

# Caring

OCTOBER 2023



Magnet designated for the fifth time

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# You make us Magnet

## *A letter from Debbie*



**Debbie Burke, RN, DNP,  
MBA, NEA-BC**  
Senior Vice President for Patient  
Care and Chief Nurse

What an incredible journey we've had since our last Magnet re-designation more than four years ago. We faced the challenges of COVID, capacity demands and staffing challenges TOGETHER. Despite all of those challenges, and because we truly are a Magnet Hospital, you shined during our fifth Magnet designation visit. We not only were recognized for the fifth time, but we also received three exemplars. Exemplars are areas of excellence. They included:

- Highly educated nurses; 91.7% of nurses educated at the bachelor's level.
- Exquisite interprofessional coordination of care, particularly the key impact of our Case Managers. Other examples of excellent care coordination highlighted are our IMA primary care practice, Sickle Cell program and Pediatric Radiation Oncology.
- Evidence of innovation permeating all areas of nursing practice; innovation addressing problems, translating ideas to reality, and our innovative coaching program which helps new graduate nurses in their transition to practice.

A Magnet-designated hospital is considered the gold-standard for nursing practice. Less than one percent of all hospitals are recognized as "Magnet Hospitals" five or more times!

To be redesignated, the hospital must produce evidence of good patient outcomes, strong staff satisfaction, evidence-based clinical care and strong leadership.

As we now can reflect on the success of this redesignation journey, there are so many people to thank. I'd like to thank all of you, our clinical nurses who are the heart of our nursing service. I would like to thank our leadership teams. We know that leaders create the environment for staff to succeed. I'd also like to thank our magnet writers and our magnet ambassadors for highlighting and showcasing our practice.

Finally, our Magnet program director, Marianne Ditomassi, RN, DNP, MBA, NEA-BC, FAAN; and co-program director, Lore Innamorati, MSN, RN-BC. What a fitting ending to the work you have done to prepare not only our department, but the hospital at large, for a great honor.

It's because of all of YOU, that we are Magnet.



## Caring

**Editor**  
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Mass General  
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To submit story ideas to *Caring, the Mass General Nursing and Patient Care Services* newsletter, please contact Mae Driscoll, at [mdriscoll0@partners.org](mailto:mdriscoll0@partners.org)



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**On the cover:**  
*In recognition of the hospital's fifth Magnet designation, staff hold up fives!*

*Debbie*



**Celebrate with Caring**  
*From previous months:* Better Speech and Hearing Month, Clinical Support Staff Week  
*September:* Nursing Professional Development Week, International Translation Day, CNS/NPS Week  
*October:* Spiritual Care Week



## Answering the Call

Members of Patient Care Services and staff from across the hospital celebrated answering the call from the ANCC announcing the MGH's fifth designation as a Magnet hospital.



## Joint Commission Preparedness: Upcoming Visit

As we prepare for our visit, please ensure that your documentation “tells the story” of the care you are providing to your patients by doing the following:

- Always document complete pain assessments and timely reassessment:
  - Document pain reassessment within 30 minutes of IV PRN medication
  - Document pain reassessment within 60 minutes of PO PRN medication
  - Document pain at least every 4 hours for long acting or continuous infusions of pain medication
- During blood product transfusion, always document a complete set of vital signs (temperature, heart rate, blood pressure, and respiratory rate) at minimum:
  - At the start of the transfusion (for a baseline set of vital signs)
  - 5-30 minutes after the transfusion begins (to assess for any adverse reaction to the transfusion)
  - At the end of the transfusion (to assess how well the patient tolerated the infusion)
- Ensure the health record is up to date with key patient information by:
  - Ensuring the Nursing Plan of Care is relevant, updated, and documented upon every shift
  - Documenting educational interventions in the Education activity
  - When titrating medications, ensure rate/dose adjustments are documented and within order parameters



Massachusetts General Hospital is expecting the Joint Commission to arrive for the triennial survey during one of the following weeks:

- Nov 6 -10
- Nov 13-17
- Nov 27 - Dec 1
- Dec 4 - 8
- Dec 11 - 15
- Dec 18 - 22

# Raising a Bilingual Child

JACQUELINE TOSCANO, SLP.D., CCC-SLP;  
AND AMY IZEN, MS, CCC-SLP

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When it comes to raising a bilingual or multilingual child, there is no “one size fits all” path or strategy for children or their families. Learning more than one language is associated with cognitive, linguistic, and deeply meaningful social benefits. Jacqueline Toscano, SLP.D. CCC-SLP; and Amy Izen, MS, CCC-SLP; recently hosted educational programs through the MGH Maxwell & Eleanor Blum Patient and Family Learning Center to support families considering raising bilingual children. They offered these sessions in both English and Spanish.

