Caring Headlines
February 21, 2013

The Blizzard of 2013

MGH 'can-do' spirit

1

Nemo

0

See photos and letter of thanks on page 10

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

HCAHPS, pay-for- performance, and our 2013 patient-experience goals

Results of the HCAHPS are publicly reported, allowing patients to compare hospitals' patient-experience scores as they make their healthcare choices. MGH reports its HCAHPS results regularly, including monthly in *Caring Headlines*.

As I attend meetings and interact with staff throughout the hospital, I sense a desire for clarification around certain quality indicators, how and why we use them, and their relationship to reimbursement for clinical services. I asked our colleague, Rick Evans, senior director for Service Excellence, if he could provide a simple explanation for us. This is what he had to say:

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

Providing a positive and compassionate patient experience has driven the mission of this hospital since it was founded in 1811. To better understand how patients and families perceive their hospital experience, we conduct surveys and use their feedback to improve care, enhance the environment, and make the services we offer more meaningful to them.

In recent years, patient-experience surveys have taken on additional importance. The federal government now *requires* hospitals to survey their adult inpatients using a standardized survey called, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Results of the survey are publicly reported, allowing patients to compare hospitals' patient-experience scores as they make their healthcare choices. MGH reports its HCAHPS results regularly, including monthly in *Caring Headlines*.

HCAHPS are also part of a movement toward something called, 'pay for performance.' That means our HCAHPS results are now linked to reimbursement. High HCAHPS ratings (or significant improvement) are rewarded with increased reimbursement. Low or flat ratings can result in decreased reimbursement. And this is true of both public payors like Medicare and private payors like Blue Cross and others.

For Medicare, the pay-for-performance program is called value-based purchasing. Medicare is moving toward reimbursing hospitals, not only for *what* they do, but how *well* they do it. Value-based purchasing is contingent upon hospitals' HCAHPS results for patient experience as well as other important quality indicators. When reimbursement is calculated, HCAHPS results are compared with hospitals across the country. If our results are below the national average, we risk losing Medicare dollars. If our results compare favorably with other hospitals, we could maintain or increase our reimbursement.

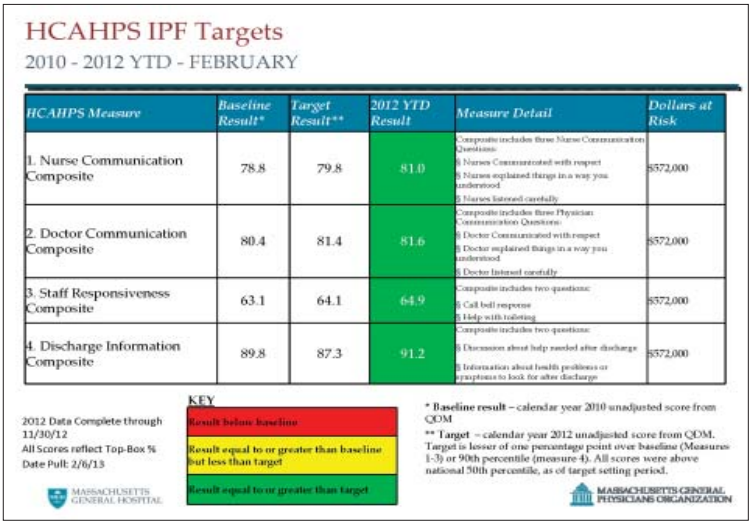
As Medicare has implemented this approach, private payors, like Blue Cross, have initiated similar arrangements. Our contracts with these payors now include performance requirements for quality and patient-experience outcomes.

continued on next page

I want to be clear, our goal is what it has always been—to provide the best possible care to every patient and family member who comes through our doors. But it's important to understand these new trends in reimbursement and how they affect our financial health as an organization.

In 2013, more than $5 million is at stake, depending on how patients and families rate their experience with us. And that amount is likely to increase as dollar amounts go up and payors begin to incorporate outpatient visits, pediatrics, surgery, and emergency services into pay-for-performance programs.

