

# Caring

Headlines

October 21, 2010

## Many stars. One *awesome* celebration

*Patient Care Services' first annual awards ceremony*



This year's Patient Care Services 'stars.' See complete story on page 4.

# Flu season is upon us

*The best way to protect patients and colleagues is to get vaccinated*

The best way to prevent flu is the seasonal flu vaccine made available each year. Vaccination is particularly important for healthcare workers; in fact, the National Quality Forum cites vaccinating healthcare workers against the flu as one of its, “30 Safe Practices for Better Health Care.”

**P**rotecting patients and families is our top priority. As influenza (flu) season approaches, it’s important that staff understand what to do to protect themselves and their patients. Flu is a contagious, respiratory illness caused by flu viruses that usually appear in the winter and early spring. Some people think flu isn’t a serious illness, but more than 200,000 people are hospitalized every year in the United States, and approximately 36,000 die from flu-related issues. The best way to prevent flu is the seasonal flu vaccine made available each year. Vaccination is particularly important for healthcare workers; in fact, the National Quality Forum cites vaccinating healthcare workers against the flu as one of its, “30 Safe Practices for Better Health Care.”

To protect staff and patients from the flu, flu vaccine is offered free of charge to all MGH staff. Everyone able to receive the vaccine is expected to be vaccinated. Staff can receive vaccine from a flu champion on their unit or by contacting Occupational Health at 6-2217. Because this is such an important safety issue, Massachusetts mandates that all hospitals report their rate of healthcare-worker vaccination and posts those rates publicly. This year, when employees are vaccinated by Occupational Health or by a flu champion, they will receive a yellow sticker on their ID badge, and their vaccination will be documented in PeopleSoft and in their Occupational Health records. Employees vaccinated outside the hospital (or declining vaccine) need to document that fact in PeopleSoft. To do so, go to: PeopleSoft>Main Menu>HRMS Production>Self Service>Employee>Tasks>Vaccinations.



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

Staff who choose not to be vaccinated must comply with the mask policy implemented last year requiring un-vaccinated staff to wear masks when providing patient care. This is necessary as they could be incubating the flu, which can be spread up to 24 hours before symptoms appear, putting patients at risk. The best way for un-vaccinated staff to protect patients from potential exposure is to wear a mask.

Every year, questions arise about what the flu is, how to prevent it, and how to treat it. Following are some frequently asked questions and answers provided by Occupational Health Services:

*Question:* Is there anything new this year regarding influenza?

*Answer:* Yes, new guidance from the CDC Advisory Committee on Immunization Practices recommends that vaccination be given to everyone 6 months old or older unless contra-indicated to protect individuals and the population as a whole. The CDC has also updated its “Prevention Strategies for Seasonal Influenza in Healthcare Settings.” Briefly, Droplet Precautions are

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The injectable influenza vaccine contains only dead viruses and cannot cause influenza. Less than 1% of people vaccinated develop mild flu-like symptoms, which are side-effects of the vaccine.

still required, but the length of isolation has been extended from five to seven days. Guidance is also provided on measures for high-risk procedures; rapidly identifying and isolating patients with flu symptoms; respiratory practices in outpatient locations; screening visitors for symptoms, and educating them about precautions. Detailed information on isolation precautions and other flu-related information can be found on the Infection Control website at: <http://infectioncontrol.massgeneral.org/icu/index.htm>.

*Question:* Will this year's flu vaccine include H1N1?  
*Answer:* Yes. Each year, flu viruses change. Since it's likely that the 2009 H1N1 virus and other seasonal flu viruses will cause illness this flu season, the World Health Organization chose H1N1 to be included in the 2010–2011 vaccine. (The other viruses are an H3N2 influenza A virus and an influenza B virus.)

*Question:* Can the flu vaccine cause influenza?  
*Answer:* No. The injectable influenza vaccine contains only dead viruses and cannot cause influenza. Less than 1% of people vaccinated develop mild flu-like symptoms, which are side-effects of the vaccine.

*Question:* If I get the vaccine in the fall, will I be protected through the winter?  
*Answer:* Yes. Immunity lasts up to 52 weeks.

*Question:* What should I do if I think I have the flu?  
*Answer:* If you develop a fever of more than 100°F and

a cough, sore throat, or muscle aches, stay home and contact Occupational Health at 617-726-2217. If you become ill at work, immediately stop working, put on a mask, notify your supervisor and Occupational Health, and go home.

*Question:* How long do I have to stay out of work?  
*Answer:* You'll need to stay out of work at least 24 hours after resolution of your fever (without the use of fever-reducing medicines). Staff should not care for patients requiring a Protected Environment for seven days or until resolution of symptoms, whichever is longer. Staff should contact Occupational Health before returning to work if out for more than five days.

*Question:* What's the point of the yellow stickers?  
*Answer:* The yellow stickers serve two purposes. They allow managers to remind un-vaccinated staff to wear a mask when appropriate. And identifying staff who have been immunized encourages others to be vaccinated. Other institutions with similar programs have seen vaccination rates climb into the 90% range. At MGH, we reached 90% compliance for hand hygiene. We're confident we can reach the same high goal for flu vaccination.

For more information about the flu, call Occupational Health Services at 6-2217. In the meantime, I urge all PCS employees to get vaccinated to protect yourselves, our patients, and our colleagues.

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# One celebration of many stars

On Thursday afternoon, October 7, 2010, under the Bulfinch Tent, Patient Care Services held its first annual multi-award presentation ceremony, One Celebration of Many Stars. Hosted by senior vice president for Patient Care, Jeanette Ives Erickson, RN, the event attracted a standing-room-only crowd to see seven prestigious awards presented to 12 deserving employees. Said Ives Erickson, "I feel deeply honored to welcome you to this event that gives us an opportunity to celebrate the wonderful clinicians and support staff who make this hospital great."