## Rules of thumb for raising a bilingual child

There is no “best way” or “only way” to raise a bilingual child, there is only the best way for that specific family. It’s helpful to think about providing sufficient quantity and quality of language exposure in both languages that parents would like the child to learn. Quantity of language exposure refers to the number of hours in a day or week the child is exposed to the home language. The minority language will be harder for the child to learn because they won’t hear that language from television or peers they see in the community, and likely they won’t hear that language in school or childcare. Therefore, it is recommended to model the minority language as much as possible.

Quality of language exposure can be achieved by family members or other people speaking to the child in the language that speaker uses most comfortably. Sharing stories and reading books in the minority language also helps to ensure quality language is used.

## Common misconceptions about bilingual language development

One common misconception speech-language pathologists hear is that bilingualism causes speech and language delays. The timing of acquiring speech/language skills is the same when children are exposed to one or two languages. These milestones have an age range, and it is possible that children exposed to two languages may fall later in those expected normal ranges, just as children hearing one language might. This is consistent with the fact that in most countries in the world learning two and three languages at a time is common, normal, and celebrated.

Also, when considering a child’s overall speech/language skills, do not want to judge based on skills in only one language. Rather, consider their vocabulary and grammar skills in both languages, known as their “total language skills.” This ensures that their total skills are developing on track as would be expected of most children.

*“There is no ‘perfect’ strategy, just the strategy that is best for your family.”*

- Amy Izen, MS, CCC-SLP

Another common misconception is that code-mixing, or using two or more languages into a sentence or conversation, reflects a child’s confusion learning language. This is simply not true. Code-mixing is a normal characteristic of bilingual language use and does not indicate any confusion. In fact, code-mixing is rule-bound and bilingual speakers internalize these rules and hear them modeled in other bilingual language users around them who code-mix.

Finally, even if a child exposed to two languages is delayed in



IZEN



TOSCANO

meeting their speech/language milestones, they would still have a delay if they heard only one language. Said differently, children with language delays can learn a second language as well as one language.

## Making the decision to raise a bilingual child

First, identify goals.

- What do you want your child to be able to do in each language?
- Do you want your child to talk to family members in the home language?
- Be able to read in the home language or majority language?
- What do you want to be able to do with your child? Share your culture? Talk to them in your most comfortable or preferred language?

Next, decide when to start - earlier is usually better. The younger a child is, the more quickly they are likely to learn another language.

And finally, review options regarding strategies and identify those that might work best.

## Strategies for bilingual exposure and learning

There are several strategies for bilingual exposure and learning. “One parent, one language” is a strategy that has been around for more than 100 years. It involves having one caregiver speak to the child in one language and another caregiver speaking to the child in a second language.

Other strategies have also proven effective, such as “Minority language at home.” With this strategy, caregivers speak one language at home while the majority language is spoken in the community. Other strategies such as “Time and place” (i.e., speaking each language during specific times of day and/or in specific settings) and “Mixed language policy” (i.e., caregivers speaking more than one language in the same conversation) are options as well. There is no “perfect” strategy, just the strategy

(Continued on page 10)

# MGH Speech Language Pathology Plans Record Presence at National Conference

The American Speech-Language-Hearing Association (ASHA) will be hosting its national conference in Boston in November. Members of the Mass General Speech, Language and Swallowing Disorders and Reading Disabilities will present, moderate and participate in record numbers at this year's conference. For the first time in its history, the MGH SLP department is presenting in 24 sessions at the event, representing every team within the department.

"The quality of our colleagues' work is recognized by our patients, their families and each other every day, but it is so important to disseminate knowledge and outcomes in a format like the ASHA conference. I look forward to attending so many sessions featuring our dedicated staff,"

says Carmen Vega-Barachowitz, MS, CCC-SLP, FASHA, director of Clinical Services in Patient Care Services.



