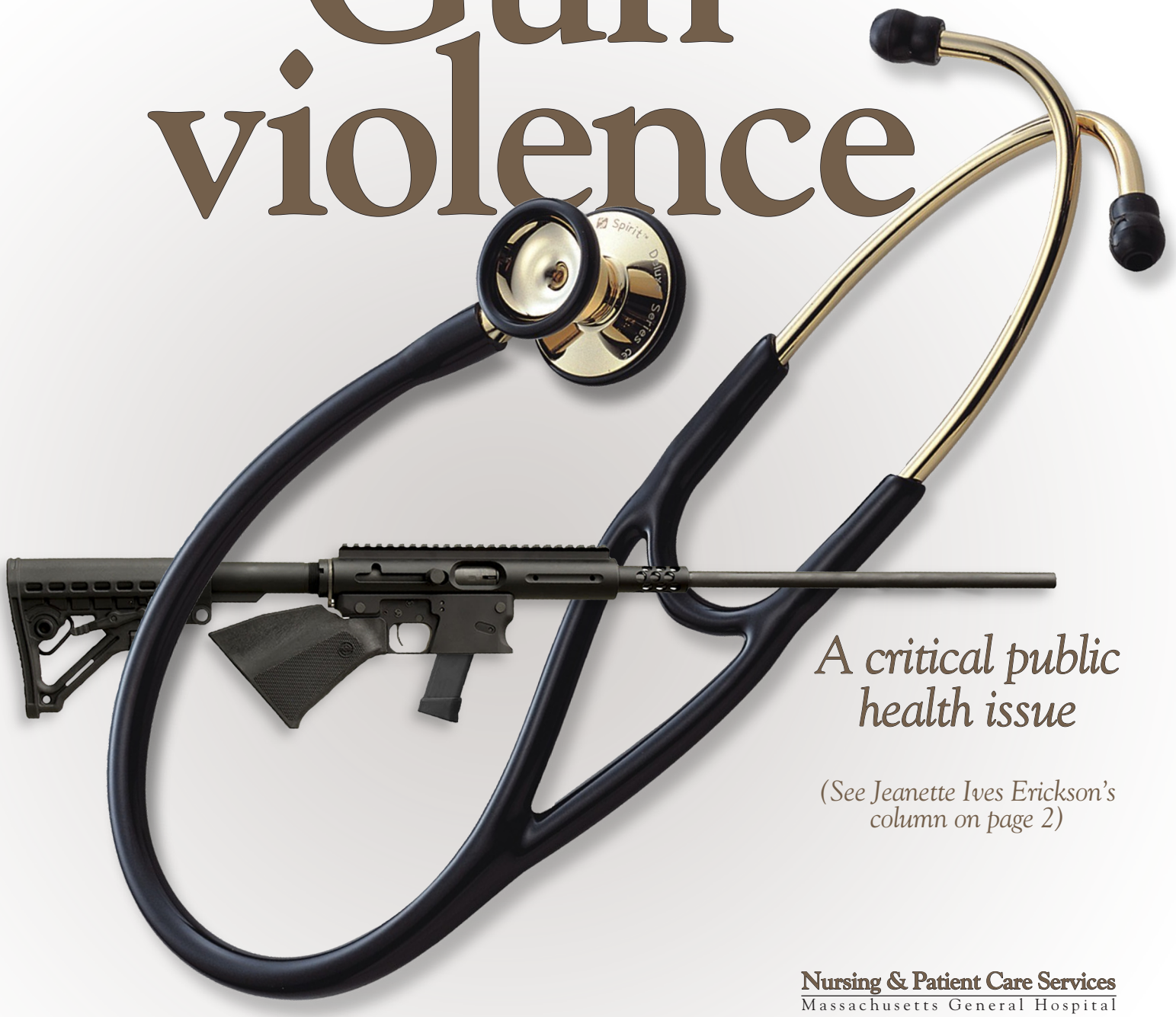
Caring Headlines
October 19, 2017

Gun violence



A critical public health issue

(See Jeanette Ives Erickson's column on page 2)

Nursing & Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Gun violence

a public health issue of epidemic proportion

Gun violence may be a complex social and psychological issue. Gun control may be a contentious, on-going, political debate. But anything having to do with gun safety is a public health issue, and we need to address it. Now.

