

# Caring

Headlines

May 30, 2013

## Nurse Week 2013

*See coverage of  
Nurse Week events and  
presentations throughout  
this issue of Caring  
Headlines*

*Margaret Mahnks, RN,  
with patient, Carole Wisheart, in the  
Yawkey 8 Infusion Unit*

# Imagine the possibilities

“Imagine all the people living for today. Imagine all the people living life in peace. You may say I’m a dreamer, but I’m not the only one. I hope some day you’ll join us, and the world will be as one.”

—John Lennon,  
1970

If you were expecting senior vice president for Patient Care, Jeanette Ives Erickson, RN, to deliver a reflective and uplifting speech to kick off Nurse Week in the aftermath of the Marathon bombings, you weren’t disappointed. You may *not* have expected it to be thought-provoking and controversial, but it was that, too, touching on issues such as gun-control and whether 12-hour nursing shifts represent best practice. Always leading by example, Ives Erickson was reminding us that nurses—especially nurses at the number one hospital in the country— have a voice. It’s the voice of experience. And we should use it to raise the level of debate in matters of national importance, matters that affect health care, nursing practice, and the well-being of patients and families.

Set to the song, *Imagine*, John Lennon’s iconic anthem for peace, Ives Erickson’s presentation incorporated still photographs, video clips, interviews, and personal reflections on the past, present, and future of nursing. Following is an encapsulated version of her Nurse Week presentation.

*Imagine*, by John Lennon, challenges us to envision a world with no religious or national barriers; to share resources freely, versus going to war over them; and to unite as a people for the greater good of the world.

Lennon wrote *Imagine* in 1970. On April 21, 2013, after that horrific week in our beloved city, I went to Lennon’s website and looked at the words again, wondering why two months earlier I’d decided to use the song to frame my Nurses Week speech. To my astonishment, 47,250 people had also visited the site that week.

Lennon wrote: “Imagine all the people living for today. Imagine all the people living life in peace. You may say I’m a dreamer, but I’m not the only one. I hope some day you’ll join us, and the world will be as one.”

I ask you to join me in dreaming of peace, extending a hand to people in need, and praying for unity. I want to thank you all for what you do at this hospital every day, but especially for the care and compassion you showed these past seventeen days.

I want to thank MGH president, Peter Slavin, for his leadership and invite him to say a few words.

*Peter Slavin, MD, took the podium and congratulated MGH nurses, saying, “Every week is Nurse Week at MGH. And never has that been more evident than in the past few weeks when so many depended on your skill and expertise. I’ve never been more proud to be the leader of this great institution. Thank-you so much for what you do for our patients and families every day.”*

Today, we come together to celebrate nursing and think about the future. Today, we ‘imagine’ a new model of health care, one where everyone has equal access to care delivered in a safe, timely, efficient, and effective manner; care that’s equitable and patient-and family-centered; care that’s driven by patients and families as equal members of the team.

Who better to evaluate our practice than the founder of modern nursing, Florence Nightingale. What would she say if she were here with us today? Would she say we’re providing access to all citizens and advancing the Aims of the IOM? Are we providing a path to better health? Are we thinking differently to address the challenges before us—providing better care with exceptional outcomes?

*continued on next page*

## Jeanette Ives Erickson (continued)

I think Nightingale would say that we are an inspiration. She would applaud us for the outcomes we've achieved.

- Our HCAHP scores are improving. Nurse communication has risen by 1.6 points; staff responsiveness 1.3 points; and night-time quiet 3.3 points
- Catheter-associated urinary-tract infections are trending down, and we've seen a decline in catheter use in the past year
- Ventilator-associated pneumonia rates have declined significantly, from 3.76 to 2.2 per 1,000 patient days
- Patient fall rates have declined over the past three years, specifically falls with injury. When compared with other academic medical centers with more than 500 beds, our score is 39% better than the national average.
- Hospital-acquired pressure-ulcer rates for stage II or greater have outperformed national benchmarks for the past ten quarters

- With all these improvements, and when we adjust for acuity, costs have declined nearly 3% over the past year

Nightingale would be pleased that we're sharing our knowledge beyond our walls.

- MGH nurses publish articles and write books and book chapters
- In 2012, 1,641 nursing students were precepted by MGH nurses, not to mention the 300 new employees precepted by nurses
- We continue to see an increase in the number of diverse nurses at MGH
- The rate of growth for nurse practitioners and certified nurse anesthetists this year exceeded the growth of those roles across the Commonwealth.
- 18.7% of our staff nurses have achieved professional and specialty certification; I encourage everyone to pursue certification as part of your professional development

Nightingale would be thrilled with the role nurses have assumed in advancing global health. In 2011, MGH aligned with the

federal government to create a Peace Corps program in health care.

