

Caring

Headlines

May 31, 2018

Nurse Week 2018

*celebrates nursing knowledge,
skill, and teamwork*

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

Staff nurse, Samuelle Jean Charles, RN,
with patient, Jamie Howarth, in the Ellison 8
Cardiac Surgical Step-Down Unit

Nursing & Patient Care Services
Massachusetts General Hospital

Friday, May 4, 2018

Chief Nurse Address

In her first Nurse Week address since becoming senior vice president for Patient Care and chief nurse, Debbie Burke, RN, focused on teams and the importance of teamwork in delivering high-quality, patient-focused care.

Said Burke, “As you know, I’ve been attending staff meetings in patient care areas, and throughout my visits one thing has resonated with me—the commitment you all have to working together as a team.”

Acknowledging that it would be impossible to mention the contributions of every team, Burke introduced a series of short videos spotlighting the work of just a few of the impressive teams at MGH.



Debbie Burke, RN
senior vice president for Nursing & Patient
Care Services and chief nurse

Albright Orange (formerly Team 5)

Members of the Albright Orange team spoke about their efforts meeting the challenges of caring for patients with complex psycho-social issues and long lengths of stay. They credited their success in preventing re-admissions with strong interdisciplinary involvement and proactive coordination of efforts among all team members.

Caring for a Cure

This grass-roots team, which began with oncology nurses and has grown into a multi-disciplinary group, has raised more than a half million dollars to help patients and families on their unit. With small acts of kindness and meaningful expressions of love and compassion, this team is living proof that relationship-based care makes a difference.

Ellison 12

Representatives from three different role groups spoke about how working together as a team on this general medical unit contributes to a highly coordinated level of care. When teamwork is high, stress is low. Said one team member, “We listen to one another. We have each other’s backs. We bring our A game to work every day.”

Cox 5

Members of the Cox 5 HIV care team told how they challenged ‘conventional’ thinking with their culturally competent care tailored to the needs of each patient. Their experience has proven time and again that diversity of backgrounds, skills, styles, and perspectives is crucial to high-functioning teams.

The PACU

Sometimes teamwork means caring for one another. In the Post Anesthesia Care Unit, colleagues supported colleagues through costly medical treatments by holding fundraisers and raffles and raising more than \$20,000 in three weeks.

IDEA Grants

Staff nurse, Jared Jordan, RN, and nursing innovation specialist, Hiyam Nadel, RN, talked about how they partnered with one another and experts within and outside of MGH to shepherd Jordan’s idea of creating a bathroom safety harness to fruition.

Crisis Care on Blake 14

Members of the Blake 14 Labor & Delivery team told of the quick, multi-team response in the case of an emergency C-section in which the care team grew from six to 30 in a matter of seconds. Because of their seamless, coordinated response, the patient recovered fully and was discharged five days later.

Disaster Response Team

Jackie Nally, RN, program manager for the MGH Center for Disaster Medicine, spoke about the deployment of our disaster response team in the wake of a devastating hurricane season. Said Nally, “We have a very high-functioning team that finds this work so rewarding. We truly get more than we give.”

It was clear why Burke chose teamwork as the focus of her presentation. She concluded with a slide show of photos submitted by teams throughout MGH; joy and camaraderie were visible in every image.



Teams highlighted by Burke during her Nurse Week presentation (l-r; top to bottom): Albright Orange—formerly Team 5; Lunder 10 Hematology-Oncology Unit's Caring for a Cure team; Ellison 12 General Medical Unit team; Cox 5 Infectious Disease nursing team; Post Anesthesia Care Unit team; Idea Grant team; Blake 14 Labor & Delivery team; and MGH Disaster Response Team.

Monday, May 7, 2018

A compendium of nurse-led initiatives

On Monday, May 7, 2018, we were fortunate to hear from MGH nurses who've led initiatives to improve patient care, enhance the patient experience, foster safety, or cut costs. Following is a brief summary of their presentations.

