Caring Headlines

May 28, 2015

# Nurse Week 2015


Staff nurse, Catherine Welder, RN,
with patient, Stephanie Krasko on the White 10 Medical Unit

The newsletter for Patient Care Services
Massachusetts General Hospital

# *Not that there was ever any doubt—*

# MGH nurses still 'Simply the Best'

On May 4, 2015, Nurse Week swung into high gear with the annual, much-anticipated presentation of senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN. Every year, Ives Erickson delivers a personal, passionate, and increasingly political 'State of Nursing' address that leaves no doubt of the high esteem in which she holds MGH nurses; and this year was no exception. With data, video clips, photographs, and an interview with an MGH patient and his family, Ives Erickson demonstrated in no uncertain terms why MGH nurses are, 'Simply the best.'

For space reasons, the following is an abridged version of Ives Erickson's remarks:

It's been quite a year. We were confronted with racism, terrorism, snow storms, hospital overcrowding, the Joint Commission, implementation of Phase I of Partners *e*Care, and we had reason to test our Ebola-preparedness plan.

Through it all, we continued to innovate, improve care, and enhance teamwork and patient-satisfaction. This past year, racism took hold of our country. I think these events require us to bolster our diversity agenda to zero tolerance for unjust and destructive behavior. And I mean *zero tolerance*.

While we wonder at the violence unfolding in our communities, we need to ask ourselves how college students become filled with prejudice at such a young age. How is it that students in a fraternity at the University of Oklahoma are chanting racist remarks and it's being captured on video? That is unacceptable racist behavior, and we should be open in expressing our condemnation of these and similar acts.

Incidents like this can happen anywhere. Even at MGH. We cannot tolerate racist behavior. Inappropriate jokes, name-calling, or anything else that belittles a race, religion, gender, sexual preference, or ethnicity cannot go un-checked. We have a responsibility to, in a respectful way, hold each other accountable for our words and actions.

The new hospital Diversity Committee that I co-chair with Dr. James Brink, is working to address issues like these that impact our workforce. Our goal is to provide opportunities to learn together, to open a dialogue and keep that dialogue going. Having these tough, respectful conversations is increasingly important. I invite you to think about ways we can all help. Like you, I'm committed to doing whatever it takes to make the world a better place. And while we're on the subject, I'd like to thank Mayor Marty Walsh for pushing to ensure that Boston's St. Patrick's Day Parade was inclusive this year. It was about time, and I think sent a more accurate message about who we are and who we want to be as a community.

Recently, we deployed a number of nurses and physicians to help the people of Nepal. This is an important part of our mission. As a nation, we have a history of working to spread democracy throughout the world. We're fortunate to have employees at MGH who serve or have served our country in the military. In January, I had the pleasure of attending the ceremony of staff nurse, Stephanie

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Kwortnik, as she was promoted to a colonel in the US Army. It was a thrill to attend the ceremony and be surrounded by other MGH military veterans who make us so proud. I thank you all for your service.

The memory of the Boston Marathon bombings will forever be with us. But thankfully, so will the spirit of unity and resiliency that brought us through that dark time. Our own oncology staff nurse, Jessica Kensky, is a shining example of that resiliency of the human spirit. We are so proud of Jess. She asked me to convey her gratitude and appreciation, and that of her husband, Patrick, for your love and support these past two years.

I had a chance to spend time with Jess and her family over the Patriot's Day weekend, and it gives me great pleasure to tell you that Jess's service dog, Rescue, received a special Partners in Excellence Award this year. I guess excellence begets excellence.

Does anyone recall that it snowed this past winter? I thought you might. This winter punished us like no other. I recall entering the hospital on January 27th thinking it looked like Logan Airport. You all came with your luggage prepared to care for patients and support one another. Over the course of those three days, while 25 inches of snow fell, more than 1,000 employees stayed overnight at the hospital. And a few days later, more snow. We got a brief respite as we watched our Patriots win the Super Bowl. Then guess what, it started snowing again. This past winter we saw a record 110.6 inches of snow, but thanks to all of you, our patients saw no interruption of service and continued to receive exceptional care. They trusted that you would show up, and you did. Many of you didn't have to 'show up' because you never went home.

I don't think there's an organization on the planet that showed so much loyalty and fortitude. Thank-you for being the heart and soul of MGH (and a little bit polar bear!)

This past year, our Innovation Units and care re-design work showed extremely positive results. At our January retreat, more than 250 participants reflected on what's working, thought about what could be done better, and began to chart a plan for the future. Our work now includes the Emergency Department, Operating Rooms, Dialysis, AMS, Infusion Units, Outpatient therapy centers, and interventional areas, just to name a few.

Our goal is to translate the guiding principles of safe, effective, efficient, timely, equitable and patient- and family-centered care to all practice areas; both inpatient and outpatient. Participants in the most recent retreat came away with a renewed sense of direction and purpose.

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Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse (right) with MGH patient (second from left), Shea Hammond, along with family members (l-r): Colleen Martin, Shea's cousin; Colleen Hammond, Shea's mom; and Brigadier General (retired) Jack Hammond, Shea's dad.

# The wisdom of experience

## *advancing practice through narratives*

The first official presentation of Nurse Week, "The wisdom of experience: advancing practice through narratives," was part didactic information-sharing and part clinical story-telling. Presented by Jana Beth Deen, RN, senior director of Patient Safety, MGH Center for Quality & Safety, and Colleen Snydeman, RN, director, of the PCS Office of Quality & Safety, the session revolved around four safety narratives shared by staff nurses, Amy Mawn, RN; Sarah Molway Ballard, RN; Christen Auvil, RN; and Carolyn LaMonica Velez, RN.

