

Caring

Headlines

March 17, 2011

Child life specialists

Normalizing the hospital experience for children and families

(See story on page 6)



Child life specialist, Eva Mintz, CCLS, explains, "My Story in Beads," to 4-year-old Claire Kayajan (left) and 5-year-old Charlotte Pineault in the Yawkey 8 Hematology-Oncology Unit. My Story in Beads is a program created to help children and their families document and honor their journey through cancer treatment.

Excellence Every Day

*the underlying philosophy that guides
our daily practice*

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t a time when we're anticipating visits from the Massachusetts Department of Public Health (DPH), the Joint Commission, and the Magnet Hospital re-designation team, it is especially comforting to know that we work in an institution

whose underlying philosophy is Excellence Every Day. I can't give enough credit to our Magnet and Excellence Every Day champions who worked so hard and communicated so effectively to create this culture of perpetual readiness. I remember Keith Perleberg, RN, director of the PCS Office of Quality & Safety, telling me that time and again champions would say to him, "Give us the information, and let us communicate it to our colleagues." We followed their lead, and we're a better, more quality-conscious hospital, for their efforts.

Not surprisingly, there's a great deal of 'cross-over' in the concerns of regulatory agencies. We're all focused on meeting the needs of patients and creating systems that support the highest level of quality and safety. So it makes sense that our efforts to achieve Excellence Every Day would combine the interests of all these agencies. In fact, in a survey conducted after our 2009 Joint Commission experience, staff specifically requested a handbook that would encompass the combined expectations of the major regulatory entities. Much of the work we're currently doing is designed to achieve a unified approach to perpetual readiness.



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

For instance, one strategy in our Excellence Every Day readiness plan is the use of tracers on inpatient units and some outpatient and procedural areas. This is an outgrowth of the tracer methodology used by Joint Commission surveyors who select a medical record at random and use it as a kind of 'road map' to review the care and services received by a particular patient during a particular admission or visit to MGH. Led by our Office of Quality & Safety, Patient Care Services uses tracers to help unit-based staff become more comfortable talking about their practice and discussing aspects of patient care and the physical environment.

Similar to tracers used by the Joint Commission, PCS tracers are intended to provide an objective assessment of care and services based on a review of documentation and interviews with staff. Next month, representatives from the Office of Quality & Safety will begin incorporating questions from the mock Magnet survey as they conduct tracer interviews with staff. It's the perfect opportunity to integrate Magnet and Joint Commission standards.

continued on next page

In keeping with this shift toward greater integration, the champion model that has served us so well will continue via the re-designed collaborative governance structure scheduled to roll out next month. Look for more about this in future issues of *Caring Headlines*.

Keith reports that feedback from tracer interviews has been very positive—staff are developing greater ease at articulating their practice and speaking knowledgeably about everything from advance directives and medication-reconciliation to restraints, infection-control, and fire-safety.

And we're not the only ones who've noticed this synergy between the standards set forth by the Joint Commission and the American Nurses Credentialing Center (Magnet). Recently, the Joint Commission created its own Magnet Recognition Program 'Crosswalk,' explicitly showing the parallels between the two sets of standards.

Using the information in this Crosswalk, the PCS Office of Quality & Safety is updating its *Joint Commission: Guide to a Successful Survey* to reflect the shared elements between these two accrediting agencies. You may recall that the *Guide to a Successful Survey* provides examples of the kinds of questions staff can expect from surveyors—questions such as:

- How do you ensure that medications are secure in all locations?

Answer: Ensure that medications not under the direct observation of a nurse are not left on counters but secured in closets, Omnicells, etc. This includes IV medications.

- Describe the kind of behavior that would warrant restraint for both behavioral and medical/surgical reasons.

Answer: When a patient is at risk of injury to herself or acting in a way that would interfere with healing, for example, pulling out lines, restraints would be considered warranted for medical reasons.

If a patient is putting himself or others at risk for injury, for example, engaging in violent or aggressive behaviors, restraints would be considered warranted for behavioral reasons.

- How do you know that a surgical procedure is being performed on the correct patient?

Answer: Universal protocol. A hard-stop time-out is required to verify correct patient, correct procedure, correct site, and correct side. A site marking should be visible after the patient is prepped and draped.

Anyone who has worked at MGH long enough to have experienced both a Magnet and a Joint Commission survey can appreciate the overlapping interests. In keeping with this shift toward greater integration, the champion model that has served us so well will continue via the re-designed collaborative governance structure scheduled to roll out next month. Look for more about this in future issues of *Caring Headlines*.

All this discussion about Magnet and Joint Commission cross-over just reinforces our understanding that regardless of what agency we're talking about, we're *always* talking about Excellence Every Day.

