

# Caring

Headlines

April 24, 2014

One year later...



*See Jeanette Ives Erickson's column on page 2*

# Boston Strong MGH Proud

*One year later*

Paul Biddinger, MD, chief of ED's division of Emergency Preparedness and medical director of Operations for Emergency Services, presents, "Planning for Disaster: What Works and Why."



**A**pril 15, 2014, was a somber occasion for all of us—a reminder of the tragic events at last year's Marathon, of precious lives lost, and of the moment our psyche as Bostonians was changed forever. But thankfully, it was also an opportunity to look back with a sense of deep pride and gratitude; to acknowledge the heroic

efforts of our colleagues, local first-responders, and as Vice President Joe Biden put it, "ordinary citizens doing extraordinary things." It was a chance to acknowledge the generosity and kindness of good friends and total strangers who reached out to us from around the world with gifts of food and money and much-needed comfort.

To mark the anniversary, MGH held a number of special events intended to bring the MGH community together in a spirit of reflection, renewal, and shared remembrance.



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

On April 8th, Paul Biddinger, MD, chief of the Emergency Department's division of Emergency Preparedness and medical director of Operations for Emergency Services, presented the information-packed, "Planning for Disaster: What Works and Why," at the Paul S. Russell, MD, Museum of Medical History and Innovation. Paul reminded us that there's no such thing as being 'prepared' for a disaster—that's why they call them disasters. The best we can do is plan and train and practice in an effort to mitigate the effects of catastrophic events. He spoke about the five phases of the Disaster Management Cycle:

- Mitigation— This is where you take action to reduce the risk of loss of life and property; conduct risk assessments, identify vulnerabilities, and fortify systems and structures
- Planning— It's more effective to have one overarching, emergency-operations plan versus separate plans for fire, flood, explosion, etc. Successful planning needs to encompass the whole work-

*continued on next page*

force, not just managers. Practice is the most important element of disaster-planning—it not only prepares individuals mentally, it helps build relationships that will come into play in the event of an actual disaster

- Training—Clinicians need practical, hands-on experience (real or simulated) in order to be ready to respond. Experiential learning

A visitor affixes a message to prayer tree in the lobby of the Lunder Building on the occasion of the one-year anniversary of the Marathon bombings.



‘sticks.’ Disaster simulation is the most effective form of training. It’s expensive and time-consuming, but there’s no substitute

- Response—By definition, a disaster is an overwhelming set of circumstances. Hospitals need an Incident Command System that allows people from all agencies and departments to work together, speak the same language, address problems efficiently, utilize all available resources, and keep the lines of communication open. Where preparedness planning takes place beforehand, incident planning takes place ‘in the heat of battle.’ The most effective response occurs when agencies work together as an integrated system, a coalition of support
- Recovery—It’s important to understand that recovery can take months, even years. Setting goals can be helpful; plan for the physical and emotional needs of patients and employees for the short and long term

Paul closed with a directive to everyone present: Be informed. Make a plan. Assemble an emergency kit for your home and office. Know how you’re going to communicate with loved ones in the event of a disaster. Prepare to be able to take care of yourselves and your pets. Learn CPR.

On April 15th, an incredible panel discussion entitled, “MGH First Responders: Perspectives and Lessons Learned,” was facilitated by Ann Prestipino, senior vice president for Surgical and Anesthesia Services and Clinical Business Development. Panelists included: Aaron Baggish, MD, cardiologist and marathon physician; Paul Biddinger, MD; Maryfran Hughes, RN, nursing director in the ED; David King, MD, trauma surgeon; Marie Elena Gioiella, LICSW, director of Social Service; and David Reisman, senior administrative director for Emergency Services and Emergency Preparedness.

*continued on next page*

## In this Issue

One Year Later .....	1
Jeanette Ives Erickson.....	2
● Boston Strong, MGH Proud: One Year Later	
Service Excellence Awards.....	6
Clinical Narrative .....	8
● Lauren Aloisio, RN	

Linda Richards: America's First Trained Nurse.....	10
Prayer Shawl Ministry.....	12
Fielding the Issues.....	13
● Self-Care	
Nurse Recognition Week Schedule .....	14
Announcements.....	15
Hand Hygiene Campaign.....	16

## Jeanette Ives Erickson (continued from page 3)

Each panelist shared recollections and personal stories of their experience last April. Aaron recounted his memories of the chaos at the finish line of the Marathon, the haunting silence after the first blast and the horror that followed. He called 2013 a year that continues to defy imagination, but added, “Having lived through that, I can tell you, there is no challenge we cannot endure.”

Paul shared how once he arrived at MGH (he had been stationed along the route of the Marathon), he was struck by how much the activity here reminded him of one of our emergency drills—everyone doing exactly what they were supposed to do, calmly and efficiently. He commended every individual and department for the part they played, saying, “It’s only because of the dedication of the whole organization that we were able to provide exceptional care that day and do what needed to be done.”