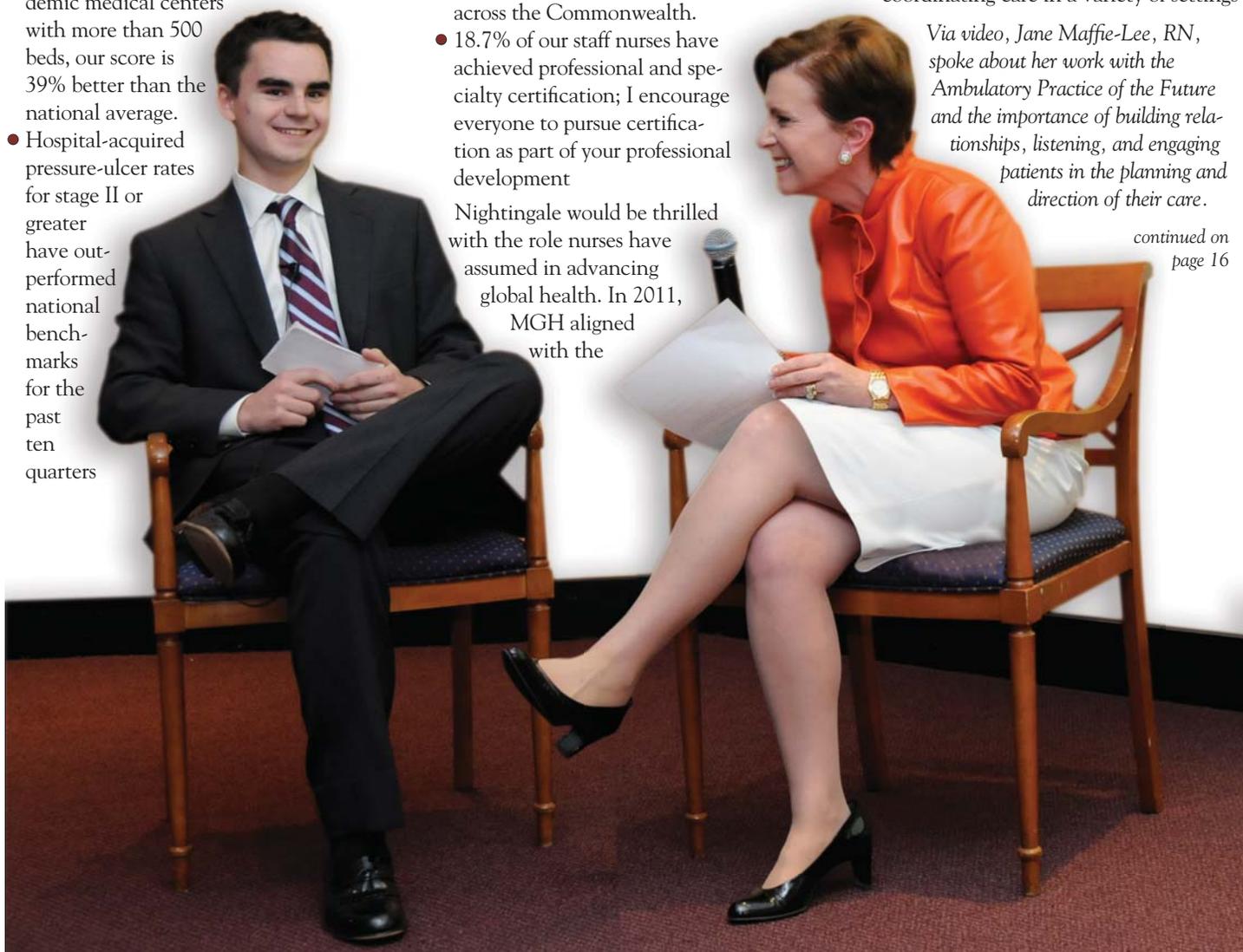
*Via video, Pat Daoust, RN, spoke about her work with the MGH Center for Global Health, partnering with the Peace Corps to support nursing education in African communities where there's a critical shortage of healthcare workers.*

Today, nurses provide care to patients everywhere. There is renewed focus on transitions in care:

- from hospital to home; educating patients on self-care
- visiting or calling patients to ensure they have appropriate resources
- coordinating care in a variety of settings

*Via video, Jane Maffie-Lee, RN, spoke about her work with the Ambulatory Practice of the Future and the importance of building relationships, listening, and engaging patients in the planning and direction of their care.*

*continued on page 16*



Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, with high-school junior and future nurse, James Ditomassi.

# Relationship-based care: a pathway to extraordinary practice and compassionate care

In her Nurse Week presentation, “Relationship-based care: a pathway to extraordinary practice and compassionate care,” Mary Koloroutis, RN, vice president and consultant at Creative Health Care Management, began by saying, “I think I’m singing to the choir here at MGH, because I’ve witnessed so much wonderful relationship-based care here.” Koloroutis’ presentation focused on the importance of maintaining the ‘human element’ in the care we provide. One way to do that

is by sharing stories, narratives, and vignettes.

Stories, she said, are “data with soul.”

Citing autonomy and empowerment as critical factors in job-satisfaction, Koloroutis observed, “We’re so fortunate to work in a field where what we do matters—really matters. To love what you do and know that it matters is sheer joy.”

Nurses know that the human connection is where healing begins. Isolation is suffering. The essence of relationship-based care is being present.