Before getting down to the business at hand, Ives Erickson acknowledged the patients, staff, and family members whose generosity and commitment helped make the occasion possible. Many of the awards were established in memory of loved ones who worked, or were

cared for, at MGH. Said Ives Erickson, "We are grateful to you for your continued support, and for choosing to honor your loved ones in this meaningful way. These awards are a living tribute to dear friends, and we thank you for letting us be part of that."

Ives Erickson acknowledged Julie Goldman, RN, for her help in coordinating the event and praised the selection committee for choosing 12 recipients from the more than 50 nominees. Said Ives Erickson, "The caliber of nominations was impressive; I'd like to thank each nominee for your compassion, commitment, and the important contributions you make to our patients and families."

Joined at the podium by Gaurdia Banister, RN, executive director of The Institute for Patient Care, Ives Erickson read excerpts from letters of recommendation as she presented each award. An encapsulated version of those excerpts can be found on the following pages.

## The Anthony Kirvilaitis Jr. Partnership in Caring Award

*This award recognizes support staff who consistently demonstrate an ability to partner with colleagues to enhance the patient and family experience.*

*Lue Davis, operations associate, Clinical Research Center*

Davis has worked at MGH since 1974 in various roles. Since 2004, she has been an operations associate in the Clinical Research Center. Davis was nominated by nurse practitioner, Donna Slicis, RN, who wrote, "Lue is our ambassador; she works to ensure that study staff and research center staff work as a team in caring for patients and families."

Said colleague, Susan Nelson, RN, staff nurse in the Clinical Research Center, "Lue is a strong communicator, which is essential when dealing with the constant fluctuation of our patient population."

Congratulations, Lue.



Lue Davis, operations associate, Clinical Research Center



Francisco Pizarro, unit service associate, Central Resource Team

*Francisco Pizarro, unit service associate, Central Resource Team*

Pizarro recently completed his fourth year as a unit service associate with the Central Resource Team. He was nominated by staff assistant, Sandra Thomas, who wrote, "Francisco is an extraordinary team member who quickly adapts to changes in his schedule, always has a smile, and tries his best to ensure the comfort of patients and families."

Said Central Resource Team nursing director, Maureen Schnider, RN, "Francisco does a great job providing supplemental staffing to inpatient units and working in a centralized cleaning model on weekends to help support patient throughput."

Congratulations, Francisco."

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## Recognition (continued)

### The Brian M. McEachern Extraordinary Care Award

*This award recognizes employees who exceed expectations and embody extraordinary care through advocacy, compassion, and empowerment.*

Susan Davidson, RN, staff nurse,  
Newborn ICU

Davidson has practiced in the Newborn ICU for 15 years. She was nominated by nursing director, Peggy Settle, RN, who wrote, "Susan's extraordinary contribution is her commitment to empower all mothers to care for their infants, especially mothers who are intellectually challenged."

Said Anita Carew, RN, staff nurse, "I have worked with Susan on very complex cases with babies in difficult social situations. She is always able to find the positive. She never judges. And she involves all disciplines in her care."

Congratulations, Susan.



Susan Davidson, RN, staff nurse,  
Newborn ICU

### The Norman Knight Clinical Support Excellence Award

*This award recognizes clinical support staff for excellence in patient advocacy, compassion, and quality care.*

Doris Veshi, patient care associate,  
Phillips House 21

Veshi has been a patient care associate on Phillips House 21 for two years, while pursuing a career in Nursing. In her letter of nomination, clinical nurse specialist, Cynthia Lasala, RN, wrote, "Doris has excellent interpersonal skills as she provides care that is individualized to each patient's needs."

Said Phillips House 21 staff nurse, Gayle Peterson, RN, "Doris is an extraordinary worker. She takes initiative and starts working as soon as she steps on the unit. Her first priority is always the patient she's caring for."

Congratulations, Doris.



Doris Veshi, patient care associate,  
Phillips House 21

### The Marie C. Petrilli Oncology Nursing Award

*This award recognizes oncology nurses for their high level of caring, compassion, and commitment as reflected in their care of oncology patients.*

Sarah Brown, RN, staff nurse,  
Phillips House 21

Brown was nominated by Barbara Cashavelly, RN, nursing director, who wrote, "Sarah is committed to nursing; she is a role model for other nurses. She is compassionate, caring, and creative, often re-arranging her schedule to facilitate the end-of-life needs of her patients and families."

Said clinical nurse specialist, Hannah Lyons, RN, "Sarah has excellent clinical skills and intuition. She exhibits the qualities I value most in a colleague: professionalism, strong patient advocacy, intellectual curiosity, and a collaborative approach to care."

Congratulations, Sarah.



Sarah Brown, RN, staff nurse,  
Phillips House 21



Rosanne Karp, RN, case manager,  
Bigelow 7 GYN Unit

Rosanne Karp, RN, case manager,  
Bigelow 7 Gynecology Unit

Karp was nominated by clinical nurse specialist, Liz Johnson, RN, who wrote, "Rosanne is impressive; she is on top of every detail, each of which makes a difference to patients as they try to re-capture their identities as women and cope with the unrelenting complications of their disease."

Said Laurene Dynan, RN, case management specialist,

"Rosanne is a strong patient advocate and an expert in discharge-planning, coordinating community resources, and facilitating arrangements for home IV infusion, palliative care, and hospice care."

Congratulations, Rosanne.

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## Recognition (continued)

### The Norman Knight Preceptor of Distinction Award

This award recognizes clinical staff who consistently demonstrate excellence in educating, precepting, coaching, and mentoring other nurses.

Betty Ann Burns-Britton, staff nurse, Phillips 21

Burns-Britton was nominated by colleague, Ashleigh Smith, RN, who wrote, "Betty Ann has years of clinical experience, which she readily shares with her colleague and peers. She never hesitates to share her knowledge or talk through challenging decisions with other nurses, and in so doing she is supportive, encouraging and uplifting. Betty Ann is an outstanding resource and charge nurse; she advocates for patients, families, and staff while providing emotional and coping support."

