

Caring

Headlines

July 21, 2016

Ramadan MGH-style

*coming together in the spirit of friendship,
worship, and solidarity*



Pharmacist, Firdosh Pathan, RPh (front left), does double-duty as food server and amiable host at this year's Iftar celebration, June 27th under the Bulfinch tent.
(See story on page 4)

Social determinants of health

at the heart of holistic care

When we talk about social determinants of health, we're talking about any and all factors that may prevent people from seeking care, accessing care, following through on recommended treatment, or in any way fail to meet their highest potential for health and well-being.

The World Health Organization defines social determinants of health as the conditions into which individuals are born, grow, live, work, and age. In the healthcare setting, when we talk about social determinants

of health, we're talking about any and all factors that may prevent people from seeking care, accessing care, following through on recommended treatment, or in any way fail to meet their highest potential for health and well-being. We're talking about geographic, cultural, linguistic, racial, and socioeconomic barriers to good health, such as:

- safe housing
- access to local food markets
- access to education and job opportunities
- access to healthcare services
- access to community-based recreation and leisure activities
- transportation
- discrimination, racism, or distrust of government
- proximity to crime or violence
- poverty or homelessness
- academic and/or health literacy



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

Many of these determinants fall outside the formal purview of health care, but they nonetheless impact the health of our patients and families. If we're truly committed to providing holistic, patient- and family-centered care, we need to take these factors into consideration when we examine, treat, prescribe, advise, and listen to our patients.

We may not be able to cure poverty or homelessness, but knowing that a patient is living in a shelter or struggling financially can inform our care and decision-making. We may not make the same recommendations for a financially sound, well-educated, English-speaking woman as we would for one who's exposed to domestic violence or who doesn't have access to proper food or nutrition. We need to see the whole patient and make appropriate decisions based on the patient's life and circumstances.

continued on next page

As you'd expect, social determinants of health are closely linked to health disparities. The MGH Center for Community Health Improvement reports that poorer communities face an increased burden of disease and mortality. Mortality rates for Revere, Chelsea, and Charlestown are higher than the overall Massachusetts mortality rate, particularly for individuals with cancer.

Since 1995, the MGH Center for Community Health Improvement has conducted periodic community health needs assessments of the communities where MGH operates health centers (Revere, Chelsea, and Charlestown). The 2015 health needs assessment sought to:

- identify the health needs, assets, and forces of change in Revere, Chelsea and Charlestown
- engage the community in the process
- gauge the communities' progress in addressing the 2012 health-needs-assessment priorities
- identify new priorities and strategies going forward

Substance use and public safety (crime and violence) remain the top health issues for these communities, with 80% of respondents reporting substance use as their #1 health concern. Obesity, poor diet, and inactivity were identified as high priorities, and mental health is emerging as one of the top health concerns in these communities. Education, the environment, and housing were also among issues noted by many residents.

As you'd expect, social determinants of health are closely linked to health disparities. The MGH

Center for Community Health Improvement reports that poorer communities face an increased burden of disease and mortality. Mortality rates for Revere, Chelsea, and Charlestown are higher than the overall Massachusetts mortality rate, particularly for individuals with cancer.

Our inpatient HCAHPS scores show that African Americans report less positive experiences than whites in four out of ten HCAHPS measures. Asians report less positive experiences than whites in five out of ten measures. And American Indians report less positive experiences than whites in four out of ten measures.

Health disparities and social determinants of health go hand-in-hand. As healthcare providers, we need to consider social determinants of health, appreciate the impact they have on patients and families, and do what we can to help overcome these barriers to optimal health. As with all interventions, our treatment, care, and decisions need to be tailored to the individual needs and circumstances of each patient. And isn't that the very definition of holistic care.

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Ramadan MGH-style

*coming together in the spirit of friendship,
worship, and solidarity*

It was windy. It was *really* windy. But love and unity were on every breeze as the MGH community once again came together to celebrate Ramadan, the Muslim festival of fast-breaking, which took place this year on June 27th. The celebration occurs earlier each year because Islam uses the lunar calendar, which is 11 days shorter than the solar calendar. For more than a billion Muslims around the world, including more than eight million in North America, Ramadan is a month of blessing marked by prayer, fasting, charity, self-sacrifice, and devotion to Allah (God, in Arabic).

culminates with a veritable feast of Middle Eastern foods and delicacies provided by Nutrition & Food Services. Says Pathan, “Ramadan reminds us that there is one God, one creator, one humanity; It’s a wonderful show of respect and appreciation to our Muslim community. It’s an example to the world that we can live together in peace despite our differences.”