Jana Beth Deen, RN, senior director of Patient Safety, MGH Center for Quality & Safety

Deen and Snydeman predicated their presentation on two beliefs: 1) one of the strongest predictors of clinical excellence is when caregivers feel comfortable speaking up when they perceive a problem with patient care; and 2) story-telling is key to creating organizational culture. They offered two definitions of 'safety culture': one from senior vice president for Patient Care, Jeanette Ives Erickson, RN, "A culture of patient safety exists in an inter-disciplinary, team-oriented, non-punitive environment that promotes discussion of problems and errors to foster continual learning and improvement." And one from *The Joint Commission Accreditation Manual*, "Hospitals that have a robust safety culture are characterized by:

- communication based on mutual trust
- shared perceptions of the importance of safety
- confidence in the efficacy of preventative measures

According to the Joint Commission, learning organizations embrace the principles of:

- team learning
- shared vision and goals
- shared mental model (similar ways of thinking)
- a commitment to life-long learning
- systems thinking

Learning organizations support creativity and innovation; patient-safety events are seen as op-

Staff nurses who shared their safety
Christen Auvil, RN; Carolyn

portunities to learn, improve, and drive change. In order to fix problems, we need to first identify them, be able to talk about them, then implement the best solutions to ensure they don't happen again.

After establishing the importance of fostering a culture of safety, Deen and Snydeman spoke of the value of clinical narratives in upholding a safety culture. Clinical narratives offer a way to articulate the clinical knowledge, intuition, and experience embedded in the practice of all clinicians. Narratives allow us to take the lessons learned from one story or incident and apply them to the organization as a whole. Errors and near misses then become real-life research and the source of knowledge that can drive improvement.

By way of demonstration, Deen and Snydeman invited Molway Ballard, LaMonica Velez, Mawn, and Auvil to read their narratives. First up was Auvil, who told of her experience identifying a medication error—an order for a potassium supplement had been incorrectly ordered and approved by Pharmacy. Experience told her the dose was incorrect, and she validated that knowledge by reviewing the policy in ellucid then brought it to the attention of the pharmacist and physician. By listening to her 'gut feeling' and persevering to correct the error, she was able to shed light on the system breakdown that had allowed the error to occur.

Mawn told of a situation where her nursing instincts, clinical knowledge, and experience told her a patient was in cardiac distress despite a physician's assurance that there was no problem. When the patient's heart rate continued to climb, Mawn alerted the Rapid Response Team, and the patient was stabilized and taken immediately to the ICU.

Molway Ballard related her story of discovering a potential safety glitch in the Provider Order Entry (POE) system related to follow-up X-rays being 'automatically' scheduled. Molway Ballard recognized that routine X-rays were overlapping with scheduled X-rays, which would have led to a patient receiving unnecessary exposure to radiation. She brought the issue to the attention of unit leadership and filed a safety report, which led to the issue being resolved in POE.

LaMonica Velez shared two incidents of errors related to medication-administration. One had to do with administering a medication based on the lab work of a wrong patient; the other with flushing an IV for a patient on continuous versus bolus medication. No harm occurred in either case, but it led to heightened vigilance on her part. And because LaMonica Velez shared these incidents with her colleagues, changes were made to POE and the pump library to ensure safer care for patients in the future.

These were four very different patient-care scenarios, but they all had several things in common: they highlighted the importance of listening to those gut feelings and trusting your instincts; they remind us not to become complacent—even computers can make mistakes; and in all cases, nurses were on the front lines at the point of care acting as safety nets for the patient.

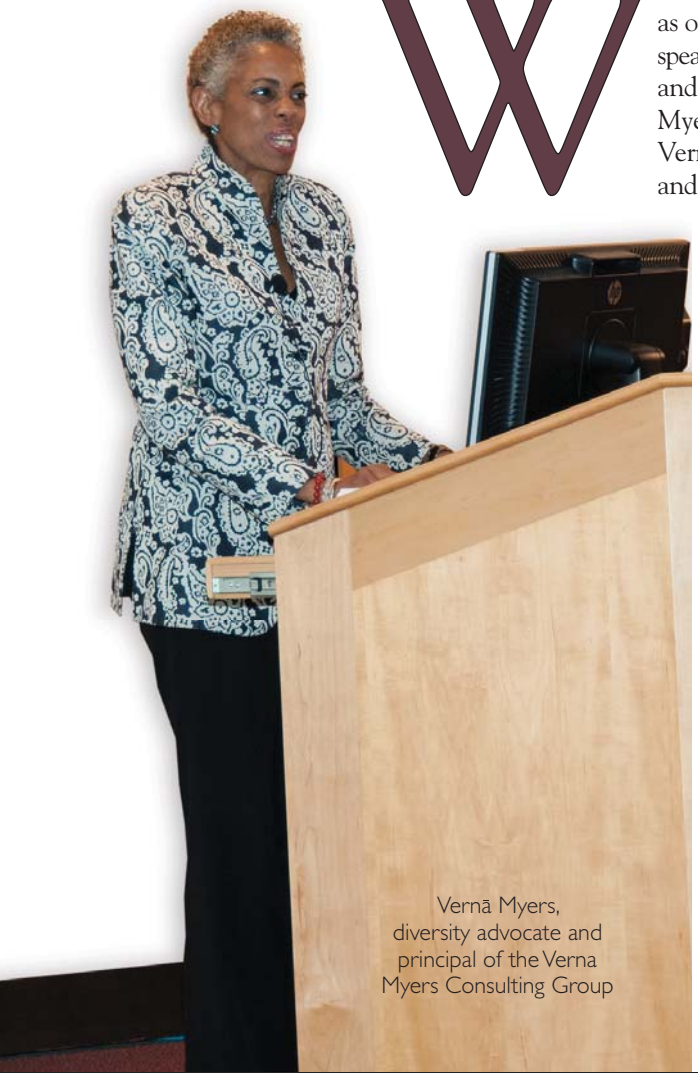
All four narrative spoke to the value of fostering a culture of safety. More good can come from identifying issues as soon as possible and fixing them than assigning blame and punishment. In each case we saw the impact of a non-punitive, solution-based approach. And in each instance, the support of unit-based leadership was key.

