Dear Colleagues,

I am pleased to share with you the 2018 Nursing and Patient Care Services (NPCS) Annual Report, which highlights major accomplishments of our department and progress toward achieving goals set out in the NPCS Strategic Plan. It has been a very productive year!

On Aug. 1, we achieved a departmental milestone with the submission of the application for our fourth designation as a Magnet hospital. The document demonstrates Dana-Farber’s commitment to clinical excellence and nursing practice. One example is our performance above the national benchmark on patient engagement, which demonstrates how the components of our Professional Practice Model enable us to consistently meet patient needs.

This year, NPCS staff disseminated work nationally and internationally and published in several peer-reviewed journals. We hosted three Nursing Symposia, attracting nurses from around New England, and established continuing education sessions for Dana-Farber staff on Friday mornings. Our nurses developed educational modules to increase nursing skills in assessment and management of patients receiving immunotherapies, and in educating patients about these novel treatments. We have also steadily increased nursing specialty
2017–19 NPCS Strategic Plan

Personalize the Experience for Every Patient
- Continue to improve and customize the patient experience through the use of new technologies.
- Lead/support development of an interdisciplinary education strategy for new treatment modalities.
- Implement symptom management pathways with defined measures of success.

Advance and Transform the Practice of Nursing
- Establish an ongoing peer review process to advance the practice of nursing across DFCL.
- Advance and deepen nursing competencies to ensure continuous improvement of the high-quality care delivered.
- Create formal process to share, acknowledge, and celebrate our work both internally and externally.
- Conduct original research in area of quality of life and quality of care for patients and families.
- Foster scholarship in evidence-based practice.

Build the Team and Develop Leaders
- Create programs and incentivize nurse mentorship and preceptorship.
- Become known as the center that recruits, trains, and develops the best oncology nurses.
- Formalize career paths to advance professional engagement and lifelong learning.
- Continue to build a culture of healthy clinicians/staff in an inclusive work environment that supports diversity.
- Secure philanthropic support for NPCS programs.

certification rates across the department.

Nurses and other Patient Care Services staff participated in the first Dana-Farber Digital Health Symposium, which spawned a year of learning about new technologies to solve problems, reduce the administrative burden for clinicians, and improve the patient experience. These learning efforts have moved us toward testing a few digital solutions in the coming year.

We are expanding our footprint across Massachusetts, which will allow us to bring Dana-Farber care to more patients and families. In 2020, we will open a Merrimack Valley site as well as the Chestnut Hill and Foxborough sites. Internationally, we have formed relationships with hospitals in China and Brazil to share our knowledge and expertise more widely.

We refreshed the NPCS preceptor program to ensure that new employees are oriented by skilled peers. At the same time, we increased staff engagement in peer feedback through educational seminars, role modeling, and online learning.

I am very proud of our efforts to create a more inclusive environment within NPCS through our acknowledgement and recognition programs.

In 2019, we will partner with the Boston academic community to train newly licensed nurses from diverse backgrounds, as well as specific efforts to support career growth and development among our clinic assistants.

I look forward to the year ahead as we continue to strive for excellence and build a more inclusive practice environment where all feel a sense of belonging within Nursing and Patient Care Services.

Warmly,

Anne H. Gross, PhD, RN, NEA-BC, FAAN
Senior Vice President for Patient Care Services
and Chief Nursing Officer
NPCS Leadership: Promotions and New Hires

In 2018, the NPCS team continued to grow under the leadership of Senior Vice President for Patient Care Services and Chief Nursing Officer Anne H. Gross, PhD, RN, NEA-BC, FAAN. Several promotions occurred throughout the year, as well as key hires into new or existing positions.

Angela Creta, DNP, RN-BC, CNL, NE-BC, was promoted to executive director of the Center for Clinical and Professional Development (CCPD). Creta joined Dana-Farber in 2017 and most recently led the Institute in its ANCC Magnet redesignation document submission. In addition to providing strategic oversight of professional development, orientation, Nursing Quality, and Magnet, Creta now leads the nurse residency program, international programs, the integrative nursing program, and patient and family education. Creta also became an ANCC Magnet appraiser in 2018 after completing 18 months of training.

Katie Magni, MSN, RN, OCN, was promoted to nurse director of Dana-Farber/Brigham and Women’s Cancer Center at Milford Regional Medical Center.

Cindy Arcieri, MS, APRN, OCN, was hired as director of clinical operations for Dana-Farber/New Hampshire Oncology-Hematology and Larissa McLaughlin, BSN, RN, OCN, also joined as a clinical nurse coordinator for that site. Cindy Maio, BSN, RN, OCN, was hired as a clinical nurse coordinator at Dana-Farber Community Cancer Care (DFCCC) Lawrence and Diana Spang, BSN, RN, OCN, was hired for the same role at DFCCC Methuen.

Deborah Toffler, MSW, LCSW, was promoted to senior director, Patient Care Services. Toffler joined Dana-Farber in 2006 and has served in various roles in the department of Social Work and NPCS. Toffler now oversees Interpreter Services and Spiritual Care in addition to Volunteer Services, the Eleanor and Maxwell Blum Patient and Family Resource Center, the Ruth and Carl J. Shapiro Center for Patients and Families, and other services and programs that provide supportive resources for Dana-Farber patients and their families.

Laura Ma, BSN, RN, OCN, was promoted to the new role of director of nursing for outpatient solid tumor programs. Jessica Driscoll, DNP, RN, joined Ma in a newly created position of director of nursing for hematologic malignancies.

Lisa Streeter, MSN, RN, joined Dana-Farber as program manager for Nursing Quality. Renee Abdella, BSN, RN, OCN, BMTC, was hired as nurse director of the DFCC Inpatient Hospital, and Kellie Olsen, MSN, RN, NP, OCN, BMTCN, joined as clinical specialist for the Inpatient Hospital. Megan Corbett, MSN, RN-BC, OCN, and Samantha Morrison-Ma, MSN, ANP-BC, WHNP-BC, were also hired as clinical specialists, with Corbett supporting network sites and Morrison-Ma working in the CCPD. Former infusion nurse Cari Ryding, MSN, RN, OCN, returned to Dana-Farber as director of Nursing and Clinical Services on the ninth floor of the Yawkey Center for Cancer Care.
To ease the experience of cancer treatment for patients and their loved ones, Dana-Farber offers financial assistance, spiritual care, interpreter services, reiki, and much more. Staff in the Department of Patient Care Services are engaged in a Resource Integration (RI) initiative, led by Deborah Toffler, MSW, LCSW, senior director, Patient Care Services, and Patricia Stahl, MEd, senior manager, Volunteer Services and Programs, to more effectively connect patients and families with available resources.

Generous support from Charles Roussel through the Roussel Family Fund made it possible to establish three pilot projects during the past year that support the RI initiative. Each initiative addresses the RI mission from a different angle. In September 2018, the team launched a pilot “Resource Center Pop-Up” that integrates volunteers and resources directly into treatment centers. One day a week for two months, volunteers brought educational literature and disease-specific information to Yawkey 7, where patients with multiple myeloma and gastrointestinal cancers are treated. Here, volunteers spend time rounding, promoting resources, and answering questions. Volunteers also help patients register for Partners Patient Gateway to access their scans, test results, and other appointment- or treatment-related information. The goal of this pilot is to sustain this type of service permanently on all treatment center floors at Dana-Farber.

In addition, the team has been meeting with nurse and physician leaders, program nurses, administrative staff, and patients and caregivers to create a referral field in Epic for supportive resources. The purpose of the referral is to connect patients and family members with resources to ease the patient experience and streamline the process for referring physicians.

Finally, the project team has been working to improve Dana-Farber’s patient-facing digital presence to make it easier for patients to locate and identify available resources. Guiding these efforts was the creation of a “common core,” or project vision, that involved taking a comprehensive inventory of existing resources and partnering with stakeholders, including the Adult Patient and Family Advisory Council, to develop consistent language to describe them.
The Ruth and Carl J. Shapiro Center for Patients and Families and the Eleanor and Maxwell Blum Patient and Family Resource Center are located on the first floor of the Yawkey Center for Cancer Care and offer patients and families a comfortable environment to learn about supportive services and educational and financial resources at Dana-Farber and in the community. Here, they have access to caring and compassionate volunteers who welcome patients and help answer questions. Both centers are led by Patricia Stahl, MEd, senior manager of Volunteer Services and Programs.

In 2018, the Volunteer Services and Programs team welcomed 140 new volunteers who all have a passion for helping others and giving back to Dana-Farber. New volunteers complete a comprehensive training that includes Dana-Farber’s philosophy of “treating the whole patient.”

To best serve our patients, efforts were made during the past year to recruit and train volunteers who are bilingual in Spanish, Arabic, and Chinese (Mandarin). “We must increase access to culturally diverse and bilingual volunteers who can help communicate the variety of resources and services offered,” says Stahl. “Increasing cultural and language diversity among volunteers expands perspective and encourages an increasingly inclusive environment for all.”

Bilingual volunteers provide guidance and support to staff around programmatic design and implementation, creating more opportunities to develop ethnically and culturally diverse programming.

