

Caring

Headlines

March 19, 2020

PACU Skills Day

preparing staff to meet the needs of an expanded patient population in the peri-operative setting



See story on
pages 4-5

Pam Wrigley, RN (right), staffs the eCare Blood Administration station at recent PACU Skills Day training event.

Debbie Burke

Exemplary response to the coronavirus outbreak

As the coronavirus (COVID-19) continues to affect communities around the world, our MGH Incident Command Team has been hard at work overseeing our response to this rapidly changing situation.

I want to take this opportunity to thank everyone for the professional way you've stepped up to meet the increased demand for care and services.

There's no way to know how extensive the outbreak will be, but I have the utmost confidence in all of you. I know you have the skill and expertise to ensure our patients receive the highest quality care in the safest

possible environment, and to protect yourselves, as well.

I want to thank associate chief nurse, Theresa Gallivan, for the great job she's doing as inpatient operations section chief on our Incident Command Team.

I ask that you continue to conserve resources (respirators, masks, personal protective equipment, and precaution gowns); and that you take the time to read daily updates to stay abreast of changes in practice and policies.

Please direct any questions to your managers or supervisors, or go to



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

the coronavirus page on Apollo for up-to-date information.

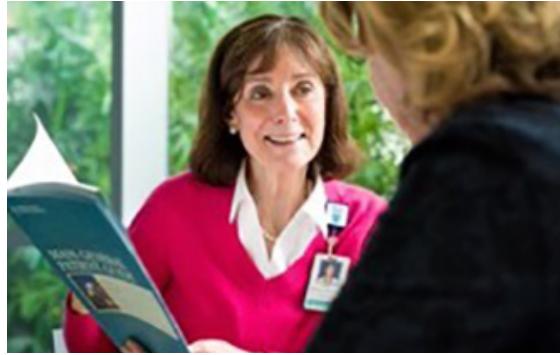

Debbie Burke

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(Debbie Burke's photo by Joshua Touster)

Debbie's Photo Gallery



(Above and at right): Thank-you and happy Social Work Month to our colleagues who care for the social and psychological needs of patients and families.
You are making a difference!



(At left): Congratulations to our newly board-certified physical therapy clinical specialists (l-r), Alexandra Smith, Lisa Moran, Lauren McGlone, Audra Wallace, Monica Warren, and Amanda Barry, who celebrated at the APTA conference in Denver.



(At right and below): Congratulations to the Blake 13 Newborn team (right) and the White 9 Medical team (below) on receiving Excellence in Action Awards—well deserved!



Peri-Operative Care



(Above): Skills Day team leaders (l-r): Susan Barisano, RN; Laura Cameron, RN; John Graham, RN; Carol McMahon, RN; and Madeleine McGarry, RN.

A staff-driven training event to ensure PACU nurses have the skills necessary to care for an expanded patient population

PACU Skills Day

—by Janet Dauphinee Quigley, RN, nursing director



Stations:

- TR bands fem-stops
- Temporary pacing
- Micro infusion pumps
- Port-o-Cath access
- Defibrillation review and re-certification
- Bladder scanner
- Precautions
- PVRs
- Blood administration (eCare)



The Post-Anesthesia Care Unit (PACU) recently underwent a re-organization that expanded its patient population to include patients from all surgical specialties, Interventional Radiology, and patients recovering from cardiac interventional procedures. PACU nurses now provide pre-operative patient preparation, recovery care, extended care, and preparation for discharge home.

To ensure that PACU nurses are equipped with the necessary skills to accommodate this shift in practice, the unit held a special Skills Day—a staff-driven training event, coordinated by team leaders: Susan Barisano, RN; Laura Cameron, RN; John Graham, RN; Madeleine McGarry, RN; and Carol McMahon, RN.

Based on feedback from their nursing colleagues, skill stations were created to address specific gaps identified by staff.

Training was available to all three shifts: 8:00am-12:00pm; 2:00-4:00pm; and 7:00-9:00pm. Each station accommodated five participants at a time and ran for 30 minutes. More than a hundred nurses attended.

Said PACU leaders, Janet Dauphinee Quigley, RN; Cheryl Ryan, RN; Katie Daly, RN; and Teri MacDonald, RN, “We are so proud of our PACU team. They went above and beyond to ensure we continue to provide the safest, highest quality patient care.”

One attendee was heard to say, “This is ridiculously fabulous!”