Said Koloroutis, “The work of human caring is extraordinary and sacred. Let me share with you Dianne Ustaal’s definition of our extraordinary vocation: ‘Nursing is a moral art... it involves the design and fostering of a healing atmosphere that rests upon the creation of a therapeutic relation-

ship and application of scientific knowledge and skill.’

“There is nothing commonplace, usual or normal about the intimate, complicated, tender, and risk-filled care of people at their most injured, frail, or vulnerable.”

Koloroutis spoke about the difference between compassion fatigue and burn-out. Burn-out is when you’re so tired and over-extended as a clinician that you’re ‘empty-hearted.’ Compassion fatigue is *heavy*-hearted. We need to remember that the root of compassionate care is showing compassion for ourselves.

Toward that end, Koloroutis led the gathering in a guided meditation. As attendees closed their eyes and centered themselves, Koloroutis recited the mantra, “My caregiving stance for today is curiosity, openness, acceptance, and love.”

We were reminded that relationship-based care refers to relationships with patients and families, colleagues and teammates, and ourselves, and that healthy relationships are the product of trust, mutual respect, open and honest communication, and consistent and visible support.

Said Koloroutis, “It may sound counter-intuitive, but moving toward a problem is always more rewarding and satisfying than moving away from it.”

She closed by saying, “You have created a culture of relationship-based care here at MGH. I can see the beauty and magnificence of your work. I urge you to keep being present. Keep showing up.”



Mary Koloroutis, RN,  
vice president and consultant,  
Creative Health Care Management

# Creating a Culture of Innovation

Shortly after delivering the news to PCS leadership that MGH had been re-designated a Magnet hospital, executive director of the American Nurses Credentialing Center, Karen Drenkard, RN, delivered her Nurse Week presentation, “Creating a Culture of Innovation.” She began by acknowledging the strides MGH has made in advancing innovative practice and care-delivery and how far ahead of the rest of the country MGH is in this work.

As an example of why health care needs innovative change, Drenkard shared the true story of a patient who requested an orange as an afternoon snack. But because the process for obtaining and delivering the orange was so laborious (involving 72 steps), the nurse found it easier to go to the store and buy her patient an orange.

The good news, said Drenkard, is that nurses are poised to be the solution to health care’s problems. The solutions we come up with may not work the first time (most good ideas don’t), but nurses are in a position to recognize the un-voiced needs of patients—to know what they need before they do. And that’s where innovation begins. With an idea. Ideate (share your ideas with others); create (execute your plan); and vali-

date (test and approve the change). That’s innovation.

If you tend to be risk-averse, or if the process of change gets bogged down, a good exercise to re-focus your mind is to try to come up with absurd ways to use common objects—it helps get those innovative ideas flowing again.

And innovation doesn’t have to be boring to be effective. Drenkard showed examples of innovative ideas that generated impressive results simply by increasing the ‘fun’ factor. To get people to use stairs instead of an escalator, one company painted steps to look like piano keys allowing users to make music as they went up and down. 60% more people took the stairs!

Drenkard identified five competencies essential to achieving innovative solutions:

- adopt a solution-centered mind set (we *will* make it work)
- employ kaleidoscope thinking (the more ideas you have to choose from the better; brainstorm)
- ensure full-spectrum engagement (innovation involves everyone)
- take advantage of master-mind collaboration (brainstorm across disciplines and role groups)
- focus on value-creation (make sure you’re solving the problem; don’t innovate for innovation’s sake)

Said Drenkard, “It helps to know your tolerance for change and risk-taking; whether you prefer incremental or radical innovation. Then play to your strength. Remember—this is an opportunity to invent our future. The possibilities are endless.”



Karen Drenkard, RN,  
executive director, American  
Nurses Credentialing Center

# Nurses and comprehensive care: the answer to the healthcare crisis

**P**resented by Mary O'Neil Munding, RN, dean emerita and Edward M. Kennedy professor of Health Policy at Columbia School of Nursing, "Nurses and comprehensive care: the answer to the healthcare crisis," was part personal retrospective, part nursing manifesto. Munding began by sharing her experiences working in Ted Kennedy's Senate office in the

1980s and the lessons she learned there, such as 'standing' for what you believe in. Said Munding, "Kennedy got so much done quietly, under the radar, simply by standing for what he knew was important."

Munding's presentation, and indeed her entire career, has focused on making nursing practice visible—seeking the recognition nurses deserve for the authority they hold and the autonomous practice they've fought so hard to realize. Long portrayed as 'workers' versus 'practitioners,' nurses have expanded their responsibilities over the decades, and in the process, re-defined their scope of practice.

Munding took us back to the 60s when nurses began to develop care plans, perform pain assessments, write nursing diagnoses, back to the begin-

ning of primary nursing. Previously considered a part-time vocation, nurses began demanding full-time positions in order to have a greater impact on patient outcomes.

The inception of the physician-assistant role helped nudge nursing forward as a profession. We started to see the emergence of community health nurses and nurse practitioners. By the 1970s, nurse practitioners were writing prescriptions. Munding herself was instrumental in securing admitting privileges for nurse practitioners at Columbia and led a randomized trial to assess the effectiveness of nurse practitioners having admitting privileges. The move was supported by Columbia physicians leading to the opening of a new practice in 1997.