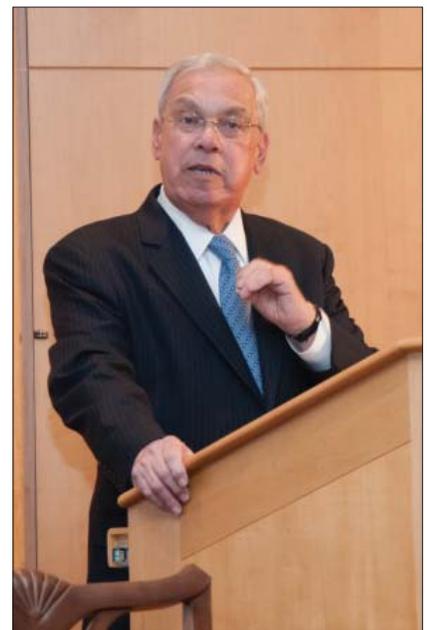
Maryfran echoed his sentiments recalling that staff did what they always do—they cared for patients—but they did it in the most intensely charged atmosphere imaginable. She described how staff mobi-

lized resources and provided stellar care, even after patients left the ED; the whole organization performed brilliantly. “I feel a special kind of pride for how we responded that day.”

David King, a runner and former soldier, compared the efforts of staff to the marathoners themselves. He noted how almost all marathoners, no matter how tired or spent, somehow manage to summon the strength to run across the finish line. They may walk or crawl up Heartbreak Hill, but they tap into some hidden reserve to *run* across that finish line. That’s what our clinicians did last year. Just when you thought you couldn’t ask them to work any harder, something else came up; someone else needed them to perform. And that’s what they did. Referring specifically to the surgical residents, he said, “It was like watching those runners dig deep for whatever it is that gets them over the finish line—running.”

Marie Elena spoke about what it was like working with the FBI to ensure all available resources were tapped; working with the multi-disciplinary team in the weeks after the bombings to catalogue, acknowledge, and deliver all the gifts that were received. She shared how fortunate she felt to be able to partner with others and have access to the richness of knowledge at MGH and beyond.

David Reisman vividly recalled his pager going off last year and knowing immediately that that moment would live in his memory. “Certain things stick in your mind.” Like seeing every department in the entire hospital pull together. “If you go back and look at Materials Management, Buildings and



Upper photos (l-r): senior vice president for Human Resources, Jeff Davis, at runners event; author and marathoner; Bill Rogers; Ives Erickson signs shirt for Perren Cobb, MD, director of Critical Care. Lower photos: musicians play in the Lunder lobby; chaplain, Jim Doran, at the service of peace; former mayor; Thomas Menino.

## Jeanette Ives Erickson (continued)

Grounds, Police and Security, that was something really, really special. Our emergency plan worked because every person in this hospital was part of it. Not many hospitals could have done what we did.”

We were fortunate that former mayor, Thomas Menino, was able to attend and share some of his own reflections, saying, “We prevailed because we were prepared, we were trained, and we worked together. Other cities now look to us as a model of how to prepare for this kind of event.”

Later that day, we came together for a service of peace, coordinated by the MGH Chaplaincy. Among the many beautiful readings, we observed a moment of silence at 2:49pm, the exact time of the first explosion.

On April 16th, we held a special celebration to support the MGH employees who ran in last year’s Marathon and those who ran this year, as well. Legendary marathoner

and author, Bill Rodgers, was the guest speaker. He called running, “a team sport, a global sport, because it knows no boundaries, no prejudices, no limitations.” He spoke about the relationship between health care and running, saying, “In running, every time you finish a race, you learn something. In health care, every time you care for a patient you learn something. The only thing anyone needs in order to run is good health.” Reverend John Polk was on hand to offer a blessing to all the runners, and marathon-themed prizes we given out to raffle winners.

It was an emotional week — at times uplifting, at times sad, poignant, and inspiring. I came away with a feeling of deep appreciation for my colleagues, for the MGH community, and for this city I adore. I feel optimism that as long as we continue to treat each other with respect, help each other when there is a need, and turn to each other for support, good will always triumph over evil. And I know one other thing. I’ll never be able to think of April 15, 2013, without remembering Krystal Campbell, Sean Collier, Lingzi Lu, and Martin Richard.

I’ll close with the same Quaker proverb I shared at the service of peace, “Let us see what love can do.”



Upper photos (l-r): panelists, Maryfran Hughes, RN; Paul Biddinger, MD; Aaron Baggish, MD; David Reisman; Marie Elena Gioiella, LICSW; and David King, MD.  
Lower photos: Menino with Ann Prestipino and Ives Erickson; the Keros String Trio plays at service of peace.

# First annual MGH Service Excellence Awards

—by Cindy Sprogis, senior project manager

The first annual MGH Service Excellence Awards were presented on March 19, 2014, in recognition of the extraordinary achievements of inpatient units, outpatient practices, teams, and leaders in improving the patient experience at MGH. The red carpet was literally rolled out for the more than 60 recipients of awards presented in two categories: nomination-based awards for leaders and teams, and score-based awards for achievement in service-excellence metrics across the continuum.

Rick Evans, senior director of Service Excellence and master of ceremonies, was joined by David Torchiana, MD, chairman and CEO of the MGPO; Jeanette Ives Erickson, RN, senior vice president for Patient Care; Alexa Kimball, MD, senior vice president and medical director for the MGPO; and Ann Prestipino, senior

vice president for Surgical and Anesthesia Services and Clinical Business Development, in presenting the awards.

In his remarks, Torchiana said, “I’m here to welcome and congratulate all of you. It’s our privilege to help patients and families through difficult circumstances, but there’s always room to improve our efforts. It’s always about making the experience better for patients and families.”

Ives Erickson noted, “You are all pioneers. You’re doing exceptional work and taking exceptional care of our patients. We’re thrilled to have this opportunity to say, ‘Thank-you.’”

Each unit recognized received a trophy, a banner for display on their unit, and a cake to share with their team.

## *Inpatient awards*

Awards for Target Achievement went to:

- Blake 13 Obstetrics; nursing director, Lori Pugsley, RN
- Ellison 16 General Medicine; nursing director, Tara Tehan, RN
- Lunder 9 Oncology; nursing director, Barbara Cashavelly, RN
- Lunder 10 Oncology; nursing director, Ellen Fitzgerald, RN
- Phillips 21 GYN-ONC; nursing director, Adele Keeley, RN

Awards for Most Improved in Nurse Communication went to:

- Phillips 20 General Medicine; nursing director, Jennifer Sargent, RN
- Ellison 17 Pediatrics; nursing director, Brenda Miller, RN

Most Improved in Staff Responsiveness:

- White 9 General Medicine; nursing director, Sara Macchiano, RN

Most Improved in Clean and Quiet:

- Phillips 20 General Medicine; nursing director, Jennifer Sargent, RN

Special Team Award for Improvement in Cleanliness went to:

- PCS Clinical Support Services; unit service associates

Awards for Exceeding the 90th Percentile in Nurse Communication went to:

- Ellison 10 Cardiac Step-Down Unit; nursing director, Cristina Bethune, RN
- Ellison 11 Cardiac; nursing director, Mary English, RN
- Ellison 14 Burns & Plastics; nursing director, Tony DiGiovine, RN
- Lunder 8 Neuroscience; nursing director, Ann Kennedy, RN
- Lunder 9 Oncology; nursing director, Barbara Cashavelly, RN
- Lunder 10 Oncology; nursing director, Ellen Fitzgerald, RN
- Blake 13 Obstetrics; nursing director, Lori Pugsley, RN
- White 9 General Medicine; nursing director, Sara Macchiano, RN

*continued on next page*



(Photos by Brian Wilson)

Encouraged to show their enthusiasm as they came down the red carpet, members of the Ambulatory Practice of the Future (above) and many others took that advice to heart.

## Service Excellence (continued)



Awards for Nursing Communication and Staff Responsiveness went to:

- Ellison 4 SICU; nursing director, Sandra Muse, RN
- Lunder 6 Neuro ICU; nursing director, Tara Tehan, RN
- Blake 10 NICU; nursing director, Peggy Settle, RN
- Blake 7 MICU; nursing director, Emily Shell, RN
- Bigelow 6 PICU; nursing director, Arlene Kelleher, RN
- Blake 12 ICU; nursing director, Mary McAuley, RN
- Blake 8 CSICU; nursing director, Vivian Donahue, RN
- Ellison 9 CICU; nursing director, Vivian Donahue, RN

Awards for Cleanliness and Quietness went to:

- Lunder 10 Oncology; nursing director, Ellen Fitzgerald, RN
- Phillips 21 GYN-ONC; nursing director, Adele Keeley, RN

### *Outpatient awards*

Awards for Target Achievement went to:

- Vascular Surgery; administrative manager, Lauren Sterling
- Podiatry; administrative manager, Dan Gordon
- Pediatric GI Nutrition; practice manager, Maria Mancinelli
- Adolescent Medicine Primary Care; practice manager, Monic Chardin
- Neuro Pediatrics, practice manager, Zaida Ortega

Awards for Most Improved in MD Explain went to:

- PT-OT Waltham; director, Michael Sullivan, PT
- Chelsea Primary Care; unit nurse leader, Sheila Arsenalut, RN

Most Improved in Staff Courtesies:

- Epilepsy; administrative manager, Mallory Davis
- Neuro Pediatrics; practice manager, Zaida Ortega

Most Improved in Helpful Staff:

- PT-OT Revere; clinical specialist, Ellen Tighe-Ventola, PT
- Physical-Medical Rehab; senior administrative director, Lara Hauslaib; administrative managers, Wendy Ames and Jayne Chellman

Awards for Exceeding the 90th Percentile in MD Explain went to:

- Ambulatory Practice of the Future; medical director, Benjamin Crocker, MD
- PT-OT Revere; clinical specialist, Ellen Tighe-Ventola, PT
- Yawkey Urology; chief of service, Michael Blute, MD

Exceeding the 90th Percentile in Staff Courtesies:

- Thoracic Surgery; administrative manager, Karen McDowell
- Pediatric Hematology-Oncology; ambulatory nurse manager, Ellen Silvius, RN
- Vascular Surgery; administrative manager, Lauren Sterling

Exceeding the 90th Percentile in Helpful Staff:

- Voice Center; administrative manager, Donald Cornuet
- OB-GYN Danvers; nursing director, Hiyam Nadel, RN
- Thoracic Surgery; administrative manager, Karen McDowell

Special Recognition for Sustained Improvement went to:

- Emergency Department; executive director, Bob Seger

Adele Keeley, nursing director for Phillips 21, received a leadership award, and the Ellison 11 Patient Safety Team and attending nurses in the Neonatal ICU received team awards. Nomination-based awards were presented to four teams and five leaders selected by the Patient Experience Leadership Council for their patient centered care and services.

For more information, call Cindy Sprogis, senior project manager, at 617 643 5982.



Upper left: the PCS Clinical Support Services team accepts award for Improvement in Cleanliness.  
Lower right: Revere Health Center Physical and Occupational Therapy accepts award for Most Improved in Staff Helpfulness.

# Palliative sedation

*a rare and poignant privilege  
of bedside nursing*

Ms. D was a 46-year-old wife, mother, friend, and avid church member.. Despite prolonged chemotherapy and radiation treatment, Ms. D's cancer was aggressive and caused her significant pain.

**M**y name is Lauren Aloisio, and I am a staff nurse on the Phillips 22 Medical-Surgical Unit. Nursing has been described as, 'God's work'; where life-and-death decisions are not out of the ordinary. Certain moments in every nurse's career are seared into their memory. I didn't comprehend the full meaning of that sentiment until I cared for Ms. D in May of 2013. It was a major milestone in my nursing career, one I'll remember forever.

Ms. D was a 46-year-old wife, mother, friend, and avid church member. She began her battle against metastatic lung cancer in August of 2010. She came to the MGH Cancer Center for chemotherapy; she had a strong support system and discussed her condition openly and honestly with them. Her faith guided her throughout her treatment; her pastor and church community were constantly by her side.

Despite prolonged chemotherapy and radiation treatment, Ms. D's cancer was aggressive and caused her significant pain. Her hospital admissions were becoming more frequent and longer in duration. Palliative Care employed exhaustive strategies to control her pain, but with little or no effect. Ironically, Ms. D's pain was exacerbated by narcotics, so her options for pain-relief were few. End-of-life care was now a frequent topic of conversation. It was a subject Ms. D didn't shy away from; she was brave



Lauren Aloisio, RN, staff nurse  
Phillips 22 Medical-Surgical Unit

and thorough in preparing her family and friends for her impending death. It was then, six months prior to her passing, that her doctors introduced the idea of palliative sedation.

The goal of palliative sedation is to bring an end to intractable pain, not hasten death. According to the *MGH Policy & Procedures Manual*, an intravenous sedative (such as lorazepam, midazolam, propofol, or pentobarbital) may be used to control intractable symptoms. Patients must have a, "severe, chronic, life-threatening illness," in order for palliative sedation to be an option. The patient has control and makes the decision to begin the process.

During the discussion about palliative sedation, Ms. D shared that when she slept, she felt no pain. But she was adamant that she would choose this option only as a last resort, and that it would be her decision.

In May of 2013, Ms. D was transferred to Phillips 22. On our unit, caring for comfort-measures-only or end-of-life patients is not uncommon, but Ms. D's

*continued on next page*

As I witnessed Ms. D's intense suffering and inability to control her pain, I knew something had to be done. During the brief moments when she was able to sleep, Ms. D did exhibit non-verbal indications that she was pain-free. It was clear in my nursing opinion that palliative sedation was the appropriate course of action for her situation.

care plan was different than many of us were accustomed to. The night before I met her, Ms. D had told her palliative-care doctors that, "It was time." She made the informed decision to turn to palliative sedation to end her suffering, not her life. She wanted to see her closest family and friends prior to beginning the process the next day.

I began my 7:00am shift unaware of what my day would hold. The night resource nurse informed me that I was being assigned to Ms. D for a reason. "I know you'll take extraordinary care of Ms. D and her family," she said. "You'll be able to connect with them on the emotional level they'll need today."

Her words gave me a sense of pride and also a sense of duty to uphold my nursing practice. After receiving report, I was approached by the lead doctor and social worker from Ms. D's palliative care team. They took time explaining what palliative sedation was, talked to me about Ms. D's complicated pain history, and described how the process would go. They stressed that they'd be available for any questions or issues I may have. I felt a strong sense of support from them and my nursing colleagues.

Throughout the day, I met with Ms. D, her family, her pastor, and many other members of her inner circle. As I witnessed Ms. D's intense suffering and inability to control her pain, I knew something had to be done. During the brief moments when she was able to sleep, Ms. D did exhibit non-verbal indications that she was pain-free. It was clear in my nursing opinion that palliative sedation was the appropriate course of action for her situation. But if I'd had any doubts, the palliative care team was right there to answer my questions, help meet Ms. D's needs, and engage in open dialogue.

Palliative sedation is not widely used. And although I had no prior experience with it, there wasn't a doubt in my mind that this was the best choice for Ms. D.

During a large, emotionally charged family meeting, doctors described the palliative-sedation process and talked about what to expect. Fond memories of Ms. D were shared, and a beautiful passage was read by her pastor. As I stood in the room filled with her closest family and friends, I felt such sorrow, but also an immense sense of responsibility. I would have the privilege of accompanying my ailing patient to a peaceful death. At the close of the meeting, all family members and members of the team were in agreement; they were emotionally ready to exchange their last words with Ms. D.

Each loved one had an opportunity to say goodbye. It was truly an honor to be included in such an intimate and powerful moment. Though at times it felt intrusive, I knew her family looked to me as a kind of savior; as someone who was going to help bring a peaceful end to their loved one's suffering.

It took great strength to cross the threshold into Ms. D's room. My own grandmother had passed away 12 years ago, and there wasn't a moment that day that I didn't look to her for strength and guidance in my efforts to help Ms. D and her family.

After a while, I looked into the tear-filled eyes of my patient and her family and said, "It's time."

Ms. D took a deep breath and looked at her husband and children, whom she adored. She squeezed their hands and said, "Remember, God is good, he is so good."

I asked if she was ready, and she nodded. I administered the drugs and began the drip at the prescribed dose. During each dose change, the palliative care team was by my side. Eventually, Ms. D settled into a persistent, sedative, unconscious state. The palliative care team, my nursing colleagues, and I had provided a smooth, dignified process to end our patient's suffering.

Ms. D lived approximately four more days after the initiation of palliative sedation. Her death was peaceful. The time Ms. D had spent preparing her loved ones for her passing helped a great deal in their ability to begin the grieving process.

I commend my nursing colleagues, the palliative care team, and nursing leadership for their incredible support in this effort. We helped a terminally ill patient find a peaceful, intentional escape from her intractable pain; something some say only God can do.

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

This is a wonderful narrative. Lauren articulates the moral and ethical decisions faced by clinicians every day. The focus of the entire team was on Ms. D and how to alleviate her pain. The option to use palliative sedation was not considered lightly; it was offered with great skill and compassion, giving Ms. D the ability to make an informed decision at the appropriate time. Lauren's care and advocacy made a tremendous difference in the lives of Ms. D and her family.

Thank-you, Lauren.

# Linda Richards: America's first trained nurse

—by Georgia Peirce, project manager,  
and Martha Stone, coordinator for Reference Services, Treadwell Library

Richards led an extraordinary life that included serving as superintendent of the Boston Training School at MGH and establishing or re-organizing more than a dozen other schools of nursing.

**I**n 1873, when Linda Richards (1841–1930) graduated from the nurse training program at the New England Hospital for Women and Children, she became the country's first trained nurse. Richards led an extraordinary life that included serving as superintendent of the Boston Training School at MGH and establishing or re-organizing more than a dozen other schools of nursing.

Among her early nursing influences, Richards cared for her ailing mother until her mother's premature death of tuberculosis; she saw her fiancé, a Civil War veteran, die of war-related injuries. Long an admirer of Florence Nightingale, Richards considered herself a "born nurse." She came to Boston in 1870 and accepted a position at Boston City Hospital. She soon found that the nurses there knew very little, were not well respected, and worked primarily as scrubwomen. She resigned after three months due to poor health.

In 1872, Richards enrolled in the inaugural class of the nation's first nursing training program at the New England Hospital for Women and Children in Boston. She was the first to graduate and immediately received an offer to head the new training school at MGH. But she felt unprepared and accepted a position as night nursing supervisor at Bellevue Hospital in New York where, among other innovations, she introduced the practice of bedside charting, documenting each time a nurse checked on a patient.

In 1874, MGH again approached Richards to head its fledgling school. As she later recalled, the first year of the Training School had been, "quite unhappy for all concerned." Two superintendents had failed to make it successful, and the medical staff



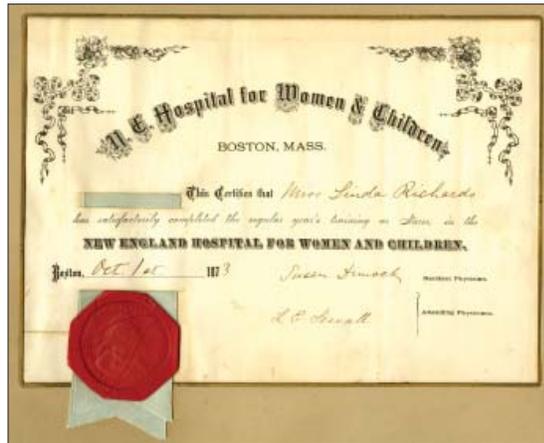
"strongly opposed it." The physicians were poised to close the school unless a trained nurse was placed at the helm. Richards "blindly" accepted her first superintendent position and swiftly organized the nurses and their duties. She put a nurse and an assistant in charge of each ward; nurses were appointed for night duty; and scrubwomen were hired to wash bandages and mop floors. MGH physicians began to give formal lectures to the nursing students and even take nurses on ward rounds. Richards won over the doctors and transformed the MGH "experiment" into a preeminent training school.

After nearly three years at MGH, Richards fulfilled her dream to study the Nightingale System in England. With Nightingale's help, Richards visited King's College Hospital and the Edinburgh Royal Infirmary. In a letter to the superintendent at Edinburgh, Nightingale wrote of Richards, "I have seen her, and have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she from us."

*continued on next page*

## Nursing History (continued)

At left: portrait of Linda Richards, circa early 1900s. At right: Richards' certificate of graduation from the New England Hospital for Women and Children; ebony cross given to her by Florence Nightingale (both courtesy of Division of Medicine & Science, National Museum of American History, Smithsonian Institution); Below: Richards and her interpreter in a rickshaw in Kyoto, Japan (courtesy of the Linda Richards Collection, History of Nursing Archives, Howard Gottlieb Archival Research Center at Boston University).



Upon returning to Boston, Richards began establishing other training schools—the first at Boston City Hospital. The school was successful, largely due to Richards' compassion, knowledge, and administrative skills. Soon, Richards was asked to establish a school of nursing in Kyoto, Japan, where she taught with the aid of an interpreter, made nursing uniforms, and ensured that her rules about nutrition, medication-administration, sickroom ventilation, and nurse-physician cooperation were part of the curriculum. Richards served as head of the school until 1890, leaving behind a blueprint for the creation of other training schools in Japan and many other countries that followed Japan's lead.

Shortly after returning to America, Richards worked for the Philadelphia Visiting Nurse Society before formal education in this area was recognized. She spent many years organizing and re-organizing nursing schools and services across the country. The final decade of her career was spent organizing schools of nursing in hospitals for the mentally ill at a time when those hospitals were overcrowded, ill-managed, and plagued by disease.

At age 65, Richards accepted her final nursing position as head of the Nursing Department at what later became the Kalamazoo State Hospital in Michigan. She upgraded nursing education to include lectures on a wide range of medical and nursing topics and became co-founder of the institution's Nursing and Occupational Therapy programs.

In failing health, Richards finally stopped working at the age of 70 and spent the next 19 years quietly at home, venturing out from time to time to attend professional nursing meetings, speak at nursing events, or visit "her schools." Appropriately, her last days were spent at the New England Hospital for Women and Children, where she had become the country's first trained nurse more than a half century before. At the time of Richards' death, there were 294,268 trained nurses in the United States.

An exhibit on Linda Richards and a newly commissioned portrait of this nursing pioneer (unveiling scheduled for May 6, 2014, at 11:00am) will be on display throughout the month of May at the Paul S. Russell, MD, Museum of Medical History and Innovation at 2 North Grove Street.

For more information, call Georgia Peirce, project manager, at 617-724-9865.



# Prayer shawl ministry

*infusing thoughts and prayers into  
comforting shawls*

—by MGH chaplain, Katrina Scott

**P**rayers shawls have their origin in the ancient spiritual practice of intentionality where artisans infuse positive thoughts and prayers into their creations. Chaplains experience first-hand the comfort and solace these shawls bring to patients and families. In 2013, MGH received a grant from the First Church in Wenham to purchase yarn for use by volunteers who donate their time and talent to create shawls imbued with intentions of comfort, hope, and healing.

Below left: prayer shawls adorn altar in MGH Chapel.  
Below right: chaplain, Katrina Scott staffs information table in the Main Corridor.

The MGH Chaplaincy recently kicked off its prayer shawl ministry with a blessing of 175 prayer shawls donated by Stephen-Jude Soldano, who has made close to 1,000 shawls for the MGH community. The donation was offered in honor of Reverend Patti Keeler, who left MGH last fall.

Eager to involve others in this new ministry, on March 31, 2014, MGH chaplain, Katrina Scott, staffed an information table in the Main Corridor as a way of informing the MGH community about the program. For more information or to participate in the prayer shawl ministry, call Scott, at 617-726-4225.



# Self-care:

*because you and your patients  
deserve your best*

*Question:* In reflecting on the Marathon bombings, I've heard stories of great resilience from patients and families. I wonder about the impact it had on us as caregivers. Do you have any thoughts?

*Jeanette:* We were all touched by the tragic bombings at last year's Marathon. As you may know, we held a number of events commemorating the anniversary (see my column on page 2). These events were an opportunity to reflect on the past year and continue to support each other as we move forward. In our work, we witness pain and suffering on a daily basis. We're trained to put our feelings aside and tend to others. While that's a necessary skill, we can't help but be impacted by ongoing exposure to trauma and loss.

*Question:* How does witnessing pain, suffering, and loss impact caregivers?

*Jeanette:* An estimated 40%–85% of professional caregivers will experience compassion fatigue at some point in their careers. Some of the signs include difficulty concentrating, intrusive imagery, hopelessness, exhaustion, irritability, and feeling dispirited or cynical. These feelings can lead to work dissatisfaction and attrition and can impact our ability to provide high-quality care.

Ironically, empathy—the very quality that makes us good caregivers—also makes us vulnerable to these side-effects. We tell disaster victims that what they are experiencing is a natural reaction to unnatural circumstances. The same applies to us. Compassion fatigue is not a personal failing. By recognizing the risk, we can develop and refine our self-care skills to try to prevent compassion fatigue, enhance our resiliency, and recover.

*Question:* How do I know if I'm being impacted, and what can I do to improve my resiliency?

*Jeanette:* While many of us already practice good self-care, everyone can benefit from stepping back and performing a self-evaluation. Recognizing and attending to our own needs allows us to provide the best possible care to patients and families. Improving our resiliency can help us be more supportive of our colleagues and increase our positive contributions to the workplace.

Here are some good self-care practices:

- Take care of your body: get regular aerobic activity, maintain a healthy diet, and get enough sleep (If you haven't already participated in the MGH Be Fit Program, think about enrolling)
- Engage in meditation and narrative work such as journaling, engage in spiritual practices; consider attending Be Fit/Benson-Henry Institute stress-reduction sessions
- Have fun. Participate in hobbies and activities that bring you joy
- Create a transition from work to home
- Start your own "idea collection." Think about what makes you feel good about what you do every day
- Consider talking with your colleagues and/or manager about how we can help each other
- Learn more about compassion fatigue and ways to increase your resiliency

Self-awareness and self-care are essential elements of professional practice. For more information or assistance, contact the Employee Assistance Program, go to: [www.eap.partners.org](http://www.eap.partners.org); or call 617-726-6976.

Additional resources

- Self-Assessment Professional Quality of Life (ProQOL 5) tool  
[http://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score\\_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)
- [www.figleyinstitute.com](http://www.figleyinstitute.com): workshops, on-line training, books
- <https://compassionfatigue.ca/>: workbook, on-line training, videos

# Nurse Recognition Week

*May 1–7, 2014*

## *Thursday, May 1*

Chief Nurse Address  
presented by Jeanette Ives Erickson, RN, chief nurse

1:30–2:30pm, O’Keeffe Auditorium  
and Haber Conference Room

Staff Nurse Reception and Military Cake-Cutting Ceremony  
2:30–4:00pm, Trustees Room, Bulfinch 2

## *Friday, May 2*

“Self-Care Palette for Nourishing the Mind, Body, and Spirit:  
Relax and Renew,”

presented by: Kathleen Miller, RN, and Joanne Rowley, RN,  
director and nurse educator, respectively, at the Wellness Center,  
MGH Benson-Henry Institute of Mind Body Medicine

10:00–11:00am, O’Keeffe Auditorium

## *Sunday, May 4*

Staff Nurse Breakfast  
7:00–9:00am  
Trustees Room

## *Monday, May 5*

“Clinical and Professional Transformation: a Dialogue  
with Clinical Scene Investigator Academy Graduates,”  
facilitated by Susan Lacey, RN,

program director for the American Association of Critical-Care  
Nurses Clinical Scene Investigator Academy

Panelists: CCU staff nurses, Erica Edwards, RN; Lisa O’Neill, RN;  
Norine O’Malley Simmler, RN; and Alicia Sheehan, RN

1:30–2:30pm, O’Keeffe Auditorium

## *Tuesday, May 6*

Portrait Unveiling  
Linda Richards, America’s First Trained Nurse

11:00am–12:30pm (remarks at 11:15)  
MGH Paul S. Russell, MD, Museum, 2 North Grove Street  
(corner of Cambridge and Grove)

“No Bows, No Curls, No Jewellery, and No Hoop Skirts:  
the Trained Nurse in the 19th Century,”  
presented by Natasha McEnroe, director of the Florence Nightingale  
Museum, London

1:30–2:30pm, O’Keeffe Auditorium

## *Wednesday, May 7*

Research Day

Posters on display throughout Nurse Recognition Week  
O’Keeffe Auditorium Foyer

Interactive Nursing Research Poster Session  
10:00am–12:00pm, O’Keeffe Auditorium Foyer

Yvonne L. Munn Nursing Research Lecture  
and presentation of the 2014 Yvonne L. Munn Nursing  
Research Awards

“Implementing Power as Knowing Participation in Change:  
Impact on the Professional Practice Environment,”  
presented by: Elizabeth Ann Manhart Barrett, RN, health patterning  
therapist, professor emerita of Nursing, Hunter College at City  
University of New York

1:30–3:00pm, O’Keeffe Auditorium

High Tea Reception immediately following  
in the Trustees Room

# Announcements

## Blum Center Events

Shared Decision Making:  
"Manage Menopause Symptoms"  
Tuesday, April 29, 2014  
12:00–1:00pm

Blum Patient & Family Learning  
Center

Speaker: Jan Leslie Shifren

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

For more information,  
call 4-3823.

## Senior HealthWISE events

All events are free for  
seniors 60 and older

"Careful, Careful, Don't Fall"  
Thursday, May 1st  
11:00am–12:00pm

Haber Conference Room  
speaker: Bernardo Reyes, MD,  
geriatric fellow

"Common Diabetic Foot  
Problems"

Thursday, May 15th  
11:00am–12:00pm

Haber Conference Room  
Speaker: Zachary G. Jagmin, DPM  
podiatry resident

Special Event

"Getting the Sleep You Need"  
Tuesday, June 10th  
11:00am–12:00pm

O'Keeffe Auditorium  
Speaker: Peg Baim, RN, clinical  
director of the Resiliency Program  
at the Benson-Henry Institute for  
Mind Body Medicine.

Please RSVP: 617-643-6302.

For more information,  
call 4-6756.

## ACLS Classes

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

Day one:  
June 20, 2014  
10:30am–5:00pm

Day two:  
June 23rd  
8:00am–1:00pm

Re-certification (one-day class):  
May 14th  
5:30–10:30pm

For information,  
call 617-726-3905.

Class locations will be announced  
upon registration.

To register, go to:

[http://www.massgeneral.org/  
emergencymedicine/assets/  
Library/ACLS\\_registration\\_](http://www.massgeneral.org/emergencymedicine/assets/Library/ACLS_registration_form.pdf)  
pdf.

## New Fibroid Program at MGH

Radiology and Obstetrics &  
Gynecology are introducing the  
new Fibroid Program to provide  
access to a multi-disciplinary  
team of specialists, including  
gynecologists and interventional  
radiologists, who collaborate to  
offer a full range of treatments for  
women with uterine fibroids.

A nurse coordinator helps  
navigate care throughout the  
course of treatment, including  
scheduling appointments and  
connecting patients to available  
resources.

Treatments and services include:

- Diagnostic imaging
- Minimally invasive surgery
- Image-guided procedures

Consultations are available on  
Tuesdays from 8:00am–12:00pm  
in the the Yawkey 4 OBGYN  
suite.

For more information go to:  
[massgeneral.org/fibroids](http://massgeneral.org/fibroids).  
For appointments,  
call 857-238-4733 or submit an  
on-line appointment request.

## Third Annual MGH Global Health Expo

Wednesday, May 7, 2014  
1:00–3:00pm  
under the Bulfinch Tent

Save the date for the annual  
MGH Global Health Expo,  
showcasing more than 25  
departments, divisions, and  
organizations working in global  
health at MGH.

- Learn more about  
international and domestic  
opportunities for all staff
- Network with colleagues and  
meet new collaborators
- Enjoy food and refreshments

All are welcome.

Sponsored by the MGH Center  
for Global Health:

[www.massgeneralcenterfor  
globalhealth.org](http://www.massgeneralcenterfor<br/>globalhealth.org)

For more information,  
call 617-724-3194

## MGH Institute Alumni Breakfast

Join the MGH Institute  
of Health Professions for a  
continental alumni breakfast  
with School of Nursing dean  
and Robert Wood Johnson  
Foundation executive nurse fellow,  
Laurie Lauzon Clabo, RN.  
Alumni working at MGH are  
encouraged to attend.

Tuesday, May 20, 2014  
8:00–9:00am

Thier Conference Room

RSVP by e-mail to  
[sbucciarelli@mghihp.edu](mailto:sbucciarelli@mghihp.edu)

Hosted by the MGH Institute  
of Health Professions School of  
Nursing & Office of Development  
and Alumni Relations.

### Published by

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

### Publisher

Jeanette Ives Erickson, RN  
senior vice president  
for Patient Care

### Managing Editor

Susan Sabia

### Editorial Advisory Board

Chaplaincy  
Reverend John Polk

Disability Program Manager  
Zary Amirhosseini

Editorial Support  
Marianne Ditomassi, RN  
Mary Ellin Smith, RN  
Maureen Schneider, RN

Medical Interpreters  
Anabela Nunes

Materials Management  
Edward Raeke

Nutrition & Food Services  
Donna Belcher, RD  
Susan Doyle, RD

Office of Patient Advocacy  
Robin Lipkis-Orlando, RN

Office of Quality & Safety  
Colleen Snyderman, RN

Orthotics & Prosthetics  
Mark Tlumacki

PCS Diversity  
Deborah Washington, RN

Physical Therapy  
Occupational Therapy  
Michael Sullivan, PT

Police, Security & Outside Services  
Joe Crowley

Public Affairs  
Colleen Marshall

Respiratory Care  
Ed Burns, RRT

Social Services  
Ellen Forman, LICSW

Speech, Language & Swallowing  
Disorders and Reading Disabilities  
Carmen Vega-Barachowitz, SLP

Training and Support Staff  
Stephanie Cooper

The Institute for Patient Care  
Gaurdia Banister, RN

Volunteer Services  
Wayne Newell

### Distribution

Ursula Hoehl, 617-726-9057

### Submissions

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

### Next Publication

May 8, 2014



MASSACHUSETTS GENERAL HOSPITAL

Maud Forrester, White 8 Unit Service Associate, **SPEAKS UP** for good hand hygiene

Forrester observes the actions of others, recognizes good leadership and compliments excellence. She commended Dan Hunt, MD, Chief, Hospital Medicine Unit and Director, Inpatient Clinician Educator Service, for his use of Cal Stat by saying, "If I could give you a grade for hand hygiene, it would be an A+!"

A message brought to you by the **STOP** (Stop the Transmission of Pathogens) Task Force.



## Speak Up! See something, say something

Clean hands can help stop the spread of germs and reduce the risk of infection. Clean hands are especially important in the hospital setting. MGH is committed to achieving excellence in hand hygiene through vigilance and collaborative practice.

At MGH, healthcare workers are required to use Cal Stat, an alcohol-based hand sanitizer, before and after contact with patients or patients' environments. Patients, families, and visitors are encouraged to do the same, and sometimes a polite reminder is appreciated.

Help spread the message. Speak up for hand hygiene and promote Excellence Every Day.

At left: Maud Forrester, White 8 unit service associate and hand hygiene champion, recognizes good leadership. She compliments Dan Hunt, MD, as he leads a group of residents, saying, "If I could give you a grade for hand hygiene, it would be an A-plus."

## Caring Headlines

April 24, 2014

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



---

---

---

First Class  
US Postage Paid  
Permit #57416  
Boston, MA

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