

Caring

Headlines

September 6, 2012

The Hausman Nursing Fellowship

*Promoting the
recruitment and
advancement
of minority
nurses*

*See story on
page 4*

At graduation celebration, Hausman fellow, Anna Lei, is congratulated by Bernice McField-Avila, MD, co-chair of the Hausman Fellowship Program.

State zeroes in on healthcare costs

An overview of this ambitious new legislation

Since enacting the landmark healthcare reform bill in 2006, the Massachusetts legislature has increasingly turned its attention to the cost and affordability of health care in our state. This past July, the legislature approved its most ambitious cost-control legislation to date.

Since enacting the landmark healthcare reform bill in 2006, the Massachusetts legislature has increasingly turned its attention to controlling the cost and affordability of health care in our state. In 2008, a statewide payment-reform commission was created. In 2010, health-insurance reform was introduced to help reduce the financial burden on small businesses. Another commission looked at reducing costs by controlling what providers charge for services. This past July, the legislature approved its most ambitious cost-control legislation to date.

The key elements of the law signed by Governor Patrick include:

- *Curtailed healthcare-cost growth*

The new law restricts the growth of healthcare spending to no faster than the state's economy through 2017. From 2018–2023, spending would slow even further, to just below the growth of the economy.

- *New oversight*

In addition to re-organizing state entities that manage and monitor health care, the new law mandates cost and market-impact reviews to look at changes (such as mergers, acquisitions, and affiliations among providers and insurers) that could affect cost, quality,



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

and market competitiveness. A special commission will look into price variations among providers to try to minimize factors that contribute to variability

- *Investments*

The new law dedicates \$60 million over four years to prevention, public health, and wellness efforts related to preventable chronic diseases such as obesity, diabetes, and asthma; \$135 million is earmarked for community hospital infrastructure and financially distressed hospitals; and \$30 million to accelerate adoption of 'sharable' electronic medical records. The funding for these investments comes from assessments on a few large hospitals (including Partners) and insurers over four years

- *New payment methodologies*

The new law encourages providers, insurers, and the government to adopt payment systems that support delivery of high-quality, coordinated, efficient care.

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We strive to provide the highest quality care to every patient and family member every day. I'm confident that the initiatives we're undertaking to re-design care and bring innovative new practices to the bedside will serve our patients, our employees, and the state as we work together to make health care affordable and accessible to all.

There is potential for increased Medicaid payments for providers who do so and a voluntary certification process for accountable care organizations (ACOs) and medical homes that could result in better rates in state health-insurance programs

- *Access*
Under the new law, the authority of physician assistants and nurse practitioners to act as primary care providers is expanded. A new DPH-supported primary-care residency program is also created, and an existing loan-forgiveness program grows to include certain mental health providers
- *Transparency*
A new health information website will publish provider price information and shared-decision making tools. Insurers will have to disclose out-of-pocket costs in advance, and patients will be protected from paying more than the disclosed amount. Insurers will have to make consumers' financial obligations clearer. Beginning in 2014, providers will be required to disclose the price of specific admissions, procedures, or services, and direct patients to their insurers for information regarding associated out-of-pocket costs for which they may be responsible

- *Administrative simplification*

A single, electronic, advance authorization form is required for all payers, and penalties have been established for non-compliance with standardized coding and billing requirements

- *Medical malpractice*

The new law creates a 182-day cooling-off period and increased data-sharing to encourage settlement of malpractice suits. It also allows providers to admit errors and apologize without admitting liability.

The new law, known as Chapter 224 of the Acts of 2012, is likely to add fuel to the already lively debate over cost-control and affordability. Our goal in Patient Care Services is unchanged. We strive to provide the highest quality care to every patient and family every day. I'm confident that the initiatives we're undertaking to re-design care and bring innovative new practices to the bedside will serve our patients, our employees, and the state as we work together to make health care affordable and accessible to all.

Update

I'm pleased to announce that Heather Vallent, RN, has accepted a position as clinical nurse specialist on the Bigelow 11 General Medical Unit.

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(Cover photo by Paul Batista)

The Hausman Nursing Fellowship to Advance Diversity

Created to better meet the needs of our diverse patient population, to promote recruitment of minority nurses, and to provide opportunities for senior nursing students to work under the mentorship of minority nurse preceptors, the Hausman Nursing Fellowship has become a much-anticipated annual event. On August 17, 2012, the newest class of Hausman fellows were honored at a graduation ceremony in the Yawkey Conference Center. Family, friends, preceptors, and others were on hand to wish them well.

Hausman fellows (l-r): Penninah Alweny; Michelle Bob-Semple; Sandra Dickson; Anna Lei; Ashley Lewis; and Jennifer Gil.
(Fellows not pictured: Kiara Cabreja; Oluwakemi Kadiri; and Viet Vo)

The Hausman Nursing Fellowship to Advance Diversity, a rigorous, six-week clinical experience, is in its sixth year and growing. Due to an increase in applications, starting last year, two separate classes (beginning in June and ending in August) were offered by Patient Care Services. The fellowship is funded by the Hausman family, and this year's class included students from Boston College, Simmons College, and Villanova University. To further cement the fellowship into the MGH culture, this year's class chose an official fellowship song: *I'm Going All the Way*, by the Sounds of Blackness, and the motto: "Per Ardua ad Astra," "Through adversity to the Stars." Both song and motto

capture the challenges and spirit of accomplishment felt by minority students as they work to fulfill their dreams of becoming nurses. Perhaps the best glimpse into the experience of the Hausman fellows is gleaned from their own reflections.

