

Caring

JUNE 2023



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In With the New

A letter from Debbie



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Caring

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To submit story ideas to
*Caring, the Mass General
Nursing and Patient Care
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*On the cover:
In recognition of Occupational
Therapy Month, Taber Hilton, OT,
fits a wrist splint.*

Each day hundreds of patients and their families come through our doors – at the main campus, at our community health centers and outpatient practices and even through virtual visits – all trusting us with their care. It can be challenging sometimes to see the impact these encounters have on someone’s life when we are “just doing our jobs” as healthcare workers. For that reason, I would like to share a letter I received from a grateful patient.

“We were blessed to have welcomed our first child into the world at Mass General Hospital. After hearing so many wonderful stories from friends and family about the care they received at MGH, it was an easy first choice for our family. Along the journey we learned that our child would be entering the world at 37 weeks via scheduled caesarean birth. Every team member we encountered along the way left a positive impact on us, however, I feel it is important to highlight one specific nurse, Maggie Mohan-Brathwaite. We arrived on Blake 13 Mother/Baby Unit and Maggie helped us settle in and explained the entire process to us very thoroughly, understanding the whirlwind of a day we had as well as the fact that we were rookies to this. Over the course of the next three nights, we were lucky enough to be blessed with Maggie as our caretaker. I say “our” caretaker because Maggie was able to care for our premature newborn child, my wife who was recovering from surgery and myself who was trying to learn how to care for my family.

After a difficult start to 2023 for this unit, it is clear to us that the caretakers and staff on Blake 13 are true professionals who are committed to patient care. As a firefighter-paramedic working in various patient care settings over the past 17 years, I can say with confidence that the care provided by Maggie surpassed all of our expectations. Her positive bedside manner, her empathy for all three of us and the confidence that she exuded for our son had us leaving the hospital as more confident parents. Her years of experience and the sharing of knowledge, tips and tricks are something you simply can’t obtain from a book or training class.

In closing, I would like to recognize and honor the staff of Blake 13 and 14 Labor and Delivery for giving us an experience we will forever cherish. From the food and beverage services to our nursing and care staff, we appreciate everything you did for us. In a world where so much can be out of our control, the kindness and love from all of these individuals made the start of parenthood the most amazing yet.”

Stories like these happen every day. I hope we will continue to impact patients and their families by supporting them as they face hardship, challenge, change, and for this family – the joy of a new addition. Thank you for all that you do.

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Celebrate with Caring
March: Child Life Month, Social Work Month
April: Occupational Therapy Month,
Healthcare Volunteer Week
May: Nurses Month

The Loss of a Precious Part

– EVA MINTZ, MS, CCLS, CHILD LIFE SPECIALIST



Working on a busy inpatient pediatric unit, I have learned that my day rarely goes as planned. Things are constantly shifting and changing, new priorities arise, my pager goes off and a Child Life specialist is requested, sometimes



under the most difficult and traumatic of circumstances. On a fall morning, Child Life was consulted by the nurses in the Neuro ICU to help facilitate a visit where a mother's condition had unfortunately deteriorated, and her children were coming to say goodbye before they withdrew care. The talented team of

nurses and physicians on the Neuro ICU are of course exceptional in the care they provide to their adult patients. However, when it comes to talking to children, especially under such horrific circumstances, they are often left speechless and have discovered child life as a resource to help support children and families.

During my 10 years of work as a child life specialist at Mass General Hospital for Children, I have supported numerous children and families through some of the most challenging times of their lives including acute and chronic illness, and more recently, psychiatric illness as well. The adult world, however, is a completely new and unknown entity. The white walls are stark and bare, and the staff are busy caring for the most critically ill patients. It can be scary, overwhelming, and unwelcoming – not an ideal place for young children. Sadly, at times this is the place in which children must come to say their final goodbyes to their parent. Some parents may choose to

instinctively protect their children and to shield them from entering such a potentially traumatizing environment.

Other parents make the choice to be as open and honest with their children, to present the reality as is, to give their child the choice and opportunity to say their goodbye.

The husband of this patient was one such parent. In the darkest moments of his life, when he himself was mourning the sudden and tragic loss of his wife, he made their two young children his utmost priority. He was determined to be honest with his boys, to tell them just what had happened in the accident and to make it clear that the clinicians had tried their very best, but that their mother would not be waking up.

