

Caring

Headlines

March 17, 2016

5:00am, April 2nd

MGH eCare



It's 'Go' time!

MGH eCare Ready, set, Go!

Operative word: 'Ready'

Because of your input over the past three years, because of your willingness to take on more responsibility and embrace the idea of an integrated, electronic, health-information system, I can honestly say, We're ready.

Colleagues, the time is near. As of press time, there were a mere 16 days left before we go live with MGH eCare. This is the culmination of years of planning, training, preparation, and good old-fashioned hard work. It has been an illuminating journey, and one I would only have undertaken with the wisdom, support, and experience of this incredible MGH workforce. Because of your input over the past three years, because of your willingness to take on more responsibility and embrace the idea of an integrated, electronic, health-information system, I can honestly say, We're ready. We're ready to flip that switch, Saturday morning, April 2nd, and put all our practice and training in motion.

Some of our colleagues preceded us into this brave new world with three waves of successful conversions already behind us. We're fortunate to have their insights and guidance as we, too, step over the threshold. Partners and MGH have committed significant resources to ensure we succeed. Teams of experts have spent months troubleshooting, problem-solving, and ultimately creating a precision conversion plan that would make Swiss watchmakers proud. End-users, super-users, uber-users, and local and departmental leaders have been trained. A Command Center located on Bartlett 1 and 2 will be staffed by hundreds of Partners eCare, Epic, and



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

MGH staff. The Command Center will be up and running 24 hours a day throughout the transition to monitor and manage the process. Knowledgeable staff will be on hand to investigate software and hardware issues as they arise (if they arise). A comprehensive communication structure is in place to ensure all issues are addressed by the appropriate people in an appropriate time frame.

Questions are to be expected. The best way to get answers to your questions will be to use the eCare communication structure the way it was designed to be used. Questions about work-flows or how to perform certain functions in eCare should be brought to your super-users and unit leaders. If they're unable to resolve the issue, they will contact the PCS Support Coordination Center located on Yawkey 4, staffed by informatics specialists, MGH eCare trainers, super-users, associate chief nurses, and other individuals equipped to help. This center

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April 2nd is the beginning of a new chapter in our eCare journey. I hope you're as excited and confident as I am that we'll soon be able to offer our patients a truly integrated, electronic medical record... Don't worry alone. Help is everywhere. We're staffed. We're trained. We're ready.

will be operational from 7:00am to 9:00pm every day. After hours, requests for assistance will be re-routed to the main Command Center.

There will be a number of qualified responders making rounds throughout the hospital to observe and assist with eCare questions and issues. If they're unable to resolve issues locally in collaboration with unit super-users and leadership, they'll reach out to the PCS Support Coordination Center or the main Command Center, as appropriate.

One aspect of eCare I want to give special attention to is the Code/Rapid Response component. Being called in to a code or rapid-response situation is stressful for any caregiver. Adding a new documentation tool to an already stressful situation can be daunting, but capturing that information in the medical record is a critical part of patient care.

As with every other aspect of eCare, there will be a learning curve in becoming familiar with the Code/Rapid Response Narrator (see related article on page 10). I have no doubt that seasoned clinicians will immediately tap in to their experience and critical-care instincts, but newer clinicians should be reminded that:

- care of the patient comes first; documentation second
- the eCare Code/Rapid Response Narrator was designed for quick, efficient documentation; you'll become more proficient with practice

- if the clinical situation warrants, revert to paper documentation during the code, and enter the information into eCare when it's clinically safe to do so

The minimum eCare code/rapid response documentation requirements include:

- Code start date/time
- Staff sign-in
- Code documentation
- Code onset
- Pulse check/compressions
- Defibrillation
- Other interventions (ETT placement)
- Medications
- Vital signs
- Labs/orders
- Code outcome
- Code end

If you have any questions about the Code/Rapid Response documentation, speak with your nursing director, clinical nurse specialist, or anyone on the informatics team.

April 2nd is the beginning of a new chapter in our eCare journey. I hope you're as excited and confident as I am that we'll soon be able to offer our patients a truly integrated, electronic medical record. My best advice is don't worry alone. Help is everywhere. We're staffed. We're trained. We're ready.

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Helping one another through tough times

a look at MGH support groups

—by Ellen Forman, LICSW

Support groups connect patients and families with individuals who've been through similar experiences. They give members an opportunity to seek help when needed or give back when others may need it more.

Patients and families routinely tout the exemplary care they receive at MGH. They tell of caring staff members and the welcoming environment we all help to create. But sometimes patients and families long for the kind of connection and understanding that comes only from sharing time with people who've walked a similar road. Support groups connect patients and families with individuals who've been through similar experiences. They give members an opportunity to seek help when needed or give back when others may need it more.

At MGH, we're fortunate to have a wide variety of groups that are guided by experts in coping and adjusting to illness and/or disability. Most groups are led by clinical social workers who help connect members to MGH and community resources; provide access to information and clinical experts; and enable members to support one another by ensuring a safe, supportive environment.

In recognition of National Social Work Month, the Social Service Department would like to highlight some of our group programs. Some groups have a psycho-educational component, while others operate more like traditional support groups. They cover a range of illnesses and conditions throughout the life span, and most are free to patients and their loved ones.

- *Neonatal Intensive Care Unit Parent Support Forum*
Social worker, Marisa Iacomini, LICSW, and Liz Warren, RN, lead the bi-monthly Neonatal Intensive Care Unit Parent Support Forum where parents of babies in the Newborn ICU and Special Care Nursery gather for education and mutual support. The forum meets the first and third Wednesdays of the month in the NICU Conference Room
- *The Boston Pulmonary Fibrosis Support Group*
A new group, the Boston Pulmonary Fibrosis Support Group, offers support to patients living with any form of pulmonary fibrosis and their caregivers. The group is facilitated by Anne LaFleur, LICSW
- *The Transplant Caregiver Support Group*
Anne LaFleur, and Kitty Craig-Comin, LICSW, co-lead the Transplant Caregiver Support Group. Caregivers are welcome to participate at 1:30pm on the second and fourth Tuesdays of the month in the Blake 6 family lounge
- *The Living Donor Forum*
Guided by Karen Tanklow, LICSW, the Living Donor Forum brings together those who've donated organs for transplant. They meet three or four times a year to form a community, share their unique experiences, and celebrate their altruism

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- *The Abdominal Pre-Transplant Information Session*
Another transplant-related group, the Abdominal Pre-Transplant Information Session, meets twice quarterly for liver and kidney patients currently on the list for transplant at MGH. The group is open to patients and their immediate circle of support. Facilitated by Eileen Keegan, LICSW; Emily Menart, LCSW; and Jessica Clark, LICSW, this psycho-educational group addresses specific topics, such as self-care, insurance, nutrition, etc. In December, facilitators focus on self-care during the holidays for patients awaiting transplant. Patients enjoy hearing about strategies such as guided meditation, ways to facilitate discussions with loved ones, and pre-planning for holiday events
- *The Prostate Cancer Support Group*
The Prostate Cancer Support Group provides ongoing support and education. Facilitated by Mark Leone, LCSW, the group offers a safe place to explore issues related to adjusting to a cancer diagnosis, coping with side-effects, and dealing with the impact of diagnosis and treatment on the patient's life
- *The Drop-in Lung and Esophageal Cancer Support Group*
Natasha Johnson, LICSW, leads the Drop-in Lung and Esophageal Cancer Support Group for patients with lung and other thoracic cancers. The group provides a place for patients to be supported as they cope with the demands of diagnosis, treatment, and recovery
- *HAVEN programs*
HAVEN, our Intimate Partner Abuse program, offers a number groups and workshops devoted to issues such as, "The Impact of Abuse on Children," "Life after Abuse," and "Mindfulness." Several short-term groups are offered by HAVEN staff in Revere. These groups help break the pattern of isolation, introduce clients to community resources and HAVEN advocacy services, and provide a supportive network for women with common experiences of abuse and control by an intimate partner. A Spanish-speaking version of this group meets in Chelsea and is currently accepting new members

- *Bereavement groups*

Bereavement groups are one component of the support provided to survivors of loved ones who've died at MGH. Bereavement groups are offered through the Social Service Department and Palliative Care. Each spring and fall, Todd Rinehart, LICSW, offers a six-week evening group for those who've lost a loved one during the prior year. The next group begins in May. For more information, or to register, call Todd Rinehart at 617-724-4525. Rinehart also leads a special Grief at the Holidays workshop during the holiday season, and along with a team of MGH volunteers, hosts a one-day bereavement program for children through a collaboration with Comfort Zone Camp

Perhaps the best testament to the power and effectiveness of support groups comes from participants themselves.

"The group was helpful in that it gave us a forum to share our stories and see how we could be of help to one another."

"I found it helpful to spend time with other people who understood my feelings."

"The workshop gave me some excellent tools to manage at this time of year and some good points to consider while interacting with family and friends during the holidays."

"It was helpful to see how other people handle waiting for a transplant during the holidays."

"I learned that I must be gentle with myself... and patient with the process."

The groups mentioned here are only a few of the groups offered through the Social Service Department. To see the full list of support groups, go to the Social Service website at: www.mghsocialwork.org, and look under Resources.

If you facilitate an MGH support group and would like to request a group listing, e-mail Lindsey Strehle, resource specialist, or call her at 617-726-8182.

For more information about any of these groups or the Social Service Department, call 617-726-2643.

Timely social-work intervention helps avoid unnecessary crisis

'Vera' presented to the Emergency Department with chest pain and was admitted to our unit. Social work was consulted because the team was concerned that this 77-year-old, Spanish-speaking woman wasn't thriving in her home environment.

My name is Kristin Schaefer, and I am a clinical social worker on a general medical unit. 'Vera' presented to the Emergency Department with chest pain and was admitted to our unit. Social work was consulted because the team was concerned that this 77-year-old, Spanish-speaking woman wasn't thriving in her home environment. Vera had been discharged from a nursing facility less than two weeks before. She lived alone, having no close supports. Her one adult son lived in Honduras, where she had been born. Her husband and primary support had died the year before. Vera's niece lived locally, but due to her work schedule was unable to keep up with Vera's increasing needs.

After my initial conversation with Vera, I was confused. I felt that few of my questions had been answered. Vera had suffered a stroke earlier in the year. I speak Spanish, so I wondered if our difficulty communicating might be explained by some mild cognitive deficits. This led me to consider that Vera and her family might soon need to think about planning for a higher level of care. I initially felt anxious about discussing longer-term care with her. I know that the process can often involve complex financial and interpersonal dynamics. Then it occurred to me that Vera was actually in a favorable position. She wasn't in crisis, and she still had the option of returning home. It was the ideal time to have this conversation. I didn't have to have a



Kristin Schaefer, LICSW
social worker

quick fix or an abundance of information; I simply had to initiate a conversation. I spoke to Vera to find out her perceptions of her current situation. She admitted that she found it difficult to live alone and thought it best to seek out a new living arrangement. She shared with me that she wished to return to Honduras where she had a loving son and daughter-in-law who had already offered to care for her in their home. Many factors complicated her decision to return to Honduras. The region was struggling amid wide-spread violence. Her son had recently left their hometown to escape threats to their safety. Her eligibility for citizenship would be affected if she left the United States for more than six months. Staying in Honduras with her son would likely mean forfeiting her chance to apply for citizenship.

Vera was able to envision both scenarios. She understood that citizenship might be meaningless if it came at the risk of her health and well-being

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Vera was discharged to a short-term rehabilitation facility with the plan that her son would contact her to make decisions about her living situation... I was glad to be able to facilitate this communication because of the language barrier and cognitive deficits... I wanted staff at the rehab facility to know Vera's story and understand the possibilities and strengths of her family.

ing, “but the love of family was most important,” she said. She also acknowledged the long wait associated with the immigration process. It would be hard to walk away from the time she had invested.

As I listened to Vera, I tried to understand her point of view and not project my own opinions. I appreciated the complexity of the decision. She had always perceived citizenship to be of very high value. In the United States, citizenship would offer her flexibility to travel, access to health care, housing, and elder-service programs. In Honduras, there would be concerns about violence and fewer formal services, but she'd be surrounded by those who loved and cared for her.

I could tell Vera was overwhelmed by the decision. She would avert her eyes and say, “Who knows, who knows?” I tried to help her articulate the situation and identify the feelings that went along with it. I assured her it was perfectly understandable and acceptable to choose either option.

I wondered whether Vera's son in Honduras knew that his mother was starting to develop cognitive difficulties. Sometimes memory deficits can be undetectable in certain contexts. With Vera's permission, I decided to call her son.

During our conversation, he conveyed how important it was for him to care for his mother. I knew their culture placed high value on family unity. I listened and validated his desire to be with his mother to provide care and support. He had applied for visas to come to the United States but had been rejected. He confirmed that he and his wife wanted to care for Vera in their home. He recounted the same dilemma that Vera had spoken of: the potential loss of citizenship. In his opinion, Vera would benefit more from letting go of the prospect of gaining citizenship. He made a similar comment to the one Vera had made earlier: “Family is most important.”

I learned from Vera's son that she had received a threat from a gang member via Facebook. His impression was that Vera had become so frightened by the message that she'd stopped taking care of herself properly. Although there was no way of knowing if there was a direct connection, it was something to consider. Trauma has a significant impact on self-care. It reinforced in my mind the pervasiveness of community violence. It reminded me that the impact of violence is felt worldwide and influences society at many different levels, including the health-care system.

I communicated to Vera's son the importance of timely decisions. Because of their culture's emphasis on respect for elders, I worried he might wait for his mother's cues in this situation. I wanted to honor their cultural values but at the same time emphasize the concern for safety. I shared with him that avoidance is common in these situations and can be an obstacle to decision-making. He expressed appreciation for my honesty.

Vera was discharged to a short-term rehabilitation facility with the plan that her son would contact her to make decisions about her living situation. With Vera's permission, I spoke to the social worker at the facility and explained the possibility of her moving to Honduras. I told her that Vera's son would be in touch. I was glad to be able to facilitate this communication because of the language barrier and cognitive deficits; advocacy is one of the roles I find most rewarding about social work. I wanted staff at the rehab facility to know Vera's story and understand the possibilities and strengths of her family.

This case was meaningful to me because I felt I was able to engage in an important and timely discussion that could help avoid unnecessary crisis. It reminded me of some of my own family's experiences and challenges with immigration and family care-taking across borders. I remember some of my conversations with Vera; her reflection that the life of an immigrant has many challenges, but also many blessings. On one hand there are incidences of social isolation, financial risk, and nostalgia for the life left behind. On the other hand, Vera's immigration had provided opportunity, an increased sense of safety, and a sense of adventure.

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

We're all subject to the perils of procrastination. But when it comes to health care, it's crucial to act in a timely, proactive way. Kristin recognized the potential harm of *not* intervening to discuss Vera's long-term care plans. She recognized the danger of letting Vera's situation unfold without exploring potential living arrangements. Knowing that Vera's developing cognitive difficulties could impact her ability to make good choices, Kristin acted to help bring clarity to the situation for both Vera and her family.

Thank-you, Kristin.

SPEAK UP FOR SAFETY

We Care About Partners eCare Inpatient Safety

Speak up for
SAFETY

Key safety principles to help all our providers and clinicians keep our patients safe during and after Partners eCare go-live:

PATIENT IDENTIFICATION

One Chart at a Time

- Partners eCare gives you the capability to open two inpatient charts at a time.
- We recommend having only one chart open at a time to ensure accurate documentation and access of information.



EPIC LOGOUT

- Due to extended timeout periods in Epic, it is important to log out every time you leave the computer.
- Logging out of the computer will promote patient privacy and accurate documentation.



EVERY ALERT REQUIRES ATTENTION

- Read all ALERTS
- Alerts, Best Practice Advisory, pop-up warnings, system hard stops and other warnings are standardized throughout the Partners eCare system and provide important alerts that relate to patient care.



COMPLEX WORKFLOWS AND PRACTICE CHANGES

Access readily available resources to help you with complex workflows, practice changes and low volume/high risk processes (blood transfusion, rapid response and code documentation):

- "My Dashboard" (tab) for tip sheets
- "Impact Notebook" on your unit
- "Super Users" on your unit



LOCATION, LOCATION, LOCATION

Understanding Patient Movement and the impact it has on patient care is essential.

- Important that timing of patient movement within Epic matches the physical movement of the patient.
 - Update the unit manager, as needed, when the patient arrives or leaves the unit (not beforehand)
- Following the proper workflow for patient movement ensures that clinicians can:
 - Access the complete patient chart
 - Access the correct tools
 - Lab labels routed to the correct location
 - Medications sent to the proper location
- When accepting a patient from another unit/area – upon arrival to your unit/area place the patient into your UNIT MANAGER in Epic and then immediately release and acknowledge orders (not before arrival).



For more information on any of the above topics, visit partnersecare.partners.org/safety or contact your MGH Partners eCare Patient Safety Leads:

Jana Deen, J.D.
JDEEN@PARTNERS.ORG

Merranda Logan, M.D.
MSLOGAN@PARTNERS.ORG

Claire Seguin, R.N.
CSEGUIN@PARTNERS.ORG

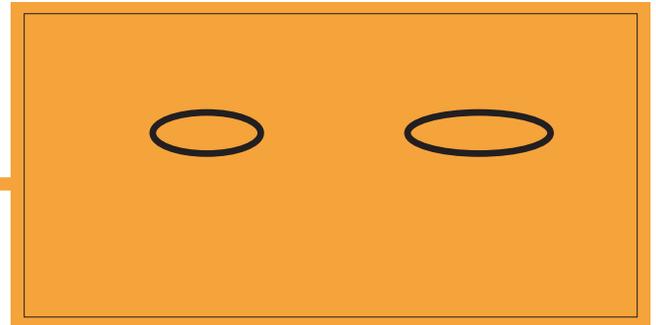
Colleen Snyderman, R.N.
CSNYDEMAN@PARTNERS.ORG

AS ALWAYS, ANY INCIDENT OF ACTUAL PATIENT HARM OR A NEAR MISS EVENT SHOULD BE SUBMITTED AS A SAFETY REPORT.

As an organization with a strong safety culture,

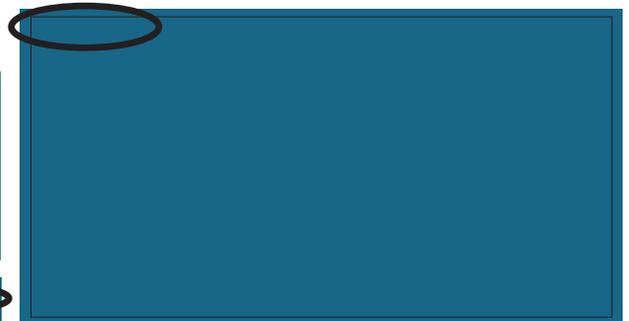
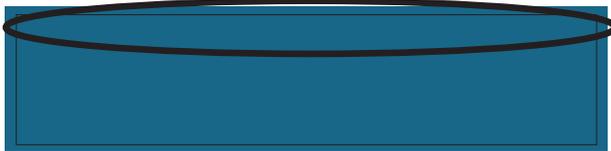
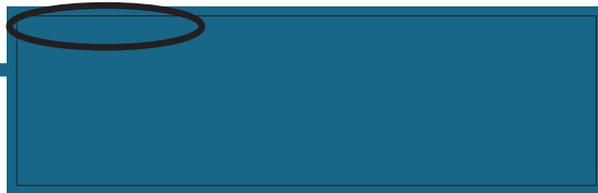
MGH is always in learning mode. On April 2, 2016, when eCare goes live at MGH, we'll be in a heightened state of vigilance, bringing everything we've learned to bear on behalf of our patients. The impact on patient care, practice, documentation, and work flow will be enormous, but our attention to safety and detail will not diminish. The poster on the opposite page and the examples below highlight major eCare safety themes during transition.

Patient Identification One Chart at a Time



**EPIC
Logout
Button**

**Types of
Alerts**



Complex Workflows and Patient Movement



Inpatient Nurse Learning Home will include Tip Sheets and the MGH Patient Movement Guide

Utilize the resources available: unit-based super-users, Unit Impact Notebooks, and Tips Sheets on My Dashboard. Use the Playground, adhere to readiness checklists, and participate in dress rehearsals to ensure you're ready to go live April 2nd. Representatives from Quality & Safety will be monitoring safety through walking rounds, safety reports, PeCare Service Now tickets, daily PeCare safety dashboards, and regularly scheduled meetings and safety huddles with super-users and local leadership. The most important thing you can do is, *SPEAK UP FOR SAFETY*

Code and Rapid Response Narrator

some helpful tips

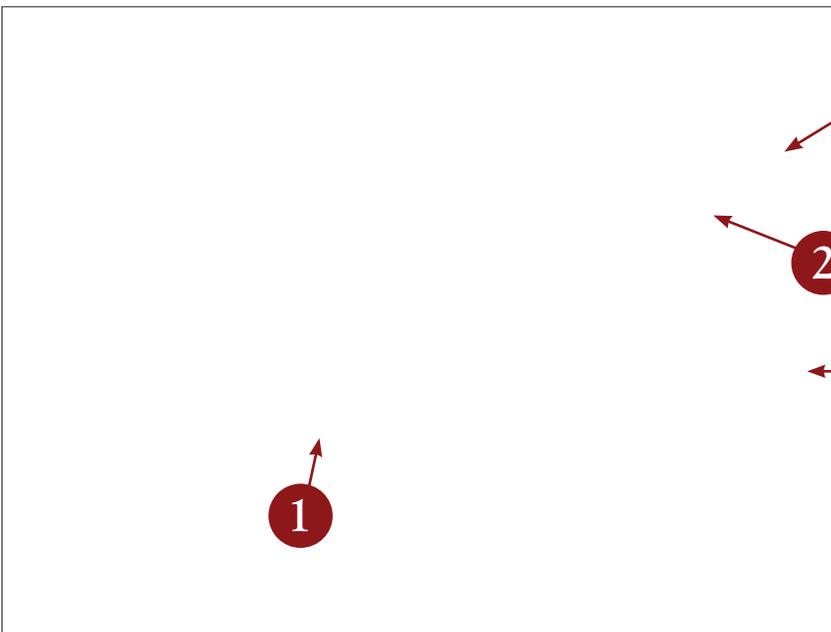
—by Colleen Snyderman, RN, director; PCS Office of Quality & Safety; and Colleen Arsenault, RN, clinical nurse specialist

The Code and Rapid Response Narrator in MGH eCare can be found under the More Activities tab at the bottom left of the patient’s chart. It’s included for ease of documentation around code calls and rapid-response events. Saving the Code/Rapid Response Narrator page as a Favorite is recommended so that it will be easily accessible in the event of an emergency. When you activate the Code or Rapid Response Team:

- attend to patient care first; document second
- don’t worry; many people will be attending to the situation. Super-users can help guide documentation. Nursing supervisors will be available for consultation and to ensure someone is designated to document. Regional nurse responders are also good resources. Code Narrator guides will be placed on all code carts
- Use Code End when all documentation is complete. It’s easier to add information while the Code/Rapid Response Narrator is still open

Key elements to be captured at the onset, during, and after a code:

- 1) Open the Narrator and select Code or Rapid Response
- 2) Enter the code start time
- 3) Add staff; it’s important to add the physician leader for sign-off on medications and interventions at the end of the code
- 4) Complete the code documentation prompts in the column at the right:
 - Code onset
 - Pulse check/compressions
 - Defibrillation
 - Other interventions
- 5) Document Medication—one step medications
- 6) Document vital signs using the Quickbar Vital signs or Device vitals
- 7) Navigate to Labs/Orders to order Labs or code infusions
- 8) Code outcome to indicate patient status at end of code
- 9) End code when all documentation is complete. It’s easier to add information while the Code/Rapid Response Narrator is still open



**Important:
end code
when all
documentation
is complete**

For more information about the Code/Rapid Response Narrator, go to: partners.ecare.partners.org/safety; speak with your nursing

director, clinical nurse specialist, or anyone on the informatics team; or call Colleen Snyderman, RN, director, PCS Office of Quality & Safety, at 617-643-0435.

Ready for eCare?

The birthplace of success is where preparation meets opportunity

—anonymous

Question: It's just two weeks before we go live with Partners eCare. I'm curious as to what we should expect.

Jeanette: We're gearing up for a big change on April 2nd, but MGH is well prepared. Our staff along with the staff of Partners eCare have been planning and preparing for this transition for months. I'm confident our patients will receive excellent, uninterrupted care because of our comprehensive approach, including identifying the impact of this change on patient care and clinical work flows, and developing new policies, procedures, and work flows to meet the needs of the new system. We've worked meticulously to ensure that important clinical data, such as patient allergies and medication lists, are transferred from our legacy systems into eCare. And we made a significant investment in hiring eCare nurse residents and training staff to serve as super-users to ensure excellent support for clinicians during and after the go-live period.

Question: There have been three waves of eCare implementation prior to this. Did we learn anything from those conversions that would be helpful?

Jeanette: Indeed we did. We learned that all clinical staff need to complete their training and attend 'log-in labs' to ensure they have access to eCare before we go live. If printers have been installed in your area, don't move them; they've been set up specifically to print from workstations on your unit. We learned from previous conversions that areas with high level of engagement experienced the smoothest transitions. Preparation is essential to success during this final and most extensive phase of implementation. So please participate in unit trainings around complex work flows; review impact notebooks for your area; and adhere to the checklists created to prepare you to navigate the transition to eCare.

Question: What exactly will happen on April 2nd?

Jeanette: The final actions necessary to bring eCare on-line will begin Friday, April 1st. This includes activities such as transferring active orders for medications and other orders into eCare. Friday night and Saturday morning, we'll follow downtime procedures, documenting on paper, until eCare is officially brought on-line. During that time, we'll rely on our well trained super-users and other experienced staff who've been preparing for this transition for months.

Question: As with any change of this magnitude, I imagine we can expect *some* problems to arise. Who should I contact if I have questions or issues?

Jeanette: Absolutely, some degree of stress is to be expected. Mentally preparing yourself ahead of time to be calm and resilient is a good strategy. If issues do arise, you should share them with your unit or department leaders and super-users. There is a well-defined structure in place to support the transition so all concerns or problems are identified and addressed promptly.

Question: In the remaining time before go-live, where can I go for more information?

Jeanette: In addition to your unit and department leaders, on-line resources are available:

- Impact notebooks and checklists can be found at: http://intranet.massgeneral.org/ecare_golive/ecare.asp
- FAQ about the cut-over can be found at: http://intranet.massgeneral.org/ecare_golive/Documents/eCare/PCS_eCare_FAQ_for_Wave_2.pdf
- eCare website: <https://partnersecare.partners.org/hospital-networks/mgh/>

Bringing the healing power of song to the bedside

—by Casandra McIntyre, RN, staff nurse, Phillips 21

Working on an oncology unit can be emotionally taxing. As nurses on the Phillips 21 Gynecology-Oncology unit, we look for ways to relieve stress through laughter and interactions with our co-workers. Recently, my colleagues and I came up with an intervention to try to bring smiles to the faces of our patients, and as a result, it brought smiles to the faces of everyone who participates.

The intervention? We started singing to our patients.

It began when Mrs. S, a sweet, elderly patient was hospitalized for several days and unable to attend Mass. She was really down. At about that same time, staff nurse, Rosebud Sserebe, and I had taken to singing hymns softly in the med room on Sundays because we also missed going to church. We thought it might be nice to sing a hymn to this patient, so we invited other nurses to join us. We donned gowns because she was on contact precautions, and we went into Mrs. S's room and sang *To God be the Glory*.

She was overjoyed. The precaution gowns felt like choir robes. Since then,

'The Precautions' have developed a repertoire of songs. We offer to sing to patients who might need a little lift. We try to choose songs appropriate for the situation; songs that will make them smile.

One patient was named after the 1960s girl group, the Shirelles, so to her, we sang one of their greatest hits, *Will you still love me tomorrow?* We sang *Proud Mary* to a patient named Mary to help distract her from a painful dressing change. She sang along with us, echoing the "Rolling" refrain. Some of our most requested songs include: *Joy to the World*, *Lean on me*, *The Sunny Side of the Street*, *Morning has Broken*, and *This is the day that the Lord has made* (which we sang in Spanish for a Spanish-speaking patient). We sang *That's Amore* to an Italian patient and her husband celebrating their 50th wedding anniversary during the last few days of her life.



Patient, Kenny Abreu, enjoys the musical stylings of MGH's latest singing sensation, The Precautions.

The Precautions are an eclectic group of nurses often joined by patient care associates, residents, unit service associates, and attending physicians. The core group is comprised of: Rosebud Sserebe, RN; Jane D'Addario, RN; Corinna Lee, RN; Christiana Kamara; Elizabeth Doherty, RN; Stacy Turnbull, RN; Maggie Joyce, RN; Sarah Fischer, RN; Kristina Coughlin, RN; Alison Nazzaro, RN; Vita Norton, RN; Emily Olmstead, RN; and Casandra McIntyre, RN.

Laughter and singing are good for the soul. Some songs may stir up emotions, but the most common emotion is an appreciation for life, even in the face of great challenges.

Professional Achievements

Arnstein publishes

Paul Arnstein, RN, pain clinical nurse specialist, authored the editorial, "Second Opinion: Painfully Mistaken," in the February, 2016 issue of *Proto*.

Henderson on TV

Marie Henderson, CNM, appeared on a recent segment of Dr. Mallika Marshall's health care report, talking about the modernization of maternity care, including the rooming in approach.

Arnstein presents

Paul Arnstein, RN, pain clinical nurse specialist, presented "Risk Evaluation and Management Strategies for Prescribing Opioids," at the 2016 annual meeting of the American Academy of Orthopaedic Surgeons in Orlando, Florida, March 2, 2016.

Nurses publish

Lee Ann Matura, RN; Annette McDonough, RN; and Diane Carroll, RN, authored the article, "Symptom Interference and Health-Related Quality of Life in Pulmonary Arterial Hypertension," in the January, 2016, issue of the *Journal of Pain and Symptom Management*.

Nurses publish

Amanda Bulette Coakley, RN, staff specialist; Anne-Marie Barron, RN, clinical nurse specialist; and Christine Donahue Annese, RN, staff specialist, authored the manuscript, "Exploring the Experience and Impact of Therapeutic Touch Treatments for Nurse Colleagues," in the February, 2016, issue of *Visions*.

Inter-disciplinary team publishes

Alison Burnett, RPh; Charles Mahan, RPh; Sara Vazquez, RPh; Lynn Oertel, RN; David Garcia, MD; and Jack Ansell, MD, authored the article, "Guidance for the Practical Management of the Direct Oral Anticoagulants, (DOACs) in VTE Treatment," in the 2016, *Journal of Thrombosis and Thrombolysis*.

Team publishes

Alisa Pascale, RN; Margaret Beal, CNM; and Therese Fitzgerald, authored the article, "Rethinking the Well Woman Visit: a Scoping Review to Identify Eight Priority Areas for Well Woman Care in the Era of the Affordable Care Act," in the January, 2016, issue of *Women's Health Issues*.

Team publishes

Mary Larkin, RN; Natalie Walders-Abramson; Kathryn Hirst; Joyce Keady, RN; Carolyn Levers-Landis; Elizabeth Venditti; and Patrice Yasuda, authored the article, "Effects of Comorbid Conditions on Health Related Quality of Life in Youth with Type 2 Diabetes: the TODAY Clinical Trial," in the November, 2015, issue of *Diabetes Management Journal*.

Vega-Barachowitz appointed

Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language & Swallowing Disorders, was named a fellow of the American Speech, Language & Hearing Association at the annual ASHA Convention, in Denver, November 12, 2015.

Nurses publish

Stacey Carroll, RN, and Katherine Rosa, RN, of the MGH Clinical Research Center, authored the article, "Role and Image of Nursing in Children's Literature: a Qualitative Media Analysis," in the March/April 2016, issue of *Journal of Pediatric Nursing*.

Inter-disciplinary team publishes

Michael Barry, MD; William Palmer, MD; and Alex Petruska, PT, authored the article, "A Proximal Hamstring Injury—Getting Off a Slippery Slope," in the January, 2016, issue of *JAMA Internal Medicine*.

Tenney, Dunn, receive prestigious Bowditch Prize

Dawn Tenney, RN, associate chief nurse, and Peter Dunn, MD, executive medical director of Perioperative Services, received this year's Bowditch Prize for leading the multi-disciplinary value analysis team focused on cost-awareness and reduction strategies across Partners. The Bowditch Prize recognizes efforts to improve quality of care and reduce costs.

Macchiano certified

Sara Macchiano, RN, nursing director, White 9 General Medical Unit, became certified as an advanced nurse executive by the American Nurses Credentialing Center in January, 2016.

Van Pelt appointed

Maria Van Pelt, CRNA, nurse anesthesia team leader for Neurosurgery, Vascular and Thoracic, was appointed chairperson of the Committee on Education and Training, for the Anesthesia Patient Safety Foundation in Indianapolis, February 13, 2016.

Inter-disciplinary team presents poster

Paul Arnstein, RN; David Edwards, MD; Patti Fitzgerald, RN; Chris Coley, MD; Sanjay Chaudhary; Libby Williams; Dena Alioto, RPh; Michael Jaff, DO; James Rathmeil, MD; Joseph Doyle; and Padma Gular, MD, presented their poster, "A Targeted Care Pathway to Improve Outcomes for Opioid Tolerant Patients: a Pilot Study," at the national meeting of the American Academy of Pain Medicine in Palm Springs, California, February 17, 2016.

Announcements

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.

For more information, e-mail: travelsafe@partners.org.

Pharmacology Update IX: Innovation and Evidence

Saturday, March 26, 2016
O'Keefe Auditorium
7:50am–3:00pm

The Pharmacology Update is a semi-annual program that focuses on current evidence-based information about medications. The March program will include medications used to treat thyroid disorders, an update on anticoagulation and antibiotic drugs that enhance and impede wound healing, and the new AHA Guidelines for Emergency Cardiac Care.

Target audience: nurses, pharmacists, and physicians

Pre-registration required
MGH employees: no fee
Partners employees: \$100 per day
Non-Partner's employees:
\$150 per day

Pharmacology contact hours will be awarded
Contact Hours will be awarded
For more information, call 617-726-1651.

ACLS Classes

Certification:

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

Day one:
April 1, 2016
8:00am–3:00pm

Day two:
April 15th
8:00am–1:00pm

Re-certification (one-day class):
April 6th
5:30–10:30pm

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

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

Ionta Symposium Saturday, April 9, 2016

The MGH Institute of Health Professions and MGH Physical Therapy are pleased to co-sponsor the annual Marjorie K. Ionta Symposium, "Working with Technology and Making Technology Work for You."

CEUs are available for this day-long event; the target audience is rehabilitation healthcare providers, including physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and nurses.

Fee: \$125 (discounted for MGH employees) includes symposium registration, continental breakfast, and lunch.

For more information, go to:
www.mghihp.edu/ionta, or call
617-726-0968.

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.

Blum Center Events

Shared Decision Making:
"Colon Cancer Screening"
Thursday, March 17th
11:00am–12:00pm
Blum Center;
Join Daniel Chung, MD, for a presentation, short video, and discussion on colon cancer screening.

"Chair Yoga"
Wednesday, March 23rd
11:00am–12:00pm
Blum Center
Join Laura Malloy, LICSW, to learn healthful chair yoga techniques and ways to manage stress at your desk.

"Understanding Your Kidneys"
Monday, March 28th
1:00pm–2:00pm
Blum Center
Join Laurie Biel, RN, to learn more about common causes and treatment options for kidney disease, and how to keep your kidneys healthy.

Programs are free and open to MGH staff and patients. No registration required. Check locations above.

For more information, call 4-3823.

Patient Safety Awareness Week "Speak Up for Safety"

Thursday, March 17th
12:00–1:00pm
O'Keefe Auditorium
Thoralf Sundt, MD
"Learning from my Mistakes: the Power of Teamwork"

Thursday, March 17th
1:00–2:00pm
National Patient Safety Foundation (NPSF)
"Patient Safety as a Public Health Issue" webcast

For more information, call 617-643-0140.

Global Health Service Awards

Nominations now open

The Global Health Service Awards were established to honor innovation, dedication, and commitment in the field of Global Health.

All MGH employees who work on projects that benefit local, national, or international communities are eligible to be nominated in the categories:

- Teaching and Mentoring
- Excellence in Research
- Humanitarian Efforts

Applications are due by March 31, 2016.

Recipients will be announced during the Global Health Expo on May 10th.

For more information or to fill out an application, go to: <http://www.globalhealthmgh.org> or send e-mail to: globalhealth@partners.org.

Certified Nurse Day 2016

—by Gino Chisari, RN, director; and Tricia Crispi, RN, professional development specialist,
The Norman Knight Nursing Center for Clinical & Professional Development

On Thursday, March 19, 2016, MGH will once again celebrate Certified Nurse Day with several fun and informative activities. One addition to the docket this year will be, “Coffee on the Knight Center,” where all known certified nurses will receive a Certified Nurses Day lapel pin, and any certified nurse seen wearing the pin by a member of the Knight Nursing Center will be given a coupon for a free cup of coffee (or beverage of their choice) at Coffee Central.

As in past years, an information booth will be set up in the Main Corridor on March 17th from 10:00am–2:00pm with current information on certification exams, reimbursement policies, and other resources. New this year will be information specifically designed for patients and families about what it means for nurses to become certified in their specialty areas.

Look for the annual Certified Nurses Day raffle for a chance to win an all-expense paid on-line certification preparation course. Just fill out a brief on-line survey to be eligible to win.

As part of last year’s Certified Nurse Day celebration, the Knight Center announced its participation in the ANCC’s Success Pays Program. Since then, more than 20 nurses have benefited from this

innovative program (Candice Couture, RN; Melinda Allen, RN; Rose D’Orazio, RN; Jennifer Mills, RN; Meredith Kweskin, RN; Jeff Adams, RN; Charlene Badolato, RN; Brianna Hanson, RN; Patti Fitzgerald, RN; Anna Maria Guevara, RN; Nicole Van Fossen, RN; Erin Abrams, RN; Helene Larsen, RN; Lisa Rattner, RN; Danielle Joyce, RN; Karen Collins, RN; Sara Macchiano, RN; Brenda Pignone, RN; Anne Chang, RN; Katie Porter-Joseph, RN; Lauren Santolucito, RN; Colleen Gonzalez, RN; and Louise Sheehan, RN).

Congratulations to these newly certified nurses. Due to continued interest and the undeniable success of this program, The Knight Center will continue to participate in the Success Pays Program.

Nurses earn professional certification for many reasons, but none more important than raising the level of quality and safety in the delivery of patient care. Are you ready to seek professional certification? If so, start the application process at <http://www.nursecredentialing.org/Certification>.

For more information about becoming certified in your nursing specialty, enrolling in the Success Pays Program, or reimbursement for certification exams, send e-mail to Tricia Crispi, RN, or call 617-726-3111.



Coffee on the Knight Center!

Published by

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Submissions

All stories should be submitted

to: ssabia@partners.org

For more information, call:

617-724-1746

Next Publication

April 7, 2016

Recently updated procedures

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

New:

- Dialysis Catheter Access—Use of the See-Leur cap can aid in the prevention of port contamination
- Dignishield Stool Management System (SMS)—Requires a provider order; fill the inflation port with 45cc of tap water; daily documentation of the date of insertion, amount of fluid in the balloon, positioning of the catheter, patency, stool consistency, and skin assessment. Device should not be left in place for more than 29 days
- Guideline for the Care of the Patient with an In-Dwelling Pericardial Catheter
Guideline provides an overview on cardiac tamponade, use of the pericardial catheter, nursing assessment and dressing change

Reviewed with minor or no changes:

- Bathing Patients Using 4% Chlorohexidine Gluconate (CHG)
- Care and Maintenance of an Intraosseous (IO) Access Site
- Care of Venous Popliteal Sheaths
- Initiation and Termination of CRRT with a tunneled/non-tunneled catheter
- Leveling an External Ventriculostomy Drain (EVD) and Emptying of the EVD Drainage Bag
- Pressure Transducer Set-up
- Wet to Dry Dressing
- Wet to Wet Dressing

Retired:

- Fecal Management System (Flexi-Seal Signal)
- Pericardial Catheter Collaborative Protocol Guideline
- PICC-Line Dressing with Bioseal

*Ensure your practice is current by reviewing changes to policies and procedures in ellucid: (<https://hospitalpolicies.ellucid.com>).
For more information, contact Mary Ellin Smith, RN, professional development manager, at 4-5801.*



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