

# Caring

Headlines

June 16, 2016

## MGH Chapel celebrates 75th anniversary

See story on page 9



Director of the MGH Chaplaincy, Reverend John Polk (right), staff chaplains, and other members of the MGH community, at the May 25th celebration of the 75th anniversary of the MGH Chapel.

# Re-visiting our Professional Practice Model

*ensuring that the framework for our practice remains meaningful and relevant*

Veteran clinicians may recall our journey to create a Professional Practice Model back in 1996. That work... described the new model and introduced the now-familiar puzzle graphic that represents the framework of our practice.

I am happy to say that today, our Professional Practice Model is as much a part of our daily culture and acumen as hand hygiene and patient safety. But that wasn't always the case. Veteran clinicians may recall our journey to create a Professional Practice Model back in 1996. That work was captured in a special issue of *Caring Headlines* (see opposite page) that described the new model and introduced the now-familiar puzzle graphic that represents the framework of our practice.

It's instructive to look back at our perspective at the time, especially for our newer clinicians. In the December 12, 1996, issue of *Caring*, I wrote: "This issue is dedicated to describing key elements of our emerging professional practice model. Now, in the crucial, formative stages, it is important to understand exactly what this model is and invest our interest and energy into making it a viable, working reality.

"The past months have seen tremendous change, both organizationally and in the mindset of individuals helping to mold a new culture during this turbulent time in health care... There is renewed understanding about the importance of having a practice model and its connection to the delivery of high-quality care... The challenge is to define the concepts in a way that brings significance to our daily practice. Each piece of the model represents a component of practice. Since each component is inherently related to all the others, we have chosen an interlocking puzzle to represent our model.



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

"If the model is to work, each of us needs to understand, embrace, and master the skills involved; participate in the process; and be willing to continuously learn, because the environment in which we work is rapidly changing. Our discussions have centered on the need to understand the patient experience and improve the patient-care process, with each discipline bringing its expertise to the interdisciplinary table.

"This professional practice model will give clinicians the tools they need to explore, develop, and learn. Nurses, physical therapists, occupational therapists, speech pathologists, chaplains, social workers, and orthotists will all share a common language and understanding in addressing the issues and challenges of the new age. We are building a stronger, more humane patient-care delivery system framed by a well-articulated vision and grounded in our understanding of the richness of our practice.

"The unique contributions of each discipline bring special meaning to the relationships we have

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Each of these unique contributions has a place in our vision for the future—a vision that clearly delineates the need to create a practice environment that has no barriers, that is built on a spirit of inquiry, and that reflects a culturally competent workforce supportive of the family-focused values of this institution.

with patients, families, and the inter-disciplinary team. Each of these unique contributions has a place in our vision for the future—a vision that clearly delineates the need to create a practice environment that has no barriers, that is built on a spirit of inquiry, and that reflects a culturally competent workforce supportive of the family-focused values of this institution.”

As you can see, in 1996, the components of our Professional Practice Model included:

- Values
- Philosophy
- Standards of Practice
- Collaborative Decision-Making
- Professional Development
- Patient Care Delivery Model
- Privileges, Credentialing, and Peer Review
- Research
- Descriptive Theory Models

We know better than anyone that health care is a dynamic and constantly evolving environment. It’s imperative that a professional practice model adapt with the times to remain relevant and meaningful. So in 2007, with input from staff throughout Patient Care Services, we revised our model to better reflect the clinical climate at the time. In 2014, we revised it even further to what it is today (see current Professional Practice Model on page 11).

A professional practice model is only meaningful if it reflects the wisdom and expertise of the clinicians delivering care at the bedside. To ensure that *our* Professional Practice Model remains relevant, I invite every clinician in Patient Care Services to review our current model and let us know if you think there should be any changes. See page 10 for a complete description of our current model, and send your ideas to Marianne Ditomassi, RN, executive director of PCS Operations. We’ll discuss your thoughts and suggestions at upcoming town-hall meetings and other forums. Thank-you.



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(Cover photo by Paul Batista)

# Teaching the teachers: MGH educators learn together across professions

—by Andrea Paciello, executive director, Teaching and Education, Graduate Medical Education

**O**n Monday, May 16, 2016, the MGH Executive Committee on Teaching and Education (ECOTE) hosted its inaugural symposium to advance the hospital's teaching mission and provide MGH educators with tips, tools, and resources to improve their teaching skills.

The day-long event, held at the Simches Research Center, was attended by nearly 200 MGH educators. Said Andrea Paciello, executive director

of Teaching and Education, "Two of the hospital's key strategic goals are to expand inter-professional education and develop and support an internal community of trained educators. Members of the Executive Committee on Teaching and Education were pleased that the symposium attracted caregivers from a wide range of healthcare professions and that attendees benefited from the active participation of many of their peers." Attendees included nurses, physicians, pharmacists, physical therapists, social workers, radiation therapists, and faculty members, including many from the MGH Institute of Health Professions.

Said MGH president, Peter Slavin, MD, "While we hope the symposium helps catalyze inter-professional education, we also hope it serves to break down some of the boundaries that have cropped up between educators. In health care, we tend to have one group of teachers educating students, another group educating residents and fellows, and another, new hires and novices. Perhaps we need to focus more on the life-long learning of practicing healthcare staff."

Opening remarks were offered by Slavin, chief medical officer, Brit Nicholson, MD, surgeon-in-chief and ECOTE chair, and Keith Lillemoe, MD.

The morning keynote address and break-out sessions focused on teaching in

*continued on next page*



## Life-Long Learning (continued)

the clinical setting and generating scholarship; the afternoon presentation and break-out sessions focused on fostering teaching interactivity. Modeling best education practices, participants received reading materials before the educational program and were asked to complete self-assessment quizzes before each session as a way of encouraging deeper understanding and engagement with the material.

Kristin Parlman, PT, physical therapist, co-led a session on clinical teaching across inter-professional teams. Said Parlman, “It’s exciting to think about the opportunities regarding inter-professional education in clinical practice. Only through effective inter-professional education and teamwork can we achieve our goal of providing the highest quality care to patients. Understanding and valuing the unique contribution each team member brings to the clinical situation is essential.”

