Caring Headlines
December 17, 2015

Field trip!

ESOL students put their learning to the test with a visit to the Paul S. Russell Museum

ESOL students (l-r): Ana Mata, Olga Chavarriaga, Lidia Duarte, and Mary Hernandez, pose for a selfie on the rooftop garden of the Paul S. Russell Museum during recent educational field trip.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Partners *e*Care

the countdown has started in earnest

Not only were our health-profession colleagues brave enough to precede us in this grand undertaking, they've been gracious enough to share some of their thoughts and insights to help minimize any stress or confusion we may feel as the final go-live date approaches.

On Thursday, December 10, 2015, we passed a major milestone on our journey toward a unified, Partners-wide, electronic health-information system. As part of the first batch of Wave 1 practices to convert, our ambulatory health-profession colleagues as well as outpatient Psychiatry and Dermatology went live with the clinical portion of Partners *e*Care last week. Folks, this is happening. The next two batches of ambulatory practices will convert on January 14th and 28th. Inpatient units and the remaining practices will go live April 2, 2016, bringing all of MGH on-line at that time.

Not only were our health-profession colleagues brave enough to precede us in this grand undertaking, they've been gracious enough to share some of their thoughts and insights to help minimize any stress or confusion we may feel as the final go-live date approaches.

Michael Sullivan, PT, director of Physical and Occupational Therapy, Carmen Vega-Barachowitz, CCC-SLP, director of Speech-Language Pathology (co-leads of our ambulatory *e*Care readiness efforts), and Marie Elena Gioella, LICSW, director of Social Service, offer these words of advice:

- Engage in the process and take advantage of the resources available to help you prepare

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

- Be curious. If you have questions or if you feel uninformed, reach out, ask for information, take ownership of your own preparedness
- Understand that classroom training is important, but alone, it's not enough to be adequately prepared. Take advantage of every opportunity to touch/feel/practice on the new system. The screens, content, and layout become increasingly more familiar the more you use it
- Engagement of leadership at the local level is key. If the right people step up to be *e*Care champions it can make all the difference in how smooth your transition will be
- Visit hospitals or practices that are already using Partners *e*Care. See the system in action, familiarize yourself with the finer points. Our field trips to BWH were of great value
- Having access to informatics analysts and putting our own staff forward as credentialed trainers was

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Despite the 'all hands on deck' mentality, morale has been incredibly positive. As Michael Sullivan, director of Physical and Occupational Therapy, put it, "The teamwork, the commitment, the willingness to go beyond expectations, and the refusal to compromise on excellence—I can honestly say that being part of these preparations has given me the opportunity to see MGH at its absolute best."

one of the most beneficial things we did. Their knowledge of current work-flows, *e*Care functionality and how it will impact current work, and their ability to advocate to minimize negative impact helped shape how we will function going forward

- Our end-users found it very beneficial to be trained by their own colleagues

Activities are on-going to ensure that all waves of the clinical launch occur as smoothly and seamlessly as possible. Those activities include:

- aligning current work-flows with Partners *e*Care functionality
- offering training sessions to help end-users learn the new system
- recruiting and training super-users to provide support and assistance in the first few weeks after transition
- managing hardware requests and testing new equipment

One thing that everyone involved in these preparations agrees on is that this has been a *massive* undertaking. But despite the 'all hands on deck' mentality, morale has been incredibly positive. As Michael Sullivan put it, "The teamwork, the commitment, the willingness to go beyond expectations, and the refusal to compromise on excellence—I can honestly say that being part of these preparations has given me the opportunity to see MGH at its absolute best."

Throughout this entire journey, we've had unwavering support from Partners *e*Care and the MGH *e*Care implementation team. We did learn recently that our director of PCS Informatics, Annabaker Garber, who's done a stellar job leading PCS *e*Care efforts since coming to MGH in 2013, is leaving this month to become chief nursing informatics officer at the Hospital Corporation of America. We're so grateful for her leadership and expertise, and we wish her well on the next chapter of her career.