Shortly after the decision was made to move the festivities from the Thier Conference Room outside to the Bulfinch lawn, the wind kicked up presenting some logistical challenges. But in typical MGH fashion, the celebration went on as scheduled, with some attendees holding tight to their kufis (hats) and hijabs (head scarves).

For 15 years, the MGH community has come together to share in this ritual Iftar—the meal eaten at sunset to break the daily fast. And for 15 years, pharmacist, Firdosh Pathan, RPh, has organized the event that



Observances (continued)

No matter that voices were barely able to be heard over the howling wind, some members of MGH leadership took advantage of the opportunity to offer some words of welcome. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, said, "I feel blessed to be with you tonight as we celebrate the good in people. We all have pain in our hearts with the events unfolding in the world. I'm thankful that in this place of peace, MGH, we have occasion to see the good in people every day."

Said Jeff Davis, senior vice president for Human Resources, "Our goal at MGH is to create and maintain an environment where the best and brightest want to come and work. The best and brightest are not limited to one nation, one race, one ethnicity, one sexual orientation, nor one religion. Supporting this Iftar celebration is one way for MGH to let our Muslim employees know they're welcome here."

John Polk, director of Chaplaincy, observed, "I believe this gathering is a reflection of the way Allah intends us to live. Though we may have differ-

ences on the surface, deep down, we share a common belief that God loves us, and we love God, and therefore we love one another. Ramadan Mubarek. (Wishes for a blessed Ramadan)"

Deb Washington, RN, director of PCS Diversity, and Imam Elsir Sanousi also offered words of welcome and inclusion.

The annual Iftar is sponsored by Human Resources and supported by the Chaplaincy and Patient Care Services. The Masjid at MGH is located in Founders 109. Friday prayers are held in the Thier Conference Room at 1:00pm. For more information about Ramadan, Iftar, or the Muslim community at MGH, e-mail Firdosh Pathan or call him at 617-724-7878.



(Photos by Autumn Aguiar)

South African Discovery Program

—by Mary Sebert, RN, international nurse program manager

“Unique and inspirational.” That’s how Thobeka Williams, recipient of a Discovery Excellence Award for Nurses, described her experience at MGH. In March, the MGH Center for Global Health hosted four South African nurses for a two-week Nursing Leadership Program as part of an innovative program sponsored by Discovery Health, the largest medical aid provider in South Africa. The program strives to acknowledge and empower nurses by partnering with healthcare institutions that excel in training and educating nurses. Said Roshini Moodley Naidoo, MD, head of Quality of Care at Discovery Health, “We’re working to strengthen South Africa’s healthcare system, improve care, and promote service excellence. Partnering with MGH is a wonderful opportunity to explore the vital role nurses play in providing state-of-the-art care.” The nurses chosen were nominated by patients through satisfaction surveys evaluating their care.

South African nurses participated in both clinical and didactic learning activities, matching their specialties with those of MGH nurses. Said Holiness Dladla, an ICU nurse, “The clinical setting left us speechless. Nurses here work smart and as a team.” The group was impressed by the supportive, multi-disciplinary teamwork and patient-centered care made possible by well-staffed units, knowledgeable nurses, and specialized teams, like the IV and Rapid Response teams.

Said Williams, “The quality of nursing care is one hundred and ten percent because patient safety is a priority.”

Classroom education was informal, relaxed, and interactive. Topics included strategies for managing con-

flict, leadership, and professional advocacy. Visiting nurses shared wonderful stories of their care and the culture they enjoy with their patients and colleagues.

The clinical narrative session, led by Mary Ellin Smith, RN, professional development manager, made a big impression on the group. In their evaluations they noted, “It made us realize we have so many stories. It inspired us to put pen to paper and share those stories with others.”

Pat Daoust, RN, director of Nursing for the Center for Global Health, observed, “I was so impressed by the eagerness of the Discovery nurses to engage in every aspect of the program. Whether in the classroom or clinical setting, they portrayed characteristics essential to nursing leadership: readiness to learn; asking great questions; sharing ideas; and challenging norms. We

learned from one another and realized that as nurses, we all share a common goal: to provide the highest quality care to our patients. We were privileged to be part of this great initiative.”

