

Caring

Headlines

February 4, 2016

A celebration of stars



See story on
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Front row (l-r): Sharon Bridges; Danielle Salgueiro, RN; Lara Hirner, CCC-SLP; Reverend Diane Donahue; and Brook Anderson. Middle back: Blanca Escolero; Debra Guthrie, RN; Annattie Pinnock; and Karen Waak, PT. Back row: Christine Marmen, RN; Christine Thurston, RN; Penelope Herman, RN; and Brian Cyr, RN.

MGH eCare

where we've been, where we're going, and how we're going to get there

Each time we encounter a new challenge, we are so impressed and grateful for the way MGH staff respond—with resilience and the kind of can-do attitude that makes this hospital the best in the country. (I would say the world!)

More than three years ago, Partners HealthCare embarked on a journey to transition to an integrated health-information system for our patients and families. Together with our fellow Partners hospitals, we created a plan, established an ambitious time line, and charted a course to reach our goal by April, 2016. Because of our meticulous attention to the plan and the hard work and commitment of our incredible workforce, I'm happy to say we're on track to achieve that goal as planned.

A significant portion of our preparations has been devoted to training. As expected with a project of this magnitude, challenges arise along the way. Each time we encounter a new challenge, we are so impressed and grateful for the way MGH staff respond—with resilience and the kind of can-do attitude that makes this hospital the best in the country (I would say the world!)

Elaine Bridge, vice president of Clinical Operations for Partners eCare, reminds us that the goal of training is to ensure that clinicians and support staff have the skill and knowledge they need to safely and effectively use the new system by the time we go live (April 2, 2016). Partners and MGH eCare staff have worked tirelessly and continue to work with us to develop relevant training content and schedules to ensure all future users have the best chance to learn, practice, and perfect their eCare skills.



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

To date, more than 7,000 classes have been offered in multiple locations at all hours of the day and night, each class equipped with credentialed trainers to ensure the training environment is functional and ready to provide an optimal learning experience for trainees. As you can imagine, trying to accommodate the scheduling needs of 16,000 staff members is a Herculean task. But we've encountered relatively few glitches considering the highly dynamic nature of the process. In response to the few glitches we have encountered, Partners eCare and Partners Information Systems developed a notification process, which has been very helpful in alerting staff when scheduling issues arise.

As we get closer to our go-live date, I know you have many questions and are curious about how the transition will take place, what the support will look like, and how eCare will impact our daily work once it's up and running. This is normal, healthy anticipation—it would be strange if we weren't feeling a little anxious.

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Each day working with the new system will get smoother and easier. Your comfort level will increase until very soon eCare will be just another tool that supports your ability to provide the highest quality care to patients and families... Colleagues, we've got this.

We are in good hands. We have a knowledgeable, experienced eCare implementation team, and MGH staff are integrally involved in every aspect of the transition. Experts will be at the ready to provide support. There will be:

- super users, your own colleagues who are familiar with your work flows and have received extra training in the finer points of eCare. Super users will be your first resource when you have questions during and after transition
- informatics analysts, colleagues who've spent a year or more immersed in eCare planning and training. Informatics analysts know your clinical work flows, they'll serve as mentors to super users, assist with training, checklists, and other second-tier support activities
- the informatics team, a group of MGH nurses who have extensive experience in clinical work flows and a deep understanding of how IT will support staff throughout the transition
- the Partners eCare team, a highly skilled group of analysts and hospital leaders who will monitor and respond to any issues that may arise during transition. Once we're up and running, the Partners eCare team will continue to work with staff and leaders from MGH and other Partners entities to refine and improve our ability to use the new technology

Be prepared that the days leading up to and immediately following go-live will be hectic, demanding, or as I prefer to think of it—exciting.

In the coming weeks, you'll start to hear the word, 'cut-over.' This is the term we're using to describe the process of transferring clinical and other data from existing systems into the new eCare system. Teams of MGH leaders, providers, and staff have been working for weeks to orchestrate how this will occur. Cut-over will start the morning of April 1st and adhere to a detailed script of multiple checkpoints to ensure each step is successfully completed before going on to the next. When all the checkpoints have been successfully completed, eCare will be officially on-line at MGH.