Mia Haddad, RN, presented, “Management of Clogged Tubes,” in which she described her efforts to create a policy outlining the best method to de-clog feeding (and other) tubes. Using the Johns Hopkins Nursing Evidence-Based Practice Model, Haddad's research showed that *preventing* tubes from becoming clogged in the first place was the best intervention, and a customized recipe of sodium bicarbonate/pancreatic enzymes is the best way to clear a clogged feeding tube.

Holly Milotte, RN, presented, “Advocacy for Using a Splinting Pillow for Pain Management of Nephrology Patients,” in which she described her experience trying to alleviate pain at the incision site for post-operative nephrectomy patients. Milotte compared therapeutic pillows to more commonly used splinting devices and evaluated patients' reported pain and use of pain medication. Her study found that patients reported therapeutic pillows to be beneficial, and the treatment group used less pain medication than the standard-of-care group and had shorter lengths of stay.

Laura Lux, RN, and Brittney Grazio, RN, presented, “Preventing Skin Injury with Prophylactic Foam Dressings,” describing their study to evaluate the effectiveness of prophylactic silicone foam dressings in preventing pressure injuries. Based on a review of the literature, Lux and Grazio found that the evidence supported the use of prophylactic silicone foam dressings, and as a result, foam dressing were introduced into practice in December, 2016, and the MGH Skin Care Guidelines were updated.

Jeanne Dolan, RN, presented, “Attitudes about Restraint Use in Surgical ICU Patients,” chronicling her experience interviewing nurses to better understand nursing determinants for initiating and discontinuing restraints in the Surgical ICU. Three themes emerged as factors in nurses' decisions to employ restraints: patient safety; patient behavior; and restraint alternatives (such as targeted interventions to reduce restraint use, especially in delirious patients). Dolan found that nursing assessment is critical to determining best restraint practices, and ICU nurses should have a voice in developing restraint policies.

Shanna Mavilio, RN, presented, “Care of the Postpartum Mother with Substance Use Disorder: Trauma Informed Care,” in which she sought to raise awareness that childhood abuse influences the way mothers raise children, cope with adversity, form relationships, and develop healthy (or un-healthy) lifestyles. Mavilio stressed that child-

continued on next page



(L-r, back to front): Brittney Grazio, RN; Shanna Mavilio, RN; Holly Milotte, RN; Laura Lux, RN; Jeanne Dolan, RN; and Mia Haddad, RN.

hood trauma should be taken into account when examining mothers with substance use disorder and be included in nursing report so that all caregivers are alerted to the need for trauma-informed care. She urged caregivers to resist the tendency to blame, and to treat all patients with the same respect, dignity, and compassion. Said Mavilio, “We have an obligation as nurses to value patients in a way that teaches them to value themselves.”

Tricia McCarthy, RN, and Jennifer Spina, RN, presented, “Creating a Culture of Safe Sexual Health Practices in the Teen Population,” sharing their experience educating adolescents about health and sexuality through community outreach with the Boys and Girls Club of Boston (BGCN). Recognizing that many teens are sexually active, McCarthy and Spina sought to create a sexual health policy for the BGCN that would be effective, accessible, and acceptable to both teens and parents. After garnering approval from BGCN board members and trustees, as well as parents and guardians, McCarthy and Spina rolled the policy out in the fall of 2017, providing access to sexual-health education, supplies, and resources to BGCN members 14 or older.



(L-r; back to front): Jennifer Spina, RN; Brian Cyr, RN; Barbara Belanger, RN; Tricia McCarthy, RN; and Molly Lyttle, RN.

Brian Cyr, RN, presented, “Successful Strategies for Effectively Addressing Moral Distress Among Nurses,” in which he described his research to answer the question, ‘What interventions or strategies are effective for nurse leaders in addressing moral distress?’ A review of the literature found that certain strategies showed promise at reducing the effects of moral distress. These included: ethics education for nurses; the creation of a formal ethics support structure at the unit and organizational level; and an organizational focus on creating a strong ethics culture via nursing leadership at all levels. Cyr’s findings were similar to those of the American Association of Critical Care Nurses in calling for a multi-faceted approach in addressing the challenge of moral distress in nurses.