- October 1, 2017, Las Vegas, Nevada
- July 7, 2016, Dallas, Texas
- June 12, 2016, Orlando, Florida
- December 2, 2015, San Bernardino, California
- November 27, 2015, Colorado Springs, Colorado
- June 17, 2015, Charleston, South Carolina
- December 14, 2012, Sandy Hook Elementary School, Newtown, Connecticut
- July 20, 2012, Aurora, Colorado
- January 8, 2011, Tucson, Arizona
- April 20, 1999, Columbine High School, Littleton, Colorado

It's almost hard to be shocked anymore; mass-shootings have become such a frequent part of our news cycle. But sadness, grief, anger, profound disappointment—these are things we'll always feel when confronted with these horrific events.

After the recent tragedy in Las Vegas, when 58 lives were lost and hundreds others forever altered at the hands of a single gunman, my sadness turned to resolve. We cannot let frustration and helplessness be the byproducts of gun violence in our country. We need to start a conversation in the public health sector. Gun violence may be a complex social and psychological issue. Gun control may be a contentious, on-going, political debate. But anything having to do with gun safety is a public health issue, and we need to address it. Now.

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

Perhaps you've heard that MGH has formed a group called the MGH Gun Violence Prevention Coalition, a multi-disciplinary group that meets monthly (Fridays at 1:00pm in the Trustees Room) and is open to all who are interested. It was created because practitioners throughout the hospital wanted to do something to raise awareness and help prepare the MGH workforce to address the issue of gun violence. They wanted to take the issue out of the political realm and address it as the public health crisis it is. The Gun Violence Prevention Coalition has found great support at MGH. The group focuses on gun-violence-prevention education, developing and sharing gun-safety materials, embarking on research projects, and engaging in community-outreach activities through the Boys and Girls Clubs of Boston.

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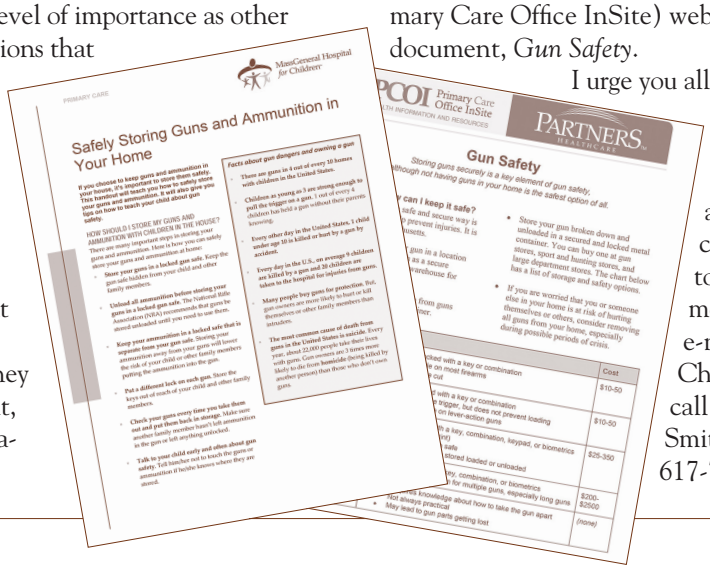
Gun violence kills more than 33,000 Americans each year. It makes me very proud that our MGPO colleagues recently formalized a statement declaring their commitment to elevate the topic of gun violence to the same level of importance as other diseases and conditions that affect mass populations of patients.

Gun violence kills more than 33,000 Americans each year. According to a study published by *Health Affairs*, firearm-related injuries resulted in just under $25 billion in ED and inpatient charges from 2006 to 2014. The study found that among individuals who presented in EDs with firearm-related injuries:

- 48% (338,279 patients) were discharged home
- 37.2% (262,032 patients) were admitted to inpatient care
- 7.7% (54,541 patients) were discharged to additional care facilities
- 5.2% (36,873 patients) died during their ED visits

It makes me very proud that our MGPO colleagues recently formalized a statement declaring their commitment to elevate the topic of gun violence to the same level of importance as other diseases and conditions that affect mass populations of patients. They recognize, as we all do, the need for research, education, social services, and policy-development in the fight against gun violence. As they accurately point out, the health of our nation depends on it.