Jennifer Gil, a student at Villanova University, says, "My experience as a Hausman fellow has inspired me to direct my passion for helping others to ignite that spark in other students who may be facing the same obstacles I did."

Says Penninah Alweny, a student at the MGH

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(Photos by Paul Batista)

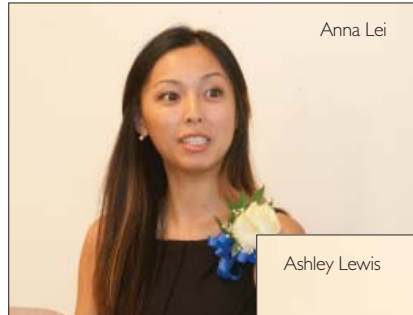
Created to better meet the needs of our diverse patient population, to promote recruitment of minority nurses, and to provide opportunities for senior nursing students to work under the mentorship of minority nurse preceptors, the Hausman Nursing Fellowship is a rigorous, six-week clinical experience.

Institute of Health Professions (IHP), “The Hausman Fellowship gave me what I could never have found or bought anywhere else — confidence, assertiveness, and exposure to many different nursing skills.”

Ashley Lewis, a student at Pace University in New York, observes, “Thanks to the Hausman Fellowship, I have become a better student and a better listener. I have become more efficient, proficient, confident, and comfortable with autonomy. The experience molded me to become the best I can be in my nursing career, highly skilled, community-centered, emotionally sound, and compassionate. I have a much better idea of what it means to be a nurse.”

Says Viet Vo, a student at Simmons College, “The Hausman Fellowship has given me confidence in myself and my nursing skills; continued growth in cultural awareness; and a clear image of the kind of nurse I want to be.”

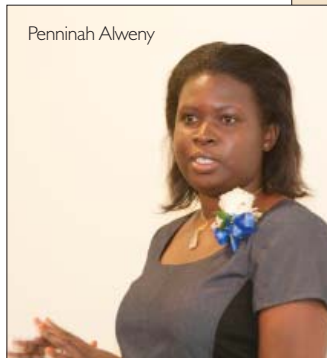
To Oluwakemi Kadiri, who’s also a student at the IHP, the Hausman Fellowship, “was a priceless and wonderful experience. I learned a lot and re-gained my once-shattered self-confidence. I have no doubt that my experiences as a Hausman fellow will help me throughout my entire career.”



Anna Lei



Ashley Lewis



Penninah Alweny



Jennifer Gil



Michelle Bob-Semple

The ceremony culminated with the presentation of certificates of achievement.

Says Bernice McField-Avila, MD, co-chair of the Hausman Fellowship Program, “I vividly recall the joy and enthusiasm the fellows shared each Friday at our de-briefing sessions. It was a thrill to hear their stories of teams in action caring for patients and learning to comfort patients and ease their pain. I saw the fellows grow from shy, insecure students to confident, novice clinicians armed with

new skills and knowledge. They have discovered that nursing is more than honing skills and performing tasks. It is being sensitive to cultural needs and caring for every patient with respect and compassion.”

Thanks go to Deborah Washington, RN, director of PCS Diversity, for shepherding the Hausman Fellowship to fruition; to the mentors who took the time to share their wisdom and insights; and to the many clinical and non-clinical

staff who graciously shared their knowledge and experience. And thanks to Alicia Williams-Hyman and Kim Gabbidon, for making the fellowship run so smoothly.

McField-Avila has these words of inspiration for the graduates: “Ana,

Ashley, Jennifer, Kemi, Michelle, Kiara, Penninah, Sandra, and Viet, though the road ahead may hold many challenges, do not be afraid. Live, trust, forgive, believe, be grateful, and give back. Be proud of what you have accomplished, as we are so proud of you.”

For more information about the Hausman Nursing Fellowship to Advance Diversity, call Deborah Washington, at 4-7469.

Ramadan at MGH

an important Muslim holiday, an annual observance of peace and solidarity

Rarely does an event convey a spirit of international good will and inter-denominational unity the way the MGH Iftar celebration has come to do. Iftar, the traditional breaking of the fast during the Islamic month of Ramadan, is an annual tradition at MGH, sponsored by Patient Care Services and MGH Human Resources. At this year's celebration, held August 1st, in the Thier Conference Room,

ship, Fasting, Almsgiving, and Pilgrimage. Ramadan marks a time when Muslims fast from dawn to sunset, abstain from smoking and sexual relations, and perform good deeds. It is a time for Muslims to engage in self-reflection and devotion to God. It is a time of renewal, setting priorities, seeking God's forgiveness, and forgiving others.

In addition to members of the Muslim community, this year's Iftar celebration was attended by Rabbi Ben Lanckton; Jeff Davis, senior vice president for Human Resources; Reverend John Polk, director of the MGH Chaplaincy, and individuals of many other faiths, young and old. Over the past decade, the event has become a much-anticipated expression of peace and solidarity as much as a multi-cultural observance of an important Muslim holiday.

