Caring Headlines
October 3, 2013

Raising awareness

MGH celebrates Disabilities Employment Awareness Month

(see page 4)

Panel discussion held during last year's National Disabilities Employment Awareness Month.

The newsletter for **Patient Care Services**
Massachusetts General Hospital

Jeanette Ives Erickson

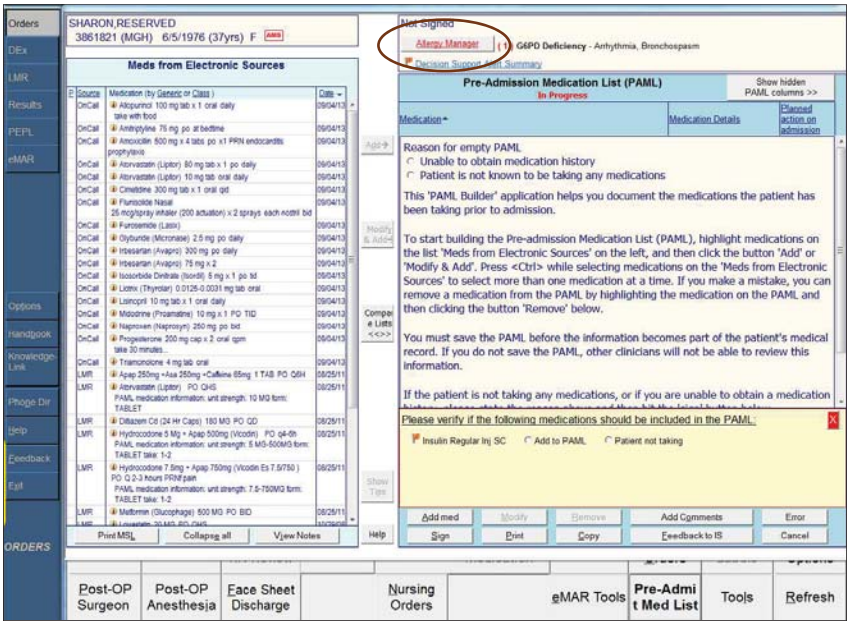
Documenting allergies

All licensed clinicians have access to Allergy Manager

Once you select Allergy Manager (circled below):

- Click on 'Add New'
- Select an allergen from the drop-down list
- Select all reactions that apply
- Select the severity of the reaction
- Click on 'Save'

As clinicians we understand the importance of accurate documentation, of keeping precise records of the care we provide and the effect it has on patients' recovery. Documentation is a basic tenet of patient safety, and documenting patients' allergies is a crucial part of that process. Accurate allergy documentation, including adverse reactions to foods, drugs, and the environment, can minimize or eliminate adverse events that could potentially lead to complications, even death. Which



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

is why, this past spring, the Allergy Manager was added to the Pre-Admission Medication List (PAML)—to provide all licensed clinicians with a central location to document patients' allergies.

To ensure optimal patient safety, documentation of current medications, allergies, and adverse reactions must be accessible by all clinicians who participate in the care of patients. All licensed clinicians (physicians, advanced practice nurses, physician assistants, nurses, nutritionists, physical and occupational therapists, pharmacists, respiratory therapists, social workers, speech-language pathologists, and radiology technologists) are required to document and update allergy information in patients' health records using the electronic systems available in their practice settings.

It's essential to keep allergy and adverse-reaction information accurate and up to date throughout the entire episode of care. Because nurses are on the front line of care-delivery, they're often able to obtain allergy information through initial nursing as-

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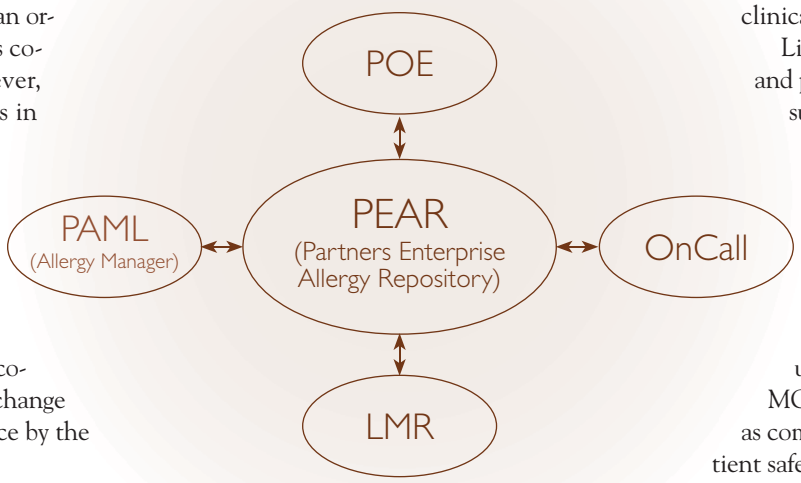
sessments, family interviews, or by witnessing reactions first-hand and documenting them when they occur. Constant vigilance is the best practice.

