

Caring

Headlines

November 17, 2016

Celebrating National Physical Therapy Month

See story on page 6



Physical therapist, Sara Hourihan, PT, works with patient, Bramwell Otuda, to increase range of motion.

Partners 2.0

*the natural follow-up to Partners
eCare*

Partners 2.0 is an initiative to try to find ways for Partners entities to work together more collaboratively, more efficiently, and more productively. It's a multi-year, system-wide initiative to identify opportunities to re-define our collective culture while preserving the unique identities and traditions that make us the world-class hospitals we are.

As a team, as a hospital, and as one of the founding entities of the Partners HealthCare System, MGH invested a tremendous amount of time, money, and energy in implementing Partners eCare. Because of that investment, we now have an integrated, health information system that connects the entire enterprise, enabling free access to patient information across all Partners hospitals. Technologically speaking, we have the ideal infrastructure to deliver fully integrated health care—but do our *other* systems support the same high level of communication, collaboration, and synchronicity necessary to succeed in these changing times?

Partners 2.0 is an initiative sponsored by the Partners executive leadership team to find ways for Partners entities to work together more collaboratively, more efficiently, and more productively. It's a multi-year, system-wide initiative to identify opportunities to re-define our collective culture while preserving the unique identities and traditions that make us the world-class hospitals we are.

According to David Torchiana, MD, president and CEO of Partners HealthCare, "The goal of Partners 2.0 is to streamline structures and processes to help sustain our enterprise and protect important priorities. The result will be an updated version of Partners that can compete in the challenging new regulatory, legislative, and consumer environment.



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

"Every Partners institution will be fully engaged. Many of you may be involved in data-collection and helping identify opportunities for improvement."

The process Dr. Torchiana refers to has already begun. We're currently gathering information and analyzing data to determine which projects to take on and how best to implement them. All decisions are being made based on our shared desire to:

- communicate and collaborate across the continuum
- act in unity, making decisions to innovate, improve, and secure the system's financial health
- increase the diversity of our workforce
- re-invent clinical care to ensure better health, simplicity, and lower costs
- modernize education for the new generation of clinicians, scientists, and leaders

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I've been meeting with the Partners Chief Nurse Council, with representation from all Partners entities, to explore options for moving this work forward. We're looking at certain practices and services that we all provide separately to see if there are ways to integrate our efforts to make those services more coordinated and affordable.

- accelerate science and discovery to gain greater understanding of human disease, clinical care, and wellness
- I want you to know that we're approaching this work with great care. I've been meeting with the Partners Chief Nurse Council, with representation from all Partners entities, to explore options for moving this work forward. We're looking at certain practices and services that we all provide separately to see if there are ways to integrate our efforts to make those services more coordinated and affordable. This is a tremendous opportunity to simplify some of our processes and at the same time make our entire enterprise more unified and cost-efficient.
- One program we're looking at is a virtual observer program. The use of sitters, or observers, to ensure patient safety is a common practice throughout Partners and one that puts a strain on all our budgets. Remote patient-observation technology is becoming a viable solution to this issue, and we're in the process of collecting data and learning about the various products available to determine whether this might be a good fit for Partners 2.0.
- Another area we're exploring is our utilization of temporary or 'agency' nurses who fill in to help with short-term staffing needs. Currently, all Partners entities pay a high premium for top-quality agency

staff, whom we rely on to help support our commitment to Excellence Every Day. We can't sacrifice quality when it comes to our workforce, but we might be able to make access to highly trained temporary staff more available by implementing an 'in-house' Partners-wide temporary nursing agency. We're exploring the idea of using the Nurse Residency model that served us so well in preparing for Partners eCare as a means for training temporary staff who could then be deployed to any hospital in the Partners system.

We're looking at continuing education and professional development. There may be opportunities to reduce costs by standardizing our approach to training across all Partners entities by leveraging technology to share resources. We're consulting nurse educators to guide us in evaluating options to integrate required training and orientation.