The Masjid (Muslim prayer room) at MGH is located in Founders 109. Friday prayers are held in the Thier Conference Room. For more information, call Firdosh Pathan at 4-7878.

organizer, Firdosh Pathan, RPh, offered welcoming remarks and reminded attendees that Islam is both a religion and a way of life, teaching peace, mercy, and forgiveness; it is built on the Five Pillars of Islam: Belief, Wor-



Among the many participants at this year's Iftar celebration are Rabbi Ben Lanckton (left center); Firdosh Pathan, RPh, the event organizer (center); Jeff Davis, senior vice president for Human Resources (right center); and Reverend John Polk, director of the Chaplaincy (right-right center).

Resource Nurse Leadership Development Forum

—by Maureen Schnider, RN, nursing director

Julie Boussy, RN, clinical nursing supervisor (left), and Michelle Anastasi, RN, nursing director, were two of the presenters at this spring's Resource Nurse Leadership Forum

This spring, more than 200 resource nurses representing a variety of patient-care settings attended the first in a series of leadership-development forums to foster success in the resource-nurse role. The Leadership Development Forum is the result of a collaborative effort between nursing directors and clinical nursing supervisors who recognized an opportunity for collaboration and communication to advance patient-centered care. Resource nurses are influential in facilitating safe, efficient care; they're respon-

sible for clinical and unit operations, and interact with staff and leadership throughout the institution. So an educational, leadership-development series seemed like an excellent idea.

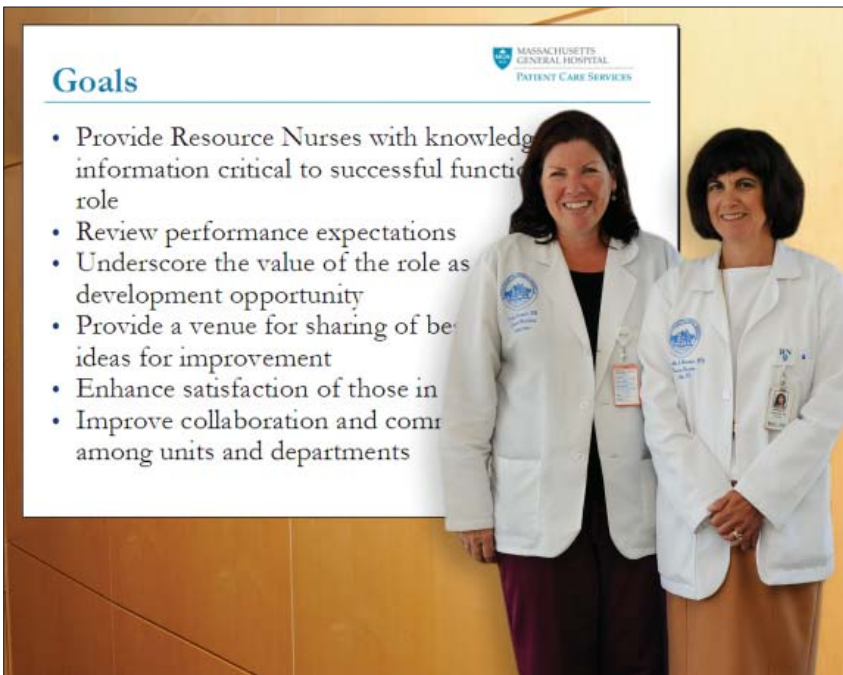
The Leadership Development Forum curriculum includes an overview of the current healthcare environment, capacity-management, CODE HELP (the initiative to reduce over-crowding in the ED), and patient acuity. Clinical nursing supervisors talk about ways they can collaborate with and support resource nurses.

Says resource nurse, Christie Majocho, RN, "The forum was an opportunity to discuss challenges and share best practices. It allowed us to better understand the factors that contribute to delays and miscommunication between units and talk about ways to overcome them. We shared strategies for resolving conflict among staff, family members, and patients, which I found especially helpful. Hearing different approaches helped me to think about ways I could address certain situations while still being true to my values and abilities."

Feedback from participants was overwhelmingly positive. Resource nurses were anxious to learn more about how to deal with disruptive behavior, how to optimize C-BEDS utilization, and maximize the support of nursing supervisors.

Plans are underway for more leadership-development forums. Nursing leadership will continue to work with resource nurses to meet the challenges they encounter and support this important nursing role.

Resource nurses can find information on the Resource Nurse Reference SharePoint site designed by nursing director, Kelly Santomas, RN. For more information, contact nursing director, Maureen Schnider, RN, at 6-3201.



Inter-disciplinary collaboration inspires non-restraint solution

Ms. A is a 50-year-old woman who has struggled with depression for most of her adult life...She was admitted from the Emergency Department accompanied by a sitter, and it soon became clear that she suffered from suicidal ideation.

My name is Kathryn Eagan, and I am a staff nurse on the Bigelow 9 Respiratory Acute Care Unit (RACU). One of the many benefits of being an MGH nurse is the opportunity to participate in collaborative governance. I've always had an interest in improving the systems that support patient care, so when I became aware of an opening on the Restraints Solution in Clinical Practice Committee, I jumped at the chance to join.

Working in the RACU and being part of the Restraints Solution Committee, I've learned many important lessons and been able to advance my clinical practice through hands-on experience. I'd like to share how being a member of the Restraints Solution Committee influenced my care of Ms. A.

