Headlines

December 15, 2011

AccessAbility Fair

See story on page 4 and frequently asked questions on page 9

National Employees with Disabilities Month
Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

A look back at our bicentennial year; a look ahead at our goals for 2012

As I reflect on the past year and the past two centuries, I feel privileged to be part of this great institution that has played such a pivotal role in shaping our community, and indeed, the healthcare landscape as we know it.

It hardly seems possible that this year, this bicentennial year that we anticipated for so long, is drawing to a close. For the past 12 months, we have celebrated the 200th anniversary of our hospital with special events, activities, and mementos. As I reflect on the past year and the past two centuries, I feel privileged to be part of this great institution that has played such a pivotal role in shaping our community, and indeed, the healthcare landscape as we know it.

2011 saw the publication of many commemorative books chronicling our storied past. A partial list includes:

- *Something in the Ether: a Bicentennial History of Massachusetts General Hospital, 1811–2011*
- *MGH Nursing at Two Hundred*
- *Evolution of Radiation Oncology at Massachusetts General Hospital*
- *A History of Urology at the Massachusetts General Hospital 1821–2011*
- *Innovations in Pediatrics at Massachusetts General Hospital, 1910–2010*
- *The Best Kept Secrets in Boston: Obstetrics and Gynecology at Massachusetts General Hospital, a Bicentennial History*

MGH erected a donor wall in the White Lobby to honor the many benefactors who have helped transform the hospital over the last 200 years. The wall includes the names of individuals and organizations whose generosity has contributed to the success of MGH since its founding in 1811.

Earlier in the year, leadership of MGH and McLean Hospital had an opportunity to join state and city officials at the Massachusetts State House for a ceremonial renewal of our original charter.

At a special event in June, MGH introduced 26 bicentennial scholars selected from local high schools. The MGH Bicentennial Scholars Program was the hospital’s gift to the community, assisting students from Boston, Chelsea, and Revere to gain admission to, succeed in, and graduate from college.

We saw the opening of the Lunder Building (formerly, the Building of the Third Century), a 530,000-square-foot, 14-floor facility featuring state-of-the-art medical and architectural innovations. Inpatient units occupy the top five floors; the lower five house the Emergency Department, Radiation Oncology, operating rooms, the receiving dock, and Sterile Processing. The building was designed to support optimal patient care and environmental sustainability with attention to water and energy conservation, renewable resources, and emission control.

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Our year-long celebration culminated with the September 16th Bicentennial Gala attended by more than 1,000 MGH staff, friends, and guests. We were honored to receive a video message from President Obama congratulating MGH for being a true center of academic excellence. Keynote speaker, former Secretary of State, Henry Kissinger, reflected on his experiences as an MGH patient over the past several decades. And our own Bob Kacmarek, RRT, director of Respiratory Care joined with Alasdair Conn, MD, chief of Emergency Medicine, to share recitations from the founding fathers of MGH. It was a joyous and uplifting event.

At this time of year, we look forward to the annual admission of our most famous patient and erstwhile jolly old soul. The tradition of admitting Santa Claus each December began in the 1950s when an industrious medical resident took it upon himself to liven up a slow ER shift with the admission of a recognizable albeit fictitious holiday icon. Over the years, thousands of humorous notes have been added to Santa’s medical record as staff of all religions and disciplines shared the care of this prestigious patient. But Santa’s visits haven’t all been fun and (reindeer) games; in 1965, Santa’s symptoms were instrumental in solving the mystery behind an epidemic of Salmonella cubana. So I guess we should be grateful for that ‘Silent Night’ in the ED back in the 1950s.

Our bicentennial year was marked by numerous events, accomplishments, and opportunities. We worked with one another and our colleagues throughout the Partners network to re-design care — make it more affordable, effective, and efficient. We have begun the journey to create common clinical systems so that patient data can be easily shared across clinical settings within MGH and across Partners affiliates. Our work on acute care documentation (ACD) is laying a vital foundation that will facilitate our transition to common clinical systems in the near future.

If history has taught us anything, it is that change is not unique to any decade or century. Our desire to improve, excel, and advance patient care has driven our success for two centuries. We anticipate change. We embrace it. We depend on it.

Each year, the leadership of Patient Care Services engages in a comprehensive process of strategic planning to ensure we’re poised to meet the challenges of the future. This year, our deliberations generated the following goals:

### 2012 PCS Strategic Goals

**Goal #1:** Develop an efficient and effective patient- and family-centered care delivery model to advance our philosophy of relationship-based care

**Goal #2:** Design and implement new programs to improve patient and family satisfaction

**Goal #3:** Lead patient-affordability direct-care initiatives

**Goal #4:** Support and participate in care re-design efforts

**Goal #5:** Advance the culture of Excellence Every Day

**Goal #6:** Design and implement clinical and business information systems that support patient care, education, and research

As this milestone year comes to an end, I am energized by the lessons we’ve learned, by the pride I have in all of you and this great hospital, and by the important work we still have ahead of us. I look forward to working with you in the new year and the next century of MGH. I wish you all a safe and happy holiday.
n October 19, 2011, in honor of National Employees with Disabilities Month, the Disabilities Initiative under the auspices of the Office of Patient Advocacy, presented the first annual MGH AccessAbility Fair under the Bulfinch tent. The event brought Partners organizations together with businesses and groups from throughout the Greater Boston community to share ideas and resources and educate those interested in issues related to individuals with disabilities. The Bulfinch terrace was lined with booths and demonstrators representing more than 30 organizations and focusing on: Adaptive Equipment and Technology; Know Your Body, Know Yourself; and Hospital and Community Resources.

The fair was an opportunity to showcase programs, products, and innovations of interest to staff, patients, and visitors.

Jeff Davis, senior vice president for Human Resources, introduced keynote speaker, Charles Carr, commissioner of the Massachusetts Rehabilitation Commission, which operates within the Massachusetts Department of Health and Human Services. Carr spoke about the many challenges facing individuals with disabilities and encouraged

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Disability Awareness (continued)

leadership of MGH and all local businesses to hire qualified individuals with disabilities.

At MGH, National Employees with Disabilities Month also featured presentations at the Blum Patient & Family Learning Center. Topics included Autism, ALS, and Mental Illness. A panel comprised of parents of children with complex medical issues spoke about the challenges they face in obtaining crucial services for their special-needs children. Panelists shared personal stories of how they navigated the complex web of federal, state, and community programs designed to assist families who provide round-the-clock care for their children at home.

The AccessAbility Fair was capped off by a raffle of prizes donated by local contributors. Nearly 200 people attended the fair. Feedback was very positive and will be helpful as we plan more awareness-raising events in the months ahead.

For more information on the AccessAbility Fair or issues related to disabilities or access to MGH, contact Zary Amirhosseini, disability program manager, at 3-7148.
My name is Helen Brandt, and as an oncology nurse, I have the opportunity to hear the stories of patients with serious illnesses all the time. ‘Mary’ was 49 when she was diagnosed with incurable lung cancer. She was married with two teenage children. When I met her to administer her first chemotherapy treatment, I was the mother of my own 16-year-old son. It was easy to imagine the fear and anger she might have brought to treatment that day. But she was pleasant and outgoing, with no anger, no ‘why me’ attitude. Over the next three years as one treatment after another failed, Mary was never fearful or anxious. She always smiled, full of life, excited about her latest adventures, and there were many. One day, when we had known each other for some time, I asked her how she lived so fully in the face of such a dire diagnosis. She said:

“When I was first diagnosed, I panicked — totally panicked. My whole world came crashing down. But after a few days, this calm came over me. My focus changed. I had lung cancer, yes. But I wasn’t dead yet. I was still here, and I still loved life. And with this calm, everything looked different. I had a new start. I hadn’t been a happy person before being diagnosed. I was unhappy in my work and in my marriage. But when my focus changed, I was suddenly so happy to be alive. I had never liked winter before. Now I love being out in the snow, cross-country skiing, being close to nature. The good days and the bad days are all precious. Cancer gave me the gift of life.”

Mary showed me that it’s possible to see beauty in every day, even while living with terminal illness.

‘David’ was in his early 50s when he was diagnosed with an aggressive lung cancer. He was happily married to his high-school sweetheart and had two young-adult sons of whom he was very proud.

Every time David came for chemo, he was accompanied by his wife and son, Eric. Chemo lasted about two hours and Eric, the son, would settle in and take out his water colors. He spoke little, just slipped into his world of painting. I remember one of Eric’s watercolors in great detail. It was painted the day his father...
Part of what makes me look forward to going to work are the endless gifts of beauty I see every day: music, nature, family, intense connection with my patients, and the faith that where there is sorrow, goodness can also be found. My patients show me that every day.

I have been instructed by my cancer patients. Yes, there is tragedy and suffering in the world, but there's also joy and beauty, and I truly believe it's all mixed up together. I don't expect someone suffering to be able to see the good that I am a privileged onlooker see. But observing these lives gives me a repository of hope that is there when I need it.

Recently, I cared for Mr. R, who was the patient of a fellow nurse who was off one day. Mr. R was a 76-year-old gentleman with aggressive, life-threatening thyroid cancer. He had come for his first treatment with a strong chemotherapy drug. It was a turning point in his treatment; complications had arisen.

I was concerned that Mr. R might be nervous because I wasn't his regular nurse. But he was very relaxed and friendly, accompanied by his equally kind and relaxed wife. It didn't take long to see where Mr. R found his meaning. I had seen a note written by his nurse, so I asked Mr. R about his grandchildren.

Instantly, this grandfather's eyes lit up as he started talking about his grandchildren. I can still feel the visceral reaction I had to the joy he felt. He was alive, energized, mentally and emotionally healthy. Whenever I think of him, I am lifted by the energy of that love.

When I get discouraged, and I do, I look for those pieces of goodness that lift my spirit. I think of the patients who arrive on my unit terrified and angry. I watch as they gradually relax, reassured by the care and support of a total stranger who's now an ally in their journey. The power of this connection is indescribably nourishing and transforming.

Sometimes it's impossible to find beauty in tragedy. The burden of grief is too great. We struggle in despair, no light, no interest, no motivation to go on. I guess that's where faith comes in. Faith that there is goodness in the world; that life and beauty will prevail; that our inner flame cannot be extinguished by grief.

I suspect many of us carry burdens of sorrow every day. There was a time in my career when I had to leave oncology nursing because that burden was too great. I moved to obstetrical nursing—to help deliver babies. But after nine years oncology called me back, and I've been practicing in that setting for the last ten years. Part of what makes me look forward to going to work are the endless gifts of beauty I see every day: music, nature, family, intense connection with my patients, and the faith that where there is sorrow; goodness can also be found. My patients show me that every day.

In her book, *Eat, Pray, Love*, Elizabeth Gilbert tells the story of her journey out of depression after a difficult divorce. She writes, "My life had gone to bits, and I was so unrecognizable to myself that I probably couldn't have picked me out of a police line-up. But I felt a glimmer of happiness when I started studying Italian, and when you sense a faint potentiality for happiness after such dark times, you must grab onto the ankles of that happiness and not let go until it drags you face-first out of the dirt—this is not selfishness, but obligation. You were given life; it is your duty (and also your entitlement as a human being) to find something beautiful within life, no matter how slight."

May each of us find that beauty that sustains and nourishes us and gives us at least that glimmer of happiness.
Support

Comfort and Support after Loss Memorial Service
—by Leslie Kerzner, MD, MassGeneral Hospital for Children

The tragedy of losing a child is like no other," said one parent.
"It is an inexplicable, inconceivable event," said a high-risk obstetrician.
"We remember your child's strength; it inspires us even on our worst day," said a pediatric ICU doctor.

These were some of the comments heard at the 20th annual MassGeneral Hospital for Children Pediatric, Neonatal, and Obstetric Memorial Service, November 6, 2011. The annual service is dedicated to MGH families who've experienced the death of a child, including miscarriage or stillbirth. Families and staff return year after year to participate in this meaningful event.

Fredda Zuckerman, LICSW, chairperson of the Comfort and Support After Loss Committee, moderated the service that included remarks by Phoebe Yager, MD, pediatric intensivist; Susan Caffrey, RN, nursing director; and Anjali Kaimal, MD, maternal-fetal medicine specialist. Medical interpreter, Herve Dorsinville, welcomed Spanish-speaking attendees, and pediatric chaplain, Ann Haywood-Baxter, MDiv, offered words of prayer. Some parents shared stories and poems in remembrance of their children, others offered healing words for those whose losses were more recent.

Music therapist, Lorrie Kubicek, and Kimberly Khare provided background music and vocals throughout the service. One of their original songs, Stay True, was especially appropriate for the occasion.

Parents, families, and loved ones were invited to participate in the naming ceremony, a practice that has become a poignant tradition at these services. Each family was given a pewter heart and daffodil bulbs in memory of their loved one, and many families displayed personalized fabric memorials, which will be placed in a memorial scrapbook. The service culminated with the symbolic candle-lighting followed by a moment of silence and a slide show depicting years of precious memories. Heidi Jupp, RN, and other volunteers provided fun activities for younger family members at the MGH Back-up Child Care Center.

Following the service, a reception was held in the East Garden Room where families had a chance to re-connect with caregivers and meet other families experiencing grief. Quilts and scrapbooks from previous years were on display.

For more information about the annual Pediatric, Neonatal, and Obstetric Memorial Service, call Kathryn Beauchamp, RN, at 4-3888.
Creating a welcoming environment for patients with disabilities

**Question:** I'm happy to see that MGH is making such great strides in accommodating patients with disabilities. Is there anything we can do to help make their visits more welcoming?

**Jeanette:** When we talk about a disability, we’re talking about any kind of restriction or condition (physical, cognitive, mental, sensory, emotional, or developmental) that could limit a person’s ability to perform activities as easily as most people perform them. As healthcare providers and good citizens, we want to make access to MGH as welcoming and inclusive as possible. As a general rule:

- avoid using the terms, 'handicapped,' or 'mentally retarded'
- don’t make assumptions about what a person can or can’t do
- always ask to clarify what, if any, assistance is desired
- never move a person’s crutches, walker, wheelchair, or cane without asking
- don’t pet or interact with service animals without permission from the owner
- use person-first language, as in, ‘person with a disability,’ versus ‘the disabled’

**Question:** When I’m speaking to a person in a wheelchair, I never know where to stand. I don’t want to be rude, but there doesn’t seem to be an obvious place to stand.

**Jeanette:** Individuals who use wheelchairs, walkers, or canes consider these devices to be an extension of themselves. You should not treat them as your own stepstools, seats, or property. They are an important part of each person with a disability and should be treated with respect. As a general rule:

- position yourself at the same eye level as the person in the wheelchair
- talk face-to-face
- when entering an elevator, back the wheelchair into the chamber so the person is not staring at the back wall
- remember, you’re there to assist not take over

**Question:** What resources are available at MGH to help us better serve our patients with disabilities?

**Jeanette:** The Council on Disabilities Awareness was formed in 2003 to help the hospital address the diverse needs of MGH staff, patients, families, and visitors with disabilities. Its mission is to advise, challenge, and engage the MGH community in moving beyond the mandates of compliance to create a welcoming and accessible environment for all.

The MGH Disability Program, under the auspices of the Office of Patient Advocacy, partners with staff and clinicians to provide support and services to individuals with disabilities. This resource is available to help determine appropriate accommodations for patients, families, and staff; provide training and education; coordinate services; recommend changes to the physical space to make MGH more accessible; and respond to issues or concerns related to access.

For more information about the Disability Program or any issues related to access or services for individuals with disabilities, contact disability program manager, Zary Amirhosseini, at 6-3370.
Professional Achievements

Callahan honored
Janet Callahan, PT, physical therapist, received the Outstanding Achievement in Clinical Practice Award from the American Physical Therapy Association of Massachusetts, November 5, 2011.

Donahue honored
Vivian Donahue, RN, nursing director, Cardiac ICU, received the Medivance Arctic Circle Excellence Award November 17, 2011.

Ferrari receives fellowship
Angela Ferrari, RN, nurse midwife, Obstetrics and Gynecology Service, received the Durant Fellowship, in Alexandria, Virginia, in October, 2011.

Guanci honored
Mary Guanci, RN, clinical nurse specialist, Neuroscience, received the Medivance Arctic Circle Excellence Award in November, 2011.

Doherty presents
Regina Doherty, OTR/L, occupational therapist, presented, “Ethics and Occupational Therapy; a Survey of Practitioners,” at the 2011 conference of the Massachusetts Association for Occupational Therapy, October 28, 2011.

Inter-disciplinary team presents

Furlong featured
Donna Furlong, RN, staff nurse, Cardiac ICU, was profiled in a chapter on Postoperative Cardiac Nursing, in the Top 101 Experts of Cambridge Who’s Who Publishing.

Nurses publish
Deborah D’Avallo, RN; Mary Ellen Heike, RN; Debra Burke, RN; and, Theresa Gallivan, RN, authored the article, “The Plus of 65 Plus,” in Nursing Management, November, 2011.

O’Toole presents
Jean O’Toole, PT, physical therapist, presented, “The Natural History of Cording Following Treatment for Breast Cancer,” at the annual meeting of the American Society of Shoulder and Elbow Therapists, in White Sulpher Springs, West Virginia, October 13, 2011.

Roberge presents
Barbara Roberge, RN, nurse scientist and nurse practitioner, MGH Senior Health, presented, “Characterizing Emergency Department Utilization Patterns from a Geriatric Primary Care Practice,” at the annual meeting of the Gerontological Society of America, November 21, 2011.

Townsend presents

Lucas presents
Michele Lucas, LICSW, social worker, presented her poster, “Hyperarousal Hypervigilance in Brain Cancer Patients Creates a Cycle of Sleep Disturbance and Daytime Sleepiness,” at the 16th annual scientific meeting and education day of the Society of Neuro-Oncology, in Garden Grove, California, November 18, 2011.

Nunn presents
Danny Nunn, CCC-SLP, speech-language pathologist, presented, “Swallowing Disorders on Neuromuscular Disease,” “Speech and Language Services Provided at Massachusetts General Hospital,” “Guidelines and Protocols for Speech, Language and Swallowing Evaluation and Treatment,” “Updates on SLP Therapy” and, “Speech-Language Pathologist in the Hospital Setting,” at the first international Rehabilitation Symposium, in Sao Paulo, Brazil, October 8, 2011.
Announcements

Annual Chaplaincy Holiday Songfest
Thursday, December 15, 2011
12:00–1:00pm
Main Corridor
Come and join in the festivities. Holiday attire is encouraged. Award will be given for “Best Dressed.”
For information, call 6-2220.

Chaplaincy Holiday Schedule
Chanukah
December 20–28, 2011
The first candle of Chanukah will be lit Wednesday night, December 20th. (Candle-lighting will take place in the MGH Chapel foyer early each evening of Chanukah.)
The Chapel Chanukah
Chapping
Friday, December 16th
12:15pm
MGH Chapel
Chanukah songs and psalms, prayers for Shabbat, and inter-faith reflections on the meaning of light. Dreidel spin-off and Chanukah food in the foyer immediately following.
Christmas
Christmas Day Christian service Sunday, December 25th
12:15pm
MGH Chapel
All are welcome.
Roman Catholic Masses
Christmas, holy day of obligation: Mass at 4:00pm, December 24th, and Sunday, December 25th.
The Solemnity of Mary, the Mother of God, holy day of obligation: Mass at 4:00pm December 31st and January 1, 2012.
The Chaplaincy extends greetings to those celebrating Ramadan, Diwali, Kwanzaa, and all other holiday observances.
All are welcome at services in the MGH Chapel. For more information, call 6-2220.

Clinical Recognition Program
The Clinical Recognition Review Board and Steering Committee are happy to announce a new initiative by which clinicians applying for recognition at the advanced clinician and clinical scholar levels can submit their portfolio for a preview prior to formal submission. This voluntary, anonymous process gives clinicians an opportunity to receive feedback on their portfolios from former review board members.
Reviewers will provide feedback on specific areas identified by clinicians, leadership, and review board members based on past experience.
For more information, e-mail questions or portfolios to MGH PCS Clin Rec (in the Partners directory).

Attention clinical research nurses
The International Association of Clinical Research Nurses (IACRN) is looking for clinical research nurses interested in participating in a new local chapter.
The IACRN is an international organization dedicated to promoting the role of clinical research nurses and providing a forum for research nurses, research nurse practitioners, and others to discuss issues common to this specialized practice.
Membership in the Boston chapter is open to all interested research nurses in New England.
Meetings are held three times per year: Next meeting:
March 8, 2012
6:00pm
location TBA
For more information, contact Mary Larkin, RN, at 4-8695, or e-mail bostoniacrn@gmail.com.

New Ostomy Support Group
New Ostomy Support Group meets on the third Thursday of each month. Next meeting:
December 15, 2011
4:00pm
WACC 455
All colostomy, ileostomy and urostomy patients and families are welcome.
For more information, call 6-2760.

One-stop intranet site for strategic priorities
Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?
To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

What you should know about human trafficking
January 11th is Human Trafficking Awareness Day
“Heightened awareness, enhanced response: a discussion on human trafficking and child sexual exploitation”
featuring speakers from the My Life, My Choice Project through The Family Justice Center; Boston Police Department, and the MGH Emergency Department.
January 11, 2012
12:00–1:30pm
Simches Conference Room 3-130
A light lunch will be served. Social Work CEUs available.
Please RSVP by January 3rd to 6-6976, or for more information, call Elizabeth Speckman, at 6-7674.

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December 15, 2011 — Caring Headlines — Page 11
The circle of life... in triplicate!

Staff nurses, Emily Peacock, RN (back), and Bernadette Reilly Smorawski, RN, LICSW, in the Neonatal Intensive Care Unit (NICU) with proud father, Joseph Ferrara, whose triplets, Franco, Tommaso, and Joseph, Jr., arrived nine weeks early. But what makes this story interesting is that 36 years ago, in July of 1975, Smorawski cared for Joseph Ferrara, Sr., then an infant, who was also born nine weeks early. And to add to the coincidence factor, when Smorawski cared for Ferrara back in 1975, she was four months pregnant. Peacock, strategically positioned behind the chairs, is also pregnant and set to deliver any day now. The circle of life, right here in our own MGH NICU.