For more information, contact Mary Sebert, RN, at 617-643-9197.



Top photo: Discovery Nurse Excellence Award recipients (l-r): Hazel Thobeka Williams, Simone Bothma, Mavis Mwale, and Holliness Dladla. Below left: Williams, Bothma, and Dladla. Below right: Mwale, Rachel Nduku, Pat Daoust, and Mary Sebert.

(Photos by Ravi Bhatia and Caring Headlines)

An educational trip to Havana

—by Alice Gervasini, RN; Sandy Muse, RN; Stephanie Kwortnik, RN; Paula Restrepo, RN; and Mary McAuley, RN

This year, during International Nurses Week in May, and as part of the work of the MGH Center for Global Health, Marc deMoya, MD, trauma and acute care surgeon, led an educational trip to Havana, Cuba, with nurses, Alice Gervasini, RN; Sandy Muse, RN; Stephanie Kwortnik, RN; Paula Restrepo, RN; and Mary McAuley, RN. Working with Gaspar Reboredo, RN, course director for the Pan-American Trauma Society, MGH nurses presented the first formal Trauma Nursing Course and didactic symposium in Cuba. They participated in the two-day Trauma and Emergency Surgical Symposium, co-directed by DeMoya and Martha Larrea, MD, of Cuba. The symposium was attended by more than 250 nurses and physicians.

The Pan-American Trauma Society encourages the exchange of knowledge and information among nurses, physicians, pre-hospital providers, and other health-care personnel caring for patients in North, Central, and South America. In previous trips to Cuba, deMoya had identified the importance of nursing-focused education. This mission was made possible through collaboration with the nurse trauma-education coordinator at Calixto-Garcia Hospital, the largest teaching hospital in Cuba.

The trip highlighted challenges and common themes, giving voice to the universal language of patient-care improvement in the trauma setting. Topics included the ABCs of trauma, role delineation, management of complica-

tions related to trauma, and pre-hospital care. Through simulation, case studies, and lectures, participants actively engaged in discussions in multi-disciplinary forums.

In their evaluations, participants noted that despite the language barrier, faculty were able to facilitate meaningful educational dialogue, as we all spoke the universal language of trauma. They spoke about the ease of applying this information to their clinical situations, feeling the program enriched their knowledge and understanding of trauma and trauma systems.

This cross-cultural, academic exchange helped forge new relationships for both faculty and participants, laying the groundwork for future educational programs. DeMoya's ongoing work in establishing collaborative relationships with the health ministry of Cuba is aligned with the mission of the MGH Center for Global Health. Gervasini; Muse; Kwortnik; Restrepo; McAuley; and deMoya look forward to working together in the future to develop more international educational opportunities.

For more information, call Mary McAuley, RN, at 617-643-7174.



Top photo: Trauma Nursing Skills Stations. Lower left: MGH nurses visit the Calixto-Garcia Hospital ICU. Lower right: Trauma Symposium faculty.

(Photos provided by staff)

Advancing evidence-based practice

—by Ginger Capasso, RN, clinical nurse specialist

Evidence-based practice is a clinical decision-making model that combines the best research evidence with clinical expertise and patients' values. It involves moving away from the, "We've always done it this way," mindset to practices that are more effective and scientifically supported. Experts tell us that when evidence-based practices are used within the context of patient-centered care and supported by the clinical environment, clinicians make better decisions and produce better outcomes for patients. The Institute for Medicine recommends that 90% of healthcare decisions be evidence-based by 2020.

Patient Care Services has launched a new initiative, Advancing Evidence-Based Practice, and on June 28, 2016, Meg Bourbonniere, RN, and Virginia Capasso, RN, co-leads of the initiative, hosted a four-hour training session for 50 inter-professional participants. Phase I of this comprehensive, multi-dimensional program sought to:

- update the inter-disciplinary team's knowledge of evidence-based practice based on a conceptual framework adapted from the Johns Hopkins Nursing Program
- introduce the PET Project wherein inter-professional teams in consultation with PCS mentors explore questions related to a patient or patient population derived from clinical practice or the practice setting (P=Practice question, E=Evidence, T=Translation)
- sustainably hard-wire evidence-based practice as the PCS model for clinical decision-making

Program faculty included Tam Nguyen, RN, assistant professor, Boston College, and Lisa Liang Philpotts, RN, knowledge specialist for Research & Instruction, Treadwell Virtual Library.

