

Caring

Headlines

November 15, 2012

MGH celebrates Physical Therapy Month

*See stories starting
on page 10*

At left, physical therapist, Ann Hunt, PT,
works with patient in the Physical Therapy Gym
on Lunder 10

High-quality care is in the eye of the beholder

HCAHPS coming to Caring Headlines

It's up to us to pay attention to what patients are telling us and implement the appropriate improvements.

In every service industry, including health care, the quality of service is only as good as the customer thinks it is. Regardless of good intentions, heroic efforts, or sunny dispositions, if the customer isn't satisfied or doesn't think the service is meeting his or her needs, it's not high-quality service. And here's the important part of that equation—how do we know what patients think of our service? That's where tools like patient-satisfaction surveys, hourly rounding, and follow-up phone calls come into play. These are all opportunities for patients and families to tell us what they think and how we can improve our efforts to meet their needs. It's up to us to pay attention to what they're telling us and implement the appropriate improvements.



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

This is why the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is such a useful and important tool. Based on a random sampling of adult patients contacted after discharge from inpatient units, this survey measures patients' perceptions of the quality of care and level of service they received. We couldn't ask for a better road map to guide our improvement efforts.

For those unfamiliar with the HCAHPS methodology, the survey measures perceptions of care and service based on a scale of: 'Never, Sometimes, Usually, Always,' with 'Always' being the desired response. (Such as, "How often would you recommend this hospital to others?") The categories measured by the survey include:

- Nurse communication
- Doctor communication
- Cleanliness
- Quiet at night
- Staff responsiveness (call-bell response time)
- Pain-management

HCAHPS Progress in 2012

HCAHPS Survey Measure	2012 Score Increase Over 2011 Results
Quality of Nurse Communication	Up 1.5 points
Room Cleanliness	Up 3.0 points
Quietness of the Unit at Night	Up 3.1 points
Staff Responsiveness to Call Bells	Up 1.1 points
Quality of Discharge Information	Up 1.5 points
Overall Rating of MGH	Up 1.2 points
Likelihood to Recommend MGH to Others	Up 1.4 points

(An increase of one point or more represents significant improvement.)

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I'd like to share that starting with the next issue of *Caring Headlines*, we'll be including the most recent results of the HCAHPS survey in the first issue of every month. Not only will this help make our care more transparent, it will give employees a chance to see for themselves the progress we're making and the areas where we still need to improve.

- Communication about meds
- Discharge information
- Overall rating
- Likelihood to recommend

As you can see by the table on the opposite page, we've demonstrated significant improvement in almost every category this year. I'd like to talk a little bit about our efforts related to quiet. Although we've made progress in this area (as indicated by the green), we still trail the national benchmark in our ability to provide a quiet environment for patients and families. Obviously, many factors affect the amount of noise generated in a hospital setting (medical alarms, double-occupancy rooms, televisions, cell phones, visitors, etc.), and many of those factors vary from unit to unit.

But guided by feedback provided by the HCAHPS survey (and other sources), we know this is an area that needs improvement, and we're able to focus our efforts accordingly. We've already implemented designated Quiet Times (both day and night) on many units with more to follow. We're conducting noise assessments and interventions throughout the hospital to try to minimize noise wherever possible. We're looking at the timing of rounds and other care-delivery processes to see if they can occur at times more conducive to the patient's comfort. On many units and in some departments, we've introduced Voalté

phones. These are specially programmed iPhones that give staff a quick, effective, *quiet* way to communicate with one another and the nurses' station, eliminating the need for overhead paging and audible conversations outside patients' rooms. The plan is to provide all PCS inpatient staff with Voalté phones as soon as enhancements can be made to the information network infrastructure (hopefully by the summer of 2013).

I mention these efforts because they're a great reminder of the kind of difference we can make for patients and families when we listen to what they tell us. Toward that end, I'd like to share that starting with the next issue of *Caring Headlines*, we'll be including the most recent HCAHPS survey results in the first issue of every month. Not only will this help make our care more transparent, it will give employees a chance to see for themselves the progress we're making and the areas where we still need to improve.

HCAHPS results are reported publicly and linked to our managed-care and CMS reimbursement. Closely monitoring HCAHPS is the best way to know if our efforts are making a difference. When surveyors call MGH patients and ask if they were satisfied with their care, if they would recommend our hospital to others, we want them to say without hesitation, "Always!"

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October is National Disability Employment Awareness Month

—by Zary Amirhosseini; Betsy Pillsbury; Carlyene Prince Erickson; and Sheila Golden-Baker, RN

Photos show educational booth in the Main Corridor (below) and presentations held during National Disability Employment Awareness Month.

Last month, in honor of National Disability Employment Awareness Month, MGH hosted a series of events showcasing the theme, “A Strong Workforce is an Inclusive Workforce.” Says Zary Amirhosseini, disability program manager, “Celebrating this month is important. We are committed

to ensuring that our workforce is diverse and inclusive and that every employee is recognized for his or her abilities. While this is a national observance, the true strength of disability employee awareness happens at the local level in how we choose to express our commitment. At MGH, our goal is to move beyond compliance to create an environment that is welcoming and accessible to all.”

Sponsored by the MGH Council on Disability Awareness, the Employees with Disabilities Resource Group, the Employee Assistance Program, Human Resources, and the Office of Patient Advocacy, a number of activities were presented to help educate staff, patients, families, and visitors.

A panel discussion on October 4, 2012, brought representatives from Occupational Health, the Employee Assistance Program, and Human Resources together to discuss resources available to help managers and employees foster inclusiveness, beginning with the hiring process. After a brief review of the Americans with Disabilities Act and some common terms, such as, ‘reasonable accommodation,’ and essential functions,’ panelists described various resources available within the hospital and the best ways to access them. A central theme of the discussion was the importance of engaging in one-on-one dialogue to better meet the needs of each situation. Panelists described a wide range of accommodations, some of which are available at low, or no, cost—such

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Raising Awareness (continued)

as changing a person's work schedule, purchasing adaptive devices, or implementing new processes to allow individuals to complete work in non-traditional ways. Many accommodations implemented for the benefit of a disabled colleague end up benefiting everyone, such as the installation of hands-free, powerized doors.

Says consultant, Sharon Wittaker, "Our goal is to engage with employees to identify areas that need to be improved and work together to find mutually effective solutions."

On October 11th, Amirhosseini moderated another panel discussion entitled, "Insights: Lessons We can Learn from Employees with Disabilities." Several MGH employees (or former employees) with disabilities shared their insights and experiences as a springboard for discussion. Some words of advice included: Use your best instincts. If you sense that something isn't right with a colleague, take it as an opportunity to engage in a conversation. It could be a sign of a 'hidden' disability (such as dyslexia, post traumatic stress disorder, a hearing impairment, or any of a number of other conditions). If it is a less obvious disability, the individual may feel a sense of isolation and want to open up about it. Again, use your best judgment as to when and how to initiate a dialogue.

