

# Caring

Headlines

June 19, 2014

## Pat Rowell Extraordinary Achievement Award

*a highlight of Volunteer Recognition Week*



Former director of MGH Volunteer Services, Pat Rowell (left), and senior vice president for Patient Care, Jeanette Ives Erickson, RN



*See story  
on page 4*

# Improving the quality of care through peer-to-peer assessment

*a collaboration between MGH and Johns Hopkins Medicine*

Thinking that this model could be applied in the healthcare arena, MGH has entered into a collaborative relationship with Johns Hopkins Medicine to explore the possibilities of improving quality and safety using a similar peer-to-peer assessment approach.

**I**t might surprise you to learn that the nuclear power industry boasts one of the lowest industrial accident rates and safest work environments among similarly high-risk industries such as electrical utilities, manufacturing, and health care. This is partly because the World Association of Nuclear Operators (WANO), established after the devastating nuclear incident in Chernobyl in 1986, adopted a peer-to-peer assessment approach to share best practices, alert one another to safety hazards, and implement changes shown to improve safety and operational performance.

According to WANO, this approach has been successful because peer-to-peer assessments are in no way punitive. Rather, they're viewed as mutually beneficial exchanges to advance best practice and provide valuable opportunities to learn, adapt, and improve. Thinking that this model could be applied in the healthcare arena, MGH has entered into a collaborative relationship with Johns Hopkins Medicine to explore the possibility of improving quality and safety at our respective institutions using a similar peer-to-peer assessment approach. Funded by the Commonwealth Fund, a private foundation that promotes high-performance health care and better access to care for vulnerable populations, the project is being led by Elizabeth Mort, MD, senior vice president for Quality & Safety, on the MGH



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

side, and Peter Pronovost, MD, senior vice president for Quality & Safety, and David Thompson, RN, patient safety researcher, on the Johns Hopkins side.

The collaboration began in earnest, May 21st and 22nd, when a review team from John Hopkins comprised of nurses, physicians, patient safety specialists, and researchers arrived at MGH for their first site visit. During the course of their two-day stay, the team met with board members, senior leadership, and patient-safety leaders, and had an opportunity to observe care and interview staff in IV Therapy, the Surgical ICU, the Burn Unit, Interventional Radiology, the Neonatal ICU, and the Medical ICU.

A highlight of their visit was meeting with leadership of our Innovation Units who articulated the interventions we've implemented to improve care, contain costs, and standardize systems that impact care-delivery at the bedside. The session, facilitated by Liz Mort, and led by Peter Pronovost and Lori Paine, RN, director of Patient Safety, for Johns

*continued on next page*

Our Johns Hopkins visitors were especially interested in learning about the role of the attending nurse. Fortunately, several attending nurses were present to provide first-hand observations and attest to the value and impact this new role has had on communication, compliance, patient-satisfaction, and safety.

Hopkins, gave MGH clinicians an opportunity to share our many accomplishments and the processes we've employed to shape, hone, streamline, and improve systems, always with the patient at the center of our thinking. Innovation Unit leaders spoke about the importance of hourly rounding and the positive impact it's had on reducing pressure ulcers; they spoke about our safety reporting system and the blame-free environment we've cultivated to promote the reporting of safety concerns with no fear of retribution; they told our guests about our collaborative governance committees and the important role they play in shaping and sharing best practices.

Our Johns Hopkins visitors were especially interested in learning about the role of the attending nurse. Fortunately, several attending nurses were present to provide first-hand observations and attest to the value and impact this new role has had on communication, compliance, patient-satisfaction, and safety.

They wanted to know how MGH staff are educated and kept informed about quality and safety initiatives. Staff told them how safety has become "embedded in our culture." It begins at orientation and remains a top priority throughout the institution in all settings. They spoke about our Excellence Every Day website, our use of dashboards to track quality and safety data, the visibility and transparency of our HCAHPS scores, and the Staff Perceptions of the Professional Practice Environment Survey and how it gives staff a way to provide valuable feedback about the practice environment.

I think this collaboration between MGH and Johns Hopkins holds great promise. I hope more hospitals come on board so we can expand our access to innovative ideas and share the important work we're doing with others. In the meantime, I look forward to hearing about our site visit to Johns Hopkins, which is scheduled to take place some time next month. Stay tuned.

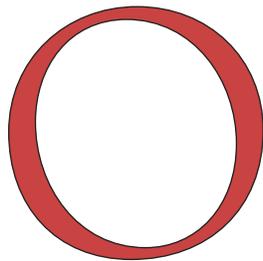
## In this Issue

Pat Rowell Extraordinary Achievement Award.....	1	Clinical Narrative .....	12-13
Jeanette Ives Erickson.....	2-3	• Melissa Mattola-Kiatos, RN,	
• Improving Care through Peer-to-Peer Assessment		New Disruptive-Behavior Icon .....	14
Volunteer Recognition Week.....	4-5	National Men's Health Week.....	15
The Molly Catherine Tramontana Award .....	6	Fielding the Issues I and II.....	16-17
Clinical Leadership Collaborative for Diversity in Nursing.....	7	• Dietary Restriction for Dialysis Patients	
MGH Celebrates Boston Pride Week.....	8	• Partners eCare Revenue-Cycle Implementation	
Cancer Center's Through Each Other's Eyes Conference.....	9	In Memoriam.....	18-19
Advance Care Planning Booth.....	10	• Ed Coakley, RN	
Connell Nursing Research Visiting Scholar.....	11	• Susan Noska, RN	
		Professional Achievements.....	20-21
		Fielding the Issues III.....	22
		• Pain-Management	
		Announcements.....	23
		HCAHPS.....	24

# Volunteer Recognition Week

## *Introducing the Pat Rowell Extraordinary Achievement Award*

—by Milton Calderon, volunteer coordinator



On May 13, 2014, nearly 200 volunteers and staff came together under the Bulfinch tent for this year's celebration of Volunteer Recognition Week. The theme, "An evening with Champions," paid homage to the count-

less volunteer champions who've been honored over the years. Champions embody the characteristics of exemplary volunteers, selflessly serve the MGH community, and are role models for other volunteers.

After remarks by director of Volunteer Services, Wayne Newell, and president of MGH, Peter Slavin, MD, Cathy Minehan, chair of the MGH Board of Trustees, presented the Trustee's Award, which recognizes a department for making an extraordinary effort to work collaboratively with the Volunteer Department. This year, the Trustees Award recognized the inter-disciplinary effort to renovate the Gray Family Waiting Area. Recipients included: Melinda Bryant, Planning/Real Estate; Kimberly Chelf, PCS Clinical Support Services; John Duffy, Buildings & Grounds; Joan Shea, Nutrition & Food Services; Daniel Urizar, Environmental Services; and Kathy Rehm, Andrea Sahin, and Peggy Scott, volunteers in the Gray Family Waiting Area.

The Jessie Harding Award for contributing to MGH in a significant way, went to John McCarthy, a volunteer since 2006, who serves as a patient escort. McCarthy was previously recognized as a champion and has contributed more than 1,280 hours of service.

The Maeve Blackman Award for exceptional service is given to a volunteer who shows an interest in pursuing a career in health care. This year, the award went to John Morris, who's been accepted at Michigan State University School of Medicine. Morris has been a volunteer since 2012.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, introduced the new Pat Rowell Extraordinary Achievement Award in honor of former director of Volunteer Services, Pat Rowell, who led the department from 1985 to 2009. Rowell herself was the recipient of the inaugural award, which will be given each year to a volunteer who exemplifies her same extraordinary commitment to volunteerism, service, and generosity of spirit.

Newell, Milton Calderon, volunteer coordinator, and Kim Northrup, staff assistant, expressed their appreciation to volunteers, saying "You bring your welcoming smiles, caring hearts, and eagerness to help to our patients and families. Your efforts create an environment of comfort and safety that makes the patient experience at MGH a truly extraordinary one."