**Below, staff share what excites them most about their research, what they look forward to sharing with their colleagues, and what MGH does to feed their clinical interests.**

From left:  
Audrey Kurash  
Cohen, Scibilia,  
Gendreau, and  
Toran Towbin



"The inpatient SLP team has worked in collaboration with interdisciplinary staff to improve patient-provider communication in augmentative and alternative ways. We have championed this work in a hospital-wide initiative since 2017. We are proud to showcase our work at ASHA and represent a small part of the incredible patient care our entire SLP department provides."

- Stephanie Scibilia, Sarah Gendreau, MS, CCC-SLP; and Rachel Toran Towbin, MS, CCC-SLP

"So much of my clinical practice and academic work focuses on the experience of patients after neurosurgery. I'm excited to present on research and clinical concepts related to functional neuroanatomy for the SLP - particularly how neurocognitive research informs recommendations for awake language mapping in adults and academic support for kids."

- Amy Maguire, MS, CCC-SLP



"I am excited to share our SDOH (Social Determinants of Health) work with our colleagues across the nation. I feel so fortunate that MGH is a facility that promotes a culture of growth and forward thinking. Being part of a facility that has the support to optimize the patient experience from an SDOH perspective, this conference gives us the opportunity to share our thought process and learn from others."

- Cheryl Hersh, MA, CCC-SLP

"There continues to be a lot of unexplored potential in SLP's care of people with brain tumors. SLP involvement in awake language mapping surgeries is just one way that our field can continue to grow, but more generally our field is well positioned to build our expertise around this population's needs."

- Nate Somes, MS, CCC-SLP



"A strong interest of mine in the field is the process of clinical education, improving the experience for both student clinicians and supervisors. At this year's ASHA convention, I will be presenting with my colleagues from Boston University about fostering clinical judgement in implementing interventions for speech sound disorders, as well as the process of revamping a community-centered clinical instruction program. At MGH, I am a co-facilitator for the Structured Learning Community: Clinical Education, a group of MGH speech-language pathology clinical educators across all levels of experience who are committed to growing their supervisory skills."

- Jennifer Maietta, MS, CCC-SLP



# Looking Ahead in Medical Interpreter Services

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In recognition of Interpreter and Translator Week, September 25 through 29, the Medical Interpreter Services Department offered both a retrospective and forward-looking view of the service they provide to the hospital community. The photo at right from the first week of the COVID-19 pandemic, shows the in-house staff at the ready to provide

in-person services to all patients who speak languages other than English (LOTE). Throughout the pandemic, and beyond, they have remained dedicated to providing in-person services.

There has been a drastic increase of 64.5% in the volume of services provided by MIS from before the pandemic (FY19) right up through FY2022. In FY22, the team conducted over 258,000 encounters which recently led coordinators to meet off-site for a day long strategic planning session to discuss how best to meet this type of demand. Emerging from the COVID-19 pandemic, MIS is constantly adapting to the changing landscape of the hospital's patient population. As part of the effort to achieve culturally sensitive care, the Qualified Bilingual Staff (QBS) program has been extraordinarily successful by providing competent language concordant care to patients. MGH now has over 600 clinical staff who are qualified to provide care to patients in their preferred languages. This care, delivered directly to patients in their own languages, contributes to culturally sensitive, higher quality care and better health outcomes.



## INTERNATIONAL VISITORS:

On July 10, as part of the MGH Global Nursing Education program, two nurse leaders from Australia visited Mass General for a morning of educational information about nursing, nursing research, nursing orientation, simulation, transition to practice and fellowships. In the photo below, from Epworth Healthcare System, Victoria, Australia's largest not-for-profit private hospital group, Kate Gillan, RN, MACN, FACHSM, GAICD EDCS, CNO executive director, Clinical Services and Chief Nursing officer; and Suzie Hooper, RN, MSN, acting director of Clinical Services, Rehabilitation and Mental Health, director of Clinical and Site Services at Epworth Camberwell, joined Gaurdia Banister, RN, PhD, NEA-BC, FAAN, executive director of the Institute for Patient Care, director of the Yvonne L. Munn Center for Nursing Research, and Connell-Jones Endowed Chair for Nursing and Patient Care Research.