As clinicians, we can bring this important conversation to interactions with our patients. Screening for potential gun violence and gun safety can become part of our assessment. Do patients keep guns in their homes? Are firearms kept in locked cabinets where they can't be accessed by children? Is there anything about a patient's behavior or mental state that indicates he or she may be a threat to themselves or others? Assessing, reporting, and acting on our findings is part of our promise to keep patients and families safe.

Educational materials have been developed that we can share with patients. You can go to the Child & Adolescent Resource Materials (CARMA) website, created by MassGeneral Hospital *for* Children to access the document, *Safely Storing Guns and Ammunition in Your Home*. Go to the PCOI (Primary Care Office InSite) website to access their document, *Gun Safety*.

I urge you all as healthcare professionals to do everything in your power to educate yourselves and others about this clear and present threat to public safety. For more information, e-mail Paul Currier, MD, Chana Sacks, MD, or call staff nurse, Kim Smith Sheppard, RN, at 617-726-3294.

In this Issue

New approach to substance use disorders

and the nurses who are leading the change

—by Theresa Gallivan, RN, associate chief nurse

New approaches to treatment are based on the understanding that addiction is not a personal failing but a complex illness with neuro-biological and genetic components often rooted in stress or trauma.

The Center for Health Information and Analysis reports that 10% of the Massachusetts population suffers from some form of substance use disorder (SUD). Individuals are considered to be affected by substance use disorder when the use of alcohol and/or drugs causes clinically significant impairment, health problems, disability, and/or failure to meet responsibilities at home, work, or school.

Undoubtedly, many of us know first-hand from experiences with family or friends, the stress, suffering, and tragic outcomes that can result when substance use disorders goes untreated.

We're fortunate that MGH is committed to making substance-use treatment a priority and an integral part of our strategic plan. As you know, September was National Recovery Month, the perfect opportunity to reflect on the strides that have been made through our Substance Use Disorder Initiative.

New approaches to treatment are based on the understanding that addiction is not a personal failing but a complex illness with neuro-biological and genetic components often rooted in stress or trauma. Working within this new paradigm requires education, collaboration, and planning, and involves all clinical disciplines. At MGH, our multi-disciplinary Addictions Consultation Team, peer recovery coaches, bridge clinic, and dedicated Emergency Department nurse practitioners are working to provide a comprehensive, coordinated response. Together, they promote mindful opioid prescribing; safe ED and inpatient monitoring; evaluation; and treatment. Partnering with Case Management and Social Work, they facilitate patient transitions to non-acute facilities, treatment centers, and other community resources.

Evidence shows that education combined with mentoring decreases stigmatization, enhances clinician attitude, and improves overall care. Yet, on average, clinicians in the US receive less than five hours of didactic SUD-related education. So it was no surprise that a 2015 Learning Needs Survey at MGH revealed that 63% of nurses felt ill-prepared to respond to the needs of patients with substance use disorders.

To address this gap, expert advanced practice nurses and nurse educators implemented a five-month SUD educational program to support nurses preparing to take the Certified Addictions

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Registered Nurse exam. Once certified, those nurses could serve as champions and resources for colleagues. Of the first 30 participants (with a national pass rate of 74%), 82% of MGH nurses passed the exam and have become certified. These nurse champions are now serving as resources, role models, and educators to their peers.

Two inter-professional SUD conferences have been held that attracted more than 120 participants. The focus of the conferences was the utilization of evidence-based tools to help determine specific courses of action when dealing with withdrawal and treatment-management. Post-conference evaluations were extremely positive, with comments such as:

"I'm now able to soften my focus and see the patient's total quality of life, not just their need for sobriety."

"I'll bring this information back to my unit so my colleagues can feel more empowered to change our response to this work."

I'd like to acknowledge all the MGH nurses, educators, clinicians, and the nurse and physician leaders throughout the hospital who work in partnership to make this all possible. It's a privilege to practice at MGH and have access to the expertise, dedication, and talent that makes this hospital the world-class institution it is. It is gratifying to see the MGH community tapping into these resources to support our patients and advance the work of recovery from substance use disorders.