There are so many stories of volunteers making a difference in the lives of patients and families. Volunteers like Kathy Iannotti who's been a patient escort for six years. She recalls a bitterly cold day assisting an elderly, Italian-speaking woman in a wheelchair to get to the MGH Dental Practice so she could make an appointment. Iannotti helped her complete her medical history, spent more than hour with her making sure she accomplished what she needed to do, then helped her to the subway in the

*continued on next page*

Rowell herself was the recipient of the inaugural award, which will be given each year to a volunteer who exemplifies her same extraordinary commitment to volunteerism, service, and generosity of spirit.

## Volunteer Department (continued)

Clockwise from top left: Peter Slavin, MD, presents Jessie Harding Award to John McCarthy; Cathy Minehan (in green jacket) presents Trustees Award to inter-disciplinary team; Jeanette Ives Erickson, RN, presents Maeve Blackman Award to John Morris; MGH volunteers, sport Red Sox and Patriots garb to underscore the theme, "An evening with Champions."

falling snow. Says Iannotti, "I love volunteering at MGH. I get way more back than I put in."

Judy Selden has been a volunteer for two and a half years. For three hours every Monday night, she is a 'baby cuddler' in the Newborn-Special Care Nursery. Her job is to sit in a comfortable rocking chair with a warm blanket and a pillow, and hold and cuddle a tiny baby. Says Seldon, "No matter how stressful my day has been, the moment the nurse places that little swaddled bundle in my arms, it all melts away. After a while the nurse asks if I need a break. I always wonder—a break from *what*? I'm so thrilled to be part of this fabulous unit. I can't imagine a better or more satisfying volunteer experience."

Beth Nolan, a patient escort

for seven months, recalls an interaction with an elderly woman during the holiday season. She was having trouble finding the Blake Building, so Nolan helped her find her way. As they walked (the woman, slowly and with a cane), the woman told Nolan she was here to be with her daughter-in-law as they removed life support from her mother. Nolan escorted her all the way to the intensive care unit, where the woman thanked her profusely for taking the time to help her. Says Nolan, "I was happy to help and lend a listening ear. I love volunteering at MGH."

For more information on Volunteer Services at MGH, or if you're interested in becoming a volunteer, contact Milton Calderon, volunteer coordinator, at 617-724-1755.



# The Molly Catherine Tramontana Award

—by Michele O'Hara, RN, nursing director

**T**he Molly Catherine Tramontana Award recognizes Labor & Delivery nurses who deliver outstanding care to grieving families. Mark and Jennifer Tramontana established the award in memory of their child, Molly Catherine, who passed away seven years ago. The Tramontana award recognizes extraordinary and compassionate care and provides funding for a staff nurse to attend a bereavement care conference.

Molly Catherine's memory lives on in the nurses who are nominated by their peers. This year, the se-

lection committee, composed of past award recipients, received the highest number of nominations since inception of the award. Nominees included Dana Allison, RN; Maureen Carrigan, RN; Shana Crow, RN; Jennifer Healy, RN; Mona Hemeon, RN; Andrea Hennigan, RN, and Joanne White, RN.

The bereavement conference scholarship went to RitaMarie Testa, RN, a novice Labor & Delivery nurse. Said Testa, "I knew perinatal loss occurred and that at some point I'd be providing support for a family experiencing a loss, but I wasn't prepared for what that support would look like until it actually happened. By attending this conference, I hope to gain a more in-depth understanding of theoretical frameworks, a sensitivity for different cultural approaches to grieving, and greater understanding of perinatal bereavement in the clinical setting."

Mona Hemeon was selected as the 2014 Molly Catherine Tramontana Award recipient. Hemeon was nominated by her colleague, Lois Richards, RN, who wrote, "Mona has cared for many families who've experienced loss. She helped organize our first bereavement conference and is an active member of the bereavement committee. She's very supportive of families and understands that the loss of a child touches every family member differently. She's versatile enough to individualize her care to meet the needs of each family member, not just grieving parents. She is profoundly present when caring for patients—it's as if each patient and/or family member is the most important person in the world to her at that moment."

For more information about the Molly Catherine Tramontana Award, call nursing director, Michele O'Hara, RN, at 4-1878.

Mona Hemeon, RN, (third from right,) with past award recipients and nominees, staff of the Labor & Delivery Unit, and members of the Tramontana family.



(Photo by Brian Wilson)

# Clinical Leadership Collaborative for Diversity in Nursing

## *Educating for the Future*

—by Gaurdia Banister RN, executive director, The Institute for Patient Care

**O**n Thursday, April 10, 2014, the Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) held its annual spring educational event, hosted by Brigham & Women's Faulkner Hospital (BWFH). The CLCDN Scholarship Program helps increase the pipeline of diverse nurses throughout the Partners HealthCare System and develop diverse nurse leaders. The educational event is one of three events held each year to impart knowledge and skills to help CLCDN students, advanced practice nurses, and mentors flourish in an environment where they're not the majority. The theme of this year's event focused on mentoring—its importance, effectiveness, and strategies for success.

LaDonna Christian, RN, associate professor of Nursing Practice and director of the Dotson Bridge and Mentoring

Program at Simmons College, presented, "Mentoring to Empower: a Village Model." Christian spoke about the importance of diversity in health care and the role of mentors in helping individuals transition smoothly into the healthcare setting. She emphasized strategies for effectively mentoring diverse and multi-cultural students.

Following the presentation, Christian facilitated a panel discussion with veteran CLCDN mentors who've successfully supported, guided, and helped students transition into roles as new-graduate nurses. MGH nurses, Marie Guerrier, RN, and Joy Williams, RN; and BWH nurse, Tess Panizales, RN, served as panelists, imparting their knowledge and experience and strategies for effective relationship-development and student-engagement. A key theme that emerged from the panel discussion was the need for effective, on-going communication and interaction between mentors and students. Said one panelist, "Communication is the foundation of a successful mentoring relationship."

The evening concluded with dinner and an opportunity for students to network. These events allow mentors to renew relationships with their mentees, expand their networks, and share their plans and ideas.

For more information about the Clinical Leadership Collaborative for Diversity in Nursing, contact Gaurdia Banister, RN, executive director, The Institute for Patient Care, at 617-724-1266.



(Photos by Paul Smith)



Left: CLCDN student asks question. Right: panelists (l-r), BWH nurse, Tess Panizales, RN; Marie Guerrier, RN; and Joy Williams, RN, field questions from the audience.

# MGH Proud

## *Celebrating Boston Pride Week 2014*

—submitted by the MGH LGBT Employee Resource Group

Every year, Boston Pride Week is held to celebrate and promote awareness and support of the LGBT community and its allies. This year, June 6th–15th marked the 44th annual celebration in Boston, and the ERG worked hard to foster Pride Week's mission of acceptance, equality, and respect.

**D**o you have Pride? The MGH LGBT Employee Resource Group (ERG) does, and it was front and center this month as the MGH community observed National Pride Week. Every year, Boston Pride Week is held to celebrate and promote awareness and support of the LGBT community and its allies. This year, June 6th–15th marked the 44th annual celebration in Boston, and the ERG worked hard to foster Pride Week's mission of acceptance, equality, and respect throughout the MGH community.

Over the course of the week-long celebration, the ERG hosted several events including a Pride Week social in partnership with the BWH Lesbian, Gay, Bisexual, Transgender & Friends group. They handed out flyers and sent All-User e-mails promoting Pride Week and its message of inclusion and equality. Pride ribbons were available at the Employee Access Center and Employee Assistance Program Office, and MGH Pride T-shirts were available through the ERG.

As the week came to a close, the ERG joined the BWH group to march in the Pride Parade. Sporting MGH/BWH Pride T-shirts and handing out MGH bags, key chains, and pamphlets, the ERG marched alongside organizations from across Massachusetts to foster a spirit of education, inclusion, and dignity for all.