Molly Lyttle, RN, presented, “Lessons Learned from Leadership Immersion,” describing her research to identify leadership traits among nursing directors with an emphasis on transformational leadership. Lyttle spent time with four nursing directors at MGH, attending meetings, observing interactions, and immersing herself in their daily occupations. She found some similarities, such as listening skills, and a relationship-based leadership style. She also observed differences such as length of time employed at MGH, areas of specialty, personality types, and communication styles. Overall, Lyttle found that all four nursing directors valued truth in communication. She concluded that transformational leadership, ‘is alive and well at MGH.’

Barbara Belanger, RN, presented, “Recycle. Reuse. Reduce. The Impact of Nursing,” sharing her interdisciplinary collaboration to evaluate current recycling practices and strategize ways to reduce our carbon footprint. Belanger noted that of the total tonnage of waste produced by health care, the vast majority is generated by the OR. She described her visits to various waste-disposal and transportation facilities in an effort to better understand the waste stream flow—an experience she called, ‘eye-opening.’ Belanger and her colleagues in the OR implemented a number of strategies, including clearly labeled, standardized recycling bins and an expanded array of items that can be recycled and/or reprocessed, effectively reducing the volume of waste generated in the OR.

Tuesday, May 8, 2018

Scholarly works: the science behind nursing leadership

Tuesday's sessions focused on MGH nurse leaders who've contributed to the body of nursing knowledge with their research around improving patient care and enhancing professional development. Following is a summary of their presentations.

Claire Seguin, RN, presented, "Grit as a Predictor of Success for Nurse Leaders," in which she defined 'grit' as a personality trait characterized by perseverance, passion for long-term goals, and maintaining commitment to issues over many years. Seguin sought to understand how grit impacts the success and well-being of nurses in leadership positions. She found that higher rates of burnout were associated with lower 'grit scores.' She concluded that grit may be one predictor in determining which nurse leaders will have longevity and which may benefit from more support and coaching. Grit assessment could play a role in recruiting nurse leaders from a more diverse talent pool.

Patrice Osgood, RN, presented, "Readiness for Practice: Evaluating a Pilot Project for Nursing Students in the Operating Room," explaining that 20% of the nation's perioperative workforce is expected to retire in the next five years (with 25% expected to retire at MGH). Combine that with the fact that clinical rotations in the OR were eliminated when nursing education transitioned from diploma to degree programs, and it points to a potentially inexperienced perioperative workforce in the near future. Osgood described a pilot program that introduced a ten-week, patient-care-associate position in the OR that paired students with a primary preceptor for the duration of the program. She found that the program improved student nurses' perceived readiness for professional practice and showed that relationships between undergraduate nursing programs and hospital

nursing leaders enhance students' readiness for professional practice when preceptor support is part of the experience.

Jill Pedro, RN, presented, "Evaluation of Discharge Education: an Educational Intervention to Improve Patient Safety with Opioid Medications," describing her quality-improvement project to increase staff's comfort and ability to educate patients around the safe use, storage, and disposal of opioid drugs upon discharge. The study looked at an educational intervention bracketed by a pre- and post-intervention survey that used a questionnaire comprised of open-ended, dichotomous, and Likert-scale questions. Pedro found that nurses benefited from a brief educational session on how to instruct patients in the safe use, storage, and disposal of opioid drugs.

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(L-r; back to front): Jill Pedro, RN; Claire Seguin, RN; Susan Gavaghan, RN; Patrice Osgood, RN; and Marian Jeffries, RN.

