

Caring

Headlines

November 19, 2015

Celebrating National Physical Therapy Month



See stories on pages
4, 6, and 8

Inpatient physical therapist, Kirstie Hinsman, PT, and Exercise Physiology student, Christopher Carreiro, help patient, Edna Dunne, take a short break while ambulating on the Lunder 8 Neuroscience Unit.

Confidentiality

adhering to both the spirit and the letter of the law

Protecting patient confidentiality is more than a right upheld by state and federal law, it is a basic tenet of healthcare practice and a sacred trust between patient and caregiver.

When patients come to MGH, or indeed, any hospital or healthcare facility, they're seeking more than clinical care and medical treatment. Patients and families rightfully

expect the highest level of professional acumen, respect, and protection of their privacy and personal health information. Protecting patient confidentiality is more than a right upheld by state and federal law, it is a basic tenet of healthcare practice and a sacred trust between patient and caregiver.

Those of us who work in health care share a unique bond. No other professions require the level of intimate knowledge and personal exposure that we need simply to do our jobs effectively. And with that access to personal health information comes enormous responsibility. Every conversation, every test result, every entry in the patient's medical record is an investment in trust, a building-block in a life-long relationship between patient and caregiver.

Just as I believe that no clinician at MGH would knowingly harm a patient, I don't believe a member of the caring professions would knowingly betray a patient's trust by revealing personal health information. But we live in a time of rapidly changing technology that can pose challenges to keeping information secure. Breaches of privacy can have serious consequences both for patients and healthcare or-



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

ganizations; it's imperative we do everything in our power to protect the privacy of our patients and their health information.

As a reminder, I'm including some salient points from our MGH privacy policies:

- A wide variety of information at MGH is confidential and warrants protection; this includes patient and employee records, proprietary business information, and/or knowledge, whether verbal, handwritten, printed, electronic, or in any other form
- Access to confidential data is permitted only when authorized, and only when necessary to perform your job. Unauthorized access to confidential data is prohibited. Inappropriate use or disclosure of confidential data is prohibited. Malicious modification or destruction of data is prohibited
- Patient data is particularly sensitive. Any information learned about a patient is to be treated as

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Confidentiality is a promise we make to our patients both implicitly and explicitly. It's a promise we take very seriously. I want to thank you for everything you do to make the patient and family experience at MGH a positive one, including respecting and protecting their right to privacy.

confidential. No employee is authorized to access a patient's medical, billing, or other records unless access is necessary for the performance of your job and/or in accordance with hospital privacy policies. Only authorized persons may read or discuss a patient's medical record. Patient information may only be used and disclosed for authorized purposes as described in the *Use and Disclosure of Protected Health Information Policy*

- Employees' employment records are confidential, as well. Only authorized persons may access employment records
- All new employees sign a confidentiality statement at the outset of their employment, and existing employees reaffirm their compliance with the statement at the time of their annual performance review. Professional staff sign a confidentiality agreement during their appointment/re-appointment process. But even without a signed, written statement, confidential information is protected to the full extent of Partners policies and state and federal law
- Employees may not disclose or use confidential information in any on-line, social computing platform, including social networking sites, video applications, websites, or blogs
- Laptops and all portable devices used to access MGH information must be encrypted in accordance with Partners policies. This includes users

accessing e-mail remotely via Outlook Web Access, gotomypc.com, VPN, and other remote-access technologies

- Employees who violate confidentiality may be subject to corrective action up to and including discharge

As a general rule:

- avoid patient-related discussions in public places, such as cafeterias and elevators
- only discuss patient information with those involved in the care of that patient or who are allowed to receive the information for education, consultation, or other medical reasons
- avoid discussing cases with friends and family members even if you don't mention the patient's name
- dispose of identifiable patient health information only in appropriate hospital recycling bins where it will be collected and shredded
- avoid leaving records, x-rays, and other patient materials in conference rooms, lounges, or public areas

Confidentiality is a promise we make to our patients both implicitly and explicitly. It's a promise we take very seriously. I want to thank you for everything you do to make the patient and family experience at MGH a positive one, including respecting and protecting their right to privacy.

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MGH celebrates National Physical Therapy Month

—by Vanessa Dellheim, PT, senior physical therapist

Every October, MGH Physical Therapy Services celebrates National Physical Therapy Month with a series of informative events held throughout the hospital (including off-site practices) to demonstrate our ongoing commitment to patients, the MGH community, and the profession. The theme of this year's observance was, “#Age Well: with the help of a physical therapist.”

