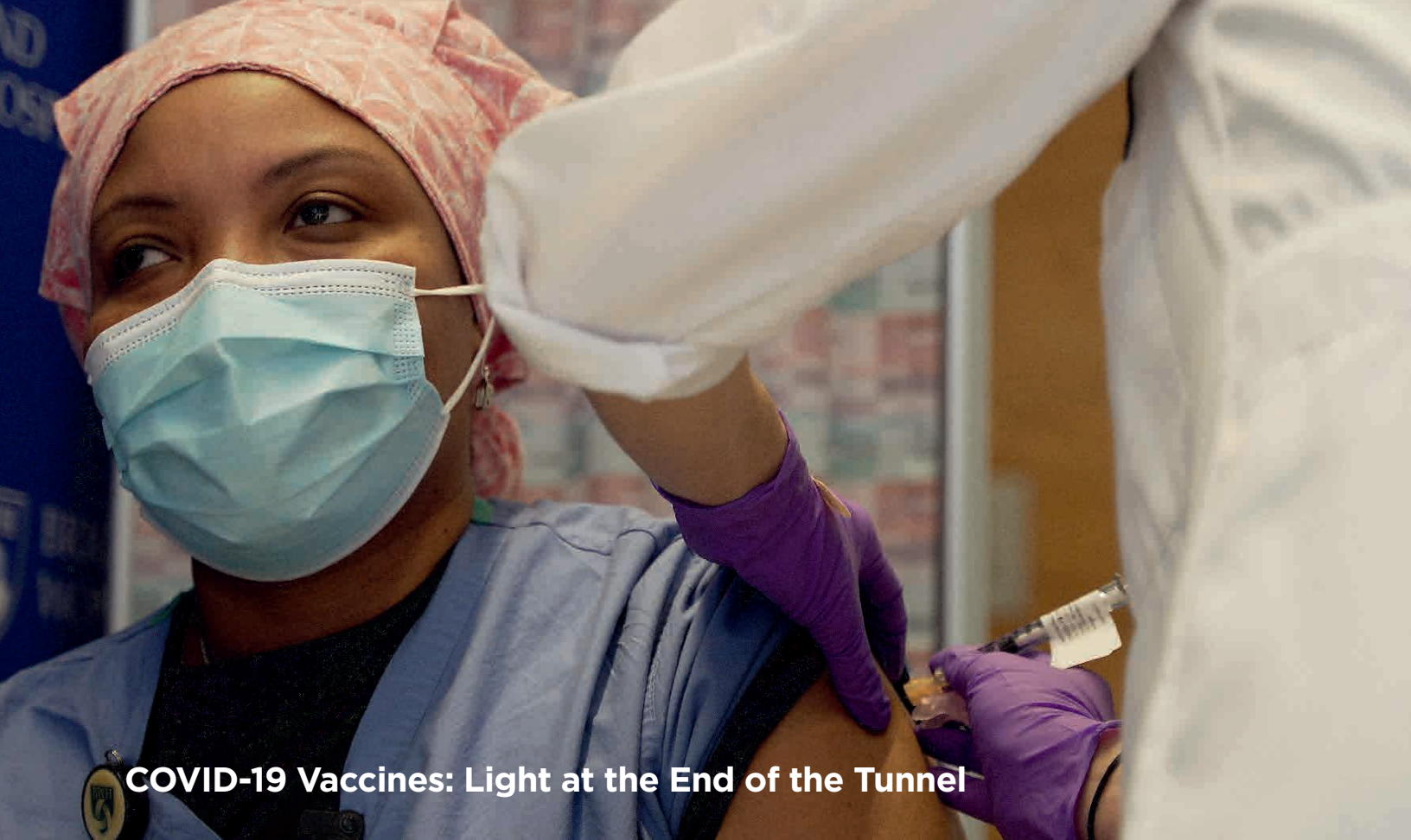
By the Numbers

Between March 2020 and January 2021, the Center for Nursing Excellence provided:

- 136** hours of virtual orientation for PCAs and MAs
- 162** hours of virtual orientation for nurses
- 324** hours of in-person skills demonstrations for nurses
- 340** hours of in-person skills demonstrations for PCAs and MAs

“During a challenging time, the CNE team pivoted to ensure that our hiring process was uninterrupted,” said Danika Medina, MBA, RN, FACHE, NEA-BC, associate chief nurse for Ambulatory Services, Procedural Areas and (interim) Center for Nursing Excellence. “Shifting our approach to orientation was one of the many ways that the CNE team supported nurses and patient care throughout the pandemic.”





COVID-19 Vaccines: Light at the End of the Tunnel

When Brianna Gacek, BSN, RN, of the ICU Float Pool, helped to open the Brigham's first Special Pathogens Unit in March, she never imagined she would be ending the year by administering vaccines to protect her colleagues from COVID-19.

"It feels surreal in some ways to come full circle from opening the first SPU almost a year ago to now having the opportunity to vaccinate my colleagues," said Gacek, who has been serving as a charge nurse in the COVID-19 vaccination clinic. "I feel honored to be able to give my colleagues the vaccine to protect them from the virus."

A tremendous multidisciplinary effort was required to launch the employee vaccination program in December, beginning with the Brigham research community's leadership and support of clinical trials to evaluate vaccine candidates in prior months.

To open the employee vaccine clinic, the Allergy Clinic, Ambulatory Services, Infection Control, Infectious Diseases, Infusion, IS, Medicine, Nursing, Occupational Health, Pharmacy, Real Estate and Facilities, Security and many other teams worked closely together to plan every aspect of vaccine distribution, from storage of the doses in freezers to creating the IS infrastructure to support documentation.

Behind the scenes, members of the Nursing Informatics team, including Laura MacLean, MS, RN-BC, led training with the Brigham Epic team for clinic staff, creating numerous tip sheets to ensure they had necessary resources to complete documentation in Epic upon administering vaccinations.



“Laura showed up at 5 a.m. in the clinic every day and would troubleshoot with staff,” said Sarah Kirchofer, MSN, RN, NP-C, NE-BC, interim director of Occupational Health Services. “We had new staff coming every day, so this was immensely helpful those first few weeks the clinic was open.”

