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Nursing News & Views - Feburary 2019

Christine Klucznik RN

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Baystate Medical Center Nursing News & Views

Transformational Leadership | Structural Empowerment | Exemplary Professional Practice New Knowledge, Innovations & Improvements | Empirical Outcomes

February, 2019

Inspire, Innovate, Influence

Dear Nursing Colleagues,

The Organization of Nurse Leaders, in collaboration with ten other professional nursing organizations, held the first ever Nursing Summit in Worcester, MA on January 29. The goal of the day was to align the nursing community with an eye towards the future by creating a community of nurses. The issues surfaced during the 2018 ballot campaign were complicated, and nurses are clearly interested in forging a path forward. A goal was to explore staffing strategies with clinical nurses and to create a plan for next steps. Almost 400 nurses were in attendance (with an additional 100 on a waitlist) – 60% of them were bedside nursing staff. Ten nursing organizations were represented.

Kay Khan, RN, Massachusetts State Representative was the keynote speaker. She highlighted nursing bills she filed for the 191st session of the legislature. She asked all present to ask their legislators for support. This advocacy alert has resulted in an uptick within the legislature to support the bills. Tabletop and group activities were used to guide the development of strategies to address potential improvements. Some of the questions explored during the World Café were:

- Are there creative ways to utilize nurses that may be thinking of retiring?
- How do we address the nursing shortage in New England?
- What do you wish legislators and the general public knew about nursing?
- Are there creative ways to attract nurses into difficult to fill specialties?
- What structures and processes support and promote nurses' influence in staffing decisions and patient assignments?
- What do the best charge nurses consider (or do) when making a nurse/patient assignment?

- What are the things that make a good day go bad?
- What are the best solutions on a day or night when nurse staffing does not go as planned?
- What matters most in the practice environment to support nursing excellence?
- What non-nursing responsibilities could be taken off your plate to allow you to practice at the top of your license?
- Nurse recognition what is most important and meaningful to you?
- What keeps you in your current job?
- How do you think nurse staffing effectiveness should be measured?

Several themes came out of the day:

- Increase the voice and presence of nurses (on boards, decision making committees, advocacy taskforces, etc.)
- Enhance transparent communication from all nurse leaders, use social media
- Support for nurses on state taskforces, political arenas
- Encourage nurse leaders to support shared decision making and a healthy work environment
- Continue the work in regional summits, white papers, engage nurses on social media



Baystate Health had several clinical nurses in attendance. All present stated they felt privileged to have attended and are interested in the outcomes. BMC has established its very own staffing and advisory council – more to come as that group begins to meet (see Recruitment, Retention, & Recognition Committee article and Adequacy of

Resources and Staffing in this

newsletter). Thank you to all the BMC representatives for taking the time to commit to the experience and the day!



With appreciation for all you do,

Christie Klucznik

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Fundamentals of Quality Nursing Care

Wound Team Tackles Supply Standardization



Over the past several months the inpatient wound care team and the distribution team worked together to organize a small number of supplies on inpatient nursing units. The wound care providers see patients across the medical center and were often finding it hard to track down certain supplies. These standardization efforts will improve both patient and staff member experience. Thank you to all involved for the collaboration and quick turnaround.

Team Members:

Lisa Commaille, Cheryl Ruta, Nelson Perez, Thomas Haley, and Yvonne Grondin

Pharmacy Tackles Standardizing Medication Refrigerators

Clinical nurses have expressed concerns about the possibility of making medication errors due to the disorganized medication refrigerators. Our Pharmacy partners have taken this concern seriously and are working towards standardizing how medications are stored. Thank you to the Pharmacy Team for their collaboration and support!





Old Version

New Updated

Leadership Access and Responsiveness

CNO for a Day



This month I had the privilege of hosting Hannah Coombs, BSN, RN, a clinical nurse from Springfield 2 as the "CNO for a Day." Hannah and I attended the Hospital Quality Council and the Nursing Executive Council, along with other meetings throughout the day. She spent some time with Eric Griffin, Magnet program director, talking about her experiences in the nurse residency program. I was impressed by Hannah's energy and enthusiam as she talked about her work on the

CAUTI committee and her unit's CPC. Here's what Hannah had to say about the experience, "I felt I was able to really have a deeper insight

and understanding of Baystate as a whole, there are so many interconnected pieces and it was a pleasure to follow Christine. I was not only able to sit in on important meetings but have a voice as well. It was an enriching experience that I will cherish and look forward to telling other nurses about my day."



I encourage all of you to think about spending the day to learn about leadership roles within BMC. Submit a Moment of Caring patient story you've had at the bedside to mailto:Share.YourVoice@baystatehealth.org with the subject line "CNO for a Day" for an opportunity.

Autonomy

Introducing the Recruitment, Retention and Recognition Council by Tom Panaccione

In early February, the Baystate Health Recruitment, Retention, & Recognition Committee was launched. The mission of this committee is to attract and retain nurses at Baystate Medical Center. It was well attended by nurses who represented multiple locations throughout the organization.

