

Caring

Headlines

January 9, 2014

Julie Cronin, RN

GEM Nurse
of the Year



Julie Cronin, RN, clinical nurse specialist and GEM Nurse of the Year (right), with Eileen Williamson, RN, senior vice president and chief nurse executive of Nurse.com

See story
on page 4

Patient Care Services' strategic plan for 2014

We consulted with staff and leadership throughout Patient Care Services, held a number of focused retreats and planning sessions. We took great care to ensure that our goals are aligned with the MGH strategic plan.

What better way to kick off 2014 than to share our strategic plan for the coming year. As in the past, our approach involved a comprehensive assessment of the current environment,

an examination of what we've accomplished to date and what remains to be done, and candid discussions about where our resources can do the most good. We consulted with staff and leadership throughout Patient Care Services, held a number of focused retreats and planning sessions. We took great care to ensure that our goals are aligned with the MGH strategic plan. And we were guided by the mission, vision, and values that have informed our work from the very beginning. After much deliberation, we arrived at the following goals for 2014:

Goal #1: Optimize the patient experience ensuring a coordinated, standardized, evidence-based model of care-delivery throughout the entire Patient Journey

Tactics:

- Continue implementation and evaluation of Innovation Units
- Enhance and sustain outcomes on Phase I, II, and III units through effective use of education and resources
- Identify and implement new interventions
- Develop a patient-journey framework for ambulatory and interventional practices (Phase IV)



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

- Enhance systems to improve transitions in care through warm hand-overs using iPASS
- Align Innovation Unit initiative with:
 - Coordination of care with non-acute-care and home-care facilities
 - Care re-design work
 - MGH/MGPO strategic plan

Goal #2: Implement and evaluate consistent use of standardized documentation tools to support the processes that optimize the patient experience and outcomes

Tactics:

- Implement new processes and technology consistent with conversion to Partners eCare
- Participate in implementation of all initiatives necessary to meet Stage 1 and Stage 2 of Meaningful Use
- Actively involve staff, leadership, patients, and families in process-re-design of clinical and operational standardization efforts

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I'm confident that channeling our efforts toward achieving these goals will ensure continued success in our ability to deliver exceptional care and position us to maintain that success for the long term. As always, the strength of a strategic plan depends on the enthusiastic participation of the workforce before, during, and after identification of the goals. You have been an integral part of the process to date, and your input will be invaluable as we begin to put the plan into motion.

- Implement auditing and feedback mechanisms to reinforce consistent documentation
- Participate in the development of Partners eCare content, reports, testing, and device-integration
- Lead and participate in efforts to implement administrative and financial components of Partners eCare

Goal #3: Create a welcoming, accessible environment that attracts, retains, and develops a culturally competent workforce while embracing the diversity of our patients, their families, our employees, and the communities we serve

Tactics:

In support of patients and families:

- Address inequities in quality and access to care by:
 - conducting unit-level culture rounds
 - implementing and evaluating culture grams
 - re-convening the Equitable Care Committee to identify and track metrics regarding provision of equitable care

In support of our workforce:

- Develop, secure funding for, and implement a diversity leadership program

- Implement and evaluate a culturally competent care program
- Collaborate with and/or influence nursing and health-profession schools to develop pipeline programs to meet workforce demands
- Create mechanism to provide career counseling to facilitate non-clinical staff-advancement and career-development

In support of the community:

- Expand community partnerships to design and adapt programs; incorporate into discharge planning and assessments

We're in the process of forming teams and identifying sponsors to take the lead on each goal, and I'll be presenting the specifics of the plan at a number of forums in the coming weeks. I'm confident that channeling our efforts toward achieving these goals will ensure continued success in our ability to deliver exceptional care and position us to maintain that success for the long term.

As always, the strength of a strategic plan depends on the enthusiastic participation of the workforce before, during, and after identification of the goals. You have been an integral part of the process to date, and your input will be invaluable as we begin to put the plan into motion. I look forward to a robust and rewarding 2014 working with each of you to ensure Excellence Every Day for the entire MGH community.

In this Issue

Cronin: GEM Nurse of the Year.....	1	Comfort & Support After Loss Memorial Service.....	13
Jeanette Ives Erickson.....	2	Clinical Pastoral Education Program.....	14
● 2014 PCS Strategic Plan		Tai Chi at the Benson-Henry Institute.....	15
Cronin named GEM Nurse of the Year.....	4	Fielding the Issues.....	16
Respiratory Care Week.....	6	● eBridge: What Nurses Need to Know	
Cardiac Nursing Visiting Scholar.....	8	Eucharistic Ministers.....	17
Munn Nursing Research Grand Rounds.....	9	Professional Achievements.....	18
Clinical Narrative.....	10	Announcements.....	19
● Kristen Patrick, RN		HCAHPS.....	20
Cronin & Raphael Award for Patient Advocacy.....	12		

Big party for big honor

Julie Cronin, RN GEM Nurse of the Year

(L-r): associate chief nurse, Debra Burke, RN; senior vice president for Patient Care, Jeanette Ives Erickson, RN; senior vice president and chief nurse executive of Nurse.com, Eileen Williamson, RN; and GEM Nurse of the Year, Julie Cronin, RN.

On October 7, 2013, clinical nurse specialist, Julie Cronin, RN, was named the national recipient of the 2013 GEM (Giving Excellence Meaning) Excellence Award for

Clinical Inpatient Nursing by Nurse.com. The award recognizes nurses who demonstrate superior clinical knowledge and skill and apply them in ways that impact quality of care and patient outcomes. On

December 11th, a celebration was held in her honor attended by family, friends, colleagues, and leadership of Nurse.com.