Documenting allergies has always been within the scope of nursing practice. In 2012, the Allergy Policy was amended to allow all licensed clinicians to document allergies and adverse reactions in our electronic clinical systems. Currently, Provider Order Entry (POE) requires an ordering provider's co-signature, however, the POE team is in the process of changing this functionality so that any licensed clinician can enter allergies into POE without a co-signature. This change should be in place by the end of this year.



Clinicians who have access to the PAML can document information about specific allergens, types and severity of reactions, and sensitivities in the Allergy Manager (within the PAML application). This information can be modified or removed to reflect new allergies or changes in existing symptoms.

PAML, POE, OnCall, the longitudinal medical record (LMR), and other clinical systems interface with the Partners Enterprise Allergy Repository (PEAR), which is where all patient allergy information is stored. As depicted in the diagram on this page, however and wherever allergies are entered into these clinical systems, the information flows to PEAR where it's made available to clinicians via other clinical systems.

Like all systems and processes, the success of the Allergy Manager depends on the active participation of knowledgeable, conscientious users. I know MGH clinicians are as committed to patient safety as I am, so I have no doubt that the Allergy Manager will be a great asset to clinicians, and ultimately, to our patients and families.

For more information about allergy documentation or the Allergy Manager, contact Judi Carr, RN, staff specialist, at 617-643-3006.

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In this Issue

Council on Disabilities Awareness

Disabilities Employment Awareness Month

—by Carlyene Prince Erickson, director of Employee Education and Leadership Development

First celebrated in 1945, National Disabilities Employment Awareness Month is held each October to raise awareness about disability employment issues and celebrate the contributions of workers with disabilities. The theme of this year's campaign is: "Because we are *equal* to the task."

First celebrated in 1945, National Disabilities Employment Awareness Month is held each October to raise awareness about disability employment issues and celebrate the contributions of workers with disabilities. The theme of this year's campaign is "Because we are *equal* to the task." And MGH employees are, indeed, equal to the task. Patients and employees with disabilities have been the catalysts for ongoing improvements throughout the hospital to make care more accessible to those with disabilities. This year, those improvements have included renovations to public restrooms in the Yawkey and Gray buildings, the installation of more than 20 automatic doors, and numerous alterations to reception areas to make access easier for individuals in wheelchairs.

These changes are helping patients have a more satisfying MGH experience. Often we hear from patients with disabilities that the best caregivers are those who listen, who try to understand how to meet the unique needs of patients with physical, emotional, and/or sensory limitations. Listening is the primary message behind disabilities awareness training.

Award winning photographer, Rick Guidotti, will present "Positive Exposure," Tuesday, October 22, 2013, 11:30am–12:30pm in O'Keeffe Auditorium

One way we're listening to patients, is the MGH version of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. The survey has been enhanced with language that allows patients to identify and describe their disabilities so we can incorporate that information into strategies to better serve patients with disabilities.

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The multi-disciplinary MGH Council on Disabilities Awareness continues to lead efforts to implement improvements throughout the hospital. Says Bonnie Michelman, director of Police & Security and co-chair of the council, "While considerable progress has been made in the decade since the council was established, moving beyond compliance continues to be our goal and guiding principle." Michelman and co-chair Fred White, operations manager, credit the group's success to the diversity of perspectives that members of the council bring to the table.

"National Disabilities Employment Awareness month is all about collaboration," says disability program manager, Zary Amirhosseini, "Just as it takes MGH employees in all role groups to provide exceptional care to patients and families, it takes the entire MGH community to make the hospital a welcoming place for visitors and employees with disabilities. Together, we've planned a line-up of events to celebrate the contributions of our patients and colleagues with disabilities."

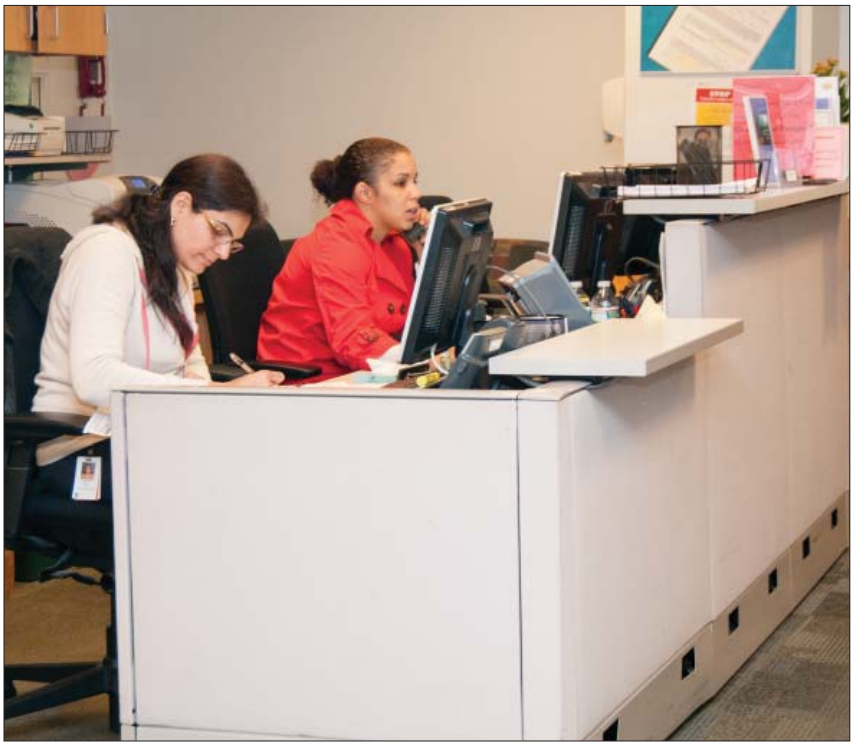
You might wonder what a documentary about the fight for equal rights, fashion photography, and the first meal of the day have in common. And you might be surprised to learn that they're the events we have planned in observance of National Disabilities Employment Awareness Month. The celebration kicks off Monday, October 7, 2013, with an information table in the Main Corridor from 11:00am–2:00pm.

