

Caring

Headlines

November 20, 2014

A celebration of *stars!*



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Back row (l-r): Colleen Kenneally, RN, staff nurse; Taophee Saheed, unit service associate; Caitlin Laidlaw, LICSW, social worker; Katharine Kirsh, PT, physical therapist; and Brenda Pignone, RN, staff nurse.

(center row): Maureen Beaulieu, staff nurse; and Theresa Vachon, RN, staff nurse.

Front row: Rebecca Loh, RN, staff nurse; Marie Lavadinho-Lemos, RN, staff nurse; Michelle Pollard, SLP, speech-language pathologist; Jacqueline Dos Santos, patient care associate; and Carla Polonsky, medical interpreter.

The newsletter for **Patient Care Services**
Massachusetts General Hospital

The Autism Collaborative

ensuring that all patients receive meaningful, individualized, high-quality care

One in 68 children is diagnosed with ASD each year making it more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. To help prepare clinicians at MGH to care for a growing number of patients with ASD, last year, the Autism Collaborative was formed.

You may have heard that well-known actor-comedian, Jerry Seinfeld, made headlines recently when he revealed in an interview with Brian Williams that he believes he falls somewhere on the autism spectrum. He went on to say that comedians, “are the only people I feel completely relaxed around. Every other social interaction is somewhat of a management situation.” Many in the autism community are encouraged that such a high-profile person is talking openly about autism, as the more people talk about it, the more awareness is raised, the more likely individuals with autism spectrum disorder will receive the care they need.

Autism is a term that has been used since the early 1900s to describe a wide range of neuro-psychological disorders. In the 1940s, researchers began using the term to describe children with social or emotional issues. As time progressed, autism was divided into categories based on a child’s behavior:

- *Autistic disorder.* Children with autistic disorder cannot use verbal or non-verbal communication to interact effectively. They may have severe delays in learning language; obsessive interest in objects or information; perform certain behaviors repeatedly. Symptoms begin before age 3
- *Pervasive developmental disorder, not otherwise specified (PDD-NOS).* This category describes symptoms that may not fit into autistic disorder; may develop after age 3; or may not be severe enough to be considered an autistic disorder



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

- *Asperger’s syndrome.* Children with Asperger’s syndrome usually have average or above-average intelligence and initially show normal development of language; they often want to be social with others but don’t know how; symptoms may not become apparent until school age when behavior and communication become more important

Now, we use an ‘umbrella’ term for all these categories: *autism spectrum disorder (ASD)*. This term captures the broad array of language, social functioning, and other behaviors characteristic of individuals with ASD. One in 68 children is diagnosed with ASD each year making it more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. You can see why it’s imperative that caregivers be knowledgeable about the characteristics of ASD and be able to recognize individuals (both children and adults) who may fall somewhere on the autism spectrum.

To help prepare clinicians at MGH to deliver meaningful, individualized care to all patients, includ-

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ing a growing number with ASD, in September of last year, the Autism Collaborative was formed led by associate chief nurse, Debbie Burke, RN, and medical director of Mass General Hospital for Children, Peter Greenspan, MD. The goal of the collaborative is to:

- make the patient-care experience the best it can be for individuals with autism and their families
- develop best practices for caring for individuals with autism and share them locally, nationally, and internationally

A survey of MGH caregivers helped identify relevant themes that led to the formation of four sub-groups charged with exploring:

- medical issues
- administrative issues
- communication/information-technology issues
- education

Christiana Iyasere, MD, and Jocelyn Carter, MD, leaders of the medical issues group, report that their team is developing an autism care plan and a toolkit for providers to guide them in caring for patients with ASD.

Melissa Joseph, RN, leader of the administrative group, says her team has identified units where adult patients with ASD can be admitted and be assured of having a private room (Phillips 20, Ellison 19, and Bigelow 9); they're working to streamline the pre-admission process to reduce the number of transitions for ASD patients; and they're in the process of creating a special patient navigator role to assist

ASD patients and their families as they advance through the continuum of care.

Ann Giaque and Ann Neumeyer, MD, leaders of the communication/information technology group share that their team has been investigating ways to incorporate ASD care into systems such as EPIC, CAS, and LMR; looking at ways to educate staff and families about the autism care plan and other tools to support patients with autism; and developing pictorial representations of various procedures to make it easier for non-verbal ASD patients to understand what's going to happen in certain scenarios.

Gino Chisari, RN, leader of the education group shares that they've developed a curriculum to address the learning needs of employees who may interact with individuals with ASD; they've created and begun to disseminate an educational video for staff (now available in HealthStream); and two more videos are in production, scheduled for release early next year.

For patients with ASD, a visit to the hospital can be an overwhelming and anxiety-inducing experience. We need to be sensitive to the special needs of these patients and ensure we're doing everything in our power to meet those needs. I'll keep you informed as the work of the Autism Collaborative unfolds. For more information, call Mandi Coakley, RN, staff specialist, at 617-726-5334, or go to the Autism Sharepoint site under Partners Applications, My Sharepoint Sites, key word: Autism.

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A Celebration of Stars

recognizing exceptional work and outstanding practice

In another memorable ceremony, on October 29, 2014, Patient Care Services came together to honor this year's PCS award recipients at the annual Celebration of Stars. Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "I have the best job in the world. Every day, I get to walk through this hospital and see your work. I see your compassion. I know what integral members of the care team you are. I hear what your patients and families are saying about you. And I could not be more proud."

