

Caring

Headlines

June 20, 2013

MGH Center for Global Health

*Training healthcare providers in some
of the world's most impoverished countries*



Nursing students at the University of Malawi Kamuzu College of Nursing. SEED Global Health, in partnership with the Peace Corps, is working to grow robust domestic pipelines for healthcare workers in some of the neediest countries in the world.

Going green may be key to staying in the black

Many hospitals and healthcare organizations have recognized a responsibility to try to minimize their negative impact on the environment through the use of safer products, renewable energy, and recycling initiatives.

In the past few decades, the phrase, ‘Going green’ has become a rallying cry for environmentalists around the world. As we learn more about the importance of protecting the environment and preserving our natural resources, we’ve come to understand that there may be other benefits associated with using resources wisely—health benefits, financial benefits, and the benefits that come with pioneering innovative solutions and new technologies.

Health care’s impact on the environment is well documented. Many hospitals and healthcare organizations have recognized a responsibility to try to minimize that negative impact through the use of safer products, renewable energy sources, and recycling initiatives. You may not know that Partners HealthCare is a founding sponsor of the Healthier Hospitals Initiative (HHI). This is a national campaign to lead change in health care by embedding sustainability into the culture and operations of hospitals in an attempt to improve the health of patients, staff, and communities at large. The HHI encourages healthcare organizations to address six main challenges:

- Engage leadership in environmental health and sustainability issues
- Serve healthier foods and beverages
- Reduce energy use
- Reduce waste and increase recycling efforts
- Use safer chemicals
- Purchase environmentally preferred products



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

MGH is ahead of the curve in many of these areas. You may recall that the Lunder Building was designed to have many green features, including a ‘Healing Through Nature’ design. The 1,800-square-foot atrium and green roof make nearly half of the building’s total footprint green space. And more than 60% of the Lunder Building’s power supply is from renewable power sources, earning it a gold certification from the US Green Building Council.

Our efforts around care-re-design and patient affordability are geared toward reducing waste and making systems more efficient.

Eat Street Café offers nutritious meal choices, including a robust salad bar and other healthy options easily identified by the BeFit label.

Our colleagues in Clinical Support Services helped us see that many of our cleaning products could be replaced by less toxic, equally effective, products that don’t damage the environment upon disposal.

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A number of unit-based and individual efforts throughout the hospital reflect the desire of our workforce to contribute to this trend. ... It's a win-win scenario when you can do something good for the environment and save money and improve public health at the same time.

A number of unit-based and individual efforts throughout the hospital reflect the desire of our workforce to contribute to this trend. Staff nurse, Ida Aiken, RN, has become our unofficial recycling guru; implementing recycling programs, writing articles, and staffing educational booths in the Main Lobby. Ida is so knowledgeable and involved with the hospital's recycling efforts, I know she'd want me to list her as a resource to others wishing to implement similar programs in their areas.

Lynn Oertel, RN, clinical nurse specialist for Anti-Coagulation Management Services (AMS), tells me that when appropriate, they encourage patients to opt for e-mail communication versus U.S. mail, allowing AMS to save on stationery, envelopes, and postage. Presently, more than 25% of their patients use e-mail to receive dosing information.

Tom Blanchard, RN, clinical nurse specialist in the Cardiac Catheterization Lab, reports that a lot of their equipment is delivered in recyclable plastic. To make it easier for staff to recycle it, they've placed recycling bins in every room. Not only does this encourage recycling, it keeps the plastic from being discarded in the trash, which saves on more expensive medical-trash processing costs.

The Knight Nursing Center for Clinical & Professional Development has switched from paper hand-outs to electronic distribution of educational materials, saving on printing costs (and trees!)

The Volunteer Department has also made the transition to electronic communication for many of its needs, including the application process. With an average of 120 applicants a month, director, Wayne Newell, reports a substantial savings over the four-page document they used to use.

I know Ed Raeke, director of Materials Management, would want me to tell you that laundry costs are determined by weight. So every time we use a towel or linen to mop up a spill, we're unnecessarily adding to our laundry bill and wasting resources.

I think it's helpful to look at our efforts to go green as another way to improve patient care. Because the money we save by reducing waste and conserving energy is money we can put toward improving services. It's a win-win scenario when you can do something good for the environment and save money and improve public health at the same time.

Thank-you for your efforts to 'go green' thereby helping to keep healthcare costs down for our patients and families.

In this Issue

The MGH Center for Global Health	1	Patient Education in the RACU.....	12
Jeanette Ives Erickson.....	2	PeriSCOPE Supply Documentation.....	13
• Going Green		Connell Nursing Research Visiting Scholar and Mentor.....	14
Volunteer Recognition Week.....	4	Clinical Pastoral Education.....	15
AgeWISE	5	Professional Achievements.....	16
The MGH Center for Global Health	6	Fielding the Issues.....	17
Chaplaincy.....	7	• Patient-Family Advisory Councils	
• Blessing of the Hands		Announcements.....	18
Millar Honored for Distinguished Career.....	8	Chaplaincy.....	19
Palliative Care Nursing Fellowship.....	9	• Buddha's Birthday	
Clinical Narrative	10	HCAHPS.....	20
• Karen Rosenblum, RN			

Volunteer Recognition Week

—by Milton Calderon, volunteer coordinator

In April, the MGH community observed Volunteer Recognition Week with a number of celebratory events and activities. On April 30th, the now traditional Volunteer Talent Show showcased the musical talents of volunteers and staff as they shared a variety of folk, rock, and gospel performances. On May 1st, the annual Breakfast of Champions was an opportunity to recognize volunteers for their contributions throughout the year and single out several noteworthy milestones. Cathy Minehan, chair of the MGH Board of Trustees; Peter Slavin, MD, president of MGH; and Jeanette Ives Erickson, RN, senior vice president for Patient Care, offered remarks and helped present awards.

The Trustee's Award, recognizing departments that make an extraordinary effort to work collaboratively with the Volunteer Department, went to Cayte Ward, project specialist for Performance Analysis and Improvement.

The Jessie Harding Award that acknowledges volunteers who contribute to the hospital in a significant way, went to

Joel Lesser, who started volunteering in 2011 as a wayfinder and quickly became involved in other areas. Lesser currently volunteers as a perioperative family liaison and at the Paul Russell Museum, in addition to his regular wayfinding shift. He has contributed more than 1,395 hours of service.

The Maeve Blackman Award recognizes an exceptional volunteer who shows an interest in pursuing a career in health care. This award went to Amy Patti, who's currently enrolled at the MGH Institute of Health Professions.

More than 100 new volunteer champions were inducted at the Breakfast of Champions. These are volunteers who model exemplary service and assist in training new volunteers.

Wayne Newell, director of Volunteer Services, thanked Milton Calderon, volunteer coordinator, and Kim Northrup, staff assistant, for their leadership and contributions to the department. Said Newell,

“Throughout the history of MGH, we have benefited from the service of community members willing to step forward and offer a helping hand. As we look to the future, we're grateful for the selflessness of volunteers who continue to support and enhance the patient and family experience at MGH.”

For more information about volunteer opportunities at MGH, e-mail mgh-volunteer@partners.org or call 617-726-8540.



Above: director of Volunteer Services, Wayne Newell. At left: award recipients (l-r) Amy Patti, Joel Lesser, and Cathleen Ward. At right Patti receives award from senior vice president for Patient Care, Jeanette Ives Erickson, RN.

MGH nurses know AgeWISE is smart care

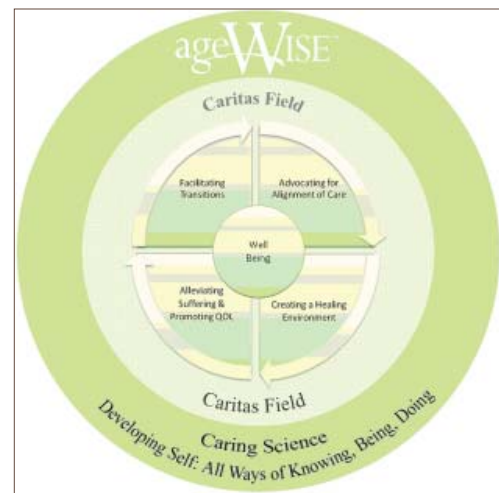
—by Susan Lee, RN, nurse scientist

Nurses who participated in the first wave of Innovation Units are part of a four-day educational program sponsored by the Institute for Patient Care, called AgeWISE. AgeWISE prepares nurses as palliative-care providers, who alone or in concert with Palliative Care, are better prepared to provide care that's aligned with the needs and preferences of frail older adults and their families. The gero-palliative care program is comprised of four classroom days as well as unit-based activities.

AgeWISE empowers nurses with knowledge and skills to help navigate the challenges associated with the end-of-life situations they're encountering more frequently as our population ages. As shown in the model at right, AgeWISE is underpinned by a Caring Science perspective. The curriculum is based on four domains:

- Advocating for Alignment of Care
- Creating a Healing Environment
- Alleviating Suffering and Promoting Quality of Life
- Facilitating Transitions.

Transformative learning is a teaching method that provides nurses with opportunities to explore their own values and acquire skills to help them be more effective in their practice



Two additional programs will be offered in the fall. For more information, contact Susan Lee, RN, at 617-724-3534.

Twenty nurses completed the first AgeWISE class in March. Another 16 are currently attending.



(Photo provided by staff)

Sustainable solutions to the global health crisis

—by Vanessa Bradford Kerry, MD, associate director of Partnerships and Global Initiatives,
MGH Center for Global Health

MGH was founded on Dr. James Jackson and Dr. John Warren's belief that, "When in distress, every man becomes our neighbor." The Center for Global Health works every day to uphold that tenet and contribute innovative solutions to the health challenges impacting global communities. Many areas of the world are still without basic amenities, like running water, sanitation, or electricity. They often lack the expertise or manpower to prevent the spread of HIV, deliver healthy babies, or educate their communities about the health issues they face. It is a formidable challenge. In the US, we have one doctor for every 300 residents. In Tanzania, one of the most under-served nations, there is one doctor for every 30,000 residents. For the poorest countries to be on par with developed nations, it would take an additional 2.4 million doctors, nurses, and midwives. One of the most heartbreaking side-effects of this shortage of healthcare workers is that there are too few medical professionals to train others, so the cycle of inadequate health

care continues and compounds. In the meantime, every day, people are dying from treatable illnesses.

The Center for Global Health believes the solution lies in the exponential power of education. As one of its major endeavors, the Center supports a novel, public-private partnership with the Peace Corps and Seed Global Health, a non-profit organization started by Vanessa Kerry, MD, associate director of the Center's Partnerships and Global Initiatives. Working with its host countries, the program sends doctors and nurses abroad as educators in one-year posts to help build the workforce. This year alone, the program sent 35 doctors and nurses to 11 sites in Tanzania, Malawi, and Uganda. These healthcare professionals not only deliver care where it's needed most, they train the next generation of doctors and nurses in some of the world's neediest countries. Their impact will be exponential as they each train one physician or nurse who will train ten more, who will train ten more, and so on.

The program makes services possible by offering loan-repayment stipends to offset the debt that often prevents willing individuals from serving. The average physician graduates with more than \$150,000 in debt. The stipend is also an investment in our future here at home as health professionals who work abroad are more likely to return and work in under-served areas and under-served professions here.

While building a pipeline of global health practitioners, we believe this program will empower our international partners in a powerful, sustainable, and country-owned way.

For more information about the MGH Center for Global Health, go to: SEEDglobalhealth.org, or send e-mail to: jgoldsmith@SEEDglobalhealth.org.



(Photo provided by Center for Global Health)

MGH physician, Raquel Reyes, MD, site chief for Global Primary Care within the MGH Center for Global Health, provides care and comfort to young patient.

Blessing of the hands

One chaplain's reflection

—by Angelika Zollfrank

I approach a caregiver, ask if I can interrupt for a moment. Before I can say anything else, she says, "How can I help you?" She is factual, efficient, ready to intervene in whatever medical problem I may have. "I'm here to offer *you* something," I tell her. It's an unusual concept for her.

It's the size of a business card. It's a picture of hands ready to work together, touch each other, connect with one another in a gesture of community. Will caregivers in the ED be open to a blessing of the hands in the middle of a busy shift? Will they remember it's the four-week anniversary of the marathon bombings? We're good at moving on. There's always another crisis. Maybe we don't need a gentle touch, a moment of sacred connection, a wish in the form of a brief prayer.

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As I make my way through the ED, caregiver by caregiver, I get faster, more succinct, more 'ED-like' in introducing myself. "I'm one of the chaplains," I say. "We're offering a blessing of the hands for caregivers today. It takes two seconds, it's pain-free, and you get to keep it. If you don't want it, I'm not offended."

Some don't want it, and I thank them for telling me so. Some refuse because a senior clinician has refused and they're lower in the hierarchy. Some accept because a co-worker has accepted. Most want the blessing: a personal touch, an acknowledgement of their healing work, encouragement to keep doing

what they do so well. Most see the blessing as reassurance of something bigger than life or death, the promise of a sacred touch that reaches to the soul.

"May your hands be blessed
With love and compassion,
With resilience and tenderness.
May your hands create healing and connection.

Soon, I add, "May you and all you love be safe and blessed." Or, "May you and all you love be in God's heart forever."

Blue scrubs and white coats, stethoscopes, test results, hands and eyes, feet and arms are still for a moment. There is a holding of breath in anticipation of something, but this time it is positive. Eyes soften. Hands feel nothing but the warmth of another person's hand.

Unit service associates.
Physicians. Materials

Management staff. The charge nurse. The operations associate. The residents. Some know what day it is, others don't. All go back to work quickly. Some smile a moment or touch their co-worker or crack a joke or radiate understanding.

It's only two seconds; it's pain-free; and they get to keep it. The next day, some of the blessings are taped to computers. Some have been passed on to family or friends. 157 blessings later, we are more connected, our hands have closed in a circle, and we're ready to work together again to mend the world.



Millar recognized for distinguished career

Below: Sally Millar, RN, director, PCS Informatics and interim director, PCS Financial Management Systems, moments after receiving Marguerite Rodgers Kinney Award.
At right: Millar with Rodgers Kinney, who preceded her as AACN president in the early 80s.

On May 20, 2013, Sally Millar, RN, director of PCS Informatics and interim director of PCS Financial Management Systems, received the Marguerite Rodgers Kinney Award for a Distinguished Career, bestowed by the American Association of Critical-Care Nurses (AACN). One of the organization's highest honors, the award recognizes extraordinary

contributions and achievements that have furthered the AACN's mission to foster a healthcare system driven by the needs of patients and families.

Millar's 45 years of service most definitely constitute a distinguished career. Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "Sally has consistently leveraged her position to advocate for patients and Nursing in a meticulous, strategic, purposeful way, driven by unwavering compassion and dedication. For more than four decades, she has helped advance nursing practice, support delivery of the highest-quality care, ensure powerful advocacy for patients and families, and elevate the voice and vision of the nursing profession."

Many of Millar's MGH colleagues and members of her staff were present for the presentation of the award. In her remarks, Millar thanked both Marguerite Rodgers Kinney and Ives Erickson for their invaluable mentorship. Said Millar, "I look at my career as being part of an orchestra. I've been blessed to be surrounded by five-star cellists, violinists, drummers, harpists, and the like. They've made me who I am today. To me, this award honors the entire orchestra and the beautiful music we know as nursing practice."

Patient Care Services, and the entire MGH community congratulate Millar on this prestigious award and for the countless contributions she's made over the course of her truly distinguished career.



(Photo at left by Mary Fitzsimmons; photo above provided by AACN).

Palliative Care Nursing Fellowship

—by Erica Tuggey, RN, palliative care nursing fellow

My journey to become the first advanced practice palliative care nursing fellow at MGH began seven years ago when I was a new-graduate nurse on the White 10 Medical Unit. For three weeks, I cared for 'Joe' as he progressed

Erica Tuggey, RN, first MGH palliative care nursing fellow

through the dying process with end-stage liver disease. Throughout his hospitalization, I provided holistic care and comfort to him and his family and helped support their goals. That kind of care is the core of nursing practice and the reason I entered the field. The night Joe died, I had the opportunity to be at his bedside as his son recounted stories of growing up with Joe as a father. It was incredible to be invited into that most intimate moment.

Since then, I've had several opportunities to care for patients in collaboration with the Palliative Care Service. The palliative care philosophy exemplifies my nursing practice. Those experiences led me to pursue a graduate de-

gree in Nursing with a focus on Palliative Care. While contemplating my post-graduate future, I learned of the MGH Palliative Care Service's advanced practice nursing fellowship. Their goal was to provide an inter-professional training experience for clinicians in a field known for inter-disciplinary collaboration. I saw it as a chance to be trained by the team that had inspired and helped shape my career path.

My fellowship began last July, when I spent two months in in-depth training with educators from many of Boston's academic hospitals. We continue to have monthly sessions focusing on communication skills and ethics. Training included learning to provide consultation in both inpatient and outpatient settings. I spent two months learning about hospice care (in a hospice house and in home-care settings). I've had the opportunity to take part in elective education with Physical and Occupational Therapy, Speech-Language Pathology, Social Work, and the Chaplaincy, observing how these disciplines relieve suffering and learning to improve my own ability to collaborate inter-professionally.

The year provided a truly unique opportunity for professional growth. I shared my nursing background and experiences with my fellowship colleagues, and I enhanced my skill at preventing and relieving suffering. I encountered challenges that helped expand my understanding of the human experience of life and death. I bore witness to incredible acts of compassion. And I forged lasting relationships with colleagues. I look forward to being a practitioner, a teacher, a leader, and an advocate in this incredible field.

For more information about the Palliative Care Nursing Fellowship, call Todd Hultman, RN, at 617-724-5953.



(Photo provided by staff).

Relationship-based care guides treatment for psychiatric patient

My name is Karen Rosenblum, and I'm a nurse on the Blake 11 Psychiatric Unit. One morning, as I was reviewing my assignment for the day, I noticed a young man in the intensive-care area of the unit pacing outside his room. I went over and introduced myself. He was difficult to engage and more difficult to assess. He seemed irritable and approached me with no regard for my personal space. My guard went up.

As an experienced psychiatric nurse I knew I had to limit my verbal interaction so as not to agitate him. I needed to learn more about him before trying to assist him. I knew this interaction had the potential to escalate; I'd been in this situation many times before.

I was able to get 'Sam' to return to his room with little resistance. That was a good sign. It told me that with support, Sam was able to manage his behavior. I needed to limit my interactions to concise, direct sentences. Too much talking would overstimulate him and he might become agitated. When he complied and returned to his room, I went to the nurses' station to check his chart. I told him I'd be back in a few minutes. He had no reason to trust me; returning when I promised would reassure him that I could be trusted.

Reading his chart I learned that Sam was a 20-year-old single man with a long history of marijuana use and no other psychiatric history. He'd been admitted involuntarily (section 12) from the Acute Psychiatric Service. He'd had an altercation with his father prior to admission and exhibited erratic behavior.

Sam had come to Boston to go to college for music but dropped out when his behavior became erratic. He spent his time alone in his apartment smoking marijuana. He



Karen Rosenblum, RN, staff nurse
Blake 11 Psychiatry Unit

'Sam' was difficult to engage and more difficult to assess. He seemed irritable, and approached me with no regard for my personal space. My guard went up.

had poor hygiene and was easily agitated around others. Upon admission, Sam became aggressive, charged the doors and threatened staff. He was medicated, but soon became agitated again and eloped from the ICU area pushing a nurse in the process. Security was called, and they escorted Sam back to his room.

Sam's history and behavior indicated paranoia, and his intrusion into the personal space of others could be perceived as threatening. He was responding to internal stimuli, rambling on about nurses and doctors, whom he called, 'deacons.' He seemed to have a fixed delusional system. I worried about his safety and the safety of other patients. I kept my interactions with him calm.

In the Psychiatric Unit, every situation has a unique set of challenges, including the unpredictability of each patient. Though I may appear calm, I'm careful not to let my guard down. I'm aware of verbal and non-verbal cues. I note what items are in the room and whether they can be used in a threatening manner.

I returned to Sam's room with a colleague—it's important to have assistance in situations that have the potential to escalate.

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When we got to Sam's room, he was guarded and delusional. He lacked insight into how threatening his behavior was. I instinctively stayed in the doorway with my colleague behind me. I needed to maintain control of the environment. I was gentle and direct when I spoke. He was anxious and scared, but I wanted him to recognize that I was confident and in control of the situation.

If Sam began taking his medications more consistently and exhibited better control, he'd be rewarded with time at the keyboard in the sensory room. This would not only create an attainable goal for Sam, it would allow the team to incorporate Sam's interest in music into his treatment plan.

Even when I may feel quietly nervous, it's important to manage the situation confidently, as this helps the patient feel safe. This is a skill I've developed over the course of many unique and, at times, frightening encounters. I try to remember that if I'm feeling frightened, it's miniscule compared to what the patient is feeling. Helping patients feel safe and reassured is part of my role as a psychiatric nurse.

It's sad to see a young man so out of touch with reality and frightened by those trying to help him. Frequent, brief 'check-ins' would help reassure him that he wasn't alone and minimize the potential for his behavior to escalate. I constantly reassured Sam that he wouldn't be at MGH forever, that he wasn't alone, and that nobody in the hospital was going to harm him. I kept my interactions brief. I explained his medications—Depakote to stabilize his mood, Ativan to keep him calm, and antipsychotics to help clear his thoughts. I wasn't sure what he retained, so I repeated the information as often as needed.

Over time, I developed trust and a rapport with Sam. I remembered his reason for coming to Boston and began asking him about music. What bands he liked; did he write music; did he play an instrument? Sam shared that he had only applied to one college. His face lit up as he spoke about it; he smiled, even laughed a bit. Music was his life, and in fact, he was a talented piano player.

As it turned out, the resident on our team had also studied music. I had spoken with him and learned that he'd studied music at a conservatory in California before going to medical school. Sam and the resident began to talk about their mutual love of music.

The resident suggested we bring the keyboard from the sensory room to Sam's room so he could play. Integrating Sam's love of music into his treatment plan was a great idea, but it wasn't appropriate to bring the keyboard into the ICU area (given its potential to be used as a weapon). So I suggested we work together to develop a behavioral treatment plan that would encourage Sam to progress out of the ICU where he'd be able to use the keyboard at his leisure.

I suggested the team meet to develop a treatment plan that would incorporate this goal. I worked with the resident, attending physicians, psychologist, social worker,

and nurses to develop a behavior plan with use of the keyboard as one of Sam's treatment goals.

If Sam began taking his medications more consistently and exhibited better control, he'd be rewarded with time at the keyboard in the sensory room. This would not only create an attainable goal for Sam, it would allow the team to incorporate Sam's interest in music into his treatment plan. Spending time in the sensory room would also allow Sam to be out of his room and out of the ICU. It would provide concrete reassurance that he was progressing toward leaving the hospital.

The plan was successful. Initially, Sam could only tolerate brief periods of time in the sensory room, but eventually he gained more control and was able to tolerate longer periods of time at the keyboard.

And he was an amazing musician.

It was rewarding to see Sam's progress. Sam and his family were pleased as he became less delusional, gained more control, and achieved concrete goals.

Advocating for my patients is something I take very seriously. I share with my colleagues what I've learned about managing patients with difficult behavior. I make suggestions, participate in rounds, and listen to the suggestions of others as the team works to meet the needs of the patient.

Sam continued to improve. He achieved an acceptable level of calm, even quiet. He spent the majority of his time on Blake 11 outside of the ICU. He ate meals in the day room and socialized with other patients. He was so proud when he cut his hair and shaved and no longer looked unkempt. He spoke with his father on a regular basis. As a transition, Sam was discharged to a residential program since he had limited social support in Boston and still lacked some insight into the seriousness of his illness. The team felt Sam would benefit from a more structured discharge plan. I hope he's continued to do well in his new situation.

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

Karen has given us wonderful insight into the intuitive decisions she made as she worked to ensure Sam's safety, the safety of others, and to create a meaningful treatment plan. She relied on her clinical experience, expertise, and understanding of the milieu to help Sam gain control of his environment and his behavior. Her compassion and empathy are evident throughout this narrative.

Thank-you, Karen.

Developing patient-education materials in the RACU

—by Katy Perkins, administrative fellow

Some of the strategies we used to develop our patient-education brochure may be helpful to others in creating educational materials for patients.

I've been working on the Bigelow 9 Respiratory Acute Care Unit (RACU) during the clinical portion of my administrative fellowship in Patient Care Services. My preceptor for this rotation is nursing director, Maria Winne, RN. One of the projects we're working on is developing a guidebook for patients and families to facilitate the transition from an ICU to the RACU. Some of the strategies we used, which might be helpful to others in creating patient-education materials, include:



Katie Perch, RN (left), and Suzanne Murphy, RN, review patient-education brochure with patient, James Weaver, in the Respiratory Acute Care Unit

- Gather a team. Involve everyone who has a stake in the project. Consult the Blum Patient & Family Learning Center for expertise in plain language and editing
- Define the goal and scope of the material
- Develop an outline. Create the content. Share the work by assigning different portions of the document to various members of the team. The main focus should be on the key messages you want to convey. Staff of the Blum Center can assist with editing; the MGH Photo Lab can assist with high-quality images
- Consult the Blum Center for content, verbiage, graphics, and formatting. They may notice something about organization, flow, reader engagement, active voice, or cultural appropriateness you may have missed
- Design the layout and print your material. You must decide whether you have the budget to employ a professional designer and/or printer. This will have the biggest impact on the ultimate appearance of your materials

We learned many lessons throughout this process. MGH has many wonderful resources and working as a team makes a project less daunting. By focusing on what's most helpful for the patient and family, we were able to develop a patient-education brochure for the RACU, of which we're very proud.

For more information, contact Katy Perkins at keperkins@partners.org. To contact the Blum Center, call 617-724-7352.

PeriSCOPE Supply Documentation

—by Sandra Silvestri RN, Christina Panagou; Michele Sabri

In keeping with the hospital and Patient Care Services' goals of improving cost-effectiveness, efficiency, and patient safety, Perioperative Services has implemented a program that allows nurses to electronically document supply utilization during surgical procedures. Historically, this documentation was performed by hand (and reflected only high-cost items). But manual documentation was time-consuming and distracting for staff trying to focus on patient care, and as with any manual documentation, the potential for transcription errors was a concern.

On Monday, June 3, 2013, the Lunder 2 Perioperative Service implemented PeriSCOPE, a sophisticated new program that allows staff to electronically capture supply, implant, and explant utilization. PeriSCOPE is accessible

via the current nursing perioperative record. The program automatically tracks supplies and cost-per-procedure by pre-populating the items used for each case. After the procedure, nurses validate what was used and what wasn't to ensure an accurate accounting of utilization. PeriSCOPE is not only a more efficient way to charge and track supplies, it helps determine future supply needs by providing data about what supplies are most commonly used for each procedure.

The new system can be used to track quality and compliance, and it replaces the paper Safe Medical Device Act (SMDA) form with an electronic version printed by Materials Management.

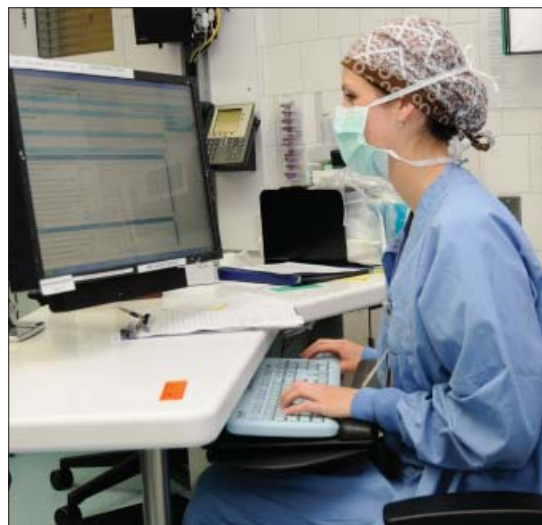
PeriSCOPE gives users a better understanding of

what supplies cost, which translates to greater discretion around utilization and a greater appreciation for waste and how to prevent it. Most important, PeriSCOPE allows nurses to focus on patient care.

Raising awareness about the business side of care, tracking data, and standardizing documentation all serve as good preparation for our imminent transition to Partners eCare, and all contribute to a better experience for the patient.

For more information about PeriSCOPE, call Sandra Silvestri, RN, at 617-643-7592.

Below left: Operating Room IS staff and nursing super users. At right: Katelyn O'Toole, RN, uses PeriSCOPE program in the OR.



Connell Nursing Research Program

Visiting scholar and visiting mentor

—by Diane L. Carroll, RN, Yvonne L. Munn nurse researcher

On April 4, 2013, the Connell Nursing Research Program welcomed the third Connell visiting scholar, Angela Barron McBride, RN, to MGH. Her two-day visit included consultations, presentations, and discussions with Connell research scholars, the Doctoral Forum, and members of nursing leadership.

McBride, professor and dean emerita at Indiana University School of Nursing, chairs the national advisory committee for the Robert Wood Johnson Foundation's Nurse Faculty Scholars Program. Her latest book, *The Growth and Development of Nurse Leaders*, won the 2011 PROSE Award for professional and scholarly excellence.

McBride presented, "Orchestrating a Career for Nursing Leadership," in which she shared her thoughts on career development and the importance of mentors.

On April 25th, the Connell Nursing Research Program welcomed Ardith Doorenbos, RN, associate professor in the School of Nursing at the University of Washington. Doorenbos' trans-disciplinary and translational research has enriched numerous studies in oncology, cultural competence, pain-management and palliative care.

Doorenbos is the mentor of Connell nursing research scholar, Paul Arnstein, RN. Her visit gave her an opportunity to meet with Arnstein and discuss his proposal. She also met with the Doctoral Forum for a discussion on developing nursing research programs and securing funding.

On her second day, Doorenbos, presented, "Enhancing Palliative Care." Doorenbos' research focuses on advance care planning, provider communication, symptoms, and physical and emotional interventions for diverse culture groups. Her current study is an inter-disciplinary, web-based program to enhance pain-management strategies using case-based learning for healthcare providers across the country focusing on rural care providers.

The Connell Nursing Research Program was created to promote inter-disciplinary patient- and family-centered care by influencing collaborative practice and providing dedicated time and resources to the scholars. The current Connell nursing research scholars are Jeff Adams, RN; Paul Arnstein, RN; Peggy Settle, RN; and Susan Lee, RN, all of who met with McBride to consult on their programs of research.

For more information about the Connell Nursing Research Program, call 3-0431.



Inter-disciplinary training in spiritual care

—by Angelika Zollfrank, clinical pastoral education supervisor

CPE Supervisor Angelika Zollfrank (left), and director of the Chaplaincy, John Polk, DMin (right), with CPE graduates (l-r): Sally Morton, RN; Anne Deneen; Ned Rimer; Suzanne Nevins, RN; Monica Anda; Charles Huschle; and Barbara Schreur.

During an overnight on-call shift, Charles Huschle, one of seven chaplain interns in the interdisciplinary Clinical Pastoral Education program, was called by a young Muslim couple on the Labor & Delivery Unit to bless their stillborn baby. Huschle made two visits: first, to assess their needs and engage them in their time of grief. Then, while the woman received medical care, Huschle left to do some research on Islamic rituals around death. He found, *Janazah*, the Muslim funeral prayer. When he returned, he asked the couple to join in a part-

Arabic, part-English prayer. They held hands, their baby wrapped in a blanket on the mother's belly, and prayed. The couple was calmed and comforted, and soon they became able to support one another. The chaplain conveyed how much love he saw between them. They smiled and cried and thanked him for the blessing.

This spring, seven students graduated from the MGH Clinical Pastoral Education program, having served since January on nine different units throughout the hospital. The students—two nurses, a pastor, divinity school students, and educators—came to MGH with life and care-giving experience and a desire to participate in an intensive training program. Clinical Pastoral Education is a closely supervised, experiential program that trains caregivers to provide religious and spiritual care to patients, families, and staff. The educational process deepens spiritual caregivers' sense of self-awareness so they're able to offer comfort, peace, and dignity to patients and families facing illness or crisis.

Congratulations to this most recent graduating class.

Thanks to the generous support of the Schwartz Center for Compassionate Healthcare, training in spiritual care is open to clinicians of all disciplines. The application deadline for the fall program has passed, but the deadline for next spring's Clinical Pastoral Education program is September 1, 2013.

For more information about the MGH Chaplaincy or the CPE program, go to www.ChaplaincyCPE.org or call Angelika Zollfrank, clinical pastoral education supervisor at 671-724-3227.



Professional Achievements

Tehan elected

Tara Tehan, RN, nursing director, Neurosciences ICU, is the new president-elect of the Massachusetts Association of Registered Nurses.

Hill honored

Rebecca Hill, RN, nurse practitioner, ED Observation Unit and Short Stay Unit, received the Outstanding Capstone Award, from the Duke University School of Nursing, April 30, 2013.

Bethune presents

Christina Bethune, RN, nursing director for the Cardiac Step-Down Unit, presented, "Structural Interventions for Stroke-Risk-Reduction in Atrial Fibrillation," at the 23rd annual Cardiovascular Nursing Conference of the American Heart Association, in Newton, April 11, 2013.

Sullivan presents

Nancy Sullivan, executive director, Case Management, presented, "Making the Link Between Payment Reform and Daily Case Management Practice," at the annual Case Management conference and American Case Management Association meeting, in San Diego, April 10, 2013.

Chudnofsky and Miller present

Rana Chudnofsky and Kathleen Miller, RN, presented, "Expanding the Circle of the Mind Body Community," at the 5th annual Complementary & Integrative Therapies Expo, at the UMass Medical Center in Worcester, April 3, 2013.

Case managers present

Case managers, Barbara McLaughlin, RN, and Kathleen Walsh, RN, presented, "Innovative Emergency Department Observation Unit, Case Management in a Tertiary Setting, the Little Unit that Could," at the national conference of the American Case Managers Association, in San Diego, April 8–10, 2013.

Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, presented, "Understanding the Pharmacology of Addiction and Prescription Drug Abuse as Part of the ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care," at the regional conference of the Kentucky Coalition of Nurse Practitioners and Nurse Midwives, in Lexington, Kentucky, April 17, 2013.

Williams honored

Purris Williams, RRT, respiratory therapist, received the Mary Forshay Scholarship to Support ALS Care, April 23, 2013.

Nurses publish

Paul Arnstein, RN, clinical nurse specialist, and Keela Herr, RN, authored the article, "Risk Evaluation and Mitigation Strategies for Older Adults and Persistent Pain," in the *Journal of Gerontological Nursing*, in April, 2013.

MacDonald and Petrozza publish

Abigail MacDonald, LICSW, and John Petrozza, MD, authored the article, "Coping with Infertility on Mother's and Father's Day," in the spring, 2013, *RESOLVE New England Newsletter*.

Tyrrell presents

Rosalie Tyrrell, RN, professional development manager, presented, "Understanding and Leading a Multi-Generational Workforce," at the Keys to Healthcare Leadership Seminar of the Organization of Nurse Leaders, in Burlington, April 17, 2013.

Inter-disciplinary team publishes

Stephanie Becker, MD; Adrianus Bot; Suzanne Curley, OTR/L; Jesse Jupiter, MD; and David Ring, MD, authored the article, "A Prospective Randomized Comparison of Neoprenes vs. Thermoplast Hand-Based Thumb Spica Splinting for Trapeziometacarpal Arthritis," in *Osteoarthritis and Cartilage*, in May, 2013.

Campbell presents poster

Elizabeth Campbell, RN, IV Therapy, presented her poster, "Mentoring Graduate Nurses to the Intravenous Therapy Nursing Specialty," at the annual seminar of the League of Intravenous Therapy Educators of the Association for Vascular Access, in Farmington, Pennsylvania, April 11, 2013.

Nurses present poster

Gail Alexander, RN, professional development specialist; Beth Nagle, RN, clinical nurse specialist; and Jeanne McHale, RN, clinical nurse specialist, presented their poster, "Using Simulation to Prepare Nurse Residents and Inexperienced Critical Care Nurses to Staff a Newly Opening ICU," at the Emerging Trends Impacting Acute/Critical Care Nursing Leaders Program in Weston, April 11, 2013.

Drapek presents

Lorraine Drapek, RN, nurse practitioner, Radiation Oncology, presented, "Snapping Out Liver Metastases," at the 38th annual congress of the Oncology Nursing Society, in Washington, DC, April 26, 2013.

Inter-disciplinary team publishes

Jeffrey Adams, RN; Nikolay Nikolaev; Jeanette Ives Erickson, RN; Marianne Ditomassi, RN; and Dorothy Jones, RN, recently authored the article, "Identification of the Psychometric Properties of the Leadership Influence Over Professional Practice Environments Scale," in *JONA*.

Inter-disciplinary team publishes

Jane Murray; Laura Carr, RPh; and Jessica Smith, RN, authored the Abstract, "Interventions to Improve the Coordination of Care and Reduce Readmissions: Discharge Nurse Role and Pharmacist Involvement on a Medicine Pilot Unit," in the March/April, 2013, *American Journal of Medical Quality*.

Miguel presents

Karen Miguel, RN, patient safety officer; Radiology, presented, "Enhancing Teamwork and Communication, the Art and Challenge of Changing Culture," at the annual conference of the Society of Interventional Radiology and the Association of Vascular and Interventional Radiographers, in New Orleans, April 14, 2013.

Inter-disciplinary team publishes

Rebecca Hill, RN; Allison Vorderstrasse, RN; Barbara Turner, RN; Katherine Pereira, RN; and Julie Thompson, authored the article, "Screening for Depression in Patients with Diabetes: Addressing the Challenge," in *The Journal for Nurse Practitioners*, April 1, 2013.

Inter-disciplinary team publishes

Lauren Gray Gilstrap, MD; Rajeev Malhotra, MD; Donna Peltier-Saxe, RN; Eliana Pineda; Catherine Culhane-Hermann, RN; Nakela Cook, MD; Carina Fernandez-Golarz, MD; and Malissa Wood, MD, authored the abstract, "Community-Based Primary Prevention Programs Decrease the Rate of Metabolic Syndrome Among Socioeconomically Disadvantaged Women," in the *Journal of Women's Health*, April 22, 2013.

Inter-disciplinary team publishes

Daniel Friedman, MD; Guarav Upadhyay, MD; Robert Altman, MD; Mary Orencole, RN; Conor Barrett, MD; Theofanie Mela, MD; E. Kevin Heist, MD; and Jagmeet Singh, MD, authored the article, "The Anatomic and Electrical Location of the Left Ventricular Lead Predicts Ventricular Arrhythmia in Cardiac Resynchronization Therapy," in *Heart Rhythm*, in May, 2013.

Inter-disciplinary team publishes

Jagdish Kandala, MD; Guarav Upadhyay, MD; Robert Altman, MD; Kimberly Parks, DO; Mary Orencole, RN; Theofanie Mela, MD; E. Kevin Heist, MD; and Jagmeet Singh, MD, authored the article, "QRS Morphology, Left Ventricular Lead Location, and Clinical Outcomes in Patients Receiving Cardiac Resynchronization Therapy," in *European Heart Journal*, April 9, 2013.

Nurses present poster

Beth Nagle, RN, clinical nurse specialist; Jeanne McHale, RN, clinical nurse specialist; Gail Alexander, RN, professional development specialist; Barbara Cashavelly, RN, nursing director; and Maria Winne, RN, nursing director, presented their poster, "Simulated Bedside Emergencies for the Acute Care Nurse Practitioner," at the Emerging Trends Impacting Acute/Critical Care Nursing Leaders Program in Weston, April 11, 2013.

Clinical Recognition Program

Clinicians recognized
February 1, 2013– May 1, 2013

Advanced clinicians:

- Julie MacPherson-Clements, RRT Respiratory Care
- Kristin Dunlea, PT, Physical Therapy
- Sarah Ouellette, RN, Emergency Department
- Catherine Benacchio, RN, Medical ICU
- Kristen Kingsley, RN, RACU
- Annette Brien, RN, PACU

Clinical scholars:

- Eric Hanson, LICSW, Social Work
- Susan Finn, RN, Cancer Center
- Alissa Evangelista, PT, Physical Therapy
- Gail Carson-Fernandes, RN, General Surgery
- Elzbieta Gilbride, RN, General Medicine
- Jennifer Healy, RN, Labor & Delivery
- Theresa Vachon, RN, Neuroscience ICU
- Paula Restrepo, RN, Surgical ICU

Patient Family Advisory Councils (PFACs)

Patient-Family Advisory Councils provide a formal mechanism for patients and families who want to take an active role in improving the patient experience.

Question: How many Patient-Family Advisory Councils (PFACs) are there at MGH?

Jeanette: Currently, we have five Patient-Family Advisory Councils:

- The Cancer Center
- MassGeneral Hospital for Children
- Ambulatory Practice of the Future
- Institute for Heart, Vascular, Stroke Care
- The General Council

These councils provide a formal mechanism for patients and families who want to take an active role in improving the patient experience. Council members are sounding boards for new ideas; they participate in committees, work groups, staff orientation and education; they make recommendations for improvement and collaborate with MGH leadership on patient- and family-centered initiatives.

Question: Can you give me an example of some of the projects they've been involved with?

Jeanette: In January, two PFAC members were invited to join the Quality Oversight Committee. Family members sit on the Pediatric Quality and Ethics Committees. There is patient-family representation on the Cancer Center Quality and Safety Committee and the Patient Education Committee.

PFAC members have presented at the annual nursing conference of the Institute for Heart, Vascular, and Stroke Care, at the annual conference of the Institute for Patient- and Family-Centered Care, at the 2013 Health Policy Conference in Washington, DC, and at pediatric grand rounds.

Members have had input into the MGH Visitor Tip Sheet, the selection of artwork for the ICU waiting areas, Innovation Unit Family notebooks, care re-design discussions, and serving as family faculty for the Ambulatory Practice of the Future.

Question: How does one become a member of a PFAC?

Jeanette: Most PFAC members are referred by clinicians. Some respond to mailings. Candidates complete an application and are interviewed by other members of the council or the chairperson. All candidates must have healthcare experience at MGH. It's important that members be able to interact with different groups, have good listening skills, and be able to commit to an agreed-upon schedule of meetings (usually monthly).

Question: If I know a patient or family member who's interested, how can I refer them?

Jeanette: The General PFAC is currently recruiting members. You can send an e-mail to pcscpfac@partners.org, or contact co-chairs, Robin Lipkis-Orlando, RN, at 617-726-3370, or Rick Evans at 617-724-2838.

The Institute for Heart, Vascular, and Stroke Care PFAC is also looking for members. Contact Judy Silva, RN, at 6-1437, or Lin-Ti Chang, RN, at 3-2995.

To learn more about the Cancer Center PFAC or to get involved, contact the Blum Cancer Resource Room at 617-724-1822 or drop-by the Blum Cancer Resource Room on Yawkey 8C.

For information about the MGHfC PFAC, send an e-mail to fac@partners.org.

Announcements

Disability awareness

Save the date

The Office of Patient Advocacy presents:

"Me and my dog: service dogs at MGH"

Thursday, June 27, 2013
12:00–2:30pm
Location TBA

For more information, call
617-643-7148.

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.

Hausman Program

Summer mentoring opportunity

Do you want to influence the youths of today in making important career choices? Do you want future MGH employees to be well-skilled, educated, and informed?

Please consider dedicating at least one hour a week in July to help mentor minority children of operations associates, patient care associates, and unit service associates.

Through the generous donation of the Hausman Foundation, a stipend will be offered to all participants.

For more information, contact Alicia Williams at: anhyman@partners.org.

Today's youth. Tomorrow's leaders.

ACLS Classes

Certification:

(Two-day program

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

Day one:

July 11, 2013

8:00am–3:00pm

Robbins Conference Room
Founders 2

Day two:

July 12th

8:00am–1:00pm

Robbins Conference Room

Re-certification (one-day class):

August 14th

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.

Senior HealthWISE events

All events are free for seniors 60 and older

Lecture Series

"Make No Bones About It"

Thursday, June 27th

11:00am–12:00pm

Haber Conference Room

Presented by Amanda Hernandez, MD, geriatric fellow

Learn how to keep your bones healthy through diet and exercise.

Hypertension Screenings:

Monday, June 24th

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.

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.

Blum Center Events

Shared Decision Making:
"Treatment Choices for Hip Osteoarthritis"

Friday, June 28, 2013

12:00–1:00pm

If you have hip osteoarthritis, trying to decide about treatment can be confusing. Young-Min Kwon, MD, and Janet Dorrwachter, NP will answer your questions.

Book Talk:

Fast Minds: How to Thrive If You Have ADHD (Or Think You Might)

Wednesday, July 10th

12:00–1:00pm

Craig Surman, MD, will discuss how people with ADHD can take control of their lives.

Programs are free and open to MGH staff and patients.

No registration required.

All sessions held in the Blum Patient & Family Learning Center.

For more information, call 4-3823.

New Global Health Certificates from the MGH Institute of Health Professions

Nurses provide 80-90% of the care delivered to individuals in under-served areas of the world, yet it's difficult for nurses to get the experience and education necessary to work with these vulnerable populations.

The MGH Institute of Health Professions School of Nursing, in conjunction with Partners In Health, is offering two certificate programs in Global Health Nursing beginning in the fall. A 9-credit, on-line certificate of completion is available for nurses with a baccalaureate degree or higher; a 15-credit certificate of advanced study is available for master's-prepared students.

Flexible schedules available to accommodate working professionals.

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

Buddha's birthday observed in accordance with rich tradition

On May 15, 2013, led by Buddhist chaplains, Van Loc Doran, James Doran, and Robert Wall, MDiv, a service of Peace and Healing was observed to honor the birth and life of the Buddha. Like Ramadan, the date of the Buddha's birthday varies each year according to the lunar calendar. The service included Buddhist readings, a guided meditation of hope and kindness, and the traditional 'bathing of the Buddha' to the chanting of the Heart Sutra. The custom of bathing the Buddha

dates back to 220 AD; Buddhists all over the world continue to celebrate the Buddha's birthday by observing this ancient tradition. A symbol of inner purification, custom calls for a special ladle to be used to pour fragrant water over the statue of the Buddha. The ritual, performed with great reverence, is said to improve inner harmony and balance.

For more information about Buddhist beliefs and traditions, call the MGH Chaplaincy at 62220.



Buddhist chaplains, Van Loc Doran (left) and Robert Wall, lead gathering in the bathing of the Buddha ritual.

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Submissions

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

Next Publication

July 11, 2013

Inpatient HCAHPS Results 2012–May, 2013

Measure	2012	2013 YTD	Change (2012 - 2013 YTD)
Nurse Communication Composite	81.0	80.6	-0.4
Doctor Communication Composite	81.6	81.6	Flat
Room Clean	72.9	74.4	+1.5
Quiet at Night	48.5	49.7	+1.2
Cleanliness/Quiet Composite	60.7	62.0	+1.3
Staff Responsiveness Composite	64.9	63.7	-1.2
Pain Management Composite	71.9	71.1	-0.8
Communication About Meds Composite	64.0	64.3	+0.3
Discharge Information Composite	91.2	91.4	+0.2
Overall Rating	80.1	80.3	+0.2
Likelihood to Recommend	90.5	90.2	-0.3

The hospital's performance on patient-experience metrics continues to rebound after a slight decline in the first quarter of 2013. Nearly every indicator has increased over last month's scores.

Data complete through March 31, 2013
All results reflect Top-Box (or 'Always' response) percentages
Pull date: June 7, 2013



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