I know our eCare team would want me to urge you to take advantage of all the resources available to you: super users, informatics analysts, the informatics team, department leadership, and your own colleagues and co-workers. Each day working with the new system will get smoother and easier. Your comfort level will increase until very soon eCare will be just another tool that supports your ability to provide the highest quality care to patients and families.

If there's one thing I know about MGH, it's that we never shy away from a challenge. We never pass up a chance to learn new skills. And we never miss an opportunity to improve care for our patients. In two short months, eCare will be a reality at MGH, and we are prepared.

Colleagues, we've got this.

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A Celebration of Stars

recognizing exceptional work and outstanding practice

One Celebration of Many Stars. This annual event truly has become a celebration of some of the shining stars within Patient Care Services. On January 7, 2016, recipients of our 2015 PCS awards program were recognized by colleagues, friends, families, and donors for their exceptional work and for the invaluable contributions they make to patient care and the MGH community every day. And O’Keeffe Auditorium was packed for the occasion.

Presiding over the ceremony, senior vice president for Patient Care, Jeanette Ives Erickson, RN, noted, “This is one of my favorite events. I get to stand up here and look out at all your smiling faces. But don’t be fooled by those smiles. All the recipients here today worked hard for this recognition. Many paths brought them to this point, and we are stronger and better for the richness of their stories.”

Ives Erickson thanked the donors whose ongoing support makes this awards program possible: Mr. Norman Knight; the families and friends of Jean Nardini, RN; the McEacherns; and
continued on next page

The Anthony Kirvilaitis, Jr., Partnership in Caring Award

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

Brooke Anderson, patient service coordinator, Anticoagulation Management Service

Recently promoted from operations associate to patient care coordinator because of her exceptional customer service, Anderson has been part of the MGH family since 2013. In 2014, she helped create a training program for newly hired operations associates on her unit that was so effective, it was adopted by many other surgical units. Said Anderson’s manager, Jim Travers, “Brooke is innovative and creative. She’s always looking for ways to improve systems and processes, and that ultimately improves patient care.”

Congratulations, Brooke.



Brooke Anderson, PSC
Anticoagulation Management Service



Sharon Bridges, OA
Lunder 6 Neuro ICU

Sharon Bridges, operations associate, Lunder 6 Neuro ICU

Bridges was nominated for the Kirvilaitis award by colleague, Mary Guanci, RN, clinical nurse specialist. In her letter of nomination Guanci wrote, “Sharon has worked at MGH for more than 25 years, and she always has our backs. She has precepted many operations associates, guiding them through the skills needed for the role, and just as important, taking the time to instill in them the importance of good communication and collaboration. She always gets things done, and she always does it with a smile and a positive attitude.”

Congratulations, Sharon.

Recognition (continued)

the Petrillis. Said Ives Erickson, “We are so grateful for your generosity and sponsorship. These awards are a tribute to dear friends. Their legacies and your kindness make it possible for us to continue to recognize and foster excellence in patient care.”

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

In addition to award presentations, co-chairs of the Clinical Recognition Program Review Board, Ann Jampel, PT, and Christine McCarthy, RN, read the names of staff who were recognized as advanced clinicians and clinical scholars in the Clinical Recognition Program in 2015.

For more information about any of the awards or the annual Celebration of Stars, call Julie Goldman at 617-724-2295. For information about the Clinical Recognition Program, contact Ann Jampel at 617-724-0128.

The Norman Knight Preceptor of Distinction Award

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

Penelope Herman, RN staff nurse, Labor & Delivery

Herman is a staff nurse and clinical instructor at Salem State School of Nursing. In her letter of nomination, Heather Fraser, RN, wrote, “Penelope always strives to do more and better for her patients and students. She’s always there to lend a hand and offer advice. The beauty of her approach is that it allows new nurses every opportunity to build a solid foundation.” Says Herman, “For me learning and the transference of knowledge are accomplished through innate curiosity and a belief that there is joy in discovery.”

