Caring Headlines
October 17, 2013

'Distinguished' nurse leader retires

MGH bids farewell to Sally Millar, RN, at the close of her 45-year nursing career

See story on page 4

Sally Millar, RN, outgoing director of PCS Informatics and recent interim director of PCS Financial Management Systems

The newsletter for Patient Care Services
Massachusetts General Hospital

An update on the Affordable Care Act

and what that has to do with shutting down the federal government

Debate over the merits of the Affordable Care Act has been intense both in the media and in the houses of Congress. That intensity escalated earlier this month when an amendment to de-fund the Affordable Care Act was attached to a bill to fund the federal government.

As you may recall, the Affordable Care Act became law in 2010, but not all of the requirements associated with its passage took effect at that time. First, there were changes to the insurance system (to eliminate lifetime benefit limits, for example) and expansion of Medicare (adding a new wellness benefit) and Medicaid. Providers were encouraged to test new payment models in an attempt to provide better, more cost-effective care, and in response, Partners became a Medicare Pioneer Accountable Care Organization (ACO). This month marks the beginning of open enrollment for health insurance under the new law, and in January, 2014, the health-insurance-coverage mandate will take effect. Debate over the merits of the Affordable Care Act has been intense both in the media and in the houses of the US Congress. That intensity escalated earlier this month when an amendment to de-fund the Affordable Care Act was attached to a bill to fund the federal government.

To shed some light on how all this affects MGH and health care in general, I asked Deborah Colton, our government relations advisor, to answer some frequently asked questions. Following are her insights into these developments.

Question: Don't we already have universal health-insurance coverage and insurance exchanges in Massachusetts? How is the national law different?

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

Colton: Yes, we do. In many respects, the new federal law is modeled after our state's 2006 law. It builds on the existing private health-insurance structure creating a virtual health-insurance marketplace — insurance exchanges — in each state for those without insurance. There are some differences between the two laws (conflicting rules for insurance companies, for example) but that is being worked out. So you're correct, Massachusetts is ahead of other states in terms of universal health-insurance coverage and insurance exchanges.

Question: If I already get health insurance as an MGH employee, do I have to sign up during this month's open enrollment period?

Colton: No. Most Americans get health insurance through their employers, and most employers

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Most Americans get health insurance through their employers, and most employers offer coverage that meets the requirements of the new law. And in most cases, that insurance is better and less costly than what's available from the new insurance exchanges. As an already-insured MGH employee, you don't need to take any action related to this new law.

offer coverage that meets the requirements of the new law. And in most cases, that insurance is better and less costly than what's available from the new insurance exchanges. As an already-insured MGH employee, you don't need to take any action related to this new law.

Question: What about patients on Medicare? Is anything changing for them?

Colton: For the most part, no. Medicare patients have probably been notified of our participation in the Medicare Pioneer ACO, been offered the new annual wellness appointment, and seen signs of better care coordination, but their basic benefits have not changed.

One exception would be Medicare beneficiaries who've enrolled in Medicare Advantage, which lets private insurance companies deliver Medicare benefits. Medicare Advantage plans cost more than traditional Medicare (and usually offer extra benefits). The new law reduces funding for these plans.

Question: If seniors and people with employer-provided health insurance aren't affected, who is?

Colton: In most states, the new law affects people with no insurance or those who purchase individual health insurance on their own. But in Massachusetts, those individuals may not notice a change either because we've required insurance coverage and offered insurance exchanges since 2007. The only complication for Massachusetts is ensuring that plans offered in our exchanges meet all the coverage rules. And that work is underway.

Question: How is the Affordable Care Act related to the government shut-down? What was that all about?

Colton: The Affordable Care Act became law by a narrow margin, and it remains a controversial topic in some circles. In Congress, it's not uncommon for opponents of certain initiatives to try to reverse decisions by attaching (sometimes unrelated) amendments to high-profile legislation—like government spending bills. That's what the House of Representatives did with the Affordable Care Act; they attached an amendment seeking to repeal the Affordable Care Act, which turned out to be a political 'monkey wrench' that led to the government shutting down.

Funding for the Affordable Care Act is already in place, and open enrollment for insurance exchanges began October 1st despite the government shut-down.

Many thanks to Deb Colton for clarifying these issues that have been much in the news. As of press time, the shut-down was still in effect.

In this Issue

Millar's farewell message:

'When you learn, teach; when you get, give'

Sally Millar, RN, veteran nurse leader and beloved colleague of so many in the MGH community, retired September 27, 2013, capping off a truly illustrious 45-year career. Serving most recently as director of PCS Informatics and interim director of PCS Financial Management Systems, Millar's leadership had at times included the MGH Office of Patient Advocacy, the Maxwell & Eleanor Blum Patient and Family Learning Center, and co-chairmanship of the MGH Clinical Policy and Records Committee and the Partners Confidentiality Program. In May, Millar was named the recipient of this year's Marguerite Rodgers Kinney Award for a Distinguished Career by the American Association of Critical-Care Nurses for her exemplary achievements. It's fair to say that Millar's contributions over the past four decades played an integral part in the success of Patient Care Services as it evolved into the cohesive, inter-disciplinary entity it is today. It's also fair to say that Millar's retirement after 44 years at MGH, marks the end of an extraordinary and memorable era.

At her retirement celebration, September 10th, under the Bulfinch tent, the MGH community had an opportunity to say good-bye to Millar and wish her well as she embarks on this new chapter of her life. In his remarks, long-

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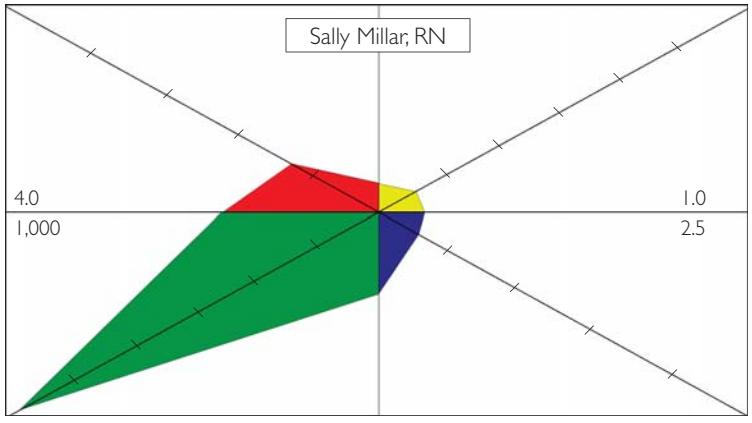

Far left: Sally Millar's campaign poster when she ran for first vice president of National Student Nurses Association. Above: as nursing director of the RICU, circa 1980, Millar (center) teaches chest x-ray interpretation to staff. At left: artist's rendering of Millar's Personalysis colorgraph; Millar was 'green' before going green was fashionable.

time friend and colleague, Brit Nicholson, MD, senior vice president for the department of Medicine and chief medical officer, recalled Millar's passion for and commitment to many things, but most especially to nursing and patient care. Often in his own career, he said, he found himself asking, "What would Sally do in this situation?" He concluded with a heartfelt, "Thank-you, Sally. Thank-you, thank-you, thank-you."

Alasdair Conn, MD, chief of Emergency Services, in speaking about Millar's accomplishments and specifically about her tenure as director of the Office of Patient Advocacy, said, "I think she should have been nominated for sainthood for the job she did every day." And in perhaps the greatest compliment of all, he added, "I know you're retiring, but if I ever get sick, I'd want you to be the one to take care of me."

Two long-time members of Millar's staff took the podium together: project managers, Peggy Shaw, RN, and Charlene Feilteau, RN. They regaled the crowd with stories of the 'early days,' when the department of Informatics was still taking shape. With humor and affection, they recalled Millar's love of the Patriots, chocolate, Halloween, cats, keeping the bathrooms stocked with magazines, and her legendary attention to detail (sharing that she'd notice if a single paperclip was out of place on her desk). They concluded with, "Like everyone else at MGH, Sally, we're going to miss you so much."

When she took the podium, a humbled Millar shared that she planned to fashion her retirement after the sage advice of Oprah Winfrey, who once said, "When you learn, teach; when you get, give." Millar hopes to advance that philosophy in future trips to the Philippines with her church, by working at a soup kitchen near her home, and by volunteering at several organizations that have special significance for her.

Said Millar, "Each of you has contributed so much to my career. Any success I may have enjoyed is not mine alone; it is *our* success. It's been an honor to work with you. As I leave MGH, please know that I take with me all the lessons you've taught me. I'll carry your wisdom in my heart all the days of my life."

As will we, Sally. As will we.

At Millar's farewell celebration, clockwise from top left: Brit Nicholson, MD, senior vice president for the department of Medicine and chief medical officer; Alasdair Conn, MD, chief of Emergency Services; Millar and Jeanette Ives Erickson, RN, senior vice president for Patient Care; members of Millar's staff, Charlene Feilteau, RN (left), and Peggy Shaw, RN; and Sally Millar, enjoying the festivities.

SAFER Fair draws crowds and accolades

sharing the work of collaborative governance committees

If you really want to learn how Patient Care Services works together to make MGH a safer place, the annual SAFER Fair, held under the Bulfinch Tent, September 24, 2013, was a great opportunity to do just that. Champions from all ten collaborative governance committees were on hand to share their work with the MGH community.

The Ethics in Clinical Practice Committee shared information on the new Massachusetts Medical Orders for Life-Sustaining Treatment initiative, which takes effect in 2014, allowing individuals to accept or refuse medical treatment— including treatment that could extend life.

The Fall-Prevention Committee demonstrated products that prevent patients from falling, materials highlighting potential hazards in the home, and strategies to reduce the risk of falling both at home and in the hospital.

The Diversity Committee offered quizzes on the various languages spoken in different countries. They invited attendees to place pins on a map of the world denoting where they were born. By the end of the day, the map was filled with multi-colored pins reflecting the rich diversity of the MGH workforce.

The Informatics Committee provided information on *e*Bridge and the impending implementation of Partners *e*Care. They fielded questions about Epic, the technology that will be used in Partners *e*Care, and the many benefits it will bring.

The Pain Management Committee reminded staff of the various pumps available for medication-administra-

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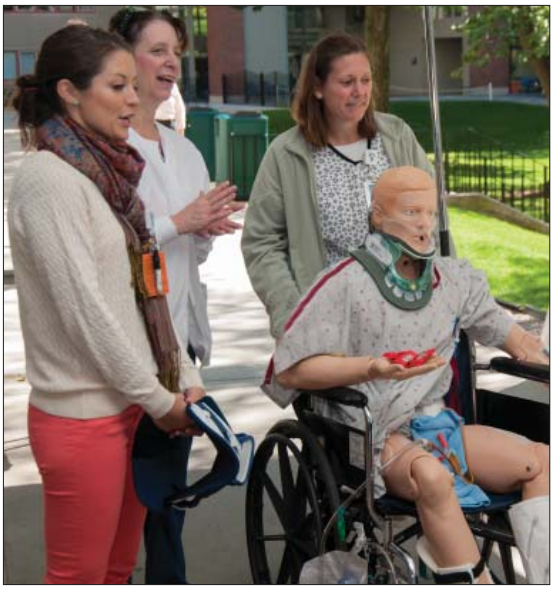
Champions from the Diversity; Ethics in Clinical Practice; Fall-Prevention; Informatics; Pain Management; Patient Education; Policy, Procedure & Products; Research & Evidence-Based Practice, Restraint Solutions; and Skin Care committees share their work at this year's SAFER Fair.



tion, strategies for managing patients' pain, and the Morphine First initiative.

The Patient Education Committee shared information about Patient Gateway, which allows patients to access their health information any time. They offered insight into health literacy, plain language, and resources available to support patient education.

The Policy, Procedure, and Products Committee enlightened attendees about hand hygiene. Using a special viewer, they showed that C. *diff* is not killed by hand sanitizers; hands must be washed.

The Research & Evidence-Based Practice Committee used the opportunity to espouse the benefits of evidence-based practice. They demonstrated how the use of PICO (population, intervention, comparison, and outcome) can lead to safer, more effective, more efficient care.

The Restraint Solutions in Clinical Practice Committee showcased various alternatives to restraints that help keep patients safe and restraint-free. The fair was an opportunity for the committee to get feedback from staff about products that may be added to our inventory in the future.

The Skin Care Committee used a mannequin to demonstrate ways to prevent skin break-down when patients are in splints or neck braces. They sought feedback from staff on products being considered to decrease skin irritation and break-down.

For more information about the SAFER Fair or anything to do with collaborative governance, call Mary Ellin Smith, RN, professional development manager, at 617-724-5801.

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NICU nursing is more than caring for sick infants

Maddie was very sick when she was born. Not only was she two months premature with Down Syndrome and multiple congenital anomalies, she needed heart and bowel surgery in her first week of life.

My name is Elizabeth Daley, and I'm a staff nurse in the Neonatal ICU. As my first year as a nurse comes to an end, I recall many experiences with patients and families that contributed to the development of my nursing practice. Nursing school gives you the clinical knowledge to care for sick infants, but it doesn't prepare you for the emotional tribulations experienced by family members, especially mothers, in the NICU. When a woman learns she's having a baby, it's natural for her to start planning for her son or daughter's future. She hopes her child will have a perfect life, never experience any pain or suffering. She imagines her child in various stages of growth and development. But when that baby is born two months early and has to struggle to survive in an intensive care unit, those hopes and dreams are put to the test.