Ms. A is a 50-year-old woman who has struggled with depression for most of her adult life. She had received extensive psychiatric treatment and was undergoing electro-convulsive therapy at the time of her admission. I met Ms. A when she was admitted to the RACU with a pulmonary embolism. She was admitted from the Emergency Department accompanied by a sitter, and it soon became clear that she suffered from suicidal ideation.



Kathryn Eagan, RN, staff nurse, RACU

I knew it was important to develop a trusting relationship with her so we could establish a comfortable rapport. I also knew it wasn't going to be easy, as she screamed that she wanted to leave the hospital and wanted everyone, including me, to leave her alone.

I discussed the plan of care with her medical and psychiatric teams. We talked about her medication regimen and developed a plan to ensure her safety in the presence of suicidal ideation. In my experience, when a patient is yelling and being disruptive, it's important to create a therapeutic environment by remaining calm, speaking quietly, and being attentive to nonverbal cues such as body language and facial expressions. As Ms. A began to feel the effects of her medication, I calmly inquired about her life, her health, and her current situation. She slowly began to disclose some personal information. She told me about her love of ice cream and

continued on next page

When I gave report to the next nurse, I told her what I'd done and about the positive result the weighted blankets had produced. We spoke at length about sensory modulation and how it can be used as an alternative to restraints in some situations... I was grateful that my intervention provided her some comfort and prevented her from being restrained.

how she adored her dog (a cocker spaniel) who was currently being cared for by her friend and healthcare proxy (or healthcare agent).

Although I seemed to be making some gains, Ms. A's openness was fleeting. Soon, she started spitting out her ice cream and medications and screaming for us to leave her alone so she could get dressed and go home. Her behavior escalated to where she became so agitated she voiced a strong desire to harm herself. We were able to calm her down on this occasion, but her behavior continued to be volatile.

During one night shift, Ms. A became more angry and hostile than her usual baseline behavior. She attempted to get out of bed despite the sitter's requests not to. She quickly became verbally abusive toward staff. As I stood at her bedside attempting to calm her down, it seemed like soft wrist restraints might be necessary. I knew the best practice was to use the least restrictive means possible to keep her safe, but I was unsure how to proceed.

I recalled a discussion we'd had at a Restraints Solutions in Clinical Practice Committee meeting. An occupational therapist had given a presentation on the use of sensory modulation—in particular the use of a weighted blanket to calm a patient down. I didn't have a weighted blanket, but I thought I might be able to replicate the effect by improvising. I went to the linen cart and got some heavy thermal blankets and layered them one on top of the other. Ms. A was small. I wanted to create a feeling of security but didn't want to add too much weight. When I was sure I had just the right number of blankets, I brought them into Ms. A's room. As usual, I received an angry welcome.

I went to her bedside and started gently 'swaddling' her. I spoke softly, suggesting she close her eyes and relax. I put the call bell next to her hand under the blankets and told her I'd be close by as I walked toward the door. As usual, she told me to stay away.

Within five minutes, Ms. A's combative behavior had abated, and she slept comfortably for six hours (the longest she had slept in her entire stay at the hospital).

When I gave report to the next nurse, I told her what I'd done and about the positive result the weighted blankets had produced. We spoke at length about sensory modulation and how it can be used as an alternative to restraints in some situations.

Ms. A had gone through so much, struggling with mental illness and hospitalization, I was grateful that my intervention provided her some comfort and prevented her from having to be restrained.

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

It's not always that we get to see such a tangible connection between collaborative governance and positive patient outcomes. But Kathryn's narrative beautifully illustrates how the learning that occurs during inter-disciplinary meetings can have a powerful effect at the bedside. Kathryn's ingenuity in incorporating a makeshift weighted blanket into her care of Ms. A kept her from having to use restraints. We should all strive for the same compassion and resourcefulness in our search for the 'least restrictive means possible' to keep our patients safe.

Thank-you, Kathryn.

The Restraint Solutions In Clinical Practice Committee identifies evidenced-based interventions to reduce the use of restraints. Restraint Solution champions gain knowledge in identifying and intervening effectively to minimize the likelihood of restraints being used. Champions should have an interest in minimizing the use of restraints through early identification of patients at risk, collaboration with the patient's family, and the use of sensory based interventions and alternative therapies.

The Restraint Solutions In Clinical Practice Committee meets on the third Tuesday of every month, from 1:00–3:00pm, in Yawkey 4-930.

For more information, call Mary Ellin Smith, RN, at 4-5801.

MGH hosts Youth Peace Empowerment Program

—by Deborah Washington, RN, director, PCS Diversity

You may not be familiar with the City Mission Society, but you are familiar with their mission and goals as they're very similar to our own goals related to diversity. The City Mission Society's Youth Peace Empowerment Program began in 2006 as a cooperative effort among several community-based organizations in Roxbury and Dorchester. It connects at-risk youths with positive adult role models enabling young people to learn job-readiness and conflict-resolution skills and perform service learning projects. During the summer of 2011, nearly 600 at-risk youths participated in the Youth Peace Empowerment Program. Youth Council members, as they're known, are trained in public speaking. They have opportunities to address large gatherings in connection with *Jahmol's Vision for Youth Peace*, a video produced by the City Mission Society depicting the

efforts of young people to bring peace to their community in the wake of the shooting death of their friend, Jahmol Norfleet. The Youth Peace Empowerment Program is driven by neighborhood needs as perceived by the residents themselves, and MGH is rich in the kind of role models sought by the City Mission Society.

