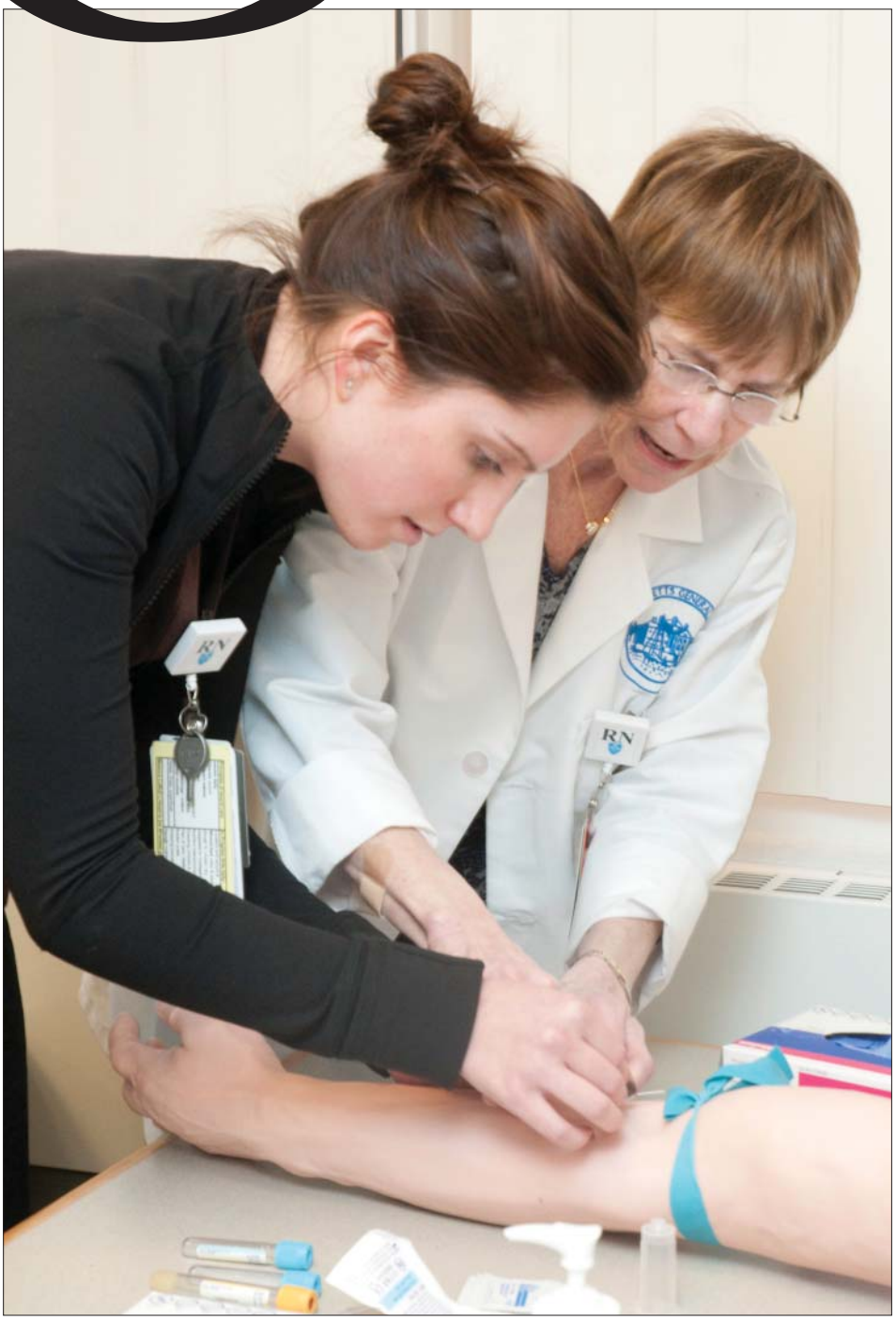
Caring Headlines
December 20, 2012



First-ever Knight Nursing Center Skills Day

See story on page 6

Professional development specialist, Roberta Raskin Feldman, RN (right) demonstrates proper technique for drawing blood to Ellison 7 staff nurse, Brittany Staszowski, RN.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

A look back at a truly incredible year

I know Keith would want us to celebrate our successes—many of which are directly linked to his tireless vigilance and commitment to excellence. It's in that spirit that I reflect back on a truly incredible year.

The older I get, the more I'm reminded that sorrow and loss are as much a part of our journey as triumph and joy. I'm remembering our dear friend and colleague, Keith Perleberg, who passed away earlier this year. But I know Keith would want us to celebrate our successes—many of which are directly linked to his tireless vigilance and commitment to excellence. It's in that spirit that I reflect back on a truly incredible year.

Perhaps most memorable was our being named America's #1 hospital for the first time since *US News & World Report* began publishing its Best Hospitals Honor Roll. At the press conference, Mayor Menino declared July 17th 'Mass General Hospital Day' in the city of Boston. I'm so proud of this recognition, a tribute to all of you who make MGH the world-class hospital we've always known it to be.

One week after receiving that honor, we were visited by Joint Commission surveyors who conducted a comprehensive examination of our physical environment, processes, and practices, and who confirmed what *US News & World Report* had already shared—that MGH is home to the best and brightest clinicians and support staff in the country.