On October 25th, attendees were treated to a screening of the movie, *Lives Worth Living*, followed by an interview with the filmmaker, Eric Neudel. The film chronicles the history of the disabilities

movement in America culminating with the passage of the Americans with Disabilities Act in 1990. Leaders of the movement narrate the story of a once fragmented population coming together as a powerful coalition to create some of the most far-reaching civil-rights legislation in the nation's history. The film was a good reminder that anyone can become disabled, and that the efforts we extend to help this community may very well help ourselves one day. Attendees were deeply moved by the film and its portrayal of this defining moment in the civil rights movement.

The Council on Disability Awareness Education and Training Subcommittee is developing a tool kit that includes a guide for creating a welcoming environment for colleagues with disabilities. For more information about our efforts to make our workforce strong, inclusive, and welcoming, send e-mail to: MGHaccessibility@partners.org, or go to: massgeneral.org/accessibility.



The evolving role of the respiratory therapist

*as we continue to strive
for Excellence Every Day*

—submitted by the Respiratory Care Department

Respiratory therapists, Lesley Smith, RRT, (left), and Elizabeth DeBruin, RRT, share information about asthma and ECMO at educational booth in the Main Lobby during National Respiratory Care Week.

October 20–27th marked this year's National Respiratory Care Week, the 65th annual observance at MGH. In honor of the occasion, MGH respiratory therapists were treated to a breakfast reception and recognition ceremony at the Paul H. Russell, MD, Museum of Medical History and Innovation. Said director of Respiratory Care, Robert Kacmarek, RRT, "This was truly a transformational year driven by staff initiative and creativity. The

success of our department is a tribute to the vision and dedication of our staff."

On October 24th, the department hosted an information booth in the Main Corridor where staff and visitors had an opportunity to see a simulation of extracorporeal membrane oxygenation (ECMO), a portfolio of respiratory therapists' clinical perspectives, a tracheostomy demonstration, and the latest asthma and chronic obstructive pulmonary disease (COPD) educational materials. A poster display showcased the expanding role of respiratory therapists, from new graduates to experienced clinicians.

Recently, the Respiratory Care Department implemented changes in patient guidelines to enhance best practices and shared strategies to eliminate gaps in communication among clinicians. A staff-initiated group now meets regularly to share clinical experiences and lessons learned with colleagues and advise leadership on relevant issues. Working with Pulmonary

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(Photos by Paul Batista)

Respiratory Care (continued)

MGH respiratory therapists have responded to the growing demand for efficiency and improved care by enhancing their roles and re-committing themselves to meet the challenges of an evolving healthcare system.

and Critical Care Medicine to enhance the care of COPD and pulmonary rehab patients, a respiratory therapist is now available for consults about innovative new oxygen and aerosol-delivery devices used in the home setting.

The Respiratory Care Department has grown significantly as a result of the new Blake 12 ICU and expansion of the extra corporeal life support program. Respiratory therapists' share their expertise in the outpatient setting, inpatient intensive care units, Shriners Hospital for Children, and the Massachusetts Eye and Ear Infirmary.

In addition to their presence on the code and rapid response teams, respiratory therapists participate in interdisciplinary rounds, helping set patient care goals, providing consultations, and offering education and recommendations to less experienced staff. Respiratory therapists participate in team huddles around patients in acute respiratory failure to optimize communication, assessment, and patient safety.

Much has been written about innovation units and their collaborative approach to care. On the Blake 12 innovation unit, relationships between new graduate nurses and respiratory therapists have formed with the guidance

of nurse practitioners and other senior staff. Anesthesiologists and intensivists lead the ICU in implementing a progressive team approach and utilizing respiratory therapists' unique perspective on the delivery of critical care.

The ECMO program, managed by a team of skilled surgeons and clinicians, has helped numerous hemo-dynamic and respiratory-compromised neonate, pediatric, and adult patients. This year the ECMO program expanded to include cardiac patients. Extensive classroom education and lab time were provided to share critical concepts of ECMO support for this patient population. To ensure swift initiation of ECMO therapy, an algorithm was created to trigger early response of the ECMO team. Respiratory therapists work hand-in-hand with nurses and ECMO-supervising physicians to provide ECMO patients with the highest level of teamwork and support. The role of cardio-help 'super users' was created to assist with education around the new centrifugal pump. Respiratory

therapists not only support ventilatory needs post operatively in the ICU, they assist with bedside bronchoscopies and other procedures, enhancing communication among the entire team.

MGH respiratory therapists have responded to the growing demand for efficiency and improved care by enhancing their roles and re-committing themselves to meet the challenges of an evolving healthcare system.

For more information about the services provided by the Respiratory Care Department, call 724-4493.



Director of Respiratory Care, Robert Kacmarek, RRT, (center front) with his staff in the Ether Dome.

Opportunities to advance nursing research

— submitted by The Yvonne L. Munn Center for Nursing Research

The Yvonne L. Munn Center for Nursing Research offers a variety of opportunities for nurses at MGH to advance nursing science, improve patient- and family-centered care, and enhance patient outcomes based on evidence obtained through clinical investigation. To date, 32 research awards and nine postdoctoral fellowships have been awarded through the Munn Center, and we're funding a new grant, the Be Well-Work Well Research Award, focusing on promoting health in the workplace. Research results are shared at the Nursing Research Expo during Nurse Recognition Week each year.

The Yvonne L. Munn Nursing Research Awards are presented annually to MGH staff to fund nurse-initiated research to advance nursing knowledge and practice. A doctorally-prepared nurse serves as consultant and mentor to each research team. Applicants seeking Munn Nursing Research Awards must work full-time as a nurse at MGH. Studies must support PCS strategic goals, and all funded research proposals must be approved by the MGH IRB before the study is conducted. Recipients must submit a progress report to the Center annually until the research is completed. Completed studies are featured during Nurse Recognition Week each May and may be presented at that time or at Nursing Research Grand Rounds throughout the year.

Munn Nursing Research Awards help advance patient care as they focus on assisting staff nurses to find answers to clinical questions. Says Paula Restrepo, RN, "The Munn Award provided me with resources and opportunities that empowered me to improve care for our patients."