For more information, contact Cheryl Ryan, RN, at 617-643-7706.

Inter-Disciplinary Support

Supporting our kids

Respiratory Care and Perfusion hold book drive for pediatric patients

—by Jeliene Larocque, ECMO coordinator

Inspired by their ECMO colleagues in Iowa, the departments of Respiratory Care and Perfusion at MGH came together to support pediatric patients by picking up the mantle of the #booksforparker campaign. Staff of the two departments collected books to donate to patients in the Pediatric ICU, Emergency Department, and Radiology.

Many MGH ECMO specialists have spent time reading to babies and children while providing ECMO care. ECMO (extracorporeal membrane oxygenation) is a form of life-support similar to the heart-lung bypass machine used in cardiac surgery. It mimics the function of the heart and lungs, allowing patients to rest and heal.

The story out of Des Moines inspired MGH clinicians to hold a book drive in the hope that other departments will also step up and participate.

Thanks to everyone who has donated books! To learn more about #books-forparker, go to: www.weareiowa.com/news/local-news/dane-pratt-mercy-one-reads-to-patient-books-for-parker/.



Social Work



(At left): social worker, Jennifer, D'Alotto, addresses Forum for Japan Cancer Patients.
(Below): D'Alotto and her hosts in Japan.
(Bottom): Conference participants.



(Photos provided by staff)



Bringing social-work knowledge and expertise to Japan

—by Jennifer D'Alotto, LICSW

JMy name is Jennifer D'Alotto, and I'm an oncology social worker with the Bone Marrow Transplant, Leukemia, and Survivorship programs. In January, I attended the Forum for Japan Cancer Patients in Tokyo, hosted by the Comprehensive Academy for Advanced Oncology, an offshoot of the Tokyo Biochemical Research Foundation.

The forum was an opportunity for patients and families to network and share ideas about issues related to cancer treatment. I was invited to speak about genomic testing and cancer treatment at MGH, and the advocacy, support, and resources available to patients here.

The forum was held at a time when Japan is preparing for a new cancer compulsory-education requirement, scheduled to roll out in April.

Many of those in attendance were self-identified individuals who had seen a need and were there seeking solutions. Their circumstances may have varied, but their enthusiasm for improving the experience of patients and families was shared by all.

I was proud to represent MGH and humbled by the creativity and dedication of this incredible group of advocates.

Spiritual Care



Rabbi Benjamin Lanckton (left) leads festive Purim service in the MGH Chapel. Revelry, 'hamentashen,' and a good time were had by all.



Purim: a celebration of triumph

—by Rabbi Ben Lanckton, staff spiritual care provider

The celebration of Purim, a Jewish holiday commemorating a failed plot against Jews of ancient Persia, typically involves public revelry, food, wine, costumes, gifts, charitable giving, and special cookies called, hamentashen. Like most Jewish holidays, Purim revolves around the re-telling of a story—this one is ‘Megillat Esther.’ On March 10, 2020, Rabbi Benjamin Lanckton, festively dressed as Dancer the Kosher Reindeer, led this year’s Purim service in the MGH Chapel.

Costumed speakers read from a translation of Megillat Esther, a scroll of the Hebrew Bible, or Old Testament, while members of the congregation sounded noisemakers called, ‘graggers’ every time the villain, Haman, was mentioned. Clinical pastoral education resident, Christine Park, chanted a chapter in Korean; Spiritual Care director,

Reverend Alice Cabotaje, chanted another in Tagalog; and Lanckton chanted his chapters in Biblical Hebrew, complete with different voices for all the characters.

Lanckton and music therapist, Hannah Shefsky, offered the Purim Kiddush blessing over grape juice and hamentashen, whose triangular shape is said to represent Haman’s hat.

The department of Spiritual Care provides services in the MGH Chapel every Tuesday and Thursday at 12:15pm; watch all-user e-mails for topics.

The Jewish Passover preparation service will be held, Tuesday, April 7th, at 12:15pm. For more information, call Rabbi Lanckton at 617-724-3228.

Raising Awareness

Raising awareness about delirium

What is delirium?

Delirium is a sudden state of confusion or inattention, or a change in one's ability to think clearly. It occurs in one in three hospitalized patients 65 years old or older.

Delirium is most common in very ill patients, such as those in intensive care units or those with underlying medical problems, but it can occur in any patient in any setting.

What are the effects of delirium?