Each year, we set goals related to service to help direct our improvement efforts and ensure we meet our pay-for-performance expectations. In 2012, we identified nurse communication; physician communication; staff responsiveness; discharge information; and hospital quietness as our target areas. We made great progress in these areas and will be reimbursed accordingly. Our work on Innovation Units, quiet times, hourly safety rounding, and many other best practices drove this success.



HCAHPS IPF Targets

2010 - 2012 YTD - FEBRUARY

HCAHPS Measure	Baseline Result*	Target Result**	2012 YTD Result	Measure Detail	Dollars at Risk
1. Nurse Communication Composite	78.8	79.8	81.0	Composite includes three Nurse Communication Questions: % Nurses Communicated with respect % Nurses explained things in a way you understood % Nurses listened carefully	$572,000
2. Doctor Communication Composite	80.4	81.4	81.6	Composite includes three Physician Communication Questions: % Doctor Communicated with respect % Doctor explained things in a way you understood % Doctor listened carefully	$572,000
3. Staff Responsiveness Composite	63.1	64.1	64.9	Composite includes two questions: % Call buff response % Help with toileting	$572,000
4. Discharge Information Composite	89.8	87.3	91.2	Composite includes two questions: % Discussion about help needed after discharge % Information about health problems or symptoms to look for after discharge	$572,000

2012 Data Complete through 11/30/12
All Scores reflect Top-Box %
Date Pull: 2/6/13

KEY
Result below baseline
Result equal to or greater than baseline but less than target
Result equal to or greater than target

* Baseline result – calendar year 2010 unadjusted score from QDM
** Target – calendar year 2012 unadjusted score from QDM. Target is lesser of one percentage point over baseline (Measures 1-3) or 90th percentile (measure 4). All scores were above national 50th percentile, as of target setting period.

MASSACHUSETTS GENERAL HOSPITAL
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

The hospital's performance has remained strong overall from January to February. We are still on track to meet all targets set for 2012. Note: 2012 results will be finalized mid-February.

This process of goal-setting continues. Targets are still being finalized for 2013, but nurse communication, staff responsiveness, and hospital quietness will likely remain a focus. We'll keep you updated on our progress in future issues of *Caring Headlines*.

Thank-you, Rick, for that succinct and insightful explanation. I want to be clear, our goal is what it has always been—to provide the best possible care to every patient and family member who comes through our doors. But it's important to understand these new trends in reimbursement and how they affect our financial health as an organization.

For more information, call the department of Service Excellence at 617-724-2838.

In this Issue

(Cover photo by Paul Batista)

'All things are possible'

Celebrating Black History Month at MGH

—by Deborah Washington, RN, and Bernice McField Avila

February is Black History Month. That means different things to different people. If you self-identify as black or African American, this might be a time when you reflect on all the black men, women, and children—ordinary people who took extraordinary risks—in such places as Selma, Birmingham, the March on Washington, or simply by uttering the words: "I am Somebody." Black History Month is a time when black-themed documentaries appear on television. People come together and recall a time when social justice was at the forefront of a uniquely American political experience.

At right: Desmond Campbell and Ingrid Beckles lead tribute to Martin Luther King, Jr. during Black History Month event. **Below (l-r):** Linda Brown (musician); chaplain, Daphne Noyes; Councilor Calvin Brown; former Hausman fellow, Penny Marenge; Sandra Brown; and Bernice McField-Avila.

(Photos by Paul Batista)

On February 1, 2013, in O'Keeffe Auditorium, MGH presented its Black History Month event, *All Things are Possible*, sponsored by Patient Care Services and the Partners Diversity Supplier Program. Keynote speaker, Chelsea city councilor, Calvin Brown, shared his story of overcoming circumstances seemingly too difficult to surmount. A former boxer who tried out for the Olympics, a young black man in need of mentoring, a struggling single parent, and finally a city councilor fighting for his constituents. An inspiring reminder that all things *are* possible.

Former Hausman fellow, Penny Marenge, spoke of her journey to the United States from Kenya. Leaving her family and country to take a chance on life in America—it is a familiar story for many American immigrants—a story of courage.