When I had arrived on the unit, the children had already entered their mother's room. The oldest of the two was tearful but bravely standing at his mother's bedside holding her hand. The youngest had collapsed into a tiny ball on the floor tucked into the far corner of the room. As a child life specialist, and as a mother of my own young children, I knew he was physically trying to make himself disappear in the room. I immediately scooped him up in my arms, and even though I was a stranger, he wrapped his little arms around me and allowed me to carry him out in the family waiting room. He sobbed into my shoulder, his entire body trembling uncontrollably. For a long time, I didn't say a word, I just held him and let him cry and gently rubbed his back. Eventually he calmed and took some small sips of ginger ale from the cup next to us. He looked up at me with his red swollen eyes as if realizing for the first time that he did not know me he asked who I was. I introduced myself and shared I was child life

(Continued on page 13)

Supporting Young People Grieving

"I have no doubt this father and their extended family is surrounding these children with comfort and love and that they will be well connected with community resources as they grieve their loss. Their father was given information about local resources to explore when he feels it is the appropriate time, including ClubStar, a bereavement support group for children and their families in the MGH community," explains Mintz. The group is for children, teens and their parents or caregivers who are grieving the death of a parent or sibling.

ClubStar provides opportunities and offers a therapeutic outlet to share experiences with others grieving a loss by creating legacy projects and memory making activities. At right are two examples of activities utilized by ClubStar, one a "Broken Heart" activity where each child was given a piece of the heart to decorate in honor of their loved one that died. The children work as a team to put the heart back together with band-aids. The other, the "Helping Bridge" activity, asks the child to draw a river representing their grief. They created a bridge out of craft sticks to go over the river. On each craft stick, they wrote a person or activity that helps them through their grief. ClubStar is facilitated by child life specialist Hillary D'Amato, hdamato@mgb.org.





Ether Dome Challenges Patients

The Office of Patient Experience team recently collaborated with the Healthcare Transformation Lab (HTL) and Center for Innovation in Care Delivery (CICD) to launch the first ever patient Ether Dome Challenge (EDC).

The EDC program was launched in 2014 with support from the Laboratory of Innovation Science at the Harvard Business School (LISH) in recognition of the fact that frontline staff know best the pain points they face in their daily work. Ideas and solutions are submitted via an internally designed and developed secure, anonymous platform. Staff are then invited to engage in the process of deciding which ideas move forward through a crowdsourced voting process via the platform. Top voted idea submitters are then invited to prepare implementation plans, which are reviewed and evaluated by a panel of expert judges. Winning ideas are granted implementation funding as well as project support from HTL. After a successful implementation of the EDC with Nursing and Patient Care services in 2021, HTL teamed up with the CICD to run a challenge with patients in collaboration with the Patient Experience Team.

Members from all eight of the MGH Patient and Family Advisory Council teams participated in the opportunity to gather innovative ideas from patients. After receiving 26 ideas, the participants voted, and the top 11 ideas were invited to submit an application. Seven judges from Collaborative Governance, Quality and Safety, and Process Improvement identified one winner and three runner-ups who we celebrated in December 2022. Over the next several months, HTL and CICD will work with the teams to further design, develop, and pilot their ideas.

Ether Dome Challenge Winners and Runner-Ups

- **Jonathan Parziale** from the Heart and Vascular PFAC with his idea “Information Gathering Prior to Appointment”
- **Penny Blaisdell** from the Emergency PFAC with her idea “Patient Education about the Patient Features”
- **Kimberly Whalen and Lynnette Lovasco** from the MGHc PFAC with their idea “MGHc Family Resource App”
- **Winner: Ashley Conti Smith** from the MGHc PFAC with her idea “Help After Discharge” supported by Miri Bar-Halpern and Erin Quinney from the PFAC and PFAC Chairs Sandra Clancy and Esther Israel

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Sock Drive for Boston Health Care for the Homeless

Amidst a variety of activities to celebrate Social Work Month, in March, Social Services also gave back to the community by holding a sock drive to benefit Boston Health Care for the Homeless program (BHCHP). Staff donated new men’s and women’s socks for BHCHP to distribute to patients experiencing homelessness they see in the clinic at MGH, during street outreach or in shelter-based health clinics. Many people experiencing homelessness spend their days outside and have limited access to shoes and socks. Wearing damp socks for days or weeks at a time increases the risk of skin infections and frostbite. “Offering socks can also help to build trust and relationship,” says David Munson, MD, BHCHP, “making them one of our most valuable outreach tools.”



From left, Zachary Cutts, LICSW, Munson, and Ellen Forman, LICSW

AN INTERVIEW WITH Elise Gettings, RN, and Kim Sheppard, RN

Gun violence is a public health epidemic and the leading cause of premature death in this country. Elise Gettings, RN, CPC, and Kim Sheppard, RN, White 12 Translational Clinical Research Centers, work to champion gun violence prevention. Gettings and Sheppard are members of MGH teams researching gun violence prevention and share some of their findings with *Caring*.

For context, would you share some of the fatality statistics and impact of gun violence in our country and state?

Sheppard: The latest data available from the Centers for Disease Control and Prevention is from 2020. In that year, 45,222 people died from gun violence related causes. Of these deaths, 24,292 were suicide and 19,384 were homicide. Approximately 123 people die from gun violence every day.