Lives Worth Living, a powerful documentary about the disability rights movement in America, will be shown Wednesday, October 16th, at noon in the Haber Conference Room. The presentation, "Positive Exposure," will feature former fashion photographer, Rick Guidotti, who uses visual arts to explore social and psychological experiences of people living with genetic, physical, and behavioral conditions. He will present on October 22nd, from 11:30am–12:30pm in O'Keeffe Auditorium. Nursing contact hours will be provided for these events.

Two panel discussions are scheduled. One, on Thursday, October 24th, from 12:00–1:00pm, in Yawkey 2-220 will feature MGH employees with disabilities sharing their experiences. The other, on Wednesday, October 30th, from 12:00–1:00pm, in O'Keeffe Auditorium, will include a discussion of resources available to support employees with disabilities in the workplace. Nursing contact hours will be provided for these sessions, as well.

The Employees Disabilities Resource Group will host its first Breakfast of Champions, Tuesday, October 29th from 8:30–9:30am in the East Garden Dining Room. The breakfast will recognize employees who routinely go above and beyond expectations to make the hospital more accessible to patients and visitors with disabilities. The Breakfast of Champions will include the presentation of the first MGH Disability Champion Award.

For more information about any of the scheduled events, e-mail mghaccessibility@partners.org. For information about resources available to patients and visitors with disabilities, call Zary Amirhosseini, disability program manager, at 617-643-7148. For information about resources to support employees with disabilities, call Betsy Pillsbury, disabilities resource coordinator, at 617-952-5324.



Operations associate, Devyani Patel (left) and staff assistant, Maria Santos, staff reception desk in the Pre-Admission Testing Area. This is one of many areas in the hospital that has made alterations (in this case, lowering the counter) to make access easier for individuals with disabilities.

Gil Minor and Norman Knight Scholarships

—by Julie Goldman, RN, professional development manager

On August 7, 2013, the Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity and the Norman Knight Nursing Scholarship were presented at an informal reception in the Institute for Patient Care.

Since 2010, the Norman Knight Nursing Scholarship has supported MGH employees as they advance their nursing education at the bachelor's, master's and doctoral levels. This year's deserving recipients were patient care associate, Fatimazahra Ferrimy; staff nurse, Katelyn D'Entremont, RN; and nurse practitioner, Twilight Cofield, RN.

In his letter of recommendation for D'Entremont, Steven Gardner, MD, wrote, "Katelyn is hardworking, diligent, and has a positive impact on patients and families. She is intensely inquisitive and curious."

In 2009, Gil Minor established the Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity to support MGH employees pursuing careers in nursing and other healthcare professions. This year's recipients of the Gil Minor scholarships were: Renata DeCarvallo, RN; Veronica Erasquin, RN; Kenia Giron; and Ivette Martinez, RN.

Martinez, operating room resource specialist, is currently pursuing a master's degree in Nursing at the MGH Institute of Health Professions. In her narrative Martinez wrote, "As someone who grew up in a poor, underserved Hispanic community, I hope to be able to relate to inner city patients and serve as a cultural broker, advocating for improved access to affordable care."

Professional development manager, Julie Goldman, RN presented recipients with certificates. Said Goldman, "We're grateful to Mr. Knight and Mr. Minor for their continued support and generosity in funding these programs." For more information about either scholarship, call 617-724-2295.

Scholarship recipients (l-r): Ivette Martinez; Veronica Erasquin; Renata DeCarvalho; and Twilight Cofield.

(Photo by Paul Batista)

October is National Health Literacy Month

—by Patricia Ingoldsby, RN, and Julie McCarthy, RN, for the PCS Patient Education Committee

Communication is a vital component of all patient-caregiver interactions as it promotes partnership as well as conveys information... At MGH, driven by evidence and experience, we continue to explore ways to increase patients' understanding of their care plans by enhancing patient-provider partnerships.

