

# Caring

Headlines

May 29, 2014

## Nurse Week 2014

*See coverage of  
Nurse Week events and  
presentations throughout  
this issue of Caring  
Headlines*

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

Staff nurse, Sabianca Delva, RN,  
with patient on the Phillips 22 Surgical Unit

# MGH nurses... still simply the best!

**O**n May 1, 2014, in O'Keefe Auditorium, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, took the podium with the confidence and serenity of someone who believes deeply in what she's about to say. And what she was about to say was, "MGH nurses are simply the best!" With the help of video clips, interviews, photographs, and clinical narratives, Ives Erickson spent the next

55 minutes making her case—and an easy case it was to make.

Part thank-you note, part *MGH Nursing's Greatest Hits*, the following is an encapsulated version of Ives Erickson's remarks. With any luck, it will convey a fraction of the respect and admiration she expressed that day.

A lot has happened since we celebrated Nurse Week last year. It will be hard to describe all our success stories in a one-hour presentation. But I recently came across a book that might help. When I read *Five Gifts of Insightful Leaders*, by Mark Campbell, I felt sure he was talking about

MGH nurses. The five gifts Mark Campbell talks about are trust, empathy, appreciation, generosity, and forgiveness.

Campbell explains how developing personal humility not only makes us stronger, it makes us more resilient, too. To me, his words were a gift, a gift I want to share with all of you, because part of my job is to help you to see how wonderful you are.

Let's talk about the first gift. Trust

I have been a nurse forever. Most of what I learn comes from all of you. You've taught me that nurses are most effective when we gain the trust of our patients, families, and one another. Building trust requires two-way dialogues.

Building trust takes time. Trust is not something that comes from seniority, or job title, or status. Trust is earned. We earn it when we relieve pain and suffering. We earn it when





we have each other's backs. Let me tell you why I think gaining trust is important.

The Blake 12 ICU has only been open a few short years, but trust was developed quickly on in this new-grad, critical care unit. One nurse who emerged as a leader on that unit was Meredith Salony. Meredith and her team, like many others, performed admirably after the Marathon bombings. I personally witnessed the connection they developed with their patients and families. To honor them, the team of five trusted Meredith enough to follow her into training for this year's Marathon. We salute you Meredith, Katherine Pyrek, Chelsey McGinn, Laura Lux, Emily Erhardt, and Allyson Mendonza, and the other MGH Marathon teams who ran this year. You make us proud.

Empathy. Let me read you a story that was sent to me by staff nurse, Melissa Fantasia:

*A mom was sitting on an old tattered hospital bed. There were no sheets to cover her. One side rails was broken, the other corroded by rust. A stick was carefully wedged under one wheel of the stretcher, serving as a brake. The mattress smelled like urine. The heat only intensified the odor. Her back and head rested against construction blocks. The mortar between the blocks dusted her bony shoulders. The years had worn down the once brightly painted ceiling, peeling chips scattered the floor. Tree roots climbed in the broken window as if they, too, were trying to escape the 98-degree temperatures. There was a small sink a few feet away, but the pipe was broken. Clean water was scarce. You had to bring your own. It was a good room to be in. The roof didn't leak when it rained after Typhoon Haiyan.*

*Her clothes were old, but clean. Her face had been washed, but her skin was dry. Her eyes were bright. She smiled as she and her 8-year-old daughter played dominoes. It was a new game that a nurse had given them. They weren't sure how to play, but it was a distraction from the hours of uncertainty they faced.*

*As mom reached to place a domino, the surviving infant twin in her arms squealed. Mom rocked gently and offered her breast to her 28-week, premature daughter, named Hope. The infant suckled at her breast; but there was no milk. The squealing stopped as if she knew the effort was futile. Hope lay skin-to-skin in mom's arms; this was, after all, her only source of heat. Her*

*mouth was dry; her body had stopped making urine. Mom squeezed her breasts in an attempt to nurture her child. But no milk came. Worse, there was no money for milk, or any other life-sustaining care. Mom and dad had already made the painful decision not to transport Hope to the hospital two hours away. It would jeopardize the lives of their other children.*

*Mom looked down at Hope and sang softly. Then the 8-year-old sang. It was the most beautiful room I have ever seen.*

This story was sent from the Philippines where MGH clinicians have volunteered to care for those in need, giving, as you can clearly see, the gift of empathy. Thank-you, Garry Armentia, Margaret Kimball, Grace Deveney, Christine Leibert, Julia Rodriguez, and Melissa Fantasia.

Appreciation. Many of you have sent me copies of *The New York Times* article in which patient, Arnold Relman, shares his experience being cared for at MGH. Let me read you an excerpt:

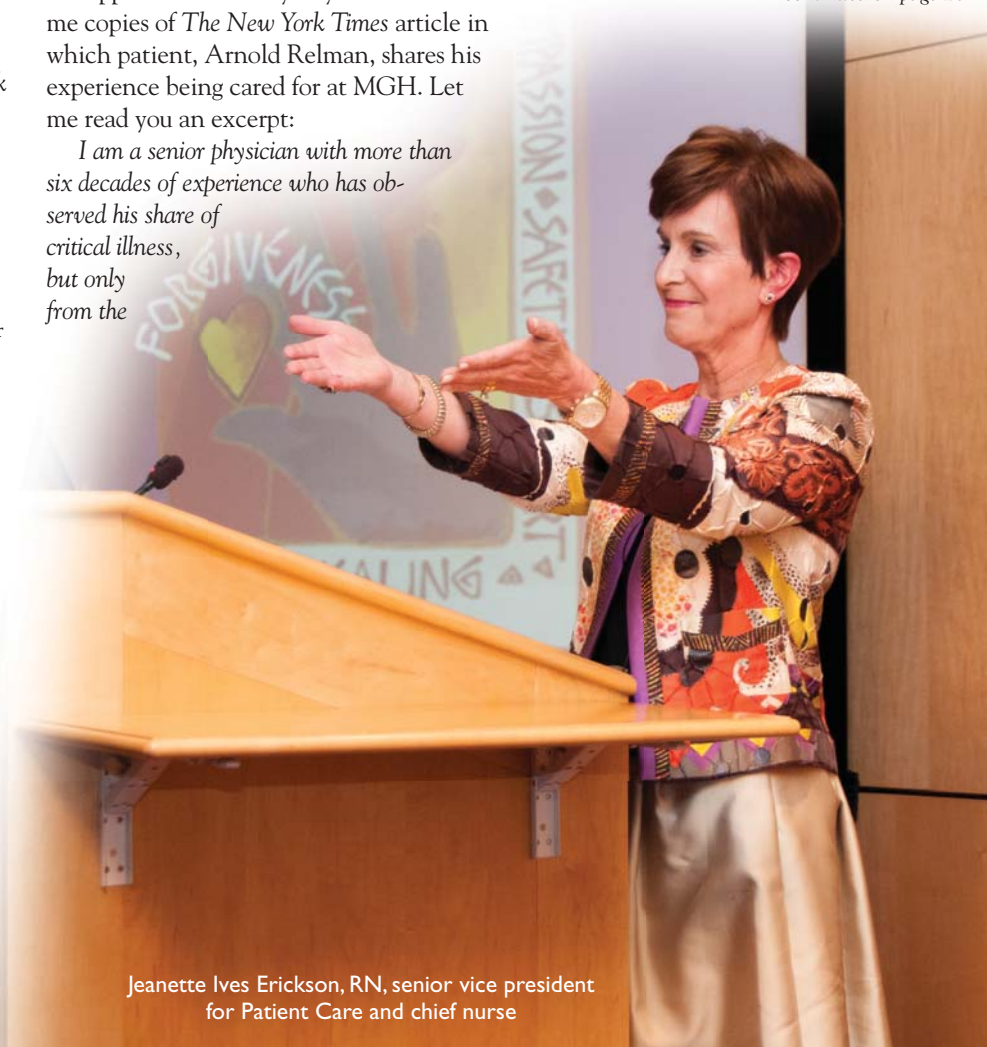
*I am a senior physician with more than six decades of experience who has observed his share of critical illness, but only from the*

