Caring Headlines
October 6, 2016

2016 Hausman Nursing Fellowship

These fellows don't check their cultural identities at the door

See story on pages 5-7

Standing (l-r): Janis Peters; Andrea Jaramillo; Ron Greene, RN; Andreann Huang; and Deborah Washington, RN.
Seated: Jasmine Hampton; Sherry Dong; and Richard Jeong.

Nursing and Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Patient and Family Advisory Councils

a valuable mechanism for tapping into the suggestions and ideas of patients and families

Patient and family advisory councils are comprised of patients, family members, and staff who give generously of their time and ideas to help us improve care and refine systems.

Sometimes, some of the most important work in the hospital takes place behind the scenes with no fanfare or recognition, but it's nonetheless crucial to our ability to achieve our goals and fulfill our mission. Certainly, the work of our dedicated patient and family advisory councils (PFACs) falls into that category. These councils are comprised of patients, family members, and staff who give generously of their time and ideas to help us improve care and refine systems.

On Wednesday, September 7, 2016, I had the opportunity to attend a meeting of the General Patient and Family Advisory Council (see Fielding the Issues on page 11 for more information about the G-PFAC) to get their feedback on our plans to implement Partners 2.0. As you may know, Partners 2.0 is the initiative led by Partners president and CEO, David Torchiana, MD, along with MGH president, Peter Slavin, MD, and BWH president, Elizabeth Nabel, MD, to ensure collaboration, efficiency, and coordination of services across all Partners entities. The G-PFAC was one of the first groups to provide feedback on the 'big opportunity' statement for this initiative. It was so helpful and instructive to hear their comments and get a sense of the MGH experience from the patient and family's perspective. I can't thank them enough for sharing their insights and impressions.

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

My visit to the G-PFAC meeting was a wonderful reminder of the good work being done by all our patient and family advisory councils. So I thought I'd use this week's column to share some of that work with you. What follows is a partial summary of some of the projects that are benefiting from the input of our general, cardiac, cancer, pediatric oncology, and MassGeneral Hospital *for* Children patient and family advisory councils.

The General PFAC

This past year, the G-PFAC participated in the MGH volunteer's orientation and training program to enhance their understanding of hospital culture and policies. They provided feedback on a number of activities and initiatives, including:

- The Kitty Hawk Project, an initiative geared toward reducing physician burden while optimizing patient care, such as the use of medical scribes to document patient-physician encounters

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- The Levels of Care document ensuring patients understand their placement options prior to discharge
- The Health Information Services consent form, which allows clinicians to send health information where it's needed
- The Interventional Radiology brochure, *Choosing a Medicine for Your Port Placement*
- A summary of Safety Culture Survey results to advance ideas on Patient Safety Awareness Week
- The Diversity and Inclusion Vision Statement
- Opioid education
- ID badges to make it easier to identify clinicians' roles
- The informed consent policy regarding overlapping surgical staffing in ORs
- Enhancements to Patient Gateway
- G-PFAC Working Committees include:
  - The Patient Education Committee that focuses on patient education and works closely with the Blum Patient & Family Learning Center
  - The Patient Experience/Care Coordination Committee, comprised of members with experience and an interest in provider communication, care coordination, and alternative means of accessing care. The committee works in partnership with MGH TeleHealth, providing feedback on educational materials, terminology, and programmatic decisions
  - Patient Voice and the MGH/G-PFAC Relationship Committee works to enhance awareness about PFACs throughout the hospital

The Heart Center PFAC

The Heart Center PFAC has been involved in discussions about transition of care; changes in leadership within the Heart Center; implementation of *e*Care and its impact on the Heart Center; and restructuring of the outpatient program. They provided feedback on:

- The MGH Strategic Plan and Hospital Priority Overview, submitting questions to Dr. Slavin about the plan and hospital priorities
- Our policy related to concurrent-surgery practices, weighing in on specific situations and the appropriateness of concurrent surgery
- Preparing for *e*Care, sharing ideas on the communication plan for patients, families, and staff, including creating a brochure regarding Patient Gateway that would address changes and questions
- Broader education around palliative care for clinicians throughout the hospital to ensure a common understanding of what palliative care is and what it isn't. Members shared ideas on ways to initiate conversations about palliative care with patients and families
- Raising awareness about the Partners Healthcare Biobank, including ways to improve recruitment and consent

continued on next page

In this Issue

The Cancer Center PFAC

Cancer Center PFAC members participated in several educational forums, had representation on numerous Cancer Center committees and subcommittees, and provided feedback on:

- The Video Therapy Program that helps patients create videos that can be used as end-of-life celebrations or documentation of their journeys
- Communicating the advances of cancer immunotherapy, its success with melanoma patients and its dramatic impact on late-stage melanoma prognosis
- Ways to publicize the Cancer Center Survivorship Program at MGH West to cancer patients on the main campus who may be nearing the end of treatment
- Ways to publicize the Bone Marrow Transplant Survivorship Program
- The MGH Substance Use Disorder Initiative
- Ways to collaborate with the MGH Parking Office to better serve the cancer patient population and improve accessibility to the main campus and satellite locations
- The creation of the booklet *Important Things to Know about Oral Cancer Medication* and ideas related to sharing best practices for improving patient education
- Improving the Call Center
- The creation of a task force to enhance patients' connection to Cancer Center supportive care resources