In this Issue

Child Life Specialists.....	1	Job Shadow Day.....	10
Jeanette Ives Erickson.....	2	Videophones Come to MGH.....	12
• Excellence Every Day		NERBNA Excellence in Nursing Awards.....	13
106 Years of Medical Social Work.....	4	Blum Center.....	14
Child Life Specialists.....	6	• Kidney Health	
Clinical Narrative.....	8	Announcements.....	15
• Amy Krasner, LICSW		Professional Achievements.....	16

106 years of Medical Social Work as MGH celebrates its bicentennial

—by Lourdes, Barros, LICSW; Ellen Forman, LICSW; and Marilyn Wise, LICSW

The profession has seen incredible growth over the last century... We are social workers, and the work we're doing today will make the next 106 years just as noteworthy as the last 106 years.

In honor of National Social Work Month and coinciding with the MGH bicentennial celebration, staff in Social Services thought it would be interesting to see what employees know about social work at MGH. Care to test your knowledge?

- 1) Which of the following statements apply to Ida Maud Cannon?
 - a) She was a visiting nurse
 - b) She developed the theory and practice of medical social work
 - c) She was one of three chiefs at MGH, the other two being chief of Medicine and chief of Surgery
 - d) She developed the medical social work curriculum at the Boston School of Social Work (Now Simmons College)
 - e) She co-founded the American Association of Hospital Social Workers (which was later incorporated into NASW)
 - f) She wrote, *Social Work in Hospitals: a Contribution to Progressive Medicine*
 - g) All of the above
- 2) Which illnesses and social problems were not documentable concerns to early social workers, nurses, and doctors at MGH?
 - a) Hygiene teaching
 - b) Care of delicate children
 - c) Horse-trampling injuries
 - d) Unmarried pregnant girls
 - e) Tuberculosis

3) MGH Social Services is committed to advancing education. Which of the following educational opportunities pertain to the department?

- a) Both Ida Cannon and Harriet Bartlett wrote seminal Social Work books
- b) Visitors from India, China, Greece, Japan, Sweden, Argentina, South Africa, the Virgin Islands, and England came to train at MGH in 1948. Visitors continue to come to this day
- c) MGH social workers participate in teaching Harvard Medical Students
- d) Educating social work interns has been a constant mission of the department since 1918
- e) The department offers monthly Grand Rounds on a wide range of cutting-edge topics that are open to all staff
- f) All of the above

(Answers: 1g; 2c; 3f). How'd you do? And there's more...

In 1905, MGH physician, Richard Clark Cabot, MD, hired the first social worker in the United States employed by a hospital. Cabot believed that only by addressing the basic needs of poor patients could medical care be effective. Cabot hired Ida Maud Cannon who later became the chief of the MGH Social Services Department.

During this period, social work was in its infancy. The term "social work" had only been coined in 1900, and the first professional schools of social work were just starting to enroll students. Medical social work as a specialty grew in tandem with the young profession.

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Social Services (continued)

Early on, social workers figured out what their job was by responding to the needs of patients.

The Social Services Department at MGH became a training ground where professionals shared their knowledge and skills. Many became influential in other settings and fields.

Garnet Pelton was the first social work employee hired by Cabot. A registered nurse, Pelton retired after only six months due to a bout with tuberculosis.

In 1907, Cabot added Jessie Hodder to his staff as a counselor for “expectant unwed mothers, syphilitics, and alcoholics.” Her social work experience and training at MGH led to her staunch commitment to social reform. In December, 1910, Hodder was appointed superintendent of the Massachusetts Prison and Reformatory for Women in Framingham where she instituted reforms to humanize prison life and shift the focus to rehabilitation. She is credited with transforming the prison and making it a model for reform.

Gertrude Farmer was at MGH from 1906–1914 when she became the first social worker at Boston City Hospital. And within a year, she became director.

Harriett Bartlett was at MGH as a case-worker, supervisor, and educational consultant for more than 20

years from 1921–1942. After leaving MGH she became a professor of Social Economy at Simmons College School of Social Work (1947–1957) where she developed the curriculum and led the medical practice sequence. During this period, she also served on the National Council of Social Work Education and authored two seminal texts, *Social Work Practice in the Health Field*, in 1961, and *The Common Base of Social Work Practice*, in 1970.

Josephine Barbour was the second director of the MGH Social Services Department (1945–1964). During her early career at MGH, she took a year off to teach, ‘the social aspects of medicine’ at Johns Hopkins University. In 1943, she was asked to supervise Red Cross hospital services in the Mediterranean theater and traveled to North Africa with the Sixth General Hospital, an MGH medical unit. Barbour was a charter member of NASW, and her war-time service was recognized with the Army’s Medal of Freedom.