Driven by the need to make care more effective, efficient, and affordable, on March 19th, we launched 12 ground-breaking innovation units to test new models of care-delivery and foster teamwork that's truly inter-disciplinary. Our methodology was to reduce variation wherever possible, implement evidence-based solutions, employ state-of-the-art technology to support practice, and foster exceptional care by ensuring all members of the team practice to the full extent of their licensure. This work has been validated by feedback from patients, families, staff, Joint Commission surveyors, and an up-turn in our HCAHPS survey results. So successful was this 'experiment,' that 13 more innovation units will soon be going live in phase II of this initiative.

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

Of note, in 2012 we began laying the groundwork for a fully integrated, Partners-wide, health information system called, Partners *e*Care. We are working with Epic to create an integrated system that will revolutionize our ability to share and access health information and ultimately *improve care for our patients*. Stay tuned for more as we move forward with this complex and far-reaching undertaking.

In November, we held the kick-off meeting of our new Inter-Disciplinary Advisory Committee. Comprised of representatives from all PCS disciplines and Case Management, the committee was created as a means to inform, and be informed by staff, ensure

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we're delivering the most coordinated care possible, and engender understanding around the practice of our colleagues in other disciplines.

Through a generous gift from the Connell family, we introduced The Connell Ethics Fellowship and The Connell Nursing Research Scholars Program to help healthcare professionals develop and refine their expertise in these areas.

Our occupational-therapy colleagues played a key role in the recent, highly publicized, hand-transplant case, both pre-operatively and in caring for the patient post-operatively.

At a moving ceremony in September, HAVEN celebrated its 15th year providing counseling, advocacy, and consultation to members of the MGH community around issues of domestic violence.

Respiratory Care expanded its extra-corporeal membrane oxygenation (ECMO) program to include cardiac surgical patients and committed one full-time staff member to facilitate non-ICU-related respiratory care.

Several medical interpreters earned national certification (the first MGH interpreters to do so!) formalizing their commitment to provide the highest quality interpreter services for patients and families.

PCS welcomed three new leaders: Reverend John Polk, director of the Chaplaincy; Anabela Nunes, director of Medical Interpreter Services; and Wayne Newell, director of the Volunteer Department.

We enjoyed a number of illuminating diversity presentations focusing on the social ramifications of inequitable care and the importance of cultural competence (see page 4 for more on our diversity efforts).

The Volunteer Department created a new role in collaboration with perioperative nurses. Specially trained perioperative family liaisons assist family members in the Gray Family Waiting Area to find their way to recovery areas to visit loved ones. To date, perioperative family liaisons have logged more than 1,000 hours of service, which translates to approximately 25 visits a day.

The Emergency Department, ED Observation Unit, and Short Stay Unit transitioned entirely to electronic Nursing Assessment and Intake/Output documentation.

Our prevalence rate for hospital-acquired pressure ulcers dropped to 1.1% in March, 1.8% in September.

Our IV Therapy Team implemented a new outpatient PICC-line program in response to increased demand for vascular-access services.

The Institute for Heart, Vascular, and Stroke Nursing held its first nursing conference in October to help educate the hospital community around wound-management, venous thromboembolism, palliative care, organ donation, transplantation, and a wide range of other topics.

The Intra-Professional Dedicated Education Unit earned recognition for its integrated learning approach at the IHP. The unit employs a dyad model, pairing nursing, physical-therapy, and speech-pathology students to foster communication between disciplines.

The Knight Nursing Center oriented 1,273 employees last year; offered 186 continuing education courses; 33 support-service classes; and through its oversight, 6,332 employees completed 100,432 HealthStream courses.

Starting with the November 15th issue, we began including HCAHPS results in *Caring Headlines* to make our care more transparent and give everyone a chance to see the impressive progress we're making.

And this is just a small sampling of what we achieved together this past year. It doesn't begin to describe our efforts around care re-design, patient affordability, student outreach, collaborative governance, noise-reduction, cleanliness, and so much more. But it is enough to remind me how fortunate I am, how blessed we all are, to be part of this organization that does incredible things every day to keep patients safe and healthy. It is a privilege to work with all of you.

Have a wonderful holiday. I look forward to seeing you right back here in 2013 to conquer the challenges we know the new year will bring.

In this Issue

(Cover photo by Paul Batista)

Aligning our diversity efforts with real-life issues

—by Deborah Washington, RN, director, PCS Diversity Program

If you read Jeanette Ives Erickson's column on page 2, you know it was an incredible year for Patient Care Services. It was a significant year for the PCS Diversity Program, as well. As part of our community engagement initiative, we held a number of provocative and informative presentations exploring the health ramifications of education and social circumstances, and the value of collaboration between business and industry and the healthcare arena. We spent much of 2012 strengthening our relationships with community organizations so that our work would have greater relevance to real-life issues and circumstances.

Through our work with the Community Dialogues project, sponsored by the YWCA, we have spoken with parents and college students to learn more about the issues they face and what part we can play in crafting solutions. It's imperative that their voices be heard at their schools, in state policy discussions, and in the context of shaping healthcare reform.