The MassGeneral Hospital for Children FAC

Members of the MassGeneral Hospital *for* Children Family Advisory Council (FAC):

- Submitted questions to MGH president, Peter Slavin, MD, about the hospital's strategic plan and heard them answered at the annual PFAC gathering later in the year
- Participated in a pilot 'secret shopper' program wherein members completed surveys about their out-patient experiences and returned them to the Service Excellence Department
- Initiated and developed a program in which the PICU medical team rounds on adolescent patients when no parent or guardian is present
- Hosted its annual Family-Centered Grand Rounds entitled, "Kids Talk: Patients Reflect on Their Experiences at MassGeneral Hospital *for* Children," with a panel of pediatric patients, age 12–18, who shared advice about how to care for children
- Had input into the re-design of the new Pediatric Operating Room
- Worked with the Pediatric Surgery team to create a video that introduces patients to the pre-operative experience
- Reviewed patient-education materials
- Staffed a table in the MGH Main Corridor to help educate the public about the work of PFACs in the hospital

Pediatric Oncology FAC

Members of the Pediatric Oncology Family Advisory Council completed the MGH volunteer orientation and training program and:

- Helped create the parent mentoring program, Parents Offering Parents Support, to prepare parent volunteers to participate
- Collaborated with the Emergency Department to address concerns about port-a-cath access for pediatric oncology patients and improve competency among ED nurses in this area
- Participated in developing a Patient-Family Education Center in the clinic waiting area to include a dedicated space for adolescent and young adult patients. Resources, technology, and a quiet space will be offered for researching childhood cancers and coping with treatment
- Identified a need to enhance access for patients with disabilities. An existing door was replaced with and automatic door to provide better access for wheelchairs and strollers
- Reviewed plans for *e*Care implementation and its impact on patients and families
- Discussed technological resources to provide information to patients and families about clinical issues
- Provided guidance around the development of psycho-social programs for patients and families including parent education and support, establishing connections among families, and recognizing patients for participating in arts programs

The Ambulatory Practice of the Future Care Alliance

Recent accomplishments of the Ambulatory Practice of the Future Care Alliance (CA) include:

- Creating a collaborative process for managing change, including discussions and planning sessions around the implementation of *e*Care and its impact on care and operations, and exploring ideas to simplify utilization
- Reaching out to patients to proactively encourage them to enroll in the *e*Care Patient Portal
- Advocating for the APF to become a demonstration project for the use of Open Notes and adapt its use in the *e*Care system. The group developed a document detailing the mutual benefits and outcomes of patients having access to Open Notes
- Creating a new Patient Voice Survey to allow immediate evaluation of the patient's experience of care
- Establishing a patient newsletter to provide information about the practice, solicit patient feedback, and build stronger relationships between staff, patients, and the Care Alliance
- Hosting a meeting with the Hope Project to provide input to the Partners Research Project

We are indebted to all who participate on our patient and family advisory councils; you're helping to make us a better hospital, improve care, and enhance the patient experience. Our strategic direction is informed by the feedback you provide. Thank-you for speaking up on behalf of all patients and families.

Hausman fellows make big impression at MGH

—by Ron Greene, RN, Hausman program coordinator

The Hausman Nursing Fellowship was created in 2007 to help facilitate the recruitment of minority nurses to better meet the needs of our diverse patient population. Providing an opportunity for nursing students to work in a variety of settings under the mentorship of a minority nurse preceptor, the Hausman Fellowship is intended to be a clinical, practical, and cultural learning experience for future nurses of color. On Friday, August 26, 2016, this year's Hausman fellows, Sherry Dong, Richard Jeong, Andrea Jaramillo, Andreann Huang, and Jasmine Hampton, completed their clinical experience and were recognized at a ceremony in the Thier Conference Room.

Their journey began in January with a rigorous application process. Of the many who applied, 35 were invited to MGH to interview for five available slots.

Says program coordinator, Ron Greene, RN, "The five who were selected were bright, articulate, and eager to learn. In addition to the clinical challenges of the fellowship, they had their own adversities to overcome in order to participate. Some had to relocate to Boston from other states, others commuted at 4:30 in the morning to make it to the hospital on time. One fellow took her citizenship exam during the fellowship and will soon be sworn in as a US citizen. They were determined. They never complained, and they didn't let anything stand in their way."

During Friday debriefings, fellows shared what they had learned in previous weeks. Deborah Washington, RN, director of PCS Diversity and the Hausman Fellowship, challenged fellows, "not to check their cultural identities at the door; to be proud of their backgrounds and heritages and share that part of themselves with their new, albeit temporary, MGH colleagues."

Hausman fellows present preceptor, Melissa Joseph, RN, with gift of appreciation.

At the graduation ceremony, fellows read exit essays describing their clinical experiences and what they learned from the program. (See essays on next page.)

Says Greene, "When they began, they were a group of dreamy-eyed students so impressed to be starting a fellowship at MGH. By the time they graduated, they were five strong, young individuals completely comfortable navigating the predominately white landscape of this major, medical institution.