Gettings: It is difficult to find local morbidity and mortality statistics related to gun violence. However, data from the Boston Hospital Violence Collaborative report 1,432 individuals who presented to Boston area hospitals for gunshot wounds or stabbings in 2020 and 2021.

Massachusetts has one of the lowest fatality rates in the country, approximately 3 per 100,000 (the rate nationwide is approximately 11).

What are some results from the surveys you've conducted at MGH?

Sheppard: We've conducted two surveys at MGH to ascertain nurses' knowledge and comfort levels with assessing firearm access and educating patients regarding safe gun storage. The first pilot survey we conducted was with staff from White 10 Medicine and Blake 11 Psychiatry. More than 50% of nurses surveyed on each unit were unfamiliar with Massachusetts' law on safe gun storage. A similar number of nurses on each unit endorsed receiving relevant education and having resources available for patients. More than 80% of nurses reported that they would feel comfortable providing patients with information on safe gun storage if it were available. Results from this study were published in the *American Journal of Nursing* in September 2020.

We also conducted nine individual interviews as part of this study. A paper reporting qualitative results will be published in



MedSurg Nursing in July of 2023.

Gettings: The second survey we conducted was with nurses from 13 different inpatient units at MGH. 62% of nurses surveyed were familiar with Massachusetts law on safe gun storage and 26% were unsure. More than 54% of nurses surveyed reported that they were uncomfortable asking patients about firearm accessibility. However, if a pamphlet on safe gun storage were available, the percentage of nurses reporting being comfortable providing patient education rose to 89%.

One of the most glaring findings of both of our surveys is that 96% of our MGH nurses are unfamiliar with the patient safe gun storage handout produced by the MGH Gun Violence Coalition that is available in Epic, the electronic medical record.

Who is at an increased risk of injury or death from a firearm?

Sheppard: Young children who may be exposed to unsecured firearms at home and teenagers who may be depressed or suicidal are at an increased risk. Also, people with suicidal ideation or depression, people with a history of violence, a prior victim of intimate partner violence, people who misuse substances, people who are suffering from Alzheimer's or dementia and older adult men, a demographic with a high rate of suicide, are all at a greater risk of injury or death from firearms.

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How can staff learn more about gun violence prevention?

Sheppard: I taught a class with Matt Thomas of Police and Security and Meaghan Rudolph, MS, RN, PMHCNS-BC, Psych clinical nurse specialist, sponsored by the Knight Center.

Gettings: The class was recorded and will be available on Heathstream late summer or early fall as an optional educational course. Scan the QR code at right to access the information sheet.



Clinical Narrative: Alyssa Taubert, Occupational Therapy

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Last year, a 39-year-old nonverbal, Spanish speaking male with a history of coronary artery disease experienced cardiac arrest and was admitted to the ICU at MGH where he was found to have cardiogenic shock and multi-organ failure.

Occupational Therapy (OT) had been consulted on for a pre-operative left ventricular assistive device (LVAD) assessment. LVADs provide mechanical circulatory support for those with advanced heart failure. Living with an LVAD challenges a person, both cognitively and physically, as they must manage power sources, problem solve and appropriately respond to medical emergencies, and integrate a complex external device into a daily routine. As OTs, we complete a battery of assessments to determine a patient's cognitive abilities, grip strength, and fine motor skills to predict what level of support a patient may need to manage an LVAD upon discharge.

According to his medical chart, the patient had a moderate-to-severe developmental disability and is nonverbal at baseline, though was highly independent prior to admission. He lived alone and was able to take care of himself with his basic activities of daily living.

Based on notes in his chart, it was challenging in previous encounters to engage him in care with nursing and physical therapy, but it was unclear why. The patient often wavered back and forth with his decision on pursuing an LVAD and the team was concerned that his family may not be able to provide the level of supervision he would require after surgery.

After working with the patient and speaking with his sister, I learned he was not able to read, write, or speak in English or Spanish. This raised concerns for his level of understanding in terms of the implications of receiving the LVAD and that he would need this device to live, as he is not a heart transplant candidate at this time. It was crucial that we carefully deciphered what he understands and what was possibly missed due to his communication status.

Through continued self-reflection, I kept thinking the patient knew and understood more than we thought, and perhaps he just needed his care to be tailored to his needs. Initially, I was overwhelmed and did not know how to approach this scenario. I thought back to one of the basic skills I learned in OT school – meet the patient where they are, physically and intellectually, through adaptation of tasks. I had the realization that once I stripped away the concerns I was perseverating on, I was able to simplify what I needed to focus on – getting the patient to be as independent with his daily routine as possible.

I reached out to my clinical specialists and OTs with diverse expertise to problem solve how to adapt the assessments and education relating to LVAD management.

After the evaluation was completed, my colleague and I determined he would eventually be independent with the management of the LVAD with prolonged education, but he would require 24/7 supervision long term due to his inability to communicate in emergency situations if they were to occur.

A few days later, the VAD team deemed him a candidate and he was agreeable, so he was taken to the operating room for Impella removal and LVAD implantation. Things started to get even more challenging at this point.

The initial days following the operation, it continued to be difficult to engage him in care and there was concern regarding his motivation or ability to participate in VAD education. Since he could not read or write in English or in Spanish, the typical written instructions provided to patients were not going to be sufficient. I decided to create a story board as a visual aid for sequencing steps of the LVAD. I took pictures of the different components and placed them in the order of how to perform power source changes in a document. This was printed, laminated, and placed on a ring for easy use. The interdisciplinary team was receptive to this strategy and willing to implement the story board when practicing power source changes with him prior to discharge. After adapting our communication style, the patient was a quick learner and demonstrated the ability to manage the LVAD independently.

This case needed careful consideration and empathy. Many hours were spent on clinical decision making, task adaptation, and interdisciplinary communication to give the patient the best chance at success. Today, the patient continues to live with his sister and is independent with LVAD management. He has been able to resume participation in his activities of daily living and meaningful occupations.



Hand Therapy Expands at Mass General Waltham



The essence of occupational therapy (OT) is the profession's core belief in the positive relationship between occupation and health. When an individual suffers an injury or illness that prevents them from engaging in the activities that are meaningful, it can create a myriad of issues that can cause one to lose functional abilities and experience a decline in health and wellbeing. One area that occupational therapists specialize in is the treatment of hand and upper extremity injuries. The loss of hand and arm function can dramatically affect how someone can participate in many activities. For example, having an upper extremity problem could result in difficulties ranging from performing work tasks, cooking, taking care of your children or even playing golf.

MGH Outpatient Occupational Therapy Service has had a long history of highly trained hand therapists who specialize in the rehabilitation of the upper extremity. This year OT opened the doors of a new 14,000-square-foot, state-of-the-art rehabilitation facility at Mass General Waltham. This allowed for the expansion of Occupational Therapy, Physical Therapy and Sports Medicine services. The expansion collocates therapy with orthopedic and sports medicine physicians, promoting effective and efficient interprofessional care.

Occupational Therapy services include post-op care from hand surgery including custom splinting, wound care, exercise training to improve motion and strength, as well as treatment for repetitive injuries or degenerative issues.

“ We are fortunate to great occupational hand therapists at MGH and be able to expand these services to Mass General Waltham. The close collaboration of Hand Therapy with our physician and advanced practitioner services has been exceptionally beneficial for our patients. ”

– NEAL CHEN, MD
CHIEF, HAND & ARM CENTER, ORTHOPAEDICS



PUTTING THE PATIENT FIRST: Above, Amy Orroth, OT, and Taber Hilton, OT, review patient images. Below, Orroth works with a patient to regain upper extremity strength. Hilton, Chen and Leslie McLaughlin, OT; discuss a patient's plan of care using a hand model.



Pride on Phillips House 20

Led by Ali McConville, RN, attending nurse on Phillips House 20, the staff of the medical unit dressed in colorful scrubs to create a rainbow celebrating Pride Month.



Supporting Burn Patients

Ellison 14 Summer M. Redstone Burn Unit and the Frasier Outpatient Burn Clinic staff took part in the American Burn Associations Burn Awareness Week the first week in February. The theme this year was to help share awareness for preventing scald injuries. The staff along with Boston Firefighters and Burn Survivors of New England, hosted a table in the main lobby to help spread awareness and support burn patients at MGH. Staff honored first responders by representing their hometowns, wearing their hometown fire department t-shirts.



Medical Visiting Scholar: Sickle Cell Disease

On April 18, 2023, the annual Albert H. Brown Medical Nursing Visiting Scholar Program was held virtually and in the O’Keeffe auditorium. The annual program, made possible by support of Dorothy A. Terrell, was titled: “Sickle Cell Disease: Science, Society, and Systems of Support.” Three sessions explored strategies for nurses to effectively partner with and care for patients with sickle cell disease in the acute care setting.

The keynote speaker, Sharl Azar, MD, medical director of the MGH Comprehensive Sickle Cell Disease Treatment Team; discussed the often-invisible suffering of patients with Sickle Cell Disease and how this is further complicated by racial disparities and lack of research and research funding for this disease that predominantly affects black and brown patients. In the second session, Sharon Amos, RN; Ellen Silvius, RN; and Kate Quint, MSW, LICSW; interdisciplinary members of the Comprehensive Sickle Cell Disease Treatment Team, presented a case study exploring not only the medical, but also socioeconomic and psychosocial impacts on patients with sickle cell disease. The third session began with Brooke Kirby, RN, Bigelow 7 Medicine; sharing a narrative of her experience caring for a patient with sickle cell disease who was experiencing a severe pain crisis, followed by a panel discussion including Kirby, Azar, Amos, Silvius, Quint, and three MGH patients with sickle cell disease. Patients shared their stories, noting the profound impact nurses can play in helping them feel heard and cared for when they, too, often feel misunderstood, unseen, and unheard.



For more information about the Medical Nursing Visiting Scholar Program, call Brian Cyr, RN, at 617-726-3130.

At the Heart of the Mission: Celebrating Volunteers

Since 1869, volunteers have been at the heart of Mass General's traditions of excellence and caring. Between helping patients and families navigate the hospital campus, delivering books and magazines to patient rooms and offering snacks and blankets to those undergoing treatment in the Cancer Center, they provide thousands of hours of service each year to the MGH community.

Throughout the week of April 18, the department hosted a series of events to celebrate another successful year of service, including an awards ceremony and lunch, a Zoom education session with Michael Jernigan, MD, of the Department of Medicine, daily raffles, and a pet therapy session on the Bulfinch Lawn.

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Jessie Harding Award: Hattie Kessler

Presented to the most outstanding volunteer for unselfish and generous service to patients and their families.

"Hattie is considered part of the volunteer staff at Mass General because she is always willing and available to help when needed. Her commitment and dedication to the hospital and the patients are beyond compare."

Maeve Blackman Award: Max von Franque

Presented to a college student planning to pursue a career in the health care, named in honor of Maeve Blackman, former director of the Volunteer Department, who helped students interested in medicine better understand patient-focused cares.

"Max has been fortunate enough to learn a lot from volunteering at Mass General Hospital. One of the biggest lessons he has learned, and still trying to develop, is how to talk with patients and help make their stay a little better."



The Pat Rowell Award: Chris Kelly and Loretta Attardo

Presented to a volunteer who demonstrates an understanding of the helping culture of the Volunteer Department and who exhibits dedication and perseverance through longevity of service.

"Chris is one of the most reliable volunteers and always available and willing to train new volunteers."

"Volunteering each week gives Loretta the rewarding feeling knowing that she has been truly helpful to a family member by reducing the stress that necessarily comes with a loved one in the complex world of surgery."



Pet Therapy Award: Jen Brontas and Phoebe

Presented to a pet and its handler who have gone above and beyond to bring joy, happiness, comfort to our patients and staff in the past year.

"Phoebe brings such comfort, joy, and smiles to everyone when they visit patients and staff. It is such a wonderful feeling when you know you can do something to give back to all the amazing healthcare workers. Volunteering with Phoebe makes it extra special because they are a team."



CARDBOARD CUTOUTS:

Although Brontas and Phoebe were not able to attend the recognition event, they were there in spirit thanks to MGH Photography.

Launch of Lippincott Resources

Lippincott Solutions is an online tool that provides access to more than 2,200 evidenced-based procedures and clinical decision support (spanning more than 15,000 clinical topics) in a user friendly, intuitive format. The database provides foundational support for exemplary practice, evidenced-based practice, and advances the hospital and Patient Care Services' strategic plan.

The platform launched in April and has been accessed across the hospital. Lippincott Procedures, a resource that provides procedure guidance and technical videos covering a variety of specialties, and Lippincott Advisor, an instant, evidence-based clinical decision-making support tool, can be accessed to support and bolster hospital policies and specialty association guidance. Lippincott is intended to be referenced only after utilizing Ellucid, the hospital's policy manager, to access MGH and Mass General Brigham policies, followed by specialty association standards and guidelines, and then finally Lippincott. Lippincott modules are accessed directly from the start button under "Clinical References."

Lippincott Procedures

- Provides instant, evidence-based procedure guidance at the point of care with more than 2,200 procedures and skills covering a wide variety of nursing specialties.
- Combines clinical content with online workflow functionality that enables users to save time, standardize care, and deliver improved patient outcomes.
- Features more than 650 technical videos that allow for instant access, time saving navigation, and manageable content.

Lippincott Advisor

- Provides immediate, evidence-based, 24/7 online nursing clinical-decision support
- Allows access to the latest evidence-based information with more than 15,000 detailed studies and patient teaching handouts.
- Includes 15,000 evidence-based clinical topics including diseases and conditions, signs and symptoms, diagnostic tests, treatments, drugs, quality and safety, and cultural perspectives.
- Presents more than 8,000 patient teaching and drug handouts that utilize a Patient Teaching Navigator which provides guidance on best practices when educating patients and their families.



- Gun Violence Prevention (continued)

(Continued from page 5)

Is it okay to talk to patients about firearm accessibility and safe gun storage?

Sheppard: Yes, it is okay to ask patients if they have access to firearms since gun violence is a public health issue. There is no law in Massachusetts restricting clinicians from talking to patients about gun ownership, safety and storage. In addition, Massachusetts law requires firearms to be stored in a locked container or equipped with a tamper-resistant mechanical lock or other safety device.

Gettings: For a patient safe gun storage handout in epic, go to Patient Instructions, Additional Search, and then "gun safety." It is fine to print this out and hand to your patient.

How can staff get more involved with gun violence prevention?

Gettings: MGH has a committee called the Gun Violence Prevention Coalition that is dedicated to reducing morbidity and mortality from firearm-related violence and promoting safety

in the homes and communities of the patients served through education, community engagement and research. Kim and I are members. We meet on the first Friday of every month at 1pm via zoom. If you are interested in joining, please email the MGH Gun Violence Prevention Center at gvpc@mg.harvard.edu.



Celebrating Scholarship Recipients

The Association of MGH Multicultural Professionals (AMMP) scholarship was established as part of AMMP's mission to support the educational goals of members and to expand access to career opportunities at Mass General Brigham by assisting employees in obtaining Associate's, Bachelor's, Master's or post-graduate degree, professional certificate, or prerequisites for a professional degree. This year, multiple members of Patient Care Services were named recipients of the scholarship. Two recipients, Adriana Maria Mocan, MA, CMI, Interpreter Services; and Stacianne Goodridge, Institute of Patient Care, share their career goals and how the educational opportunity afforded by the scholarship informs their work.



Adriana Maria Mocan, MA, CMI
Certified Medical Interpreter, Interpreter Services

“ Education is fundamental in healthcare, a field where change happens constantly. As a certified medical interpreter, I strive to always be open to learn, to keep up with the changes in language and speech and to study the new advancements in medicine and technology. To maintain credentials, interpreters must attend continuing education courses for medical terminology and professional medical training events and recertify with the National Board of Certification for Medical Interpreters.

The AMMP Scholarship has made it possible for me to take prerequisite courses for an accelerated entry Master of Science in Nursing program. AMMP continues to be instrumental in helping me achieve my goal of becoming a Nurse Practitioner. I am grateful to be a part of such a diverse team, oriented towards equity, volunteering and excellence.

My steady interest to improve patient experience has led me to become an active member of Collaborative Governance and the Patient Experience Committee. Also, I volunteered my languages skills with the Global Disaster Management Response Team and the MGH Asylum Clinic to help the migrant and asylum-seeking population at the United States' southern border in 2019. More recently, I am a new member of Women in Leadership Group at MGB, where I look forward to participating in new and exciting projects in the organization. ”

Stacianne Goodridge
Staff Assistant III, Institute of Patient Care

“ My goal is to complete my bachelor's degree in healthcare management to understand better how different factors impact healthcare delivery and services at MGH. I have always been attracted to the fast pace of medicine and the idea of working in a field where advancements are constantly being made to improve outcomes and enhance the well-being of populations. The opportunity to receive the AMMP scholarship will help enhance my access to career opportunities and expand my knowledge. This AMMP scholarship aligns well with my mission to stimulate meaningful change and create a more equitable, efficient, and effective healthcare system.

Education equips us with the expertise required to help us realize our career pathways. Throughout my career, I have maintained the highest performance standards within a diverse range of administrative functions. I am excited to leverage my skills to produce value for the future of our healthcare organization and gain a better understanding of organizational dynamics through the MGB Leadership Development Program. I can enhance my leadership and managerial skills and learn how to handle complex, stressful, high-stake situations. ”



Nursing Research Day

Nurses serve on the frontlines of patient care and transform observations and caregiving experiences into nursing inquiry to improve patient and family-centric care. The annual Nursing Research Day, sponsored by the Yvonne L. Munn Center for Nursing Research, offers the opportunity for nurses to share scholarship pertaining to quality improvement, evidence-based practice, and original research reflecting unit-based initiatives to enhance patient care and nursing workforce-related issues. 43 nurse-led projects were featured.



Evidence-Based Practice

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN, vice president for Health Promotion and chief wellness officer; Dean and Helene Fuld Health Trust professor of Evidence-Based Practice, Ohio State College of Nursing, Columbus, OH; discussed the current state of evidence-based practice and nurse and clinician wellness across the country. Her presentation “Evidence-Based Practice Plus Nurse/Clinician Well-being as a Key Strategy to Reach Healthcare’s Quintuple Aim: Evidence-Based Tactics for Success” highlighted how the two concepts build off each other to better patient outcomes and workforce safety and well-being.



The Power of Nursing

As part of Nursing Research Day, Angelleen Peters-Lewis, PhD, RN, FAAN, chief operating officer and chief nursing executive at Barnes-Jewish Hospital; led a session highlighting how nursing scholarship contributes, informs and improves nursing practice and the profession as a whole in her keynote titled “The Power of Nursing: Pathways and Possibilities.”



Preventing Violence Against Healthcare Workers

Workplace violence is on the rise in healthcare. Recently, MGH has rolled out an assessment tool that assists in identifying violent patients on inpatient units. The Aggressive Behavior Risk Assessment Tool (ABRAT) was developed by Son Chae Kim, PhD, RN, associate dean and professor of Graduate Programs, School of Nursing, Port Loma Nazarene University, San Diego, CA. June 6, Kim presented “Standardized Tools for Identifying Potentially Violent Patients and Documentation of Violent Events” to the MGH community sponsored by the Office for Quality, Safety and Practice.



Chief Nurse Address: WMGH-TV Your Nursing News

Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care Services and chief nurse, hosted an installment of “WMGH – Your Nursing News” featuring news correspondents reporting from the field on topics such as capacity, Magnet preparation, and well-being. Also, the program included live in-studio interviews featuring recent nursing graduates and PICU nurses sharing their experiences of serving patients overseas in Guatemala.



- Child Life (continued)

(Continued from page 3)

specialist who worked at the hospital and that I was here to help him say goodbye to his mother.

I told him how brave he was and asked if he had any questions for me. Never in my life will I forget his response. He asked in a clear yet shaky little voice, “My mommy is the most precious part of our family. How are we supposed to live without her?” I have learned over the years that for some questions, there are simply no answers. I told him, “You are absolutely right. Your mommy is the most precious part of your family. She loves you so much she always, always will.” His brother had joined us at this time and had heard my response. Being a few years older, he very rationally and concretely replied, “Well love is a feeling, and our mommy can’t feel anything right now because she is dead.” I told him that he was also right, but that “love is a feeling that is so strong it can live outside of our bodies and connect us even when he can’t see or feel the other person.”

The boys continued to ask questions and at times they were sad and tearful, at times they were angry, and at times they were even silly as they recalled memories. After a couple of hours together I presented a bag containing some memory making projects. I showed the boys some stretched canvas, colored ink pads and model magic clay. I suggested that maybe it would be special to do some projects together to help them say goodbye. I explained that some of the finished projects we could leave with their mother in the hospital and

others they could take home with them to keep. Both boys were receptive to the idea and seemed to be comforted by something concrete to focus on during a time of such chaos.

For one of their projects both boys bravely chose to go back into their mother’s room to complete a handprint project together. They chose their mom’s favorite color, as well as their own. Both helped me gently press their mother’s hand into purple ink and we placed it in the center of a large canvas to get her handprint. Then they added their handprints to each side. The result looked like a beautiful piece of abstract art with their multi-colored fingertips interlocking. I explained to the boys that they could look at this special painting as a reminder that they would always be connected to their mother. Both boys also chose to do their own individual canvas with their handprint next to their mother’s. Lastly, we rolled out some model magic clay and did an imprint of their mother’s handprint with each boy’s handprint on either side. I gave the family a special memory box to keep their artwork along with special reminders including, pictures, cards, letters, ticket stubs or trinkets.

After interactions like these, I ask myself “Why do I do what I do?” As a child life specialist, there are times in which we encounter so much sadness and witness such loss and tragedy. But then, I bear witness to the amazing strength, love, and resiliency that children and families have in their darkest hours and it in turn fills me with hope.



Say Cheese!

As part of Nurse Recognition, ambulatory nursing teams shared smiling moments from across the MGH. At left, Neurology nursing (top); nurses at MGH Everett HealthCare Center; Ambulatory Palliative Care Yawkey 7 nurses; and colleagues at the MGH Charlestown HealthCare Center (below).



From the Floor to the Ice

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What does the week of a full-time professional women's hockey player and MGH nurse look like? Just ask Meghara McManus, RN, who does both.

The White 9 Medicine nurse – and forward for the Boston Pride – wakes up at 5 am, works on the patient care floor from 7 am to 7 pm, then heads home, where she trades in her scrubs for skates for 9 pm hockey practice. It's a juggling act, but McManus doesn't complain.

"I'm honored to be able to do both jobs and have never had to miss some of one thing for the other," she says. "On game weekends I'll fit my MGH shifts in earlier in the week, then work on weekends when there is no game, then do regular errands on my days off. It's a grind, but I embrace that grind."

McManus grew up ice skating with her brother and played on boys' teams until she was 14. She continued playing at prep school, and then at the University of New Hampshire, though it wasn't always an easy process. "The recruiting process can be very vigorous. Many teams told me I was too small, or I wasn't fast enough," she says.

Despite the early criticism, McManus proved herself more than worthy, becoming the team's leading goal scorer and being named MVP in her senior year. After graduating, she was drafted to the Boston Pride, one of seven teams in the Premier Hockey Federation – formerly the National Women's Hockey League – where she has played for the past three seasons.

During that time, her team won the championship trophy twice – and McManus received her nursing degree and changed her career from a patient care assistant (PCA) to a floor nurse at MGH.

"It was a great transition because the group of PCAs I worked with all got hired to the same floor, an amazing unit where everyone is so kind and always there to help," McManus says. "One of the biggest challenges in becoming a nurse is knowing who to ask, what to do, where to find things. The transition was so smooth because of the other nurses on the floor, we just had that support from the start."

Two nurses who have exemplified this kindness, helpfulness and flexibility for McManus and her two jobs are Naomi Martel, RN, White 9 Medicine, nursing director, and Shannon Mahoney, RN, White 9 clinical nurse specialist.

"Everyone has things in their lives – people have kids, jobs, hobbies, it's not just me," McManus says. "I really, truly embrace that they allow me to pursue both of these things that mean so much to me."

Her fellow nurses feel the same about McManus. "Meghara is a gem. She is the epitome of a team player and puts 100% into each and every shift," says Mahoney. "Not only is she committed and dedicated to her nursing practice and her patients, but she is incredibly caring and thoughtful. Patients and families are lucky to be cared for by Meghara and on White 9 we are lucky to call her one of us."

The Premiere Hockey Federation is now in its eighth season, and the salary cap and visibility of the league are rapidly increasing, says McManus, with about half of the players also working other jobs.

As for eventually making the jump to playing hockey full time, McManus isn't quite there yet. For now, she'll keep caring for patients by day, and playing for consistently sold-out home games each weekend.

"We have an amazing fan base and being able to be on that ice at Warrior Arena where so many young girls come watch is great," says McManus. "I didn't have this to look up to growing up, and I hope maybe one day these girls will be in my shoes, doing what they love."



Working on Wellness



Made possible through the generosity of Mary Lou LeSaffre, RN, nursing staff at MGH have submitted proposals for funding wellness opportunities to benefit staff self-care, celebrate together, or get off the unit to have some fun. 68 proposals were received. Above, White 9 Medicine staff utilized a wellness grant to take a unit trip to play pickleball.

A group of nurse leaders enjoyed an evening of painting and conversation made possible by the wellness grant funding. “The smiles tell the story,” says Kerri Pagliuca, RN-BC, BSN, Primary Care Nursing Operations Manager. “While none of us will be quitting our day jobs to pursue a career as an artist, we all had an enjoyable evening,” Pagliuca says.



A nurse herself, LeSaffre made clear her commitment to helping MGH provide more wellness grants to grassroots efforts across nursing. Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse; recently announced that LeSaffre has donated \$1 million for nurse wellness.



General Care Bed Conversion Project

By July 18, all 890 general care beds in the MGH will be replaced with new frames and mattresses, providing better comfort and safety for patients. MGH staff took a lead role in conjunction with colleagues at Mass General Brigham in evaluating and selecting the new beds. Thanks to the combined effort of Biomedical Engineering, Building and Grounds, Environmental Services, Materials Management, Police and Security, Nursing and Patient Care Services and others, the conversions have been taking less than 90 minutes per unit.





Lucky Charms in the NICU

Precious as pots of gold, babies in the MGH Neonatal Intensive Care Unit were dressed up to celebrate St. Patrick's Day. Photographers captured the sweet scene as green knitted caps, lucky clover scarves, and other shamrock decor adorned the babies and their bassinets. The images were featured as the feel-good piece to end an episode of ABC's "World News Tonight."



Celebrating the Holy Month of Ramadan

Ramadan began on March 22, 2023 at sundown. During this time, healthy Muslim adults and many children fast between dawn and sunset. They abstain from eating, drinking and earthly pleasures during the daylight hours. At the end of the day, the fast is broken with prayer and a meal called the "Iftar." The purpose of Ramadan and the fasting tradition is for Muslims to acquire self-control, discipline, and generosity. It is a time for inner reflection, devotion, setting priorities and becoming better Muslims, people and neighbors. At the end of the holy month, Muslims celebrate Eid-ul-Fitr, the festival of fast breaking, which took place on April 21. Muslims celebrate Eid-ul-Fitr by visiting each other and providing more charity.

In March, hospital staff visited the MGH Spiritual Care the MGH Inclusion Campaign information table. Attendees gathered to learn more about Ramadan, Islam, and Muslims and share personal stories. MGH has a Muslim prayer room, or "Masjid," located at Founders 109, where patients, family members and staff can pray 24 hours/7 days. Weekly Friday prayer, "Jummah," is held in Their Conference room from 1:00 to 1:30PM. For assistance with the spiritual needs of Muslim patients, the Spiritual Care Department can be reached at 617-726-2220.



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