Soon, standardized competencies and training programs arose, which led to the development of a DNP (Doctor of Nursing Practice) degree program. Today, there are more than 200 DNP programs across the country. In 2008, a certification program was created to test the competencies and medical knowledge of DNPs so there would be incontrovertible evidence that they should be paid equally for practicing at that level.

Munding observed that there are a good number of NPs working at MGH. "Perhaps," she said, "you could have an MGH DNP program right here. With the right curriculum, you could usher in a whole new future for nursing."



Mary O'Neil Munding, RN,  
Edward M. Kennedy  
professor of Health Policy,  
dean emerita, Columbia  
University School  
of Nursing

# Communicating nursing's impact on patient outcomes through standardized nursing terminologies

In her presentation, "Communicating Nursing's Impact on Patient Outcomes Through Standardized Nursing Terminologies," Sue Moorhead, RN, associate professor and director of the Center for Nursing Classification and Clinical Effectiveness at the University of Iowa, stressed that

nurses should be full partners with physicians and other health professionals in re-designing health care. Referring to the IOM's report on The Future of Nursing, she said, "There's no point in achieving higher nursing education if we're not going to practice to the full extent of our education and training."

Moorhead recalled the days when nursing was considered 'task-oriented.' Today, nursing is characterized by 'clinical reasoning' (a hybrid of critical thinking and clinical decision-making). She shared a model created by Daniel Pesut and Joanne Herman, authors of *Clinical Reasoning: The Art & Science of Critical & Creative Thinking*, that identifies six generations of nursing process:

- 1950–1970: problems to process
- 1970–1990: diagnosis and reasoning
- 1990–2010: outcome-specification and testing
- 2010–2025: knowledge building
- 2025–2035: models of care (archetypes)
- 2035–2050: predictive care

Sharing June Clark and Norma Lang's oft-cited quote, Moorhead said, "If we cannot name it, we cannot control it, practice it, teach it, finance it, or put it into public policy." Which is why nursing language and terminology is so important. Standardized language is necessary in order to effectively:

- describe nursing phenomena
- share observations and knowledge with other members of the profession
- make the work of the profession visible
- bring order to the domain of practice
- evaluate quality of care and conduct research
- build evidence for expert practice

Moorhead described the process of creating *Nursing Outcomes Classification* and the link between it, *Nursing Interventions Classification*, and NANDA International, the official nursing diagnosis resource. She shared examples of how the use of *Nursing Outcomes Classification* positively impacts families, communities, and specific patient populations. Said Moorhead, "Nurses are poised to lead this endeavor as we transition into the era of electronic health records."



Sue Moorhead, RN, associate professor, director for the Center for Nursing Classification and Clinical Effectiveness, University of Iowa College of Nursing

# Yvonne L. Munn Nursing Research Awards

**T**he Yvonne L. Munn Nursing Research Awards were created to support nursing research, advance nursing science, and improve outcomes for patients and families. Award recipients are mentored by doctorally prepared nurses to provide guidance and direction for the duration of the research study. This year's Munn research awards went to:

- principal investigator: Kevin Callans, RN, and co-investigators: Carlene Blais, RN; Meg Buotte, RN; Jane Fontana, RN; Judy Massowski, RN; Brenda Miller, RN; Arlene Kelleher, RN; and their research mentor: Diane Carroll, RN, for their study, "Development of a Transition of Care Model for Pediatric with Critical Airway Conditions across Institutions: Phase 1." The study seeks to describe

the experience of caring for children who require artificial airways at home in the hope of establishing recommendations for a model to improve nursing care of caregivers

- principal investigator, Jeanne Dolan, RN, and her research mentor: Sara Dolan Looby, RN, for their study, "Understanding Determinates of Physical Restraint Use among Critical Care Patients: an Exploratory Study of Nurses." Their study seeks to describe determinates of restraint initiation and discontinuation in critical-care patients to inform evidence-based initiatives to enhance patient safety and patient-centered care.

Congratulations to all research award recipients. Prizes were also awarded for research posters. (See page 15 for list of winners.) For more information about the Yvonne L. Munn Nursing Research Awards, call the Munn Center at 3-0431.

Below (l-r): Diane Carroll, RN; Judy Massakowski, RN; Arlene Kelleher, RN; Brenda Miller, RN; Meg Buotte, RN; and principal investigator, Kevin Callans, RN

Below right: research mentor, Sara Dolan Looby, RN (left), and principal investigator, Jeanne Dolan, RN.



# GEM Nursing Excellence Awards

Patient Care Services and the MGH community congratulate both Cronin and Alexander for this well-deserved recognition and for their ongoing contributions to outstanding patient care.

Earlier this year, we learned that two MGH nurses had been named regional finalists for the GEM Nursing Excellence Awards (formerly, *Nursing Spectrum Awards*). Professional development specialist, Gail Alexander, RN, was named a finalist in the category of Education and Mentorship, and clinical nurse specialist, Julie Cronin, RN, was a finalist in the Clinical Inpatient Care category.