In August, Firdosh Pathan, RPh; Raymond Hawkins, cardiovascular perfusionist; Kerting Laurent, biomedical technician; and Jennifer Gill, Hausman fellow, shared their advice for success with members of the Youth Peace Empowerment Program. They recalled mentoring relationships that had helped advance their own careers. They spoke of hard work, cultural pride, and sacrifice. Youth Council members asked questions and had an opportunity to engage in some hands-on skill-acquisition in the form of learning to suture.

The visit, hosted by the PCS Diversity Program, highlights the community outreach initiatives that are the hallmark of our involvement with local neighborhoods.

Said City Mission Society staff member, Paul Baxter, "We so appreciate the time and thought you took for our visit to MGH. I think these young people are discovering how complex the work world is and how that complexity can help create opportunities. Thanks to all the participants for their

time and good will and for putting together such an interesting presentation."

For information about opportunities to become involved in community outreach activities, call Deborah Washington, RN, at 4-7469.

Staff and members of the Youth Peace Empowerment Program listen as MGH presenters share their wisdom, personal experiences, and advice for how to succeed in health care and life.



The effect of sleep, nutrition, and exercise on healthy aging

—by Anna Carson; Mallory Hillard; Judith Lynch, RN; Maryellen Robertson, RN; and Laura Zekanovic

September is Healthy Aging Month... A healthy balance of sleep, nutrition, and exercise can have a substantial impact on physical and mental well-being by reducing the risk of diseases that can erode quality of life.

September is Healthy Aging Month. What better time to focus on three essential components of wellness: nutrition, sleep, and exercise. Each provides a multitude of health benefits, and MGH offers programs geared toward all three.

This fall, the MGH Weight Center for Children is launching a family-based weight-management program called, ENRGY (Exercise, Nutrition and Relaxation for Growing Youths), designed to provide patients and families with core knowledge and practical skills to maintain good health. Food provides energy and nutrients for optimal health, including protein, carbohydrates, fats, vitamins, minerals, and water, all of which are essential to a balanced diet. A well-balanced diet that begins in childhood and continues throughout adulthood is an effective way to reduce the risk of chronic illness.

Sleep is also key to good health. Sleep affects how we look, feel, and perform every day, and it has a major impact on our overall quality of life. Lack of proper sleep can contribute to increased risk of obesity and depression. The National Sleep Foundation recommends seven to nine hours of sleep every night (on average) for adults. It's important to be aware of your individual sleep needs by assessing how you feel when you get too little or too much sleep. If you experience symptoms that prevent you from sleeping well, such as an inability to fall asleep or stay asleep or difficulty breathing, you should consult your physician to determine the underlying cause(s). Individuals affected by insomnia may

find support by attending Insomnia Group meetings offered by Kathleen Ulman, MD, of Women's Health Associates (617-724-6700).

Physical activity is vital to the well-being of the human body, especially as it relates to maintaining healthy weight, strengthening bones and muscles, and reducing the risk of heart disease, diabetes, and obesity. The American Heart Association recommends an average of 30 minutes of moderate to vigorous physical activity five times per week. The MGH Heart Center offers programs in: Heart Attack Primary Prevention; Cardiac Metabolic Syndrome; and Cardiac Wellness. Each program employs exercise as a means of lowering the risk of heart attack, diabetes, hypertension, and cardiovascular disease as well as maintaining cardiac health for adults of all ages. More information about these programs can be found at <http://www.massgeneral.org/heartcenter/services/treatmentprograms.aspx?id=1012>.

A healthy balance of sleep, nutrition, and exercise can have a substantial impact on physical and mental well-being by reducing the risk of diseases that can erode quality of life. For more information on how to access patient-education materials and programs related to healthy aging, look for the Teachable Moments Flyer coming out soon, or contact The Blum Patient & Family Learning Center at 617-724-7352. Please share this information with patients and colleagues to ensure that September is, indeed, Healthy Aging Month.

Phillips 21 is expanding in more ways than one

—by Julie Cronin, RN, and Barbara Blakeney, RN

In March of this year, the Bigelow 7 GYN-Oncology Unit re-located to Phillips 21, expanding its capacity from 18 to 20 beds. Building on the momentum of that expansion, and in partnership with The Center for Innovations in Care Delivery, the Phillips 21 team, led by nursing director, Adele Keeley, RN, applied to be part of the AONE Care Innovations and Transformation (CIT) initiative. CIT is a two-year project based on the tenets of TCAB (Transforming Care at the Bedside, the staff-driven, process-improvement program previously implemented on the White 10 Medical Unit).

Over the course of several retreats, staff were introduced to the rapid-cycle-change process utilizing the

Adopt, Adapt, Abandon methodology. They identified 65 innovations for consideration, ranging from pill-cutters in every room to bedside nursing report.

Several projects were selected and many have already been developed:

- A SharePoint site has been established so new policies and clinical updates can be easily accessed by all
- A discharge phone-call task force ensures all inpatients receive a follow-up phone call at home within 24–48 hours of discharge
- Standard medication administration times (SMATs) were changed to 9:00am and 9:00pm

Keeley reports that innovative ideas are beginning to take shape, and staff are thrilled.

Says staff nurse, Katie Fauvel, RN, “This is an opportunity to refresh our practice and make our new unit and nursing care everything we want it to be and nothing we don’t.”

Over and above the CIT initiatives, staff are working with Barbara Blakeney, RN, innovation specialist, to better understand the role of attending nurse in effecting measurable outcomes on the unit. They are in the early stages of identifying the frequency of Beers’ List medications in the 65 and older population and the effect of these prescription drugs on delirium, falls and urinary tract infections.

“It’s a new day,” says Keeley. “I couldn’t be more proud of how staff have transitioned to a new unit and embraced this wonderful initiative. As health care changes, we have to ensure that innovation and safe, effective care are at the forefront of our practice. We’re very excited to see what the future holds.”

For more information about the CIT initiative on Phillips 21, contact Julie Cronin, RN, clinical nurse specialist, at 4-4118.

Staff of Phillips 21 with innovation specialist, Barbara Blakeney, RN (front left); nursing director, Adele Keeley, RN (center); and clinical nurse specialist, Julie Cronin, RN (front right).



Professional Achievements

Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Combined Injuries/Trauma of the Upper Extremity," at Tufts University, June 11, 2012.

Poole certified

Kristen Poole, PT, physical therapist, became a board-certified orthopaedic specialist by the American Physical Therapy Association, in June, 2012.

Sharma certified

Logan Sharma, OTR/L, occupational therapist, became a certified hand therapist by the Hand Therapy Certification Commission, Inc., in June, 2012.

Blakeney elected

Barbara Blakeney, RN, innovation specialist, was elected vice-chair of the Board of Directors for the Boston Health Care for the Homeless Program in June, 2012.

Penzias appointed

Alexandra Penzias, RN, clinical nurse specialist, was appointed a member of the Editorial Board of the *Journal of Radiology Nursing*, in June, 2012.

Banister honored

Guardia Banister, RN, executive director, The Institute for Patient Care, received the Mary Eliza Mahoney Award for Advancing Diversity from The American Nurses Association at the House of Delegates Convention, in Sunnydale, California, June 16, 2012.

LaSala honored

Cynthia LaSala, RN, clinical nurse specialist, General Medicine, received the Loyal Service Award from the Massachusetts Association of Registered Nurses, at the 11th annual spring MARN Convention, in Norwood, April 27, 2012.

Evangelista certified

Alissa Evangelista, PT, physical therapist, became a board-certified orthopaedic specialist by the American Physical Therapy Association, in June, 2012.

Social workers present

Social workers, David Browning, LICSW, and Susan Gerbino, LCSW, presented, "Navigating in Swampy Lowlands: Relational Learning for Oncology and Palliative Care Social Workers," at the National Conference of the Association of Oncology Social Work, June 1, 2012.

Jacobsohn and Stockley e-publish

Lorraine Jacobsohn, RN, and Margaret Stockley authored the e-book, *Path to Inner Knowledge: Sensing Your Way to Peace, Balance and Health*, in May, 2012.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Musculoskeletal Work-Related Upper-Extremity Disorders/Repetitive Stress Injuries," at Tufts University, May 23, 2012.

Larkin presents

Mary Larkin, RN, clinical research manager, Diabetes Research Center, presented, "Transitioning from Oral Agents to Insulin Therapy," at the 72nd scientific sessions of the American Diabetes Association, in Philadelphia, June 11, 2012.

Inter-disciplinary team presents

David Browning, LICSW; Stephen Brown, MD; and Linda Zaccagnini, RN, presented "Ethics and Communication in Prenatal Counseling," at the 2012 Harvard Clinical Bioethics Course, May 14, 2012.

Browning and Truog present

David Browning, LICSW, and Robert Truog, MD, presented, "Professional Education to Enhance Relational and Communication Skills," at the 2012 Harvard Clinical Bioethics Course, May 15, 2012.

Chase presents

Barbara Chase, RN, nurse practitioner, MGH Chelsea Health Center, presented, "Facilitating Behavior Change in Chronic Disease Management," at the MGH Global Primary Care Scholars Program at Mbarara University of Science and Technology in Mbarara, Uganda, June 7, 2012.

Cormier presents

Aurelie Cormier, RN, oncology nurse practitioner, spoke at the "Mindful Conception and Presenting: Creating a Legacy for our Children," conference sponsored by the Massachusetts Department of Public Health in conjunction with Silent Spring, and Partners in Perinatal Health in Norwood, May 15, 2012.

Robbins presents

Christopher Robbins, RN, staff nurse, Endoscopy, presented, "Enteroscopy: Past, Present and Future," at the annual course meeting of the Society of Gastroenterology Nurses and Associates, in Phoenix, May 21, 2012.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, authored the article, "Evolution of Topical NSAIDs in the Guidelines for Treatment of Osteoarthritis in Elderly Patients," in *Drugs & Aging*.

Nurses present

Ellen Robinson, RN; Wendy McHugh, RN; and Judi Friedson, RN, presented, "Strategies for Addressing Nurses' Moral Distress and Ethical Concerns," at the Harvard Bioethics Course at Harvard Medical School, June 13, 2012.

Larkin presents poster

Mary Larkin, RN, clinical research manager, Diabetes Research Center, presented her poster, "Cheiroarthropathy in the DCCT/EDIC Cohort," at the 72nd scientific sessions of the American Diabetes Association in Philadelphia, June 10, 2012.

Palmer and Morgado present poster

Deborah Palmer, RN, staff nurse, and Stephanie Morgado, surgical technologist, presented their poster, "Leading the Way in Diagnosis and Treatment of Barrett's Esophagus," at the annual course meeting of the Society of Gastroenterology Nurses and Associates, in Phoenix, May 21-23, 2012.

Inter-disciplinary team presents

Ellen Robinson, RN; Pamela Grace; Martha Jurchak, RN; and Angelika Zollfrank, MDiv, presented, "Clinical Ethics Residency for Nurses: an Innovative Approach to Teaching and Mentoring," at the annual conference of the International Association of Ethics Education, in Pittsburgh, May 2, 2012.

King presents

Janet King, RN, staff nurse, Endoscopy, presented, "Understanding the Diagnostic Options for Gastro-Esophageal Reflux Disease (GERD) Based on Current Best Practice," at the annual course meeting of the Society of Gastroenterology Nurses and Associates in Phoenix, May 22, 2012.

Freehan and Voltero present

Marion Freehan, RN, nursing director, Endoscopy, and Marjorie Voltero, RN, staff nurse, Endoscopy, presented, "Implementing an Integrated Endoscopy Nurse Documentation and Patient Scheduling/Tracking Program," at the annual course meeting of the Society of Gastroenterology Nurses and Associates in Phoenix, May 21, 2012.

Beninato, Plummer and Parikh publish

Physical therapists, Marianne Beninato, PT, Laura Plummer, PT, and practice access coordinator, Vyoma Parikh, authored the article, "Analysis of Individual SIS-16 Items Relative to Fall History in People with Stroke," in *Physiotherapy Practice & Research*.

Inter-disciplinary team publishes on-line

Mary Larkin, RN; Gayle Lorenzi, RN, Meg Bayless, RN; Patricia Cleary; Annette Barnie, RN; Ellen Golden, RN; Susan Hitt, RN; Saul Genuth, MD; and, the DCCT/EDIC Research Group, authored the article, "Evolution of the Study Coordinator Role: the 28-Year Experience in DCCT/EDIC," in *Clinical Trials* on-line in June, 2012.

Tyrrell presents

Rosalie Tyrrell, RN, professional development manager, presented her poster, "Understanding and Leading a Multi-Generational Workforce," at the leadership development program at Winchester Hospital, May 16, 2012; and at the leadership group meeting at Franciscan Hospital for Children, May 17, 2012.

Nurses publish

Catherine Marie Mannix, RN, nursing director; Mimi Bartholomay, RN, clinical nurse specialist; Carol Doherty, RN, staff nurse; Maryellen Lewis, RN, staff nurse; and, Mary-Liz Connors Bilodeau, RN, nurse practitioner, authored the article, "A Feasibility Study of Low-Cost, Self-Administered Skin Care Interventions in Patients With Head and Neck Cancer Receiving Chemoradiation," in the *Clinical Journal of Oncology Nursing*, in June, 2012.

Clinical Recognition Program

Clinicians recognized April 1-August 1, 2012

Advanced Clinicians:

- Michael Trotta, RN, Case Management
- Melissa Donovan, RN, General Medicine
- Rachael Hylar, RN, Respiratory Acute Care Unit
- Erica Vaughn, RN, Burn ICU
- Sharon Serinsky, OTR/L, Occupational Therapy

Clinical Scholars:

- Hilary Levinson, RN, Emergency Department
- Barb Luby, LICSW, Social Work
- Katherine Fillo, RN, General Medicine
- Michelle Pollard, SLP, MGH Revere
- Heidi Nichols-Baldacci, RN, NICU

Employees with Disabilities Resource Group

The goal of the Employees with Disabilities Resource Group is to educate healthcare providers and non-clinical staff throughout the MGH community about the unique issues facing employees with disabilities.

Question: A colleague mentioned a new committee at MGH called the Employees with Disabilities Resource Group. Can you tell me more about it?

Jeanette: The Employees with Disabilities Resource Group (EDRG) was created in November, 2011, as part of our commitment to diversity at MGH. It is chaired by Zary Amirhosseini, disability program manager, and Steve Taranto, director of Human Resources, and has about 20 active members. The group provides a forum for discussion, mentoring, collaboration, and networking.

Question: What is the purpose of this group?

Jeanette: The goal of the Employees with Disabilities Resource Group is to educate healthcare providers and non-clinical staff throughout the MGH community about the unique issues facing employees with disabilities.

The group is also involved with improving access to the hospital and the quality of care provided to employees with disabilities. They work closely with the Council on Disabilities Awareness to ensure the physical environment is safe and welcoming for individuals with disabilities.

The group seeks opportunities for professional development and growth among employees with disabilities. The Resource Group supports the recruitment and retention of employees with disabilities by promoting relationships within and outside the Partners Health-Care System.

Question: Does EDRG offer any special events to share these insights with employees?

Jeanette: The EDRG has invited guest speakers from the Employee Assistance Program and Occupational Health to educate members about the services and resources available to employees with disabilities. In the coming year the group hopes to collaborate with such organizations as Home Base and the Massachusetts Rehabilitation Commission to raise awareness about veterans with disabilities.

In October, in collaboration with the Council on Disabilities Awareness, EDRG will offer events in observance of Disability Employment Awareness Month. A panel of MGH employees will share what it's like to live and work as a person with a disability (or be a family member of a person with a disability). And EDRG will host an informational booth in the Main Lobby.

Question: Do I have to be a person with a disability to join this group?

Jeanette: Not at all. EDRG welcomes all employees interested in improving the work environment for individuals with disabilities.

Question: Whom can I contact for more information?

Jeanette: For more information contact Zary Amirhosseini, at 3-7469.

Announcements

One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?

To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

<http://priorities.massgeneral.org>.

HAZMAT Program

Looking for a few good men and women

Members of the MGH HAZMAT team are trained to respond to large-scale disasters involving hazardous materials.

The team was established to protect employees and the hospital and provide decontamination for victims of mass-casualty incidents or major industrial accidents. Clinical and non-clinical team members ensure patients arriving on campus are decontaminated prior to being treated in the hospital.

Volunteers comprise three teams that rotate on-call duties every third month. Qualified volunteers receive 32 hours of initial training, participate in regular simulation exercises, and maintain annual qualifications to ensure safety and preparedness to respond to an incident. Participation is also an opportunity to meet and interact with colleagues in a unique and exciting setting.

For more information about the HAZMAT Response Team, contact Jacky Nally, RN, at 6-5353 or go to: <http://sharepoint.partners.org/phs/hazmat/default.aspx>.

Collaborative Governance

Applications are now being accepted for collaborative governance committees. Collaborative Governance is the multi-disciplinary, decision-making structure of Patient Care Services. Applications are due by October 5, 2012.

For more information about collaborative governance or to obtain an application, go to: <http://www.mghpcs.org/IPC/Programs/Governance.asp>, or call Mary Ellin Smith, RN, at 4-5801.

Blum Center Events

Harp Music
Wednesday, Sept 12th
Harpist: Becky Wertz

Book Talk:
The Zombie Autopsies
Tuesday, Sept 18th
presented by Steve Schlozman, MD

Healthy Living:
Caring for a Loved One with Alzheimer's Disease
Thursday, Sept. 27th
presented by Barbara Moscovitz, LICSW

Programs are free and open to the general public. All sessions are held in White 110, the Blum Patient and Family Learning Center from noon to 1:00pm.

For more information, call 4-7352.

Continuing Education

Presented by MGH Nurses' Alumnae

"Women's Health Issues: an Update"

Friday, September 28, 2012
8:00am–4:30pm
Simches Research Building,
Charles River Plaza

Presenters include:
key note speaker,
Karen Carlson, MD
"Shared Decision-Making"

Mary Larkin, RN
"Diabetes update"

\$40 for alumnae and employees
\$50 for non-Partners employees

For more information, or to register (by September 14th) call the Alumnae Office at 6-3144.

ACLS Classes

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

Day one:
September 10, 2012
8:00am–3:00pm
O'Keefe Auditorium

Day two:
September 24
8:00am–12:00pm
Thier Conference Room

Re-certification (one-day class):
September 29th
8:00am–1:00pm
Founders Training Room 130

October 10th
5:30–10:00pm
Founders Training Room 130

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

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

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Submissions

All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746

Next Publication
September 20, 2012

Ten Habits of Highly Effective Clinicians:

Best Practices for Improving Communication

This symposium is designed for nurses, physicians, and other clinical and administrative leaders.

Tuesday, September 18, 2012
Holiday Inn Ballroom
15th Floor

Registration: 5:30pm
Dinner and Symposium
6:00–9:00pm

presented by Dr. Daniel O'Connell, nationally recognized healthcare communication expert and consultant with the Institute of Healthcare Communication.

Session will include a panel of MGH physicians and Patient Care Services leaders.

Nursing contact hours will be offered.

To register visit: <http://mdcommunication.partners.org/> or call Stefanie Marroquin at 6-0343.

The Inaugural Blum Visiting Scholar Program

Inter-Disciplinary Grand Rounds

"Becoming a Health Literate Organization: Soup to Nuts Strategies"

presented by
Cindy Brach, senior health policy researcher, AHRQ

Thursday, October 18, 2012
1:30–2:30pm
O'Keefe Auditorium

More than 1/3 of all patients have limited health literacy.

Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate decisions. Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, increased hospitalizations, and poor health outcomes.

For more information, call 4-7352.

SAFER Fair

Join collaborative governance champions from the Skin Care, Pain-Management, Fall-Prevention, Patient Education, Restraint Solutions, and Research & Evidence-Based Practice committees to learn how they're working to make a SAFER environment for patients and families.

Food, games, and a door prize!

Wednesday September 25, 2012
11:00am–2:30pm
Bulfinch Tent

For more information, call 4-5801.

Mentors Make a Difference

Empower a student

MGH Youth Programs is seeking volunteers to mentor Boston middle school students through their science-fair projects.

Mentors meet with students at MGH (or the Charlestown Navy Yard) two Friday mornings each month, from October through January. No expertise in mentoring or science is needed. The MGH Youth Programs team provides mentor training and support.

For more information, call Ellen Reavey at 617-643-6287.

Follow the Blum Center on Facebook and Twitter

The Maxwell & Eleanor Blum Patient and Family Learning Center has established accounts on both Facebook and Twitter to expand access by MGH patients, families, staff, and the community. Social media sites allow the Blum

Center to share news about educational programs and raise awareness about issues related to health and wellness.

"Like" our Facebook page or follow us on Twitter to keep in the loop on our programs and services.

For more information, call 4-7352.



September 6, 2012

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