

# Caring

Headlines

February 18, 2016

## MGH mission

Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; to advance that care through innovative research and education; and to improve the health and well-being of the **diverse** communities we serve.

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An early look at the work of the MGH/MGPO Diversity Committee

*(See Jeanette Ives Erickson's column on page 2)*

# An early look at the work of the MGH/MGPO Diversity Committee



When individuals of different cultures and backgrounds come together, we have the potential to transform *our* landscape into something exponentially better, stronger, and more effective than any one of us could do on our own.

Just like snowflakes, no two people are exactly alike. Each person has his or her own unique talents, strengths, and backgrounds. And while every snowflake is beautiful unto itself, we New Englanders know that when they come together in great numbers, they can transform an ordinary landscape into something magnificent and awe-inspiring. So too, can people. When individuals of different cultures and backgrounds come together, we have the potential to transform *our* landscape into something exponentially better, stronger, and more effective than any one of us could do on our own. That thinking was the impetus behind the creation of the MGH/MGPO Diversity Committee, an inter-disciplinary group that reports to the MGH General Executive Committee and is co-chaired by Jim Brink, MD, chief of Radiology, and myself.

In 2014, to support the MGH strategic plan and priorities, the newly formed Diversity Committee was charged with:

- setting over-arching diversity goals and priorities for the organization and assessing progress toward achieving those goals
- providing strategic guidance and oversight for diversity programming
- ensuring that relevant aspects related to the diversity of patients, our workforce, and the community are incorporated into implementation plans for the organization's strategic initiatives



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

- advising on the allocation of resources for diversity efforts and initiatives

The committee has met regularly, we've held our first in a series of strategic retreats, and we co-sponsored several events, including last year's MGH Community Dialogue on Race (along with the MGH Center for Diversity & Inclusion and the PCS Diversity Program).

We've met with Martin Davidson, a diversity consultant and author of the book, *The End of Diversity as we Know it*. Martin is professor of Leadership and Organizational Behavior at the University of Virginia's Darden School of Business; he teaches and consults with leaders around the world on how to leverage diversity to generate superior business performance. We'll continue to work with Martin as we clarify and advance our own diversity and inclusion strategy.

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The task force has created a preliminary draft of a diversity and inclusion statement. The intent is to provide language that describes what we mean by diversity and inclusion and why it's so important to our success and identity as an organization... if you'd like to have input or contribute to this work, please reach out to your manager or supervisor, or contact me directly.

Perhaps one of the most important tasks we're undertaking is educating ourselves about underlying issues related to diversity; benchmarking the work of other organizations and industries; and recognizing that the need for a diverse and inclusive environment goes beyond moral, social, and ethical imperatives. We know that diverse groups make better, fairer decisions; diverse groups function more efficiently, bring varied perspectives to the table, and foster more sophisticated problem-solving. In addition to being the right thing to do, making diversity a priority is a clinical and business best practice.

The Diversity Committee has convened a task force to review our mission, credo, and boundary statement, and explore the idea of creating of an MGH Diversity and Inclusion Statement to augment this family of documents. In reviewing our mission statement (see front cover), the task force and the committee at large felt no changes were necessary to that document. However, we are proposing a few revisions to our credo, vision, and boundary statements. Stay tuned for more on that work.

The task force has created a preliminary draft of a diversity and inclusion statement. The intent is to provide language that describes what we mean by diversity and inclusion and why it's so important to our success and identity as an organization. As I said, what we have is a preliminary draft; we've

shared it in a number of forums to solicit feedback. It will be reviewed by the PCS Executive Committee, patient and family advisory councils, and other key groups before going to the General Executive Committee and Board of Trustees for final approval. In the meantime, if anyone would like to have input or contribute to this work, please reach out to your manager or supervisor, or contact me directly. We're anxious to hear from as many people as possible as we continue to refine our diversity and inclusion statement.