Special recognition

Dawn Williamson, RN, psychiatric clinical nurse specialist for Addictions Consultations in the Emergency Department, received the distinguished Cyrus C. Hopkins Leadership in Patient Safety Award for her work around substance use disorders.

During National Recovery Month recently, Dawn Williamson, RN, psychiatric clinical nurse specialist for Addictions Consultations in the Emergency Department, received the distinguished Cyrus C. Hopkins, MD, Leadership in Patient Safety Award for her work around substance use disorders. One letter of nomination described her vast experience with, and extensive knowledge of, substance use disorders as providing the foundation for innovative initiatives that have significantly improved the safety and well-being of patients here at MGH and beyond.

(Photo provided by staff)

Dawn Williamson, RN, psychiatric nurse practitioner and recipient of the 2017 Cyrus C. Hopkins, MD, Patient Safety Leadership Award.

The letter went on to say, "Williamson recognized that the ED was the right setting to treat alcohol intoxication and drug overdose, but it wasn't the place to address the many underlying issues that contribute to substance use disorders. She envisioned a plan that would guide the care of these patients when they presented in the ED to receive the appropriate care in the appropriate setting. She launched an initiative that brought together an inter-disciplinary team of MGH clinicians and community resources to develop what has become known as the Acute Care Plan for ED High-Utilizers.

"Williamson is a leader in advocating for patients with substance use disorders across the continuum of care and throughout the Partners network."

Patient Care Services and the entire MGH community congratulate Williamson on receiving this well-deserved honor.

For more information on substance use disorders, call, Williamson at 617-643-2307; or Addictions Consultation Team leader and nurse practitioner, Christopher Shaw, RN, at 617-840-7326.

Providing end-of-life care is an honor and a privilege for ICU nurse

Vanessa Poirier, RN, staff nurse
Cardiac Surgical ICU

My name is Vanessa Poirier, and I am a nurse in the Blake 8 Cardiac Surgical ICU. When I arrived for the start of a three-night stretch, I was assigned to Mr. C, a 57-year-old man with giant-cell myocarditis who was on bi-ventricular support. He'd been transferred to MGH for further work-up and a plan of care with the hope of receiving a heart transplant or implantation of internal assistive heart devices. As Mr. C's course progressed, it became clear he was not a candidate for heart transplant, he could not be weaned from assistive devices, and he was 100% dependent on bi-ventricular support. After long and hard conversations with Mr. C and his family, it was decided that withdrawal of care was the only course; all other options had been exhausted.

As Mr. C's course progressed, it became clear he was not a candidate for heart transplant. After long and hard conversations with Mr. C and his family, it was decided that withdrawal of care was the only course; all other options had been exhausted.

When I arrived for my first shift with Mr. C, I was briefed on his clinical picture and the results of the family meeting. Withdrawal of care was planned for the next day to give Mr. C a chance to spend time with his family. Mr. C was a bright, intelligent man who'd been a husband for 29 years with two children and two grandchildren. He loved Christmas carols, looking out over the Charles River, red wine, good food, and the company of his family and friends. My nursing colleagues and I wanted to create a sacred space for Mr. C and his family during his last hours. We positioned his bed near the window so he could look out and see the Charles; we encouraged him to enjoy the foods he loved. We wanted him to have as much control and dignity as possible during this time. The night was uneventful, as it was more about non-medical interventions than active treatment. When I left early Monday morning, I was anxious to know how the day would play out.

When I returned that night for my second shift, my focus was on preparing Mr. C for withdrawal of care and ensuring he understood how and when things would happen. I explained that we'd provide adequate sedation before turning off bi-ventricular support. He understood and said he'd let the nursing staff know when he was ready. I spoke with him about whether he wanted a chaplain, if he wanted to know when I'd be giving him the appropriate medication, etc. He said he just wanted to sleep; he didn't need to know every detail, and he'd let me know when he was ready.

As the night progressed, Mr. C spent time with each of his children and his wife, then told me he was ready to see the chaplain. When the chaplain arrived, we all prayed tearfully at the bedside.

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Mr. C turned to me and said, "I just need a moment with my family, then I'll be ready."

"Okay," I said. "No rush."

A few moments later, Mr. C's daughter found me and told me Mr. C was having doubts; he wasn't ready. Withdrawal would have to wait. He was so emotionally exhausted, he was already asleep by the time his family left. My questions would have to wait.

In the early morning hours, I sat next to Mr. C's bed and kept him company. I could sense he didn't want to be alone. Once, after awakening on his own, he started to open up to me. He talked about his fear of dying, why he was having doubts, and the frustration he felt because the decision to end his life had been made not by him, but by his body. It was one of the most vulnerable moments I'd ever had with a patient. I realized there was no good way to explain why this was happening. We both soldiered on through our tears as I became a hand to hold, a shoulder to cry on, and someone to validate his doubts and fears.

As the sun rose, overlooking the Charles, Mr. C reflected on how Boston had always held a special place in his heart. He spoke of the trips he and his wife had taken here through the years; fond memories of being snowed in on the top floor of a hotel, feeling like he was one with the Boston sky. We discussed his death and the small window he had to leave this earth on his terms—to decide himself when he was ready. He was very aware of his clinical condition, he was becoming more short of breath, his toes were discolored, his body was deteriorating. It made him think. I left that morning feeling that Mr. C was ready to take control of his destiny.

During the day, another family meeting was held with Mr C, his family, and the team. I was told he realized that today was the day withdrawal would have to happen if he wanted the power to decide when. He wanted it to happen at 2200 and not a minute later. He wanted it to feel like he was going to sleep for the night, just like he normally would. He allocated time with each family member. When I arrived, Mr. C reminded me that it was going to be 2200, no matter what. I assured him he'd be ready and comfortable when the time came. We discussed the plan; he said he'd nod to let me know when he was ready.

Words cannot describe how I felt, what that precious moment was like. It was the kind of moment that changes you. It reminded me of the privilege we have as nurses to help patients transition to that next place, whatever they believe that is, with dignity and respect.

At 2130, the chaplain arrived and we prayed for a peaceful rest. The room was full of love and support in those final moments. As I stood there observing this family, I realized Mr. C had planned the night out to every detail; he wanted to be held by his wife, his children positioned a certain way, his bed overlooking the view he loved so much.

When prayers concluded, he gave me a nod, and I knew. I medicated him appropriately while monitoring his breathing, wakefulness, and hemodynamics.

His final words were, "I'm just going to sleep." And with the grace of God, he did. Mr. C passed at 2210, peacefully, surrounded by love.

Words cannot describe how I felt, what that precious moment was like. It was the kind of moment that changes you. It reminded me of the privilege we have as nurses to help patients transition to that next place, whatever they believe that is, with dignity and respect. Withdrawing care from an alert and orientated patient is a rarity, but it is a gift. Creating a space where Mr. C felt empowered, loved, and respected when he left this earth was truly an honor.

Mr. C's passing also reminded me of the double-edged sword of modern technology. With advances in medicine, we're able to let patients live longer with hopes of a better quality of life. Sometimes, like in Mr. C's case, ethical dilemmas arise as to how to handle that. I don't know the answer, but I do know it's our duty to support our patients and advocate for their wishes. I will carry Mr. C in my heart knowing that he had an impact, not only on his family and loved ones, but on me, as well.

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

Knowing you're going to die at 2200. Planning for your own death in a way that makes you feel like you're, 'just going to sleep.' I'm so happy Mr. C had a nurse like Vanessa to orchestrate his final days and hours. She was present, she listened, she understood. She faced his bed toward the window so he could look out over the river and the city he loved. But more than that, Vanessa was someone Mr. C could trust. And he trusted her with that all-important nod at precisely 2200.

Thank-you, Vanessa.

HAVEN celebrates 20th anniversary

On October 4, 2017, HAVEN celebrated its 20th anniversary with an event that brought together MGH and community providers, HAVEN staff (past and present), and some of the original founders of the program. Isaac Schiff, MD, was honored for his role as chair of the HAVEN Advisory Council and MGH Domestic Violence Task Force. HAVEN advocates read reflections from individuals who've utilized HAVEN services. The program has provided support and safety planning to more than 8,500 survivors since its inception in 1997. Said Debra Drumm, LICSW, director of HAVEN, "When we all come together, we're reminded in a very real way that no one can do this work alone. Survivors of intimate-partner violence need all of us. And this celebration of HAVEN's 20th anniversary *belongs* to all of us—survivors and community members, visionaries and providers—together in partnership."