We have worked with community-based groups like the Union of Minority Neighborhoods on the importance of supporting neighborhood schools and the dangers that loom if we fail to do so. We re-vis-

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Below, black parents (l-r): Berniece Avila-Mcfield, Ladonna Christina (Hausman Fellowship faculty member), and Cornay Nixon, share coping strategies related to racism experienced in daily life.

ited the era of forced busing in the 1960s and heard first-hand accounts of the ripple effect it had on survivors and on today's school systems. We spoke with women in workforce-development programs about their futures and what they want for their children.

Going into communities and talking with people has given us a greater understanding of the issues faced by those who come to us for their care. And there's good news here for MGH. We're hearing that even though our hospital is, 'a big, bustling place,' that doesn't keep caregivers from knowing patients' names or remembering them from visit to visit. They tell us they feel known and welcomed by all staff and employees, from the ambassadors who greet them on the sidewalks to the clinicians who care for them on units and in exam rooms.

We spent time this past year participating in community-based programs like, Stand Against Racism, and mentoring at-risk youths in conjunction with programs sponsored by the City Mission Society. We fielded questions from, and shared mentoring models with, organizations from New York to Missouri to Mississippi. Our mentoring programs for minority nursing students and minority professionals are recognized across the country for their traction and ability to help minority students succeed.

We're pleased that Cultural Rounds have also gained national attention. We have presented at national conferences such as the Agency for Healthcare Research and Quality (AHRQ) to share our insights on engaging minority communities in the quality and safety movement.

We will continue to collaborate with organizations like the National Association for the Advancement of Colored People (NAACP); we will continue to contribute to the national agenda on the Future of Nursing; and we will continue to go out into our local communities to gain greater understanding of the social determinants of health and wellness. As 32 million newly insured individuals enter the healthcare system, we are mindful of our commitment to deliver equitable care that is patient- and family-centered, culturally sensitive, and provided by a diverse, culturally competent workforce.

For more information about the programs and services offered by the PCS Diversity Program, call Deborah Washington, RN, at 617-724-7469.

Below center, participants at diversity workshop view photographs and discuss what they 'see' in an exercise designed to explore pre-conceived notions and stereotyping. Below right: Charlotte Kahn, director of the Boston Indicators Project, presents in the Ether Dome.

First-ever Knight Center Skills Day

—by Gino Chisari, RN, director,
The Norman Knight Nursing Center for Clinical & Professional Development

Many of you may recall the Evaluation of the Professional Learning Environment for Nurses (or the "learning needs survey," as it was called) conducted by The Norman Knight Nursing Center for Clinical & Professional Development and the Continuing Education Re-Design Task Force. The survey was developed to determine the learning needs of MGH nurses, and it was incredibly helpful in guiding the efforts of the Knight Nursing Center in creating programs that staff would find relevant and useful.

On November 29, 2012, staff nurses from 37 inpatient units had an opportunity to reap (one of) the benefits of that survey. The first-ever Knight Nursing Center Skills Day was held on Founders 3, and according to Knight Center director, Gino Chisari, RN, "It was a an enormous success."

Below: professional development manager, Gail Alexander, RN (left), facilitates 'mock code' during Code Call Simulation.

(Photos by Paul Batista)

When the idea for a skills day first came up, the Staff Nurse Advisory Committee was consulted for their thoughts on how the day should be designed.

Based on their feedback, a Planning Committee was created that included members of the Clinical Nurse Specialists group. Ten scenario-based skill stations were devised that would provide hands-on, experiential learning situations, including: continuous ambulatory peritoneal dialysis; a Port-a-Cath touch-board; the CADD Solis

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pump, bladder scan; a mini-simulation using the code cart and AED; peripheral IV equipment; phlebotomy technique; maintenance of the wound VAC system; non-invasive ventilation; and Atrium chest tubes.

More than 25 clinical experts served as faculty and subject-matter experts. These experts were clinical nurse specialists, members of collaborative governance, staff nurses, respiratory therapists, and professional development specialists from the Knight Nursing Center.

The day started at 11:00am and concluded at 10:30pm. Upon arrival, participants were greeted by a member of the Knight Nursing Center staff and given a skills day 'passport.' The passport served as documentation of their participation at each station. Passports were stamped to indicate successful execution of each skill. The stations were set up so that skills could be practiced under faculty supervision, allowing participants to advance at their own pace and keep waiting and idle time to a minimum. One nurse completed several skill stations then came back later in the day to complete the rest.

Feedback from staff who participated was overwhelmingly positive. There were several requests to repeat Skills Day in the future. Staff of the Knight Nursing Center are reviewing the evaluations so they can fine-tune the program to meet the needs and desires of those who will benefit most.

For more information about Skills Day or any of the programs and services offered by the Knight Nursing Center, call 6-3111.

Below left: respiratory therapist, Purris Williams, RRT, demonstrates non-invasive ventilation. Below right: clinical nurse specialist, Jacqui Collins, RN (left), demonstrates wound 'vac' system as clinical nurse specialist, Jean Fahey, RN (seated), looks on.

For new nurse, exceeding expectations means re-defining expectations

By the time I met her, Anne had already had a complicated hospital course. Upon admission, it was determined that she had a mass in her abdomen originating in her reproductive tract... She was transferred to Phillips House 21 for post-operative care.

My name is Molly Rosenwasser, and I just completed my first year as a registered nurse. I work on Phillips House 21 specializing in Gynecological Oncology. 'Anne' is a 67-year-old woman with a long-standing distrust of medical professionals, medicine, and hospitals in general due to some past experiences of close family members. In fact, Anne put off seeking medical attention for herself until her symptoms became unbearable.

By the time I met her, Anne had already had a complicated hospital course. Upon admission, it was determined that she had a mass in her abdomen originating in her reproductive tract. She underwent a complicated surgery and was transferred to Phillips House 21 for post-operative care.

I met Anne the night after her surgery when she required vigilant care and monitoring. In report, I was told that Anne was skeptical of medical professionals, so I wasn't surprised when she was hesitant to talk to me. The tone of her voice and body language told me she wanted to be left alone. She answered my questions with as few words as possible and rolled her eyes during my assessment. I tried to engage her in conversation, but I was unsuccessful.

Molly Rosenwasser, RN
staff nurse, Phillips 21

When I entered Anne's room the second time, she continued to express distrust and asked me to leave her alone. I had an idea. I told her she could rest for another 15 minutes after which I'd come back to help her sit with the ultimate goal of standing. If she did that for me, I promised to cluster my care so she'd only be disturbed for essential post-operative assessments and interventions. Anne agreed.

When I came back 15 minutes later, not only did Anne sit and stand, she ambulated around the entire 'block' of our unit. As we walked together, she began to open up. She told me how terrified she was to be in a hospital because two of her brothers had passed away while hospitalized. She told me about her two adopted children, ages 9 and 15, and at the end of our walk, she thanked me for encouraging her to get out of bed. Anne slept soundly for the rest of the night.

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I was reminded that every patient and family member enters the hospital with unique expectations of the healthcare system and healthcare professionals based on their own personal experiences.... I had to understand and appreciate Anne's concerns and alter my approach to care while tending to her many medical and emotional needs.

The next night followed a similar pattern. Anne's 15-year-old son spent the night, providing additional support and encouragement. It was great to see Anne smiling and animated as she interacted with her son. She appeared to be more comfortable both physically and emotionally. And just as important, she seemed to be viewing me more as a person and less as an imposing healthcare professional.

After a few days, Anne needed another surgery. When she returned from the operating room, she had several new drains and dressings, but she had a good attitude and was ready to meet her post-operative goals so she could return home. Unfortunately, she experienced an episode of acute delirium related to narcotic sensitivity. Though her confusion eventually resolved, many tests and studies were ordered to rule out pathological causes. I remained at Anne's side through it all. When I returned to work two days later, Anne had almost no recollection of her episode of delirium. She laughed as her son told her about some of the funny things she had said while delirious.

Anne's anxiety related to being hospitalized continued as her diagnosis and prognosis remained unclear. One day, members of the GYN Oncology team spoke with her and, though I wasn't present for the conversation, I learned that Anne had been told of her ovarian cancer diagnosis. I went into her room expecting to see her teary and angry, but was pleasantly surprised to see a smile on her face.

I asked how the conversation had gone, and she replied, "It's not good news. But it's not as bad as it could be."

We spoke for a little while. Anne shared that the experiences surrounding her brothers' deaths had made her think that she, too, would die if she was admitted to a hospital. She was relieved to find out she wasn't actively dying. But she did reiterate, "I still don't trust hospitals or the people who work in them."

I assured her I'd continue to provide excellent nursing care and she should let me know if I could do anything to make her more comfortable or decrease her anxiety. We even shared a few laughs together that day.

Anne continued to recover from surgery, and discharge planning was soon underway. The day she was discharged, I felt so proud of the progress she'd made despite a serious cancer diagnosis, a complicated hospitalization, and her original distrust of healthcare professionals.

Caring for Anne and her family reinforced many of the lessons I learned during my first year as a nurse. These lessons have, and will continue to, shape my practice. I was reminded that every patient and family member enters the hospital with unique expectations of the healthcare system and healthcare professionals based on their own personal experiences. Anne's fear and distrust could have posed a threat to her outcome, preventing her from engaging in conversations and participating in her plan of care. I had to understand and appreciate Anne's concerns and alter my approach to care while tending to her many medical and emotional needs.

My experience caring for Anne and her family was both challenging and rewarding. I'm proud of the care I provided and the immense progress Anne made despite significant obstacles. From Anne and other patients throughout the year, I've gained greater insight into the multi-faceted nature of nursing. I am increasingly aware of the malleability of my own practice.

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

What a wonderful example of relationship-based care. The key to relationship-based care is knowing your patient. Intuitively and experientially, Molly knew Anne. She understood her anxiety about being hospitalized. And equally important, she respected her feelings. Molly partnered with Anne to foster trust and healing. As a result, Anne felt known. She knew Molly's interventions were coming from a place of care and concern—the core of every therapeutic relationship.

Thank-you, Molly.

Norman Knight Visiting Scholar

—by Mary Ellin Smith, RN, professional development manager

The Knight Visiting Scholar program is generously funded by Mr. Norman Knight. It allows nationally recognized nursing scholars to come to MGH and share their expertise through consultation, teaching, mentoring, and research.