Eileen Williamson, RN, senior vice president and chief nurse executive of Nurse.com, described the rigorous, highly competitive process involved in being selected GEM Nurse of the Year in any category. "I tell you this," she said, "not to intimidate you, but so you'll appreciate what a truly amazing accomplishment this is." Williamson went on to share the conversation she had with Cronin when she called to tell her the good news. "Julie said, 'If you could see me right now, I'm beaming and my smile goes from ear to ear!' She

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Recognition (continued)

said she was humbled to receive the award and very grateful to Jeanette Ives Erickson and the MGH leadership team. She added that she was thankful to be in the nursing profession. I assured her that the nursing profession was thankful to have her!”

Associate chief nurse, Debra Burke, RN, reminded us that Cronin began her career at MGH as a Ghiloni Fellow in 2006, having earned the prestigious fellowship that gives nursing students an opportunity to explore oncology nursing. Said Burke, “It’s truly amazing that Julie has made so many significant contributions, and she is such a young professional. I can only imagine what we’ll be saying about her

in decades to come. I suspect she will contribute to the art and science of oncology nursing in many ways.”

Said nursing director, Adele Keeley, RN, “Clinical specialists drive clinical practice at the bedside. It’s a pleasure to work with Julie who makes it so rewarding to come to work every day. Her intellect is amazing; her energy and enthusiasm are always in high gear; and she sets the bar high for herself and others. Everyone should have the privilege of working with someone like Julie. She consistently challenges the status quo.”

In closing, senior vice president for Patient Care, Jeanette Ives Erickson, RN, observed, “I’m reminded of a quote by Ralph Marston, author of the *Daily*

Motivator, who said, “Excellence is not a skill. It is an attitude.” I think Julie’s practice is living proof of that every single day.”

Patient Care Services and the entire MGH community congratulate Cronin for earning this national recognition and for distinguishing herself as a truly exceptional nurse.

Well done.

(Clockwise from top left): Cronin and Ives Erickson cut cake; proud colleagues look on; nursing director, Adele Keeley, RN, applauds her clinical nurse specialist; Cronin receives hug from Deb Burke; and Cronin’s mom, Claire Cronin (second from right) and boyfriend, Tim Barry, share in the festivities,



Celebrating Respiratory Care Week

—submitted by Respiratory Care Services

Respiratory Care Services celebrated its 66th Respiratory Care Week, October 20–26, 2013, during which, staff participated in a number of events emphasizing teamwork, both within the department and with other disciplines throughout the hospital.

Guest speaker, Richard Branson, RRT, professor of Surgery at the University of Cincinnati, presented, “Five Things I Learned about Mechanical Ventilation Over the Past 30 Years.” Branson is an expert on mechanical ventilation during air transport and

other critical-care situations. He shared some of his experiences working with the military, enhancing the safety of wounded soldiers receiving mechanical ventilation in the field and during air transport. He spoke about other chapters in his long career, all of which spotlighted the unique contributions made by respiratory therapists in the care of mechanically ventilated patients.

A reception was held at the Paul H. Russell, MD, Museum of Medical History and Innovation in honor of respiratory therapists, research fellows, and

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Staff of Respiratory Care Services enjoy celebration at Paul Russell Museum during National Respiratory Care Week.



(Photos provided by staff)

Respiratory Care (continued)

department leadership for their inter- and intra-disciplinary collaboration in providing exceptional patient care. In his remarks, director of Respiratory Care, Bob Kacmarek, RRT, observed, “I always consider Respiratory Care Week a celebration of the success of the previous year; in that regard, we have a lot to celebrate. We have actively participated in implementation of the Innovation Units, activities to reduce re-admission of COPD patients, expansion of the ECMO program, and an overall move toward evidence-based practice in the ICUs. I look forward to our next year of successful innovation and collaboration.”

Another highlight of Respiratory Care Week was a special video that captured first-person accounts of the evolution of respiratory-care practice, innovative developments in the field, special achievements, and staff perceptions of the Respiratory Care Department. Respiratory therapists in a variety of roles and clinical settings described their practice, talked about their professional aspirations, and told of the great personal satisfaction that comes with working in such a dynamic and innovative institution as MGH.

The video also showed the evolution of respiratory care over the years. Veteran respiratory thera-

pists pointed to a number of improvements in patient outcomes with increased use of evidence-based practices, such as non-invasive ventilation, lung-protective ventilation, and spontaneous breathing trials, which safely assess a patient’s readiness to wean off mechanical ventilation. The video concluded with therapists reflecting on memorable interactions with patients. They uniformly mentioned how much they enjoy, not only the clinical care, but the non-clinical interactions—a friendly smile, an animated chat about a Boston sports team, and myriad other interactions that brighten a patient or family’s day during a difficult time.

On October 23rd, the department hosted an informational table in the Main Corridor. A portfolio illustrated respiratory therapists’ roles throughout the hospital while the video showed respiratory therapists in action. Educational materials were available related to respiratory disease and treatment, and respiratory therapists were on hand to answer questions. A poster display near Coffee Central featured more than 15 respiratory-therapist teams with descriptions of the unique needs of the patient populations they serve.

The word ‘teamwork’ can be overused, but it’s a quality the Respiratory Care Department values and embraces. Respiratory therapists contribute to inter-disciplinary patient care throughout the hospital working side-by-side with nurses, physicians, and other clinicians in implementing complex care plans. With intra-disciplinary teamwork, respiratory therapists consult one another to select the best evidence-based strategies to meet the unique needs of every patient.

Patient Care Services and the entire MGH community join the Respiratory Care Department in celebrating respiratory therapists for their collaboration and dedication to patient-centered care.

For more information about the services provided by respiratory therapists at MGH, call 617-724-4493.

Guest speaker, Richard Branson, RRT, professor of Surgery at the University of Cincinnati, in the Etherdome.