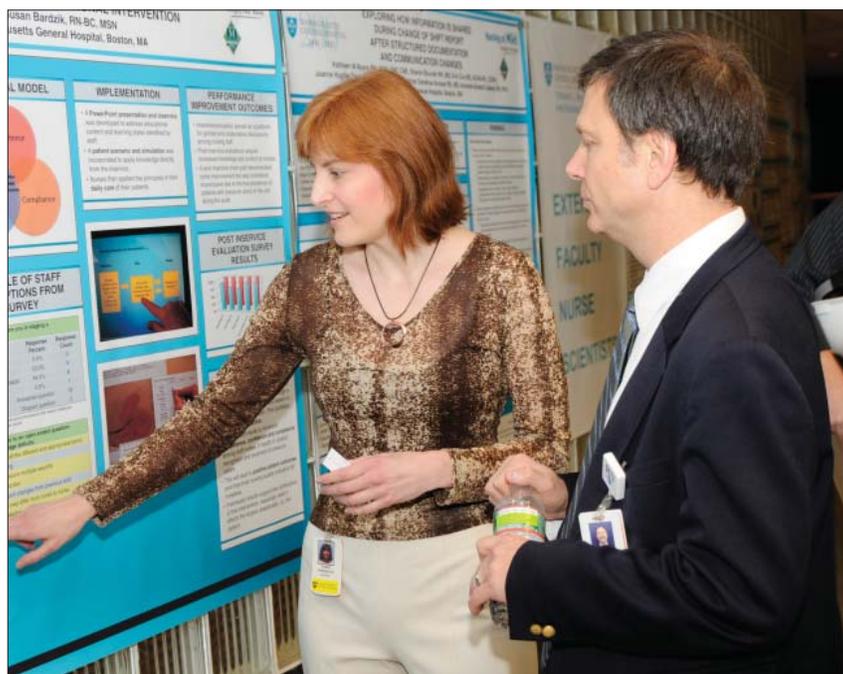
Says Tara Tehan, RN, "The Munn Award allowed me to answer a question related to my practice with the support and mentorship of an experienced researcher... The knowledge we gained from our study will allow us to better support new graduates starting out in the critical care environment."

Timeline:

- December 14, 2012: letters of intent and nursing director support are due
- January 8, 2013: initial proposals for the 2013 funding cycle are due
- January 18, 2013: applicants receive feedback following initial review of proposals
- February 1, 2013: final proposals are due
- April, 2013: applicants are informed of the funding decision
- May, 2013: awards are announced on Research Day.

For more information, call Linda Lyster at 3-0431, or go to: http://www.mgh-pcs.org/MunnCenter/Yvonne_Award.asp.

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Nursing Research (continued)

The [Yvonne L. Munn Post-Doctoral Fellowship in Nursing Research](#) provides doctorally prepared nurse researchers with time and resources to advance their research and develop proposals in areas of nursing inquiry that can be submitted for funding. The fellowship includes 400 hours of practice time and related expenses over a two-year period (up to \$2,500) to allow the fellow to develop a proposal for submission. At the conclusion of the fellowship, the nurse presents his/her research to the MGH nursing community. Applications are due by February 1, 2013. For more information, call Diane Carroll, RN, at 724-4934, or Mandi Coakley, RN, at 726-5334.

The Munn Center is supporting a new award, the [Be Well-Work Well Research Award](#), sponsored by Occupational Health Services and the Harvard Center for Work Health and Well Being. The award seeks to advance knowledge related to the healthcare workforce and improve outcomes for caregivers. This award is part of a larger grant funded by the National Center for Occupational Safety as part of the Total Worker Health Initiative. Projects may address a variety of topics related to improving the health and safety of the workforce. One award will be given to a research team that includes a doctorally prepared researcher or project mentor. For more information, go to <http://www.mghpcs.org/MunnCenter>, or arrange to meet with a member of the Munn Center staff prior to developing a letter of intent.



The annual [Nursing Research Expo](#) will be held during Nurse Recognition Week next year, culminating with the interactive poster display that brings researchers and scholars together to exchange ideas around advancing nursing practice. This is a valuable opportunity for the nursing community and others to learn about the exciting work underway at MGH.

Help is available in preparing abstracts for the Nursing Research Expo. Carolyn Paul, associate director of the Treadwell Library, presents a class on how to write an abstract. The Munn Center website (www.mghpcs.org/munn) has information about the different categories of submissions (original research, evidence-based practice, and performance improvement), components required to be addressed in the abstract, and examples in each category. Doctorally prepared nurses, your clinical nurse specialist, and Donna Perry, RN, a member of the Nursing Research Expo Committee, are available to provide assistance as you begin the process.

Once you've submitted your abstract, members of the committee will guide you in developing your research poster. Posters will be judged by outside nursing faculty, and recognition will be given for best posters.

Timeline:

- December 3, 2012: abstract writing class (12:00–1:00pm, Blake 8 Conference Room)
- February 1, 2013: abstract submission deadline
- March, 2013: poster production
- May, 2013: poster presentation during Nurse Recognition Week

Now is the time to get started. For more information, contact Linda Lyster at 3-0431.

Nurses with advanced preparation interested in applying for the [Connell Nursing Research Scholars Awards](#) should visit www.mghpcs.org/MunnCenter/ for information. For information about any of the nursing research opportunity available through the Munn Center for Nursing Research, call 3-0431.

At left, scenes from last year's Nursing Research Expo, held each year during Nurse Recognition Week

MGH celebrates National Physical Therapy Month

—by Vanessa Arone, PT, and Susan Sannella Fleming, PT

Below, physical therapists staff educational booth in the Main Corridor. Opposite page (clockwise from top left): speakers, Michael Sullivan, PT, director of Physical and Occupational Therapy; Mary Knab, PT, clinical assistant professor at the IHP; Joy Orpin, PT, staff therapist; and Kristin Parlman, PT, physical therapy clinical specialist. Far right: Marie Figueroa, PT, presents, "Selecting the Right Shoe," at the Blum Center.

Every October, the MGH community celebrates National Physical Therapy Month. Throughout the month, Physical Therapy Services coordinates events and activities that highlight the department's ongoing commitment to patients, to the hospital, and to the physical therapy profession. On October 25, 2012, the department held its annual recognition dinner to celebrate the accomplishments of staff over the past year. In his remarks, Michael Sullivan, PT, director of Physical and Occupational Therapy Services, said, "It's a privilege to come here every day and work with all of you." He recognized the challenges that staff face treating

patients in a changing healthcare environment and commended therapists for their ability to, "do what physical therapists do," to provide the highest quality care to patients and families.

In what has become a departmental tradition, three staff members shared stories of their professional journeys highlighting many of the lessons they've learned over the years, including: the importance of the patient-therapist relationship; the benefits of personal and professional reflection; and the critical role mentoring plays in professional development. The first speaker, Kristin Parlman, PT, shared some of the challenges she faced as a new graduate, saying her mentor was, "supportive and honest in

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Physical Therapy Month (continued)

her feedback. She pushed me to be my best. She helped me formulate clinical questions, even when I didn't know I had questions."

Mary Knab, PT, stressed the importance of reflection and how it, "maximized my learning in each patient encounter." She spoke of the power of written narratives and how reviewing "stories" of MGH staff had been her window into the reflective process that served as the basis for her dissertation.

Joy Orpin, PT, spoke about the diversity of her case load, "patients at the beginning and end of life," and how she celebrates every milestone her patients achieve. She recalled how one mentor had advised her to, "Never turn down an opportunity. You never know where that opportunity will take you." It was that advice that spurred Orpin to work with pediatric patients and teach a course in Cardio-Pulmonary PT at the MGH Institute of Health Professions.