On Wednesday, November 14, 2012, Patient Care Services welcomed 2012 Norman Knight visiting scholar, Susan Wessel, RN, a consultant for Creative Health Care Management and co-editor of the *Relationship-Based Care Field Guide*. Relationship-based care is one of the many interventions being implemented on innovation units throughout the hospital; it focuses on the three most important relationships caregivers have (in the hospital setting):

- their relationships with patients and families
- their relationships with colleagues
- their relationships with themselves (self knowledge)

Norman Knight visiting scholar, Susan Wessel, RN

Wessel began her visit with a four-hour workshop for attending nurses and leaders of innovation units devoted to Relationship-Based Care. Participants reflected on the various facets of relationship-based care, where it's strong, and where opportunities exist to strengthen it. In one exercise, Wessel asked participants to pair up and share a brief story with their partners. First, she asked listeners to make eye contact with the person telling the story, then she asked them to look at the floor as their partners continued the story. Participants reported that those telling the story lost their train of thought, had a tendency to speak louder, or lost interest in what they were saying when their listeners showed no sign of being engaged. The exercise was a reminder of the importance of being present, looking at, and listening to patients.

Wessel presented, "Relationship-Based Care: Creating a Culture of Authentic Human Connection," at afternoon grand rounds. It was an opportunity for her to share her message with a wider audience. The Knight Visiting Scholar program is generously funded by Mr. Norman Knight. It allows nationally recognized nursing scholars to come to MGH and share their expertise through consultation, teaching, mentoring, and research. For more information about the Knight Visiting Scholar program, call Mary Ellin Smith, RN, at 4-5801.

The Connell Nursing Research Scholars Program

Year two: call for applications

—by Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research

The Connell Nursing Research Scholars program (CNRS) is seeking applicants to advance inter-disciplinary patient- and family-centered care through nursing research... All applications will be reviewed by the CNRS Advisory Board and the recipients will be announced in late spring, 2013.

The Connell Nursing Research Scholars program (CNRS) is seeking applicants to advance inter-disciplinary patient- and family-centered care through nursing research. The CNRS program offers each scholar time and mentoring to advance knowledge and foster the delivery of inter-disciplinary care. The hope is that by providing dedicated time to research and clinical investigation, scholars will be able to secure external funding for projects that will ultimately advance care at MGH and beyond.

The CNRS program is designed to blend each scholar's research interests and expertise with the strategic priorities of Patient Care Services and the MGH mission. Priorities include:

- care of the hospitalized elderly
- patient and family experiences and end-of-life care
- workforce development, implementation, and evaluation
- creative interventions to decrease risk, improve symptom-management, and foster care re-design across settings
- development and testing of measures to evaluate innovation effectiveness
- evaluation of the professional practice environment, work satisfaction, and care-delivery internationally
- generation, testing, and evaluation of models to guide practice, foster ethical and safe practice, and advance nursing science
- other research foci will be reviewed within the goals of the CNRS program

Application requirements include:

- a goal statement (up to three typewritten pages) describing how the Connell Nursing Research Scholars Program will advance research interests and contribute to advancing the strategic goals of PCS and MGH
- commitment to the research program and a proposed time line for achieving CNRS goals
- potential external advisor or mentor
- current curriculum vitae

CNRS applications are available on the Munn Center website (http://www.mghpcs.org/MunnCenter/Connell_Index.asp) and are due by January 31, 2013. If you'd like to review your application with a project faculty member prior to the final submission date, please contact Linda Lyster at 617-643-0431 before January 15th.

All applications will be reviewed by the CNRS Advisory Board and the recipients will be announced in late spring, 2013. CNRS scholars will begin their research in June. These scholars will be advised by CNRS faculty and a mentor. The Program advisor/mentor is a seasoned, well-published, research scholar with experience leading research initiatives and funded projects. Both the CNRS faculty advisor and the scholar's project advisor/mentor will assist the scholar in developing a research plan to acquire funding and promote scholarship.

For more information about the Connell Nursing Research Scholars program, call 617-643-0431.

Comfort and Support after Loss Memorial Service

—submitted by the Comfort and Support After Loss Committee

The 21st Mass General*Hospital for* Children's Pediatric, Neonatal, and Obstetric Memorial Service was held November 4, 2012. This annual service is dedicated to MGH families who've experienced the death of a child, including miscarriage or stillbirth. Many families and staff members return year after year to participate in what has become a meaningful and cherished event.

Social worker, Nancy Leventhal, LICSW, moderated the service. Remarks were offered by Leslie Kerzner, MD, neonatal intensivist; Lauren Allister, MD, emergency physician; and staff nurse, Courtney Craig, RN, of Vincent Outpatient Obstetrics. Medical interpreter, Felix Duran, was on hand to welcome Spanish-speaking guests, and pediatric chaplain, Kate Gerne, shared a personal reflection. Several parents came with stories and poems in memory of their children; others counseled families who had experienced more recent losses.

Music therapist, Lorrie Kubicek, along with Kimberly Khare and Heather Smist provided guitar music and vocals throughout the service. Attendees were invited to participate in a naming ceremony where each child's name was said aloud followed by a few seconds of silence. Families were given daffodil bulbs to plant in their child's memory along with a symbolic pewter heart. They held candles and read the prayer, *We Remember Them*. Many in attendance hung fabric memorials, which will be included in a memorial scrapbook.

A photo slide show compiled by staff nurse, April Kim, RN, was shown depicting years of memories. Staff nurse, Heidi Jupp, RN and a group of volunteers provided activities for younger children at the MGH Back-Up Child Care Center.