Alexander coordinates the New Graduate Critical Care Residency program and facilitates educational programs within the Knight Nursing Center for Clinical & Professional Development. She served as project manager for the design, implementation, and evaluation of the orientation program for 80 nurses hired to open a new ICU and created a two-week immersion experience to team-build and facilitate their transition into a new practice area.

Cronin is a resource for inpatient and outpatient clinicians for her expertise in chemother-

apy and the care of acutely ill oncology patients. She co-created a New Graduate Nurse Mentoring Program, in which novice nurses are paired with experienced nurses who provide mentoring and support to their new-graduate nurse partners. She was instrumental in implementing Ethics Rounds and worked closely with the Chaplaincy to facilitate support sessions where staff can speak openly about their feelings related to caring for a complex oncology population.

On May 13, 2013, at a celebration at the Boston Marriott Hotel in Newton, Cronin, was named New England regional winner in her category, making her eligible to become a national winner later this year. Patient Care Services and the MGH community congratulate both Cronin and Alexander for this well-deserved recognition and for their ongoing contributions to outstanding patient care.



(Photos provided by staff)

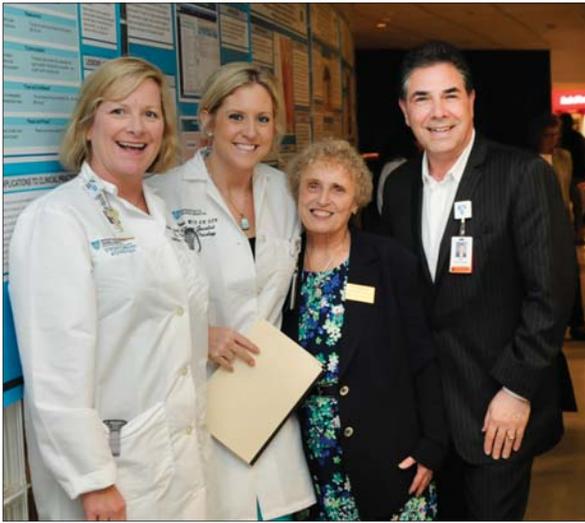
At left: Gail Alexander, RN (right) with colleagues at Nursing Excellence Awards. At right: Julie Cronin, RN (front right), with colleagues,

# Interactive poster display

## Showcasing nursing knowledge and research

*Members of the nursing research community showcase posters to advance nursing science, share best practices, and improve outcomes for patients and families. Posters were on display throughout Nurse Recognition Week.*





## Nursing Research Poster Awards

### Best Original Research:

"Dressing Difficulties in Dementia Caregiving: the Preservation of Self Model"  
 Investigators: Diane Feeney Mahoney, RN; principal investigator; Sharon LaRose, RN;  
 Edward Mahoney

### Best Quality Improvement Research:

"Developing a Post-Discharge Phone Call Team"  
 Investigators: Adele Keeley, RN; Linda Kelly, RN; Julie Cronin, RN; Sarah Stowell, RN; Michelle  
 Connolly, RN; Beth Morrissey, RN; Kristen Nichols, RN; Katie Fauvel, RN; and Sanae Kishimoto

### Best Poster by an Emerging Researcher:

"Use of an Electronic PAML to Facilitate Medication Reconciliation for Patients Evaluated in a  
 Pre-Admission Telephone Program"  
 Investigators: Karen Parmenter, RN; Patricia McCarthy; Beth Ellbeg, RN; Sally Millar, RN

### Best Poster by an Advanced/Mid-Career Nurse Researcher:

"Cyber Support: Concerns of Caregivers for People with Pulmonary Hypertension"  
 Investigators: Annette McDonough, RN; Sarah Lichenstein, RN; Lea Ann Matura, RN



Dottie Jones, RN, director of The Munn Center for Nursing Research (right) and Jeanette Ives Erickson, RN, senior vice president for Patient Care (second from left) with research poster award winners (l-r): Sara Dolan Looby, RN; Annette McDonough, RN; Karen Parmenter, RN; Julie Cronin, RN; Adele Keeley, RN; and Diane Feeney Mahoney, RN (representing their teams).



*Katie Perch, RN (left), and Suzanne Murphy, RN  
with patient, James Weaver, in the Respiratory Acute Care Unit*



*Evelyn Shakes, RN,  
with patient, Henry Vinciarelli, in the  
Blake 4 Endoscopy Unit*

# Magnet re-designation a highlight of Nurse Week

**P**ostponed from an earlier date due the Marathon bombings, on May 6, 2013, MGH was officially notified that it had retained its Magnet-hospital designation. Executive director of the American Nurses Credentialing Center, Karen Drenkard, RN, and chairperson of the Commission on Magnet, Patricia Reid Ponte, RN, delivered the news in person at a special meeting of PCS leadership during Nurse Recognition Week.

Said Reid Ponte, “You are leaders of a community of those committed to a higher level of patient care... Magnet designation is not an award; it is a credential that recognizes your team as having met and exceeded the criteria known to be synonymous with positive patient outcomes, nursing satisfaction, and patient satisfaction.”