PT Month saw the department's participation in Fall Prevention Awareness Day, where therapists focused on modifications that can be made to help prevent falls and education on what to do after a fall if one occurs. At the Chelsea HealthCare Center, physical therapists presented, "Bending and Lifting without Breaking Your Back," which focused on proper body mechanics and lifting techniques for common daily activities.



At MGH West, physical therapists spoke with employees and visitors about balance and fall-prevention, highlighting the importance of motor control and a safe home environment.

On the main campus, the department presented, "Get Up and Stretch," where physical therapists demonstrated exercises and proper stretching techniques to prevent injuries. Marie Figueroa, PT, presented, "Selecting the Right Shoe for You," at the Blum Patient & Family Learning Center.

And physical therapists at the Revere HealthCare Center presented an educational session for staff on work station ergonomics.

Physical Therapy Month is an opportunity to share the unique contributions that physical therapists make to the care of patients, families, and the communities we serve. The activities presented are an extension of our commitment to excellent patient care, health and wellness, education, and professional development.

For more information about the services provided by the Physical Therapy Department, call 643-3821.



For physical therapist, finding meaning can often lead to finding motivation

My name is Robert Dorman, and I have been a physical therapist for 12 years. For the last seven years, I've been the clinical specialist for the Orthopedic Service where I've had the opportunity to treat patients with a variety of physical-therapy issues from elective arthroplasty to complex ortho-trauma.

I first became aware of 'Brian' during inter-disciplinary rounds. Brian was a young man in his twenties who had fallen asleep at the wheel and crashed his car. He suffered a left olecranon (elbow) fracture and a traumatic amputation of his left leg below the knee. He'd had surgery two days before for debridement of his leg and placement of a vacuum assisted closure dressing. The plan was to return to the OR in two days to re-assess the leg and perform either a wound closure or an above-the-knee amputation.

Brian was in a lot of pain, which prompted the medical team to request holding off on physical therapy. But I knew it was important to examine him as soon as possible. I knew he had a long recovery ahead of him, and the chances of developing secondary problems (such as restricted range of motion in his knee) increased the longer physical therapy was delayed. I could also provide some patient-education that might alleviate concerns he had about the future. I discussed my reasoning with the medical team, and they agreed it was okay to proceed. I prepared for the examination.

I entered Brian's room, introduced myself, and explained why a Physical Therapy consult had been ordered. Brian was lethargic from pain medication but agreed to the exam. As we talked, I learned that Brian lived on his own and had a supportive family. He loved to ski and hike and described himself as a risk-taker. Brian co-owned a small business with his father, who had recently suffered a stroke. He became emotional as he worried aloud that the family business might not survive now that he'd been injured, too. I could tell this was a major source of stress for Brian and could potentially impact his progress if not addressed. I asked if he wanted



Robert Dorman, PT
physical therapy clinical specialist

to speak with a social worker, but he declined. This was something I'd need to monitor throughout his treatment.

Given that Brian was in significant pain, I prioritized my exam. My main focus was positioning and range of motion of his injured left knee and hip. He had a pillow under his knee that caused it to flex about 30 degrees. I knew from research that knee-flexion contractures make using a prosthesis more difficult, sometimes even impossible. To minimize that risk, I wanted to educate Brian about good positioning and give him some exercises that would help him keep his knee straight.

Shortly after I began, Brian said, "I may not even have a knee after tomorrow, why worry about it?"

I explained that the surgical plan was unknown, so we should hope for the best and try to preserve the knee. I showed him how to position the pillow to keep his knee straight and gave him some exercises to do throughout the day to help with range of motion. Brian became so lethargic due to his meds, I decided to end the session. Before leaving, I asked if he had any questions. Most patients who've suffered a traumatic amputation have a lot of questions—I wanted to give him a chance to ask them if he had any. And he did. He asked about prosthetic options, functional outcomes, the rehab process, and more. I could tell it had been on his mind. As a physical therapist, I have the unique opportunity to bridge the

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medical condition and pathology with function and outcome. I feel privileged that I'm able to give patients the information they want, especially related to function and ability to participate in activities.

Brian was young, had been very active prior to the accident, had a good support system, and was highly motivated to get back to work. All of this worked in his favor. But he was also a risk-taker, which could increase his chance of falling and hinder his recovery. His elbow fracture meant no weight-bearing on his left arm for at least six weeks. This, combined with his below-the-knee amputation was going to make mobility a challenge.

I knew the sooner Brian got a prosthesis, the better. Evidence suggests that a semi-rigid dressing on a residual limb has a number of benefits over other dressings. Semi-rigid dressings protect the wound, minimize the risk of knee-flexion contracture, help control edema, and decrease pain. And a semi-rigid dressing is removable, allowing the team to perform important wound care.

I believed Brian was a candidate for an immediate post-operative prosthesis (IPOP). An IPOP is a temporary prosthesis that allows patients to begin gait-training soon after surgery. Most IPOPs contain a semi-rigid dressing that becomes the internal socket of the prosthesis. This system achieves two important goals: the semi-rigid dressing protects the residual limb, and the temporary prosthesis allows the patient to mobilize sooner without having to use the upper extremities. Standard medical care is soft dressings. But I strongly believed a semi-rigid dressing and IPOP system were what Brian needed, so I advocated for him to get them. I explained my rationale to the team, and they agreed.

The next day, Brian went back to the OR, and the surgical team was able to close the wound, preserving the knee and maintaining the below-the-knee amputation. Afterward, I worked with Brian on keeping his knee extended. He preferred to have it flexed as it was more comfortable. So I came up with an idea that would help balance the time he spent with his knee extended and the time he spent in a position of comfort. Brian had not yet been able to mobilize, so I got a wheelchair and began transfer-training. Not only did this help with positioning, it allowed him to leave his room and gave him a sense of independence.

I contacted the prosthetist to coordinate my next PT session. Together, we assessed Brian's residual limb and confirmed he was a good candidate for an IPOP. But due to the location of the incision, he wouldn't be able to put it on until the incision healed. I still had concerns about his penchant for risk-taking and wanted to get him into a semi-rigid dressing as soon as possible. Brian confided that he'd already lost his balance once, so time was of the essence.

The prosthetist and I educated Brian on the importance of protecting his residual limb. If he fell on it just once, he'd most likely

destroy the muscle flap and need an above-the-knee amputation. I explained the difference between a below-knee and above-knee amputation in terms of functionality, but I got the sense Brian wasn't hearing me. I knew he was distracted by thoughts of his family and the struggle to keep their business going. Because of that, I stressed that injuring himself would result in more surgery, including, most likely, a higher amputation site and a longer period of rehabilitation. He understood that meant not being able to provide for his family. With that, there was a definite change in Brian's attitude. He became very focused on our conversation.

Finally, he said, "My goal is to get better so I can take care of my family. I'll do whatever I need to do to be safe." He thanked me for being so direct with him and for helping him see what he needed to do.