The Patient Education Committee will observe National Health Literacy Month with an information booth in the Main Corridor, October 9, 2013. With 'communication' as the theme this year, the committee is exploring ways to enhance the learning process for patients and families while improving the effectiveness of encounters between patients and providers. Communication is a vital component of all patient-caregiver interactions as it promotes partnership as well as conveys information. Partnership fosters dialogue and empowerment giving patients the ability to influence their care plans. Clear and open communication can help bring about optimal outcomes for patients throughout their hospitalization and the entire continuum of care.

Failure to understand health information or medical terminology can occur with any patient, regardless of his or her level of education. Medical language can be confusing. Healthcare professionals have an obligation to create an environment that fosters understanding—that means providing opportunities for patients to engage in conversation.

At MGH, driven by evidence and experience, we continue to explore ways to increase patients' understanding of their care plans by enhancing patient-provider partnerships. Some strategies to promote understanding include:

- using plain language for all patient interactions
- using the 'Teach-back' and 'Ask Me Three' teaching methods when providing patient education
- involving patients and families in decision-making
- using open-ended questions to assess patients' comprehension
- identifying patients' preferred method of learning
- teaching content in small increments
- involving family members and caretakers in learning opportunities
- using the *Patient and Family Notebook* developed for Innovation Units to foster communication and engagement between patients, family, and clinicians. Patients and families can use the notebook to keep and record information while in the hospital, and it serves as a reference tool at home. The notebook can also be brought back for follow-up appointments to reinforce and enhance learning

These are just some of the many techniques clinicians can use to enhance communication and improve patients' understanding of their care.

Celebrate National Health Literacy Month by visiting the Patient Education Committee's booth on October 9th and by reflecting on the tools you use in your own practice with patients. The Patient Education Committee, the Blum Patient & Family Learning Center, and the Blum Cancer Resource Room are sponsoring the second annual Blum Visiting Scholar presentation, to be held October 30, 2013, from 1:30–2:30pm, in O'Keeffe Auditorium. This year's visiting scholar will be Janet Ohene-Frempong, plain language and cross-cultural consultant, who will talk about the use of plain language and cross-cultural communication to enhance patient-provider interactions.

For more information about either of these events or anything to do with patient education, call Julie McCarthy, RN, at 617-726-2835, or any member of the PCS Patient Education Committee.

For medical interpreter, the key to communication was in the eyes

Mrs. D was painfully conscious of her appearance; she was suffering from graft vs. host disease, a complication that can occur after a stem-cell or bone-marrow transplant resulting in de-pigmentation of the skin.

My name is Andy Beggs, and I am a medical interpreter. "Don't look at me!" was what I sensed in the spoken, unspoken, and emotional language coming at me from Mrs. D. It was my first time meeting her on the Lunder 10 Hematology-Oncology-Bone Marrow Transplant Unit. Mrs. D was painfully conscious of her appearance, and it was no wonder; she was suffering from graft vs. host disease, a complication that can occur after a stem-cell or bone-marrow transplant in which newly transplanted donor cells attack the recipient's body resulting in de-pigmentation of the skin. Mrs. D didn't want anyone to look at her or even let the nurse pull up her sleeve to take her blood pressure. As a medical interpreter, I had to find a way to connect with her so that the medical team could communicate with her. I took a risk that would become the foundation of our communication in subsequent visits.

I looked deeply into her eyes.

Her big brown eyes showed fear and resentment... and something else. Strength. She had been through a lot. She was still going through a lot. It seemed as though her eyes were the only part of her unaffected by her condition.

Medical interpreters play four key roles: linguistic conduit; message clarifier; cultural interface; and at times, patient advocate. Though most of our time is spent as linguistic conduit, it's sometimes important to stop the conversation and clarify certain points for either or both parties. We're always on the lookout for opportunities to elucidate aspects of the interpretation when our knowledge of the culture can help bring greater understanding. Some feel the role of patient advocate should be reserved for situations in which the patient's safety is at risk, but others take a broader view.

Andy Beggs, medical interpreter

Within the interpreter community, there are those who believe that interpreters should remain in the background and foster communication between patient and provider as if we weren't even in the room. While this might be ideal, it misses an essential element of the interaction, and that's empathy. We must be able to relay empathy in order to build a meaningful patient-provider-interpreter relationship. That sometimes means striking a delicate balance. We don't become 'friends' with patients or get in-

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volved in their lives outside of the medical encounter. In fact, one of our professional standards is that we excuse ourselves from the room whenever the provider steps out. There are many reasons for this; one is that if we stayed in the room and the patient continued to talk, revealing more information about his or her condition, it would create a huge gap in the provider's understanding of the case. And the patient might labor under the false understanding that giving information to the interpreter is the same as giving it to the provider. Failure to accurately and thoroughly communicate this information to the provider when he or she returns could be disastrous. So we step out when the provider steps out.

Then why did I look directly into Mrs. D's eyes? I did so to respect her wishes *not* to look at the part of her body she felt was 'damaged.' I also wanted to create a bond of trust, to let her know I was someone she could count on to relay her true feelings and emotions, her fear and frustration, as well as the usual back-and-forth that goes on between patient, interpreter, and provider. And it worked.