Congratulations, Betty Ann.



Betty Ann Burns-Britton, RN, staff nurse, Phillips House 21

### The Jean M. Nardini, RN, Nurse Leader of Distinction Award

This award recognizes staff nurses who demonstrate excellence in clinical practice and leadership and a commitment to the profession of nursing.

Erin Salisbury, RN, staff nurse, Ellison 6 Orthopedics Unit

In her letter of nomination, Kathy Myers, RN, nursing director wrote, "Erin's ability to think critically and analytically makes her a wonderful teacher and preceptor. She combines excellence in clinical practice with leadership that's focused on what's best for her patient."

Said colleague, Romina Ferrante, RN, "As a resource nurse and brilliant clinician, Erin has been my mentor. Her love of nursing motivates me to improve my own practice. Because of her, I have decided to pursue an advanced degree."

Congratulations, Erin.



Erin Salisbury, RN, staff nurse, Ellison 6 Orthopedics Unit

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## Celebrating the many stars of Patient Care Services



October 7, 2010



A tribute to the clinicians and support staff who make this hospital great

## The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

*This award recognizes direct-care providers whose practice exemplifies the expert application of our vision and values by providing care that is innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.*

*Andrea Bonanno, PT,  
physical therapist*

Bonanno has worked at MGH for 12 years. She currently practices as a clinical specialist on the private Medicine-Oncology Team. A certified geriatric clinical specialist and a certified lymphedema therapist, she brings considerable knowledge and experience to her practice.

Said Nancy Goode, PT, clinical director, Inpatient Physical Therapy, "Practicing with geriatric and oncology populations and often dealing with end-of-life issues, Andrea actively seeks to understand the patient's goals and create a plan of care to achieve them."

Congratulations, Andrea.



Andrea Bonanno, PT,  
physical therapist



Abigail MacDonald, LICSW,  
clinical social worker

*Abigail MacDonald, LICSW,  
clinical social worker*

MacDonald has worked at MGH for three years, recently moving from the inpatient Medical Service to outpatient Gynecology. She is highly respected by her colleagues in all disciplines. In her letter of nomination, Karen Tanklow, LICSW, clinical director for Social Services, wrote,

"Abigail helps patients and families identify problems, then provides the support, guidance, and insight they need to help them discover new ways to deal with stress, deal with each other, and sometimes, deal with the end of life."

Congratulations, Abigail.

*Christine McCarthy, RN,  
staff nurse, Medical ICU*

McCarthy has worked at MGH for 13 years. She is a valuable resource in the Medical ICU, frequently sought out for her knowledge and insight. She is the voice of experience for many of her colleagues. In his letter of nomination, Mark Hammerschmidt, RN, fellow staff nurse, wrote, "At the bedside, Christine keeps to the highest standards of patient care. She is a role model: always calm, organized, compassionate, thorough, and knowledgeable. She shows compassion for everyone around her in both word and deed."

Congratulations, Christine.



Christine McCarthy, RN, staff nurse,  
Blake 7 Medical ICU



David Miller, RN, staff nurse,  
Ellison 19 Thoracic Surgery Unit

*David J. Miller, RN,  
Thoracic Surgery Unit*

Miller has worked at MGH for 15 years. He serves as the chair of the Ellison 19 unit-based practice committee and is a highly respected preceptor, mentor, and resource nurse.

Said Marian Jeffries, RN, clinical nurse specialist, "David epitomizes teamwork and collaboration from a multi-disciplinary standpoint. His questions and suggestions to the medical and surgical teams reflect critical thinking and clinical awareness. His co-workers often seek him out for informal consultation on patient care, policy, and procedural assistance."

Congratulations, David.



# Case Management celebrates major milestone

—by Joanne Kaufman, RN, nurse manager, Clinical Care Management, and Laurene Dynan, RN, case management specialist

Care Management Program case manager, Julia Shea, RN, and patient, Josephine Dalto, develop a plan of care to ensure the 94-year-old Dalto can continue to live safely and independently in the community.

Case Management celebrates its 15th anniversary at MGH this year. During National Case Management Week, October 10–16, 2010, the department paused to celebrate individual and departmental accomplishments and acknowledge some major milestones over the years. Case Management Week is an opportunity to recognize the contributions case managers make to patient care and raise awareness about the important work they do.



In July of 1995, representatives from Nursing, Social Services, and a group of physicians under the guidance of mentor and champion, Peter Slavin, MD, embarked on a journey through uncharted territory for MGH. Nancy Sullivan, director of Case Management, worked with Slavin and others to create a department that today is locally, nationally, and internationally, recognized as a cutting-edge model.

Over the past five years, Case Management has grown to a department of more than 100 staff members with many accomplishments to its credit both at the bedside and in the community. Many case management narratives have been published in *Caring Headlines*. Case managers present at local and national conferences and are recognized as leaders in the industry. In 2007, case manager, Kathy Walsh, RN, received the Yvonne L. Munn Research Award. This past May, Emergency Department case managers received the Case In Point Platinum Award. And earlier this month, case manager, Rosanne Karp, RN, was a recipient of the Marie C. Petrilli Oncology Nursing Award. The Case Management project team received the Quest for Quality Award for their assistance in developing a new case management software program that will have national application. Case managers continue to enhance their skills as a growing number of staff become certified in Case Management. All case managers are registered nurses, and the department recently became part of the PCS Clinical Recognition Program.

Case Management plays a key role as the hospital positions itself for healthcare reform. Nowhere is this more evident than in the department's participation in the national CMS Demonstration project for High-Cost High-Risk Medicare Beneficiaries. The project

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has been recognized as an innovative, cost-effective approach to care management. In the past year the project expanded to include BWH and NSMC. Never before has there been such a critical time to impact public policy. The demonstration project has been chosen to receive this year's Nathaniel Bowditch Prize, an award that recognizes staff for making a significant contribution to improving the quality of care while reducing costs.

Through the DRG Assurance Program, case managers contribute to the accuracy of medical documentation. In addition to documenting the severity of patients' illnesses, concurrent querying of physicians helps maximize reimbursement. The program has contributed to positive reimbursement changes every year since its inception in 2003.

Nurses in the Case Management Department are supported by a skilled group of administrative support staff who help communicate

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### Case Management Mission

Case Management, in collaboration with patients, families, the healthcare team, and payers, is dedicated to ensuring that patients receive high-quality, patient-focused, healthcare services that meet their specific needs in a timely, cost-effective manner.

with external entities such as payers and non-acute care providers. Support staff handle numerous administrative issues to allow case managers to focus on meeting patients' needs.

Says Nancy Sullivan, director, "We strive to meet each patient's individual needs as we navigate the complex healthcare system on their behalf. The dedication and compassion of staff is heralded in the many letters and thank-you notes we regularly receive."

The narrative describing Mr. M's care in this issue of *Caring Headlines* (see next page) highlights the multi-disciplinary care and collaboration necessary to facilitate cost-effective, compassionate care for patients throughout the healthcare system.

Please join the MGH community and the Case Management Department as it celebrates 15 years of successful, innovative case management.

## Celebrating 15 years of case management at MGH



(Photos provided by staff)

# Multi-disciplinary teamwork ensures coordinated care for complex patient

*Susan Lozzi, RN, case manager*

I am a nurse case manager in the Care Management Program, which provides complex community case management to our PCP Medicare population. Mr. M, a single, retired, Air Force veteran who until recently had lived a very independent life, has been followed in this program for two years. At baseline, Mr. M lived alone in his two-story home. He was able to negotiate stairs and drive independently. Over the past few months, Mr. M experienced a decline in his functional status due to a progressive neurological disease. He's no longer able to manage stairs safely, so he resides on the first floor of his home. He requires assistance to leave the house and is no longer able to drive. Mr. M's sister and younger brother recently passed away, which left Mr. M grief-stricken and distraught.

Over the past few months Mr. M has fallen several times at home, resulting in a spinal compression fracture. His management plan was enhanced with the addition of visiting nurses, a physical therapist, a hospital bed, and increased family support.

Mr. M's home physical therapist notified me one morning that Mr. M had fallen while transferring from his bed and was in severe pain.

After speaking with Mr. M and his primary care physician, Dr. Eric Weil, plans were made for Mr. M to be

evaluated in the MGH Emergency Department for acute back pain and possible admission to an acute inpatient rehabilitation hospital. I made a referral to Spaulding Rehabilitation Hospital and arranged for Mr. M to be transported to the ED by ambulance.

*Christine Greenwood, RN, ED case manager*

I am an ED and float case manager. The day Mr. M fell, I received a call from Susan Lozzi with a report of Mr. M's clinical and functional status, his recent home safety issues, and current need for an ED evaluation.

I met with Mr. M and his nephew, George, and confirmed Susan's information and assessment. I explained to Mr. M that he would be evaluated by an ED physician to rule out any additional injuries, and once medically cleared, he would be seen by a physical therapist who would assess his discharge needs. Late in the day, I consulted with the ED team. It was decided that Mr. M would be admitted in order to observe his status, and the rehab screening process would continue in the morning.

Mr. M verbalized his grief about the recent loss of his brother and sister. With Mr. M's consent, I

paged Lorraine Celata, the ED social worker, and made a referral for him to be evaluated for support and grief counseling.

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(L-r): Christine Collins, RN, Emergency Department staff nurse; Christine Greenwood, RN, case manager; Susan Lozzi, RN, case manager; Christine Rodday, PT, physical therapist; Diane Sands, RN, case manager; and Lorraine Celate, LICSW, social worker.

## Clinical Narrative (continued)

*Lorraine Celata, LICSW, ED social worker*

As one of the Emergency Department social workers, I was consulted to meet with Mr. M. I was informed that Mr. M's younger brother had died suddenly within the past couple of days coupled with the loss of his elder sister who had passed away in the last month.

Social work support in the ED often comes at times when patients are most vulnerable adjusting to sometimes devastating circumstances. Medical issues necessitating a visit to the ED are not isolated events. A careful psycho-social assessment provides a better understanding of who a patient is, what he values, and what he might be experiencing. Mr. M was able to share with me many poignant stories about his familial experiences over his 82 years. His grief was palpable as his tears flowed. I felt privileged to bear witness to the rich story of his life and help him process ways he could begin to deal with life without his siblings.

*Diane Sands, RN, ED case manager*

Upon arrival to work the following morning, I was notified by Christine Greenwood of Mr. M's status in the ED and plan for possible admission to Spaulding later that day. During my initial meeting with Mr. M, I was introduced to his nephew, George, who seemed very involved with Mr. M and very supportive. I was able to confirm the information obtained by Christine. I asked Mr. M if he would be agreeable to transferring to Spaulding if a bed became available that day. He was weak and distraught but said he would be agreeable. I spoke with his ED nurse, Christine Collins, and updated her about the plan to continue rehab screening for Mr. M.

I contacted the Spaulding liaison at MGH to have Mr. M evaluated for admission that day. Then I contacted the covering physical therapist, Christine Rodday, to arrange a PT evaluation.

*Christine Collins, RN, ED staff nurse*

I was the nurse caring for Mr. M in the ED. Early in the morning, I was approached by Diane Sands about transferring Mr. M to Spaulding. I knew Mr. M felt strongly about returning to home and independent living, so I advocated this to the team. George was with Mr. M in the ED and was a great resource in terms of knowing his medical and emotional needs. I collaborated with him throughout the day as plans progressed.

My highest priorities were to treat Mr. M's pain and support him in his grief. I medicated Mr. M as needed throughout the day and prior to his PT evaluation to enable him to comfortably participate in the assessment. I consulted the social worker and chaplain and arranged for them to meet with Mr. M for additional support.

*Christine Rodday, PT, physical therapist*

I was contacted by Diane Sands, to evaluate Mr. M for discharge planning recommendations. After reviewing Mr. M's clinical status, I met with him and his nephew and confirmed Mr. M's prior baseline status. Mr. M was able to ambulate household distances with a rolling walker, but he required assistance from his nephew for most activities of daily living. Mr. M expressed his desire to be able to independently ambulate with the walker again and his desire to remain in his own home.

Upon examination, it was clear that Mr. M had an intense fear of falling which would cause further deconditioning and lower-extremity weakness. He was clearly functioning below his baseline as was evidenced by his need for assistance to transfer and ambulate. I discussed my findings with Mr. M and his nephew and voiced my concern about his ability to manage safely at home. My recommendation was for inpatient rehabilitation. Both Mr. M and his nephew agreed with this plan.

I notified Christine Collins and Diane Sands about my findings and recommendation for rehab for Mr. M. I felt he would truly benefit from physical rehabilitation and pain-management in an inpatient rehab environment.

*Diane Sands*

Mr. M was accepted by Spaulding and offered a bed for transfer later that day. George had left to attend the wake of Mr. M's brother; Mr. M's niece had arrived to take his place. Mr. M agreed to take the bed at Spaulding, and at his request, I called George and updated him about the plan.

I contacted Dr. Weil, who returned to the ED to visit Mr. M and initiate the discharge paperwork. When the transfer details were complete, I visited Mr. M again to offer him support and ensure he was comfortable with the plan. I arranged for Mr. M's niece to travel in the ambulance with him to Spaulding to lessen his anxiety and ease the transition to his new surroundings.

Through this collaborative effort, Mr. M was successfully transferred to Spaulding Rehabilitation Hospital.

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

What a wonderful example of 'seamless' patient- and family-focused care—each clinician, each discipline doing exactly what was necessary to ensure Mr. M received the care and services he needed, even as he grieved the loss of his brother and sister. In this narrative, we see a united team coming together to provide holistic care to Mr. M and his family. Their communication, collaboration, and knowledge of the system allowed Mr. M to retain as much independence and functionality as possible.

Thank-you, Christine, Christine, Susan, Christine, Diane, and Lorraine.



# 2010 AMMP Educational Scholarship Awards

—by Linda Akuamoah-Boateng and Sandra Thomas

AMMP Scholarship recipients (back row, l-r): Aileen Shen; Sofia Durrani; Waveney Small-Cole; and Jose Monteiro. (Front row): Barbara Rosemberg; Helena Kryuchkin; Rosalee Tayag; Delita Fenton-Gibbons; Latrice Browder; and Carine Luxama.

**A**s part of the hospital's continuing commitment to workforce development and diversity, the Association of Multicultural Members of Partners (AMMP) offers educational scholarships to assist employees in obtaining skills and training necessary to advance into career and leadership positions. Employees of minority backgrounds are eligible for the scholarships to assist them in obtaining associate's, bachelor's, master's, and post-graduate degrees as well as completing professional certificate programs or prerequisites for professional degrees. For the 2010 scholarship year, AMMP awarded \$12,500 toward the educational advancement of our multi-cultural workforce.

September 16, 2010, was a big day for the 17 applicants who received scholarships. Jeff Davis, senior vice president for Human Resources, hosted a reception in their honor. In his address, he stressed the importance of continuing education. Quoting legendary blues singer-songwriter, B.B. King, Davis said, "The beautiful thing about learning is nobody can take it away from you." He urged recipients and attendees to invest in their professional development and the development of others. He extended a special thanks to families, co-workers, and managers for their unwavering support of recipients as they pursue their professional goals.

Notable among this year's recipients was Carine Luxama, RN, of White 12. Luxama is currently pursuing a certificate in advanced graduate study in Health Professions Education at Simmons College. Her goal is to become a nurse educator and continue to mentor, teach, and support others interested in health careers. Luxama hopes to serve as an advocate for under-served communities. She was part of a group of MGH nurses who visited Haiti days before the earthquake in January. It was no surprise that she returned to Haiti as a volunteer after the devastating earthquake.

Helena Kryuchkin, patient liaison in the department of Speech, Language & Swallowing Disorders, was also a scholarship recipient. Her insight and experience with the department over the years led her to want to pursue a master's degree in Business Administration with a concentration in Health Management at Boston University. Her goal is to use her professional, academic, and personal experiences to improve healthcare delivery to patients of diverse ethnic, cultural, and religious backgrounds.

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## Education/Support (continued)

Toddye Anderson, operations associate on White 9, was another scholarship recipient. Her colleagues describe her as a well respected and vital member of their team with a strong dedication to patient-safety and patient-satisfaction. Anderson is currently pursuing a bachelor of Science degree in nursing.

AMMP scholarships were also presented to the following individuals:

- Latrice Browder, administrative assistant, Office of the General Counsel
- Ingrid Cruz, registration coordinator, Registration and Referral Center
- Sofia Duraani, clinical research coordinator, MGH Weight Center
- Rose Mery Estinvil, RN, White 10 Medical Unit
- Delita Fenton-Gibbons, program coordinator, department of Neurology Tele-Stroke Program
- Jose Monteiro, distribution associate, Materials Management
- Natacha Nortelus, RN, White 10 Medical Unit
- Melinda Reid-Veress, manager, Employee Training, Nutrition & Food Services

At recent AMMP scholarship award ceremony, (clockwise from top left) are: Jeff Davis, senior vice president, Human Resources; Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language & Swallowing Disorders and chair of the AMMP Scholarship Committee; Akin Demehin, administrative director, Center for Quality & Safety; and receiving their scholarships from Vega-Barachowitz, Jose Monteiro and Carina Luxama.



- Barbara Rosemberg, program manager MGH Obsessive Compulsive Disorders and Related Disorders Program
- Waveney Small-Cole, administrative assistant Patient Care Services Administration
- Aileen Shen, coordinator, North American Antiepileptic Service at MGH/Pediatric Research
- Selena Smith, receptionist, MGH Center for Laryngeal Surgery and Voice Rehabilitation
- Rosalee Tayag, associate director of Coding, Charge Capture and Quality Assurance, MGH Orthopedic Associates
- Stacy Turnbull, patient care associate, Ellison 19 Thoracic Surgery

In closing, Carmen Vega-Barachowitz, director of Speech, Language & Swallowing Disorders and outgoing chair of the AMMP Scholarship Program, shared a quote from Nelson Mandela: "Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor, that the son of a mine worker can become the head of the mine; and that a child of farm workers can become President."

For more information about the scholarship program, please address e-mails to: [phsammp@partners.org](mailto:phsammp@partners.org).



# Knight Simulation Program

*Providing crucial, hands-on training to clinicians throughout Patient Care Services*

**I**t has been six years since The Institute for Patient Care's Knight Simulation Program offered its first simulation program, and in that time the program has experienced considerable growth. More than 3,000 people from Nursing, Medicine, Respiratory Therapy, Pharmacy, Anesthesia, Pediatrics, and Chaplaincy have attended programs in the simulation labs on Founders 3 and in the Professional Office Building on Cambridge Street.

Simulation has been incorporated into new and existing programs as a teaching and learning modality for basic skill-acquisition, patient-assessment, critical thinking, problem-solving, and the development of teamwork and communication skills. Simulation is an active learning strategy that provides opportunities for deliberate practice, experiential learning, and the application of clinical knowledge. When followed by faculty-guided debriefing, participants reflect on the simulation scenario and their performance as they dialogue with instructors and peers to gain a deeper understanding of their actions and assumptions. This helps participants acquire knowledge and skills that they can directly apply in their practice environments.

Simulation staff collaborate with unit-based clinical nurse specialists, nursing directors, physicians, and others to create realistic scenarios that replicate clinical situations. Most programs make use of a full-scale patient simulator known as SimMan. SimMan is a high-fidelity, computer-integrated, physiologically responsive mannequin. Improvements in mannequin design and the acquisition of SimBaby in 2007 and Noelle, the birthing mannequin in 2008, have led to expanded educational offerings for nurses working in critical care, Pediatrics, antepartum, postpartum and Labor & Delivery. Simulation staff continue to collaborate with the departments of Medicine and Psychiatry to offer inter-disciplinary code team training and simulations to improve the assessment and management of patients with changes in their mental status.

Partnerships have been formed with faculty from the University of Massachusetts to offer simulation programs for nursing students during their clinical rotations at MGH. One new program held in June, which will be repeated this fall, was developed in collabora-



Beth Nagle, RN, clinical nurse specialist

tion with the MGH Chaplaincy for chaplain interns in the Clinical Pastoral Education program.

In 2009, the Knight Simulation Program and Boston College School of Nursing received a grant from the Massachusetts Department of Higher Education to develop a simulation program for the care of geriatric patients receiving palliative care. The scenario fosters the development of nursing knowledge, patient-centered care, collaboration, and safety. This work will soon be presented at an educational forum hosted by Laerdal Medical and the Department of Higher Education.

Recent collaboration with unit-based nurse and physician leaders and the MGH Learning Lab and Simulation Center has resulted in new 'in situ' simulation programs, which take place on patient care units. The same group collaborated in the development of a simulation program for nurse practitioners new to inpatient oncology and an academic hospital setting.

The MGH Simulation Program provides opportunities for clinicians to acquire knowledge and skill in a risk-free, experiential learning environment. Simulation occurs in concert with other teaching modalities to enhance the delivery of safe, efficient, competent, patient- and family-focused care.

For more information, call Beth Nagle, RN, clinical nurse specialist, at 6-3476.



# Reilly is 2010 Knight Visiting Scholar

—by Mary Ellin Smith, RN, professional development manager

Patricia 'Pat' Reilly, RN, program director of Integrative Care at BWH, came to MGH, Thursday, September 23, 2010, as this year's Norman Knight Visiting Scholar. Reilly has led initiatives and conducted research on the importance of creating an environment of healing for patients and staff. Reilly met with nursing leadership to discuss ways to develop a healing environment in the midst of a fast-paced, highly technical, clinical envi-

ronment. She described her research study and strategies to help staff deal with stress, including deep-breathing techniques. In her study, these interventions led to a decrease in staff's perception of stress and coincided with an increase in patient-satisfaction scores around nursing presence and engagement.

Reilly visited units and discussed interventions used to create a healing environment. Therapeutic Touch was one strategy mentioned to aid patients in rest and pain-management, and staff often use it among themselves to help deal with stress. At a luncheon with staff from throughout the hospital, Reilly described how nurses create an environment that requires them to be centered, focused, open, and present. She encouraged staff to focus on the present and release any past negativity if they're to create a positive environment for their patients and one another.

In her afternoon presentation, Reilly challenged attendees to let go of the past and be open to the possibility that we hold in ourselves all that we need to create an environment that is healthy and healing.

The Knight Visiting Scholar program is made possible through the generosity of Mr. Norman Knight and supports nationally recognized nursing scholars to come to MGH to share their knowledge and expertise through consultation, teaching, mentoring, and research.

If you would like to suggest a topic or speaker for the 2011 Visiting Scholar program, please contact Mary Ellin Smith, RN, professional development manager, at 4-5801.



Patricia 'Pat' Reilly, RN, 2010 Norman Knight Visiting Scholar and program director of Integrative Care at BWH, presents, "The Shift is On! Are You Ready to Take the Quantum Leap?"

# Inouye on delirium in older hospitalized adults and the key role of nursing

—by Lynda Brandt, RN, clinical project specialist

**O**n September 22, 2010, Sharon Inouye, MD, director of the Aging Brain Center at Hebrew Senior Life, and Milton and Shirley F. Levy family chair in Alzheimer's disease, captivated MGH nurses with her research, knowledge, humor, and insight into the world of delirium and the hospitalized patient.

Inouye is well known for her development of the Confusion Assessment Method, a widely used screening tool for delirium. She developed the Hospital Elder Life Program, a multi-component intervention strategy to prevent delirium. With more than 100 peer-reviewed articles to her credit, Inouye has focused primarily on applying clinical epidemiologic approaches to prevent delirium and functional decline in hospitalized older patients.

(L-r): Connie Cruz, RN; Mary Lussier-Cushing, RN; Sharon Inouye, MD; Elizabeth Johnson, RN; and Lynda Brandt, RN.



(Photo provided by staff)

Connie Cruz, RN, interim clinical nurse specialist, Blake 11, and Mary Lussier-Cushing, RN, psychiatric mental health clinical nurse specialist, were instrumental in bringing the topic of nursing care and delirium to the forefront. While participating in an evidence-based nursing practice education program this spring, Cruz and Lussier-Cushing brought up the issue of delirium in older hospitalized patients. Looking for ways to implement effective, practical, efficient nursing interventions brought renewed interest in the work of Dr. Inouye, so she was invited to MGH to speak with nurses.

Inouye began with some startling statistics. The prevalence of delirium in older patients upon admission to the hospital is 14%–24%. The rate increases to 15%–53% post-operatively, and escalates to 70%–87% in intensive care units. Financial costs associated with this syndrome are staggering both in the hospital and following discharge.

Inouye focused on the pivotal role nurses play in identifying and treating delirium. She stressed that nurses must be involved beginning with assessment and recognition and continue through post-discharge transitional care. “In fact,” said Inouye, “delirium prevention and management cannot work without nursing involvement.”

Inouye’s visit brought together many caregivers interested in reducing the incidence of delirium and limiting its debilitating effects. Said one clinical nurse specialist, “This is something we can do.”

The presentation was supported by two HRSA grants: “Re-Tooling for Evidence-Based Nursing Practice,” and the recently completed, “RN Residency: Transitioning to Geriatrics and Palliative Care.”

For more information about Inouye’s visit or delirium in hospitalized older adults, call Lynda Brandt, RN, at 643-6671.

# Transporting patients on Contact Precautions

In general, gowns and gloves should not be worn during transport. The exception is when a patient may require care during transport or when caregivers will come into contact with contaminated equipment or surfaces.

**Question:** When a patient on Contact Precautions (or Contact Precautions Plus) needs to be transported, am I supposed to wear a gown and gloves during transport?

**Jeanette:** In general, gowns and gloves should not be worn during transport. The exception is when a patient may require care during transport or when caregivers will come into contact with contaminated equipment or surfaces. For example, when an ICU patient is transported in her bed, or a trauma patient is transported from the ED to the OR—caregivers who will have direct contact with the patient during transport must wear a gown and gloves. In these situations, one member of the team, generally the transport staff member who will have no contact with the patient, would have clean hands and not wear a gown or gloves. This person would be the one to push the bed or stretcher (touching only cleaned surfaces) and interact with the environment (doors, elevators, etc.) This approach prevents contamination of the hospital environment by the transport team.

**Question:** How do we properly prepare a patient on Contact Precautions for transport?

**Jeanette:** The patient should be ‘clean and contained.’ That means wounds should be covered with a clean, dry dressing, and drainage should be contained. If possible, the patient should wash or Cal Stat his hands, wear a clean patient gown, or be covered by a clean sheet or drape. The patient’s chart should also be kept clean (handled only with clean hands and placed

in a plastic bag, under the stretcher, or in back of a wheelchair).

Be sure to notify the area to which the patient is being transported that the patient is on precautions and specify the type of precautions.

**Question:** What if the only person transporting the patient is from Patient Transport?

**Jeanette:** Patient transporters are not clinicians, so they do not provide care or have direct patient contact during transport. Patients should be prepared for transport so they are clean and contained (as described in the previous question). Wheelchairs and stretchers used to transport patients should be appropriately cleaned before the patient is placed in/on them. Transporters should only interact with clean surfaces, so it’s not necessary for patient transport staff to wear a gown and gloves.

**Question:** What if the patient is an ICU patient who is being mechanically ventilated?

**Jeanette:** In that situation, three people need to accompany the patient: a nurse, a respiratory therapist, and a ‘clean’ person to interact with the environment. It can be expected that the nurse and respiratory therapist will need to interact with the patient so they both need to be gowned and gloved. The third person will need to interact with the environment, so no gown and gloves are needed.

For more information on the correct way to transport patients on Contact Precautions, call Respiratory Care Services at 4-4480.



# More on keeping our environment clean

*In the August 5, 2010, issue of Caring Headlines information was shared about new products, practices, and techniques used by Clinical Support Services to enhance cleaning and increase satisfaction with the hospital environment. That article prompted questions from staff interested in supporting these efforts. Some of those questions are addressed below. For more information, call Stephanie Cooper, senior operations manager, environment of care, at 4-7841.*

**Question:** Often in treatment areas, clinicians and other staff clean exam tables and equipment in between patients. How can we be sure we're cleaning in a standardized way?

**Jeanette:** Items should be cleaned with an approved MGH cleaner/disinfectant. Follow instructions on the label to determine the amount of time needed for the product to be effective, and remember that soil must be removed first in order for disinfectant to be effective.

**Question:** If an area needs to be cleaned quickly, how can we be sure the cleaning solution has time to be fully effective?

**Jeanette:** Maintaining a clean environment while not delaying patient care requires teamwork. Proactively applying disinfectant to a surface and allowing it to dry while escorting a patient in or out is one way to speed the process. Our colleagues in Environmental Services and Clinical Support Services are happy to work with staff to help improve work flow.

**Question:** Do unit service associates clean outpatient and treatment areas as well as inpatient areas?

**Jeanette:** Outpatient, treatment, and procedure areas are cleaned by unit service associates or environmental services aides who all use the same cleaning solutions and techniques. Frequency of cleaning may vary depending on the area. For example, exam rooms are thoroughly cleaned by environmental services aides every day. Treatment and procedure rooms are cleaned after every patient. Staff monitor rest-room cleanliness and respond as needed.

**Question:** How do we know that equipment such as monitors have been cleaned?

**Jeanette:** Every item in the clean equipment storage area has been cleaned and is ready for use. Some areas are piloting equipment covers to help staff quickly identify clean equipment. This pilot is being evaluated to establish a best practice for hospital-wide implementation.

**Question:** I know unit service associates sign a card in patients' rooms after daily and discharge cleaning. What if a room is vacant for several days?

**Jeanette:** Patient rooms are serviced daily regardless of occupancy. If you notice that a card hasn't been signed, or you see an area that needs attention, please let a unit service associate or operations manager know.

**Question:** Often, clinical staff on inpatient units move furniture from one patient room to another. What's the process for cleaning those items?

**Jeanette:** Standard cleaning procedures should be followed. Any item taken out of a patient's room should be cleaned upon leaving the room. Any item not labeled as clean should be cleaned before being brought into another patient's room.

**Question:** Containers of Super Sani-Cloths are outside each patient room. What are they intended to be used for?

**Jeanette:** Super Sani-Cloths should be used to clean and disinfect small items such as stethoscopes, charts, glucometers, etc. They should not be used for large items such as beds or furniture. The cleaning agent in Super Sani-Cloths requires 90 seconds for effective disinfection.

# Announcements

## Nursing Grand Rounds

a special presentation

"Healthcare reform: what we need to know and what nurses can do"

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

and Deborah Colton,  
senior vice president for External Affairs, MGPO

October 28, 2010  
1:30–2:30pm  
O'Keefe Auditorium

For more information, call Julie Goldman, RN, at 4-2295.

## New review process for outside consulting agreements

Personal outside consulting agreements need to be reviewed before being entered into. In the past, the review process was handled by Partners Research Ventures and Licensing (RVL) or the Partners Clinical Research Office (PCRO).

As of October 1, 2010, the review process is being handled by the Partners Office for Interactions with Industry (OII). If you have been invited to provide consulting services to a company (pharmaceutical, medical device, or any other Partners vendor or potential vendor), and you have received a contract, submit your agreement to OII for review, or obtain more information by sending e-mail to: PHSOII@partners.org.

## Eldercare monthly discussion group

Join facilitators, Janet T. Loughlin, LICSW, Partners EAP, and Barbara Moscowitz, LICSW, geriatric social worker for the Eldercare monthly discussion group, sponsored by the Employee Assistance Program. Come and discuss subjects relevant to eldercare.

Next session:  
November 9, 2010  
12:00–1:00pm

Doerr Conference Room  
Yawkey 10-650

Old friends and new members are welcome

Feel free to bring your lunch  
For more information, call 6-6976 or visit [www.eap.partners.org](http://www.eap.partners.org).

## Movie Showing *The English Surgeon*

Part of the Ethics Forum: a Discussion Series for the MGH Community

Thursday, October 28, 2010  
3:30–6:00pm  
Thier Conference Room

The MGH Ethics Task Force, the Ethics in Clinical Practice Committee, and the Center for Global Health proudly present this intimate portrait of neurosurgeon, Henry Marsh, as he confronts dilemmas of the doctor/patient relationship. Shot in the Ukraine, the film poses such questions as:

"What is it like to have God-like surgical ability, yet struggle against your own humanity?"

What is it like to try to save a life and fail?"

Interactive discussion to follow.  
Light refreshments provided.

For more information, call Danielle Le Hals at 6-4954.

## Collaborative Governance

Applications are now being accepted for collaborative governance. Collaborative Governance integrates multi-disciplinary clinical staff into the formal decision-making structure of Patient Care Services. To learn more about how to join a collaborative governance committee (Diversity, Ethics, Informatics, Patient Education, Practice, Quality, or Research) contact Mary Ellin Smith, RN, at 4-5801.

## Working and Breast-feeding

Studies show that breast-feeding reduces healthcare costs and work absenteeism. Germaine Lambers, RN, lactation consultant, will provide expectant and nursing mothers with the basics of breast-feeding and give a tour of the Mothers' Corner in the WACC.

Wednesday, November 3, 2010  
12:00–1:00pm  
Trustees Room

For more information, call the EAP at 6-6976 or visit: [www.eap.partners.org](http://www.eap.partners.org)

## National Pastoral Care Week

Thursday, October 21, 2010  
6:30am–3:00pm  
MGH Chapel

Sacred Space, Sacred Pace  
Open Labyrinth Walk

Experience how the path of the labyrinth becomes a walking meditation, a metaphor for our spiritual journey.

6:30am–5:00pm  
Blessing of the Hands

The Chaplaincy invites patients, families, staff, and visitors to this affirmation of the many tasks our hands do to provide comfort and care for one another.

For more information, call 6-2220

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For more information, call: 617-724-1746

Next Publication  
November 4, 2010

# Medical Interpreters Week



(Photo provided by staff)

Medical interpreters information booth is staffed by (l-r): Susan Muller-Hershon, American Sign Language interpreter; Alma McDonald, Spanish interpreter; and Anabela Nunes, manager, Medical Interpreter Services.

During the week of September 27–October 1, 2010, the MGH community celebrated Medical Interpreters Week. Interpreters staffed a table in the Main Corridor showcasing the services and technology available, and answering questions for staff and visitors. The week coincided with International Interpreters and Translators Day, which is celebrated all over the world on September 30th.

This annual event is an opportunity to raise awareness about the important work medical interpreters do and the contributions they make to patient- and family-centered care. Interpreters play a crucial role in ensuring that limited-English-proficient patients and families have access to all healthcare services and are able to participate in their care by making informed healthcare decisions.

For more information about medical interpreters, call Anabela Nunes, manager, at 6-3298.

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