Headlines
Caring
June 16, 2011

See Jeanette Ives Erickson's column on page 2

Staff nurse, Sheryl Ferreira, RN, during hourly rounds with patient, Patrick Rockett

MASSACHUSETTS GENERAL HOSPITAL 1811 - 2011

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Picker Institute's Always Events Grant speaks to success of 7Ps

I'm very proud of this recognition. It speaks directly to the work of Patient Care Services staff and leadership to improve our responsiveness scores, and hourly rounding is a big part of that success.

Recently, MGH was named one of a handful of recipients of the 2011-2012 Picker Institute Always Events Grants for our efforts to improve patient- and family-centered care by ensuring patients *always* know who's in charge of their care, that providers are *always* responsive to patients and families' needs, and that our patients *always* get the help they need when they need it.

The Picker Institute is an independent, non-profit organization dedicated to advancing the principles of patient-centered care. In contrast to 'never events' with which we're all familiar, The Picker Institute has adopted the concept of always events—to promote aspects of the patient and family experience that should always occur when patients interact with healthcare professionals. Their grant program supports the development and implementation of always-event strategies that can be replicated across healthcare settings and contribute to widespread improvement of patient- and family-centered care.

I'm very proud of this recognition. It speaks directly to the work of Patient Care Services staff and leadership to improve our responsiveness, and hourly rounding is a big part of that success.

You may recall that we did a comprehensive review of best practices, and the literature pointed to a three-pronged nursing approach called the 3Ps. This approach calls for a nurse to round on patients every hour inquiring about their pain, personal hygiene needs, and positioning. We tried the 3Ps approach, but it had no effect on patient-satisfaction. So we took the information from the literature and created our own approach to better meet the needs of our patients. We call our approach the 7Ps:

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

- Person (introduce yourself and call the patient by name)
- Plan (describe the plan of care for the day)
- Priority (integrate the patient's goals into the plan)
- Pain (assess for pain and manage accordingly)
- Personal hygiene (assist with any personal-hygiene issues)
- Position (when appropriate, re-position patient)
- Presence (ask if there's anything else you can do and let them know you have time for them)

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When we began incorporating the 7Ps into our hourly rounding, we noticed a dramatic improvement in patient-satisfaction. 'It takes a village' became part of our thinking. Nurses aren't the only clinicians who impact the patient experience. Embracing our team approach to care, we trained patient care associates, social workers, and therapists in the fine art of the 7Ps so that responsiveness and communication would be consistent from caregiver to caregiver.

As a result, we have seen:

- a decrease in patient falls
- a decrease in skin-breakdown
- improved patient-satisfaction
- improved nursing satisfaction, including a decrease in call-light usage and distance walked by nurses

A review of quarterly data on fall rates, pressure-ulcer rates, HCAPH scores, and feedback from staff tell us that in order for hourly rounds to be successful, we must have:

- the active involvement of patients, families, nurses, patient care associates, and all role groups and disciplines that comprise the patient-care team
- predictability (rounding should take place every hour between 6:00am and 10:00pm; every two hours between 10:00pm and 6:00am)
- consistent use of the 7Ps

To help achieve consistency in the use of the 7Ps and to answer some frequently asked questions about hourly rounding, the PCS Office of Quality & Safety has put together a Tool Kit, which has been distributed to all patient care units. This Tool Kit contains, among other things, a sample script of how a routine hourly-rounding encounter might unfold. Obviously, there's some room for flexibility around what's actually said, but it's important to adhere to the spirit of the script ensuring that every 'P' is addressed, and patients understand that hourly rounding is an *always* event.

For more information about hourly rounding or the 7Ps, call the PCS Office of Quality and Safety at 3-0140; speak with your nursing director or clinical nurse specialist; or contact The Institute for Patient Care at 6-3111.

Update

Since January, Debbie Burke, RN, has acted as interim associate chief nurse for the MGH Cancer Center in addition to the other areas she oversees. I'm happy to announce that effective immediately, the Cancer Center will be a permanent addition to her scope of responsibility.

In this Issue

Turning a tragic loss into serious 'monkey business'

—by Lorrain Celata, LICSW, clinical social worker

Never underestimate the power of precious moments spent with patients and families. In the Emergency Department, caring for grieving families and survivors of traumatic injury is a daily occurrence. While these interactions may seem brief and fleeting, they often leave an indelible impression on those in crisis.

In the early morning hours of March 26, 2011, 25-year-old, Tristan Palmer, was Medflighted to MGH from a community hospital following a motor vehicle accident. Though he had been wearing a seat belt, Palmer was seriously injured. His family was notified, and they soon arrived in the ED. As medical staff tended to Palmer, Social Services was paged to provide emotional support for the family. Social workers, Anne Lafleur, LICSW, and Lorraine Celata, LICSW, responded.

(L-r): Tristan Palmer's parents, Debbie and Dan Butcher; Anne Lafleur, LICSW; Lorraine Celata, LICSW; child life specialists, Sacha Heather Field and Anne Pizzano; and lots of monkeys!

Despite the family's grief, they remained hopeful and optimistic. They spoke about their beloved brother and son. He was a 'people person,' always ready to help others. He was a motivator, posting positive affirmations on-line. And he loved children.

Sadly, the family was soon informed of the devastating loss. Even as they grieved, they thanked staff for the 'wonderful care' they had received throughout the night and as they sat by Palmer's bedside.

The family shared touching memories of their son. They asked that he be remembered for having left the world a better place.