Black History month is a time to contemplate change, justice, and equality, and that's what attendees of the Black History Month event did. In addition to MGH employees, participants came from East Boston High School, Lemuel Shuttuck Hospital, Simmons School of Nursing, the Cambridge Health Alliance, the Center for Connected Health, and the US Department of Health and Human Services.

This response from the greater Boston community and beyond was gratifying. Sandra Brown, wife of the city councilor, observed, "It's about bringing down barriers. When we all come together like this, barriers disappear."

For more information, call Deborah Washington, RN, director, PCS Diversity, at 4-7469.

The Connell Nursing Research Scholar Program

Martha Curley's visit

—by Diane L. Carroll, RN, Yvonne L. Munn nurse researcher

Martha Curley, RN, a mentor in the Connell Nursing Research Program, addresses doctoral forum during recent visit to MGH. At right: staff specialist, Laura Rossi, RN, and clinical nurse specialist, Paul Arnstein, RN, engage in the discussion.

Patient Care Services welcomed Martha A.Q. Curley, RN, to MGH, January 10–11, 2013, as part of the Connell Nursing Research Program. Curley is the Ellen and Robert Kapito professor of Nursing Science at the University of Pennsylvania School of Nursing. She holds a joint appointment in Anesthesia and Critical Care Medicine at the University of Pennsylvania and is a nurse scientist in the Cardiovascular and Critical Care Nursing Program at Boston's Children's Hospital. Curley's collaborative, trans-disciplinary efforts have enriched many research programs in pediatric critical care; she is also the primary architect of the AACN Synergy Model, a framework that strongly bases nursing care on patient and family needs.

On the second day of her visit, Curley presented, "Nursing's Innovative Contributions to the Evolution of Critical Care," to a hospital-wide audience. Her presentation focused on milieu-management—creating a healing milieu for nurses in critical care. Some of the themes and challenges that emerged included: changing the traditional 'silo' approach to critical-care research; the need to link diverse areas of research to one another; the need for research to take into account the complexity of diseases and patients' phenotypic heterogeneity; and the need for an enhanced infrastructure in clinical research.

Also as part of the Connell Nursing Research Program, Curley is mentoring nursing director and Connell nursing research scholar, Peggy Settle, RN. Curley's visit to MGH gave Settle an opportunity to meet with her and discuss her own research study. Curely also met with the Doctoral Forum for a thoughtful discussion on how to better develop and enhance programs of nursing research.

The goal of the Connell Nursing Research Program is to advance inter-disciplinary patient- and family-centered care through nursing research. Nurse researchers are invited to participate and apply to become Connell nursing research scholars. Like Settle, future Connell nursing research scholars will have an opportunity to spend concentrated time with a mentor to help focus and refine their programs of research.

For more information about the Connell Nursing Research Program, call the Munn Center for Nursing Research at 3-0431.

Inspiring the next generation of health professionals

—by Susan Leahy, Center for Community Health Improvement

MGH Youth Programs provides educational and employment opportunities to Boston youth by forging partnerships between local students and MGH employees willing to invest time and encouragement to inspire future scientists. Two recent events: the Timilty Middle School Science Fair and National Job Shadow Day, were great successes thanks to the involvement of MGH mentors and volunteers. The science fair, held January 28–31, 2013, marked the 24th year of our partnership with the Timilty School. More than 60 MGH mentors and 75 volunteer judges made the event a memorable one for 55 seventh and eighth graders who proudly displayed their science projects.

Students, Giacomo De Filippino and Anna Rodriguez, spend a portion of Job Shadow Day with Yawkey 9 lymphoma practice nurse, Jerry Browne, RN.

(Photo by Joe Ferraro)

Says Siobon Barrett, RN, staff nurse on Ellison 19, of Lintilla Harper, her eighth-grade mentee, "She reminds me of myself as a teenager." That's what drove Barrett to become a mentor. "I enjoy listening to the things she's involved in and remembering what I was doing at that age. Mentoring gives me an opportunity to put aside my own stresses for a while and help someone else—the way others helped me when I was growing up."