Clockwise from top left: Pat Reid Ponte, RN, chair of the Commission on Magnet (left), and Karen Drenkard, RN, executive director of the American Nurses Credentialing Center; Marianne Ditomassi, RN, executive director for PCS Operations and leader of the Magnet Steering Committee; PCS leadership react to the re-designation announcement; Nursing leadership pose for picture after hearing the news.

Over and above re-designation, MGH was recognized for exemplary performance in the areas of:

- transformational leadership
- structural empowerment
- professional practice
- new knowledge, innovation, and improvement
- empirical outcomes

Said Drenkard, “While Magnet is a nursing credential, it is recognition of highly collaborative, inter-disciplinary teamwork. It’s not just about nursing—it’s about transformational change where patient care is the central focus—where everyone works together to meet the needs of the patient...”

Congratulations on achieving excellence and on remaining a leader in the Magnet community.”

For more information about any aspect of the Magnet journey, contact Marianne Ditomassi, RN, at 4-2164.



# Keith Perleberg, RN, memorial bench

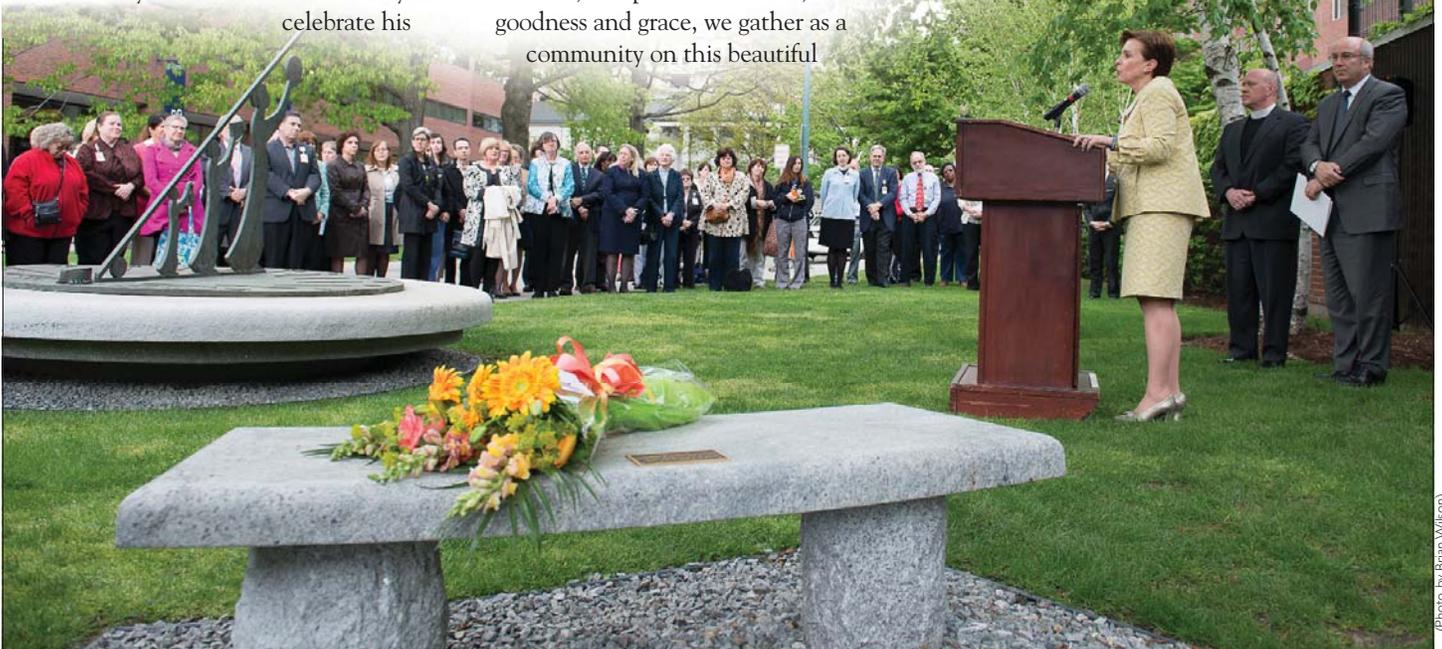
**O**n Tuesday, May 14, 2013, one year after the passing of our beloved director of the PCS Office of Quality & Safety, members of the MGH community came together on the Bulfinch lawn for the dedication of the Keith Perleberg, RN, Memorial bench. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, presided over the ceremony, saying, “Keith Perleberg was the ultimate man of conscience, true to his principles at all times under all circumstances. We keep him in our hearts and will carry his values with us. Today we celebrate his

life in a spot he loved (on the lawn beside the nursing sundial). It is fitting that a bench in honor of this peaceful, gentle man will provide a peaceful, welcoming spot for staff and visitors.”

Said MGH president, Peter Slavin, MD, “In his life, in his practice, and in his untimely death, Keith taught us that every day counts. We were fortunate to have had the benefit of his wisdom and kindness for more than twenty years.”