Though I didn't see Mrs. D in person every day, I did see her often on VPOP (video phone on a pole) for brief conversations with her nurses or doctors. They would dial in from the unit, and I would interpret for them via video hook-up. The first time this happened, the doctor turned the camera away, respecting Mrs. D's desire not to be seen. But as time went on and we began to build trust, Mrs. D and I would look directly at each other during these video encounters.

Mrs. D returned to MGH several times, once when she developed pneumonia. Working primarily with her physical therapists, I saw her strong desire to overcome this complication. She readily went for walks with the therapists and looked forward to 'gowning up' and going to the gym to work out on the stairs, which was important to help prepare her for discharge.

I got to know Mrs. D a little bit better with every visit. I knew the fragility of her condition, but also the feistiness with which she spoke to me and her caregivers. She wasn't afraid to make her wishes known. During one face-to-face encounter with Mrs. D and a physical therapist, she was asked if there was anything she wanted. She said what she wanted most was a handful of mints from the office of one of her doctors. Two days later, when I returned to her room with the same physical therapist, I found her bedside table piled high with mints and hard candy.

The day of her discharge, the physical therapist had a brief session with her to do chest therapy to help clear her lungs and confirm that she knew how to use the device herself so she could continue to clear her lungs at home.

The therapist and I were saying good-bye, and she expressed her hope that Mrs. D would be able to stay home with her children and not have to come back to see us too soon.

"Yes," said Mrs. D excitedly, "I want to stay home for a long time and not have to come back!"

We all said good-bye, and as I left her room, I looked into her eyes.

And they were smiling.

Huddle up!

Khmer medical interpreter, Chantha Long, was called to the Neuro ICU to meet with a nurse and patient. Prior to entering the patient's room, Long spoke with the nurse and learned about the patient's complex care. During this 'huddle,' Long explained a cultural nuance to the nurse that ultimately changed the team's approach and made a significant difference in the way the team cared for this patient and her family going forward. Interpreter huddles represent best practice and are highly encouraged to achieve better outcomes for our patients.

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

Andy heard Mrs. D's cry for help as if it had come through a megaphone, and in a split second, he fashioned his response. He looked into her eyes. I'm willing to bet that Mrs. D experienced exactly what each of us experienced as we read this narrative—Andy's deep respect and compassion. Sometimes it's hard to say when trust actually begins, but it's clear to me that Mrs. D started trusting Andy that very minute. I thought I knew all about medical interpreting, but Andy shed light on some very important aspects of this crucial service.

Thank-you, Andy.

AMMP Scholarships

'paying it forward'

—by Waveney Small Cole and Evelyn Abayaah

Appreciation and gratitude were frequent themes at this year's AMMP (Association of Multicultural Members of Partners) scholarship presentation ceremony held in the East Garden Dining Room, September 5, 2013. Every year, AMMP supports a number of MGH employees in their pursuit of higher education. In his remarks, Jeff Davis, senior vice president for Human Resources, spoke about the importance of continuing education and encouraged employees to seek financial assistance through the various MGH scholarship programs available. Said Davis, "Massachusetts has the highest percentage of residents who hold college degrees, including associate's, bachelor's, and graduate degrees."

This year's scholarship recipients were:

- Khristel Cherismo, operations associate in the Operating Room
- Tirza Martinez, former patient service coordinator for Endocrine Associates, currently a patient care associate on the White 9 General Medicine Unit
- Abdulwahab Musanur, internal distribution associate, Material Management Department
- Jennifer Nunes, senior clinical research associate, Cancer Center Protocol Office
- Karima Ricketts, office supervisor, MGH Center for Integrated Diagnostics
- Sandra Thomas, staff assistant, PCS Office of Quality & Safety.

As they received their certificates, AMMP scholarship chair, Waveney Small Cole, encouraged recipients to share snippets of their cultural heritage so those present could get to know more about their background and traditions.

Past scholarship recipients, Christa Brutus and Farhiya Mahamoud, thanked the AMMP Scholarship Committee for its support. Mahamoud shared that because of the AMMP scholarship, assistance from the MGH tuition reimbursement program, and her department's own tuition program, she was able to graduate without any student loans. And with support from Training & Workforce Development and the Treadwell Library, she became more aware of resources available at MGH to help employees.

Dianne Austin, vice chair of AMMP, speaking on behalf of past scholarship recipient, Christine Marmen, stressed the importance of, 'paying it forward,' a philosophy that's at the heart of the MGH mission and one that AMMP holds dear.

For more information about the AMMP Scholarship Program, call 617-726-1345.

(Photo by Paul Batista)

Pictured below (l-r) are: Dee Dee Chen, manager of Professional Staff Benefits; scholarship recipients, Abdulwahab Musanur, Sandra Thomas, and Karima Ricketts; Dianne Austin, vice chair of AMMP; Waveney Small Cole, AMMP scholarship chair; and Jeff Davis, senior vice president for Human Resources.