Cardiac nursing visiting scholar comes to MGH

—by Christine A. Gryglik, RN, clinical nurse specialist

To celebrate the unique contributions of cardiac nurses, the department of Nursing welcomed Susanne Cutshall, RN, as part of the eighth annual Cardiac Nursing Visiting Scholar Program, November 14 and 15, 2013. The Cardiac Nursing Practice Committee invited nurses and inter-disciplinary colleagues to two days of activities focusing on cardiac nursing practice and scholarship. Cutshall is a certified adult-health clinical nurse specialist who focuses on integrative health at the Mayo Clinic. Integrative medicine includes interventions such as Reiki, massage, Therapeutic Touch, acupuncture/acupressure, and music therapy, offered in conjunction with traditional medical interventions.

On her first day, Cutshall presented, “Creating Optimal Healing Environments,” in which she spoke about the positive effects integrative therapies are having on patients at the Mayo Clinic. Over the past six years, the program has grown to where complementary services are now requested throughout the entire 1,100-bed facility. On her second day, Cutshall presented, “Integrative Cardiac Care: Enhancing Health and Healing” where she spoke about techniques such as

hand-massage and guided imagery to decrease pre-operative anxiety and post-operative nausea. She told how she gained the support of colleagues in nursing and other disciplines as they began to see positive outcomes in patients.

A panel discussion with cardiac staff nurses, Sandra Murphy, RN; Catherine Calder, RN; Erika Ehnstrom, RN; and Lindsay Lee, RN, focused on integrative interventions used on their respective units, such as acupressure, Therapeutic Touch, and small-group therapy.

Posters were displayed highlighting the innovative clinical practice in cardiac settings throughout the hospital, and Cutshall had an opportunity to meet with The Cardiac Practice Committee and several advanced clinicians and clinical scholars.

During her two days at MGH, Cutshall visited several cardiac units and the Catheterization Lab where nurses shared examples of how they incorporate integrative therapies into their practice. Cutshall stressed the importance of

knowing each patient’s individual needs.

The Cardiac Nursing Visiting Scholar Program provides an opportunity for cardiac nurses to learn about new and innovative ways to care for their patient population. For more information, call Sioban Haldeman, RN, at 4-1375.



Above left: cardiac nursing visiting scholar, Susanne Cutshall, RN. At right: panelists: Catherine Calder, RN; Erika Ehnstrom, RN; Sandra Murphy, RN; and Lindsay Lee, RN.

(Photos by Brian Wilson)

Munn Nursing Research Grand Rounds

—by Diane Carroll, RN, nurse researcher

Director of the Munn Center for Nursing Research, Dottie Jones, RN (back center), and nurse researcher, Diane Carroll, RN (back right), with Connell nursing research scholars (front row, l-r): Jeffrey Adams, RN; Stephanie Ball, RN; and Katherine Rosa RN. (Center row): Sara Looby, RN; Peggy Settle, RN; and Mary Sullivan, RN. (Back row): Paul Arnstein, RN.

The inaugural Munn Nursing Research Grand Rounds were held November 7, 2013, and featured updates from Connell nursing research scholars. The Connell Nursing Research Scholars Program is supported by funding from the William F. Connell family. The 2012 cohort included Jeffrey Adams, RN; Paul

Arnstein, RN; Susan Lee, RN; and Peggy Settle, RN. Each discussed the evolution of the projects they began in 2012 and their journeys to secure funding to continue their work. Adams' work focuses on nursing leadership influence over the professional practice environment; Arnstein's work is on pain management with a special emphasis on older adults; Lee discussed an intervention bundle of family support in the ICU; and Settle is continuing her research on the impact of continuity of care on growth in premature infants.

The 2013 cohort includes Stephanie Ball, RN; Sara Looby, RN; Katherine Rosa RN; and Mary Sullivan, RN. Ball and Sullivan are focusing on preventing hospital-acquired infection by testing nursing interventions. Looby is continuing her work with HIV+ women with a focus on symptom-management for HIV+ menopausal women. And Rosa is developing methodologies to achieve pattern recognition in relationship-based care for those with chronic conditions.

Munn Nursing Research Grand Rounds will occur at least four times a year, and attendance is open to the MGH community. Meetings are scheduled for the first Thursday of selected months in O'Keeffe Auditorium, from 1:30–2:30pm. Upcoming Nursing Research Grand Rounds are scheduled for February 6th, April 3rd, and June 5th. Presentations will focus on nurse-led research initiatives and each presentation will vary in format to allow for dialogue and participation by other researchers and attendees.

For more information about Nursing Research Grand Rounds, contact Diane Carroll, RN, at 617-724-4934.



Compassionate, collaborative care

*affords terminally ill patient time to
meet new grandson*

My name is Kristen Patrick, and I'm an attending nurse on the Lunder 9 Oncology Unit. Mrs. C was a 70-year-old woman who had been diagnosed with metastatic colon cancer two years ago. She was admitted to

Lunder 9 with nausea, possible small-bowel obstruction, and failure to thrive. Upon meeting Mrs. C, I could see she looked frail, emaciated, and fatigued. She had been vomiting while holding her stomach in pain. It took multiple anti-emetics and doses of intravenous pain medications to alleviate her symptoms so she could rest. For the first few days of her admission, Mrs. C was either somnolent from medications or retching in pain. Her latest CAT scan confirmed what we had feared; her cancer was progressing. She'd already received two rounds of chemotherapy and undergone extensive surgeries in the past two years. This was not good news. Her options were limited. Her care team knew that some serious decisions needed to be made.

We called a family meeting to discuss the situation and next steps. Mrs. C's nurse, primary oncologist, nurse practitioner, inpatient oncologist, palliative care nurse practitioner, and I met prior to the family meeting with Mrs. C and her husband. We wanted to make sure our message was clear and consistent. Mrs. C had two options: she could attempt a third round of chemotherapy with radiation that would be palliative and had the potential to cause more harm than benefit, or she could choose hospice care. It was evident that all members of the care



Kristen Patrick, RN, attending nurse

Upon meeting Mrs. C, I could see she looked frail, emaciated, and fatigued... Her latest CAT scan confirmed what we had feared; her cancer was progressing.

team thought hospice would be the best option for Mrs. C. Hospice would give her the best chance of being comfortable for the time she had left. We went into Mrs. C's room to discuss our recommendations.

Once in the room, the care team shared the results of the CAT scans and informed her that her disease was progressing despite our best efforts. The primary oncologist delicately laid out the two options we had identified—more chemo or hospice care. We told her the chemo could potentially do more harm than good—she might die sooner with less comfort and dignity. We told her our recommendation was hospice. We would continue to support her and alleviate her symptoms with the hope that she could be discharged either to her home or a hospice facility depending on her wishes. Mrs. C and her husband sat there and listened. They were both quiet and asked no questions. It was clear they weren't going to be able to decide right then and there. We gave them time to digest and discuss the information as a family and made plans to meet again the following day.

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I'm happy to say that Mrs. C achieved her goal. She got to meet her lovely grandson while still a patient at MGH. It was a magical and heart-warming moment... I spoke to her husband after Mrs. C was discharged and he reported that Mrs. C had gone to her chemotherapy treatment the day before and decided it would be her last. They were currently awaiting a bed at a hospice facility in their town.

Later that day, the palliative care nurse practitioner and I went back to check on Mrs. C. We wanted to make sure she was doing okay after hearing the news. We wanted to see if she had any questions or concerns.

I asked Mrs. C what she was hoping for.

Instead of hoping for a cure, like many cancer patients, she said she wanted to live long enough to see her first grandchild born, then she'd go to hospice. I realized that her only daughter was nine months pregnant with Mrs. C's first grandchild. Mrs. C knew she was dying, but her one wish was to live long enough to meet her grandchild. I thought it just might be an attainable goal.

If we could maximize her symptom-management, Mrs. C might be able to meet her grandson, then we could help her transition to hospice care. Mrs. C perked up, excited about the possibility. Then she added that her daughter lived in *England*. Immediately, my hopes were dashed. I didn't see how Mrs. C could travel overseas, and there was no way her daughter would be able to travel in her ninth month of pregnancy. I told Mrs. C I'd discuss our conversation with the team and we'd be back tomorrow as planned to speak with her.

The next day, Mrs. C reiterated her strong desire to see her grandchild. With this singular goal in mind, a plan was created. Mrs. C would go ahead and receive a third round of chemotherapy and radiation as proposed, but with a few adjustments to hopefully minimize side-effects. The chemo dose would be reduced by half and administered weekly instead of one large dose every three weeks. Each week prior to treatment, Mrs. C and her primary oncologist would meet and decide whether to move forward based on how she was tolerating the treatment.

Mrs. C tolerated her treatments well. With the help of palliative care and a PCA (patient-controlled analgesia), her pain was controlled. She had a venting g-tube placed to help alleviate nausea and received nutrition via TPN (total parenteral nutrition). And Physical therapy worked with her to maximize her mobility and prevent further de-conditioning.

By the time her daughter gave birth, Mrs. C was looking better than ever. With the excitement of the birth of her grandson, Mrs. C became more energetic and happy. It was beginning to look as if she might live long enough to see her daughter and meet her new grandson. They were planning a trip to the United States in two weeks.

Those two weeks were spent planning for their arrival and planning for the next stage of Mrs. C's care as she was getting ready to be discharged from the hospital. Friends and family helped put together a library of baby books. Mrs. C, her husband, and their friends spent hours brainstorming over favorite books and other items for the library. They brought supplies into Mrs. C's hospital room and arranged them under Mrs. C's guidance.

Mrs. C's case manager, nurses, and I spent time discussing where she would go post discharge. Her oncologists wanted her to stay at a nearby rehabilitation facility for ongoing care until it was time to stop chemotherapy and transition to hospice. After discussing this with Mrs. C and her husband, it was clear they wanted to be closer to their home, which was outside the greater Boston area. That way, she could spend the time she had left with her family and friends. This meant finding a local oncologist to take over her care. It also meant that Mrs. C would receive her weekly chemotherapy treatments in an outpatient clinic instead of at the rehab hospital. But that was what Mrs. C wanted. Those were her wishes.

I'm happy to say that Mrs. C achieved her goal. She got to meet her lovely grandson while still a patient at MGH. It was a magical and heart-warming moment. The next day, she was discharged from Lunder 9 and transferred to a rehab facility close to her home. Her family thanked staff profusely for helping to make Mrs. C's wish come true. I spoke to her husband less than a week after Mrs. C was discharged and he again expressed gratitude that we had listened to and cared for his family. He reported that Mrs. C had gone to her chemotherapy treatment the day before and decided it would be her last. They were currently awaiting a bed at a hospice facility in their town.

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

Delivering the news that there are no more treatment options takes courage and compassion. Kristen and the team were honest with Mrs. C, but also committed to helping her realize her goal of meeting her only grandchild if she could. They crafted a plan that balanced continued treatment and side-effects, knowing that Mrs. C wanted as much time as possible. And it was worth it, to give her that 'magical' moment with her daughter and grandson.

Thank-you, Kristen.

Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

—by Mary Ellin Smith, RN, professional development manager

On December 12, 2013, Lunder 9 staff came together to recognize Antonia ‘Toni’ Pucillo, RN, this year’s recipient of the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy.

The award was created by the Cronin and Raphael families in recognition of the individualized care, compassion, and advocacy they and their families received when Paul and Ellen were patients on Lunder 9, formerly Phillips House 21.

Reading from one of Pucillo’s nomination letters, nursing direc-

tor, Barbara Cashavelly, RN, shared that, “Toni consistently goes above and beyond to ensure that patients get what they need; her attention and dedication to her patients is unparalleled.” Another letter described Pucillo’s advocacy for a specific patient

who was struggling with pain-management, saying: “Toni advocated for the pain not only to be treated but investigated; she worked with all disciplines to develop an effective plan. Her calming presence and care gave him both physical and emotional support.”

Pucillo thanked her colleagues for their collaborative practice, and the Cronin and Raphael families for their ongoing support. For more information, call 4-5801.



At right: Toni Pucillo, RN (left), with nursing director, Barbara Cashavelly, RN. And below with members of the Cronin and Raphael families and Lunder 9 colleagues.



(Photos by Michelle Rose)

Comfort and Support after Loss Memorial Service

—by Leslie Kerzner, MD

“Grief brought me to abandoned shorelines, barren lands,” said a poem written by one mother. “Your children made an impression on us,” said a neonatal physician.

“The love between us is alive,” said a grieving parent.

These were some of the observances voiced at the 22nd annual Mass General Hospital for Children Pediatric, Neonatal, and Obstetric Memorial Service, November 3, 2013. The service is dedicated to MGH families who’ve experienced the loss of a child from infancy through adolescence, including miscarriages and stillbirths. Many families and staff members return year after year to participate in this extremely meaningful event.

Social worker, Nancy Leventhal, LICSW, moderated the service. Remarks were offered by Marie Elana Gioiella, LICSW, director of Social Service; Melissa Woythaler, DO, neonatal intensivist; and Autum Cohen, CNM, nurse midwife. Interpreter, Alma McDonald, welcomed Spanish-speaking attendees, and pediatric chaplain, Kate Gerne read a poem: “This planet is not the same for this family since their child has died.” Many parents shared stories in loving memory of their children; others counseled families with recent losses on how to cope with the loss of a child. One quote that was particularly comforting was from Helen Keller: “That which we once enjoyed, we can never lose.”

Heather Smist, music therapist, and Stephanie Scarcella provided guitar music and vocals throughout the service, including the song, *I Will Remember You*.

Parents, families, and loved ones were invited to participate in the traditional naming ceremony; each family was given a pewter heart and daffodil bulbs to plant in memory of their child. Together, the gathering lit candles, shared a moment of silence, and read, *We Remember Them*. Families had an opportunity to hang personalized memorials, which will be added to a scrapbook. A slide show coordinated by Clorinda Cottrell, LICSW, brought back timeless memories of beautiful, cherished children. Activities were provided for younger attendees by staff and volunteers at the MGH Back-up Child Care Center.

Following the service, a reception was held in the East Garden Dining Room where families had a chance to re-connect with caregivers and interact with other families experiencing grief. Memorial quilts and scrapbooks from past years were available for viewing.

For more information, contact any member of the Comfort and Support After Loss Committee: Nancy Leventhal, LICSW (co-chair); Clorinda Cottrell, LICSW, (co-chair); Kathryn Beauchamp, RN; Kate Gerne, chaplain; Leslie Kerzner, MD; Brenda Miller, RN; Jamie Lee Rossi, child life specialist; Kate Stakes, RN; Samantha Gallant, and Melissa Anne Tecci, child life specialist.

The service is dedicated to MGH families who’ve experienced the loss of a child from infancy through adolescence, including miscarriages and stillbirths. Many families and staff members return year after year to participate in this extremely meaningful event.

Clinical Pastoral Education

incorporating spirituality into the care experience

—by Reverend Angelika Zollfrank, clinical pastoral education supervisor

“**Y**ou made my day.” Many patients have said this to Rabbi Shulamit Izen—during visits prior to surgery, in times of anxious waiting, or simply because they felt a sense of peace. This fall, Rabbi Izen participated in the Chaplaincy’s interdisciplinary Clinical Pastoral Education (CPE) Program along with two physicians, a social worker, respiratory therapist, physical therapist, and three chaplain interns.

Says Leah Cline, MD, “For many patients, spirituality and religion are an important part of their experi-

ence of illness. Being able to identify and address those needs gently is important.”

While most healthcare providers agree, many aren’t comfortable talking about spiritual issues. After participating in the CPE program, Ellen Rohan-Ball, PT, says, “I’m now more able to help identify a patient’s spiritual issues for the team. If a patient refuses care, understanding where he’s coming from is a necessary first step.”

Jamie Redgrave, MD, adds, “It’s all about compassion, seeing a person’s humanity, understanding their hopes and dreams.”

Caring for patients and families is often based in one’s own spiritual well-being and development. Says

Anne Millington, “The interdisciplinary learning in the CPE program is terrific. While chaplains help clinicians achieve insight into the spiritual life of patients, clinicians help chaplains appreciate the ramifications various diagnoses can have on patients and families.”

Thanks to the generous support of the Schwartz Center for Compassionate Health Care, training in spiritual care is open to clinicians of all disciplines. Applications for the fall, 2014, program are now being accepted. For more information go to: www.ChaplaincyCPE.org, or call Reverend Angelika Zollfrank, at 617-724-3227.



Pictured at right: Reverend Angelika Zollfrank; Anne Millington; Rabbi Shulamit Izen; Leah Cline, MD; Kathy Lovell, LICSW; Ellen Rohan-Ball, PT; Jamie Redgrave, MD; Reverend Anne Deneen; and Reverend John Polk.

Tai Chi: to achieve better balance, inside and out

—by Stanwood Chang, Tai Chi instructor, Benson-Henry Institute for Mind Body Medicine

In 2010, data from the US Centers for Disease Control showed that 2.3 million, or 43%, of adults over the age of 65 reported non-fatal fall injuries that year. Healthcare costs to treat those injuries, adjusted for inflation, is \$30 billion. Clearly, falls and their long-term health consequences are a major concern as we age. But what can we do about it? Enter Tai Chi, the Chinese martial art that has been steadily growing in popularity in the West for decades. As we grow older and lose muscle and range of motion, balance becomes more precarious. The practice of Tai Chi counters this aging process by increasing ‘touch sensitivity’ in the soles of the feet and developing acute awareness of minute changes in weight distribution. More than just exercise, Tai Chi is sometimes referred to as ‘moving meditation.’ It has the ability to center the mind, raise physical and mental awareness, and bring a healthy flow of qi—or energy—to the body.



Instructor, Stanwood Chang, leads participants through a series of postures during recent Benson-Henry Institute for Mind Body Medicine Tai Chi class.

The Benson-Henry Institute for Mind Body Medicine at MGH offers Tai Chi classes for individuals of all ages and levels of health, even those who use canes and walkers. Tai Chi movements can be adapted to meet the needs of everyone.

The benefits of Tai Chi are increasingly recognized among medical researchers who’ve been adding to the body of evidence at a prolific rate. A 2004 study in Hong Kong demonstrated that older adults who practiced Tai Chi had significantly greater awareness of angle changes in their ankles and knees (proprioception) compared to swimmers, runners, and sedentary individuals of the same age range. A 2005 study compared Tai Chi to stretching and found that after six-months those who practiced Tai Chi had fewer (52% as many) falls than those who practiced stretching.

The aerobic and strength benefits of Tai Chi are surprisingly significant. Tai Chi can create more aerobic-type benefits than bicycling at 10 miles per hour.

Peter Wayne, author of *The Harvard Medical School Guide to Tai Chi*, notes that the sustained weight-bearing demanded by Tai Chi postures offers excellent strengthening of the legs. His studies on women with osteopenia show that practicing Tai Chi results in improvements in bone density.

The best part is that Tai Chi requires no technology or pharmaceuticals; it is completely within our own control with no side-effects and very little cost.

For more information about Benson-Henry Tai Chi classes, go to: www.bensonhenryinstitute.org or call 617-643-6069.

(Photo by Walter Reeves)

eBridge: *what nurses need to know*

Question: What is eBridge?

Jeanette: eBridge is the name of a new program that electronically captures inpatient clinicians' notes. It's currently used for the Initial Nursing Assessment (INA) on adult inpatient units, and for notes from case managers, chaplains, respiratory therapists, and some physicians.

Notes in eBridge are accessible to all clinicians who have access to CAS. Clinicians using eBridge no longer need to print or handwrite notes for the paper chart. Other clinicians (therapists, surgical techs, and social workers) use an application called the Longitudinal Medical Record, and those notes are also accessible in CAS.

Some areas, such as the NICU, will continue to chart notes on paper; still others will continue to use applications such as EDIS (ED), Metavision (OR), or OB Tracevue.

eBridge is a 'bridge' to Partners eCare, which will capture notes, flowsheets, eMAR, and Plans of Care.

Question: When will inpatient nurses start using eBridge notes?

Jeanette: The IV Therapy Team and nurses on six units (White 10, Bigelow 14, Lunder 6, Lunder 8, Ellison 17, and Ellison 18) will be part of an early pilot program, scheduled to begin March 13, 2014. And the pediatric Initial Nursing Assessment will be implemented at that time. Most other inpatient units will begin using eBridge on April 10, 2014. Clinical nurse specialists, lactation nurses, and attending nurses will also begin April 10th.

Question: Do I need to print the Initial Nursing Assessment?

Jeanette: Because the INA is part of the electronic record, you should *not* put a printed version in the gray chart. You can print one for hand-overs or reference, but it should not be put in the gray chart.

Question: How does eBridge work?

Jeanette: eBridge is based on existing technology used by ambulatory physicians. Clinicians launch eBridge, select a template, and begin to chart. Each discipline will see one or more templates specific to their work. For nursing, these templates match a variety of activities and include nursing progress notes, event notes, restraint notes, attending nursing notes, IV nurse, etc. Some templates have only a few fields; others are more structured. The Nursing Progress Note includes fields for problems, goals, interventions, assessment, and impressions/evaluation.

Question: Will documenting in eBridge save time?

Jeanette: Clinicians will be able to find most notes electronically. We believe this will enhance patient safety *and* decrease time spent searching patients' records. Once clinicians become comfortable with eBridge, documentation should be much more efficient. And entering and reviewing notes electronically is good preparation for Partners eCare.

Question: Will there be eBridge training and support?

Jeanette: Yes. Dedicated educators in the Knight Nursing Center will assist with eBridge education. A HealthStream module will be available for nurses, and all clinicians will be able to find supporting materials on the Excellence Every Day portal page, (www.mghpcs.org/eed_portal/). A robust support team will be in place during implementation.

Question: Why are we converting to eBridge?

Jeanette: We're always looking for ways to improve practice. This is one step on the road to a fully integrated electronic health record, which we all agree will be safer for patients and more efficient for clinicians. For more information about eBridge, call Anabaker Garber, RN, director of PCS Informatics, at 4-3561.

Celebrating our volunteer Eucharistic ministers

—by Mike McElhinny, chaplain

On October 17, 2013, a special retreat was held for the 37 volunteer Eucharistic ministers who serve the MGH community. The Most Reverend Robert F. Hennessey, auxiliary bishop of Boston, Central Region, led a Service of Commissioning where each Eucharistic minister was photographed with the bishop and received a special cross to honor his/her ministry with patients, families, and staff.

A luncheon followed in the Thier Conference Room, where executive director of PCS Operations,

Marianne Ditomassi, RN, highlighted the achievements of the Eucharistic ministers, including 1,487 visits per month and 4,021 hours volunteered in 2013. Reverend John Polk, director of the MGH Chaplaincy, distributed certificates of service. Said Polk, “The retreat was a wonderful opportunity to show appreciation for the dedication and hard work of our much-valued Eucharistic ministers. They enhance our Chaplaincy services and are a gift to the MGH community.”

For more information, or if you’d like to become a volunteer Eucharistic minister, call the Chaplaincy at 617-726-2220.



Reverend John Polk, director of MGH Chaplaincy (front left), and Eucharistic ministers at their annual retreat

(Photo by Brian Wilson)

Published by

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

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For more information, call: 617-724-1746

Next Publication

January 23, 2014

Professional Achievements

Fazazza certified

Patty Fazazza, RN, staff nurse, became certified by the Pediatric Nursing Certification Board, in November, 2013.

Justice certified

Angela Justice, RN, staff nurse, became certified as a medical surgical nurse by the American Nurses Credentialing Center, in November, 2013.

Kumpavong-Gonsiewski certified

Karen Kumpavong-Gonsiewski, RN, staff nurse, became certified by the Pediatric Nursing Certification Board, in November, 2013.

Manning certified

Karen Manning, RN, staff nurse, became certified by the Pediatric Nursing Certification Board, in November, 2013.

Amatangelo presents

Mary Amatangelo, RN, nurse practitioner, presented, "Stroke Care: after Discharge," at the eighth annual Brain Matters Conference of the Boston Chapter of the American Association of Neuroscience Nurses, in Waltham, November 6, 2013.

Gormley presents

Vanessa Gormley, RN, clinical nurse specialist, presented, "Brain Injury: Surviving the Sympathetic 'Storm,'" at the eighth annual Brain Matters Conference of the Boston Chapter of the American Association of Neuroscience Nurses, in Waltham, November 6, 2013.

Hoisington presents poster

Gayle Hoisington, LICSW, social worker, presented her poster, "HAVEN: Helping Abuse and Violence End Now," at the Trauma-Informed Care Conference: Innovative Practices Across Partners Healthcare, at BWH, October 24, 2013.

Polk presents

Reverend John Polk, director of the MGH Chaplaincy, presented, "Chaplaincy: Hope Amidst Suffering," at the Bishop's Convocation of the New England Synod of the Evangelical Lutheran Church in America, in Hartford, Connecticut, October 30, 2013.

Nurses present

Vincent Vacca, RN; Lisa Duffy, RN; Katelyn Sparks, RN; and Stephanie Cusworth, RN, presented, "Complicated Cases: Challenges in Neuroscience Nursing," at the eighth annual Brain Matters Conference of the Boston Chapter of the American Association of Neuroscience Nurses, in Waltham, November 6, 2013.

McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, presented, "Posterior Reversible Encephalopathy: A PRESing Problem," at the eighth annual Brain Matters Conference of the Boston Chapter of the American Association of Neuroscience Nurses, in Waltham, November 6, 2013.

Convery presents poster

Mary Susan Convery, LICSW, social worker, presented her poster, "Developing a Secondary Traumatic Stress-Informed Organization," at the Trauma-Informed Care Conference: Innovative Practices Across Partners Healthcare at BWH, October 24, 2013.

Orpin presents

Joy Orpin, PT, physical therapist, presented, "Aneurysm/Arteriovenous Malformation (AVM) and Exercise," at the Brain Aneurysm Support Group here in Boston, October 28, 2013.

Nurses publish

Annette McDonough, RN; Lea Ann Matura, RN; and Diane Carroll, RN, authored the article, "New Pharmacologic Treatment for Familial Hypercholesterolemias," in a recent issue of *Nursing for Women's Health*.

Leonard presents poster

Cate Leonard, LICSW, social worker, presented her poster, "RHS (Revere High School) Youth Empowerment," at the Trauma-Informed Care Conference: Innovative Practices Across Partners Healthcare, at BWH, October 24, 2013.

Gigler and Moulaison publish

Corin Gigler, RN, staff nurse, and Walter Moulaison, RN, nursing director, authored the article, "Anticoagulation Management Service: Overseeing Patient Compliance Within the AMS," published on the website of the Anticoagulation Forum, Anticoagulation Centers of Excellence, November, 2013.

Hemingway and Kilfoyle publish

Maureen Hemingway, RN, clinical nurse specialist, and Marguerite Kilfoyle, RN, staff nurse, authored the article, "Safety Planning for Intraoperative Magnetic Resonance Imaging," in the *AORN Journal*, in November, 2013.

DiPaolo certified

Ashley DiPaolo, RN, staff nurse, became certified by the Plastic Surgical Nursing Certification Board, in November, 2013.

Team publishes

JoAnn Mulready-Shick, RN; Kathleen Flanagan; Gaurdia Banister, RN; Laura Mylott, RN; and Linda Curtin, RN, authored the article, "Evaluating Dedicated Education Units for Clinical Education Quality," in the *Journal of Nursing Education*, in November, 2013.

Jeffries presents poster

Kellyann Jeffries, RN, nurse practitioner, Hematology/Oncology, presented her poster, "Inpatient Oncology Discharges: Interdisciplinary Approach to Improving Quality, Communication, and Efficiency," at the Advancing Care Through Sciences Conference of the Oncology Nursing Society, in Dallas, November 8–10, 2013.

Moscowitz presents

Barbara Moscovitz, LICSW, social worker, presented, "Embracing Active Aging," at Fast Forward—Innovations for Graceful Aging," at Tan Tock Seng Hospital in Singapore, November 20, 2013. Moscovitz also presented, "How I Made it Happen, Developing an Idea and Making it Real: MGH Senior HealthWISE," at the Eastern Health Alliance scientific meeting at Changi General Hospital in Singapore, November 22, 2013.

Announcements

Oldest living active member of the MGH NAA passes away

The MGH community was saddened to learn of the passing of Marion Bates, class of 1934, whose status as the oldest living active member of the MGH Nurses' Alumnae Association was chronicled in the March, 2013, issues of *Caring Headlines*. Bates passed away peacefully, December 17, 2013, at the age of 101. It's fitting that she named the MGH Nurses Alumnae Fund as the recipient of gifts made in her memory.

Blum Center Events

Shared Decision Making: "Chronic Low-Back Pain" Wednesday, January 22, 2014 Do you have low-back pain that has lasted at least three months and limits your ability to do everyday activities? Join us for the video, *Chronic Low Back Pain*. Steve Atlas, MD, and Diane Plante, PT, will be on hand to answer questions.

National Health Observances: "Glaucoma"

Wednesday, January 29th Learn more about glaucoma-prevention and treatment with Edward M. Barnett, MD.

Programs are free and open to MGH staff and patients. No registration required.

All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm.

For more information, call 4-3823.

Senior HealthWISE events

All events are free for seniors 60 and older

"Haven't Got Time for the Pain" Thursday, January 9, 2014 11:00am–noon

Haber Conference Room
Speaker: Paul Arnstein, RN, pain clinical nurse specialist

"Understanding Normal Memory Changes and Dementia"

Thursday, January 23rd 11:00am–noon

Haber Conference Room, MGH
Speaker: Fadi Ramadan, MD, Geriatric Medicine

Special Event:

"Tips for Successful Aging" Monday, January 27th

11:00am–noon

O'Keeffe Auditorium, MGH
Ann Webster, director of the Mind Body for Successful Aging and the Mind Body Program for Cancer at the Benson-Henry Institute for Mind Body Medicine at Mass General Hospital.

For more information, call 4-6756.

New hours for Interpreter Services

To better serve patients and families, Medical Interpreter Services (main campus) is announcing new office hours. Effective immediately:

Spanish interpreters are available on-site Monday through Friday, 6:00am–8:00pm;

(other languages may vary)

Spanish interpreters are available on-site Saturdays and Sundays, 8:00am–6:30pm

Access to remote telephonic interpreting in more than 200 languages is available around the clock wherever there is access to IPOP, VPOP or hospital telephone.

For more information, call 6-6966.

The Doane Fund

Subsidized assisted living for retired nurses and others in nursing-related careers

Financial assistance is available through the Doane Fund to individuals who may be candidates for assisted living who meet the following criteria:

- retired nurses or other professionals who have served in nursing-related careers
- lived in greater Boston during part of their nursing career
- served in this caregiver or nursing-related role for ten years in Boston

For more information, contact Lance Chapman at 617-731-8500; extension 105 or lchapman@goddardhouse.org

MGH Institute Mind-Body-Spirit certificates

Now on-line

The Mind-Body-Spirit Nursing on-line certificate programs at the MGH Institute of Health Professions promote an integrated mind-body-spirit approach to health care. Two on-line options are available:

- 9-credit certificate of completion
- 15-credit post-master's certificate of advanced study (CAS)

The introductory course for both certificates, Principles of Mind-Body-Spirit Health and Healing, begins January 13th.

Register at mghihp.edu/mindbodyspirit. Full-time Partners employees may take one three-credit course at half-price tuition. Vouchers may also be used to cover the cost of tuition per the Voucher Redemption Policy.

For more information, call 617--726-0968

Munn Doctoral Fellowship in Nursing Research

Call for Applications

The Yvonne L. Munn Center for Nursing Research is expanding the current Munn Post-Doctoral Fellowship to support pre-doctoral nurses completing dissertations. The Munn Doctoral Fellowship now accepts applications from both pre-doctoral dissertation candidates and post-doctoral nurses actively advancing a program of research. The fellowship provides a buy-out of time and resources to advance the scholar's research agenda.

The fellowship provides added time and resources for pre-doctoral candidates to accelerate completion of their dissertations and post-doctoral applicants to advance their research programs.

Concept papers are due January 19, 2014; final applications are due February 7, 2014.

For more information, contact Diane Carroll, RN, at 617-724-4934 or Amanda Coakley, RN, at 617-726-5334, or visit the Munn Center website at: <http://www.mghpcs.org/munncenter/>.

Inpatient HCAHPS Results

2012–December, 2013

Measure	2012	2013 YTD	Change (2012 - 2013 YTD)
Nurse Communication Composite	81.0	81.9	+0.9
Doctor Communication Composite	81.6	82.5	+0.9
Room Clean	72.9	74.5	+1.6
Quiet at Night	48.5	50.4	+1.9
Cleanliness/Quiet Composite	60.7	62.4	+1.7
Staff Responsiveness Composite	64.9	64.7	-0.2
Pain Management Composite	71.9	72.2	+0.3
Communication About Meds Composite	64.0	65.2	+1.2
Discharge Information Composite	91.2	91.7	+0.5
Overall Rating	80.1	81.1	+1.0
Likelihood to Recommend	90.5	90.3	-0.2

Our upward trend with patient-experience results continues this month with advances in ratings for Nursing Communication, Physician Communication, and Staff Responsiveness.

Data complete through October 31, 2013
 All results reflect Top-Box (or 'Always' response) percentages
 Pull date: December 16, 2013



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