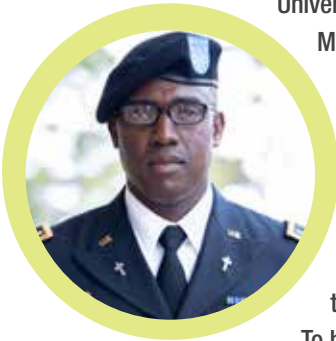
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# Pastoral Care Education

The MGH Spiritual Care Department and the MGH Clinical Pastoral Education (CPE) program welcomed six CPE residents on September 12th. As interfaith professional education for ministry, CPE focuses on intra- and interpersonal awareness in tandem with the skills of professional chaplaincy. MGH's six CPE residents will serve as spiritual care providers across all inpatient units during their yearlong tenure at MGH. For information about MGH's yearlong CPE residency or intensive summer CPE unit, please contact Rabbi Shulamit Izen, director of Clinical Pastoral Education, [sizen1@mgb.org](mailto:sizen1@mgb.org)

## Lovingsky Jasmin

Lovingsky Jasmin was born in Haiti. In 2013, he moved to the United States in pursuit of a better future. In 2014, he wed Sophia Bruny, and their son, Jeremiah, was born the following year. Jasmin finished his graduate work at Cincinnati Christian University in 2017 and was awarded a Master of Divinity. He is presently employed by the US Army as a reserve chaplain. As he's learning to play the piano, he enjoys challenging himself to become a better pianist in his spare time and he also likes to read. Jasmin enjoys talking to people from all walks of life. To him, each person's narrative is sacred.



## Ally Clapp

Ally Clapp is a recent MDiv graduate from Boston College School of Theology and Ministry. She completed her first unit of Clinical Pastoral Education at Johns Hopkins. She was raised in southern California and went to school in Washington at Gonzaga University where she worked as a campus minister after graduating. Clapp is a lay catholic woman, a lover of improv comedy, and a soon to be spouse of her partner of seven years. She comes to MGH with a spirit of openness and discernment.



## Shevaun Low

Shevaun Low was born and raised in Hawaii, on the island of Oahu, and lived in Honolulu for most of her life. She is married, has a 21-year-old daughter, and worked in transportation planning and engineering for a number of years. She and her family moved to Boston during the summer of 2020 so that she could study theology at Boston College. She is looking forward to the Clinical Pastoral Education residency program, providing spiritual care, and learning more about herself.



## Aiden McMahon

Aiden McMahon completed his MDiv from the Candler School of Theology at Emory University in Atlanta. Other than the past three years, however, he is a life-long New Englander and thrilled to be back in the Northeast for his chaplaincy residency. His professional interests are in addressing religious trauma and de-weaponizing scripture. Other interests include cooking comfort food, swimming, board games with extremely long rule books, and the films of Wes Anderson and Hay Ao Miyazaki.



## Godfrey Musabe

Godfrey Musabe is a Roman Catholic priest for the Archdiocese of Boston. He was ordained in 2017 after graduating from St. John's Seminary in Brighton. He is currently serving in Lynn. He attended Uganda Martyrs University in Uganda and graduated with a bachelor's degree in social sciences and philosophy. Before moving to the States, he worked with the United States Agency for International Development.



## Shao Wei Chew Chia

Shao Wei Chew Chia graduated from Harvard Divinity School in May 2023. As a chaplain intern, she did her first Clinical Pastoral Education unit at Beth Israel Deaconess Medical Center in the summer of 2022. She is from Singapore and has spent most of her adult life in Boston.



# Notes of Appreciation: CNS/NPS Shoutouts



The Clinical Nurse Specialists (CNS) and Nursing Practice Specialists (NPS) at MGH are master's prepared nurses with an area of specialization within nursing who promote competent, compassionate, and professional nursing care for patients and their families. Often CNSs and NPSs are hands-on educators, developing programs and processes to ensure units and clinics based on the needs of their staff and patient populations. In recognition of these key colleagues, Caring gathered notes of appreciation from across the hospital.



**Aimee Bollentin, MSN, RN, ACNP-BC, Nursing Practice Specialist, EP Lab**

Aimee is an expert in her field and has a passion for teaching! She has created so much structure and support for our team ensuring we provide excellent, safe care to each of our patients. We could not have grown our staff, orienting over 37 permanent staff over the past two years as well as several temporary folks without her expertise, support and efforts. WE ARE THE LUCKY ONES! Thank you, Aimee, for all you do!