The work of the MGH/MGPO Diversity Committee is on-going, and there is still much to do. In support of the committee's goals and the hospital's strategic plan, we're confident this work will:

- enable us to more effectively serve our diverse patient populations and ensure equitable care for all our patients and families
- improve our ability to attract, retain, and develop a diverse workforce
- help us forge and maintain strong relationships with individuals and organizations in the diverse communities we serve

I'll continue to keep you informed as the work of this committee unfolds.



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# Inaugural Volunteer Pin Night

—by Jackie Nolan, director, Volunteer and Information Ambassador Services

## Volunteers recognized

3,000 hours	Priscilla Farias-Monge Mary Martin Kevin McElroy Betsy Ryder
4,000 hours	Joel Lesser Ronald Surabian Haydee Vasquez
5,000 hours	Joan Epstein Duncan MacDonald Rose McCabe
6,000 hours	Elaine Kwiecien Mimi McDougal
7,000 hours	Kay Bander Kathy Rehm Peggy Scott
More than 10,000 hours	Patricia Austen Bill Lauch

On Monday, December 7, 2015, at the Paul S. Russell Museum, the Volunteer Department hosted its inaugural Pin Night Ceremony to recognize volunteers who've contributed significant hours of service to patients, families, and staff throughout the hospital (see list at left).

In addition to the pinning ceremony, Mandi Coakley, RN, staff specialist and principal investigator for the Pet Therapy Research Study, presented an overview of the Pet Therapy Program and shared the findings of her study. Volunteers had a chance to ask questions and meet some of the therapy dogs. Four

therapy dogs and their handlers gave attendees a chance to experience the power of pet therapy first-hand.

Says Jackie Nolan, director of Volunteer and Information Ambassador Services, "We owe a great debt of gratitude to all the volunteers for their dedication and service to the hospital. They are a true example of the power of generosity and kindness."

For more information about the inaugural Pin Night Ceremony, or any of the services offered by volunteers, call Nolan at 617-724-1753.



Above right: volunteer handlers with their pet-therapy dogs at Pin Night.  
Above: 2015 recipients of service pins (those who've volunteered 1,000 hours or more) with staff of the Volunteer Department.

(Photos by Edward Jacoby, volunteer)

# Expanding spiritual care options for Muslim patients

*Recently, senior vice president for Patient Care, Jeanette Ives Erickson, RN, sat down with emergency medicine chaplain, Reverend Dean Shapley, to talk about Chaplaincy's new Muslim Visitation Program.*

**Jeanette:** Can you tell our readers a little about the services offered by the Chaplaincy.

**Dean:** Chaplains assess and respond to the spiritual needs of patients, families, and staff, regardless of their religious affiliation or lack thereof. Spiritual needs can include comfort, companionship, emotional support, meaningful rituals and reflection, or conversations about life, care, relationships, and end-of-life decisions. MGH chaplains are clinically and theologically trained to meet the religious needs of those who belong to established faith traditions, and if specific religious needs can't be met by our chaplains, we have access to many outside resources.

**Jeanette:** Stories in the news have contributed to a number of misunderstandings about Islam and Muslims. These misunderstandings can impact our efforts to care for Muslim patients. How is the Chaplaincy responding?

**Dean:** For years, an Imam, a leader in the Muslim community, has been part of the MGH Chaplaincy team. The Imam is available to visit Muslim patients and respond to matters that require an Imam's expertise. The Imam is a resource for patients, families, and staff when there are questions regarding Islamic rules and guidelines as they relate to medical treatments and decisions. The Masjid (the Muslim prayer room), located on Founders 1, is available for patients and staff, and Friday prayers are held in the Thier Conference Room from 1:00-2:00pm. Copies of the Qur'an are available for Muslim patients free of charge; a CD version of the Qur'an is also available for borrowing.

**Jeanette:** Tell me about the new Muslim Visitation Program.

**Dean:** The Muslim Visitation Program is a new collaboration between the MGH Chaplaincy and the Islamic Society of Boston Cultural Center (ISBCC). We've been working with the ISBCC to recruit and develop a group of trained volunteers to visit and support Muslim patients through conversation, prayer, and reading from the Qur'an. These volunteers are specially trained to visit in a hospital setting in accordance with Clinical Pastoral Education guidelines. They're qualified to respond to the spiritual needs of Muslim patients and families, both spoken and unspoken. The goal of the Muslim Visitation Program is to provide another way to meet the spiritual and religious needs of Muslim patients, especially when the legal or ethical expertise of an Imam may not be needed and to expand and strengthen our ties with the local Muslim community.

**Jeanette:** How can someone request a Muslim visitor?

**Dean:** Every Muslim patient and family receives an information card about the Muslim Visitation Program from the chaplain on their unit. Any patient, family, or staff member can request a Muslim visitor by calling 617-726-2220.

For more information about any of the programs or services offered by the MGH Chaplaincy, call 617-726-2220.

# Positive outcomes through good communication, teamwork, and confidence-building

'John' was a 50-year-old, otherwise-healthy man who'd been transferred from another hospital after falling from a 12-foot ladder. He suffered a spinal fracture at the first lumbar vertebrae and right-sided sacral and pelvic fractures.

**M**y name is Kristin Morris, and I've been a physical therapist at MGH for five years, the past two as part of the inpatient surgical physical therapy team. 'John' was a 50-year-old, otherwise-healthy man who'd been transferred from another hospital after falling from a 12-foot ladder. He suffered a spinal fracture at the first lumbar vertebrae and right-sided sacral and pelvic fractures.

John had been seen by Neurosurgery for his spinal fracture, and by Orthopedic Surgery for his pelvic and sacral fractures. Both services had deemed his injuries non-operative. John was to wear a thoracolumbosacral orthosis (a brace) at all times, as imaging of his spine had shown some instability and possible damage to the spinal cord at that level. John was allowed to bear full weight on his right leg despite the pelvic and sacral fractures. He had been seen by a physical therapist over the weekend; during that initial PT examination he'd been unable to tolerate rolling over in bed due to severe pain in his right leg.

On Monday, I became John's primary therapist. I was greeted by his nurse who informed me she'd asked Neurosurgery to take a look at John, as he was too weak to stand, and she was concerned it might be because of his spinal fracture. Ideally, she would have liked to get him out of bed and into a chair as Orthopedics wanted to re-image his fractures after standing mobility. Since I was there to examine him, I offered to assess his impairments and help come up with a plan to assist him to stand safely. John had just received his pain medication, so it was a good time to proceed.



Kristin Morris, PT, physical therapist

John was sitting on the edge of the bed after a failed attempt to stand with his nurse. He said, "I can't stand. My calf cramps up."

John appeared distraught, expressing surprise and frustration at his limited mobility. He was concerned that he wouldn't be able to return to his job, which required physical labor, which would affect his ability to support his family. I listened to John. I knew I had to validate his concerns and the gravity of the situation from his perspective. I acknowledged that, yes, the injury was serious, and his recovery would be painful and require several weeks of physical therapy. But I assured him that with hard work, he could return to an independent, productive life. I suggested we try to focus on what we could control in that moment.

Once John knew I was listening to him, I was able to ask more probing questions about his symptoms to help me determine what might be causing his pain. John was apprehensive about engaging in physical therapy given his nurse's concern about his leg weakness. I knew I'd have to perform a thorough examination to instill confidence in John about my ability to assess his pain and perceived weakness. I explain-

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I think John's improvement was maximized by my collaboration with his providers and my ability to communicate with John and the team at a level everyone could understand. I think my work with John helped instill confidence in him enabling him to achieve maximum benefit from physical therapy.

ed my plan, which was to re-evaluate his strength and sensation at the edge of the bed and try to improve his mobility and tolerance. After assessing his strength, I found he was primarily limited by pain, as expected, which was weakest at his right hip. I performed a modified test (due to John's brace) to look for nerve-root involvement, which re-produced the pain in his calf. My sensory exam showed diminished sensation to light touch in his sacral dermatome, levels 1-2. I was able to discern what I believed the cause of John's symptoms to be.