In September, Maritza Nassif, MEd, program coordinator, Patient and Family Resources and a member of the Blum Resource Center Spanish-Speaking Advisory Committee, hosted the second annual Hispanic Heritage Program, which included traditional Hispanic food, music, and an art activity. Program participation increased 30 percent from 2017, attracting more than 50 patients, family members, volunteers, and staff who connected over their shared Spanish heritage. Through these efforts, as well as developing brochures and pamphlets in other languages, the Blum Resource Center and Shapiro Center saw a 50 percent increase in Spanish-speaking patients.

Volunteers Honored for Accomplishments and Contributions

To honor more than 500 volunteers who donated their time to Dana-Farber, Volunteer Services hosted its annual Volunteer Recognition Dinner in June. Anne H. Gross, PhD, RN, NEA-BC, FAAN, senior vice president for Patient Care Services and chief nursing officer, and Deborah Toffler, MSW, LC SW, senior director, Patient Care Services, gave keynote speeches that highlighted the dedication and compassion of volunteers and thanked them for their contributions.

In closing the recognition event, Volunteer Services presented Allan and Deborah Osborne with the Sidney Farber Volunteer of the Year Award for their devotion to volunteering. The Osbornes spent their professional lives working as educators and have been involved in a long list of projects and activities at the Institute, especially the One-to-One Program, Blum Resource Center advisory committee, and as members of The Friends of Dana-Farber and the Adult Patient and Family Advisory Council.

Volunteers Olivia Bogan, Erin Curley, and Gloria Silver, were presented with Above and Beyond Awards. All awards are made possible through the continued generosity of the Charles and Rowena Simberg Foundation.
International Interpreter Ambassador Program Launches

Dana-Farber provides medical interpreters to patients and families who speak a language other than English. Dana-Farber’s Interpreter Services program, managed by Nina Scott, CMI, is staffed by trained professionals who speak 25 languages, including Arabic, Mandarin, Spanish, Haitian Creole, and Russian, and share some of the many cultures of our patient population.

This year, a workgroup that included Dana-Farber Interpreter Services and the Brigham and Women’s International Patient Center was tasked with improving the patient experience for international patients. In response, the workgroup piloted the first-ever International Interpreter Ambassador Program. The mission of the program is to help international patients navigate the system of care at Dana-Farber/Brigham and Women’s Cancer Center. The pilot is made up of 11 Arabic and six Chinese interpreters who serve all Arabic- and Chinese Mandarin-speaking international patients.

To support the Ambassador Program, the work group developed a new job description, role competencies and responsibilities, and performance expectations. The six main competencies encompass the spirit of providing medical interpreting, ensuring continuity of care, and addressing the unique needs of the international patient population. Some of the responsibilities include providing a tour of Dana-Farber, including future appointment locations, calling to remind patients of appointments, and connecting international patients with providers and the International Patient Center.

To date, the Interpreter Ambassador Program has supported 51 Arabic- and 44 Chinese-speaking international patients, totaling 2,225 Dana-Farber patient encounters. Interpreters are excited about this expanded role and feel they have a unique opportunity to showcase their skills (i.e., interpreting, cultural brokering, customer service). They see a great benefit in this program and have stated that “patients feel more comfortable asking questions and seeking services because of the trust and comfort built from this role.” They look forward to continuing the program with other languages in the future.

Resource Specialists Support Patients, Families Through Cancer Treatment

Resource specialists in the Division of Patient and Family Programs and Services work both in the ambulatory setting and at the DFCI Inpatient Hospital. In this role, they help income-eligible patients and their families identify affordable short-term accommodations and transportation options during treatment, work with them to apply for foundation assistance, and provide referrals to community programs.

Five resource specialists and a Northeastern University cooperative student work with clinical care teams to help eligible patients access critical resources and services. Two pharmacy resource specialists also assist with the high costs of treatment-related medication co-payments. The teams assist patients and family members who qualify and have been connected to the Resource Office. To continue to meet Dana-Farber’s needs, a satellite resource specialist and workforce development student will be added to the team in 2019.

Hannah Kitzmiller, senior resource specialist, and her colleagues have been promoting awareness of resources available to patients through presentations at the new Welcome Center and to new patient coordinators. Since October 2018, resource specialists have offered “office hours” in the Blum Resource Center for patients and family members to get help filling out applications for foundation assistance and to learn about other possible resources.
In May, Dana-Farber recognized several NPCS staff members across the Institute. The Award and Recognition Committee, a subgroup that reports to the Dana-Farber Nursing Council, was chaired by Donna Flynn, RN, OCN, program manager for Dana-Farber Community Cancer Care, and Fran Leonard, MSN, RN, AOCN, director of nursing and clinical services at Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center. The committee received 65 nominations honoring 54 individuals.

During the celebration, Dana-Farber senior leaders recognized NPCS staff for their efforts. Dorothy Puhy, MBA, chief operating officer, thanked staff both in a professional capacity and as the wife of a former patient here. “What we have been able to build [in the satellites] has been a tremendous asset to the organization – and to our patients,” said Puhy. Anne H. Gross, PhD, RN, NEA-BC, FAAN, senior vice president for Patient Care Services and chief nursing officer, noted that “patients come to us because of Dana-Farber’s world-renowned reputation, but they stay here for their care because of all of you,” she said. “Your commitment, deep expertise, and caring practices are second to none. You walk the cancer journey with your patients all the way, no matter where it takes them and you, and you do it with incredible skill and unwavering compassion. Thank you for all you do.”

NPCS Honors Staff at Spring Event

The following staff were recognized during the event:

- President’s Award for Nursing Excellence to Nancy Grant, RN, OCN, charge/infusion nurse, Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center
- Award for Excellence in Relationship-Based Nursing Care to Jeanine McManus, BSN, RN, CPHON, staff nurse, Jimmy Fund Clinic, and Cameron Sze, BSN, RN, clinical trials nurse
- Outstanding Clinic Assistant Award to Amy Ferreira, lead clinic assistant, Yawkey 7, Damon Morris, clinic assistant, Yawkey 6, and Lindsay Speight, clinic assistant, Dana-Farber/Brigham and Women’s Cancer Center at Milford Regional Medical Center
- Collaborator in Care Award to Janette Danowski Hale, RPh, BCOP, pharmacist, Dana-Farber/Brigham and Women’s Cancer Center in clinical affiliation with South Shore Hospital
- Culture of Care Award for Excellence in Patient Experience to Nane Kouyoumjian, interpreter, and Scott Maidment, maintenance manager
- Thomas M. Kloss Nursing Leadership Award to Kathleen Bielagus, BSN, RN, OCN, charge/infusion nurse, Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center
Preceptors Honored for Mentoring New Staff

Dozens of nurses, nurse practitioners, clinical assistants and leadership staff gathered in May for an inaugural event: the annual Preceptor Appreciation Breakfast. The breakfast recognized preceptors who volunteer to share their expertise, helping orient new employees in NPCS.

“Precepting is one of the most important things we do here, and it is what makes us who we are,” said Anne H. Gross, PhD, RN, NEA-BC, FAAN, senior vice president for Patient Care Services and chief nursing officer.

About 175 nurses, nurse practitioners, and clinical assistants have served as preceptors in the past 18 months, according to Angela Creta, DNP, RN-BC, CNL, NE-BC, executive director of the Center for Clinical and Professional Development (CCPD).

Creta and Emma Dann, DNP, RN, OCN, NEA-BC, associate chief nurse for the Dana-Farber network, shared testimonials from staff thanking preceptors who enriched their orientation.

In addition, Michelle Ranaghan, MSN, RN, OCN, staff nurse on Yawkey 6, and Colleen McLaughlin, BBA, CCPD program coordinator, presented a video they made in which nurses and clinic assistants recognized their preceptors.

NPCS also launched a preceptor workshop and a preceptor award that will be presented each fall. Two workshops were held in 2018; additional classes are scheduled for 2019.

The preceptor workshop was proposed by Ranaghan, who also co-chairs the Nursing Council, based on a gap analysis she conducted. Ranaghan and Clinical Specialist Samantha Morrison-Ma, MSN, ANP-BC, WHNP-BC, say the goal is to standardize the preparation of preceptors.

Another new initiative in 2018 was the development of a preceptor advisory board comprising nurse leaders and clinical nurses. The purpose of the board is “to shape the preceptor program and evaluate the effectiveness of precepting.”

Interpreter Pursues Dream of Becoming a Nurse

Azza Elsheikh has been working as an Arabic interpreter at Dana-Farber and other Longwood-area hospitals for the past three years. Honored to serve as an intermediary in interactions between nurses and patients, she developed a desire to switch roles. “Seeing children and adults go through cancer treatment, and how crucial a nurse is in their care and comfort, inspired me,” says Elsheikh. “I wanted to have that same type of connection with patients.” Now, after finishing prerequisite courses at Bunker Hill Community College, Elsheikh is applying to nursing school. She plans to continue working as an interpreter part-time and is hoping to eventually earn a master’s degree and become an oncology nurse practitioner.

“It is wonderful to see Azza spread her wings and set forth to achieve her dream,” says Nina Scott, CMI, manager of Interpreter Services. “She has made meaningful contributions to the patient experience here with the perfect combination of skill, professionalism, warmth, and compassion. Azza will be a terrific nurse.”