For more information on Boston Pride Week, go to: <http://www.bostonpride.org/>. To learn more about the MGH LGBT Employee Resource Group and how you can get involved, go to: <http://www.massgeneral.org/lgbt/> or send e-mail to [LGBTmgh@partners.org](mailto:LGBTmgh@partners.org)



# Through each other's eyes: *sharing what we've learned from living with cancer*

—by David Browning, LICSW, and Paula Gauthier, LICSW  
Maxwell V. Blum Cancer Resource Room

**O**n Saturday, April 12, 2014, the MGH Cancer Center held its annual patient and family conference, *Through each other's eyes: sharing what we've learned from living with cancer*. The conference, supported by a generous grant from the Conquer Cancer Coalition of Massachusetts, is organized by the Cancer Center's Network for Patients and Families, a peer support program for cancer patients, families, and friends.

Liz Brunner, CEO of Brunner Communications and former news anchor for WCVB-TV, served as moderator, while keynote speakers, Felicia Marie Knaul, author, cancer survivor, and health economist; and Don Dizon, MD, survivorship specialist and director of the Oncology Sexual Health Clinic at MGH, shared their expertise with a capacity crowd. Knaul highlighted her personal experience with cancer and her commitment to improving care for under-served female populations around the world. Dizon reflected on his personal and professional experiences with cancer patients. He suggested that cultivating a capacity for pragmatism, realism, and optimism can help.

A panel of patients, family members, and staff broadened the conversation by sharing how their experiences have helped shape their decision-making and priorities.

Afternoon wellness workshops included an expressive arts session led by art therapist, Megan Carleton; a conversation group led by social

worker, David Browning, LICSW; and a movement session led by occupational therapist, Janet Skolnick, OTR/L, and physical therapists, Andrea Bonanno, PT, and Matthew Nippins, PT. Feedback about the sessions was very positive with comments such as "Excellent presentations—truthful, authentic, transparent, yet hopeful," and "I love the idea of 'thrivership' and the level of optimism generated by the community present today."

The title of April's conference was taken from a quote by Henry David Thoreau: "Could a greater miracle take place than for us to look through each other's eyes for an instant?" To extend that opportunity to look through each other's eyes, a new workshop, also titled, *Through each other's eyes*, is being offered by the Blum Cancer Resource Room. The workshop is based on the simple but powerful idea that by listening and learning from one another, we can clarify and better understand our own way of living with cancer. Open to patients, family members, and staff whose lives have been impacted by cancer, sessions will be held on the second and fourth Tuesdays of every month in the Blum Cancer Resource Room (Yawkey 8C) from 11:30am to 1:00pm. Registration is not required. For more information, contact David Browning at 617-726-3851.



# 13th annual Advance Care Planning informational booth

—by Cynthia LaSala, RN, and Gail Alexander, RN,  
for the PCS Ethics in Clinical Practice Committee

**O**n April 16, 2014, National Health Care Decisions Day, the PCS Ethics in Clinical Practice Committee (EICPC) hosted its annual Advance Care Planning booth in the Main Corridor. Proclamations from Governor Deval Patrick and Mayor Martin Walsh were on display, emphasizing the importance of ensuring appropriate advance care planning for ourselves and our patients.

The booth is intended to raise awareness about

advance care planning. EICPC champions were on hand to provide consultation and distribute educational materials, including Massachusetts Health Care Proxy forms, a list of Internet resources, and two MGH patient-education brochures: *Preparing in Advance for your Health Care* and *Preparing to be a Health Care Agent*.

Information was available on the new Department of Public Health initiative, Medical Orders for Life Sustaining Treatment (MOLST), used for patients of any age with advanced illness to state their preferences regarding life-sustaining treatments. Individuals can express their intentions about receiving CPR, dialysis, mechanical ventilation, etc. MOLST is not an advance directive; it's a medical order intended to document and communicate an individual's treatment preferences across all care settings.

Individuals can change their advance care planning documents at any time for any reason. People might consider revising their advance directives if there are changes in their health condition, personal values or beliefs, or treatment preferences.

To download the Massachusetts Health Care Proxy form (in English and other languages), go to: Partners Applications>PCS Clinical Resources>Health Care Proxy forms.

For copies of *Preparing in Advance for your Health Care* and *Preparing to be a Health Care Agent*, go to PCOI: Patient Information>Senior Health or End of life>Advance Care, or order through Standard Register (SR document # 84669).

For more information about MOLST, go to: [www.molst-ma.org](http://www.molst-ma.org). For information about advance care planning or the annual advance care planning booth, contact Cynthia LaSala, RN, at 4-6010.

Staffing this year's Advance Care Planning booth, are (l-r): Gail Alexander, RN; MaryAnn Columbia, RN; Billie Jo Watson, RN; and Susan Warchal, RN.



# Connell Nursing Research Program

## *visiting scholar*

—by Sara Looby, RN, nurse practitioner

Connell visiting research scholar, Nancy Fugate Woods, RN,

**O**n April 24, 2014, MGH welcomed Connell visiting research scholar, Nancy Fugate Woods, RN, professor of Biobehavioral Nursing and Health Systems, dean emerita at the Uni-

versity of Washington School of Nursing, and co-director of the de Tornyay Center for Healthy Aging. Woods has served as a mentor to Sara Looby, RN, Connell nursing research scholar, for the past year.

Woods has led an internationally recognized and sustained program of research in the field of women's health. She and her colleagues established the first NIH-funded Center for Women's Health Research at the University of Washington and the Seattle Midlife Women's Health Study, a longitudinal study of women during menopausal transition and early post-menopause. She is an investigator for the Women's Health Initiative Study and the MsFLASH study of symptom-management for hot flashes and related symptoms. She has been inducted into the Institute of Medicine of the National Academies and the American Academy of Nursing.

Woods began her MGH visit with a stop at The Munn Center for Nursing Research to meet with Connell nursing research scholars and share her expertise and recommendations about their ongoing research. She met with the Doctoral Forum where she had an opportunity to engage in a dialogue about their experiences caring for patients both in the hospital and home settings. They discussed patient-centered symptom-management and nurses' ability to recognize and accommodate patients' unique care needs in the community setting.

The day concluded with a presentation by Woods in O'Keeffe Auditorium, entitled, "Studying Symptoms: Foundation for Symptom-Management Research." Woods delineated the time line of her program of research with menopausal women and integrated findings from her studies into her presentation. The session concluded with a lively discussion about innovative directions for nurse-led symptom-management research and assessing symptom clusters in the growing number of post-menopausal women.

For more information about the Connell Visiting Research Scholar Program, call Diane Carroll, RN, nurse researcher, at 617-724-4934.



# A little TLC goes long way toward relieving anxiety in the OR

I recently cared for 'Gina,' who was going to undergo a breast biopsy with needle localization. In reviewing her record, I noted that Gina suffered from anxiety. I knew there was a good chance that undergoing a biopsy could trigger her anxiety.

**M**y name is Melissa Mattola-Kiatos, and I've been a nurse for eight years, 4½ in the Operating Room. I recently cared for a patient, 'Gina,' who was going to undergo a breast biopsy with needle localization. I was her circulating nurse. In reviewing her record, I noted that Gina suffered from anxiety. I knew there was a good chance that undergoing a biopsy could trigger her anxiety.

I introduced myself to Gina in the induction bay outside the operating room and after verifying her identity, started a conversation—about nothing and everything. I noticed that when she spoke about her children, her nervous hand-wringing and foot-tapping lessened. I gradually steered the conversation back to the procedure she was going to have. As I talked to Gina about her medical history, she told me she'd had a surgical procedure a few weeks ago and had experienced a lot of pain and anxiety afterward. I shared with her that based on the attending surgeon's assessment, the calcifications we were going to be removing from her breast were fairly superficial, so the pain shouldn't be as profound as her previous surgery. This calmed her.