John's nurse and the neurosurgery resident listened as I explained my findings to John. I explained that it appeared John's strength was most impaired due to pain at the pelvic and sacral fractures, that his strength in many muscle groups was intact, and that his sensation was limited in dermatomes affected by his sacral fracture, which was confirmed by his MRI. I explained that the nerve-root levels responsible for referring pain to his calf upon standing were the same as those used when extending his knee and flexing his foot. Placing neural tension on those nerves re-produced the pain. Given the loading of his sacrum while standing, this could further irritate the nerve roots near the fracture site.

I asked the resident if he agreed with my assessment, and he concurred that there was no concern about compromise of the spinal cord due to the spinal fracture; so there were no safety concerns associated with progressing mobility.

I knew it would go a long way toward gaining John's trust and facilitating progress if he had a successful physical-therapy experience. I decided to take advantage of having three providers in the room giving John an increased sense of safety with added assistance. I asked John to try to stand while the nurse and resident assisted with chair placement, and I facilitated his mobility. This gave John confidence. As I assisted him, I noted that he put the toes of his right foot on the floor but was unable to place his whole foot flat on the floor due to pain in his calf, which he described as shooting and stabbing. I facilitated a pivot transfer to the chair, keeping his weight primarily on his left leg to minimize pain.

After successfully completing the transfer, John seemed less anxious and pleased with his progress. I spoke with John and his nurse about a plan for how to get him back in bed. I took the opportunity to discuss our plan for physical therapy while John was at MGH and my recommendation for inpatient re-

habilitation upon discharge. I shared the results of my examination with the team, emphasizing the primary limiting factor of pain in his right calf, which I felt was due to the compression of the nerve root. I asked the team if they thought adding gabapentin to target the nerve-related pain would be appropriate.

The next day, I performed strength and sensation testing with John, and his exam was consistent with the day before. I had coordinated with his nurse to pre-medicate John prior to our session. I assisted him in ambulating about 20 feet, but he was still unable to place his foot flat on the floor due to pain in his right calf. I reviewed his medications and noted that he hadn't been started on gabapentin. I wondered if the team had decided it wasn't appropriate for him. I caught up with John's nurse practitioner in the hall and asked why he hadn't been started on the gabapentin. Did the team think his pain was due to something else? The nurse practitioner agreed that gabapentin was a valid suggestion and said she'd confirm it with the team.

John was later started on gabapentin. After starting on the gabapentin, John's pain improved. He was able to mobilize more and progress with gait training. I think John's improvement was maximized by my collaboration with his providers and my ability to communicate with John and the team at a level everyone could understand. I think my work with John helped instill confidence in him enabling him to achieve maximum benefit from physical therapy.

When John was discharged, I sent a discharge summary detailing my exam findings. This set him up to be able to pick up where we left off when he transitioned to inpatient rehab. John expressed great appreciation for my time, thoroughness, patience, and encouragement throughout his stay.

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

This narrative is a great reminder that life can change in an instant. John's fall thrust him into a situation where he worried whether he'd be able to support his family. Kristin knew she had to treat his emotional as well as physical health. Her knowledge, confidence, and skill gave John confidence that he could recover, which eased his fears so he could focus on the tasks at hand. Kristin worked seamlessly with the team to ensure John was safe, adequately medicated, and able to participate in his recovery.

Thank-you, Kristin.

# Professional Achievements

## Daigle Millotte certified

Staff nurse, Nicole Daigle Millotte, RN, became certified in Pediatric Nursing in November, 2015.

## Haneffant certified

MGH West staff nurse, Lori Haneffant, RN, became certified as an ambulatory perianesthesia nurse in November, 2015.

## Firm speaks

Emily Firm, OTR/L, occupational therapist, was a lecturer at Boston University through December, 2015.

## Harrington certified

Staff nurse, Nichole Harrington, RN, became certified as a critical care nurse in December, 2015.

## Rushfirth appointed

Katherine Rushfirth, CNM, nurse midwife, was appointed president of the Massachusetts affiliate of the American College of Nurse Midwives, December 8, 2015.

## Fostering Research-Intensive Organization recognized

The book, *Fostering a Research-Intensive Organization: an Interdisciplinary Approach for Nurses from Massachusetts General Hospital*, by Jeanette Ives Erickson, RN, senior vice president for Patient Care; Marianne Ditomassi, RN, executive director, PCS Operations; and Dorothy Jones, RN, senior nurse scientist and director emeritus of The Yvonne L. Munn Center for Nursing Research, took second place in the Nursing Research category of the *American Journal of Nursing Book Awards*, December 29, 2015.

## Hovsepien certified

Staff nurse, Jennifer Hovsepien, RN, became certified as an ambulatory perianesthesia nurse in November, 2015.

## Limone certified

Staff nurse, Anna Limone, RN, became certified as a pediatric critical care nurse, in December, 2015.

## McGah certified

MGH West staff nurse, Cheryl McGah, RN, became certified as an ambulatory perianesthesia nurse in November, 2015.

## Amirhosseini a panelist

Zary Amirhosseini, disability program manager, was a panelist for the National Diversity Leadership Exchange at the National Disability Institute in Washington, DC, on December 2, 2015.

## Arnstein appointed

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, was appointed a member of the Pain Management Expert Panel of the National Committee for Quality Assurance, in November, 2015.

## Fostering Clinical Success recognized

The book, *Fostering Clinical Success*, by Jeanette Ives Erickson, RN, senior vice president for Patient Care; Marianne Ditomassi, RN, executive director, PCS Operations; Mary Ellin Smith, RN, professional development manager; and Susan Sabia, managing editor, *Caring Headlines*, received second-place honors in the Medical-Surgical Nursing category of the *American Journal of Nursing Book Awards*, December 29, 2015.

## O'Gara certified

Staff nurse, Kathy O'Gara, RN, became certified as a pediatric critical care nurse, in December, 2015.

## Porter-Joseph certified

Staff nurse, Katie Porter-Joseph, RN, became certified in Medical Surgical Nursing in December, 2015.

## Walsh certified

Mary-Ann Walsh, RN, PCS Office of Quality & Safety, became a certified professional in Patient Safety in November, 2015.

## Firm presents

Emily Firm, OTR/L, occupational therapist, presented, "Innovative Approaches to Intervention for Chronic Disease," at the Lead the Way Symposium at Boston University, October 3, 2015.

## SLP team presents

Dee Adams Nikjeh, CCC-SLP; Denise Dougherty, CCC-SLP; Kathleen Holterman, CCC-SLP; Renee Kinder, CCC-SLP; Carmen Vega-Barachowitz, CCC-SLP; Timothy Weise, CCC-SLP; and Neela Swanson, presented, "Coding, Documentation and Reimbursements for SLPs: Learn the Basics from the Experts," at the annual convention of the American Speech-Language and Hearing Association, in Denver, November 12, 2015.

## Inter-disciplinary team publishes

Lucas Januszkiewicz, MD; Eszter Vegh, MD; Rasmus Borgquist, MD; Abhishek Bose, MD; Ajay Sharma, MD; Mary Orencole, RN; Theofanie Meia, MD; Jagmeet Singh, MD; and Kimberly Parks, MD, authored the article, "Prognostic Implication of Baseline PR Interval in Cardiac Resynchronization Therapy Recipients," in the November, 2015, *Heart Rhythm*.

## Beaton certified

Staff nurse, Robyn Beaton, RN, became certified in Pediatric Nursing in November, 2015.

## Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, presented, "Formulation and Transformation of the New Hampshire Pain Initiative and the Future of Palliative Care," at the New Hampshire Hospice and Palliative Care Organization, in Bedford, New Hampshire, on November 5, 2015.

## SLPs present

Speech-language pathologists, Rebecca Inzana, CCC-SLP, and Carmen Vega-Barachowitz, CCC-SLP, presented, "Innovative Training Model in the Med Speech Pathology: the MGH Graduate Student Experience in MED SLP," at the annual convention of the American Speech-Language and Hearing Association in Denver, November 13, 2015.

## Callahan presents

Janet Callahan, PT, physical therapist, presented, "ABCs of Vestibular Rehabilitation," at the American Physical Therapy Association meeting in Freehold, New Jersey, on October 3, 2015. Callahan also presented, "Expanding Neurologic Expertise: Advanced Practice in Vestibular Physical Therapy," at Marianjoy Rehabilitation Hospital in Wheaton, Illinois, on November 7, 2015.