Following the service, a reception was held in the East Garden Room. Families had an opportunity to re-connect with their children's providers and meet other families on similar journeys. Memorial quilts and scrapbooks from past years were available for viewing.

This annual service is dedicated to MGH families who've experienced the death of a child... Many families and staff members return year after year to participate in what has become a meaningful and cherished event.

"Our daughter left a legacy of hope and a blessing of compassion," said one parent.

"For that one moment, everything was perfect," said another.

"Working with families who experience loss has made me a better doctor," said an Emergency Department physician.

The Comfort and Support After Loss Committee is comprised of: Nancy Leventhal, LICSW; Clorinda Cottrell, LICSW; Nancy Brophy, LICSW; Kathryn Beauchamp, RN; Kate Gerne; Heidi Jupp, RN; April Kim, RN; Leslie Kerzner, MD; Brenda Miller, RN; Jamie Lee Rossi, CCLS; Kate Stakes, RN; Eileen White; and Melissa Anne Whitty, CCLS.

For more information about the Pediatric, Neonatal, and Obstetric Memorial Service, call 4-9040.

MGH remembers nursing 'trailblazer'

A tribute to Deanna 'Dee' Pearlmutter, RN

The MGH community was saddened to learn of the passing of former nursing leader, Deanna 'Dee' Pearlmutter, earlier this month. Pearlmutter, whose tenure at MGH spanned 17 years (from 1979 to 1996) died in a hospice facility in New York, December 1, 2012, at the age of 73. She is remembered by her contemporaries as a, "firm but fair" manager with, "an indomitable thirst for life and a surprisingly wry sense of humor."

In the course of her distinguished career, Pearlmutter was sought out for her expertise in nursing, nursing education, and nursing research. A speaker and author of international repute, Pearlmutter had been inducted into Columbia University's Nursing Hall of Fame. Her interests and associations were many and varied, but a short list would have to include Haddassah, Planned Parenthood, the League of Women Voters, and the Democratic Women's Forum.

Director of the Office of Patient Advocacy, Robin Lipkis-Orlando, RN, recalls, "Dee was a pioneer in the field of Psychiatric Consultation Liaison Nursing. She paved the way for master's-level psychiatric clinical nurse specialists to work in the general-hospital setting providing care to patients with mental-health and behavioral issues. And she believed in education and support for the staff who cared for these patients. I began my career as a staff nurse on the inpatient psychiatric unit (then located on Bulfinch 3). When I entered a graduate nursing program at Boston University, Dee was my mentor. I'm grateful to have had the opportunity to begin my career at MGH under her wisdom and guidance."

Marin Konstadt, RN, psychiatric clinical nurse specialist, was hired by Pearlmutter in 1980 after meeting her briefly at a national conference. Says Konstadt, "Dee was smart, charismatic, and a terrific mentor. She loved to see nurses rise to their full potential, encouraging many to go back to school. She recognized that hospital nursing demanded highly skilled, educated nurses supported by management in non-traditional ways (today those models are the norm, but back then they were considered innovative). Dee was a personal and professional inspiration. She loved nursing, and she loved caring for and helping others reach their full potential. I will miss her."

(Photo provided by family)

Deanna Pearlmutter, RN
former MGH nurse leader

Perhaps John Herman, MD, associate chief of Psychiatry, put it best, when he said, "Dee was a leader of revolutionary advances in professional nursing at MGH and nationally. Steady at the vanguard of change, she was an unforgettable personality, blazing a trail of progress by force of energy, intellect, personality, persuasion, and, not to be forgotten, sharp humor. She will be missed, but her legacy walks the halls of MGH every day."

Remembrances can be shared on-line at: www.legacy.com/guestbooks/naplesnews/guestbook.aspx?n=deanna-pearlmutter&pid=161462413&cid=gbsrchres.

Professional Achievements

Washington appointed

Deborah Washington, RN, director, PCS Diversity, was re-appointed a board member of the American Organization of Nurse Executives Foundation, on October 13, 2012.

Cohen certified

Sandra Cohen, RN, staff nurse, Labor & Delivery, became certified in Obstetrics Nursing by the National Certification Corporation, September 21, 2012.

Kim certified

April Kim, RN, staff nurse, Labor & Delivery, became certified in Obstetrics Nursing by the National Certification Corporation, September 21, 2012.

Gavazzi certified

Kathya Gavazzi, RN, clinical nurse specialist, Labor & Delivery, became certified in Electronic Fetal Monitoring by the National Certification Corporation, September 21, 2012.

Thibodeau certified

Sarah Thibodeau, RN, staff nurse, Labor & Delivery, became certified in Obstetrics Nursing by the National Certification Corporation, September 21, 2012.

LaSala appointed

Cynthia LaSala, RN, clinical nurse specialist, was appointed a member of the Ethics Advisory Board of the Center for Ethics and Human Rights of the American Nurses Association in November, 2012.

McAtee appointed

Jennifer McAtee, OTR/L, occupational therapist, was appointed a member of the Item Reclassification Committee of the National Board for Certification of Orthopaedic Technologists in Raleigh, North Carolina, November 2, 2012.

Capasso appointed

Virginia Capasso, RN, clinical nurse specialist, was appointed a member of the Small Work Groups for Risk Assessment and Biofilms/Infection for the 2014 Pressure Ulcer Guideline Development Group of the National Pressure Ulcer Advisory Panel in November, 2012.

Morin presents

Jennifer Morin, PT, physical therapist, presented, "Urinary Incontinence: There is Help," at the Foxborough Council on Aging, October 11, 2012.

Boehm presents

Martin Boehm, PT, physical therapist, presented, "Conservative Management of the Irreparable Rotator Cuff Tear," at the Boston Shoulder Institute at Brigham and Women's Hospital, November 17, 2012.

Banister presents

Gaurdia Banister, RN, executive director, The Institute for Patient Care, presented, "Caring for the Self: Keys to Leadership Success," at the 2012 Executive Development Series of the American Association of Colleges of Nursing, in San Antonio, Texas, in November, 2012.

Social workers present

Social workers, David Browning, LICSW; Joan Berzoff, LICSW; and Susan Gerbino, LCSW, presented, "Navigating in Swampy Lowlands: Relational Learning for Palliative and End-of-Life Care," at the annual conference of the Council on Social Work Education, in Washington, DC, November 11, 2012.

Inter-disciplinary team presents

David Browning, LICSW; Stephen Brown, MD; Constance Lehman, MD; Thomas Gallagher, MD; and Joseph Tashjian, MD, presented, "Vignette-Based Disclosure of Medical Error in Radiology," at the annual conference of the Radiological Society of North America, in Chicago, November 26, 2012.

Folger presents

Abby Folger, PT, physical therapist, presented, "A Model in Inter-Professional Clinical Education to Develop Skills in Providing Team-Based, Patient-Centered Care and Professional Competencies," at the Educational Leadership Conference of the American Physical Therapy Association, in Greenwich, Connecticut, October 6, 2012.

Folger also presented, "Physical Therapy Management of the Patient with a Ventricular Assist Device," at Northeastern University, October 15, 2012.

Mulgrew presents

Jackie Mulgrew, PT, physical therapist, presented, "Management of the Acute-Care Cardiac Patient," at Providence Saint Joseph Medical Center, in Burbank, California, October 20, 2012.

Costello presents

Meaghan Costello, PT, physical therapist, presented, "Disorders of Consciousness: Evaluations, Interventions, and Outcomes," at the fall conference of the American Physical Therapy Association in Wellesley, November 13, 2012.

Lacke presents

Linda Lacke, senior project manager, presented, "Injury Prevention: the First Step in Trauma Resuscitation," at the HMS/MGH Trauma and Critical Care Symposium, November 6, 2012.

LaSala prersents

Cynthia LaSala, RN, clinical nurse specialist, presented, "Nurse. . . Help Me Die: How Would You Respond?" at the fall, 2012, conference of the Massachusetts Association of Registered Nurses, in Framingham, October 13, 2012.

Miller presents

Kathleen Miller, RN, presented, "Providing Culturally Competent Complementary Therapies in a Community Setting," at the 4th annual Spirituality and Nursing Conference, in Boston, November 3, 2012.

Inter-disciplinary team presents

David Browning, LICSW; Stephen Brown, MD; Pam Varrin; and Robert Lebowitz, MD, presented, "Program to Enhance Relational and Communication Skills," at the annual conference of the Radiological Society of North America, in Chicago, November 26, 2012.

Inter-disciplinary team presents

David Browning, LICSW; Jeff Cooper, MD; Roxanne Gardner, MD; Jo Shapiro, MD; Elaine Meyer; Pam Varrin; and Robert Truog, MD, presented, "Disclosure and Apology: Leveraging Simulation for Skill-Building and Organizational Change," at the Center for Medical Simulation at Boston Children's Hospital in Cambridge, October 26–27, 2012.

Whitney keynote speaker

Kevin Whitney, RN, associate chief nurse, presented the keynote address at the 40th anniversary celebration of the UMass Lowell Nursing Department, on October 4, 2012.

Nolan presents

David Nolan, PT, physical therapist, presented, "Management of Lower Extremity Tendinopothy," at the annual conference of the American Physical Therapy Association, in Babson Park, Massachusetts, November 13, 2012.

Podesky presents

Jennifer Podesky, PT, physical therapist, presented, "Disorders of Consciousness: Evaluations, Interventions, and Outcomes," at the fall conference of the American Physical Therapy Association in Wellesley, November 13, 2012.

Rinehart and Wilson present

Todd Rinehart, LICSW, and Erica Wilson, MD, presented, "End-of-Life Conversations with the Homeless," at the Barbara McInnis House, Boston Healthcare for the Homeless, September 26, 2012.

Inter-disciplinary team presents

Mary Larkin, RN; Catherine Beauharnais; Kendra Magyar, RN; Laurel Macey; Kerry Grennan, RN; Emily Boykin, RN; and Steven Russell, MD, authored the article, "Obtaining Surrogate Consent for a Minimal-Risk Study in the Intensive-Care-Unit Setting," in the *Journal of the Society of Clinical Trials*, in November, 2012.