Congratulations, Penelope.



Penelope Herman, RN
staff nurse, Labor & Delivery Unit

The Brian M. McEachern Extraordinary Care Award

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

Lara Hirner, CCC-SLP speech-language pathologist

Hirner has worked at MGH since 2012. In her letter of nomination, Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language & Swallowing Disorders, wrote, “Lara is caring and compassionate; her practice is solid and based on the strongest available evidence. She never forgets the emotional needs of her patients, which are as critical as their underlying diseases.” Says Hirner, “I’ve learned so much from my patients. Every day, I try to serve them to the best of my ability.”

Congratulations, Lara.



Lara Hirner, CCC-SLP
speech-language pathologist

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

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

Danielle Salgueiro, RN, staff nurse, Lunder 6 Neuro ICU

In her letter of support, Margaret Johnson, RN, case manager, wrote of Salgueiro, “I’ve worked with Danielle in her role as staff nurse and now as attending nurse. Danielle leads the interdisciplinary team in bedside rounds; she’s always prepared, very knowledgeable, and first to address what’s needed to establish a plan of care. Danielle has a deep understanding of the different roles in the multi-disciplinary and medical care teams. She is a strong leader every day and a role-model for staff.”

Congratulations, Danielle.



Danielle Salgueiro, RN
staff nurse, Lunder 6 Neuro ICU

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

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

Brian Cyr, RN, staff nurse Bigelow 11 Medical Unit

Cyr has been a staff nurse at MGH for almost five years. In her letter of nomination, nursing director, Patricia Fitzgerald, RN, wrote, “Brian is kind, patient, and caring. He gives his all to every patient. He takes the time to get to know patients and families and develops strong, trusting relationships with them. When asked what he likes best about MGH, Cyr said, “the satisfaction of providing the best possible care and making a stressful experience as positive as it possibly can be for patients and families. That’s what motivates me.”

Congratulations, Brian.



Brian Cyr, RN
Bigelow 11 Medical Unit



Debra Guthrie, RN
IV nurse

Debra Guthrie, RN IV nurse

Guthrie has worked at MGH for more than 40 years. In her letter of nomination, nursing director, Bessie Manley, RN, wrote, “Debra welcomes innovation; she’s always reviewing the literature to ensure our IV team uses the most current information and technology to implement evidence-based practice.” Says Guthrie, “I find it very rewarding to share my knowledge and expertise. What I take home at the end of the day, what resonates with me first and foremost, are the patients—the individual experiences and relationships with patients.”

Congratulations, Deb.

Reverend Diana Donahue staff chaplain

Donahue began her career at MGH three years ago. In her letter of nomination, nursing director, Vivian Donahue, RN, wrote “Diana’s capacity for listening, empathy, and presence is exquisite. She is ever-present. I rely on her counsel daily.” In his letter of support, Reverend John Polk, Chaplaincy director, wrote, “In the short time Diana has been at MGH, she has made a difference every day through her interactions with patients, families, and colleagues.” Says Donahue, “It is a honor to be here at MGH serving patients, families, and staff on the cardiac units.”

Congratulations, Diana.



Reverend Diana Donahue
staff chaplain



Karen Waak, PT
physical therapist

Karen Waak, PT physical therapist

Waak has been a member of the MGH inpatient physical therapy team for eight years. In her letter of nomination, clinical director, Nancy Goode, PT, wrote, “Karen uses her scientific knowledge and expertise to develop and advance clinical practice in the intensive care setting; she has a genuine passion for her craft. She has a strong commitment to her patients and families, her colleagues, and her profession. Says Waak, “I’ve been privileged to care for patients with complex surgical and medical needs. I value the bonds I’ve been able to form with my patients, families, and colleagues.”

Congratulations, Karen.

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The Marie C. Petrilli Oncology Nursing Award

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

Christine Marmen, RN staff nurse, Lunder 9 Medical Oncology Unit

Marmen began working at MGH in an administrative role in the Norman Knight Nursing Center but soon realized her true calling was to be a nurse. In her letter of nomination, Christina Alexander, RN, wrote, “Christine was born to be a nurse, and oncology is the perfect setting for her. She shows great resolve and compassion in caring for patients and families dealing with frightening diagnoses. She’s a great listener and genuinely enjoys sharing stories with her patients. She is a role-model for oncology nursing and MGH nursing. We’re so glad she decided to become a nurse.”