*doctor's perspective. That changed suddenly and disastrously on the morning of June 27, 2013, ten days after my 90th birthday, when I fell down the stairs in my home, broke my neck, and very nearly died.*

Dr. Relman was brought to the MGH Emergency Department where he was intubated as his oxygen-saturation levels plummeted. After life-saving interventions by nurses and doctors, he was brought to the Surgical ICU on Ellison 4. He describes the heroic efforts that saved his life.

I tell you this story, not to describe the exceptional care he received—you all deliver exceptional care every day. I share this story because of these words of appreciation Dr. Relman wrote:

*continued on page 20*



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

# Self-care palette for nourishing the mind, body, and spirit: relax and renew

In their Nurse Week presentation, “Self-care palette for nourishing the mind, body, and spirit: relax and renew,” Kathleen Miller, RN, and Joanne Rowley, RN, director and nurse educator, respectively, at the MGH Benson-Henry Institute of Mind Body Medicine Wellness Center, led what they called, “an experiential conversation.” They spoke of the importance of renewing yourself through sleep, thought, movement, and spiritual practices, invoking the wisdom of Florence Nightingale, whom they called, “one of the most educated women of the eighteenth century.” Nightingale advocated

the benefits of therapeutic presence and the impact of spirituality on the internal environment. As nurses, we must tend

to our own internal environments.

We must cultivate and

balance our own palette of self-care practices to better manage the ‘allostatic load’ (the wear and tear on the body from exposure to chronic stress).

Miller and Rowley led attendees through a number of relaxation exercises aimed at ingraining the relaxation response into daily activities. They recommended choosing a breath focus point to help evoke a feeling of peacefulness, calm, serenity, or joy; the idea being that you focus on a soothing word or image every time you take a breath. As you practice intentional breathing, over time, the relaxation response becomes ‘automatic.’ They urged attendees to think of breathing as like a wave—rolling in and out, cleansing and centering with every exhalation. They advised trying to “luxuriate” in a state of full-body relaxation each day.

For those unfamiliar with the meditation process, Miller and Rowley suggested calling to mind a particular thought or instance of a time you felt appreciated for the, “gift that you are to the world.” Savor that feeling. Let intrusive thoughts float by like clouds as you continue to focus on your breath. Try imagining that you can shift your breath to your “heart center,” feel as if you’re breathing directly from your heart.

Other ways to incorporate meditation into your daily routine might be the loving kindness meditation where you begin by focusing on yourself with thoughts of strength and healing, then shift your focus to someone else who may be ill or in need, then shift it further to the community at large. Even an activity such as hand-washing, which nurses do a *lot*, can serve as a therapeutic ritual. Begin by quieting your mind; think about washing away negative experiences; reconnect with your core values; open yourself up to the possibilities of the next situation you encounter.

Miller and Rowley stressed that resources are available to support clinicians in their self-care efforts. For more information, call the Benson-Henry Institute at 617-643-6090.



Kathleen Miller, RN (left) and Joanne Rowley, RN





Staff nurse, Kelsey Brennan, RN,  
with patient, John Looney on the Ellison 6 Orthopaedics/Urology Unit

# Clinical and professional transformation: a dialogue with CSI Academy graduates

This was not *CSI: Miami*, *CSI: New York*, or any of the other ubiquitous television shows built around the public's fascination with crime scene investigation. "Clinical and professional transformation: a dialogue with CSI Academy graduates," facilitated by Susan Lacey, RN, program director for the American Association of Critical-Care

Nurses CSI Academy, was an overview of the hospital-based training program developed by the AACN to empower bedside nurses to be change agents in the effort to improve patient outcomes while simultaneously having a positive impact on the hospital's bottom line. In this case, CSI stands for clinical scene investigator. Lacey did draw a comparison be-

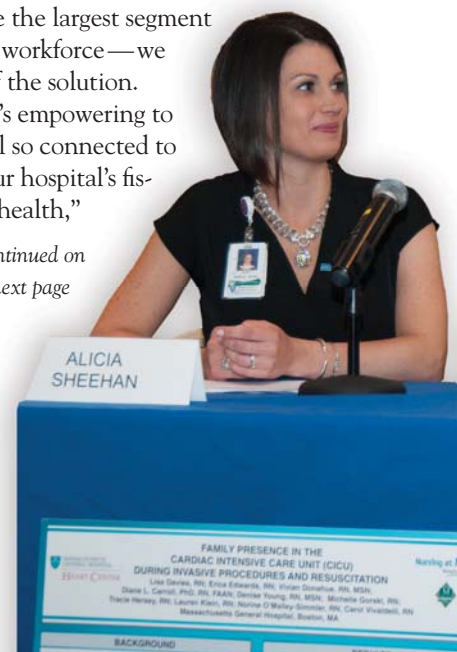
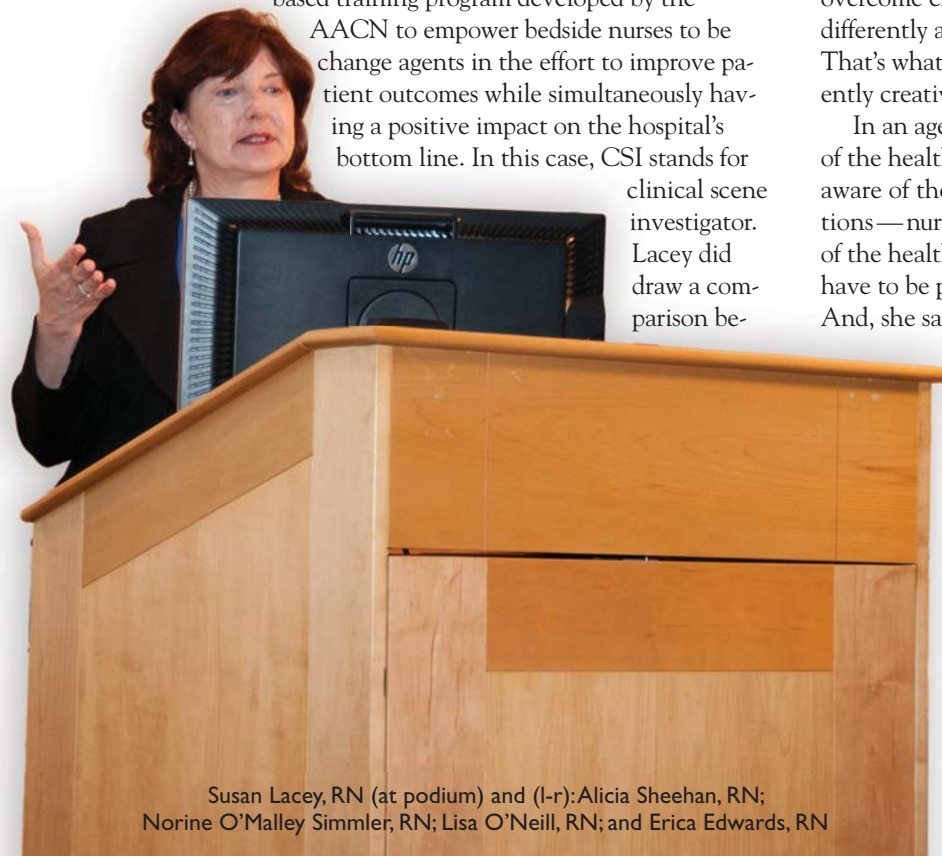
tween the popular TV show and the work being done by CSI Academy graduates, saying, "Nurses use their considerable skills to synthesize complex patient and family data from diverse quantitative and qualitative sources. This is similar to how crime scene investigators gather and synthesize evidence."

Lacey shared the origins of the CSI Academy and how they've given the term, 'work-around,' a positive spin. Work-arounds are creative ways to overcome challenges; innovative ways of looking differently at situations to effect a positive change. That's what nurses do all the time. "We are inherently creative," she said.

In an age where reimbursement is such a big part of the healthcare environment, nurses need to be aware of the fiscal health of their organizations—nurses are the largest segment of the healthcare workforce—we have to be part of the solution.

And, she said, "It's empowering to feel so connected to your hospital's fiscal health,"

continued on  
next page



Susan Lacey, RN (at podium) and (l-r): Alicia Sheehan, RN; Norine O'Malley Simmler, RN; Lisa O'Neill, RN; and Erica Edwards, RN



quickly adding, “It’s not just about money. Money is important, but keeping patients free from harm is always the primary focus, and you can’t put a price on that.”

Lacey observed that this is a new age for nursing. “We have to have the confidence to share what we’re doing, not just in the clinical setting, but also in terms of influencing decision-making at the leadership level.”

That’s why the CSI Academy curriculum includes training in:

- Innovative thinking
- Leadership and confidence
- Social entrepreneurship
- Fiscal impact of nursing
- Fiscal accountability
- Influencer skill
- Marketing
- Project identification
- Project management
- Sustainability
- Believership

Lacey shared numerous examples of successful projects in the six markets (Austin, Indianapolis, Raleigh/Durham, Boston, Philadelphia, and New York City) where CSI has created a presence. One of those successful projects was the Collaborate to

Extubate program at MGH that successfully reduced ventilator utilization by 50 days in one quarter, resulting in an an-

nual savings of \$304,400. Again, she stressed, “The human benefit of those changes can’t be measured in dollars and cents.”

Four MGH nurses and CSI graduates were on hand to share their experiences working on the Collaborate to Extubate project. CCU staff nurses, Erica Edwards, RN; Lisa O’Neill, RN; Norine O’Malley Simmler, RN; and Alicia Sheehan, RN, each described a portion of their work centering around the ABCDEF Bundle. The ABCDEF bundle is a coordinated effort among clinicians from multiple disciplines to manage ventilated patients and help prevent unintended consequences of critical illness. ABCDEF stands for:

- ABC—Awakening and Breathing Trial Coordination/Collaboration
- D—Delirium assessment and management
- E—Early Exercise and Progressive Mobility
- F—Family Involvement

The aim of the bundle is to reduce oversedation, immobility, and the development of delirium in ventilated patients thereby reducing the number of days spent on a ventilator and shortening length of stay.

Edwards, O’Neill, O’Malley Simmler, and Sheehan described the study de-

sign, data-collection procedures, demographics, and the educational strategies they used to share their work with other units, including a delirium-prevention strategy they call, “Give PEACE a Chance,” where special attention is paid to Physiology, Environment, ADLs/Sleep, Communication, and Education/Evaluation.

During the question-and-answer period that followed, Edwards, O’Neill, O’Malley Simmler, and Sheehan spoke about the lessons and benefits they derived from attending CSI Academy. They described new skills and a heightened level of professionalism; a deepening of their ability to listen and relay information; and greater awareness of what their counterparts are doing at other hospitals related to hand-overs, pressure ulcers, and delirium, and the opportunities that exist to share best practices. They reported an ease of communication with other colleagues who had also been through the Academy—as if they were all on the same page and all spoke the same language.

All four nurses came away from their CSI experience with a new way of looking at professional practice and greater appreciation for the ‘commonality’ of purpose they share with clinicians across the country. As Sheehan put it, “I feel like my participation in the CSI Academy made me a better nurse, a better person, and a better friend.”



# Portrait Unveiling

## Linda Richards, America's first trained nurse

On Tuesday, May 6, 2014, at the Paul S. Russell, MD, Museum of Medical History and Innovation, a little bit of history was made when the newly commissioned portrait of Linda Richards, America's first trained nurse, was unveiled to great fanfare. Ironically, the admiration and respect so prevalent in the gallery that day was not afforded to nurses back when Richards was literally shaping the profession of nursing as we know it.

In his remarks, MGH president, Peter Savin, MD, noted, "Linda Richards' passion combined with an unequalled drive and determination changed care delivery in our country forever. She dedicated her life to proving the value of the trained nurse and to advancing nursing practice. As a physician of her day once observed, 'The bare outline of her many and varied services for the relief of suffering humanity will always evoke wonder that any one woman could have done so much.' Linda Richards was a true pioneer, a visionary, innovator, and a champion of nursing."

Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, provided an overview of the social and political climate of the late 1800s when the Boston Training School for Nurses first opened at MGH. Richards was later recruited to be superintendant for that school, the first person to earn a certificate of graduation from an American nursing program. Today, that certificate is housed at the Smithsonian Institution in Washington, DC. Ives Erickson shared many of the milestones of Richards' storied career, including that she:

- served as a department editor for *The American Journal of Nursing* during its first year in existence and was a frequent contributor thereafter. This journal remains the oldest and most honored nursing journal in the world
- provided formal education for visiting nurses long before it was considered necessary
- spent the last decade of her career organizing schools of nursing in hospitals for the mentally ill

Nurse Week guest and director of the Florence Nightingale Museum in London, Natasha McEnroe, shared some of her observations of Richards, saying, "Judging from her own words and the memories of others, we know that Richards was a woman of quality, strength, modesty, and good humor." She added, "I think this wonderful portrait symbolizes the amazing work Boston nurses are doing, such as their selfless performance following the Marathon bombings when they literally threw themselves into the fray with no thought to themselves. I truly believe that this is the legacy of which Linda Richards would be most proud."

(Photo by Walter Reeves)



At the unveiling of the Linda Richards portrait at the Russell Museum are (l-r): Natasha McEnroe, director of the Florence Nightingale Museum in London; Warren and Lucia Prosperi, the artists who created the portrait; Jeanette Ives Erickson, RN, senior vice president for Patient Care; and Peter Savin, MD, president of MGH.





Slavin and Ives Erickson, unveil portrait of Linda Richards.





# Nursing in the ED

Staff nurses, Adriana Reguera, RN (left), and Colleen Arsenault, RN  
with patient in the Emergency Department



# No bows, no curls, no jewellery, and no hoop skirts: *the trained nurse in the 19th century*

**N**ursing in the 19th century was no day at the beach. In her presentation, “No bows, no curls, no jewellery, and no hoop skirts: the trained nurse in the 19th century,” Natasha McEnroe, director of the Florence Nightingale Museum in London, described pre-professionalized nursing as, “the lowliest of low-standing occupations.” She recalled a time when patients were cared for in the home because hospitals were considered unclean, dangerous places where nurses were treated more like servants than caregivers.

She shared the now-famous anecdote of Florence Nightingale telling her wealthy parents of her plans to become a nurse, and their reaction, “It was as if I’d told them I wanted to be a maid.”

McEnroe’s recollections of pre-reform nursing segued into a comparison of nursing pioneers,

British-born, Florence Nightingale, and American-born, Linda Richards. Both were drawn to nursing through strong religious beliefs and because of early experiences caring for loved ones at home. Both served as superintendents of nursing schools, though McEnroe noted, they had very different leadership styles—Nightingale being less of a ‘hands-on’ superintendent than Richards. But both were passionate about nursing education and the need to take housekeeping responsibilities away from nurses in favor of more professional duties.

Both Nightingale and Richards are credited with helping to create the model of nursing practice that endures to this day. They each understood the importance of preventing the spread of infection and the role architecture and hospital design played in curbing widespread exposure.

Nightingale traveled throughout Europe and Africa, keeping a journal of her discoveries and sharing best practices with nurses she met along the way. Richards also had a passion for travel, which ultimately brought her to London to study the Nightingale System, “the fulfillment of a life-long ambition.” The admiration was mutual. In a letter to the superintendent at Edinburgh Royal Infirmary, Nightingale wrote of Richards, “I have seen her, and have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she from us.”

Richards and Nightingale both remained active in nursing and healthcare reform into their twilight years. Both left a legacy of care, compassion, and advocacy that lives on in professional nursing today.



Natasha McEnroe, director of the Florence Nightingale Museum, in London

# Interactive poster display

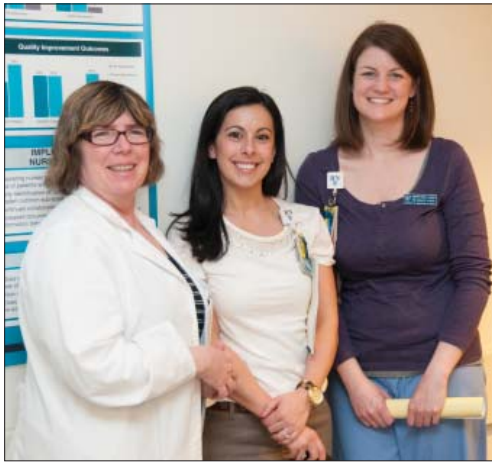
*Nurse researchers share their knowledge and findings at this year's Nursing Research Poster Session*



*Members of the nursing research community showcase posters to advance nursing science, share best practices, and improve outcomes for patients and families. Posters were on display throughout Nurse Recognition Week.*









## Research Poster Awards

# 2014 Nursing Research Poster Awards

Posters were evaluated by 12 judges comprised of doctorally prepared MGH nurses and nursing faculty from Boston College, the MGH Institute of Health Professions, Simmons College, and the University of Massachusetts, Lowell. A record 45 posters were evaluated in the categories of: Original Research, Evidence Based Practice, Quality Improvement, Best Poster by an Emerging Researcher and Best Poster by an Advanced or Mid-Career Researcher.

The winners in each category were:

### Original Research

First Place

Jennifer E. Cahill, RN; Alvina A. Acquaye; Lin Lin, RN; Elizabeth Vera-Bolanos; Mark R. Gilbert, MD; Nikhil S. Padhye; and Terri S. Armstrong, RN, for their poster: "Personal Health Records, Symptoms, Uncertainty, and Mood in Brain Tumor Patients"

### Quality Improvement

First Place

Julie Cronin, RN, and Adele Keeley, RN, for their poster:

"Using Rapid-Cycle Change to Positively Influence the Culture of a Unit"

### Evidence-Based Practice

First Place

Megan Keating, RN, for her poster:

"A Glimpse into the Delicate Dance that is the Art of Nursing"

### Emerging Researcher

First Place

Kevin M. Callans, RN; Annette McDonough, RN; Brenda Miller, RN; Arlene Kelleher, RN; Jane Flanagan, RN; Carolyn Bleiler, RN; and Diane L. Carroll, RN, for their poster: "Family Experience in Caring for a Child with an Artificial Airway in the Home"

### Seasoned/Mid-Career Researcher

First Place

Abraham Ndiwane, RN; Omanand Koul; and Rosemary Theroux, RN, for their poster:

"Utilizing Standardized Patients in a Simulation Exercise to Teach Cultural Competency to Graduate Nursing Students"



Dotti Jones, RN, director of The Munn Center for Nursing Research (left); Jeanette Ives Erickson, RN, senior vice president for Patient Care (second from left); Elizabeth Ann Manhart Barrett, RN, professor emerita of Nursing at Hunter College, City University of New York (center); with recipients of this year's Yvonne L. Munn Nursing Research Poster Awards.



# Implementing power as knowing participation in change:

## *impact on the professional practice environment*

**T**his year's Yvonne L. Munn nursing research lecturer, Elizabeth Ann Manhart Barrett, RN, in her presentation, "Implementing power as knowing participation in change: impact on the professional practice environment," defined power as, "the capacity to participate knowingly in change." Nurses, she said, should be leading the change in health care today. "I agree with the MGH Nursing Philosophy that says we are all leaders. We have emerged from an age of oppression; we no longer hide our knowledge or sit on the sidelines. It is nursing's time."

Manhart Barrett observed that power has four dimensions: awareness, choice, freedom to act intentionally, and involvement in creating change. Through our actions and behavior, we have the ability to wield power either as freedom or as control. Power as freedom never interferes with the freedom of others, while power as control almost always does. Manhart Barrett recommends that nurses frequently remind themselves: "I am free to choose with awareness how I intend to participate in the changes I want to make." Let your imagination take you to wherever you want to go, whatever you want to accomplish in your current role.

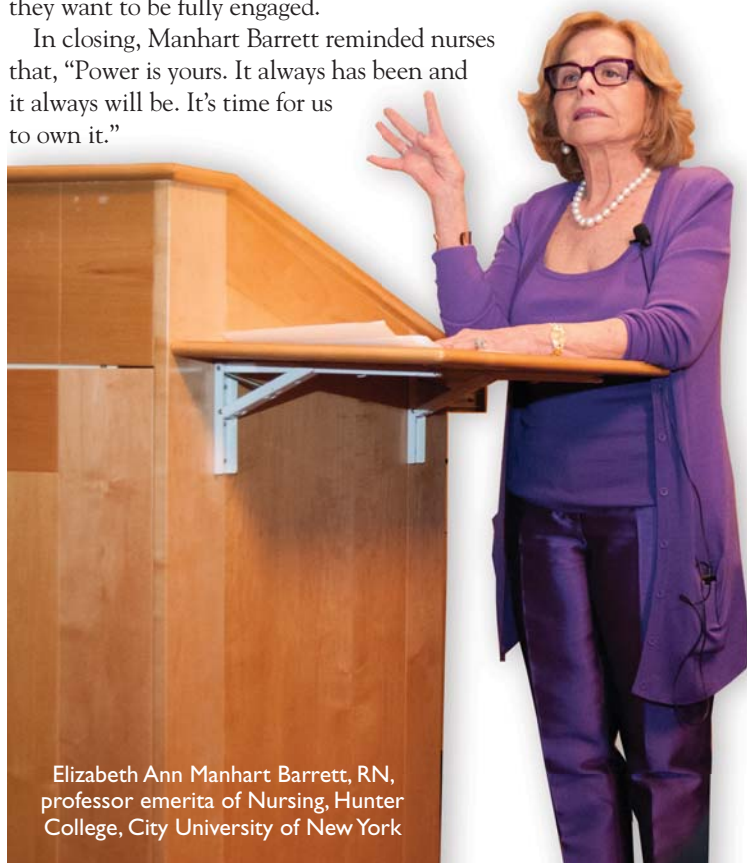
As a guide, Manhart Barrett devised a series of questions to help nurses exercise their power in almost any situation. She suggests choosing a situation you want to change, and asking the following questions:

- What am I aware of about this situation?
- What choices do I want to make regarding this situation?
- Will I commit to use my freedom to follow through on the choices I'm making?
- What actions am I going to take?
- Do the changes I intend to create interfere with anyone else's freedom?
- Do the changes I intend to create attempt to control, dominate, or manipulate myself?

- Do the changes I intend to create attempt to control, dominate, or manipulate others?
- Do the changes I intend to create harm my health?
- Do the changes I intend to create violate what I know to be my truth?

Is it realistic to think we can teach patients to use their power? Quoting automotive pioneer, Henry Ford, she said, "Whether you think you can, or you think you can't, you're right." But, she added, "I think we all know that patients are eager to participate in their care; they want to be fully engaged."

In closing, Manhart Barrett reminded nurses that, "Power is yours. It always has been and it always will be. It's time for us to own it."



Elizabeth Ann Manhart Barrett, RN,  
professor emerita of Nursing, Hunter  
College, City University of New York

# 2014 Yvonne L. Munn Nursing Research Award Recipients



Mary Larkin, RN (left), and Kim Francis, RN (right) with Munn Nursing Research Award recipient, Kerry Grennan, RN

“Nursing Assessment of Predictors of Diabetic Ketoacidosis Re-Admission in Adult Patients”

principal investigator:  
Kerry B. Grennan, RN

co-investigators:  
Mary E. Larkin, RN; Nancy Wei, MD

mentor:  
Stephanie Ball, RN

The purpose of the study is to gain greater understanding of the needs of patients with diabetic ketoacidosis (DKA) and identify potential interventions to improve care and reduce hospital admissions. The study will include a retrospective chart review of DKA cases at MGH and focus groups with nurses who care for DKA patients on medical units to better understand the factors associated with DKA admissions from a nursing perspective. Knowledge gained will be used to develop guidelines to assist nurses in educating at-risk patients with the goal of reducing the rate of re-admission for patients with DKA.



Larkin and Francis with Munn Nursing Research Award recipient, Holly Milotte, RN

“The Effect of Two Surgical Splinting Pillows on Pain and Pulmonary Status after Kidney Removal”

principal investigator:  
Holly Milotte, RN

research team:  
Stephanie Fuller, RN; Erin Salisbury, RN; Kathleen Myers, RN; Jill Pedro, RN; Mary McDonough, RN

mentor:  
Diane L. Carroll, RN

The purpose of the study is to investigate the effects of the use of a therapeutic pillow in post-operative nephrectomy patients on the subjective experience of pain, use of pain medication, and respiratory fitness compared to the standard of care.

This will be a randomized control study to evaluate a therapeutic pillow (treatment group) compared to the standard of care. Therapeutic pillows have been designed to support specific incision sites, are used to relieve post-operative discomfort, and offer a comforting, soft touch during recovery.



Larkin and Francis with Munn Nursing Research Award recipient, Louise Doyle, RN

“The Effects of Connective Tissue Massage on Pain in Post-Cesarean Section Primiparous Women”

principal investigator:  
Louise Doyle, RN

co-investigator:  
Rachel Preiss, RN

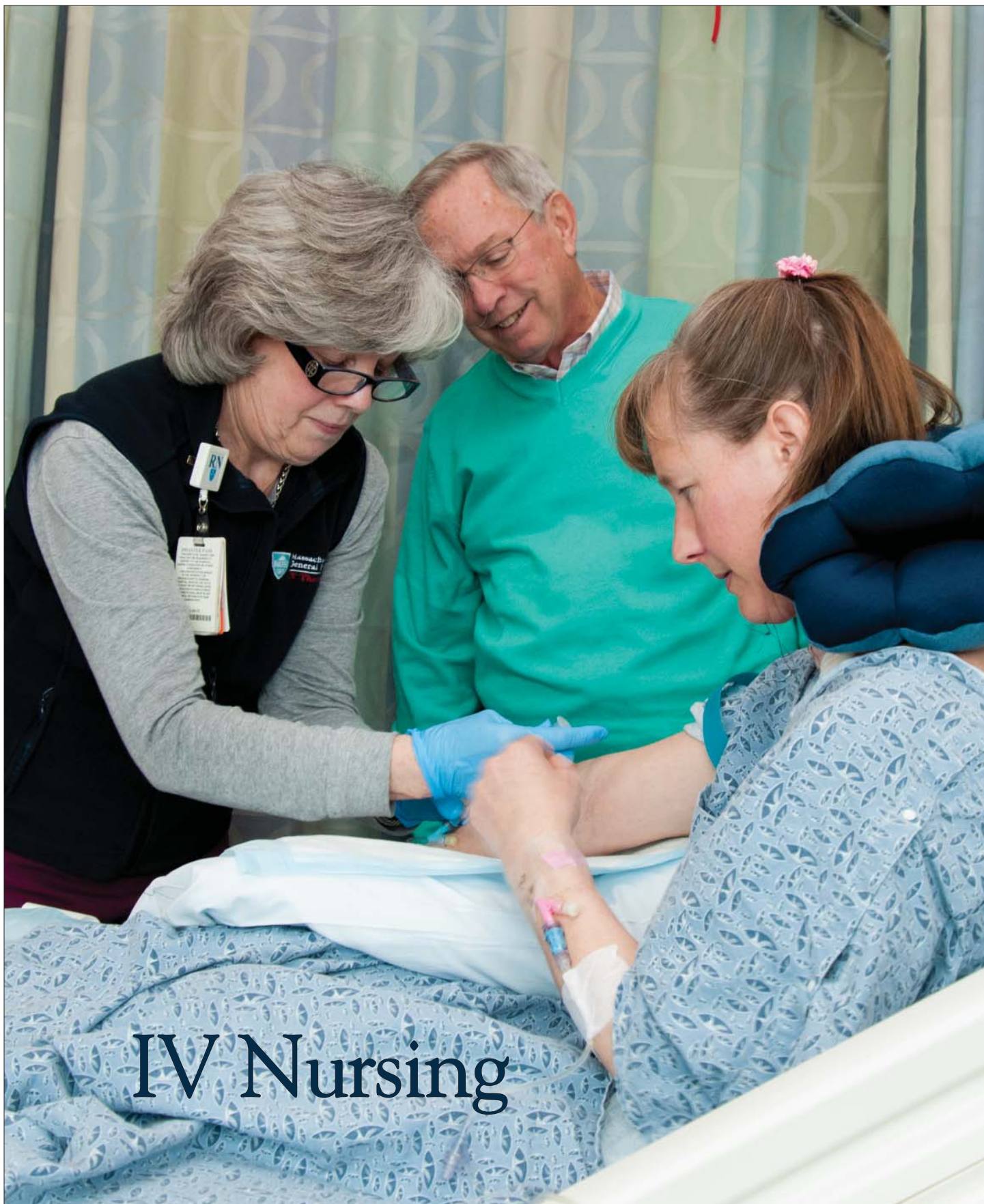
mentor:  
Colleen Simonelli, RN

The purpose of the study is to evaluate the efficacy of connective-tissue massage on reducing post-operative pain in primiparous (having given birth to one child) patients on the first day after a Cesarean section.

Subjects will be randomized into three groups. Group one will receive a 20-minute connective-tissue massage; group two will receive 20 minutes of individualized attention; group three will receive standard care.

Pain surveys will be distributed to all participants, and the massage group will be surveyed regarding their perception of the intervention.

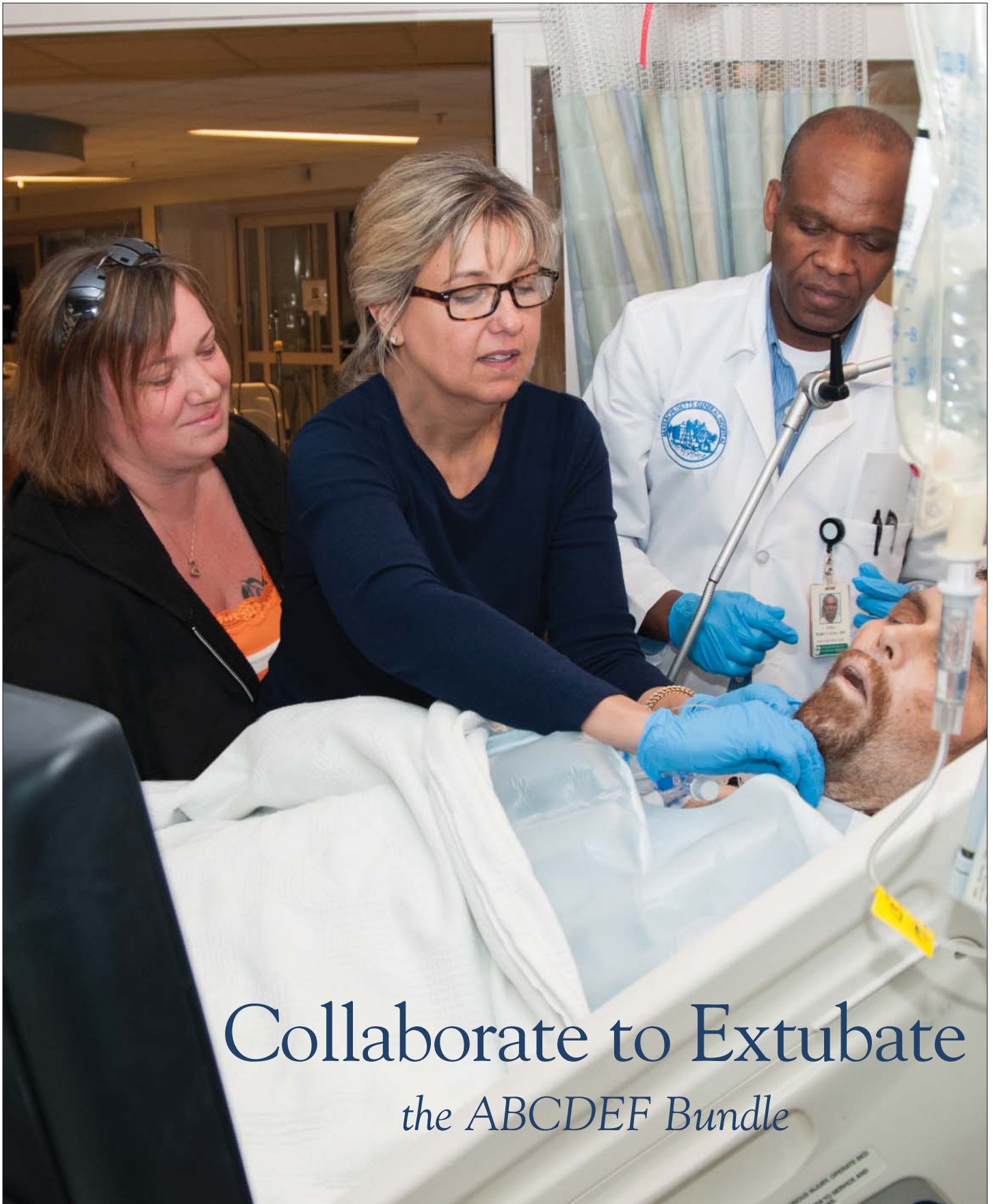




# IV Nursing

IV nurse, Carol Feeney, RN,  
with patient, Jill Bentley, on the Ellison 19 Thoracic Unit.  
Uncle, Terry LaPorte, lends moral support.





# Collaborate to Extubate *the ABCDEF Bundle*

Staff nurse, Sue Rogers, RN,  
and respiratory therapist, Fred Romain, RRT, with patient, Michael  
Aldrich, in the Ellison 9 Cardiac Intensive Care Unit.  
Fianceé, Katie Thompson, looks on.



# Gem Nursing Excellence Awards

**F**our MGH nurses have been named regional finalists for GEM Nursing Excellence Awards. Gem Nursing Excellence Awards, hosted by Nurse.com and sponsored by Johnson & Johnson, are held in nine regions across the country. Three finalists are selected from each region in the categories of: Advancing and Leading the Profession; Clinical Nursing, Inpatient; Education and Mentorship; Home, Community, and Ambulatory Care; Patient and Staff Management; and Volunteerism and Service. Nominations are reviewed anonymously and ranked by nurse executives and members of Nurse.com regional and national advisory boards. One finalist in each category will be named regional winner and move on to the national program. Winners in each category will be selected from the regional finalists.

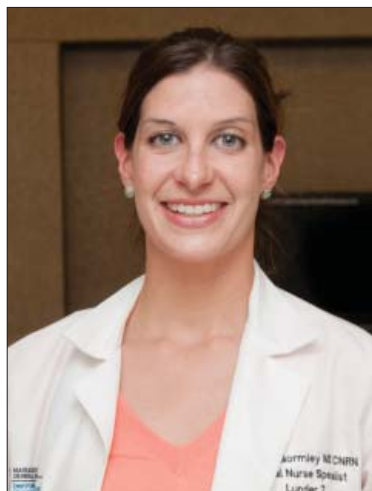
Congratulations to Barbara Blakeney, RN; Lisa Doyle, RN; Vanessa Gormley, RN; and Nicholas Merry, RN,



Barbara Blakeney, RN, innovation specialist,  
The Center for Innovations in Care Delivery  
Nominated in the category of  
Clinical Nursing, Inpatient:  
Advancing and Leading the Profession



Nicholas Merry, RN, staff nurse,  
Post Anesthesia Care Unit  
Nominated in the category of  
Volunteerism and Service



Vanessa Gormley, RN, clinical nurse specialist,  
Lunder 7, Neurosciences  
Nominated in the category of  
Education and Mentorship



Lisa Doyle, RN, staff nurse,  
Phillips House 21, GYN Oncology  
Nominated in the category of  
Clinical Nursing, Inpatient

*The nursing staff did everything they could to relieve my discomfort. They were always available day and night, and all of them were competent and kind... At MGH, the nursing care was superb. I never before understood how much good nursing care contributes to patients' safety and comfort, especially when they are very sick and disabled.*

Subsequent to the publication of Relman's article, another story appeared in *The New York Times* written by Lawrence Altman, MD. His analysis of Relman's article moved him to write: "Nurses' observations and suggestions have saved many from making fatal mistakes in caring for patients."

The next gift is generosity. Campbell lists three elements of generosity: energy, experience, and vulnerability. Let me share this gift of generosity that came in the form of a letter:

*Dear Jeanette and Theresa (Gallivan),*

*We would like to recognize the staff of Phillips 20 for their care and coordination of a very challenging patient. We believe the Excellence in Action award is the best way to do this.*

*The patient was a 58-year-old Indonesian man with cholangio-carcinoma. He had an extensive surgical resection with multiple complications post-operatively. But despite being critically ill, he and his family wanted to return to Indonesia to see his daughter get married. The nurses and care team went above and beyond to help facilitate this. He made the trip back to Indonesia and was able to attend his daughter's wedding. He even had the first dance with her.*

This letter was written by the nurse practitioners who participated in the care of this patient, who witnessed the tremendous energy that went into his care, and

who appreciated this highly experienced team advocating for this *vulnerable* patient. What a wonderful example of professional generosity.

And lastly, forgiveness. I think forgiveness is the gift that drew me most strongly to this book. I needed space to deal with my own response to the Marathon bombings; my grief over those who were injured, our colleague, Jess Kensky, and the impact the bombings had on our hospital and our city. I worried that despite my values of inclusion and acceptance, I was developing a bias.

As I read the book, I began to understand that forgiveness needs to be tempered with personal accountability, that there are consequences for doing wrong. So I turned my attention to doing right; to focusing on good; to letting go of my anger. I learned that it's about the *future*. Forgiveness is about a just culture; seeing good in people; fixing broken systems; and not blaming or retaliating.

A just culture:

- emphasizes quality and safety over blame and punishment
- promotes a process where mistakes are not met with re-crimination, but seen as a means to

discover the root cause and prevent future errors

- believes human errors are not deliberate or malicious; they should result in coaching and education to minimize the likelihood of their happening again
- promotes increased reporting of errors that leads to system improvements to create a safer environment for patients and staff

A strong culture of safety begets a strong culture of learning.

- A strong culture of safety encourages reporting, speaking up, and an environment where it's safe to do so
- A strong culture of safety reinforces



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



accountability for safety throughout the organization

- A strong culture of safety says that together we can design safe systems
- A strong culture of safety is our values in action

When dealing with a clinical situation and something goes wrong, remember generosity:

- The way we respond to the mistakes or failures of others can help someone grow and be better, or it can crush them
- The way we allow debate enriches our thinking
- When we feel challenged, how we respond sets the path for future resolution or conflict

I see these gifts of trust, empathy, appreciation, generosity, and forgiveness in your practice every day. These gifts are

what translate into the stories of positive patient experiences we hear all the time.

Patients talk about their nurses, the USAs who cleaned their rooms, the OAs and support staff on the other end of the intercom, the PCAs, ORAs, surgical techs, therapists, social workers, doctors, chaplains, medical assistants, interpreter, and volunteers. They talk about you all!

Gifts come in many shapes and sizes. In 2010, the passage of the Patient Protection

and Affordable Care Act dramatically altered the conversation about health care in our hospital, in our state, and in our nation.

For me, this legislation was a gift to nursing. It was a wake-up call that encouraged us to innovate, to be disruptive, to ask questions, raise concerns, and break away from the status quo.

It is through trust, empathy, appreciation, generosity, forgiveness, and *innovation* that we move closer to our goals:

- All people—*all people* deserve equal access to health care
- Health care must be more affordable

When we look at the Affordable Care Act through the lens of history and our own work re-designing and innovating care, I can't help but think of Florence Nightingale.

Nightingale lived through a revolution in healthcare. Some might say she *led* the revolution. In putting her ideas into practice, Nightingale's 'disruptive innovation' became so well known that she was asked to bring her wisdom to the Crimean Peninsula.

There, she encountered horrible, war-time conditions and healthcare workers who didn't care, were untrained, and worked in a state of chaos.

Into that chaos, Nightingale interjected her vision—her vision of the profession of nursing; her vision of everyone, especially the poor, having access to care. She spent her lifetime translating that vision into reality.

Nightingale showed us that data helps us think differently. She advanced health promotion and prevention. Her gift to us was a call to action: to care, to innovate, to challenge the status quo.

To do this, I ask you to use trust, empathy, appreciation, generosity, and forgiveness to advance patient care and improve the patient experience. Use these gifts to advance our work on Innovation Units. To generate new and bold ideas. To advance the work we're doing around the world and right here at MGH.

Use these gifts to advance collaborative governance. Use these gifts to train the next generation of nurses. This past year, we precepted 1,635 nursing students and welcomed 531 new nurses.

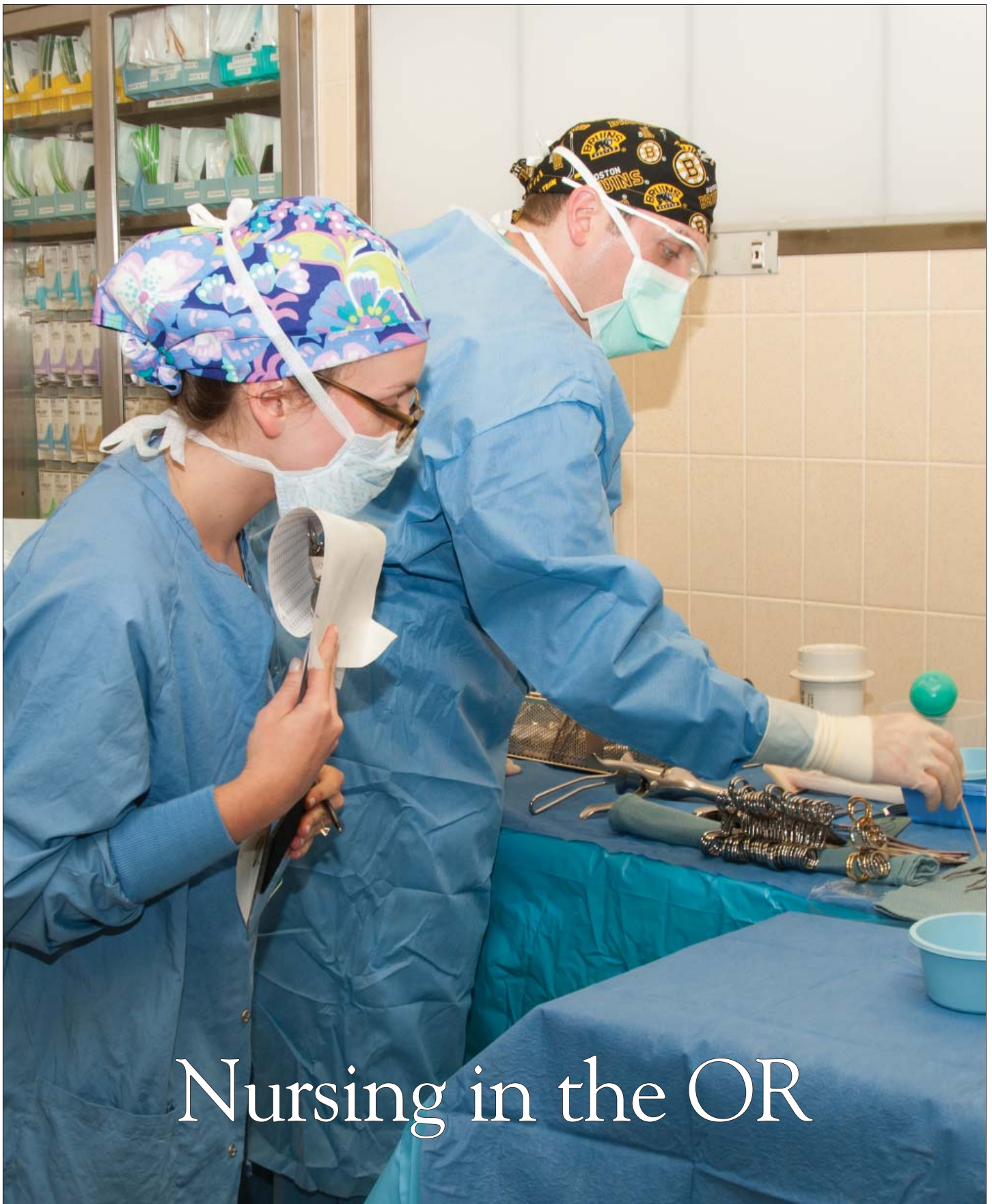
This past year, countless clinicians invested time, effort, and knowledge to work on eBridge and eCare, preparing us for the future by developing an electronic medical record that will be accessible to all members of the healthcare team.

We stand together at this time of opportunity to strengthen our commitment to provide the highest quality care that is both accessible and affordable. We're doing this by tapping into the greatest resources we have—our *human* resources—each of you and your creativity, innovative spirit, and dedication to serve.

As I said at the beginning, at MGH, every day we celebrate MGH nurses and the teams we work with is a good day. And I'm not the only one who thinks so.

The session ended with a video discussion between world champion Boston Red Sox manager, John Farrell, and MGH president, Peter Slavin, MD, 'arguing' over who thought MGH nurses were the best.

Ives Erickson put an end to the debate with a definitive, "Say what? What do they know? A manager? A president? I'm chief nurse. I get the last word. MGH nurses are simply the best!"



# Nursing in the OR

Operating room nurses, Melissa DiNapoli, RN, and Jason Gendrian-Visco, RN,  
inventory instruments in the sterile field prior to surgery.





Nurse anesthetist, Dorothy 'Daurie' Devore, CRNA,  
prepares anesthesia set-up.

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#### **Next Publication**

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# Military cake-cutting at MGH



On Thursday, May 1, 2014, MGH nurses gathered in the Trustees Room for the annual military cake-cutting ceremony. As Army tradition dictates, using a vintage saber, the most senior and junior nurses come together to cut a cake in recognition of the contributions and achievements of nurses around the world. This year, that included, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, and the most recently hired MGH nurse, Esther Joseph, RN, staff nurse on the White 10 Medical Unit. On hand again this year was US Army nurse, Captain Courtney Folderauer, RN.



At left: senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, cuts cake with newest MGH nurse, Esther Joseph, RN.

Above: Ives Erickson, Joseph, and US Army nurse, Courtney Folderauer, RN.

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