Marian Jeffries, RN, and Susan Gavaghan, RN, presented, “Addressing Device-Related Pressure Injuries in Tracheostomized Patients: to Suture or Not to Suture?” describing their efforts to reverse a trend among tracheostomized patients who were developing device-related pressure ulcers at sutured stoma sites. Following a comprehensive chart review, the Trauma Service agreed to a change in practice in which tracheal flanges would be secured using a Velcro-cloth tie instead of suturing. The service saw a measurable decrease in pressure ulcers post-intervention.

Jean Stewart, RN, presented, “Nurses’ Perceptions of Fall-Prevention Barriers Utilizing the Fall Survey for Clinical Nurses,” reporting on her research to assess nurses’ perceptions of the LEAF (Lets Eliminate all Falls) program after noticing that fall rates on Orthopedic units were increasing. Stewart surveyed approximately 400 nurses on eight units and concluded that nurses believe fall-prevention is important but lack knowledge of the LEAF program. She recommends implementing the Fall

TIPS program, which includes fall risk assessment; personalized fall-prevention planning; and consistent implementation of the plan.

Trisha Zeytoonjian, RN, presented, “Appraising Staff Nurses’ Perceptions of Quiet Utilizing Focus-Group Methodology to Improve the Patient Experience,” reporting on her study to understand nurses’ perceptions of noise in order to reduce noise on her 36-bed surgery/trauma unit. Focus-group discussions revealed a number of preventable noises (change of shift, large groups of visitors, alarms, cell phones, etc.), which helped her identify and develop counter-strategies. Phase II of Zeytoonjian’s study will include introducing interventions such as holding one another accountable; moving shift report into closed rooms; employing cluster care; and enhanced attention to alarms.

Lorraine Drapek, RN, presented, “A Multi-Modal Community-of-Care Program to Prevent or Minimize Vaginal Effects of Pelvic Radiation Therapy for Women with Lower Gastro-Intestinal and Gynecologic Cancers,” sharing the results of her study to help women who’ve received pelvic radiation manage vaginal changes post-treatment. The study consisted of a three-visit program wherein participants were asked to complete a 19-item survey prior to starting radiation, at the completion of radiation, and six to eight weeks after completion of treatment. The survey looked at frequency of intercourse, the impact of pain on the frequency of intercourse, and the use of vaginal dilators, all of which showed marked improvement over the course of the study, leading Drapek to conclude that early introduction of vaginal dilators helps minimize vaginal effects of pelvic radiation.

Michele O’Hara, RN, presented, “Assessment of Millennial Nurse Work-Satisfaction with the Professional Practice Environment,” describing her study to assess the extent to which demographic factors and the professional practice environment impact work satisfaction among millennial nurses. Using data extracted from the Staff Perceptions of the Professional Practice Environment Survey, O’Hara found that supportive leadership was highly valued and contributed to greater overall work satisfaction among this population of nurses. The study supported what’s been reported in the literature—that millennial nurses want to feel supported in the workplace, prefer a coaching style of leadership, and seek opportunities for professional development when encouraged.



(L-r, back to front): Jean Stewart, RN; Lorraine Drapek, RN; Trisha Zeytoonjian, RN; and Michele O’Hara, RN.

Lunder 3 Post-Anesthesia Care Unit



Perioperative staff nurse, Noreen McCarthy, RN, with patient in the Lunder 3 Post-Anesthesia Care Unit.

Ellison 18 Pediatric Unit



Pediatric staff nurse, Kerri Filippone, RN, with 10-year-old, Joseph Aponte, who wanted to have his picture taken... but did not want to smile!

Wednesday, May 9, 2018

It takes a village: interdisciplinary team outcomes

Wednesday's session, "It takes a village: interdisciplinary team outcomes," spotlighted the achievements of teams that worked across disciplines to ensure the highest quality, seamless care to patients and families in a variety of settings. Following is a summary of those presentations.