I followed Brian's progress throughout his hospitalization. Every time I saw him, I asked how his father was doing. I knew if he

trusted me and saw I was invested in his success, he'd be more willing to accept my recommendations and actively engage in his recovery.

I believe every patient teaches us something. Brian taught me the importance of finding what's meaningful to each patient and incorporating it into the plan of care. Brian heard what everyone

was saying to him; he just couldn't connect what we were telling him to his own situation. Once I was able to link his desire to care for his family with the need to allow himself to heal (both physically and emotionally), he better understood the importance of being safe. Brian experienced a traumatic event and has a long road ahead of him. But I'm confident my interventions helped speed his return to work and caring for his family... which was all that mattered to him in the first place.

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

What a wonderful narrative. "Why bother?" was Brian's attitude. "Hope for the best," was Bob's. Without that early intervention—that preparation for the best-case scenario—Brian's story may have had a very different ending.

Bob used one of the best tools any clinician has at his disposal: patient-education. He gave Brian evidence-based information so that he (Brian) could make an informed decision based on his own goals and priorities. Bob found what was meaningful for his patient and turned it into motivation to succeed.

I see in the article on page 19 that Bob became a therapist because he wanted to help others achieve their goals the way his own therapists had helped him as a teenager. Bob, mission accomplished.

Thank-you.

I believe every patient teaches us something.

Brian taught me the importance of finding what's meaningful to each patient and incorporating it into the plan of care.

Multi-cultural communication at heart of community care

—by Aimee Tow, PT, physical therapist, MGH Chelsea Health Center

Working in such a diverse community comes with a unique set of challenges. One of which is certainly communication. Fortunately, we have easy access to MGH medical interpreters, who do more than just translate words—they act as cultural liaisons—helping to de-mystify cultural differences.

My name is Aimee Tow, and I am a physical therapist at the MGH Chelsea Health-Care Center. As a physical therapist, I use empirical and subjective data to examine and evaluate my patients. In other words, I look, and I listen. What I've learned after years of working with a diverse, multi-lingual patient population is that listening is open to interpretation (pun intended).

According to the 2010 census, the population of Chelsea is 48% white, 9% black, and 62% Hispanic/Latino. One of the benefits of working in Chelsea is meeting people from all over the world. I speak English and Spanish, and through my work, I've met people of many other languages and cultures. In a typical week, I see approximately 50 patients. About half of those patients prefer to speak in Spanish; others speak English, Portuguese, Somali, Bosnian, Nepalese, Arabic, Amharic, Vietnamese, Kirundi, Italian, French, and American Sign Language.

Working in such a diverse community comes with a unique set of challenges. One of which is certainly communication. Fortunately, we have easy access to MGH medical interpreters, who do more than just translate words—they act as cultural liaisons—helping to de-mystify cultural differences. I've learned that multi-cultural communication involves more than just translating words.

In my role as a physical therapist, I interpret all the time for English-speaking patients who grew up right here in the United States. For instance, one of my English-speaking patients wants to get back to gardening. When she says, 'gardening,' I think I know what that means, but I still have to clarify (interpret) because there are different ways to garden. So, I ask questions to help me understand.

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(Photo by Shu-Dan Chen)

Because of her answers and because we share a similar cultural background, I soon have a clear idea of what she means by gardening.

Now consider this scenario with a patient from Bhutan (southern Asia), who speaks Nepalese. I request a Nepalese interpreter and begin my evaluation. I learn that his chief complaints are pain in his right knee, difficulty walking, and pain on the right side of his back. I ask if he did any type of exercise before surgery. The interpreter relays my question but says the word, 'exercise,' in English.

A moment later, outside the treatment room and away from the patient, I ask the interpreter why she said the word exercise in English. She explains that many people don't know the word for exercise in his language, so interpreters usually use the English word.

No word for exercise in this patient's language? How will the word have meaning for him? How do I explain what exercises to do if he has no concept of what the word means?

Back in the treatment room, I begin my examination, noting that the patient has many impairments. Soon his story emerges. He's had knee pain since living in the refugee camps in Nepal. He lived in the camps for 20 years until emigrating to the United States in 2009.

As I try to create a meaningful image of this patient's life, I realize I have no idea what it means to live in a refugee camp. He must feel the same way about the word exercise as I do about refugee camps in Nepal.

On subsequent visits, I learn that this patient had been in the army. He has been tortured by a machine that squeezed his leg. That explains the atrophy of his right thigh. As horrifying as it is to hear this, I realize that if he was in the army, he was accustomed to doing exercises. He could appreciate the importance of an exercise program.

Another patient is originally from Somalia. She is 64 years old and at one time lived as a refugee in Saudi

Arabia and the United Arab Emirates. She never had any formal education, has never been employed, she raised eight daughters, and wears brightly colored robes and head-coverings.

When I ask about exercise, the interpreter says the word in English. Later, the interpreter tells me there is no Somali word for exercise. She says they call it, 'work.'

Again I wonder. What does this patient think when I recommend she do exercises, which she interprets to mean 'work'? I wonder what it would be like to be 64 years old living in a culture so different from your own and have someone ask you to do something you've never done before. Even though I've explained

it through the Somali interpreter, I wonder what meaning she attaches to the words, 'strengthening' and 'exercise.'

We are fortunate to have access to professional medical interpreters who speak so many languages. And I know first-hand how valuable they are in establishing communication between patients and clinicians. But some aspects of inter-cultural communication

go beyond simple verbal interpretation. It's up to the provider (in this case, me, the physical therapist) to figure out what vital pieces of information might be missing and find a way to close those gaps in communication.

Every day, I ask myself: How am I going to understand what this patient is telling me *in the context of his or her life*? How will I convey what we're going to do in physical therapy?

Whenever I begin an initial evaluation with a patient whose language or culture is different from mine, I know what I have to do. My patients have taught me. Ask questions. Keep asking questions. And keep an open mind. We're all the same in that respect—we all just want to be heard and treated with respect.

Whenever I begin an initial
evaluation with a patient whose
language or culture is different from
mine, I know what I have to do.
My patients have taught me. Ask
questions. Keep asking questions.
And keep an open mind.

One celebration of many stars

On October 9, 2012, Patient Care Services held its annual award ceremony, One Celebration of Many Stars. Presiding over the event, senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked the many donors who sponsor these awards, saying, “We’re fortunate to have a robust awards and recognition program. Many of these awards were established in memory of loved ones who worked, or were cared for, at MGH. We’re grateful for your continued support, and for choosing to honor your loved ones in this meaningful way. These awards are a tribute to dear friends, and it is because of their legacies and your generosity that we’re able to foster excellence in every aspect of our care-giving.”

Ives Erickson acknowledged the caliber of nominations this year and thanked those who took the time to nominate their colleagues (or caregivers) for their contributions to patients and families. Said Ives Erickson, “When I reflect on the quality of work represented by these recipients today, I think, ‘No wonder we’re the number-one hospital in the country!’”