*- Alison Gilmore, DNP, MS, RN; on behalf of the Demoulas Center for Cardiac Arrhythmias EP Lab Team*

**Bridget Conly, MSN, RN, Nursing Practice Specialist, Bigelow 12 Emergency Department Observation Unit**

Bridget is dedicated to the education advancement for all ED Observation Staff Nurses from those at the New Grad level to the most seasoned members of our team. She looks at our patient population's ever changing needs and ensures staff are able to manage these patients competently by offering on the unit spot training sessions for things like CAPD and PCA pumps which were new to our unit this year. She also helped to organize the first ever "Skills Day" with the Main ED NPS/CNS which was offered twice this past year and had a great turnout! Bridget has also helped to initiate the ENA New Grad Preceptorship Training Program with the ED CNS/NPS group which has been a labor-intensive undertaking. Thank you for all you do, Bridget!

*- Kendra Cull, NP, FNP-BC, Nursing Director, Bigelow 12 Emergency Department Observation Unit*



**Cathy Cusack, MSN, RN, CCRN, Nursing Practice Specialist, Ellison 7 Surgical Trauma Unit**

I am so grateful for Cathy and all the work she does for Ellison 7. She is an asset to our team, and I could not survive without her. She always arrives to work with a positive, bubbly attitude and is always looking for solutions to our units' challenges. Thank you, Cathy!

*- Danielle Holland, DNP, RN, NE-BC, Nursing Director, Ellison 7 Surgical Trauma Unit*

**Donna Peltier Saxe, MSN, RN, ACM, Nursing Practice Specialist, Case Management**

Donna is an exceptional employee who goes above and beyond to ensure all our new orientees have the best orientation possible and have all the tools to do their jobs. She supports and mentors them by recognizing their individual strengths and their needs to be successful.

*- Rachael McKenzie, MSN, RN, CCM, Nursing Director, Case Management*

**Kendra Connolly, MSN, RN, OCN, Nursing Practice Specialist, Ellison 16 Oncology/Medicine**

Kendra has been an NPS on Ellison 16 for the last five years and deserves to be recognized for her work with chemotherapy signoffs, onboarding new nurses, providing wound care, promoting patient safety, and educating our staff. She is an asset to our team, and we are appreciative of everything she does. Thank you, Kendra!

*- Ellison 16 Nursing Staff*





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Carolyn McDonald, MSN, RN, CNRN, CWS, Nursing Practice Specialist, Lunder 8 Neurology

Carolyn, thank you for caring so deeply for your team. Not only do you support their clinical practice, but also their joy and wellness. Also, the Lunder 8 team had an amazing time at the Improve Asylum!

- Michael Tady, RN, MSN, NE-BC, Nursing Director, Lunder 8 Neurology



Keri Ross, MSN, RN, Nursing Practice Specialist, GI Endoscopy

From the Endoscopy Team, we want to share our sincere thank you for all you do everyday to ensure we are providing the best evidence-based care to our patients!

- Caitlin Ellis, MSN, RN, Clinical Nurse Manager, GI Endoscopy



Kelly Channell, MSN, RN, AGCNS OCN, Clinical Nurse Specialist, Termeer Center

Kelly is an amazing clinical nurse specialist. She is thoughtful, careful, tremendously helpful, and willing to jump into any issue and figure it out for our team. Kelly works with complicated and cutting-edge protocols and figures out how to operationalize them at MGH. She never turns down a new challenge and the Termeer Center and our patients are better off since she joined our team.

- Casandra McIntyre, RN, MTS, Nursing Director, Termeer Center, Cancer Center

Every day the CNS/NPS team is advancing nursing practice & patient care through the onboarding of hundreds of new nurses, maintaining safe care and monitoring and improving outcomes. Our Magnet outcomes have never been better due to the commitment of the CNS/NPS team. This coming year they will be leading new initiatives centered on evidence-based practice. They are impactful group making a difference every day.

- Colleen Snyderman, PhD, RN, NE-BC, Executive Director, Patient Care Services, Quality, Safety & Practice



Carolyn Velez, MSN, RN, ACCNS-AG-BC, CWS, Clinical Nurse Specialist, Ellison 8 Cardiac Surgery Stepdown Unit

Carolyn is my right and left hands! I am grateful to have such an amazing colleague on our journey to a success! Thank you, Carolyn for all you do!

- Pavel Nelyubin, MSN, RN, Nursing Director, Ellison 8 Cardiac Surgery Stepdown

Krista Gallagher, MSN, RN, Nurse Practice Specialist, Bigelow 6 Pediatric Intensive Care Unit

Thank you, Krista Gallagher, for always being present, providing support and clinical wisdom to the Pediatric ICU staff and the Mass General for Children pediatric patients and families!

- Kimberly Whalen, MSN, RN, CCRN, Nursing Director, Bigelow 6 Pediatric Intensive Care Unit



Shannon Mahoney, MSN, RN, ACNS-BC, CWS, Clinical Nurse Specialist, White 9 Medicine

Shannon is an incredible leader with the special skill of being able to pull out the best in her staff and help them see it too. Shannon "keeps it real" while also focusing on the positive of any situation and uses it as a learning opportunity. She is extremely professional, but she has a way of keeping things fun and engaging with her staff. Shannon is "Excellence Everyday" personified! Thank you, Shannon, for all your hard work, your dedication, your supported and your guidance. Love, all of us on White 9!

- Michelle Monteiro, BSN, RN-BC, White 9 Medicine

Megan Petty, MSN, RN, AGCNS-BC, CWS, Clinical Nurse Specialist, White 8 Medicine

Meg has been a strong advocate for so many initiatives - the one that shines most for me is her undying interest to establish an institutional program that bridges the gap between our Emergency Department process and a newly created inpatient process to assure all patients who have been sexually assaulted are offered the same opportunity to have evidence collected and are supported at the same with the same resources.

- Karen Miguel, RN, MM-H, CCPS, Staff Specialist, PCS Quality, Safety and Practice



## Taking Education “on the Road”

The Clinical Nurse Specialist and Nursing Practice Specialist Wound Care Task Force took their show on the road throughout the hospital to train, educate, and inform their colleagues about safe, preventative wound care. Fridays during the month of August, members of the task force visited inpatient units with their wound care cart to share wound care guidelines, best practices and offer hands-on opportunities with specific wound care products and treatment options.

During the road show visits, subject matter experts would show staff how to take a photo in Rover, a streamlines app version of Epic, the electronic medical record, consultation resources, product cheat sheets, and staging and positioning simulations.



**279**

STAFF MEMBERS

**252**

CLINICAL NURSES

**38**

UNITS

16 CLINICAL NURSE SPECIALIST/NURSE PRACTICE SPECIALISTS REPRESENTED  
A VARIETY OF SERVICES - MEDICINE, SURGERY, CARDIAC, NEUROLOGY,  
ONCOLOGY, PEDIATRICS, AND THE ICU.

## - Bilingual Child (cont.)

*(Continued from page 4)*

that is best for each family. Ideally, the language learning will encourage children to build important foundational relationships while being exposed to rich vocabulary and grammar.

### Considerations for strategy selection

When planning to raise a child bilingual, it is important to consider the following questions: Who communicates most with the child during the day or week? Does the partner/co-caregiver(s) speak the language the child intends to learn? The answers to these questions might help guide families toward a specific strategy.

For example, if a co-caregiver does not speak the target

language, a family might consider “One parent, One language.” If a child attends a school or daycare with majority language instruction, a family might consider “Minority language at home” to build their skills at home. If the primary caregiver does not speak the language comfortably, it might be wise to consider “Time and place” so the child can learn the language with another family member or in an immersive program. “Mixed language policy” might work if multiple family members already comfortably communicate in more than one language. The consistency, quality, and quantity of exposure to a language, as well as a child’s opportunity to practice using the language will influence their skill development.

## EDUCATIONAL IMMERSIONS:

Evidence-Based practice is essential to expert care given to patients, ensuring that each treatment, procedure, and process is safe, efficient, and backed by research. At MGH, evidence-based practice informs how caregivers care every day. Encouraging staff to engage in the observation, study, and synthesis of evidence-based practice within their own clinical area allows them to creatively problem solve, dive into study, and improve outcomes for their patients in real time. Patient Care Services offered Evidence-Based Practice immersion programs to allow staff the space and time to learn more about the importance, development and application of evidence-based practice into their everyday work.

Two programs were offered, one a two-day course (hosted twice, once in September and once in October), and the other a five-day intensive course at the Institute of Health Professions. At the end of each of the programs, participants present an evidence-based practice project to their colleagues in hopes of pursuing the project to provide solutions for pain points within their practice.

At the five-day program, presenter Lynn Gallagher-Ford, PhD, RN, EBP-C, DPFNAP, FAAN, chief operating officer and clinical core director, Fuld National Institute for EBP, Ohio State University, led team building exercises, personality testing and ended the week with live presentations of project proposals.