Palmer's nickname had been 'Monkey.' So as a tribute to their son, the family requested that memorial donations be made in the form of stuffed animals to be shared with hospitalized children. Palmer's family and friends rose to the occasion collecting hundreds of fluffy, cuddly, stuffed animals, Teddy bears, and yes, monkeys!

Recently Palmer's family returned to MGH to deliver a load of this precious cargo. They continue to collect stuffed animals and distribute them to area hospitals to be given to sick children. MGH is fortunate to be the recipient of such a kind gesture that at once helps our patients and honors the memory of Tristan Palmer.

Says Celata, "This family touched our hearts. They remind us that the work we do has impact beyond the walls of MGH."

Re-defining autonomy: challenges in caring for individuals with newly acquired disability

—by Zary Amirhosseini and Ellen M. Robinson, RN

At a recent Ethics Forum, experts, Regina Doherty OTR/L, occupational therapist; Zary Amirhosseini, disability program manager; Ron Hirschberg MD, physician; Lynne Brady Wagner, CCC-SLP, director of the Stroke Rehabilitation Program at Spaulding; and Ruth Purtilo, PT, professor emerita in Ethics at the MGH Institute of Health Professions, came together to discuss a case involving an acute spinal-cord-injury patient facing new disability.

Panelists considered:

- how the dignity of a newly injured patient can be affirmed in the context of this new diagnosis and disability
- how healthcare providers can help patients with newly acquired disability deal with the life-altering situation
- what resources are available in the rehabilitation setting and in the community

Each panelist commented on the case of a 21-year-old college student who had sustained a cervical spinal cord injury. Amirhosseini shared her insights about what might be available for this young man in terms of returning to the community as 'an independent person.' She urged attendees to consider the 'lens' through which they view patients presenting with new disability. She urged caregivers to consider more than the traditional medical/rehabilitation model and think about elements of a social/independent-living model. In this model, the focus is not as much on fixing the problem as embracing whatever attributes may help the patient take control over his or her options and exercise some level of independence in an integrated community.

Hirschberg described the levels of cervical injury and the physical abilities affected at each level. He made the point that a patient's ability to live independently changes drastically according to the level of his or her injury.

Brady Wagner described recent research about spinal cord injuries and quality of life, noting that healthcare professionals often rate the quality of life of spinal-cord-injury patients lower than patients themselves rate their own quality of life.

Purtilo urged caregivers to employ an ethics of care model when caring for patients and families experiencing these transitions. She reinforced Amirhosseini's point, cautioning caregivers to make sure the patient's needs and desires are being met, not the caregiver's.

For more information on this session or future Ethics Forums, call Ellen Robinson, RN, clinical nurse specialist in Ethics at 4-1765.

(L-r): Doherty; Brady Wagner; Hirschberg; Purtilo; and Amirhosseini

The Hausman Young Scholars Program

—by Bernice McField-Avila, and Deborah Washington, RN

Building on the success of the Hausman Nursing Fellowship, the Hausman Accent-Reduction Program, and the Hausman Multi-Cultural Nursing Program, Patient Care Services with support from the Hausman Fund is introducing the Hausman Young Scholars Program, an interactive learning experience for the children of MGH support staff from diverse backgrounds. The Hausman Young Scholar's Program offers weekend classes in CPR, first aid, computer skills, web design, and exposure to hospital settings such as the chemistry and simulation labs. As part of the program, MGH staff give their time to teach and mentor these middle-school-aged children. And as a result of the program, students begin to see the influence they can have as a voice for good health within their families and peer groups.

At a Saturday class, Hausman young scholars (l-r): Toni-Dee Clarke; Nequie Moore (front); José Maravilla; Samuellé Levy; and Brenda Angel, with cardiovascular perfusionist, Raymond Hawkins (left).

(Photos by Bonnie Godas)

Participating in the six-week program from March 26, to April 23, 2011, were Hausman young scholars: Nequie Moore, Toni-Dee Clarke, Brenda Angel, José Maravilla, and Samuellé Levy.

Says Hausman instructor, Bernice McField-Avila, "I can't believe how quickly six weeks went by. The scholars were so eager to learn and share their thoughts and experiences. They were so motivated to come to class every Saturday."

To get a better sense of participants' backgrounds, values, and lifestyles, coordinators of the program conducted a survey to learn more about the inaugural class of Hausman young scholars. Following are some of their responses.

Technology

- 80% have access to a computer or laptop at home (the national census reports 51% have a computer at home)
- 40% have a cell phone (compared to the national average where 75% of teens between 12 and 17 have a cell phone)

  Reasons for not owning a phone:
  - Mom says no
  - Mom says not until they get a job
  - Parents don't think they need one
- Spend an average of 20 hours per week watching TV (which is the same as the national average; 3–5 hours per day)

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MGH and the Hausman Family recognize the need to continue to invest in young minority children, to empower them to help shape the future. And we continue to be inspired by them as they rise to their full potential in pursuit of promising careers.