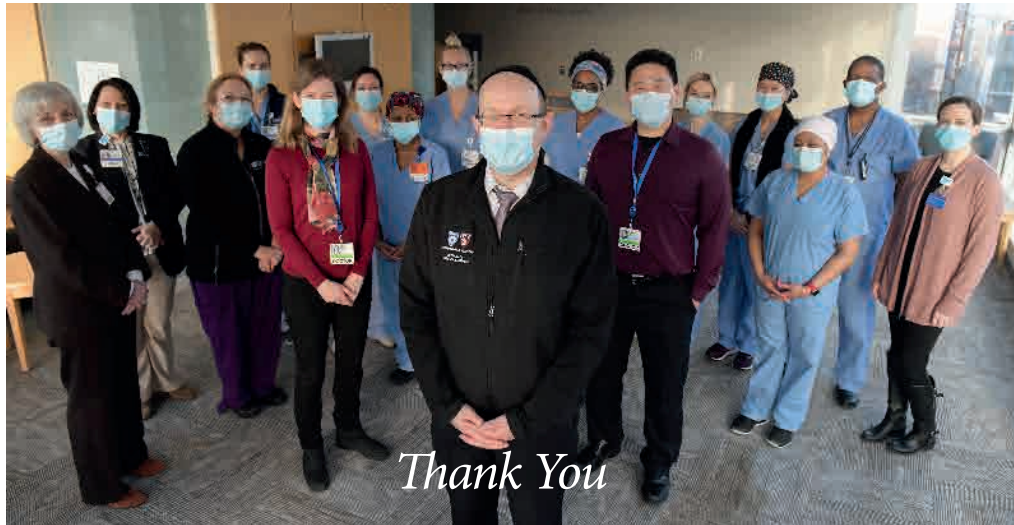
Human Resources and the Center for Nursing Excellence (CNE) were integral in supporting the clinic’s staffing needs. “The CNE made sure we could onboard the staff we needed to hire for the clinic,” Kirchofer said. “Without even being asked, the CNE team created content that helped us train staff coming in to vaccinate. The training materials were so comprehensive that they were adopted and shared throughout the system.”

Kirchofer also noted the immense support provided by leaders in Ambulatory nursing, including Esmerelda Ciano, MSN, RN, flow manager for Infusion Services, who served as vaccine clinic lead, and Amanda Shimko, MS, RN, CNL, clinical nurse educator, who was a charge nurse for the clinic.

“Both Esmerelda and Amanda volunteered to join the vaccine effort and were truly instrumental in ensuring its success through oversight of daily operations,” Kirchofer said.

Kirchofer was honored to give the first vaccination on the clinic’s opening day, sharing that the milestone marked “what we hope will be the beginning of the end,” she said.

Debelyn Leach, RN, of Shapiro 9 West, was the first Brigham nurse to receive the vaccine. “I’ve seen what COVID does to my patients, and I want to avoid that at any cost,” Leach said. “I will do whatever it takes.”



The Department of Nursing is immensely grateful to our colleagues in the Division of Infectious Diseases for their leadership, expertise and guidance throughout the pandemic. The ID team worked tirelessly to keep the Brigham community informed as knowledge of the virus evolved, to answer thousands of questions from staff and to protect us from COVID-19.

Our deepest gratitude to the Infectious Diseases team for your steadfast commitment to keeping staff, patients and the entire Brigham community safe.



*Unwavering
Compassion
Unparalleled
Care*

Meaningful Recognition

Kurlat Essence of Nursing Award

The Kurlat Essence of Nursing Award is the highest honor bestowed upon clinical nurses at the Brigham. It is presented during National Nurses Week in May to a nurse whose practice reflects the Department of Nursing's professional practice model and relationship-based care.

It is with a heavy heart that we note the passing of our friend and benefactor Saul Kurlat on April 1, 2021. Mr. Kurlat held our nurses in the highest regard, noting that the expert and compassionate care they provided to patients and families was extraordinary. We will miss Mr. Kurlat terribly and will carry forth his legacy with pride through the Kurlat Essence of Nursing Award.



Essence of Nursing Honorees

2019

Melissa Hawes, MSN, RN, PCCN,
Medical Intermediate Care

Vedna Heywood, RN, Burn, Trauma and
Surgical Intensive Care Unit

Laura Spinney, BSN, RN, CCRN, Medical
Intensive Care Unit

Maureen Tapper, MSN, RN, PCCN, Thoracic
Intermediate and Surgical Care

2019 Recipient: Laura Dickens, MSN, RN

Cardiac Surgery Intensive Care Unit, Shapiro 6 West

What she's known for: Her pursuit of excellence in all that she does — whether she is improving quality, educating colleagues or building relationships with her patients and their loved ones.

What it means to be the “concierge of care”: Dickens sees the charge nurse role as a “concierge of care” who can take a global view of a scenario and coordinate care accordingly, taking into consideration the needs of everyone involved. “As a NIC, Laura does whatever it takes to support her colleagues and help them to succeed,” said Nursing Director Maria Bentain-Melanson, MSN, RN. “Nurses, physicians and physician assistants routinely confer with Laura regarding patient care issues. In fact, all of her peers and physician colleagues express relief when she is on duty.”

A teacher and role model: Dickens has served as a preceptor to many newly hired nurses on the unit. She was also one of the first volunteer peer educators in the ICU, wanting to empower other nurses and share her knowledge of cardiac surgery care, devices and best practices.



2020 Recipient: Andrew Dundin, MSN, RN, CEN
Emergency Department

What he's known for: His ability to form trusting relationships with patients and loved ones and for ensuring that their voices are always heard. As co-chair of the ED Patient and Family Advisory Council, Dundin is passionate about making sure that the perspective of patients and family members is considered in decision-making.

Teaching empathy: Dundin launched a pilot training program for new Emergency Service Assistants (ESAs) to emphasize the importance of having empathy and understanding the perspective of patients and family members in the busy ED setting.

"In this program, patient and family advisors help staff understand how their actions or inactions can make patients feel," says Dundin. "Staff also are reminded of things we can do that mean the world to patients, such as providing a warm blanket, ensuring that the patient has access to their call bell or updating them."

On the pandemic: "What's remarkable is that although we have many new processes and workflows in place for safety, the feeling of camaraderie, compassion, family and commitment are still the binding forces that exemplify the ED team. We still put our patients and families at the

center of all that we do. There is a new distance between clinicians and patients as we attempt to minimize exposure and risk. Even though we now utilize isolation and physical barriers, we haven't lost the determination to connect with our patients and families and provide them with the care that they need, especially in these challenging times."

Essence of Nursing Honorees

2020

Katherine Belategui, BSN, RN, CNRN,
Neurosciences Intermediate Care Unit

Hannah Chapman, BSN, RN, Cardiac Surgery

Daria Mlynarski, BSN, RN, OCN,
Hematology/Oncology/Bone Marrow Transplant

Roberta Viens, RN, Intensive Care Unit Float Pool

Daisy Award Celebrates Compassionate Care

The DAISY Award launched at the Brigham in 2017 as a way to honor nurses for the compassionate care they provide. Recipients in 2019 and 2020 were nominated by patients, patients' family members and sometimes colleagues for the extraordinary ways they supported patients during difficult times.