An *e*MAR update

understanding barcode scanning

—by Shelly Stuler, RN, project manager, PCS Informatics

2D barcode

1D barcode

Overscan alert icon

One strategy to increase the safety of medication-administration has been the use of barcodes on medications and patients' wristbands. Since 2009, the Electronic Medication Administration Record (*e*MAR) has been linked to Provider Order Entry and Pharmacy systems through barcode technology to help ensure that medication-administration is safe and accurate. The *e*MAR team works continuously to monitor and improve the barcode scanning process to minimize the number of 'false alerts' clinicians receive. This is an ongoing process that requires the attention and participation of all clinicians.

The success of our current system depends on clinicians knowing which barcode to scan then using the proper technique to do so. The general rule is to scan the '2D' barcode closest to the medication itself (not the packaging it was delivered in). And if there's no 2D barcode, the linear or 1D barcode should be scanned instead.

If a medication does not scan as expected and no *e*MAR alert appears, check to make sure the scanner is working: scan the 'low volume' barcode on the wall by the base of the scanner and associate the scanner to the computer by scanning the dongle barcode. After successful association, the scanner will chirp several times. If you continue to have no response to your scan, call the Help Desk at 6-5085 to report a scanner malfunction.

If a medication does not scan as expected and you get the following alert:

- *Invalid Barcode*—re-scan, ensuring that no other barcode is inadvertently scanned. If the re-scan doesn't work, follow the procedure for, "Wrong Medication" alert
- *Overscan*—cancel scan and re-scan, ensuring you scan each medication only once. If the re-scan doesn't work, follow the procedure for, "Wrong Medication" alert
- *Wrong Medication*—'Zoom' the order to check "RX Information" and verify that the package you're scanning matches the pharmacy-approved package. Confirm that the medication you want to administer meets "the five rights": medication, dose, time, route, and patient, and administer using the Manual Entry button. After administration, complete a Pharmacy "pink card." Send it to the Pharmacy via pneumatic tube or Pharmacy pick-up box and include the package with the problem barcode. Pharmacy Information Systems (IS) will investigate the problem and follow up with you

You should be aware of the following resources:

- Page or contact the unit pharmacist via the *e*MAR "pharmacy request" screen for questions or concerns about a particular medication
- Call the Help Desk a 6-5085 for questions about scanners, problems viewing orders or medications in *e*MAR, if *e*MAR doesn't respond as expected, or questions about alerts, including the 'Reconcile' alert. Indicate that your concern is related to *e*MAR and is "Patient-Care Critical"
- Use the Feedback button on the left side of the CAS shell to notify the *e*MAR team of any suggestions or concerns

If you'd like to become more involved in *e*MAR efforts, consider joining the PCS Informatics Committee. Members collaborate with IS and clinicians to identify issues around scanning and troubleshoot solutions. They produce the monthly flyer, *eMAR SBAR*, that disseminates these solutions to clinicians.

For more information, go to http://www.mghpcs.org/ipc/programs/committees/informatics.asp.

Taking the *e*Bridge to Partners *e*Care

Question: What is *e*Bridge?

Jeanette: *e*Bridge is a 'bridge' to Partners *e*Care, which will ultimtely capture notes, flowsheets, *e*MAR, and Plan of Care from nurses and other documentation from other disciplines.

*e*Bridge captures inpatient clinician notes electronically. It's currently being used for initial nursing assessments (INAs) on adult inpatient units. Notes in *e*Bridge are readable by all clinicians who have access to the Clinical Application Suite (CAS). With *e*Bridge, clinicians no longer have to print or handwrite notes for paper charts. Clinicians who can use *e*Bridge for notes include inpatient nurses, physicians, case managers, chaplains, child life specialists, pharmacists, and students. Physical and occupational therapists, surgical technicians, social workers, nutritionists, and wound consult nurses will use another application called the Longitudinal Medical Record (LMR). Those notes are also readable in CAS. A small number of staff members will continue to chart notes on paper and other existing applications.

Question: How does *e*Bridge work?

Jeanette: *e*Bridge is based on existing technology that's already being used in the outpatient setting. Clinicians launch *e*Bridge and select a template to capture the information they want to record. Templates are available for a variety of activities, including nursing progress notes, attending nursing notes, CNS notes, IV nurse notes, lactation nurse consult notes, etc. Some templates have very few fields and formatting; others are more structured. The Nursing Progress Notes template, for example, is structured to capture problems, goals, interventions, assessment, impressions, and evaluations of patients.

Question: Does documenting in *e*Bridge save time?

Jeanette: Clinicians are able to find most notes electronically. This is both safer and more efficient. And writing and reviewing notes electronically is good preparation for when we transition to Partners *e*Care.

Question: Is there educational support for *e*Bridge?

Jeanette: Yes. Dedicated educators in the Knight Nursing Center are available to assist with *e*Bridge education. All clinicians can view the HealthStream module and find supporting materials on-line (at a site to be developed). The Knight Center education and informatics teams will be visiting inpatient units to provide more information, and there will be a robust support system during implementation.

Question: What can I say to my patients about *e*Bridge?

Jeanette: At MGH, we're always improving current practices and systems. We're progressing toward a fully electronic chart, and this is an important step in that journey. *e*Bridge will be safer for patients and more efficient for clinicians.