Culture and Traditions

- 100% of scholars are involved in some form of family tradition. They consider it an important part of their lives. Some traditions include:
  - Misas, Novenarios (Mass and Novena)
  - Enjoying cultural foods
  - Participating in family reunions
  - Speaking their parents' native language at home
  - Going back to visit parents or grandparents' native countries

Nutrition, Physical Activity, and Sleep

- Prefer home-cooked meal because:
  - it's healthy
  - it's made fresh
  - they know who cooked it
  - it's natural
- 100% like vegetables because they're healthy
- 100% have active lives through gym, walking, and sports
- 80% average 6–8 hours of sleep per night (national average: only 31% of teens get 8 hours of sleep per night)

Conclusions:

- Young scholars are involved with technology as needed; their parents are very involved with their access to cell phones, TV, etc.
- The scholar who did not have a cell phone spent more time reading, playing sports, or watching TV
- Young scholars are very respectful and avidly enjoy family culture and traditions as part of their daily lives
- Amount of time spent sleeping was consistent with the national average for teenagers without consideration of race or culture

The Hausman Young Scholars Program would not have been possible without the support and commitment of Deborah Washington, RN, director of PCS Diversity; Barbara Blakeney, RN, innovation specialist; Linda Akuamoah-Boateng, senior project specialist, and many others who gave up their Saturdays to help enrich the learning experience of these young scholars with their knowledge and expertise. Special thanks to the parents and faculty, including: Firdosh Pathan, RPh; Matt Kirving; Beth Nagle, RN; Raymond Hawkins; Roberta Raskin-Feldman, RN; Kent Lewandroswski, MD; Stacey Turnbull; and Alicia Hyman.

MGH and the Hausman Family recognize the need to continue to invest in young minority children, to empower them to help shape the future. And we continue to be inspired by these students as they rise to their full potential in pursuit of promising careers.

For more information about the Hausman Fund or any of the programs it supports, call Deborah Washington, RN, at 4-7469.

Hausman young scholar, Nequie Moore, demonstrates his mastery of CPR at recent Saturday session.

Young scholars learn first-hand about college admission process

—by Susan Leahy, communications manager

The Bicentennial Scholars Program was created by MGH as a gift to the community in honor of our bicentennial celebration. The program supports 26 high-school students in gaining admission to, and graduating from, college. The MGH Center for Community Health Improvement provides students with academic, life, and career skills to enhance their educational and career options through activities and internships with a focus on science, technology, engineering, and math.

Recently, a group of 15 students from the MGH Bicentennial Scholars and the MGH High School programs were up early to visit the campus of St. Michael's College in Colchester, Vermont.

The MGH Center for Community Health Improvement facilitates campus visits to help students make informed decisions about the colleges they will ultimately choose. This was the first of many visits to colleges and universities in and around New England.

Young scholars prepare to embark on tour of St. Michael's College in Colchester, Vermont.

(Photo provided by staff)

"College visits introduce students to the admission process and help them find the right fit," says Rebecca Garcia, senior manager of the MGH Bicentennial Scholars program. St. Michael's organized a special program, guiding students through a mock admission process to show how colleges look at grade point averages, SAT scores, high school classes, and extra curricular activities.

Said Stephanie Mejia, a bicentennial scholar from the Edward M. Kennedy Academy for Health Careers, "I know that when I start my college application process, I'll be sure to balance my time and get everything done on time."

A panel of college students provided a first-hand look at campus life for the visiting scholars. One St. Michael's student talked about the support he received on campus that helped him navigate his transition through the first year. He shared that small class sizes mean professors get to know you better than at larger schools. Students can meet with professors informally for one-on-one assistance.

While some college students admitted to being homesick, they urged the young scholars to take full advantage of campus life, stressing that there's a lot of support once you get there.

The visit ended at the college bookstore where students had an opportunity to buy sweatshirts and other college souvenirs.

For more information about programs sponsored by the MGH Center for Community Health Improvement, call Susan Leahy, communications manager, at 3-5288.

MGH Chapel celebrates milestone anniversary

—by Rabbi Ben Lanckton and Darcy Roake, chaplain intern

On April 27, 2011, patients, families, chaplains, Eucharistic ministers, staff, and leaders of the MGH community gathered to celebrate the 70th anniversary of the MGH Chapel, whose doors first opened on April 25, 1941. Father Tom Mahoney welcomed attendees, and Daphne Noyes, staff chaplain, introduced distinguished guests. Songs, speeches, and prayers filled the room as speaker after speaker shared rich nuggets of the Chapel's long history and affirmed its importance to the overall mission of the hospital.

(L-r): Father John Kearns and Rabbi Ben Lanckton; The Right Reverend Barbara Harris; MGH president, Peter Slavin, MD; Dotty Martin of the Ladies' Visiting Committee; and members of the Chaplaincy join in song behind vocalist, Patrick Kane.

The Right Reverend Barbara Harris spoke of the beginnings of the Chapel and the extraordinary efforts of the Right Reverend William Lawrence, who wrote 1,500 letters to solicit funds for its construction in 1939. Dotty Martin, a long-standing member of the Ladies' Visiting Committee, which supports and oversees the Chapel, described major milestones in vivid and humorous detail, including the move to its present location in 1991.

MGH president, Peter Slavin, MD, called the Chapel, "the spiritual heart of holistic healing" that goes on at the hospital, and he praised the interfaith collaborations that take place within its walls.

Rabbi Ben Lanckton and Father John Kearns read the 70th Psalm from the Jewish and Christian traditions in English and Spanish. Clinical Pastoral Education supervisor, Reverend Angelika Zollfrank and chaplaincy students, Betty Tamposi and Bhikshuni Trinlae, reflected on the meaning of the Chapel from their perspectives.

Patti Keeler, staff chaplain, and Darcy Roake, chaplain resident, read the Prayers of the People, a feature of the daily Interfaith Prayer Service where prayers recorded in the Chapel prayer book are read aloud.

In closing, members of the Chaplaincy proclaimed in many languages, "Whoever will may enter here in peace," an excerpt from promotional materials created in 1941 and the words inscribed over the door to the Chapel today.