Patients who develop delirium are more likely to stay in the hospital longer, be discharged to a rehab or nursing home rather than home, and have trouble participating in their recovery, giving them a higher risk of poor outcomes.

Some patients with delirium suffer from confusion for weeks or months after discharge and require ongoing care.

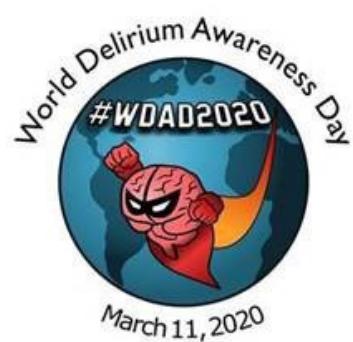


How is delirium different from dementia?

Delirium comes on suddenly (hours to days) and can often be reversed if addressed promptly. Some people with delirium are agitated while others appear sleepy. Some experience both periods of agitation and lethargy.

Dementia comes on slowly, usually over years, and is not reversible. Patients with dementia often show signs of memory loss and difficulty performing daily tasks, which can worsen with time.

The Blum Center's March 6th presentation on delirium can be viewed on the Mass General



#delirium #WDAD2020 #MGH

Facebook page: facebook.com/massgeneral.

For more information, contact:

- Liza Nyeko, at 617-643-5484
- Colleen Gonzalez, RN, at 617-643-5478
- Sophie Ryan, MD, at 617-732-7432

Delirium can be prevented

It's important to recognize patients with delirium early and employ preventive strategies to those at high risk of developing delirium. Preventive strategies include: hydration; nourishment; sleep; keeping active (body and mind); and avoiding unnecessary medications.

What are we doing to manage delirium?

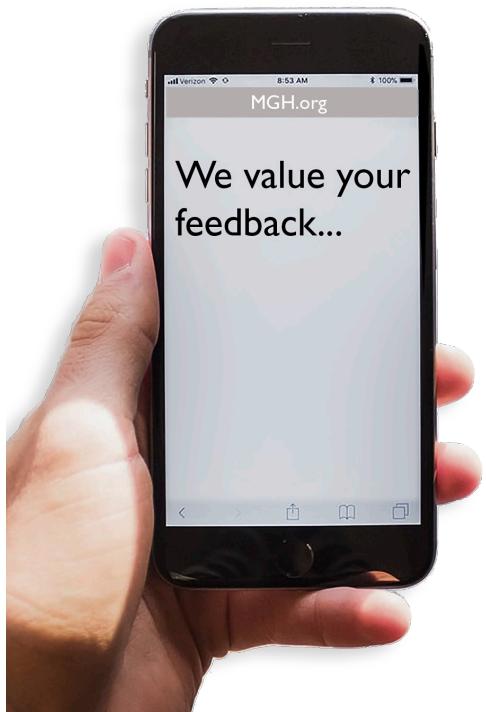
Since 2018, the MGH Delirium Steering Committee and its work groups have been developing strategies to:

- help providers identify, assess, document, prevent, manage, and monitor delirium using proven best-practices
- promote mobility while keeping patients safe from falling
- employ activity carts and partner with volunteers to help keep patients engaged
- educate staff about changes and improvements as they occur
- educate patients and families about how to recognize signs and symptoms of delirium so they can alert the care team

Listening to our patients

You can help improve the care experience

Beginning this spring, MGH will introduce a new way of reaching out to patients after visits to better understand their care experience.



We encourage patients to respond by e-mail, phone, or text.



Your feedback is highly valued and helps us make MGH even better.

Recognition

DAISY Award recipients



Will someone from your unit be
one of the first to be selected?

Nominate your nurse
or nurse colleague for a
DAISY Award today



Scan code to nominate
a nurse, or e-mail:
MGHDAISYAward@partners.org



Practice UPDATE



Conservation of Personal Protective Equipment due to COVID-19

To ensure that we have the appropriate personal protective equipment (PPE) available to keep you and our entire MGH team safe we are initiating measures to conserve our PPE supplies immediately.

Situational awareness: This week we have seen ongoing person-to-person transmission of SARS-CoV-2 (COVID-19) in countries other than China and it is increasingly likely that we will see cases here in the U.S.

Conservation Strategies for PPE Use:

Note: These strategies will apply to all patients on Isolation Precautions.