We were extremely fortunate to find a qualified, high-caliber, interim replacement for Annabaker in the form of Accenture nurse informatics executive, Van Hardison, who stepped into his new role on December 8th. Van has worked closely with Annabaker, especially in the days leading up to her departure. I'm confident there will be minimal disruption during this critical transition of leadership.

We are in the home stretch. The finish line is in sight. Now more than ever, we must remain focused on the prize—the ability to give every patient at MGH a single, accessible, electronic record; a truly integrated care team; and a single financial statement—one patient, one record, one team, one Partners statement. Our colleagues in the health professions have loaned us their play book; let us learn from their experience. Be curious. Be proactive. Engage in the process. And take advantage of every opportunity to learn. April 2, 2016, is right around the corner.

In this Issue

(Cover photo by Paul Batista)

ESOL students visit the Paul S. Russell Museum

—by Kristen Schlapp, manager, Workplace Education Program

The history of MGH came alive for 50 MGH employees enrolled in the ESOL (English for Speakers of Other Languages) Workplace Education Program during a recent visit to the Paul S. Russell, MD, Museum of Medical History and Innovation. Through artifacts, interactive exhibits, and videos, these students gained a greater understanding of the evolution of health care throughout the hospital's rich, 204-year history.

The visit began with a presentation by museum docents who described the primitive and challenging conditions that existed in the early alms houses of Boston. Those troubling conditions prompted Drs. James Jackson and John Warren to create MGH as a place where all people in need could come for care. A plaque next to their statues reads, "When in distress, every man becomes our neighbor."

Student, Abreham Liyh, observed, "That's such an important message. So many countries are dealing with conflict, disaster, and disease right now. MGH helps these people to survive."

Students saw a slide show of images from countries around the world, some of them the homelands of ESOL students where, over the years, clinicians from MGH have provided much-needed care and services to those in need.

To make learning more engaging, and to allow students to use some of their new English-language and reading skills, ESOL teachers created a museum scavenger hunt.

ESOL students, Diego Vayo and Alexandra Diaz use interactive exhibit at the Paul S. Russell Museum to discover facts about the history of MGH.

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Students learned about the past, present, and future of MGH while exploring the museum and discovering artifacts, like the original ether inhaler. On the upper level, students perused the portraits of famous women of MGH and watched a silent film about the first surgery where ether was used as an anesthetic.

Said student, Daniela Maduro, "Before they discovered ether, it must have been really hard for patients to undergo surgery. The film showed the evolution of medicine and how people at MGH helped improve care."

Taking advantage of the unseasonably warm weather, students had an opportunity to enjoy the rooftop garden with its breathtaking views of the city. More than a few 'selfies' were taken as mementos of the outing.

For almost all the students who participated in this field trip, it was their first time visiting the Paul S. Russell Museum, and for some it was the first experience of this kind ever.

Expressing her own thoughts as well as those of many of her classmates, ESOL student, Lidia Duarte, observed, "This visit to the museum gave us so much information about the history of MGH. I had a great time, and it was a wonderful day." Students left the museum proclaiming that they'd be back to learn even more about their hospital.

The Workplace Education Program offers English and computer classes for MGH support staff through a 20-year partnership with JVS.

For more information about how staff can enroll in English or computer classes, contact Kristen Schlapp at 617-726-2388.

Students peruse the various displays and artifacts at the museum, shedding light on the rich history of MGH.

(Photos by Paul Batista)

Buddhist chaplain facilitates meaningful good-bye for grieving family

I was paged to a room in the Phillips House where a patient had just died...The nurse informed me that Ms.Y had died less than two hours ago and suggested I speak with her boyfriend, 'Jeff,' who was still at the hospital and quite shaken.