Just as the Chapel is open 24 hours a day, so too are MGH chaplains available any time. To speak with a chaplain, call 6-2220, or ask your caregiver to request a chaplain visit.

Team approach helps overcome complex medical and psychiatric challenges

'Donna' was admitted in late spring... Medically, she had sustained burn injuries to 35% of her body... Psychiatrically, she was acutely suicidal... She repeatedly asked for treatment to be stopped so she could die.

My name is Maria Sweeney, and I am a case manager. It's not typical for the admissions team on the Psychiatric Unit to run a potential admission by me unless there's an insurance question. The referral was being made by a rehab hospital with a robust psychiatric service; the patient was a burn victim who was depressed and suicidal. The referring hospital was requesting a two week admission to our Psychiatric Unit to stabilize her mood and anxiety. They were prepared to take her back after treatment for depression.

'Donna' was admitted in late spring. There was no question that she met acute-care criteria upon admission. Medically, she had sustained burn injuries to 35% of her body five months earlier. She had injured her lungs, trachea, and esophagus, and had a nasogastric tube and trach. Cosmetically, she had no eyebrows, eyelids, nose, ears, or lips. She had only patches of hair on her scalp and severe scarring on her face, neck, arms, and torso. Because she no longer had vocal cords, she was unable to speak. Psychiatrically, she was acutely suicidal, frequently trying to wrap her feeding tube around her neck. She repeatedly asked for treatment to be stopped so she could die.

How Donna had sustained these injuries was heart-wrenching. During her long inpatient stay, we got to know her and gain a better understanding of her mental-health history. She eventually trusted staff enough to share the full story, and our view of the incident changed dramatically.

Maria Sweeney, RN, case manager (left) and Donna's primary nurse, Mary McKinley, RN

In her late 30s, Donna is the single mother of two young children. She is not married to their father and was living with another man at the time. She had been diagnosed with several psychiatric illnesses since her teens, including bipolar disorder, major depression, schizo-affective disorder, and borderline personality disorder. She'd had two prior suicide attempts, both after arguments with the children's father. She told us that after particularly hostile arguments she would threaten suicide—the extent to which she would carry out the threats varied.

The day she sustained her burns, Donna had an intense argument with her current partner. She threatened suicide. He didn't believe her. She doused herself with gasoline and threatened to light a match. When he told her to, 'Go ahead,' she did.

Donna was initially brought to MGH where she spent time in the ICU and subsequently had several re-

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I coordinated a meeting with six representatives of the department of Mental Health and Donna's MGH caregivers, including her nurses, physicians, psychologist, speech-language pathologist, respiratory therapist, social worker, case management leadership, and myself. It truly felt as if it took the whole village to plan this discharge.

admissions. Five months after the incident, she became suicidal, stopped participating in rehab, and was referred to our Psychiatric Unit. Two weeks later, I was notified by the referring rehab hospital that her treatment was complete. They would not consider her for re-admission. At that time, it was difficult to determine what her rehab needs would be when she was discharged from the Psychiatric Unit. I had to take her mental health and considerable medical needs into account to formulate a safe discharge plan. She was not independent, she required frequent suctioning, and didn't have the use of her hands for trach self-management. When it came time for her to return to rehab, she would have to be screened just as any other patient would be.

Donna was too psychiatrically unstable for rehab, and too medically unstable for long-term psychiatric care. A long line of referrals and denials from various care facilities followed, all of which left Donna feeling very demoralized. She felt she wasn't wanted anywhere.

Weeks stretched into months. Donna improved psychiatrically, but experienced dips in mood. When something frustrated her, she would say, "I want to kill myself." A good solution seemed impossible. Donna's suicidal ideation frightened medical providers, and her complex medical needs were daunting to psychiatric providers. It was suggested that she try community discharge with maximum outpatient services, but no one, including Donna, felt it was feasible.

As Donna began to trust her caregivers more, she shared with us that when she had survived previous suicide attempts, she began feeling somewhat invincible. She started pushing the envelope in her attempts to hurt herself. When she poured gasoline on herself and lit the match, she thought she'd be able to jump in the snow and extinguish the flames escaping serious injury. It never occurred to her that that wouldn't work because of the gasoline.

Donna had not seen her children in almost a year; Christmas and the anniversary of the event loomed large. But Donna did surprisingly well over the holidays. She was ready and eager to take the next steps. She had initially refused placement in a state hospital, but as the months went by and no other option presented itself, she resigned herself to the idea that this would be her discharge plan.

I had initiated conversations with the medical director of the department of Mental Health, who came to MGH to interview Donna. He was impressed with her ability to articulate her needs, her thoughtful questions and concerns, and her future-oriented thinking which revolved around her children. I coordinated a meeting with six representatives of the department of Mental Health and Donna's MGH caregivers, including her nurses, physicians, psychologist, speech-language pathologist, respiratory therapist, social worker, case management leadership, and myself. It truly felt as if it took the whole village to plan this discharge.

The plan was that Donna would be discharged to a state hospital that had a high level of medical support. If she could remain medically stable, she would transition to a state hospital closer to her home and children. Clinicians at the state hospital requested that MGH staff come to their facility to train them in trach care. We did better than that. Donna, her psychologist, primary nurse and respiratory therapist, and I went to the state hospital, and Donna demonstrated her own proficiency with trach self-management. It was also an opportunity for her to see where she'd be staying for the next few months and for patients and staff to be introduced to Donna's rather startling physical appearance.

Donna was discharged from MGH nine months after being admitted. Her care team planned a small farewell lunch for her (she insisted we not watch her eat).