As senior vice president for Patient Care, Jeanette Ives Erickson, RN, observed, "We need to get away from thinking of safety reports as 'tattling.' Every safety report filed by staff contributes to a growing body of knowledge that prevents adverse events from occurring in the future."

narratives (l-r): Sarah Molway Ballard, RN; LaMonica Velez, RN; and Amy Mawn, RN,

Colleen Snydeman, RN, director, PCS Office of Quality & Safety

# Understanding biases can make you a better caregiver and co-worker



Vernā Myers, diversity advocate and principal of the Verna Myers Consulting Group

We were fortunate to have as one of our Nurse Week speakers, diversity advocate and principal of the Vernā Myers Consulting Group, Vernā Myers. A dynamic and charismatic speaker, Myers wasted no time getting to the crux of her topic. In her presentation,"Understanding biases can make you a better caregiver and co-worker," Myers led by example. She didn't dance around sensitive subjects; she didn't tip-toe around uncomfortable conversations. In the first 30 seconds of her presentation, her message was clear: If you're serious about advancing a diversity agenda, you need to be prepared to talk openly and honestly about every aspect of bias and diversity. And she spent the better part of the next hour doing just that.

Myers began with a look at our national diversity journey, which she described as moving from a focus on anti-discrimination, to tolerance, to a celebration of differences, to inclusion, and ultimately, hopefully, to cultural competence. She compared inclusion to cultural competence this way: Inclusion is when you promote an environment where people from different cultural backgrounds:

- are welcomed and treated with respect
- feel included and integrated
- are given equal access to opportunities
- are given opportunities to contribute their ideas and concerns

Whereas cultural competence sees difference as an asset. Said Myers, "Cultural competence is when an institution fully integrates its understanding of and appreciation for the diverse cultures and backgrounds of its employees, clients, customers, and other constituents into its vision, mission, culture, policies, and practices. Where do you think MGH is in its diversity journey?"

A big part of Myers' body of work is centered around bias and how bias makes its way into each of us. She readily admits that everyone has biases—they're unavoidable. Biases are formed in us at a young age based on our early surroundings and affiliations. To a certain extent, we have no control over our individual biases. But we do have control over our actions and how (or whether) we allow our biases to dictate our behavior.

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We've all been present at one time or another when someone has made a racist or derogatory remark based on someone's skin color, religion, sexual orientation, or whatever. Did you speak up when it happened? If we're serious about advancing our diversity agenda, we cannot let those biased statements stand.

Myers has developed four strategies or 'habits' to help promote inclusion and counter biases in ourselves.

*Habit #1: Understand your culture and its impact*

To help attendees get a sense of the impact of their own cultures, Myers asked members of the audience to form small groups and talk about:

- their race, ethnicity, culture, gender, and socio-economic class (now and growing up)
- how much and what kind of diversity they experienced at various stages of their lives
- what they considered their two most important identities and why
- how their identities and backgrounds affected their work with people from different backgrounds and identities

Myers encouraged everyone to, 'get culturally curious.' Ask questions. Everyone has a different personal journey that brought them to MGH. What brought your colleagues here? Get to know them, let them get to know you. Our culture affects everything we do—how we communicate; what we value and care for; how we grieve; how we resolve conflict; how we explain bad things happening; how much personal space we need. Embrace the differences and the surprises.

Contrary to popular belief, Myers recommends abandoning the Golden Rule, saying, "Why would we treat someone the way we want to be treated. We should be treating people the way *they* want to be treated." Makes sense.

*Habit #2: Embrace your biases—go looking for them*

In order to better understand our biases (and by extension, our cultural behavior), Myers recommends taking an inventory of our biases. Ask yourself:

- Who do you get excited about seeing?
- What do you focus on or ignore on a résumé?
- Who have you mentored over the years?
- Who do you believe and/or trust automatically?
- Who do you share information with?

Do you see any patterns that could provide insight into your own biases? At the very least, everyone should be alert to, 'in-group favoritism,' when you show preferential treatment to people who are in the same group (race, religion, gender, etc.) as you.

*Habit #3: Expand your professional and social circles*

Part of what keeps biases alive is fear of people who are different. And most of the time, those biases would disappear if we got to know those 'different' people. Said Myers, "Biases are the things we make up about people before we know who they are." She advises people to build relationships across difference:

- make contact, don't avoid
- look for commonalities; be open to discussing differences
- look for unique contributions and abilities and help cultivate them
- decide to be responsible for the success of someone different from you
- look out for your own sense of superiority

*Habit #4: Interrupt bias when you see it*

We've all been present at one time or another when someone has made a racist or derogatory remark based on someone's skin color, religion, sexual orientation, or whatever. Did you speak up when it happened? If we're serious about advancing our diversity agenda, we cannot let those biased statements stand. As Myers sees it, there are three responses in that scenario: actively biased (voicing agreement with the remark); passively biased (saying nothing); or actively anti-biased (letting it be known that you don't agree or support the statement). Note: passively biased (doing or saying nothing) is just as harmful as actively biased.

By the end of Myers' presentation, it was abundantly clear that diversity is not a simple matter; it is complicated and multi-faceted. But it's worth the effort to get it right. Myers' call to action came in the form of a few simple, thought-provoking questions:

Yes, we're all good people. Are we as good as we want to be?