On February 1st, 100 high school students spent the morning at MGH listening and learning as part of Youth Programs' National Job Shadow Day observance. Lymphoma practice nurse, Jerry Browne, RN, was one of more than 75 employees who shared his expertise with students. Says Browne, "I could have spent all day with them. They were so much more mature and professional than I expected, and they had a genuine interest in learning. I was glad one of the students was male, so he could see that nursing is a viable and rewarding career choice for men."

Assistant professor, Javier Irazoqui, had a similar experience. "It was very rewarding to expose these students to a world that's often glamorized and may seem unattainable. I wanted them to leave feeling that if they wanted to, they could become scientists and help overcome the big challenges that humanity faces today."

To become a mentor for a young person, or to volunteer for the MGH Youth Programs in the Center for Community Health Improvement, contact Margo McGovern at 617-724-3210.

Clinical Pastoral Education Program celebrates milestone

—by Angelika Zollfrank, CPE supervisor

"Clinical Pastoral Education for Healthcare Providers may be our smallest program, but it is a jewel."

—Marjorie Stanzler, senior director of programs at the Schwartz Center.

This year marks the 15th anniversary of Clinical Pastoral Education (CPE) for Healthcare Providers at MGH. In the 1920s, MGH internist Richard Clarke Cabot, MD, and his colleague, Reverend Russell Dicks, felt chaplains and caregivers needed education to effectively help the sickest patients and families move toward spiritual health and satisfaction with their hospital stay, a philosophy that still endures today.

CPE for Healthcare Providers focuses on integrating spiritual caregiving into clinical practice. With the support of the Schwartz Center for Compassionate Healthcare and under the direction of the MGH Chaplaincy, more than 100 healthcare providers have gone through the program. To mark the 15th anniversary, Chaplaincy offered a special symposium on spirituality and health, which introduced the inaugural Richard Clarke Cabot CPE lecture. Director of the Chaplaincy, John Polk, DMin, noted that the lecture was created, "to promote Cabot's values of action rather than contemplation; the complementary relationships of physicians and chaplains; treating the whole person; and educating clinicians about their shared responsibility to honor and address patients' spiritual needs."

Speaker, Andrea Enzinger, MD, shared her research related to seeking greater understanding of the psychosocial and spiritual needs of patients with advanced cancer.

CPE graduates, Sarah Brown, RN, and Darcy Roake, presented a case study demonstrating best practices in collaborative caregiving. A multi-disciplinary panel of healthcare providers spoke of the benefits of spiritual care and how it can heal both the patient and the healer. They acknowledged the pivotal role of clinical supervision provided by Angelika Zollfrank, director of the CPE program. A number of clinicians spoke of how training in spiritual care led them to establish palliative care programs in their own settings. Patricia O'Malley, MD, leader of the Pediatric Palliative Care Service at the MGH Hospital *for* Children, observed, "The program helped me grow as a person, as a physician, as a leader, and as a medical educator. It was truly transformational."

Applications for the fall, 2013, CPE for Healthcare Providers will be accepted until May 1st. For more information go to www.mghchaplaincycpe.org or call 617-724-3227.

(Photo by Paul Batista)

No birthday is complete without cake! Celebrating the 15th anniversary of the CPE Program are (l-r): Rabbi Ben Lanckton; John Murphy, RN, chair of the CPE professional advisory group; John Polk, director of Chaplaincy; Angelika Zollfrank, director of CPE, and Andrea Stidsen, director of Partners EAP Program.

Inter-disciplinary care in the Cardiac Surgical ICU

Forging spiritual connections

My name is Christine Gryglik, and I am the clinical nurse specialist for the 18-bed Cardiac Surgical ICU. The ideal pathway for a 'typical' patient having cardiac surgery is to be admitted to our unit directly from the operating room, extubated within four hours, and transferred to the Cardiac Step-Down Unit within 24–48 hours. But not every patient is typical, and not every pathway is ideal.

EM was a 72-year-old man with severe cardiopulmonary issues. One of his heart valves wasn't working correctly, and clots were forming around his lungs. He developed moderate to severe shortness of breath that necessitated surgical intervention.

EM was a 72-year-old man with severe cardiopulmonary issues. One of his heart valves wasn't working correctly (tricuspid regurgitation), and clots were forming around his lungs (thromboembolic pulmonary hypertension). He developed moderate to severe shortness of breath that necessitated surgical intervention. In mid-November, EM underwent a repair of his tricuspid valve at which time the clots were surgically removed from his lungs.