The program featured:

- an introduction to evidence-based practice
- discussion about the relationship between evidence-based practice, quality-improvement, and research
- an overview of the Johns Hopkins program
- the creation of a PICO question (P=Patient/Population, I=Intervention, C=Comparison, O=Outcome)
- practice in searching, appraising, and summarizing evidence
- instruction on how to translate evidence-based practice recommendations into practice

During the program, unit- and service-based teams drafted PICO questions. Following the session, several teams stayed to

strategize about how to proceed with their PET Projects. Over the next four months, Capasso, Bourbonniere, Nguyen, Philpotts, and other nurse scientists and evidence-based-practice experts will work with teams to formulate, operationalize, and disseminate the results of their PET Projects.

Phase II of the Advancing Evidence-Based Practice initiative will commence in November; the next training program is scheduled for November 18, 2016. For more information call Ginger Capasso at 617-726-3836, or Meg Bourbonniere at 617-726-1989.



(Photos by Autumn Aguilar)

NICU Parent Forum

past and present parents coming together

—by Marisa Iacomini, LICSW, and Liz Warren, RN, staff nurse

A young mother whose baby spent more than 150 days in the Newborn ICU smiles when we introduce her as the mother of ‘Superman Liam.’ Her visit to the bi-monthly NICU Parent Forum is one of many in the past year. She shares that laughter was key to her coping. Letting family and friends help was another important strategy. And “Stay positive,” was her mantra.

NICU social worker, Marisa Iacomini, LICSW, and staff nurse, Liz Warren, RN, established the Parent Forum in 2012 as an outlet for parents of critically ill newborns to come together and share common experiences. The forum has been a wonderful place for parents to connect and forge temporary, in not life-long, friendships.

This year, Iacomini and Warren reached out to former participants for feedback on their experiences with the group. Following are some excerpts from the responses they received.

Said one mom, “There was another mother in the group, a woman I’d seen in the waiting room. I knew she was spending every night in the NICU. Her story was heart-wrenching. We found opportunities to reassure each other, and after group, she invited me in to see her gorgeous little girl.”

Another mom shared, “It took me a long time to go to my first meeting, but I’m so glad I did. It was hard to take precious time away from my daughter, and I was worried I’d cry in front of other people. I did cry, but I also laughed and found other parents who were going through some of the same things. The group helped me begin to talk about and understand what we were going through. The empathy from other parents who understood what it was like watching monitors all day, going home night after night

without your baby, trying to comprehend what was happening, meant so much to me.”

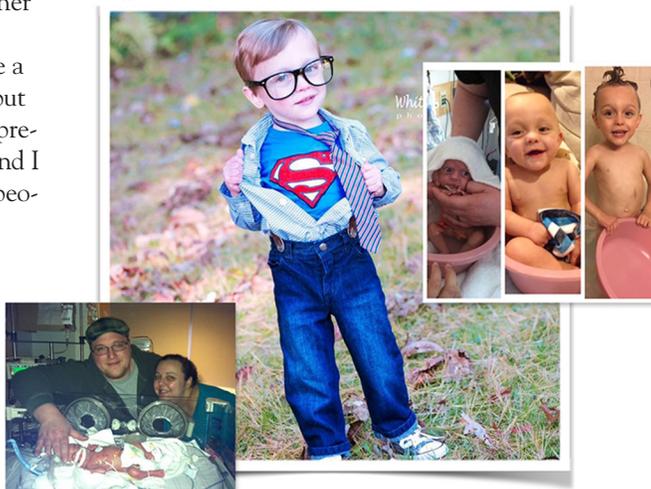
“When my child was born, I was shocked, depressed, terrified. I wasn’t up for talking to anyone, especially strangers. Little did I realize that the people I didn’t want to talk to would turn out to be my favorite people. Going to the group, talking to Marisa, Liz, and the other parents was so helpful; it became something I craved and sought out. It made my husband and me feel so much less alone. We could breathe again. The group brought us together, made us stop and talk instead of walking past each other in the hall. It made us care for and support each other and each other’s children. I still miss it two years later.”

“I loved Wednesday group nights. It was great for parents to be able to talk to other parents going through similar situations. Unless you’ve been the parent of a NICU baby, you don’t really understand what others are going through. Group lets you talk to other parents and guide one another through those tough times. When you visit your child day in and day out like I did, group night feels like a night out to renew and talk to other adults.”

Building on the support aspect of the Parent Forum, Warren and Iacomini have developed a process and curriculum for inviting former parents back to the forum as guests. Say Warren and Iacomini, “We provide them with guidelines in advance, and we talk before and after each guest appearance. We actively promote their visits, and their contributions so far have been amazing. We’ve witnessed incredible sharing and bonding. Parents in the current group have expressed genuine gratitude for the visits of former parents.”

For more information about the NICU Parent Forum, call Iacomini at 617-726-2611, or Warren at 617-724-4350.

Special Guest: Former NICU Parent



7th annual Linda Kelly Visiting Scholar Program

—by Jane Keefe, RN, program development manager

The Linda Kelly Visiting Scholar Program honors nursing director, Linda Kelly, RN, of the Vincent Ambulatory Obstetrics and Gynecology Service for her collaborative leadership and tireless efforts to improve patient safety and satisfaction. This year's Linda Kelly visiting scholar, Sue Leavitt Gullo, RN, director of the Institute for Healthcare Improvement, joined us, June 16th, to share her more than 33 years of experience in maternal-child health and patient safety.

The day began with Obstetrics-Gynecology Grand Rounds where Leavitt Gullo had an opportunity to speak about her work with, "The Next Phase of Safety— Asking the Question: What Matters to You?"

Gullo visited Women's Health Associates, the outpatient unit that focuses on prevention and wellness and offers comprehensive primary care, gynecological care, and behavioral health services. She went to Labor & Delivery and engaged staff in dialogue about her work and the incredible efforts of OB nurses in leading the organization to Baby-Friendly Hospital designation.

An informal luncheon provided MGH staff the opportunity to share

their work in OB and Women's Health. Certified nurse midwife, Blake Rainie Slack, CNM, discussed the use of nitrous oxide for obstetric patients, a practice new to MGH. Labor & delivery staff nurse, Penelope Herman, RN, shared her work with The Origin Study that focuses on the origin of gut microbiota in neonates. Nursing director, Hiyam Nadel, RN, spoke about the importance of paternal involvement, both with caring for newborns and supporting new mothers.

During Nursing Grand Rounds, Gullo formally presented her study, "The Next Phase of Safety— Asking the Question: What Matters to You?" Focusing on the importance of evidence-based practice and the need to customize care according to what matters to each patient, Gullo stressed the need for shared decision-making that involves patients and families.

This year's program not only provided a wonderful opportunity to honor an incredible colleague while engaging in dialogue with a highly recognized nursing leader, it illustrated the impact of evidence-based findings on clinical practice.

The Linda Kelly Visiting Scholar Program is made possible through the generosity of Deborah M. Kelly.

For more information, contact Jane Keefe, RN, program development manager, at 617-724-0340.



(Photos by Autumn Aguiar)

Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandi Coakley, RN, staff specialist

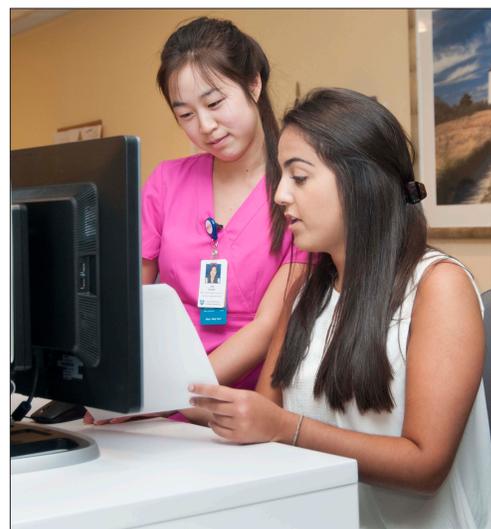
Now in its 16th year, the Carol A. Ghiloni Oncology Nursing Fellowship has provided opportunities for student nurses to spend ten weeks at MGH learning and observing in the Oncology Nursing Service. The experience allows them to see the varied roles nurses play in oncology care and the different career opportunities available upon graduation. The Ghiloni Oncology Nursing Fellowship was developed in 2001 to give student nurses a chance to learn about the specialty of oncology nursing with the hope of recruiting them into full-time positions when they graduate.

This year's fellows were: Brittany Bentivegna, a nursing student at the William F. Connell School of Nursing at Boston College; Eleni Stefanopoulos, a nursing student at the University of

Massachusetts, Lowell; Marissa Pellegrino, a nursing student at Simmons College; and Lisa Doong, a nursing student at the University of Michigan.

Fellows spent time on Lunder 9 and 10 and Phillips House 21, and had observational experiences in Radiation Oncology, the Infusion Unit, and a number of Yawkey outpatient centers. They attended inter-disciplinary rounds, HOPES programs, spent time in the Blum Center, Interventional Radiology, and took advantage of other learning opportunities within the Cancer Center.

The Carol A. Ghiloni Oncology Fellowship receives funding from a variety of sources, including the Hahnemann Hospital Foundation, and the Susan D. Flynn Oncology Nursing Training and Development Fund. For more information, contact Mandi Coakley, RN, staff specialist, at 617-726-5334.



Top photo: Marissa Pellegrino (left) and Brittany Bentivegna. Group shot (l-r): Carol Ghiloni, RN; Eleni Stefanopoulos; Marissa Pellegrino; Brittany Bentivegna; Lisa I-Min Doong; and Mandi Coakley, RN. At right: Lisa I-Min Doong and Eleni Stefanopoulos.

MGH staffs educational booths at *El Mundo's* Latino Family Festival

—by Jorge Villanueva, Materials Management, and Milton Calderon, Volunteer Services

In an effort to recognize Latino employees and the contributions they make to the MGH community, the Committee for Latino Initiatives was formed in 2010. Since its inception, the committee has organized events such as the Ernesto Gonzalez Award, the Be Fit Program for Latinos (part of the larger Be Fit program but with a focus on the nutritional and lifestyle habits of Latinos) and other educational events and activities.

In recent years, the Committee for Latino Initiatives has participated in *El Mundo's* Latino Family Festival at Fenway Park, staffing educational tables at this fun annual event. This year, in collaboration with Human Resources and Training and Workforce Development, a number of MGH departments stepped up to help raise understanding and awareness of the Latino community. Urology; Speech-Language Pathology; Volunteer Services; Police & Security; and the Alzheimer's Association of Massachusetts, sponsored by the MGH



Clockwise from top left: Sanchez provides information on men's health issues; graduate student, Natalie Albrittain-Ross, teaches kids about speech and language; volunteers Priscilla Farias-Monge and Cristina Rivera, and MGH Officer David Marquez chat with visitors; and members of the Committee for Latino Initiatives and others representing MGH at the Latino Family Festival pose for a group photo.

Alzheimer's Research Department, all staffed educational booths at the event.

- Officer David Marquez of Police & Security educated visitors about issues such as child safety and preventing gang and domestic violence
- Volunteer coordinator, Milton Calderon, and veteran volunteers, shared information on how volunteers help patients and families
- Leonor Buitrago provided educational materials on Alzheimer's awareness and outreach
- Alejandro Sanchez, MD, shared information on prostate-cancer-prevention and other men's health issues
- Patient liaison, Felicita Aponte, and graduate students from the MGH Institute of Health Professions fielded questions and disseminated information about speech-language pathology

For more information, email: mghhispaniclatino@partners.org, or call Milton Calderon, CLI Fenway Committee chair, at 617-724-1755.

Smith retires after four memorable decades at MGH

—by Suzanne Koven, MD, primary care physician, Bulfinch Medical Group

Deb Smith likes to go the distance. As a runner, she's competed in, and finished, the Boston Marathon and numerous other road races. As a nurse, she recently capped off a prestigious four-decade career at MGH. And on July 1, 2016, Deb Smith retired from Bulfinch Medical Group where she served as a beloved nurse, mentor, and colleague for 18 years.

Smith came to MGH in 1973 for nursing school and never left. As a new grad, she worked in the Bulfinch 3 ICU, later becoming head nurse of the Bigelow 9 Medical Unit. Switching to surgical nursing, Smith worked in supervisory roles for several years in the Post-Cardiac Surgical Unit, the Surgical ICU, and the Respiratory ICU. In the 1980s she moved to the outpatient setting working with primary care physicians, John Stoeckle, MD, Peter Slavin, MD, and James Dineen, MD, before joining Bulfinch Medical Group in 1998. In 2002, she received the Stephanie Macaluso Award for Excellence in Nursing Practice.