For more information about the HAVEN program or the services it provides, call Drumm at 617-726-7674.

(Photos by Jeffrey Andree)

What to expect in the upcoming Magnet re-designation site visit

The focus of the Magnet site visit is nursing, but Magnet designation is based on the entire organization. Nurses work alongside all members of the healthcare team, and appraisers want to see teamwork and collaborative practice.

Question: I heard our next Magnet site visit has been scheduled.

Jeanette: Yes. Four appraisers from the American Nurses Credentialing Center (ANCC) will come to MGH, November 6–9, 2017, to conduct a Magnet re-designation site visit.

As you know, Magnet designation is the highest recognition the ANCC bestows for excellence in nursing practice. In 2003, we were the first hospital in Massachusetts to attain Magnet status, which lets the public know we have better patient outcomes, increased patient- and staff-satisfaction, and lower nursing turnover. To date, only 9% of all US hospitals (and 7 hospitals internationally) have earned Magnet designation.

Question: What do Magnet appraisers look for?

Jeanette: Appraisers will be looking for evidence of the five components of the Magnet Model:

- Transformational Leadership, demonstrating that nurses at all levels of the organization participate in crafting the vision for the future
- Structural Empowerment, demonstrating that we have structures in place to foster innovation and strong patient outcomes through partnerships with patients and others
- Exemplary Professional Practice, demonstrating what staff can achieve through programs offered by The Institute for Patient Care, collaborative governance, the Clinical Recognition Program, etc.
- New Knowledge, Innovation, and Improvements, showing how our organization creates new evidence, applies existing evidence, and promotes, fosters, and encourages new models of care
- Empirical Quality Outcomes, showcasing how we compare processes, structures, and outcomes to benchmarking data to drive improvement in care-delivery

The model centers around structure (the attributes of where care is delivered); process (whether good clinical practices are followed); and outcomes (impact of care on health status). For instance, when pressure-ulcer prevalence was trending up, PCS set a strategic goal to reduce hospital-acquired pressure ulcers, and an inter-disciplinary team was formed (structure). The team reviewed the literature and implemented a hospital-wide pressure-ulcer prevention program based on best practice—the Dolphin Mat (process). Dolphin Mats were purchased and deployed to ICUs and the RACU, and the prevalence of pressure ulcers subsequently began a downward trend (outcome).

Question: Is the Magnet re-designation site visit just for nurses?

Jeanette: The focus is nursing, but Magnet designation is based on the entire organization. Nurses work alongside all members of the healthcare team, and appraisers want to see teamwork and collaborative practice. Inter-professional practice is essential to ensuring safe, high-quality, patient-centered care.

For more information, go to the Excellence Every Day Magnet portal page at: www.mghpcs.org/Magnet.

Announcements

Collaborative Governance

Applications are now being accepted for collaborative governance, the formal, multi-disciplinary decision-making structure of Patient Care Services.

To learn more about collaborative governance, or to download an application, go to: www.mghpcs.org/IPC/Programs/Governance.asp, or contact Mary Ellin Smith, RN, at 617-724-5801.

Applications are due by November 6, 2017.

ACLS classes

Two-day certification program
Day one:
November 2, 2017
8:00am–3:00pm

Day two:
November 3rd
8:00am–1:00pm

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

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

Institute for Patient Care celebrates 10th anniversary

Thursday, October 26, 2017
1:30– 3:00pm
O'Keeffe Auditorium
reception to follow

Join visiting scholar, Brenda Zierler RN, bio-behavioral nursing and health informatics leader in inter-professional practice and education from the University of Washington, for her presentation, "Transforming Heart Failure Care: Linking Health Professions Education and Inter-professional Collaborative Practice."

All are welcome.
For more information, call 617-726-3111.

Blum Center Events

October is Health Literacy Month.

Monday, October 23, 2017
1:30–2:30pm
O'Keeffe Auditorium

"Health Literacy in the Digital Age: Implications for Patient-Centered Care," presented by Stacy Robison, president and co-founder of CommunicateHealth.

Tuesday, October 24th
10:30am–1:30pm
Main Corridor

The PCS Patient Education Committee will host a table in the Main Corridor to showcase resources available to improve health literacy. Medication safety is the theme of this year event. All are welcome.