Congratulations, Christine.



Christine Marmen, RN
Lunder 9 Medical Oncology Unit



Christine Thurston, RN
Lunder 9 Medical Oncology Unit

Christine Thurston, RN staff nurse, Lunder 9 Medical Oncology Unit

In her letter of nomination, Natalie Cignatta, RN, wrote of Thurston, “Christine has a nursing practice that I truly admire. She willingly shares her knowledge and expertise. She’s the type of nurse who enjoys making her patients’ and families’ lives better.” Says Thurston, “Being an oncology nurse is one of the most rewarding careers. In the same day, I can celebrate a patient who’s just completed her treatment or comfort a family as they watch their loved one take his last breath. It’s a journey of triumph and sorrow. It’s an honor to be part of such a wonderful gift.”

Congratulations, Christine.

The Norman Knight Award for Excellence in Clinical Support

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

Blanca Escolero, PCA White 9 Medical Unit

Escolero started working at MGH in Nutrition & Food Services. In her desire to learn and advance, she became a certified nurse’s aide. In her letter of nomination, Christine Lauretano, RN, wrote of Escolero, “From day one, with no prior PCA experience, Blanca took to the role naturally. She always maintains a calm demeanor, has a smile on her face, and is always ready for the next challenge. She is deeply committed to providing every patient on our unit with exceptional care and is always looking for ways to help patients, families, and colleagues.”

Congratulations, Blanca.



Blanca Escolero, PCA
White 9 Medical Unit



Annattie Pinnock, PCA
Ellison 12 Medical Unit

Annattie Pinnock, PCA Ellison 12 Medical Unit

In her letter of nomination for Pinnock, Ellison 12 nursing director, Melissa Joseph, RN, wrote, “As I read through the criteria for this award, I knew Annattie’s practice made her the perfect fit. Annattie is an experienced patient care associate who consistently advocates for patients, families, visitors, and staff. She’s currently the PCA representative for the RN-PCA work-group and unit council where she shares and solicits ideas to improve practice and the practice environment on our unit. She is an incredible resource, and a wonderful person.”

Congratulations, Annattie.

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Celebration of Stars



*Scenes from
this year's Patient
Care Services
award ceremony,
January 7, 2016*



Advanced clinicians and clinical scholars recognized in 2015

Inaugural CSS Employee of the Month

—by Scott Parsons, associate director, Clinical Support Services

Below, Employee of the Month, Tenagne Haile, with (l-r): George Reardon, director, Clinical Support Services; Angelo Valente, operations manager, Blake 12; and Scott Parsons, associate director, Clinical Support Services.

For the first time ever, last month, Clinical Support Services implemented a new Employee of the Month program to recognize top-performing unit service associates. The new program calls for nominations to be brought to operations managers who pass them on to a selection committee comprised of operations managers, resource USAs, and the associate director for Clinical Support Services, Scott Parsons. Selection is based on performance, attendance, attitude, and any other characteristics that warrant special recognition.

Each month, the winner will receive a certificate, a small gift, an employee-of-the-month pin, and a photo of the award presentation in an MGH frame. A permanent plaque with the names of each month's winners will reside on Founders 6 along with photographs of the winners for past 12 months.

On Wednesday, January 6, 2016, unit service associate, Tenagne Haile, became the first person to be honored as Employee of the Month with an impressive 11 nominations. Haile, who has worked nights on Blake 12 for a little less than a year, was nominated for her can-do attitude, pleasant demeanor, helpful nature, and high-quality work.

Some of the sentiments expressed in her letters of nomination include:

"Tenagne is a great asset, always willing to help when needed."

"It's so nice to have someone who cares so much about the cleanliness of the unit. We love her!"

"Tenagne is the most hard-working employee I've ever seen."