John Polk, DMin, director of the MGH Chaplaincy, blessed the bench in Perleberg’s religious tradition, calling it a place of rest, renewal, and peace. Said Polk, “God of goodness and grace, we gather as a community on this beautiful

spring day to say simply, Thank-you for our brother Keith. Thank-you for the care and attention and love he showed so beautifully and so often to so many. Thank-you for the life he lived and the way he filled so many hearts with affection and tenderness. Thank-you for his unforgettable laugh that reflected a soul filled with joy. May this place and this bench be peaceful and filled with good memories. Amen.”



Senior vice president for Patient Care, Jeanette Ives Erickson, RN, presides over ceremony at dedication of the Keith Perleberg, RN, Memorial bench on the Bulfinch lawn. John Polk, DMin, (second from right) director of Chaplaincy, blessed the bench, and MGH president, Peter Slavin, MD, (right) offered a remembrance.

(photo by Brian Wilson)

Are nurses ready to take a stand to ban dangerous weapons and implement measures to prevent individuals with high-risk behaviors from obtaining them? I think Nightingale would approve of such a stance.

*Via video, Jennifer Spina, RN, shared her experience working in the seminal role of nurse coordinator of after-school programs for the Boys and Girls Clubs of America, developing the role and educating boys and girls about health, nutrition, exercise, and chronic diseases prevalent among American youth.*

Nightingale was well known for her work during the Crimean War. She also enlisted the help of prominent citizens to improve medical and health services in India. In so doing, she challenged the status quo and was often at odds with governing bodies. But she persevered, implementing many changes and re-defining the delivery of health care in her time. If Nightingale could do this, why not MGH nurses? Indeed, we are making a difference, but there's more we can do. Nurses can get more involved in politics and health policy.

As professionals and as individuals, what is our stance on gun control? According to the American Academy of Nursing, access to firearms increases a battered woman's odds of being killed by her abuser. In 2007, 85 pre-schoolers died by gunfire; 57 law enforcement officers were killed with guns. As nurses and healthcare professionals, we know the effects of gun violence better than anyone. In the US, gun-related violence accounts for more than 30,000 deaths per year. The Sandy Hook Elementary School shooting is a tragic reminder that better gun control is a societal imperative.

Do nurses stand with 90% of the American public who believe some weapons should be banned and the quantity of bullets and cartridges controlled?

From Tucson to Aurora to Sandy Hook, we can't sit idly by. Are nurses

Two of several posters sent to MGH from a local grammar school, thanking staff for their efforts following the Marathon bombings.



ready to take a stand to ban dangerous weapons and implement measures to prevent individuals with high-risk behaviors from obtaining them? I think Nightingale would approve of such a stance.

She'd also approve of our efforts to promote wellness and help people lead more productive lives by tackling obesity and addressing the importance of exercise.

She'd be impressed with our nursing research agenda and the work taking place in the Munn Center and the Center for Innovations in Care Delivery. MGH nurses have received \$6.8 million in funding for nursing research over the past few years.

Nightingale would most definitely approve of our work to design an integrated information technology system. Sally Millar, RN, our PCS director of Informatics, was an early leader of Clinical Nursing Informatics.

*Millar took the podium and spoke about the many benefits of technology, but cautioned that no amount of technology can replace nursing care. Said Millar, "At the end of the day, experiences and relationships matter most... The essence of nursing is not in the Smart phone attached to our hands... It's about looking up, looking out, and seeing the beauty of our world and the people in it. It's about looking in people's eyes and wanting a true answer when we ask, "How are you?" It's about handshakes and hugs. It's about sharing the joy and sadness together. It's about being nursing strong."*

Workforce Safety is a priority for us as it was with Nightingale. Nightingale knew that during the Crimean War, more soldiers died from infection than battle injuries. We must continue to be vigilant in addressing injuries and illness in our workforce.

Workplace stress is another priority. Through the work of The Norman Knight Nursing Center for Clinical &



MGH president, Peter Slaviv, MD



## Jeannette Ives Erickson (continued)



Professional Development, new resiliency-training programs are making a difference. I encourage you all to participate. Stress-reduction comes in other forms, too. We agree with the new Massachusetts regulation placing restrictions on forced overtime and imposing limits on the number of hours nurses can work. I'm grateful to several members of our team who testified for these important restrictions. Twelve-hour shifts may be appealing from a scheduling perspective, but are they really what's best for our patients and our workforce? We know from research that errors occur after working more than eight hours. If our practice is truly evidence-based, we need to pay attention to these studies.

And what about our work to innovate care-delivery.

Via video, Jessica Smith, RN; Eileen Flaherty, RN; and Lee Ann Tata, RN, shared their observations about the new role of attending nurse on Innovation Units. They spoke of making it easier for patients to navigate the healthcare system, re-defining how care is organized on units, and using existing resources in new and creative ways.

This past year, we created many new partnerships. One I want to share with you is our partnership with the AACN and their hospital-based nurse leadership and innovation training program. This program is designed to empower staff nurses as clinical leaders and change agents to improve patient outcomes and positively impact healthcare costs. The MGH initiative is based in our Ellison 9 Coronary ICU where four staff nurses are working over a 16-month period to address quality and cost issues.