When the ambulance came on the day of discharge, she climbed onto the stretcher, and everyone said good-bye. There was an unspoken sense of disbelief that her hospitalization was finally coming to an end. All the work, the advocacy, explaining, trying to ease her fears about discharge—and now, the time was here.

As is so often the case in health care, we didn't hear from Donna after she left. I'm sure we would have been notified if there had been any issues. So for now, we're hoping that no news is good news.

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

Virginia Henderson, RN, described one of the roles of the nurse as being, "the love of life for the suicidal." Every member of Donna's care team was relentless in giving her a reason, as well as the care necessary, to live—even when she wasn't sure she wanted to. On some level, their teamwork and commitment told Donna she was worth saving.

Maria and her team even went to the facility where Donna would be transferred, to ensure a seamless transition. We can only hope that one day Donna comes to embrace that same 'love of life.'

Thank-you, Maria.

The Susan Dasilva, RN, Psychiatric Nursing award

—by Christina Stone, RN, nursing director

On Tuesday, May 10, 2011, in a small ceremony on Blake 11, the third annual Susan Dasilva, RN, Psychiatric Nursing Award of Distinction was presented to staff nurses, Joanne Parhiala, RN, and Michael Sills, RN. Each year, staff on the inpatient Psychiatric Unit nominate a nurse who they feel exemplifies excellence in patient- and family-centered psychiatric care.

In a letter of nomination, one of her colleagues wrote of Parhiala, "Joanne is one of the strongest clinical leaders on Blake 11, always striving for what's best and safest for the patient. She often volunteers to take complex patients when a co-worker feels it's too much.

"I recently observed Joanne admit a 75-year-old man with a diagnosis of depression and cancer, and I saw how comfortable and welcoming she was. She and the wife shared a joke, and that was the turning point for this family. She always has her finger on the pulse of what patients and staff need."

Sills' nomination letter told of a harrowing experience with a patient who had plucked out his own eye because voices told him to. Michael talked gently with the patient, saying, "We won't leave you alone with the voices. You may think they're stronger, but they're not. We won't abandon you. We're right here with you." The letter went on to say: "Observing this incident was deeply moving to me. Michael showed true compassion, siding with the patient against his illness, great respect, and deep care for all involved."

The award is made possible by Susan Dasilva, RN, a former staff nurse and psychiatric clinical nurse specialist graduate student, and her husband, Tom Roberts, who generously fund the award in recognition of the complex practice, dedication, and commitment of the specialized nurses on Blake 11.

Other nurses nominated for the Dasilva award were Marion Hart, RN; Nicole Martinez, RN; Meaghan Rudolph, RN; and Raysha Samuels, RN.

For more information about the Susan Dasilva, RN, Psychiatric Nursing Award of Distinction, call Christina Stone, RN, at 4-9107.

(L-r): nominee, Raysha Samuels, RN; award recipients, Joanne Parhiala RN, and Michael Sills, RN; nursing director, Christina Stone, RN; and nominee, Nicole Martinez, RN. Meaghan Rudolph, RN, and Marion Hart, RN, (not pictured) were also nominated.

The Orren Carrere Fox Award

—by Mary Ellin Smith, RN, professional development manager

It's always a joyous and sometimes surreal experience to see a 'graduate' of the Newborn Intensive Care Unit (NICU) months and/or years after discharge. On May 9, 2011, Orren Fox, a tall, healthy 14-year-old, and his family returned to the NICU for the presentation of this year's Orren Carrere Fox Award for NICU Caregivers to staff nurse, Theresa 'Terry' MacDonald, RN.

In recognition of the holistic, family-centered care they received when Orren was a patient in the NICU, the Fox family endowed an award to honor employees whose work with NICU patients exemplifies a commitment to family-centered care. Nursing director, Peggy Settle, RN, thanked the Fox family for their generosity and described MacDonald's expert practice, commitment to evidence-based practice, and professionalism in sharing her knowledge and skill with all members of the care team. Settle noted that MacDonald also works as a lactation consultant, helping mothers to nourish and bond with their babies in the high-tech setting of the NICU.

MacDonald thanked the Fox family and her colleagues, saying, "I have the best job in the world." She spoke of her and the NICU's commitment to family-centered care and expert practice.

Henry Fox (Orren's dad) thanked members of the NICU team. He recalled the moment the neurologist told them that Orren was okay and they wouldn't have to return for several years. That day, he said, he got what he always wanted—to leave MGH with a healthy baby."

Orren, who has developed a passion for nature (chickens, hens, ducks, and bees) will attend the Thacher School in California in the fall.

For more information about the Orren Carrere Fox Award for NICU Caregivers, call Mary Ellin Smith, RN, professional development manager, at 4-4801.

(Photo by Joe Ferraro)

Award recipient, Theresa MacDonald, RN (center), with (l-r): husband, Stan; Orren Fox and his dad, Henry; MacDonald's son, Noah; and Orren's mom, Elizabeth DeLana.

Gloomy weather doesn't dampen Women's Health Fair

—by Abby MacDonald, LICSW

On Wednesday, May 11, 2011, in observance of National Women's Health Week, MGH and the Vincent department of Obstetrics and Gynecology presented, An Ounce of Prevention: a Women's Health Fair, sponsored in part by a grant from the Department of Health and Human Services' Office of Women's Health. Despite gloomy weather, the Bulfinch terrace was abuzz with employees, patients, visitors, and a wide array of booths disseminating information about women's health across the life span. Visitors had an opportunity to participate in interactive learning experiences and connect with information in a meaningful, memorable way.