Lillian Ananian, RN, presented, "CLABSI reduction in the MICU," describing a partnership between MGH and the Northeastern University School of Engineering to reduce central-line-associated bloodstream infections (CLABSIs) in the Medical ICU. Together, MICU nurses and Northeastern engineering students crafted a multi-pronged approach that included posting CLABSI flip charts in visible locations, weekly huddles to share best practices and review specific cases, and paying greater attention to opportunities for early removal of central lines. The MICU saw a reduction of CLABSIs in three of the four post-intervention quarters.

Robin Lipkis-Orlando, RN, presented, "The Autism Collaborative," speaking about the collaboration between MGH and the Mass General Hospital for Children to enhance care for individuals with autism and their families. She spoke about the new navigator role and a new system for sharing best practices around caring for individuals with autism. The partnership resulted in a number of improvements, including a reduction in wait times and cancellations for MRIs due to focused scheduling practices, the introduction of a dedicated nurse for patients with autism in the PACU, and pre-procedure phone calls to address any autism-specific patient needs. Changes have been resoundingly well received.

Christopher Shaw, RN, presented, "The Addiction Consult Team," a collaboration between Nursing, Social Work, Psychiatry, Medicine, and substance use disorder (SUD) specialists who came together to improve the quality of treatment for patients with SUD. After providing more than 4,000 consults, the Addiction Consult Team is seeing data

that suggests a lower re-admission rate and increased abstinence among patients receiving addiction consult services. The team is expanding its reach by assisting nurses to become certified in addiction care, providing treatment to perinatal women in the Hope Clinic; expanding the model to new settings; and embedding nurse champions across the continuum of care.

Judith Tarselli, RN, presented, "Stop Transmission of Pathogens Task Force (STOP)," reviewing the work of the Hand Hygiene Task Force (re-named STOP in 2003) to improve hand-hygiene compliance and reduce the occurrence of hospital-acquired MRSA infections. The team's work with virtually every discipline in the hospital resulted in an impressive 90-100% compliance rate by 2013 and a marked decline in MRSAs. Tarselli noted that the introduction of cell phones to the care setting has presented a challenge. She compared cell phones to Trojan horses—allowing hidden danger in the form of pathogens to invade and cause harm. She urged everyone to stay vigilant, stay abreast of new hand-hygiene risks and practices, and take the lead on implementing local improvement efforts.

Jessica Yang, RN, presented, "The Stay Connected Program," reporting on this multi-disciplinary team's efforts to reduce re-admissions through the use of a predictive model. Using a 're-admission risk score' derived from the patient's history and medical record, the Stay Connected Program has implemented a series of interventions for those at high risk for re-admission. Interventions include scheduling post-discharge follow-up appointments, delivering medications to the patient's bedside prior to discharge, working with a Stay Connected case manager to address any identified re-admission factors, and a nurse-practitioner home visit if warranted. Yang reported that units using these interventions are seeing a downward trend in re-admissions.

Carolyn McDonald, RN, presented, "Neurology Rounds Improvement Task Force," detailing the work of this interdisciplinary team to improve communication among physicians and between physicians and nurses on the Lunder 7 and 8 neuroscience units in an effort to make the discharge process more efficient. They tried streamlining and re-scheduling interdisciplinary rounds, but ran into logistical challenges. So they intro-

continued on next page

duced a second inter-disciplinary rounds, one in the morning to focus on overnight events, nursing orders, discharge planning, and identifying barriers to discharge; and one in the afternoon to discuss more complex patient care issues. Their efforts were rewarded with a 33% increase in pre-noon discharges.

Kevin Callans, RN, presented, “Pediatric Tracheostomy Patient Education Improvement Team,” describing the inter-disciplinary effort to decrease post-operative length of stay for pediatric patients with tracheostomies by standardizing patient-family teaching. The new standardized approach included a commitment to begin discharge education on day one; the creation of instructional videos to guide families in tracheostomy care; the introduction of an interactive game called *Trach Me Home*, and a discharge patient-family education slide show and checklist. Following the adoption of the standardized approach, the post-operative length of stay decreased in five of the six subsequent quarters.