"She is a wonderful, caring person who always goes above and beyond."

"Tenagne is a compassionate, patient-centric person. She epitomizes what a USA is with her strong work ethic and generous spirit. I'm fortunate to have her in my cluster."

Following the presentation of the award, as Haile was inundated with accolades from her colleagues, she was overheard to say, "I feel like I'm in a dream."

For more information about Clinical Support Services' Employee of the Month program, contact Scott Parsons, at 617-724-6084.



(Photo provided by staff)

Leap of faith leads to rewarding career in Oncology nursing



Christine Marmen, RN
staff nurse, Lunder 9 Medical Oncology Unit

Ms.V was one of my first patients as a new graduate nurse... She had a trach, a G tube, she required oxygen and frequent suctioning, and she had metastatic cancer that posed numerous threats to her health.

My name is Christine Marmen, and I am a nurse on the Lunder 9 Medical Oncology Unit. Oncology nursing is a calling that has continued to speak to my heart over the years, prompting me to leave a career I loved to become a nurse. It was a leap of faith. My deepest fear was that I wouldn't have the inner strength to care for such critically ill patients or cope with their loss. I worried I might feel too deeply and not be able to be the source of strength that patients and families need. I've learned that while providing care and support, it's okay to let myself feel. It's that connection with patients and families that is the foundation of my practice. It's what I treasure most about my work.

How is it that I'm privileged to enter people's lives in their time of greatest need to help them navigate the uncertainty? I feel the weight of that responsibility every day, and I'm both grateful and humbled. As their nurse, a person who may have been a stranger to them just days before, I'm now revered as a member of the family, looked to for support, knowledge, care, and an open heart. I pray for the courage to be this person, to have the wisdom to know what my patients need.

Some of my most cherished experiences have occurred during times when cancer has stripped

away any trace of health, normalcy, or the ability to perform even the simplest self-care tasks. Most wonder what's left once cancer does that? What's left gives my heart a sense of peace. What's left is grace, beauty, inner strength, faith, and love. Cancer can never take those things away. In fact, they often come into sharper focus as the body weakens. They shine brightly as cancer becomes lost in their shadows. To be a nurse holding a patient's hand, sitting with loved ones, being present during this transition, is a gift.

I carry some part of every patient I've cared for in my heart and mind. They have each inspired me to be a better nurse, a better person. With so much loss on Lunder 9, it's wonderful when we have an opportunity to celebrate successful treatment and a return to good health. I can't help but think that those we've lost are celebrating along with us, happy to see hope for others. Though they may no longer be with us, their spirit is present in all the best ways. I hope they know our work continues to honor them.

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Ms.V's name
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In fact, over the
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these two women
unknowingly eased
all my concerns
about not being
strong enough to
do this work.

Ms. V was one of my first patients as a new graduate nurse. When she was admitted to our unit a few days before, I was one of the nurses who helped her settle in. She had a trach, a G tube, she required oxygen and frequent suctioning, and she had metastatic cancer that posed numerous threats to her health. She appeared frail and was accompanied by her elderly mother who looked frightened, concerned, and equally as frail. I felt an overwhelming sense of sadness for them, and also a sense of fear that I might come in one day and find I was assigned to care for Ms. V. The idea of caring for such a medically complex patient who seemed so near the end of life, having to witness her mother's pain and grief, was so much to bear.

Ms. V's name did soon appear on my assignment sheet. Happily, I could not have been more wrong about my fears and assumptions. In fact, over the course of the next few months, these two women unknowingly eased all my concerns about not being strong enough to do this work. I learned that I didn't need to be the only one with strength. They had more than enough to share.

Ms. V was admitted and discharged several times, giving her the opportunity to spend short periods at home with her husband and 14-year-old son between treatments. Her mother traveled from another country to be with her when she was hospitalized. I learned that her visits were complicated by a strained relationship with her son-in-law, which had escalated to a point where they could no longer be in each other's company. This was difficult for Ms. V and her mother, but they accepted it and made the most of their mother-daughter time together.