Attendees also had a chance to undergo blood-sugar and blood-pressure screenings at a booth staffed by clinicians from Bulfinch Primary Care. Clinicians provided education and instruction to attendees whose screenings indicated a need for follow-up care.

One popular booth, staffed by the department of Dermatology, highlighted the importance of protecting your skin by offering readings of antioxidant levels. If a reading indicated a nutritional deficiency, the attendee was invited to visit the nutrition booth to speak with a registered dietician who made recommendations about appropriate food choices.

Aside from information, health screenings, and access to MGH caregivers, attendees had an opportunity to enter a raffle to win Red Sox tickets, a tour of Fenway Park, a handmade quilt, or coupons for many MGH and local businesses.

Feedback from attendees was very positive, and it will be relayed to the Office of Women's Health to help inform future women's health fairs. For more information about National Women's Health Week and other initiatives of the Department of Health and Human Services, go to: http://www.womenshealth.gov.

If you attended the Women's Health Fair and would like to provide feedback, please send e-mail to Abby MacDonald, LICSW, or call 4-4008.

Advance Care Planning

—by Anastasia Tsiantoulas, RN, and Billie Jo Watson, RN,
of the Ethics in Clinical Practice Committee

On Friday, April 15, 2011, to coincide with National Healthcare Decisions Day, the Ethics in Clinical Practice and Patient Education committees hosted another successful Advance Care Planning information booth for patients, visitors, and staff. Now in its 11th year, the booth provides information and consultation on advance-care planning, types and completion of advance directives, considerations in selecting a healthcare proxy, and resources available at MGH. Copies of the Massachusetts Health Care Proxy forms, the MGH brochures: *Preparing in Advance for your Health Care* and *Preparing to be a Health Care Agent*, and a list of Internet resources were available.

Making one's wishes known concerning end-of-life decisions and treatment preferences is best addressed before the onset of a life-threatening condition. A continuing dialogue about advance-care planning is essential to ensure a positive care experience for patients should they become unable to speak for themselves, their families, or their significant others.

Studies show that fewer than 50% of severely or terminally ill patients have an advance directive. Only 12% of patients with advance directives received input from their physicians in developing it. And 70% of physicians whose patients have an advance directive are not aware that it exists.

MGH is proud to be a sponsor of National Healthcare Decisions Day whose chairperson, Nathan Kottkamp reports a tremendous increase in activity this year:

- More than 1,200,000 medical staff or employees received education on advance directives or information about National Healthcare Decisions Day
- More than 3,504 advance directives were executed

Ethics in Clinical Practice and Patient Education committee members encourage everyone to mark Monday, April 16, 2012 on their calendars for our 12th annual Advance Care Planning Information Booth.

For more information about advance care planning or the annual information booth, contact Billie Jo Watson, RN, at 4-5610; Anastasia Tsiantoulas, RN, at 6-8071; Sharon Brackett, RN, Ethics in Clinical Practice Committee coach, at 4-5100; or Cynthia LaSala, RN, Ethics in Clinical Practice Committee advisor at 3-0481.

Friday, April 15, 2011, was National Healthcare Decisions Day.

Members of the Ethics in Clinical Practice and Patient Education committees host Advance Care Planning booth in the Main corridor to coincide with National Healthcare Decisions Day.

Whitney appointed new associate chief nurse

After an extensive search following the departure of associate chief nurse, Jackie Somerville, RN, earlier this year, Patient Care Services and the MGH community are pleased to welcome Kevin Whitney, RN, to the PCS executive team. Whitney, who was chief nurse at Emerson Hospital for four years and most recently a consultant for Applied Management Systems, Inc., assumed the position of associate chief nurse on May 23, 2011. He brings numerous years of clinical and administrative experience, and he is currently the president-elect of the Massachusetts Organization of Nurse Executives.

In his role as associate chief nurse, Whitney will be responsible for the Neuroscience, Orthopaedic, and inpatient surgical services. He will serve as associate chief nurse for the Vascular Center, the Digestive Health Center, and the Transplant Center, and will participate in the development of a new institute linking the Heart and Vascular Centers.

Says senior vice president for Patient Care, Jeanette Ives Erickson, RN, "I know Kevin has the experience and wisdom to excel in his new role. I look forward to working with him as he brings his leadership to bear on these important clinical endeavors."

Says Theresa Gallivan, RN, associate chief nurse, "We're really pleased to have Kevin on board, particularly as care re-design and new delivery models unfold. Kevin's experience and collaborative leadership style will help leverage the talent and creativity of the staff and leaders with whom he'll be working. We're seeing that already."

Kevin Whitney, RN
new associate chief nurse

Associate chief nurse, Debbie Burke, RN, says, "We're excited to work with someone of Kevin's intellect and passion for patient- and family-centered care."

Whitney was chosen from a field of more than 25 highly-qualified nurse leaders. The caliber of applicants is a reflection of the exceptional care provided at MGH, and by all accounts, Whitney will fit right in.

"It's an honor and a privilege," says Whitney, "to have been selected for this opportunity. I look forward to working with the entire team to further advance patient care, quality, and service at MGH."

Whitney's office will be on Founders 3; he can be reached at 4-6317.

Whitney was chosen from a field of more than 25 highly-qualified nurse leaders. The caliber of applicants is a reflection of the exceptional care provided at MGH, and by all accounts, Whitney will fit right in.

Gioiella named new director of Social Services

In accepting her new title, Gioiella thanked Daniels and Ives Erickson and for their strong leadership and for their trust in her to take on this challenge. She thanked her colleagues, saying, "I believe in you... I'm proud to lead this department because of who you are and what you do."