In her 43 years at MGH, Smith has seen incredible progress in the role of nursing. Says Smith, "Once upon a time it was, 'The nurse does this, and the doctor does that.' Today, I feel like a colleague among many different disciplines. I feel respected. I know I have a lot to offer. We all share many roles."

Known for her keen clinical judgment and calm demeanor, one focus of Smith's recent work has been teaching newer nurses the art of outpatient nursing, particularly telephone triage. "It's a real skill," says Smith, "hearing the little things, recognizing when something doesn't sit quite right."



Deb Smith, RN
Bulfinch Medical Group

MGH has been a big part of Smith's personal life, as well. Thirty years ago, two nursing colleagues introduced her to Steve, the man who later became her husband. Steve also retired recently from his long-time position in the department of Surgery, where he helped develop tele-surgery and other training tools. The couple, who together have worked more than 80 years at MGH, plan to spend more time at their home on Cape Cod.

Smith still loves to run. But she'd still like to work at MGH on occasion. "I love it here so much," says Smith. "My husband and I just said to each other, 'This has been our life.' And that's the way it should be."

Patient Care Services and the MGH community wish Smith well wherever her future endeavors may take her.

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Next Publication

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The Pet Therapy Program

Looking at the impact 13 years later

Results showed that visits with therapy dogs decreased pain, increased level of energy, and improved patients' overall mood. Responses to open-ended questions indicated that visits made patients feel less tired and more connected to the outside world.

Question: When did the Pet Therapy Program begin?

Jeanette: The MGH Pet Therapy Program is a collaborative effort between Nursing and Volunteer Services that began in February of 2003. Research showed that pet therapy has a beneficial effect on patients. Two studies, Cole and Gawlinski (1995) and Coakley and Somerville (2003), indicate that patient responses to pet therapy include feeling happier, calmer, and less lonely after being visited by a therapy animal.

Question: How many dogs and handlers do we have?

Jeanette: Eight dogs are currently active, and we've recently entered into conversations with five new handlers. Handlers and dogs are professionally screened. Inclusion and exclusion criteria must be met in order for units to participate. Pet therapy is a nurse-driven intervention; patient participation is voluntary.

Question: Where and how often do therapy dogs visit?

Jeanette: Pet therapy dogs visit 15 inpatient units, one ICU, and the Radiation Oncology Unit every Tuesday and Thursday.

Question: Does the program have good outcomes?

Jeanette: Since its inception, the Pet Therapy Program has logged 51,305 visits with patients and countless others with staff and visitors.

Researchers at MGH investigated the effects of pet therapy on patients on three inpatient units. Vital signs were taken before and after visits with therapy dogs; patients were asked to complete visual analog scales measuring their level of pain and energy; they completed a Profile of Moods Survey (POMS); and they were asked some open-ended questions.

Results showed that visits with therapy dogs decreased pain, increased level of energy, and improved patients' overall mood. Responses to open-ended questions indicated that visits made patients feel less tired and more connected to the outside world.

Question: What is the future of the Pet Therapy Program here?

Jeanette: We are continuing to expand the program and recently hosted two pet-therapy recruitment events. We received a generous donation from Henrietta and Heaton Gates in memory of their dog, Magellan, to increase awareness of the program and measure its effectiveness. Mandi Coakley, RN, principal investigator, is conducting a follow-up study to examine the impact of therapy-dog visits on patients and staff. This past spring, she held focus groups with pet-therapy handlers and staff on several units. The data is being analyzed for themes; we hope to have the results of the study by the end of the year.

For more information about the Pet Therapy Program, call Milton Calderon at 617-724-1755.

New opioid therapy guidelines for non-malignant pain

Question: Why were new guidelines developed for prescribing opioid medications to treat pain?

Jeanette: We've all been following the opioid crisis in the news. Data suggests that increased incidence of prescription opioids to treat pain is associated with the increase in opioid-use disorder and deaths due to overdose. Between 2000 and 2015, there was a three-fold increase in opioid-related overdose deaths in Massachusetts alone.

Based on these findings and our own data, the MGH and MGPO recognized the need for guidance to support the delivery of safe, high-quality, compassionate, evidence-based, and responsible treatment for patients experiencing pain. These guidelines are part of a larger strategic initiative to address substance-use disorders.