Joined by members of the PCS leadership team, Ives Erickson read excerpts from letters of recommendation as each award was presented. Excerpts from those passages can be found on the pages that follow.

Special thanks to Julie Goldman, RN, professional development manager, for coordinating the event. For more information about any award or the One Celebration of Many Stars celebration, call Goldman at 724-2295.

The Anthony Kirvilaitis Jr. Partnership in Caring Award

This award recognizes support staff who consistently demonstrate an ability to partner with colleagues to enhance the patient and family experience.

*Liana Teieria, unit service associate
Central Resource, Lunder Building*

Teieria was selected to pilot a new position: central resource USA for the inpatient units in the new Lunder Building. As the resource USA, she collaborated with nursing staff and leadership in preparing 150 inpatient rooms. In her letter of nomination, Patricia Galvin, operations manager said, “Liana’s duties involve interviewing patients, a role at which she excels because of her tremendous compassion and ability to speak many languages. She has been a pioneer in this new role and an advocate for patients, families, and staff. Liana has truly set the standard for this new position.”

Congratulations, Liana.



Liana Teieria, unit service associate
Central Resource, Lunder Building



Damien Leane, unit service associate
Vascular Surgery

*Damien Leane, unit service
associate, Vascular Surgery*

Leane was nominated by Frank Powers, who wrote, “Damien embodies all the qualities that Tony Kirvilaitis embraced. He has an impeccable work ethic and a kind and gentle manner with patients and families. Damien is a quiet gentleman who looks for opportunities to support his peers and mentor others.” In their letter of support, Erin Cox, RN and Sharon Bouvier, RN, wrote, “Damien spends time talking with patients and genuinely cares about how they’re doing. One day a patient was discharged on Damien’s day off and he asked us to say good-bye to Damien on his behalf.

Congratulations, Damien

Recognition (continued)

The Brian M. McEachern Extraordinary Care Award

This award recognizes employees who exceed expectations and embody extraordinary care through advocacy, compassion, and empowerment.

Jesse MacKinnon, RN
Lunder 9 Oncology Unit

MacKinnon's decision to become a nurse was influenced by the compassion he witnessed in the nurses who cared for his parents when they were ill. In her letter of support, Jessica Berry, RN, wrote, "Jesse is a natural born nurse and leader who always impresses me with his compassion and instinct to help others." In his own letter of application, MacKinnon shared that he realizes, "extraordinary care is not elaborate or complicated, it's simply understanding the needs of a fellow human being."

Congratulations, Jesse.



Jesse MacKinnon, RN
Lunder 9 Oncology Unit

The Norman Knight Award for Excellence in Clinical Support

This award recognizes clinical support staff for excellence in patient advocacy, compassion, and quality care.

Aomar Nait-Talb, patient care
associate Ellison 18 Pediatric Unit

Nait-Talb was nominated by Sandra Pugsley, RN, and other members of the care team. He began his MGH career as a cafeteria assistant and is now a patient care associate on Ellison 18. A grateful family member, wrote in her letter of support, "My son needed help setting up his gaming system. Someone said, 'Aomar will be able to help you.' And as promised he got everything up and running in no time at all. He is a quiet, gentle soul, incredibly kind and respectful, and he does everything with a smile." Congratulations, Aomar.



Aomar Nait-Talb, patient care associate
Ellison 18 Pediatric Unit

The Marie C. Petrilli Oncology Nursing Award

This award recognizes oncology nurses for their high level of caring, compassion, and commitment as reflected in their care of oncology patients.

Margaret 'Meg' Garvey, RN
Lunder 10 Oncology Unit

The daughter of an MGH patient nominated Garvey for this award. In her letter, she wrote, "An entire team of professionals helped care from my father, but Meg's actions stand as the ultimate example of commitment and compassion. Because of her, my father was able to attend my mother's grave-side service and burial. She volunteered on her day off to provide the medical support he needed. We will always be grateful." Eileen Corneau, RN, wrote, "Meg consistently advocates for patients and families. She thrives on challenges and loves to share her knowledge and experience."

Congratulations, Meg.



Margaret Garvey, RN
Lunder 10 Oncology Unit



Karen Ward, RN
Cox 1 Radiation Oncology

Karen Ward, RN
Cox 1 Radiation Oncology

In her letter of support, Karen Ballen, MD, said of Ward, "Karen is the nurse I would want to have caring for me if I were ill. She is extremely knowledgeable, not afraid to ask questions, makes useful suggestions, and advocates for her patients. Karen is the ultimate oncology nurse — intelligent, compassionate, and devoted to patient care." The wife of an MGH patient, shares, "My husband had a long battle with cancer. We encountered many caregivers, but the one who always made us feel grateful was Karen, always so quick to notice issues and symptoms. We were lucky to have her in our corner." Congratulations, Karen.

Recognition (continued)

The Norman Knight Preceptor of Distinction Award

This award recognizes clinical staff who consistently demonstrate excellence in educating, precepting, coaching, and mentoring other nurses.

*Karin Rallo, RN
Emergency Department*

Rallo first entertained the idea of becoming a nurse during a long hospitalization as she prepared to give birth. In her letter of nomination Julie Lordan, RN, wrote, "When I began orientation, Karin helped me ease into the culture. She guided my thought process as I figured out my new surroundings. Although I've completed my orientation, she still checks in on my progress and encourages my growth. She continues to be my advocate, my support, and my role model."

Congratulations, Karin.



Karin Rallo, RN
Emergency Department

The Jean M. Nardini, RN, Nurse Leader of Distinction Award

This award recognizes staff nurses who demonstrate excellence in clinical practice and leadership and a commitment to the profession of nursing.

*Stefanie Michael, RN
Bigelow 11 Medical Unit*

Michael is highly regarded on her unit as a clinical resource. In her letter of nomination, Patricia Fitzgerald, RN, wrote, "Stefanie is an expert clinician who cares for the most complex patients. She is viewed as a role model and mentor." Melissa Donovan, RN, wrote, "Stefanie engenders therapeutic nurse-patient relationships; she facilitates conversations that uncover how patients view their overall health and inform the development of a meaningful plan of care."

Congratulations, Stefanie.



Stefanie Michael, RN
Bigelow 11 Medical Unit

If you were wondering what that bright light was emanating from O'Keeffe Auditorium on October 9, 2012, it wasn't a solar flare. It was the glow of Patient Care Services' One Celebration of Many Stars; and it was *spectacular!*



The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

This award recognizes direct-care providers whose practice exemplifies the expert application of our vision and values by providing care that is innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.

*Robert Dorman, PT
physical therapist*

When asked what made Dorman pursue a career in Physical Therapy, he shared that he chose PT because of his own interactions with physical therapists as an adolescent. He wanted to help others achieve their goals as his therapists had helped him. In her letter of nomination, Nancy Goode, PT, clinical director, wrote, “Bob has developed into an expert clinician possessing knowledge and skills that enable him to treat patients with a wide range of diagnoses. He has a thirst for knowledge that he uses to advance his own practice as well as the practice of his colleagues.”