I described what Gina would see and hear when she entered the operating room, carefully monitoring her response for signs of anxiety. I didn't want to overwhelm her or make her more anxious, but our conversation about post-operative pain had seemed



Melissa Mattola-Kiatos, RN, staff nurse  
Operating Rooms

to calm her, so I continued. Gina took great comfort in knowing that she'd be comfortably asleep before we started anything invasive. I assured her that we'd take all the steps necessary to ensure she was safe and comfortable throughout the procedure. I explained that the nurse anesthetist (CRNA) would be out to speak with her shortly, and I'd be sure to convey Gina's concerns to her about pain-management following surgery.

Still in the induction bay, I spent some more time discussing the procedure and answering Gina's questions. The CRNA came out to speak with her, and after introducing them, I stepped away to let them talk. It's important to have a complete picture of the patient's condition so we can make sure we have all the necessary tools and equipment on hand in the operating room. I let Gina know I was going into the operating room to make sure everything was in order and I'd be back before she was brought in to answer any more questions she might have.

*continued on next page*

Gina was an active participant in the hand-over report, which helped give her a sense of control over her situation and eased some of her anxiety. After spending a few more minutes with Gina, she relaxed to the point that I felt comfortable leaving her in the PACU. She thanked me for everything I'd done and said she, "wouldn't forget how much I'd helped her."

When I returned, Gina said, "I'm glad you're here, Melissa. I feel like I have a special connection with you."

When the rest of the surgical team arrived, we conducted a pre-op huddle during which I relayed Gina's anxiety around pain-management following the procedure. We discussed her concern about not being able to control the pain and the added anxiety it triggered pre-operatively. All members of the surgical team were on the same page concerning Gina's anxiety over the procedure and the fear of post-operative pain.

When we brought Gina into the operating room, she was shaking slightly due to nerves. I stayed by her side and held her hand, which she gripped very tightly. I explained everything that was going on around her in simple terms. Gina responded well to my speaking with her; it served as somewhat of a distraction as she was induced by anesthesia. She closed her eyes and took deep, even breaths to help relieve the anxiety, and her grip on my hand loosened a little. Throughout her induction, I held her hand and reassured her. When she was completely sedated, her grip finally relaxed.

Gina tolerated the procedure very well. When it was over and she began to wake up, I was by her side reassuring her that she was safe and letting her know she was still in the operating room. She became very awake and alert and said repeatedly, "Am I okay? I feel like I'm going to jump out of my skin." I took her hand and assured her she was okay. The CRNA, noting her heightened anxiety, gave her something 'to relax her.'

We helped Gina onto a stretcher for transport to the recovery room. She kept repeating that she felt anxious. I acknowledged that she was feeling anxious but checked to make sure she wasn't experiencing any pain. Under normal operating procedure, the circulating nurse doesn't accompany the patient to the recovery room. But I felt, given the comfort Gina seemed to take from my presence, that accompanying her to the Post Anesthesia Care Unit (PACU) might help ease some of her anxiety. I also felt I could provide added reassurance and emotional support during transport.

I walked with Gina, the resident, and the CRNA to the PACU. The entire time, I held her hand and continued to reassure her. We wheeled her into one of the recovery bays, and I introduced Gina to her PACU nurse. During the warm hand-over, I alerted

the PACU nurse to the fact that Gina was experiencing heightened anxiety following her procedure, but she was practicing deep breathing and starting to feel a little better. As a team, we discussed Gina's concerns about pain-management and her on-going anxiety. Gina was an active participant in the hand-over report, which helped give her a sense of control over her situation and eased some of her anxiety. After spending a few more minutes with Gina, she relaxed to the point that I felt comfortable leaving her in the PACU. She thanked me for everything I'd done and said she, "wouldn't forget how much I'd helped her."

I followed up with Gina's attending surgeon about a week later to see how she was doing. The timing could not have been better. I learned that Gina was returning the operating room that very day to have more tissue excised. We discussed Gina's anxiety, and the surgeon confirmed she had prescribed some anti-anxiety medication for the night before and the morning of surgery.

I was between cases and had an opportunity to visit the pre-op area prior to Gina's case. She was sitting comfortably on a stretcher with a member of her family beside her. Before I could even say hello, she recognized me and called me by name. She introduced me to her aunt and told me again how grateful she was for everything I'd done. She said she had learned from her previous experience and had been given something 'to relax her' ahead of time. I wished her the best and told her I was grateful for the opportunity to close the circle and follow up on her.

Gina reminds me that sometimes the smallest things, like taking the time to listen, can have a big impact on a patient's experience and expectations.

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

If not for Melissa's recognition of Gina's anxiety related to her prior post-operative pain and the steps she took to mitigate that anxiety, Gina's breast-biopsy experience might have been very different. Melissa took the time to get to know Gina, as a person and a patient. She introduced Gina to the OR team and environment with great care. And her hand-over to the PACU nurse gives new meaning to term, 'warm hand-over.' What a wonderful example of relationship-based care.

Thank-you, Melissa.

# New disruptive-behavior icon in LMR and CAS

—by Robin Lipkis-Orlando, RN, director, Office of Patient Advocacy

The icon, a pictogram of a key and a small round information symbol, preserves the right of patients to receive safe, confidential, appropriate care while also protecting the right of employees to practice in a safe work environment.

In response to a growing number of incidents stemming from disruptive patient behavior, a special icon has been created (that will appear beside the patient's name in the LMR and CAS systems) to alert clinicians of the potential for disruptive behavior. Hovering the cursor over the icon will reveal safety information related to that individual and/or a reference to a more extensive care plan. The icon, a pictogram of a key and a small round information symbol, is a safety measure intended to help protect patients, visitors, and employees. The icon helps preserve the right of patients to receive safe, confidential, appropriate care while also protecting the right of employees to practice in a safe work environment.

The new disruptive-behavior icon:

- allows early identification and appropriate attention to high-risk individuals and the clinical factors that contribute to disruptive behavior
- alerts clinicians to employ preventative methods that target the root causes of disruptive behavior
- promotes safe care to patients who pose an unusual risk for violence
- preserves staff safety throughout the hospital by providing information about the safety risks associated with at-risk patients

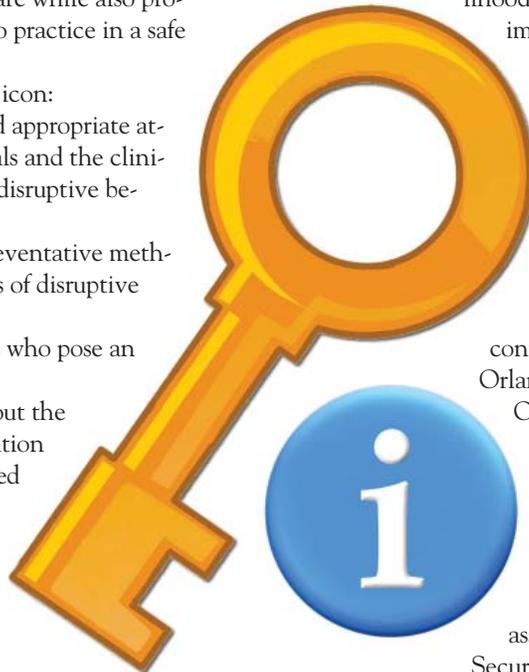
Assignment of the icon is determined by a multi-disciplinary committee composed of representatives from Psychiatry, the Office of Patient

Advocacy, Nursing, Social Service, Police & Security, Occupational Health, Risk Management, the Office of Quality & Safety, and primary care clinicians when possible. The committee will work with clinicians responsible for the patient's care to amend the treatment plan to try to reduce the patient's risk of violence.

Safety reports must be filed for icon consideration. Some factors taken into account when determining appropriateness of the icon include the level and severity of violence; number of previous incidents; prior history of violent or criminal behavior; assessment of why these actions have occurred; likelihood of reoccurrence; and the impact on patient care and employee safety in the work area.

The disruptive-behavior icon is reviewed every six months to determine whether it needs to remain in place or may be discontinued.