The success of the Hausman Fellowship is due in large part to the engagement of the preceptors who work closely with students throughout their time at MGH. This year, that included: Melissa Joseph, RN; Janis Peters; Rischa Mayes, RN; Ladonna Christiansen, RN; and Joy Williams, RN.

Says Greene, "It can be challenging to be a minority professional in a predominately white organization. I'm so proud of these Hausman fellows and feel privileged to have been part of this experience."

To learn more about the Hausman Nursing Fellowship, contact Deborah Washington, RN, at 617-724-7469.

Hausman fellows

What can we

The Hausman fellows would like to thank Mrs. Hausman; Ron Greene, RN; Deb Washington, RN; and all the nurses throughout the hospital who were "so patient and kind." Without your vision and guidance, this fellowship would not have been possible. Fellows would also like to thank their families and friends for their ongoing support and encouragement.

Andrea Jaramillo

My name is Andrea Jaramillo, and I am a senior nursing student at the University of Massachusetts, Boston. I'm honored and proud to call myself a Hausman fellow.

This has been a transformative and inspiring experience. As people who belong to minority groups, we had to learn to navigate the system to avoid being categorized or labeled by stereotypes and biases that don't reflect who we are or what we're capable of. This program provided us with the tools we need to succeed as nurses. Most importantly, it taught us to find our own voices, to be fearless, and to wake up that giant that lives inside us. We learned that nursing faces challenges around diversity and inclusion; we need to prepare the next generation of nursing leaders. We need mentors who understand those challenges and can support us in tackling the difficulties we may encounter.

Today our voices may tremble, our hearts may pump fast, but our fear will soon transform into courage to deliver a message of gratitude, love, and inspiration. We've learned that being a leader does not mean having people follow you, but enabling the people around you to follow their dreams. This program has given us confidence and a sense of belonging at a time when the political climate in our country is dividing us. As Hausman fellows, we envision a diverse workforce that inspires healthy behavior, eliminates health disparities, and makes it possible for everyone to have access to care. This program encouraged us to fight for equality and proudly represent our communities. We want to encourage others to have conversations about diversity and inclusion and strive for cultural competency. In the future, we'll mentor other nursing students who've experienced similar challenges. We'll be catalysts for change and inspire others as we have been inspired.

Jasmine Hampton

My name is Jasmine Hampton. Jasmine, like the Princess. I attend Pace University in Pleasantville, New York.

This fellowship is something special that I feel blessed to have been part of.

We, the Hausman fellows, wanted to change the course of our lives. We wanted to become better individuals as well as better nurses. Learning from those who understand what it's like to be part of a minority motivated us to succeed. Having professionals as mentors, sharing their individual nursing styles was exactly what we wanted. The Hausman Fellowship allowed us to exceed expectations by forcing us to challenge ourselves beyond just caring for patients. Our minds became stronger; our confidence grew. In the end, this fellowship expanded our view of nursing as well as our awareness of inner workings.

I personally gained something I didn't believe I could—confidence. I can walk into a patient's room now without fear or overwhelming anxiety. I can communicate effectively with patients with no doubt of my ability. I had always told myself I could imagine myself as a nurse, but now I believe it with all my heart.

I made it a point to ask my mentors, "What's the best advice you can give me?" Each of their responses gave me something that I've stored away in my mind. One piece of advice I found especially important was that you should never doubt your ability. There will always be people who will make you feel as if you don't know what you're doing. They'll make you feel 'less than.' Just know that you're always learning in this profession, and mistakes don't discredit you. Learning from your mistakes is key, but those mistakes don't define you. As Hausman fellows, we will not let others define us based on a mistake or a prejudice. We are competent, capable, and ready to go forward into a profession that needs us.

learn a lot at MGH

learn from them?

Andreann Huang

My name is Andreann 'Andy' Huang, and I am a senior nursing student at the University of Massachusetts, Amherst.

During our first week, we toured the entire hospital, but one area that made a strong impression was the basement. Mass General clearly has a commitment to diversity, but many of the minority employees are not widely seen where patient care is delivered. That's exactly why Mrs. Hausman created this program to promote minorities into higher positions, especially in nursing. We and the Hausman fellows before us are the next generation of nurses. We want to break negative stereotypes and show that we're not only competent nurses but *ideal* nurses for the diverse city of Boston.

This fellowship inspired us to be advocates, leaders, and educators. Just like those who guided us in the past few weeks, we strive to make just as powerful an impact in promoting cultural competency and inclusion. We leave inspired to put ourselves out there so that children in our communities will grow up with the same quality of care as their classmates, so the elderly in our communities aren't neglected and misunderstood because of language barriers. Whether by intention or incidental influence, we'll help our colleagues inspire those from different backgrounds to pursue this amazing career.

Programs like the Hausman Fellowship are so important for the future of health care and nursing. With its excellent clinical care and research, Mass General is an amazing hospital; but with its focus on cultural inclusion and diversity, it has nowhere to go but up.

Richard Jeong

My name is Richard Jeong, and I'm going to be a senior nursing student at the University of Connecticut. I currently live in Connecticut.

Growing up, people always told me, "Just be yourself."