- **No students should be caring for patients on isolation precautions**
 - This includes nursing students, medical students, advanced practice students, and other health professions
- Care team members should use thoughtful planning to bundle care activities to reduce the number of and frequency of personnel entering and exiting the room, examples include:
 - Anticipating supplies needed in the patient room prior to entry. Stock frequently needed supplies to minimize entry to patient room.
 - Review patient care requirements with interdisciplinary team to limit frequency of care needs if appropriate. (ex. Telemetry use, streamlining medication regimen with pharmacy).
 - Work with dietary to have nurses or PCAs deliver and retrieve trays when entering the room for other reasons.
- During rounds we ask that the entire team work together to limit the number of team members who need to be present at the bedside
 - No scribes should be entering the room



February 28, 2020
Validated March 12, 2020

For up-to-date policy and practice information related to the coronavirus, go to: <https://apollo.massgeneral.org/coronavirus/>

Periodically, the PCS Office of Quality & Safety issues practice alerts and updates to communicate new information or changes to policies, procedures, or practices. Alerts and updates are generated by trends identified in safety reports, feedback from staff and leadership, or changes in regulatory requirements.

For more information about individual practice updates or alerts, contact the PCS Office of Quality & Safety, or go to the Excellence Every Day portal page at: <http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp>.



In preparation for the Joint Commission visit, the PCS Office of Quality, Safety & Practice sends out weekly resources that are quick and easy to read by staff. These 'Tuesday Take-Aways' should be distributed to staff and are also available on the Excellence Every Day portal page at: www.mghpcs.org/eed/rn/.

Tuesday Take Away

What is the main “take away” message?

KNOW HOW TO CLEAN YOUR EQUIPMENT

Use the right product, on the right equipment at the right time.

**Cleaning and Low or Intermediate-level Disinfection:
Using the Right Process and Product**

Principals for use:

- Low & Intermediate-level disinfectants are intended for use on inanimate objects and environmental surfaces - NEVER on skin. Use only on "non-critical" equipment. Non-critical equipment only contacts intact skin (e.g. BP cuffs, stethoscopes, wheelchairs).
- Low & Intermediate-level disinfectants should not be used for point-of-use cleaning of some "semi-critical" devices (e.g. scopes).
- Clean first then disinfect (always remove soil first). If item has no visible soiling, cleaning and disinfection can be a one-step process.
- Choose between a spray/pump bottle or disinfectant wipe based on the size of the object/surface and how dirty it is.
- After soil is removed, wet surface thoroughly with disinfectant: surface should remain wet. Do not wipe dry.

MGH Hospital-approved Products & Contact Time	
 PS # 97843	2 minutes Super Sani-Cloth (purple top) Chemical: Quaternary ammonium - with alcohol
 PS #400260	3 minutes Sani-Cloth AF3 (grey top) Chemical: Quaternary ammonium - No alcohol
 PS #90899	3 minutes Virex Plus Primary MGH detergent/disinfectant product Chemical: Quaternary ammonium- No alcohol
 PS #399496	3 minutes Products for Contact Plus Isolation : • Clorox Bleach Germicidal Cleaner Spray Bottle • Disinfect Bleach Germicidal Wipes • C. diff, Norovirus

This information is a guideline for selection of low or intermediate-level disinfectant agents. For more information call Infection Control @ 6-2036

Example for Use:
 Examples include use from patient to patient (e.g. IV poles, stethoscopes, glucometers, blood pressure cuffs, O2 Sat monitors, wheelchairs etc.).
Note: Super Sani-Cloth has a short contact time, making it ideal for rapid cleaning and disinfection.
 Use for Ultrasound probes and other devices that cannot tolerate products that contain alcohol.

Spray Bottle: Use primarily for environmental surfaces but also may be used for non-critical patient care equipment.
Note: Some offsite locations use "Virex Tb", a ready-to-use intermediate-level disinfectant. Contact time is also 3 minutes.

Wipes: Use for equipment used from patient to patient (e.g. IV poles, stethoscopes, glucometers, blood pressure cuffs, O2 Sat monitors, wheelchairs etc.).

Tuesday Take Away

What is the main “take away” message?

Clean Hands Save Lives!

Hand Hygiene is required:

- Before and after contact with a patient
- Before and after contact with the patient's environment
- After body fluid exposure risk
- During care or work, such as:
 - Moving from a "dirty task to a cleaner task"
 - Before performing an aseptic procedure



Cal Stat (alcohol-based hand rub) = the #1 method of hand hygiene!