Christine Gryglik, RN, clinical nurse specialist (left), and Daphne Noyes, chaplain

After six hours in surgery, EM required continuous critical care, including one-on-one nursing and monitoring of heart, lung, and hemodynamic parameters to maintain his stability. His chest had been left open to allow immediate access to his heart and chest cavity in the event he started to bleed. Because clots continued to form, and EM wasn't able to maintain adequate oxygenation or ventilation on his own, he was placed on veno-venous extra-corporeal membrane oxygenation (a type of heart-lung machine) to allow his lungs to rest.

As with many complicated, cardiac-surgical patients, EM was receiving a number of vasopressors, sedatives, and analgesics; he was on continuous veno-venous hemodialysis due to acute kidney failure; and his status was being monitored moment to moment. It truly takes a village to care for such a complex patient, and we're fortunate to have expert nurses, respiratory therapists, physicians and other colleagues on our team.

continued on next page

The CSICU staff caring for EM broadened their practice by integrating prayer into EM's plan of care. EM's body did not respond to aggressive treatment. But Chris, Alysia, and all those who prayed at his bedside saw that even when the body does not respond, a spiritual connection can still be made.

My name is Daphne Noyes, and I have been the chaplain for the Cardiac Surgical ICU for four years. In that time, I've observed that patients in this unit generally fall into two categories: those who follow the 'typical' pathway to the Step-Down Unit, and those who develop complications resulting in prolonged stays. In the past few years, we've introduced both ethics rounds and long-term-care rounds to ensure the needs of these complex patients are met, and that staff is being supported in their efforts.

We always look for ways to keep patients and families from becoming discouraged or dispirited. Music therapy, prayer, or (if patients are well enough) taking them off the unit for a change of scenery can be uplifting. As chaplain, I work collaboratively with the team, exploring aspects of the patient's condition: family relationships, hobbies, limitations brought on by cardiac issues, hopes for the future, and sometimes despair. Some patients are comforted by prayer, some by a chance to tell their story, some by simply holding hands. Often other caregivers are in the room when we pray, and they're always invited to join us. I believe this practice has helped staff see prayer as a form of caregiving—less technical than IV pumps or medications, but still a valuable source of healing.

Chris: EM was a monk at a monastery more than 70 miles away. Throughout his 10-day stay in the CSICU, it was difficult for his fellow brothers to make the trip to visit him. EM remained intubated, dependent on a mechanical ventilator, and unable to speak. Despite heroic efforts on the part of his team, EM continued to clot and bleed into his chest. We were doing everything possible medically, but felt powerless to truly help him.

Daphne: Though I wasn't directly involved in EM's care, Chris and I consulted about ways to integrate spiritual support into his plan of care. Since he was a member of a monastic brotherhood, I knew two things would be of utmost importance to him: community and prayer. He may have been separated from his monastic community, but was fast becoming part of the CSICU community. And as for prayer, I suggested Chris visit the monastery's website which would include the prayers offered morning, afternoon, and evening by his monastic brothers.

Chris: When we learned about the website, we located the prayers and printed them out with the intention of praying for EM in his room. EM's primary nurse, Alycia Monaco, RN, announced prayer time, and many members of his care team made a point of coming to his room to pray with him. The usual din of the ICU seemed to fade away as we began to pray. EM had not woken up, had not responded to any therapies, but as we prayed, tears began to run down his cheek. We knew he had heard us.

Day after day, we prayed aloud at EM's bedside, hoping our prayers and the outstanding care he was receiving would pull him through. Unfortunately, a higher power had another plan. EM suffered continuous clotting and bleeding and never recovered. It was a devastating loss for our team. Caring for EM taught us all a valuable lesson and gave us a heightened awareness of the power of prayer.

Daphne: The CSICU staff caring for EM broadened their practice by integrating prayer into EM's plan of care. EM's body did not respond to aggressive treatment. But Chris, Alysia, and all those who prayed at his bedside saw that even when the body does not respond, a spiritual connection can still be made. Even when a cure is not possible—care, healing, and prayer most certainly are.