Question: When can we expect to see this phase of *e*Bridge?

Jeanette: *e*Bridge is scheduled to roll out hospital-wide, December 3, 2013. For more information, call Mandi Coakley, RN, staff specialist, at 617-726-5334.

A Partners *e*Care update

Question: What is Partners *e*Care?

Jeanette: Partners *e*Care is a strategic initiative intended to make care more efficient and coordinated by implementing an integrated, Partners-wide, electronic information system that will be up and running by 2017. The system will enable information to be shared easily and securely throughout the Partners network.

Question: What is Epic?

Jeanette: Epic is the name of the vendor of the technology that will be employed in Partners *e*Care. It was selected because of its reputation as a leader in health-information technology and because of the success it has enjoyed in some of the nation's most respected academic medical centers.

Question: What are the benefits of Partners *e*Care?

Jeanette: Partners *e*Care is driven by the tenet: "One patient, one record, one team, one Partners statement." Partners *e*Care will help improve coordination, reduce duplication of care, avoid unnecessary tests, and engage patients in their own care. Clinicians will have direct access to patients' full medical records. Electronic nursing worksheets will give nurses the ability to create and configure daily patient assignments, and improved physician documentation will eliminate the need, in many cases, for duplicate documentation. Partners *e*Care will improve communication between clinicians, departments, and sites, enabling safer, more seamless handoffs between care teams.

Question: When will MGH begin using the new system?

Jeanette: MGH will be one of the first hospitals in the Partners network to begin using Partners *e*Care. Roll-out will be in two phases:

- Phase I is the revenue cycle, which supports administrative tasks such as registration, patient appointments, scheduling, billing, coding and admissions. The revenue cycle is expected to go live in July of 2014
- Phase II of Partners *e*Care is the clinical portion, which will go live in 2016. This includes inpatient and outpatient medical records, computerized physician order entries, and dedicated applications for certain departments. The clinical component of Partners *e*Care will help staff manage high-risk patients, reduce re-admissions, and better coordinate mental health, palliative care, and other patient needs

Question: Who will be impacted by the implementation of Partners *e*Care?

Jeanette: While Partners *e*Care may have a more direct impact on clinicians and administrative staff, everyone should be aware of this transition so we're able to respond knowledgeably to questions from patients and families.

Question: What are the key things I need to know right now?

Jeanette: Implementing Partners *e*Care is a major undertaking that is requiring a great deal of time, patience, and training. During the past year, hundreds of MGH clinicians and administrators have been directly involved in the design and development of the new medical record system.

For more information about Partners *e*Care, talk to your manager or supervisor; visit the Partners *e*Care website at: https://partnerseCare.partners.org/; or subscribe to Partners *e*Care e-mail notifications by going to the website and clicking on: "Sign-up for E-mail Alerts" at the bottom of the homepage.

Announcements

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.

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; a panel of clinicians from across Partners; and a poster session showcasing innovative programming related to interpersonal violence.

Social Work and Nursing continuing education credits offered.

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

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

Re-certification (one-day class):
October 9th
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.

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.

October is Domestic Violence Awareness Month

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

October 9th
12:00–1:30pm
Yawkey 210 Conference Room
"Domestic Violence and The Media: from Television and Newspapers to the 24-Hour News Cycle"
Presentation of the Unsung Hero Award at 11:45am

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

Parlman appointed

Kristin Parlman, PT, physical therapist, was appointed founder and vice chair of the Neurologic Special Interest Group of the American Physical Therapy Association, in August, 2013.

Anthony certified

Alexandra Anthony, RN, staff nurse, Cardiac SICU, became certified as a critical care nurse by the American Association of Critical-Care Nurses, in August, 2013.

Joseph certified

Leigh Joseph, RN, staff nurse, White 10 General Medicine, became certified as a medical surgical nurse by the American Nurses Credentialing Center, in August, 2013.

Levin-Russman certified

Elyse Levin-Russman, LICSW, social worker, became certified as an oncology social worker by the Board of Oncology Social Work Certification, August 4, 2013.

Morency certified

Jennifer Morency, RN, staff nurse, White 10 General Medicine, became certified as a medical surgical nurse by the American Nurses Credentialing Center, in August, 2013.

Perry publishes

Donna Perry, RN, nurse scientist, The Yvonne L. Munn Center for Nursing Research, authored the article, "Peace Through a Healing Transformation of Human Dignity: Possibilities and Dilemmas in Global Health and Peace," in Advances in Nursing Science, July/September, 2013.
Perry also published, "Transcendental Method for Research with Human Subjects: a Transformational Phenomenology for the Human Sciences," in *Field Methods*, August, 2013; and "Beyond Negotiation: Combatants for Peace and Authentic Subjectivity in the Israeli-Palestinian Conflict," in *The Longergan Workshop Journal*.

Murray certified

Jean Murray, RN, staff nurse, Cardiac SICU, became certified as a critical care nurse by the American Association of Critical-Care Nurses, in August, 2013.

