

Caring

Headlines

May 2, 2013

Boston strong

MASSACHUSETTS GENERAL HOSPITAL

ENTRANCE

ENTRANCE

The newsletter for Patient Care Services
Massachusetts General Hospital

MGH
POLICE

MGH proud

Everyone worked together to achieve a level of efficiency seldom seen in events of this magnitude... I thought I'd seen MGH at its best, but my pride in this organization reached new heights that day.

Since graduate school, Patriots Day has been a special day for me. Over the years, I've developed a ritual. The day before the marathon, I walk around Boston absorbing the sights. Visitors from all over the world descend on our city; there's a palpable excitement in the air. I end the day by walking across the finish line backward, imagining the same scene the following day with all the runners streaming in after their grueling race.

On Marathon Monday I go into the city in the morning. People are already lining the route. Families gather for a day of fresh air and cheering. I like to get there early to see the wheelchair and hand-cycle participants. As the day winds down, I make my way home to watch the news and see the winners on television.

Unfortunately, this year was very different. A couple of hours into the race, I was standing on Boylston Street. I decided to try to get closer to the finish line. I was behind a small group moving toward the Lenox Hotel when I heard two loud blasts. I knew immediately what they were. And so did everyone around me. Pandemonium broke loose. I called the hospital and told them what was happening, then I got to MGH as quickly as I could.

Emergency personnel at the scene did an outstanding job coordinating and dispatching the injured, ensuring no one hospital received more pa-

tients than they could handle. We activated our Emergency Preparedness Plan; patients already in the ED were safely re-located throughout the hospital to make room for multiple casualties.

Within minutes the hospital was in a heightened state of readiness. When patients started to arrive, staff responded with skill and professionalism. And not just clinical staff. As word spread of this horrific event, employees from all departments stepped up, even off-duty staff came in to offer their services. MGH volunteers (not scheduled to work) staffed the ED waiting area helping families to find their loved ones and remain calm.

Everyone worked together to achieve a level of efficiency seldom seen in events of this magnitude. Physicians and nurses cared for the wounded. Police & Security ensured our campus was safe. Social workers and chaplains offered solace and guidance. The MGH Blood Donor Center was inundated with staff and visitors wanting to give blood. I thought I'd seen MGH at its best, but my pride in this organization reached new heights that day.

As is often the case, the worst of humanity brings out the best of humanity. We all witnessed the courage and selflessness of our fellow Bostonians who acted without hesitation to help those injured in the blasts. Random acts of kindness punctuated the days and weeks that followed. Our hospital was the recipient of many such gestures, including pizza deliveries to our staff from hospitals as far away as North Carolina

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We were honored when the President made time to come to MGH to visit the wounded and their families. President Obama was genuinely engaged and generous with his time; he was an inspiration to patients and staff alike.

and California. Well-wishers checked in on us from Maine to Hawaii, Bermuda, London, China, and beyond, sending thoughts and prayers to the injured and to the staff caring for them. At a time when we could have felt defeated or overwhelmed, we felt supported and embraced by our great city, the nation, and the world.

Perhaps the most touching display of solidarity came when the New York Yankees played *Sweet Caroline* during their game with the Arizona Diamondbacks the day after the bombings. (I may never be able to trash-talk the Yankees again!)

Many MGH employees had an opportunity to attend the interfaith service at the Cathedral of the Holy Cross led by President Barack Obama along with Governor Deval Patrick, Mayor Thomas Menino, and representatives of local clergy. Obama's remarks were heartening: "You've shown us, Boston, that in the face of evil, Americans will lift up what's good. In the face of cruelty, we will choose compassion. In the face of those who would visit death upon innocents, we will choose to save and to comfort and to heal." He urged us to carry on, saying, "This time next year... the world will return to this great Ameri-

can city to run harder than ever and to cheer even louder for that 118th Boston Marathon."

We were honored when the President made time to come to MGH to visit the wounded and their families. President Obama was genuinely engaged and generous with his time; he was an inspiration to patients and staff alike. During his visit, he acknowledged the teamwork, commitment, and spirit exhibited by the MGH community and thanked staff for their efforts in these difficult times.