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

The power of inter-disciplinary care is clearly visible in this poignant narrative. Every member of the team brought his/her expertise and skill to EM's bedside. Chris and Daphne's consultation originated from a sense of wanting to *know* him. They used that knowledge of EM's life and values to recreate the ritual of prayer that had guided his life as a monk. And even when a cure wasn't possible, they brought the most meaningful comfort they could to their patient.

What a beautiful narrative. Thank-you, Chris and Daphne.

The Blizzard of 2013

The Bulfinch Building
late Friday evening, February 8, 2013.

(Background photo by Nancy Balch)

Thank-you!

Colleagues,

MGH was fortunate to emerge largely unscathed from a winter storm that deposited more than two feet of snow (the fifth highest snowfall on record in the city of Boston), left hundreds of thousands without power, shut down public transportation for two days, and caused severe damage to coastal communities from Cape Cod to Gloucester.

Through it all, the hospital remained open, safe, and focused on the business of caring for patients. Many employees came in early, ahead of Governor Patrick's travel ban, and stayed through the weekend to ensure patients received uninterrupted care. They did this at great imposition to themselves and their families, but they did it enthusiastically with the selfless commitment I've come to expect from this amazing workforce.

Staff from Buildings & Grounds; Environmental Services; Nutrition & Food Services; Police, Security & Outside Services; and Materials Management worked hard to keep the hospital clear of snow and safe for patients and families. Clinical staff delivered exceptional care, and support staff responded quickly to changing circumstances, keeping the lines of communication open.

On behalf of the MGH community, I thank you for your countless acts of heroism, large and small, that made the blizzard of 2013 seem like just another New England snow storm.

Sincerely,

Jeanette Ives Erickson

Jeanette Ives Erickson, RN,
senior vice president for Patient Care

Snydeman new director, PCS Office of Quality & Safety

Patient Care Services and the entire MGH community welcome Colleen Snydeman to her new position as director of the PCS Office of Quality & Safety.

Effective February 4, 2013, Colleen Snydeman, RN, former nursing director for the Ellison 9 Cardiac ICU, is the new director for the PCS Office of Quality & Safety. Snydeman has served in a number of roles during the course of her 31-year career at MGH, including clinical nursing supervisor, nurse manager for the Thoracic Surgery Unit, and nursing director for the Respiratory Acute Care Unit (RACU), which she helped open in 2000.

Snydeman has already played a big role in enhancing quality and safety with her participation in system-wide improvements in codes, emergency response and rescue, education, and teamwork. She successfully created a unit-specific, multi-disciplinary team to deliver newly developed, highly specialized care for RACU patients. Most recently, largely due to her leadership in the Cardiac ICU, MGH was one of seven hospitals in the region accepted into the American Association of Critical-Care Nurses Clinical Scene Investigator Academy. This 16-month program is designed to support staff nurses implementing evidence-based practice initiatives to improve patient outcomes.

For the past seven years, Snydeman has co-chaired the MGH Code and Emergency Response Committee, which provides oversight for the code and emergency response systems in both inpatient and outpatient settings. She co-chaired the MGH Rapid Response Implementation Committee, strengthening our ability to respond quickly to patients with clinically-deteriorating conditions. And she has co-led the Physiologic Monitoring Criteria Task Force that created the current risk-assessment criteria for ECG and pulse-oximetry monitoring. She's taking a lead role in the newly-established Critical Care Center, serving as co-chair of the Critical Care Clinical Operations Committee.

Colleen Snydeman, RN, director, PCS Office of Quality & Safety

Says Snydeman, "With Magnet re-certification at hand, I'm very excited to begin my new role. The MGH vision of, 'leading the nation in quality and safety,' fuels our mission to provide care that is excellent every day. Today, our quality and safety efforts focus on patient-safety initiatives, patient- and staff-satisfaction, nurse-sensitive and other quality indicators, patient-advocacy, and regulatory compliance. Inter-disciplinary collaboration to advance the culture of safety in new and innovative ways will be our work for the future."