Be myself? How could I be myself when I didn't even know who I was? There was a period in my life where I struggled with my identity; I had no idea how to go about 'being myself.' We live in an age where people want to be authentic, but to what self can we really be true to? We all put up facades and act differently in front of others. At the beginning of this five-week program, I kept telling myself, "Just be yourself." Early on, I started to realize that people probably didn't want to see my true self because sometimes I had thoughts that were better left unsaid. So I decided to focus on claiming the person I wanted to be instead of focusing on who I already was. I already was friendly, but I wanted to be more outspoken. I wanted to stand my ground with people who weren't the nicest. With the help of my mentors and the nurses I worked with, I started to realize how important it is to have a voice in the community. You can excel at all the clinical skills, but if you can't advocate for a patient, what kind of nurse will you be?

All the nurses I worked with knew what they thought was best for the patient and relayed it to doctors with confidence. These were the things that captivated me throughout my time here. I'm grateful that the Hausman Fellowship provided me with a 'ground to stand on' for years to come. I can't wait to inspire others to do the same.

Sherry Dong

My name is Sherry Dong. Our journey to become Hausman fellows wasn't easy. During the busiest semester of our nursing education, the application process for this fellowship required an exemplary academic record, a well-crafted narrative, and an intensive interview. It was nice to be interviewed by someone who understood the reality of micro-aggression and didn't dismiss us as overly sensitive for feeling what we were feeling.

When we got the call from Ron Greene letting us know that we'd been accepted into the fellowship, we were ecstatic! When I shared the news with others, I noticed a twinge of condescension when they heard it was a minority fellowship. Even other minority students congratulated me on my, "minority thing." I realized that even though we had earned a coveted position at the most prestigious hospital in the nation, there would still be a struggle to show we deserved to be here. That's the insidious truth about being a minority—our credentials are often unfairly questioned and dismissed. But standing here today, after caring for diverse patients with complicated pathologies, it's clear that we belong at this fine institution.

The Hausman Fellowship was a baptism by fire; it ignited our passion for social justice, illuminated our struggle as minorities, and kindled our sense of community. It wasn't the call from Ron Greene after a nerve-wracking interview that made us Hausman fellows, it was the experience we shared as a group. We're more than diverse faces on a poster trying to disguise racial disparity. We're more than a convenient way to meet a diversity quota. We're not 'less than.' We are Hausman fellows.

Female patient. Male nurse.

Trust is crucial in establishing nurse-patient relationship

Betty had been diagnosed with a rare cancer of the cartilage in her spine called, chondrosarcoma. She had undergone treatment, including two surgical resections. Both were unsuccessful, which is why she was seeking treatment at MGH.

My name is Daniel Huntington, and I am a nurse on the White 6 Orthopaedic Surgery Unit. It was a typical day on our typically eventful 30-bed unit; census was high, and we were anticipating several discharges. Every so often, you get a patient who grabs your attention, gives you a new challenge, and leaves a lasting impression. When I first met 'Betty,' she was a soft-spoken, anxious, reserved woman in her late 50s. She had two daughters who worked in demanding jobs. They cared deeply for their mother but were unfortunately not able to travel to Boston to be with her. Betty was married to an entrepreneur who had built a successful career. Unfortunately, he was physically present but often emotionally absent, which was a big contributor to Betty's emotional unrest.

Within the past year, Betty had been diagnosed with a rare cancer of the cartilage in her spine called, chondrosarcoma. After receiving the diagnosis, Betty underwent treatment, including two surgical resections in her home state on the west coast. Both surgeries were unsuccessful, which is why she was seeking treatment at MGH. Once well enough to travel, Betty and her husband came to Boston for a two-stage approach to resect the rest of her tumor.

That's when Betty became my patient.

On my first shift as her nurse, I introduced myself to Betty and immediately noticed her discomfort with a male nurse. This wasn't the first time I'd encountered this challenge, but I had overcome this obstacle many times before, and I was confident I could do so again with Betty. She didn't actually say anything as she wasn't the type of person to voice her concerns regardless of how uncomfortable she may have been. But after leaving her room, Betty's husband came and found me at the nurses' station. He confirmed my suspicion. I knew I'd have to make a special effort to gain Betty's trust.

Daniel Huntington, RN, staff nurse
White 6 Orthopaedic Surgery Unit

Betty was very sick. She'd had multiple surgeries to resect the tumor and stabilize her spine She required a large wound vac dressing on the incisions on her back to facilitate drainage; left- and right-side chest tubes for pleural effusions; and a G-tube for overnight feeding. She was far from home, away from her family and friends, and terrified.

I went into Betty's room and held her hand. I told her, "I'm going to be here for you, whatever you need. My goal for today is to make you as com-

continued on next page

Betty rated her pain at only 3 out of 10, but she was so fixated on the fear of pain that she practically froze, unable to move her rigid body. I calmly looked into her eyes and asked her to trust me. Her grip on the walker relaxed, and I could see her fear and anxiety soften. I realized she had put her faith in me and was ready to take the next step.

fortable as possible and remove any hesitation you have about letting me take care of you."

She looked up with a surprised expression and smiled. "Okay," she said.