2019 Recipients

Jillian Barry, BSN, RN, *Medical Intermediate Care*
Tom Borland, BSN, RN, *Cardiac Intensive Care Unit*
Natasha Egorova, MSN, APRN-BC, *Emergency Department*
Lisa Fleming, RN, *L2 Procedural Recovery Unit*
Jennifer Harrison Driscoll, BSN, RN, *Medical Intensive Care Unit*
Meaghan Lenane, BSN, RN, *Medical Intermediate Care*
Katrina Mansfield, BSN, RN, *Neonatal ICU*
Brian Monahan, BSN, RN, *Intermediate Surgical Care*
Jennifer O'Sullivan, RN, *Burn, Trauma and Surgical Intermediate Care*
Carol Walls Cruz, BSN, RN, *Neurosciences Intensive Care Unit*

2020 Recipients

Courtney Bourque, BSN, RN, *Neurosciences Intermediate Care Unit*
Kendra Paige, BSN, RN, *Center for Labor and Birth*
Thomas Adams, RN, *Neurosciences Intensive Care Unit*
Mary Kelley, BSN, RN, *Cardiology*
Gisvel Pena, BSN, RN, *Thoracic Intensive Care Unit*
Tara Souza, BSN, RN, *Center for Labor and Birth*
Lindsay Osgood, BSN, RN, *ICU Float Pool*
Sheri Zarrella, BSN, RN, *Endoscopy*
Sarah DiBari, BSN, RN, *Neurosciences Intermediate Care*
Charisse Catambay, BSN, RN, *Hematology/Oncology*

"Salute to Nurses" Recognizes Relationship-Based Care, Compassion

Each year, *The Boston Globe* invites patients, families, health care staff and the public to honor nurses by nominating them for a special "Salute to Nurses" feature during National Nurses' Week. The following Brigham nurses were recognized in 2019 and 2020 for the compassionate, relationship-based care they provide.

2019

Burn, Trauma, Surgical Intensive Care Unit nurses
Hematology Oncology nurses
Samantha Cardinal, BSN, RN, Dianne Griffin, RN, and Kathleen Rourke, BSN, RN, *Hematology/Oncology*
Donna Dello Iacono, NP, PhD, CNL, CLC, *Weiner Center for Preoperative Evaluation*
Valerie Durney, NP, CCTC, *Lung Transplant Program*
Julie Ferragamo, MSN, NP, *Neurosurgery*
Danniel Haynes, BSN, RN, *Neonatal ICU*
Karen Legere, MSN, RN, *Hematology/Oncology*
Darlene Martinez, BSN, RN, *Surgical Intermediate Care*
Sherri Nobriga-Bonica, BSN, RN, *Hematology/Oncology*
Kathleen Powers, BSN, RN, *Neonatal ICU*
Elizabeth Schlehuder, RN, *Hematology/Oncology*
Heather Serpa, BSN, RN, *who is at the Brigham via an agency partner*
Mary-Christine Sullivan, MSN, NP, *Brookside Community Health Center*
Nori Ann Vincitorio, MSN, RN, *Hematology/Oncology*
Michelle A. Young, MSN, NP, *Cardiac Rehabilitation Endoscopy Center Nurses, Brigham and Women's Faulkner Hospital*

2020

Tama Baker, BSN, RN, *Emergency Department*
Lisa Beal, BSN, RN, *Medical ICU*
Kate Cannell, BSN, RN, *Neurosciences ICU*
Lauren Serino Carpenito, RN, *Brigham and Women's Faulkner Hospital*
Meghan Connelly, BSN, RN, *Surgical Intermediate Care*
Pam Cusick, RN, *Neurosciences ICU*
Michael Ferchak, BSN, RN, *Neurosciences ICU*
Maureen Hanley, RN, *Hematology/Oncology*
Alison Hutson, BSN, RN, *Hematology/Oncology/Bone Marrow Transplant*
Janet Frink, BSN, RN, *Neonatal ICU*
Kayla Manczurowsky, BSN, RN, *Gynecology Oncology*
Danika Medina, MBA, RN, FACHE, NE-BC, *Ambulatory and Procedural Services*
Paul Murphy, BSN, RN, *Emergency Department*
Lindsay Osgood, BSN, RN, *ICU Float Pool*
Jill Popp, BSN, RN, *Medical/Surgical Intermediate*
Amanda Santos, BSN, RN, *Plastic Surgery/Urology*
Stefan Strojwas, BSN, RN, *Burn, Trauma and Surgical ICU*
Kim Tierney, RN, *Home Hospital Program*

Foundation Marks Million-Dollar Milestone in Supporting Nurses



In 2019, the Gretchen Stone Cook Charitable Foundation passed the \$1 million mark in support of nurses pursuing a bachelor's, graduate or doctorate degree in nursing.

The Genevieve Hope Blaney Scholarship is funded annually by the foundation to provide financial support to nurses enrolled in a degree program. Jim Smithson, trustee of the foundation, and his daughter, Elisa Frederick, MSN, RN, PNP, of Dana-Farber Cancer Institute, attended a celebration of the 2019 recipients, along with hospital and nursing leaders and staff.

"We are deeply grateful to the Gretchen Stone Cook Charitable Foundation for helping Brigham nurses to advance their education and make even greater contributions to patient care, research, innovation and teaching," said Maddy Pearson, DNP, RN, NEA-BC, senior vice president of Clinical Services and chief nursing officer.

While there wasn't a reception in 2020 due to the pandemic, 22 nurses were awarded the scholarship.

"The willingness of our nurses to pursue higher education in the face of such great professional challenges is a testament to their commitment to providing the highest quality of care for our patients," said Pearson. "We are thankful for the foundation's continued commitment to our nurses."

2019 Scholarship Recipients

Oluwabusayo Akinade, MSN, RN, CNL, *Medical Intermediate Care*
Jillian Barry, BSN, RN, *Medical Intermediate Care*
Heather Bedlion, RN, *Burn, Trauma and Surgical Intensive Care*
Esmerelda Ciano, BSN, RN, *Infusion Services*
Taryn Chase, BSN, RN, *Burn, Trauma and Surgical Intensive Care*
Laurie Demeule, MSN, RN, CNL, CVRN-BC, *Procedural Services*
Crystal Derosier, BSN, RN, *Hematology/Oncology*
Maria DaVeiga Etheart, BSN, RN, *Medical Intermediate Care*
Devan Foley, BSN, RN, *Cardiology*
Hannah (Chapman) Fontes, BSN, RN, *Cardiac Surgery*
Emily Gardner, BSN, RN, *Cardiac Surgery ICU*
Debra Hughes, RN, *Emergency Department*
Eve Johnston, RN, *Day Surgery Unit/PACU*
Tanya Martel, DNP, FNP-BC, CWOCN, *Wound, Ostomy and Continence Nursing*
Julia Marvel, BSN, RN, *Medical Intermediate Care*
Chantal Massena, BSN, RN, *Medical Intermediate Care*
Kasey Moffat, BSN, RN, *Quality and Safety*
Meghan Ouellette, BSN, RN, *Cardiac Intensive Care Unit*
Jennifer Riley, MSN, RN, IBCLC, *Lactation Support Services*
Deborah Schlehuder, BSN, RNC-NIC, *Neonatal Intensive Care Unit*
Marie Swain-Price, MSN, RN, *Medical Intermediate Care*