## SLP team presents

Dee Adams Nikjeh, CCC-SLP; Denise Dougherty, CCC-SLP; Kathleen Holterman, CCC-SLP; Renee Kinder, CCC-SLP; Carmen Vega-Barachowitz, CCC-SLP; and Timothy Weise, CCC-SLP, presented, "ICD-10 and Reimbursement Hot Topics for Speech-Language Pathologists," at the annual convention of the American Speech-Language and Hearing Association, in Denver, November 13, 2015.



## Professional Achievements (continued)

### Conway certified

Staff nurse, Abigail Conway, RN, became certified in Pediatric Nursing in November, 2015.

### MacLean presents

Julie MacLean, OTR/L, occupational therapist, presented, "PT's and OT's Roles with Huntington Disease," at a meeting of the Huntington Disease Association in Charlestown, November 14, 2015.

### SLPs present

Speech-language pathologists, Cheryl Hersh, CCC-SLP; Sarah Sally, CCC-SLP; and Marie de Stadler, CCC-SLP, presented, "Radiation Exposure from Videofluoroscopic Swallow Studies in Children with a Type I Laryngeal Cleft and Pharyngeal Dysphasia: a Retrospective Review," at the annual convention of the American Speech-Language and Hearing Association in Denver, November 13, 2015.

### Case managers present

Case managers, Margret Johnson, RN, and Kathleen Grace, RN, presented, "Collaborative Case Management: Discharge Marathon: Trials & Triumphs," at the annual Brain Matters Conference of the Boston Chapter of the American Association of Neuroscience Nurses, in Waltham, November 4, 2015.

### Goldsmith presents

Tessa Goldsmith, CCC-SLP, speech-language pathologist, presented, "Swallowing Outcomes After Treatment for Advanced Head and Neck Cancer," and "Effective Recommendations for Dysphagia: the Challenge of Patient Adherence," at the South African Association of Audiologists' South African Speech Language Hearing Association Congress, in Durban, South Africa, October 31-November 2, 2015.

### Pizzi certified

Staff nurse, Julie Pizzi, RN, became certified in Emergency Nursing in December, 2015.

### SLPs present

Speech-language pathologists, Rachael Kammer, CCC-SLP, and Allison Holman, CCC-SLP, presented, "The Speech Pathologist's Role in Understanding the Cervical Esophagus," at the annual convention of the American Speech-Language and Hearing Association, in Denver, November 13, 2015.

### Maietta presents

Speech-language pathologist, Jennifer Maietta, CCC-SLP, presented, "The Role of the SLP in Working with Children During and After Proton Beam Treatment," at the annual convention of the American Speech-Language and Hearing Association in Denver, November 13, 2015.

### Inter-disciplinary team presents

Jenna Muri-Rosenthal, CCC-SLP, speech-language pathologist, and Brian Harris, presented, "The Beat of the Matter: an Inter-Disciplinary Model of Music, Neuroscience and Speech Language Co-Treatment," at the annual convention of the American Speech-Language and Hearing Association in Denver, November 13, 2015.

### Patient advocates present

Robin Lipkis-Orlando, RN, director, Office of Patient Advocacy, and Jennifer Repper-Delisi, RN, psychiatric nurse, Office of Patient Advocacy, presented, "A Collaborative Approach when Behaviors are Disruptive," at the Patient Advocate Conference, in Las Vegas, December 3, 2015.

### Therapists publish

Physical therapists, Kim Levenhagen, PT, and Tamra Keeney, PT, authored the article, "Achieving a National Patient Safety Goal: Reducing the Risk of Healthcare-Associated Physical Therapy Practice," in the December, 2015, *Journal of Acute Care Physical Therapy*.

### Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, authored the article, "Compassionate Person-Centered Care for the Dying: an Evidence-Based Palliative Care Guide for Nurses," in the *Journal of Pain and Palliative Care Pharmacotherapy*, in September, 2015.

### Inter-disciplinary team publishes

Padma Gulur, MD; Katharine Koury, Paul Arnstein, RN; Hang Lee; Patricia McCarthy; Christopher Coley, MD; and Elizabeth Mort, MD, authored the article, "Morphine Versus Hydromorphone: does Choice of Opioid Influence Outcomes?" in *Pain Research and Treatment*, 2015.

### SLP team presents

Dee Adams Nikjeh, CCC-SLP; Denise Dougherty, CCC-SLP; Kathleen Holterman, CCC-SLP; Renee Kinder, CCC-SLP; Carmen Vega-Barachowitz, CCC-SLP; Timothy Weise, CCC-SLP; Molly Thompson, CCC-SLP; and Neela Swanson, presented, "Ask the Experts About SLP Billing, Coding and Documentation," at the annual convention of the American Speech-Language and Hearing Association, in Denver, November 12, 2015.

### Sullivan presents

Stacey Sullivan, CCC-SLP, speech-language pathologist, presented, "The Effects of Medications on Cognition and Swallowing in the Geriatric Population," at the annual convention of the American Speech-Language and Hearing Association, in Denver, November 12, 2015.

### Looby named Claflin Distinguished Scholar

Sara Dolan Looby, RN, nurse scientist, has been named a 2016 Claflin Distinguished Scholar for her project, "Cardiovascular Risk in HIV-Infected Women: Sex-Specific Mechanisms of Risk and Risk Reduction among REPRIEVE Trial Participants." She is the first nurse at MGH to receive this prestigious honor.

### Clinical Recognition Program

Clinicians recognized from October, 2015, to February, 2016

#### Advanced Clinicians:

- Abigail Fleisig, RN, Emergency Department
- Elizabeth Hanly, RN, Cardiology
- Jacqueline Havey, RN, Cardiology
- Erin Laing, RN, Main OR
- Elissa LeFleur, RN, Psychiatry
- Kristin Morris, PT, Physical Therapy
- Danielle Salgueiro, RN, Neurosciences

#### Clinical Scholars:

- Elizabeth Campbell, RN, IV Therapy
- Catherine Cusack, RN, Blake 12 ICU
- Ellen Fern, RN, Endoscopy
- Shanna Mavilio, RN, Obstetrics/Newborn Care Unit
- Tracy Waterhouse, RN, Charlestown HealthCare Center

# Announcements

## Patient Safety Awareness Week

### "Speak Up for Safety"

Patient Safety Awareness Week  
March 8–14, 2016

is a national education and awareness campaign sponsored by the National Patient Safety Foundation.

Activities will include honoring this year's Patient Safety Stars at a special recognition breakfast.

Safety Week keynote speaker, Thor Sundt, MD, chief of Cardiac Surgery, will present: "Learning from My Mistakes: the Power of Teamwork"

March 17th  
12:00–1:00pm

O'Keefe Auditorium

followed by panel discussion with May Pian-Smith, MD, Anesthesia, Critical Care, and Pain Medicine Quality chair; and Steven Yule, assistant professor of Surgery, BWH.

Safety information tables will be set up in the Main Corridor, Monday and Tuesday, March 14th and 15th from 10:00am to 2:00pm.

For eCare-related safety tips, go to: <https://partnersecare.partners.org/hospital-networks/mgh/super-user/>.

For more information about Patient Safety Awareness Week activities, call 617-726-8310.

## Travel for business? Enroll in TravelSafe

If you travel for hospital business, consider enrolling in Partners TravelSafe, a travel information and emergency-assistance program for employees. TravelSafe offers travel information, alerts, emergency assistance, and a single point of contact should you encounter trouble while traveling domestically or internationally.

TravelSafe's global hotline is: +1 443-965-9242.

When you book travel through a Partners-approved travel agency, your travel details are automatically registered with TravelSafe, or you can manually enter trip details at: [www.partners.org/travelsafe](http://www.partners.org/travelsafe).

For more information, e-mail: [travelsafe@partners.org](mailto:travelsafe@partners.org).