The group was very energized and engaged. The co-chairs of the committee include: Dan Ferguson, RN, from D5A and Edyta Halastra, RN, from D3B Observation & Infusion. The team is further supported by Melissa Tuomi, RN, Director of Professional Practice & Development; Susanne Tessicini, HR partner; Jody Peltier, RN, manager of Staffing and Flex team; Patricia Gagnon, Marketing & Communications; and Thomas Panaccione, RN, Director of Observation & Infusion, Short Stay, Inpatient Surgery.

Our first meeting focused on reasons why we stay at Baystate Health. Teamwork, opportunities for growth, and exceptional care practices were the top reasons noted. We are now working on our vision and goals and what future direction the committee should take. An important goal is to have representation from throughout the organization. We are asking for two nurses and/or PCTs from each unit to join. This committee meets the first Wednesday of each month from 3:30 to 4:30 p.m. in the Chicopee/Agawam Conference Room.

Thank you for the participation and insight provided from the team members of our first meeting! We look forward to welcoming more members. If interested, please email Jody Peltier or Thomas Panaccione, so that we can place you on our team roster. This is a very supportive and determined group that needs your input to make Baystate Health a stronger organization!



Integrative Healing Arts Update

The Charter for the Integrative Healing Arts Council was developed and accepted. Each month, we are seeing new members attending the meeting. The interest is palpable! Last month, 32 staff was in attendance. There are now more than 350 M technique practitioners. We have heard multiple stories of how the technique is making a difference for patients and their families. Dr. Lipoff has trained 20 Reiki practitioners. We are looking to train an additional group, but first the IHA Council will create the clinical guideline.

The Daly 5A Aromatherapy pilot has been put off until the first cohort of nurses attending the BirchTree IHA Academy completes the training. Similarly, the PACU staff is looking for support for a passive aromatherapy delivery system and this trial will also await completion of the program. BMC has been asked to join the Integrative Nursing Consortium of Boston. The first meeting was held this month. We believe the partnership will lend itself to new ideas and innovation.

Leaders Train in M Technique®

Several nurse leaders became trained in the M Technique® and will be at the Employee Appreciation Day on March 1 to provide this therapeutic massage to those interested. Stop by and enjoy a treat!



Adequacy of Resources and Staffing



In collaboration with Talent Acquisition, nurse leaders continue to brainstorm innovative ideas to attract top talent. Recently, Talent Acquisition has supported "Indeed" events, a new and creative way to seek out applicants. As you can see in the graph, five events were held focused on registered nurses. We are also posting hiring events on Facebook to attract interested nurses. Our Thursday open hours interviewing is ongoing. Please share ideas for how we can bolster our recruitment.

The below graphic demonstrates our progress in onboarding, transferring, and our retention.

BMC Direct Care RN Dashboard						
Metric and Benchmark *		Performance	FY18 Q4	FY18 - Year End	FY19-Q1	Trending
Higher is better	Diversity in Nursing	*	13.7%	13.7%	13.6%	•
	Top Decile - 90th%		36.4%	36.4%	36.4%	
	Top Quartile - 75th%		32.2%	32.2%	32.2%	
	Median - 50th% (Target)		18.0%	18.0%	18.0%	
Lower is bett	Vacancy Rate	*	7.0%	6.9%	8.3%	•
	Top Decile - 10th%		2.5%	2.5%	2.5%	
	Top Quartile - 25th% (Target)		3.9%	3.9%	3.9%	
	Median - 50th%		5.9%	5.9%	5.9%	
Lower is better	Turnover Rate	*	10.5%	12.6%	8.8%	•
	Top Decile - 10th%		10.2%	10.2%	10.2%	
	Top Quartile - 25th% (Target)		11.8%	11.8%	11.8%	
	Median - 50th%		14.8%	14.8%	14.8%	
Lower is better	90-day Turnover Rate (Annualized)		13.1%	13.1%	9.5%	•
	Top Decile - 10th%		3.4%	3.4%	3.4%	
	Top Quartile - 25th% (Target)		7.1%	7.1%	7.1%	
	Median - 50th%		19.6%	19.6%	19.6%	
Lower is bett	1st Year Turnover Rate	4	16.7%	16.7%	10.3%	
	Top Decile - 10th%		14.5%	14.5%	14.5%	
	Top Quartile - 25th% (Target)		18.7%	18.7%	18.7%	
	Median - 50th%		24.1%	24.1%	24.1%	
Lower is bet	# Turnover		57	200	42	•
Higher is bet	# Occupied Positions - Head Count		1919	1889	1896	•
Lower is bett	# Job Openings Part-time and fulltime only		128	125	153	•
Higher is be	Transfer In & Out – Net Gain(Loss)		23	(20)	(20)	•
Higher is be	External Hires		86	240	39	•
Higher is better	Net Gain/(Loss)		52	20	(24)	-
Lower is bett	% RN Overtime		2.7%	2.6%	3.2%	•
Lower is bett	Actual Travel RN Expenses		\$2,241,731	\$5,945,726	\$3,299,179	1





^{*} Benchmark Saratoga Hospital Survey 2017 from peer group of 31 Academic Medical Centers on the east coast. Target set at Top quartile performance with the exception of diversity which is set at median.



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