## SLP research presentations (cont.)



"I have been a medical SLP for 21 years at MGH. I take great pride in collaborating with my interdisciplinary colleagues on clinical initiatives that help improve patient care and functional outcomes. Our work dates back to 2016 when we began developing a pathway to best manage patient's swallowing function after robotic surgery for oropharyngeal cancers."

- Allison Holman, MS, CCC-SLP



"I love finding really practical and meaningful ways to support caregivers and help them understand how to best connect and help their child. I hope that the lessons we learned while going virtual during the pandemic can be used to consider new ways to provide treatment moving forward rather than simply 'returning to normal.'"

- Amanda Copeland, MS, CCC-SLP

## Thank You Clinical Support Staff

Mass General clinical support staff work tirelessly to ensure patients receive compassionate, safe, timely and expert care. Support staff include a variety of roles. They keep the hospital environment clean for patients and staff, assist as aides in professions such as Physical Therapy, Occupational Therapy and Speech Language Pathology, or provide one-on-one support as medical assistants.

Scan the QR code below to view a video featuring members of the Mass General community as they share messages of thanks for clinical support staff.



# Clinical Nurse Specialists and Nursing Practice Specialists Shoutouts (cont.)



Nick DiGiovine, MSN, RN, NEA-BC, CCRN, Nurse Practice Specialist, Cardiac Medical SDU; Sue Wood, DNP, ANP-BC, CWS, Nursing Practice Specialist, White 11 Medicine; Kathleen Carrigan, MSN, RN, MEDSURG-BC, CWS, Nursing Practice Specialist, White 10 Medicine

Since day one when the new Nurse Sensitive Indicator measure for Assaults on Nursing Personnel was brought to MGH PCS, Nick, Sue and Kathleen have worked tirelessly on all facets of the program, from risk tool selection, to being in the first cohort to test how units would use the tool, creating a process for all units to adopt, developing an interactive simulated education platform, and then providing elbow support during the rollout of all inpatient units. This group has advocated for staff safety, wellbeing, communication and teamwork to enhance patient safety.

- Jennifer Mills, DNP, RN, NEA-BC, Nursing Director, Yawkey 8 Cancer Center

Elizabeth Castiglia, MSN, RN, CCRN, Nursing Practice Specialist; and Kristin Egan, BSN, RN, Nursing Practice Specialist, Ellison 14 Burn Unit  
Ellison 14 hit the jackpot with Liz and Kristin! They are both amazing individuals, clinicians and leaders. Having just started in July, they have already made an amazing impact. We are blessed to have them both on our team!

- Jennifer Albert MSN, RN, CCRN, Nursing Director, Ellison 14 Burn Unit



Sue Wood, DNP, ANP-BC, CWS, Nursing Practice Specialist, White 11 Medicine

Sue does an amazing job keeping the team updated on clinical experiences. She sends weekly clinical updates via email to the entire unit. I find this very helpful because sometimes we have not had a patient with a certain diagnosis or treatment plan - it is nice to have a refresher.

- Amanda Stanton, BSN, RN, White 11 Medicine

Katelyn Grone, RN, MSN, ACNS-BC, Clinical Nurse Specialist; and Caitlin Coveney, BSN, RN, CCRN, Clinical Nurse Specialist, Lunder 6 Neuro ICU

The L6 CNS/NPSs impact the care of the patient in such profound ways. The support they offer the staff allows shows in the high level patient care the staff are able to provide at the bedside. Thank you for all your hard work!

- Stephanie Qualls, MSN, ACCNS, Nursing Director, Lunder 6 Neuro ICU

**PHILANTHROPIC SUPPORT IS CRUCIAL TO NURSING AND PATIENT CARE SERVICES** as it allows us to seed innovative ideas, provide opportunities for career development and advancement and improve the way we deliver care. If you are interested in learning more please visit [giving.massgeneral.org/nursing-and-patient-care-services/](https://giving.massgeneral.org/nursing-and-patient-care-services/), or contact Maureen Perry in the Mass General Development Office, [mperry19@mgh.harvard.edu](mailto:mperry19@mgh.harvard.edu).

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HEADLINES FROM MASS GENERAL NURSING AND PATIENT CARE SERVICES

 **Massachusetts General Hospital**  
Founding Member, Mass General Brigham

