

Caring

Headlines

July 16, 2015



The Barbara A. Dunderdale, RN, Lecture on the Future of Nursing

*Gwen Sherwood, RN,
professor and associate dean
of Academic Affairs for the
School of Nursing at the
University of North Carolina
at Chapel Hill, returns as
this year's Dunderdale
visiting scholar*

See story on page 4

Are we utilizing home health care as much as we could be?



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

There are many levels of care, and matching the patient to the appropriate level is key. Many patients are discharged to long-term acute-care, rehabilitation, or skilled nursing facilities. But one option that might be being under-utilized is home health care.

Across the country, hospitals are strategizing ways to improve systems, increase efficiency, and decrease costs while ensuring patients receive uninterrupted, high-quality care. One area of focus that has emerged as part of this effort is a closer look at patient progression throughout the continuum of care—ensuring that the right care is delivered at the right time and in the right location. The goal is to help patients achieve their highest level of health and functionality so they can resume their lives with equal or greater comfort than when they were admitted.

There are many levels of care, and matching the patient to the appropriate level is key. Many patients are discharged to long-term acute-care, rehabilitation, or skilled nursing facilities. But one option that might be being under-utilized in our efforts to match patients to the correct level of care is home health care.

More and more, home health care is a viable option for patients with a wide range of needs due to illness or injury. Most patients *prefer* to be in their own homes versus the unfamiliar setting

of a hospital room. Being able to sleep in their own beds, eat the foods they're accustomed to, and be close to family and pets can have a positive impact on recovery and quality of life. And with advances in technology and communication, it's easier than ever to provide care at home that once necessitated hospitalization.

With national forecasts projecting a 17% increase in the number of patients who'll receive care at home over the next five years, it's important that MGH clinicians be knowledgeable about the kinds of services available from home health-care agencies, including nursing care, physical and occupational therapy, nutritionists, social workers, and home health aides. Many home health agencies provide wound care, IV infusions, maternal-child healthcare, and population-specific care for a

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At a time when more and more patients are seeking care, it's vital that we utilize all the resources at our disposal to ensure optimal progression and high-quality care throughout the entire continuum. Home health care is a viable option for many patients. And it doesn't hurt that one of the top home care agencies in the country is in our own back yard.

growing number of chronic illnesses. Patients with Alzheimer's or dementia; brain injury; cancer; diabetes; heart conditions; neurological disorders; pulmonary disease; and stroke may be candidates for home health care.

We're fortunate to be part of the Partners HealthCare System with access to our own home health care program. Partners HealthCare at Home (PHH) was recognized as one of the top home-care agencies in the country last year by HomeCare Elite (an annual listing of the most successful home-care providers in the United States, published by the National Research Corporation and DecisionHealth).

Partners HealthCare at Home is a full-service agency that offers expert care to patients from birth to end of life. It's the second largest home-care provider in New England with more than 470,000 certified visits and 450,000 private-care hours in more than 200 cities throughout eastern Massachusetts. PHH liaisons are available on-site at MGH to help facilitate referrals and help you decide whether PHH might be the right choice for your patient.

As part of the Partners HealthCare network, PHH has just gone live with their portion of Partners

eCare. That means that once MGH goes live in April of next year, we'll all be part of the same electronic health information system, able to share medical records, billing information, care notes, and all relevant communication about patients within our system.

Data shows that MGH makes fewer referrals to home health care agencies than other academic medical centers across the country. And of all MGH patients referred to home-care agencies in our geographic area, only 39% were referred to Partners HealthCare at Home.

At a time when more and more patients are seeking care, it's vital that we utilize all the resources at our disposal to ensure optimal progression and high-quality care throughout the entire continuum. Home health care is a viable option for many patients. And it doesn't hurt that one of the top home care agencies in the country is in our own back yard.

For more information about Partners HealthCare at Home or to arrange an in-service for your area, call the PHH Referral Service Center at 781-290-4200.

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(Cover photo by Michelle Rose)

The Barbara A. Dunderdale, RN, Lecture on the Future of Nursing

—by Jane Keefe, RN, program development manager

Gwen Sherwood, RN, professor and associate dean of Academic Affairs for the School of Nursing at the University of North Carolina at Chapel Hill, returned again this year as the

Dunderdale visiting scholar.

It was standing room only in O’Keeffe Auditorium, June 25, 2015, for the 2nd annual Barbara A. Dunderdale, RN, Lecture on the Future of Nursing. Dunderdale, an alumna of the MGH School of Nursing, is widely known and highly regarded for her work as a staff nurse, nursing director, mentor, patient advocate, and most recently, as senior major gifts officer in the Development Office where she’s raised millions of dollars to help advance the mission of MGH. The Dunderdale Lecture on the Future of Nursing was established in appreciation of Dunderdale’s years of service and contributions to the MGH community.

Gwen Sherwood, RN, professor and associate dean of Academic Affairs for the School of Nursing at the University of North Carolina at Chapel Hill, was the inaugural Dunderdale visiting scholar last year. Her address at that time was set against the backdrop of a case study involving the tragic death of Lewis Blackman, a healthy, 15-year-old boy who died following elective surgery at a large teaching hospital. Those caring for Blackman had missed critical signs that he

was failing, and over the course of the next 30 hours, Blackman bled to death. Sherwood returned again this year as the Dunderdale visiting scholar, accompanied by Lewis Blackman’s mother, Helen Haskell, founder and president of the non-profit organization, Mothers Against Medical Error. Haskell has worked tirelessly to establish and cultivate this coalition of parents whose mission it is to promote safety in the healthcare system.

Sherwood and Haskell veered from traditional lecture format, sharing an abbreviated version of the Lewis Black-

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(Photos by Michelle Rose)

Nursing (continued)

Sherwood and Haskell's take-away message was that, "Safety belongs to all of us, but it begins with me. It is the integrity of the people and the organization that makes the difference."

man video, then delving deeper into the case, interview-style, exploring the various failures that led to Blackman's death. They talked about "nurses' work," and the importance of identifying system break-downs; not relying on work-arounds; communicating effectively to coordinate care; engaging patients and families in decisions that affect their care; and welcoming them into bedside rounds and hand-overs.

Earlier in the day, Sherwood and Haskell had an opportunity to dialogue with staff on the Ellison 18 Pediatrics Unit and the Pediatric Intensive Care Unit. Staff shared how they prepare for, respond to, and learn from errors and near-misses.

After one session, Sherwood commented, "There is truly something different about the culture and care at Mass General. It's just incredible. I hope you're all proud to be part of it."

Jana Deen, RN, senior director of Patient Safety in the MGH Center for Quality & Safety, and Colleen Snyderman, RN, director of the PCS

Office of Quality & Safety, facilitated a lunch-time discussion with Dunderdale, Sherwood, and Haskell on the role of safety narratives in our journey to foster a just culture at MGH. Discussion focused on some of the unique challenges we face at MGH as a major academic medical center.

Associate chief nurse, Theresa Gallivan, RN, pointed out that in any academic medical center, medical residents rotate in and out of service at regular intervals. Nurses are largely responsible for ensuring continuity and overseeing the breadth of care.

Dunderdale noted that fostering a just culture where inquiry and the reporting of adverse events are encouraged enables staff to collaborate with nurses and other clinicians in providing the safest, highest quality care possible.

This year's Barbara A. Dunderdale, RN, Day and Lecture provided a wonderful opportunity to engage and dialogue with internationally recognized leaders in quality and safety. The discussion reinforced our commitment to continue to identify errors and system failures, to regard these events as learning opportunities, and to make continuous improvement part of our daily practice.

Sherwood and Haskell's take-away message was that, "Safety belongs to all of us, but it begins with me. It is the integrity of the people and the organization that makes the difference."

Barbara A. Dunderdale, RN, Day and Lecture on the Future of Nursing is made possible through the generous gifts of donors and planned by The Norman Knight Nursing Center for Clinical & Professional Development. For more information about Barbara A. Dunderdale, RN, Day and Annual Lecture on the Future of Nursing, contact Jane Keefe, RN, at 617-724-0340.



Photos (l-r): Gwen Sherwood, RN, professor and associate dean of Academic Affairs for the School of Nursing at the University of North Carolina at Chapel Hill; Helen Haskell, founder and president of the non-profit organization, Mothers Against Medical Error; and Barbara Dunderdale, RN, former nursing director, currently senior major gifts officer in the Development Office.

Sherwood and Haskell during Lecture on the Future of Nursing.

Audience member asks a question.

Ramadan at MGH

a celebration of family and community

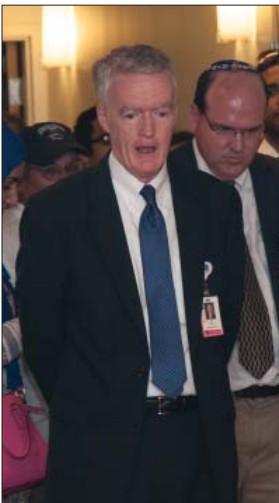
Ramadan, the ninth month of the lunar calendar, is the holiest time of year for Muslims, who believe the Qur'an (the Islamic holy book) was revealed to the Prophet Muhammad (peace be upon him) during this month. In adherence with Islamic practices, Muslims abstain from eating or drinking from dawn until sunset for the 29 or 30 days of Ramadan (depending on the lunar calendar). During this sacred time, Muslims make a special effort to maintain good conduct, engage in contemplation and self-restraint, and be charitable to others. The festival of Eid-ul-Fitr marks the end of Ramadan,

which Muslims observe by dressing in fine clothes, going to mosque to pray, and exchanging gifts.

For the last 14 years, the MGH Muslim community has come together to share in a ritual Iftar—the meal eaten at sunset to break the daily fast. Meticulously coordinated by Firdosh Pathan, RPh, the event has grown over the years to where now hundreds of Muslims and non-Muslims anxiously await the elaborate Iftar, a feast of Middle Eastern foods and delicacies provided by Nutrition & Food Services. Having outgrown its original locale in the Trustees Room, and then the Thier Conference Room, this year's Iftar was served al fresco under the Bulfinch tent.

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Scenes from the MGH celebration of Ramadan, include the breaking of the fast and those who offered remarks, including, Jeff Davis, senior vice president for Human Resources (below); and on opposite page (l-r): Deborah Washington, RN, director, PCS Diversity; Imam Loay Assaf from the Islamic Society of Boston Cultural Center; Samsiah Abdul Majid; Rabbi Ben Lanckton; and event coordinator, Firdosh Pathan.



Observances (continued)

Says Pathan, “These celebrations remind us that there’s only one God, one creator, and one humanity; that we *can* all live together. Proud parents bring their children and families. It’s a wonderful expression of inclusion; a wonderful show of respect and appreciation to our Muslim community. It makes me proud to work at MGH.”

If you work with Muslim colleagues or patients and would like to make them feel welcome, some phrases you may want to commit to memory include:

- Assalamu alaikum: Peace be upon you
- Wa’alaikum Assalam: Peace be upon you, too
- Ramadan Mubarak, or Ramadan Kareem: Have a blessed Ramadan
- Eid Mubarak: Have a blessed Eid

The annual Iftar is sponsored by Human Resources and supported by the Chaplaincy and Patient Care

Services. The Masjid at MGH is located in Founders 109. Friday prayers are held in the Thier Conference Room at 1:00pm. For more information about Ramadan, Iftar, or the Muslim community at MGH, e-mail Firdosh Pathan or call him at 4-7878.



The healing power of empathy and beneficence

Ms. W was a 24-year-old woman admitted with a sore throat; a new, diffuse rash on her torso, neck, and upper legs; and dehydration due to an inability to eat or drink.

My name is Sarah Brooks, and I've worked in a variety of nursing roles for the past ten years on Ellison 16, a 36-bed general medical unit. Ms. W was a 24-year-old woman admitted with a sore throat; a new, diffuse rash on her torso, neck, and upper legs; and dehydration due to an inability to eat or drink. Upon entering her room, I greeted Ms. W, her mother, and her boyfriend. As I checked her blood pressure and heart rate, I tried to get to know her by asking about the events leading up to her admission. She mentioned that she'd recently begun taking a new birth-control medication. In my mind, I made a connection between the timing of the new medication and the onset of the rash and sore throat.

Ms. W's mother was noticeably anxious. She often interrupted or spoke for her daughter, answering questions I'd asked Ms. W or asking questions of her own. Right away, I realized I didn't have all the answers to their questions. I knew I had to consult with the resident regarding the plan of care for Ms. W. It was vital that all caregivers be on the same page and communicate the same information to the patient and family.

After leaving Ms. W's room, I contacted the primary resident. He explained that Ms. W had presumed Stevens-Johnson syndrome, a life-threatening condition that affects the skin and mucus membranes. The disease causes rash and blistering of the



Sarah Brooks, RN
staff nurse, Ellison 16

affected skin until it eventually sheds off. The syndrome is very painful and debilitating, often caused by an adverse reaction to medications. In this case, it was suspected that her reaction could be related to the birth-control pills she'd recently started taking.

I didn't have any experience caring for a patient with this disease, and the physician had very little himself. Because of the unfamiliarity of the disease and the multitude of services consulting, it became more important than ever to have excellent communication between the family and care team. I found myself assuming the role of communicator to ensure the goals of care were clear and that Ms. W was receiving the treatment she needed.

At first, it was a little overwhelming. Due to the disease process, Ms. W had burns inside her mouth, on her lips, throat, eye lids, torso, back, legs, urethra, and vagina. She was at high risk for infection, so she was placed in a private room with positive pressure. She required eye drops every two hours, prednisone suppositories, intravenous fluids, oral

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As I've developed as a practitioner, I realize that there's a power we hold as providers—the power of empathy and beneficence. This power is entrusted to us as nurses so we can help instill emotional strength as well as therapeutic care.

suctioning, and frequent pain medication. Because of the frequency of the medications, Ms. W wasn't able to sleep for long periods. Sleep-deprived and in severe pain, she became increasingly distressed.

To treat Ms. W's pain, we initiated a PCA (patient-controlled analgesia). I consulted nurses in the Burn Unit for suggestions on how to make Ms. W more comfortable. They were able to give me some much-needed advice and clinical support.

I often found myself reading the recommendations of other providers—from services like Ophthalmology, Infectious Disease, Medicine, Gynecology, and Dermatology. I wanted to understand the recommendations and continue to teach and educate Ms. W and her family. By monitoring the various recommendations, discussing them with the primary medical team, and educating the family, I helped coordinate the care among all the services assisting in Ms. W's care.

I cared for Ms. W almost every time I came to work, which helped foster a strong relationship and build trust between us. When I wasn't her primary nurse, I became a resource for other nurses through impeccable note-writing and detailed reporting during hand-offs.

But perhaps the most important thing I did for Ms. W was hold her hand at 2:00 in the morning, listen when the family was sad or frustrated, and took the time to do little things to make her feel better. I rubbed her back and helped her with her suctioning. I stayed by her side when she was scared. I made jokes, listened to her mother's stories about when Ms. W was young. Just by doing these simple things, I was able to build trust and support Ms. W through this devastating time in her life.

Because Ms. W trusted me, she allowed me to work with her on becoming self-sufficient again, which can be daunting when recovering from a life-threatening disease. When her immune-compromised state had improved and she was cleared to leave her room, I was the first to help her to the patient's lounge. She hadn't been able to leave her room in weeks. Not only did I feel honored to be able to give her back some desperately desired freedom, but I gave her back some dignity and control. We went to the lounge and sat and talked like girlfriends having coffee instead of nurse and patient. I could see that her comfort was returning and her confidence in me growing.

My experience with Ms. W, reinforced for me that nursing is not just about medicating patients, it's about treating the whole person. There's so much more to being a nurse than medication-administration. You have to know your patient on a personal level and provide emotional support. As a nurse, you're at the bedside more than any other provider. You have the ability to make the biggest difference in a patient's life as they deal with serious illnesses. And with experience, you're able to anticipate the needs of your patient, go above and beyond to provide comfort during sometimes traumatic hospitalizations.

After Ms. W was discharged, the family reached out to me from home to give me an update on her clinical status and let me know how much better she was doing. They thanked me for everything I'd done, and I was thankful that Ms. W reminded me that we can make a difference in patients' lives by simply spending a little extra time when it's needed.

As I've developed as a practitioner, I realize that there's a power we hold as providers—the power of empathy and beneficence. This power is entrusted to us as nurses so we can help instill emotional strength as well as therapeutic care. Often nurses don't realize the profound effect they have on patients because they're busy with daily tasks and routines. I believe I've reached a point in my development as a nurse where I treat patients not just with medications and interventions, but with love, kindness, patience, and a listening ear. Ms. W reminded me that to provide excellent care, you not only have to advocate for your patients, you have to provide holistic care, and most importantly, listen.

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

Every day clinicians encounter diagnoses they may never have seen before. Sarah made it her business to find out as much as she could about Stevens-Johnson syndrome; she reached out to experts on the Burn Unit so she could provide Ms. W with the best possible care. She did everything in her power to make Ms. W comfortable both physically and emotionally. And in so doing, she realized, as she so eloquently put it, the power of empathy and beneficence. And isn't that the true gift of being a nurse.

Thank-you, Sarah.

Still Alice: understanding Alzheimer's

—by Barbara Moscovitz, LICSW, and Colleen Griffin

On June 16, 2015, the MGH Geriatric Medicine Caregiver Support Program hosted acclaimed author of *Still Alice*, Lisa Genova. Genova spoke to a large and engaged audience with passion and clarity about her dual roles as granddaughter and neuroscientist, a situation that precipitated her evolution into fiction writer. Genova's novels are about, "people living with neurological diseases and conditions that are feared, ignored, or misunderstood... Stories are a way into people's hearts, and when this happens, we have more than knowledge, we have real understanding, empathy, sensitivity, the ability to be better caregivers, and maybe the motivation to get involved."

Said Genova, "Looking back, my eighty-five year-old, widowed grandmother had been showing signs of dementia for years. But she was a smart, independent woman who never complained. She navigated around her symptoms with great skill, and her nine children, their spouses, and her grandchildren were all content to look the other way, or pass off her cognitive mistakes to normal aging." When Genova's grandmother was diagnosed with Alzheimer's disease, Genova's caregiving role within the family stimulated her scientific curiosity in Alzheimer's and ultimately led to the discovery of her professional mission.



Acclaimed author, Lisa Genova, speaks at MGH Geriatric Medicine Caregiver Support Program, "Still Alice: Understanding Alzheimer's."

Key messages in her presentation included:

- Alzheimer's is not just a disease of the elderly; it affects individuals in mid-life, as well. Many who live with Alzheimer's frequently navigate a frightening and lonely world
- We can connect with individuals with Alzheimer's at *any stage* of the disease. Emotion outlasts memory and language, and our presence has an impact even when we think it may not
- Our job as caregivers is to learn how and when to meet Alzheimer's patients in their world, and stop trying to keep them in a world they no longer understand

Genova's goal is to encourage the conversation about Alzheimer's and awaken the public to this crisis that belongs to all of us. Just as we overcame the fear of discussing cancer and HIV, the time has come to talk about Alzheimer's.

For questions and comments please contact Barbara Moscovitz, LICSW, at bmoscovitz@partners.org

(Photos by Michelle Rose)

Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandi Coakley, RN, staff specialist

This year marked the 15th Carol A. Ghiloni Oncology Nursing Fellowship with fellows: Hannah Osborne a student at the William F. Connell School of Nursing at Boston College; Sara Hogan, from the University of Massachusetts, Amherst; Jennifer Merrill, from Simmons College; and Carmen Porto, from the University of Massachusetts, Boston. The Ghiloni Fellowship provides students

with an opportunity to spend ten weeks at MGH learning and observing in various settings within the Oncology Nursing Service. The experience is an introduction to oncology nursing practice and the many roles and career opportunities available to them upon graduation. The fellowship was created in 2001 to offer students an opportunity to learn about the specialty of Oncology Nursing with the hope of hiring them upon graduation.

Fellows spent time on Lunder 9 and 10, Phillips House 21, and had observational experiences in Radiation Oncology, the Infusion Unit, the Operating Room, Pediatric Oncology, and the Yawkey outpatient disease centers. They attended educational offerings, learned about the HOPES programs, spent time with the Palliative Care Service, Blood Transfusion Service, Interventional Radiology, and took advantage of many other learning opportunities within the Cancer Center.

The Carol A. Ghiloni Oncology Fellowship program receives funding from the Hahnemann Hospital Foundation and the Susan D. Flynn Oncology Nursing Training and Development Fund. For more information, call Mandi Coakley, RN, staff specialist, at 617-726-5334.



At left (l-r): Carol Ghiloni, RN; Cyndi Bowes, RN; Sarah Hogan; Hannah Osborne; Carmen Porto; Jennifer Merrill; and Mandi Coakley, RN.

Above left: Osborne and Porto.

Above right: Merrill and Hogan.

Creating a welcoming environment for patients with disabilities

it takes the whole village

A disability is a restriction or lack of ability to perform an activity as it would ordinarily be performed by most people. A disability can be physical, cognitive, mental, sensory, emotional, developmental, or some combination of the above. Disabilities can result from many causes and may be observable or not readily visible. Regardless of the specific disability, individuals with disabilities adapt to their circumstances, living life as fully as possible in a world that is trying to become more inclusive.

The MGH Disability Program is part of the Office of Patient Advocacy, providing support to patients and visitors with disabilities. For information, call Zary Amirhosseini, Disability Program Manager, at 617-643-7148

In general:

- Always use 'person-first' language. For example, say "person with a disability," not "the disabled"
- Avoid terms like "handicapped" or "mental retardation"
- Don't make assumptions about what a person can or cannot do
- It's okay to offer assistance, but always ask first to clarify what, if any, assistance is needed
- Don't move someone's crutches, walker, wheelchair, cane, or any other mobility aid without their permission
- Don't pet or talk to a service animal without the permission of the animal's handler

Communication:

- Before you speak, make sure you have the attention of the person you're addressing
- Face the person, and use a normal tone of voice (don't shout)
- Position yourself so that you're on the same level and can easily make eye contact

- Speak directly to the person with the disability and allow her to speak for herself
- When speaking to individuals with communication disabilities, take time, relax, and listen. It's okay to say, "I don't understand"
- Ask the person how he or she prefers to communicate
- When speaking to individuals with hearing disabilities, use an interpreter and address the person, not the interpreter
- When speaking to individuals with vision disabilities, introduce yourself and your role and be sure to let them know when you're ending the conversation or leaving the area

Resources:

- <http://www.mghaccessibility@partners.org>
- <http://www.massgeneral.org/interpreters/>
- The Maxwell & Eleanor Blum Patient and Family
- Learning Center's Assistive Technology Center
- www.communityinclusion.org

Hand hygiene

still the most effective strategy for preventing hospital-acquired infections

— by Patti Shanteler, RN, staff specialist, and Judy Tarselli, RN, staff nurse
(Re-printed from the February 19, 2015, *Caring Headlines*)

According to the World Health Organization, “Each year, hundreds of millions of patients around the world are affected by healthcare-associated infections. Most healthcare-associated infections are preventable through good hand hygiene—cleaning hands at the right time, in the right way.” Significant improvements have been made in hand hygiene since new guidelines were established by the Centers for Disease Control and Prevention and the World Health Organization, but healthcare-associated infections continue to occur in hospitals across the country.

At MGH, infection-prevention professionals routinely help educate staff, raise awareness, and monitor hand-hygiene compliance by observing caregivers interacting with patients and the patients’ environment. As a result, MGH meets or exceeds expectations for hand-hygiene compliance and has seen historically low rates for some healthcare-associated infections. Despite that success, we remain vigilant about proper hand hygiene and invite patients and visitors to do the same.

Healthcare workers are required to use hand hygiene before and after contact with patients or the patients’ environment and at other times during patient care as described by the World Health Organization’s “Five Moments” for hand hygiene (see opposite page).

A frequently asked question is, “What is meant by, ‘the patient’s environment?’” A poster developed by MGH Infection Control (see insert at right) defines the patient’s environment as everything contained within a, ‘giant imaginary bubble’ surrounding the patient. The goal is to keep staff and visitors’ germs out of the bubble

(to keep the patient safe), and keep the patient’s germs inside the bubble (to keep everyone else safe). Since germs are easily transmitted by touch, it’s imperative to use proper hand hygiene before touching anything inside the bubble and again after leaving it.

Other tips to remember include:

Mid-task activities

When a staff member needs to leave a patient’s room in the midst of providing care, gloves should be removed (if worn) and hand hygiene should be performed upon exiting the room and before returning to the patient. Visitors should do the same if they step out of the room and return.

Environmental contact only

If a staff member enters the room to use a bedside computer, adjust a monitor, or change an IV and doesn’t touch the patient, hand hygiene must still be performed before and after those tasks as they’re all located within the patient’s environment. The same applies to adjusting the bed, assisting with food trays, handling the TV remote control, or touching any other surfaces in the patient’s room.

Communication Devices

Electronic devices, such as cell phones, smart phones, pagers, and hand-held computers, can also become contaminated and transmit germs. If these devices need to be used during an episode of patient care, staff should clean the device and disinfect their hands after using the device before resuming care of the patient.

For more information about hand hygiene or its impact on infection control, contact staff nurse, Judy Tarselli, RN, at 617-726-6330.

Moment	Icon	Description
1 BEFORE TOUCHING A PATIENT	Hand hygiene icon	Wash your hands before touching patients or their surroundings.
2 BEFORE CLEANING OR TOUCHING A PATIENT	Hand hygiene icon	Wash your hands before cleaning or touching patients.
3 AFTER BODY FLUID EXPOSURE	Hand hygiene icon	Wash your hands after contact with body fluids.
4 AFTER TOUCHING A PATIENT	Hand hygiene icon	Wash your hands after touching patients.
5 AFTER TOUCHING PATIENT SURROUNDINGS	Hand hygiene icon	Wash your hands after touching patient surroundings.

Professional Achievements

Scott presents

Chaplain Katrina Scott, presented, "Religious Issues at End of Life," at the Bioethics Program at Yale University, June 18, 2015.

Callahan receives grant

Janet Callahan, PT, physical therapist, was awarded the NPF 2015 Community Grant Award, from the National Parkinson Foundation, on June 1, 2015.

Devaney certified

Amy Devaney, PT, sports physical therapist, became certified as an orthopaedic clinical specialist by the American Board of Physical Therapy Specialties in June, 2015.

Herget certified

Lenore Herget, PT, sports physical therapist, became certified as a sports clinical specialist by the American Board of Physical Therapy Specialties in June, 2015.

Kirwan and Polonsky present

Christopher Kirwan, project coordinator, Medical Interpreter Services, and Carla Polonsky, medical interpreter, presented, "Shaping Best Practices: Grounding Everyday Encounters in the Code of Ethics," at Paving the Way to Health Care Access: a Day of Learning for Interpreters, at UMass Medical School in Marlborough, June 19, 2015.

Shapley presents

Reverend Dean Shapley, presented, "Prioritized Spiritual Care based on the Population Health Model," at the annual conference of the Association of Professional Chaplains, in Louisville, Kentucky, June 5, 2015.

Ferber Rakestraw certified

Natalie Ferber Rakestraw, PT, sports physical therapist, became certified as an orthopaedic clinical specialist by the American Board of Physical Therapy Specialties in June, 2015.

Drumm and Heffernan present

Debra Drumm, LICSW, director, HAVEN, and James Heffernan presented, "Intimate Partners Violence: a Men's Issue," at the annual symposium on Men's Health, Conquering Men's Health Issues: Best Practices for 2015, in Waltham, June 18, 2015.

Nelligan facilitates discussion

Labrini Nelligan, executive director, Lunder-Dineen Health Education Alliance of Maine, facilitated the panel presentation, "MOTIVATE—Implementing Change in Older Adult Oral Health Care," at the 25th annual Geriatrics Conference at the University of New England, in Bar Harbor, Maine, June 12, 2015.

Callahan recognized

Janet Callahan, PT, physical therapist, was awarded the Bette Ann Harris Distinguished Alumni Award, from the MGH Institute of Health Professions, May 11, 2015.

Hampton presents poster

Jordan Hampton, RN, nurse practitioner, MGH Student Health Center in Chelsea, presented his poster, "A Collaborative Approach to Meet the Needs of Teen Parents and Improve Academic and Health Outcomes," at the annual conference of the School Based Health Alliance, in Austin, Texas, June 17, 2015.

Nurses publish

Julie Cronin, RN, clinical nurse specialist; Paul Arnstein, RN, clinical nurse specialist; and Jane Flanagan, RN, nurse scientist, authored the article, "Family Members' Perceptions of Most Helpful Interventions During End-of-Life Care," in the May/June, 2015, *Journal of Hospice and Palliative Nursing*.

Team publishes

Felicity Astin, RN; Diane Carroll, RN; Todd Rupp, RN; Isabella Uchmanowicz; Lynne Hinterbuchner, RN; Eleni Kletsios, RN; Agnieszka Serafin; and Alison Ketchell, RN, authored the article, "A Core Curriculum for the Continuing Professional Development of Nurses Working in Cardiovascular Settings," in a recent issue of the *European Journal of Cardiovascular Nursing*.

Fern and King present

GI Endoscopy staff nurses, Ellen Fern, RN, and Janet King, RN, presented, "Stepping Forward with pH Best Practices," at the 42nd annual GI Nurses Course of the Society of Gastroenterology Nurses and Associates, in Baltimore, Maryland, May 14, 2015.

Nurses publish

Lea Ann Matura, RN; Annette McDonough, RN; Ann Hanlon, RN; and Diane Carroll, RN, authored the article, "Development and Initial Psychometric Properties of the Pulmonary Arterial Hypertension Symptom Scale (PAHSS)," in a recent issue of *Applied Nursing Research*.

Penzias publishes

Alexandria Penzias, RN, clinical nurse specialist, Interventional Radiology, authored the article, "The Next Generation: Introducing Pre-Licensure Students to Radiology Nursing," in the June, 2015, *Journal of Radiology Nursing*.

Team publishes

Jianbo Liu; Maxim Khitrov; Jonathan Gates, MD; Stephen Odom, MD; Joaquim Havens, MD; Marc de Moya, MD; Kevin Wilkins; Suzanne Wedel, MD; Erin Kittrell, RN; Jacques Reifman; and Andrew Reisner, MD, authored the article, "Automated Analysis of Vital Signs to Identify Patients with Substantial Bleeding Prior to Hospital Arrival: a Feasibility Study," in the May, 2015, *Shock*.

Announcements

Blum Center Events

"Chair Yoga"

Wednesday, July 22, 2015
12:00–1:00pm

Experience the health benefits of yoga from the comfort of your chair. Join Laura Malloy, LICSW, to learn healthful chair yoga techniques. Perfect for anyone new to yoga, anyone uncomfortable getting onto the floor, or anyone who wants to learn ways to manage stress at your desk.

"Preventing Back-to-School Stress with Mind Body Medicine"

Wednesday, August 5th
12:00–1:00pm

Studies suggest that US teens, 12 to 18 years old, are more stressed than ever. Chronic stress can prevent a young person's brain from developing properly, leading to learning delays and inability to manage emotions. It can also lead to health problems later in life. Join Rana Chudnofsky, training manager at the Benson Henry Institute for Mind Body Medicine, to learn about effective techniques to reduce stress for parents and children.

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

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

For more information, call 4-3823.

MGH Nurses Alumnae Association fall reunion and educational program

This year's theme: "Historical Reflections and Nursing Innovations"

Friday, September 25, 2015
O'Keefe Auditorium
8:00am–4:30pm

Sessions will include: "MGH Graduate Nurses Who Served in the Military During the Vietnam War"; "Veterans, Post-Traumatic Stress Disorder and the Role of Equine Therapy"; "Nurses as Innovators," and others.

For more information or to register, call the MGH Nurses Alumnae Association at 617-726-3144.

ACLS Classes

Certification:

(Two-day program

Day one: lecture and review

Day two: stations and testing)

Day one:

September 11, 2015
8:00am–3:00pm

Day two:

September 21st
8:00am–1:00pm

Re-certification (one-day class):

October 14th
5:30–10:30pm

Locations to be announced.

Some fees apply.

For information, contact Jeff Chambers at acsl@partners.org

To register, go to:

http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Free one-day bereavement program for children and families

MGH, in partnership with Comfort Zone Camp (CZC), is holding a free one-day bereavement program for children ages 5–17 and their families.

Children who've experienced the death of a parent, sibling, or guardian are invited to register for a day of mentorship, support, and group activities. Parents are encouraged to attend the parent/guardian program held at the same location.

Saturday, July 25, 2015
8:30am–4:00pm

MGH Institute of Health Professions

Volunteers are also needed.
(Call 781-756-4840)

For more information or to register on-line go to www.comfortzonecamp.org/MGH-CZC, or call Todd Rinehart, LICSW, at 617-724-4525.

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to: ssabia@partners.org

For more information, call:

617-724-1746

Next Publication

August 20, 2015

Selecting new glucometers

Question: I've heard we're looking at purchasing new glucometers. Is that true?

Jeanette: Yes. A work group is currently in the process of evaluating glucometer options. The group is co-led by associate chief nurse, Theresa Gallivan, RN, and director of PCS Informatics, Annabaker Garber, RN. Representatives from Nursing, PCS Informatics, The PCS Office of Quality & Safety, The Norman Knight Center for Clinical & Professional Development, Laboratory Services, and Infection Control comprise the group.

Question: How will the decision be made regarding which glucometer to purchase?

Jeanette: In our evaluation of glucometers currently on the market, we're looking for options that meet the following criteria:

- Does the glucometer accurately scan our current patient wristbands?
- Does the device feel comfortable in the hands of providers?
- Is the touch screen easy to use?
- Which glucometers would staff prefer overall?

Question: Are clinical staff involved in the evaluation and decision-making process?

Jeanette: Clinical staff will play a key role in evaluating and helping to select the new glucometer. Staff on selected inpatient units and ambulatory practices will trial glucometer choices and provide feedback, which will be a big factor in the selection process.

Question: Will staff be educated and trained on use of the new glucometer?

Jeanette: Yes. All vendors have a robust training program and on-site presence during implementation. And The Knight Nursing Center will include glucometer training in all direct-care orientation programs.

Question: When can staff expect to see the new glucometer?

Jeanette: Once the new glucometer is selected, the process of connectivity assessment, installation, and testing will begin. The new glucometers are expected to be fully integrated hospital-wide by the end of the year.

For more information, call Chris Donahue Annese, RN, staff specialist, at 6-3277.



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