A cornerstone of Physical Therapy Month is the annual recognition reception that celebrates the accomplishments of all members of the Physical Therapy Department. The featured speaker at this year's reception was 78-year-old, MGH patient, Samuel 'Jay' Keyser, professor emeritus at MIT, who sustained a serious fall in April of 2014 that left him with tetraplegia. Alongside his wife, Nancy Kelly, who has been an integral part of his journey, Keyser presented, “Memoir of a man who would never walk again.” Against the backdrop of Kelly's astonishing photographs and video clips, Keyser chronicled his physical and emotional recovery during the 18 months since the accident. His presentation, which was peppered with humor, a few off-color interjections, and unabashed love for his wife and partner, was really a thank-you note to MGH therapists and others who contributed to his success.

Said Keyser, “I have so much admiration and appreciation for MGH therapists for giving me a chance to have a meaningful life. You are incredibly dedicated; you believe in me as much

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Physical Therapy (continued)

At left: MGH patient, Samuel 'Jay' Keyser, and his wife, Nancy Kelly.

Clockwise on this page: Sarah Simeone, PT, senior physical therapist; Tara Pai, PT (right); Nancy Goode, PT, clinical director; and staffing the educational booth below (l-r): Jen Neveu, PT; Meg Merrihew, PT; Colleen Gillen, PT; Ashley Grebe, PT; Jessica Wilson, PT; Meg Merrihew, PT, and Colleen Gillen, PT.

as I believe in you. And you do what you do for no other reason than to help others. Thank-you.”

The session concluded, rather dramatically, and completely negating the title of his presentation, with Keyser demonstrating his ability to ambulate with the use of a walker.

Educational sessions were offered in a variety of forums. Tara Pai, PT, presented, “We’ve got your back,” as part of the Blum Center’s educational series. Physical therapists staffed a booth in the Main Corridor on October 20th to provide information on aging well and to answer questions related to developing exercise programs to improve muscle and bone strength, cardiovascular endurance, mental health for people of all ages, and many other topics.

At the Chelsea HealthCare Center on October 29th, therapists presented, “Working exercise into your day: a six-minute lower-body workout and relaxation techniques you can do at your desk.” The Revere HealthCare Center hosted a poster display on Exercise Prescription. MGH West therapists presented, “Don’t fall into bad habits,” that focused on body mechanics for activities such as raking and shoveling. And Charlestown therapists provided team members with information on, “When to refer pediatric patients to Physical Therapy.”

The activities and events of PT Month highlight MGH Physical Therapy’s commitment to excellent patient care, public education, and professional development. For more information about services provided by the department, call 617-726-2961.



Innovation in PT and OT clinical education

Exercise Science students intern as PT/OT scribes

—by Vanessa Dellheim, PT, senior physical therapist

Similar to medical scribes who assist physicians with documentation and clerical responsibilities, undergraduate interns assist therapists with documentation, mobilizing patients, and managing equipment needs... The program has been a win-win for students and practitioners.

You may have noticed a new group of students assisting physical and occupational therapists on inpatient units recently. In response to a growing number of requests for clinical experiences from undergraduate, exercise-science students, the departments of Physical and Occupational Therapy came up with a way to capture the interest of exercise-science students while at the same time answer our need for assistance in treating patients and promoting diversity within MGH and the professions.

The first student in the Exercise Science Clinical Education Program was placed with a physical therapist on the Burn Unit in 2011, and since then, students have worked with therapists in all the ICUs and on most inpatient care units. More than 40 students from eight different colleges have participated, pursuing careers in Nursing, Occupational Therapy, Physical Therapy, Medicine, or to become physician assistants. The majority of students have come from the Exercise Science Department at U Mass, Boston, where we've established a strong working relationship.

Similar to medical scribes who assist physicians with documentation and clerical responsibilities, undergraduate interns assist therapists with documentation, mobilizing patients, and managing

equipment needs. The program has been a win-win for students and practitioners. Therapists get much-needed, aide-level assistance, allowing them to focus on the more skill-intensive aspects of treatment, while students get invaluable, hands-on, clinical experience.

Says inpatient physical therapist, Vanessa Dellheim, PT, "I've worked with exercise physiology students in a number of ICUs. Working in intensive care units where patients have been in bed for a long time, are critically ill, have multiple lines and potentially altered mental states, it's extremely helpful to have a second pair of hands to assist with mobility. Often, students don't know what physical therapists 'do' in the acute-care setting. I have an opportunity and an obligation to educate them, and at the same time, their presence adds value to the care we provide."

For students, direct patient contact exposes them to the complexities of the acute-care environment, allowing them to see how therapists use their knowledge and skill to assess and treat patients. Students have an opportunity to observe and practice professional communication skills and gain an understanding of how therapists develop trusting relationships with patients, families, and colleagues.

Said one intern, "The experience I had at MGH was different from any other I've had in healthcare-related jobs. I worked in situations and with equip-

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Physical Therapy (continued)

Below: Exercise Science students who participated in clinical education program this summer, with Dana Comness, director of Exercise Physiology at U Mass, Boston (left); Ann Jampel, PT, clinical education coordinator (third from left); and Michael Sullivan, PT, director of Physical and Occupational Therapy. Picture was taken following presentation of the Preceptor of the Year Award.

ment that truly tested my skills, abilities, and emotions. My supervisors were amazing, both as clinicians and teachers. I hope to equal their skill, diligence, and passion one day.”

Many students complete their internship and apply to Physical Therapy graduate programs. Often they cite their internship as a factor in their career decisions.

One PT clinical instructor noted: “It’s very rewarding to work with students, especially those who decide to go on to Physical Therapy School. Knowing I had an impact on their life and education is a fulfilling part of this program.”

This past May, the School of Exercise Science at U Mass, Boston, bestowed their Preceptor of the Year Award on the Physical and Occupational Therapy

departments at MGH. Dana Comness, undergraduate program director of the Department of Exercise and Health Sciences, came to MGH to present the award in person. In her comments, she stressed the importance of students being able to see firsthand the professional role of physical and occupational therapists and how they apply specialized knowledge and skill to the compassionate care they provide. She called the program ‘invaluable’ in helping students make informed decisions about future careers in health care.

We hope to continue to grow this program, as its benefit to students, therapists, and patient care is well documented. For more information, contact Ann Jampel, PT, education coordinator, at 617-724-0128.



To watch us dance is to hear our hearts speak

—Hopi Indian proverb

When I first met Mrs. R, she had a great deal of strength and motivation. She was excited that MGH might be able to help manage her heart condition. She was looking forward to having the procedure so she could get back to her daily life.

My name is Dan Kelleher, and I am a staff physical therapist. Mrs. R was an 82-year-old woman who was admitted to the Ellison 11 Cardiac Unit for a work-up on her mitral valve. The hope was that she'd be a candidate for mitral-valve-replacement surgery or the less invasive mitral-clip insertion to help manage her symptoms. Six months prior to being admitted, Mrs. R was doing well in the community. She prided herself on being independent. She was able to perform all her activities of daily living independently, she ambulated without assistive devices, and she lived with a loving and caring husband.

When I first met Mrs. R, she had a great deal of strength and motivation. She was excited that MGH might be able to help manage her heart condition. She was looking forward to having the procedure so she could get back to her normal life. Mrs. R and I became fast friends. Working with her taught me a lot about patient-centered care and the importance of listening to patients' goals.

Mrs. R's initial evaluation included monitoring her vital signs at rest and with activity, obtaining a social history, and observing her gait, balance, strength, and range of motion. At 82, she had been mobilizing well until just recently. She told me she lived with her husband, to whom she'd been married for almost 62 years. They had met when they both served in the Navy during the Korean War.



Dan Kelleher, PT
staff physical therapist

Their anniversary was coming up next month. Mrs. R said one of her favorite things was to go dancing. She and her husband still went dancing every Friday night. She had a picture of the two of them on their wedding day, a picture of them at a dance on their 61st anniversary, and a picture of Mrs. R in her 20s lined up with several other dancers. She had danced with a famous New York City dance troupe when she was younger. When I asked what her goals for physical therapy were, she said she wanted to be able to dance again. Clearly, this woman loved to dance and was highly motivated to work with me to improve her strength and endurance.

As I conducted my evaluation, I discovered that Mrs. R was weaker than her baseline strength assessment, and she easily became short of breath. I suggested using a walker to help with both balance and energy-conservation. We worked on progressing her gait and lower-extremity strength, and I suggested she'd benefit from further therapy after discharge. I worked with Mrs. R over the next several weeks as she prepared for potential cardiac surgery.

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I saw how dancing allowed Mrs. R to feel less like a patient and more like a person. She was doing something she wanted to do and at the same time seeing some improvement in her static and dynamic balance. Unfortunately, from a medical perspective, Mrs. R remained on a gradual decline... Palliative care was consulted, and ultimately she was set to be discharged home with hospice care.

About a week into her stay, doctor's notes indicated that mitral-valve-replacement surgery would not be an option for Mrs. R as she most likely wouldn't be able to survive a sternotomy. The team favored the less invasive, mitral-clip insertion, which can be performed via catheter through the femoral artery. So Mrs. R began a work-up for mitral-clip insertion.

Over the next week or two, Mrs. R began to decline functionally. She couldn't ambulate nearly as far as she'd previously been able to, and she required supplemental oxygen. She was weaker and more frail. Soon, she needed to be placed on dialysis when her kidneys began to fail. I knew she was dying. Mrs. R remained motivated throughout all our sessions. She loved to tell me stories about her and her husband, about how they met, and how much in love they were.

Mr. and Mrs. R's 62nd wedding anniversary was approaching. She told me her husband often gave her jewelry, but she wasn't interested in jewelry this year. All she wanted was to be able to dance with her husband one more time. On the day of their anniversary, Mr. R gave Mrs. R a beautiful diamond ring. She loved the ring, of course, but felt a diamond was for other people to look at and enjoy—Mrs. R valued her husband's love more than any material gift.

One day Mrs. R asked me if I was in love with anyone. I told her I had a girlfriend whom I loved. She asked if we ever went dancing, and I said we didn't; I wasn't much of a dancer. She told me I should take lessons and get into ballroom dancing, it was one of her favorite things to do with her husband.

Mrs. R's medical condition continued to worsen. She was only able to ambulate a short distance with the use of a walker, stopping frequently to rest. She had fallen trying to get out of her chair unassisted. I kept thinking about how I could make Mrs. R happy, what I could do to give her hope. She was becoming more and more discouraged.

I went back to her goals; she wanted to be able to dance again. I had never danced before. But I knew it would be an activity I could try with Mrs. R that would challenge her balance, posture, endurance, and strength. And I knew it would motivate her. So I suggested we try dancing as part of our therapy sessions. She was beyond excited! She quickly began to teach me how to ballroom dance. As I danced with her, I noticed she required physi-

cal assistance to maintain an upright posture, she moved slowly and was off balance. I could see how dancing could help us work on some of her physical impairments.

Every time I danced with Mrs. R, she'd tell me I was too stiff, that I needed to 'flow' more. I saw how dancing allowed her to feel less like a patient and more like a person. She was doing something she wanted to do and at the same time seeing some improvement in her static and dynamic balance.

Unfortunately, from a medical perspective, Mrs. R remained on a gradual decline. The team was unable to perform the mitral-clip procedure due to her worsening clinical status. Palliative care was consulted, and ultimately she was set to be discharged home with hospice care. I had known this was coming, as I'd seen her decline rapidly over the past month. When I went to see her for our last treatment session, she told me she knew she was going to die and she'd made peace with that. She was more worried about her husband who, she said, wasn't ready to see her go. She thanked me for helping her to do the things she wanted to do most, and for truly listening to her. She gave me a big hug and kiss and told me to, "Keep dancing."

I learned that Mrs. R died at home two weeks later. I don't think I've ever had such a strong emotional connection to a patient before. I cried when I heard the news. Working with Mrs. R reminded me why I love being a physical therapist. The impact she had on me as a clinician is truly what being a physical therapist is all about. Every patient has a goal. Paying attention to that goal can make all the difference in that patient's quality of life, even when the outcome may not be the one we're hoping for.

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

Patients are our best teachers. Dan may have taught Mrs. R balance, energy-conservation, and the benefits of assistive devices, but Mrs. R taught Dan the importance of helping patients feel 'less like a patient and more like a person.' Recognizing Mrs. R's passion for dance and incorporating it into her treatment brought Mrs. R renewed motivation and joy. Focusing on her goals and optimizing her love of dance allowed Dan to help Mrs. R achieve the highest level of functionality in her final days.

Thank-you, Dan.

MGH Military Veteran Partners Employee Group

supporting our military brethren

—by Angela Wynder, RN, president of MGH Military Veteran Partners Employee Group (MGH MVP)

MGH Military Veteran Partners Employee Group (MGH MVP) provides support to MGH employees who are serving or have served in the military or whose family members are serving or have served.

Veterans Day, 2015, November 11th, saw the launch of the new MGH Military Veteran Partners Employee Group, aptly nicknamed MGH MVP. The group provides support to MGH employees who are serving or have served in the military or whose family members are serving or have served. The following narratives reflect the high level of support offered informally throughout the MGH community. The MGH MVP program is intended to provide a formal structure to expand that support for MGH service members and their families.

My name is Stephanie Kwornik. I am a veteran and a nurse. I've had the honor of serving in the US Army in both active-duty and reserve capacities. Years of working in the Emergency Department at MGH prepared me for the trauma I'd see in Afghanistan. But nothing prepared me for the bitterness and resentment I'd feel for the pain and suffering my family and I experienced during and after my deployment.