For a petite woman, Ann Daniels, LICSW, outgoing director of Social Services, left some pretty big shoes to fill. Fortunately for the MGH community we had only to look as far as our own hospital to find her successor. On May 19, 2011, Marie Elena Gioiella, LICSW, was named the new director of Social Services for MGH. Gioiella has practiced at MGH since 1994. She started as a clinical social worker, was soon promoted to clinical director and led the Social Work Oncology program. Her experience as a clinical social worker is diverse and extensive.

In announcing Gioiella's appointment, senior vice president for Patient Care, Jeanette Ives Erickson, RN, said, "I'm filled with a sense of hope and excitement for our team and our hospital. This position is vitally important in our efforts to strengthen professional practice. I believe Marie Elena's experience, values, energy, and enthusiasm will be pivotal in helping us meet our goals for patient- and family-centered care."

Said Daniels, "I'm very pleased that Marie Elena is becoming the sixth director of our department. I know she will carry forward the proud legacy of social work and lead the department well as we enter the next phase of healthcare re-design."

In accepting her new title, Gioiella thanked Daniels and Ives Erickson for their strong leadership and for their trust in her to take on this challenge. She thanked her colleagues, saying, "I believe in you—in your compassion, clinical knowledge, problem-solving skills, and commitment to collaboration. I know you bring these qualities to every encounter. You are agents of healing and transformation. I'm proud to lead this department because of who you are and what you do."

Marie Elena Gioiella, LICSW
new director, Social Services

Gioiella wasted no time in setting the tone of her leadership. "This is a new day," she said, "an unprecedented time in health care with both opportunities and challenges. I have grown up in this department. I know what many of you do, but I still have much to learn. Soon, some difficult decisions will have to be made; some by me, some by the hospital, and some by the healthcare community. While we may not be able to control the challenges that come our way, we can control how we respond and communicate about them.

"As always, our success will depend on teamwork. As these changes unfold and important decisions are made, Social Work will be at the table. Opportunity is knocking and we will be ready. I look forward to building the future of this department with all of you."

Patient Care Services and the MGH community welcome Marie Elena Gioiella to her new position as director of Social Services. Gioiella can be reached at 4-5855.

Announcements

Blum Center event

National Health Observance Lecture:
"Genetic Testing and Cancer" presented by Kristen Shannon.

Monday, June 27, 2011
12:00–1:00pm
Blum Center

For more information, call Jen Searl at 4-3823.

Lunchtime Fitness Sessions

Lunchtime fitness sessions offered by personal trainer, Mike Bento, from The Clubs at Charles River Park.

Next session:

July 13, 2011
Haber Conference Room
12:00–12:30pm

For more information, call 6-2900

Senior HealthWISE events

All events are free for seniors 60 and older

Lecture Series:
"Care of Aging Skin"
Thursday, June 23, 2011
11:00am–12:00pm
Haber Conference Room
Speaker: Molly Wanner, MD, assistant in Dermatology; instructor, Harvard Medical School

Hypertension Screenings:
Monday, June 27th
1:30–2:30pm
West End Library
151 Cambridge St.
Free blood pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

AMMP scholarships

Applications available on-line

Starting in the fall, the MGH Institute of Health Professions (IHP) will partner with the AMMP Scholarship Program to offer a three-credit scholarship. Awardees are required to volunteer a minimum of 20 hours at the IHP. Scholarship is available in Nursing, Physical Therapy, and Speech-Language Pathology.

For more information, call 4-4424.

No Smoking!

As part of the MGH Non-Smoking Policy, electronic cigarettes, also known as e-cigarettes, are not permitted anywhere on MGH campuses.
To access the policy, go to the MGH Trove Library and access, "No Smoking Policy."

Free Summer Help

The City of Boston's Summer Jobs program may be the solution to your department's summer vacation coverage. Students spend 25 hours per week at the work site, July 6th–August 19th. The program is available at no cost to your department; the only requirement is a commitment to provide a meaningful work experience in a supportive environment.

This resource is available through the MGH Center for Community Health Improvement (CCHI) and supported by an on-site program manager who works closely with students and departments.

Note: we are recruiting department participation only. Students are selected from CCHI youth programs and partner schools.

For more information, call Galia Wise at 4-8326.

Clinical Recognition Program

The Clinical Recognition Review Board and Steering Committee are happy to announce a new initiative by which clinicians applying for recognition at the advanced clinician and clinical scholar levels can submit their portfolio for a preview prior to formal submission. This voluntary, anonymous process gives clinicians an opportunity to receive feedback on their portfolios from former review board members.

Reviewers will provide feedback on specific areas identified by clinicians, leadership, and review board members based on past experience.

For more information, e-mail questions or portfolios to MGH PCS Clin Rec

Lunder Building Tours

The new state-of-the-art, environmentally-friendly Lunder Building, which will house Radiation Oncology, Sterile Processing, Materials Management, operating rooms, an expanded Emergency Department, and five new inpatient units, is opening soon.

During the week of June 20–26, 2011, MGH employees will have an opportunity to tour the new building. Drop in during any of the following times for a self-guided tour (and be sure to bring your ID badge):

- Monday, June 20th, 11:00am–1:00pm; 4:00–6:00pm
- Tuesday, June 21st, 10:30am–2:30pm
- Wednesday, June 22nd, 6:00–8:00am
- Friday, June 24th, 11:00am–1:00pm
- Sunday, June 26th, 1:00–3:00pm

For more information, go to: http://intranet.massgeneral.org/lunderbuilding.

