

Caring

Headlines

May 26, 2016

Nurse Week 2016

See stories
and coverage
of Nurse Week
activities
throughout
this issue of
*Caring
Headlines*



Staff nurse, **Carly Learned, RN**, with patient, Valerie Kelly, in the Blake 8 Cardiac ICU

It wasn't Late Night with Conan O'Brien

It was mid-afternoon with chief nurse, Jeanette Ives Erickson



Ives Erickson with MGH president, Peter Slavin, MD.



...with (l-r): Sarah Diamond, RN; Denise Dreher, RN; and Heidi Nichols-Baldacci, RN.

Ellen DeGeneres may dance; Oprah may have a book club. But senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, has something Ellen and Oprah don't have—and that's the unfailing inspiration of the finest team of nurses in the world. And she uses her Nurse Week presentation each year to remind them of just that.

This year, before beginning her tribute to MGH nurses, Ives Erickson offered a heartfelt 'thank-you' for the support she's received since the sudden death of her husband, Paul Erickson, last June. Said Ives Erickson, "This has been a difficult year for me. But with the love and support of the MGH community, I am moving forward with you to do good things. Paul loved the MGH... His belief in us lives on through your dedication and impeccable practice. For this, and so much more, I am truly grateful."

Recapping some of our accomplishments over the last year, Ives Erickson touched on our renewed recognition as the #1 hospital in the country by *US News and World Report*; our successful Joint Commission survey; the continued success of our Clinical Recognition, scholarship, and certification programs; and the external recognition of many MGH nurses for outstanding achievement in their fields.

In keeping with US military, and now MGH tradition, Ives Erickson presided over the annual cake-cutting ceremony wherein the most senior and most junior (most recently hired) nurse cut a cake using a military saber in recognition of the achievements of nurses around the world. This year's ceremony had added meaning, as the saber used was the one given to Paul Erickson when he graduated from the Citadel in 1970.

continued on next page

Chief Nurse Presentation (continued)

Then, shifting into talk-show mode and moving over to the specially designed MGH talk-show backdrop, Ives Erickson began her relentless campaign to shine the spotlight on MGH nurses. Her first guest? MGH president Peter Slavin, MD.

During their interview, Slavin conveyed his respect and admiration for MGH nurses, saying, “I hear from doctors all the time how terrific our nurses are. Time after time, nurses rise to the challenge, embrace change, and take ownership of innovative new programs. I’m very grateful to our nurses for their service and the exceptional care they provide.”

Slavin took advantage of the opportunity to publicly announce the establishment of The Paul M. Erickson Endowed Chair in Nursing, and share the news that Ives Erickson would be the inaugural holder of the chair. Said Slavin, “The Paul Erickson Chair is made possible in large part because of the outpouring of support that came in following Paul’s death. It’s a testament to the love and high regard in which the MGH community holds our chief nurse.” (See related story on page 26.)

When the standing ovation abated, Ives Erickson invited her next guests to the stage: NICU staff nurse, Heidi Nichols-Baldacci, RN; IV nurse, Denise Dreher, RN; and MICU staff nurse, Sarah Diamond, RN. They were asked to share some of the strategies behind their successful reduction of CAUTIs (catheter-associated urinary tract infections) and CLABSIs (central-line-associated bloodstream infections). Nichols-Baldacci, Dreher, and Diamond spoke about their efforts to

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...with Kelsey Conley, RN; Grace Aylesbury, RN; and Deborah Washington, RN.



...with eCare super-users, Kelly Cruise, RN (left), and Alexandra Lopresti Wall, RN.



...cutting cake with Zelalem Wudnah, RN, of the ED Observation Unit.



...with eCare nurse resident and staff nurse, Autumn Gaston, RN (right), and her preceptor, Brittany Durgin, RN.

(Photos by Paul Battista)

Errors of Omission: Missed Nursing Care

Providing this year's Yvonne L. Munn Nursing Research Lecture, Beatrice Kalisch, RN, Titus professor of Nursing emeritus at the University of Michigan School of Nursing, spoke about, "Errors of Omission: Missed Nursing Care." Kalisch defined missed nursing care as any aspect of required patient care that is omitted or delayed for any reason. Based on a qualitative study conducted in 2006, Kalisch identified nine areas where care was most frequently missed: ambulation; turning; delayed or missed feedings; patient education; discharge planning; emotional support; per-

personal hygiene; intake and output documentation; and surveillance.

Over time, Kalisch and her research partners developed and refined the MISSCARE Survey tool to better understand the extent of missed care; how missed nursing care varies across hospitals; and the reasons contributing to missed nursing care.

In a 2011 study that included 11 hospitals and employed three distinct survey tools, Kalisch and her team found that the five most missed ele-

ments of nursing care were: ambulation; attendance at inter-disciplinary care rounds; mouth-care; timely medication administration; and turning. And the study showed very little variance from hospital to hospital.

The three most common reasons cited for missed nursing care were: labor resources, material resources, and communication or teamwork (other contributing factors included: long work hours; mandated overtime; lack of breaks; nurses working multiple jobs; moral distress; burn-out; and compassion fatigue).

A key question the study sought to answer was whether missed nursing care had an impact on patient safety and clinical outcomes, and the study showed a high correlation between missed care and adverse events, such as pressure ulcers; medication errors; new infections; falls; and issues with IVs leaking and/or running dry.

Offering suggestions for how to reduce the incidence of missed nursing care, Kalisch recommended moving away from a culture of blame to a culture of safety; exploring exercises to enhance teamwork; closing the communication loop; engaging patients and families in solutions; and evaluating your progress (you cannot fix what you cannot measure!) Kalisch noted that smaller physical spaces and smaller care teams reduce the level of complexity on patient care units and have a favorable effect on teamwork and patients' perceived satisfaction with care.

In closing Kalisch observed, "MGH is so far ahead of the rest of the world when it comes to patient care. It was a joy hearing about all your programs and initiatives. Keep up the good work."





Pediatric pre-op nurse, **Tina Regan-Harrington, RN**, with 6-year-old patient and future baseball all-star, Carter Mountain.

2016 Nursing Research Award recipients

The Yvonne L. Munn Nursing Research Awards

The Yvonne L. Munn Nursing Research Awards are presented to MGH nurses for their winning applications after undergoing a competitive review process. The focus is on topics of clinical importance, and research teams are guided by doctorally prepared nurse mentors. Studies are conducted over a two-year period, and results are disseminated through special presentations and/or publication.

The 2016 Yvonne L. Munn Nursing Research Award recipients:

Principal Investigator: Joanne Parhiala, RN, and her team: Pamela Quinn, RN; Mary McAdams, RN; Dawn Williamson, RN; Sara Macchiano, RN; Christopher Shaw, RN; and Sara Fisher, RN.
Mentor: Annette McDonough, RN

“A Pilot Study Examining Knowledge Levels and Attitudes of Nurses Caring for Patients with Substance Use Disorder (SUD)”

This study seeks to determine if nurses' attitudes and knowledge will improve after a five-month educational intervention on Substance Use Disorder. The intervention will prepare nurses to sit for the Certified Addictions Registered Nurse (CARN) exam.

2016 Yvonne L. Munn Pre-Doctoral Fellowship in Nursing Research Award recipients:

Principal Investigator: Andrea Hansen, RN
Team: Susan Hunter Revell, RN
Mentor: Jane Flanagan, RN

“Living with Uncertainty: Perspectives of Those Living with Metastatic Non-Small-Cell Lung Cancer”

This study seeks to describe the experience of uncertainty in individuals with metastatic non-small-cell lung cancer. In-depth interviews will be conducted with ten individuals to describe the impact of uncertainty on their lives, factors that trigger uncertainty, and strategies used to manage uncertainty. Data obtained will contribute to the development of supportive interventions to assist clinicians in managing uncertainty for those with metastatic non-small-cell lung cancer.



Joanne Parhiala, RN (third from right), and her research team with director of Research & Innovation, Meg Bourbonniere, RN (second from right), and clinical nurse specialist, Kim Francis, RN, (right).



Andrea Hansen, RN (second from right), with (l-r): Bourbonniere, Jane Flanagan, RN, mentor; and Margaret Settle, RN, co-chair of the Yvonne Munn Doctoral Fellowship Review Committee.

(Photos by Brian Wilson)

Nursing Research Poster Awards

2016 Nursing Research Poster Awards

Emerging Researcher First Place

Sarah Keegan Argyropoulos, RN; James M. Richter, MD; and Emily J. Campbell, for their poster:
"Improving the Quality of Inpatient Bowel Preparation for Colonoscopies with Active Nursing Facilitation"

Advanced/Mid-Career Researcher First Place

Mary C. Sullivan, RN; Suzy B. Winchester; and Michael E. Msall, MD, for their poster:
"Health Outcomes at Young Adulthood in Pre-Term Infants: Evidence of Developmental Origins Theory?"

Original Research First Place

Debra Burke, RN, associate chief nurse, for her poster:
"Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores"

Quality Improvement First Place

Jeanne M. Gilbert, RN; Joseph H. Chou, MD; and Carolyn A. Bleiler, RN, for their poster:
"Preventing Hypothermia in Very Low Birth Weight Infants in the Delivery Room: Standardization of Evidence-Based Thermal Care Practices"

Evidence-Based Practice First Place

Kimberly Whalen, RN; Karen Bavuso, RN; Sharon Bouyer-Ferullo, RN; Denise Goldsmith, RN; Amanda Fairbanks, RN; Emily Gesner, RN; Charles Lagor, MD; and Sarah Collins, RN, for their poster:
"Analysis of Nursing Clinical Decision Support Requests and Strategic Plan in a Large Academic Health System"



Nurse scientist, Sara Dolan Looby, RN (left), and Susan Slaughaupt, scientific director of the MGH Research Institute (right), appear in each photo (clockwise from top) with Burke, Whalen, Argyropoulos, and Bleiler. Slaughaupt announced that the Research Institute will fund two nursing research grants through the Munn Center in 2017.



(Photos by Brian Wilson)



Interactive Nursing



(Photos by Brian Wilson and Caring Headlines)

Research Poster Display

A forum for sharing nursing knowledge for the purpose of elevating clinical practice and improving patient care



Members of the nursing research community showcase posters to advance nursing science, share best practices, and improve outcomes for patients and families. Posters were on display throughout Nurse Recognition Week.

Let's disrupt disruptive behavior

In his presentation, "Let's disrupt disruptive behavior," director of The Norman Knight Nursing Center for Clinical & Professional Development, Gino Chisari, RN, used humor and *YouTube* videos to shed light on a serious subject. Describing disruptive behavior as any behavior that disrupts normal operations, Chisari focused primarily on workplace bullying and conduct unbecoming professionals in any setting. Sharing some sobering statistics, Chisari revealed that health care has one of the highest incidence of bullying in any industry; 35% of healthcare workers have been bullied; and bullying is four times more prevalent than sexual harassment or racial discrimination.

Comparing it to an ice berg, Chisari warned that disruptive behavior often masks an even greater and more covert danger just below the surface.

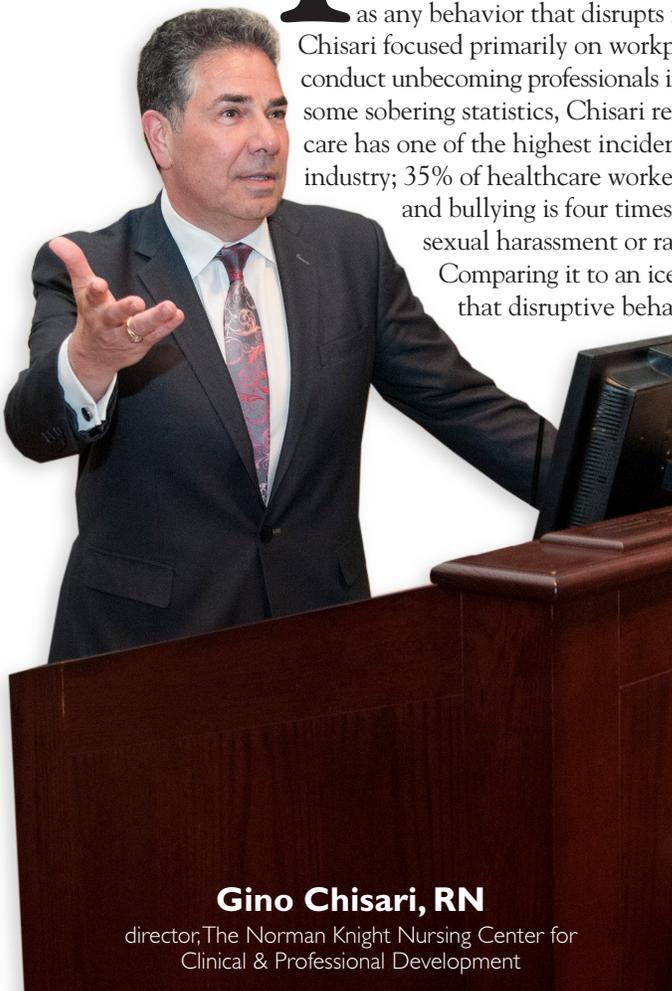
Too often, disruptive behavior or bullying is seen as legitimate because it's allowed to continue. Said Chisari, "What we accept, we permit." It may start with small acts of incivility that go unchallenged. Soon, they're perceived as normal. Left unchecked, disruptive behavior blossoms

into aggression, harassment, intimidation, or worse. Not all disruptive behavior is extreme. How many of us have been uncooperative with a co-worker; refused to answer a page or share relevant information; used condescending language; or made a new nurse feel inconsequential with our impatience or superior attitude?

Chisari's presentation was a challenge to all to "stop the rudeness." He recalled the famed Kitty Genovese case in which a young woman was brutally stabbed to death and no one called for help. He cautioned us not to fall victim to the 'bystander effect,' which is the name given to the phenomenon when no one steps in to take responsibility; when observers presume, 'it's someone else's problem'; or when we know something should be done but we defer to someone else to make the first move.

In 2009, the Joint Commission began requiring organizations to have policies in place to address disruptive behavior; to offer educational forums around disruptive behavior; and to have processes in place to deal with breaches in disruptive behavior policies. Many national and state initiatives have been enacted to reduce and eliminate disruptive behavior, including the ANA's Code of Ethics for Nursing, which calls on nurses to, "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect."

In closing, Chisari reminded us that nursing is a caring profession that shares a sacred trust with the public. "Patients and families put their faith in us," he said. "How will you handle yourself the next time you encounter disruptive behavior?"



Gino Chisari, RN

director, The Norman Knight Nursing Center for Clinical & Professional Development



Staff nurse, **Caroline Pinette, RN**, with patient, Barbara Champagne, in the Ellison 14 Burn Unit.

Scholarly works: behind nursing

Characteristics of nurse directors that contribute to high registered-nurse satisfaction scores

Reporting on her study, “Characteristics of nurse directors that contribute to high registered-nurse satisfaction scores,” associate chief nurse, Debra Burke, RN, explained, “Nurses leave their managers, not their hospitals. So I wanted to explore the positive characteristics of nurse directors that contribute to high staff-nurse satisfaction.” Burke and her team conducted one-on-one interviews with MGH nurses and nurse directors, asking nurses, “What are the strengths of your nurse director that are most important to you?” and asking nurse directors,

“What are your strongest leadership qualities that contribute to your staff nurses’ job satisfaction?”

Nurses and nurse directors both identified three characteristics that contribute to nurse satisfaction: empowerment, visibility and role-modeling. Over and above those characteristics, nurses also identified a

passion for excellence, while nurse directors identified authentic presence.

Burke shared representative quotes from each identified theme. For empowerment, one nurse director said, “They don’t feel they need to run all those decisions by me; they feel pretty confident I’ll support their decisions.”

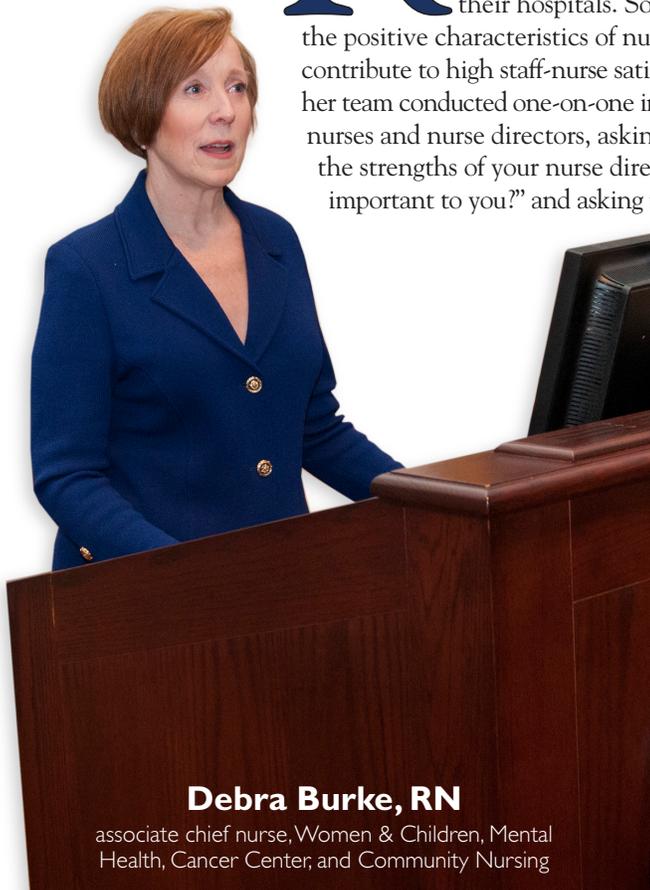
Under visibility, one nurse stated, “She (nurse director) always connects with you... makes sure she seeks you out... makes sure you’re doing okay... makes you feel important.”

In the area of role-modeling, one nurse director noted, “I try to role-model and problem-solve issues without doing it for them... because I know it’s a 24/7 operation, and I’m not going to be there all the time.”

Illustrating a passion for excellence, one nurse shared, “I love what I do, and I think it’s because of the environment I work in. She (nurse director) maintains that environment.”

Under the heading authentic presence, one nurse director stressed the importance of, “Creating meaningful connections with staff. Knowing them personally, knowing their practice and strengths.”

Burke noted that in much of the literature related to staff satisfaction, “There are discrepancies between the perceptions of nurses and nurse directors. That isn’t the case at MGH. At MGH, there’s a strong correlation between the views of nurses and nurse directors. And you should feel very good about that.”

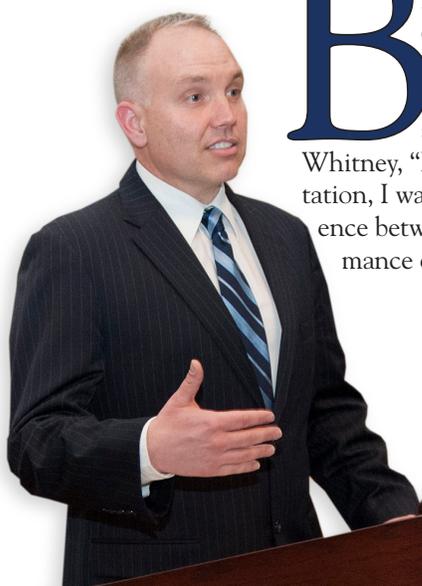


Debra Burke, RN

associate chief nurse, Women & Children, Mental Health, Cancer Center, and Community Nursing

the science leadership

Examining nursing peer-review practices among Magnet and non-Magnet hospitals: a survey of chief nurse executives



Building on Burke's presentation and its connection to nurse empowerment, associate chief nurse, Kevin Whitney, RN, presented, "Examining nursing peer-review practices among Magnet and non-Magnet hospitals: a survey of chief nurse executives." Said Whitney, "If you take one thing away from this presentation, I want it to be an understanding of the difference between peer review and your annual performance evaluation. They may occur at the same

time of year, but they are very different. While your performance evaluation broadly assesses your work acumen, including such aspects as attendance, tardiness, attitude, etc., a peer review focuses more exclusively on the quality of nursing care as measured against professional standards of practice.

Based on ANA guidelines, nursing peer review should adhere to the following principles:

- A peer is someone of the same rank
- A peer review is practice-focused
- Feedback is timely, routine, and continuous
- A peer review fosters a culture of learning, patient safety, and best practice
- Feedback is not anonymous
- Feedback takes into account the developmental stage of the nurse (novice to expert)

Based on Whitney's survey of 85 chief nurse executives from 18 states (primarily in New England) results indicated:

- positive perceptions of nursing peer review
- but low actual prevalence of nursing peer review
- Magnet organizations reported higher peer review prevalence by type and role
- a belief that delivering and receiving constructive feedback is difficult

Whitney sought feedback from MGH nurses on their perceptions of our current peer-review process and found similar results to those of the chief-nurse-executive survey. He suggested that advancing an effective nursing peer-review process should:

- incorporate ANA guidelines and principles
- educate the workforce on how peer review can improve outcomes for patients and nurses
- include nurses from all roles in the program design, implementation, and evaluation
- ensure feedback is transparent and delivered within a culture of safety and continuous learning

Said Whitney, "Perhaps we can find opportunities to effectively incorporate peer review into our narrative culture."

Kevin Whitney, RN

associate chief nurse, Surgical, Orthopaedic, and Neuroscience Nursing



Bigelow | | medical staff nurse, **Daphnee Magloire, RN**, helps patient, Catherine O'Brien-Haskell, apply make-up.



White 6 orthopaedic staff nurse, **Kryssie Cudmore, RN**, helps patient, Thomas Kenny, ambulate down the hallway.

The wisdom advancing practice

*staff nurses share stories of
and patient*

In their presentation, “The wisdom of experience: advancing practice through safety narratives,” Colleen Snyderman, RN, director of the PCS Office of Quality & Safety, and Jana Deen, RN, senior director of Patient Safety for the MGH Center for Quality & Safety, called attention to the pivotal role nurses play in the protection of patients and the prevention of adverse events. Snyderman’s first slide showed the May 4, 2016, CBS News headline, “Medical errors now 3rd leading cause of death in US, says new study.” Those medical errors include: diagnostic errors; inadequate discharge instructions; complications related to care (as opposed to disease process); hospital-acquired infections; medication errors; and communication breakdowns. And as new technology and new strains of diseases emerge, so too will new types of medical errors.

Snyderman called the approximately three million nurses nationwide and 4,500 nurses at MGH, ‘a safety net,’ uniquely positioned to identify, intercept, and avert errors and near misses. She spoke about the art and science of nursing—art having to do with clinical reasoning, critical thinking, relationship-based care, and the therapeutic use of self in establishing helping relationships; science having more to do with deductive reasoning, data, quality indicators; and evidence-based practice.

In an organization like MGH with a rich narrative

culture, said Snyderman, “clinical narratives offer a way to uncover, describe, celebrate, and share the clinical knowledge and skill embedded in practice.” She drew a distinction between clinical narratives that describe aspects of practice, nursing intuition, the decision-making process, and other clinical factors, and safety narratives that describe near-miss situations, errors in practice, or adverse event that may or may not have led to unintended injury, complications, prolonged hospital stays, or even death.

Deen spoke about the importance of story-telling as a way of letting the world know who we are and how committed we are to fos-



Colleen Snyderman, RN
director, PCS Office of Quality & Safety



Jana Deen, RN
senior director of Patient Safety,
MGH Center for Quality & Safety

of experience: through safety narratives

*advocacy, clinical intuition,
safety*

tering a culture of safety. She shared senior vice president for Patient Care, Jeanette Ives Erickson's, definition of a culture of patient safety as, "existing in an inter-disciplinary, team-oriented, non-punitive environment that promotes discussion of problems and errors to foster continual learning and improvement."

Deen shared some of the results of the 2015 MGH Patient Safety Culture Survey that showed improvement in many areas since 2012, including hand-offs and transitions, frequency of events being reported, teamwork, and overall perceptions of patient safety.

To really demonstrate the power of safety narratives, three MGH nurses volunteered to share their stories. Margaret Ann McKinney Shlimbaum, RN, staff nurse, resource nurse, and preceptor on the White 8 General Medical Unit, told of a situation in which her own clinical judgment contradicted that of the supervising physician. Listening to her intuition, she activated the Rapid Response Team, and the patient was ultimately transferred to the Cardiac Step Down Unit where he could receive the appropriate level of care.

Susan Ferretti, RN, a 2016 safety star, preceptor, and staff nurse in the Main Operating Room for the Neuro/Vascular Service, told of a situation where a craniotomy patient was coming in for brain surgery. The patient had a history of multiple allergies, some of which were serious enough to have previously

caused anaphylaxis. Ferretti went to great lengths to educate herself about the patient's allergy triggers, systematically eliminate them from her environment and medications, and educate her colleagues and the surgical team about her condition to ensure a safe procedure and an allergen-free surgical field. As rare as this patient's allergies were, Ferretti ended up caring for another patient with the same condition a short time later.

Kristen Kingsley, RN, safety star, co-chair of the PCS Policy, Procedure, and Products Committee, and staff nurse on the Bigelow 9 Respiratory Acute Care Unit, noticed some harmful inconsistencies in an IV-infused nutritional supplement and after consulting with the medical director, leaders in other departments, and the co-chair of the PCS Practice Committee, she advocated for a change in practice related to administration of the product.

During interviews following each of their narratives, Ferretti, McKinney Shlimbaum, and Kingsley spoke about the importance of having and using your voice to keep patients safe. They collectively urged clinicians to file safety reports, talk to colleagues, or call the Center for Quality & Safety with any and all concerns. Perhaps the most important piece of advice: Remember, it's not about you. Addressing one single issue could potentially impact many patients.



(L-r): Margaret Ann McKinney Shlimbaum, RN; Kristen Kingsley, RN; and Susan Ferretti, RN,

Refresh and renew: navigating change with resiliency

It was the perfect end to a week of presentations that spotlighted the energy, endeavors, and ceaseless activities of the most accomplished team of nurses in the world. It was, “Refresh and renew: navigating change with resiliency,” presented by Peg Baim, RN, director, Stress Management and Resiliency Training, Benson Henry Institute of Mind Body Medicine; Kathleen Miller, RN, clinical documentation improvement specialist; and Joanne Rowley, RN, clinical nurse specialist. In what has become the annual equivalent of ‘a day at the spa,’ Baim, Miller, and Rowley touted the benefits of activating the meditative mind, taking the time to re-set our inner selves, and using mindfulness as a daily tool to ‘cleanse our spiritual palates.’

Steeped in an atmosphere of soothing music and lavender-scented oils, Miller used images of natural beauty to evoke a sense of peace and tranquility. She spoke of the healing power of aromatherapy and how our sense of smell is directly linked to the brain.

Rowley led attendees in a tension-reducing body scan to demonstrate how relaxation can help cultivate and strengthen resiliency. She invited those present to engage in a series of seated yoga postures

and exercises designed to alleviate tension while working at your desk. She reminded nurses that, “When you feel rejuvenated, you’re better able to meet the challenges of the day.”

Rowley closed with a loving kindness meditation wherein you direct healing energy, warmth, and contentment inward to yourself, then outward to family members and loved ones, and finally to all of humanity.

Baim took a more scientific approach to the topic of spiritual renewal. “Stress begets more stress,” she cautioned. She spoke of the importance of activating the pre-frontal cortex, where positive emotions and higher thought processes reside. More than any other stimulus, aerobic activity activates the pre-frontal cortex; but meditation is also an excellent way to engage that area of the brain.

Other ways to stimulate the pre-frontal cortex include focusing on something uplifting; repetitive sustained focus; and maintaining a state of quiet or mental stillness. Walking in the woods, said Baim, is an excellent way to take in phytochemicals, the healing benefits of which can last an entire week.

The overarching message of this session was to be kind to yourself and others while engaging in daily mindful practices to edify your body, mind, and spirit.



**Kathleen Miller, RN (left) and
Joanne Rowley, RN**



Peg Baim, RN



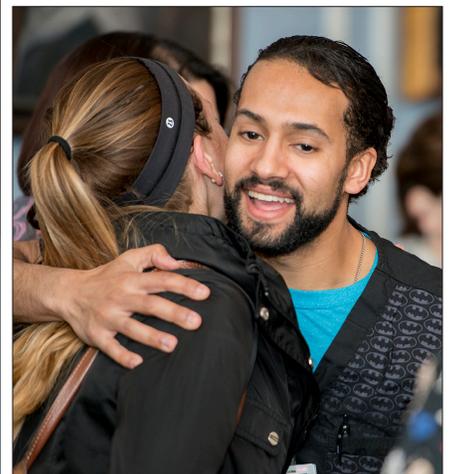
Lunder 8 Neuroscience staff nurses, **Marie Guerrier, RN**,
with patient, Jeff Piliivosian.

MGH nurses are



(Photos by Jeffrey Andree)

simply the *best!*



Chief Nurse Presentation (continued from page 3)



Ives Erickson with Charlotte Brown Leavitt, RN.



...with Lindsay Musgrove, RN (left), and Lori Pugsley, RN.



...with Pat Daoust, RN (left), and Linda Kelly, RN.

change practice, update policies, and educate staff, effectively transforming the culture on their units and in their practice. The common theme was evidence-based practice and empowering nurses. Said Nichols-Baldacci, "After implementing these changes, the NICU was CLABSI-free for 365 days; an outcome many felt was unachievable."

Next up were director of PCS Diversity, Deborah Washington, RN, and the in-coming and out-going co-chairs of the PCS Diversity Committee, Kelsey Conley, RN, and Grace Aylesbury, RN. They spoke about the new MGH Diversity & Inclusion Statement and the importance of learning, sharing, and respecting the unique differences of all cultures and backgrounds. Said Conley, "I hope that as champions of the Diversity & Inclusion Statement, we can ensure it becomes a lived document at MGH. We serve a diverse patient population; we're members of a diverse workforce. It's my dream that we all become experts in inclusion."

No conversation about nursing in 2016 would be complete without some mention of MGH eCare. Ives Erickson invited super-users, Alexandra

Lopresti Wall, RN, and Kelly Cruise, RN, to the stage to talk about their experience training nurses in their respective areas. They talked about the importance of teamwork and collaboration, and the realization that *everyone* was a novice again. Said Lopresti Wall, "For me, it was a way to give back, to teach my colleagues what I knew. In nursing, documentation is your word, and that is very important."

eCare nurse resident, Autumn Gaston, RN, and her preceptor, Brittany Durgin, RN, came to the stage to discuss their role in the eCare transition. They spoke about the importance of a strong preceptor-preceptee relationship and the delicate balance between teaching and stepping back. Said Gaston, "My nursing foundation is rooted in the excellent education I received at MGH and from Brittany. She taught me that no nurse should worry alone; in order to succeed, you have to understand that nursing is a team effort."

Next, Ives Erickson invited Charlotte Brown Leavitt, RN, graduate of the MGH School of Nursing, class of 1954, to share her insights. Her comments made it clear that the essence of nursing has not changed in the more than half-century since she graduated from nursing school. Said Brown Leavitt, "The main theme of my career was that nurses are key members of a team that includes patients and families. Change is inevitable, and it affects patients and families, as well as caregivers. The challenge to nurses is keeping the 'care' in health care."

To talk about our journey to become a Baby-Friendly Hospital, Ives Erickson welcomed nursing director, Lori Pugsley, RN, and obstetrical staff nurse, Lindsay Musgrove, RN, to the stage. Pugsley and Musgrove described the elements

continued on next page

Chief Nurse Presentation (continued)

and benefits of being a Baby-Friendly Hospital, including lower risk of stress and nosocomial infections among newborns and a greater likelihood of successfully transitioning home. Said Pugsley, “Mothers who give birth at Baby-Friendly hospitals are more likely to adhere to the Ten Steps to Successful Breastfeeding, which are associated with higher breastfeeding rates and lower rates of racial, ethnic, and socio-cultural disparities in breastfeeding.”

Nursing director, Linda Kelly, RN, and associate director of Nursing for The Center for Global Health, Pat Daoust, RN, joined Ives Erickson to talk about their recent endeavors. Kelly, the inaugural Sonja and Deborah Kelly endowed scholar, described her research focusing on improving the sexual health and quality of life for post-menopausal women. And Daoust talked about the Global Nursing Fellowship program enhancing nursing practice on a global scale by providing education and clinical instruction to nurses in resource-limited settings. She announced that the first global nursing fellow, Bethany Groleau, RN, would soon be leaving for Mbarara, Uganda, to provide educational and clinical guidance to nurses in a rural cancer clinic.

Representing collaborative governance, Jasmine Gonzalez, RN, from the Staff Nurse Advisory Committee, and Brian Cyr, RN, co-chair of the Ethics in Clinical Practice Committee, spoke about the work and influence of their respective committees. Gonzalez mentioned the importance of nurses being able to bring ideas to and from their units to influence hospital initiatives and ultimately impact patient care. Cyr spoke about opportunities to problem-solve and share resources among disciplines and the work of his committee to empower clinicians to speak with patients and families about advance-care planning.

The final guest of the afternoon was Dan Sullivan, who along with his wife, Marjie, is a philanthropist and supporter of MGH Nursing, The Center for Global Health, and the Paul Erickson endowed chair. Speaking as a donor, patient, family member, and spouse of a nurse, Sullivan called MGH nurses, “fearless in their commitment to care for patients.” He spoke passionately about the importance of the work nurses do within the walls of MGH and around the world. Knowledgeable about the intricacies of creating a sustainable global health program, Sullivan applauded the work of Pat Daoust and The Center for Global Health.

And just when you thought *The Jeanette Ives Erickson Show* was coming to a close, one more guest made a surprise ‘appearance.’ To the great joy of everyone present, the voice

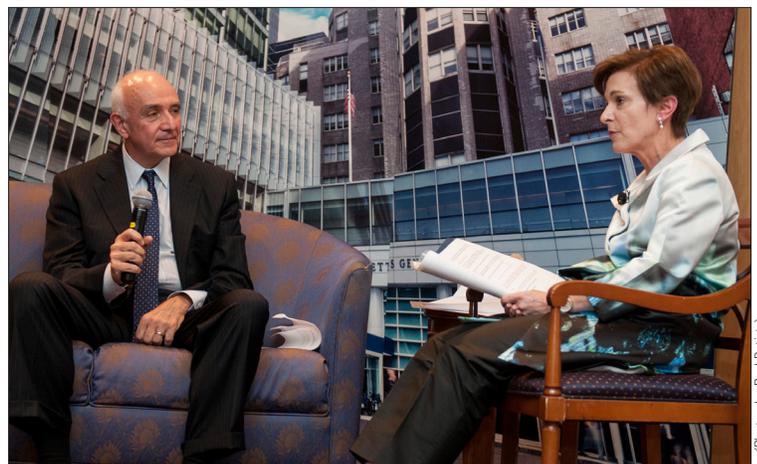
of staff nurse, Jess Kensky, RN, was heard throughout the auditorium as she phoned in from her temporary home in Washington, DC. Since sustaining severe injuries in the Marathon bombings along with her husband, Patrick, Kensky has become an advocate for individuals with disabilities. Speaking from experience, Kensky said, “It is amazing what you learn when you try to navigate in a world that wasn’t designed for you. The reality is that we’re all ‘temporarily able-bodied people.’ Everyone is going to need assistance at some point in their lives. Patient care cannot be ‘one-size-fits-all.’”

Kensky and Ives Erickson exchanged words of love and encouragement, and Kensky promised to try to make it back for Nurse Week next year.

Then, *The Jeanette Ives Erickson Show* closed the way all chief nurse presentations have closed for the past 20 years, with Ives Erickson reminding her beloved nurses that they are... simply the best!



...with Brian Cyr, RN, and Jasmine Gonzalez, RN.



...and with Dan Sullivan.

(Photos by Paul Battista)



Ellison II cardiac staff nurses, **Maura Crowley, RN (left)**, and **Mairead Dwyer, RN**, with patient, Kenneth Flewelling.

Ives Erickson first holder of Paul M. Erickson Endowed Chair in Nursing

—by Marianne Ditomassi, RN, executive director, PCS Operations

For more than a decade, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, has had a vision for an endowed chair in Nursing at MGH. On May 17, 2016, at the Paul S. Russell Museum, surrounded by colleagues, family, and friends, that vision became a reality. MGH president, Peter Slavin, MD, presided over the ceremony. In his remarks, he recalled a conversation he had with Ives Erickson following her husband, Paul's, death last June. He had asked what the MGH community could do to honor Paul, and without hesitation, she said, "Create a chair in Nursing." And so he did. Slavin acknowledged the many donors, friends, and colleagues who contributed to the establishment of the Paul M. Erickson Endowed Chair in Nursing and announced that Ives Erickson would be the inaugural incumbent. In a literal and figurative 'tip of the hat' to Paul, Slavin donned a Yankee's baseball cap in honor of Paul's beloved team and in tribute to their long-standing Red Sox/Yankees rivalry.

True to form, former Partners Board of Trustees chairman, Jack Connors, interjected both humor and poignancy into the proceedings. He spoke of his cherished relationship with Ives Erickson over the years, saying, "I love MGH, and I love you." He thanked her for accommodating his many requests to help family members over the years, sharing one conversation in which Ives

Erickson had kiddingly said, "How many relatives do you actually *have*?"

Partners president and CEO, David Torchiana, MD, called Paul and Jeanette 'an MGH power couple,' adding, "This Nursing chair made possible by friends and admirers throughout this great institution is a gift we're all so proud to be part of."

Linda Lewis, RN, former director of the Magnet Recognition Program, described how as a Magnet appraiser she'd had the opportunity to experience MGH culture from the 'inside out.' She spoke of the tremendous engagement, innovation, and advancement that 'doesn't just happen by chance.' "It's because of leaders like Jeanette who have role-modeled confidence, risk-taking, and compassion. Jeanette, thank-you for sharing your nursing wisdom. Your imprint—within and outside the walls of the MGH—is here to stay."

An emotional but composed Ives Erickson

took the podium and thanked everyone present for their kindness, love, and support. She reflected on her decision to become a nurse—a decision she's never once regretted. She reflected on her decision to come to Boston and work at MGH, a decision that led to her chance meeting with Paul at a local restaurant 22 years ago. And she reflected on how fortunate she is to have such a loving community of family, friends, and colleagues. "I'm grateful to all of you for honoring Paul with this first Nursing chair at MGH, and for entrusting me to be the first nurse to receive this sacred honor."

Looking to the future, in the immortal words of William Penn, "Let us see what love can do."



At reception honoring the creation of the Paul M. Erickson Endowed Chair in Nursing and Jeanette Ives Erickson, RN, as the first holder of the chair, are (l-r): Peter Slavin, MD; Linda Lewis, RN; Ives Erickson; Jack Connors; and David Torchiana, MD.

(Photo by Jeffrey Andree)

In Memoriam

“Seeing death as the end of life is like seeing
the horizon as the end of the ocean.”

—David Searls, author, journalist

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*Nurses who passed away
between June, 2015, and
April, 2016

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