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

For more information, call 4-3823.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Point-of-Care Ultrasound for Advanced-Practice Providers

October 21, 2017
7:30am–5:30pm
MGH Institute of Health Professions
2 Constitution Road, Boston

Learn point-of-care ultrasound techniques through hands-on, case-based scanning on live models in facilitated small groups during this one-day workshop, building from beginner to intermediate skill level.

Participants will achieve a basic understanding of the application of point-of-care ultrasound in ambulatory clinical settings.

8.0 Nursing contact hours
12.0 AAPA category 1 CME credits

Full Day: $750
Fee includes: pre-workshop on-line education, course materials, light breakfast, lunch, refreshments, and snacks.

For more information or to register, go to: http://info.mghihp.edu/ultrasoundcourse, or call 617-724-6674.

Flu season is here!
Get vaccinated

Getting the flu vaccine is the number-one way to protect yourself, your patients, and your loved ones from the flu. MGH offers several flu clinics for employees and patients, on and off campus. The MGH Central Clinic will run through Friday, December 8, 2017.

Monday–Friday
8:00am–6:00pm
Wang Lobby and
Yawkey 2nd floor mezzanine

Those unable to make one of the clinics may visit Occupational Health Services at 165 Cambridge Street, 4th floor, from 7:00am–5:00pm or call 617-726-2217 to make an appointment.

All employees are encouraged to be vaccinated as the first line of defense. The Massachusetts Department of Public Health requires all hospitals to track their employee vaccination rate as well as how many employees decline the seasonal flu vaccine.

For more information, go to: www.massgeneral.org/flu.

Have a healthy fall!

The Allan Moore, MD, Medical Services Blood Drive

—by staff nurses, Daniel Gallagher, RN, and Rachael Salguero, RN

Every year since physician, Allan Moore, MD's, passing, MGH has run a month-long blood drive in his honor. Moore worked passionately in his career to raise awareness about the importance of donating blood. He actively recruited and encouraged colleagues to give blood whenever they could. He recognized that the MGH blood supply was a limited and precious resource, and he wanted to ease the hospital's burden by generating in-house blood donations to ensure patients had access to the life-saving blood products they needed.

This year, the 13th annual Allan Moore, MD, Medical Services Blood Drive was held during the month of August, and for the 13th straight year, medical units rose to the occasion. The RACU topped the score card with 50 donors, including several who made multiple platelet donations resulting in a donor challenge 'three-peat.' Many staff members who were unable to donate themselves enlisted friends and family members to donate on their behalf.

Said staff nurse, Daniel Gallagher, "This is an accomplishment we're very proud of. Committing to the blood drive every summer has become part of the fabric of our unit. It galvanizes us every year as we encourage and support one another. The way colleagues come together is heartwarming and inspiring. As healthcare providers, it's in our nature to protect those in need; donating blood is a wonderful way to serve our patients and give back to the hospital at the same time."

Said staff nurse, Rachael Salguero, RN, "Staff of the MGH Blood Donor Center make every donation as pleasant and comfortable as possible. They're all so warm and welcoming and go out of their way to make sure every person who donates has a positive experience."

Salguero shared that coworker, Dan Gallagher, who served as captain of this year's RACU blood drive, donated whole blood as well as making four platelet donations.

Overall, the Allan Moore Blood Drive saw more than 260 donations: 219 whole-blood donations and 45 platelet donations. While the RACU was the big winner again this year, Bigelow 11 and White 9 deserve honorable mention for the great effort put forth by staff on those units.

Said Gallagher, "It's remarkable how the MGH community comes together for this event every year, donating blood, supporting donors, or sending a buddy on their behalf."

For more information about the annual Allan Moore, MD, Medical Services Blood Drive, call nursing director and blood drive co-chair, Susan Morash, RN, at 617-726-3130.

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For more information, call: 617-724-1746

Next Publication
November 2, 2017

Congratulations KNC!

The Norman Knight Nursing Center for Clinical & Professional Development has been approved by the Ohio Nurses Association as a provider of continuing nursing education, "with distinction." Approval with distinction signifies exemplary practice in Nursing Professional Development and the delivery of quality, innovative, continuing education. The Ohio Nurses Association is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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