At our own interfaith service, director of Chaplaincy, John Polk, led us in thoughtful reflection, saying, "We pray for the injured and the valiant heroes across this organization. We take a moment to be together. We take a moment to remember. We take a moment to grieve. We take a moment to find hope. And we take a moment to gather strength for the work ahead."

I can't close this column without thanking Governor Patrick for his exquisite leadership and strategic thinking throughout this entire ordeal, and of course, the members of law-enforcement, local, state, and federal, who put themselves in harm's way to ensure our safety. We are eternally grateful for

their courage and grace under pressure. So many civic leaders, celebrities, and sports figures have reached out to the survivors, and I've seen first-hand the difference it's made to those being cared for in our hospital. Governor Patrick, Mayor Menino, Congressman Joe Kennedy, Senator Elizabeth Warren, and so many others — their kindness helped buoy the spirits of so many within our walls.

You may have heard that Gary Gottlieb, MD, president and CEO of Partners HealthCare, announced that Partners HealthCare will donate \$1 million to The One

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(Official White House photo by Pete Souza)

On Thursday, April 18, 2013, President Obama comes to MGH to meet with patients wounded in the bombings. Obama pictured above with MGH staff in the Blake 12 ICU.

I agree with President Obama that the best way to honor the memory of those we lost and speed the healing of those who were injured is to 'carry on'; return to the activities of our daily lives and continue to care for one another. Thank-you all for your service to this hospital and to our patients and families.

Fund on behalf of, and in honor of, all members of the Partners community. And funds from the MGH Emergency Response Fund will be used to support the victims and families and enhance training for staff in emergency care and disaster relief and preparedness.

Our thoughts are with the families and loved ones of those who perished: Krystle Campbell of Medford; Lu Lingzi, a graduate student from China; 8-year-old, Martin Richard of Dorchester, and MIT Officer Sean Collier, of Somerville. We will not forget their sacrifice. We will continue to support and provide for the injured, including our own Jessica Kensky, RN, oncology staff nurse, who is among those recovering.

I agree with President Obama that the best way to honor the memory of those we lost and speed the healing of those who were injured is to 'carry on'; return to the activities of our daily lives and continue to care for one another.

I'm already looking forward to next Patriot's Day and my ritual of walking the streets of the city I love. Next April 21st (yes, I checked the calendar) I'll be standing on Boylston Street cheering on the runners of the 118th marathon. And if I know my fellow Bostonians, I won't be alone.

Thank-you all for your service to this hospital and to our patients and families.

Coping in the aftermath of a disaster

Even if you weren't involved in the disaster; family members can experience extreme reactions. There is no 'standard' reaction to the stress of a traumatic experience, some people respond immediately, others have delayed reactions. Steps you can take to help restore emotional well-being during this difficult time:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced.
- Ask for support from people who care about you and who will listen and empathize with your situation.
- Communicate your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a diary.
- Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. Avoid alcohol and drugs.
- Re-establish routines such as eating meals at regular times and following an exercise program.

Indications that you should seek medical attention include:

- You feel trapped, like there's nowhere to turn
- You worry excessively and can't concentrate
- The way you feel affects your sleep, eating habits, job, relationships, and everyday life

Resources:

- Your primary care physician or pediatrician
- Boston Emergency Services Team (BEST) – Mental Health Crisis Line 800-981-4357
- MGH Acute Psychiatry Service (APS) – psychiatrists available 24/7 by calling 617-724-7688
- Call 911 or go to the nearest emergency room if suicidal or dangerous thoughts persist

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Promoting hand hygiene while learning English

—by Jane McAuliffe, operations manager, Training & Workforce Development

Students of Dara Mendelsohn's JVS English class had an opportunity to use their new language skills, March 28, 2013, when they presented, "Hand Hygiene," to a group of supervisors, instructors, and invited guests. Through creative skits, students proudly demonstrated proper hand-hygiene procedures in their newly learned English.

Berhan Giogis, Fatiha Ngout, Hamid Hassine, Maria Alves, Maria Jimenez, Mina Makane, Seandel Dillon, and Sulma Garcia presented vignettes focusing on: eating lunch, using the bathroom, and hand-washing. Hassine sang *Happy Birthday* while washing his hands to demonstrate the amount of time a person should spend on hand-washing.

Said Beth Butterfoss, JVS manager of Workplace Education, "It's moments like these that make me so proud."

Said Mendelsohn, "Students worked very hard on their skits and flyers, which supported the message, 'Clean hands save lives.' Their hard work and dedication really showed."

"It's wonderful how instructors incorporated required training into the English for Speakers of Other Languages curriculum," said Carlyene Prince-Erickson, director of Employee Education and Leadership Development.

The MGH English for Speakers of Other Languages program, in conjunction with JVS, has been recognized by the Commonwealth of Massachusetts and the English Works Campaign for program excellence. For more information, go to: http://is.partners.org/hr/New_Web/mgh/mgh_training.htm.

Students in the JVS English for Speakers of Other Languages class combine language skills with required training.



(Photos by Brian Wilson)

Fall-prevention *a key aspect of care for stem-cell-transplant patient*

Mrs. B is a 59-year-old woman with no history of falling prior to being admitted. She had a history of multiple myeloma and was admitted for autologous stem-cell transplantation.

My name is Susan O'Donnell, and I've been an oncology staff nurse for 23 years; I currently practice on the Lunder 10 Hematology/Oncology Unit. I'm also a champion on the PCS Fall Prevention Committee. I love caring for oncology patients and the continuity of caring for them over time. Recently, I was able to use many of the strategies I've learned as a member of the Fall Prevention Committee in caring for one of my patients.

Mrs. B is a 59-year-old woman who was active and working with no history of falling prior to being admitted. She had a history of multiple myeloma and was admitted for autologous stem-cell transplantation. Multiple myeloma is a cancer that starts in the plasma cells of bone marrow. It's treated with high doses of chemotherapy and rescue using the patient's own stem cells. These stem cells re-populate the bone marrow while the patient is supported through nadir (low blood counts following chemotherapy).

When Mrs. B was admitted, she and her husband knew (and it was reviewed again) that she would be undergoing intense chemotherapy with uncomfortable side-effects. We would be using medications that could cause diarrhea and make her drowsy.



Susan O'Donnell, RN
oncology staff nurse, Lunder 10

Symptoms usually last a short time, and we would ensure she remained safe throughout her admission. This would include her calling for assistance if she needed to get out of bed or go to the bathroom. And she was advised not to bend over to pick anything up off the floor.

During the first two days of her admission, Mrs. B was given melphalan each day. The following day was a day of rest. On the day of transplant, she was pre-medicated with Tylenol, Benadryl, and hydrocortisone to minimize any side-effects from the preservative mixed with her own stem cells. She received her stem cells back intravenously with close monitoring. During the remainder of her admission, we waited for her blood counts to recover. We observed and treated a number of side-effects, the most common of which were nausea, vomiting, mucositis, diarrhea, and fever.

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Mrs. B was quickly identified as a patient at risk for falling and was placed on Fall Precautions. We put Fall Precaution signs on her door and over her bed. The sign by her bed indicated what assistance she might need when trying to ambulate. For Mrs. B, that included the assistance of at least one staff member and a bed alarm.

Mrs. B was quickly identified as a patient at risk for falling and was placed on Fall Precautions. We put Fall Precaution signs on her door and over her bed. The sign by her bed indicated what assistance she might need when trying to ambulate. For Mrs. B, that included the assistance of at least one staff member and a bed alarm. To further ensure her safety, we made sure the call bell was always close to her; she wore non-skid socks; and the bed was always in the low, locked position. It was clearly explained to Mrs. B and her husband why these measures were being employed, and we asked Mr. B not to help his wife out of bed without the assistance of a staff member.

Mrs. B developed nausea soon after the procedure. She was given Ativan before meals to allow her to take pills, drink fluids, and eat as tolerated. After a few days, the nausea became more severe and she began to vomit. Mrs. B was a thin woman. She was unable to eat because of severe nausea and was started on TPN (total parental nutrition) to try to prevent further weight-loss. She became weak and unsteady on her feet. We needed to continue to administer round-the-clock, intravenous Zofran and Ativan, but Mrs. B was sensitive to the Ativan—it helped control her nausea and vomiting, but it made her drowsy.

Mrs. B developed mucositis. By the fifth day after transplant, she required pain medication to control mouth pain. She was started on oxycodone, which made her even more drowsy. As her physical therapist was working with her, she noticed a droop on the left side of Mrs. B's mouth; it was unclear whether this was a new symptom or whether it was caused by the pain medication. A head CT was ordered, and it was discovered that Mrs. B had a meningioma (which would be dealt with after she recovered from the bone-marrow transplant). The team felt that oxycodone wasn't the right drug for her, so it was changed to Dilaudid in small doses to control mouth pain. As many of her medications as possible were switched to intravenous form, and we continued to do mouth care four times a day.

Once the diarrhea began, Mrs. B needed to go to the bathroom frequently and urgently. So we set up a commode next to her bed to avoid 'emergency' trips to the bathroom. When her test for clostridium diffi-

cile (c. diff) came back negative, Lomotil and Imodium were started to control the diarrhea as much as possible.

Mrs. B used the call bell most of the time, but occasionally forgot (probably due to the medications she was taking to control her symptoms). If she forgot to use the call bell, the bed alarm would sound reminding her to call for assistance, and staff would go right to her room. Once a staff member was in the room with her, we assessed whether it would be safer for her to use the bathroom or the commode.

As part of the transplant pathway, patients take a daily shower with antimicrobial soap to help prevent infection. Because Mrs. B was weak and unsteady on her feet, we used a shower bench and hand-held sprayer to minimize her risk of falling. We employed the 'arm's length away' practice every time we assisted Mrs. B with showering or toileting.

To help speed the recovery of white blood cells and her gastrointestinal tract, Mrs. B received a daily dose of intravenous Neupogen. By day nine, Mrs. B's white count started to recover, and over the next few days her mucositis, nausea, vomiting, and diarrhea began to resolve, as well. She was able to start drinking fluids and take medications orally. Soon, the need for pain medication decreased. We were able to switch to oral Ativan, and TPN was discontinued.

Mrs. B was ready for discharge on day 12. We successfully prevented her from falling using the arm's-length-away strategy, signage, bed alarms, non-skid socks, patient- and family-education, and a strong commitment to maintain a safe patient environment.

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

This narrative beautifully demonstrates the complexity of caring for patients undergoing stem-cell transplantation and the vigilance necessary to prevent vulnerable patients from falling. While Mrs. B had no history of falling, her treatment regimen put her in a high-risk category. Susan's strategies and interventions clearly worked to keep Mrs. B safe. And her involvement in the Fall Prevention Committee added to her awareness of these strategies.

Thank-you, Susan, for your proactive interest and efforts to keep our patients safe.

New shelter at Nashua Street parking lot

Recently, suggestions from PCS employees for improvements to the Nashua Street Employee Parking Lot were shared with the Parking and Commuter Services Department. One suggestion was for a shelter to be erected to protect employees from the elements while wait-

ing for shuttle buses to bring them to the main campus. Parking & Commuter Services took the suggestion to heart and installed a shelter near the entrance to the Nashua Street parking lot.

Another suggestion was to create a second lane for cars that could be used during peak traffic times to reduce the back-up and long waits to exit the lot. The necessary equipment has been ordered to imple-

ment this suggestion, as well, and installation should be completed by mid-summer. This will be particularly helpful for employees leaving the parking lot between 11:00pm and 1:00am.

Managers and staff of Parking and Commuter Services would like to express their appreciation for the patience and understanding of MGH employees during recent employee parking re-locations. These changes were necessary in order to provide adequate parking for patients in the main garages.

For more information about the shelter, construction of the new exit lane, or anything to do with parking at MGH, call Parking & Commuter Services at 617-726-8886.

New shelter at Nashua Street parking lot



Professional Achievements

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Sensation and Sensibility," at Tufts University, March 11, 2013.

Carroll elected

Diane Carroll, RN, nurse researcher, was re-elected member-at-large to the Board of Directors of the Eastern Nursing Research Society, in April, 2013.

Burchill presents

Gae Burchill, OTR/L, occupational therapist, presented, "Management of Flexor Tendon Injuries," and "Flexor Tendon Management," at the Tufts University School of Occupational Therapy, February 4, 2013, and, "Splinting Flexor and Extensor Injuries," February 25th.

Gould and Nigbor present poster

Hazel Gould, RN, clinical nurse manager, and Laura Nigbor, RN, staff nurse, presented their poster, "Waking the Sleeping Giant: Managing ECMO Education and Training," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Nurses present

Adele Keeley, RN, nursing director; Julie Cronin, RN, clinical nurse specialist; Michelle Connolly, RN, attending nurse; Katie Fauvel, RN, attending nurse; and Beth Morrissey, RN, staff nurse, presented, "Year One of the Phillips 21 CIT Journey," at the annual Care Innovations and Transformation Conference, in Tampa, Florida, February 26–27, 2013.

Hemingway, Kilfoyle and Provost present poster

Maureen Hemingway, RN, clinical nurse specialist; Marguerite Kilfoyle, RN, staff nurse; and Kristen Provost, RN, staff nurse, presented their poster, "Implementation of an Intraoperative Magnetic Resonance Imaging Suite," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Olson honored

Gayle Olson, PT, physical therapist, received the Most Distinguished Athletic Trainer Award from the National Athletic Trainers Association, in Las Vegas, February 20, 2013.

Goostray, Hemingway and Porter present poster

Alan Goostray, RN, clinical coordinator; Maureen Hemingway, RN, clinical nurse specialist; and Susan Porter, RN, staff nurse, presented their poster, "Cross Training: an Education Plan," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Nurses present poster

Jane Ouellette, RN, clinical nurse manager; Cynthia McDonough, RN, staff nurse; Lyndsay Farrow, RN, staff nurse; Annemarie Austin, RN, clinical nurse manager; and Lisa Morrissey, RN, staff nurse, presented their poster, "Timeline to Transplant," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Sargent and Hemingway present poster

Susan Sargent, RN, clinical service coordinator, and Maureen Hemingway, RN, clinical nurse specialist, presented their poster, "Care of the Patient Undergoing Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Team presents poster

Adele Keeley, RN, nursing director; Linda Kelly, RN, nursing director; Julie Cronin, RN, clinical nurse specialist; Sarah Stowell, RN, nurse practitioner; Michelle Connolly, RN, attending nurse; Beth Morrissey, RN, staff nurse; Kristen Nichols, RN, staff nurse; Katie Fauvel, RN, attending nurse; and Sanae Kishimoto presented their poster, "Developing a Post-Discharge Phone Call Team," at the annual Care Innovations and Transformation Conference in Tampa, Florida, February 26–27, 2013.

Essig presents

Susie Essig, LCSW, social worker, presented, "Should We Respect a Delusional Patient's Refusal of Beneficial Medical Treatment?" at the Harvard Ethics Consortium, March 1, 2013.

Nurses honored

Elizabeth Henderson, RN, Nahoko Harada, RN, and Angela Amar, RN, received the 2012 *Journal of Forensic Nursing Education* Article of the Year Award in March, 2013.

McLaughlin presents

Leslie McLaughlin, OTR/L, occupational therapist, presented, "Innovative Occupation-Centered Practice with Children and Adolescents," at the 2013 Lead the Way Symposium at Boston University's College of Health & Rehabilitation Sciences, March 5, 2013.

Brunelle presents

Cheryl Brunelle, PT, physical therapist, presented, "Peripheral Artery Disease," at the Geriatrics Sourcing interests group meeting of the American Physical Therapy Association of Massachusetts, in Waltham, March 16, 2013.

Macintyre and Rowley present

Bernice Macintyre and Joanne Rowley, RN, of the MGH Revere Health Center, presented, "Enhance Wellness: Health Clinics and Community Centers Extend Primary Care to Improve Health Outcomes," at the Aging in America Conference, in Chicago, March 13, 2013.

Nurses present poster

James Barone, RN, clinical nurse manager, Operating Rooms; Maureen Hemingway, RN, clinical nurse specialist, Operating Rooms; Maureen Mullaney, RN, staff development nurse, Operating Rooms; and, Charlene O'Connor, RN, clinical nurse specialist, Operating Rooms, presented their poster, "Creating Workflows to Enhance Surgical On-Time Starts," at the 60th annual congress of the Association of Perioperative Registered Nurses, in San Diego, March 2–7, 2013.

Dahlin appointed

Constance Dahlin, RN, nurse practitioner, Palliative Care, was appointed a member of the Massachusetts Comprehensive Cancer Advisory Committee in January, 2013.

Stockley and Jacobsohn publish

Margaret Stockley and Lorrie Jacobsohn, RN, clinical nurse specialist, Emergency Department, authored the book, *Inner Knowledge: Harnessing the Senses for Peace, Balance and Health*, earlier this year.

Nurses present poster

Charlene O'Connor, RN, clinical nurse specialist; Maureen A. Mullaney, RN, staff development nurse; Maureen Hemingway, RN, clinical nurse specialist; and James Barone, RN, clinical nurse manager presented their poster, "Creating Workflows to Enhance Surgical On-Time Starts," at the national conference of the Association of Perioperative Registered Nurses in San Diego, March 2–7, 2013.

Nurses present poster

Susan Wood, RN, clinical nurse specialist, General Medicine; Susan Morash, RN, nursing director, General Medicine; Kitman Tsang, RN, staff nurse, General Medicine; and, Priscilla McCormack, RN, nurse practitioner, presented their poster, "Enhancing the Role of the Nurse in Code Status Discussions to Improve Quality of Care and Decrease Moral Distress," at the Ethics of Caring: Second National Nursing Ethics Conference, in Los Angeles, March 21–22, 2013.

Sargent and Hemingway present poster

Susan Sargent, RN, clinical service coordinator, Operating Room Administration, and Maureen Hemingway, RN, clinical nurse specialist, Operating Rooms, presented their poster, "Care of the Patient Undergoing Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy," at the 60th annual congress of the Association of Perioperative Registered Nurses, in San Diego, March 2–7, 2013.

Medical interpreters

exceeding state and federal law to ensure patient- and family-satisfaction

Over and above what is required by law, MGH strives to bridge cultural and linguistic gaps in order to provide the safest, most equitable care possible. In this, we seek to set the standard, not just follow the law.

Question: Are hospitals required by law to provide medical interpreters, or is that an MGH policy?

Jeanette: Hospitals are required under federal and state law to provide medical interpreters free of charge to patients and family members with limited English proficiency or who may be Deaf or Hard of Hearing. Over and above what is required by law, MGH strives to bridge cultural and linguistic gaps in order to provide the safest, most equitable care possible. In this, we seek to set the standard, not just follow the law.

Question: VPOPs and IPOPs are available on my unit, but I've never used them. Are they as effective as face-to-face interpreters?

Jeanette: A recent study showed that the mode of interpretation (face-to-face, video, or telephone) is not a factor in terms of patient- and family-satisfaction. The primary concern for patients is having access to professional medical interpreters. So, being able to use VPOPs (Video Phones on a Pole) and IPOPs (Interpreter Phones on a Pole) is vital to meeting the needs of patients with limited English proficiency and their families. You should never delay care waiting for a face-to-face interpreter if you have access to an IPOP or VPOP. Either can connect you to a professional interpreter in seconds.

If you need help using either of these devices, contact Medical Interpreter Services (617-726-6966) to schedule a brief in-service.

Question: If I don't have access to a VPOP or IPOP, what should I do?

Jeanette: Medical Interpreter Services will work with you to provide a face-to-face interpreter when, in your best clinical judgment, the situation calls for it. If the situation allows, calling ahead to schedule an interpreter is always the best practice.

Question: Is it okay to use family members to interpret if there are delays in getting a face-to-face interpreter?

Jeanette: No. We strongly discourage the use of family members as interpreters. Though we understand some patients insist on using family members, which is their right, we encourage providers to use professional medical interpreters to ensure thorough, accurate communication. Studies show that using professional medical interpreters reduces length of stay and re-admission rates.

For more information about Medical Interpreter Services, call 617-726-6966.

Announcements

Prerequisites for Healthcare Professions

Space still available

Register for summer, 2013, on-line and on-site classes at the MGH Institute of Health Professions.

Jump start your career in Nursing, Physical Therapy, Speech-Language Pathology, or other high-demand professions with fundamental science courses taught by renowned faculty. All students enrolled in prerequisite programs are eligible for Academic Extras (no-cost, no-credit, one-week modules open to students currently enrolled in any of the Prerequisites for Healthcare Professions courses).

For more information, call 617-724-6362.

Compassion fatigue

The Upsilon Lambda Chapter of Sigma Theta Tau International, presents

"Compassion fatigue: why is it hard to do what we love?" presented by Donna White, RN

May 14, 2013
6:00–8:00pm

MGH Institute of Health Professions
Room 305

Contact hours awarded
Light dinner provided

Registration deadline: May 8th

To register, e-mail:
cwatts@mghihp.edu
All are welcome

\$10 for chapter members, alumni, and current students
\$15 all others

For more information, call 617-724-5158.

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:

June 14, 2013

10:30am–5:00pm

Potts Conference Room

Bigelow 8

Day two:

June 17th

8:00am–1:00pm

Thier Conference Room

Re-certification (one-day class):
May 8th

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.

Higher Education Fair

Thursday, May 23, 2013

12:00–3:00pm

Bulfinch Tent

Fair provides one-stop-shopping for exploring certificate, undergraduate, graduate, clinical, and non-clinical programs in nursing, research administration, inpatient coding, healthcare policy, and administration. Featured schools include: Boston University; Bunker Hill Community College; MGH Institute of Health Professions; Simmons College; and UMass, Boston.

For more information, call 4-3241.

Senior HealthWISE events

All events are free for seniors 60 and older

Lecture Series

"Understanding Insomnia"

Thursday, May 16, 2013

11:00am–12:00pm

Haber Conference Room

Speaker: Esteban Franco-Garcia, MD, MGH geriatric fellow

Franco-Garcia will discuss changes in sleep patterns as we age and frequent reasons for insomnia, treatment strategies, and when to seek medical help.

"Dry Eye"

Thursday, May 30th

11:00am–12:00pm

Haber Conference Room

Speaker: Jason Rothman, MD, ophthalmologist

Rothman will discuss causes of dry eyes, treatments, and new approaches to managing this condition.

Hypertension Screenings:

Monday, May 20th

(Note this is the third, not fourth, Monday of the month)

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.

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Next Publication

May 30, 2013

Inpatient HCAHPS Results

2012–2013 YTD

Measure	2012	2013 YTD	Change
Nurse Communication Composite	81.0	79.6	-1.4
Doctor Communication Composite	81.6	81.5	-0.1
Room Clean	72.9	73.1	+0.2
Quiet at Night	48.5	48.2	-0.3
Cleanliness/Quiet Composite	60.7	60.6	-.1
Staff Responsiveness Composite	64.9	63.5	-1.4
Pain Management Composite	71.9	70.3	-1.6
Communication About Meds Composite	64.0	63.4	-0.6
Discharge Information Composite	91.2	91.0	-0.2
Overall Rating	80.1	80.1	No change
Likelihood to Recommend	90.5	89.8	-0.7

MGH saw a slight decline in our patient-experience metrics in the first quarter of 2013. Some of these indicators have already started to rebound, but we need to continue to focus on: communication; responsiveness; and quiet to build on our strong performance in 2012.

2013 data complete through 1/31/13
 All results reflect Top-Box (or 'Always') responses
 Pull date: 4/15/13



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