My name is James Doran, and I lead a team of per-diem Buddhist chaplains here at MGH. Three of us take turns visiting patients who identify as Buddhist. We keep a log of our visits along with comments about patients, families, and other relevant information to guide the next chaplain's visit. I carry a pager for emergencies that may involve Buddhist patients; a Buddhist chaplain is available 24/7.

A while ago, I was paged to a room in the Phillips House where a patient had just died. Her name was Ms. Y, she was a 45-year-old woman of Japanese descent. I didn't recognize her name, which was puzzling, because the nurse told me she'd been receiving care at MGH for several months. Looking at her chart, I saw that she had indicated 'NP' (No Preference) for her religious affiliation. That explained why she hadn't appeared on our Buddhist census reports for the past few months. The nurse informed me that Ms. Y had died less than two hours ago and suggested I speak with her boyfriend, 'Jeff,' who was still at the hospital and quite shaken.

James Doran
Buddhist chaplain

Jeff filled me in as best he could about Ms. Y's background. She had worked as a professional here in the United States for many years. She had been diagnosed with cancer this past year. She had no family in the United States, but her sister and mother still lived in Japan; he was attempting to contact them. Ms. Y had not been especially religious, but Jeff wanted to do 'something' to say good-bye. I suggested he gather some personal things that held value for them, such as photos or stuffed animals (I noticed that there were a number of stuffed animals in the corner of her room). I told him I'd be happy to do some Buddhist chants in Japanese and English.

Jeff was of Chinese descent but knew very little about Buddhist practices except for what he had seen as a young boy watching his grandmother at their family altar.

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In Japan, Buddhist families often associate with a particular sect of Buddhism that can date back generations. This long-standing association doesn't necessarily reflect their current practice. But at the time of death, it becomes important for a Buddhist priest from the family's own tradition to preside at the service.

Using the tray table, I created an impromptu altar at the foot of the bed. I placed a framed photo of the Buddha on the tray along with a small bowl of water and some fruit and flowers we were able to find on the unit. I put a stick of incense on the altar (but didn't light it for safety reasons). Jeff put several stuffed animals on the bed beside Ms. Y and placed photos of the two of them nearby. I explained to Jeff that in Buddhism, especially in the Japanese and Chinese schools of Buddhism, it's believed that consciousness lingers after death. I told Jeff he could still speak to Ms. Y, to say his good-byes and encourage her to face death with the faith of having lived a good life. I explained that this would help her make a peaceful transition.

I started the service by ringing a small bell, and invoking the Buddha, the Dharma, and the Sangha, known in Buddhism as the Three Refuges. In Japanese and then in English, I chanted the Heart Sutra, the primary chant in both Japanese and Chinese Buddhism. I followed that with the Japanese Kanzeon chant, invoking the help of the Bodhisattva Kanzeon (Kwan Jin) which is also a popular Buddhist devotion in Japan.

I asked Jeff if he'd like to say anything. He opened his laptop and played a short video of himself and Ms. Y walking in the park, laughing and playing with their two dogs who frolicked joyfully on the screen. Ms. Y had cherished those dogs, he explained. He said a tearful good-bye and expressed his love and appreciation for the life they had shared together.

I ended the service with the Three Refuges and encouraged Ms. Y's consciousness to understand that she had died; that those she loved were saying good-bye to her; and that she should have faith in the good deeds of her life to carry her to a new birth.

Jeff thanked me over and over again for coming and for helping him say good-bye to Ms. Y. It was obvious they had loved each other deeply and that this was a difficult passing for him.

A little later, Jeff told me he'd made telephone contact with Ms. Y's family in Japan. Ms. Y's mother had requested that a priest of the Jodo Shu (Pure Land) Sect do a traditional service for her daughter. I didn't think there were any priests from that particular sect in the Boston area, but I told Jeff I'd look into it and get back to him.

In Japan, Buddhist families often associate with a particular sect of Buddhism that can date back generations. This long-standing association doesn't necessarily reflect their current practice; they may subscribe to a different school (such as Zen, for example). But at the time of death, it becomes important for a Buddhist priest from the family's own tradition to preside at the service. And another service is performed 49 days after death, to mark the person's transition to a new birth.

With the help of a Buddhist chaplain colleague who happens to speak Japanese, we made some calls and contacted the Japanese consulate in Boston to try to locate a priest from Jodo Shu (one of the largest and most popular Buddhist sects in Japan). Unfortunately, we were unable to find one in Boston. But when I spoke to Jeff the next day, he informed me that he'd found a Buddhist priest from the Jodo Shu sect in another state who was willing to come to Boston the next day to perform the service. Jeff thanked me again for my help at this very sad time. He wished me well, and I wished the same for him.

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

Wisdom and compassion are central to the practice of Buddhism, and this narrative is rich in both those qualities. James educated not only Jeff, but all of us, on some of the tenets of the Buddhist faith. I love that he picked up on the importance of the stuffed animals and incorporated them into his service. James helped Jeff honor Ms. Y's life by honoring the traditions of her family and by giving him the tools to say a meaningful good-bye.

Thank-you, James.

Using I-PASS for warm hand-overs

ensuring greater continuity and safer care

Question: How do caregivers ensure that vital clinical information is accurately transferred from one caregiver to the next?

Jeanette: MGH has embarked on a major initiative to ensure that all transitions of care are conducted using warm hand-overs—that means a clinician-to-clinician discussion using the I-PASS format.

I-PASS hand-over checklist:

- **I**llness severity
- **P**atient assessment
- **A**ction list
- **S**ituational awareness and contingency planning
- **Syn**thesis by the receiver

Question: What about patients being transferred to other hospitals or institutions?

Jeanette: The same principles apply regardless of where, when, or how the transition occurs. Any time a patient leaves MGH for another facility, a warm hand-over should be conducted to inform the receiving clinician. Depending on the needs of the patient, warm hand-overs may involve clinicians from multiple disciplines. For example, when a patient is mechanically ventilated and moved to another facility, the warn hand-over should include medical, nursing, and respiratory-care staff.

Question: Recently, we received some patient-transfer forms for patients who'll be returning to MGH for same-day procedures, diagnostic tests, or office visits after they're discharged. What's the impetus behind these forms?

Jeanette: Those forms are part of the Safe Patient Transport (SPT) initiative. They're intended to ensure that before transfer back to MGH, a warm hand-over occurs between caregivers at the referring institution and the receiving department at MGH. They also serve as a reminder that patients requiring on-going care should be accompanied by a caregiver from the referring institution. These forms should be included in the discharge packets of all patients transferred from MGH to other facilities.

Question: Have there been ongoing issues with short-term transfers to the MGH?

Jeanette: Approximately 30,000 patients a year come to MGH from other care facilities for same-day procedures, diagnostic tests, or office visits. Approximately 5% of those visits involve highly vulnerable patients. Sometimes, caregivers at MGH aren't aware that a patient is coming from another facility or that they may require specialized care while they're here. The SPT initiative ensures that a warm hand-over is conducted and appropriate written documentation accompanies the patient. This in turn ensures that patients receive the appropriate care while here at MGH.

Question: How can I find out more about the SPT initiative?

Jeanette: The SPT website contains detailed information about I-PASS, warm hand-overs, and the patient transfer forms. Go to: www.safepatienttransport.org.

Changes made to patient wristbands

to improve clarity, ease of use, and safety

Question: I heard there were some changes made to patient wristbands. What's that about?

Jeanette: Yes, three changes were made recently to inpatient and outpatient wristbands to ensure greater safety for patients and ease of use for clinicians. Effective immediately, the contact serial number (CSN) appears beside the linear barcode; the letters, 'MGH,' precede the medical record number (MRN); and an uppercase 'P' appears in the top right corner if/when the wristband is the patient's *primary* wristband.