I'll never be able to see Ms. V's room as anything but the warm, inviting cocoon she transformed it into as she spent the last two months of her life there. Ms. V was young, but she had lived a rich, full life marked by success, happiness, travel, a loving family, and good friends. She was a 'seize the moment' person who surrounded herself with things that made her smile. She had an extensive wardrobe, including the most luxurious pajamas I'd ever seen. Her room was filled with beautiful plants, books, photographs, carefully arranged pillows and blankets, and lotions and soaps that filled the air with a fragrance that made you want to spend the day there. She didn't let her failing health get in the way of enjoying her favorite things or socializ-

ing with others while taking leisurely walks around the unit with pumps and tanks in tow.

Ms. V's sense of peace rubbed off on me. While I still had to manage her pumps and tanks and medical issues, those things didn't define Ms. V or my care of her. Those things became part of the shadows now as Ms. V herself shined through. You couldn't have met a tougher, wittier woman than Ms. V's mom. Her daughter's fiercest supporter, advocate, and loving sidekick, she rarely showed her own sadness in front of Ms. V. I'm still in awe of the strength and selflessness it took to do that. Their strength rubbed off on me, and I was so grateful for the gift of being their nurse.

Ms. V was always busy doing something. One day, as I was in and out of her room, I noticed she had some pretty tissue paper in her lap that she was carefully folding. I thought she was doing a craft of some sort. Later that evening, I had to choke back tears as she smiled and placed the paper in my hands. It was a gift. Ms. V had grown very weak in recent days, and I knew the simple act of wrapping that gift had taken great effort. Knowing she had done it for me was humbling. I unwrapped the paper to find a pair of colorful, dangly earrings. They weren't anything I would have bought for myself, but they represented every wonderful quality I loved about Ms. V. I never asked, but I believe they had belonged to her.

Ms. V passed away peacefully days later. She gave me more than she will ever know. To honor her spirit, I wear those earrings on special occasions or as a fun accessory with friends. They're my most valued possession, which is fitting as they complement my other most treasured gift — Oncology nursing.

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

New clinicians can be overwhelmed by the acuity of a patient's condition. But with guidance and experience, fear lessens, and the clinician becomes more able to engage with the patient. This narrative beautifully demonstrates how Christine gained confidence in her abilities and was able to integrate her knowledge, skill, and compassion into her care of Ms. V. This story is a true example of how patients are our greatest teachers.

Thank-you, Christine.

MGH-Huashan Hospital Nurse-Leader Twinning Fellowship

—by Jane Keefe, RN, and Karyn Besegai

August, 2015, marked the beginning of our sixth MGH-Huashan Hospital Nurse-Leader Twinning Fellowship. The fellowship brings nurse leaders from MGH and Huashan Hospital together for a comprehensive ‘twinning’ experience to help advance nursing care and leadership in China.

Each year, nurses from Huashan Hospital come to MGH to work with preceptors in their respective areas of focus. Each Huashan nurse is paired with an MGH preceptor who provides guidance and mentorship through-out their stay. Each preceptor is supported by a team of MGH nurse leaders who share their knowledge and expertise. Visiting nurses have an opportunity to observe clinical care, attend meetings and rounds, dialogue with staff, and get a sense of the resources available at MGH. In addition to time spent on units with their twinning teams, Huashan nurses attend educational sessions and collaborative-governance meetings, furthering their understanding of nursing education, research, quality and safety, Magnet-

preparedness, and informatics. MGH nurse leaders travel to Shanghai to provide on-site education there, as well. The partnership supports Huashan nurses in developing leadership skills and enables them to advocate for a more professional practice environment and care-delivery model.

On October 27, 2015, this year’s class of Huashan nurses were recognized at a reception in their honor. In addition to receiving certificates of completion, Huashan nurses had a chance to express their appreciation for the opportunity to engage in this partnership of mutual learning and enrichment. They were particularly impressed by the dynamic communication among providers and their respect for life and holistic care. Members of the MGH team acknowledged how fortunate we are to have the resources to care for the whole patient and to have a voice in how that care is delivered.

Upon returning to China, one fellow wrote, “I have come back to China and put the knowledge I acquired to good use.”

For more information about the MGH-Huashan Hospital Nurse-Leader Twinning Fellowship, contact Jane Keefe, RN, at 617-724-0340.



Members of the MGH-Huashan Hospital Nurse-Leader Twinning Fellowship at October 27th reception.

(Photo provided by staff)

Our Baby-Friendly Journey

celebrating mothers and babies

—by Michele O'Hara, RN; Lori Pugsley, RN; and Lauren Hanley, MD

On November 24, 2015, after years of preparation, education, and collaboration, MGH was awarded Baby-Friendly designation as part of the international breast-feeding initiative led by the World Health Organization and the United Nations Children's Fund. Baby-Friendly designation highlights exceptional care around infant feeding and maternal-infant bonding. MGH was recognized for implementing the Ten Steps to Successful Breast-Feeding and the International Code of Marketing of Breast-Milk

Substitutes. Baby-Friendly designation highlights our mission to deliver the best possible health care and improve the health and well-being of the diverse communities we serve. A multi-disciplinary team of nurses, midwives, lactation consultants, obstetricians, and pediatricians implemented changes to foster increased breast-feeding success throughout the hospital and clinics.

The real recipients of the Baby-Friendly designation are the women and babies whose health outcomes will improve with these best practices around infant feeding and care. Breast-feeding is supported in every unit where women and children receive

care. MGH supports women throughout the hospital who wish to continue breast-feeding upon their return to work. Our commitment to breast-feeding is evident with the addition of many outpatient lactation consults and education for staff. The lactation team is happy to help when breast-feeding questions arise throughout the hospital.

For more information about breast-feeding or the new Baby-Friendly designation, call Obstetrics nursing director, Michele O'Hara, RN, at 617-724-1878.

Members of the Baby-Friendly Committee and hospital leadership celebrate the new designation at cake-cutting ceremony.



(Photo provided by staff)

Have you been holding out for a hero?

The DGIM Happiness Committee has just the story for you

—by Noam Shabani, PA, physician assistant

A

re you one of those people who yearns for a good-news story every once in a while? Well, the Division of General Internal Medicine may have just the story you're looking for. The division's Hospital Medicine Unit recently established a 'Happiness Committee' to help promote optimism, resilience, and camaraderie among staff. This past September, the committee created an award to recognize staff who embody those qualities and whose presence brings a sense of 'happiness' to the workplace. The award recognizes indi-

viduals who inspire joy, convey enthusiasm, and generally can be counted on for a positive attitude throughout the day. And they call it the Happiness Hero Award.

In December, the Happiness Committee presented its inaugural Happiness Hero Award to Ellison 12 operations associate, Jennifer Yobaccio. Yobaccio has long been considered by many on her unit an unofficial happiness hero. Now, it's official. Yobaccio excels at her duties and responsibilities, serving as a compassionate liaison between hard-working staff, family members, and patients.

One letter of nomination noted, "Jennifer goes out of her way to make everyone's day easier and brighter. She is a delight to work with."

Another said, "She has an amazing attitude, she's a team player, and she's always courteous. Her joyful spirit and ability to make people smile make her the ideal recipient of this award."

The Happiness Hero Award will be presented quarterly. For more information, call Marjory Bravard, MD, at 617-724-3874. To nominate a colleague, go to: docs.google.com/forms/d/1pUNYIULSG0rCvV-GaYHpU-3d1GVZMy-ASMj6XA8D1qQ/viewform.

Operations associate, Jennifer Yobaccio, center; With her Ellison 12 colleagues shortly after being recognized as DGIM's inaugural happiness hero.



(Photo by Autumn Aguiar)

Preventing hospital-acquired pressure ulcers

Question: How are we doing preventing hospital-acquired pressure ulcers?

Jeanette: We're doing very well. Data from quarterly pressure-ulcer prevalence surveys tells us that, after implementation of the *Save Our SKIN* campaign in 2010, our average quarterly prevalence rate is 2.0% with a range as low as 1.3% to slightly higher at 2.8%.

Question: What contributed to that reduction?