For more information, contact Robin Lipkis-Orlando, RN, director of the Office of Patient Advocacy (617-726-3370); Janet Wozniak, MD, chair of Quality and Safety for the department of Psychiatry (617-724-5600); or John Driscoll, assistant director, Police & Security (617-724-3032).



# National Men's Health Week

—by Nicholas Digiovine, RN; Denise Flaherty, RN, and Julie McCarthy, RN,  
for the Patient Education Committee

The goal of Men's Health Week is to highlight the importance of maintaining a healthy diet, exercising regularly, and understanding health issues relative to age and gender. The hope is that men will have an open dialogue with their caregivers and advocate for their own health and wellness.

**N**ational Men's Health Week was observed June 9–15, 2014; appropriately so as it was the week leading up to Father's Day. Men's Health Week was established to help raise awareness about preventable health issues and encourage early detection and treatment among boys and men of all ages. The goal of Men's Health Week is to highlight the importance of maintaining a healthy diet, exercising regularly, and understanding health issues relative to age and gender. The hope is that men will be empowered to have an open dialogue with their caregivers and advocate for their own health and wellness.

At MGH, nutritionists are available to help individuals make sound dietary choices, which can result in a number of health benefits such as weight loss and reducing the risk of conditions such as diabetes and heart disease. The MGH "Choose Well, Eat Well" program implemented by Nutrition & Food Services throughout the various cafeterias, helps individuals make healthier meal choices on a regular basis. This system employs a simple, color-coded guide that identifies the number of calories in specific foods, which fosters healthy eating and decision-making for patients, visitors, and staff. One simple rule is to try to eat more green, less red, and a moderate amount of yellow.

In our busy, fast-paced lives, it can be difficult to incorporate exercise into our daily routines. The Centers for Disease Control and Prevention (CDC) offers information on the recommended daily amount of activity for all age groups along with helpful tips for how to meet those recommendations. Go to the CDC website and type, "Physical Activity for Everyone" into the search field. You'll find recommendations for children, adults, and seniors. Little things, such as taking the stairs instead of the elevator, getting off the train at an earlier stop, and walking on your days off, all help promote wellness. The more you move, the healthier you'll be.

Finally, as men age, it's important to be aware of the risk factors for heart disease, such as high blood pressure, elevated cholesterol, and elevated blood sugars, and the risk factors for testicular and prostate cancer. The risk of developing these conditions can be greatly reduced by proper diet and exercise. Having annual physicals and preventative screenings can help identify risk factors and any new conditions or concerns that may arise.

The best way to stay healthy is to be proactive. Diet, exercise, and understanding your own health are key factors in maintaining optimal health. For more information on men's health, go to: <http://www.massgeneral.org/pflc/default.aspx> or <http://www.cdc.gov/men/>.

# Dietary restrictions for dialysis patients

## *a safety issue*

**Question:** Why do patients receiving dialysis have dietary restrictions?

**Jeanette:** Dialysis removes fluid and waste from the blood. During dialysis treatment, fluid shifts occur in the body; if too much food and fluid are consumed during a treatment, adverse effects, such as hypotension (drop in blood pressure), nausea, vomiting, choking, increased intestinal motility, vascular access infiltrations, or inability to remove fluid during treatment can occur. The standard dialysis meal provides for the caloric and carbohydrate needs of dialysis patients and addresses these precautions.

**Question:** If I care for a patient undergoing dialysis treatment, do I need to make modifications to his/her diet?

**Jeanette:** In the majority of cases, dialysis patients require a high-protein, low-sodium, low-potassium, and low-phosphorus diet. Good nutrition helps patients maintain a normal albumin, so restrictions should be individualized and used only if necessary. Consult a registered dietitian for appropriate restrictions.

**Question:** How do we know a patient is getting the 'right' meal during dialysis?

**Jeanette:** Nutrition & Food Services is notified which patients are having dialysis the day before treatment. They send a modified tray to the Dialysis Unit on the day of treatment for the meal(s) the patient will receive while there. If the standard dialysis meal isn't appropriate for a given patient (because of food allergies, dysphagia, etc.) the patient's tray is adjusted accordingly by the Patient Food Service Department.

**Question:** How is the patient informed about these safety measures?

**Jeanette:** On the patient's first visit to the Hemodialysis Unit, the dialysis nurse gives the patient an informational letter and *The Hemodialysis Unit Guide*, informally known as 'the Red Book' (also available in Spanish). These materials provide information about the disease, options for treatment, etc. The nurse and dietitian educate patients regarding appropriate dietary restrictions, which are in place for their safety and to optimize dialysis outcomes.

Information about these tools is available upon request from the Hemodialysis Unit.

**Question:** What if patients wants more to eat when they get back to the unit?

**Jeanette:** Staff can order another tray by calling 4-FOOD (4-3663).

**Question:** How can staff on inpatient units assist with this process?

**Jeanette:** All staff should familiarize themselves with renal dietary information and review it with patients before treatment. If patients still have questions, ask the nurse to contact a registered dietitian.

For more information about renal dietary restrictions or the Hemodialysis program, contact the Hemodialysis Unit at 617-726-3700.

# Partners eCare revenue-cycle implementation July 12, 2014

*Question:* What is the revenue cycle?

*Jeanette:* Revenue cycle refers to the administrative portion of Partners eCare, including outpatient and ambulatory scheduling, hospital and professional billing, patient registration, bed-management, admissions, transfers, and discharges. Partners eCare will be replacing PATCOM, CBEDS, IDX, and a number of other systems.

*Question:* Who will be affected by the change?

*Jeanette:* More than 8,200 staff members in ambulatory clinics, Physical and Occupational Therapy, Speech-Language Pathology, Patient Financial Services, the Registration and Referral Center, Billing, the Emergency Department, and Environmental Services will be transitioning to the new system.

*Question:* How are we preparing for the change?

*Jeanette:* Training is underway. Partners eCare is providing 188 courses in 54 'tracks' to help prepare users. This will be followed by proficiency assessments, and super users have been identified in each department to serve as local experts.

We're planning a 'technical dress rehearsal' to test the printers and other equipment that will be affected by the transition. We're testing the 176 interfaces that connect Partners eCare to clinical systems. Beginning July 5, 2014, appointments will be converted to Partners eCare. The 'cut-over' from our existing systems to Partners eCare will begin late on the evening of July 11th. Partners eCare will be live Saturday morning, July 12th.

*Question:* What support will be available during the implementation period?

*Jeanette:* An extensive team of MGH super users, Partners eCare experts, and vendor representatives will be on-site to monitor progress, address issues that may arise, and support users.

*Question:* How will the new automated revenue cycle affect patients?

*Jeanette:* Initially, patients may be aware of the change as staff become proficient with the new system, but we're anticipating a seamless transition. As we move toward implementation of the clinical portion of Partners eCare in March, 2016, there's no question that having a fully integrated medical record will have a positive impact on the patient experience.

*Question:* How do we know it will be successful?

*Jeanette:* The Partners eCare revenue cycle was implemented successfully at Newton-Wellesley Hospital this spring. We had the benefit of learning from their experience.

*Question:* Where can I find more information about Partners eCare?

*Jeanette:* You can contact Kristine Trites, revenue cycle program manager, at 617-726-1809, or go to the Partners eCare website at: <https://partnersecare.partners.org/hospital-networks/mgh/>.

# Remembering two veteran Ed Coakley, RN, and

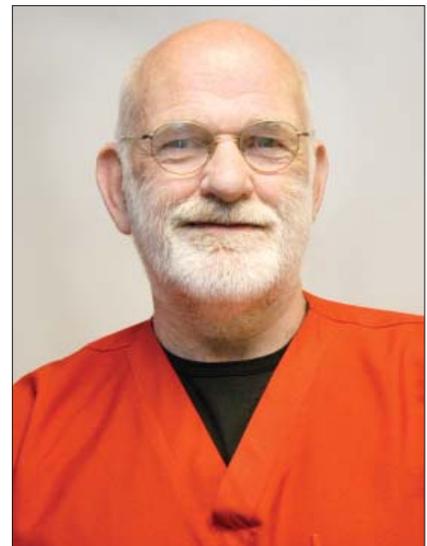
Throughout his career, Coakley touched countless lives—as a staff nurse, manager, executive nurse leader, and most recently as director emeritus for The Center for Innovations in Care Delivery. His contributions as a mentor, teacher, theorist, and innovator inspired all in his orbit to try harder and strive higher.