A highlight of the symposium was a discussion moderated by executive director of The Institute for Patient Care, Gaurdia Banister, RN, about how the lessons from the morning

sessions could be applied to quality and safety. The importance of open communication was demonstrated through two mock patient-care cases; participants discussed ways that educational principles could be employed to improve communication. Adding a unique twist to the program, a graphic recorder was used to ‘scribe’ the discussion in graphic form. Said Banister, “The session confirmed the importance of education in advancing quality and safety. Patient care is enhanced when we create exemplary learning environments, value all members of the team, and foster a culture of ‘speaking up’ whenever there are concerns.”

The symposium concluded with a reception recognizing MGH educators and showcasing the work of 14 ECOTE pilot grants.

“This event was really energizing,” said Banister. “Many commented that this was the first time they’ve had an opportunity to spend dedicated time thinking and talking about education alongside colleagues from other professions. We hope to build on that enthusiasm going forward.”

For more information about the symposium or the work of the Executive Committee on Teaching and Education, contact Paciello at [apaciello@partners.org](mailto:apaciello@partners.org).



(Photos by Autumn Aguiar)

# New position at MGH

## *navigator for patients with autism spectrum disorder*

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

A new position has been created at MGH to ensure ASD patients are finding and accessing the care they need...The navigator works with providers to enhance their understanding of each patient's unique communication, sensory, and behavioral needs.

Individuals with autism spectrum disorder (ASD) tend to have a higher rate of illness and utilization of healthcare services than the general population. Coming to the hospital can present challenges for ASD patients, their families, and caregivers. With a growing number of adults being diagnosed with ASD, healthcare providers and institutions across the country are seeking ways to identify and meet the needs of ASD patients and developing best practices for their care.

Toward that end, a new position has been created at MGH to ensure ASD patients are finding and accessing the care they need. The new navigator role is an outcome of the Autism Care Collaborative, a hospital initiative to address the healthcare needs of individuals with ASD across their lifespans. The role is supported through philanthropic donations. Launched in November, 2013, the Autism Care Collaborative is sponsored by Peter Greenspan, MD, vice-chair, medical director, MassGeneral Hospital for Children; Debra Burke, RN, associate chief nurse; and Dr. Ann Neumeyer, MD, medical director of the Lurie Center. The collaborative includes approximately 40 clinicians, educators, administrative staff and community members. They've created training videos providing information and best practices about ASD; developed protocols to facilitate the movement of patients throughout the hospital; designed autism admission basics and care algorithms; created an autism care plan; and hired a navigator for patients with ASD.

The navigator serves as the point person when patients come to MGH. She works with providers to enhance their understanding of each patient's unique communication, sensory, and behavioral needs. In addition to coordinating care, the navigator collects data upon



Karen Turner, OTR/L  
occupational therapist, and new ASD navigator

admission, monitors quality and system metrics, and identifies opportunities to improve care by ensuring both staff and patients are aware of ASD resources available at MGH.

As of May 10, 2016, occupational therapist, Karen Turner, OTR/L, has held the role of navigator for patients with autism. Having worked with adult and pediatric patients with physical and cognitive disabilities, Turner brings a wealth of expertise to the role. She is experienced in the use of sensory interventions to reduce agitation and minimize the need for restraints on the inpatient Psychiatric Service. She has been a member and co-chair of a number of collaborative governance committees, and she is an academic lecturer at the MGH Institute of Health Professions.

For more information about the navigator role or the work of the Autism Care Collaborative, call Karen Turner, LICSW, at 617-726-8537.

# Weight stigma

*are you knowingly or unknowingly perpetuating the bias?*

—by Lisa Du Breuil, LICSW, clinical social worker

The psychological effects of weight stigma include increased risk of depression, suicidal ideation, anxiety, low self-esteem, and poor body image... Some health problems attributed to 'obesity' may actually be due to weight stigma.

I have a recurring experience at my annual doctor visits, one that is familiar to many who look like me. After hunting for a blood-pressure cuff to fit my arm, the nurse will take my vital signs then look at me with surprise and say, “Oh, your BP is normal.”

Weight stigma — negative judgments about people with higher weight — impacts the well-being of people across the weight spectrum. Also known as weight bias, this form of discrimination affects educational achievement, classroom experience, job opportunities, salaries, and medical care. Weight stigma increases the likelihood of bullying, teasing, and harassment among children *and* adults. Social media is rife with fat-shaming stories, and many online articles about health and/or weight routinely include bigoted, hateful comments.

The psychological effects of weight stigma include increased risk of depression, suicidal ideation, anxiety, low self-esteem, and poor body image. Weight stigma makes it harder for people to enjoy physical activity, nourish their bodies, and manage stress, all of which contribute to poorer health outcomes and lower quality of life. A 2015 study showed that experiencing weight stigma, regardless of BMI, significantly increased the risk of developing an illness or dying. Some health problems attributed to ‘obesity’ may actually be due to weight stigma. We know that health disparities experienced by people of color, LGBT individuals, and those with disabilities are worsened when weight stigma is added to the mix.

Across the country, healthcare providers are just as guilty of weight bias as the general population. Studies show that physicians associate fatness with “non-compliance, hostility, and dishonesty”; psychologists rate fat people as having worse symptoms and prognoses than thinner people; and nurses report feelings of ‘repulsion’



Lisa Du Breuil, LICSW,  
clinical social worker

when caring for large patients. Many higher-weight people who are cardio-metabolically healthy are met with disbelief when they tell their providers they are physically active and eating well. The dangers of weight bias can cut both ways: symptoms may be ignored or minimized in lower-weight individuals because better health is assumed due to their size.

Size profiling leads many larger people to change doctors more frequently or put off or cancel appointments, which negatively impacts health outcomes. The sentiments of many larger individuals are captured in this quote: “It seems no matter what concerns or symptoms I want to discuss, or what I say about my lifestyle, all my doctor wants to focus on is my weight.”

Our mission statement says we deliver the very best care in a safe, compassionate environment, and that we strive to improve the health and well-being of the diverse communities we serve. In my mind, that means *all* the patients we serve.