'Maddie' was one of my first patients after I finished new-graduate orientation. She was a beautiful little girl born to an Arabic family. She was the first daughter, and she had two healthy older brothers. Maddie was very sick when she was born. Not only was she two months premature with Down Syndrome and multiple congenital anomalies, she needed heart and bowel surgery in her first week of life. Maddie's mother, Mrs. C, was a strong woman who was accustomed to caring for her children and her blind husband. But giving birth to a daughter as sick as Maddie was tremendously difficult for her. She later told me that when she looked at Maddie for the first time, she didn't see a baby girl; all she saw were wires and tubes.

Elizabeth Daley, RN, staff nurse, NICU

Maddie's parents were infrequent visitors to the NICU. Mrs. C spoke some English, but her husband was more fluent so he did most of the talking. When they arrived for one of their first visits, I immediately felt a 'disconnect' between Mrs. C and her baby. She led her husband to the back of Maddie's room where they sat together on the couch. She didn't go to Maddie's bedside or even stop to look at her as they passed. When I asked if she'd like to say hello to her

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daughter, she politely declined. She spoke briefly with Maddie's doctors, handed me the breast milk she'd pumped at home, and then they left. They visited two or three times a week, and that's how all their visits went for the next several weeks.

My nursing colleagues and I became concerned about Mrs. C's seeming inability or lack of interest in bonding with her daughter. We encouraged her to help when changing Maddie's diapers or taking her temperature, which she eventually did with coaxing from us. But I still had the feeling she was just going through the motions. That strong mother-baby connection I had seen so often was missing.

The NICU social worker and I sat down with Mrs. C to try to figure out what was preventing her from wanting to hold Maddie and participate in her care. Mrs. C immediately started to cry. I didn't quite understand, because Maddie was making great progress at this point in time.

Mrs. C exclaimed, "Nobody told me my baby was going to have Down syndrome."

I couldn't believe after everything Maddie had been through that it was the Down syndrome that was causing Mrs. C so much anxiety.

As I tried to process Mrs. C's feelings, a co-worker gave me some great insight into what this mother was experiencing. She explained that having a baby diagnosed with Down syndrome, or any disorder that comes with life-long challenges, can require a grieving period. Mothers may need to mourn the loss of the child they planned for, and it can take time for them to learn to accept their babies for who they are. It's actually similar to mourning the death of a loved one. There can be denial, anger, depression (which appeared to be what Mrs. C was going through). As nurses, our job is to help mothers get to the stage of acceptance so that bonding can begin and a relationship can be formed.

I grew very fond of Maddie during the months she spent with us. She was such a strong baby with an incredible will to survive. I wanted her mother to see her as I did: as a miracle. I realized Mrs. C was going to need some encouragement. So I began pointing out Maddie's cute, 'normal' characteristics whenever Mrs. C was at her bedside. I talked about her beautiful eyes, her soft baby hair, and her chubby little legs. I wanted her mother to look past the wires and tubes and see the beautiful baby she'd brought into this world.

I took many pictures of Maddie, some to hang on her wall and some for her mother to take home. I dressed her in cute clothes and hats, and decorated her crib with brightly colored blankets. I encouraged Mrs. C to bathe her, feed her, and hold her every time she visited. I tried to normalize the relationship between Maddie and her mother, which was understandably difficult in the abnormal setting of the NICU.

The moment I realized Mrs. C was falling in love with her daughter was the morning I walked into her room and saw that she'd already changed Maddie's diaper and put her in a new set of clothes with no prompting from anyone. Mrs. C was holding Maddie's hand and singing to her. I knew we had succeeded.

Since caring for Maddie and her mother, the words, 'family-centered care' have come to hold new meaning for me. NICU nurses do so much more than take care of sick infants. A big part of our job is facilitating relationships between mothers and babies that have been strained by illness, hospitalization, and the stress of being in an ICU. We help mothers accept and love their children no matter what challenges may accompany them.

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

This narrative beautifully captures not only Liz's developing clinical judgment and compassion but her understanding of what families experience as they come to grips with the long-term ramifications of a Down-syndrome diagnosis. We see the NICU environment as a place where clinicians share knowledge and mentor new clinicians as part of their unit culture. And we see Liz's many interventions to help ease Mrs. C to a place of acceptance. What a lovely story.

Thank-you, Liz.

Raising awareness about fall-prevention

—by Patti Shanteler, RN, staff specialist, PCS Office of Quality & Safety

National Fall Prevention Awareness Day is observed each year on the first day of fall to promote awareness about how to prevent and reduce falls among older adults both at home and in the clinical setting. On Friday September 20, 2013, the PCS Fall Prevention Committee held its annual education booth in the Main Corridor; the theme of this year's campaign is "Preventing Falls—One Step at a Time."

Studies conducted by the National Council on Aging reveal that:

- one in three people over age 65 falls each year, and that number increases to one in two by age 80
- fall-related injuries are often serious enough to result in hospitalization and even premature death
- people who fall often face significant declines in mobility and independence

(Photo provided by staff)

Staffing the fall-prevention booth in the Main Corridor are Leslie McLaughlin, OTR/L, senior occupational therapist (left), and Bridget Lyons, RN, staff nurse and co-chair of the Fall-Prevention Committee.

At MGH, our primary goal is to keep patients safe. This year's fall-prevention educational booth provided information and consultation on our LEAF (Let's Eliminate All Falls) program. One interactive display tested visitors' knowledge of fall-prevention in the form of a *Wheel of Fortune* game. This gave members of the Fall Prevention Committee an opportunity to share news about elements of the program that have been recently updated, such as:

- fall-assessment processes and resources
- targeted fall interventions based on specific patient risk
- enhanced communication between team members
- fall-prevention equipment
- upcoming changes to the post-fall response process

Educational materials were available on how to make the home environment safer for those at risk for falling.

Other activities of the Fall Prevention Committee during the month of September included a comprehensive update of the Fall Prevention Committee's page on the Excellence Every Day (EED) portal. This important resource provides one-stop shopping for all things related to preventing falls. And fall-prevention was the topic of Nursing Grand Rounds in which co-chairs of the Fall Prevention Committee, Bridget Lyons, RN, and Christina Connors, RN, provided an update and a case study on a complex MGH patient.

For more information about fall prevention or the work of the Fall Prevention Committee, call the PCS Office of Quality & Safety at 3-0140.

Family honors Lunder 9 staff for exceptional care and compassion

—by Alexandra Fall

Like many patients receiving cancer treatment, Michael MacDonald spent many months on the Lunder 9 Oncology Unit throughout his battle with thyroid cancer. Sadly, he passed away, April 17, 2013. Touched by the extraordinary care MacDonald received during his extended stays on Lunder 9 and to honor his memory, the MacDonald family hosted a fund-raiser this past July to benefit Lunder 9 and the MGH Cancer Center. In an evening of food, fun, dancing, and auctions, the MacDonalds raised more than $8,000.

On August 22nd, MacDonald's wife, Donna, and children, Michaela, Leah, and Michael, Jr., returned to Lunder 9 to present a check and commemorative plaque to staff. During the ceremony, the family shared memories of MacDonald's courage, noting how much he appreciated the kindness and compassion of staff. Speaking on behalf of the family, MacDonald's daughter, Michaela, conveyed their gratitude, saying, "From the remarkable, caring nurses to the heroic palliative care team who kept my father alive for as long as he could fight, the Lunder 9 team was outstanding."

Barbara Cashavelly, RN, nursing director of Lunder 9, accepted the check on behalf of staff. She expressed her appreciation to the family for hosting this event and for their generosity and support. Cashavelly shared that the money raised by the MacDonalds will help fund nursing education, professional conferences, and unit projects, all of which ultimately support patient care.

For more information, call Barbara Cashavelly, RN, at 8-5900.

(Photo provided by staff)

Lunder 9 staff come together with family of Michael MacDonald. Front row (l-r): Michaela Robbins; Donna MacDonald; Michael MacDonald, Jr.; Leah Koenecke; Lindsay Flom, RN; and Barbara Cashavelly, RN. Back row: Stephanie Quinn; Christina Kim, RN; Sarah Brown, RN; Kendra Stacey, RN; Debra Burke, RN; Jesse McKinnen, RN; Meredith Malvey, RN; Allison Curtis, RN; Todd Hultman, RN; Betty Ann Burns-Britton, RN; Kristen Patrick, RN; and Jessica Berry, RN.

Case Management

celebrating 18 years of excellence

"How long will I be at rehab?"
"How can I get services at home for my elderly mother?"
"Why do I need Medicare D if I have Medicare A and B?"
"Will my insurance pay for this?"
These are the kind of questions MGH case managers field every day. Case managers are registered nurses who possess clinical knowledge and knowledge of resources available to expedite care and promote seamless transitions throughout the healthcare continuum. Every MGH (in)patient is assigned a case manager.

Case managers are registered nurses who possess clinical knowledge and knowledge of resources available to expedite care and promote seamless transitions throughout the healthcare continuum.

Mr. F was a patient with multiple sclerosis. He was wheelchair dependent, relied on his upper extremities for mobility, and had rotator-cuff damage that required surgical repair. Barbara McLaughlin, RN, ED Observation Unit case manager, reached out to Mr. F by phone prior to his surgery. She conducted an assessment and developed a preliminary plan, which she shared with Mr. F and documented electronically. On the day of Mr. F's surgery, float case manager, Dana Madden, RN, accessed Mr. F's record and saw McLaughlin's documentation. Madden met Mr. F in the PACU, and he remembered his conversation with McLaughlin and the plan for a short-term, skilled nursing facility, rehab stay. Mr. F's situation was complicated by a number of special forms and paperwork, but because of McLaughlin's preliminary assessment and thorough documentation, his transfer was easily facilitated. With the assistance of case manager, Joanne Davis, RN, Mr. F was discharged to the facility of his choice later that day.

Much of a case manager's work is 'behind the scenes.' Case managers work with insurance companies, evaluate discharge needs, and arrange for services so that a patient's transition to the next level of care is as seamless as possible.

Case manager, Mary Cannata, RN, met with the clinical team prior to a family meeting to discuss home-hospice care for a patient with very complex behavioral and medical issues. The challenge was finding a hospice program that could meet all the patient's needs, including medication-administration, assistive devices, a reclining geri-chair, a hospital bed, and a lift. Because of Cannata's specialized knowledge and expertise, she was able to find a program that met his needs and included a home health aide seven days a week.

These are the kind of matters that patients and families find frustrating as they deal with life-and-death health issues. Case managers are adept at navigating the landscape of services and resources available to meet the entire spectrum of patients' needs.

MGH is fortunate to have the support of a devoted case management unit staffed with skilled individuals who help expedite referrals. Case Management strives to empower patients and families to manage the impact of illness and achieve maximum benefit from healthcare services throughout the continuum of care. This year, the department is celebrating 18 years of excellence.

National Case Management Week is October 13–19, 2013. It's an opportunity to recognize the contributions of case managers and celebrate the important work they do on behalf of patients and families.

For more information about the services provided by MGH case managers, visit the Case Management booth in the Main Corridor, Thursday, October 17, 2013, or call 617-726-3665.

Innovation in Care Delivery

Advancing a professional practice environment

A two-day international symposium exploring innovation at MGH

Monday, October 28, and Tuesday, October 29, 2013
Wyndham Beacon Hill Hotel
5 Blossom Street

Monday afternoon, October 28th

1:00–2:00	*Arrival/Networking/Introduction*
2:00–2:30	*Innovation: the Frontier of Patient Care*
2:30–3:30	*Session 1: The Strategic Imperative for Innovation*
Break	
3:30–4:00	*Poster Session*
4:00–5:00	*Session 2: Innovation in Care Delivery— The Patient Journey*
Break	
5:00–6:00	*Book Signing*
6:00–8:00	*Cocktail Reception*

Tuesday, October 29th

8:30–8:45	*Opening Session/Welcome*
8:45–9:45	*Session 3: Creating the New Culture Through Relationship-Based Care*
9:45–10:45	*Session 4: The Attending Registered Nurse*
Break	
10:45–11:15	*Poster Session*
11:15–12:10	*Breakout #1: Adopt, Adapt, or Abandon: an Education Plan Built on Process-Improvement*
11:15–12:10	*Breakout #1: Interdisciplinary Care: The Clinical Matrix*
11:15–12:10	*Breakout #1: Developing the Dashboard*
Break	
12:10–1:00	*Lunch*
1:00–1:55	*Breakout #2: Creating a Just Culture of Safety*
1:00–1:55	*Breakout #2: Dedicated Education Units: Strengthening a Learning Culture*
1:00–1:55	*Breakout #2: HCAHPS: Moving the Needle*
2:00–2:55	*Breakout #3: Leveraging Technology*
2:00–2:55	*Breakout #3: Equitable Care*
2:00–2:55	*Breakout #3: Evaluating Change and Tracking Improvement*
Break	
3:00–3:30	*Poster Session*
3:30–4:30	*Panel Discussion: Tales from the Front Lines: The Clinician's Experience*
4:30–5:00	*Closing Remarks*

Keynote speaker: Edward O'Neil, RN, specialist in General Health Care Policy, Leadership Development, Change-Management, and Leadership coaching

And featuring award-winning authors of *Nursing at Two Hundred* and *Fostering Nurse-Led Care*
Have your book signed or purchase a copy at the symposium.
For more information, call 617-724-0340.

Announcements

Trauma-Informed Care Conference: Innovative Practices Across Partners

October 24, 2013
8:30am–2:00pm
Brigham & Women's Hospital
Bornstein Amphitheatre

A symposium on the theoretical framework and best practices of treating survivors of interpersonal violence with a trauma-informed approach.

Key-note speaker Dr. Carole Warshaw, executive director of the National Center on Domestic Violence, Trauma & Mental Health.

Social Work and Nursing continuing education credits offered.

To register, go to:
www.havenatmgh.org
For more information,
call 617-726-7674.

Senior HealthWISE events

Lecture Series

"The Many Sides of Loss: Groaning and Growing through Sadness and Grief"
Thursday, October 17, 2013
speaker: Bob Weber, assistant clinical professor of Psychology, Harvard Medical School

"Living with Hearing Loss"
Thursday, October 31st
Speaker: Ellen O'Neil, associate director, Department of Audiology, Massachusetts Eye and Ear Infirmary

Both events are
11:00am–12:00pm
in the Haber Conference Room

For more information,
call 4-6756.

Chaplaincy events for Spiritual Care Week

October 21–25, 2013

"Do unto others as you would have them do unto you."

Monday, October 21st
9:00am–2:00pm
Display tables in the Main Corridor

12:15–12:45pm
Muslim Prayer Service,
MGH Chapel

Monday–Thursday
7:00am–7:00pm, Sacred Space, Sacred Pace Labyrinth
MGH Chapel

Tuesday, October 22nd
11:30am–12:30pm
Celebrating Disability Awareness Month, "Positive Exposure," featuring award winning photographer, Rick Guidotti
O'Keeffe Auditorium

12:15–12:45pm
B'hai Prayer Service
MGH Chapel

Wednesday, October 23rd
12:30pm-2pm
Christina Puchalski, MD, presents, "Creating Healing Environments: Integrating Spirituality into Care"
O'Keeffe Auditorium

Thursday, October 24th
6:30–8:00am; 1:00–3pm; 5:00–8:00pm
Blessing of the Hands

12:15–12:45pm
Christian Prayer Service
MGH Chapel

Friday, October 25th
11:00am, Shabbat Service (Jewish Prayer Service)
MGH Chapel

12:15–12:45pm
Buddhist Prayer Service
MGH Chapel

10:00am–2:00pm
piano music
Main Corridor

For more information, call the MGH Chaplaincy at 6-2220.

Northeastern University School of Nursing's 50th anniversary

Celebrating history and honoring nursing leaders

November 2, 2013
6:00pm
Colonnade Hotel in Boston

Keynote address by the dean of the University of Pennsylvania's School of Nursing

Among nursing leaders being honored will be Jeanette Ives Erickson, RN, senior vice president for Patient Care, recipient of the Distinguished Health Care Professional Award.

Register on-line at: http://www.northeastern.edu/bouve/nursing/anniversary/.

For more information,
call Joannie Danielides
at 212-319-7566.

ACLS Classes

Certification:

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

Day one:
November 7, 2013
8:00am–3:00pm
Robbins Conference Room
Founders 2

Day two:
November 8th
8:00am–1:00pm
Robbins 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.

NERBNA

(New England Regional Black Nurses Association)

Call for nominations

Consider nominating a colleague who consistently excels in the areas of:

Research
Education/Teaching
Leadership
Nursing Practice

Applications must be submitted by November 15, 2013.
Awards will be presented, Friday, February 7, 2014.

For more information,
call Gaurdia Banister, RN,
at 4-1266.

Blum Center Events

National Health Observance:
"Clear Communications with Your Healthcare Provider"

Wednesday, October 23, 2013
12:00–1:00pm
Blum Center

Learn how to get the most out of your next healthcare visit.
Presented by Jen Searl and Jessica Saad

For more information,
call 4-3823.

October is Domestic Violence Awareness Month

The Domestic Violence Working Group will be hosting activities throughout the month:

October 22nd
3:30–5:00pm
Yawkey 4-820
Screening of *Telling Amy's Story*

October 23rd
2:30–4:00pm
O'Keeffe Auditorium
"Trauma and Social Justice: Implications for Social Work Practice"

Other events are scheduled.
For more information,
call 617-643-7413.

Professional Achievements

Edwards certified

Erica Edwards RN, attending nurse, CICU, became heart-failure certified by the American Association of Heart Failure Nurses, in September, 2013.

Sullivan certified

Sharon Sullivan, RN, staff nurse, CICU, became heart-failure certified by the American Association of Heart Failure Nurses, in September, 2013.

Arnstein appointed

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, was appointed a member of the Inter-Agency Pain Research Coordinating Committee of the National Institutes of Health, and US Department of Health & Human Services, September 16, 2013.

Sylvia-Reardon appointed

Mary Sylvia-Reardon, RN, nursing director for the Dialysis Unit, was appointed a member of the Divisional Board of the End-Stage Renal Disease Network of New England, September 10, 2013.

Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, presented, "Gain Control of Pain: an Inter-Professional Model," and, "Managing Break-Through Pain Across the Provider Continuum," at the 24th annual clinical meeting of the American Academy of Pain Management, in Orlando, Florida, September 28, 2013.

Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Evaluation of the Upper Extremity," at the School of Occupational Therapy at Tufts University, September 16, 2013.

Callahan certified

Sarah Callahan, RN, staff nurse, Bigelow 11 General Medicine Unit, became certified in Geriatric Nursing by the American Nurses Credentialing Center, in September, 2013.

Kavanagh certified

Annette Kavanagh, RN, staff nurse, Lunder 8 Neurology Unit, became certified in stroke care by the American Nurses Credentialing Center and the American Association of Registered Nurses, in September, 2013.

McKenna Guanci publishes

Mary McKenna Guanci, RN, clinical nurse specialist, Neuroscience Intensive Care Unit, authored the article, "Ventriculitis of the Central Nervous System," in *Critical Care Nursing Clinics of North America*, in September, 2013.

Orpin presents

Joy Orpin, PT, physical therapist, presented, "The Dizzy Patient: Applying Concepts in Vestibular Rehabilitation to Patients Across the Spectrum from those at Risk for Falls to the Higher Level Athlete," at Northeastern University at an event hosted by Bay State Physical Therapy, September 28, 2013.

Curley presents

Suzanne Curley, OTR/L, occupational therapist, presented, "Professionalism," at the School of Occupational Therapy at Tufts University, September 23, 2013.

Dorman presents

Robert Dorman, PT, physical therapist, presented, "Comprehensive Clinical Reasoning," at the Physical Therapy Center at Boston University, in September, 2013.

Clinical Recognition Program

Clinicians recognized
May 1–October 1, 2013

Advanced clinicians:

- Vita Norton, RN, GYN Oncology,
- Vicki Gamez, RN, Neurosciences
- Carolyn LaMonica, RN, General Medicine,
- Janet Actis, RN, Pediatrics
- Caroline Connell, RN, Pediatrics
- Donna Jordan, RN, Hematology-Oncology, Bone Marrow Transplant
- Karen Hall, RN, Post Anesthesia Care Unit
- Cynthia Meglio, RN, EP Lab
- Ann Geary, RN, Surgery
- Nicole Martinez, RN, Psychiatry
- Daniel Charest, RRT, Respiratory Therapy
- Julie Hannigan, RN, General Medicine
- Saira Saleem, RN, RACU

Clinical scholars:

- Julie Berrett-Abebe, LICSW, Social Work
- Joanne White, RN, Labor & Delivery
- Marcy Bourgeois, PT, Physical Therapy

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For more information, call: 617-724-1746

Next Publication
November 7, 2013

MGH recognized for excellence in life support

—by Pat English, RRT, respiratory therapist

MGH has been designated a Center of Excellence by the Extracorporeal Life Support Organization (ELSO), the international consortium of healthcare professionals dedicated to developing and evaluating therapies that support failing organ systems. The Excellence in Life Support Award recognizes extracorporeal life-support programs that distinguish themselves by promoting excellence and exceptional care in extracorporeal membrane oxygenation (ECMO). MGH was honored for its consistently high level of performance, innovation, satisfaction, and quality in delivering safe, evidence-based care.

MGH was also recognized for excellence in training, education, collaboration, and communication in supporting ELSO guidelines. Becoming a designated Center of Excellence signifies to patients and families that we are committed to exceptional patient care and the highest standards of quality and safety. The MGH Extracorporeal Life Support program met or exceeded all requirements of the ELSO. Members of the ECLS team were presented with a plaque during this year's ELSO meeting, September 20–22, 2013.

For more information about the MGH Extracorporeal Life Support program, call Pat English, RRT, at 617-724-0167.

Members of the MGH multi-disciplinary ECMO Team.

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