Congratulations, Bob.



Robert Dorman, PT
physical therapist



Patricia Chastain, PT
physical therapist

*Patricia ‘Anne’ Chastain, PT,
physical therapist*

Chastain was nominated by colleague, Rebecca Fishbein, PT, who wrote, “One only needs to observe Anne working with a child to know that her practice embodies the qualities for which this award was created. Throughout my career, I’ve known people who knew and worked with

Stephanie Macaluso, and they, too, see these qualities in Anne.” Carmen Vega-Barakowitz, director of Speech-Language Pathology, wrote, “Anne’s caring attitude and expertise are evident every time she interacts with patients and families.”

Congratulations, Anne.

*Rabbi Ben Lanckton
chaplain*

Lanckton came to MGH in 2002. In his letter of nomination, Michael McElhinny, MDiv, said of Lanckton, “Rabbi Ben has forged relationships with unit staff and families so that spirituality is woven into the patient’s care plan.” Said Lanckton, “I find every day both challenging and inspiring. I’m inspired by the remarkable spiritual resources of patients and families of all backgrounds and faith traditions. I thank my family and colleagues for the love, support, and sense of perspective and humor that sustain me every single day.”

Congratulations, Rabbi Ben.



Rabbi Ben Lanckton
chaplain



Susan Gordon, RN
Cardiac ICU

*Susan Gordon, RN
Cardiac ICU*

In her letter of nomination, Kathy Carr, RN, said of Gordon, “I’ve worked with Susan for twelve years. Her clinical practice is outstanding, her sensitivity to learning needs is remarkable, and her commitment to the Cardiac ICU is unwavering. She shares her knowledge willingly, and her impact on the unit can be seen everywhere.” Colleen Snyder, RN, wrote, “Susan was quick to volunteer for the role of attending nurse. She naturally adopted relationship-based care as the model of care on our unit. She has strong clinical expertise and is an avid advocate for patients and families.”

Congratulations, Susan.

Collaborative governance a ‘matrix of support for excellence’

—by Mary Ellin Smith, RN, professional development manager

On Tuesday September 19, 2012, more than 100 collaborative governance champions and leaders came together at the Paul H. Russell, MD, Museum of Medical History and Innovation to celebrate 15 years of collaborative governance.

Collaborative governance is the communication and decision-making structure within Patient Care Services that brings together multi-disciplinary staff to generate and share knowledge to improve patient care and the environment in which care is delivered.

The annual event provides an opportunity for champions to celebrate their work and acknowledge the contributions of out-going committee leaders. In her remarks, executive director for The Institute for Patient Care, Gaurdia Banister, RN, welcomed attendees and thanked them for their commitment to improving care for patients and families.

In a heartfelt speech, keynote speaker, Claire Paras, RN, staff nurse and champion on the Skin Care Committee, shared her thoughts on the importance and impact of collaborative governance. Following is a brief excerpt from her remarks:

Before I came to Mass General five years ago, I worked in an organization that was attempting to develop a collaborative governance program. Of course, the first thing I did was look at Mass General to see what was happening here. Later, when I started working here, my nursing director presented me with the opportunity to join the Quality Committee.

I said, “Oh yes. Absolutely.” I’m happy to share my thoughts because it is truly an experience I have cherished.

In the context of our collaborative governance structure, I don’t think the word, ‘committee,’ or even, ‘work team,’ captures the essence of what we do. It’s been my experience that we’re more like communities that share common work, interests, and values. On the Skin Care Committee, we come together from our respective units and departments (or “neighborhoods”) to form a cohesive team as we strive to foster excellence in skin care and the prevention of pressure ulcers.

I view all our committees as small communities linked together in a larger community to support the mission and goals of the organization. The critical element of collaborative governance is the connectivity that holds our structure together. This connectivity exists on several levels—within units, within committees, between committees, with our leadership, with our clinical experts, and with other hospital experts and resources. None of us work in isolation. I always feel supported.

I’m sure we’re all familiar with the graphic that represents our professional practice model—the puzzle pieces that interlock to form a whole. I think if you took that image, added many more pieces of the puzzle, and made it three-dimensional, you’d have a much more accurate representation of our connectivity—a matrix of support for excellence.

For more information about collaborative governance, contact Mary Ellin Smith, RN, professional development manager, at 72405801.



Claire Paras, RN,
collaborative governance champion

The inaugural Blum Visiting Scholar Program

—by Jennifer Searl, health education project specialist

The Maxwell & Eleanor Blum Patient and Family Learning Center, the Maxwell V. Blum Cancer Resource Room, and the PCS Patient Education Committee are dedicated to providing the highest quality patient-education and health information to the diverse communities we serve—patients, families, and staff. Part of fulfilling that mission is assisting clinicians in acquiring the skills necessary to effectively teach patients and families about health and illness and the importance of promoting health literacy.

The annual Blum Visiting Scholar Program was established to support patient-education by inviting nationally recognized experts in patient-education and health-literacy to share their knowledge with the MGH community. On October 18, 2012, Cindy Brach, senior health policy researcher at the Agency for Healthcare Research and Quality (AHRQ) became the inaugural Blum visiting scholar. Brach leads AHRQ's health-literacy activities and serves on the Institute of Medicine (IOM) Health Literacy Roundtable. She is responsible for the development of the Health Literacy Universal Precautions Toolkit, CAHPS® Item Set for Addressing Health Literacy, and the AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research.

At a special inter-disciplinary Grand Rounds, Brach presented, "Becoming a Health Literate Organization: Soup to Nuts Strategies." She began by reviewing the definition of health literacy: "The

Attributes of a Health-Literate Organization

- 1) Has leadership that makes health-literacy integral to its mission, structure, and operations
- 2) Integrates health-literacy into planning, evaluation measures, patient-safety, and quality-improvement
- 3) Prepares the workforce to be health-literate and monitors progress
- 4) Includes populations served in the design, implementation, and evaluation of health information and services
- 5) Meets needs of populations with a range of health-literacy skills while avoiding stigmatization
- 6) Uses health-literacy strategies in inter-personal communications and confirms understanding at all points of contact
- 7) Provides easy access to health information and services and navigation assistance
- 8) Designs and distributes print, audio-visual, and social-media information that is easy to understand and act on
- 9) Addresses health-literacy in high-risk situations, including care transitions and communications about medicines
- 10) Communicates clearly what health plans cover and what individuals will have to pay for services

degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions." She explained how common poor health-literacy is and how negatively it can affect health outcomes.

Brach's presentation focused on the ten attributes of a health-literate organization. According to a recent IOM report (authored by Brach), health-literate organizations make it easy for people to navigate, understand, and use information and services to enhance their health and decision-making. This means systems, forms, processes, the behavior of clinicians—everything an organization does—incorporates health-literacy principles to positively impact the health of patients and families. Brach demonstrated one of the attributes: the use of health-literacy strategies in interpersonal communications to confirm understanding at all points of contact. One attendee volunteered to 'teach' Brach how to test her blood sugar using the teach-back method, ensuring comprehension by using open-ended, non-judgmental questions.