For more information, call Lisa Du Breuil, LICSW, at 617-724-4903.

# Rare allergy triggers new safety awareness and precautions

**M**y name is Susan Ferretti, and I'm an operating-room nurse specializing in Neurosurgery. Mrs. L came in for a craniotomy to remove a brain tumor. A craniotomy is a complex but relatively common procedure. However, on this particular morning, it was going to be more 'uncommon' than usual. Mrs. L was a woman in her 40s who suffered from a wide range of allergies. Of the nine allergies listed in her medical record, four had previously caused anaphylactic reactions. One had led to anaphylaxis, and that was an allergy to something called sulfites. I wasn't familiar with that particular allergen, but suddenly I had to learn all about it.

Sulfites are common preservatives used in some foods and medications; they also occur naturally in some fermented foods, such as wine. A small percentage of the population can experience hives, swelling, anaphylaxis, or even more severe allergic reactions as a result of ingesting or coming into contact with sulfites.

Because they're so common, Mrs. L was worried about the possibility of interacting with sulfites during her surgery. I assured her that I'd check all the medications we were going to use and make sure they were safe. Upon entering the OR, however, I realized how little information is available on medication vials. I gathered all the medications I expected to use for the case and called Pharmacy. I explained about Mrs. L's sulfite allergy and was able to definitively clear all but one medication (which I removed from the room).

But that was just the beginning. Mrs. L asked about the sutures and other materials that would be used. I went back to the OR and was able to clear the sutures, drapes, and prep materials, as well. A different allergy made her sensitive to one of the preps, so that was removed from the room.

This all took time, so I asked the surgical team to delay the start of the case. While I recognized the importance of the schedule, I couldn't let surgery start without being entirely sure that all materials containing sulfites were removed from the room, including anything even questionable.

Once surgery began, other medications and preps were called for, but if they couldn't be cleared for allergens with 100% certainty, they weren't used. The surgeons understood and were able to work around these constraints. The case went well, lasting five hours to successfully remove a non-cancerous tumor.



Susan Ferretti, RN, OR nurse

I had thought that a sulfite allergy was rare, but two days later, another sulfite-allergic patient was scheduled in the OR. Fortunately, I knew exactly what was safe and what wasn't. But it made me think about all our future patients with rare and/or serious allergies.

I had a discussion with my supervisor and a staff-development nurse, and it was decided that I should give a presentation on patient allergies to other OR nurses and scrub techs. I spent months learning and researching, and ultimately gave an hour-long presentation to my colleagues. My hope is that sharing this knowledge will help keep patients safe. I've always believed that nurses are patient advocates — for our current *as well as* our future patients.

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

Susan's commitment to patient safety is evident throughout this narrative. She did not rest until she was 100% confident the OR was safe for her patient — even to the point of delaying the surgical schedule to ensure it was an allergen-free zone. But perhaps the most important step Susan took in terms of on-going safety was sharing what she learned with her colleagues so that other patients could benefit from that knowledge. Mrs. L could not have asked for a better advocate.

Thank-you, Susan.

# MGH Chapel celebrates milestone anniversary

**O**n May 25, 2016, the MGH community came together to celebrate the 75th anniversary of the MGH Chapel in a ceremony that included music, reflections, and blessings from a variety of religions and traditions. In his opening remarks, Reverend John Polk, director of the Chaplaincy, cited a fitting verse from Proverbs, saying, “By wisdom a house is built, through understanding it is established; through knowledge its rooms are filled with rare and beautiful treasures.”

Built in 1941, the MGH Chapel was the brainchild of the Right Reverend William Lawrence as, “a bit of pioneering hospital work.” Lawrence lived to see the chapel become a vital part of MGH in its original location in the Baker Building before it was re-located to the first floor of the Ellison Building, where it stands today.

Guest speaker, the Right Reverend Alan Gates, Bishop of the Episcopal Diocese of Massachusetts and Lawrence’s successor, spoke about the Chapel’s impressive stained glass window, calling

it a visual representation of the light and beauty of the human condition and of all those who’ve sought peace and refuge here.

Carmen Vega-Barachowitz, CCC-SLP, director of Speech-Language Pathology, and Virginia Needham, chair of the Chapel Committee under the Ladies Visiting Committee, offered personal reflections about the importance of the Chapel to patients, staff, visitors, and all members of the MGH community. Staff chaplains took the podium in turn, offering blessings from a diverse array of religious and spiritual traditions.

The celebration itself was evidence of Polk’s observation, “Still after seventy-five years, the MGH Chapel is as Bishop Lawrence originally envisioned it—a living part of the MGH community, a common room where all people are as they are intended to be—equal, no classes, no divisions, no separation. Here in this space, we are one.”

Chaplains provide spiritual support to patients, families, and staff of all traditions, cultures, and beliefs. Chaplains are on-site 24 hours a day, seven days a week. For more information, call the Chaplaincy Department at 617-726-2220.



Reverend John Polk



Carmen Vega-Barachowitz



The Right Reverend Alan Gates



Virginia Needham

(Photos by Paul Batista)

# Re-visiting our Practice

An important part of any professional practice model is ensuring it remains meaningful and relevant with the passage of time. Toward that end, PCS leadership invites clinicians throughout Patient Care Services to review our current Professional Practice Model and provide feedback as to whether any changes, edits, or revisions might be necessary. Following is a brief description of each component of the model.

### *Vision and Values*

As nurses, health professionals, and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day. We believe in creating a practice environment that has no barriers, that is built on a spirit of inquiry, and reflects a culturally competent workforce supportive of the patient-focused values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

As you review our vision and values, ask yourself:

- Do they reflect what is important to you as a professional?
- Is anything missing?
- Does anything need greater clarity or emphasis?

### *Standards of Practice*

As you reflect on the standards of practice for your profession and as a member of PCS:

- Do the standards of practice guide your practice and the practice of your colleagues?
- Are the standards of practice easily available to you?
- Are there areas of your practice where the standards are not clear?

### *Narrative Culture*

As you reflect on our efforts to build a reflective culture through narratives:

- Is having a narrative culture important as part of our Professional Practice Model? Is it important to you as a clinician and a member of PCS?
- Are narratives, written or verbal, used by you or others in your practice setting? How are they used?

- Are there opportunities to increase the use of narratives to better understand errors, near misses, or systems breakdowns?
- Are there opportunities to increase the use of narratives to celebrate and articulate excellence in practice?

### *Professional Development and Life-Long Learning*

As you reflect on the line in our vision that says, “every action is guided by knowledge”:

- Is it important to have professional development and life-long learning a component of our Professional Practice Model?
- Are there opportunities for you to grow and develop in your practice?
- What opportunities would you add to help you grow and develop in your practice and profession?

### *Relationship-Base Care*

Relationship-based care speaks to the relationship between caregivers and the patients and families they serve; caregivers’ relationship with self; and their relationship with members of the healthcare team. As you reflect on these principles:

- Do you believe relationship-based care is central to our Professional Practice Model?
- Do the principles of relationship-based care reflect your values as a clinician?

### *Clinical Recognition and Advancement*

As you reflect on opportunities to be recognized for your practice (Clinical Recognition Program, awards, scholarships) and to advance in your professional practice and development (educational offerings, vouchers, tuition reimbursement, scholarships):

- Are awards and clinical-recognition opportunities important to you as a clinician and as a member of PCS?
- Is it important that it be part of our Professional Practice Model?
- Are you aware of, and do you take advantage of, these opportunities?

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# Professional Model

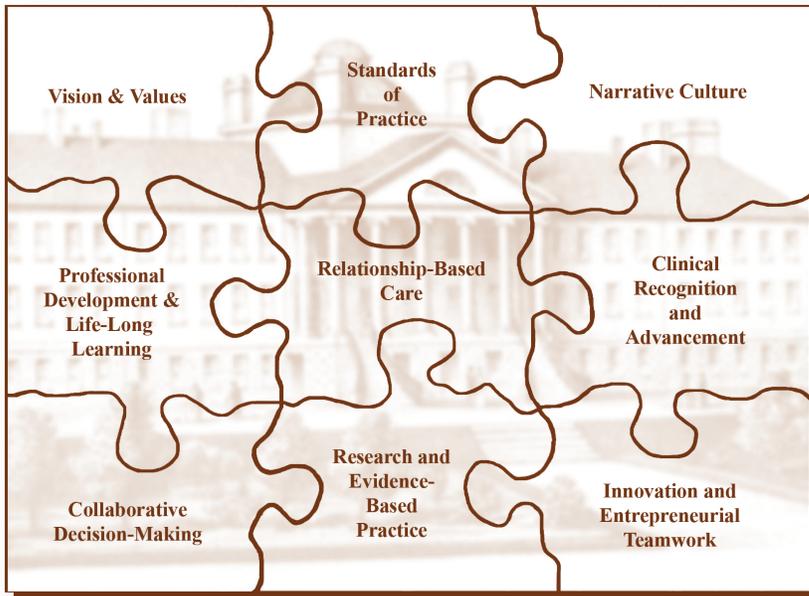
- What would be helpful to you in recognizing clinical excellence and creating opportunities for professional advancement?

## *Collaborative Decision-Making*

As you reflect on being empowered to raise issues, participate, and have your voices heard:

- Is having collaborative decision-making part of our Professional Practice Model important to you as a clinician and member of PCS?
- Do the current collaborative-governance committees (Diversity; Ethics in Clinical Practice; Informatics; Patient Experience; Quality & Safety; Patient Education; Policy, Procedure & Products; Research and Evidence-Based Practice; and Staff Nurse Advisory) reflect the issues important to our patients, families, and staff?
- What is missing?
- Do you feel the voice of those who directly care for patients is heard and valued?
- Are there more opportunities to incorporate the voice of clinicians in decision-making forums and committees?

## PCS Professional Practice Model



© MGH Professional Practice Model 2014

## *Research and Evidence-Based Practice*

As you reflect on the line in our vision that says, “our every action is guided by knowledge”:

- Is having research and evidence-based practice as part of our Professional Practice Model important to you as a clinician and member of PCS?
- Do you have resources (people, literature, information) that supports you in delivering evidence-based care?
- If you have a question about best practice, whom do you turn to?

## *Innovation and Entrepreneurial Teamwork*

As you reflect on opportunities to think creatively, test ideas, and try new things:

- Is having Innovation and Entrepreneurial Teamwork important to our Professional Practice Model and to you as a clinician and member of PCS?
- Does your unit/practice area support working together to solve problems or improve quality and systems?
- Are there opportunities for you to express your ideas, experiment, try new things?

## *Questions pertaining to the entire Professional Practice Model*

As you review the Professional Practice Model:

- Do the components reflect all that is necessary to ensure that clinicians have the knowledge, skill, and support to care for patients and grow professionally?
- What is missing from our Professional Practice Model?
- What can be done to ensure that all PCS clinicians know and understand the Professional Practice Model and its impact on how we care for patients and develop as professionals?

Please e-mail your comments and suggestions to Marianne Ditomassi, RN, executive director for PCS Operations.

# Advance Care Planning Information Booth

—by Cynthia LaSala, RN, advisor, PCS Ethics in Clinical Practice Committee, and Tara Logan, RN, champion, PCS Ethics in Clinical Practice Committee

“My grandmother received only the care she wanted at the end of her life because she had a Health Care Proxy,” said one visitor to the advance care planning information booth. “I need to make sure I have one, too” she said. On April 27, 2016, the PCS Ethics in Clinical Practice Committee hosted its 16th annual advance care planning information booth for patients, staff, and visitors. National Healthcare Decisions Day (April 16th) is an initiative to encourage patients to express their healthcare wishes, and to reinforce the importance of providers respecting those wishes, whatever they may be. Proclamations from Governor Baker and Mayor Walsh emphasized the significance of advance care planning as an important part of patient care.

EICPC champions were on hand to answer questions and provide consultation. Materials, including copies of the Massachusetts Health Care Proxy and Medical Orders for Life Sustaining Treatment (MOLST) forms were available. MOLST is a medical order intended to communicate a pa-

tient’s treatment preferences across all care settings. MOLST forms may be completed for patients of any age with advanced illness to specify their preferences for life-sustaining treatments such as CPR, dialysis, or intubation.

Copies of the Massachusetts Health Care Proxy form and Five Wishes, another advance directive form for adults, children, and adolescents, were on display. Five Wishes forms are available in the Blum Patient & Family Learning Center and on-line at: [www.aging-withdignity.org](http://www.aging-withdignity.org).

The MGH brochures, *Preparing in Advance for your Health Care* and *Preparing to be a Health Care Agent*, were also available. To obtain copies, go to PCOI: Patient Information > Senior Health or End of life > Advance Care. Brochures can also be ordered through Standard Register (SR document # 84669).

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

To obtain information about MOLST, go to: [www.molst-ma.org](http://www.molst-ma.org).

Successful advance care planning often starts with a conversation. The MGH Advance Care Planning Booth gave patients, visitors, and employees an opportunity to get the ball rolling with a total of 186 advance care planning consultations.

For more information about advance care planning, call Cynthia LaSala, RN, at 4-6010, or visit the Maxwell and Eleanor Blum Patient & Family Learning Center on White 1.



(Photos by Michelle Rose)

# Checking in on our diversity agenda

As we shared during Nurse Recognition Week, there's now a formal inclusion statement attached to our work around diversity. The MGH Diversity Committee is holding a retreat later this month to hone strategies and tactics for making MGH the inclusive organization we all want and strive for it to be.

*Question:* I read that the Future of Nursing Campaign is supporting the Culture of Health, an initiative of the Robert Wood Johnson Foundation. Are we involved with that, at all?

*Jeanette:* The Future of Nursing Campaign is a vital part of the Institute of Medicine's effort to support the role of nursing in increasing access to quality care, education, and leadership. The Culture of Health initiative looks at social determinants of health and their impact on the health of the community. MGH nursing is well represented in The Future of Nursing Massachusetts State Action Coalition, which is involved with the Culture of Health initiative.

*Question:* I really enjoyed the Dialogue on Race and Unconscious Bias forums sponsored by the MGH Diversity Committee. Are any other events like that planned for the future?

*Jeanette:* I'm happy to hear that staff value those programs. As we shared during Nurse Recognition Week, there's now a formal diversity and inclusion statement attached to this work. The Diversity Committee is holding a retreat later this month to hone strategies and tactics for making MGH the inclusive organization we all want and strive for it to be.

*Question:* I remember reading in a prior issue of *Caring Headlines* that weight stigma has become part of our diversity agenda. Has there been any more recent work on this subject?

*Jeanette:* Weight Stigma is very much a part of our work. There's a terrific article on page 7 of this issue if you're interested. Our goal is to eliminate bias of any kind that compromises our care of patients. We're looking forward to working with the department of Psychiatry's Center for Diversity as we address this issue.

*Question:* Speaking more broadly, what are we doing to advance our diversity agenda and to keep MGH an employer of choice for individuals of all ethnic and cultural backgrounds?

*Jeanette:* We continue to work with local schools of nursing as they develop their diversity programs. We maintain a leadership position in the Future of Nursing Campaign and its work to advance diversity. We actively engage in the health equity initiatives organized by the Department of Public Health. And we continue to share our expertise through educational presentations at organizations like Health Care for All and their patient and family advisory councils, Partners Health Care at Home, the Health Careers Consortium, and many other organizations and institutions.

For more information, watch future issues of *Caring Headlines*, or call director of PCS Diversity, Deborah Washington, RN, at 617-724-7469.

# MGH nurses turn out to raise awareness and save lives

**O**n May 4, 2016, more than 20 MGH critical-care and OR nurses attended a day-long conference hosted by the New England Organ Bank (NEOB). The conference was the latest in a series of nursing-education programs hosted by NEOB to raise awareness about organ and tissue donation. Presentations included clinical management of organ donors, emotional support of donor families, information on donor registries, and the latest in trans-

plant research. Attendees were able to tour the NEOB facility and the New England Donor Memorial (sponsored in part by MGH.) Nurses from all over New England attended the conference, which culminated with the personal story of a heart recipient who shared his journey from illness, to transplant, to reclaiming his life.

For more information, contact Kevin Kiely, New England Organ Bank MGH in-house coordinator, at 617-529-8488.



(Photo provided by staff)

# LGBT Employee Resource Group kicks off National Pride Month

—by Mario Rodas, chair, MGH LGBT Employee Resource Group

Pride month coincides with the anniversary of the famous Stonewall riots of 1969, which marked the beginning of the LGBTQ rights movement in the United States. The event inspired a social awakening and had a profound effect on the nation's perception of people who identify as part of the LGBTQ community.

Each year, Pride events are held across the country with festivals and parades celebrating the progress made by the LGBTQ community and acknowledging the challenges still ahead in achieving full equality.

In his Proclamation for LGBT Pride Month, President Obama said, "There remains much work to do to extend the promise of our country to every American, but because of the acts of courage of the millions who spoke out to demand justice and those who quietly toiled and pushed for progress, our Nation has made great strides in recognizing what these brave individuals have long known to be true in their hearts—that love is love and no person should be judged by anything but the content of

their character. During Lesbian, Gay, Bisexual, and Transgender Pride Month, as Americans wave their flags of pride high and march boldly forward in parades and demonstrations, let us celebrate how far we have come and reaffirm our steadfast belief in the equal dignity of all Americans."

Locally, Pride season is an opportunity for the MGH LGBT Employee Resource Group to connect with those who'd like to learn more about LGBTQ initiatives, educational opportunities, events, and collaborations with other Partners-affiliated LGBTQ committees. The group brings together people in the healthcare community who have very different backgrounds and experiences.

MGH once again entered a float in the Boston Pride Parade on June 11, 2016, with colleagues from BWH. This year's theme: Solidarity through Pride." Last year, the MGH/BWH entry was awarded second Best Adaptation of the Theme by Boston Pride.

For more information about the MGH LGBT Employee Resource Group or this year's Pride activities, contact Mario Rodas, chair, at 617-643-4373.

**MGH LGBT Employee Resource Group**

**LGBT**  
Employee Resource Group  
**MASSACHUSETTS GENERAL HOSPITAL**

Contact Us!  
LGBTmgh@partners.org  
For More Information Visit  
www.massgeneral.org/lgbt  
https://www.facebook.com/groups/mghlgbt  
https://twitter.com/mghlgbt

**Acceptance, Equality and Respect for All**

## Events

**LGBT Health Week**

- Each March, the Employee Resource Group observes LGBT Health Week with a series of events aimed at promoting health education, awareness and support for LGBT patients, families and staff

**Pride Week**

- Each June, the Employee Resource Group celebrates Boston Pride Week by:
  - Promoting the LGBT Employee Resource Group and the resources it provides
  - Networking with other diversity committees to spread awareness and education
  - Representing the MGH LGBT community by marching in the annual Boston Pride Parade

**Socials**

- Each year the resource group hosts group socials including a Health Week and Pride Week celebration
- Allows group members to network and recognize the group's accomplishments over the course of the year

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**PRIDE**

## How Can I Get Involved?

Want to Join? Have Questions?

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**Acceptance  
Equality  
Respect for All**

## Who Are We?

- The MGH LGBT Employee Resource Group serves as a resource for Lesbian, Gay, Bisexual and Transgender (as well as Queer, Questioning and Intersex) employees, their friends, families and allies
- Created by Human Resources in 2008
- For the past 6 years the group has worked diligently to:
  - Promote education surrounding LGBT issues
  - Create an environment that is inclusive and supportive of the MGH LGBT community and allies

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## What Do We Do?

### Goals & Objectives

- Provide a forum for MGH LGBT employees, relatives of LGBT individuals or individuals interested in LGBT issues to discuss, learn, mentor and network
- Educate both healthcare providers and staff across the MGH community about the unique healthcare issues patients in the LGBT community face
- Create a safe and welcoming environment for LGBT patients, visitors and employees here at MGH
- Work with MGH leadership to ensure that the hospital's policies are inclusive of and responsive to the needs of the LGBT population

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## Initiatives

**Educational Opportunities**

- Guest speakers
- Films
- Continuing education credits

**Online Learning Module**

- Education on LGBT issues
- Sensitivity training
- Creating an inclusive environment
- LGBT Resource Group video

**Communications & Social Media**

- Caring Headlines articles
- Hostile announcements
- Facebook page
- MGH webpage
- Twitter page

**Collaboration**

- Work with other Partners affiliated LGBT committees such as Harvard and Brigham & Women's to create a cohesive approach to promoting inclusiveness and support for the LGBT population

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https://twitter.com/mghlgbt

**MGH PROUD**

# Professional Achievements

## Betancur certified

ICU staff nurse, Belza Betancur, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in March, 2016.

## Daly certified

ICU staff nurse, Katie Daly, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in March, 2016.

## Joyce certified

ICU staff nurse, Stephanie Joyce, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in March, 2016.

## Murphy certified

ICU staff nurse, Molly Murphy, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in March, 2016.

## Elien presents

Sandra Elien, HAVEN advocate, presented, "Sustaining Ourselves in the Work," at a meeting of the Massachusetts Women of Color in the Sexual Assault and Domestic Violence Movement, in Danvers, April 27, 2016.

## Inter-disciplinary team publishes

Pratik Rachh, MD; Gianna Wilkins; Theresa Capodilupo, RN; Susan Kilroy, RN; Maureen Schnider, RN; and Jennifer Repper-DeLisi, RN, authored the article, "Re-Designing the Patient Observer Model to Achieve Increased Efficiency and Staff Engagement on a Surgical Trauma Inpatient Unit," in the *Joint Commission Journal on Quality and Patient Safety*, in February, 2016.

## Perez certified

ICU staff nurse, Taina Perez, RN, became certified as a critical care nurse by the American Association of Critical Care Nurses, in March, 2016.

## French presents

Brian French, RN, director of The Blum Center and Knight Simulation Program, presented, "Creating a Respectful Environment for LGBTQ Patients," at the annual Bioethics Conference of the Harvard Medical School Center for Bioethics, April 14, 2016.

## Chisari presents

In his role as chief learning officer for the Lunder-Dineen Health Education Alliance of Maine, Gino Chisari, RN, director of The Norman Knight Nursing Center for Clinical & Professional Development, presented, "Nurse Bullying: Enough is Enough," at York Hospital, in York, Maine, on March 25, 2016.

## Inter-disciplinary team presents

Todd Rinehart, LICSW; Juliet Jacobsen, MD; and Vicki Jackson, MD; presented, "Building a Feedback Culture: how to Teach Your Team to Give and Receive Feedback for Maximal Performance and Growth," at the assembly of the Academy of Hospice and Palliative Medicine & Hospice and Palliative Nurses Association, in Chicago, March 11, 2016.

## MacKenzie presents

Carole MacKenzie, RN, professional development specialist, Lunder-Dineen Health Education Alliance of Maine, presented, "Advancing a Team-Based, Multi-Generational Learning Culture," at the annual summit of the Organization of Maine Nurse Executives, in Augusta, Maine, March 24, 2016.

## Haneffant certified

Lori Ann Haneffant, RN, Orthopaedics, MGH West, became certified as a post-anesthesia nurse by the American Board of PeriAnesthesia Nursing Certification, in April, 2016.

## Lanckton publishes

Rabbi Ben Lanckton, staff chaplain, authored the article, "Parshat Veyikra (Leviticus): a Guide for Chaplains," in the Neshama: Association of Jewish Chaplains Newsletter, Adar II, 5766/March, 2016.

## Koontz named palliative care fellow

Sarah Koontz, RN, staff nurse, General Medicine, was selected as the 2016 MGH palliative care fellow, in April, 2016.

## Abdella and Sabatini present

Alicia Abdella, LICSW, and Mary Sabatini, MD, presented, "Preparing for Egg/Sperm Donation and/or Surrogacy," at the Donor Conception and Surrogacy Connect and Learn Seminar: RESOLVE New England, in Wellesley, April 9, 2016.

## Inter-disciplinary team publishes

Aurelie Cormier, RN, nurse practitioner; Gynecology/Oncology; Lorraine Drapek, RN, nurse practitioner; Radiation Oncology; Jean Fahey, RN, clinical nurse specialist, Neuroscience; Brenna Rowen, RPh, pharmacist; Bettyann Burns-Britton, RN, staff nurse, Gynecology/Oncology; Maria Lavadinho-Lemos, RN, Oncology; and Todd Hultman, RN, palliative care nurse, authored the article, "When the Patient Seeks Cure: Challenging Chemotherapy and Radiation Side-Effects Requiring Creative Solutions," in the April, 2016, *Clinical Journal of Oncology Nursing*.

## Cronin appointed

Julie Cronin, RN, clinical nurse specialist, was appointed a member of the Board of Directors for the American Nurses Association of Massachusetts, in April, 2016.

## Scott presents

Chaplain, Katrina Scott, presented, "Chaplaincy to the 'Nones': Spiritual Care in an Increasingly Non-Religious America," at Tufts University, April 21, 2016.

## Banister presents

Gaurdia Banister, RN, executive director of The Institute for Patient Care, presented, "Cultural Awareness Through Self Reflection," at the Joyce C. Clifford Leadership Seminar of the Organization of Nurse Leaders (Massachusetts, Rhode Island, New Hampshire, and Connecticut) in Waltham April 13, 2016.

## Beauchamp presents

Kathryn Beauchamp, RN, clinical nurse specialist, Pediatric ICU, presented, "Delirium Happens to Children, Too: Implementation of a Pediatric Delirium Scoring Tool in the Pediatric Intensive Care Unit," at the 26th annual conference of the Society of Pediatric Nursing, in Minneapolis, April 22, 2016.

## Inter-disciplinary team publishes

Robin Lipkis-Orlando, RN, director, Office of Patient Advocacy; Diane Carroll, RN, nurse scientist; Yvonne L. Munn Center for Nursing Research; Mary Duffy, RN, senior nurse scientist; Yvonne L. Munn Center for Nursing Research; Anthony Weiss, MD; and Dorothy Jones, RN, senior nurse scientist, and director emeritus, Yvonne L. Munn Center for Nursing Research, authored the article, "Psychometric Evaluation of the Staff Perception of the Disruptive Patient Behavior Scale," in a recent issue of the *Journal of Nursing Administration*.

## Professional Achievements (continued)

### Levin-Russman presents

Elyse Levin-Russman, LICSW, social worker, presented, "Bereavement Support after the Death of a Child from Cancer: Evaluating an Innovative Model of Care," at the 40th anniversary conference of the Association of Pediatric Oncology Social Workers, in Providence, Rhode Island, April 13, 2016.

### Penzias and Blanchard present

Alexandra Penzias, RN, and Tom Blanchard, RN, presented, "Mentoring the CNS of the Future: Designing Clinical Experience to Prepare CNS Students to Prosper in Procedural Areas," at the annual conference of the National Association of Clinical Nurse Specialists, in Philadelphia March 4, 2016.

### Smith and Manduley present

Rebecca Smith, MGH HAVEN domestic violence advocate, and Aida Manduley, presented their poster, "Stronger Together: Inter-Disciplinary Collaboration for Trauma Intervention in Social Work and Theology," at the symposium of the Massachusetts chapter of the National Association of Social Workers, in Framingham, April 7, 2016.

### Wrigley and Hoefner-Notz publish

Pamela Wrigley, RN, and Regina Hoefner-Notz, RN, authored the chapter, "Common Airway/Respiratory Emergencies: a Competency-Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the PeriAnesthesia Setting," in the 2016 edition of the *American Society of PeriAnesthesia Nurses*.

### Saunders certified

Jillian Saunders, RN, PICU staff nurse, became certified as a pediatric critical care nurse by the American Association of Critical Care Nurses, in May, 2016.

### Sargent honored

Susan Sargent, RN, clinical service coordinator, Operating Room Administration, received the Preceptor of the Year Award from the Massachusetts chapter of the Association of PeriOperative Registered Nurses, in May, 2016.

### Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, presented, "Risk Evaluation and Mitigation Strategies for Extended Release and Long-Acting Opioids: Achieving Safe Use While Improving Patient Care," at the National Council of Nurse Practitioners, in Orlando, Florida, May 12, 2016.

### Inter-disciplinary team publishes

Kimberly Whalen, RN; Karen Bavuso; Sharon Bouyer-Ferullo; Denise Goldsmith, RN; Amanda Fairbanks; Emily Gesner, RN; Charles Lagor, MD; and Sarah Collins, published the article, "Analysis of Nursing Clinical Decision Support Requests and Strategic Plan in a Large Academic Health System," in *Applied Clinical Informatics*, in May, 2016.

### Inter-disciplinary team presents

Alice Gervasini, RN, nursing director; Sandy Muse, RN, nursing director; Paula Restrepo, RN, staff nurse; Mary McAuley, RN, nursing director; Stephanie Kwortnik, RN, clinical nurse specialist; and Marc DeMoya, MD; presented, "Security and Quality of Surgical Patients," at the 3rd International Trauma Symposium of the Cuban Surgical Society, in Cuba, in May, 2016.

### Polk appointed

Reverend John Polk, director of Chaplaincy, was appointed, a member of the Chaplaincy Care Committee of the National Association of Professional Chaplains, May 12, 2016.

### Doyle Settle publishes

Peggy Doyle Settle, RN, nursing director, Newborn ICU, authored the article, "Continuity of Nurse Caregivers in the Newborn Intensive Care Unit," in *Creative Nursing*, May, 2016.

### Henderson presents

Mary Henderson, CNM, director of Nurse Midwifery, presented, "How to Run a Midwifery Practice: Business Basics for Success," at the 61st annual meeting of the American College of Nurse Midwives, in Albuquerque, New Mexico, May 22, 2016.

### Lunder-Dineen team presents

Labrini Nelligan, executive director; Denise O'Connell, LCSW, senior program manager; and Carole MacKenzie, RN, professional development specialist, Lunder-Dineen Health Education Alliance of Maine presented, "Maine Nursing Preceptor Education," at Husson University in Bangor, Maine, May 12, 2016, and at the University of New England, in Biddeford, May 18, 2016.

### Nelligan and MacKenzie present

Labrini Nelligan, executive director, and Carole MacKenzie, RN, professional development specialist, Lunder-Dineen Health Education Alliance of Maine, presented, "It's Time to Ask! Providing Education that Transforms Conversations about Alcohol Use," at the clinical retreat of the Maine Primary Care Association, in Dedham, Maine, May 13, 2016.

### Penzias publishes

Alexandra Penzias, RN, clinical nurse specialist, authored the Leadership and Management column, "Speaking Up in Real Time: Skills for Education and Patient Safety," in the June, 2016, *Journal of Radiology Nursing*.

### Team publishes

LeaAnn Matura, RN; Annette McDonough, RN; Alison Hanlon; and Diane Carroll, RN, authored the article, "Development and Initial Evaluation of the Pulmonary Arterial Hypertension Symptom Interference Scale," in a recent issue of the *Journal of Nursing Measurement*.

### Nurses publish

LeaAnn Matura, RN; Annette McDonough, RN; and Diane Carroll, RN, authored the article, "Symptom Prevalence, Symptom Severity, and Health-Related Quality of Life Among Young, Middle, and Older Adults with Pulmonary Arterial Hypertension," in a recent issue of the *American Journal of Hospice and Palliative Medicine*.

### Clinical Recognition Program

Clinicians recognized from February 1 to May 1, 2016

#### Advanced Clinicians:

- Kelly Channell, RN, Lunder 10, Oncology Bone Marrow Transplant
- Jasmine Gonzalez, RN, Blake 8, Cardiac Surgery
- Jena Manthorne, RN, White 11, Medical Unit
- Alana Noonan, PT, Physical Therapy
- Amanda SanClemente, RN, Endoscopy

#### Clinical Scholars:

- Catherine Holley, RN, Main OR
- Linda Ryan, RN, Phillips House 22 Surgical Unit

# 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

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

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Steps to Success

### “Financing Your Education”

June 30, 2016  
12:00–1:00pm  
Thier Conference Room

Representatives from the Harvard University Employees Credit Union, the MGH Institute of Health Professions, and MGH Training & Workforce Development will discuss options for financing your education.

Presented by MGH Training & Workforce Development

For more information, call 617-726-2099.

## Blum Center Events

“Help! I’ve fallen and I can’t get up!  
Strategies to lower the risk of falling”

Tuesday, June 21, 2016  
1:00–2:00pm  
Haber Conference Room,

According to the Centers for Disease Control and Prevention, millions of older people fall each year. This program will focus on preventing falls at home and in the hospital.

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

For more information, call 4-3823.

## Office Ergonomic Champion Program

Interested in learning how to make yourself and/or your co-workers more comfortable at your desk? Are you considering switching to a sit-stand workstation?

Become an office ergonomic champion

Friday, July 15th  
9:00am–12:00pm  
Yawkey 4-940

Presented by Terry Snyder, ergonomics specialist, PHS Occupational Health Ergonomics Program

Register for any upcoming session through HealthStream.

For more information, call 617-724-3995.

## Travel for business? Enroll in TravelSafe

If you travel for hospital business, consider enrolling in Partners TravelSafe, a travel information and emergency-assistance program for employees. TravelSafe offers travel information, alerts, emergency assistance, and a single point of contact should you encounter trouble while traveling domestically or internationally.

TravelSafe’s global hotline is:  
+1 443-965-9242.

When you book travel through a Partners-approved travel agency, your travel details are automatically registered with TravelSafe, or you can manually enter trip details at: [www.partners.org/travelsafe](http://www.partners.org/travelsafe).

For more information, e-mail: [travelsafe@partners.org](mailto:travelsafe@partners.org).

## 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.

# Sometimes it helps to take a 'paws' in the day's occupation



Much to the delight of patient, Sarah Naser, and critical-care tech, Kelsey Powers, Ed the therapy dog recently found the perfect spot to take a little 'cat' nap in the Pediatric ICU.

(Photo provided by staff)

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#### Submissions

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

**Next Publication**  
July 7, 2016

# Inpatient HCAHPS

## Current data

| HCAHPS Measure                     | CY 2015 | CY 2016<br>Year-to-date<br>(as of 5/20/16) | % Point<br>Change |
|------------------------------------|---------|--|-------------------|
| Nurse Communication Composite      | 83.0%   | 82.5%                                      | ↓ -0.5%           |
| Doctor Communication Composite     | 83.5%   | 82.9%                                      | ↓ -0.6%           |
| Room Clean                         | 72.9%   | 70.5%                                      | ↓ -2.4%           |
| Quiet at Night                     | 50.8%   | 49.2%                                      | ↓ -1.6%           |
| Cleanliness/Quiet Composite        | 61.8%   | 59.9%                                      | ↓ -1.9%           |
| Staff Responsiveness Composite     | 65.8%   | 64.8%                                      | ↓ -1.0%           |
| Pain Management Composite          | 73.1%   | 72.8%                                      | ↓ -0.3%           |
| Communication about Meds Composite | 66.6%   | 67.4%                                      | ↑ 0.8%            |
| Care Transitions                   | 62.4%   | 59.4%                                      | ↓ -3.0%           |
| Discharge Information Composite    | 91.1%   | 90.8%                                      | ↓ -0.3%           |
| Overall Hospital Rating            | 81.2%   | 80.9%                                      | ↓ -0.3%           |
| Likelihood to Recommend Hospital   | 90.9%   | 88.8%                                      | ↓ -2.1%           |

Data is complete through March, 2016; partial data is available for April and May. We are performing well in Communication about Medications.

All results reflect Top-Box (or 'Always' response) percentages



June 16, 2016

Returns only to:  
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Boston, MA 02114-2696



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