New patient wristband shows contact serial number beside barcode; the addition of 'MGH' at the start of the medical record number; and the uppercase 'P' in the top right corner to denote *primary* wristband.

Question: What prompted these changes?

Jeanette: The contact serial number is used for point-of-care testing and other tests. The contact serial number is the same number that's encoded in the linear barcode and scanned for patient identification. When this number appeared only as a barcode, it was difficult for clinicians to verify it visually. Now that the number is recognizable to the naked eye, so to speak, it provides an added layer of safety and validation.

We often get transfer patients from other Partners facilities who use wristbands similar to ours. Patients in our care need MGH wristbands. Putting MGH in front of the medical record number allows clinicians to tell immediately whether the patient's wristband was placed here at MGH or not. It's a way to quickly differentiate MGH wristbands from those affixed at other facilities.

Finally, the 'P' in the upper right corner denotes the patient's primary wristband. Contact serial numbers are specific to each encounter during hospitalization. Every time a patient has a procedure (such as surgery or dialysis), a new contact serial number is generated for that event. Often, patients are given additional wristbands for these procedures. Now, it's clear which band should be left on after the procedure. The P lets the clinician know that this wristband has the primary contact serial number.

Question: Are these changes specific to MGH, or do they apply to all Partners entities?

Jeanette: These changes have been implemented at all Partners facilities that have already or soon will be going live with Partners *e*Care. MGH clinicians and support staff provided input about the need for these changes along with our colleagues at BWH, Faulkner, and Newton Wellesley.

For more information about the recent changes to patient wristbands, call 617-724-3561.

Recently updated policies, procedures & products

The following were reviewed by Patient Care Service's Policies, Procedures & Products Committee and have been updated in ellucid.

New:

- Instillation of Alteplase (t-PA) for Central Venous Catheter Occlusion in Adult Patients
  Procedure is specific for resolution of central venous catheter occlusion. Staff nurses do not instill t-PA into femoral catheters or chest tubes.
- Lidocaine Hydrochloride Jelly 2%
  This product is used as a preemptive local anesthesia by stabilizing the neuronal membrane through inhibiting the ionic fluxes required for the initiation and conduction of impulses, thereby affecting local anesthesia action. Onset of action is 3-5 minutes.
- Mixed Venous Sampling
  Mixed venous sampling is a valuable measure of oxygen delivery and consumption and a change from baseline can be an early indicator of physiologic instability
- Use of the Curos Caps and Tips (disinfecting Needleless Access Port Protector and Disinfecting Tip)
  All patients with a central venous catheter in place must have a disinfecting port protector (Curos cap) on every needleless access port that is not in use — both central and peripheral IV administration sets. All patients with a central venous catheter in place must have a Curos tip on every unprotected male luer (end of all IV administration sets, both central and peripheral)

Reviewed with changes:

- Blood Culture
  Blood cultures should not be drawn through existing in-dwelling intravenous or intra-arterial catheters except under the following circumstances: there are no safe alternative sites, such as an arterial stick, or infection of the existing in-dwelling intravenous or intra-arterial catheter is suspected, or in febrile, neutropenic patients, as part of the initial assessment and additionally as clinically indicated by the clinical team
  - In an attempt to prevent contamination, any existing displacement device and/or stopcock should be replaced with a new sterile device/stopcock when drawing blood cultures from an existing line for the reasons described above
  - A sample for culture may be drawn through an intravenous or intra-arterial catheter at the time of initial line placement prior to dilator or catheter insertion
- Blood Specimens–Obtaining from Central Venous Access Device
  Use of the Curos cap is added
- Nasogastric Tube Insertion
  The skin beneath and around the nasogastric tube and holder should be inspected daily. The commercial tube holder should be dated and changed at least every 3 days. Use of the three-way stopcock and tape was deleted. If a Lopez valve is used, it must be removed if the tube is placed on suction
- Nasogastric, Jejunostomy, Gastrostomy Tube, Percutaneous Endoscopic Gastrostomy Medications Route
  Appendix on administration of medications was deleted; for questions on administration, contact Pharmacy for guidance on administration of medications
- Peripheral IV Conversion to Lock
  Use of the Curos cap is added
- Pulmonary Artery Catheter Overview, Insertion and Wave Form Interpretation
  Addition to policy statement on monitor role, completion of central-line infection checklist, and universal protocol
- Routine Heparin Flush of Central Venous Catheters and Central Line Verification
  Use of the Curos cap is added