Elsheikh took part in a Dana-Farber shadow opportunity coordinated through the Center for Clinical and Professional Development. Elsheikh shadowed Alyssa Ywuc, BSN, RN, OCN, an infusion nurse on Yawkey 8, as she went through her regular shift.

The example of developing relationships, set by Ywuc and other Dana-Farber nurses, is a big part of Elsheikh’s decision to pursue nursing as a career. So too are the patients she has gotten to know through sessions as their interpreter. One in particular remains on her mind – a woman with cancer that spread throughout her body. “Nurses were invaluable in providing her compassionate care, and that affected her attitude toward her cancer,” says Elsheikh. “She became more resilient and optimistic. She felt safe.”
Documentary Filmmaker Carolyn Jones Headlines Certified Nurses Day

In March, clinicians and their colleagues marked Certified Nurses Day with a dinner celebration.

In addition to acknowledging Dana-Farber’s 25 newly certified nurses and New England Regional Black Nurses Association awardees Mitzie Cazeau, BSN, RN; Angela Kigathi, BSN, RN; and Inez Robinson, RN, OCN, the event honored several other special attendees: Certified Nurse of the Year Donna Flynn, RN, OCN; documentary filmmaker Carolyn Jones, whose keynote speech focused on her nationally acclaimed book and films on nursing; and Dana-Farber Trustee Amy Zarkin Reiner and her parents, Herb and Susan Zarkin, longtime supporters of DFCI nursing whose Zarkin Family Staff Support and Renewal Program made this special event possible.

“In a field as dynamic as oncology and an institution as cutting-edge as ours, it is imperative that our nursing staff be the best and brightest,” said Anne H. Gross, PhD, RN, NEA-BC, FAAN, senior vice president for Patient Care Services and chief nursing officer.

Carolyn Jones

Flynn, a certified oncology nurse for 20 years, was recognized for her leadership as program manager of Dana-Farber Community Cancer Care (DFCCC), and for supporting and promoting nursing certification. Among the highlights mentioned during the evening was DFCCC Methuen nurses achieving 100 percent certification.

“‘I’m proud of the whole team,’” said Flynn. “Certification is so important – it helps nurses grow professionally and reassures patients. I hope next year we have another whole practice to celebrate.”

Teaching Mission Extends to High School Students

Foundational to its mission as a Harvard-affiliated teaching hospital, Dana-Farber is dedicated to educating future health care professionals. This is exemplified by the Nursing Department’s academic partnership program, which places dozens of nurse practitioner students with clinical preceptors each semester. In May 2018, this effort was extended to 22 high school students from Rhode Island Nurses Institute Middle College (RINIMC), who visited Dana-Farber for a full day. The mission of RINIMC is to prepare a diverse group of students to become a highly educated and professional nursing workforce of the future. The visit was coordinated by Colleen McLaughlin, BBA, program coordinator of the Center for Clinical and Professional Development.

As part of their visit, students met with clinic assistants, nurse practitioners, research nurses, and Senior Vice President for Patient Care Services and Chief Nursing Officer Anne H. Gross, PhD, RN, NEA-BC, FAAN. Each shared their perspectives and discussed the unique paths that led them to careers in nursing and patient care services. Members of the Patient and Family Advisory Councils also shared their experience of being patients and caregivers.
Training Initiatives:
Nurses Advance and Transform the Practice of Nursing

The cancer treatment landscape is rapidly changing. Dana-Farber is at the forefront of discovery and implementation of innovative therapies, with more than 600 therapeutic trials open and accruing patients. Central to Dana-Farber’s mission is continuously educating staff to ensure they are prepared to administer, monitor, and manage the latest protocols. In addition, Dana-Farber has a long-standing mission to mentor, educate, and grow future clinicians. To advance these goals, Nursing and Patient Care Services has implemented educational programs to develop research nurses and support all nurses who care for patients being treated with novel therapies, such as chimeric antigen receptor (CAR) T-cell therapy.

Newly Licensed Research Nurse Residency Program

In 2018, Dana-Farber “graduated” its second cohort from the Newly Licensed Research Nurse Residency Program. The program continues to foster the successful transition of newly licensed, baccalaureate-prepared nurses into the clinical research nurse role. Residents Margaret Carey, BSN, RN, and Danielle Nunziato, BSN, RN, completed a one-year residency program that exposed them to working with principal investigators on the protocol development and review process. They also assisted with recruitment, screening, and registration of patients to clinical trials, and provided protocol education to patients, families, and staff. The 2019 residents are Sheridan Aspinwall, BSN, RN, and Mark Sawin, BSN, RN. They entered the program in September 2018 and will practice for six months in infusion and inpatient settings before beginning the research portion of their learning in March 2019.

Research Foundations Course

The clinical trials nursing office has expanded the curriculum of the Research Fundamentals course for all nursing staff. Kristen Legor BSN, RN, OCN, JD; Caryn Caparrotta BSN, RN, OCN; Kerry Hennessy MSN, RN, AOCN; Leah Killion, MSN, RN, OCN; Margaret Lance, RN, OCN; and Cameron Sze, BSN, RN, developed the course, which includes overview information on clinical trials, navigation of the Oncology Protocol System, research standards of practice, an explanation of research study team member roles, and a summary of communication workflows.

CAR T-cell Therapy Education Initiative

Upon completion of several CAR T-cell clinical trials, Dana-Farber/Brigham and Women’s Cancer Center researchers developed a program specific to CAR T-cell therapy in preparation for Food and Drug Administration approval of a commercial CAR T-cell therapy and the anticipated increase in patient volume. In this revolutionary form of therapy, a patient’s T cells are removed, re-engineered, and reinfused into the patient to fight their specific cancer cells. This therapy has a unique toxicity profile that must be managed carefully.

To prepare nurses to care for patients receiving CAR T-cell therapy, Kathleen McDermott, BSN, RN, OCN, BMTCN, and Lauren Spendley, MSN, AGNP-BC, AOCN, worked together to develop a comprehensive competency-based education program and collaborated with clinical peers Kecia Boyd, MSN, RN, AOCNS, BMTCN; Susanne Conley, MSN, RN, CPON, AOCNS; and Lauren Sullivan, MSN, RN, AGCNS-BS, OCN, to provide education that included in-person sessions, competency assessments, unit-based job aids, and an online curriculum.
‘Good to Go’ Initiative Enhances Patient Safety

With many chemotherapy treatments, there is a slim margin between a dose that offers a therapeutic effect and a dose that causes toxicity. Errors in chemotherapy treatment pose a serious risk to cancer patients, who are often already frail and physically compromised by their disease. Adding to its many other systems to ensure patient safety, Dana-Farber piloted and implemented a new worksheet and communication system called “Good to Go” to standardize nurse reviews of patient chemotherapy orders, treatment plan, and clinical status before a patient is treated.

Led by Nurse Director Katie Magni, MSN, RN, OCN, the Good to Go workgroup included infusion nurses, clinical specialists, quality and process improvement specialists, nurse directors, and pharmacists. The team reviewed chemotherapy verification processes from several leading oncology organizations, including the Oncology Nursing Society, the American Society of Clinical Oncology, and the American Society of Health-System Pharmacists, to establish the verification process used by Dana-Farber nurses and pharmacists. From this, they developed a one-page worksheet used by all nurses in their review of chemotherapy orders. The worksheet includes critical information such as previous dosing, date of signed consent, pre-treatment medications, and other safety concerns, in addition to background information like regimen, provider name, and medical record number. The worksheet guides discussions between nurse and pharmacist to determine whether a patient is “good to go” to receive treatment. Members of the work group also developed a staff educational video that demonstrates interdisciplinary collaboration and communication.

The Good to Go pilot took place in early 2018 on Yawkey 7 and at Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center and was fully rolled out to all Dana-Farber sites during summer 2018. Implementation of standard communication processes between nursing and pharmacy decreased the percentage of pharmacy interventions from 8.8 percent to 2.8 percent. The Good to Go initiative was presented at the annual American Society of Clinical Oncology Quality Symposium in September 2018.

Study Evaluates Outcomes of Pancreatic Binder Pilot

In 2017, a team of program nurses and nurse practitioners in the Gastrointestinal (GI) Cancer Treatment Center worked with Patient Education Program Manager Clare Sullivan, BSN, RN, OCN, MPH, and Gabby Spear, a representative of the Patient and Family Advisory Council, to develop and pilot an educational binder for patients.