## Pharmacology Update IX: Innovation and Evidence

Saturday, March 26, 2016  
O'Keefe Auditorium  
7:50am–3:00pm

The Pharmacology Update is a semi-annual program that focuses on current evidence-based information about medications. The March program will include medications used to treat thyroid disorders, an update on anticoagulation and antibiotic drugs that enhance and impede wound healing, and the new AHA Guidelines for Emergency Cardiac Care.

Target audience: nurses, pharmacists, and physicians

Pre-registration required  
MGH employees: no fee  
Partners employees: \$100 per day  
Non-Partner's employees: \$150 per day

Pharmacology contact hours will be awarded  
Contact Hours will be awarded  
For more information, call 617-726-1651.

## Office Ergonomic Champion Program

Learning how to make yourself and your co-workers more comfortable while working at the computer.

Monday February 22, 2016  
9:00am–12:00pm  
Yawkey 4-940

presented by Terry Snyder, ergonomics specialist, PHS Occupational Health Ergonomics Program

Register on HealthStream  
Look for Office Ergonomics  
For more information, call 617-724-3995.

## ACLS Class

Certification:

(Two-day program)

Day one: lecture and review  
Day two: stations and testing)

Day one:  
February 19, 2016  
8:00am–3:00pm

Day two:  
February 29th  
8:00am–1:00pm

Re-certification (one-day class):  
April 6th  
5:30–10:30pm

Location to be announced.  
For information, send e-mail to: [acls@partners.org](mailto:acls@partners.org), or call 617-726-3905

To register, go to: [http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Black History Month Event

### Save the Date

February 24, 2016  
2:00pm

O'Keefe Auditorium

For more information, call Deb Washington, RN, at 4-7469.

### Looking for excitement?

### Consider joining the MGH HAZMAT Team

The multi-disciplinary HAZMAT team is trained to respond to large-scale disasters involving hazardous materials.

Volunteers who qualify for the Hazmat Response Team receive 16 hours of initial training, participate in regular practice exercises, and maintain annual competencies to ensure safety and preparedness.

To learn more, attend an informational session:

Thursday, February 18, 2016  
2:00–3:00pm  
Haber Conference Room

Monday, March 21st  
12:00–1:00pm  
Haber Conference Room

For more information, go to: <http://sharepoint.partners.org/phs/hazmat/default.aspx>, or contact Jacky Nally, RN, at 617-726-5353.



# Physical and Occupational Therapy go **RED** for women's health



MGH Physical and Occupational Therapy Services, including ten board-certified cardiovascular and pulmonary physical therapists, support the American Heart Association's Go Red for Women campaign.

#### Published by

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For more information, call: 617-724-1746

#### Next Publication

March 3, 2016

# Inpatient HCAHPS

## 2015 calendar year

HCAHPS Measure	CY 2014	CY 2015 Year To Date (as of 1/11/16)	% Point Change
Nurse Communication Composite	82.1%	83.0%	↑ 0.9%
Doctor Communication Composite	81.6%	83.5%	↑ 1.9%
Room Clean	72.2%	72.8%	↑ 0.6%
Quiet at Night	49.7%	50.7%	↑ 1.0%
Cleanliness/Quiet Composite	60.9%	61.8%	↑ 0.9%
Staff Responsiveness Composite	63.8%	65.8%	↑ 2.0%
Pain Management Composite	71.7%	73.3%	↑ 1.6%
Communication about Meds Composite	65.8%	66.6%	↑ 0.8%
Care Transitions	59.9%	62.4%	↑ 2.5%
Discharge Information Composite	91.6%	91.2%	↓ -0.4%
Overall Hospital Rating	79.8%	81.2%	↑ 1.4%
Likelihood to Recommend Hospital	90.0%	90.9%	↑ 0.9%

MGH continues to perform well on patient experience measures for calendar year, 2015 to date, compared to the prior year. For our three areas of focus, Quiet at Night, Staff Responsiveness, and Pain Management, we're positioned to achieve our goals.

Data complete through October, 2015; data partial for November; and December 2015  
All results reflect Top-Box (or 'Always' response) percentages



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