**Y**ou only had to meet Ed Coakley once to know he was a free-thinker, a dreamer in the best sense of that word, and a nurse innovator of the highest order. Ed Coakley, RN, a 40-year veteran of MGH, passed away peacefully, May 10, 2014, with his family at his side. Throughout his career, Coakley touched countless lives—as a staff nurse, manager, executive nurse leader, and most recently as director emeritus for The Center for Innovations in Care Delivery. His contributions as a mentor, teacher, theorist, and innovator inspired all in his orbit to try harder and strive higher. And we are a better hospital for his efforts.

Coakley's accomplishments are many and far-reaching. He was among the first to examine the impact of aging on the delivery of care. He believed it was essential to prepare nurses with specialized knowledge in the care of older adults. He designed a creative approach to address this challenge which involved a re-design of the workplace to accommodate older nurses and leverage their knowledge and experience to support new nurses.

Said one nurse colleague, "Ed didn't think outside the box. He didn't know there *was* a box."

Senior vice president for Patient Care, Jeanette Ives, Erickson, RN, wrote of Coakley, "Ed cared deeply about his patients and his work; he was a cherished ally in the pursuit of our common purpose. Ed was a pioneer. He looked at complex prob-



Ed Coakley, RN, former director emeritus, The Center for Innovations in Care Delivery

lems and wove together elegant solutions to change cultures and advance nursing practice. The impact of his vision is yet to be fully realized, but it will likely be felt for generations to come. We will miss him tremendously."

It seems fitting to revisit a passage that appeared in *Caring Headlines* on July 1, 2010, on the occasion of Coakley's retirement as director emeritus. The article, entitled, "Coakley goes out on wave of admiration, appreciation, and affection," ended with the words: "Coakley will never truly be gone. As long as there's a novel thought, a slightly off-kilter perspective, an idea just crazy enough to be brilliant, we will feel his guiding presence."

# MGH nurse leaders

## Susan Noska, RN

**T**he MGH community was saddened by news that Susan Noska, RN, lead coordinator of the Abdominal Transplant Programs, passed away, May 12, 2014. A 1972 graduate of the MGH School of Nursing, Noska's first position at MGH was as a staff nurse on the Orthopaedics Unit. After a brief stint with the Medical Surgical Service, Noska moved to the Transplant Unit where she later became transplant nurse coordinator. An active member of the American Nephrology Nurses Association and president of the Mass Bay chapter in 1993, Noska earned certified clinical transplant coordinator designation in 1997. In 2010, she became lead transplant coordinator for the Abdominal Transplant Programs, a role she owned and flourished in until her death May 12th at the age of 63.

"We've lost a special member of the MGH Transplant family," said Nina Tolkoff-Rubin, MD. "Her clinical expertise, warmth, and humanity will be missed."

Lisa Carter, RN, worked with Noska for 15 years. Said Carter, "She was a wonderful person. Oprah Winfrey once said that each of us has a personal calling that's as unique as a fingerprint. The best way to succeed is to discover what you love then find a way to offer it to others in the form of service, hard work, and allowing the energy of the universe to lead you. Sue managed to



Susan Noska, RN lead coordinator of the Abdominal Transplant Programs

do just that. She was a wonderful transplant coordinator and a dedicated wife and mother. She loved her family deeply. She fought her cancer with a strength most would not have had. And she was kind. She always took time to say hello and chat for a few minutes. Sue was a great co-worker and a great friend."

Said Angela Marquez, administrative director of the MGH Transplant Center and Division of Transplant Surgery, "Susan was a pioneer in transplant nursing, helping to shape the coordinator role she loved so much. I was continually impressed by her professionalism, knowledge, and experience. She was a wonderful colleague and friend. She will be deeply missed."

**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**

January 23, 2014

# Professional Achievements

## Scott certified

Katrina Scott, chaplain, became certified in Hospice and Palliative Care by the Association of Professional Chaplains, February 27, 2014.

## Gay certified

Diane Gay, RN, Cardiac ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Pelletier certified

Emily Pelletier, RN, staff nurse, Blake 12 ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Banister honored

Gaurdia Banister, RN, executive director, The Institute for Patient Care, received the Prism Diversity Award from the American Association of Nurse Executives, in Orlando, Florida, March 13, 2014.

## McKenna-Guanci honored

Mary McKenna-Guanci, RN, clinical nurse specialist, Neurology ICU, received the 2014 Excellence in Neuroscience Education Award at the annual educational meeting of the American Association of Neuroscience Nurses in Anaheim, California, March 10, 2014.

## Stieb presents

Elisabeth Stieb, RN, staff nurse, MGH Food Allergy Center, Pediatrics, presented, "Update of Performing Baked Milk and Baked Egg Oral Food Challenges," and, "Development of a CNS Orientation Process to Onboard New CNSs," at the annual meeting of the American Academy of Allergy, Asthma and Immunology, in San Diego, March 2-3, 2014.

## Slicis certified

Donna Slicis, RN, staff nurse, Blake 12 ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Carrig certified

Christa Carrig, RN, staff nurse, Blake 12 ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Wiggins certified

Jessica Wiggins, RN, staff nurse, Blake 12 ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Blakeney publishes

Barbara Blakeney, RN, innovation specialist, The Center for Innovations in Care Delivery, authored the guest editorial, "The Horse as Teacher? Really?" in *Archives of Psychiatric Nursing*, in April, 2014.

## Fern presents

Ellen Fern, RN, staff nurse, Endoscopy Unit, presented, "GERD and Esophageal Reflux Monitoring," at the spring meeting of the New England Society of Gastrointestinal Nurses and Associates in Burlington, March 22, 2014.

## Inter-disciplinary team presents poster

Susan Gavaghan, RN; Shannon DaCunha, RN; Sandy Klemmer, RD; Molly Cleary, RD; Donna Belcher, RD; Amanda Bulette Coakley, RN; and Virginia Capasso, RN, presented their poster, "A Multi-Disciplinary and Cost-Effective Approach to Improving Nutritional Status of Patients at Risk for Pressure Ulcers on Two In-Patient Adult Medical Units for Improved Quality of Care and Clinical Outcomes," at the annual conference of the National Association of Clinical Nurse Specialists, in Orlando, Florida, March 5-8, 2014.

## Salony certified

Meredith Salony, RN, staff nurse, Blake 12 ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Nurses publish

Sharon Kelly-Sammon, RN, staff nurse, White 3 PACU, and Donna Van Kleeck, RN, staff nurse, Pre-Admission Clinic, authored the article, "The Pre-Admission Area (PATA) Phone Evaluation Program," in the Massachusetts Society of PeriAnesthesia Nurses' newsletter, in March, 2014.

## Miguel presents

Karen Miguel, RN, patient safety officer, Radiology, presented, "Teaming + - Weaving it into Your Cultural Thread," at the annual conference of the Association of Vascular and Interventional Radiographers Association for Radiologic and Imaging Nursing, in San Diego, March 23, 2014.

## Beauchamp and Staples present

Monica Staples, RN, clinical nurse specialist, General Medicine, and Kathryn Beauchamp, RN, clinical nurse specialist, Pediatric ICU, presented, "Development of a CNS Orientation Process to Onboard New CNSs," at the annual conference of the National Association of Clinical Nurse Specialists in Orlando, Florida, March 6, 2014.

## Endoscopy nurses present

Janet King, RN, staff nurse, Endoscopy Unit; June Guarente, RN, clinical nurse specialist, Endoscopy Unit, and Carol Shea, RN, clinical manager, Endoscopy Unit, presented, "Do You Want to Know How to Use Research to Change Practice? We Will Show You How We Did it," at the spring meeting of the New England Society of Gastrointestinal Nurses and Associates in Burlington, March 22, 2014.

## Chi Nguyen certified

Dalena Chi Nguyen, RN, staff nurse, Cardiac ICU, became certified by the American Association of Critical-Care Nurses in March, 2014.

## Hall re-appointed

Kathy Hall, RN nursing director, CRC, was re-appointed lead nurse director of the Harvard Catalyst Clinical Research Center Program, in April, 2014.

## McKenna-Guanci honored

Mary McKenna-Guanci, RN, received the Excellence in Neuroscience Education Award, from the American Association of Neuroscience Nurses, in May, 2014.

## Hall honored

Kathryn Hall, RN, nursing director, CRC, received the Exceptional Advanced Practice Clinician and Mentor Award, at the MGH Institute of Health Professions, in April, 2014.

## Carroll publishes

Diane Carroll, RN, nurse researcher, The Yvonne L. Munn Center for Nursing Research, authored the article, "Factors Influencing Recovery for Older Adults and Spouses after a Cardiovascular Procedure," in a recent issue of the *International Journal of Nursing Practice*.

## Wild and McKenna-Guanci present poster

Jackson Wild, RN, Neurology ICU, and Mary McKenna Guanci, RN, Neurology ICU, presented their poster, "Reducing Barriers to Early Mobility in the Neuroscience Intensive Care," at the annual conference of the American Association of Neuroscience Nursing, in Anaheim, California, in March, 2014.

### McKinnon presents

Sarah McKinnon, OTR/L, occupational therapist, presented, "Leadership in Healthcare and Non-Profit Organizations," at Boston University, March 19, 2014.

### Akuamoah-Boateng certified

Linda Akuamoah-Boateng, project manager, PCS Office of Quality & Safety, became certified as a professional in healthcare quality, by the National Association of Healthcare Quality, in April, 2014.

### Henderson certified

Liz Henderson, RN, clinical nurse specialist, Burn, Plastic, and Reconstructive Surgery, became certified as an advanced forensic nurse by the American Nurses Credentialing Center, April 9, 2014.

### Sutcliffe certified

Shaun Sutcliffe, RN, surgical clinical project manager, Bariatric Surgical Quality and Safety, became certified as a bariatric nurse by the American Society for Metabolic and Bariatric Surgery, March 1, 2014.

### Berrett-Abebe and Laflamme present

Social workers, Julie Berrett-Abebe, LICSW, and Kailie Laflamme, LICSW, presented, "Hospital-Based Memorial Service to Address Secondary Traumatic Stress," at the Massachusetts chapter of the National Association of Social Workers' Symposium 2014 in Framingham, April 4, 2014.

### Chang presents

Lin-Ti Chang, RN, staff specialist, presented, "Evaluation of Mass Casualty Incident Education to Guide Disaster Responder Preparedness," at the 2014 West Lake international forum on Disaster Medical Response and Trauma Care, in Hangzhou, China, April 19, 2014.

### Goldsmith presents

Tessa Goldsmith, CCC-SLP, speech-language pathologist, presented, "Rehabilitation of the chemo-radiation patient," at Harvard Medical School, April 11-13, 2014.

### Maglio presents

Madeleine Maglio, OTR/L, occupational therapist, presented, "Evidence-Based Practice and the New Practitioner," in an on-line podcast for the American Occupational Therapy Association, *TalkShoe*, March 6, 2014.

### Manley presents

Bessie Manley, RN, nursing director, presented, "Nurse Director Rounds" at the Care New England Conference for Nurse Manager Rounding, in Providence, Rhode Island, April 17, 2014.

### Riley presents

Susan Riley, PT, physical therapist, presented, "Specialty Certification: Process and Preparation," at the Pediatric Support Group of the Massachusetts chapter of the American Physical Therapy Association, in Brighton, March 27, 2014.

### Turner presents

Karen Turner, OTR/L, occupational therapist, presented, "Mothering When Mothers and Children Both Have Sensory Processing Challenges," at the annual conference of the American Occupational Therapy Association in Baltimore, April 5, 2014.

### Convery and Berrett-Abebe present

Social workers, Mary Susan Convery, LICSW, and Julie Berrett-Abebe, LICSW, presented, "Story-Telling as a Therapeutic Tool," at the Massachusetts chapter of the National Association of Social Workers' Symposium 2014 in Framingham, April 4, 2014.

### Gold-Bernstein and Jacobsohn publish

Beth Gold-Bernstein and Lorrie Jacobsohn, RN, clinical nurse specialist, authored the article, "Changing Models of Health Care Offer an Opportunity for Yoga Therapy," in *Yoga Therapy Today*.

### Inter-disciplinary team publishes

Eszter Vegh, MD; Jagdesh Kandala, MD; Mary Orencole, RN; Gaurav Upadhyay, MD; Sharma Miller; Bela Merkely, MD; Kimberly Parks, DO; and Jagmeet Singh, MD, authored the article, "Device-Measured Physical Activity versus Six-Minute Walk Test as a Predictor of Reverse Remodeling and Outcome After Cardiac Resynchronization Therapy for Heart Failure," in the May, 2014, *American Journal of Cardiology*.

### Speech pathologists present poster

Rebecca Inzana, CCC-SLP, speech-language pathologist, and Carmen Vega-Barachowitz, CCC-SLP, director of Speech, Language, Swallowing & Reading Disabilities, presented their poster, "The MGH Graduate Student Experience in Medical Speech-Language Pathology," at the Health Care and Business Institute Conference of the American Speech-Language Hearing Association, in Las Vegas, April 12, 2014.

### Inter-disciplinary team publishes

Mary Larkin, RN; Annette Barnie, RN; Barbara Braffett; Patricia Cleary; Lisa Diminick; Judy Harth, RN; Patricia Gatcomb, RN; Ellen Golden, RN; Janie Lipps, RN; Gayle Lorenzi, RN; Carol Mahony, OTR/L; David Nathan, MD, and the Diabetes Control and Complications/ Epidemiology of Diabetes Interventions and Complications Research Group, authored the article, "Musculoskeletal Complications in Type 1 Diabetes," in the April 10, 2014, *Diabetes Care*.

### Orencole and Singh publish

Mary Orencole, RN, nurse practitioner, and Jagmeet Singh, MD, authored the chapter, "Role of Remote Monitoring in Managing a Patient on Cardiac Resynchronization Therapy; Medical Therapy and Device Optimization," in *Cases in Cardiac Resynchronization Therapy*.

### Seavey presents poster

Marie Seavey, RN, case manager, Emergency Department, presented her poster, "Decreasing Emergency Department Visits by High Utilizer Patients," at the annual Case Management Conference and American Case Management Association meeting, in Chicago, April 10, 2014.

### Driscoll presents poster

Jessica Driscoll, RN, nurse practitioner, Hematology-Oncology, presented her poster, "The Lived Experience of an Autologous Hematopoietic Stem Cell Transplantation: a Qualitative Study," at the American Society for Blood and Marrow Transplant conference, in Grapevine, Texas, March 1, 2014.

### Nurses present poster

Clinical nurse specialists, Virginia Capasso, RN; Charlene O'Connor, RN; Sandra Silvestri, RN; Christine Gryglik, RN; associate chief nurses, Dawn Tenney, RN, and Theresa Gallivan, RN; staff specialist, Amanda Coakley, RN; nursing director, Vivian Donahue, RN; and executive director for The Institute for Patient Care, Gaurdia Banister, RN, presented their poster, "Effect of Dolphin Fluid Immersion Simulation OR Table Pads on Pressure Ulcer Prevention in Cardiac Surgical Patients: Early Results," at the symposium on Advanced Wound Care in Orlando, Florida, April 24-27, 2014.