Patti Fitzgerald, RN, presented, “General Medicine Pain Management Work Group,” describing the multi-disciplinary efforts on Bigelow 11 to improve their HCAHPS scores by improving pain management on their unit. They employed a number of initiatives, including: working with the

Knight Nursing Center to address knowledge gaps in pain management; clarifying services available for patients with severe pain; using a daily ‘severe-pain’ report; developing an Acute Pain Worksheet; and developing a better interface with unit pharmacists. Following implementation of these new strategies, HCAHPS scores on Bigelow 11 showed a marked increase in patients responding “Always” to questions about pain management.

Tracey Zachary, RN, presented, “Sepsis in the Emergency Department,” describing a partnership with the MGH Center for Quality & Safety to develop standards of care for patients at risk for sepsis. Their ‘SPoT Sepsis’ Initiative focused on early recognition of the condition; early intervention; ongoing ownership and management; and triage to the appropriate level of care. They launched a comprehensive staff-education campaign that included HealthStream courses, in-services, and direct clinician feedback. The team implemented a sepsis flagging system to identify patients at risk and used an aggressive time-line to ensure appropriate care was delivered as early as possible. As a result of their efforts, they were able to reduce the length of stay for these patients from 15.1–15.2 days, to 12.2–14.7 days.



(L-r, back to front):
Judith Tarselli, RN;
Jessica Yang, RN;
Tracey Zachary, RN;
Christopher Shaw, RN;
Patti Fitzgerald, RN;
Carolyn McDonald, RN;
Lillian Ananian, RN;
Robin Lipkis-Orlando, RN;
and Kevin Callans, RN.

Thursday, May 10, 2018

Interactive Nursing Research Poster Display





Thursday, May 10, 2018

Yvonne L. Munn Nursing
Research Lecture and Awards

Nursing research insights into patient and family responses to heart failure



Christopher Lee, RN, professor and associate dean for Research at the Boston College Connell School of Nursing, external faculty senior nurse scientist, Yvonne L. Munn Center for Nursing Research.

Presenting this year's Yvonne L. Munn Nursing Research Lecture, Christopher Lee, RN, professor and associate dean for Research at the Boston College Connell School of Nursing, shared his study, "Nursing research insights into patient and family responses to heart failure."

Lee chose heart failure, a complex, multi-system syndrome because it's the fastest growing cardiovascular disorder and most common reason for hospitalization among older adults in the US. He found that men and women present with opposite, gender-specific symptoms of heart failure; and a dearth of information in the literature about how patients respond to those symptoms.

In both men and women, patients often present with concerning hemodynamic test results but no symptoms, or conversely, have symptoms but show no markers hemodynamically. As caregivers, which do we pay attention to? We need to pay attention to both.

In his first study, Lee looked at biomarkers of myocardial stress and systemic inflammation, and found that patients who engaged in effective self-care management showed lower levels of heart stress and inflammation.

In a subsequent study, he looked at care partnerships, or dyads, who worked together to manage heart failure, and the associated burden it placed on both the patient and the caregiver. He found great variability in the degree of success and burden reported, and varying perspectives on who they perceived was contributing more to care.

Lee concluded that nurses can be misled if we listen to just the patient, or just the caregiver. We need to look beyond self-care and the dyadic approach to caring for heart-failure patients in order to determine the true care needs of this population.

He closed, saying, "The best science is nurse-led, inter-disciplinary, and clinically relevant. The only factor that is permanent is impermanence."

Research Awards



Yvonne L. Munn Nursing Research Award

Recipient and principal investigator: Christina Burke, RN, of the Lunder 10 Hematology Oncology Unit, and mentor; Anne-Marie Barron, RN, Simmons College/ MGH, for their study, "Exploring the Experiences and Perspectives of Bone Marrow Transplant Nurses in Relation to Integrating Humor into their Practice."

