

# Caring

Headlines

May 31, 2012

## Nurse Week 2012

*See coverage of  
Nurse Week  
events and  
presentations  
throughout  
this issue of  
Caring  
Headlines*



*Fatmata Sesay, RN,  
with patient, Donna Perrone, in the  
ED Observation Unit*

# MGH Nursing, Florence Nightingale... and Lady Gaga???

Why Lady Gaga?  
Because Lady  
Gaga is a lot like  
Florence Nightingale,  
the epitome of  
tough female spirit,  
innovative thinking,  
and revolutionary  
ideas. Nightingale  
continues to influence  
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innovation.

Just when you think you've seen it all. Just when you think nothing else could surprise you, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, reaches into her bag of tricks and pulls out one of the most memorable and hilarious videos ever to grace the screen of O'Keeffe Auditorium. And Ives Erickson wasn't alone out there on that music-video limb. She brought the crowd to stunned silence when she opened her Nurse Week presentation with a video of her and members of her leadership team performing Lady Gaga's, *Bad Romance*, complete with jump-cut editing, costume changes, and what can only be described as ahead-of-its time choreography (see stills on back cover).

The video broke the ice and set the stage for a fast-paced, information-rich presentation featuring interviews, photographic images, and personal insights into the future of nursing. What follows is an encapsulated version of Ives Erickson's remarks.

Why Lady Gaga? Because Lady Gaga is a lot like Florence Nightingale, the epitome of tough female spirit, innovative thinking, and revolutionary ideas. Nightingale continues to influence our MGH Nursing journey, especially now during this time of great change and innovation.

Gaga is a philanthropist. Florence Nightingale was a celebrated nurse, writer, and statistician. Nightingale came to prominence for her pioneering work in nursing during the Crimean War where she tended to wounded soldiers. She was dubbed, "The Lady with the Lamp," because of her practice of making rounds late

at night—not unlike our own night nurses and nursing supervisors. Thank-you for your valuable service.

In 1860, Nightingale laid the foundation for professional nursing when she established a school of nursing at St. Thomas' Hospital in London, the first secular nursing school in the world. Her work continues to be reflected in nursing education today. We are indebted to our schools of nursing. Thank-you to our nursing students, clinical specialists, and educators in The Norman Knight Nursing Center for Clinical & Professional Development.

Nightingale was ahead of her time in developing new ways to look at statistics and data. She was one of the first to use visual aids to make data more accessible, introducing pie charts for the first time.

At MGH, we are fortunate to have a lot of data related to patient-satisfaction, quality, and safety. In our quest to improve quality, safety, and access to care, we must be vigilant in incorporating data and evidence into our new programs and efforts to reduce costs. We must address inequities in quality and quantity of care. Poorly informed decisions lead to poor practice and poor outcomes. At MGH, we benchmark, we listen, we look for signals in the form of data and input from you, our patients, and families. Many thanks to our behind-the-scenes heroes in Financial Management, Nursing Informatics, and the Office of Quality & Safety. And special thanks to Sally Millar and Keith Perleberg for their leadership of our staff specialists and project managers.

Now more than ever, it is essential, not only to gather data, but to interpret it. A special thank-you to Dottie Jones for her leadership of The Munn Center

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for Nursing Research, and to Gaurdia Banister for her leadership of The Institute for Patient Care.

Evidence-based practice is a problem-solving approach to clinical decision-making. It is a search for best practice through the discovery of new evidence, the development of clinical expertise, understanding personal and group assessment, patient and family preference, and personal values, all within the context of the work we do as nurses.

This year we launched a hospital-wide Patient and Family Advisory Committee that brings together the excellent work under way in the MassGeneral Hospital for Children, the MGH Cancer Center, and the MGH Heart Center patient and family advisory committees. This new PFAC is working hard to ensure our care is patient- and family-cen-

tered. Thank-you to our committed teams in the Office of Patient Advocacy and Service Improvement. Thank-you to Robin Lipkis-Orlando and Richard Evans.

Our participation in the design of the Lunder Building is an example of nurses and others empowered to identify systems that needed fixing and designing a facility to fix them.

It was data, patient and family feedback, and benchmarking that allowed us to design the Lunder Building, essentially creating a new vision for the future. The Lunder Building stands as a tangible message to patients, families, and staff that we are a forward-thinking, innovative institution. Thank-you to the Emergency Department, Perioperative Services, Neuroscience and Cancer Center teams

for this great

work. And thanks to our MGH colleagues who made this happen: George Reardon, Joanne Ferguson, our operations managers, and support staff for ensuring the move into the Lunder Building took place in a safe and patient-focused way.

During this past year, while we were working hard, the IOM released a very important report on the Future of Nursing. It contained four key messages:

- Nurses should practice at the top of their profession
- Nurses should achieve higher levels of education and training
- Nurses should be full partners with physicians and other healthcare professionals in re-designing health care in the United States
- Effective workforce planning and policy-making require better data-collection and an improved information infrastructure

We are fortunate that one of the leaders advancing this work in Massachusetts

is our own associate chief nurse, Kevin Whitney. And I want to thank our president, Dr. Peter Slavin, who has been a major supporter in this effort.

We agree that nurses should practice at the top of their profession. For me, the most important work will be to advocate, locally and nationally, to remove scope-of-practice barriers to ensure nurse practitioners, certified nurse midwives, certified nurse anesthetists, and clinical nurse specialists are able to practice to the full extent of their education and training. All nurses should look for barriers, broken systems, and outdated regulations that prevent us from providing timely, efficient care to patients and families.

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page 16*



Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN (right), with former Hausman fellows, Stevenson Morency and Alexis Seggalye.

# An evidence-based practice project on the use of non-invasive mechanical modalities for VTE prophylaxis in the Surgical ICU

Investigators, Paula Restrepo, RN, staff nurse in the Ellison 4 Surgical ICU, and Deborah Jameson, RN, clinical librarian at Treadwell Library, were moved to undertake their study, "An Evidence-Based Practice Project on the Use of Non-Invasive Mechanical Modalities for Venous Thromboembolism (VTE) Prophylaxis in the Surgical ICU," when they noticed variations in practice around the use of IPCs (intermittent

pneumatic compression devices, or 'boots') and GCSs (graduated compression stockings or 'TEDs'). Under the mentorship of nurse scientist, Diane Carroll, RN, they sought to:

- discover system barriers to VTE prophylaxis appropriate for system-improvement processes
- develop written guidelines and educational programs to define and disseminate a standard of care for proper use of non-invasive mechanical modalities (GCSs and IPCs)
- identify compliance rate of VTE prophylaxis with non-invasive mechanical modalities in SICU patients pre- and post-implementation of written guidelines

To discover barriers, Restrepo and Jameson met with 25 staff nurses from the Ellison 4 SICU and three physicians representing Anesthesia, Vascular, and Trauma. Some of the issues they found included: ill-fitting boots and TEDs, wrinkles in GCSs, IPC pumps

not turned on, inconsistency in physician orders, outdated policies, and insufficient education for patients and families regarding optimal use of devices.

In order to establish guidelines for proper utilization, Restrepo and Jameson performed a comprehensive search of the literature, maintained a reference 'library' of the articles they found, and consulted with five international physician experts on VTE.

To understand compliance rates, they conducted an observational study from July of 2010 through February of 2012, observing patients twice a day for 21 days. They collected baseline data upon admission and checked on patients daily to monitor their use of IPCs and GCSs, ensure appropriate application, and ensure IPC pumps were functioning properly.

Questions that arose were related to:

- the use of IPCs with existing DVTs
- the use of a combination of GCSs/IPCs
- the use of GCSs
- thigh versus knee IPCs
- the use of IPCs on only one limb
- the length of time IPCs should be used

What Restrepo and Jameson found as they investigated was a high level of variability and inconsistency in the understanding and use of IPSs and GCSs. They plan to audit again in one year and develop hospital-wide guidelines for use. In the meantime, nurses should:

- conduct accurate risk assessments
- monitor for signs and symptoms of VTE
- apply IPCs with attention to correct sizing and proper functioning
- monitor for skin issues, edema, and comfort
- ensure continuous use of IPCs, with breaks for bathing and assessment only



Paula Restrepo, RN,  
staff nurse

# The impact of death and dying in the ICU on new graduate nurses

**I**n their study, “The impact of death and dying in the ICU on new graduate nurses,” investigators, Mary McKenna Guanci, RN, and Tara Tehan, RN, sought to describe the emerging practice of new graduate nurses as they care for dying patients in the ICU, and identify potential educational interventions and resources to support these new nurses.

Under the mentorship of Donna Perry, RN, Tehan and Guanci conducted a qualitative study using a phenomenological approach. All participants in the 2010 MGH New Graduate in Critical Care Pro-

gram were invited to participate, and the study ultimately included eight new-graduate nurses. Nurses were interviewed using a flexible interview guide six months after completing the Critical Care Program, and follow-up interviews were conducted 18–27 months into the study.

Tehan and Guanci found

that conflicting feelings emerged when there was a perceived divergence in what is considered being a ‘good nurse’ and presiding over a ‘good death.’ They shared a number of quotes from participants that spoke to experiential learning.

During follow-up interviews, four themes emerged, including:

- Experiential learning
- Learning to cope with loss and learning to care for themselves
- Increased agency
  - recognizing personal responsibility
  - participants had developed their voice
- Ethical dilemmas

Tehan and Guanci concluded that:

- the care of dying patients is based in experiential learning
- the orientee-preceptor relationship is the foundation of relationship-based care
- communication skills are the most challenging aspect of caring for dying patients
- knowing your patient is paramount

Tehan and Guanci feel that opportunities for further research exist in:

- interviewing new graduates in other critical care programs
- developing tools to assess new graduates’ comfort and skill in various domains of practice
- exploring simulation and role-playing in assisting new graduates to develop communication skills for end-of-life situations
- evaluating effective methods for teaching coping skills



Tara Tehan, RN (left),  
and Mary Guanci, RN



# Shaping the future of health care through innovation



Ellen-Marie Whelan, RN, senior advisor for the CMS Innovation Center, began her Nurse Week presentation with an honest, if not altogether optimistic, observation of the current national health-care system. Said Whelan, “We offer the greatest acute care in the world. People come from all over the world to be treated here. But forty-six million Americans are without health-insurance coverage.” In describing our ‘broken’ system, she cited numerous problems with a fee-for-service approach. We end up paying for services not healthier patients. We reward quantity not quality of service. And we have less control over our own practice as the government and insurance companies decide what and whom to reimburse.

The irony, observed Whelan, is that better care *can* cost less. Better coordination of services minimizes unnecessary visits to the Emergency Department and preventable hospitalizations. The majority of healthcare money (83%) is spent on individuals with chronic health conditions.

CMS is the largest health insurer in the country. The charge of the CMS Innovation Center is to test innovative payment and service models to reduce Medicare and Medicaid expenditures while preserving or enhancing the quality of care provided. The Federal Department of Health & Human Services has authorized \$10 billion in

Ellen-Marie Whelan, RN,  
senior advisor, Centers for Medicare and  
Medicaid Services Innovation Center

funding through 2019 to identify and expand successful care-delivery models to the national level. Whelan cited the MGH-CMS Demonstration Project and our current experiment with innovation units as prime examples of innovative care models.

Whelan shared a number of programs launched by CMS aimed at making care more integrated and coordinated. Programs that focus on:


- new patient care models
- accountable care organizations
- primary care initiatives
- programs targeted to dually eligible individuals
- infrastructures to support innovation

Whelan assured attendees that all these programs are built around nurses having a strong voice at the table. There will be many roles for nurses as we strive to improve care and reduce costs. The best thing nurses can do is:

- trust your gut when bringing new ideas to the table
- monitor what your institution is doing and understand how it will affect your practice; ask how you can be involved
- use your professional organizations; they’re involved in many of these changes and may have suggestions for participation
- set your computer home page to your national professional organization to stay current; they often have simple ways to let your voice be heard

In closing, Whelan said, “Nurses need to be able to tell the story of the care we provide.” She shared Nobel Prize winner, Albert von Szent-Gyorgy’s quote, “Discovery consists of seeing what everybody has seen and thinking what nobody has thought.”

# Self-care for compassion fatigue



**I**n her presentation, “Self-care for compassion fatigue,” Mary Susan Convery, LICSW, oncology social worker, defined compassion fatigue, also known as secondary traumatic stress, as, “our strong reactions of grief, rage, and outrage that grow as we repeatedly hear about and see people’s pain and loss. It is a process, not an event.” And it is an occupational hazard for healthcare workers.

Ironically, noted Convery, the reason we become nurses and caregivers in the first place is because we have empathy and compassion for our patients... and that’s the very thing that makes us vulnerable to compassion fatigue. So what do we do about it?

How do we take care of ourselves? Largely, it’s a process of trial and error—seeing what works and incorporating it into our clinical practice. She quoted from Cheryl Ledesma’s, *Nursing 2011*, saying, “Nurses can build caring relationships with patients by first caring for themselves and their colleagues.”

Convery stressed that compassion fatigue is not something to be taken lightly. Its personal and professional effects can include: physical ailments; anger; anxiety; behavioral disorders (overeating, alcohol abuse, social withdrawal); spiritual crises; forgetfulness; depression; and absenteeism. But, said Convery, the good news is we have the antidote within us. We simply need to make a choice to pay attention to our own needs. Some strategies for easing the effects of

compassion fatigue include paying attention to:

- sleep, nutrition, exercise, meditation, creative expression, skill-development, spiritual practices, and social support
- boundary-setting, support resources, developing plans for coping, professional training, supervision, and consultation
- clarifying the values of your organization, developing collegial support, enhancing safety, clarifying job tasks and professional expectations
- participating in public-awareness campaigns, joining clubs, taking classes, trying something outside your comfort level, attending religious/spiritual services

Convery guided attendees through a relaxation/meditation exercise to stress the importance of ‘being in the moment.’ She noted that we all have the ability to coach ourselves through negative times. She spoke about creating a ‘tool box’ of reliable strategies for combatting compassion fatigue and making the intention of self-care a priority. If you verbalize your intention out loud to someone, it becomes more real, more concrete, more attainable. We need to identify what is important to each of us, make it a priority, and *make time for it*.

In closing, Convery reminded attendees that nurses are the heart of medicine, making a difference in patients’ lives every day. She urged nurses and all caregivers to cultivate the ‘gift of opportunity’ that comes with every moment of every day, and to be grateful for that gift.

She left the group with Maya Angelou’s well-known quote on nursing: “They may forget your name, but they will never forget how you made them feel.”

Mary Susan Convery, LICSW,  
oncology social worker

# Taking the ‘T’ to cultural competence



Deborah Washington, RN,  
director of PCS Diversity

Always thought-provoking, director of PCS Diversity, Deborah Washington, RN, opened her presentation with the intriguing suggestion: “Perhaps we need to start thinking of Anthropology, Sociology, and Psychology as part of the future of nursing. Perhaps we need to incorporate these social sciences into our practice in ways we may not have in years past.” And then she went on to show why. With maps and graphs and census reports, she showed how the cultural landscape of Boston has changed over the past half century, the past decade, and how it is expected to keep changing in the foreseeable future.

As we conduct our nursing assessments, we need to incorporate our knowledge of local neighborhoods into our decision-making. Boston is a ‘majority-minority’ city with fast-growing Asian and Latino populations. The majority of people of color in the Boston area live in the high-poverty neighborhoods of Roxbury, Dorchester, Mattapan and East Boston, while the Back Bay, Beacon Hill, and South and Central Boston are more than 80% white.

With that, Washington took the audience on a slide-show tour of the streets of Boston as seen from various ‘T’ stops along the Red, Green, Blue, and Orange lines. It was part travelogue, part history lesson, part cultural introduction to the traditions and practices of the immigrant populations that have settled in these areas. Through Washington’s lens, we visited Italian, Irish, Jewish, Asian, Haitian, Latino, and Muslim neighborhoods, among many others, and we saw the beauty, diversity, special needs, and unique contributions of all of them. Each community had its own history, personality, cultural flavor, healthcare beliefs, and support systems, all of which can inform our practice as we care for patients from these diverse communities.

Washington’s underlying message was that the more we know about the patients we care for, the better and more meaningful our care is. We need to find ways to bridge the gap between what we’re familiar with and the patients we care for who may be different from us.

The final images of Washington’s presentation came in the form of a YouTube video entitled, *Free Hugs in Sondrio, Italy*. The video showed people on a busy city street responding to signs that read, “Free hugs.” Skeptical at first, passers-by soon gave in to their curiosity and allowed themselves to be hugged by the unorthodox sign-holders. You couldn’t help smile as encounter after encounter brought joy to the faces of those being hugged—old, young, male, female, black, white, Asian, Hispanic—people coming together for no other reason than to be hugged by a total stranger.

Washington’s final message was Oscar Wilde’s famous quote, “For one moment our lives met, our souls touched.”



# The bucket list

*Advancing an international research agenda using administrative data in evaluating leadership and organizations*

**N**urse scientist, Jeffrey Adams, RN, shared the history, significance, and motivation behind the development of his Adams Influence Model (AIM), which seeks to understand the factors, attributes, and processes necessary to achieve influence. The genesis of his work dates back to a study he conducted in collaboration with legendary nursing leader, Joyce Clifford, RN, and colleagues before coming to MGH. The study looked at mid-level nursing management from the perspective of chief nurses, and the findings were somewhat startling. Not only did chief nurses describe themselves as less knowledgeable and influential in certain areas, nurse managers and vice presidents also identified them as less knowledgeable and influential than their non-nurse counterparts.

It begged the question: What makes a person influential? The Adams Influence Model went through several iterations, but ultimately identified five primary factors that contribute to one's ability to exert influence when dealing with upward, lateral, and downward constituencies. They are:

- Authority
- Communication traits
- Knowledge-based competence
- Status
- Time and timing

Adams spoke about several active initiatives at MGH where an understanding of the AIM would be especially relevant, initiatives such as the evaluation of the RN Residency Program and the Revised Professional Practice Environment Scale (RPPE). He stressed the importance of publishing our research and sharing our knowledge with the larger nursing community.

Said Adams, "We have a giant 'bucket' of data and knowledge. We need to reach into that bucket and pull out the information that's important to us and share it with the world. Each one of those research posters out there (on display outside O'Keefe Auditorium) speaks volumes. I may know a lot about one small corner of the world. You may know a lot about another small corner of the world. My work fits with yours, yours fits with mine and someone else's. We need to find those linkages and disseminate the information in our buckets."

Adams challenged nurses to dream and to act on those dreams. We know what nursing is and what nurses do, but others don't. We need to be true to the nature of nursing and raise the bar on clinical practice. "There is no 'they,'" he said. "It's you and me. And we're in a position to influence the changes to come."

Jeffrey Adams, RN,  
nurse scientist

# Yvonne L. Munn Nursing Research Awards

The Yvonne L. Munn Nursing Research Awards were created to support nursing research, advance nursing science, and improve outcomes for patients and families. Award recipients are mentored by doctorally prepared nurses and present their completed research each year during Nurse Recognition Week. This year's Munn research awards went to principal investigator, Cynthia Finn, RN, and co-investigators, Donna Furlong, RN; Diane Gay, RN; Christine Gryglik, RN; and Vivian Donahue, RN for their study, "Comparison of Temporal Artery to Pulmonary Artery Thermistor Temperatures in Hyperthermic Patients," under the mentorship of Diane Carroll, RN.

The second award was presented to principal

investigator, Constance Cruz, RN, and co-investigators, Margaret Callen, RN, and Katherine Nicole Johnson, RN, for their study, "Decreasing Falls in Inpatient Psychiatry through a Tailored Fall-Risk Assessment, Plan of Care, and Efficient Patient Care Workflow," under the mentorship of Mary E. Sullivan, RN.

The 2012 Yvonne L. Munn Post-Doctoral Fellow award went to Kim Francis, RN, for her study, "Secondary Analysis of the Pain Assessment Instrument: Pain Assessment and Care for the Extremely Low Gestational Age Infant Focused Instrument (PACEFI) Data Set."

Prizes were also awarded for research posters. See page 13 for list of winners.

For more information about the Yvonne L. Munn Nursing Research Awards, call the Munn Center for Nursing Research at 3-0431.



Top photo: Kim Francis, RN, and Paul Arnstein, RN. At left, Arnstein with (l-r): Constance Cruz, RN; Margaret Callen, RN; Katherine Nicole Johnson, RN; and Mary Sullivan, RN. At right, Arnstein with: Diane Carroll, RN; Chris Gryglik, RN; Cynthia Finn, RN; and Vivian Donahue, RN. Not pictured: Diane Gay, RN, and Donna Furlong, RN.

# Nursing Spectrum Nursing Excellence Awards

Three MGH nurses were among the finalists for *Nursing Spectrum's* 2012 New England Nursing Excellence Awards. Staff nurse, Lisa Bouvier, RN, was nominated for Inpatient Clinical Care; nurse scientist, Susan Lee, RN, was nominated for Advancing

and Leading the Profession; and clinical nurse specialist, Janet Madden, RN, was nominated for Education and Mentorship. At a gala celebration on May 3rd, Janet Madden was named the New England winner for excellence in Education and Mentorship.

Nursing colleagues describe Madden as, "an inspiration and role model who possesses expert mentoring skills and a passion for educating and coaching."

She is known for helping staff at various stages of their careers to advance and expand their practice by becoming preceptors, learning to care for more complex patients, publishing, presenting, and applying for clinical recognition. With selfless commitment, Madden has advanced the practice of countless clinicians. As a member of the New England Neonatal Consortium, she serves as a resource for clinical nurse specialists throughout the region.

Said senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, "I could not be more proud of all three finalists. I congratulate Janet and commend her for this wonderful honor."



Top photo (l-r): Dottie Jones, RN; Susan Lee, RN; and Elaine Cohen, RN.  
Below left: Jeanne Gilbert, RN; Peggy Settle, RN; Lori Niemi; and Janet Madden, RN.  
Below right: Laura Kenney, RN; Rita Gutman, RN; Lisa Bouvier, RN; and Sara Macchiano, RN.



(Photos provided by staff)



# Interactive poster display

## *Showcasing nursing knowledge and research*



Members of the nursing research community showcase posters to advance nursing science, share best practices, and improve outcomes for patients and families. Posters were on display throughout Nurse Recognition Week.







## Nursing Research Poster Awards

### Evidence-Based Practice—1st Place

"Accuracy and Precision of the Temporal Artery Thermometer Compared to the Pulmonary Artery Thermistor for Measurement of Core Body Temperature in Adult Inpatients"

### Quality Improvement—1st Place

"Simulated Bedside Emergencies for the Acute Care Nurse Practitioner"

### Original Research—1st Place

"Assessment of Menopause-Related Symptoms Among Peri-Menopausal Women with HIV Exemplary Faculty Award"

### Emerging Researchers—1st Place


"Simulated Bedside Emergencies for the Acute Care Nurse Practitioner"

### External Faculty—1st Place


"Developmental Origins Theory and HPA Axis Function: Evidence from a Longitudinal Study of Pre-Term Infants at Young Adulthood"





 *Caroline Lawton, RN,  
with patient, José Oliveira, in the  
Lunder 8 Neuroscience Unit*

*John Graham, RN,  
with patient, Debbie McCarthy,  
in the Ellison 3 PACU*







The second theme of the IOM report has to do with nurses achieving higher levels of education and training. We must consider the next generation of nurses and the importance of having a highly-educated workforce. At MGH, we have numerous scholarships, educational initiatives, fellowships, designated education units, and funding for visiting scholars and certification exams. All these initiatives have been funded by donors in recognition of the important work you do.

One program, the Hausman Fellowship, is designed to help nursing students develop a new and expanding body of knowledge. I would like to welcome



Jeanette Ives Erickson, RN,  
chief nurse

Another way we invest in the future is through our new-graduate fellowships in critical care and oncology. These programs offer a six-month, intensive education designed to develop and support newly licensed nurses as they transition into practice. These programs are successful because of the numerous preceptors who guide practice-development both at the unit level and in Knight Center classrooms under the leadership of Gino Chisari. A big thank-you to our nursing directors and clinical specialists, and to Steve Taranto, and our Human Resources team for ensuring that all our vacancies were filled with wonderful new colleagues.



Attending nurses, Gina Chan, RN (left),  
and Michelle Anderson, RN

*Reed spoke about how she's able to develop meaningful relationships with patients and families, building trust and rapport over time. She spoke about the importance of being a 'constant' in their lives, putting herself in their shoes to get a feel for what they want and need, and interpreting complex information in a way they can understand.*

This year we launched a number of teams to transform the way we deliver care; to make it more accessible and affordable for all. We strive to increase continuity, efficiency, interdisciplinary teamwork, to re-design the environment of care, and embrace patients and families as members of the healthcare team. I had the opportunity to work with you this past

process-re-design. Their hard work has resulted in decreased wait times, a reduction in unnecessary tests, and a higher quality of care. Thank-you to Mary Fran Hughes who is co-chairing this Partners-wide initiative.

In the inpatient setting, we are addressing inefficiencies in care-delivery. I want to thank Theresa Gallivan, Kevin Whitney, and Debra Burke for their great work. Twelve inpatient units are participating in a ground-breaking experiment, implementing strategic interventions to advance our values and beliefs and make care-delivery models more effective and efficient.

I have been impressed by the number of department leaders and staff who have stepped forward to engage in this work. Thank-you to the



Alamz Abegaz, unit service associate (left),  
and Amanda Marie Mazzariello, operations associate

two former Hausman fellows who are now MGH staff nurses—Stevenson Morency and Alexis Seggalye.

*Morency and Seggalye spoke passionately about why they applied to become Hausman fellows, about the support they received from their preceptors and others on their units, and about the importance of continuing to offer opportunities for minority nursing students to gain access to quality education.*

A big thank-you to Deb Washington, our director of Diversity, for her work in developing the Hausman Fellowship.

Bill and Jill Leisman provided funding for this work, and we owe them a debt of gratitude.

The third message from the IOM report is that nurses should be full partners with physicians and other healthcare professionals in re-designing health care. Another important part of the future is the growing role that nurse practitioners play in the healthcare system. Please welcome Patti Reed, nurse practitioner in the MGH Vascular Center at MGH West.

year on re-designing systems in our operating rooms, Emergency Department, and inpatient setting. Nurses and support staff in our operating rooms are working hard to standardize orientation programs, ensure the team is focused on common goals, and minimize waste in the system. Thank-you to Dawn Tenney, a key member of the MGH team and co-leader of the Partners-wide team.

In the Emergency Department, nurses and their colleagues are looking at standardization and

nurses in our health centers and ambulatory practices who joined in the effort, and to Mary Cramer and her process-improvement team for their invaluable support.

Of all of the interventions being implemented, the new attending nurse role has garnered the most attention, both here at MGH and across the nation. The attending nurse facilitates the progression of patients through the system and eliminates gaps in care-delivery.

Please welcome Gina Chan and Michelle Anderson, two of our 30 new attending nurses.

*continued on next page*



*Chan and Anderson spoke about wanting to be part of this great change. They saw value in the new role and an opportunity to improve communication, build relationships, and assuage fear and anxiety. As their role continues to evolve and develop, they will need the ongoing support, feedback, and patience of everyone on their units.*

Of course, none of this could happen without the support of our operating room assistants, unit service associates, and operations associates. Please welcome unit service associate, Alamz Abegaz, and operations associate, Amanda Marie Mazzariello.

*Abegaz and Mazzariello spoke about the personal approach they take in greeting patients and letting*

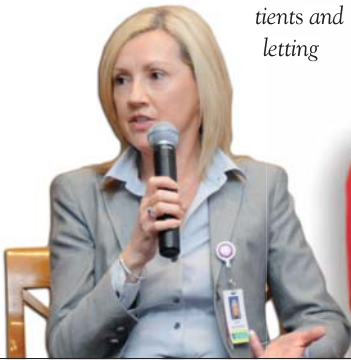
this past year, we launched a major educational initiative with my home state of Maine.

This year, we will once again submit evidence in pursuit of redesignation as a Magnet hospital. Being a Magnet hospital tells patients that nursing practice is of the highest caliber, and that our hospital is a good place to practice for nurses and others who want to make a difference in the lives of patients and families. I want to thank everyone who has participated in gathering evidence, with special thanks to Marianne Ditomassi. She and her team are working hard to ensure MGH is prepared for a site visit in 2013.

from the beginning he has been a key supporter and true champion of MGH Nursing. Please welcome Dr. Slavin, a leader here at MGH and on the national healthcare front, as well.

*Slavin shared that his first job in health care was as a unit service associate where he had an opportunity to see first-hand the important contributions made by every role group. At a time when some factions are hoping to overturn 'Obamacare,' Slavin noted that while it may not be perfect, he would not like to see it overturned; many provisions of the bill are modeled after healthcare-reform*

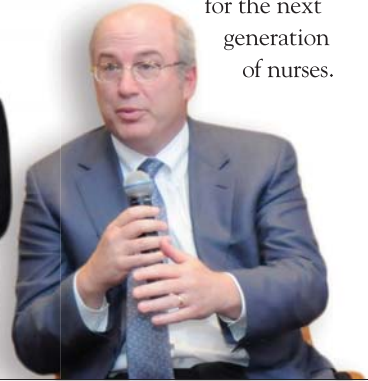
As we look to the future, we will continue to embrace our values and guiding principles. Nurses will play a key role in addressing population and societal needs as well as an individual's life in illness. An evidence-based approach has served us well. In the future, evidence-based practice will enable us to challenge traditional thinking and be challenged in the way we care for patients. And that's a good thing. This is one of the many ways in which we hold ourselves accountable, constantly reflecting on our practice to find more effective ways of delivering care, making care more accessible, and setting the stage for the next generation of nurses.



Patti Reed, RN, nurse practitioner,  
MGH Vascular Center



Nurses visiting form Huashan Hospital in Shanghai at MGH for a  
'twinning' fellowship



MGH president,  
Peter Slavin, MD,

*them know they're there for them, about the role they play in ensuring systems run smoothly and efficiently, and always making patient and families feel welcome and supported.*

This past year, we have truly seen what it means to be a high-quality hospital. Our care is in demand. We're growing. Our work extends beyond Fruit Street to Nantucket, the North Shore, our health centers, Martha's Vineyard, MGH West, and our colleagues at Spaulding, Shriners, Mass Eye & Ear, Partners Continuing Care, and Newton Wellesley Hospital. And

I want to thank the other members of our Patient Care Services team: the physical and occupational therapists, social workers, speech-language pathologists, respiratory therapists, chaplains, medical interpreters, volunteers, and all our colleagues throughout the hospital who support our work.

As you know, none of this would be possible without the tireless leadership of our hospital president, Dr. Peter Slavin.

Peter and I have worked together for a number of years and

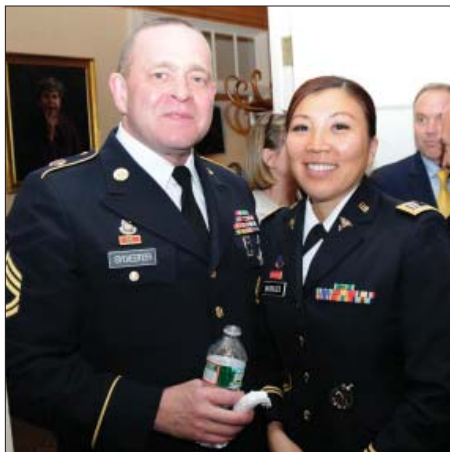
*measures that were adopted here in Massachusetts. Recognizing that these are challenging times, Slavin affirmed his confidence in MGH staff, saying we've weathered far more serious challenges in the past and come through stronger for our efforts. He added that times of adversity offer the greatest opportunity for change and improvement. He praised the work taking place around innovation units and the CMS Demonstration Project, saying it's that kind of forward thinking that will ultimately lead to viable solutions.*

I could not be more proud of the profession of nursing and of MGH nurses in particular. Have a very happy Nurse Week.

The standing-room only crowd left O'Keeffe Auditorium with strains of *Bad Romance* still echoing in their ears. And between Jeanette Ives Erickson, Florence Nightingale, and Lady Gaga, they left with a whole new appreciation for the female spirit, innovative thinking, and the power of revolutionary ideas.



# US Army shares cake-cutting tradition with MGH



This year marks the 111th anniversary of the Army Nurse Corps. Military Nurse Week tradition holds that the most senior and junior ranking officers take part in a cake-cutting ceremony (complete with vintage Army saber) in recognition of the history and achievements of Army nurses around the world. This year, for the first time, that tradition came to MGH when US Army Nurse Captain Lisa Buckles, RN, and US Army Sergeant Thomas Sylvester, indoctrinated civilians in this time-honored practice at a special ceremony in the Trustees Room, Thursday, May 10, 2012. As the senior ranking nurse at MGH, Jeanette Ives Erickson, RN, shared cake-cutting honors with the newest member of the MGH Nursing staff, new graduate, Sabianca Delva, RN, of Phillips House 22.



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From top left: US Army Nurse, Captain Lisa Buckles, RN, presents saber to Jeanette Ives Erickson, RN, and Sabianca Delva, RN; Buckles and Sylvester; Buckles holds *War Surgery in Afghanistan and Iraq*, a book donated to MGH by the US Army; Ives Erickson and Delva cut cake.

## ACLS Classes

Certification:

(Two-day program

Day one: lecture and review  
Day two: stations and testing)

Day one: June 14, 2012

10:30am–5:00pm

Potts Conference Room

Bigelow 8

Day two: June 15th

8:00am–12:30pm

Thier Conference Room

Re-certification (one-day class):

June 11th

2:00–7:00pm

Founders 130

September 29th

8:00am–1:00pm

Founders 130

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\\_](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf)

[registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf)

## One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?

To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

<http://priorities.massgeneral.org>.

## Make your practice visible: submit a clinical narrative

*Caring Headlines* is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services.

Make your practice visible.

Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: [ssabia@partners.org](mailto:ssabia@partners.org).

For more information, call 4-1746.

## The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,  
7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday,  
Thursday,  
7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

### Published by

*Caring Headlines* is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

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617-724-1746

### Next Publication

June 14, 2012





## Leadership goes Gaga for Nurse Recognition Week

(See Jeanette Ives Erickson's  
Nurse Week presentation  
on page 2)



(Skills courtesy of Sam Riley)

**Caring**  
Headlines  
May 31, 2012

Returns only to:  
Bigelow 10 Nursing Office,  
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