

Caring

Headlines

June 1, 2017

Nurse Week 2017



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

Staff nurse, Cora Barnes, RN, cares for patient, Robert Germino, on the Bigelow 10 Hemodialysis Unit.

Nursing & Patient Care Services ‘quarterback’ gives memorable Nurse Week address

It was everything we hoped it would be, and more. On Monday, May 8, 2017, chief nurse and senior vice president for Patient Care, Jeanette Ives Erickson, RN, kicked off Nurse Week with her annual tribute to MGH nurses, and it was a good one. It was funny and poignant; it was nostalgic and inspiring. It reminded us that MGH, and MGH Nursing in particular, is so much more than the sum of its parts; that *together* we’ve created something wonderful, something that is studied, sought after, and emulated by health-care organizations around the world. Ives Erickson’s Nurse Week address took us on a journey—a blow-by-blow compendium of the events of the last two decades. And this wasn’t an idle stroll down Memory Lane, this was a non-stop chorus of Nursing & Patient Care Services’ greatest hits. And the hits, as they say, just kept on comin’!

MGH president, Peter Slavin, MD, was in attendance and took the opportunity to speak directly to MGH nurses, saying, “The quality of nursing practice inside these walls has made MGH one of the premiere teaching hospitals in the world.” He thanked nurses for their knowledge, skill, and caring service, then turned his attention to Ives Erickson. “As many of you know, Jeanette has announced her plans to step down as leader of Patient Care Services. I have been continually impressed by her passion and leadership. I’m grateful for her friendship and the many contributions she’s made to MGH and beyond.” He added, “It wouldn’t surprise me if it took twenty years to find her successor; she’s going to be a tough act to follow.”

With that, Slavin introduced special surprise guest, New England Patriots wide receiver, Chris Hogan, who entered the

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An unsuspecting Ives Erickson begins her Nurse Week address.



MGH president, Peter Slavin, MD, offers Nurse Week congratulations and introduces special guest.



A surprised Ives Erickson welcomes New England Patriots wide receiver, Chris Hogan.

Chief Nurse Presentation (continued)

auditorium right on cue. You need only look at the photographs below to confirm that Ives Erickson was, indeed, surprised.

Hogan took the podium and reiterated Slavin's sentiment that MGH nurses are simply the best. Said Hogan, "I'm married to a healthcare professional, so I know how hard you work. My wife tells me all the time that I wouldn't have the stamina for it. So thank-you for everything that you do."

Turning to Ives Erickson he said, "Since Jeanette has been doing such a great job quarterbacking the department of Nursing for so long, we thought it was time she dressed the part." He presented her with an authentic (albeit probably the smallest one ever made) New England Patriots jersey, which she wasted no time putting on.

When a flummoxed Ives Erickson re-gained her composure, she thanked both Hogan and Slavin and gradually got back on script. What follows is an encapsulated version of her remarks recapping the past two decades. With a nod to the pop culture of the time, she introduced each segment with a reminder of the hit song and best movie of each year.

Jeanette Ives Erickson's Nurse Week address

This presentation, what I call my state of the union address, marks my 21st celebration of you and the important contributions of MGH nurses to the healthcare team, our institution, and the profession of nursing.

In 1996, former MGH president, Jim Mongan, asked me to be interim leader of Nursing and what was then an emerging Patient Care Services. I immediately went on a listening tour and heard concerns that we lacked a plan for the future.

In 1996 I was a newlywed. I remember my first Nurse Week celebration at the Museum of Science. I remember my husband Paul 'working the room' on that beautiful day. As we returned home afterward, he was so full of stories, sharing with me all the ideas you had shared with him throughout the afternoon.

1996 was a very big year. It was the year of the *Macarena*, and *Braveheart* was best picture. Which is fitting because that was the year we launched a brave new agenda at MGH. I penned my first column in *Caring Headlines*, marking the beginning of the newsletter's shift away from reporting on hospital events toward becoming the useful tool and resource it is today. In 1996 we cared for patients from the Malden Mills Fire and launched our Professional Practice Model.

The number one movie of 1997 was *The English Patient*; the hit song, *Change the World*, by Eric Clapton. By 1997, we needed to conduct a survey to know whether the changes we were making were helping to improve our work environment. The Staff Perceptions of the Professional Practice Environment survey was born. From that survey, we crafted an agenda for change that we called our Four-Point Plan. In 1997, we created a plan for the Center for Clinical & Professional Development. We launched the Office of Quality & Safety and collaborative governance.

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Hogan presents Ives Erickson with Patriots jersey.



It fits!



Slavin and Ives Erickson share a hug

(Photos provided by Jeffrey Andree, the Kraft Group, and Caring Headlines)

Chief Nurse Presentation (continued)

In 2002, our beloved Patriots won the Super Bowl, and we launched a first-of-its-kind clinical recognition program to recognize clinicians in all PCS disciplines for their clinical expertise and skill-acquisition. 2002 saw the inaugural graduation of our New Graduate Nurse Critical Care Program, and we officially launched our Magnet initiative.

In 1998, the best picture was *Titanic*; the number one song, *Sunny Came Home* by Shawn Colvin. In 1998 we created the Stephanie Macaluso Awards, which have gone on to honor 95 clinicians for clinical excellence. We introduced our clinical narrative program; and that was the year we launched our HAVEN domestic violence program.

The top song of 1999 was *My Heart Will Go On* by Celine Dion; best movie was *Shakespeare in Love*. In 1999, we opened the Blum Patient & Family Learning Center. Physical and Occupational Therapy came together under one director, and we introduced the Pain Relief Champion program.

In 2000, the top song was *Smooth* by Carlos Santana and Robb Thomas; the best movie was *American Beauty*. In 2000, we hosted our first Black History Month event with the first African American Pinning Ceremony, and our IMSuRT team came together for the first time to begin training for disaster response. We also received one of the biggest gifts to Nursing in MGH history—a grateful patient honored nurse, Phil Waithe, with a gift of \$25,000.

The top song of 2001 was *Beautiful Day* by U2; the best movie was *Gladiator*. 2001 was a tragic year for our country. Our newly formed DMAT team was deployed to New York to serve our fellow citizens in the aftermath of the attack on the World Trade Center.

In 2002, the hit song was *Fallin'* by Alicia Keys; and the best movie was *A Beautiful Mind*. Our beloved New England Patriots won the Super Bowl, and we launched a first-of-its-kind clinical recognition program to recognize clinicians in all PCS disciplines for their clinical expertise and skill-acquisition. 2002 saw the inaugural graduation of our New Graduate Nurse Critical Care Program, and we officially launched our Magnet initiative. It was the first year we recognized PCS support staff with the Anthony Kirvilaitis Jr. Partnership in Caring Award, and the hospital opened the state-of-the-art OR of the Future.

The hit song of 2003 was *Don't Know Why* by Norah Jones; and the best movie was *Chicago*. On January 1, 2003, Peter Slavin became president of MGH, and we have flourished under his leadership. In 2003, we introduced our Pet Therapy program and became the first hospital in Massachusetts to be recognized as a Magnet hospital. We launched

our Foreign-Born Nurse program; and our IMSuRT team was deployed to Iran, the first official US delegation to set foot in Iran in 25 years.

The hit song of 2004 was *Dance with My Father* by Luther Vandross; and the best movie was *Lord of the Rings: the Return of the King*. That was the year we introduced the Jean Nardini, RN, Nurse of Distinction Award and later named the Dialysis Unit in her honor. It was the first time a patient care unit had been named for a nurse. During Nurse Recognition Week that year, we dedicated the nursing sundial sculpture on the Bulfinch lawn, a wonderful gift from the MGH Nurses Alumnae Association. We recognized our first preceptor of distinction in 2004, and we launched our Adult Autism program. In 2004, Ed Coakley unveiled the History of Nursing Photos project, an initiative he was passionate about. Staff nurses, Grace Deveney and Katie Fallon, became Durant fellows. And 2004 was the year the Red Sox finally won the World Series, their first championship since 1918!

In 2005, the hit song was *Daughters* by John Mayer, and the best movie was *Million Dollar Baby*. A devastating tsunami hit Banda Ache, Indonesia, and we deployed approximately 100 clinicians to care for patients there as well as aboard the USNS Mercy. We designed and launched VPoP, a new technology to enhance medical interpretation for patients and families. We hosted our first Knight visiting professor, and *The Boston Globe* ran a series called, “The Making of an ICU Nurse: a Crash Course in Saving Lives,” chronicling the training of a new graduate MGH nurse under the guidance of a dedicated preceptor.

Sometimes You Can't Make it on Your Own by U2 was the hit song of 2006; the year's best movie was *Crash*. That was the year we opened our Center for Innovations in Care Delivery, launched The Institute for Patient Care, and opened two simulation centers.

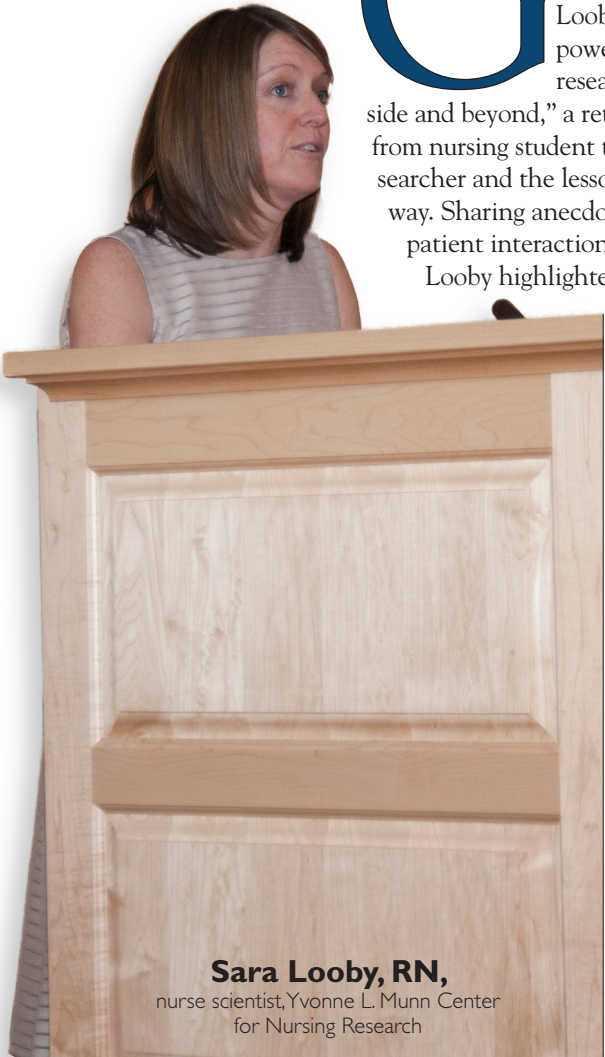
In 2007, the hit song was *Not Ready to Make Nice* by the Dixie Chicks; the best movie was *The Departed*. In June, we dedicated The Knight Nursing Center with the help of a \$1 million donation from our friend, Norman Knight. At that time, it was the largest single donation ever made to MGH Nursing, and Mr. Knight continued to show his

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Staff nurse, Danielle Vittiglio, RN, cares for patient, James Bertarelli, as part of the ED Boarder Program as he awaits placement to an inpatient unit.

The power of the patient's voice in research: stories from the bedside and beyond



Giving this year's annual Yvonne L. Munn Nursing Research Lecture, nurse scientist, Sara Looby, RN, presented, "The power of the patient's voice in research: stories from the bedside and beyond," a retrospective of her journey from nursing student to seasoned nursing researcher and the lessons she learned along the way. Sharing anecdotal stories of memorable patient interactions throughout her career, Looby highlighted the milestones that solidified her desire to learn more about the human experience of illness and how nurses can incorporate that knowledge into practice.

Acknowledging the colleagues and mentors who encouraged her at every stage of her development, Looby shared experiences caring for patients with HIV and other co-morbidities such as heart disease, diabetes, menopause, etc. It was illuminating to see how formal and informal feedback from patients informed her practice and led to research studies in direct response to the patient experience.

Sara Looby, RN,
nurse scientist, Yvonne L. Munn Center
for Nursing Research

Some of the more powerful quotes that drove the direction of Looby's research included:

"Sara, you say that HIV can cause diabetes and heart disease. Tell me how I can stop that from happening in a way I can understand."

"I don't even know what research is, let alone doing it. If my doctor doesn't tell me about it, I'm not going to do it."

"I wake up in a puddle of sweat every night and think, 'Oh no, do I have AIDS now? Am I going to die? What is a hot flash?'"

These simple questions and observations led Looby to embark on studies such as: "Increased hot-flash severity and related interference in perimenopausal, human immunodeficiency virus (HIV)-infected women," and the community-based pilot study, "Follow YOUR heart: the development of an evidence-based campaign empowering older women with HIV to participate in a large-scale, cardiovascular-disease, prevention trial."

Listening to Looby's stories, it was easy to connect the dots between the patient experience, nursing research, patient- and community-education, and improved patient care. Nurses interact with patients all the time. Said Looby, "Often, the only thing standing between you and a meaningful research study is awareness and a belief that you can make a difference."

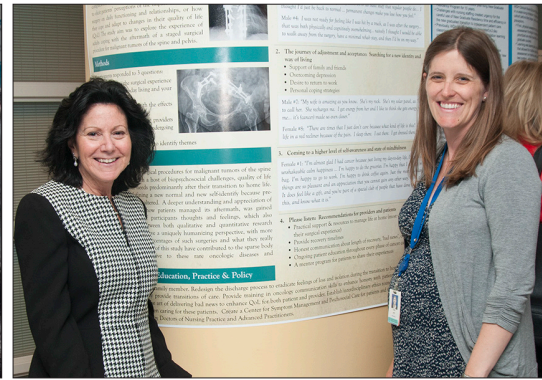
Looby urged attendees to, "Reflect on the ways your interactions with patients can influence your own field of inquiry. Patients are talking. They're identifying gaps in care and gaps in knowledge. As nurses, caregivers, and researchers, we must tap into that well of feedback and use it to advance nursing research."



On the Ellison 8 Cardiac Surgical Step-Down Unit, night nurse, Airiau Constant, RN, reassures patient, Aminda Daviduk, as she awaits her third open-heart surgery.

Interactive Nursing

A forum for sharing nursing and improving



Research Poster Display

*knowledge, elevating clinical practice,
patient care*



Nursing research posters were on display throughout Nurse Recognition Week.



2017 Nursing Research Award recipients

2017 Yvonne L. Munn Nursing Research Award recipients:

(L-r): Susan Kilroy, RN; Anne Chamberlin, RN; Janiye Baird, RN; Lisa Finnigan, RN; Susan Evangelista, RN; Theresa Capodilupo, RN; Kristen Antony, RN; Virginia Capasso, RN (mentor); Lisa Rattner, RN (principle investigator); and Jeanette Ives Erickson, RN. Not pictured: Jennifer Cervante, RN; Kathleen Lopez, RN; Brook McGrath, RN; and Lisa Chandler, RN.
"Decreasing Catheter Days through Nursing Handoff, Staff Education, and the Nurse-Driven Protocol for Catheter Removal"



(L-r): Margaret Flynn, RN; Julia Bandini, RN; Vivian Donahue, RN; Laura Mylott, RN; Susan Stengrevics, RN; Ellen Robinson, RN (mentor); Susan Gordon, RN; Nicole Bezreh, RN; Virginia Capasso, RN (mentor); Jamie Ronin, RN (principle investigator); and Jeanette Ives Erickson, RN. Not pictured: Erin Gilmore, RN, and Jennifer Kilmer, RN.
"Clinical Nurse Involvement in Deliberations about Transplant and Mechanical Cardiac Support Evaluation: Impact on Perceptions of Ethical Climate, Moral Distress, and Ethics Self-Efficacy."



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 Jeanette Ives Erickson Nursing Research Award given by the MGH Research Institute

Kim Francis, RN
"Testing the Feasibility of Utilizing Infrared Thermography for Pain Assessment with ELGA Infants: a Pilot Study"



2017 Nursing Research Poster Awards

Original Research First Place

“Older Adults’ and Family Caregivers’ Perspectives Regarding their Preoperative Care Transitions.”
Pictured below: Jeanette Ives Erickson, RN (left) and Ann Malley, RN. Not pictured: Meg Bourbonniere, RN, Mary Naylor, RN.



Advanced/Mid-Career Researcher First Place

“Use of Facebook Advertising to Recruit Young, Urban Women into a Clinical Trial!”
Rachel Jones, RN; Eloni Porcher; and Lorraine Lacroix.

Evidence-Based Practice First Place

“Incidence of Skin Breakdown in Orally Intubated Patients: Comparing Commercial Tube Holders Versus Tape to Secure Endotracheal Tubes.”
Pictured below: Stephanie Qualls, RN (left), and Jeanette Ives Erickson, RN. Not pictured: Laura Jones, RN, and MaiAnh Tran-Allen, RN



Emerging Researcher First Place

“Examining Knowledge Levels and Attitudes of Nurses Caring for Patients with Substance Use Disorders: a Pilot Study.”
Pictured below (l-r): Virginia Capasso, RN; Pamela Quinn, RN; Joanne Parhiala, RN; Mary McAdams, RN; and Jeanette Ives Erickson, RN.
Not pictured: Christopher Shaw, RN, Dawn Williamson, RN, and Sara Fischer, RN.



Quality Improvement First Place

“Scripted Pre-Operative Patient Education Module Reduces Length of Stay and Surgical Complications, Even when Added to an Existing Enhanced Recovery After Surgery Pathway.”
Pictured below: Jeanette Ives Erickson, RN (left), and Holly Milch, RN.
Not pictured: Paul Cavallaro, MD; Richard Hodin, MD; David Rattner, MD; David Berger, MD; Hiroko Kunitake, MD; Liliana Bordeianou, MD; and Lieba Savitt, RN.



Best practices for transforming 21st-century, multi-generational learning

In their timely, information-packed, and thoroughly entertaining presentation, “Best practices for transforming 21st-century, multi-generational learning,” Gino Chisari, RN, director of the Knight Center for Clinical & Professional Development; Labrini Nelligan, executive director of the Lunder-Dineen Health Education Alliance of Maine; Carole MacKenzie, professional development specialist, Lunder-Dineen Health Education Alliance of Maine; and Samantha Nock, program coordinator, Lunder-Dineen Health Education Alliance of Maine, focused

on the fact that today’s workforce is increasingly multi-generational as older individuals are choosing to remain in the workforce longer.

It’s conceivable that in any professional setting today, the workforce could span as many as five generations, each with its own set of values, expectations, and learning and communication styles. In an industry where teamwork is as essential as it is in health care, it’s imperative that all members of the team feel valued and respected and have the skills to function collaboratively, regardless of what decade (or century) they were born in.

Presenters noted that education today is moving away from the traditional, ‘sage on a stage,’ format where a lecturer stands at the front of the room and disseminates information, toward a more interactive system of knowledge-discovery, knowledge-sharing, and knowledge-application. According to recent studies, best practices for engaging the workforce of the 21st century include education that is:

- learner-based
- interactive
- blended
- inter-professional
- cross-generational
- constructed in brief segments
- collaborative
- social
- outcome-oriented
- measurable
- sustainable

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Labrini Nelligan
executive director, Lunder-Dineen Health Education Alliance of Maine

Gino Chisari, RN
director, Knight Center for Clinical & Professional Development

Samantha Nock
program coordinator, Lunder-Dineen Health Education Alliance of Maine

Today's workforce could span as many as five generations, each with its own set of values, expectations, and learning and communication styles... It's imperative that all members of the team feel valued and respected and have the skills to function collaboratively, regardless of what decade (or century) they were born in.

For the purposes of their presentation, Chisari, Nelligan, Nock, and MacKenzie used the following guidelines to describe the multi-generational workforce:

- Boomers (born between 1946 and 1964)
- Generation X, or the Xers (born between 1965 and 1980)
- Generation Y, or Millennials (born between 1980 and 1995)
- Generation Z, or the iGeneration (born between 1996 and 2012)

Then, in a series of skits, they enacted the various qualities that characterize each generation. The defining events of the Boomer generation were the Viet Nam War, the Civil Rights movement, Woodstock, and the Kennedy assassination. Boomers tend to be optimistic; have a strong work ethic; value individualism and personal growth; and view technology as a non-essential benefit. They tend to prefer classroom learning, lectures, take notes by hand, and are very process-oriented.

GenXers, by comparison, grew up during Operation Desert Storm, they remember the Challenger disaster, the early days of the AIDS epidemic, and they were the first 'latch-key' kids. GenXers tend to be skeptical by nature; enjoy a sense of professional responsibility and loyalty; they value self-reliance, global thinking, and work-life balance. They tend to prefer learning by doing, self-directed study, individual vs. team learning, and they're action-oriented vs. process-oriented.

Generation Y, or Millennials, were in their formative years when the Columbine School shooting occurred, when the 9/11 attacks took place, and world-wide terrorism became part of our daily vernacular. Millennials tend to be hopeful, determined, highly motivated, and achievement-oriented. They value diversity, social interaction, continuous feedback, and they view technology as a necessity. Millennials need to understand the rationale for training, they prefer structure, guidance, mentoring, and coaching,

Generation Z, or the iGeneration, grew up during Hurricane Katrina, the birth of social media, the earthquake in Haiti, and ongoing international terrorism. They tend to be supportive, open to change; they value confidence, independence, problem-solving, and a global perspective. To them, technology is a way of life. They tend to prefer visual learning, web-based tools, engagement, simulation, and instantaneous access to information.

Given the broad differences in life experience, values, and learning styles, Chisari, Nelligan, Nock, and MacKenzie offered the following tips for managing the learning needs of a multi-generational workforce:

- Seek to understand each generational cohort and value the perspectives and strengths that each brings to the team
- Remember each generation appreciates being respected for what they know
- Each member of the team is equally important to the delivery of high-quality care

In closing, Nelligan asked attendees of all generations to consider the impact that their generation will have on future generations of nurses.

Boomers, what will your legacy be?

Gen Xers, how will your contributions guide nursing in the next decade?

Gen Y, how will you assume more leadership in the coming years?

Gen Z, as you enter the nursing workforce in growing numbers, will prior generations of nurses be prepared to work alongside you?



MGH nurses:



simply the best!

Nurse Week 2017



(Photos by Paul Smith and Caring Headlines)

The wisdom of experience: advancing practice through safety narratives

“**T**he wisdom of experience: advancing practice through safety narratives,” was a team presentation facilitated by director of Nursing & Patient Care Services’ Office of Quality & Safety, Colleen Snyderman, RN, and senior director for Patient Safety, MGH Center for Quality & Safety, Jana Beth Deen, RN, with commentary from panelists, Christina Stone, RN, nursing director; and staff specialists, John Murphy, RN, and Debra Frost, RN. But the most

compelling part of this presentation was the reading of two narratives by staff nurses, Jean Gifford, RN, of the Blake 11 Psychiatric Unit, and Sarajane Gallen, RN, of the Lunder 8 Neuroscience

Unit, who shared their experiences caring for a patient who attempted suicide on two different occasions on each of their units. Both narratives reflected competent, skillful, attentive care, but still the patient had been able to make viable attempts to end her life.

Snyderman engaged Gifford and Gallen in a dialogue about what they learned from these experiences. They spoke about the importance of effective hand-over communication and specialized training in how to care for patients at risk for suicide. They felt they had a greater understanding of depression and the importance of providing coping strategies for patients at risk.

The narratives set the stage for a discussion of suicide (it is the tenth leading cause of

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Gifford (left) and Gallen shared narratives describing their experiences caring for the same patient.

Nurse Week Presentation (continued)

death in the US; second among young adults, accounting for 40,000 deaths each year) and the importance of filing safety reports so everyone can learn from these experiences, and measures can be put in place to prevent them from happening again.

Stone commented on the difference between a ‘hard’ and ‘soft’ suicide attempt—where one is a cry for help or attention and the other a serious attempt to take one’s life. Said Stone, “We’re with patients at their most vulnerable. They’re trying to tell us something with their behavior. We need to ‘decipher’ their cries for help.”

Murphy spoke about the protocol in the aftermath of an adverse event from a quality and safety perspective. Staff should immediately:

- safeguard the patient
- check in with staff who were involved in the event
- sequester any equipment for evidence
- alert leadership and file a safety report

Within 24-72 hours, staff from the Center for Quality & Safety meet with unit staff to debrief, and within four to six days, a root-cause-analysis meeting

What word or phrase would describe your learning today?



is held to identify and implement action steps.

As co-leader of the Suicide Task Force, Frost noted that a suicide checklist has been created to serve as a quick reference for staff. The checklist is tailored to the needs of patients in the inpatient, ambulatory, and ED settings.

Deen spoke about the importance of fostering a culture of safety where safety reporting is encouraged and human error is met with an understanding that people’s intentions are good. Most incidents are the result of systems failures, said Deen. “It’s important that individuals, clinical settings, and the organization as a whole continue to learn from errors and near misses. It’s the most effective way of preventing serious events from happening in the future.”



Christina Stone, RN
nursing director, Blake | |
Psychiatric Unit

Sarajane Gallen, RN
staff nurse, Lunder 8
Neuroscience Unit

Jean Gifford, RN
staff nurse, Blake | |
Psychiatry Unit



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

Scholarly works: the science behind nursing leadership

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

In her research study, “Evaluation of the effect of the Peer Review Impacts Safety and Medical-errors (PRISM) Program on critical care nurses’ attitudes of safety culture and awareness of the recovery of medical errors,” Colleen Snyderman, RN, director, PCS Office of Quality & Safety, explored the feasibility and advisability of implementing a nursing adverse event

peer review program. There is limited evidence in the literature of its effectiveness. Snyderman designed a program (PRISM) consisting of didactic content (focusing on peer review, safety culture, recovery of medical errors, and root cause analysis) and four fictional case studies (that dealt with a severe fall with injury; a mis-labeled blood sample;

delayed response to an alarm; and wrong medication administration).

Nurses attended the program in eight, one-hour sessions conducted over four weeks. The study used pre- and post-testing using a Safety Attitude Questionnaire (SAQ) and a Recovered Medical Error

Inventory (RMEI) with an intervention group and a control group.

Snyderman found that exposure to the PRISM program led to increased critical thinking about attitudes toward safety culture and new initiatives, and if nurses are more critical about safety culture structures and processes they may be better able to influence outcomes.

Snyderman concluded that the PRISM program is an effective method of learning about safety events and errors; the program could be adapted for other areas and other members of the inter-disciplinary team; regulatory bodies and national associations should promote nurse peer review programs; and nurses can have a meaningful impact on the patient safety agenda.

*Jennifer Clair, RN
clinical nurse specialist, Transplant Unit*

In her study, “Exploring Staff Nurses’ Perceptions of Specialty Certification at Massachusetts General Hospital Using the Perceived Value of Certification Tool,” Jennifer Clair, RN, clinical nurse specialist, Transplant Unit, sought to assess staff nurses’ perceived value of specialty certification in order to better understand what motivates them to seek certification.

Clair e-mailed the Perceived Value of Certification Tool (PVCT), an 18-question survey, to nursing directors who were asked to relay the survey to their respective staff distribution

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Jennifer Clair, RN
clinical nurse specialist, Transplant Unit

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

Nurse Week Presentation (continued)

lists. Reminder e-mails were sent at two-week intervals, and participants had six weeks to complete the survey. Participation was voluntary. 535 nurses responded; a response rate of 13.4%.

Results showed that nurses have a positive perception of certification that's motivated by intrinsic more than extrinsic values (so it was more about acquiring knowledge, personal satisfaction, and professional growth, than recognition or marketability). This was a bit of a good-news, bad-news story, in that you want staff to value certification, and intrinsic values are tougher to affect than extrinsic values, so it's great that that's what's driving nurses to seek certification. But if intrinsic values are more difficult to affect, then how do you motivate nurses to want to seek certification?

Clair suggests that knowing nurses are motivated by intrinsic values can guide the way leaders interact with and encourage staff, keeping in mind their strong sense of personal and professional integrity. And staff can use this information by exploring more deeply what motivates them, and talking with their colleagues and directors about what they perceive to be barriers to seeking certification.

Julie Cronin, RN

nursing practice specialist, Gynecology, Oncology, and Radiation Oncology

In her study, "Implementing and Evaluating a COMFORT Communication in Palliative Care Curriculum for Oncology Nurses," Julie Cronin, RN, nursing practice specialist, Gynecology, Oncology, and Radiation Oncology, sought to develop and implement an educational program for oncology nurses based on the COMFORT communication curriculum. The original COMFORT communication program was a two-day course designed for palliative care teams to improve care by focusing on communication.

Cronin noted that due to a lack of formal training, oncology nurses often feel unprepared to communicate with patients, families and providers around sensitive palliative-care issues.

The cornerstones of the COMFORT curriculum include:

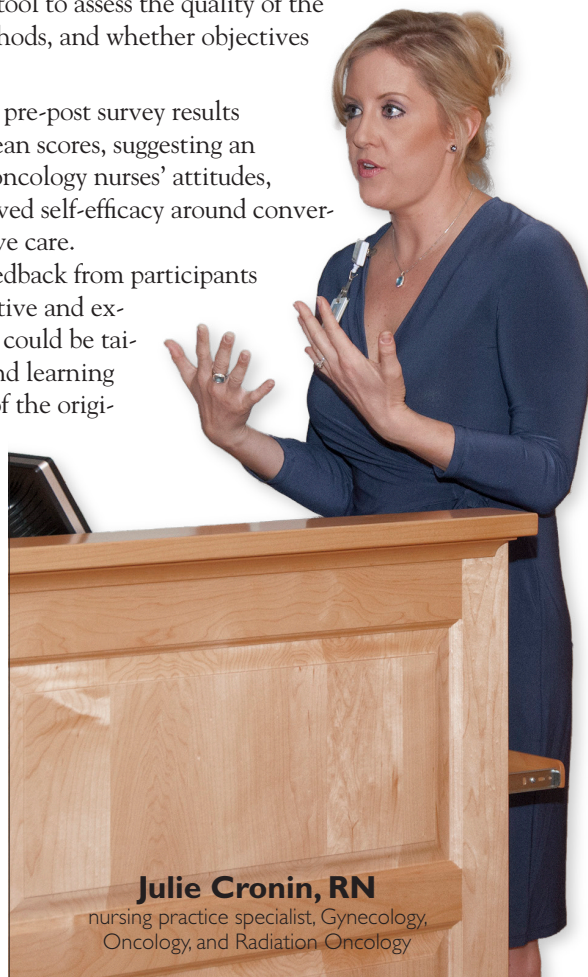
- honoring the patient's voice
- listening to their lived experience with illness
- bearing witness to their illness, suffering, and hopes
- facilitating emotional reactions to assist in processing emotion
- reviewing patient and family stories to highlight benefits to quality of life
- recognizing the person as a *unique* individual with their *own* story of illness

Cronin recruited 20 volunteers randomly from Phillips House 21 and Lunder 9 to participate in four, four-hour courses taught by two instructors who'd been trained in the curriculum. She used pre- and post-intervention testing and four instruments to measure results:

- The Communication Skills Attitude Scale (CSAS) to assess positive and negative attitudes toward learning communication skills
- The Perceived Importance of Nursing Communication (PINC) to assess attitudes toward the importance of nursing education
- The Caring Self-Efficacy Scale (CES) to assess nurses' self-perception of competency in nursing practice
- A program evaluation tool to assess the quality of the program, teaching methods, and whether objectives were met

The majority (64%) of pre-post survey results showed an increase in mean scores, suggesting an overall improvement in oncology nurses' attitudes, comfort level, and perceived self-efficacy around conversations related to palliative care.

Cronin shared that feedback from participants was overwhelmingly positive and explained that the program could be tailored to specific groups and learning needs, incorporating all of the original modules or just those appropriate for specific learners. She observed that COMFORT training provides nurses with useful information and strategies to approach sensitive communication; further research is needed to assess whether the curriculum would be useful for non-oncology nurses (Medicine, ICUs, VNAs, outpatient settings, etc.)



Julie Cronin, RN

nursing practice specialist, Gynecology, Oncology, and Radiation Oncology

The myths, realities, and ZZZs of safe sleep for infants

In the final presentation of Nurse Week, nursing director, Peggy Doyle Settle, RN, sought to increase our knowledge and understanding of safe infant sleep practices with her talk on, “The myths, realities, and ZZZs of safe sleep for infants.” She explained that Sudden Unexpected Infant Death (SUID) is the broad term used to encompass all sudden infant deaths, including SIDS (Sudden Infant Death Syndrome), accidental deaths (such as suffocation and strangulation), and natural deaths.

Settle spoke about a number of public campaigns and legislative acts that have sought to eliminate SIDS over the years, focusing primarily on the importance of placing infants on their backs to sleep. She

also strongly urged parents not to use pillows, comforters, or crib bumpers anywhere in the baby’s sleep area; keep toys and loose bedding out of baby’s sleep area; don’t let babies sleep in a full-size (adult) bed, couch, or chair by themselves, with you, or with anyone else; and do not smoke or allow anyone else to smoke near your baby.

Settle showed an illuminating slide depicting a steady decline in SIDS-related deaths from 1998 to 2010 coinciding with a steady increase in the number of babies placed on their backs to sleep.

Stressing the need to model good infant-care practices in the Neonatal ICU, Settle noted, “Parents don’t do what you tell them to do. They do what they see you do.” So as nurses, we need to stop telling, and start showing, coaching and modeling safe infant sleep practices.

A frequently asked question among new mothers is whether it’s safe to breast-feed in bed. Settle was quick to point out that any breast-feeding is beneficial, reducing the risk of SIDS and recommended by Baby-Friendly hospitals (of which Mass-General Hospital for Children is one). But, said Settle, “It’s what you do *after* breast-feeding that’s important.” Many cultures espouse bed-sharing between mother and infant, but Settle cautions that there are risks associated with this practice. Numerous factors contribute to the practice of bed-sharing (economic, practical, family, community, etc.) But, said Settle, “Bed-sharing increases the risk of infant deaths due to parents smoking in bed; accidental suffocation; accidental crushing by the mom or other family members; parents consuming alcohol, drugs, or being overtired.

In thinking about how nurses can promote health, prevent harm, and instill positive infant-care behaviors, Settle suggests entering into a problem-solving partnership with parents. Before they leave the hospital, as questions like:

- Where will your baby sleep?
- Where will you sleep?
- Have you thought about a room where your baby can be where no one smokes?

“We need to have these conversations so parents start to think about what’s important once they get home.”



Peggy Doyle Settle, RN
nursing director, Neonatal ICU



In the Blake 12 ICU, staff nurse, Regina Carideo, RN, cares for patient, Joel Fickett, who says, "These nurses are the best in the world!"

Perioperative Nursing



Perioperative staff nurses, Mckenna Lundein, RN (top) and Miaclair Lai, RN, prepare OR for patient's arrival.

In recognition of a lifetime of service

Dottie Jones named 'Living Legend'

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care,
and Jane Flanagan RN, nurse scientist

On Friday, April 7, 2017, Dorothy 'Dottie' Jones, RN, was named a Living Legend by the Massachusetts chapter of the American Nurses Association. The Living Legend Award recognizes nurses who've made significant life-time contributions to the profession, inspired other nurses, and exhibited creativity and innovation in their practice, blazing trails for others to follow. Gino Chisari, RN, director of The Norman Knight Nursing Center for Clinical & Professional Development, served as master of ceremonies with several of Jones' colleagues, family, and friends in attendance.

Jones is currently director emeritus of The Yvonne L. Munn Center for Nursing Research. She was instrumental in creating the center, served

as director for almost ten years, and has been integrally involved in embedding the importance of nursing inquiry into the daily practice of nurses throughout MGH.

Jones is a professor of Nursing at the William F. Connell School of Nursing at Boston College and visiting scholar at Universidad Navarra Pomplona in Spain where she's helped develop both master's and doctoral nursing programs. She is past president of the Eastern Nursing Research Society, the North American Nursing Diagnosis Association International, past chair of the American Academy of Theory Interest Panel, and current president of the Society of Rogerian Scholars Fund.

Jones has dedicated her life to creating a strong infrastructure for nursing. She's influenced countless nurse leaders, students, and staff nurses with her thoughtful leadership, teaching style, research, and writings. She's a vocal advocate for the integration of science, theory, practice, and research. At her core, Jones is committed to improving the health and well-being of patients and families through the intrinsic value and unique knowledge that nurses bring to the bedside.

Says nurse scientist, Jane Flanagan, RN, "Dottie is authentic, brilliant, empowering, and fiercely loyal to nursing. The well-being of every student and staff nurse is as important to her as the innovative structures she's implemented and championed over the years."

Gaurdia Banister, RN, executive director of The Institute for Patient Care, adds, "Dottie is so deserving of this award that recognizes her legacy, her lifetime of service, and a list of accomplishments befitting a living legend."



(Photo provided by staff)

Living legend, Dottie Jones, RN (left), with nurse scientist, Jane Flanagan, RN, and director of the Norman Knight Nursing Center and master of ceremonies, Gino Chisari, RN.

In 2012, MGH was named America's #1 hospital for the first time by *US News And World Report*, prompting the mayor to proclaim the day Mass General Day in the city of Boston. 2012 was a big year. We had our Joint Commission site visit that year, launched our ground-breaking Innovation Unit Initiative, and began to prepare for Partners eCare.

support, funding the Knight Simulation Center, the Knight Preceptor of Distinction Award, and the Knight Excellence in Clinical Support Awards. Today, the Knight Center is responsible for the professional development and required training of more than 7,300 nurses and PCS staff and supports educational initiatives throughout the hospital. In 2007, we launched the Hausman Fellowship, a first of its kind diversity initiative that has brought many exceptional nursing students to our hospital. And in May, we appointed Dottie Jones as the first director for Nursing Research.

The hit song of 2008 was *Rehab* by Amy Winehouse; and the best movie was *No Country for Old Men*. We unveiled the portrait of Yvonne Munn as part of the formal dedication of the Munn Center. We opened the Dedicated Education Unit on Ellison 7, a collaborative effort with UMass Boston, which led to the creation of the Clinical Leadership Collaborative to advance our diversity agenda. The Blum Center launched its Health Literacy initiative, and we developed a robust disabilities program to work in tandem with the Council on Disabilities Awareness. In 2008, Keith Perleberg hosted our first Excellence Every Day champions retreat. His vision was that every person who set foot in MGH would know that Excellence Every Day was and always will be our standard operating procedure.

The hit song of 2009 was *Viva la Vida* by Coldplay; the best movie was *Slumdog Millionaire*. That was the year the Knight Center introduced HealthStream; we launched our hospital greeter program; and EMAPPS brought medication safety to a whole new level. MGH nurses volunteered in Haiti that year, which was so helpful the following year when a major earthquake brought MGH caregivers back to the area on a humanitarian mission.

In 2010, the hit song was *Single Ladies* by Beyonce; the best movie was *The Hurt Locker*. Our dear colleague, Ed Coakley, retired that year (for the first time). We began sharing safety narratives to learn how to correct faulty systems, and we held an AgeWise summit to bring clinicians together to improve the care of elder patients. The Knight Center administered the first-ever Evaluation of the Professional Learning

Environment survey, and for the first time in 35 years, we hosted CMS surveyors for a two-week site visit.

The hit song of 2011 was *Need You Now* by Lady Antebellum; the best movie was *The King's Speech*. This was our bicentennial year. We saw the publication of many commemorative books chronicling our rich history, one of which was about MGH Nursing, which won national recognition. Dr. Slavin introduced us to 26 bicentennial scholars selected from local high schools as our gift to the community. The impact of this program has been enormous. In 2011, we opened the Lunder Building, a 530,000-square-foot, 14-floor, state-of-the-art facility.

In 2012, the hit song was *Rolling in the Deep* by Adele; and the best movie was *The Artist*. That was the year we received a \$2 million gift from the Connell Foundation to create the Connell Post-Doctoral Research Scholars program. To date, there have been 10 Connell scholars whose areas of research have ranged from infants with pain, to the care of the elderly, to the environment of care. The Connell Ethics Fellowship was created to deal with end-of-life care. Connell ethics fellows were specially trained in ethics consultation and have become active members of the hospital's Optimum Care Committee. In 2012, Knight Center staff coordinated our first-ever Nursing Skills Day that was a huge success. MGH was named America's #1 hospital for the first time by *US News And World Report*, prompting the mayor to proclaim the day Mass General Day in the city of Boston. 2012 was a big year. We had our Joint Commission site visit that year, launched our ground-breaking Innovation Unit Initiative, and began to prepare for Partners eCare.

We Are Young by Fun with Janelle Monae was the hit song of 2013; the best movie was *Argo*. That year, two bombs were detonated near the finish line of the Boston Marathon killing three people and injuring hundreds more, including one of our own, staff nurse Jess Kensky, and her husband Patrick Downes. Last week, while in Washington, DC, I had the pleasure of visiting with them and their beautiful service dog, Rescue. Jess and Patrick send their love and gratitude to their MGH family.

continued on next page

Chief Nurse Presentation (continued)

By September of 2013, all inpatient units had transitioned to Innovation Units with one of the most successful interventions being the Voalte phones. In 2013, we launched our CPE Residency Program; and Speech Language Pathology implemented the Communication Sciences and Disorders IHP Student program in the inpatient setting, which has had a tremendous impact on care delivery.

In 2014, the hit song was *Royals* by Lorde; and the best movie was *12 Years a Slave*. 2014 was a year of highs and lows, from senseless acts of terrorism, gun violence, and racial unrest, to the inspiring ALS ice-bucket challenge where hundreds of thousands of people doused themselves with ice water to raise money and awareness for ALS research. It was the year we launched our Diversity & Inclusion Committee, and our Coronary ICU participated in a national collaborative to promote extubation in a safe and timely manner: Collaborate to Extubate. We launched our Addiction Consult Team and the Product Value Analysis Committee to ensure cost savings while improving the safety and efficiency of the products we use.

The 2015 hit song was *Stay with Me* by Sam Smith; the best movie was *Birdman*. In Massachusetts, we thought it would never stop snowing! The Patriots won the Super Bowl (again!) The Supreme Court upheld marriage equality, and Dzhokhar Tsarnaev was found guilty for his role in planning and carrying out the marathon bombings. We were once again named the #1 hospital by *US News & World Report*, and we had another successful Joint Commission survey. In 2015, we expanded our dedicated education units and implemented I-Pass. Linda Kelly was named the first Sonja and Debra Kelly endowed scholar.

The hit song of 2016 was *Thinking Out Loud* by Ed Sheeran; the best movie was *Spotlight*. After years of meticulous planning and training, we had a very successful implementation of Partners eCare. Hurricane Matthew decimated parts of Florida as more than 30 MGH nurses were attending the Magnet Conference in Orlando. We opened the new Translational and Clinical Research Unit and Step-Down

Unit on Bigelow 13. And I was thrilled when we announced our very first nursing chair, The Paul M. Erickson Endowed Chair in Nursing, for which I am very grateful. In addition to honoring Paul's memory, I was honored to serve as the chair's first incumbent.

In order for me to stand here today and truly know that you are simply the best, I looked at numerous indicators. Consider the following:

Today, there are 7,300 clinical staff and employees in Nursing & Patient Care Services, (nearly a third of the hospital's total workforce) comprising nine different disciplines and seven programs. Prior to developing a close partnership with Development, Nursing received just under \$2 million in donations from 1976 to 1996. From 1996 to 2016, we received more than 12,000 gifts totaling more than \$25,350,000. In that same period, we launched a substantial rewards, recognition, and scholarship program. We became a Magnet hospital and have been re-designated twice. We have a number of patient and family advisory councils actively engaged in our work. Nursing research is thriving like never before.

In 2016, 85.6% of our nursing staff had a bachelor's degree or greater, exceeding the IOM's goal of 80% by 2020. MGH has among the highest—if not the highest—number of doctorally prepared nurses of any hospital in the country. We've seen an increase in the number of nurses seeking certification.

In the last ten years, our workforce has grown by 34%. During that time, we saw a 45% increase in diverse staff members.

We recently launched the IDEA Grants program to encourage a culture of innovation by seeking proposals to enhance care delivery. We are currently funding two grants annually to individuals or inter-disciplinary teams to help advance our agenda.

Through the Lunder-Dineen Health Education Alliance of Maine we have a large presence conducting educational offerings and designing programs to address pressing health issues in my home state of Maine.

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Next Publication

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Chief Nurse Presentation (continued from previous page)

Reflecting on all we've accomplished gives me a sense of pride. I'm confident that when I step down, I leave you in a good place, I leave my successor in the best of hands, and I leave you with all my love and gratitude.

The Blum Patient & Family Learning Center has become a trusted and integral resource. In 2016, the Blum Center had 9,100 visitors; reviewed 1,080 comprehensive health-information documents; received 20,707 hits on their website and 1,005 viewings of MGH Patient Education TV Channel videos; provided 34 educational programs for 656 people; oriented 286 new resident clinicians; and created or reviewed 64 patient-education materials.

When you look at key nursing-sensitive indicators, we have a very low fall rate—fewer than 2.5 falls per 1,000 patient days, and an impressive 0.50 per 1,000 patient days for falls with injury. We've seen a clear and positive trend in the reduction of Stage II or greater pressure ulcers during the past seven years.

Nursing Spectrum has named several MGH nurses Nurse of the Year; and many MGH nurses have been recognized as fellows by the American Academy of Nursing.

While all this hard work may not make headlines in today's world of 24-hour 'breaking

news,' our journey represents revolutionary advances in health care and care delivery.

As you know, I've announced my plans to step down as chief nurse and senior vice president once a successor is found. Reflecting on all we've accomplished together gives me such a sense of pride. I'm confident that when I step down, I leave you in a good place, I leave my successor in the best of hands, and I leave you with all my love and gratitude. Thank-you for taking this journey, this truly great adventure, with me. It has been a privilege.

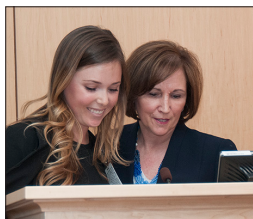
Following her presentation and in keeping with US military (and now MGH) tradition, Ives Erickson presided over the annual cake-cutting ceremony in the Trustees Room. In accordance with tradition, the most senior and most junior (most recently hired) nurse cut a cake using a military saber in recognition of the achievements of nurses around the world. Like last year, Ives Erickson used the saber given to her husband Paul when he graduated from the Citadel.



At left: Ives Erickson and MGH's newest staff nurse, Emily Donovan, RN, lead the annual military cake-cutting ceremony in the Trustees Room.

(Above) They're joined by (l-r): US Army medical officer, Captain Joseph Brochu, and medics, Staff Sergeant Michael Santiago, and Sergeant First Class Lovie Bell.

Some scenes from Nurse Week



(Photos by Paul Smith, Jeffrey Andree, and Coring Headlines)



Staff nurse, Hannah LoPresti, RN, gets a lesson in the fine art of Play-Doh from 3-year-old, Analyse Clairsainvil, and her dad, Wilguens.

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