Reviewed with minor or no changes:

- Nasogastric Tube Removal
- G-Tube/PEG-Tube Care
- PD Flow Sheet
- Pulmonary Artery Catheter Overview, Insertion and Wave Form Interpretation
- Small Lumen Pleural Drainage Catheter Dressing Change
- Small Lumen Pleural Drainage Catheter Flushing

Retired:

- PICC dressing change; also applicable to mid-lines

For more information, contact Mary Ellin Smith, RN, professional development manager, at 4-5801.

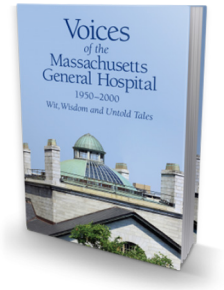
Announcements

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Voices of the Massachusetts General Hospital 1950-2000

Need a gift for your favorite MGH clinician? *Voices of the Massachusetts General Hospital 1950-2000: Wit, Wisdom and Untold Tales* is a compilation of serious and humorous quotes, sayings, words of advice, and anecdotes from more than 100 MGH physicians and nurses, past and present. It's available on Amazon, BN.com, and at the MGH General Store.



ACLS Class

Certification:

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

Day one:
February 19, 2016
8:00am–3:00pm

Day two:
February 29th
8:00am–1:00pm

Re-certification (one-day class):
January 13th
5:30–10:30pm

Location to be announced.
For information, send e-mail to: acls@partners.org, or call 617-726-3905

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday,
7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?

To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

http://priorities.massgeneral.org.

Brian A. McGovern, MD Award

Call for Nominations

The MGPO is now accepting nominations for the 2016 Brian A. McGovern Award for Clinical Excellence. Nominate a physician who's focused on patient care, a superb clinical role model, and considered an "unsung hero." Physicians in all clinical departments are eligible.

Anyone can submit a nomination. Nominations are due by Friday, January 22, 2016.

To submit a nomination, go to https://mgpo.massgeneral.org/mcgovern/, or e-mail letter of nomination to Sandra Deden at sdeden@partners.org.

For more information, call 617-724-9080.

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Jeanette Ives Erickson, RN
senior vice president for Patient Care

Managing Editor
Susan Sabia

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

Next Publication
January 21, 2016

HAVEN says, "Thank-you, MGH"

HAVEN (Helping Abuse and Violence End Now) provides advocacy, support groups, domestic-violence counseling, safety planning, a connection to legal and community resources, and accompaniment at court proceedings to survivors of intimate-partner violence. During the holiday season, with the help of generous MGH colleagues, HAVEN provides families with gift cards that can be used for holiday and/or grocery shopping. Without this assistance many HAVEN families would not be able to buy gifts or food to celebrate with their families. This year, 36 departments, 17 units, and numerous individuals contributed to help make the holiday season brighter for 100 HAVEN clients. On behalf of HAVEN, thank-you for your thoughtfulness and generosity.

(L-r): HAVEN representatives, Sandra Elien and Abby Farrand, are pictured with just a few of the members of the MGH community who participated in the HAVEN Holiday Giving Program, including: Maria Guzman, Social Service; Melissa McLaughlin, Center for Perioperative Care; Lisa DeAngelis, Pre-Admission Testing Area; Justine King, Center for Perioperative Care; Dulce Cardona, Materials Management; and Btissam Suazo, Social Service.

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