Inter-disciplinary team presents

Madeleine Bohlen, project manager; Hannah Lyons, RN, clinical nurse specialist; Barbara Cashavelly, RN, nursing director; and Inga Lennes, MD, presented their poster, "Implementing Double Checks for Patient-Controlled Analgesia (PCS) Pump Programming," at the Quality Care Symposium of the American Society of Clinical Oncology, in San Diego, November 30–December 1, 2012.

Announcements

Back-Up Childcare Center welcomes families

Located in the Warren Building, the Back-Up Childcare Center provides on-going back-up child care; holiday and school vacation programs; and summer care for children of MGH employees and patients, aged 9 months–12 years old.

The center is open from 6:30am–5:45pm daily, offering a stimulating, caring, play environment.

Drop-in visits are welcome, or go to the Back-Up Childcare Center website for information and registration materials: www.partners.org/childcare

ACLS Classes

Certification:

(Two-day program
Day one: lecture and review
Day two: stations and testing)

Day one:
February 11, 2013
8:00am–3:00pm
O'Keeffe Auditorium

Day two:
February 25th
8:00am–1:00pm
Their Conference Room

Re-certification (one-day class):
January 9th
5:30–10:30pm
Founders 130 Conference Room

For information, call 6-3905 or go to: http://www.mgh.harvard.edu/emergencymedicine/education/acls.aspx.

Classes are subject to change; check website for current dates and locations.

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Chaplaincy holiday schedule

Christmas
Christian/Protestant service with Holy Communion
Tuesday, December 25th
12:15pm
MGH Chapel

Roman Catholic Mass for the Nativity of the Lord and New Years Day
Tuesday, December 25th
4:00pm
MGH Chapel

Mass for the Solemnity of Mary, the Mother of God
January 1, 2013
4:00pm
MGH Chapel

The Chaplaincy extends greetings to those who celebrate Ramadan, Diwali, Kwanzaa, and all other faiths and spiritualities.

All are welcome to attend services in the MGH Chapel. For more information, call 6-2220.

The Connell Ethics Fellowship

Two ethics fellowships available (20 hours/week for one year)

Nurses, social workers, chaplains, and allied health professionals with master's degree or higher may apply.

Application Deadline:
Thursday, January 31, 2013

Interviews scheduled by appointment, February–March

Fellowship begins
Monday, June 3, 2013

Submit CV and goal statement by e-mail to erobinson1@partners.org,or hand deliver to Founders 341.

Applicants will be notified of their acceptance via e-mail in spring of 2013.

For more information, call 4-1765

Senior HealthWISE events

All events are free for seniors 60 and older

Lecture series
"A Talk with Councilor Michael Ross"
Thursday, December 20th
11:00am–12:00pm
Haber Conference Room
City Councilor Michael Ross will discuss current events throughout Boston and in your neighborhood.

For more information, call 4-6756.

Blum Center Events

Healthy Living Series
"Clear Conversations: Take Control of Your Health Visit"
Thursday, January 3, 2013
12:00–1:00pm
Speaker: Jen Searl, health education specialist

"Holiday Weight Loss"
Wednesday, January 16th
12:00–1:00pm
Speaker: Mike Bento, personal trainer, The Clubs at Charles River Park

Harp Music
Wednesday, January 23rd
12:00–12:30 and12:40–1:00pm
Harpist: Becky Wertz

Shared Decision-Making:
"Low Back Pain"
Wednesday, January 30th
12:00–1:00pm
Speakers: Steve Atlas, MD, and Thomas Cha, MD

Programs are free and open to MGH staff and patients.

All sessions held in the Blum Patient & Family Learning Center.

For more information, call 4-3823.

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Next Publication
January 10, 2013

Flu season is upon us

Please be reminded that the most important step healthcare providers can take to protect themselves and others from the flu is to get vaccinated.

The hospital is seeing an increase in the number of patients coming down with the flu throughout the MGH community. Please be reminded that the most important step healthcare providers can take to protect themselves and patients from the flu is to get vaccinated. Other steps you can take include:

- avoiding close contact with people who are sick, and keeping your distance from others if you're sick
- keeping your hands away from your eyes, nose, and mouth
- practicing effective hand hygiene by using an alcohol-based hand sanitizer or washing hands with soap and water for at least 15 seconds
- using disinfectants to clean frequently touched surfaces, such as phones and keyboards
- covering your mouth and nose with a tissue when coughing or sneezing. Throw the tissue away, and clean your hands. If a tissue is not available, cough or sneeze into your upper sleeve

If you develop a fever of more than 100° and a cough, sore throat, or muscle aches, stay home. For influenza-type illness, employees need to remain out of work for 24 hours after the resolution of fever without the use of fever-reducing medication. Contact Occupational Health before returning to work (617-726-2217).

Vaccinations are available at Occupational Health Services, 165 Cambridge Street, Suite 404, Monday through Friday, 7:00am–5:00pm. In clinical areas, you can request a flu vaccine from your 'flu champion.'

Influenza can be contagious up to 24 hours before symptoms begin. For this reason, MGH policy states that healthcare workers who have not received a flu shot should wear surgical masks when providing direct care to patients. The policy can be found in Section 6 of the MGH Infection Control Manual in TROVE.

The Mask Policy is now in effect. For more information about the flu, flu symptoms, or flu prevention, go to the MGH Influenza SharePoint site: http://sharepoint.partners.org/mgh/influenza/default.aspx.

Caring Headlines
December 20, 2012

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