Backup Childcare Center

Summer Programs

Located on the MGH main campus, the Backup Childcare Center offers flexible, fun, summer child care for pre-school and school-age children.
Register now for:

June Vacation Club
June 20–July 1, 2011

Summer Fun Days
July 5–August 19

August Vacation Club
August 22–September 2
(Registration begins July 25th)

For more information, call 4-7100.

McGovern Award Nominations

Dedication, clinical excellence, compassion, teamwork. If these words describe your colleague, consider nominating him/her for the 2011 Brian A. McGovern, MD, Award for Clinical Excellence. Anyone may submit a nomination. Nominations are due by Friday, July 15, 2011, and must be submitted on-line at http://mgpo.partners.org/Applications/McGovernAwards/Nomination.aspx.

For more information, contact Cary Shaw at 617-643-3985.

Partnering to provide spiritual care to patients and families

—by Angelika Zollfrank, supervisor, Clinical Pastoral Education

The Inter-Disciplinary Clinical Pastoral Education Program offers an innovative approach to pastoral education for healthcare providers and future healthcare chaplains. The goal of this relatively new program is to train healthcare providers in basic, spiritual care-giving and offer pastoral education to advanced chaplaincy interns on their way to becoming board-certified. Recently, the second class of the Inter-Disciplinary Clinical Pastoral Education Program completed its course-work.

Says Sarah Brown, RN, "When I felt this way in the past, I wasn't sure what to do. Now I know what to say and how to involve a chaplain."

Darcy Roake, chaplain intern, adds, "Sarah brought me in at key points of patients' emotional healing. It was crucial to the quality of spiritual care-giving." Brown and Roake are two recent graduates of the program. Says Roake, "Going through the program together, we built a special kind of trust that allowed us to take our collaboration to the next level."

Staff nurse, Kathy Carr, RN, says, "I'm not religious myself, but I knew my Baptist patient was devastated when she couldn't be in church on Easter Sunday. So I offered to read scripture for her. It wasn't about me," says Carr. "It was about her."

For more information on the Inter-Disciplinary Clinical Pastoral Education Program, call 6-2220.

(Photo by Paul Batista)

CPE supervisor, Angelika Zollfrank (third from left), with graduates (l-r): Bhikshuni Lozang Trinlae; Kathy Carr, RN; Charlotte LaForest, LICSW; Sarah Brown, RN; Darcy Roake; and Elizabeth Tamposi, MDiv.

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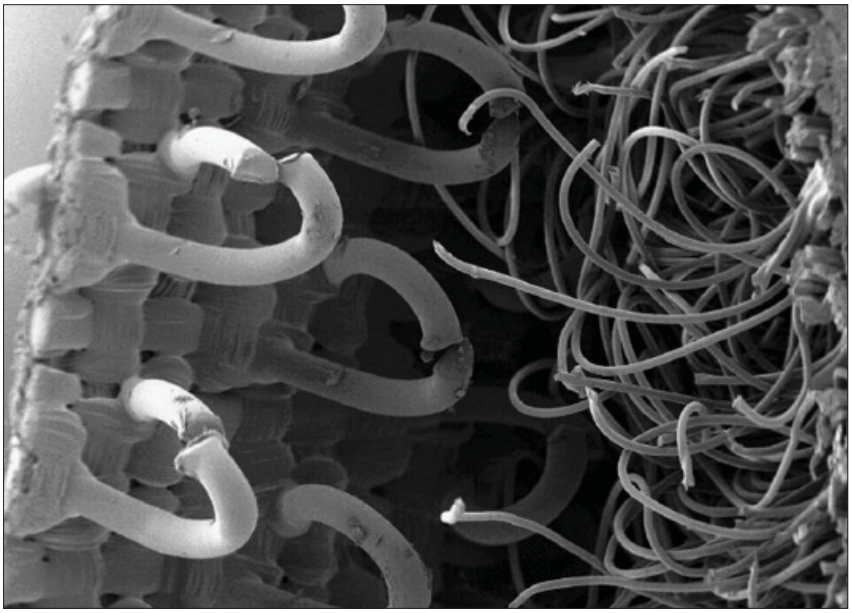
Next Publication
July 7, 2011

Tools of innovation

—by Barbara Blakeney, RN, innovation specialist

What do you see when you look at the image below? Do you see a microscopic view of the interlocking fibers of Velcro?

One of the most important tools of innovation is observation. One characteristic of an innovative person is that she looks at the same thing as everyone else but 'sees' something different. Innovative people make connections across seemingly unrelated questions, problems, or ideas. They have a tendency to move across domains either through networking, curiosity, annoyance, life experience, or academic preparation as they consider possible solutions. Innovative people ask, What if? Why? Why not? And how might we?



One day, George de Mestral was annoyed when he returned from a hike with his dog only to find the dog covered in burrs. Curious as to why the burrs were so difficult to remove, he looked at one under a microscope and noticed tiny 'hooks' that caused the burrs to grab hold of his dog's coat. De Mestral saw something different and began to explore what made burrs so tenacious in their grip.

Burrs have been attaching themselves to things for eons. We've probably all pulled them off something at one time or another. But de Mestral saw the experience differently and started asking questions: Why is this sticking so well? And how could we use this knowledge for other applications? The result, in 1948, was the invention of Velcro.

When you come to work each day, what do you see? How might you 'see' your work differently? What questions could you ask that would lead to better practice, greater efficiency, or different outcomes?

When *you* look, what do *you* see?

For more information about the The Center for Innovations in Care Delivery, call 4-7468.

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