Brach's presentation provided important information that can assist healthcare organizations to evaluate their environments and incorporate strategies into efforts to improve health literacy and patient education.

For more information, call Jennifer Searl, health education project specialist, at 724-3823.

Giving voice to the whole person: body, mind, and spirit

—by Kate Gerne, MDiv, pediatric chaplain

This year, October 22–26, 2012, instead of Pastoral Care Week, the MGH community observed Spiritual Care Week. The name change came about because staff of the Chaplaincy thought the word, spiritual, better reflected the diverse beliefs, practices, and traditions embraced by the MGH community. The theme for the week was, “Giving Voice to the Whole Person: Body, Mind, and Spirit.”

Certified chaplains are trained to minister to people’s spiritual needs, regardless of where they are in their own lives or what their beliefs and practices

are. A chaplain’s job is to empower individuals to be whole and human: physically, emotionally, cognitively, and spiritually. Chaplains believe that while not everyone is religious, everyone has the capacity to be spiritual.

A number of training programs offer education in compassionate, spiritual care for clinicians and chaplains. The ‘gold-standard’ is the Clinical Pastoral Education Program. Guided by patients’ and families’ needs, the Clinical Pastoral Education Program trains spiritual caregivers to provide respectful religious and spiritual care to patients, families, and staff. The educational process deepens spiritual caregivers’ emotional and spiritual self-awareness and professional identity. The program trains religious leaders, clergy, seminarians, lay persons and health-care providers to become more spiritually literate, translating the languages of modern, Western medicine, ancient beliefs and value systems, and the intersecting experiences of illness and faith. Chaplains:

- work closely with the inter-disciplinary team to ensure the spirit is nurtured and cared for
- conduct spiritual assessments that become part of patients’ plan of care
- assess patients’ sense of belonging, what gives their life purpose, where they find hope, and what plans, dreams, or goals they have for their lives
- assist patients in identifying what makes them feel most alive, what beliefs, values, symbols, and faith-based rituals, practices, or prayers support their traditions
- offer a listening presence, assist patients and families with feelings of hopelessness, grief, alienation
- support life-giving experiences
- journey with patients, families, and staff during life transitions

continued on next page

Below: Chaplaincy staff with director, John Polk, DMin (front left), during Spiritual Care Week. Opposite page: staff chaplains, Katrina Scott (left) and Patti Keeler, lead Labyrinth Service in the MGH chapel



Spiritual Care (continued)

- provide a spiritual scaffolding for patients, families, and staff during critical life events

During Spiritual Care Week, the department had an opportunity to showcase many aspects of their profession and demonstrate how chaplains give voice to the body, mind, and spirit. In her presentation, Eva Selhub, MD, articulated the importance of nurturing the whole person by integrating practices of the body, mind, and spirit. She focused on the importance of reducing stress, developing loving connections, and tapping into a higher power. Following her dynamic and often humorous talk, Selhub signed copies of her new book, *The Love Response*.

MGH saw an expanded version of Spiritual Care Week this year. The Blessing of the Hands, an annual tradition, was extended to accommodate night staff. The spiritual labyrinth was available each day in the Chapel so visitors could experience this peaceful, contemplative practice all week. And two new events will become regular offerings of the Chaplaincy: educational presentations and piano concerts in the Chapel on Friday afternoons.

The inaugural educational program was presented by Imam Talal Eid, who spoke about, "Spiritual healing and mental illness as viewed by Islam." The

Imam presented an insightful look at interpretations of the Quran with examples of how teachings of Islam can inform and guide Muslim patients' healthcare decisions. Educational sessions will be held on a quarterly basis focusing on different religious perspectives, practices, and beliefs, and how they can intersect with patients' experiences while in the hospital.

Piano concerts will now take place in the Chapel every Friday afternoon at 2:00pm featuring the works of Beethoven, Scriabin, Liszt, Rachmanioff, and others.

This year's Spiritual Care Week, the first under the leadership of new director, John Polk, DMin, focused on the importance of tending to the whole person. Through the dedication and hard work of chaplains, Eucharistic ministers, pastoral visitors, deacons in-training and field education students we are empowered to respect the dignity and worth of every person and the sacredness of the human spirit.

For more information about the work and services provided by the MGH Chaplaincy, call 726-2220.



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For more information, call: 617-724-1746

Next Publication

December 6, 2012

Announcements

Traditional Chinese Medicine

"The Use of Evidence-Based Traditional Chinese Medicine"

Thursday, December 6, 2012
6:00–10:00pm
Simches Conference Room 3-110

presented by the MGH Chinese Scientist and Staff Association (CSSA) as part of its series on traditional Chinese medicine in the treatment of human diseases and health conditions.

All are welcome. Registration required for CME credit. Please RSVP to cssa@partners.org by November 30th.

Free before November 30th.
\$10 after November 30th.

A light dinner will be available.

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

Senior HealthWISE events

All events are free for seniors 60 and older

"Aging Well with Complementary Health Practices"
Thursday, November 15th
11:00am–12:00pm

Haber Conference Room
Speaker: Joanne Rowley, RN, holistic nurse educator, MGH Wellness Center

Hypertension Screening:
Monday, November 26th
1:30–2:30pm

West End Library
151 Cambridge St.
Free blood-pressure check with wellness nurse, Diane Connor, RN.

Boston Conservatory Cabaret
Monday, November 26th
2:00–3:00pm

Thier Conference Room.
Students from the Boston Conservatory will perform songs from some favorite Broadway musicals.

Light refreshments.
RSVP required. Call 617-724-6756.

For more information, call 4-6756.

Blum Center Events

Shared Decision Making:
"Understanding the Prostate Specific Antigen (PSA) Test"

Wednesday, December 7, 2012
12:00–1:00pm
presented by
Mary McNaughton-Collins, MD

Healthy Living:
"When Holidays Aren't Happy"

Wednesday, December 14th
12:00–1:00pm
presented by
Reverend Daphne Noyes, staff chaplain

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.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Brian A. McGovern, MD, Award for Clinical Excellence

Nominations are now being accepted for the Brian A. McGovern, MD, Award for Clinical Excellence.

All physicians in good standing are eligible. Nominees should:

- spend much of their time focused on patient care and be viewed by colleagues as the 'go to' person for clinical acumen, skill, teamwork, and responsiveness
- be kind and compassionate and ensure patient needs are met, through either direct patient care or the accurate and timely delivery of other services
- be seen as the 'unsung hero,' whose contributions make our community a better place to work and receive care

We are especially looking for nominees who help define what sets MGH apart.

Nominations are due by December 1st.

For more information, or to nominate someone, go to: <http://mgpo.partners.org/mcgovern/>.

Award will be presented at the MGPO recognition dinner in March.



November 15, 2012

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