This study will explore the nurses' experiences with humor in the care of bone-marrow-transplant patients.



Yvonne L. Munn Nursing Research Award

Recipient and principal investigator: Courtney Balliro, RN, and her team, Mallory Hillard, RN; and Mary Larkin, RN, of the Diabetes Research Center; and mentor; Diane Carroll, RN, of the Munn Center; for their study, "Empowering the Patient Voice: Analysis of Patient-Satisfaction Data to Inform Future Development of a Bionic Pancreas."

This study will describe and quantify the patient experience including treatment satisfaction, patient burden, and confidence in Type 1 diabetes-management using two configurations of the bionic pancreas versus standard of care.



Yvonne L. Munn Nursing Research Award

Recipient and principal investigator: Stephanie Qualls, RN, and her team, Laura Jones, RN; MaiAnh Tran-Allen, RN; Tara Tehan, RN; and Mary Guanci, RN, of the Lunder 6 Neuroscience ICU, with their mentor, Colleen Snyderman, RN, of the Nursing & PCS Office of Quality and Safety, for their study, "A Comparative Study of Oral Endotracheal Tube Securing Methods and the Impact on Skin and Mucosal Membrane Integrity."

This study will compare tape versus commercial tube-holder securement of the endotracheal tube and the impact on skin and mucosal membrane integrity. The results will be used to influence practice and develop a standard of care for securing endotracheal tubes at MGH.



The Jeanette Ives Erickson Nursing Research Award

Recipient: Virginia Capasso, RN, clinical nurse specialist and nurse scientist (front right), for her study, "Evaluation of EdemaWear to Reduce Lower-Extremity Edema in Patients with Chronic Venous Insufficiency: a Pilot Study."

Capasso is pictured above with (l-r): Jeanette Ives Erickson, RN; Harry Orf; Susan Slaughaupt; and Maurizio Fava, MD.

This study will evaluate the effect of EdemaWear compression garments on the reduction of lower-extremity edema in patients with chronic venous insufficiency who are at high risk of venous leg ulcers; describe the patient experience of donning, continuously wearing, and doffing the garment; and describe the experience of nurses and physical therapists with the product.

Research Poster Winners



Original Research

Dawn Williamson, RN, for her poster, "Education about Alcohol Use Disorders and Compassion Fatigue for Emergency Department Nurses."



Quality Improvement

Susan O'Donnell, RN (pictured above); Ellen Fitzgerald, RN; Katerina Kafkas, RN; Kathryn Lemire, RN; Sally Geary Alexander, RN; Dolores Suslak, CIC, and Erin Ryan, CCRP, for their poster, "Use of Simulation to Increase Oncology Nurses' Knowledge and Confidence in Caring for Central Lines in Immunocompromised Patients."



Emerging Researcher

Debra Lundquist, RN (above), and Donna Berry, RN, for their poster, "The Experience of Young Women Living with Advanced Breast Cancer: a Hermeneutic Phenomenological Study."



Evidence-Based Practice

Colleen McGauley, RN; Dawn McLaughlin, RN; Nicole Tavares, RN; Ashley Chandler, RN; Jen Samiotes, RN; Liz Croll, RN; Barbara Gallagher, RN; Arlene Kelleher, RN; Kim Whalen, RN; and Virginia Capasso, RN, for their poster, "Are Heparin Flushes the Most Effective Intervention for Reducing the Incidence of Central Line Thrombosis in the Pediatric Intensive Care Unit?"

Advanced/Mid-Career Nurse Researcher

(Not available for photo) Rachel Jones, RN, and Donald Hoover, for their poster, "Reduction in a High-Risk Sex Script among Young Urban Women in the Love, Sex, and Choices Web Video HIV Prevention Intervention Study."

Lunder 8 Neuroscience Unit



Staff nurse, Anthony Sposito, RN, with patient, Gabriel Keshishyan, in the Lunder 8 Neuroscience Unit.