After receiving positive feedback from the pilot, the team consulted colleagues in the Phyllis F. Cantor Center for Research in Nursing and Patient Care Services to explore continuing the project in 2018 using an evidence-based practice model. With the expertise of Clinical Inquiry Specialist Terri Jabaley, PhD, RN, the initial work evolved to be an evidence-based practice project. The 2018 project team brought to the table their expertise, the patient experience, and the best scientific evidence. They designed a three-step teaching intervention led by nurses using the patient binder, including a binder template that can be customized for each patient. Sections focused on preparing for treatment, coping during treatment, and accessing ongoing support resources. A QR code in the binder links the patient to a video tour of the infusion setting. The patient’s treatment schedule, medications, side effects, and support services are some of the elements in the binder that help the patient and caregiver.
Through Organization Membership, Nurse Influences Practice

Adonica Racicot, BSN, MSPC, RN, OCN, works as a charge nurse in the infusion room at Dana-Farber/Brigham and Women’s Cancer Center at Milford Regional Medical Center and has been a member of the Oncology Nurses Society and Hospice and Palliative Nurses Association (HPNA) for several years. HPNA was a valuable resource to Racicot as she completed her master’s degree in palliative care nursing at the University of Colorado and developed an interest in the palliative care needs of her patients. Racicot attended the American Academy of Hospice and Palliative Medicine/Hospice and Palliative Nurses Association’s spring 2018 conference with Lauren McGovern, BSN, RN, OCN, who is also a clinical nurse and palliative care champion at Milford.

Through her work as a charge nurse, Racicot observed that patients with advanced cancer were not always being referred to palliative care. She also noticed that when there was discussion about palliative care amongst clinician colleagues, palliative care referrals increased. To address this gap, Racicot initiated a quality improvement project in palliative care as part of her graduate school capstone project. The aim of the project was to increase the number of palliative care referrals through education and daily discussions with colleagues.

Racicot completed a needs assessment with providers and nursing staff, developed an educational intervention that incorporated screening and prognostication tools to identify patients that would benefit from a palliative care intervention, and rounded with clinical nurses to increase awareness of the benefits of palliative care referrals. She also used teaching sheets created by Dana-Farber’s Patient Education Committee, chaired by Clare Sullivan, BSN, RN, OCN, MPH, and highlighted patient education using a bulletin board in the clinic. Education and coaching, routine discussion about palliative care, and one-on-one nurse conversations with patients increased palliative care referrals from 1.7 to 7.5 percent between December 2017 and July 2018. Racicot stated that “one important gain from the project was the ability to empower nurses to introduce and discuss palliative care options with their patients.”

Co-investigators Jabaley, Nina Grenon, DNP, AGCNNP-BC, AOCN, and Patti Rizzo, BSN, RN, led the team in designing an IRB-approved study to evaluate outcomes of using the binder in a systematic intervention provided by GI program nurses. Several patient and care delivery outcomes are currently being measured. Preliminary data indicate improved patient outcomes when the binder is used in strategic nurse/patient encounters. Patient feedback on the usability of the binder has been positive and has helped the team improve the intervention. Patients have emphasized that what is most valuable to them is the individual interaction with and support of nurses.
Survivorship Care Plans Optimize Patient Care, Meet Commission of Cancer’s Accreditation Standards

Thanks to improved cancer treatments, earlier detection, and increasing numbers of people taking advantage of cancer screening, more people than ever are surviving cancer both in the short- and long-term.

Dana-Farber developed its Adult Survivorship Program in 2005. Today, under the leadership of Ann Partridge, MD, MPH, the program has expanded to include Nurse Practitioners Nina Grenon, DNP, AGCNP-BC, AOCN; Patricia Nutting, MSN, NP; and Tara Roy, MS, NP, as well as physician specialists including an internist focused on cancer survivorship, two onco-cardiologists, two onco-nephrologists, and two gynecologists. The program also includes a fertility preservation team, a sleep specialist, sexual health clinicians, and services such as smoking-cessation counseling.

The program provides survivorship services to Dana-Farber patients with a focus on optimizing care as they move beyond treatment. The providers created and utilize a regularly updated compendium of guidelines for the major cancer survivor groups, comprising both common and specific disease/treatment aspects of survivorship care that should be addressed with each patient as they transition from active cancer diagnosis and treatment to survivorship. Templates were created by the Survivorship Program and embedded in the medical record to allow clinicians to create survivorship care plans and share them with patients and other providers.

In 2014 and again in 2017, the American College of Surgeon’s Commission on Cancer (CoC) accredited Dana-Farber/Brigham and Women’s Cancer Center. The CoC is a multidisciplinary consortium of professional organizations dedicated to improving survival and quality of life for cancer patients. The CoC has specific standards regarding survivorship care, including delivery of survivorship care plans. Organizations are required to deliver survivorship care plans to 50 percent of eligible patients by 2018; the standard articulates the minimum components of the care plan.

Dana-Farber set a goal of increasing the percentage of eligible patients who receive a survivorship care plan to achieve the CoC target of 50 percent by the end of calendar year 2018.
Patient Navigator Helps Reduce No-Show Rates

Dana-Farber’s Patient Navigation program in the Division of Patient and Family Programs and Services helps remove barriers and improves access to care for breast and gynecologic patients. Patient Navigators help patients understand what to expect at their appointments so that they can make informed decisions, arrange for tests or appointments, determine questions to ask their care team, and access information about resources and services.

In 2018, Patient Navigator Nancy Peña, OPN-CG, and her colleagues in the Pap Smear Evaluation Center at Brigham and Women’s Hospital developed new interventions to reduce no-show rates for follow-up appointments. In prior years, Peña was instrumental in reducing the no-show rate from 49 percent to 29 percent but follow-up appointments remained a concern. New efforts included reminder calls six days prior to the appointment, educational materials offered in multiple languages to teach patients about the importance of early detection for cervical cancer, and an analysis of why patients were missing appointments (the most common reason: they did not remember).

In evaluating the impact of these interventions, the Pap Smear Evaluation Center experienced a reduction in the no-show rate for follow-up appointments from 29 percent to 18 percent—a significant decline. In November, Peña presented the results in Dallas at the 9th Annual Navigation and Survivorship Conference through the Academy of Oncology Nurse and Patient Navigators.

Peña and the Pap Smear Evaluation Center plan to continue these interventions to prevent future no-shows.

Milford Satellite Offers Mindfulness Practices for Patients and Staff

Catherine Hulme-Freudenberger

Patients undergoing cancer treatment often experience anxiety and stress associated with their diagnoses and treatments. Mindfulness practices have been shown to promote relaxation and decrease distress in oncology patients.

Nurses and clinic assistants at Dana-Farber/Brigham and Women’s Cancer Center at Milford Regional Medical Center reported limited understanding about how to incorporate mindful practices into the care of patients and how they might align mindfulness practices with the Nursing Department’s Professional Practice Model. Catherine Hulme-Freudenberger, BSN, RN, MS, OCN, and Lindsay Speight, clinic assistant, applied for and received an Integrative Nursing Program practice grant to address this gap in knowledge and apply evidence-based mindfulness practices in the practice environment.

Staff attended training sessions about these practices and nurses received continuing nursing education credits for their participation in the sessions. All infusion clinic staff were invited to participate in an anonymous survey four weeks before training sessions began. This provided baseline data about staff understanding, skills, and confidence in the use of mindfulness practices.

A Mindfulness Activity Cart (MAC) was also developed and stored on the unit for patients and families. The MAC includes two iPads with a meditation/mindfulness app, guided meditation and music, headphones, journals, biodots, printed learning materials, and other resources that patients and families can use during their visits. Once trained, staff were encouraged during in-clinic huddles to offer the MAC to all interested patients and families.

Staff respondents to the post-survey reported increased calmness, awareness of self, and feelings of relaxation and peacefulness. The project was so well-received that staff asked for regular mindfulness walk-in sessions to address stress.
Venous Access Committee Updates

The Venous Access Committee (VAC), co-chaired by Susanne Conley, MSN, RN, AOCNS, CPON, and Terry Mazeika, MSN, RN, OCN, developed an evidence-based venous assessment tool to determine whether central access is required for administration of cancer treatments. The tool standardized the way nurses assess risk factors associated with peripheral venous access in adult oncology patients. Its use was subsequently incorporated into an updated policy, which was informed by the Infusion Nurses Society and the Oncology Nursing Society standards.

The new nursing policy eliminated the use of antecubital intravenous sites and limited a patient to four intravenous sticks per day to receive cytotoxic agents. A pilot is underway to ensure that all patients who have consult appointments will have a vein assessment prior to initiating treatment. The implementation of the tool supports nurses’ autonomy and enhances communication with the provider and care team, which ultimately improves the patient experience.

The VAC also monitors patient outcomes related to intravenous therapy including chemotherapy extravasations and central line associated blood stream infections. In 2018, the VAC recommended occurrence reporting system updates to reflect the standards of care in the extravasation policy. These updates provide actionable, trended data that nurses can use to monitor compliance and develop improvement projects.

A recall and subsequent shortage of heparin lock flush solution required a review of professional standards to ensure that flushing with 0.9 percent normal saline (NS)-only was a safe flushing protocol that could be implemented for Dana-Farber patients with central venous access devices. Flushing guidelines and literature review were presented to the VAC, which recommended monitoring the use of alteplase tPA (a thrombolytic agent that can be used to dissolve clots in CVADs) to assess whether the 0.9 percent NS-only flushing protocol led to an increase in catheter occlusions. There has been no reported increase related to this practice change.