Jeanette: Patient Care Services staff have become true SKIN champions. SKIN refers to the bundle of interventions that prevent hospital-acquired pressure ulcers (Skin assessment/risk assessment and Support Surfaces; Keep moving in bed, at least every two hours, and in a chair, every 20 minutes; Incontinence care to protect skin from wetness; and Nutrition to prevent breakdown of tissues).

Question: How was the SKIN bundle implemented?

Jeanette: One approach involves hourly rounding by staff, one of the key interventions of the Innovation Unit initiative. During rounds, staff re-position patients to prevent tissue compression, reduced blood flow, and tissue injury. Staff check patients' skin. If it's wet, they apply protective creams or other barriers. They assist patients in accessing meal trays, if necessary. And they encourage patients to drink or eat nutritional supplements recommended by the dietitian.

Question: Any other interventions?

Jeanette: Several factors have played a part in our success:

- inspection of patients' skin and documentation of pressure ulcers at admission has reduced the number of pressure ulcers that can be considered hospital-acquired
- identification and modification of techniques (such as suturing tubes to the skin) or devices (such as breathing tubes) that press on the skin causing break-down
- introduction of new support surfaces (such as mattresses) on general hospital beds, in operating rooms and diagnostic procedure rooms, and in intensive care units to prevent pressure ulcers, especially when patients can't move for long periods of time

Question: How have new mattresses helped?

Jeanette: Last year, nurses reported that patients were 'bottoming out' on mattresses in general-care units. Many of those mattresses were approaching the end of their intended life span. In August and September, 924 general-care mattresses were replaced with new mattresses specially designed to be skin-friendly. In the December pressure-ulcer prevalence survey, many patients made unsolicited comments about their comfort on the new mattresses.

In June, 2014, the number of patients with hospital-acquired pressure ulcers in the Cardiac Surgical ICU increased sharply. These were some of the sickest patients who couldn't turn in bed because of the life-saving treatments they were receiving. In August, 2014, we introduced special new mattresses for these patients. During the next 18 months, the average quarterly pressure-ulcer prevalence rate in the Cardiac Surgical ICU dropped 75%.

It takes a village and multiple modalities to prevent hospital-acquired pressure ulcers. Pressure-ulcer prevention is a work in progress.

For more information about pressure-ulcer prevention, contact Virginia Capasso, RN, at pager #2-5650, Marian Jeffries, RN, at pager #3-0927, or Susan Kilroy, RN, at pager #2-4250.

Announcements

Voices of the Massachusetts General Hospital 1950-2000

Voices of the Massachusetts General Hospital 1950-2000: Wit, Wisdom and Untold Tales is a compilation of serious and humorous quotes, sayings, words of advice, and anecdotes from more than 100 MGH physicians and nurses, past and present. It's available on Amazon, BN.com, and at the MGH General Store.

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, or call
617-726-3905

To register, go to:

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

Look for details in the February 18th issue of *Caring Headlines*.

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.

Blum Center Events

"Preventing Heart Disease: How You Can Lower Your Risk"
Friday, February 5, 2016
1:00–2:00pm

Join Sarah Tsiaras, MD, to learn about heart disease and what you can do to lower your risk.

"Care of the Adult with Congenital Heart Disease"
Tuesday, February 9th
1:00–2:00pm

Learn more about congenital heart disease and the MGH multi-disciplinary Adult Congenital Heart Disease Team.

"Live Organ Donation: Learning the Facts and Debunking the Myths"

Wednesday, February 10th
11:00am–12:00pm

Join the Living Donor Transplant Team to learn about live organ donation and how you can become part of the solution.

"Cervical Cancer Screening and Cervical Dysplasia"

Tuesday, February 16th
12:00–1:00pm

Join Linda Kelly, RN, to learn more about screening, management, and prevention of cervical dysplasia and cervical cancer.

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.

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The Institute for Patient Care

Gaurdia Banister, RN

Volunteer Services

Jacqueline Nolan

Distribution

Milton Calderon, 617-724-1755

Submissions

All stories should be submitted

to: ssabia@partners.org

For more information, call:

617-724-1746

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