Patient Care Services and the entire MGH community welcome Colleen Snydeman to her new position as director for the PCS Office of Quality & Safety. Snydeman can be reached at 617-643-0435.

Tuition reimbursement

Some relief available for high cost of education

Question: Do I understand correctly that tuition reimbursement is now considered taxable income?

Jeanette: There had been concern that if the federal government was unable to resolve the 'fiscal cliff,' that tuition reimbursement would become taxable. The good news is that the government reached a resolution so the MGH Tuition Reimbursement Program will remain tax free.

Question: How does the Tuition Reimbursement Program work?

Jeanette: The Tuition Reimbursement Program reimburses eligible employees for a portion of their out-of-pocket tuition expenses for certain types of educational programs. For example, degree, diploma, and certificate programs are included, as are adult basic education classes such as English for Speakers of Other Languages, and fundamental reading, writing, and computation classes.

Question: What expenses are covered under the Program?

Jeanette: Reimbursable expenses include tuition, academic, and laboratory fees.

Question: How do I know if I'm eligible to participate in the Tuition Reimbursement Program?

Jeanette: Benefit-eligible employees who work at least 20 hours per week and have completed six months of continuous service are eligible. For more information, the Tuition Reimbursement policy is available on-line at: http://is.partners.org/hr/New_Web/mgh/mgh_training.htm.

Question: How do I enroll?

Jeanette: Prior to the start of class, employees should request tuition assistance through PeopleSoft Self Service. You'll be asked to supply documentation verifying your enrollment in an eligible program. Once that documentation is received, your manager will be contacted for approval, and you'll be contacted by the tuition reimbursement coordinator with instructions.

Question: Who should I call if I have questions?

Jeanette: Call the MGH Training and Workforce Development Department at 617-726-2230.

Question: Are there other programs at MGH that can help finance educational opportunities?

Jeanette: There are a number of scholarships available to supplement the Tuition Reimbursement Program. Each has its own criteria:

- Support Service Employee Grant—accepts applications annually in March and is advertised via MGH Broadcast
- AMMP Scholarship—accepts applications beginning in March. For more information, call the scholarship coordinator at 617-726-1345 or visit their website at: http://www2.massgeneral.org/ammp/ammp_scholarship.htm
- For more specialized patient-care programs, you might want to consider the Norman Knight Nursing Scholarship, the Gil Minor Nursing and Health Professions Scholarship, or the Clinical Leadership Collaborative for Diversity in Nursing Scholarship. Information on each of these scholarships is available through the Institute for Patient Care at 617-726-3111 or on their website: http://www.mghpcs.org/IPC/Programs/Awards.asp.

Announcements

Magnet Site Visit scheduled

The Magnet appraisal team will conduct its re-designation site visit, March 4–7, 2013. Details will be shared as they become available.

Congratulations to staff for earning the opportunity to showcase our inter-disciplinary patient- and family-centered care during this important external review.

For more information, or to stay abreast of all our Excellence Every Day activities and Magnet preparations, go to: www.mghpcs.org/PCS/Magnet

ACLS Classes

Certification:

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

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

Day two:
April 22nd
8:00am–1:00pm
Their Conference Room

Re-certification (one-day class):
March 13th
5:30–10:30pm
Founders 130 Conference Room

For information, contact Jeff Chambers at acls@partners.org

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

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

"Did You Know?"

It's easier than you think to author a DYK poster

The PCS Research and Evidence-Based Practice Committee is seeking clinicians from all disciplines to author "Did You Know" (DYK) posters. Distributed throughout the MGH community, DYK posters are a great way to share clinical expertise.

If you have a topic you'd like to share, or if you'd like to learn more about the process of creating a DYK poster, contact Carolyn Bleiler at cbleiler@partners.org.

Save the Date

Connell Visiting Scholar

Angela Barron McBride, RN, international nurse leader and Connell visiting scholar is coming to MGH to work with staff, leaders, and Connell scholars to advance the nursing research agenda.

McBride will present, "Orchestrating a Career for Nursing Leadership," to the MGH community.

April 5, 2013
9:30am
O'Keeffe Auditorium

Internationally renown for her scholarship on leadership-development and career-planning, McBride is currently chair of a Nursing Advisory Board for the Robert Wood Johnson Foundation.