CareDex Electronic Tool Piloted in

The Integrative Nursing Program initiated a design thinking project to identify gaps in care experiences that could be improved by using human-centered design methods. Led by Shanna Hoffman, MSN, RN, AGCNS-BC, program director, the project team identified one such area to pilot an intervention – the Jimmy Fund Clinic, which serves pediatric patients. A focus group of Patient and Family Advisory Council members and Jimmy Fund Clinic nurses collaborated to create and pilot an electronic tool, the CareDex form, intended to enhance relationships between patients and members of their clinical team.
Scalp Cooling Pilot Looks at Hair Salvage in Breast Oncology Program

Chemotherapy-induced alopecia (CIA) is one of the most common and emotionally distressing side effects of cancer treatment and one of the strongest deterrents for a woman deciding whether to undergo chemotherapy.

Scalp cooling to prevent CIA has been standard in Europe for more than 40 years and is widely used in Canada. The cooling causes vasoconstriction, which reduces blood flow to the hair follicles, therefore minimizing its uptake of the chemotherapy drug. Until recently, hospitals in the United States were hesitant to recommend scalp cooling because of a lack of quality randomized clinical trials. A 2015 randomized trial demonstrated safety and efficacy and led to FDA approval of two scalp cooling systems.

At the beginning of 2017, Dana-Farber’s Breast Oncology Program in the Susan F. Smith Center for Women’s Cancers requested a scalp cooling pilot on Yawkey 9 for patients receiving taxane-based therapies. A multidisciplinary committee including clinical specialist Susanne Conley, MSN, RN, AOCNS, CPON; Allie Hershey, MSN, AOCNP; associate chief nurse Nancy Hilton, BS, RN, MS; Mary O’Malley, BSN, RN, OCN; Elahe Salehi, DNP, APRN, and clinical nurses convened and investigated vendor options. After selecting a vendor, the team created policies, nurse competencies, and patient education materials, and addressed operational issues critical to implementing a successful program beginning in November 2017.

The CareDex form is part of a patient’s electronic medical record. Information can be added and accessed by all clinicians at any point in the care continuum. The form provides a place to document information about a patient that may not be otherwise easily accessible but could enhance their quality of care. For example, patient preferences regarding dressing changes, integrative therapies that have helped, routines to enhance a sense of safety, and favorite games, toys, and hobbies can be documented.

With assistance from Boston Children’s Hospital’s informatics team, the CareDex form was added to the electronic medical record in June 2018. Since then, there has been a sustained increase in the percentage of patients with a completed CareDex in their chart.

The team is continuing to gather data on usability and has conducted three staff surveys (three, six, and nine months after the project rollout) to gather feedback. The CareDex project has been shared with the informatics committee at Boston Children’s Hospital, and work is underway to understand how this learning can inform the use of the electronic medical record for relationship-based care across the enterprise.

Since November 2017, 89 breast cancer patients have participated in the pilot. Patients privately contract with PAXMAN company for the service, using cooling machines at DFCI. The team is reviewing outcomes related to patient satisfaction with hair salvage. The patients on taxane regimens achieved an 88 percent success rate of hair salvage. Patients report that having an option available that potentially minimizes hair loss gives them some control and privacy while undergoing cancer treatment. Being able to assist patients in successfully managing alopecia made nursing supportive of the program. Plans are underway to expand the program to additional solid tumor treatment centers where scalp cooling has been found to be effective.

Julie Foiadelli, BSN, RN, with patient Kathleen Begley
Annual Symposia Highlight Oncology Nurse Leaders

One of the core pillars of the 2017-19 Dana-Farber NPCS strategic plan is to “Advance and Transform the Practice of Nursing.” To support this goal, Dana-Farber is committed to disseminating the latest advances in care and research to oncology nurses at the Institute and to the greater oncology community. In 2018, DFCI-sponsored symposia focused on general oncology nursing and nursing research.

The oncology nursing symposium, *Updates and Emerging Considerations in Oncology Nursing*, held in June at Dana-Farber, was attended by nearly 150 nurses who had the opportunity to learn from DFCI nurses. In addition, keynote speaker Deborah Mayer, PhD, RN, spoke to colleagues about cancer survivorship. Mayer, the director of Cancer Survivorship at the UNCS Lineberger Comprehensive Cancer Center at the University of North Carolina-Chapel Hill, noted that the country’s oncology caregivers will face financial and logistical challenges unless they change how they care for an aging group of cancer survivors expected to increase 31 percent – to nearly 26 million – by 2040.

The day-long event featured these staff-led talks:

- **Kecia Boyd, MSN, RN, AOCNS, BMTCN** – Evolution of the Oncology Nurse: A Glimpse of Past Patient Care
- **Elizabeth Buchbinder, MD** – Immunotherapy
- **Tracy Daly, MSN, NP, and Shanna Hoffman, MSN, RN, AGCNS-BC** – Integrative Oncology and Pain Management: Evidence-Based Interventions to Promote Comfort and Healing
- **Kathleen McDermott, BSN, RN, OCN, BMTCN** – CAR T-Cell Therapy: Concepts and Clinical Nursing Considerations (a patient and spouse joined McDermott and shared their experience going through the CAR T-Cell process)
- **Patti Smith-Allen, MSN, RN** – Patient Education: Using the Teach-Back Method in the Inpatient Setting
- **Clare Sullivan, BSN, RN, OCN, MPH** – Innovations in Nursing: Pen, Paper, and the Clipboard
- **Nikhil Wagle, MD** – Cancer Precision Medicine

Sponsored by the Center for Clinical and Professional Development (CCPD), the event was coordinated by nurse leader Kerry Hennessy, MSN, RN, AOCN, with help from a planning committee including Angela Creta, DNP, RN-BC, CNL, NE-BC; Anne Elperin, MSN, RN, AOCNP; Katie Fiel, MSN, RN, OCN; Colleen McLaughlin, BBA; and Patti Smith-Allen, MSN, RN.

In addition, the second annual Research Nurse Symposium was held in September.

Of the many symposia held each year for Dana-Farber faculty and staff, few cover topics as diverse as CAR T-cell therapy, the dermatological side effects of targeted drugs, the art of informing patients about clinical trials, ethical issues associated with clinical research, and firsthand accounts of patients’ clinical trial experiences.

“The annual Research Nurse Symposium is an opportunity for nurses from around New England to network, learn about new treatment modalities, gain different perspectives on practice, and collaborate on issues that are important to the research community,” says Kristen Legor, BSN, RN, OCN, JD, associate chief nurse, Research, who leads Dana-Farber’s staff of 84 research nurses along with Caryn Caparrotta, BSN, RN, OCN.

Presenters at this year’s symposium:

- **Caryn Caparrotta, RN, BSN, OCN, and Kristen Legor, BSN, RN, OCN, JD** – When Clinical Trials Go Wrong
- **Colleen Dansereau, MSN, NP** – CAR T-Cell Experience: A Patient’s Journey
- **Suzanne Ezrre, MSN, RN, and Carolyn Goldhammer, BSN, RN, OCN** – A Crisis of Conscience: Ethical Dilemmas in Research Nursing
- **Nicole LeBoeuf, MD, MPH** – More Than Just a Rash: Dermatologic Toxicities
- **Sarah Nikiforow, MD, PhD** – Immune-Effector Cell: Clinical Updates
- **Eileen Regan, MSN, RN, OCN** – Informed Consent: The Teachback Method
In November, Dana-Farber hosted the 2018 Dana-Farber/Brigham and Women's Cancer Center Network Nursing Forum. The forum is held annually to encourage collaboration and learning among colleagues at DFCI as well as nurses from the Dana-Farber Cancer Care Collaborative sites. Emma Dann, DNP, RN, OCN, NEA-BC, associate chief nurse, Network, shares that, “the forum provides a unique opportunity for oncology nurses from various settings to come together for a shared purpose of education and networking.” The event’s planning committee included Dann and clinical specialists Megan Corbett, MSN, RN-BC, OCN, and Marylou Nesbitt, MSN, RN, AOCN.

Presenters at the 2018 Network Nursing Forum:
- Abigail Ciampa, MSN, ANP-BC – Oncologic Emergencies: How to successfully Identify and Treat
- Eileen Duffey-Lind, MSN, APRN-BC, OCN – Preventing HPV: Update on Cancer Prevention Work
- Kerry Beliveau, MSN, RN, OCN; Lori Buswell, MSN, RN, OCN; Ludmila Svoboda, BSN, RN, OCN, MA; Meghan Underhill-Blazey, PhD, APRN, AOCNS – Global Oncology: DFCI’s Center for Global Cancer Medicine
- Shanna Hoffman, MSN, RN, AGCNS-BC – Human-Centered Design Approach for Clinical Problem-Solving
- Domenic Leco and Mark Tomilson – Social Media and Oncology Nursing: Inherent Challenges Related to Personal and Professional Use

Top photo: Deb Mayer, PhD, RN, AOCN, FAAN.
Bottom photo: Suzanne Ezrre, MSN, RN.
CPIP Project Aims to Improve Patient Experience

Waiting for a medical appointment can be frustrating to patients, particularly those who are undergoing cancer treatment. Often these delays are for necessary reasons, such as preparing medications or validating orders. Knowing that some waiting is unavoidable, a team of NPCS clinicians sought to test and implement ways to standardize face-to-face communication about wait times.

Dana-Farber’s Clinical Process Improvement Leadership Program (CPIP) paired Nurse Director Sheila Rozanski, MSN, RN, OCN, with Lead Clinical Assistant Amy Ferreira. Rozanski and Ferreira, along with team members from clinical floors, mapped out the infusion room check-in process on Yawkey 7, identifying 16 potential steps that may occur between the time patients check in to when they are seated for treatment. The team also reviewed data of patient inquiries about the wait during a two-week time period. During peak clinic hours of 11 a.m. and 2 p.m., patient inquiries ranged between six and eight.

Their project sought to decrease patient inquiries to two through increased face-to-face communication and implement standard language about wait times. The phrases were first reviewed with Debbie Anderson, a member of the Patient and Family Advisory Council, to ensure that they would be understood. Clinic assistants were engaged as key leaders in the process, implementing face-to-face communication with patients every 30 minutes so patients understood the reason for the delay.

The pilot intervention decreased the number of patient complaints about wait time, and the average number of patients inquiring about wait time decreased to an average of three. Rozanski and Ferreira plan to continue implementing this work on other clinic floors.

Digital Health at Dana-Farber

The digital health movement is well underway at Dana-Farber, and clinical and administrative leaders, researchers, outside experts, and patients and their families are participating in the discussion. In an ongoing effort to bring people together to think through digital health, Dana-Farber hosted a Digital Disruption Symposium in May in the Yawkey Center for Cancer Care.

Leading the conversation was Gabby Spear, a breast cancer survivor, patient experience advocate, and co-chair of Dana-Farber’s Adult Patient and Family Advisory Council. Spear began her speech by describing her experience as a patient, and how it could have been improved using digital technology. Spear’s testimonial set the tone for the rest of the day’s events and ensured that the conversation was patient- and family-centered.

After developing the myDFCI app for Apple devices in 2017, the Adult Patient and Family Advisory Council – supported by Renee Siegel, MSW, LCSW – was often consulted regarding app development and digital health at Dana-Farber. The Digital Disruption Symposium was not only an opportunity for Spear to share her experience as a breast cancer patient and how digital health could have improved her experience, but also to provide guidance around app development. Spear and Siegel shared insights about the process of working with a pro-bono developer and the many complexities of creating an app that would be well-utilized.

Spear, along with other Patient and Family Advisory Council members, plans to continue her involvement with ongoing digital health efforts at Dana-Farber by supporting research projects with digital components and partnering with senior leaders on high-level decision-making.
Dana-Farber Applies for Fourth Magnet Designation

Dana-Farber applied for its fourth Magnet Recognition Program® designation in August 2018. This gold standard for nursing is a credential granted to approximately 8 percent of hospitals nationally and is emblematic of DFCI’s commitment to providing patients and families with the most expert, compassionate nursing care. Dana-Farber has earned Magnet designation from the American Nurses Credentialing Center (ANCC) three times: in June 2005, in November 2009, and again in July 2014. The 2018/19 redesignation effort includes nursing services at all Dana-Farber care sites, including satellite practices at Milford Regional Medical Center, St. Elizabeth’s Medical Center, South Shore Hospital, and New Hampshire Oncology-Hematology, as well as physician practices, the DFCI Inpatient Hospital, and the Longwood campus.

The 2,600-page application document addressed 69 standards and included 98 narratives and 30 interdisciplinary stories. Sixty colleagues contributed to collection of data and narratives that included highlighting CAR T-cell therapy, the Adult Survivorship Program, ACE training, Patient Contact Center, chemotherapy administration safety, and CPIP projects.

Dana-Farber anticipates a site visit in spring 2019 to validate its application.
Measuring Quality of Nursing Care

Recognizing that nursing contributes to organizational and patient outcomes, the ANCC Magnet framework emphasizes the importance of developing structures and processes within a professional practice environment that supports a high level of quality nursing care. To ensure quality is achieved, organizations are required to compare unit-level outcome data to national comparison benchmarks. Outcome data include:

- nurse satisfaction
- nurse education and certification
- patient satisfaction with nursing care
- nurse-sensitive indicators (chemotherapy extravasations, falls with injuries, catheter-associated urinary tract infections, central line-associated bloodstream infections).

Some of the benchmarks used for this year’s Magnet document submission include benchmarks in the National Database of Nursing Quality Indicators and those established by the Cancer Centers Consortium Nursing-Sensitive Indicators consensus group and Comprehensive Cancer Center Consortium for Quality Improvement.

Additionally, organizations are required to demonstrate that they are continually reviewing and analyzing data and developing performance improvement plans with clinical nurses to develop interventions to improve outcomes. A performance improvement example showcased in the 2018 submission was A Family-Centered Education Program to Reduce Ambulatory Central Line Associated Blood Stream Infections (CLABSI) to address CLABSI rates in the Jimmy Fund Clinic (JFC).

The central venous catheter (CVC) caregiver education improvement initiative was led by JFC clinical nurse Denise Desrochers, BSN, RN, CPON, who served as the initiative’s outpatient champion; Boston Children’s Hospital clinical nurse Margaret Brill-Conway, BSN, RN, CPHON, the initiative’s inpatient champion; and Pediatric Oncology Physician Chris I. Wong, MD, MPH, CPPS, who led the quality improvement and monitoring component of the project. Pediatric Oncology Physician Amy Billett, MD, served as an advisor. The goal of the CVC caregiver education initiative was to decrease the ambulatory pediatric CLABSI rate through the development and implementation of a standardized approach to CVC caregiver education and support.

As indicated in the following graph, the CVC caregiver education program developed and implemented by the interprofessional improvement team was associated with a sustained reduction in the JFC CLABSI rate. Before this was developed, the CLABSI rate ranged between 0.21-0.56 CLABSIs per 1,000 central line days. After the CVC caregiver education program was developed, a total of 182 teaching sessions were conducted, and the CLABSI rate decreased to 0.12 CLABSIs per 1,000 central line days in the first quarter of 2018.
The Nursing Council finalized and approved an updated Professional Practice Model (PPM) schema in fall 2017. The first phase of dissemination into practice involved creating and presenting a one-hour continuing nursing education program targeted at specific groups of nurses across the enterprise, distributing PPM badge cards, and handing out framed images of the revised PPM schema to each practice area.

The second phase began with a continuing education offering in May 2018. Magnet Champions have been charged with engaging all clinical nurses in the dissemination of the PPM. Champions are using creative methods to engage their colleagues in relating everyday practice stories back to the tenets of the PPM. To incentivize maximum participation, a competition between units is underway and the winning unit will be awarded a prize in 2019.
Patients Report High Satisfaction with Nursing Care

The effectiveness of the nursing professional practice model (PPM) is continuously evaluated through review of outcomes that include nurse satisfaction, patient clinical outcomes, and patient satisfaction with nursing care. Dana-Farber has consistently demonstrated strong performance in nurse-related patient-satisfaction domains, outperforming in all four categories (Patient Engagement, Patient Education, Responsiveness, Courtesy and Respect) reported to the American Nurse Credentialing Center (ANCC) in August.

The comparison benchmarks Dana-Farber uses include the 515-2 Dana-Farber Custom Peer Group, which contains a sample of cancer centers that use the Outpatient Oncology survey tool, the Consortium of Comprehensive Cancer Centers for Quality Improvement, and the Magnet Peer Group. The Nursing Department analyzes the Patient Engagement domain very closely because it highlights Dana-Farber’s strong commitment to a core component of the PPM, the primary nursing/relationship-based care delivery system that impacts whether patients feel included in their care.

Patients report a high sense of inclusion in decision making and are confident in how to manage their care at home. During the past year, the majority of areas have consistently performed higher than comparison peer groups (see graphs at right).
### Patient Engagement

**Ambulatory – Longwood Adult, Satellites, Community Cancer Care**

“Efforts to include you in decisions about your treatment”

**October 2017 – September 2018**

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### Patient Engagement

**Ambulatory – Longwood Pediatric**

“Efforts to include you in decisions about your treatment”

**October 2017 – September 2018**

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Reward and Recognition

- Kathleen Bielagus, BSN, RN, Thomas M. Kloss Nursing Leadership Award
- Mitsie Cazeau, BSN, RN, New England Regional Black Nurses Association (NERBNA) Inc. Excellence in Nursing Leadership Award
- James Constantine, Catherine Rhinehart, BSN, RN, OCN, and Katherine Stephans, MSN, NP, Preceptor Award
- Eileen Duffey-Lind, MSN, APRN-BC, OCN, Nominated for ANCC Magnet Nurse of the Year Award
- Amy Ferreira, Damon Morris, and Lindsay Speight, Outstanding Clinic Assistant Award
- Donna Flynn, RN, OCN, Certified Nurse of the Year Award
- Kara Garfield, MPA; Ann Marie Ricciarelli, BSN, RN, OCN; Patricia Severns, MSN, RN, ANP-BC; and Colleen Whitehouse, DNP, RN, OCN, Partners in Excellence Award
- Nancy Grant, RN, OCN, President’s Award for Nursing Excellence
- Angela Kigathi, MSN, RN, and Inez Robinson, RN, OCN, New England Regional Black Nurses Association (NERBNA) Inc. Excellence in Nursing Practice Award
- Nane Kouyoumjian, Culture of Care Award for Excellence in Patient Experience
- Fran Leonard, MSN, RN, AOCN, Honorable Mention for the 2018 Schwartz Center National Compassionate Caregiver of the Year Award
- Jill MacDonald, BSN, RN, CPON, and Rachel Terranova, BSN, RN, CPON, First Place Poster, at APHON (Association of Pediatric Hematology Oncology Nurses) 42nd Annual Conference and Exhibit
- Jeanine McManus, BSN, RN, and Cameron Sze, BSN, RN, Award for Excellence in Relationship-Based Nursing Care
- Meghan Underhill-Blazey, PhD, APRN, AOCN, Oncology Nursing Society Victoria Mock New Investigator Award

NP Graduate and Nursing Student Preceptors: Fall 2017–18

Brian Beardslee, MSN, RN
Early Drug Development Center
Kelly Boyle, MSN, RN, CNOR
Lab Services
Pam Calarese, MSN, NP
Thoracic Oncology
Abigail Ciampa, MSN, ANP-BC
Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center
Melissa Cochran, MSN, FNP-BC
Hematologic Malignancies
Angela Creta, DNP, RN-BC, CNL, NE-BC
Center for Clinical and Professional Development
Lauren Czapla, MSN, NP, AOCNP
Breast Oncology
Ginger Dalton, MSN, NP
Hematologic Malignancies
Giuliana DeMarchi, MS, NP
Gastrointestinal Oncology
Lisa Doherty, MSN, APRN-BC, OCN
Neuro-Oncology
Toni Dubieu, MSN, AGNP-BC
Hematologic Malignancies
Katherine Edmonds, MSN, NP
Hematologic Malignancies
Lauren Engel, MSN, NP
Genitourinary Oncology
Elisa Frederick, MSN, NP
Research Nursing
Ilene Galinsky, MSN, NP
Hematologic Malignancies
Nina Grenon, DNP, AGCNP-BC, AOCN
Gastrointestinal Oncology
Jason Glass, MSN, NP
Head and Neck Oncology
Charice Hermann, BSN, RN, OCN
DF/NHOH
Shanna Hoffman, MSN, RN, AGCNS-BC
Integrative Nursing
Amy Joyce, MSN, NP, AOCN
Hematologic Malignancies
Lisa Juden, MSN, NP
Gynecologic Oncology
### New Degree Attainment

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<td>Maritza Nassif</td>
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<td>Kim Noonan</td>
<td>Yawkey 7</td>
<td>DNP</td>
<td>Simmons University</td>
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<td>Rachel Pozzar</td>
<td>Phyllis F. Cantor Center</td>
<td>PhD</td>
<td>Northeastern University</td>
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<tr>
<td>Adonica Racicot</td>
<td>DF/BWCC at Milford Regional Medical Center</td>
<td>MSPC</td>
<td>University of Colorado</td>
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<tr>
<td>Michelle Ranaghan</td>
<td>Yawkey 6</td>
<td>MSN, Nursing Education</td>
<td>Capella University</td>
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<tr>
<td>Elahe Salehi</td>
<td>Yawkey 9</td>
<td>DNP</td>
<td>MGH Institute of Health Professions</td>
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<tr>
<td>Colleen Whitehouse</td>
<td>Radiation Oncology</td>
<td>DNP</td>
<td>MGH Institute of Health Professions</td>
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</tbody>
</table>

**Jean Landry, MSN, ANP-BC**
Breast Oncology

**Sheila Macauley, BSN, RN, OCN**
DFCCC Weymouth

**Elyse Mandell, MSN, NP**
Benign Hematology

**Jen McKenna, MSN, NP**
Breast Oncology

**Margaret McMullin, MSN, RN, AOCN**
Thoracic Oncology

**Suzanne Menon, MSN, NP, OCN**
Gynecologic Oncology

**Kim Noonan, DNP, RN, AOCN**
Hematologic Malignancies

**Melissa O’Connor, MSN, NP, CPON**
Pediatric Oncology

**Kathleen Polson, MSN, APRN**
Sarcoma

**Cathleen Power, MSN, NP**
Thoracic Oncology

**Elahe Salehi, DNP, APRN**
Breast Oncology

**Lindsay Shaw, MSN, RN, AOCNP**
Breast Oncology

**Sara Shobin, MS, RN, CPHON**
Pediatric Oncology

**Karen Sommer, MSN, ANP-BC**
Gastrointestinal Oncology

**Jennifer Spidle, MSN, NP, CPON**
Pediatric Oncology

**Jenn Stefanik, MSN, NP**
Neuro-Oncology

**Katey Stephens, MSN, NP**
Hematologic Malignancies

**Barbara Virchick, MSN, ANP-BC, OCN**
Hematologic Malignancies

**Casey Wall, MSN, NP, CPON**
Pediatric Oncology

**Andrew Wolanski, DNP, AOCNP**
Early Drug Development Center

**Mary Ann Zimmerman, MSN, NP, CPNP**
Pediatric Neuro-Oncology
## New Certifications

<table>
<thead>
<tr>
<th>NAME</th>
<th>UNIT/DEPARTMENT</th>
<th>DEGREE</th>
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<tbody>
<tr>
<td>Paula Aguilera</td>
<td>Yawkey 6</td>
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<td>Kelsey Baker-Brooks</td>
<td>Yawkey 8</td>
<td>OCN</td>
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<tr>
<td>Gina Barbieri</td>
<td>DFCI Inpatient Hospital</td>
<td>OCN</td>
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<tr>
<td>Hannah Bary</td>
<td>DFCCC Lawrence</td>
<td>OCN</td>
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<tr>
<td>Kerry Beliveau</td>
<td>Yawkey 6</td>
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<tr>
<td>Cindy Cao</td>
<td>Yawkey 10</td>
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<tr>
<td>Amanda Carnes</td>
<td>Jimmy Fund Clinic</td>
<td>CPHON</td>
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<tr>
<td>Ceceley Chambers</td>
<td>DF/BWCC at Milford Regional Medical Center</td>
<td>APBCC</td>
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<tr>
<td>Caitlin Coppenrath</td>
<td>DFCCC Methuen</td>
<td>OCN</td>
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<tr>
<td>Megan Corbett</td>
<td>Network</td>
<td>OCN</td>
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<tr>
<td>Emma Dann</td>
<td>Network</td>
<td>NEA-BC</td>
</tr>
<tr>
<td>Kathy Guimond</td>
<td>Yawkey 7</td>
<td>AHN-BC</td>
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<tr>
<td>Christina Hale</td>
<td>DF/BWCC in Clinical Affiliation with South Shore Hospital</td>
<td>OCN</td>
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<tr>
<td>Rebecca Klass</td>
<td>DFCCC Weymouth</td>
<td>OCN</td>
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<tr>
<td>Paula Koppel</td>
<td>Integrative Nursing</td>
<td>AHN-BC</td>
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<td>Helen-Lori Maclellan</td>
<td>Yawkey 11</td>
<td>OCN</td>
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<tr>
<td>Katherine Magni</td>
<td>DF/BWCC at Milford Regional Medical Center</td>
<td>OCN</td>
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<tr>
<td>Pilar McCann</td>
<td>Interpreter Services</td>
<td>CMI - Spanish</td>
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<td>Mary-Ann McCue</td>
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<td>OCN</td>
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<tr>
<td>Susan O’Connor</td>
<td>DF/BWCC in Clinical Affiliation with South Shore Hospital</td>
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<tr>
<td>Nancy Peña</td>
<td>Patient &amp; Family Programs and Services</td>
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<td>Carol Ann Perry</td>
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<tr>
<td>Chelsea Proulx</td>
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<td>CPHON</td>
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<td>Emily Ranaghan</td>
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<tr>
<td>Bethany Rang</td>
<td>Yawkey 5</td>
<td>OCN</td>
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<td>Kristin Souza</td>
<td>Jimmy Fund Clinic</td>
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<td>Lauren Sullivan</td>
<td>Yawkey 7/Yawkey 8</td>
<td>AGCNS-BC</td>
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<td>OCN</td>
</tr>
<tr>
<td>Dalida Yeroshalmi</td>
<td>Yawkey 2</td>
<td>VA-BC</td>
</tr>
</tbody>
</table>
DAISY Awards are presented quarterly by Anne H. Gross, PhD, RN, NEA-BC, FAAN, and nurse leaders to recognize the extraordinary work nurses do every day. Here are this year’s winners:

- Paula Buckley, BSN, RN, VA-BC, Venous Access Nurse
- Cindy Cao, BSN, RN, OCN, BMTCN, Staff Nurse
- Carla Chapman, BSN, RN, Staff Nurse
- Virginia Dalton, MSN, NP, Nurse Practitioner
- Erin Drury, BSN, RN, OCN, Staff Nurse
- Lauren Engel, MSN, NP, Nurse Practitioner
- Kristen Graham, BSN, RN, CPON, Staff Nurse
- Anne Gray, BSN, RN, Program Nurse
- Jillian Hoffman, BSN, RN, Staff Nurse
- Kathy Houlanan, MHA, MSN, RN, NE-BC, Nursing Director
- Elizabeth Llewellyn, BSN, RN, OCN, Staff Nurse
- Jennifer Lowell, BSN, RN, Staff Nurse
- Jennifer McKenna, MSN, NP, Nurse Practitioner
- Elizabeth Kaylin, BSN, RN, OCN, Staff Nurse
- Suzanne Oliver, BSN, RN, OCN, Staff Nurse
- Courtney Shea, BSN, RN, Staff Nurse
- Robin Sommers, DNP, NP, AOCNP, Nurse Practitioner
- Despina Stavros, BSN, RN, Staff Nurse
- Katherine Stephans, MSN, NP, Nurse Practitioner
- Ann Stewart, MSN, NP, ANP, Nurse Practitioner
- Jackie Tuskan, BSN, RN, OCN, Staff Nurse
- Meghara Walsh, BSN, RN, Research Nurse
- Annette Werger, MSN, NP, PNP, Nurse Practitioner
- Alyssa Ywuc, BSN, RN, OCN, Staff Nurse

Nancy Grant, RN, OCN
Dana-Farber Cancer Institute at St. Elizabeth’s Medical Center

Catherine Hulme-Freudenberg, MS, BSN, RN, OCN
DF/BWCC at Milford Regional Medical Center

Melissa Jasset, MSN, RN
Dana-Farber Cancer Institute, Yawkey 6

Adonica Racicot, BSN, MSPC, RN, OCN
DF/BWCC at Milford Regional Medical Center

Each year The Boston Globe publishes a special “Salute to Nurses” supplement in which patients and families can pay tribute to those who care for them. This year’s honorees included:
## Professional Leadership Roles

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL ORGANIZATION</th>
<th>LEADERSHIP ROLE</th>
</tr>
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<tbody>
<tr>
<td>Brian Beardslee, MSN, RN</td>
<td>Boston Chapter Oncology Nursing Society (ONS)</td>
<td>Nominating Committee</td>
</tr>
<tr>
<td></td>
<td>Boston Chapter ONS</td>
<td>Program Planning Committee</td>
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<tr>
<td></td>
<td>International Association of Clinical Research Nurses (IACRN)</td>
<td>Conference Planning Committee Member</td>
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<tr>
<td></td>
<td>IACRN</td>
<td>Core Competencies Review Committee Member</td>
</tr>
<tr>
<td></td>
<td>IACRN</td>
<td>Marketing and Communications Committee Member</td>
</tr>
<tr>
<td></td>
<td>IACRN</td>
<td>Marketing and Membership, Education Committee</td>
</tr>
<tr>
<td>Lisa Caradonna, BSN, RN, OCN</td>
<td>Southern NH ONS</td>
<td>Secretary</td>
</tr>
<tr>
<td>Michael Casey, APRN-BC, FNP</td>
<td>Health Information Management Committee</td>
<td>Outpatient NP Representative</td>
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<tr>
<td>Lisa Chicko, RN, BA, OCN</td>
<td>Manchester Community College</td>
<td>Advisory Council for Nursing Program</td>
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<td></td>
<td>Franklin Pierce University</td>
<td>Instructor of Nursing</td>
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<td>Southern NH ONS</td>
<td>Board Director at Large</td>
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<tr>
<td>Angela Creta, DNP, RN-BC, CNL, NE-BC</td>
<td>American Nursing Credentialing Center</td>
<td>ANCC Magnet Appraiser</td>
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<tr>
<td>Mary E. Cooley, PhD, RN, FAAN</td>
<td>ONS</td>
<td>Scholar-In-Residence</td>
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<tr>
<td>Maura Dacey, BSN, RN</td>
<td>Boston Chapter ONS</td>
<td>Director At Large</td>
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<td>Emma Dann, DNP, RN, OCN, NE-BC</td>
<td>Southern NH ONS</td>
<td>President</td>
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<td>St. Anselm Continuing Education</td>
<td>Leadership Conference Planning Committee</td>
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<td></td>
<td>Northern New England Clinical Oncology Society</td>
<td>Board Member</td>
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<td></td>
<td>Boston College</td>
<td>Faculty, RN Refresher Course</td>
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<tr>
<td>Eileen Duffey-Lind, MSN, RN, CPNP</td>
<td>HPV/Cervical Cancer Summit at DFCI</td>
<td>Chair</td>
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<tr>
<td></td>
<td>Massachusetts DPH HPV/CC Working Group</td>
<td>Co-Chair</td>
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<td></td>
<td>Cervical Cancer Free America</td>
<td>Co-Chair, Mass Chapter</td>
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<td></td>
<td>Mass Coalition for HPV and HPV Related Cancers Awareness</td>
<td>Chair</td>
</tr>
<tr>
<td>Anne H. Gross, PhD, RN, NEA-BC, FAAN</td>
<td>American Academy of Nursing</td>
<td>Chair, Fellows Selection Committee</td>
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<td>Greater Boston Nursing Collective</td>
<td>Board Member</td>
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<td>Mosaic – DFCI Employee Resource Group</td>
<td>Executive Sponsor</td>
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<td>University of Massachusetts, Boston; College of Nursing and Health Sciences</td>
<td>Member, Dean’s Advisory Board</td>
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<td>NAME</td>
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<td>LEADERSHIP ROLE</td>
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<td>Anne H. Gross, PhD, RN, FAAN, NEA-BC (continued)</td>
<td>National Comprehensive Cancer Network (NCCN)</td>
<td>Executive Sponsor, Advanced Practice Practitioner Committee</td>
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<td>NCI-Designated Comprehensive Cancer Centers</td>
<td>Member, Nurse Executive Group</td>
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<td>Rebecca Guy-Hamilton, BSN, RN, OCN</td>
<td>Massachusetts Nurses Association (MNA)</td>
<td>Council Representative</td>
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<tr>
<td>Nancy Hilton, BS, RN, MS</td>
<td>The Joint Commission Cancer Center Project</td>
<td>Stakeholder Panel Member</td>
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<tr>
<td>Shanna Hoffman, MSN, RN, AGCNS-BC</td>
<td>Integrative Nursing Pain Consortium of Boston</td>
<td>Chair</td>
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<td>Greater Boston Nursing Collective</td>
<td>Program Committee Member</td>
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<tr>
<td>Anna Lefebvre, MSN, CPNP, CPON</td>
<td>Boston Association of Pediatric Hematology/Oncology Nurses (APHON)</td>
<td>President</td>
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<tr>
<td>Kristen Legor, JD, RN, OCN</td>
<td>IACRN</td>
<td>Member, Educational Committee</td>
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<td>IACRN</td>
<td>Member, Boston Chapter Board</td>
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<tr>
<td>Amanda Lulloff, MS, RN, PCNS, CPHON</td>
<td>Boston APHON</td>
<td>Secretary</td>
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<tr>
<td>Mary O’Driscoll, BSN, RN OCN</td>
<td>Central Mass ONS</td>
<td>Social Media Coordinator</td>
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<tr>
<td>Nina Scott, CMI</td>
<td>Forum for the Coordination of Interpreter Services</td>
<td>Vice President of the Board</td>
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<td>Commission for Medical Interpreter Education (Division of IMIA)</td>
<td>Secretary</td>
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<tr>
<td>Karyn Stebbins, BSN, RN, OCN</td>
<td>Southern NH ONS</td>
<td>Director at Large</td>
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<tr>
<td>Clare Sullivan, MPH, BSN, RN, OCN</td>
<td>Cancer Patient Education Network</td>
<td>Secretary</td>
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<td>Cameron Sze, BSN, RN</td>
<td>IACRN</td>
<td>Marketing and Communications Committee Member</td>
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<tr>
<td>Marianne Tawa, MSN, NP</td>
<td>Cutaneous Lymphoma Foundation</td>
<td>Board of Directors - Vice President</td>
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<td>Dermatology Nurses’ Association</td>
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<td>American Academy of Nurse Practitioners (AANP) National Task Force Validation Panel for the Development of Dermatology Nurse Practitioner Competencies</td>
<td>Dermatology Specialty Group Representative</td>
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<tr>
<td>Meghan Underhill-Blazey, PhD, APRN, AOCN</td>
<td>Leadership Institute Society of Behavioral Medicine</td>
<td>Fellow</td>
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<td>Andrew Wolanski, DNP, APN-BC</td>
<td>Boston Chapter ONS</td>
<td>Treasurer</td>
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<td>MNA</td>
<td>Co-Chair Bargaining Committee</td>
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</tbody>
</table>
Publications


Presentations

Clinical Process Improvement Program Presentations


Panel


Podium


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Anne H. Gross, PhD, RN, NEA-BC, FAAN
Senior Vice President for Patient Care Services and Chief Nursing Officer

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Associate Chief Nurse, Adult Oncology

Angela Creta, DNP, RN-BC, CNL, NE-BC
Executive Director, Center for Clinical and Professional Development

Alexandra McKeever, MBA
Director, Business Administration

Mary Poyner Reed
PhD, CNRN, ANP, NEA-BC
Associate Chief Nurse, Pediatric Oncology


Posters


DeAngelis, C. “Improved Utilization of Infusion Room Chairs.” Oncology Nursing Society Congress. May 2018. Washington, DC.


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