In our Orthopedic OR, we have a true 'out-of-the-box' team who set high standards for improving systems and efficiency. Not happy with their on-time starts and turn-over times, they developed new systems and along the way reinvigorated their sense of teamwork. Their post-implementation data is impressive.

Nightingale knew the importance of thinking about the next generation of nurses. She took her responsibility to student nurses and new graduate nurses seriously. As do we. I call your attention

to this 2006 interview with a young man thinking about future career opportunities.

In an interview with Ives Erickson taped seven years ago, 10-year-old, James Ditomassi, son of Marianne Ditomassi, RN, executive director for PCS Operations, spoke about what he thought nurses do: 'They comfort patients and stay with them when they're sick and in pain.' When asked if he'd like to be a nurse some day, or maybe a Red Sox player, Ditomassi responded without hesitation. 'I'd like to do both.'

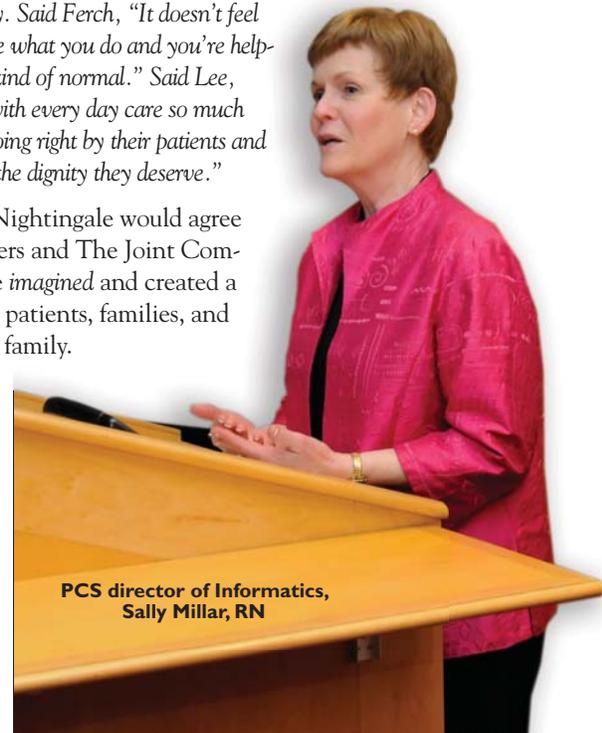
Ives Erickson then welcomed James Ditomassi back (in person) for a follow-up interview.

Now 17 years old, James Ditomassi, took a seat beside Ives Erickson. She explained that he'd recently had an opportunity to shadow staff nurses in the OR and SICU. Said Ditomassi, "When I look back at that video, I think I did a good job describing what nurses do. They need to be patient, empathetic, and organized... In the OR and SICU, I learned the importance of paying attention to detail, documenting what you do, and being attentive to patients' needs." As a patient himself this last year, Ditomassi had a chance to experience nursing from another perspective. Said Ditomassi, "I want to give you my personal thanks for the incredible care you provide every day, particularly in recent weeks. You are awesome. I look forward to the day when I can say I'm an MGH nurse." To which Ives Erickson replied, "James, I don't think you'll even have to fill out an application!"

One last video captured the care of a heart-failure patient by nurses, Cindy Ferch, RN, and Lindsay Lee, RN. The video chronicled their relationship-based care as their patient awaited, received, and dealt with complications of heart-transplant surgery. Said Ferch, "It doesn't feel like work when you love what you do and you're helping a patient feel some kind of normal." Said Lee, "These people I work with every day care so much about their work and doing right by their patients and families—giving them the dignity they deserve."

I think Florence Nightingale would agree with Magnet appraisers and The Joint Commission that we have *imagined* and created a very special place for patients, families, and our incredible MGH family.

Thank-you for your continued, invaluable service to this hospital. It's an honor to work with the best healthcare team on the planet. You are simply the best, and I am truly MGH Proud.





*Diana Darby, RN,*  
staff nurse in the Pre-Admission Testing Area,  
places ribbon on prayer tree created in honor of MGH  
nurse injured in the Marathon bombings.



*Anthony Capodilupo, RN,  
with patient, Linda Simons, in the  
Lunder 8 Neuroscience Unit*

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# Military cake-cutting at MGH

If two years in a row constitutes a tradition, then the Nurse Week military cake-cutting tradition begun last year at MGH continued this year, on Thursday, May 2, 2013, in the Trustees Room. As tradition dictates, using a vintage Army saber, the most senior and most junior nurses come together to cut a cake in recognition of the contributions and achievements of nurses around the world. This year, the ceremony included, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, and the most recently hired MGH nurse, Melissa Conklin, RN, who will start work on the Ellison 12 Medical Unit as soon as it opens.

Also on hand for the festivities were US Army nurse, Captain Courtney Folderauer, RN, and MGH president, Peter Slavin, MD. A good time was had by all (and safety precautions were strictly observed during the handling of the saber).



(Photos by Sam Riley)

At left: senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, cuts cake with new-graduate nurse, Melissa Conklin, RN. Above: Ives Erickson and Conklin with US Army nurse, Courtney Folderauer, RN, and MGH president, Peter Slavin, MD.

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