Throughout Nurse Week

Nurses coming together in the spirit of friendship and collegiality





(Photos by Paul Batista and Jeffrey Andree)

The Boston Globe publishes 2018 Salute to Nurses

In a special insert section of *The Boston Globe* on Sunday, May 6, 2018, Boston Globe Media in collaboration with the Advertiser, ran its annual Salute to Nurses. MGH was privileged to have 14 nurses featured in the spread, including:

Kristin Anderson, RN	Yawkey Infusion Unit
Alice Dubois, RN	Pulmonary
Emily Erhardt, RN	Yawkey Infusion Unit
Mary Gowing, RN	Ellison 6 Orthopaedics/Urology
Samantha Horne, RN	Gynecology
Kristen Kenninston, RN	Internal Medicine Associates
George Lillie, RN	Yawkey Infusion Unit
Sarah Luppino, RN	Neurological Clinical Research Institute
Laura Lux, RN	Blake 12 Surgical ICU
Ida Meister, RN	Lunder 8 Neuroscience
Erika Meneely, RN	Ambulatory Hematology/Oncology
Mary Papagno, RN	Chelsea Urgent Care
Krista Rubin, RN	Ambulatory Hematology/Oncology
Lisa Torre, RN	Blake 8 Cardiac SICU



To read the letters of nomination for each of the nurses listed above, go to: <https://nurse.org/articles/boston-red-sox-nurse-hero-contest/>

The Boston Globe
**Salute
to Nurses**

Yawkey 8 Infusion Unit



Staff nurse, Maria Puleo, RN, with patient, Laura Tindall, in the Yawkey 8 Infusion Unit.

Two MGH nurses honored at Fenway Park

At this year's Boston Red Sox Nurse Appreciation Night, May 15, 2018, Nurse.org and the Boston Red Sox formally recognized ten nurses in a pre-game ceremony at Fenway Park. Selected from more than 1,400 nominees, two MGH nurses were among those honored. Their stories appeared on the Nurse.org website for voting prior to the event.



Kristen Benoit, RN
staff nurse, Phillips 22 Surgical Unit

Kristen Benoit, RN, staff nurse on the Phillips 22 Surgical Unit, was recognized for her care of a family that spent months at MGH as the mother battled a fatal brain tumor. Benoit's care and compassion left an impression on the family. One family member wrote, "Kristen quickly became our favorite nurse. She understood that we were grieving, lost, and sad beyond belief. She was incredibly gentle with my mother. Every time she came into the room, she was patient and caring."

In a surprising twist, Benoit learned that the patient had also been a nurse at MGH and had actually cared for Benoit's mother. According to this family, Benoit was born to be a nurse.



Sahar Khalaj, RN
staff nurse, Blake 6 Transplant Unit

Sahar Khalaj, RN, is the lead nurse in the Blake 6 Transplant Unit and is active in the US Air Force Reserves. In a nomination letter written by her colleagues, they describe Khalaj as the perfect combination of brilliant and caring. She's a warm, genuine, trusted nurse with a curious mind who always asks, "Why?" and never stops advocating for her patients.

Khalaj once saved a man's life after he was involved in a serious car accident. She pulled the man from his car and initiated CPR. By the time the ambulance arrived, he had re-gained a pulse.

Khalaj's work ethic and time-management skills allow her to serve her patients at MGH and also serve her country. She is a role model for all nurses.

Nurse Week

Relax... renew... refresh...



Taking advantage of complementary massages offered during Nurse Week, MGH disability review nurse, Helena Bank, RN (left), and scores of other nurses took a few moments away from their units to de-stress and re-energize.



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Submissions

All stories should be submitted to: ssabia@partners.org

For more information, call: 617-724-1746

Next Publication

June 14, 2018

MGH nurses.... simply the best!



Yawkey 8 Infusion Unit nursing team, working together, providing exceptional care, and having a great time!



Returns only to:
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