# Pain-management

*Question:* Why is it so important to be able to control pain in an expedient, sustainable way?

*Jeanette:* Severe, uncontrolled pain can delay healing and put patients at risk for complications, prolonged length of stay, unplanned re-admission, and the possibility of developing chronic pain. Severe, sustained pain interferes with all aspects of a person's life and can even shorten it. These potential effects of pain can be prevented with effective treatment.

Unrelieved pain affects caregivers as well as patients; witnessing another person in pain can be distressing and leave us feeling frustrated and helpless. Sustained pain relief demands vigilant monitoring and refinement in order to maintain comfort, function and safety over time.

At MGH, avoiding complications related to pain or pain treatments; unplanned re-admissions; and dissatisfaction with care is of utmost importance.

*Question:* What do patients need to know about how we assess and manage pain?

*Jeanette:* It's important for patients to have a realistic expectation about the degree to which pain can be safely relieved. Pain-relief works best when there's an understanding between patients and caregivers with shared goals and a mutually agreed-upon treatment plan that enhances health and well-being. Patients play a pivotal role in the process: they need to report their discomfort; they need to understand that over-reliance on one method of pain-management can fail, and a combination of medications and non-drug approaches may work best.

*Question:* What strategies help relieve pain when it is severe or persistent despite treatment?

*Jeanette:* When pain is severe or persistent, a multi-pronged approach is best. This can include non-drug treatments that patients can self-initiate. This avenue of treatment must also address factors that can worsen pain, such as infection, fear, and the social/spiritual context of pain.

*Question:* Why is an inter-professional approach to pain-management important?

*Jeanette:* All clinical disciplines share a duty to alleviate suffering. Pain is something that doctors, nurses, therapists, psychologists, dentists, pharmacists, social workers and others can all specialize in. No one discipline knows all there is to know about pain. To provide comprehensive team-based care, professionals need to understand the limits of their own expertise and appreciate the insights and experience of clinicians in other disciplines. This requires health professionals to collaborate in assessing, understanding, and managing patients with complex pain.

*Question:* What resources are available to help us better assess and manage pain?

*Jeanette:* MGH has a variety of resources to help caregivers better understand and manage pain. Continuing education programs are available, as well as the services of specialty practices such as the Acute Pain Service, Chronic Pain Service, and Palliative Care Services. At the unit level, tapping into the expertise of the pain champions and initiating inter-professional dialogues with pharmacists, nurses, physicians, social workers, therapists, and others can help. Hospital-based (psychiatric, mental health, pain-management) clinical nurse specialists, chaplains, and many other specialists are available to help. Information and tools can be found on the Excellence Every Day (EED) Pain Management portal, at: [www.mghpcs.org/EED](http://www.mghpcs.org/EED).

We can and must make safe, effective, satisfactory pain-management an 'always event' at MGH despite the complexities of the patient populations we serve.

For more information, call pain clinical nurse specialist, Paul Arnstein, RN, at 617-724-8517.

# Announcements

## ACLS Classes

Certification:

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

Day one:  
July 10, 2014  
8:00am–3:00pm

Day two:  
July 11th  
8:00am–1:00pm

Re-certification (one-day class):  
August 13th  
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\\_form.pdf](http://www.massgeneral.org/emergencymedicine/assets/Library/ACLS_registration_form.pdf).

## Biomedical Engineering updated website

Questions about one of the 35,000 medical devices at MGH? Visit the Biomed website.

Biomedical Engineering has updated its website to be more user-friendly and useful for clinicians. In direct response to feedback from staff, Biomed has significantly augmented the content of its website to include more device types and information, such as operator's manuals, training videos, and links to manufacturer's websites and policies. Areas such as Technology News, Safety Tips, FAQs, alarm management, and infusion pumps are regularly updated.

Check out the updated site, available through Clinical References → "Biomedical Engineering Websites at BWH and MGH," then click on MGH.

For more information, or to offer comments or suggestions, contact Eileen Hall at 617-724-3216.

## 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 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 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 OB-GYN 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.

## The Brian A. McGovern, MD, Award

### Nominations now being accepted

The MGPO is now accepting nominations for the 2014 McGovern Award for Clinical Excellence. Nominate a physician who is a superb clinical role model, may be considered an 'unsung hero,' and is focused on patient care. Physicians in every clinical department are eligible to be nominated.

All attending and trainee physicians, clinicians, volunteers, students, and patients are welcome to submit a nomination.

Nominations are due by Saturday, July 19, 2014. To submit a nomination, go to <https://mgpo.massgeneral.org/mcgovern/>, or send an e-mail to Shaina Druy at [sdruy@partners.org](mailto:sdruy@partners.org).

For more information, call 617- 643-3985.

## Senior HealthWISE

All events are free for seniors 60 and older

"Planning Healthy Meals and Snacks"

Thursday, July 10, 2014  
11:00am–12:00pm

Haber Conference Room  
Speakers: Anna Nakayama and Andrea Krivelow, dietetic interns

Speakers will provide recipe ideas and discuss tips so planning is both easy and enjoyable.

For more information, call 4-6756.

## Atrial Fibrillation Patient Education Classes

Patients and family members are invited to join the Cardiac Arrhythmia Service to learn more about atrial fibrillation and current therapies used to treat 'A fib.'

Upcoming classes:  
"What is Atrial Fibrillation?"  
June 30, 2014  
October 27th

"Stroke-Prevention and Blood Thinners 101"  
July 28th  
November 24th

"AFTreatment: When, Why and How"  
August 25th  
December 22nd

"Ablation A–Z"  
September 22nd

Classes are free and held monthly in the Haber Conference Room from 5:00–6:00pm.

For more information or to register for a class go to the Atrial Fibrillation Program website: [www.massgeneral.org/atrialfibrillation](http://www.massgeneral.org/atrialfibrillation)

## Free one-day bereavement program for children

Saturday, July 19, 2014  
8:30am–4:00pm  
at the MGH Institute for Health Professions in the Charlestown Navy Yard

For information, call 617-724-4525

## Goodbye Trove, Hello Ellucid

The MGH Compliance Office has announced that MCN Healthcare's Ellucid program will soon replace Trove as the MGH policy-management system.

MCN Healthcare is a leading provider of regulatory-compliance software and learning solutions.

Ellucid offers advanced search tools and policy-browsing capabilities.

Ellucid provides a list of recently viewed policies and a Favorites folder to save frequently viewed policies.

On-line video-based training is available.

All policies are converted to PDF format for easier viewing and printing.

Please continue to use Trove until implementation of the Ellucid system is complete.

For more information, contact: project coordinators, Kelly Staples at 617-643-5493, or Julia Austin at 617-726-5109; or chief compliance officer, John Belknap at 617-724-9725.

# Inpatient HCAHPS Results

## 2013–2014

Measure	2013	2014 Year to Date	2013-2014 Change
Nurse Communication Composite	81.9	82.7	+0.8
Doctor Communication Composite	82.5	82.1	-0.4
Room Clean	74.5	73.1	- 1.4
Quiet at Night	50.2	49.5	-0.7
Cleanliness/Quiet Composite	62.4	61.3	- 1.1
Staff Responsiveness Composite	64.7	63.1	-1.6
Pain Management Composite	72.3	73.3	+1
Communication About Meds Composite	65.5	67.3	+1.8
Discharge Information Composite	91.8	92.1	+.3
Overall Rating	81.2	80.8	-0.4
Likelihood to Recommend	90.4	90.1	-0.3

HCAHPS results for 2014 show continued strength in Nursing Communication. Physician Communication is also improving compared with earlier in the year. Improvement made last year in Pain-Management and Medication Communication is being sustained. However, Staff Responsiveness and Quietness scores have declined from last year, so work is still needed in these areas.

Data complete through March, 2014  
 All results reflect Top-Box (or 'Always' response) percentages  
 Pull date: May 16, 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