- Apply Cal Stat to clean dry hands
- Rub until dry (approx. 20 seconds)

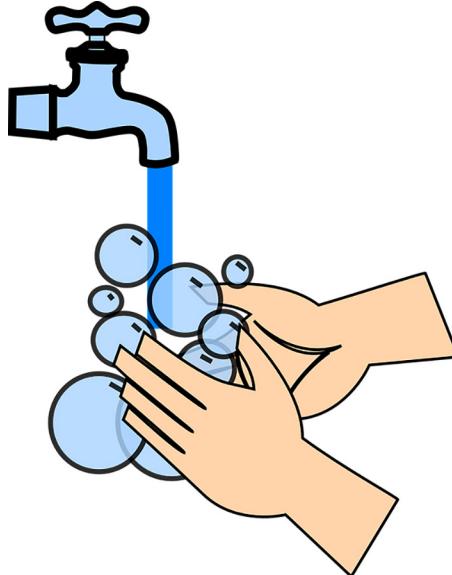
Wash with Soap and Water for ≥ 15 seconds at 4 specific times

- When hands are visibly soiled
- After using the toilet
- Before eating
- After working with spore-forming or alcohol-resistant organisms (as with patients on Contact Isolation PLUS...C. diff, norovirus, or cutaneous anthrax)

Gloves may NOT be used as a substitute for hand hygiene!

Hand hygiene is required before putting on clean or sterile gloves and after removing used gloves!

See MGH Infection Control "Prevention of Healthcare Associated Infections - Hand Hygiene Policy"
 in Ellucid for additional information.



March 2020

**MASSACHUSETTS
GENERAL HOSPITAL**
PCS QUALITY, SAFETY & PRACTICE

For more information please visit the
Excellence Every Day Portal
<http://www.mghpcs.org/eed/rn/>

Announcements

National Health Care Volunteer Week

honoring our volunteers and their commitment to service

April 19-25, 2020

Look for special events recognizing our more than 1,300 volunteers who provide services in more than 50 programs throughout the hospital.

For more information about activities planned for the week, or volunteer opportunities at Mass General, e-mail: mghvolunteer@partners.org, or call 617-726-8540.

Leading across professions: building trust and re-framing conflict in inter-professional teams

Thursday, April 30–Saturday, May 2, 2020

Open to all disciplines, special rates available. This immersive workshop aims to expand your skills as an inter-professional leader.

Participants will learn to:

- apply models of trust to understand your own inter-professional team/ environment
- create a plan to enhance trust in your team
- develop strategies to flatten power hierarchies
- re-frame how you think about conflict
- test your skills in relational dynamics
- learn to leverage conflict to empower higher functioning teams

For detailed information, go to: info.mgihp.edu/leading-across-professions-2020.

CE credit available for some disciplines.

Climate change and health 2020: the public health challenge of our time

Saturday, April 4, 2020

Open to all disciplines, student rate available. A one-day symposium presented by the MGH Institute of Health Professions' nurse-led Center for Climate Change, Climate Justice, and Health.

- Examine the intersection of climate change and health care and opportunities for research, education, and advocacy
- Discuss policy implications for public health
- Examine the role of health professionals in engaging in climate issues

For detailed information, go to: info.mgihp.edu/.

Albert H. Brown Medical Nursing Visiting Scholar

Friday, April 24, 2020

7:30am–4:00pm

O'Keeffe Auditorium

Developing a Therapeutic, Compassionate and Safe Response to Managing Disruptive Patient Behavior

Presentations held throughout the day, featuring keynote speaker, Colleen Brydeman, RN, executive director, PCS Office of Quality, Safety & Practice, at 2:15pm.

To register, go to: www.mghpcs.org/KnightCenter/index.asp.

Contact hours awarded for each session.

For more information, call Brian Cyr, RN, at 617-726-3130.

Conversations with Caregivers

for families, caregivers, patients, and staff

an educational series sponsored by the Dementia Caregiver Support Program

April 21, 2020

5:30–7:00pm

O'Keeffe Auditorium

"Legal and Financial Planning Following a Dementia Diagnosis," presented by Steven Cohen of Pabian & Russell, LLC.

Admission is free; seating is limited; light refreshments; parking vouchers available.

RSVP to: 617-724-0406, or email: dementiacaregiver.support@mgh.harvard.edu.