To reduce the risk of urinary-tract infection, we remove indwelling Foley catheters at the earliest possible opportunity. During the morning shift, the nurse had removed Betty's catheter, and she was due to void. My first effort to gain Betty's trust was assisting her in going to the bathroom. This is almost always more difficult and uncomfortable for women than men. I decided to try to have her use a bedside commode as she was uncomfortable using a bedpan, and she hadn't been out of bed yet. The team hadn't put any orders in place restricting her from ambulating, but Betty lacked confidence in her ability to mobilize and get out of bed. She was afraid of experiencing pain or injuring herself, which is why she had refused physical therapy the day before.

My hope was to instill in Betty a sense of confidence that she was unable to summon on her own. I was careful not to hesitate or give her any reason to think she'd fail.

I said, "Betty, I know you'll be able to get yourself over to this commode, and I'll be right here to help you in the process."

I knew she wanted to get back to a normal routine, and being able to use the commode represented one step closer to that sense of 'normalcy.' I grabbed a rolling walker, adjusted it to her height, and began to help her into a sitting position on the side of the bed. As this was her first time out of bed, one of my main concerns was the possibility of orthostatic hypotension, a significant drop in blood pressure when going from a supine to upright position. I kept a close eye on her vitals and physical presentation, monitoring for any signs of diaphoresis, tachycardia, or dizziness. Falling can have a devastating effect, so I was doing everything in my power to safely complete the task at hand.

Betty's vital signs remained stable, she had no complaint of dizziness, and I was confident in her ability to ambulate. Betty rated her pain at only 3 out of 10, but she was so fixated on the fear of pain that she practically froze, unable to move her rigid body.

I calmly looked into her eyes and asked her to trust me. Her grip on the walker relaxed, and I could see her fear and anxiety soften. I realized she had put her faith in me and was ready to take the next step.

I can still remember the scared but excited look on her face as she started to stand. Betty had not stood in more than three weeks. Once she was steady on her feet, I placed one hand on her arm and the other around her back for support and to make her feel safe. Gradually, she lifted her foot and before she knew it, she had ambulated to the bathroom door. As anticipated, she was able to do most of the work herself, requiring very little assistance from me. She did so well and was so excited not to feel pain that she just kept going.

Since Betty was doing so well and standing under he own strength, I felt it would be safe for her to use the actual bathroom as opposed to the commode as we'd originally planned. Being able to get to the bathroom gave Betty a sense of normalcy and privacy that meant the world to her.

Betty re-discovered the confidence that had been stripped away by her diagnosis. I didn't give her false promises of curing her cancer, but I did give her hope and motivation, both of which had been missing from her life the day before.

From that time on, Betty routinely requested me as her nurse and no longer had insecurities about male nurses. Regardless of the many physical ailments that plagued Betty during her stay on White 6, I was able to connect with her on a professional and personal level. Ultimately, Betty got well enough to travel back to the west coast where she continues to thrive and live every day to the fullest. She updates me on her recovery whenever she returns to MGH for check-ups. Every time she visits, she reminds me how much she appreciated my care.

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

This story could have played out very differently. Dan could have accepted Betty's discomfort and requested another assignment. But he knew he had something to offer; he was confident in his nursing skills and wanted to help Betty overcome her fear. So gently, respectfully, and with great regard for her safety, Dan helped Betty get out of bed and go farther than she ever thought she could. By helping Betty walk to the bathroom, Dan not only put Betty's fear of pain to rest, he established a bond that superseded her discomfort with having a male nurse.

Thank-you, Dan.

Care based on evidence is essence of nursing practice

—by Mimi Pomerleau, RN, staff nurse, Ellison 13 Obstetrical Unit

Being a part-time nurse on a clinical unit is rewarding. I'm able to care for patients utilizing the skills and expertise I've gained with a constant commitment to quality. Part of my practice is asking myself why we do things a certain way. In a part-time role, it's hard to step in and lead a project that involves the whole team. So I joined the Research and Evidence-Based Practice Committee because I wanted to influence practice on my unit.

I served for four years as a collaborative governance champion. We had great discussions at those meetings, but I found it challenging to bring the richness of our discussions back to the unit. At one meeting, we talked about common practices that aren't necessarily rooted in evidence. One colleague mentioned that in the NICU they used pacifiers to help calm neonates, yet the literature and the Baby Friendly initiative discourage pacifier use because studies show that pacifiers can undermine successful breast-feeding. We decided to look at this clinical practice in the framework of the Evidence-Based Practice model.

We found that there was some disagreement among the experts on the issue. A literature search found a Cochrane review that didn't support a pacifier's negative effect on breast-feeding. We also found that many experts felt the evidence was flawed. It bothered me that we might be employing a practice that wasn't supported by evidence.

When I discussed this with some fellow nurses, they also had questions. Since there were conflicting opinions, I asked my colleagues if they wanted to embark on a journey to look at the evidence. We sent out an e-mail inviting all the nurses on our unit, including all shifts and experience levels, to join us. Those who were interested met to develop a project plan, identify roles, and learn about the Johns Hopkins Tool Kit as a way to look at the evidence systematically. We reviewed articles in small groups to make the process less intimidating. At subsequent meetings, we reviewed articles together, graded them, and discussed preliminary findings. When questions arose, we reached out to experts who helped us understand the methodology.

Our confidence soon grew in our ability to form opinions and grade the evidence. We shared reflections about the articles, and also how reading the articles was influencing our care of patients.

I'm so proud to be part of this team. They keep me focused and on track toward fulfilling my goals. I'm impressed with their professionalism and willingness to go beyond their shift assignments to investigate this issue. It reaffirms my belief that front-line nurses want their care to be based on evidence and current research.

It's so important to question why we do things and not rely on the old: "It's the way we've always done it." Care that's based on evidence is the essence of professional nursing practice. We're still synthesizing the findings from this project. It may not change current practice, but we've all increased our confidence in basing clinical care on the evidence. I encourage all nurses to embark on their own journeys of discovery to improve practice and care-delivery at the bedside.

For more information, call Mimi Pomerleau, RN, at 617-726-0146, or Meg Bourbonniere, RN, at 617-726-1989.

It's so important to question why we do things and not rely on the old: "It's the way we've always done it." Care that's based on evidence is the essence of professional nursing practice.

The General Patient and Family Advisory Council

Question: What is the General Patient and Family Advisory Council?

Jeanette: The General Patient and Family Advisory Council (G-PFAC) was formed in 2011 to help enhance the patient experience and promote patient and family involvement in hospital operations. It's comprised of patients and family members currently receiving care at MGH in a variety of settings and MGH staff who provide leadership support and facilitate patient participation.

Question: What do they do?

Jeanette: Patient representatives are part of the MGH Kitty Hawk Task Force, the Partners Patient Engagement Committee, the MGH Perioperative Care Committee, Partners TeleHealth, and the Quality Oversight Committee. The G-PFAC has also formed three working committees: Patient Education; Patient Experience/Care Coordination; and Patient Voice.

(Photos by Autumn Aguiar)

Blum Center staff members (l-r): Amy Sam, Jessica Saad, and Catherine Mercer (far right) with PFAC members, Melissa Hoyt, Carrie Stamos, and Ann Galdos.

The Patient Education Committee has developed a working relationship with the Blum Patient & Family Learning Center to provide input from a patient's perspective on the creation of educational materials. After receiving training in health literacy and plain language, the committee provided feedback on advance care directives; information for newly admitted MICU patients and families; using non-drug methods to cope with back pain; and the TeleHealth program for patients transferring from MGH to Spaulding, Cambridge. This committee is also working with the Knight Simulation Program to explore ways to use simulation to help educate patients.

The Patient Experience/Care Coordination Committee has been working in partnership with MGH TeleHealth to provide feedback on educational materials, terminology, and programmatic decisions.

The Patient Voice Committee works to enhance awareness about patient and family advisory councils throughout the hospital and recently completed its annual report which will be on the MGH intranet site later this month.

Question: How do patients and family members get involved with the G-PFAC?

Jeanette: Patients or family members can contact Robin Lipkis-Orlando, RN, director of Patient Advocacy at (617) 726-3370 or e-mail: mghpcscpfac@partners.org. Staff may also make recommendations. For other PFACs, such as the Cancer Center, Cardiac, or MassGeneral Hospital *for* Children, speak to your nurse or provider for information.

Cancer Center Healing Arts Program

—by Greg Smith, RN, staff nurse, Yawkey 8 Infusion Unit

The Healing Arts Program began a few years ago when after a Yawkey 8 holiday party, staff headed to a local art studio and wine bar for an afternoon of fun and painting. The outing was so successful, they went back again the following year. Greg Smith, RN, recalls looking at the instructor's painting and thinking how beautiful it was. He wondered where all the paintings went after everyone was gone, so he called the studio and asked if they'd be interested in donating them to the MGH Cancer Center to be given to patients as part of an art and music appreciation day.

Says Smith, "The owners of the studio were incredibly responsive and excited about the idea. They continue to call us on a regular basis when they have paintings to donate."

To date, 500 paintings have been donated and given away.

Says Smith, "It's hard to put into words what these paintings mean to patients. Their smiles and amazement when they realize they can walk up to any painting and take it home is priceless. They hold them and admire them during treatments. They talk to other patients about their paintings and why they chose them, and before you know it, the pictures are a catalyst for uplifting conversation. We're grateful to this local art studio for their ongoing interest and collaboration. They're helping us provide something to patients that goes beyond the science of medicine. We're so thankful for their continued support."

"Art is our one true global language. It knows no nation, it favors no race, and it acknowledges no class. It speaks to our need to reveal, heal, and transform. It transcends our ordinary lives and lets us imagine what is possible."

—artist and activist, Richard Kamler.

Far left: staff nurse, Greg Smith, RN, with Paint Bar owner, Jill Kerner Schon and her daughter, Jackie. At left, Smith enjoys painting with other visitors to the Healing Arts Program.

Visitors peruse the Cancer Center's Healing Arts Exhibit on Yawkey 8.

(Photos by Paul Batista)

Nursing skills come to bear in caring for ailing parent

—by Brenda D'Alessandro, RN, staff nurse, Obstetrics

I will never forget the last words my mom said to me during that time when she was still lucid.

"Brenda," she said, "you're the highest amongst high."

I was holding her hand, feeling her love and strength. "Mom, what does that mean?" I asked.

"You're right up there in rank and always have been," she said.

As I reflect on the years after my dad's sudden passing in 2009, my life changed in so many ways. Like the strength and leadership I needed to find within myself so I could do what needed to be done in the years ahead. Mom was already ill and disabled from a stroke. I had to be open to change and trust in the leadership skills I had acquired as a nurse. A good leader is a good communicator and a good delegator. According to the experts, an exceptional leader realizes that he or she cannot accomplish everything on their own. A leader knows people's talents and interests and delegates accordingly.

When Mom told me I was the highest amongst high, it reminded me of the skills I'd employed after Dad's passing, when I took on many roles until my mom's passing years later. Embracing the feedback I received from the team caring for my mom gave me the tools I needed to be able to ask important questions. Experts tell us that exceptional leaders are always three steps ahead, working to avoid problems before they arise.

As nurses, we're taught about Kubler Ross' five stages of loss and grief. Looking back at my father's death, I went through denial, anger, bargaining, and depression until I finally realized I needed to accept that his death was out of my control. I knew I needed to develop the strength to use my time and energy wisely. I knew that caring for Mom would require untold physical, medical, and psychological support. I knew I would have to draw on the many skills I had honed as a nurse, including charisma.

Author, John C. Maxwell says, "When it comes to charisma, the bottom line is 'othermindedness.' Leaders who think about others and their concerns before themselves exhibit charisma.

In the five years I spent caring for my mom, I utilized all of my nursing skills: compassion, leadership, inspiring and motivating others, putting my mother's needs ahead of my own, and communicating with people in all walks of life to ensure optimal outcomes for her. And when Mom's death was imminent, I had to be adaptable and flexible in handling the unexpected developments and uncertainties of each day.

As a nurse, character is as important as knowledge. Noted nurse, Myrtle Elizabeth Kitchell Aydelotte, once said, "Nursing encompasses an art, a humanistic orientation, a feeling for the value of an individual, an intuitive sense of ethics, and the appropriateness of action taken."

I can tell you that it also takes courage—courage to do that which you're afraid to do. It takes courage, strength, and confidence to look your greatest fear in the face and proceed with the business at hand. As challenging as it was, I'm grateful to have had that time with my mother. And I'm especially grateful that I had the skills I needed to care for her when she needed me most. Nursing is so much more than a lifelong career; it is a gift. It is 'the highest amongst high.'

As a nurse, character is as important as knowledge. Noted nurse, Myrtle Elizabeth Kitchell Aydelotte, once said, "Nursing encompasses an art, a humanistic orientation, a feeling for the value of an individual, an intuitive sense of ethics, and the appropriateness of action taken."

Professional Achievements

Chase recognized

Barbara Chase, RN, nurse practitioner, MGH Chelsea HealthCare Center, was awarded the Donna Marie Grenier Award for Nursing Excellence, in July, 2016.

Scott appointed

Katrina Scott, oncology chaplain, was appointed a member of the Roundtable on Quality Care for People with Serious Illness, part of the National Academies of Sciences, Engineering and Medicine, in August, 2016.

Sullivan appointed

Nancy Sullivan, executive director of Case Management, was appointed president of the Massachusetts Chapter of the American Case Management Association, in August, 2016.

DeFuria certified

Cathy DeFuria, RN, staff specialist, Imaging Safety Office, became certified as a professional in patient safety by the Certification Board for Professionals in Patient Safety, in June, 2016.

Miguel and DeFuria present

Karen Miguel, RN, patient safety officer, and Cathy DeFuria, RN, staff specialist, presented, "How to Successfully Implement a Process-Improvement Initiative: Leading from Within," at the Harvard Quality Leadership Executive Education Program at Harvard Business School, August 1-12, 2016.

McLaughlin certified

Dawn McLaughlin, RN, staff nurse, PICU, became certified as a pediatric critical care nurse by the American Association of Critical Care Nurses, in August, 2016.

Miguel certified

Karen Miguel, RN, patient safety officer, Imaging Safety Office, became certified as a professional in patient safety by the Certification Board for Professionals in Patient Safety, in June, 2016.

Nurses publish

Virginia Capasso, RN, clinical nurse specialist, and Alicia Wierenga, RN, nurse practitioner, authored the chapter, "Carotid Artery Disease," in *Primary Care: a Collaborative Practice*.

Chase publishes

Barbara Chase, RN, nurse practitioner, MGH Chelsea HealthCare Center, authored the chapter, "Population-Based Care for Primary Providers," in *Primary Care: a Collaborative Practice*.

Inter-dsiciplinary team publishes

Stephanie Eisenstat, MD; Yuchiao Chang; Bianca Porneala; Elizabeth Geagan; Gianna Wilkins; Barbara Chase, RN; Sandra O'Keeffe; Linda Delahanty, RD; Steven Atlas, MD; Adrian Zai, MD; David Finn, MD; Eric Weil, MD; and, Deborah Wexler, MD, authored the article, "Development and Implementation of a Collaborative Team Care Model for Effective Insulin Use in an Academic Medical Center Primary Care Network," in the *American Journal of Medical Quality*.

Giacolone and Zusman publish

Maryjane Giacolone, RN, nurse practitioner, and Randall Zusman, MD, authored the chapter, "Hypertension," in *Primary Care: a Collaborative Practice*.

Guttendorf publishes

Ann Guttendorf, RN, nurse practitioner, Cardiac Interventional Unit, authored the chapter, "Peripheral Arterial Disease and Venous Insufficiency," in *Primary Care: a Collaborative Practice*.

Gallagher certified

Barbara Gallagher, RN, staff nurse, PICU, became certified as a pediatric critical care nurse by the American Association of Critical Care Nurses, in August, 2016.

Jordano publishes

Patricia Jordano, RN, nurse practitioner, Interventional Cardiology, authored the chapter, "Abdominal Aortic Aneurysm," in *Primary Care: a Collaborative Practice*.

Lowry publishes

Patricia Lowry, RN, nurse practitioner, Cardiac Interventional Unit and Hypertrophic Cardiomyopathy Program, authored the chapter, "Chest Pain and Coronary Artery Disease," in *Primary Care: a Collaborative Practice*.

Clinical Recognition Program

The following clinicians were recognized between May1, and September 1, 2016.

Advanced Clinicians:

- Sara Carter, PT, Physical Therapy
- Emily Corradina, RN, Cardiac Step Down Unit
- Lauren DeMarco, LICSW, Social Work
- Kelly Derchi-Russo, RN, General Medicine
- Jessica Garton, PT, Physical Therapy
- Jennifer Killmer, RN, Cardiac Surgical ICU
- Jessica Marshall, RN, Vascular Surgery
- Shawn McEntee, RN, Cardiac Surgical ICU
- Katherine Perch, RN, Respiratory Acute Care Unit
- Amy Quinn, RN, Neurosciences
- Karlene Salguero, PT, Physical Therapy
- Margaret Ann McKinney Shlimbaum, RN, General Medicine

Clinical Scholars:

- Kelly Cruise, RN, Neurosciences
- Brian Cyr, RN, General Medicine
- Maria Vareschi, RN, Emergency Department

Announcements

Munn Nursing Research Awards

Staff nurses, consider applying for a Munn Nursing Research Award. Information can be found at http://www.mghpcs.org/munncenter/Munn_Research_Award.asp.
Letters of intent due October 14th; full proposals due December 9th.
For information, contact Mary Larkin at 617-724-8695 or Kim Francis at 617-726-0328.

SAFER Fair and community outreach event

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

And bring socks!

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

There will be games, refreshments, and prizes.

Wednesday, October 19, 2016
12:00–2:00pm
Under the Bulfinch Tent

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

ACLS Classes

Certification:

Two-day program
Day one:
November 10, 2016
8:00am–3:00pm

Day two:
November 11th
8:00am–1:00pm

Re-certification (one-day class):
October 12th
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.

Blum Center Events

focus on Recovery Month

"Ergonomics: We've Got Your Back"
Thursday, October 13, 2016
12:00–1:00pm
Join Tara Pai, PT, as she discusses the benefits of good posture and body mechanics.

"Breast Cancer Awareness Month: Screening for Breast Cancer"
Wednesday, October 26th
12:00–1:00pm
Join Manisha Bahl, MD, to learn more about breast-cancer screening.

Programs are free and open to MGH staff and patients.
No registration required.
All sessions held in the Blum Patient & Family Learning Center.

For more information, call 4-3823.

Global Nursing: a Force for Change

Improving Health System Resilience

October 14-15, 2016
9:00am–5:00pm
at MGH

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

Abstract submission deadline is September 1, 2016. Acceptance notifications will be sent via e-mail by September 15, 2016.

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

Open to the public

Collaborative governance

Call for applications

Applications are now being accepted for collaborative governance, the decision-making body that places the authority, responsibility, and accountability for patient care with practicing clinicians.

Committees seeking membership include:

- Diversity,
- Ethics in Clinical Practice
- Informatics
- Patient Education
- Patient Experience
- Policy, Procedure, and Products
- Quality and Safety
- Research and Evidence-Based Practice
- Staff Nurse Advisory

For more information on the committees or how to join, contact Mary Ellin Smith, RN at 4-5801.

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

Next Publication
October 20, 2016

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2015	CY 2016 Year-to-date (as of 9/7/16)	% Point Change
Nurse Communication Composite	83.0%	82.9%	-0.1%
Doctor Communication Composite	83.5%	82.7%	-0.8%
Room Clean	72.9%	71.2%	-1.7%
Quiet at Night	50.8%	50.6%	-0.2%
Cleanliness/Quiet Composite	61.8%	60.9%	-0.9%
Staff Responsiveness Composite	65.8%	64.6%	-1.2%
Pain Management Composite	73.1%	72.6%	-0.5%
Communication about Meds Composite	66.6%	66.3%	-0.3%
Care Transitions	62.4%	60.1%	-2.3%
Discharge Information Composite	91.1%	91.2%	0.1%
Overall Hospital Rating	81.2%	81.6%	0.4%
Likelihood to Recommend Hospital	90.9%	89.0%	-1.9%

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

Data is complete through June, 2016, with partial data through September. MGH is performing well in Overall Hospital Rating and Discharge Information.

Caring Headlines
October 6, 2016

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