For more information, call 3-0431.

Fundamentals of Medical Terminology I

Space is available in the 10-week, Fundamentals of Medical Terminology course for employees considering transitioning to a clinical role. $120 fee includes textbook. Class meets on Tuesdays,
March 5–May 15, 2013
5:00– 7:00pm
Haber Auditorium

Enroll via PeopleSoft.

For more information, call 617 724-3368.

Senior HealthWISE events

All events are free for seniors 60 and older

Hypertension Screening:
Monday, February 25th
1:30–2:30pm
West End Library
151 Cambridge St.
Free blood pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

Blum Center Events

Book Talk:
Almost a Psychopath
Thursday, February 21st
12:00–1:00pm
Speaker: Ronald Schouten, MD

Shared Decision-Making:
"Living with Coronary Heart Disease"
Tuesday, February 26th
12:00–1:00pm
Speaker: Doreen Defaria-Yeh

Programs are free and open to MGH staff and patients.
No registration required.
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.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday,
7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

Professional Achievements

Burchill presents

Gae Burchill, OTR/L, occupational therapist, presented, "Flexor Tendon Anatomy and Physiology," at the Department of Occupational Therapy at Tufts University, January 28, 2013.

Walsh and Blakeney publish

Kathleen Walsh, RN, case manager, and Barbara Blakeney, RN, innovation specialist, authored the article, "Nurse Presence Enhanced Through Equus," in the *Journal of Holistic Nursing*, in January, 2013.

Campbell presents

Elizabeth Campbell, RN, staff nurse, IV Therapy, presented via video conference, "Best Practices in Reducing Central-Line-Associated Blood-Stream Infections," for the Continuing Medical Education Department of King Edward VII Memorial Hospital in Bermuda, January 17, 2013.

Michael certified

Stefanie Michael, RN, staff nurse, General Medicine, became certified as an adult gerontologic nurse practitioner by the American Nurses Credentialing Center, in January, 2013.

Team publishes

Patricia Dykes, RN; Diane Carroll, RN; Ann Hurley, RN; Angela Benoit; Frank Chang; Rachel Pozzar, RN; and Christine Calligstan, RN, authored the article, "Building and Testing a Patient-Centric, Electronic, Bedside Communication Center," in the *Journal of Gerontological Nursing*, 2013.

Riley presents poster

Susan Riley, PT, physical therapist, presented her poster, "Hip Range of Motion and Gross Motor Function and their Relationship to Age in Children with Hutchinson-Gilford Progeria Syndrome," at the combined sections meeting of the American Physical Therapy Association in San Diego, in January, 2013.

Hogan-Poisson certified

Margaret Hogan-Poisson, RN, General Medicine, became certified in Operating Room Nursing by the Association of PeriOperative Nursing, in January, 2013.

Garlick appointed

Martha Garlick, PT, physical therapist, was appointed, a member of the Payment and Policy Committee of the American Physical Therapy Association of Massachusetts, January 1, 2013.

Garlick was appointed goals champion for the Payment and Policy Committee of the American Physical Therapy Association of Massachusetts.

She was appointed a member of the Legislative Committee of the American Physical Therapy Association of Massachusetts.

She was appointed a member of the Board of Directors of the American Physical Therapy Association of Massachusetts.

And she was appointed Federal Affairs liaison for the American Physical Therapy Association of Massachusetts to the American Physical Therapy Association.

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

Publisher
Jeanette Ives Erickson, RN
senior vice president for Patient Care

Managing Editor
Susan Sabia

Distribution
Ursula Hoehl, 617-726-9057

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

Next Publication
March 7, 2013

MGH Physical Therapy Department goes RED

The MGH Physical Therapy Department supports the American Heart Association's Go Red for Women campaign to increase awareness around heart disease and stroke. At left, members of the MGH Physical Therapy Department show their solidarity by presenting a united (red) front. For information on heart health, prevention, and living with heart disease, call the MGH Heart Center at 617-726-1843.

Caring Headlines
February 21, 2013

Returns only to:
Bigelow 10 Nursing Office,
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA