

# Caring

Headlines

December 6, 2012

## SAFER Fair

*working together to keep patients safe*



*See story on page 4*

Maureen Heavey, RN, and Michael Tady, RN, staff the Skin Care Committee booth at SAFER Fair, held September 25, 2012, under the Bulfinch Tent.

# New Inter-Disciplinary Advisory Committee

*enhancing patient care by enhancing inter-disciplinary communication*

The committee brings together representatives from all disciplines within Patient Care Services to ensure we're delivering the best, most coordinated care possible—and we understand the concerns, perspectives, and practice of our colleagues in other disciplines.

**D**o you remember the parable about a group of blind men who are asked to feel an elephant in an attempt to figure out what it is? Each blind man feels a different part of the animal, but when they compare notes, they can't agree on what it looks like because they were all touching different parts of it. It's not until a sighted man comes along and describes the whole elephant that they can appreciate how each of their perspectives fits with the whole. I think this is a wonderful analogy for our new Inter-Disciplinary Advisory Committee. This committee brings together representatives from all disciplines within Patient Care Services to ensure we're delivering the best, most coordinated care possible—and we understand the concerns, perspectives, and practice of our colleagues in other disciplines.

The committee met for the first time, November 14, 2012, and wasted no time getting started. We reviewed the charter and goals, which include:

- promoting and invigorating inter-disciplinary collaboration and effectiveness in patient care, education, research, and community outreach



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

- providing a forum for communication about organizational changes affecting staff
- participating in the planning and communication of initiatives to promote and sustain regulatory readiness (Excellence Every Day)
- serving as liaison between units and departments and PCS leadership regarding issues of quality, clinical care, and work-life balance
- identifying opportunities for efficiency in care-delivery and cost savings

To ensure the communication loop is complete, the associate chief nurses, department directors, and I will be standing members of the committee. Currently, the plan is to meet quarterly, but that's subject to change based on the desire and input of committee membership.

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If our first meeting was any indication, I think this is going to be a rich forum for sharing ideas and information... The advantage of having staff and leadership from all disciplines together in the same room is the depth of discussion that comes with access to two-way feedback.

If our first meeting was any indication, I think this is going to be a rich forum for sharing ideas and information. Already, committee members have begun to bring forward issues they've been thinking about or mulling over with colleagues. We spent a good amount of time talking about Voalté phones and the possibility of rolling out this new tool to other members of the team. One clinician who's currently practicing on an innovation unit attested to the impact these devices are having on efficiency and staff's ability to save time and eliminate unnecessary trips to the nurses' station. She suggested expanding utilization of Voalté phones to attending physicians and unit service associates.

The advantage of having staff and leadership from all disciplines together in the same room is the depth of discussion that comes with access to two-way feedback. In the case of our Voalté phone discussion, George Reardon, our director of Systems Improvement, was present to provide information on our plans to expand access to these devices. And staff who haven't yet used Voalté phones had an opportunity to hear about their capabilities first-hand from those who have.

Our next meeting is scheduled for January 23, 2013. As a foundation for our work together, we'll hear from representatives of each discipline who'll share information about their respective domains of practice to further our understanding of the work and contributions of our inter-disciplinary colleagues.

As I think about our commitment to Excellence Every Day and the importance of relationship-based care, it seems to me that an inter-disciplinary advisory committee is the perfect vehicle to help us achieve both. For more information or to find out who on the committee represents your area, contact your nursing director, supervisor, or clinical specialist. Members of the Inter-Disciplinary Advisory Committee are there to represent *you*. They are there to give voice to your concerns, suggestions, and observations. I urge you to seek them out and let them know what's on your mind.

As a team, as an organization, and as a community, we are better when we communicate effectively. It is my hope that the Inter-Disciplinary Advisory Committee will help us do just that. I look forward to hearing your feedback.

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# SAFER Fair

## Collaborative governance champions working to keep patients safe

—by Mary Ellin Smith, RN, professional development manager

**C**ollaborative governance champions had an opportunity to showcase their work at the recent SAFER fair, held September 25, 2012, under the Bulfinch Tent. The fair was held to support and promote the philosophical underpinnings of collaborative governance: Excellence Every Day and our efforts to keep patients safe. Educational booths were staffed by representatives from the Diversity; Skin Care; Pain

Some scenes from the collaborative governance SAFER Fair, held September 25th under the Bulfinch Tent.

Management; Patient Education; Policy, Procedure & Products; Ethics in Clinical Practice; Informatics; Restraints Solutions in Clinical Practice; Fall Prevention; and Research and Evidence-Based Practice committees. Champions shared information with staff, patients, and visitors about the work of their respective committees.

Visitors to the Diversity Committee's booth had an opportunity to use an IPOP (Interpreter Phone on a Pole) and a VPOP (Video Interpreter Phone on a Pole), devices that allow patients to interact with their caregivers at the bedside in their preferred language via remote interpreter services. Information was also available on culturally sensitive care and other aspects of diversity at MGH.

The Ethics in Clinical Practice Committee provided information on healthcare

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## Collaborative Governance (continued)

proxies, advance care planning, and resources available to assist patients, families, and staff in obtaining these important precautions.

The Fall Prevention Committee demonstrated various devices used to keep patients safe and provided consultation to those concerned about family members at risk for falling.

Visitors to the Informatics Committee table had an opportunity to glimpse the future of the electronic medical record.

The Patient Education Committee highlighted the importance of crafting patient-education materials in plain language using a 'Wheel of Fortune' approach that tested visitors' knowledge on questions provided by other committees.

The Policy, Procedure & Products Committee showcased a number of new products recently introduced at MGH and provided guidance on how clinicians can access policies and procedures.

Research and Evidence-Based Practice champions shared some evidence-based-practice outcomes and opportunities for clinicians to become involved in research.

The Restraint Solutions Committee shared information on sensory-modification interventions aimed at decreasing the use of restraints.

The Skin Care Committee provided consultation on how to prevent and treat skin breakdown. They employed a 'Price is Right' approach to raise awareness about the cost of frequently used skin-care products (and how to be more cost-conscious when selecting products).

Collaborative governance has been an integral part of the PCS Professional Practice Model for 15 years. It was great to have an opportunity to see just some of the outcomes of their work at the 2012 SAFER Fair.

For more information about any collaborative governance committee, contact Mary Ellin Smith, RN, at 4-5801, or any collaborative governance champion.



# It takes a village

*Fortunately, we just happen to have one*

—by Nancy Davis, RRT, respiratory therapist

Mark typically doesn't require supplemental oxygen, but airplane cabins are pressurized to about 8,000 feet above sea level, so it was conceivable he'd need supplemental oxygen to make this trans-Atlantic flight.

**W**e often hear the expression, "It takes a village," when what we mean is, "It takes collaboration." A recent story involving Mark Rosen, a 62-year-old patient with amyotrophic lateral sclerosis (ALS), is a great example of collaboration and the benefits of being part of 'a village.' Mark (patient's real name used with his consent) was planning a trip to Israel with his children and his primary caretaker. He uses a powerized wheelchair, an electronic communication device, and BiPAP ventilation at night. BiPAP is a non-invasive ventilator commonly used at night by patients with ALS to assist their breathing.

Mark typically doesn't require supplemental oxygen, but airplane cabins are pressurized to about 8,000 feet above sea level, so it was conceivable he'd need supplemental oxygen to make this trans-Atlantic flight. With the help of Paul Pappagianopoulos and Stacyann Hough in the Pulmonary Function Laboratory, a high-altitude simulation test was performed that confirmed Mark would need oxygen for his round-trip journey. Since most airlines don't provide prescription oxygen for passengers, Mark would need a portable oxygen concentrator—a battery-operated device that converts ordinary room air into almost pure oxygen. Oxygen concentrators are commonly used instead of oxygen tanks by patients who require portable oxygen therapy.

In Mark's case, he would need an oxygen concentrator with a battery life of about 15.5 hours—the

flight time of the longest leg of the trip plus an extra three hours (required by the airline). That might not seem like a lot until you consider that each battery weighs 3.5 pounds, and at the rate Mark needed, each battery would last only two hours. He would need oxygen for the entire flight *and* he'd need oxygen with BiPAP because the flight was at night and he needed to sleep on the plane.

Bob Brown, Mark's pulmonologist; Dean Hess, our assistant director of Respiratory Care; and I met with Mark for a test run with an oxygen concentrator using a nasal cannula with and without the nasal BiPAP mask. Mark tolerated the trial very well, so we decided to repeat the high-altitude simulation test to determine the lowest dose of oxygen he could use and still keep his oxygen saturation at 90% or higher. This would help us determine the safest oxygen prescription that required the fewest number of batteries.

Following the test run, Dean and I spoke with Mark's primary caretaker, who was integrally involved with planning and coordinating the trip. She provided us with the contact information for Mark's home-care company, and we spoke with their respiratory therapist. We agreed that a Trilogy ventilator would be the best solution for Mark's BiPAP requirement because it has a long-lasting internal battery, and the battery could be replaced easily without interrupting his breathing.

When Mark came in for the repeat high-altitude simulation test, I adjusted the oxygen dose to 1.5 L/min, and he was able to maintain acceptable oxygen saturation while breathing at a simulated altitude of 8,000 feet. Dr. Brown provided a prescription

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## Respiratory Care (continued)

The most important thing we learned was that when everyone works together toward a common goal, there's a good chance that not only will you achieve that goal, but you may exceed everyone's expectations in the process.

for 1.5 L/min of oxygen for the flight. That would yield three hours per battery with the oxygen concentrator. I arranged with the home-care company to provide the oxygen concentrator and six batteries. Mark and his family would be able to re-charge the batteries in Israel for the return flight.

We worked with a representative from the Combined Jewish Philanthropies to complete the necessary travel forms and ensure that all the equipment was FAA-approved and met the requirements of the airlines. At long last, Mark was ready for his trans-Atlantic adventure.

Upon his return, Mark provided us with the following account of his trip:

*Our trip to Israel was a very powerful and magical experience for all of us! It was really amazing on all levels—way more than I had hoped for. It was a momentous lifetime memory with Zelda and Teddy, my children, for sure. I*

*must say that seeing myself “in action” for 14 hours per day on the 10-day vacation journey while travelling all over Israel plus seeing myself through others’ eyes made me feel good. I didn’t miss a beat from 7:00am to 9:00pm every day, and I adapted well as the trip strengthened my resolve to keep fighting ALS with all my might!*

*The trip was virtually perfect because my ALS limitations were all planned for and executed with precision and care. First and foremost, almost six months before our departure date, my pulmonary specialist, Dr. Robert Brown, told me that a BiPAP machine was inadequate to help me breathe on the 10-hour flight to Tel Aviv at 35,000 feet. He assembled a team to assess the situation and problem-solve to enable me to access and use an oxygen concentrator in tandem with the Trilogy BiPAP for the flight. We planned and prepared for every little detail and contingency to make sure I was safe. We needed to get airline specifications for what was and was not acceptable equipment, special medical equipment providers that could meet our specific needs, electric adapters as needed, battery life tests to ensure enough O<sub>2</sub> was being pumped, and testing in preparation for the flight itself. We did all this planning and rehearsal with great teamwork and efficiency—and it paid off big-time!*

*Suffice it to say, everything worked to perfection. My thanks to my excellent team at MGH for making this trip possible!*

I think everyone involved in this collaborative experience learned so much. It truly was an inter-disciplinary effort. The most important thing we learned was that when everyone works together toward a common goal, there's a good chance that not only will you achieve that goal, but you may exceed everyone's expectations in the process. Mark was extremely pleased with how everything worked out, and it was a privilege to be part of the 'village' that helped make it happen.



Patient, Mark Rosen (center) and his family at Mt. Scopus in Jerusalem, overlooking the Old City. Photo taken during family vacation in Israel.

(Photo provided by Mark Rosen)

# ‘Surrogate MGH family’ goes the distance for homeless patient

Mr. M’s work-up was concerning as it showed widespread metastatic disease and changes in his mental status. It was apparent he was critically ill. The medical team requested social-work involvement due to concerns that Mr. M lacked adequate community support.

**M**y name is Samantha Tarcov Block, and I have been a clinical social worker at MGH for the past two years. Our work with patients providing psychosocial assessment, emotional support, and counseling allows us to gain an understanding of who patients are, develop a sense of their individual needs, and learn about them beyond their disease and hospital stay. Our goal is to help patients adjust to, and cope with, illness and hospitalization.

Mr. M is a middle-aged man with a little-known medical history. He had presented twice in the MGH Emergency Department in recent months for a variety of complaints. He came to one follow-up appointment where he was told of a (new) cancer diagnosis. Unfortunately, he didn’t come back for subsequent appointments. He returned to MGH when he was transferred here from a community hospital. Mr. M’s work-up was concerning as it showed widespread metastatic disease and changes in his mental status. It was apparent he was critically ill.

The medical team requested social-work involvement due to concerns that Mr. M lacked adequate community support. Within a matter of moments after entering the room and introducing myself, Mr. M eagerly requested that I help him find his family. He said he had, “tens of sons, all named after me.” He



Samantha Tarcov Block, LICSW  
clinical social worker

went on to add, “My oldest is forty-seven. We had him when I was nine.”

Mr. M didn’t have any contact information or telephone numbers for his children or any family members. He said he’d been homeless for a number of years. We ended our conversation soon after, and I assured Mr. M I would try to find his family (though I doubted I’d be able to given the little information I had). Nevertheless, I hoped I’d be able to fulfill his request.

I called a number of the local shelters and was able to locate two providers who had some knowledge of Mr. M. I became hopeful that they’d be able to help me contact his family. Unfortunately, neither had any useful information about his personal contacts or psychosocial history. They both thought Mr. M’s family members were deceased.

I met with Mr. M every day to offer support. As we talked, I tried to draw him out to see if there was any more information he could provide about his life or social history that might help us. Mr. M said he

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didn't want to discuss his medical condition any more. He was, "tired of it," and overwhelmed by people "constantly" asking him questions. "We all agree it's cancer," he said. He knew he was very, very sick.

During this time, I kept asking myself: How could he have no family? There must be more we can do to find them. There has to be someone.

Unbeknownst to me, another member of Mr. M's multi-disciplinary team had conducted her own search for Mr. M's family and had also been unable to find anything. I felt the weight of both Mr. M and the team's desperation on my shoulders.

I think the team and I found comfort in believing that if we failed to find Mr. M's family, we (the medical team) would be his surrogate family. Absent his biological relatives, we would provide him with the care, comfort, protection, and support he needed. We'd make every effort to learn who he was and what was important to him, and that would guide his care.

One morning, I was notified by Mr. M's medical team that he'd taken a turn for the worse. Further medical intervention would be futile, so the decision was made to transition Mr. M to comfort measures only. His doctors weren't sure he'd survive the day.

I needed to try one last time to locate his family. I desperately wanted to fulfill his dying wish, and I couldn't stop until every possible option had been exhausted.

I went back to the Internet. Again. I scrolled through pages of information before coming to a page containing Mr. M's full name and a list of "possible relatives." I nervously clicked on the link and came to a page containing names and phone numbers. My first thought was: if I call one of these numbers, I might alarm someone or unearth a painful family relationship. But this was Mr. M's wish. He wanted to find his family. Calling these numbers seemed like the only way to do it.

I dialed the first number, and a woman answered the phone. I explained who I was and why I was calling. I was immediately relieved to learn that the woman on the phone was indeed one of Mr. M's relatives. I couldn't believe this was happening.

After a hurried explanation, Mr. M's family made it to the hospital within the hour. I greeted each of his siblings as they arrived on the unit. They shared with me that Mr. M has suffered from paranoid schizophrenia. He had attended a prestigious university and suffered his first psychotic break shortly after

graduation. He'd been unable to maintain housing and had lived on the streets ever since. Mr. M's mental illness had caused him to distance himself from his family and strained their relationships, but the family had never stopped looking for him.

Despite the gravity of Mr. M's condition, his family was extremely grateful to be reunited with him. They gathered at his bedside recalling stories from their childhood and sharing fond memories. Mr. M was minimally responsive, but when his youngest and closest brother arrived, he did manage a smile.

Mr. M passed away peacefully within a half hour of his family's arrival, surrounded by the people he loved and who loved him.

One of the biggest challenges in Mr. M's care was a shared sense of hopelessness when our initial efforts to find his family had failed. The end of Mr. M's life fills me with many emotions. It saddens me to think about the impact of Mr. M's death on his family and how complicated their grief must be. But at the same time, it's comforting to know that Mr. M was with his family when it mattered most. Though he was weak, I believe he knew his family was there with him. Mr. M lived his life to the best of his ability—

a life that appeared to be marked by solitude and mental illness but a life he was nonetheless comfortable with. I'm struck by the power of Mr. M's reunion with his family and by his passing. I'm so proud of the way his medical team cared for him at the end of his life. I feel honored and privileged to have been a small part of his life journey. I'll never forget Mr. M's story.

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

How does a clinician know when to go that extra mile? How does a caregiver know when one more try will be the one that makes a difference? We don't. But that doesn't keep the good ones from trying anyway. That's what Samantha did when she went back to the Internet to look for Mr. M's family. And that's what distinguishes excellent practice from good practice; excellent care from average care. Instead of dying estranged from his family, Mr. M had the good fortune to leave this world in the company of his loved ones, to be grieved as a member of a family, and to give closure to those who had known him the longest. What a wonderful story.

Thank-you, Samantha.

The end of Mr. M's life fills me with many emotions. It saddens me to think about the impact of Mr. M's death on his family and how complicated their grief must be. But at the same time, it's comforting to know that Mr. M was with his family when it mattered most.

# Blum Center goes virtual

—by Jen Searl, health education project specialist, and Jessica Saad, health educator

Many of you know The Maxwell & Eleanor Blum Patient and Family Learning Center, located off the Main Corridor in the White Building, as a welcoming and relaxing place to access health information. Effective immediately, the Blum Center is offering more ways to enjoy their services and access important educational materials. With a robust website and presence on both Facebook and Twitter, patients, visitors, and staff have a variety of options for connecting with the Blum Center to learn about health, illness, treatment modalities, and much more.

Patients with health-related questions (who are off campus) can e-mail queries to 'Ask-a-Librarian'

through the Blum Center website ([www.massgeneral.org/pflc](http://www.massgeneral.org/pflc)). It's as easy as clicking on a link, typing your question, and pressing, 'Submit.' You can specify whether you want to receive the information by e-mail or US mail, and you can provide contact information if you'd like staff to contact you if they have questions (or you can opt *not* to be contacted).

If you missed any of the Blum Center's popular educational lectures, there's a good chance they were videotaped and those recordings may be available on the website, as well. Recent offerings available on the website include, "Caring for a Loved One with Alzheimer's Disease," presented by Barbara Moscovitz, LICSW, and "Selecting the Right Shoe for You," presented by Marie Figueroa, PT.

The Blum Center has established accounts on both Facebook and Twitter to expand outreach to MGH patients, families, staff and the community. Utilization of these important social media sites allows Blum Center staff to interact with the community, promote educational programs, and raise awareness about issues related to maintaining health and wellness. The Blum Center plans to use Facebook and Twitter as vehicles for disseminating information on topics aligned with the National Health Observances calendar, which focuses on different health topics each month.

You can 'like' us on Facebook by going to [facebook.com/MGHBlumCenter](http://facebook.com/MGHBlumCenter) and clicking 'Like.' You can follow us on Twitter by going to [twitter.com/MGH\\_BlumCenter](http://twitter.com/MGH_BlumCenter) and clicking 'Follow.' It's a great way to stay informed about our programs and services. And if you like the Blum Center on Facebook between December 3, and December 15, 2012, you'll automatically be entered in a raffle to win a gift card to Coffee Central.

For more information about any of the Blum Center services, call 4-3823.

For more information about any of the Blum Center programs or services, call 4-3823.



# Inter-professional learning at the IHP

—by John Shaw, associate director of Communications, IHP

Now in its 15th year, the IHP's annual Infant Development Day, affectionately known as, 'Baby Day,' brings together more than 200 nursing, physical therapy, and speech-language pathology students to create a truly interactive, inter-professional, learning experience.

This fall, the MGH Institute of Health Professions (IHP) combined an inter-professional model of education with a target population that everyone loves—babies. Lots of babies. Now in its 15th year, the IHP's annual Infant Development Day, affectionately known as, 'Baby Day,' brings together more than 200 nursing, physical therapy, and speech-language pathology students to create a truly interactive, inter-professional, learning experience.

Throughout the morning, 20 children, most brought in by IHP alumni, are observed, reviewed, discussed, and played with by students from the three disciplines learning together in a controlled environment.

"It's great to have students from all three programs," says clinical assistant professor, Laura Plummer, PT, who organized the event with fellow clinical assistant professor, Anne McCarthy Jacobson, PT. "To provide comprehensive patient care, healthcare professionals need to know what their colleagues in other disciplines look for and how to work together."

Inter-professional teams of 10-15 students observed the children, who ranged in age from three months to five years old, identifying developmental milestones while faculty called attention to behaviors representative of various developmental stages.

Nursing students examined children's height, weight, and head circumference, and discussed maternal health and child wellness with parents. Speech-language pathology students observed language, social, and cognitive skills. And physical therapy students observed motor skills.

Teams then had an opportunity to engage in online discussions with their peers about what they had observed, giving them a greater understanding of, and appreciation for, the scope of practice of other disciplines.

For more information about Infant Development Day contact Laura Plummer, PT, at [lplummer@mghihp.edu](mailto:lplummer@mghihp.edu).

Speech-language pathology students, Alexandria Greene (front) and Indigo Young, enjoy an interactive learning experience with some energetic volunteers at IHP's annual Infant Development Day.



(Photo provided by IHP)

# Professional Achievements

## Coakley honored

Amanda Bulette Coakley, RN, staff specialist, received the 2012 Unique Contribution Award, at the 40th anniversary biennial conference of NANDA International, in Houston, May 26, 2012.

## Peterson appointed

Gayle Peterson, RN, staff nurse, Oncology, was appointed a member of the Board of Trustees for the Political Action Committee and a member of the Honorary Award Committee of the American Nurses Association, in September, 2012.

## Pacious certified

Amy Pacious, RN, staff nurse, Cardiac SICU, became certified as a critical care nurse by the American Association of Critical-Care Nurses, in September, 2012.

## Drapek presents

Lorraine Drapek, RN, nurse practitioner, Radiation Oncology, presented, "Role of the Nurse Practitioner in Radiation Oncology," and, "GI Cancer Update," at the Radiation e-Conference of the Oncology Nursing Society, September 7-8, 2012.

## Ferdinand presents

Robert Ferdinand, RN, staff nurse, IV Therapy, presented, "Using CQI Tools and an Electronic Database to Improve Patient Outcomes," at the annual seminar of the New England Chapter of the Infusion Nurses Society, in Waltham, September 13, 2012.

## Nurses present poster

Adele Keeley, RN; Julie Cronin, RN; Michelle Connolly, RN; Beth Morrissey, RN; Kristen Nichols, RN; and Katie Fauvel, RN, presented their poster, "SharePoint: a Unit-Based Initiative to Increase Knowledge and Communication Among Nursing Staff," at the Care, Innovation and Transformation Conference of the American Organization of Nurse Executives, in Phoenix, September 10-12, 2012.

## Gauthier presents

Paula Gauthier, LICSW, social worker, presented, "The Network Peer Matching Program," at The Art of Living: Life Beyond Cancer Conference at the Friends of Mel Foundation in Quincy, September 15, 2012.

## Keeley and Whitney, panelists

Adele Keeley, RN, nursing director, Gynecology/Oncology; Kevin Whitney, RN, associate chief nurse; Daniel O'Connell; Carlos Fernandez-del Castillo, MD; and Carey York-Best, MD, participated in a panel discussion at the second annual fall Service Excellence Program of the MGH/MGPO Service Excellence Practice Improvement Division, September 18, 2012.

## Rowley presents

Joanne Rowley, RN clinical nurse specialist, Revere HealthCenter, presented, "Mindfulness-Based Resources in an MGH Primary Care-Based Wellness Center," at the 2nd annual New England Holistic Nursing Conference at St. Anselm College and at the American Holistic Nurses Association in Kennebunkport, Maine, September 27-28, 2012.

## Washington presents

Deborah Washington, RN, director, PCS Diversity Program, presented, "Expanding the Patient Safety Paradigm: Engaging Minority Communities in Safer Healthcare," at the annual conference of the Agency for Healthcare Research and Quality, in Bethesda, Maryland, September 11, 2012.

## Inter-disciplinary team presents poster

Gaurdia Banister, RN; Sharon Badgett-Lichten, LICSW; Edward Coakley, RN; Ronald Doncaster; Richard Evans; Brian French, RN; Colleen Gonzalez, RN; Cynthia LaSala, RN; Liza Nyeko; Kate Roche, RN; Jennifer Sargent, RN; and, Meridale Vaught Baggett, MD, presented their poster, "The 'Always Responsive' Quality Demonstration Project," at the quarterly educational conference of the Organization of Nurse Leaders in Newton, September 14, 2012.

## Hilmes certified

Ashley Hilmes, RN, staff nurse, Cardiac ICU, became certified as a critical care nurse by the American Association of Critical Care Nurses in October, 2012.

## Nurses publish

Christie Caligtan, RN, Diane Carroll, RN; Ann Hurley, RN; Rona Gersh-Zaremski, RN; and Patricia Dykes, RN, recently authored the article, "Bedside Information Technology to Support Patient-Centered Care," in the *International Journal of Medical Information*.

## Ball presents poster

Stephanie Ball, RN, clinical nurse specialist, presented her poster, "Health Literacy in the Army Reserve," at the 2012 National State of the Science Congress on Nursing Research: Council for the Advancement of Nursing Science, in Washington, DC, September 14, 2012.

## Nurses present poster

Gaurdia Banister, RN; Laura Mylott, RN, and JoAnn Mulready Schick, RN, presented their poster, "Evaluating Dedicated Education Units for Educational Quality: an Academic Service Innovation and Partnership," at the quarterly educational conference of the Organization of Nurse Leaders in Newton, September 14, 2012.

## Nurses present poster

Virginia Capasso, RN, clinical nurse specialist; Amanda Bulette Coakley, RN, staff specialist; Susan Gavaghan, RN, clinical nurse specialist; Jacqueline Collins, RN, clinical nurse specialist; Jill Pedro, RN, clinical nurse specialist; Debra Frost, RN, staff specialist; Nancy McCarthy, RN, staff specialist; Claire Seguin, RN, staff nurse; Sandra Silvestri, RN, clinical nurse specialist; Theresa Gallivan, RN, associate chief nurse; and Gaurdia Banister, RN, executive director, The Institute for Patient Care, presented their poster, "Pressure Ulcer Prevention Program," at the Symposium on Advanced Wound Care - Fall, at the North American Center for Continuing Medical Education in Baltimore, September 13, 2012.

## Schnider certified

Maureen Schnider, RN, nursing director, became a certified nurse executive by the American Nurses Association, October 9, 2012.

## Polikowski certified

Samantha Polikowski, RN, staff nurse, Cardiac ICU, became certified as a critical care nurse by the American Association of Critical Care Nurses in October, 2012.

## Roche presents poster

Constance Roche, RN, presented her poster, "A Program to Increase Use of Chemoprevention for Women with High-Risk Breast Lesions," at the 2012 Breast Cancer Symposium in San Francisco, September 13, 2012.

## Nurses publish

Lea Ann Matura, RN; Annette McDonough, RN; and Diane Carroll, RN, recently authored the article, "Predictors of Health-Related Quality of Life in Patients with Idiopathic Pulmonary Arterial Hypertension," in the *Journal of Palliative and Hospice Nursing*.

## Nurses present

Mary Larkin, RN; Lauren Donahue, RN; Catherine Griffith, RN; Kerry Milaszewski, RN; Linda Pitler, RN; and Amy Sbrolla, RN, presented, "Advancing Role Recognition via Professional Networking and Collaboration," at the 4th annual meeting of the International Association of Clinical Research Nurses, in Houston, October 19, 2012.

## Cathy Culhane-Hermann presents poster

Culhane-Hermann, RN, health coach, Revere HealthCenter, presented her poster, "Community-Based, Primary Prevention Programs Improve Psychological and Cardiovascular Health," at the Coaching in Leadership and Healthcare, Theory, Practice, and Results 2012 Conference of the Institute of Coaching at McLean Hospital September 28-29, 2012.

**Amatangelo presents**

Mary Amatangelo, RN, nurse practitioner, presented, "Acute Nursing Management of Stroke, TIA, and Hemorrhage," at the 7th annual summit of the Northeast Cerebrovascular Consortium, in Boston, October 19, 2012.

**Nurse practitioners present**

Radiation Oncology nurse practitioners, Diane Doyle, RN, and Elene Viscosi, RN, presented, "Role of the Advanced Practice Nurse (APN) in a Radiation Oncology Setting," at the 54th annual meeting of the American Society of Radiation Oncology, in Boston, October 29, 2012.

**Gall and Greenblatt present**

Gail Gall, RN, and David Greenblatt, presented, "Improving Healthcare Services to High-Risk Latino Youth in a Community Setting," at the annual conference of the American Assembly for Men in Nursing, in San Francisco, October 26, 2012.

**Inter-disciplinary team presents**

Michael Kirk; Catherine Mannix, RN; and Jeanne Sixta, RN, presented, "Protons, Neutrons, and Advanced Treatment Technologies," at the 54th annual meeting of the American Society of Radiation Oncology, in Boston, October 30, 2012.

**Nurses present**

Leanne Espindle, RN, nursing director for the Day Surgery Unit at Foxborough HealthCare Center; Claire O'Brien, RN, nursing director for the MGH Orthopaedic ASC; and Robin Gallant, RN, nurse manager for the Day Surgery Unit at MGH North Shore Center for Outpatient Care, presented their poster, "The Role of the RN in Peripheral Nerve Block: Developing a Standard Practice Across Three Academic Ambulatory Surgery Centers," at the OR Manager Conference, in Las Vegas, October 23–26, 2012.

**Barba and Buttaro publish**

Kate Barba, RN, and Terry Mahan Buttaro, RN, authored the book, *Nursing Care of the Hospitalized Older Patient*, released in November, 2012.

**Social workers present**

Social workers, Karon Konner, LICSW, and Natascha Gundersen, LICSW, presented, "Disaster Mental Health: Mental Health Consideration for Survivors and First Responders," at the Psychological Dimensions of Health Class at Boston College School of Social Work, October 11, 2012.

**Polk presents**

John Polk, DMin, director of the Chaplaincy, presented, "I Held His Heart in My Hands!" on the Feast of Saint Luke Day—the Saint of Physicians and Healing Arts, at The Church of the Advent, in Boston, October 21, 2012.

**Stakes presents**

Kathleen Stakes, RN, clinical nurse specialist, Pediatrics, moderated the "Neuroblastoma Presentation," at the annual meeting of the Association of Pediatric Hematology Oncology Nurses, in Pittsburgh in October, 2012.

**Jeffries publishes**

Marian Jeffries, RN, thoracic clinical nurse specialist, authored the chapter, "Asthma, COPD, Pneumonia, and Influenza," in *Nursing Care of the Hospitalized Older Patient*, by Kate Barba, RN, and Terry Mahan Buttaro, RN, published in November, 2012.

**Vega-Barachowitz invited to serve**

Carmen Vega-Barachowitz, CCC-SLP, director, Speech-Language & Swallowing Disorders and Reading Disabilities, has accepted an invitation to serve as a member of the Health Care Economics Committee of the American Speech-Language Hearing Association (ASHA) effective immediately through December, 2014.

# New security policies affect mobile devices

effective January 29, 2013

In an effort to ensure continued security, new policies are being implemented regarding mobile devices. Effective January 29, 2013, *only* Partners-approved mobile devices will be allowed to connect to Partners e-mail. If your device is not on the Partners-approved mobile-device list, you will not be able to receive Partners e-mail on that device.

**Question:** How do I know if my mobile device is Partners-approved?

**Answer:** The following e-devices are Partners-approved:

- iPhone 3GS, 4, 4S and 5
- Motorola Droid RAZR
- Samsung Galaxy S III
- Blackberry (refer to the Help Desk website to confirm whether your Blackberry model is approved)
- All iPads

**Question:** What if my mobile device is not on the list?

**Answer:** If you want continued access to your Partners e-mail account after January 1st, you'll need to update to an approved mobile device. And a number of new security policies will be enforced:

- All smart phones and tablets must be encrypted
- A simple five-character PIN must be used
- The PIN must be entered after 15 minutes of inactivity (calls can be received, and emergency calls can be made without entering the PIN)
- PINs must be changed every 90 days
- A new PIN must be used every 5 password changes
- 10 failed log-ons will locally wipe the device to erase all content

**Question:** What if a smart phone or tablet is lost or stolen?

**Answer:** If your device is lost or stolen, report it to the Help Desk immediately. Partners will remotely wipe all data from the device. Note: this includes *all* data, Partners and personal. Please back up your personal data regularly to prevent loss in the event of a remote wipe.

For more information, call the MGH Help Desk at 617-726-5085.

# Changes to the MGH Tax Sheltered Annuity plan

## Know your options

*Question:* I received some information in the mail about changes to the MGH Tax Sheltered Annuity (TSA) plan. Can you tell me more about that?

*Jeanette:* Effective January 1, 2013, MGH will offer enhanced investment options in place of existing investment options currently available through your MGH TSA Plan (or what you may know as the 403b). This affects any MGH employee who is currently contributing to a TSA or who has contributed in the past.

*Question:* Does this affect the MGH Cash Balance Retirement Plan?

*Jeanette:* No, the MGH Cash Balance Retirement Plan is not affected.

*Question:* Why is MGH making these changes?

*Jeanette:* The changes are being made to simplify the process of selecting funds, reduce employee expenses, and encourage more participation in the TSA plan. Recent federal government rules now allow employers to take a more active role in monitoring investment choices and providing guidance for their employees.

*Question:* What are the new options?

*Jeanette:* There are four:

- **Easy Choice** consists of targeted-retirement-date funds for those who wish to be minimally involved in their retirement savings decisions
- **Guided Choice** offers five pre-screened mutual funds and is for those who want to be moderately involved in their investment decisions
- **Open Choice** is a brokerage account that offers thousands of mutual funds, ideal for those who want the most involvement in their investment options
- **Annuity Choice** is for those who prefer an investment opportunity that will provide a guaranteed return and the assurance of a lifetime income upon retirement by way of two TIAA-CREF annuities

*Question:* When do the changes go into effect?

*Jeanette:* The enrollment period will run through December 14, 2012. Changes go into effect January 1, 2013.

### Financial information sessions hosted by MGH Human Resources

- Thursday, December 6th, 10:00–11:00am, Simches 3110
- Friday, December 7th, 1:00–2:00pm, Haber Conference Room
- Saturday, December 8th, 10:00–11:00am, Haber Conference Room
- Monday, December 10th, 12:00–1:00pm, Haber Conference Room
- Tuesday, December 11th, 2012, 9:00–10:00am, Haber Conference Room
- Wednesday, December, 12th, 11:30am–12:30pm, Haber Conference Room

*Question:* How do I know which choice is right for me?

*Jeanette:* Carefully read the materials that were sent to you. Consultants from Fidelity and TIAA-CREF are available to answer questions (call: 1-855-999-1747 for Fidelity; 1-800-842-2776 for TIAA-CREF). You can visit with a Fidelity representative between 8:00am and 4:30pm outside Eat Street Café through December 14th. And you might want to attend a session hosted by MGH Human Resources (see dates and times on this page).

# Announcements

## Back-Up Childcare Center welcomes families

Located in the Warren Building, the Back-Up Childcare Center provides on-going back-up child care; holiday and school vacation programs; and summer care for children of MGH employees and patients, aged 9 months–12 years old.

The center is open from 6:30am–5:45pm daily, offering a stimulating, caring, play environment.

Drop-in visits are welcome, or go to the Back-Up Childcare Center website for information and registration materials: [www.partners.org/childcare](http://www.partners.org/childcare)

## ACLS Classes

Certification:

(Two-day program  
Day one: lecture and review  
Day two: stations and testing)

Day one:

February 11, 2013  
8:00am–3:00pm  
O’Keefe Auditorium

Day two:

February 25th  
8:00am–1:00pm  
Their Conference Room

Re-certification (one-day class):  
January 9th  
5:30–10:30pm  
Founders 130 Conference Room

For information, call 6-3905  
or go to: <http://www.mgh.harvard.edu/emergencymedicine/education/acls.aspx>

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf)

## Blum Center Events

Benson Henry Series:  
“Holiday Stress”  
Wednesday, December 5, 2012  
12:00–1:00pm  
presented by Aggie Casey, RN

Shared Decision Making:  
“Treatment Choices for Anxiety”  
Tuesday, December 11th  
12:00–1:00pm  
presented by Mira Kautzky, MD,  
and Michael Bierer, MD

Healthy Living:  
“Holiday Eating”  
Wednesday, Dec. 19th  
12:00–1:00pm  
presented by Maggie Cook,  
dietetic intern

Programs are free and open to  
MGH staff and patients.  
All sessions held in the Blum  
Patient & Family Learning Center.

For more information,  
call 4-3823.

## Senior HealthWISE events

All events are free for  
seniors 60 and older

Lecture series  
“Eating Well into the New Year”  
Thursday, December 6th  
11:00am–12:00pm  
Haber Conference Room  
presented by Emily Gelsomin,  
clinical nutrition specialist. Come  
learn tips and recipes and enjoy  
samples of healthy snacks. Light  
refreshments will be provided.

“A Talk with Councilor  
Michael Ross”  
Thursday, December 20th  
11:00am–12:00pm  
Haber Conference Room  
City Councilor Michael Ross will  
discuss current events throughout  
Boston and in your  
neighborhood.

Hypertension Screenings:  
Monday, December 17th  
1:30–2:30pm  
West End Library  
Free blood pressure checks with  
wellness nurse, Diane Connor, RN.

For more information,  
call 4-6756.

## Chaplaincy holiday schedule

Holiday songfest  
Thursday, December 13, 2012  
noon–1:00pm  
Main Corridor  
Come and join in!

Lighting of the advent wreath  
each of four Sunday mornings  
starting December 2nd  
MGH Chapel Foyer.

Chanukah  
December 8–16th  
Lighting of the electric menorah  
will take place in the MGH  
Chapel Foyer early each evening  
of Chanukah.

The first annual MGH  
community Chanukah celebration  
Tuesday, December 11th  
5:30-7:30pm  
Thier Conference Room  
All are welcome  
Candlelighting, Chanukah food,  
and entertainment

Christmas  
Christian/Protestant service with  
Holy Communion  
Tuesday, December 25th  
12:15pm  
MGH Chapel

Roman Catholic Mass for the  
Nativity of the Lord and New  
Years Day  
Tuesday, December 25th  
4:00pm  
MGH Chapel

Mass for the Solemnity of Mary,  
the Mother of God  
January 1, 2013  
4:00pm  
MGH Chapel

The Chaplaincy extends greetings  
to those who celebrate Ramadan,  
Diwali, Kwanzaa, and all other  
faiths and spiritualities.

All are welcome to attend  
services in the MGH Chapel.  
For more information,  
call 6-2220.

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For more information, call:  
617-724-1746

**Next Publication**  
December 20, 2012

# Inpatient HCAHPS Results

*from 2010 through November, 2012*

<i>Measure</i>	<b>2010</b> <i>(Top Box Result)</i>	<b>2011</b> <i>(Top Box Result)</i>	<b>2012 YTD</b> <i>(Top Box Result through November 11, 2012)</i>
Nurse Communication Composite	78.8	79.4	80.5
Doctor Communication Composite	80.4	81.9	81.5
Room Clean	71.4	69.8	72.8
Quiet at Night	45.9	45.2	48.2
Cleanliness/Quiet Composite	58.7	57.5	60.5
Staff Responsiveness Composite	63.1	63.6	64.6
Pain Management Composite	70.7	71.5	71.7
Communication About Meds Composite	62.0	62.7	64.1
Discharge Information Composite	89.8	89.8	91.3
Overall Rating	78.4	79.1	79.9
Likelihood to Recommend	89.3	89.4	90.5

2012 continues to be a great year for patient experience results. The hospital's performance on nearly every survey indicator remains higher than last year; and MGH scores currently exceed all targets set for the year (by the hospital, by Partners, and by our public and private payors).

Data complete through 9/30/12.  
All results reflect Top-Box (or 'Always' response) percentages  
Pull date: 11/16/12



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