Piper certified

Maureen Piper, RN, staff nurse, Cardiac SICU, became certified as a critical care nurse by the American Association of Critical-Care Nurses, in August, 2013.

Nakalembe certfied

Irene Nakalembe, RN, staff nurse, White 10 General Medicine, became certified as a medical surgical nurse by the American Nurses Credentialing Center, in August, 2013.

Simpson presents

Patricia Simpson, RN, emergency preparedness coordinator, MGH Community Health Associates, presented, "A Commitment to Engagement: a Health Center Hub for Community Resilience Through Emergency Management," at the Conference for the National Association for Community Health Centers, in Chicago, August 26, 2013.

Banister presents

Gaurdia Banister, RN, executive director of The Institute for Patient Care, presented, "The Clinical Leadership Collaborative for Diversity in Nursing," at the 41st National Black Nurses Association Conference on Advancing the Profession of Nursing Through Education, Practice, Research and Leadership, in New Orleans, August 3, 2013.

Nurses publish

Julie Cronin, RN, clinical nurse specialist, Gynecology/Oncology; Adele Keeley, RN, nursing director, Gynecology/Oncology; and Barbara Blakeney, RN, innovation specialist, The Center for Innovations in Care Delivery, authored the article, "Transforming a Unit: the Impact of Care Innovation and Transformation Promoting Change and Empowering New Leaders," in AONE's *The Voice*, September, 2013.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, recenly authored the article, "The Future of Topical Analgesics," in the *Postgraduate Medicine* Supplement.

Nurses publish

Erica Edwards, RN, staff nurse, Cardiac Intensive Care Unit; Lisa Davis Despotopulos, RN, staff nurse, Cardiac Intensive Care Unit; and Diane Carroll, RN, nurse researcher, The Yvonne L. Munn Center for Nursing Research, authored the article, "Interventions to Support Family Presence in the Cardiac Intensive Care Unit," in *Clinical Nurse Specialist*, September, 2013.

Inter-disciplinary team publishes

Lynn Oertel, RN; Fatima Rodriguez, MD, Clemons Hong, MD; Yuchiao Chang; Daniel Singer, MD; Alexander Green, MD; and Lenny Lopez, MD, authored the article, "Limited English-Proficient Patients and Time Spent in Therapeutic Range in a Warfarin Anticoagulation Clinic," in the *Journal of the American Heart Association*, July 5, 2013.

McCarthy petitions for proclamation

Operations manager, Jim McCarthy, successfully petitioned Governor Patrick to proclaim October 1–7 Trichotillomania Awareness Week in Massachusetts. Trichotillomania is a body-focused repetitive behavior that compels individuals to pull hair from their scalp, eyebrows, and eyelashes resulting in significant stress and shame. McCarthy's experience with Trichotillomania has been published in *TLC Magazine* and in the AllNurses.com on-line forum. TLC is the best source for treatment referrals, support groups, and educational events. For more information, go to: www.trich.org.

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Submissions
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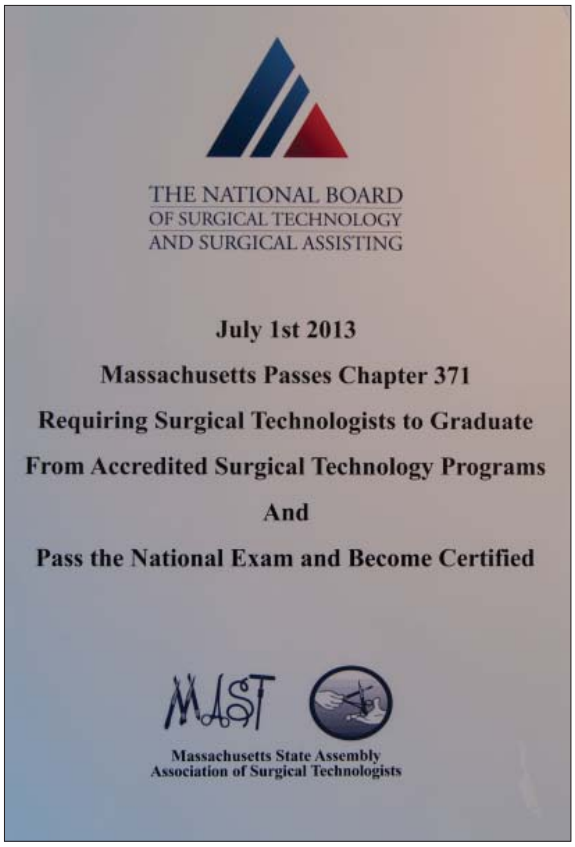
For more information, call: 617-724-1746

Next Publication
October 17, 2013

MGH celebrates National Surgical Technologists Week



National Surgical Technologists Week, observed this year, September 15–21, 2013, is an opportunity to promote the profession and educate the community about the vital role surgical technologists play in the operating-room setting. Above, surgical technologists (l-r): Kerriann Casciotti, ST, Joseph Graffeo, ST, and Debra DiMuzio, ST, staff educational booth in the Main Corridor.

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