Many of the themes identified by the pioneers of social work remain relevant today, and we draw heavily on their inspiration. Currently, social workers at MGH hold masters degrees, and our current executive director, Ann Daniels, LICSW, is the first director to hold a doctorate in Social Work.

The profession has seen incredible growth over the last century. Licensed social workers now provide not only hospital-based services, but most of the mental-health services provided across the country. At MGH, Social Services continues to break new ground. We are key members of care teams throughout the hospital and healthcare centers. We share expertise from direct inpatient and outpatient care to specialty programs in Domestic Violence, Family Care, Palliative Care, Mental Health, and Addiction Services. We work with all age groups and patient populations. We provide clinical services, teach, write, research, practice in teams and practice privately. We are social workers, and the work we’re doing today will make the next 106 years just as noteworthy as the last 106.

If your curiosity was piqued by this article, you can find a detailed history of the MGH Social Services Department on our website: www.mghsocialwork.org.

For more information, call Ellen Forman, LICSW, at 6-5807.

Now and then: Social Services’ newest social worker, Kailie LaFlamme, LCSW, holds photo of Garnet Pelton, the first MGH social worker.



(Photo by Paul Batista)

March is Child Life Month

at Mass General Hospital for Children and across the country

—submitted by MGH child life specialists

During a recent pet-therapy visit, child life specialist, Sacha Field, CCLS (left) and 11-year-old, Teddy McGowan, give Rummy a treat. Rummy's handler and long-time MGH volunteer, Lois Cheston, looks on.

Child life specialists are trained professionals with expertise in helping children and their families overcome challenging life events through play, preparation, education, and self-expression. March is Child Life Month, the perfect opportunity to inform the MGH community and the public about the many services provided by child life professionals.

Child life specialists are certified in assessing and treating developmental, emotional, and psychological

issues that children may experience. As integral members of the healthcare team, they provide consultation and interventions related to child-development issues and the impact that illness and hospitalization can have on children and families. The goal of the Child Life Program is to create a therapeutic environment throughout Mass General Hospital for Children (MGHfC) that supports family-centered care, patient-education, and positive coping skills.

Inpatient pediatric units, the Pediatric ICU, the Pediatric Hematology-Oncology Clinic, and the Francis H. Burr Proton Therapy Center have long been the core of the Child Life Program. A comfortable rapport and ongoing psychological support help child life specialists build and maintain relationships with chronically and critically ill children and their families. Play, socialization, and normalization are key components of the Child Life Program. Patients have the opportunity to express themselves, make choices, and take control in certain situations to help gain mastery of the hospital experience. When children know what to expect in treatment rooms and procedural areas, the experience is less stressful for everyone involved, so education and support are a big part of the program. Child life specialists arrange birthday parties, end-of-chemotherapy celebrations, and special activities that support children and families and bring a sense of normalcy to the units.

Recently, with the support of hospital leadership, we've expanded our services to outpatient pediatric areas including the Emergency Department, Imaging, the Same Day Surgical Unit, and Endoscopy. A fast-paced, critical-care environment like the Emergency Department benefits greatly from the services of a child life specialist who can create a calming space using distraction, comfort, and breathing techniques. Child life

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Child Life (continued)

In the Same Day Surgical Unit, child life specialist, Melissa Whitty, CCLS, created a book to help provide patient-education to children undergoing surgery. In photos at right, she uses it to help prepare 11-year-old, Sebastien Cayo, for a surgical procedure.

specialists also assist patients receiving conscious sedation, another hospital experience that can be stressful for children and families alike.

In Pediatric Imaging, child life specialists assess patients' psychological needs, developmental level, and vulnerability to stress in order to prepare patients and families for procedures such as MRIs, CT-scans, nuclear medicine procedures, fluoroscopies, and interventional radiology. This includes diversional techniques, education, rehearsal, and coping skills.

In the Same Day Surgical Unit and Endoscopy, child life specialists meet with families beforehand to provide patient education with the use of picture books and age-appropriate props. Child life specialists accompany the child and family through the induction process then re-connect with them in the recovery area providing continuity throughout the whole experience.

Child life specialists participate in many hospital programs and committees, including:

- Sibshops, a support group for siblings of children with special health and/or developmental needs conducted in collaboration with Social Services
- Club Star, a support group for children who have experienced the death of a sibling, also conducted in collaboration with Social Services
- School Re-Entry Program, helps patients with chronic illnesses transition back into the school setting
- Oncology Teen Support Group
- Child Life Internship Program
- Volunteer Program
- Bereavement support for siblings and families
- Pediatric Palliative Care
- Helping Autistic Patients (HAP)
- Quality & Safety Pain-Management Committee
- MGH Marathon Team (Patient-Partner Program)
- Child Life Council Academic Task Force

The Child Life Team at MGH/C

- Hillary D'Amato, CCLS, Pediatric ICU and ED
- Sacha Field, CCLS, Ellison 18
- Marilyn Gifford, CCLS, Ellison 17
- Eva Mintz, CCLS, Ellison 17
- Heather Peach, CCLS, Pediatric Hematology-Oncology Clinic and the Francis H. Burr Proton Therapy Center
- Anne Bouchard Pizzano, CCLS, Ellison 18
- Ashley Reardon, CCLS, Ellison 17
- Jamie Rossi, CCLS, Pediatric Endoscopy
- Katie Weagle, CCLS, Pediatric Imaging
- Melissa Whitty, CCLS, Pediatric Same Day Surgical Unit
- Christie George, CCLS, inpatient weekend child life assistant



12-year-old, Matty Consentino, tries his hand at tie-dying with child life specialist, Anne Bouchard Pizzano, CCLS, in the Ellison 18 Pediatric Unit.



Social worker helps cystic fibrosis patient realize her legacy

Just as Sam began to feel she could create the life she wanted, her disease interrupted her momentum... Sam understood very well that her death was imminent, whether during this hospitalization or another.

My name is Amy Krasner, and I have been a pediatric social worker at MGH since 2008. I met Sam on my first day. She was a 17-year-old patient with end-stage cystic fibrosis. She had dropped out of high school, was in a troubled relationship, and had no interest in talking with me. But with time, she learned to trust me and allowed me to follow her often tumultuous journey.

After overcoming several obstacles, including ending her troubled relationship, Sam's motivation and self-esteem improved. She realized she had the strength to make changes in her life. She began to meet with me on a regular basis. She signed up for GED classes and passed the test on her first try. She even started to apply to community college.

Just as Sam began to feel she could create the life she wanted, her disease interrupted her momentum. She was hospitalized with a cystic fibrosis exacerbation that did not initially respond to antibiotics. Sam understood very well that her death was imminent, whether during this hospitalization or another. She said she felt, "so tired—emotionally, physically, just so tired." For the first time, she wondered how long she could continue fighting. It was painful to hear those words from her, but I knew she needed to have these conversations. I was grateful we had a relationship that allowed her to share her most intimate and difficult thoughts. We spent much time reflecting on her



Amy Krasner, LICSW, clinical social worker

thoughts and fears as she began to deal with the potential of her death. Though she recovered from that exacerbation, she felt there was no longer reason to continue with her college plans.

When Sam was re-admitted two months later, she seemed bored and frustrated. In the past, she'd enjoyed making jewelry with beads from Child Life. Her necklaces, earrings, and bracelets were beautiful. I suggested she take up beading again, but she dismissed the idea saying, "There's no point. I don't want to just do busy work." Coincidentally, Dr. Sze Man Tse, one of the pediatric fellows, had taught me to bead. I asked Sam if she'd help me make a few pieces thinking it might give 'purpose' to her work, and she agreed.

The following day, I brought my beads to Sam's room. Her eyes lit up as she began to work on a necklace for me. When I returned later in the day, she had many suggestions and ideas. I asked if she enjoyed the project, and she grinned, saying, "I forgot how much I liked this stuff." I was thrilled to see the sparkle return to her eyes.

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Sam chose to finish her treatment in the hospital over the Christmas holiday, even though she had the option of going home. Her brother, mom, and mom's boyfriend came to visit and they had a wonderful time together. Sam told me later it was the best Christmas she could remember; she was so happy and at peace with her family.

As Sam prepared to be discharged, she felt better but not her 'normal' self. She worried she'd be bored and miserable at home because she'd be alone during the day. We talked about possible distractions, including jewelry-making, but she was adamant that she did not want busy work. She had clearly enjoyed the activity when she felt there was a purpose, so I tried to recreate that feeling. I suggested she make some jewelry and try to sell it since so many people had admired her work. She considered it, but said she didn't need the money. So Sam decided to make jewelry, sell it, and donate the money to charity. As the idea took shape in her mind, she glowed. Her speech quickened, her eyes shone, she couldn't wait to tell everyone her plan. "Now, I know I'll have made a difference in the world when I die," she told me excitedly.

I hadn't seen her so happy and motivated in months. As she grinned, I had tears in my eyes. Sam had voiced concerns that she'd be forgotten when she was gone and had even toyed with the idea of writing her life story. That had proven overwhelming, and she had been upset that she might not be able to make a 'big' difference before she died. Selling her jewelry and donating the proceeds was perfect. Sam had found her legacy.

When I spoke with her a few days later, Sam had already been shopping for beads and created six pieces! We arranged for her to come in that Friday. When she arrived, we took photos of each piece of jewelry and created a logo for her business. We got into the details of how to sell her work and which charities she wanted to give to. She decided to split the proceeds between the Cystic Fibrosis Foundation and an animal shelter. By the time Sam prepared to leave, we were both grinning. She was so excited to see the project gain momentum, and I was overjoyed to see her enjoying life so much.

On Monday, Sam was brought to the Emergency Department. Though she had been very sick many times before, I'd never seen her work so hard to breathe as she did that afternoon. She was miserable. She and her mom were scared. I was scared, too, but I knew how important it was to sit with them and their feelings.

Over the next 24 hours, Sam seemed to improve. I showed her the website I made to showcase her jewelry, and she and mom were thrilled. Later that day, Sam asked me to visit and we talked for a long time.

Again, Sam shared that she knew her time was short. Though she believed she would overcome this episode, she was worried and wanted to talk. She wondered what death would look like and if her mom would be able to cope with the grief. She asked if I thought she'd be giving up on her fight when she died. I reassured her that her caregivers would always be available for mom. I told her how proud I was of her for fighting so hard for her life while moving toward acceptance of her inevitable decline. She seemed relieved to know that I understood she wasn't giving up. Sam asked what would happen to her jewelry and the remaining beads if she died before she could finish them. I assured her that Dr. Tse and I were committed to her plan, and we would see it through if she wasn't able to do so herself.

That night, I told Sam how honored and grateful I was to be able to share these conversations with her. I thanked her for teaching me so much. Like a typical teenager, she rolled her eyes, but smiled and said, "You're welcome." I told her I'd see her in the morning.

The next day, I arrived to learn that Sam's condition had worsened overnight. With her doctors, she had made the choice to start a morphine drip to keep her comfortable. I certainly had known this time would come, but I didn't expect it that day. Fortunately, she was able to be with her family and say her good-byes. One of the last things she said was: "What are you going to do with my jewelry?"

We assured her we'd sell her jewelry and use the rest of the beads to raise money for her charities. Sam passed away the next morning, surrounded by her family, content that she had left a legacy and made a difference in the lives of others.

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

Though Sam was only 17, she was a mature young woman who wanted to make a difference in the world. Because Amy had cultivated a meaningful relationship with Sam, she was able to tap into her creativity and use her interest in jewelry-making as both a comforting diversion and a means to realize her legacy. Amy gave Sam a great gift—not just compassionate care, but a purpose for her final days.

Thank-you, Amy.

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Physical Therapy has ‘field day’ with Job Shadow students

—by Susan Leahy, Center for Community Health Improvement

There are many ways MGH employees can share their knowledge and talent with Boston youth. If you would like to be a mentor, science fair judge, or Job Shadow host, please contact Joan McCarthy at 4-3210.

From Materials Management and Human Resources to Nursing, Radiation Oncology, and Physical Therapy, 52 Boston high-school students experienced life (and work) in a world-class hospital during the 16th annual Job Shadow Day, Wednesday, February 23, 2011. In 1996, The Boston Private Industry Council created this half-day event in tandem with Boston public schools, and today it's a national initiative partnering with the Junior Achievement Program and the Massachusetts Department of Education.

The MGH Center for Community Health Improvement (CCHI) coordinates Job Shadow Day for students and their hosts at MGH. This year, a snowstorm postponed Job Shadow Day from February 2nd to the 23rd, so students gave up precious school-vacation time to explore careers in health care. Early in the day, sophomores,

juniors, and seniors filled the Haber Conference Room to meet their MGH hosts.

Galia Wise, manager of Youth Programs for CCHI, welcomed students and encouraged them to take advantage of this valuable opportunity to learn first-hand about healthcare professions and the skills needed to work in a hospital setting. She urged students to observe and ask questions, especially about the training

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Education/Support (continued)

and education required for careers in their areas of interest.

Speaker, Kenneth Shelton, MD, anesthesiology resident, spoke to students about what to expect in operating rooms and reviewed the skills necessary to pursue a career in medicine. He stressed the importance of doing well in school to lay a strong foundation for successful careers in any of the healthcare professions.

Physical therapist, Diana Fischer, PT, hosted student, Genéke Beazer, a senior at East Boston High School. Says Fischer, "Genéke had an opportunity to see how therapists and healthcare providers interact with many different patients, personalities, and pathologies. She was exposed to a type of physical therapy she didn't know existed (treating patients with jaw dysfunction). She saw therapists thinking on their feet and modifying their treatment plans to create patient-centered plans of care.

"By the end of our time together, Genéke said she realized that the same communication skills she uses every day at school and home would be very helpful in a hospital setting, as well."

On opposite page, Genéke Beazer; a senior at East Boston High School, shadows physical therapist, Diana Fischer, PT in the outpatient clinic.

At right: high-school junior, Alexis Gonzalez, spends time with physical therapist, Elizabeth Castillo, PT, on the Bigelow 13 Burn Unit.

Below: senior, Matthew DeSousa, looks on as physical therapist, Abbey Folger, assesses patient, George Foldi, on the Ellison 10 Cardiac Unit.



Physical therapist, Elizabeth Castillo, PT, hosted East Boston High School junior, Alexis Gonzalez. Says Castillo, "I scheduled a diverse case-load so my student would have an opportunity to see some of the many things physical therapists do in the acute-care setting. I really enjoyed being able to share my experience with him, and though perhaps a bit overwhelming, I got the impression he took a lot away from our time together. He was very interested in health care, and at the end of the day told me, "I like physical therapy!"

MGH Job Shadow Day helps expand the educational and employment horizons of Boston youth. Says Wise, "We know that education is highly correlated with economic status, which is highly correlated with health status. The Center for Community Health Improvement sponsors programs, activities, and internships to stimulate interest in science, technology, engineering, and math for Boston youth from grade school through high school and into college." MGH is the second largest summer employer of Boston youth in the city.

There are many ways MGH employees can share their knowledge and talent with Boston youth. If you would like to be a mentor, science fair judge, or Job Shadow host, please contact Joan McCarthy at 4-3210.



Videophones ensure access to communication for Deaf patients, employees, and visitors

—by Zary Amirhosseini and Susan Muller-Hershon

Patient, Jay Perley, uses videophone in the White Lobby. The videophone allows Deaf people to speak with Deaf and/or hearing individuals through the use of video-interpretation.

The MGH department of Interpreter Services and the Office of Patient Advocacy are proud to announce the installation of a new videophone (VP) in the White Lobby for use by our Deaf patients, families, employees, and visitors. The new videophone is available 24 hours a day, seven days a week, enabling individuals who are Deaf to place phone calls directly to other Deaf individuals or to hearing people through

an American Sign Language (ASL) interpreter who appears on the video screen. The person placing the call can see either the Deaf person he/she is calling or the ASL interpreter as they sign to each other.

When calling a hearing person, an interpreter connects the call and provides interpretation for both parties. The videophone allows a Deaf person to communicate in ASL whether he/she is calling a hearing person or a Deaf person.

Says patient, Winda Washington, "It's wonderful! As a patient, I can now be in contact with my family and friends. I'm so happy!"

Patient, Leon Jerfita, agrees. "The new videophone is great! It gives Deaf people equality. We, too, have a telephone at our disposal when we come to the hospital."

Videophones are slowly replacing TTY devices that require users to manually type their messages and go through a relay operator, which is much more time-consuming.

MGH is committed to providing all patients with easy access to communication with their health providers. Says Zary Amirhosseini, disability program manager, "Making this state-of-the art equipment available for Deaf patients is a major step in ensuring equitable health care for all patients. In the coming year, we hope to install another videophone in the Lunder Building and improve access to communication in all inpatient areas.

If you would like to see a demonstration of the videophone, or for more information, call Susan Muller-Hershon in the Interpreter Services Office at 6-0357.



(Photo provided by staff)

Guerrier receives NERBNA Excellence in Nursing Award

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care

Every year, the New England Regional Black Nurses Association (NERBNA) recognizes black nurses who have made a significant contribution to the nursing profession, their colleagues, and their workplace with its Excellence in Nursing Awards. Nurses are recognized for mentorship, leadership, culturally competent care, patient advocacy, community service, teaching, research, patient-education, health literacy, and humanitarian efforts. On February 11, 2011, at the annual NERBNA Excellence in Nursing Celebration, Ellison 12 staff nurse, Marie Guerrier, RN, received one of this year's Excellence in Nursing Awards.

NERBNA Excellence in Nursing Award recipient, Marie Guerrier, RN (center front), surrounded by her MGH family at recent award ceremony.

Says Gaurdia Banister, RN, executive director of The Institute of Patient Care, "Marie embodies the criteria of this award. As a mentor in the Clinical Leadership Collaborative for Diversity in Nursing, she mentors students during their last two years of nursing school to provide guidance and ease their transition from student to staff nurse. Marie is an adjunct clinical faculty member at Massachusetts Bay Community College and the Massachusetts College of Pharmacy and Health Sciences, a resource nurse, and an Excellence Every Day champion. She volunteers at Rosie's Place, a shelter that provides emergency and long-term assistance to homeless women, and for the non-profit organization, Healing Hands for Haiti. She was a member of the team that provided expert nursing care in Port-au-Prince after the devastating earthquake last year."

Nursing director, Ann Kennedy, RN, says Guerrier is, "always looking for ways to enhance the nursing profession. As an Excellence Every Day champion, she helps educate staff about quality and safety, a role that is perfect for her as she is a skilled educator and preceptor."

Says associate chief nurse, Debra Burke, RN, "When I mentored Marie in her final semester of graduate school, I got as much from the experience as she did, maybe more. She tirelessly brought the voice of patients and families to all our discussions."

Congratulations, Marie, from the entire Patient Care Services community.



(Photo provided by staff)

National Health Observance Series focuses on kidney health

—by Mallory Hillard, community health intern

Laurie Biel, RN, presents, “Healthy Kidneys,” as part of the Blum Center’s National Health Observance Discussion Series.

March is here, and with it comes World Kidney Day. On March 3, 2011, to help raise awareness about kidney disease, the Maxwell & Eleanor Blum Patient & Family Learning Center’s National Health Observance Discussion Series centered on kidney health.

Laurie Biel, RN, of the MGH Center for Renal Education, presented, “Healthy Kidneys,” a discussion that focused on kidney disease, risk factors, and prevention.

Said Biel, “Kidney disease is considered a ‘silent epidemic,’ because the disease presents almost no symptoms until it progresses to its later stages. It’s estimated that more than 26 million adults in the United States aged 20 and older are living with kidney disease. Approximately 355,000 individuals experiencing kidney failure require dialysis or a kidney transplant in order to survive.”

The leading cause of kidney failure is diabetes. About 180,000 people experience kidney failure as a direct result of diabetes. Along with diabetes, 24% of all kidney-failure cases in the United States are related to high blood pressure, making it the second leading cause of kidney failure in the country.

Biel talked about diabetes and high blood pressure and how they contribute to kidney disease. As a means of preventing diabetes and high blood pressure (and by extension, kidney disease), Biel recommended controlling blood glucose levels and blood pressure.

Attendees had an opportunity to ask questions and chat with Biel in the informal setting of the Blum Center.

The Blum Center’s National Health Observance Discussion Series and its other educational lunchtime sessions (Book Talk and Healthy Living) are garnering favorable feedback from staff and visitors.

Look for the next Healthy Living presentation, “Managing Stress,” on April 6, 2011, at noon. For information, call 4-3823.



Announcements

HR training events

Taking the First Step

MGH Training and Workforce Development will host Taking the First Step, Strategies to get on a Successful Career Path. Seminar will help identify barriers that may prevent adult learners from returning to school and address issues such as goal-setting, managing priorities, and staying motivated.

Thursday, March 17, 2011
12:00–1:00pm
Yawkey 2-210.

Career Information Day 2011

Find out what it takes to advance in the allied health professions at the annual Human Resources Career Information Day.

March 31, 2011
Haber Conference Room
(See times below)

Attend any of the 40-minute sessions between 10:00am and 4:40pm for a 20-minute presentation followed by questions and answers.

Featured careers include:

Imaging and Vascular Technology
10:00–10:40am

Ultrasonography
10:45–11:25am

Research Administration
11:30am–12:10pm

Medical Technology/Pathology
12:15–12:55pm

Inpatient Coding
1:00–1:40pm

Respiratory Therapy
1:45–2:25pm

Electrodiagnostic (Sleep)
Technologists
2:30–3:10pm

Physician Assistant
3:15–3:55pm

Surgical Technologist
4:00–4:40pm

No registration necessary.
Sponsored by Training & Workforce Development.
For more information,
call 4-3368.

Living with Cancer: Navigating the Journey

A free conference for patients and families on maintaining quality of life from diagnosis to long-term survivorship.

Featuring information on:

- Advances in cancer research
- Managing side-effects
- Maintaining wellness and balance in your life
- A panel of cancer survivors
- The HOPES Wellness Fair

April 9, 2011
9:00am–3:00pm
Yawkey 2

To register, call 617-724-1822, or stop by the Cancer Resource Room (Yawkey 8C).

Sponsored by the MGH Cancer Center and the Network for Patients & Families.

AMMP scholarships

Applications available on-line

As of October, 2010, previous scholarship awardees re-applying for an AMMP scholarship are no longer required to submit a five-page essay. A two-page update of your educational journey since receiving the last award is sufficient.

Starting in the fall of 2011, the MGH Institute of Health Professions (IHP) will partner with the AMMP Scholarship Program to offer a three-credit scholarship.

Awardees are required to volunteer a minimum of 20 hours at the IHP.

This scholarship is available to applicants with an interest in Nursing, Physical Therapy, and Speech-Language Pathology. Health professionals taking science pre-requisites are also eligible.

For more information,
call 4-4424.

Memorial Service

There will be a memorial service for Joyce Spataro, beloved secretary of the Chaplaincy Department.

Thursday, March 31, 2011
11:30am
MGH Chapel

All are welcome
For information, call 6-2220.