While my tour in Afghanistan was physically and mentally challenging, transitioning back home was in many ways much more difficult. And my story is not unique. When I left for Southwest Asia, my family was already feeling the stress of my deployment. When my tour was over, I returned home to a contentious divorce with my children caught in the middle. I lived out of my backpack in a hotel room until I could find an apartment. During that time, my MGH family was a constant source of support for me. My veteran and MGH colleagues provided much-needed 'buddy aide' to me, day and night.

Because of this experience, I've started actively speaking about cultural competency as it relates to caring for veterans. Veterans speak a different language, process events differently. Every service member's experience is unique. On Veteran's Day, 2013, on behalf of the Red Sox Foundation and MGH Home Base Program, I gave a presentation on women's health issues during deployment to help raise awareness among caregivers. I volunteer providing equine-facilitated experiences for veter-

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(Photos provided by staff)

Veteran's Day Reflections (continued)

ans and teach an on-line, college-level, veteran's cultural competency course. I think it's important to have programs like this to educate healthcare providers about culturally congruent care for veterans.

I find it therapeutic to help others engage meaningfully with veterans in their care. One day, a colleague came to me with a question about one of her patients, a veteran with post-traumatic stress disorder (PTSD). She wondered why he wasn't on medication. I could tell from our conversation she had limited understanding of the patient's situation. I spoke to her about PTSD and a number of appropriate treatment modalities, most of which don't include medications. Then, I went in to see the patient. He was a 30-year-old, young man who'd been in a motorcycle accident. (I had also bought a motorcycle when I returned from deployment). I spoke to him about his bike and his time in Iraq. I let him know that I was a veteran and that I'd been deployed, as well. We shared our stories. I reminded him that 'we' (veterans) sometimes need to remember to ask for help. Sometimes that might mean talking to another veteran. But I reminded him that healthcare workers are also here to help. In order for them to do that, 'they' might need to hear our stories. If we don't talk, things will never change. He listened, and we shared some more stories.



At left: Stephanie Kwortnik, RN, clinical nurse specialist, on the occasion of her promotion to colonel in the US Army Reserve.

Above: nursing director, Lori Pugsley, RN, with her son, Rob, at Fenway Park following the Walk to Home Base; and at right: with son, Rob, and husband, Robert, just prior to Rob's second deployment.



After our interaction, his nurse told me his demeanor changed; he seemed brighter and started 'opening up.'

I am still healing. I no longer startle or scan the tops of high buildings on my way into work. America is still learning how to help veterans, and that need will only grow as our generation of veterans ages. MGH is fortunate to have the Home Base program and a genuine interest in cultural competence around caring for veterans. I like being a part of this collaboration. It's an important part of the pride I bring to work at MGH—knowing that as a veteran, I'm valued and understood.

My name is Lori Pugsley. I'm the nursing director for the Newborn Family Units and the proud mother of Sergeant Robert F. Pugsley, III. Rob was deployed twice, once to Iraq and once to Afghanistan. To say that his deployments were hard on our family is a gross understatement. Having a loved one at war places an enormous burden on the family. Everyone copes differently, and that was certainly true for our family. I coped by talking with people and reaching out to others. My husband, like many men, coped by pulling away. Our relationship was strained for many years. But thankfully, eventually, we were able to get past it, and our marriage grew stronger and closer. I believe we made it through those years, in part, because of the incredible support of the Home Base Program here at MGH. My husband and daughter and I attended support groups and sought counseling. Home Base understood me without my having to express every feeling; I felt safe to share my story.

We were fortunate to be supported by the Home Base Program while my son was away and in those challenging years after he returned. It might seem odd, but the years after he came home were in many ways harder than his deployment. Watching your child struggle to acclimate into civilian life is heartbreaking. You go from worrying about war to worrying about suicide. I'm so happy to say that with the help of the Home Base Program and the referrals they provided, my son is doing well now as a proud member of the Boston Fire Department.

I share this story so others will know they're not alone. I'm blessed to be part of this MGH community that has given me so much support over the years. On the Newborn Family Units, we have six mothers whose sons are or have been deployed. So many of our employees have been touched by war. If you're reading this, please know you're not alone. MGH is a family in the best sense of the word. I could not have gotten through those difficult years without them, and we're here for you, too.

The MGH MVP Employee Group partners with the Red Sox Foundation and MGH Home Base Program to help veterans network with the greater veteran community and heal the invisible wounds of war. For more information about veteran services at MGH, call 617-724-5202, or e-mail MGHvetpartners@partners.org.

Bergeron named GEM Nurse of the Year in Home, Community and Ambulatory Care

On November 3, 2015, Marcy Bergeron, RN, director of Nursing and Clinical Operations for Primary Care, officially became this year's recipient of Nurse.com's GEM Nursing Excellence Award in the category of Home, Community, and Ambulatory Care. Friends, colleagues, and family members gathered in the Trustees Room to celebrate Bergeron for this well-deserved honor.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, welcomed Nurse.com representatives, Eileen Williamson, RN, senior vice president and chief nurse executive, Gannett Health-

care; Michael B. Maisel, Gannett sales manager; and Jeanette Mlcoch, Gannett business development manager.

Said Ives Erickson, "I've had the pleasure of working with Marcy on many and far-reaching initiatives; I've witnessed first-hand her knowledge, expertise, and leadership. She has most certainly established herself as an organizational leader, both in the primary-care setting and the hospital at large."

Williamson spoke about the rigorous and highly competitive process that led to Bergeron's selection as Nurse of the Year. Said Williamson, "In letters of nomination, Marcy was described as, a skilled nurse practitioner and change agent, someone whose wisdom, caring, and creativity

consistently benefit patients, families, and the healthcare team."

Unable to attend the reception, Eric Weil, MD, associate medical director for Primary Care, sent his congratulations via video along with his heartfelt appreciation for Bergeron's formidable contributions to primary care.

Bergeron thanked Nurse.com and the colleagues who nominated her, saying, "I'm truly honored. I accept this award on behalf of the extraordinary nurses at MGH who deliver exceptional care in the ambulatory setting day in and day out."

Patient Care Services joins Nurse.com and the rest of the MGH community in congratulating Bergeron for this honor.

(L-r): Michael B. Maisel, Gannett sales manager; Debra Burke, RN, associate chief nurse; Eileen Williamson, RN, senior vice president and chief nurse executive, Gannett Healthcare; award recipient, Marcy Bergeron, RN, director of Nursing and Clinical Operations for Primary Care; senior vice president for Patient Care, Jeanette Ives Erickson, RN; and Jeanette Mlcoch, Gannett business development manager;



Understanding Flexible Spending Accounts

Question: Can you tell me more about Flexible Spending Accounts (FSAs)?

Jeanette: Effective January 1, 2016, MGH will be offering a debit-card program for employees enrolled in the Flexible Spending Account. The debit card will be available to those who subscribe to a Health Care Account (HCA) or Dependent Care Account (DCA) FSA through MGH. Each employee will receive two cards in the mail in December. The cards give you access to the amount you specify to go toward your Health Care FSA. You may use the debit card at the point of sale for expenses that qualify.

Question: How do I know if my purchase is an eligible expense?

Jeanette: In general, medical services for you, your spouse, and your dependents are eligible. Some healthcare-related goods, such as breast pumps, eye exams, eyeglasses and contacts, hearing aids and batteries, and massage therapy are eligible. A complete list of eligible expenses can be found in the Benefits Enrollment Guide.

Question: Will debit cards work for my dependents' care expenses?

Jeanette: If you're enrolled in the Dependent Care FSA, the card may be used for those expenses. The card will allow them to pay for expenses up to the available balance in your Dependent Care FSA that day.

Question: Does the debit card change the way I submit my claims?

Jeanette: The debit card and mobile app are new enhancements. You can submit claims the 'old' way, using paper, or you can download the FSA mobile app for iPhone, Android, or tab-

lets. The app allows you to access your account information and/or file claims from your phone or mobile device. You simply complete the required information, take a photograph of the documentation, and upload it using the app.

Question: If I have unspent money in my 2015 FSA, can I use the debit card to access those funds?

Jeanette: Since the debit card program is being rolled out in 2016, it can only be used for the purchase of goods and services in 2016. You should continue to submit your 2015 FSA expenses in the same manner you submit them now.

Question: Why is an FSA a good idea?

Jeanette: An FSA can save you money on health and child-care services by allowing eligible expenses to be paid for with tax-free dollars withheld from your paycheck. You determine the amount you want withheld each week, then pay for goods and services using the debit card, or submit eligible expenses for reimbursement.

Question: Can I enroll in an FSA mid-year?

Jeanette: If you have a qualifying event such as a marriage or birth, you can alter your FSA participation mid-year. If you don't have a qualifying event, you'll need to enroll during the open-enrollment period. Open enrollment continues through November 24, 2015. Human Resources is conducting Benefairs and informational QuickStops throughout open enrollment at various times and locations. Specifics will be communicated via MGH All-User e-mails. If you have questions specifically about the FSA or debit-card program, please e-mail: FlexibleSpendingAccounts@partners.org.

Professional Achievements

Betancur certified

Belza Betancur, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in October, 2015.

Fitch honored

Kathleen Fitch, RN, nurse practitioner, Neuroendocrine Unit, received the Researcher Recognition Award from the Association of Nurses in AIDS Care, in Chicago, in October, 2015.

Morris honored

Theresa Morris, RN, coordinator, Anesthesia, Critical Care and Pain Medicine, received the Anesthesia Chief's Award for exceptional service in the area of patient safety at MGH on Ether Day, October 16, 2015.

Adams inducted

Jeffrey Adams, RN, associate director, Center for Innovations in Care Delivery, was inducted as a fellow into the American Academy of Nursing in Washington, DC., October 15, 2015.

Coakley appointed

Amanda Coakley, RN, staff specialist, was appointed vice president of the Society of Rogerian Scholars at their annual conference in Oak Brook, Illinois, October 8, 2015.

Speech-pathologists publish

Speech-language pathologists, Tessa Goldsmith, CCC-SLP, and Marlene Carno Jacobson, SLP(C), authored the article, "Revisiting Swallowing Function Following Contemporary Surgical Interventions for Oral/Oropharyngeal Cancer: Key Underlying Issues, in *Perspectives on Swallowing & Swallowing Disorders* (Dysphagia), June, 2015.

Daoust inducted

Patricia Daoust, RN, associate director of nursing, MGH Center for Global Health, was inducted as a fellow into the American Academy of Nursing in Washington, DC., October 15, 2015.

Drapek appointed

Lorraine Drapek, RN, nurse practitioner, Radiation Oncology, was appointed chairperson of the Nursing Committee for the 2016 American Society for Therapeutic Radiation Oncology, October 18, 2015.

Murphy certified

Molly Murphy, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in October, 2015.

Fitzgerald certified

Patricia Fitzgerald, RN, nursing director, became certified as a nurse executive by the American Nurses Credentialing Center, October 26, 2015.

Glaser certified

Hannah Glaser, RN, staff nurse, Lunder 7, became certified as a neuroscience nurse by the American Association of Neuroscience Nurses, in October, 2015.

Inter-disciplinary team presents

Mary Orencole, RN, nurse practitioner, Cardiac Arrhythmia Service, Dorothy Sullivan, RN, nurse practitioner, Cardiology, and Kimberly Parks, DO, presented, "Finding Synchrony: an Exploration of Comprehensive End-of-Life Care for Heart Failure Patients," at the Center for Palliative Care at Harvard Medical School, September 11, 2015.

Maclsaac certified

Caroline Maclsaac, RN, staff nurse, Lunder 7, became certified as a neuroscience nurse by the American Association of Neuroscience Nurses, in October, 2015.

Nurses present

Amanda Coakley, RN, staff specialist, Anne Marie Barron, RN, clinical nurse specialist, and Christine Anese, RN, staff specialist, presented, "Exploring the Experience and Impact of Therapeutic Touch Treatments to Nurse Colleagues," at the European Conference on Integrative Medicine, in Copenhagen, September 26, 2015.

Nurses present

Patricia Liehr, RN; Catherine Griffith, RN; and Kathleen Grinke, RN; presented, "Using Story Theory to Access Participant Voice in Clinical Research," at the 7th annual conference of the International Association of Clinical Research Nurses, in Baltimore, October 14, 2015.

Coakley and Barron publish

Amanda Coakley, RN, staff specialist, and Anne Marie Barron, RN, clinical nurse specialist, authored the article, "Exploring the Experiences of Nurses Who Attended the Spirituality and Nursing Conference: the Art of Healing Presence: the Essence of Nursing Practice," in the *International Archives of Nursing*, in October, 2015.

Penzias publishes

Alexandra Penzias, RN, clinical nurse specialist, MGH Imaging, authored the article, "Mentoring the Nurse of the Future: Clinical Nurse Specialist Students in the Radiology Setting," in the September, 2015, *Journal of Radiology Nursing*.

Nurses present

Kevin Whitney, RN, and Barbara Haag-Heitman, RN, presented, "CNE Peer Review: Perceptions, Practices, and Possibilities," at the National Magnet Conference in Atlanta, Georgia, October 8, 2015.

Drapek presents

Lorraine Drapek, RN, nurse practitioner, Radiation Oncology, presented, "Nurse Interventions for Patients Receiving Chemoradiation," at the 2015 Radiation Therapy Conference of the American Society for Therapeutic Radiation Oncology, in San Antonio, Texas, October 18, 2015.

Nurses publish

Lea Ann Matura, RN; Annette McDonough, RN; Alexandra Hanlon, RN; Diane Carroll, RN; and Barbara Riegel, RN, authored the article, "Sleep Disturbance, Symptoms, Psychological Distress and Health-Related Quality of Life in Pulmonary Arterial Hypertension," in the *European Journal of Cardiovascular Nursing*, October, 2015.

Nurses publish

Diane Carroll, RN, nurse researcher, and Howard Blanchard, RN, clinical nurse specialist, authored the chapter: "Using, Evaluating, and Integrating an Evidence-Based Practice," in *Fostering a Research-Intensive Organization, an Interdisciplinary Approach for Nurses from Massachusetts General Hospital*, Sigma Theta Tau, 2015.

Nurses publish

OR nurses, Maureen Hemingway, RN, nursing practice specialist; Catherine O'Malley, RN, staff specialist; and Sandra Silvestri, RN, nursing practice specialist, authored the article, "Safety Culture and Care: a Program to Prevent Surgical Errors," in the Chinese version of the *AORN Journal*, in October, 2015.

continued on next page

Announcements

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.

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.

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>.

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

Instructor class:
December 2, 2015
7:00am–3:00pm

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

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

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Submissions

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

Next Publication

December 3, 2015

Professional Achievements (continued)

Inter-disciplinary team presents poster

Gaurdia Banister, RN; Ann Jampel, PT; Maureen Schnider, RN; Patricia Fitzgerald, RN; and John Co, MD, presented their poster, "Developing Clinical Faculty to Support Inter-Professional Education and Collaborative Practice: an Academic-Practice Partnership," at the 2015 IPEC Institute's Interprofessional Education, Building a Framework for Collaboration Conference in Herndon, Virginia, October 7, 2015.

Goldsmith and Roe publish

Tessa Goldsmith, CCC-SLP, speech-language pathologist, and Justin Roe authored the article, "Human Papilloma Virus-Related Oropharyngeal Cancer: Opportunities and Challenges in Dysphagia Management," in *Current Opinion in Otolaryngology & Head and Neck Surgery*, June, 2015.

Inter-disciplinary team publishes

Mary Orencole, RN; Ajay Kumar Sharma, MD; Eszter Vegh, MD; Alexandra Miller; Dan Blendea, MD; Stephanie Moore, MD; Gregory Lewis, MD; Jagmeet Singh, MD; Kimberly Parks, DO; and E. Kevin Heist, MD, authored the article, "Heart Failure: Association of Hypothyroidism in Patients with Heart Failure Receiving Cardiac Resynchronization Therapy," in the May, 2015, *Journal of Cardiology*

Educational efforts in preparation for eCare

—by Annabaker Garber, RN, director, PCS Informatics

The roll-out date for Partners eCare is quickly approaching. Our ambulatory health-profession colleagues and out-patient Psychiatry and Dermatology practices will go live on the new system, December 10, 2015. Other ambulatory areas go live January 14th and 28th.

Inpatient areas and the remaining ambulatory practices will go live on April 2, 2016. As you can imagine, getting clinicians and other users ready for the transition is a massive undertaking. MGH is training more than 23,000 users. That's more than all the users in Group 1 implementation combined (that includes BWH, Dana Farber, Faulkner, and Home Health).

Planning and preparations are well underway; we are reviewing the curriculum, training credentialed trainers and peer educators, building new classrooms, assigning training roles, enrolling users into classes, and providing e-learning through HealthStream. Perhaps most important, users are being given access to the eCare practice environment, called 'the playground.'

Curriculum-review involved end-users and subject-matter experts spending time with the instructional designers to ensure the curriculum for each area matches our work. Designers then incorporate that input into the classroom material.

MGH has identified more than 70 part-time and full-time clinicians to become credentialed trainers. Becoming a credentialed trainer requires four to six weeks of learning the system, culminating with being able to effectively 'teach' the credentialing board what you've learned.

The role of peer educator is a new concept for eCare. A peer educator is a physician or other provider who teaches fellow providers along with credentialed trainers. Peer educators provide the clinical understanding that comes from doing and knowing the work. To date, more than 40 physicians have volunteered for this role.

At least 25 classrooms are required to accommodate our didactic learning needs. We've built 14 classrooms at 100 Cambridge Street, and we'll utilize every available classroom on the main campus.

Ensuring that all users are assigned to the appropriate classes and e-learning curricula is another enormous undertaking. A project team is working with front-line leadership to ensure all users are identified and assigned appropriately. Once learners complete their training, they're given access to the playground where they can practice their new skills.

Preparation. Preparation. Preparation. All this work is an investment in our success as we approach our go-live date. We're committed to providing the best possible experience for our staff so we can continue to provide the best possible care to our patients and families.



November 19, 2015

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