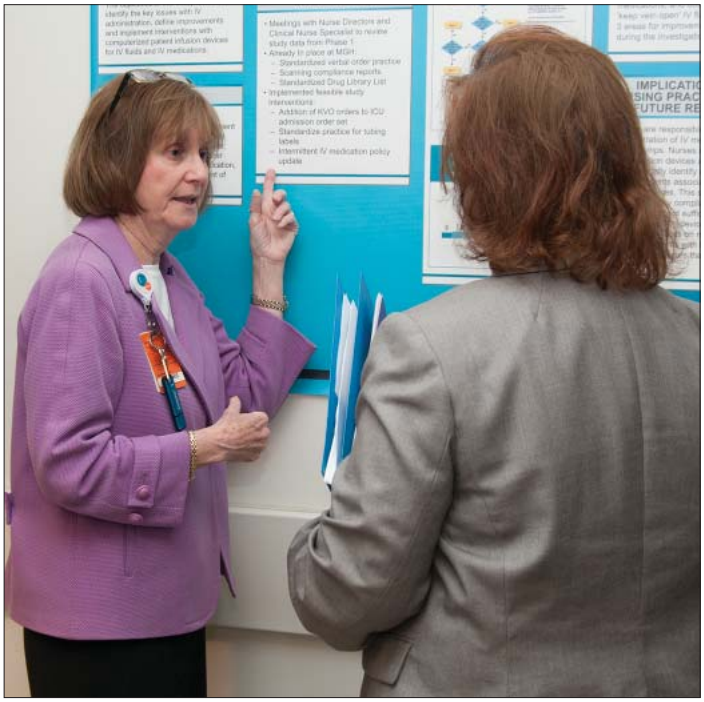
Are we ready to embrace our biases?

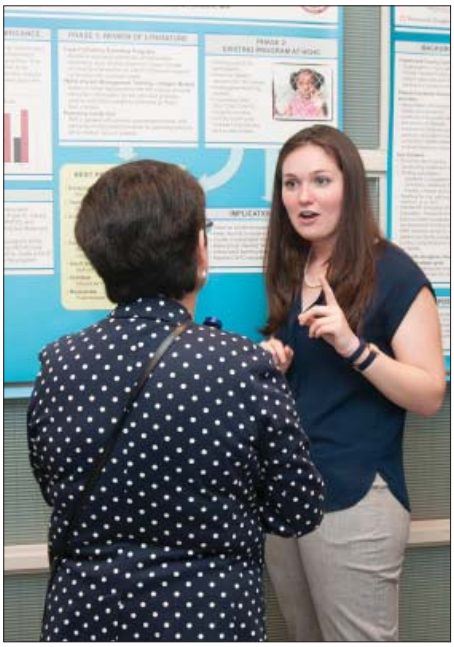
What are we prepared to do to move our organization beyond the status quo to a state of actual cultural competence?

Said Myers, "We're all in a position to make a difference—we influence people every day. We need to *own* that."

# Interactive poster display

## *Nursing Research Poster Session an opportunity to share knowledge and data to enhance clinical practice*



*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.*

# Advancing nursing research at MGH: views and vision

Meg Bourbonniere, RN, director of Nursing Research and Innovation

This year's Yvonne L. Munn Nursing Research Lecture, "Advancing nursing research at MGH: views and vision," was an opportunity to get to know Patient Care Services' new director of Nursing Research and Innovation, Meg Bourbonniere, RN. Bourbonniere shared details of her early days as a nurse and how nursing practice, research, and education have been the 'true north' that guided her career from the beginning.

Bourbonniere told of being asked to develop a case management program at a 69-bed community hospital in Springfield, Vermont, in the hopes of reducing length of stay, preventing re-admissions, and improving care. The nurse-led initiative was a success, but when asked by the CEO of the hospital, "How do you know this program is working?" she realized there was no evidence to point to, no link between the program they had implemented and the positive changes that had occurred.

"That's when I knew I had to become a researcher," said Bourbonniere.

She shared the Florence Nightingale quote that has been a guiding principle throughout her career: "All the results of good nursing... may be spoiled or utterly negatived by one defect... in petty management, or in other words, by not knowing how to manage that what you do when you are there shall be done when you are not there."

She touched on many of the research studies she worked on at various stages of her career and at institutions such as the Yale School of Nursing, Rhode Island Hospital, Dartmouth-Hitchcock Medical Center, and Thomas Jefferson University Hospital in Philadelphia, bringing her to her current role at MGH.

Said Bourbonniere, "I'm honored to accept the charge to help bring MGH nursing research to the next level. I know I'll benefit from the wisdom and leadership of Jeanette [Ives Erickson], Dottie Jones, and Gaurdia Banister.

She noted the importance that nursing practice, education, and research will continue to have in the evolution of our research agenda, and that cultivating and strengthening our investment in innovation will remain a high priority.

Bourbonniere ended with the Nightingale quote, "So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself."

# 2015 Nursing Research Award recipients

## Munn Research Awards

The Yvonne L. Munn Nursing Research Awards are presented to nurses at MGH who have submitted grant applications for funding on topics of clinical importance. Proposals undergo a competitive review process. Awards are presented to research teams along with their doctorally prepared nurse mentors. Studies are conducted over a two-year period, and results are disseminated through special presentations and/or publication.

This year's recipients:

"Qualitative Evaluation of Postoperative Cranial Dressing Strategies,"
principal investigator: Kathleen, Breda, RN
Team: Scott Farren, RN; Mary Guanci, RN; Kate Sparks, RN
Mentor: Sara Dolan Looby, RN

"Testing the Use of the I-PASS Mnemonic among Emergency Department Nurses during Hand-Off,"
principal investigator: Debra Stevens, RN
Team: Marilynn Fahey, RN; and Julianne Casieri, RN
Mentor: Laura Rossi, RN

"Bringing Yoga Home: Exploring the Use of a Web-Based Yoga Intervention for Breast Cancer Survivors,"
principal investigator: Loren Winters, RN
Team: Luba Zagachin; Erin Sullivan, RN; Karleen Habin, RN; and Cheryl Brunnell, PT
Mentor: Jane Flanagan, RN

## Connell Nursing Research Extension Awards

Connell Extension Awards are presented to past Connell nursing research scholars (CNRSs). Extension awards provide scholars with limited funding to complete their CNRS projects. Funding can be used to support expanded data-evaluation, dissemination of the research in literature, or completion of grant applications.

This year's recipients:

"A Secondary Analysis of Data from the Leadership Influence over Professional Environment Scale Multi-Site Study: Exploring the Impact of Demographic and Organizational Characteristics,"
Jeffrey M. Adams, RN

"Technology-Assisted Pain Relief to Limit Dose Escalation in Opioid-Tolerant Chronic Pain Patients Admitted to a Medical Unit,"
Paul Arnstein, RN

"Reducing Health Disparities: an Investigation of Symptoms among Menopausal HIV-Infected Women,"
Sara Dolan Looby, RN

"Comparison of Clinical Characteristics and Oral Feeding Progression in Pre-Term Infants in the Newborn Intensive Care Unit,"
Margaret Doyle Settle, RN

Yvonne L. Munn Nursing Research Award recipients (l-r):
Front row: Loren Winters, Debra Stevens, and Kathleen Breda.
Back row: Jane Flanagan, Sara Dolan Looby, and Laura Rossi

Connell nursing scholars and award recipients (l-r):
Kim Francis, RN, Connell Nursing Research Scholar; Peggy Doyle Settle, RN*; Paul Arnstein, RN; and Sara Dolan Looby, RN*
Not pictured: Jeffrey Adams, RN
*received Connell Nursing Research Scholar Post-Doctoral Extension Grant


Staff nurse, Dan Gallagher, RN,
and patient care associate, Julian Flores (left) with patient,
Steve Agostinelli, in the Respiratory Acute Care Unit

# 2015 Nursing Research Poster Awards

*This year's Interactive Poster Session featured 39 posters, showcasing the exemplary work of MGH nurses and nurse scientists from Boston College, Northeastern University, the MGH Institute of Health Professions, the University of Massachusetts, the University of Rhode Island, and Wentworth-Douglass Hospital. All abstracts were peer-reviewed and evaluated by judges from the MGH nursing community and colleagues from local nursing schools.*

## Evidence-Based Practice

First Place

Kelly Grady, RN,
for her poster:
"Informing Organizational Strategy: Nursing Research in a Community Hospital Setting"

## Original Research

First Place

Stephanie Evrard, RN; Katherine Milley, RN; Janice Camuso, RN; Kathleen Schultz, RN; Patricia English, RRT; Tae Song, MD; and Jose Garcia, MD,
for their poster:
"The Relationship between Staff Education and Mortality in Patients with ECMO"

## Quality Improvement

First Place

Catherine Calder Calisi, RN, and Sandra Murphy, RN,
for their poster:
"The Effect of a Wellness Break on Nurses' Stress, Anxiety, and Pain Levels"

## Advanced/Mid-Career Researcher

First Place

Diane Feeney Mahoney, RN, of the MGH Institute of Health Professions,
for her poster:
"Latino Caregivers' Perspectives on Dementia-Related Dressing Difficulties at Home: Application of the Preservation of Self Model"

## Emerging Researcher

First Place

Beth Nagle, RN; Gail Alexander, RN; Jeanne McHale, RN; and Maureen Marre, RN,
for their poster:
"Using Simulation to Improve Student Nurses' Confidence in their Performance during Medical Emergencies"

Poster award winners (l-r): front row: Sandra Murphy; Diane Mahoney; Stephanie Evrard; Janice Camuso; and Katherine Milley. Back row: Gail Alexander; Catherine Calder Calisi; and Kelly Grady.

# Making Florence proud: using nursing informatics in your daily practice

In her presentation, "Making Florence proud: using nursing informatics in your daily practice," Epic director of Nursing Informatics, Emily Barey, RN, provided what she called, 'a conversation starter,' in our preparation to transition to Partners *e*Care. She invoked the wisdom of Florence Nightingale and her foresight in understanding the importance of documentation and keeping hospital records with Nightingale's quote, "If they [records] could be obtained, they would enable us to decide many other questions besides the one alluded to. They would show subscribers how their money was being spent, what amount of good was really being done, or whether the money was not doing mischief rather than good."

Emily Barey, RN, director of Nursing Informatics, Epic

Asserting that, "Every nurse is a nursing informaticist," Barey gave attendees a virtual tour of the new *e*Care system, explaining what MGH nurses' role will be during the go-live period. Barey has ushered in this new technology enough times to know that a certain amount of dysphoria is to be expected post roll-out. She recommends focusing on five key points to ensure a smooth cut-over:

- Make sure you put data in the right place at the right time
- Understand how patients move on and off your unit
- Check and re-check the steps of the Signed & Held orders
- Practice calling physicians for order-clarification
- Understand the connection between documentation and charge entry for billing purposes

Barey stressed the importance of tempering your expectations. Realize that no matter how experienced you are, you're going to be a novice for a while as you gain comfort and proficiency using the new system. In the early days, it will be important to be able to recognize when variations are patient-related, staff-related, or *e*Care-related.

Appreciating the irony of her own statement, Barey noted, "The beauty of *e*Care is that there will be a lot of information. Unfortunately, the *curse* of *e*Care is that there will be a lot of information." But the pluses far outweigh any minuses associated with the learning curve of introducing a new technology. Said Barey, "Once you're up and running, you'll have access to so much data—you'll be able to see trends among populations, get a sense of the bigger picture, track fall risks, pressure ulcers, pain, and so much more."

In closing, Barey advised, "We're all responsible for a successful go-live." Her advice? "Participate. Start asking questions now. Start building relationships now. And practice, practice, practice."

# Pediatric nursing


Staff nurse, Rachael Higgins, RN,
with 4½-year-old, Danny Feole, in the playroom on the Ellison 17 Pediatric Unit

# Reflect, re-fuel, and re-balance

## *an introduction to mind-body relaxation techniques*

It's not often that an MGH presentation begins with the distribution of lavender-scented Q-Tips and the strains of relaxing music. But that's what greeted attendees to the final session of Nurse Week, "Reflect, re-fuel, and re-balance," presented by Margaret Baim, RN, director of the Center for Training at the Benson Henry Institute of Mind Body Medicine, and Kathleen Miller, RN, adjunct assistant professor of the Mind Body Spirit Nursing Program at the MGH Institute for Health Professions.

Kathleen Miller, RN (left) and, Margaret Baim, RN

Baim and Miller stressed the importance of carving out time every day to relax and nurture yourself, focusing your attention inward on your personal rythmn and sense of well-being. They spoke about the negative effects of stress on the body and mind, citing evidence of neuro-inflammation in direct response to even mild stress. When exposed to stress, the prefrontal cortex, the most evolved region of the brain that controls deliberate thought, gives way to the more reflexive, emotional control of the amygdala. Because of the locations of these two regions in the brain, researchers refer to the more thoughtful, prefrontal-cortex-driven response as 'top-down' and the less measured, amygdala-driven response as 'bottom-up.' Prolonged or repeated stress can have a cumulative effect, but Baim and Miller say that as little as 20 minutes a day of focused meditation can help offset the damaging effects of stress.

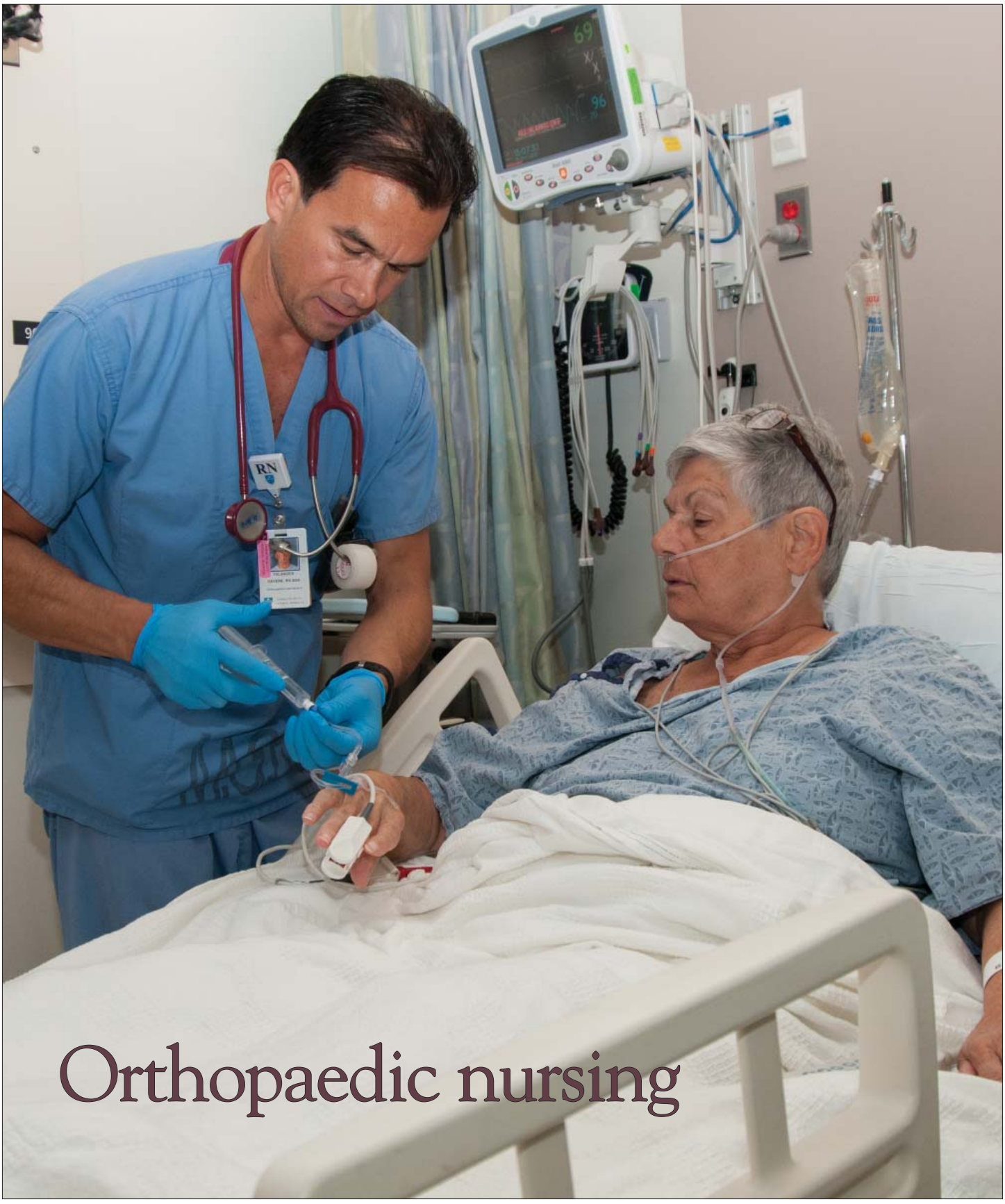
For those not versed in the practice of meditation, Baim and Miller recommended a few 'meditation starters,' such as:

- focusing on and experiencing your breath
- selecting a positive word, phrase, or image and reciting it in rhythm with your breath
- recalling a pleasant memory and translating it into words, phrases, images, or sensations
- chanting an uplifting phrase or prayer

Research shows that scenes of nature trigger the desired top-down relaxation response. Baim and Miller suggest that our everyday hand-sanitizing practices could be used to trigger the relaxation response, as well. The next time you reach for the CalStat, try:

- blessing and releasing the last patient or situation
- opening yourself up to give and receive the next situation
- re-connecting to your core values

Baim and Miller led attendees in several relaxation exercises, which were very well received. Maybe meetings at MGH *should* start with lavender-scented Q-Tips from now on.




# Orthopaedic nursing

Staff nurse, Yulhader 'JR' Revere, RN,
with patient, Jo-Ann DePrizio, on the White 6 Orthopaedics Unit

# Scenes *from* Nurse Week

















GO
MAL

SAFETY
Welcome

Our Innovation work and Patient Journey are being replicated in hospitals around the country. In March, I attended a national meeting where a care-delivery model was presented that made me sit up and take notice. They acknowledged that it was the MGH Innovation Unit model, attending-nurse role and all. I was extremely proud as they described the impact the model has had in their organization. We have consulted with the Ohio State Medical Center, Yale New Haven Hospital, the University of Pennsylvania Hospital, and Boston Children's Hospital is scheduled for June. As they say on Twitter, our Innovation Unit work is 'trending.'

We have made significant progress in evaluating our Innovation Units. Using a health-services research approach, we conducted an extensive review of our work. The evaluation explored the relationship between patient experience and quality and safety within the context of our professional practice environment and leadership engagement. Some very promising results are emerging.

Innovation units are making significant strides in reducing hospital-acquired conditions such as, catheter-associated urinary tract infections (CAUTIs); central-line-associate blood stream infections (CLABSIs); and hospital-acquired pressure ulcer rates. Patients are more satisfied, quality has improved, costs are coming down, and staff are more satisfied.

We were exceptionally busy this past year. Many organizations are experiencing a decrease in volume. We have seen almost 4% growth in inpatient admissions. Ambulatory practices are flourishing, and community health center visits increased by 4.8% this past year. That is because of you. Patients and families know you are Simply the Best.

To help alleviate capacity challenges, we formed the Patient Progression Committee. We launched an effort to reach national benchmarks on days patients are hospitalized. We streamlined the guardianship process. With education about levels of care and an expected date of discharge tool, we have effectively reduced length of stay. By ensuring patients stay in the hospital only as long as they need to, we reduced length of stay by 2.3%. And there's so much more we can do to ensure patients are discharged in a timely manner.

This past year we hired 204 nurses and promoted 71 support staff into registered nurse positions. We're fortunate to have a team of dedicated educators and specialists who prepare our workforce for the future.

Last month, we welcomed The Joint Commission to MGH to survey our hospital. Surveyors shared some recommendations for improvement, but emphasized that our patients are receiving exceptional care. I've been part of numerous Joint Commission surveys in my career, but this one was the absolute best. It is a tribute to your dedication and vigilance.

This was an impressive year for fundraising with 819 donors contributing two million dollars to the department of Nursing. This only happens because of the exceptional care you provide. People believe in you. Because of grateful patients we were able to give numerous scholarships and awards.

One event stands out in my mind as a unique example of preparedness and being the best. We've taken great pains to ensure the hospital is prepared in the event we're called on to care for patients with Ebola or similar diseases. We underwent an intensive review by representatives from the CDC, the Massachusetts Department of Public Health, OSHA, and others. At the exit meeting, they shared that many organizations had readiness plans, but we were the only one they had visited that was actually *ready*.

One day later, we learned that a member of our community who had just returned from Sierra Leone was experiencing Ebola-like symptoms. Our biohazard plan was officially activated.

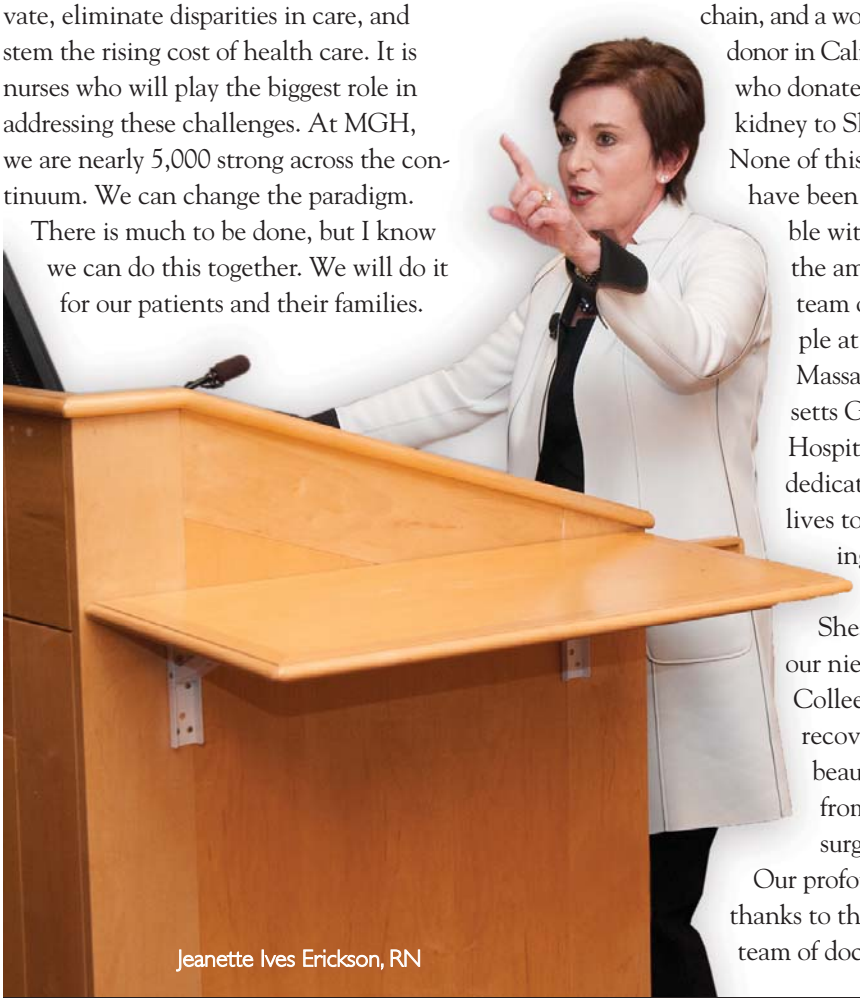
I receive countless letters from patients and families about the great care they receive. I'd like to share a portion of one them with you: "Dear Ms. Erickson, My wife recently finished a month-long admission at the General during which she stayed on five floors. She got moved around a lot because she suffered a series of complications. By the end of her stay, she had seen about 30-40 different nurses. Every one of them was professional, competent, and kind in their care. Almost all of them went well beyond that standard to what my wife calls, 'simpatica,' a Portuguese word meaning empathic, friendly, and warm. Near the end of my wife's stay, a young nurse named Amy cared for her. Amy learned that my wife doesn't like TV, preferring to read. Nearly a week later, after my wife had been moved to two different units, Amy came after her shift to bring my wife a half-dozen magazines she had bought at a newsstand for her. Mind you, this was during the epic snowstorms when everyone was struggling just to get out and buy groceries for their kids. Apparently Amy subscribes to that surreal standard of care in which being off-duty and snowbound doesn't actually matter. Another of my wife's favorite nurses was Jocelyn. This nurse was indeed special. We're grateful for all your staff's kind work. I understand now that these nurses are an integral part of why MGH is world-famous. Thank-you."

As nurses, we play a vital role in transforming healthcare. Our advanced prac-

*continued on next page*

tice nurses provide care across the organization. In Massachusetts, the Mass Medical Society is proposing an approach to regulate the practice of nurses in the expanded role. We cannot let this happen. We must work to remove barriers to practice. We can expand access to care by maximizing the role of nurses and removing antiquated advance-practice nurse regulations.

Why do nurses matter? Because our community, our nation, our world faces serious health care challenges. We have an aging and diverse population. More and more people have chronic illnesses while still more are becoming insured and seeking health care. Demand is increasing. We must continue to change, innovate, eliminate disparities in care, and stem the rising cost of health care. It is nurses who will play the biggest role in addressing these challenges. At MGH, we are nearly 5,000 strong across the continuum. We can change the paradigm. There is much to be done, but I know we can do this together. We will do it for our patients and their families.



Jeanette Ives Erickson, RN

By way of introduction to our special guests today, I'd like to read you one more letter: "Dear Jeanette, I am writing you to pass on my thanks and appreciation for the incredible work, care, and support we received from the clinical staff, especially the amazing nurses at MGH, during my son Shea's renal failure and kidney transplant. Our family is forever grateful to MGH for the caring and professional efforts that saved our son's life and healed our family. Shea's life was saved by the enormous gift of a kidney transplant that was part of the largest kidney chain operation ever performed. This miraculous gift was made possible by Shea's cousin, Colleen Martin, who donated to the chain, and a wonderful donor in California who donated the kidney to Shea. None of this would have been possible without the amazing team of people at Massachusetts General Hospital who dedicate their lives to helping those in need. Shea and our niece, Colleen, are recovering beautifully from their surgeries. Our profound thanks to the entire team of doctors, nurses, social workers, and staff who worked tirelessly to make this transplant happen. We extend our deepest gratitude to the doctors who performed the surgery, the nursing staff on the Transplant and Dialysis units, patient transport staff, and so many others. Our family will keep your wonderful staff in our hearts and prayers. Many thanks, Brigadier General (retired) Jack Hammond, executive director of the Red Sox Foundation and MGH Home Base Program."

Ives Erickson invited the Hammond family, including Shea, his cousin, Colleen Martin; his mom, Colleen Hammond; and his dad, Jack Hammond, to join her for a brief conversation. They spoke about their long-time relationship with MGH, which began the day Shea was born, when he was med-flighted to MGH in respiratory distress. He was placed on extra-corporeal membrane oxygenation (ECMO); months later he was diagnosed with a rare disease that necessitated frequent hospitalizations and, throughout the course of his life, multiple surgeries and three kidney transplants.

The Hammonds' praise of the care they received was earnest and effusive. Shea seemingly recalled each and every nurse who cared for him and the kindnesses they bestowed. He noted, "Nurses were the first people I saw when I woke up and the last ones I saw before I went to sleep. They advocated for me, they answered my questions, and the day-to-day care they provided was perfect."

It wasn't as if Ives Erickson needed help convincing the audience that MGH nurses are Simply the Best. But if she had, the Hammonds provided eloquent, heart-felt corroboration.

# Nursing in the Short Stay Unit


Staff nurse, Shevonne Blouin, RN,
and patient care associate Luz Rivera (left) with patient in the Bigelow 7 Short Stay Unit

# Annual military nurse cake-cutting ceremony

At right: At annual military cake-cutting ceremony, (l-r): most 'junior' nurse, recently hired, new graduate, Hillary Cady, RN; from the US Army, Captain Latoya Portee; Captain Courtney Folderauer, RN; and MGH's 'senior' nurse, senior vice president for Patient Care, Jeanette Ives, Erickson, RN. Below: Folderauer places saber in preparation for cake-cutting.

On Monday, May 4, 2015, MGH nurses gathered in the Trustees Room for the annual military cake-cutting ceremony. As Army tradition dictates, the most senior and junior nurses join together to cut the cake using a vintage saber in recognition of the contributions and achievements of nurses all over the world. This year, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, was joined by most recently hired MGH nurse, Hillary Cady, RN, of the White 8 Medical Unit. Also on hand were US Army nurse, Captain Courtney Folderauer, RN, who sadly will be re-locating making this her last year as MGH-US Army liaison for this event, and her replacement, Captain Latoya Portee.

(Photos by Wally Reeves)

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# It's twins!

Staff nurses (l-r): Anne Maguire, RN; Kate Berger, RN; and Christine Faitel, RN,
with mom-to-be, Jeanne D'arc Diligent, on the Yawkey 4 Obstetrics and Gynecology Unit

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