Blum Center events

Book Talk
"Healthy Eating During
Pregnancy"
presented by Stacey Nelson, RD
Thursday, March 17, 2011
12:00–1:00pm
Blum Center.

For information, call 4-3823.

Red Sox Foundation and MGH Home Base Program

Participate in this year's annual Run to Home Base, a 9-kilometer run to support our veterans ending at storied Fenway Park. Registration is now open. For more information, or to register, go to: www.runtohomebase.org.

Run to Home Base will be held
Sunday, May 22, 2011.

New MGH phone numbers

Due to the increasing need for telephone lines, MGH has begun using a new area code and three-digit exchange number in addition to the existing 724; 726; and 643 exchanges. In January, MGH Telecommunications began incorporating the new area code and exchange number: 857-238-XXXX.

Staff will still be able to dial the five-digit extension (8-XXXX) when calling internally.

For information call 6-4357.

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Submissions

All stories should be submitted to: ssabia@partners.org
For more information, call:
617-724-1746

Next Publication

April 7, 2011

Professional Achievements

Dahlin appointed

Constance Dahlin, RN, nurse practitioner, Palliative Care, was appointed, adjunct clinical associate professor at the MGH Institute of Health Professions, in February, 2011.

Mulligan and Dreher certified

Janet Mulligan, RN, nursing director, IV Therapy, and Denise Dreher, RN, became certified by the Vascular Access Certification Corporation, in February, 2011.

Lacasse certified

Rachel Lacasse, RN, staff nurse, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in February, 2011.

Bjarnason and LaSala publish

Dana Bjarnason, RN, and Cynthia LaSala, RN, authored the article, "Moral Leadership in Nursing," in the *Journal of Radiology Nursing*, in March, 2011.

McMahon appointed

Bigelow 11 staff nurse, Cory McMahon, RN, was appointed a Carl Wilkens fellow for 2011 by the Genocide Intervention Network and Save Darfur Coalition, in February, 2011.

Rinehart certified

Todd Rinehart, LICSW, clinical social worker, Palliative Care Service, became certified as an advanced hospice and palliative care social worker, by the National Association of Social Workers, in February, 2011.

Lucas presents

Michele Lucas, LICSW, social worker, presented, "A Private Caregiver Listserv: Maximum Benefit for Minimum Cost," in the *Journal of Psychosocial Oncology*, in March, 2011.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, recently authored the article, "Multimodal Approaches to Pain Management," in *Nursing* 2011.

Jeffries presents

Marian Jeffries, RN, clinical nurse specialist, presented, "Predictors of Skin Breakdown and Pressure Injury in the Tracheostomized and Stoma Patient," at the 12th National Pressure Ulcer Advisory Panel Conference, Emerging Healthcare Issues, in Las Vegas, February 25-26, 2011.

Capasso presents

Virginia Capasso, RN, co-director of the MGH Wound Care Center, presented, "Selected Topics in Wound Care," in a teleconference sponsored by Partners International and Bermuda Hospital, February 10, 2011.

Luby presents

Barbara Luby, LICSW, pediatric social worker, presented, "Psychosocial Issues Facing Families of the Chronically Ill," at the New England Chapter of the NephCure Foundation in Wellesley, February 13, 2011.

Clinical Recognition Program

The following clinicians were recognized between December 1, 2010, and March 1, 2011

Advanced Clinicians:

- Kathryn Mawn, RN, White 11, General Medicine
- Amy Pasini, RN, Emergency Department
- Nancy Davis, RRT, Respiratory Therapy
- Paula Restrepo, RN, Ellison 4 SICU
- Natacha Nortelus, RN, White 10 General Medicine
- Erin Lackaye, SLP, Speech, Language Pathology & Swallowing Disorders

Chisari presents

Gino Chisari, RN, director, The Norman Knight Nursing Center for Clinical & Professional Development, presented, "Implications and Opportunities for Nursing Practice and Making the Voice of Nursing Heard," at the 2011 Legislative Action Forum at the Massachusetts State House, February 24, 2011.

Hultman in roundtable discussion

Todd Hultman, RN, nurse practitioner, participated in the roundtable discussion, "Approaching Death: Improving Care at the End of Life," at the Institute of Medicine, in Washington, DC, January 13, 2011.

Inter-Disciplinary team presents

Constance Dahlin, RN, nurse practitioner; Vicki Jackson, MD; Juliet Jacobsen, MD; and Margaret Seaver, MD, presented, "Outpatient Palliative Care: Why it's Important and How to Build it at Your Institution," at the Annual Assembly of Hospice and Palliative Nurses Association and American Academy of Hospice and Palliative Medicine, in Vancouver, February 16, 2011.

Clinical Scholar:

- Ann LaFleur, LICSW Social Work



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