For more information, call 617-643-8809.

New Biomed Website

The re-designed website is a resource for staff who use medical devices supported by Biomed. The new site offers a more user-friendly menu, on-line service requests, FAQs, and more.

The new site integrates the Model Shop web pages, providing one site for all Biomed services. (Note: although the URL has changed, accessing the site is the same—under Partners Applications, click Biomed Site, then select MGH Clinical Biomedical Engineering Website.)

Visit the new website during St. Patrick's Day week and you could be a winner! Click on St. Patrick's Day-themed icons to be entered in a raffle to win a gift card to MGH eateries!

Blum Center Events

Thursday, March 19, 2020

MGH/C Parenting Series: "Setting the Stage for Healthy Eating Habits"

Tuesday, March 24th

Shared Decision Making: "Coronary Heart Disease"

Wednesday, March 25th

"Delirium, Dementia, and Depression: Which is it?"

Monday, March 30th

"Top 10 Sleep Questions"

Programs are free and open to MGH staff and patients.

All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm.

Events are live-streamed and recorded on the Mass General Facebook page at: facebook.com/massgeneral.

For more information, call 617-724-3823.

New hours for outpatient Pharmacy

The outpatient Pharmacy in the Wang Building is now open:

Monday through Friday 8:30am–7:00pm

Reminder that staff can use the dedicated professional phone line (617-643-4276) to contact the Pharmacy, Monday through Friday.

Weekend hours:

Saturday 9:00am–3:00pm
Sunday 9:00am–12:30pm

For more information, call 617-724-3100.

May be postponed

Patient Safety Culture Survey

We want to hear from you!

"Speak Up for Patient Safety" by completing the MGH/MGPO Survey on Patient Safety Culture. Providers and employees should have received an email from SurveyMonkey (emort@partners.org via SurveyMonkey) with a link to the confidential survey.

This is an opportunity to share your views on our culture related to patient safety and transparency. Your candid responses inform our efforts to ensure all clinicians and staff feel comfortable reporting errors and speaking up when something isn't right. We are committed to making Mass General the safest possible environment for everyone who comes through our doors.

Completing the survey automatically enters you in a drawing to win raffle prizes and weekly drawings for Coffee Central gift cards.

For more information, contact Jesse Russell at: jrussell7@partners.org.

ACLS Classes

Certification:
(Two-day program)

Day one:

June 11, 2020
8:00am–3:00pm

Day two:

June 12th
8:00am–12:00pm

Re-certification:
April 8, 2020
5:30–10:30pm

CPR Training (\$100)

June 11th
2:00– 5:30pm

Locations to be announced. Some fees apply. For information, contact Jeff Chambers at acls@partners.org.

To register, go to:

http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf

Dermatology Bootcamp

June 5-6, 2020

Starr Center
Simches Research Building
2nd floor

The department of Dermatology is offering a 2-day conference providing a crash course on the most prevalent topics related to skin cancer, skin disorders, and issues related to hair and nails.

Target audience is:

- nurse practitioners
- social workers
- psychologists
- physicians
- physician assistants

16 CME credits

To register, go to: <https://mghcme.org/courses/course-detail/dermatology-bootcamp>.

For more information, call 866-644-7792.

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For more information, call: 617-724-1746

Next Publication

April 23, 2020

Please check before attending events.
Many activities are being canceled or postponed due to the coronavirus

No more dialing 9 before calling 911

In response to a new federal law requiring businesses to simplify access to 911 emergency services, Mass General has updated its telecommunications systems so that callers no longer have to dial 9 before dialing 911. Effective immediately, callers using hospital land lines can dial 911 directly to reach emergency assistance. (Dialing 9-911 will continue to work.)

For all other calls outside the hospital phone system, dialing 9 then 1 is still required.

In light of this change:

- be vigilant when dialing outside the hospital to avoid accidentally calling 911
- if you do accidentally call 911, don't hang up. Tell the operator you dialed 911 by mistake

All 911 calls made from a Mass General land line are flagged and reported to Police & Security. You may receive a follow-up call from Police & Security subsequent to calling 911.

This change is intended to make it easier for employees to reach 911 in the event of an emergency. For more information, call Tom Mahoney, Police, Security & Outside Services, at 616-724-7694.

“911, what is your emergency?”



March 19, 2020

Returns only to:
Volunteer Department, GRB-B 015
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA