

Caring

Headlines

August 22, 2013

Iftar at MGH

Breaking fast, building community



Members of the MGH Muslim community, friends, families, and colleagues, break fast at this year's annual Iftar celebration in the Thier Conference Room.

Code Silver

preparing for a worst-case scenario

As rare and unlikely as these situations are, to ensure the safety and security of our patients and workforce, MGH has developed a procedure for how to respond in the event of an active shooter. The response is called: Code Silver.

As peaceful, law-abiding citizens, it may seem incomprehensible to us that an institution whose purpose is to care for sick and injured people would need a policy outlining what to do in the event of an active shooter. But I'm sure you all heard about the incident that took place at the Massachusetts Eye and Ear Infirmary (MEEI), July 31, 2013, involving two Middlesex County deputy sheriffs and the prisoner they were guarding. In the midst of a struggle, shots were fired. One deputy and the prisoner were injured, the prisoner, critically. And although no MGH or MEEI patients, staff, or visitors were harmed, it is a sobering reminder that, indeed, there is reason for hospitals to institute policies to safeguard against such events.

As rare and unlikely as these situations are, to ensure the safety and security of our patients and workforce, MGH senior leadership, Police, Security & Outside Services, Emergency Management, and Human Resources have developed a procedure for how to respond in the event of an active shooter. Based on extensive benchmarking and consultation with state and federal law-enforcement agencies, the policy reflects the advice and recommendations of the most knowledgeable people in the field. The response is called: Code Silver.

Code Silver indicates a potential active-shooter situation somewhere on hospital grounds. All MGH employees should familiarize themselves with what



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

to do in this situation. The primary components of a Code Silver response are:

- Get out—leaving the premises is the preferred option if there's time and if there's a clear, safe escape route. Have an escape route in mind; leave all belongings behind; assist others if possible, and follow the instructions of law enforcement. Do not attempt to move anyone who may be wounded
- Hide out—hiding out is the second option. If evacuation is not possible, find a place to hide and stay out of sight. The best hiding places are locations that provide protection but don't corner or restrict your ability to flee if that option becomes feasible. Block or lock the door if possible, hide behind large objects, and remain quiet and still
- Call out—calling for help is the third option. If evacuation and hiding are not possible, try to remain calm and call 911. If talking into the phone would call attention to yourself, stay quiet and leave the phone line open to allow the dispatcher to hear what's happening

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I ask each of you to think about your work environment. Formulate a plan of escape. And re-visit your plan frequently to keep it fresh in your mind... Be aware of your surroundings. Trust your instincts. And don't hesitate to call Police & Security (6-2121) if you suspect anything out of the usual.

- Take out—taking the shooter out is the fourth option and should only be attempted as a last resort (if your life is in imminent danger). Then and only then, attempt to disrupt or incapacitate the shooter. Make a plan, commit to the plan, and do whatever it takes to carry out your plan

I know that thinking about these scenarios can be disturbing. But being mentally prepared ahead of time could keep you from panicking if you ever actually find yourself in a dangerous or life-threatening situation; it's better to have a plan in mind than have to scramble for ideas in the heat of the moment.

Managers and supervisors throughout MGH and Partners have been trained in the Code Silver response. Police, Security & Outside Services has created a training video that's available on HealthStream to all MGH employees. The video touches on lessons learned from actual shooting incidents from Columbine to the Edgewater Technology shootings in Wakefield in 2000. It talks about what signs to look for and behaviors that may alert you to potentially threatening situations. This is not a mandatory training video, but I highly recommend that every MGH employee take the time

to view it. You can access the Code Silver training video in the 'MGH Hospital-Wide Recommended Training' section of the HealthStream catalogue.

I cannot stress strongly enough that these incidents are rare, and random individuals are seldom the target. I don't want to create a false sense of panic. I do want MGH employees to be as prepared as possible to minimize the potential harm to themselves, their patients and colleagues, and law-enforcement officers in the unlikely event they encounter an active shooter.

Toward that end, I ask each of you to think about your work environment. Formulate a plan of escape. Share your ideas with your co-workers. And re-visit your plan frequently to keep it fresh in your mind.

Vigilance is the best prevention. Be aware of your surroundings. Trust your instincts. And don't hesitate to call Police & Security (6-2121) if you suspect anything out of the usual.

The complete Code Silver policy is available in Trove. Unit-based or departmental trainings can be scheduled by calling 4-3030.

For more information, consult your local leadership or call 4-5938.

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Global-health nursing: 'the work of the heart'

—by Maryanne Meadows, RN, and Laura Sherburne, RN

Maryanne Meadows, RN (left) and Laura Sherburne, RN, meet nurses at Dhaka Medical College Hospital's Bone Marrow Transplant Clinic for the first time.

Maryanne Meadows, RN, and Laura Sherburne, RN, recently participated in a global nursing fellowship that took them to Dhaka, Bangladesh. Their goal was to help elevate nursing education by teaching at the government-run facility, Dhaka Medical College Hospital.

In many countries, 'nurse' is a universal term used to describe people with varying degrees of education who share a common goal—to care for the sick and

injured. For us, nursing has come to mean constantly re-defining our comfort zone and finding ways to overcome barriers to help those in need. We first met at Simmons College when we were undergraduate students doing a clinical rotation on the Ellison 18 Pediatric Unit. Back then, as we grappled with understanding the fundamentals of nursing, such as suctioning our first patient together, we never guessed that one day we'd be the first MGH nurse fellows to travel to Dhaka, Bangladesh, to provide nursing education.

Our paths towards global-health nursing varied slightly but converged again when we committed to a three-month journey to assist with the creation of a bone-marrow transplant clinic at Dhaka Medical College Hospital. The 23-hour flight was nothing compared to the city that awaited us. Neither of us had ever been to a third-world country at the height of summer with an overwhelmingly dense population. The noise, the smells, the commotion—it took time to adjust. We realized that life in Bangladesh was going to be more challenging than we expected.

We were initially nervous about how we'd be received on our first day as we were obviously not locals. But we were greeted by eager nursing students who were overwhelmingly generous, so much so, we almost forgot how limited their resources were. Nurses and doctors at Dhaka Medical College Hospital went out of their way to make us feel welcome with daily tea (despite the 105° heat), cookies, and other treats. Students didn't have textbooks, so they eagerly pored over the handouts we provided. They never complained about the oppressive humidity, intermittent electricity, or limited water—they just wanted to know how we were adjusting.

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Students had prepared for our class with weekly English lessons. Medical education in Bangladesh is provided solely in English, which is a challenge for students with minimal access to education. We were also told that nursing is considered one step up from prostitution, so you can see that these students faced considerable barriers in a conservative Muslim country with widespread poverty. But with their positive attitudes (even with a six-day work week) you never would have known.

The classes we taught were for students considered to be exceptional nurses chosen from all specialties. They weren't relieved of their duties while in class, so they often had to excuse themselves to deal with patient-care issues. It wasn't unusual for them to be assigned 30 patients in an average shift. During our first lecture, one young nurse had to run out of class to assist with an emergent birth. Later in the day as we were leaving the hospital, she came running through the crowd that often surrounded us (two American white women were a rare sight in Dhaka) to say good-bye and thank us for coming.

Though the hospital was only a few miles from our apartment, the commute took over an hour with traffic and frequent protests in the streets. We were in Dhaka during a difficult time for the country. Not only was there considerable civil unrest, but the col-

lapse of the clothing factory that killed nearly 1,200 people happened the week after we arrived. Our students, who were already spread thin by limited resources, felt great despair as they tended to the victims and witnessed the tragedy all around them.

We felt helpless trying to find a way to offer comfort and hope. Even with Internet access at our apartment and access to our loved ones, we felt a world away from all the resources we take for granted at MGH. One 22-year-old patient named 'Sid' who'd been diagnosed with advanced leukemia told us that as long as people like us were trying to help him, he had hope.

Every day at the hospital we were reminded of why we had come in the first place. Even amid the devastation, we felt renewed by the people of Bangladesh. One nurse put it eloquently in her well-practiced English, saying, "We become nurses because it is the work of the heart." We all stopped for a moment and smiled. Despite the enormous differences in our backgrounds, as nurses we could still relate to our shared core values.

For more information about global health at MGH, go to: <http://www.massgeneralcenter-forglobalhealth.org/>.

At left: the entrance to Dhaka Medical College Hospital.

Top right: Meadows and Sherburne with patient, 'Sid'

Bottom right: Meadows with two student nurses during their clinical training at Dhaka Medical College Hospital.



(Photos provided by Meadows and Sherburne)



4th annual Linda Kelly Visiting Scholar Program

—by Jane Keefe Chiang, RN, staff specialist

The 4th annual Linda Kelly Visiting Scholar Program was held, June 20, 2013. Pat Daoust, RN, associate director of Nursing at the MGH Center for Global Health, was this year's Linda Kelly visiting scholar. Daoust serves as co-chair of the Global Committee of the Association of Nurses in AIDS Care and is a member of the Advisory Council for the Global Nursing Caucus. She is chief nursing officer for SEED Global Health (formerly the Global Health Service Corps), and a lecturer at the UMass School of Nursing and Health Sciences. She has served as director of the Global AIDS Initiative for Physicians for Human Rights, which advocates for a comprehensive, evidence- and rights-based response to the global AIDS epidemic. Under Daoust's leadership, special emphasis was given to promoting policies that address marginalized populations, especially women and girls. The advocacy platform, Health Rights = Healthy Women, designed by Daoust, addresses the important role human rights play in the empowerment of women and girls.

The Linda Kelly program kicked-off with Obstetrics/Gynecology

Grand Rounds, during which Daoust presented, "Maternal Mortality Across the Globe." She shared some startling maternal mortality rates and striking disparities between rural and urban areas and low-and high-income populations. In sub-Saharan Africa, the risk of maternal death is 1 in 16; in developed nations it's 1 in 2,800. Daoust spoke about the efforts to reduce maternal mortality rates, which is the leading cause of death among adolescent girls in many developing countries. She stressed the importance of access to care and time-to-treatment with initiatives such as, Mama Taxi, a grass-roots program that transports women to clinics in Rwanda, and Waiting Rooms, a clinic in Malawi where women are trained as community health workers while waiting to give birth.

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Pat Daoust, RN, associate director of Nursing at the MGH Center for Global Health and chief nursing officer for SEED Global Health, presents.



Professional Development (continued)

Following Grand Rounds, Daoust visited inpatient units to share her work and learn about some of our unit-based initiatives to improve care.

In the ED, Marie Elena Gioiella, LICSW, director of Social Services; Maryfran Hughes, RN, nursing director; Patricia Mian, RN, psychiatric clinical nurse specialist; and inter-disciplinary staff dialogued with Daoust. What began as a discussion about the HAVEN domestic violence program evolved into a talk about caring for marginalized populations, giving way for one nurse to recount her experiences caring for patients in Darfur.

On the Blake 14 Labor & Delivery Unit, staff described their efforts to promote skin-to-skin contact for neonates. Daoust shared her experience with Kangaroo care in other countries and the positive outcomes it engendered.

On the Ellison 13 Obstetrics Unit, staff engaged in a dialogue about the need to continuously examine their practice in order to maintain a balance between what we can do given our resources, and what we should do based on best practice.

During an inter-disciplinary luncheon, certified nurse midwives, Marie Henderson, chief of the Vincent Obstetrics and Gynecology Nurse-Midwifery Service, Megan Brady, and Barbara 'Bobbie' Curtis,

shared their extensive global-health experience. Henderson discussed the role of MGH nurse midwives and how it lends itself to the mission of Project HOPE. Recounting her work with Project HOPE, Brady discussed the dichotomy of her experience as an MGH nurse midwife versus that of a volunteer educator in Haiti. Curtis shared her work with Midwives for Haiti, an organization that educates women to provide prenatal care and birth assistance to other Haitian women, who too often die in childbirth without such care.

To cap off her visit, Daoust delivered the Linda Kelly Lecture, where she touched on a number of global health issues, including the challenge of reconciling human rights with accepted cultural practices in some developing countries. She spoke of the Global Health Service Partnership between SEED Global Health and the Peace Corps, a federally-funded project that places volunteer nurse and physician educators at schools in sub-Saharan Africa. Volunteers enhance existing clinical education through one-year teaching and training posts. This month, the partnership is launching its inaugural group of 36 volunteers, who will travel to Uganda, Malawi, and Tanzania. (To learn more, go to: www.globalhealthservicecorps.org.)

(l-r): Hiyam Nadel, RN; Debra Burke, RN; Fredric Frigoletto, MD; Isaac Schiff, MD; Jeanette Ives Erickson, RN; visiting scholar, Pat Daoust, RN; Deborah Kelly; Linda Kelly, RN.



(Photos provided by staff)

The visiting scholar program was created in honor of Linda Kelly, RN, nursing director for Ambulatory Gynecology for Vincent OB/GYN. The program is made possible through the generosity of Deborah M. Kelly, who has a long-standing relationship with Linda Kelly and Isaac Schiff, MD, chief of OB/GYN.

This year's program not only provided a wonderful opportunity to dialogue with an internationally-recognized nursing leader in global health, it allowed MGH staff to share their own incredible work. Daoust's visit was a reminder of how fortunate we are as an institution to have access to the expertise and opportunities that MGH has to offer. A video of the program is available at: http://healthcare.partners.org/streaming/MGH/Nursing/20130620_MGH_Nursing_GR_Womens_Health/f.htm

For more information about the Linda Kelly, RN, Visiting Scholar Program, call Jane Keefe Chiang, RN, at 617-724-0340.

Annual MGH Iftar

*a celebration of diversity
and inclusion*

At this rate, soon the Thier Conference Room won't be big enough to accommodate the throngs of people who flock to MGH for the annual Iftar celebration during the Islamic holy month of Ramadan. On July 16, 2013 (on the Gregorian calendar), Patient Care Services and MGH Human Resources sponsored the 13th annual Iftar—the breaking of the fast for Muslims who observe this tradition as

Below (l-r): event organizer, Firdosh Pathan, RPh (right) with MGH president Peter Slavin, MD; Imam Talal Eid; and Rabbi Ben Lanckton.

one of the Five Pillars of Islam (Belief, Worship, Fasting, Almsgiving, and Pilgrimage). Patients, families, staff, and visitors—Muslims and non-Muslims—came together to break fast in accordance with this important Muslim holiday.

Among the more than 200 attendees were MGH president, Peter Slavin, MD; Imam Talal Eid, Muslim chaplain; and Rabbi Ben Lanckton, who was also fasting in observance of Tisha B'Av in the Jewish tradition. Lanckton read a passage spotlighting the fact

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Ramadan (continued)

that Jews and Muslims are brothers and children of the same prophet. His message and his presence were tangible expressions of the kind of unity that has surrounded this event from the very beginning.

There was ample opportunity to mingle before the Imam led the gathering in prayer. And at precisely sunset, the long day's fasting ended with a sumptuous feast provided by Nutrition & Food Services.

It should be noted that the annual Iftar celebration is primarily organized and coordinated by MGH pharmacist, Firdosh Pathan, RPh, whose warm and welcoming presence each year is like a visit to the United Nations—he is truly an ambassador of international peace and good will.

In his remarks, as he always does, Pathan reminded us that, “We all have one God, one humanity, one world to share. I hope that all the people of this world will some day live together in peace.” He went on to say, “Muslim staff take great pride in showcasing MGH to their families and friends. It is gratifying to work in a place that embraces our religious traditions and practices. I cannot describe the feeling of being accepted and welcomed here in America.”

The Masjid at MGH is located in Founders 109. Friday prayers are held in the Thier Conference

Room. For more information about Ramadan, Iftar, or the Muslim community at MGH, call Firdosh Pathan at 4-7878.



NICU nurse shares joys and challenges of primary nursing

My name is Melissa Bryant, and I am a nurse in the Newborn Intensive Care Unit (NICU). I met baby Daniel on his second day of life. He was significantly premature, sick, and required a high level of support. The day I met Daniel, I also learned that his twin brother, Michael, had just died. Daniel had a complicated course — problems with his lungs, numerous surgeries, and he was sick for a very long time. The family faced many frustrations during his eight months in the NICU.

I tried to support Daniel and his family any way I could. I helped them choose an attending physician. I spent time entertaining Daniel's 2-year-old sister so his parents could have that extra time with their son. I helped Daniel's mom make a list of his 'likes' so we could post it near his isolette to inform clinicians who cared for him less frequently.

As Daniel's primary nurse, I was someone his family could celebrate or grieve with. We celebrated when his eyes matured out of the retinopathy of being premature, the first time he played on a floor mat, his first tub bath, and giving him a bottle for the first time.

We grieved the loss of Daniel's twin brother. They felt they hadn't grieved his death because they'd had to be strong for Daniel. They felt guilty for not having a proper ceremony. We talked about how their 2-year-old had lost her bedtime routine because evenings were now spent at the hospital.

Daniel suffered an event when he was six months old that made him even sicker. We had to keep him sedated because it was the only way to keep his heart rate normal. His primary physician and I spoke to his parents about code status. I remember crying with them when the doctor told them she didn't want to do chest compressions on him. I asked one of his associate nurses to switch shifts so she could work with us on this difficult day for his parents.



Melissa Bryant, RN, this year's recipient of the Ben Corrao Clanon Memorial Scholarship

Daniel made it through that event, and I thought of him as my miracle baby. We spent Thanksgiving together and I cried again when Daniel's mom sent me this message: "We want you to know that we're blessed and thankful every day for having a special person like you in our lives. From our deepest valley, you lifted us up, and on the highest mountains you held us steady. Happy Thanksgiving."

When Daniel was almost eight months old, the time came to start his slow and coordinated transfer to the Pediatric ICU. This was hard for our team and for the family. On the day of his transfer, I spent a good part of my shift with him in the PICU. I helped the nurses there understand his likes and dislikes and reassure his parents that he would be well cared for.

Daniel and his family became part of me and changed the way I looked at primary nursing. I realized how much I love what I do. It's amazing to be the primary support system for a family experiencing the roller-coaster ride of having a sick child in the NICU for an extended period of time.

I still keep in touch with the family and love to hear of Daniel's progress. They will forever be in my life and have taught me a great lesson about what it means to be a primary nurse.

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

It's daunting to think about what Daniel's parents and family went through. But it's easy to see how the compassion, structure, and guidance Melissa provided 'lifted them up and held them steady.' Through every step of their journey, Melissa was there with encouragement, knowledge, and skill. And I'm sure her warm hand-over when Daniel transitioned to the PICU went a long way to ease this family's anxiety.

Thank-you, Melissa.

Ben Corrao Clanon Memorial Scholarship

—by Mary Ellin Smith, RN, professional development manager

(L-r): nursing director, Peggy Settle, RN; senior vice president for Patient Care, Jeanette Ives Erickson, RN; Regina Corrao and Jeff Clanon; scholarship recipient, Melissa Bryant, RN, and her mother, Susan Bryant.

A

s they've done for the past 26 years, staff of the Newborn Intensive Care Unit (NICU) came together, July 24, 2013, to commemorate the life of Ben Corrao Clanon, an infant who passed away in the NICU in 1986, and to celebrate the presentation of this year's Ben Corrao Clanon Memorial Scholarship. Ben's parents, Regina Corrao and Jeff Clanon, established the scholarship in memory of their son and in recognition of the importance of primary nursing. The scholarship is

given to a NICU nurse whose practice exemplifies commitment to individualized care, advocacy, accountability, and continuity. This year's recipient was staff nurse, Melissa Bryant, RN.

Peggy Settle, RN, nursing director, noted that while Bryant has only been practicing a few years, she is a strong advocate for her patients and their families; she is with them for their entire NICU stay, "even when it is hard." Settle noted that Bryant's selection by a panel of prior recipients is testament to her commitment to primary nursing (see clinical narrative on opposite page).

The Corrao Clanons shared that despite the passage of years, Ben remains a strong presence in their lives. They expressed their gratitude to the NICU staff for the care they received during Ben's hospitalization and for the care they've provided to all the infants and families who have come through the NICU since.

Bryant was joined at the ceremony by her mother, also a NICU nurse, a sister, and the parent of one her primary patients. She spoke passionately about her practice, saying, "I love primary nursing and the relationships it allows me to have with patients and families."

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, called Bryant's skill and compassion a credit to her, to the NICU, and to the hospital at large.

For more information about the Ben Corrao Clanon Memorial Scholarship, call Mary Ellin Smith, RN, at 4-5801.



(Photos by Michelle Rose)

Innovative solutions minimize use of restraints

—submitted by the Restraint Solutions in Clinical Practice Committee

Clinicians at MGH are committed to keeping patients safe. Sometimes restraints must be used to keep patients from harming themselves or others. The decision to use restraints is based on each patient's individual safety needs and behavior. Because this issue is so important, the PCS Restraint Solutions in Clinical Practice Committee was created in 2010 in part to help identify ways to manage at-risk behaviors and reduce the use of restraints whenever possible.

Recently, the Restraint Solutions Committee sponsored a contest to identify best practices in distracting or preoccupying patients as a strategy for restraint alternatives. Staff were asked to submit restraint-related success stories, and the committee selected winners for most creative idea and most submissions received.

Two units won pizza parties for their innovative suggestions.

The idea recognized as most creative was submitted by Kristen Kingsley, RN, of the Bigelow 9 Respiratory Acute Care Unit. Kingsley was caring for a young woman with Down's syndrome who was in restraints due to several attempts to remove her ventilator and NG tubes. Kingsley learned from the patient's 'Get to know me' board that she was a big fan of Justin Bieber. So Kingsley cut out a picture of Bieber and affixed it to a tongue depressor for her to hold. The patient was thrilled. Not only did she carry it everywhere she went, it distracted her so much that she no longer tried to pull out her tubes, and staff was able to remove her restraints.

The White 10 General Medical Unit had the most submissions and also enjoyed a pizza party.

To see these ideas and the submissions of staff throughout the hospital, go to the Restraint Solutions in Clinical Practice Committee's website, accessible through the Excellence Every Day portal page, http://www.mghpcs.org/EED_Portal/index.asp.



Top photo: staff nurses, Kristen Kingsley, RN (left) and Kate Eagan, RN, with cut-out of Justin Bieber. Below (left): RACU pizza party and (right) pizza party on White 10.

Standardizing discharge process for patients on anti-coagulation medication

—by clinical nurse specialists, Lynn Oertel, RN, and Erin Cox, RN

Recently, a multi-disciplinary work group was convened to review existing workflows and develop a process to promote safer discharges when anticoagulant medications are involved—primarily warfarin and the low-molecular-weight heparins (LMWHs). The Medication Education Safety and Approval Committee (MESAC) provided oversight, and representatives from Nursing, Pharmacy, Medicine, Case Management and the Center for Quality & Safety all contributed. The goal was to standardize the method used to prescribe warfarin and eliminate the risks of dual processes for patients being discharged from the hospital to home.

On July 15, 2013, after completion of the pilot phase, the entire hospital went 'live' with the new process. Effective immediately, when patients who've been referred to the Anticoagulation Management Service (AMS) are discharged home:

- all prescriptions are written via the POE discharge module
- internal AMS pathway prescriptions are removed
- there is no delivery of AMS pathway medications to the unit or the patient

To help ensure a safer discharge home for all patients, whether they've been referred to AMS or not:

- provide clear instructions about warfarin dose, including the follow-up plan
 - use *A Guide to Taking Warfarin*; fill in the necessary details on the inside front cover and page one
 - emphasize warfarin instructions in both mg/day and pills/day and assess patients' understanding of instructions

- clarify when the first INR (international normalized ratio) blood test after discharge is scheduled and who will follow up
- provide clear instructions about LMWH
 - document medication education and patient and family's ability to self-inject (use MGH on-line tools and videos)
 - confirm the correct weight-based therapeutic dose is prescribed
- determine medication procurement to avoid gaps in the plan once the patient leaves the hospital
 - identify who on your team will verify with the patient's pharmacy that drug(s) are available without delay and determine the co-pay
 - collaborate with case manager for patients at risk and use delayed payment form, Patient Financial Services, and MGH Outpatient Pharmacy to procure medication(s) before patient leaves the hospital
- collaborate with AMS. For AMS patients, follow recommended prescription-writing elements:
 - warfarin 1mg tabs: provide daily discharge dose in mg/day, sufficient quantity for a 30-day supply with one refill (discuss concept of mg/day and pills/day with patient)
 - LMWHs: accurate weight-based therapeutic dose, quantity of 14 syringes with one refill

Go to New Initiatives on the MESAC website for information describing this process change.

For AMS-specific documents, see the 'Forms & Documents' section of the Partners Handbook. Send page to #3-0104 to speak directly with a member of the AMS staff.

The team is already exploring improvements to the new process. Capitalizing on the strength of our multi-disciplinary team is helping prevent adverse drug reactions for our patients.

For more information, please contact: Lynn Oertel, RN, at 617-726-6955, or Erin Cox, RN, at 617-726-3741.

Guerrier named CLCDN nursing diversity fellow

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

The fellowship provides opportunities to cultivate the management skills needed to assume a leadership role in an organization with a diverse workforce and patient population.

On July 3, 2013, Marie Guerrier, RN, staff nurse on the Lunder 8 Neuroscience Unit, was named the 2013 Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) nursing diversity fellow. Guerrier has worked at MGH for more than ten years. She earned her master's of Science degree in Nursing Leadership and Business Management from Regis College in 2009, and recently graduated from the Organization of Nurse Leadership Academy.

In her letter of nomination, nursing director, Ann Kennedy, RN, cited Guerrier's natural leadership abilities in her roles as preceptor and resource nurse and her, "strong spirit of inquiry" as just some of Guerrier's many strengths. Staff nurse, Noel Duplessis, RN, supported Guerrier's nomination as CLCDN nursing diversity fellow, saying, "She has genuine care and consideration for all her patients, her colleagues, and the hospital as a whole."

The CLCDN Nursing Diversity Fellowship is designed to support the hospital's commitment to diversity and build on the department of Nursing's efforts to foster diversity in leadership positions to better meet the demands of an increasingly diverse patient population. The fellowship provides opportunities to cultivate the management skills needed to assume a leadership role in an organization with a diverse workforce and patient population.



Marie Guerrier, RN, 2013 Clinical Leadership Collaborative for Diversity in Nursing nursing diversity fellow

(Photo by Paul Batista)

Brenda Miller, RN, pediatric nursing director, and Michelle Anastasi, RN, Thoracic Surgery nursing director, will serve as Guerrier's preceptors.

For more information about the CLCDN Nursing Diversity Fellowship, call Gaurdia Banister, RN, executive director of The Institute for Patient Care, at 617-724-1266.

The Morphine First Initiative

Question: What is the morphine First Initiative?

Jeanette: The morphine First Initiative is a strategy designed to educate prescribers to order morphine ‘first’ instead of hydromorphone for patients requiring opioid pain-management. Since 2006, MGH has seen an increase in the use of hydromorphone, but we haven’t seen any evidence that it provides better analgesia or reduces side-effects such as nausea or hypotension when compared to morphine. Also, nationally, hydromorphone has been linked to increased risk of adverse events.

Question: How does hydromorphone compare to morphine in terms of patient outcomes and quality?

Jeanette: The average length of stay for patients receiving hydromorphone is longer than patients receiving morphine. And even with our increased use of hydromorphone, our pain-satisfaction scores have not improved, and hydromorphone-related costs have actually increased.

Question: What does the literature say about hydromorphone versus morphine?

Jeanette: Current evidence suggests that hydromorphone does not provide better pain relief than morphine, and hydromorphone has the same risk of side-effects as morphine.

Question: Does the Massachusetts Board of Registration in Medicine (BORIM) provide any guidance regarding the use of hydromorphone?

Jeanette: BORIM recommends that hydromorphone *not* be used as a first-choice opioid for analgesia. They also recommend ongoing education regarding the potency of hydromorphone compared to morphine and other opioids. For example, 1mg of hydromorphone is equal to 5-7mg of morphine.

Opioid Equivalency Chart

Drug	IV Dose	Oral Dose
morphine	10mg	30mg
Dilaudid	1.5mg	7.5mg
fentanyl	100mcg	N/A
hydrocodone	NA	20mg
oxycodone	NA	20mg

Question: What are the components of the Morphine First Initiative?

Jeanette: Prescribers are receiving education that includes the recommendation to select morphine as the initial drug of choice for opioid analgesia. This education includes a review of equivalent dosing: hydromorphone compared to morphine. And provider order templates are being updated to remove hydromorphone as an initial drug of choice.

For more information contact the PCS Office of Quality & Safety at 617-643-0140.

Comparison of Use of hydromorphone and morphine at MGH in 2012

Medication	Total encounters	Average mean days of use	Average LOS
hydrocodone only	8,095	4.1	7.6
morphine only	8,375	2.4	6.6
morphine and hydrocodone	4,380	8.9	9.9

Remembering Sandy Hession, RN

—by June Guarente, RN, clinical nurse specialist

“My desire to become a nurse began in junior high school with a home nursing course for a Girl Scout badge. Even though I can’t remember the instructor’s name, I remember how patient, caring, and encouraging she was. She gave me her ‘Lamp of Knowledge’ and explained its meaning.” This is a quote from Sandy Hession’s application to become a clinical scholar.

Sandy Hession left this world, July 11, 2013, but not before passing on her own Lamp of Knowledge to so many nurses, physicians, technicians, and patient care associates. It’s no wonder she was nicknamed, Flo (for Florence Nightingale), by one of her Endoscopy colleagues. In her portfolio, Sandy identified commitment to excellence and learning as a theme of her nursing career along with comprehensive patient care.

Sandy began and ended her career at MGH where she worked for 34 years, first as a staff nurse on Bigelow 7, then as a GI nurse on the Endoscopy Unit, with a brief stint at Internal Medical Associates.

GI nursing was Sandy’s passion. She became certified in GI nursing in 2002. She was the first nurse in the Endoscopy Unit to be recognized as a clinical scholar and was an active member of the Endoscopy Advisory Committee and the GI Endoscopy Committee. Sandy was also in-



involved with the local chapter of the New England Society of Gastroenterology Nurses and Associates (NESGNA) where she served as secretary and member of the Board of Directors. It was there that she presented, “Endoscope Processing Technician’s Clinical Ladder” in November, 2010, chronicling her work to implement a clinical ladder for endoscopic processing technicians.

Endoscope reprocessing was an area where Sandy was considered an expert. She was a member of the GI Advisory Panel for Johnson & Johnson Advanced Sterilization Products. In 2003 Sandy published, “Endoscope Disinfection by Ortho-Phtalaldehyde in a Clinical Setting: an Evaluation of Reprocessing Time and Costs Compare with Glutraldehyde” in the *Journal of Gastroenterolgy Nursing*.

Sandy served on several hospital committees including the Nursing Research Committee, the Council on Governance, and the Safety Committee. She developed a ‘Did You Know’ poster on Colorectal Cancer Screening, and in 2012, Sandy was named an MGH Safety Star during National Patient Safety Awareness Week.

When Sandy retired in 2012, the Endoscopy Unit lost a knowledgeable leader, a valuable resource, and a wonderful teacher. When she passed away, we lost a dear friend. Sandy will be remembered, not only as an expert GI nurse and mentor, but as a fun and vibrant spirit with an indomitable passion for life.



Above left: Sandy Hession, RN, during National Patient Safety Awareness Week in 2012. At right: Hession in 2011 (seated, center; with pink hat), with staff of Blake 4 Endoscopy Unit wearing scrubs hats in gesture of solidarity. Hession was undergoing cancer treatment at the time.

A tribute to Cesar Villa, RN *an 'excellent nurse and a true gentleman'*

— submitted by Alan Goostray, RN, OR clinical coordinator

Long-time colleague, friend, and mentor, Cesareo 'Cesar' Villa, RN, passed away, July 26, 2013, after a long illness. He was 71 years old. Those who knew and worked with Villa knew him as a teacher, a mentor, and a team player. He started his career as a nurse in the operating room at MGH where he worked for 20 years. He left briefly to work as an operating room supervisor at a hospital in New Bedford but returned to MGH for 20 more years before retiring.

Throughout his bountiful career, Villa worked primarily in the Wang Same Day Surgical Unit (SDSU). Colleagues, Karen Kelly, RN, Ellen Harrigan, RN, and Patricia Lynch remember Villa as, "an absolute gem, an exceptional nurse, and a fabulous co-worker. He was always so much fun and a wealth of OR nursing knowledge. As ortho team leader, Cesar mentored many for us in the ways of ortho OR nursing. And he always spoke lovingly of his wife and daughters."

They recall, "No matter how crazy busy you were, it was always a good day when you worked with Cesar. He was exceptionally kind to patients. And he never forgot a co-worker's birthday. He was truly loved by all of us."

Says Maureen Mullaley, RN, "Cesar was an excellent nurse and a true gentleman. He was kind and caring. Over the years, he worked in various roles. I met him when he was the Orthopedic team leader in the SDSU. He excelled in that role because of his strong OR skills. He taught orthopedic procedures in a way that staff learned and retained the fundamentals. Surgeons loved when Cesar was assigned to their ORs; they always knew everything would be in perfect order. He will be missed."

Dinesh Patel, MD, said, "It's so sad to hear about our friend Cesar passing away. He was the most helpful, understanding person. He was there in the old Baker Building and the Wang Same Day Surgical Unit. He

made a huge difference, not just for me, but for every orthopedic surgeon in same day surgery. May God bless his spirit and provide strength to his family."

Said Carol Card, RN, "I will always remember Halloween with him in his pirate costume. He always remembered everyone's birthdays. He was a nice man, a very good nurse, and an asset in all his endeavors."

"He always remembered everyone's birthdays. He was a nice man, a very good nurse, and an asset in all his endeavors."

—Carol Card, RN



Cesareo 'Cesar' Villa, RN

(Photo provided by staff)

Announcements

SAFER Fair

Join collaborative governance champions (representing the Diversity, Ethics in Clinical Practice, Fall Prevention, Informatics, Pain Management, Patient Education, Policy, Procedure and Products, Research and Evidence-Based Practice, Restraint Solutions, and Skin Care committees) to see how they're working to make a SAFER environment for patients, families, and the entire MGH community.

September 24, 2013
11:00am–2:00pm
under the Bulfinch tent
Food, games, and prizes!

For more information, call Mary Ellin Smith, RN, at 4-5801.

Senior HealthWISE events

All events are free for seniors 60 and older

Lecture Series

"Minimally Invasive Hip Replacement,"

Thursday, August 29th
11:00am–12:00pm

Haber Conference Room
Speaker: Young-Min Kwon, MD, director of the MGH Joint-Replacement Fellowship Program

Hypertension Screenings:
Monday, August 26th
1:30–2:30pm

West End Library
151 Cambridge St.

Free blood-pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

IHP offers Advanced Medical Spanish Course

Registration is now open for Advanced Medical Spanish at the MGH Institute of Health Professions. This three-credit course explores regional differences in terminology relevant to medical Spanish and healthcare practices. Students interested in enrolling should be proficient in conversational Spanish.

Full-time employees of Partners HealthCare may take one three-credit course at half price. Vouchers may also be used to cover the cost of tuition. Course begins September 9, 2013, on Saturdays from 9:00–11:50am. Class is limited to 12 students.

For more information go to: www.mghihp.edu/nondegree

ACLS Classes

Certification:

(Two-day program)

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

Day one:

September 9, 2013
8:00am–3:00pm
O'Keefe Auditorium

Day two:

September 23rd
8:00am–1:00pm
Their Conference Room

Re-certification (one-day class):
September 11th
5:30–10:30pm
Founders 130 Conference Room

For information, contact Jeff Chambers at acls@partners.org

Classes are subject to change; check website for current dates and locations.

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Call for Applications

Jeremy Knowles Nurse Preceptor Fellowship

Applications are now being accepted for the Jeremy Knowles Nurse Preceptor Fellowship that recognizes exceptional preceptors for excellence in educating, inspiring, and supporting new nurses or nursing students in their clinical and professional development.

The one-year fellowship provides financial support to pursue educational and professional opportunities.

Applications are due October 4, 2013.

For more information, contact Mary Ellin Smith, RN, at 617-724-5801

Master's in Health Professions Education

The IHP's Master of Science in Health Professions Education (MSHPEd) program is designed for expert clinicians who also teach. This unique program provides an opportunity to study educational best practices in an inter-professional setting. Participants attend two intensive, weekend seminars each year and complete the remainder of the course on-line, (full- and part-time options available).

Applications are reviewed on a rolling basis; next cohort starting in September. For more information or to apply, go to: <http://www.mghihp.edu/academics/center-for-interprofessional-studies-and-innovation>, and click on Academics. Full-time Partners employees receive a tuition discount; contact your Human Resources representative.

For more information, call 617-726-0968.

Aging Gracefully:

Meeting the challenges and embracing the realities of aging

Continuing Education Program
Presented by MGH Nurses' Alumnae

Friday, September 27, 2013
8:00am–4:30pm
O'Keefe Auditorium

Presenters:

Mary Larkin RN; Cornella Cremans, MD; Alison Squadrito, PT; Paul Arnstein, RN; Barbara Moscovitz, LICSW; and Susan Lee, RN

\$40 for MGH alumnae and employees
\$50 for non-Partners employees.

For more information or to register by September 14th, call the Alumnae office at 6-3144.

IHP Prerequisites for the Healthcare Professions

Space still available

Register for fall, 2013, on-line and on-site classes at the MGH Institute of Health Professions. Jump start a career in Nursing, Physical Therapy, Occupational Therapy, Speech-Language Pathology, or other high-demand careers with fundamental science courses taught by a renowned faculty.

Starting this semester, all students enrolled in prerequisite programs are also eligible for Academic Extras.

Classes start September 9th. For more information, go to: mghihp.edu/science.

Professional Achievements

Staples certified

Monica Staples, RN, General Medicine, became certified as a clinical nurse specialist in Adult Health by the American Nurses Credentialing Center, in July, 2013.

Murray certified

Jean Murray, RN, staff nurse, Cardiac ICU, became certified as a critical care registered nurse by the American Association of Critical Care Nurses, in July, 2013.

Inter-disciplinary team publishes

Lara Traeger; Elyse Park; Nora Sporn; Jennifer Repper-DeLisi, RN; Mary Convery, LICSW; Michelle Jacobo; and William Piri, MD, authored the article, "Development and Evaluation of Targeted Psychological Skill Training for Oncology Nurses in Managing Stressful Patient and Family Encounters," in *Oncology Nursing Forum*, in July, 2013.

Inter-disciplinary team presents poster

Lara Traeger; Justin Eusebio; Elyse Park; Jennifer Repper-DeLisi, RN; Michelle Jacobo; Mary Susan Convery, LICSW; and William Piri, MD, created the poster presented by Traeger at the 10th annual conference of the American Psychosocial Oncology Society, in Huntington Beach, California, February 14-16, 2013. The poster received Best Overall Poster recognition.

Scott presents

Katrina Scott, MDiv, chaplain, presented, "Religious Aspects at the End of Life," at the Summer Bioethics Program at the Yale Interdisciplinary Center for Bioethics, in New Haven, June 20, 2013.

Hughes certified

Renee Hughes, RN, became certified as a neuroscience registered nurse by the American Board of Neuroscience Nursing, in July, 2013.

Inter-disciplinary team publishes

Alan Jacobson, MD; Barbara Braffett; Patricia Cleary; Rose Gubitosi-Klug, MD; and, Mary Larkin, RN, authored the article, "The Long-Term Effects of Type 1 Diabetes Treatment and Complications on Health-Related Quality of Life," in *Diabetes Care*, July 8, 2013.

Chang presents

Lin-Ti Chang, RN, staff specialist, presented, "Evaluation of Mass Casualty Incident Education to Guide Disaster Responder Preparedness," at the 24th International Nursing Research Congress, Bridge the Gap Between Research and Practice Through Collaboration, of the Sigma Theta Tau International Honor Society, in Prague, Czech Republic, July 25, 2013.

Sobel-Meadow publishes

Janet Sobel-Meadow, RN, geriatric care manager, MGH PrimeCare, authored the article, "Working in a Hospital-Based Geriatric Care-Management Practice," in the Summer 2013 issue of *Inside GCM* (a publication of the National Association of Professional Geriatric Care Managers).

Anthony certified

Ali Anthony, RN, staff nurse, Cardiac Surgical ICU, became certified as a critical care registered nurse by the American Association of Critical Care Nurses, in July, 2013.

Hicks certified

Shannon Hicks, PT, physical therapist, became certified as a geriatric specialist by the American Board of Physical Therapy Specialties, in July, 2013.

Nurse anesthetists publish

Nurse anesthetists, Jennifer Garces, CRNA, and Brittney Wallace, CRNA, authored the article, "Anesthesia Considerations in the Older Adult Patient," in *OR Nurse* 2013, in July 2013.

Nolan publishes

David Nolan, PT, physical therapist, authored the article, "Effect of Increased Iliotibial Band Load on Tibiofemoral Kinematics and Force Distributions: a Direct Measurement in Cadaveric Knees," in the *Journal of Orthopaedic & Sports Physical Therapy*, July, 2013.

Berrett-Abebe presents

Julie Berrett-Abebe, LICSW, social worker, presented, "Secondary Traumatic Stress as an Occupational Hazard for Social Workers: Identifying Risks and Implementing Protective Practices," at the 18th biennial International Consortium for Social Development Conference, Opening New Frontiers in Social Development: Facing Opportunities and Challenges, in Kampala, Uganda, July 17, 2013.

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Submissions

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

Next Publication
September 5, 2013

Door alarms help prevent patient elopement

—by Lin-Ti Chang, RN, staff specialist

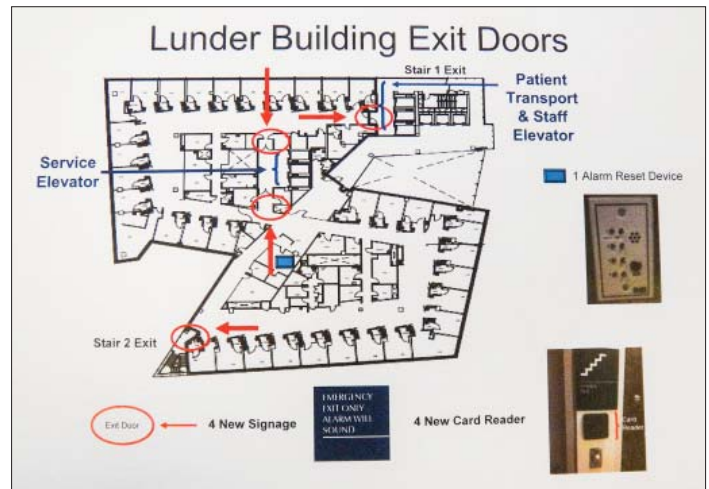
To help reduce the risk of patient elopement, door alarms are being installed at stairway exits, patient transport and staff elevators, and in service-elevator areas in the Lunder Building. MGH staff exiting the Lunder Building by way of stairs or elevators will be required to swipe their identification badges to prevent alarms from sounding. Signage will be posted at these locations, and door alarms will be activated on Tuesday, September 3, 2013. Following activation, if anyone tries to exit without swiping a valid ID badge, the alarm will sound at that location, at the nurses' station, and in Police & Security.

If an exit-door alarm is triggered, nurses and operations associates on Lunder inpatient units will:

- check the exit door to determine whether a patient has exited
- notify Police & Security for assistance if a patient has left the unit
- verify that all patients on the unit are accounted for

MGH staff who regularly enter and exit the Lunder Building should have access to stairway exits and service elevators with the swipe of their valid ID badge.

For more information, contact Bob Leahy at 4-5531.



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