2020 Scholarship Recipients

Krystle Armand, BSN, RN, *PACU*
Dianne Cagnina, BSN, RN, *Neurosciences ICU*
Alycia Carney, BSN, RN, *Surgical Intermediate Care*
Kristin Chatelain, BSN, RN, *Neonatal ICU*
Danielle D'Auteuil, BSN, RN, *OB Float Pool*
Micaela Deary, BSN, RN, *Emergency Department*
Paulina Gorecki, BSN, RN, *Cardiac ICU*
Sarah Green, BSN, RN, *Medical Intermediate Care*
Karen Manganaro, MSN, RN, *Center for Labor and Birth*
Michele McCullough, RN, *Plastic and Reconstructive Surgery*
Kathleen McRitchie, BSN, RN, *Neurosciences Intermediate Care*
Julie Miezjeski, BSN, RN, *Neonatal ICU*
Wendy Moan, MSN, RNC-OB, C-EFM, *Connors Center for Women and Newborns*
Colleen Myers, BSN, RN, *Mother Baby Unit*
Elizabeth Norris, BSN, RN, *Neonatal ICU*
Molly O'Dea, BSN, RN, *Neurosciences Intermediate Care*
Nancy Paquette, BSN, RN, *Cross Sectional Interventional Radiology*
Tess Paula, BSN, RN, *Brookside Community Health Center*
Warren Phillips, BSN, RN, *Cardiac ICU*
Lindsay Robillard, BSN, RN, *Neonatal ICU*
Katherine Sanabria, BSN, RN, *Brookside Community Health Center*
Elizabeth Toomey, MSN, RN, BMTCN, NE-BC, *Hematology/Oncology/Bone Marrow Transplant*
Lauren Trimble, BSN, RN, *Medical Intermediate Care*



Accomplishments

Karsh Scholars Day

Brigham nurses and interprofessional colleagues shared their research, innovation and improvement initiatives via posters, pitches and demonstrations on Karsh Scholars Day in 2019. (See related story on page 8).

Pitch Fest

Cadogan, Julie. "NICU Warming Bed Supplies."

Comis, Lisa; Soble, Andris. "Central Venous Catheter Stabilizing Device."

Nedder, Melanie; Galligan, Caroline. "ICU Diary."

Tapper, Maureen; Thompson, Sarah. "Just Hanging Around: Bedside Organization."

Thompson, Sarah; Masse, Catherine; Higgins, Margaret;

Tapper, Maureen. "Lung Transplant Patient Education."

Nursing Innovation Demonstrations

Blaine, Tricia. "Increasing Vein Preservation in the NICU using Extended Dwell Peripheral IVs."

Bolze, Catherine Sinead. "A Sticky Situation: Addressing Product Concerns to Reduce CLABSIs in a Hematology Oncology Population."

Demeule, Laurie. "Fire Safety in the Electrophysiology Lab."

Raymond, Nadia. "Lessons for Leadership: A Diversity Pipeline Program Researcher Triangulation & Data Validity: Parallel Transcript Evaluation & Coding."

Scannell, Meredith. "Fast Facts about Forensic Nursing: What you need to know & The Priority of Administering HIV Positive Exposure Prophylaxis in Cases of Sexual Assault in the Emergency Department."

Poster Presentations

Aborn, Amanda; McDonald, Susan; Toomey, Elizabeth.

"Assessing the Nursing Impact of Adding the CAR T-Cell Population to the Oncology Service."

Arnold, Catherine; Bernacki, Rachele; Catzen, Hannah; Cunningham, Rebecca; Healy, Barbara; Lakin, Joshua; Lamey, Jan; Oliver, Lynn; Rangarajan, Arjun; Wichmann, Lisa.

"Improving Serious Illness Communication in Primary Care: Five Years of Implementing the Serious Illness Care Program."

Aylward, Pat; Trahan, Mary; Flaherty, Maura; Imparato, Sara; Grudzinski, Ewa; Dominguez, Carlita; Lenane, Meaghan; Bailey, Brenda; Swain-Price, Marie; Souvenir, Daphnee; Laurence, Karen; Wickman, Katie; Ivens, Laura: "A Collaborative Approach: Focused Education Program to Improve Pressure Injury Treatment and Prevention."

Baldwin Beth; Brogan, Anne; Bulger, Amy; Paley, Matthew; Pomerleau, Mimi; Swan, Sharon. "Use of Data to Identify Impacts That Improve Plan of Care Documentation."

Baldwin, Beth; Peters, Kelly; McGrath, Casey; Goldsmith, Denise. "Clinical Decision Support to Achieve Compliance with Tobacco Screening."

Bane, Anne; Luppi, Carol; Dell'Orfano, Heather; Szumita, Paul; Silverman, Jon. "Patient Controlled Analgesia (PCA): Quality Improvement Project to Decrease Pump Programming Errors." Bennett, Margaret; Chapman, Hannah; Daru, Kerrin; Martin, Carolyn. "Improving Care in the Midst of the Opioid Crisis."

Bentain-Melanson, Maria; Wickman, Kristina; Nicholas, Patrice; Gregory, Katherine. "Engagement Among Members of the BWH Nursing Committees."

Bentain-Melanson, Maria; Bolze, Sinead; Morth, Karen; Daddio Pierce, Carol; Tucker, Robert; Hsieh, Candace. "Preventing CLABSI Through Central Venous Catheter Maintenance Bundle."

Brain, Jessie; Murphy, Katherine; Pitman, Sara; Balko, Andrea; Meyers, Karen. "The Oncology Patient in the MICU: Meaningful Recognition of the Acronyms."

Bignar, Lori. "Nurse-Driven Pressure Injury Prevention Program."



Cormier, Pam; Donahue, Elizabeth. "Remodeling Primary Care Nursing Orientation."

Cote, Mary; Scherer, Cynthia; Bentain-Melanson, Maria; Morth, Karen. "Reducing Nuisance Monitoring Alarms in the Cardiac Surgery and Cardiology Intermediate Care Units."

Cullen, Mary Lou; Herrin, Trevor; Rodman, Alison; Dickens, Laura; Tessier, Dawn; Vieira-Finn, Amy; Tetrault, Tracy; Soble, Andris; Comis, Lisa; Seeley, Theresa; McLean, Jessie. "Development and Implementation of a Cardiac Surgery ICU Peer Mentorship Program."

Curran, Shannon; Geagan, Kathryn; LaPlante, Rose; Renda, Josette; Reynolds, Amanda. "Multidisciplinary Collaboration to Create a Successful Perioperative Family Day."

Davis, Asheley. "Strategies to Support the Future Nurse Leaders: An Integrative Review."

Demeule, Laurie. "Fire Safety in the Electrophysiology Lab."

Donahue, Elizabeth; Dutton, Lisa; Encalada, Rosy; Eversley, Massiel; Harris, Lindsay; Howes, Diane; Medina, Danika. "Development of Ambulatory Nurse Role Clarity Tool."

Dundin, Andrew. "Patients as Teaching Partners: The Impact on Emergency Department Staff Empathy."

Eversley, Massiel. "BWH/Madison Park High School Career Day Partnership."

Farina, Erin; Encalada, Rossana; MacLean, Laura. "Nurse-led Improvement in Visit Compliance via Virtual Visits."

Ferrazzi, Michael; Machado, Kathryn; Sciacca, Kate; Delaporta, Linda; Uden, Harriet; Searle, Eileen; Lakatos, Barbara; Mitchell, Monique; Murphy, Christine; Slattery, Kevin; Abellard, Farah; Auguste, Gina; Cintolo, Novella; Wieners, Kayla; Burton, Michelle; Annese-Zacek, Amanda; Akinade, Busayo. "Utilizing Simulation to Promote a Culture of Safe Practice among Nursing Staff Caring for Patients with Maladaptive Coping: A Quality Improvement Initiative."

Flynn, Kerri; Tutkus, Elyse; Spinello, Katie. "Oncology Resource Role: Providing Staff Support for Optimal Patient Care."

Fodera, Maura; Paley, Matthew; Rodriguez, Susan. "To Certify or Not to Certify? The Implementation of a Coaching Program to Support Inpatient Nursing Staff on their Certification Journey."

Furlong, Debra; Bane, Anne; MacLean, Laura; Green, Courtney; Suchecki, Christine. "Measuring the Impact of Changes in EHR Functionality."

Furlong, Debra; MacLean, Laura; Flanagan, Christine. "Nursing Informatics Role in Device Integration of Hemodialysis Machines to the Electronic Health Record."

Geagan, Kathryn; Renda, Josette; Rodriguez, Julia. "Embracing A New Family Visitation Guideline in the Perianesthesia Unit."

Goodwin, Diane; Wichmann, Lisa; Bray, Jahnelle; Park, Allison; Maher, Erin; Vienneau, Maryann; Mendu, Mallika. "Implementation of an ESRD Care Coordination Program for High-Risk Patients."

Guerrero, Caitlin; Mlynarski, Daria. "Autologous Stem Cell Transplant D/C Pilot."

Hakim, Hasna; Newland, Pamela; Oliver, Brant. "First User Testing Study of MS DMT Option Grid Decision Aids: Feasible & Acceptable."

Himmelberger, Karen; Encalada, Rossana. "Patient Adherence to New MS Therapy/Feedback to Industry Patient Programs."

Iuliano, Sherry; Burke, William; Cote, David; Zaidi, Hasan; Laws, Edward. "Evidence-Based Practice and Nursing Innovation in the Prevention of Post-operative Hyponatremia."

Kudla, Meaghan; Rurak, Heather; Shaw, Isabelle; Krieg, Melissa; Merlin, Andrea; Higgins, Margaret; Thompson, Sarah. "Missing Pieces: The Addition of Written Case Studies in Critical Care Nursing Orientation."



LaPlante, Rose; Renda, Josette; Veilleux, Robert; Murphy Manca, Caitlin. "The Impact of Implementing an Epic ERAS Pathway to Improve Nursing Documentation Compliance."

Levine, Sharon; Nedder, Melanie; Galligan, Caroline; Ryan Avery, Kathleen; Reilly, Karen. "The Patient's Perspective of the ICU Diary in the CCU."

Louis, Kettie; Raymond, Nadia. "Mentoring in the Global Setting: A Qualitative Study."

Lynch, Donna-Marie; Castells, Mariana; Garcia-Neuer, Marlene; Hong, David; Sloane, David. "Eosinophilia with Delayed Rash Induced by Brentuximab in Cutaneous T Cell Lymphoma."

Masse, Catherine; Tapper, Maureen; Thompson, Sarah; Townsend, Keri; Tsveybel, Karen; Higgins, Margaret. "A Lung Transplant Class: Improving Patient Care Through Peer to Peer Education."

McLure, Amanda; MacLean, Laura. "Standardized Nurse Documentation of the Blood Pressure Check Visit in the Primary Care Clinics."

Miller, Diane. "Utilizing Caring Science in End Of Life Conversations."

Mlynarski, Daria; Spitz, Rebecca. "Breakfast Cart Survey."

Moleus, Consuela. "The Impact of Diet on Fetal Growth."

Murphy Kenyon, Mary Anne. "Pain Assessment Education for Intermediate Care Orthopedic Nurses to Improve Pain Score Documentation."

Nedder, Melanie; Levine, Sharon; Galligan, Caroline; Ryan Avery, Kathleen; Reilly, Karen. "Blogging as an Innovative Method for Peer-to-Peter Education."

Ortiz, Wendy. "A Capstone Project: Teaching SBAR as Clinical Tool to ESL Nursing Students."

Raymond, Nadia. "Health Equity in the Context of Nursing Care Delivery: A Concept Analysis."

Renda, Josette. "A Self-Care Wellness Program for Perioperative Nurses: Incorporating Watson's 10 Caritas Processes."

Renda, Josette; Rodriguez, Julia. "Embracing Family-centered Care Using FaceTime in the PACU- Jr. iVisits."

Riley, Jennifer; Benjamin, Charis; Drouin, Kaitlin; Brown Belfort, Mandy; Sen, Sarbattama; Gregory, Katherine. "Breastfeeding Outcomes in Healthy Mother-Infant Dyads Following In-hospital Supplementation with Donor Milk or Infant Formula."

Sayman, Whitney; Waller, Ed. "Expediting Mobility Using a Nurse-Driven PT Protocol."

Scannell, Meredith; Conso, Jonathan. "When Simulation is Helping to Identify Cases of Human Trafficking."

Starr, Juliet; Fitzgerald, Anne; Schlitt, Emilie; Willis, Mary; Mossanen, Matthew. "Pre-rehabilitation Class Proves Beneficial to ERAS Outcomes in Cystectomy Patient Population."

Yazdchi, Farhang; Percy, Edward; Hirji, Sameer; Dinga Madou, Isidore; Pelletier, Marc; Morth, Karen Bertain-Melanson, Maria; Manca, Caitlin; McGurk, Siobhan; Loberman, Dan; Aranki, Sary; Varelmann, Dirk; Swanson, Jeffrey; Shook, Douglas; Shekar, Prem; Kaneko, Tsuyoshi. "Initial Experience with Enhanced Recovery After Surgery at a North American Academic Cardiac Surgery Center: A Comparative Analysis."

Wickett, Pamela. "Facilitation Simplified."

Awards and Honors

Farah Abellard MSN, RN, Primary Care
Appointed secretary of the New England Regional Black Nurses Association, Inc

Amy Bulger, MPH, RN, CPHQ, Surgical Division/Geriatric Surgery, and Rachele Bernacki, MD, MS, FAAHPM, AGSF, Palliative Medicine



Special Hillman Serious Illness Emergent Innovation Award, Rita and Alex Hillman Foundation, December 2020

Diane Bryant, MS, RN, CWOCN, Ostomy and Wound Clinical Nurse Specialist

Appointed director of the Wound, Ostomy and Continence Nurses Society, June 2019

Pam Cormier, MSN, RN, AHN-BC, Primary Care

Appointed to the Educational Approver Committee for the American Holistic Nurses Association

Christine Duchesneau, BSN, RN, CCM, integrated Care Management Program (iCMP)

iCMP Impact Award for Precepting and Mentoring Mass General Brigham (MGB) Population Health Management, December 2020

Diane Goodwin, BSN, RN, CNN, iCMP

iCMP Impact Award for Collaboration MGB Population Health Management, December 2020

Stephanie Grande, MSN, RN, Burn, Trauma and Surgical ICU Nominee, Profiles in COVID Courage During the COVID-19 Crisis John F. Kennedy Presidential Library and Museum, 2020

Donald Grimes, DNP, PhD, RN, Medical Intensive Care Unit Outstanding Graduate Research Award 2020 Indiana University of Pennsylvania

Karen Hanrahan, BSN, RN, Cardiovascular Care

Appointed to National Board of Directors, Society for Vascular Nursing, and affiliate member, Society for Vascular Surgery, 2020 - 2022

Annie Lewis-O'Connor, PhD, NP-BC, MPH, FAAN, C.A.R.E. Clinic

Appointed chair of the Expert Panel on Violence, American Academy of Nursing, February 2021

Megan Matson, MSN, RN, CCRN-K, CEN, Critical Care 2021 Young Professional Voices Honoree, American Organization for Nursing Leadership, October 2020

Matthew Medina, MSN, CNM, RNC-OB/EFM,

Midwifery and Center for Labor and Birth Appointed Development Committee chair, Jan. 1, 2021 – Dec. 31, 2022 Association of Women's Health, Obstetric, and Neonatal Nurses

Rute Montrond-Teixeira, MSN, APRN, FNP-C, Intermediate Float Pool

Excellence in Nursing Practice Award, New England Regional Black Nurses Association, February 2020

Billy Nguyen, BSN, RN, Neurosciences Intermediate Care Top 10 Nurse Heroes Boston Red Sox, May 2019

Alina O'Connell, BSN, RN, PHN, CCM, iCMP Care Management iCMP Impact Award for Mentorship MGB Population Health Management, December 2020

Madelyn Pearson, DNP, RN, NEA-BC, senior vice president and chief nursing officer Appointed to the Board of Trustees, Massachusetts General Hospital Institute of Health Professions, November 2019

Nadia Raymond, PhD (c) MSN/MHA, RN, Southern Jamaica Plain Health Center Courtesy Faculty Appointment, Division of Global Health Equity Appointed as co-Chair, DE&I Task force, Organization of Nurse Leaders (ONL)

Kristen Reed, BSN, RN, Neurosciences Intermediate Care Holistic Nursing Rising Star Award, American Holistic Nurses Association, August 2019

Meredith Scannell, PhD, MPH, MSN, CNM, CLS, CEN, SANE-A, DVNA, Center for Clinical Investigation and Emergency Department Awarded grant for "Measuring the Quality of Life and Perceived Moral Injury Among Emergency Nurses Working During the COVID-19 Pandemic," Emergency Nurses Association, December 2020.

Nicole L. Sczekan, MSN, CARN-AP, CNM, FACNM, Midwifery Group Fellow, American College of Nurse Midwives, February 2021

Julie B. Shea, MS, MSN, FHRS, CCDS, NP, Cardiac Arrhythmia Service Distinguished Allied Professional Award, Heart Rhythm Society, May 2019



William Theisen, BS, RN, iCMP

iCMP Impact Award for Innovation
MGB Population Health Management, December 2020

Lisa Wichmann, MS, RN, ACM, NC-BC, iCMP

iCMP Impact Award for Leadership
MGB Population Health Management, December 2020

Publications

Belfort MB, Qureshi F, Litt J, Bosquet Enlow M, De Vivo I,

Gregory K.E., Tiemeier H. "Aging at the Beginning of Life: A Longitudinal Study of Telomere Length in Hospitalized Very Preterm Infants." *PLoS One*. 2021 Jan; 16(1): e0243468. DOI: 10.1371/journal.pone.0243468

Conroy, C., **DuBois, S.**, Hudson, T., **Mombrun, C.**, **Raymond, N.**, Waddell, A., Stefanczyk Oberlies, A. "Taking A Stand: Developing a Nurse's Pledge to Champion Diversity, Equity and Inclusivity." *Nurse Leader*. 2021 Feb. DOI: 10.1016/j.mnl.2020.12.001

Dundin, A., **Siegert, C.**, **Miller, D.**, Ouchi, K., Lakin, J., Bernacki, R., **Sciacca, K.** "A Pivot to Palliative: An Interdisciplinary Program Development in Preparation for a Coronavirus Patient Surge in the Emergency Department." *Journal of Emergency Nursing*. 2020;46(6):760-767.e1. DOI: 10.1016/j.jen.2020.08.003

Franklin, B., Gandhi, T., Bates, D., Huancahuari, N., Morris, C., **Pearson, M.**, Bass, M.B., Goralnick, E. "Impact of Multidisciplinary Team Huddles on Patient Safety: A Systematic Review and Proposed Taxonomy." *BMJ Quality & Safety*. 2020; 29:1-2. DOI: 10.1136/bmjqs-2019-009911

Filatava E.J., Shelly C.E., Thai J., Pados B.F., Rostas S.E., Yamamoto H, Fichorova R, **Gregory K.E.** "Elevated Intestinal Inflammation in Preterm Infants with Signs and Symptoms of Gastroesophageal Reflux Disease." *Biological Nursing Research*. Accepted, in press.

Gregory K.E., Turner D, Benjamin C.N., Monthe-Dreze C, Johnson L, Hurwitz S, Wolfsdorf J, Sen S. "Incorporating Dextrose Gel and Feeding in the Treatment of Neonatal Hypoglycaemia." *Archives of Disease in Child Fetal Neonatal Edition*. 2020 Jan; 105(1) 45-49. DOI: 10.1136/archdischild-2018-316430

Goldfarb IT, Diouf K, Barth WH, Robinson JN, Katz D, **Gregory K.E.**, Ciaranello A, Yawetz S, Shenoy ES, Klompas M. "Universal SARS-CoV-2 Testing on Admission to Labor and Delivery: Low Prevalence Among Asymptomatic Obstetric Patients." *Infection Control and Hospital Epidemiology*. 2020 May 27; 1-6. DOI: 10.1017/ice.2020.255

Banister, G.E. Harris, A., Townsend, C., **Raymond, N.**, Masson, P., Dzurec, L. "African American Nurses' Perspectives on a Leadership Development Program." *JONA: The Journal of Nursing Administration*: 7/8 2020. DOI: 10.1097/NNA.0000000000000909

Kelly, Y., **Goodwin, D.**, **Wichmann, L.**, Mendu, M. "Breaking Down Health Care Silos." *Harvard Business Review*. 2019 July.

Klompas, M., Baker, M., Rhee, C., Tucker, R., Fiumara, K., **Griesbach, D.**, **Bennett-Rizzo, C.**, Slamasian, H., Wang, R., Wheeler, N., Gallagher, G., Lang, A., Fink, T., Baez, S., Smole, S., Madoff, L., Goralnick, E., Resnick, A., **Pearson, M.**, Britton, K., Sinclair, J., Morris, C. "A SARS-CoV-2 Cluster in an Acute Care Hospital." *Annals of Internal Medicine*. 2021 Feb.; DOI:10.7326/M20-7567

Klompas, M., Morris, C., Sinclair, J., **Pearson, M.**, Shenoy, E. "Universal Masking in Hospitals in the Covid-19 Era." *New England Journal of Medicine*. 2020 April; DOI: 10.1056/NEJMp2006372

Pathrose, S., Spence, K., Taylor, C., Psalia, K., Schmied, V., Dahlen, N., **Gregory, K.E.**, Peters, K., Foster, J. "A Cross-sectional Survey of Enteral Feeding Tube Placement and Gastric Residual Aspiration Practices: Need for an Evidenced Based Clinical Practice Guideline." *Advances in Neonatal Care*. Accepted, in press.

Pinchera, B., **Dello Iacono, D.**, Lawless, C.A. "Best Practices for Patient Self-Management: Implications for Nurse Educators, Patient Educators, and Program Developers." *Journal of Continuing Education in Nursing*. 2018 Sep 1;49(9):432-440. DOI:10.3928/00220124-20180813-09

Pearson, M. "Transformational Leadership Principals and Tactics for the Nurse Executive to Shift Nursing Culture". *The Journal of Nursing Administration*. 2020 Mar;50(3):142-151 DOI: 10.1097/NNA.0000000000000858

Reed, K. "Caring for Caregivers: How One Holistic Nurse Turned Misfortune into an Opportunity to Nurture Others." *AHNA Beginnings*. 2021 Feb. Vol 41, No. 1.



Reale, S.C., Lumbreras-Marquez, M.I., King, C.H., Burns, S.L., Fields, K.G., Diouf, K., Goldfarb, I.T., Ciaranello, A.L., Robinson, J.N., **Gregory, K.E.**, Huybrechts, K.F., Bateman, B.T. "Patient Characteristics Associated with SARS-CoV-2 Infection in Parturients Admitted for Labor and Delivery in Massachusetts during the Spring 2020 Surge: A Prospective Cohort Study." *Paediatric and Perinatal Epidemiology*. 2021 Jan; 35(1):24-33. DOI: 10.1111/ppe.12743

Rotenstein, L., Lamey, J., **Wichmann, L.**, Arbour, M., Lakin, J., Cunningham, R. "Conversing with High Risk Patients to Determine Serious Illness Goals and Values in the Time of Covid-19." *NEJM Catalyst Innovations in Care Delivery*. 2021; 03. DOI: 10.1056/CAT.20.0600

Rowland, C. "Transformational Leadership Increases Nursing Certification." *Oncology Nursing Forum*. 2020 March.

Scannell, M. "Online Dating and the Risk of Sexual Assault to College Students." *Building Healthy Academic Communities Journal*. 2019; Vol 3, No. 1. DOI: 10.18061/bhac.v3i1.6688

Scannell, M. "Fast Facts About Sexually Transmitted Infections (STIs): A Nurse's Guide to Expert Patient Care." Springer Publishing Company. 2020 Aug.

Scannell, M. (2020). Neonatology. In: Ruggiero, K., and Ruggiero, M. "Fast Facts Handbook for Pediatric Primary care: A Guide for Nurse Practitioners and Physician Assistants." New York, NY: Springer Publishing Company, LLC.

Scannell, M. Vaginal Bleeding in The First Trimester of Pregnancy. In: Neal-Boylan, L., ed. "The Family Nurse Practitioner: Clinical Case Studies" 2nd ed. John Wiley & Sons, 2020; 137-138.

Scannell, M. Pelvic Pain. In: Neal-Boylan, L., ed. "The Family Nurse Practitioner: Clinical Case Studies" 2nd ed. John Wiley & Sons, 2020; 145-146.

Scannell, M. Sexual Assault. In: Neal-Boylan, L., ed. "The Family Nurse Practitioner: Clinical Case Studies" 2nd ed. John Wiley & Sons, 2020; 151-152.

Scannell, M., and Pierce-Weeks, J. Medical Forensic History of the Sexual Assault Patient. In: Callari Robinson, J., ed. "IAFN Sexual Assault Nurse Examiner Certification: A Guide to the SANE-A and SANE-P Exams." Springer Publishing, 2020.

Scannell, M., Sheridan, T., Krebs, D., and Horner, G. Medical Management of the Sexual Assault Patient. In: Callari Robinson, J., ed. "IAFN Sexual Assault Nurse Examiner Certification: A Guide to the SANE-A and SANE-P Exams." Springer Publishing, 2020.

Pierce-Weeks, J., and **Scannell, M.** Patient Responses and Crisis Intervention. In: Callari Robinson, J., ed. "IAFN Sexual Assault Nurse Examiner Certification: A Guide to the SANE-A and SANE-P Exams." Springer Publishing, 2020.

Scannell, M., and **Conso, J.** "Using Sexual Assault Training to Improve Human Trafficking Education." *The Peer-Reviewed Journal of Clinical Excellence*. 2020; 50(5), 15-17. DOI: 10.1097/01.NURSE.0000657028.81053.2f

Scannell, M. "The Emergence of Cannabinoid Hyperemesis Syndrome." *Nursing Made Incredibly Easy*. 2020; 18(5), 44-49.

Presentations

Abdella, Renee; Spinello, Kathleen; Popp, Jill; McCarthy, Julie; Mello, Kimberly; Spitz, Rebecca. "Mitigating Mortality: A Transformative Oncology Nursing Response to COVID-19" (poster). *Oncology Nursing Society Congress*. April 2021.

Baldwin, Beth; Brogan, Anne. "Use of Data to Identify Impacts That Improve Plan of Care Documentation" (poster). *New England Nursing Informatics Consortium*. April 2019.

Bane, Anne; Furlong, Debra; MacLean, Laura. "Measuring the Impact of Changes in EHR Functionality and Education Interventions on Blood Documentation" (poster). *New England Nursing Informatics Consortium*. April 2019.

Bolze, Sinead. "Promoting a Peer to Peer Staff Education Model for CLABSI Reduction." *Oncology Nursing Society 45th Annual Congress*. May 2020.

Bryant, Diane; Willis, Mary. "Collecting Data to Advocate for Additional WOC Resources: You Can Do It!" (poster). *WOCNext Conference*. June 2019.

Cantalupo, Lisa. "Role of iCMP in the Primary Care Practice." *Mass General Brigham Health Care Center*. February 2021.



Costello, Margaret; Collier, Erin; Bloom, Tanya. "Palliative Care Oncology Nurses Adapting Care to Meet the Communication Needs of Patients with COVID-19 at the Height of a Worldwide Pandemic" (poster). Oncology Nursing Society Congress. April 2021.

Cormier, Pam. "Infusing Caritas into Primary Care" (panelist and poster presentation). New England Holistic Nursing Conference. September 2019.

Curley, Devin; Jacobson, Caron; Lynch, Alexandra; Mlynarski, Daria; Rowland, Cathleen; Spendley, Laura. "Car T Cells: Engineering Immune Cells to Treat Cancer." Discover Brigham. November 2019.

Daddio Pierce, Carol; Rowland, Cathleen. "Get Ahead of Sepsis! Call It!" Brigham Nursing Grand Rounds. September 2020.

DesRoches, Stephanie. "COVID: Lessons Learned Across the Nursing Curriculum." Colleges of the Fenway Virtual Conference. March 2021.

Dutton, Lisa; MacLean, Laura. "MGB COVID-19 Nurse Hotline" (presentation). New England Nursing Informatics Consortium. July 2020.

Dutton, Lisa. "Calling on Nurses in a Pandemic: The Launch of a Centralized COVID-19 Nurse Hotline" (presentation). American Academy of Ambulatory Care Nurses Virtual National Conference. April 2021.

Furlong, Debra. "Trusting the Value of Data: The Nurse Manager Quality Dashboard." New England Nursing Informatics Consortium. April 2019.

Goodwin, Diane. "Breaking Down the Silos of Dialysis Care" (presentation). American Nephrology Nurses Association Conference. October 2019.

Goodwin, Diane. "Implementation of an ESRD iCMP Care Coordination Program" (poster). Magnet Champion Display. April 2019.

Goodwin, Diane. "Breaking Down the Silos of Dialysis Care" (presentation). American Nephrology Nurses Association Conference. October 2019.

Guerrero, Caitlin. "Preventing Falls: Implementing Continuous Video Monitoring (CVM) on Patients Receiving Chimeric Antigen Receptor T-cell (CAR-T) Therapy" (poster). AACN CNL Summit. February 2021.

Guerrero, Caitlin. "Preventing Falls: Implementing Continuous Video Monitoring (CVM) on Patients Receiving Chimeric Antigen Receptor T-cell (CAR-T) Therapy" (poster). Oncology Nursing Society Congress. April 2021.

Guerrero, Caitlin; Mlynarski, Daria. "Autologous Stem Cell Transplant Discharge Pilot" (poster). Oncology Nursing Society 45th Annual Congress. April/May 2020.

Lewis-O'Connor, Annie; Raymond, Nadia. "The Intersection of Racism and Health." Nursing Grand Rounds. October 2020.

McMahon, Kathryn; Ferrazzi, Michael; Imbriaco, Harriet; Delaporta, Linda. "Utilizing Simulation to Promote a Culture of Safe Practice among Nursing Staff Caring for Patients with Maladaptive Coping: A Quality Improvement Initiative" (poster). Academy of Medical Surgical Nurses. September 2019.

Pearson, Madelyn. "Magnet Journey and Transforming the Work Environment" (presentation). Jiangsu Nursing Education Program, Brigham and Women's Hospital. January 2020.

Pearson, Madelyn. "Building a Culture of Interprofessional Leadership: Lessons from the Trenches" (presentation). National Healthcare CNO Summit. March 2020.

Pearson, Madelyn; Morris, Charles. "Hand Hygiene Improvement" (presentation). MGB National Healthcare Quality and Safety. November 2019.

Pearson, Madelyn. "Leading the Brigham Experience" (presentation). Sperling Family Leadership Accelerator Program, Brigham Health. December 2019.

Pearson, Madelyn. "Shared Decision Making" (panelist). MGB Emerging Leaders Program. November 2019.

Pearson, Madelyn. "Leadership in Medicine (presenter). Internal Medicine Residents Leadership Series, Brigham and Women's Hospital. October 2019.



Pearson, Madelyn. "Beyond the Bedside: How Brigham Nurses are Shaping the Future of Care" (keynote). Brigham Legacy Society Luncheon. September 2019.

Quinn, Maura. "Integrated Case Management." Brigham and Women's/Mass General Health Care Center at Patriot Place and Brigham and Women's Primary Care Associates at Norwood. February 2021.

Renard, Michaelle; Cavanaugh, Seanna; Rowland, Cathleen; Sullivan, Daniel. "Safe Administration of Chemotherapy to COVID-Positive Patients" (poster). Oncology Nursing Society Congress. April 2021.

Rowland, Cathleen. "Transplant Process: From Line Placement to Discharge." Dana-Farber Cancer Institute/Brigham and Women's Hospital. October 2019.

Rowland, Cathleen. "Transplant Process: Acute Challenges and the Inpatient Experience." Dana-Farber Cancer Institute/Brigham and Women's Hospital. September 2020.

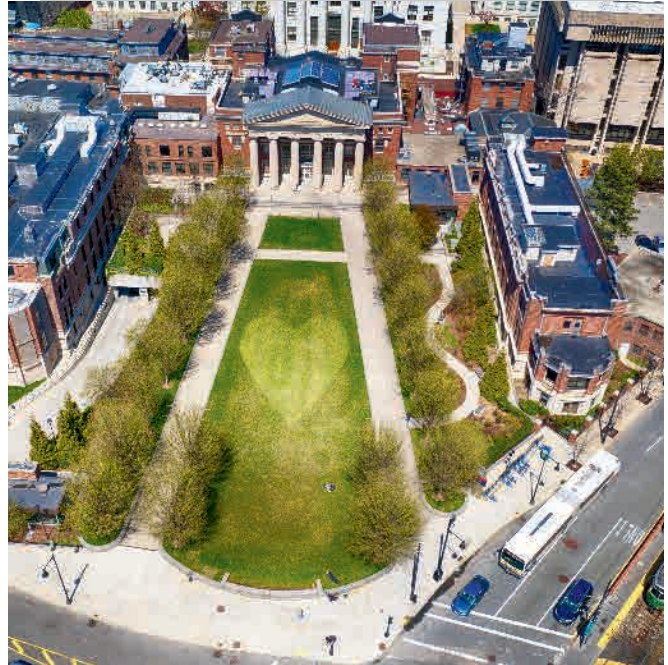
Scannell, Meredith. "Latest Trends seen in Domestic and Sexual Violence." University of Rhode Island Forensic Series. November 2020.

Shimko, Amanda; MacLean, Laura. "Standardized Nurse Documentation of Blood Pressure Check Visits in Primary Care" (poster). New England Nursing Informatics Consortium. April 2019.

Wichmann, Lisa.; Cunningham, Becky. "Care Coordination for High Risk Patients." Harvard Medical School Office Practice of Primary Care. March 2019.

Wichmann, Lisa. "When Intelligent Failure Leads to Innovation" (panelist presentation). Discover Brigham. November 2019.

Wichmann, Lisa. "iCMP Nursing and Health Equity." Brigham Health Equity and Racial Justice Virtual Summit: Re-imagining BH as an Anti-Racist Academic Medical Center. October 2020.





This painting, entitled “Thank You (The Front Lines),” hangs outside of the office of Madelyn Pearson, DNP, RN, NEA-BC, senior vice president of Clinical Services and chief nursing officer, as a tribute to nurses and interprofessional team members on the frontlines of the pandemic. The painting is based on photographs of Brigham staff.



CREDITS

Editing:

Elizabeth Machunski

Design:

Heidi Price

Principle Photography:

Faith Ninivaggi

Additional Photography:

Max Esposito: *page 28 (March 16 image)*

J. Kiely/Lightchaser Photography:
page 56

James P. Rathmell, MD:

*pages 4, 15, 18, 26, 27, 40, 41
(bottom image), 49, 51, 53, 65*

Len Rubenstein:

pages 14, 41 (top image), 53, 54

Justin Schroth:

page 50

Nursing Executive Board

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KAREN REILLY, DNP, MBA, RN, NEA-BC
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