Question: How do the guidelines handle different types of pain?

Jeanette: Two different guidelines are in place; one for adult patients experiencing acute pain, and one for adult patients experiencing chronic pain.

Acute pain is defined as pain provoked by a specific disease or injury or surgery, and is self-limited, lasting no longer than 90 days. Chronic pain is defined as pain that persists beyond 90 days. Guidelines do not apply to patients with active cancer or malignancy-associated pain, or patients receiving hospice or palliative care. A separate guideline for pediatric patients is being developed.

Question: What do the Acute Pain Guidelines contain?

Jeanette: Guidelines provide background information on the problem; considerations for assessment and re-assessment of acute pain; indications for using opioids as a treatment, and tips for prescribing opioids. Guidelines contain information to help set reasonable patient expectations for managing pain. We need to help patients understand that pain medications help manage pain but

don't necessarily resolve it. Patients need to understand that opioids are part of a larger pain-relief strategy that can include other medications or interventions such as meditation, acupuncture, physical therapy, or positioning, to name just a few.

Question: What about the Chronic Pain Guidelines?

Jeanette: Chronic pain guidelines include similar information as well as requirements for obtaining prescription-renewals, ongoing monitoring, the process for discontinuing opioids, and counseling information. These guidelines discuss a 'controlled substance agreement form' that outlines information patients need to know about opioids and expectations for behavior while receiving treatment at MGH.

Question: How can I help implement the guidelines?

Jeanette: Review the guidelines to ensure you understand this change in practice and the implications for patients. Continue to assess and re-assess your patients' pain and document all information, including their response to interventions, to help develop an effective care plan for managing pain while they're in the hospital and after discharge. Patient and family teaching is critically important—not only to help set patient/family expectations, but to ensure they understand the risks and benefits of taking opioids, and other strategies to help relieve pain. Information about safe storage and disposal of opioid medications is available in our on-line resources.

Question: Where are the new guidelines?

Jeanette: Guidelines are posted in ellucid, our policy-management system. You can search for, 'opioid' (acute or chronic) to access the guidelines. Or go directly to the Clinical Policy and Procedure Manual; guidelines are located at the top of the list.

For more information, call Brian French, RN, director of The Blum Patient & Family Learning Center, at 617-724-7843.

Announcements

ACLS Classes

Certification:

(Two-day program

Day one: lecture and review
Day two: stations and testing)

Day one:

July 15, 2016
8:00am–3:00pm

Day two:

July 18th
8:00am–1:00pm

Re-certification (one-day class):

August 10th
5:30–10:30pm

and August 13th (Saturday)
8:00am–12:00pm

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

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.

SAFER Fair and community outreach event

Join collaborative governance champions to learn how they're working to make a SAFER environment for patients, families, and staff.

And bring socks!

Please bring a pair (or two) of new socks to be donated to a local community shelter.

There will be games, refreshments, and prizes.

Wednesday, October 19, 2016
12:00–2:00pm

Under the Bulfinch Tent

For information, call Mary Ellin Smith, RN, at 4-5801.

MGH Nurses Alumnae Association fall reunion and educational program

This year's theme:
"Nurse Leaders Making a Difference"

Friday, September 23, 2016
O'Keeffe Auditorium
8:00am–4:30pm

Sessions will include: "The Development of the Nursing Leadership Academy," "Doctor of Nursing Practice Program," "Global Nursing," "Advancing Peer Review," and more.

For more information or to register, call the MGH Nurses Alumnae Association at 617-726-3144.

Blum Center Events

"Psoriasis: causes, related health problems, and treatments

Thursday, Aug 4
11:00 AM – 12:00 PM
Haber Conference Room

Psoriasis is an autoimmune skin condition linked to serious health problems, such as obesity, heart disease, and arthritis.

Program is free and open to MGH staff and patients. No registration required.

For more information, call 4-3823.

Global Nursing: a Force for Change Improving Health System Resilience

October 14-15, 2016
9:00 am - 5:00 pm
Massachusetts General Hospital

Open to the public

Join nurse leaders, clinicians and educators to discuss the critical role of nursing in strengthening health systems around the globe

For more information, or to submit an abstract, go to: <http://www.massgeneral.org/globalhealth/>

Submission deadline is September 1, 2016. Acceptance notification will be sent via e-mail by September 15, 2016.



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