Ives Erickson thanked the donors whose ongoing support makes this annual ceremony possible. "We are joined today by many donors, family members, and patients. I'd like to take a moment to acknowledge all of you and tell you how grateful we are for your generosity and continued sponsorship. Ives Erickson

acknowledged members of the McEachern and Petrilli families, who were in attendance, as well as the Nardinis and Mr. Norman Knight. Said Ives Erickson, "These awards are tributes to dear friends. Because of their legacies and your kindness, we are here today recognizing and fostering excellence in patient care."

Ives Erickson acknowledged the caliber of nominations and thanked the selection committee for the difficult task of narrowing them down to the final selections. She thanked Julie Goldman, RN, professional development manager, for coordinating the event and culling quotes from the many letters of support (excerpts of which can be found below and on the following pages).

For more information about any of the awards or the annual Celebration of Stars, call Goldman at 617-724-2295.

The Anthony Kirvilaitis Jr. Partnership in Caring Award

This award recognizes support staff who consistently demonstrate an ability to partner with colleagues to enhance the patient and family experience.

Carla Polonsky, medical interpreter

Polonsky has been a member of the MGH community for more than ten years, working as a valued medical interpreter. In his letter of support, Chris Kirwan, project coordinator, wrote of his colleague, "Carla is a kind and compassionate person who's known throughout the hospital for her outgoing and pleasant personality. She is always moving, always looking for ways that she can assist patients, families, and colleagues. Her passion is serving as a bridge for Spanish-speaking patients and the best caregivers in the world here at MGH."

Congratulations, Carla.



Carla Polonsky, medical interpreter,
Interpreter Services



Taopheeque Saheed, unit service associate,
Support Service Team

Taopheeque Saheed, unit service associate, Support Service Team

Saheed was nominated for this award by his colleague, staff assistant, Malinda Buck. In her letter of support, Buck wrote, "Taopheeque takes pride in everything he does. He is flexible, reliable, and always sensitive to the needs of the team. He doesn't wait to be asked to do something; he takes initiative; he's always looking for ways he can make a patient's experience more positive and enjoyable. One thing you can always count on is that Taopheeque will get things done and that he'll do it with a smile and positive attitude."

Congratulations, Taopheeque.

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The Brian M. McEachern Extraordinary Care Award

This award recognizes employees who exceed expectations and embody extraordinary care through advocacy, compassion, and empowerment.

*Colleen Kenneally, staff nurse,
Lunder 9 Oncology Unit*

Kenneally has practiced as a staff nurse on the Lunder 9 Oncology Unit since 2010. In his letter of support, Jesse MacKinnon, RN, last year's Knight Preceptor of Distinction Award recipient, wrote, "I've witnessed the utmost care and compassion in her practice. I'm impressed by her skills and ability to connect with patients and families as she advocates for their care. Every day she strives to make a difference by guiding her patients through some of the most difficult times they'll ever face."

Congratulations, Colleen.



Colleen Kenneally, staff nurse, Lunder 9
Medical Oncology

The Norman Knight Award for Excellence in Clinical Support

This award recognizes clinical support staff for excellence in patient advocacy, compassion, and quality care.

*Jacqueline Dos Santos, patient
care associate, Lunder 7
Neuroscience Unit*

Dos Santos has been a patient care associate for more than five years. In her letter of nomination, staff nurse, Vanessa Gormley, RN, wrote, "Jackie is deeply committed to providing every patient exceptional care that far surpasses expectations. She is an amazing preceptor. She's trained more than 20 new PCAs, and her orientees are always so impressed by her." Nursing director, Suzanne Algeri, RN, agrees. "Jackie is passionate about her work, and it shows in her practice every day."

Congratulations, Jackie



Jacqueline Dos Santos, patient care
associate, Lunder 7 Neuroscience Unit

The Norman Knight Preceptor of Distinction Award

This award recognizes clinical staff who consistently demonstrate excellence in educating, precepting, coaching, and mentoring other nurses.

*Brenda Pignone, RN, staff
nurse, White 7 Surgical Unit*

Pignone has been a nurse at MGH for more than 30 years. She is a clinical scholar and an active member of the Clinical Recognition Board. In her letter of nomination, nursing director, Theresa Capodilupo, RN, wrote, "Brenda is known for her ability to connect with patients and for her exceptional breadth of knowledge. When Brenda precepts, she thoroughly assesses each new nurse and quickly determines their strengths and weaknesses. She is curious, wants to know the science and logic behind nursing practice, and is always open to new ideas."

Congratulations, Brenda.



Brenda Pignone, RN, staff nurse,
White 7 Surgical Unit

The Jean M. Nardini, RN, Nurse Leader of Distinction Award

This award recognizes staff nurses who demonstrate excellence in clinical practice and leadership and a commitment to the profession of nursing.

*Maureen Beaulieu, staff nurse,
Emergency Department*

Beaulieu has worked in the ED for more than 30 years. Says colleague, Karin Rallo, RN, "Every day she seamlessly engineers her team, supports every nurse, patient, visitor, and family member who calls on her for help. She is respected for her leadership and loved for her compassion and humility."

Says nursing director, Maryfran Hughes, "Maureen's focus is optimizing the patient and family experience and supporting staff around her. Her expertise and compassion make her the go-to person in all aspects of emergency nursing."

Congratulations, Maureen.



Maureen Beaulieu, staff nurse,
Emergency Department

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The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

This award recognizes direct-care providers whose practice exemplifies the expert application of our vision and values by providing care that is innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.

Katharine Kirsh, PT, physical therapist

Kirsh has been a physical therapist at MGH for seven years after living and studying in New Zealand for a time. In her letter of support, Nancy Goode, PT, clinical director wrote, "Katie easily connects with patients, families, and colleagues. Her practice and passion for the art and science of physical therapy benefit our patients, families, and colleagues every day. She enjoys working with challenging patients, providing individualized care, and being part of a team that provides high-quality care to patients and families."

Congratulations, Katie,



Katharine Kirsh, PT,
physical therapist



Caitlin Laidlaw, LICSW,
social worker

Caitlin Laidlaw, LICSW, social worker

Laidlaw started her career at MGH six years ago. In the short time she's been working at MGH, she's been recognized for her superior practice as last year's recipient of the Brian M. McEachern Extraordinary Care Award, and she was recently recognized as an advanced clinician in the PCS Clinical Recognition Program. In her

letter of support, Jen Kelly wrote, "I have come to appreciate Caitlin's hard work, dedication, and ability to connect with patients and families. She always keeps the goals of the team and overall progress of the patient in mind."

Congratulations, Caitlin.

Michelle Pollard, SLP, speech-language pathologist

A seasoned speech-language pathologist, Pollard began working at MGH in 2006. In that short time, she has already been recognized as a clinical scholar. In her letter of nomination, colleague, Jeana Kaplan, SLP, wrote, "Michelle treats every situation as a learning experience. She's always willing to coach fellow clinicians around challenging cases and a wide range of treatment approaches." Says Pollard, "So much of what I have learned in my practice comes from my interactions with patients and families; they are my greatest teachers."

Congratulations, Michelle.



Michelle Pollard, SLP,
speech-language pathologist



Theresa Vachon, RN, staff nurse,
Lunder 6 Neuro ICU

Theresa Vachon, RN, staff nurse, Lunder 6 Neuro ICU

Vachon has been a nurse at MGH for more than 25 years. In her letter of support, Cara Hayes, RN, wrote, "Theresa has an impact every time she enters the unit, whether it's as the resource nurse or the compassionate, knowledgeable, caregiver at the bedside. She perseveres until she knows she's made the biggest difference

with the most people." Says Vachon, "It's imperative to ask questions and not assume you understand what patients and families are thinking. I try to ensure that my practice is caring, innovative, guided by knowledge, inquiry, and based on a foundation of entrepreneurial teamwork."

Congratulations, Theresa.

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The Marie C. Petrilli Oncology Nursing Award

This award recognizes oncology nurses for their high level of caring, compassion, and commitment as reflected in their care of oncology patients.

Marie Lavadinho-Lemos, RN, staff nurse, Lunder 9 Oncology Unit

Lavadinho-Lemos began her nursing career at MGH in 2003 in General Medicine. For the last four years, she has been an oncology nurse on Lunder 9. In her letter of support, Stefanie Iannalfo, RN, wrote, "We all have a shared respect for Maria's practice. Whether behind the scenes as our resource nurse or next to a patient holding their hand, Maria is a gift to everyone she works with." Says nursing director, Barbara Cashavelly, RN, "Maria is committed to her patients. She provides exceptional care every day. She's a role model for the practice of oncology nursing and nursing at MGH."

Congratulations, Marie.



Marie Lavadinho-Lemos, RN, staff nurse, Lunder 9 Oncology Unit



Rebecca Loh, RN, staff nurse, Lunder 9 Oncology Unit

Rebecca Loh, RN, staff nurse, Lunder 9 Oncology Unit

Loh has only been a nurse at MGH for two years and has already made a significant impact. In his letter of support, Jesse MacKinnon, RN, wrote, "Rebecca is the type of nurse that enjoys making her patients' lives better. She's an integral part of a team dynamic that is MGH." Says Loh, "People always ask why I chose to become an oncology nurse. I don't have control

over my patients' diagnoses. But I can hold a hand, lend a sympathetic ear, or a shoulder to cry on, I can offer comfort and let them know they're cared for. I may not be able to change what they're going through, but I can affect how they experience it."

Congratulations, Rebecca.

Clinical Recognition Program

Advanced clinicians and clinical scholars recognized at this year's Celebration of Stars

Also honored at this year's Celebration of Stars were PCS staff recognized as advanced clinicians and clinical scholars from January–October, 2014:

Advanced Clinicians

- Michele Allen, RN, General Medicine
- Sarah Calderone, RN, Newborn Intensive Care
- Meghan Crann, RN, General Medicine

- Breanna Dunne, RN, Main Operating Room
- Kimberly Erler, OTR/L, Occupational Therapy
- Katherine Johnson, RN, Psychiatry

- Caitlin Laidlaw, LICSW, Social Work
- Jesse MacKinnon, RN, Medical Oncology
- Melissa Mattola-Kiatos, RN, Main OR
- Valerie McCarthy, RN, General Medicine

- Carolyn McDonald, RN, Neuroscience
- Victoria Peake, OTR/L, Occupational Therapy
- Katherine Vergara Krucznski, RN, Labor & Delivery

Clinical Scholars

- Susan Ahern, RN, Labor & Delivery
- Janet King, RN, Endoscopy
- Laura Sanders, RN, Labor & Delivery
- Micahael Tady, RN, Medical Intensive Care



Advanced clinicians and clinical scholars who were present at the Celebration of Stars... and one future clinical scholar.

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A



celebration



of



PCS



STARS!

(Photos by Walter Reeves)

Spiritual Care Week at MGH

—by Reverend Diana Donahue

This year's observance of Spiritual Care Week in mid-October highlighted the diversity of religious and spiritual traditions practiced by our staff and patients. Roman Catholic Masses were held throughout the week, and a variety of other worship opportunities were offered, including a service of healing; an ecumenical service in the tradition of the Taizé community (an ecumenical order composed of more than 100 brothers from Protestant and Catholic traditions around the world); a guided Buddhist meditation; Mincha and pre-Shabbat services; and a guided meditation entitled, "Being Human." Non-Chaplaincy employees helped make the week a success as Pedro Alberto, of Infectious Disease, led *Fe y Esperanza*, a Spanish-language Christian Service, and Nidhi Kumar, of the Office of General Counsel, read the Hindu Sundarkand. It was a particularly significant week for Muslims who celebrated Hijri New Year and Hindus who enjoyed the Dwali Celebration of Light. Throughout the week, services were held for Hindus, Buddhists, Christians, Jews, Muslims, Roman Catholics, and Humanists, in English, Spanish, Hebrew, Pali, Korean, Arabic, and Awadhi.

A concert in the MGH Chapel featured MGH employee Melody Laure Fatel, of the Gillette Center for Women's Cancers, singing songs of her own composition. And 20-minute guided meditations were offered with tranquil music and images from around the world. Both were broadcast on Channel 16 for viewing by patients and staff.

A highlight of Spiritual Care Week was a special presentation by Arthur Kleinman, MD, entitled, "Caregiving: the Emotional, Moral and Religious Sides of Care." Introduced by Chaplaincy director, Reverend John Polk, Kleinman spoke about caregiving as fundamental to medicine and health care. He talked about the challenges inherent in the current focus on efficiency, cost-containment, and technology in health care.

During the week, the traditional meditation labyrinth was avail-

able in the Chapel, and hundreds of hands were blessed by chaplains throughout the hospital. The blessing of hands is an expression of gratitude for the work done by MGH staff and acknowledges the importance of every individual's contribution to the exceptional care delivered at MGH.

For more information about the MGH Chaplaincy, call 6-2220.



Chaplaincy director, Reverend John Polk (left), introduces Arthur Kleinman, MD, before his presentation, "Caregiving: the Emotional, Moral and Religious Sides of Care," during Spiritual Care Week

Listen, educate, treat

Physical therapist learns that realistic goals are based on patient's values

My name is Mary Bourgeios, and I am a senior physical therapist. I first met 'Robert' when he was referred to Physical Therapy by his pulmonologist for evaluation and pulmonary rehabilitation. Robert was 76 years old with severe COPD and numerous complex medical issues that could potentially impact his rehabilitation. His most pertinent problems were aortic valve endocarditis (inflammation) and an aortic root abscess that had necessitated urgent surgery in 2007 along with a coronary-artery bypass procedure at another hospital. He also suffered from mitral regurgitation, hypertension, an abnormal amount of lipids in his blood, and a history of multiple embolic brain infarcts.

Robert was a retired stock broker. He had become increasingly sedentary over the last few years and would now become breathless after walking just a few feet. He finally agreed to be evaluated at MGH at the urging of his pulmonologist. He was nonspecific about his goals, he admitted he was lazy, and he deviated from answering questions directly. Humor and sarcasm infused his responses, and with every question I became more concerned about his willingness to participate in a rehabilitation program. He self-reported moderate depression but had refused any psychiatric consultation. Physically, Robert was obese with a large protruding umbilical hernia. He was tachypneic (rapid breathing) with any exertion. His balance was impaired; he walked with a wide-based, shuffling gait; and he made it clear he wanted to avoid supplemental oxygen at all costs. During



Mary Bourgeios, PT, senior physical therapist

Robert's six-minute walk test, he was only able to cover 39% of the distance expected for his age, height, and gender. His blood pressure rose to 200/60 and his oxygen saturation fell to 87% on room air.

I felt it necessary to have a frank discussion with Robert. I was very clear that refusing supplemental oxygen would not be an option in terms of effective pulmonary rehabilitation. I explained the consequences of *not* using it. And I explained that the work we would do together would be the foundation for his ongoing independent exercise program. Lastly, I told him I intended to speak with his pulmonologist and cardiologist as he would need a prescription for supplemental oxygen. I told him I'd have to discuss his elevated blood pressure with them, and his response was a casual wave, suggesting I should do whatever I wanted.

Robert returned in four weeks for his first follow-up appointment. It was determined he still needed supplemental oxygen. Without much persuasion, he agreed to try the oxygen in the clinic, which surprised me.

By his fourth visit, Robert agreed to home oxygen as he realized he couldn't proceed with a home exer-

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I first met 'Robert' when he was referred to Physical Therapy by his pulmonologist. Robert was 76 years old with severe COPD and numerous complex medical issues that could potentially impact his rehabilitation.

Robert challenged me in many aspects of his care. As a clinician with more than 30 years of experience, I felt I strengthened our relationship by being frank, honest, and somewhat demanding with him. By being clear about expectations, I think we established a rapport that allowed him to trust me as an advocate and a caregiver.

cise program without it. Knowing he'd have difficulty managing any oxygen system, I arranged with his physician for Robert to get a light-weight, portable system that he could fill at home at his convenience. He returned with it on visit number five.

Encouraged by the changes Robert had been willing to accept so far, on visit seven, I asked him to try a four-wheeled, rolling walker (rollator) to improve his balance, gait, and provide some upper-extremity support. This greatly enhanced his ability to ambulate. On visit eight, he actually returned with a rollator of his own.

Robert progressed slowly over the next few weeks, but by visit 15, he demonstrated significant progress. For the first time, he arrived without being pushed in a wheelchair. He walked in pushing the wheelchair, 'in case I need it.' He reported a 20% decrease in fatigue, and his six-minute walk improved 11% with dramatic improvement of his cardiovascular response. It was essential he understand that walking with the rollator resulted in a much lower heart rate and blood pressure than walking without it. This simple modification decreased his risk of having an ischemic cardiac event.

Robert finally agreed to a consultative co-treatment with a neurologic physical therapist almost four months after his initial evaluation with me. She identified balance impairments that could be addressed with additional therapy. Robert agreed, and we scheduled treatments back-to-back to minimize inconvenience.

Five months after his initial evaluation, at his 28th visit, Robert was discharged from physical therapy. From a functional perspective, he saw a 17% improvement in his 6-minute walk test. He was stronger in his peripheral muscles, and he no longer used a wheelchair to get to his visits. At home, he reported more confidence in the shower and negotiating the stairs.

The remaining piece was the home exercise program to maintain the gains he had made. Robert had never fully engaged in home exercise and wasn't able to formulate a reason why. As the physical therapist discharging him from care, I devised a program designed to challenge him, but not so much that he wouldn't participate.

Robert challenged me in many aspects of his care. As a clinician with more than 30 years of experience, I felt I strengthened our relationship by being frank, honest, and somewhat demanding with him.

By being clear about expectations, I think we established a rapport that allowed him to trust me as an advocate and a caregiver. The collaboration I entered into with his pulmonologist, cardiologist, neurologic physical therapist, and wife, enhanced my ability to provide care, direction, and appropriate challenges for him.

I learned so much working with Robert because I wasn't afraid to take a risk and wait for his response. It would have been easy to decide at his initial visit that he would never adhere to recommendations and was a poor candidate for rehabilitation. But I decided all he needed was a push to 'join a team,' and I was going to give him that opportunity.

In the best of worlds, Robert would actively engage in regular exercise to preserve the level of function he achieved. I gave him the opportunity to return for re-assessment and possible revision of his home program. He said he'd think about it, but I knew it was unlikely he'd return. He did surprise me by saying, "Thank-you. I really learned a lot." Then added, "I know I'm a royal pain, and it seems like I don't care, but I know you were pushing me for my own good, and I listened."

Those few words caused me to reflect on the need to listen carefully to what patients say during our initial evaluation and all along the way. Realistic goals have to be based on the patient's values. It remains so rewarding for me to have opportunities every day to try to provide excellent care and assist patients and families. Putting patients first, educating them about their conditions and limitations, putting to rest misconceptions about their potential to improve, and offering options for change remain the focus of my care. Every new clinical challenge affirms for me how fortunate I am to be on this path.

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

After refusing supplemental oxygen for weeks, why do you suppose Robert decided to listen to Mary when she recommended he use it? My guess is he was an intelligent man who heard the knowledge and experience and care in her voice, and he knew he was getting good advice. Just as important as Mary's clinical evaluation and treatment of Robert, was her ability to gain his trust. Robert may not have returned for a follow-up visit, but I'm sure Mary's insights and guidance will stay with him for a long time.

Thank-you, Mary.

Celebrating everyday heroes

second annual MGH Disabilities Breakfast of Champions Awards

—by Linda Akuamoah-Boateng and Brian Holt

It's often the everyday, unspoken gestures, acts of kindness, and gentleness of spirit that make the biggest difference in the lives of the patients and families we serve. Noted anthropologist, Margaret Mead, once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. For indeed, that's all who ever have." On Tuesday, October 21, 2014, the MGH Employee

Disability Resource Group (EDRG) and the MGH community came together in the East Garden Dining Room for the second annual presentation of the Disabilities Breakfast of Champion Awards. The awards were established in 2013 to recognize employees who go above and beyond what's required by their job descriptions to ensure MGH is a welcom-

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Disabilities Awareness (continued)

ing environment for patients, staff, and individuals with disabilities. In his remarks, Jeff Davis, senior vice president for Human Resources, said, “Improving accessibility is now part of the MGH culture, and much of the credit for that goes to the Employee Disabilities Resource Group. Their ongoing work and influence throughout the organization have made our community stronger.”

MGH president, Peter Slavin, MD, presided over the ceremony, saying, “Celebrating our Everyday Heroes is a fitting theme for these awards because they recognize individuals who strive to positively impact others on a daily basis. Today’s recipients embody the spirit of a champion and they reveal that spirit with every act of kindness, inclusion, and generosity they perform.”

This year’s disability champion awards were presented to David Gaboriault, mail service associate, Materials Management; and Silvianna Ngueya, RN, staff nurse, Ellison 19 Thoracic Unit.

In his letter of nomination, Jim Burns, operations manager, Receiving & Mail Services, said of Gaboriault, “There are countless examples where David goes above and beyond in his work. David is compassionate and genuinely cares about each and every volunteer. He is committed to working with our volunteers with disabilities and giving them meaningful work assignments that benefit patients.”

Below left, MGH president, Peter Slavin, MD, with disabilities champion, Silvianna Ngueya, RN, and at right with champion, David Gaboriault

Jennifer White Kuliesis, LICSW, social worker, said of Ngueya, “Silvianna is passionate about connecting with her patients, advocating for them, and motivating them to a successful recovery. She has become the model for teaching nurses everywhere that there are no disabilities, just challenges that require a different approach to care.”

In addition to Ngueya and Gaboriault, others nominated for the award included:

- Lauren Abbate, MD, MGH Downtown
- Debra Burke, RN, associate chief nurse
- Joseph Crowley, Police & Security
- Keith Erickson, Development Office
- Doreen McPherson, RN, Pre-Admission Testing Area (PATA)
- Erin Salisbury, RN, Ellison 6, Orthopaedics Unit
- Janet Wozniak, MD, MGH Psychiatry
- Wendy Atamian, RN, Case Management
- Anne Fiore, RN, Orthopedics

The EDRG strives to ensure that MGH is safe, accessible, and welcoming to every patient, visitor, employee, and family member who comes through our doors. Membership is open to all employees. For more information, e-mail MGHEDRG@partners.org, or call Linda Akuamoah-Boateng at 617-643-2886.



National Physical Therapy Month

—by Vanessa Dellheim, PT, and Rebecca Fishbein, PT

Each October, Physical Therapy Services celebrates National Physical Therapy Month with a variety of activities. Throughout the month, the department demonstrates its commitment to patients, the MGH community, and the profession by providing educational presentations and holding an annual recognition event for staff.

Every year, members of the Physical Therapy Department come together to celebrate the achievements of the past year and acknowledge their ongoing

ing commitment to patient care at the annual PT reception. This is always an inspiring and much-anticipated event. This year, it was moderated by physical therapist, Sara Hourihan, PT.

Opening remarks were made by director of Physical and Occupational Therapy, Michael Sullivan, PT, who thanked staff for the dedication, passion, and collaboration that has become the hallmark of their practice. Said Sullivan, "It's a joy to come to work every day and see the difference you're making in patients' lives; to witness the teamwork

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Staffing the Physical Therapy educational booth in the Main Lobby, are (l-r): Jarrett Maggio; Catherine Schroeder, PT; Colleen Gillen, PT; Lena Rabideau PT; Stephanie Gomez; and Brianna Stefanini.

The theme of this year's celebration was:
"All that PTs Do."



Physical Therapy (continued)

and support you give so unselfishly to one another; and to watch as you continue to develop your practice year after year.”

Three therapists were invited to share narratives chronicling their professional journeys. Staff therapist, Sarah Wright, PT, recalled first becoming interested in physical therapy when she was in high school. “Before coming to MGH, I had a lot of knowledge, but I didn’t have a systematic framework, and I had limited awareness of how I was approaching patients. Developing that framework was the foundation that allowed my practice to advance.”

Ann Jampel, PT, clinical education coordinator, spoke about the PT education program during her tenure over the past 30 years. She attributed the success of the program to her colleagues’ commitment to education and mentoring new therapists. Said Jampel, “You embody the excellence that is MGH PT Services and by extension the MGH clinical education program.”

Therapist, Alana Runge, PT, talked about her development as a clinician and the support new therapists receive at MGH. “Everyone believed in me and pushed me, questioned me, and never let me off easy; helped me develop my clinical reasoning and learn to trust myself.” Observed Runge, “My journey to this point has taught me that opportunities will continue to present themselves, and they can be very re-

warding if I’m willing to challenge myself to accept them.”

Speakers captured the essence of MGH Physical Therapy, clinical development, education, and a strong support system.

Throughout PT Month, physical therapists hosted community-outreach events at MGH West in Waltham, at health centers in Revere, Chelsea, and Charlestown, and on the main campus. Each event was designed to provide insight into the diverse roles physical therapists play and to de-mystify some physical-therapy myths. One highlight was sharing news that outpatient Physical and Occupational Therapy recently received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation for their effectiveness in treating patients with chronic obstructive pulmonary disease (COPD). MGH is the only certified program in Boston.

PT Month was an opportunity to celebrate the contributions of physical therapists to the care of patients and the communities we serve. This year’s focus was the diverse patient populations we serve and the importance of knowing when to refer patients for physical therapy. For more information about Physical Therapy and the services provided by the department, call 617-726-2961.

Speaking at this year’s Physical Therapy Month recognition event, are (l-r): Sara Hourihan, PT; Alana Runge, PT; Sarah Wright, PT; Ann Jampel, PT; and director of Physical and Occupational Therapy, Michael Sullivan, PT.



Respiratory Care Week

2014 and beyond

—submitted by the Respiratory Care Department

Respiratory Care Services celebrated its 67th annual Respiratory Care Week, October 19–25, 2014. Ten new staff joined the department this year, in a busy year that included supporting several clinical investigations. In addition to other activities in observance of Respiratory Care Week, posters were on display in the Main Corridor highlighting numerous research studies that respiratory therapists participated in this year, and some new approaches to care within the department.

Respiratory therapists at MGH have embraced evidence-based advances in care. Ten years ago, it was uncommon to use a portable ventilator to transport patients requiring mechanical ventilation out-

side the ICU. Today, it's standard practice. Five years ago, liberating patients from mechanical ventilation could take weeks. Today, spontaneous breathing trials have dramatically decreased the amount of time patients spend on mechanical ventilation. This is a huge factor in patient safety because it decreases the likelihood of developing ventilator-associated pneumonia and other complications of invasive, mechanical ventilation. In 2009, our team developed an evidence-based approach to the mechanical ventilation of patients with H1N1, which continues to be our approach for patients with refractory hypoxemic respiratory failure.

Also this year, Amyotrophic Lateral Sclerosis (ALS) was in the spotlight due to the popular, 'ice bucket challenge.' Many people aren't aware of the contributions respiratory therapists make to the care of ALS patients. Respiratory therapists provide cough-assist therapies, pulmonary-hygiene adaptive strategies, non-invasive ventilation, and mechanical ventilation when required. One of the posters on display in the Main Corridor highlighted respiratory therapists' care of ALS patients.

On October 22nd, Respiratory Care hosted an informational booth where the cough-assist device and other respiratory-care tools were on display. Visitors were intrigued by a video showing an MGH respiratory therapist's collaborative efforts to meet the unique needs of an ALS patient planning to travel abroad. The patient required daily non-invasive ventilation and oxygen therapy. The story demonstrated the many challenges that respiratory therapists and the multi-disciplinary team had to overcome to make the trip possible.

On Sunday, October 26th, a breakfast reception was held at the Paul H. Russell, MD, Museum of Medical History and Innovation. The gathering

continued on next page

Elizabeth DeBruin, RRT (left), and Michelle Ouellette, RRT, staff Respiratory Care informational booth in the Main Corridor, as video showing the management of ALS patients plays on video screen



(Photos provided by staff)

Respiratory Care (continued)

honored respiratory therapists, research fellows, and department leadership for their ongoing contributions to clinical research and their commitment to respiratory-therapy improvement initiatives.

Said director of Respiratory Care, Robert Kacmarek, RRT, “Our department is driven to identify obstacles to optimal care in new ways, not only to improve the care

we provide today, but to ensure the care we provide tomorrow is safe and efficient.”

Congratulations to all respiratory therapists for another year of exceptional clinical practice. For more information about the Respiratory Care Department or the services they provide, call Debra Duffy, program manager, at 617-724-4493.

In addition to other activities in observance of Respiratory Care Week, posters were on display in the Main Corridor highlighting research studies that respiratory therapists participated in this year, and some new approaches to care within the department.



The mattress fair, choosing new mattresses, and the PVAC

MGH rental expenses have increased, and reducing these costs is a priority. The mattress fair was organized by the PCS Product Value Analysis Committee, a multi-disciplinary team comprised of clinical and non-clinical staff from PCS, Materials Management, and Partners Purchasing.

Question: I heard there was a mattress fair last month. What was that about?

Jeanette: On September 25, 2014, a half-day mattress fair was held in the Thier Conference Room. The goal of the fair was to engage as many staff as possible in evaluating mattresses, and by the end of the fair be able to select two mattresses for further consideration. Mattresses from five manufacturers were brought in for review. Attendees were asked to complete a brief evaluation to share their thoughts. And based on the evaluations, two mattresses were selected for trial. Those mattresses are being tested on Ellison 7 and Ellison 16 during the month of November.

Question: Why was it necessary to have a mattress fair?

Jeanette: Our current mattresses are at the end of their life and need to be replaced. In addition to ensuring patients have high-quality mattresses, selecting new mattresses is a key component of our work to reduce rental fees and bed expenses. MGH rental expenses have increased substantially over the past two years, and reducing these costs is a priority. The mattress fair was organized by the PCS Product Value Analysis Committee (PVAC), a multi-disciplinary team comprised of clinical and non-clinical staff from Patient Care Services, Materials Management, and Partners Purchasing. PVAC is charged with reviewing new products in collaboration with the appropriate collaborative governance committees.

Question: How do we typically decide which new products to purchase?

Jeanette: A number of factors are considered including: product capabilities, quality, cost, standardization, training, implementation impact, and availability. A multi-disciplinary review narrows the options to two or three choices. These options are then trialed by clinical and support staff who use the product. Staff input is the final decision-maker on which product to select.

When it comes to mattresses, additional factors include: comfort, pressure relief to help prevent pressure ulcers, mattress fit with bed side-rails and frame, ability to easily clean, imperviousness to fluids, and warranty. Results from the trials on Ellison 7 and Ellison 16 will be compiled and augmented by meeting with staff on both units. Based on staff's input, the new mattress will be selected.

Question: Is PVAC focusing on any other products?

Jeanette: Some of the other products they reviewed include: new restraint alternatives; revised central-line insertion kits; and Sage Comfort Shield Barrier Cream Cloths. A trial is currently underway to evaluate pressure-relieving boots. There is a potential to save \$100,000 depending on which product is selected.

For more information about the mattress fair, the new mattress selection, or the PVAC, call George Reardon, director, PCS Clinical Support Systems, at 6-5392.

Announcements

On-line Doctor of Nursing Practice Program

The Doctor of Nursing Practice program at the MGH Institute of Health Professions is now available on-line. Pursue your degree full- or part-time with small class sizes, flexible course schedules, and a dedicated academic advisor. Three entry points are available for nurses with RN, master's degree, or executive background.

Vouchers may be used. Discount for Partners employees. For more information, go to: www.mghihp.edu/dnp, or call 617-726-3164.

Second annual Service Excellence Awards

Nominations are now being accepted for MGH Service Excellence Awards.

Awards focus on improving the patient experience. They recognize achievement in improving survey results, and outstanding performance by teams and leaders to provide or inspire outstanding service.

All departments, practices, and units are eligible.

Nominations must be received by Friday, December 19, 2014. Award ceremony will be held in April.

For more information, contact Beth Scott at 617-726-0343.

MGH Back-up Child Care Center

Back-up child care available for holidays and school vacation week programs, providing safe, flexible, playful care for children 2 months to 12 years old.

Monday–Friday, 6:30am–5:45pm
Cost: \$6 per hour

For more information, go to: www.partners.org/childcare, stop by the center located in the Warren Lobby, or call 617-724-7100.

Ergonomics Train-the-Trainer class

Calling all computer users

Learn how to help yourself and your co-workers set up computer workstations to promote safety, comfort, and health.

The PHS Office Ergonomics Train-the-Trainer class still has openings:
Thursday, December 11, 2014
9:00am–12:00pm
165 Charles River Park
Room 210

Register on Healthstream, or call 6-5140 for more information.

Senior HealthWISE events

All events are free for seniors 60 and older

“Rejuvenate Your Brain”
Thursday, November 6th 11:00am–12:00pm
Haber Conference Room

Speaker: Marie Pasinski, MD, neurologist, will provide tips to rejuvenate your brain at any age. Learn how to boost your memory and brain power: Investing in your brain is the most important investment you can make!

For information on any of the above events, call 4-6756.

Yvonne L. Munn Post-Doctoral Fellowship in Nursing Research

now accepting applications

The Munn Doctoral Fellowship is now seeking applications from both pre-doctoral nurse candidates (PhD(c)) and post-doctoral, PhD-prepared nurses actively advancing a program of research and related scholarship. Fellowship supports hours of practice time to give fellows the opportunity to achieve a research outcome. At the end of the fellowship, the pre-doctoral fellow is required to have a completed research study that meets the requirements of his/her doctoral studies, a manuscript for publication, and present the study to the MGH nursing community. The postdoctoral fellow will submit a grant application for internal/external funding.

Concept paper is due January 9, 2015;
final application is due February 6, 2015.

For more information, call.
Mandi Coakley, RN, at 617-726-5334, or
Peggy Settle, RN, at 617-726-9340.

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For more information, call: 617-724-1746

Next Publication

December 4, 2014

Comfort and Support after Loss Memorial Service

—by Leslie Kerzner, MD

“I was a shell of a person—as if a gust of wind could blow me over,” said one bereaved parent (and MGH employee) about the grief she felt at the loss of her son. But rather than allow her grief to take over, she chose to believe that life will always be happy and sad at the same time, and her son would want her to be fully alive. These are some of the sentiments shared at the 23rd annual Mass General Hospital for Children’s Pediatric, Neonatal and Obstetric Memorial Service, held October 26, 2014. The service is dedicated to MGH families who’ve experienced the death of a child, from infancy through adolescence, including miscarriage and stillbirth. Many families return year after year to participate in what has become a cherished annual event.

Nancy Leventhal, LICSW, moderated the service. Clinical nurse specialist, Kathryn Beauchamp, RN, offered welcoming remarks. Bereaved parent and manager of Pediatric Coordinated Care and Palliative Care, Sandra Clancy, and bereaved parent and NICU nurse, Elizabeth Brooks, RN, both shared their stories. And interpreter, Alma McDonald, interpreted the service for Spanish-speaking guests. Gentle music was played, and pediatric chaplain, Kate Gerne, offered a spiritual reflection, “Live your

wounds. Do not be afraid. You have sufficient strength to feel them.”

Music therapist, Lorrie Kubicek, and Kimberly Khare provided a backdrop of guitar music and vocals. Parents, families, and friends had an opportunity to participate in a naming ceremony and were given pewter hearts and daffodil bulbs in memory of their children.

Families placed single red roses in a vase to form a bouquet of remembrance. Many families hung personalized, fabric memorials, which will be added to a special scrapbook. And child life specialists, Jamie Rossi and Melissa Tecci, prepared a slide show. Fun activities were arranged for children at the MGH Back-up Child Care Center.

Following the service, a reception was held in the East Garden Room where families had the chance to reconnect with their children’s providers and meet other families experiencing similar grief. Memorial quilts and scrapbooks from past years were available for viewing.

Members of the Comfort and Support After Loss Committee: co-chairs, Nancy Leventhal, LICSW, and Clorinda Cottrell, LICSW; Kathryn Beauchamp, RN; Kate Gerne; Leslie Kerzner, MD; Jamie Lee Rossi, CCLS; Kate Stakes, RN; and Melissa Anne Tecci, CCLS.

For more information, call 617-724-9040.



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