Many options are being explored, and we welcome your ideas. If you have any thoughts or suggestions about how Partners hospitals can work together more cohesively, please contact Eileen Flaherty, RN, staff specialist, at 617-724-1157. We will keep you informed as this work unfolds. To learn more about Partners 2.0, visit the Partners Pulse intranet site at: https://pulse.partners.org/hub/partners_2_0.

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The SAFER Fair

collaborative governance working to keep MGH safe

—by Mary Ellin Smith, RN, professional development manager

On Wednesday, October 19, 2016, champions from eight collaborative governance committees held the 4th annual SAFER Fair to showcase the work they're doing to make MGH a safer place. Champions shared information and answered questions for patients, staff, and the general public who've come to look forward to this annual event. The Diversity Committee's booth focused on unconscious bias and how it affects our interpretation of events without our knowledge or awareness. Champions shared information about the numerous languages spoken at MGH and provided guidance on how to request interpreters.

The special needs of homeless patients, elders, individuals with disabilities, and veterans were the focus of the Ethics in Clinical Practice Committee's booth. Champions collected socks to benefit residents of local homeless shelters and gave out bath salts as a reminder that those who care need to be cared for, too.

Embracing the Halloween spirit, the Informatics Committee, complete with steaming cauldron, provided information on the 2015 eCare upgrade, sought questions from staff, and helped members of the community register for Patient Gateway.

The Patient Education Committee shared on-line resources

and educational materials on the safe administration of opioids, an issue of great concern in communities across the Commonwealth.

The Patient Experience Committee was joined by a member of a Patient-Family Advisory Council who shared his thoughts and insights on how we can make hospitalization more comfortable for patients and families.

The Policy, Products & Procedure Committee welcomed Alex Trebek (in the form of committee co-chair

James Bradley, RN) for a spirited game of *Jeopardy!* to test staff's knowledge of current procedures and the resources available to guide their practice.

continued



Collaborative governance champions staff interactive booths under the Bulfinch tent at this year's SAFER Fair.

Collaborative Governance (continued)

The newly updated Suicide Checklist was on display at the Quality & Safety Committee's booth. Champions focused on how to stay safe in the workplace using the 'circle of safety' to demonstrate the safety radius surrounding each patient.

The Research & Evidence-Based Practice Committee conducted a real-time research project entitled, "The Chocolate Preferences of SAFER Fair Attendees." Based on the chocolate selections of attendees, champions found that *York Peppermint Patties* were favored over *Hershey's Nuggets* by a 54-33 margin. Champions also reviewed the Johns Hopkins Evidence-Based Practice Model, gave examples of evidence-based practice, and shared recent *Did You Know* handouts.

Collaborative governance welcomed other departments to present booths at the fair. Police & Security shared tips on how to stay safe at work and at home. Pharmacy provided information on medication safety and offered attendees an opportunity to safely dispose of unused prescription medications. Members of the Safe Patient Handling Task Force reinforced the

importance of using ceiling lifts when transferring and re-positioning patients. And members of the Office of Quality & Safety stressed the

importance of filing safety reports for all errors and near-misses.

For more information about the SAFER Fair or any of the collaborative governance committees, contact Mary Ellen Smith, RN, at 617-724-5801.



The correct guess in the Quality & Safety Committee's 'guess-the-weight-of-the-pumpkin' contest was 14.8 kilograms. The winner with the closest guess was John Hodnett from the EP Lab who guessed 14.4kgs. 80 guesses were submitted ranging from 11.7kgs to 130kgs.

October is National Physical Therapy Month

—by senior physical therapists, Abby Folger, PT, and Martha Garlick, PT

Every October, MGH Physical Therapy celebrates National Physical Therapy Month with events that recognize physical therapists and their role in improving movement to optimize the human experience. This year, therapists held activities throughout the MGH community, including MGH West where they talked about proper footwear to overcome com-

mon foot and ankle problems. On the main campus, therapists presented, “Exercise for Life,” with information on how to begin or maintain an effective exercise program. In Chelsea, staff and visitors learned how to, “Step Smart with your Smart Phone,” with information on how to use phone apps to optimize physical activity.

In what has become a cherished tradition, physical therapists come together each year for a department-

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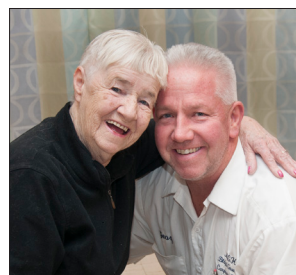
This page (l-r): physical therapist, Jess Garton, PT, works with patient, Gerda Hardy. Hardy’s son, George, an MGH employee in the Carpentry Shop, stops by to give mom a little moral support.

At right: therapist, Alana Noonan, PT, works with patient Daniel Broberg post-surgery.

Opposite page (top): therapist, Julie Mello, PT, performs maneuver to reduce vertigo.

(Middle): therapist, Sara Hourihan, PT, works with patient, Bramwell Otuda, to increase range of motion.

(Below left): a scene from the annual Physical Therapy recognition dinner; and (right): patient and guest speaker, Dylan Rizzo (center left), with his parents and physical therapist, Kristin Parlman, PT (center right).



Physical Therapy (continued)



wide celebration of their profession, their colleagues, and the their patients. This year, staff were thrilled to hear from patient, Dylan Rizzo, who suffered a severe hemorrhage on both sides of his brain after a motor vehicle accident six years ago when he was only 19. Rizzo was accompanied to the event by his parents, Tracy and Steve, who spoke about what it was like to be at Rizzo's bedside following the accident. They shared their surprise and gratitude that physical therapy had been initiated so early while Rizzo was still in the Neuro ICU. Despite a poor prognosis, they remained hopeful that their son would recover some awareness; they were both strong advocates for Rizzo during his long hospitalization.

Rizzo, displaying his trademark smile, shared his experiences with prolonged rehabilitation that culminated with his returning to his high school as a volunteer track coach. He currently works out daily and is hoping to reach his goal of becoming a certified personal trainer.

The events held this year during National Physical Therapy Month highlight the department's commitment to excellent patient care, professional development, and educating the community. For more information about the services provided by MGH Physical Therapy, call 617-726-2961.



(Photos provided by staff)

Physical therapy, a force for uplifting patients

'Frank' was a 50-year-old, single man, currently out of work on short-term disability...

Frank's chief complaint was mid- and lower-back pain, which he attributed to long hours of driving trucks with poor suspension, as well as heavy lifting on the job.

My name is Lynn Gray-Meltzer, and I am a staff physical therapist. When I greeted 'Frank' in the waiting area 15 minutes into a 30-minute appointment, he was slouched, red-faced, and sweating profusely. Before I even finished introducing myself, he began cursing about traffic and his various health-care providers, especially a nurse who hadn't been helpful in initiating his workers' compensation claim. This flowed into a jittery tirade about the ineffectiveness of physical therapy. As we reached the clinic, I searched for a private treatment area—as far away from other patients as possible.

Even though this was his fifth visit, I was meeting Frank for the first time because he'd been handed off to me by a therapist who'd left MGH when she moved out of state. Frank was a 50-year-old, single man, currently out of work on short-term disability. He had worked for a construction company. Frank's chief complaint was mid- and lower-back pain, which he attributed to long hours of driving trucks with poor suspension, as well as heavy lifting on the job. He had fairly 'standard' impairments: decreased thoracic and lumbar spine mobility, poor core strength, and aberrant posture.

I had thought Frank was nearing the end of his treatment, almost ready to return to work, but soon learned he thought otherwise. Frank wasn't completing his home program consistently because it "wasn't working." He'd initially felt some improve-



Lynn Gray-Meltzer, PT, physical therapist

ment, but had an unexplained flare-up this past week. In the weeks that followed, sessions with Frank would devolve into me lecturing him on the importance of his home exercise program and arriving on time, or him ranting about the shortcomings of our department. It was hard not to take a pathological view of Frank, as he fit the stereotype of malingering workers' comp patient. I wavered between trusting that he wanted to get better and resisting being drawn in to his story of victimization and mistreatment.

While mobilizing Frank's lower thoracic spine at the beginning of his eighth visit, I asked about the book he'd been reading in the waiting room. Frank's breathing rate and muscle tension immediately decreased. He transformed into a person I'd never met before. It quickly became clear that he was a Boston history buff. The intensity of his interest and enthusiasm prompted me to invite him to tell one of our co-op students about the creation of the Minute-men during the Revolutionary War. Frank relished this interaction as he worked out on the step after

continued on next page

our session. From that day on, he arrived early to warm up before our sessions and talk to the co-op students or aides about the latest historical facts he'd unearthed. Through our conversations, I learned that Frank also had a fascination for Feng Shui, the bonsai trees on the roof of his apartment building, and Frank Sinatra music, which helped him relax while driving his truck. I was later the recipient of a bonsai tree he'd cultivated and several CDs he burned for me of his personal Sinatra favorites.

Admittedly, not everything went smoothly with Frank, but showing an interest in his specialized knowledge allowed us to hear each other better when we spoke about pain and therapy. I tried to focus on what was right with Frank instead of what was wrong. He was anxious that his back wasn't improving and he wanted to be active. He'd been working for the same company for many years, and his job represented important routines and community. He took pride in doing his job well and at full capacity. I had to accept that everyone is at a different readiness to accept change; it's not my job to fix anyone, I can't force a patient to do something.

But I could foster an environment to create an opportunity for change. This led to frequent pain-physiology education sessions and coaching Frank that with his level of activity and the strenuousness of his job, he might not be able to be 100% pain-free. But that didn't mean a flare-up in his back was the beginning of the end.

Meeting with resistance from Frank gave me opportunities to re-evaluate my approach. One day, when Frank's progress had plateaued and he was fretting and fuming, I asked, "What's the most important thing for you to get out of today's session?"

My answer would have been getting him to do his exercises, but he said, "I was feeling okay, then my back pain got worse. The exercises aren't working, so I stopped doing them. I'm going crazy because I can't get out and ride my bike—that's how I de-stress."

Instead of blaming Frank for not doing his home exercise program, I asked, "Why do you think your back pain got worse this week?"

He said he had tried to ride his bike for an hour, which was when his back pain started to get worse. I believe the prolonged lumbar flexion was the most significant reason for the flare-up, but it was good that Frank was trying to get back to his regular routine and engage in cardiovascular exercise.

I used positive affirmations to engage Frank in monitoring his symptom triggers: "It's great that you can see a connection between your biking and the change in your symptoms. Not everyone recognizes those patterns, but knowing them is key to managing your pain and helping yourself heal."

I suggested Frank try 15-minute biking sessions with breaks of standing and walking in between versus the all-or-nothing approach. We went over how to convert some of his exercises to standing positions so he could do them while taking breaks on his bike rides.

As described in behavior-change literature, healthcare providers often set up action plans for patients despite the fact that they're not at the action stage. I had tried to enforce an exercise-based home program as 'medicine,' when Frank was looking to be 'fixed' by a physical therapist. He'd never asked how to change his body mechanics, exercise habits, the ergonomics of his truck, etc.; he just wanted his old life back.

This case made me reflect deeply on the role of physical therapy in a primary care model. I probably saw Frank for too long—15 visits until he was back at work for three weeks—twice a week in the beginning, then once a week. I left the door open for him to come back as-needed, which he did five weeks after his final scheduled visit due to a minor flare-up.

At that point, I mainly counseled Frank through reflective statements like, "You've had success with your home program before. It helped you practice a good routine of stretching and strengthening that helped you feel better." I reinforced self-management strategies: he'd have to think about body mechanics before lifting; he'd need to take 30 minutes for lunch instead of 15 so he could get out of the cab and stretch; he'd need to stretch every day and do core strengthening exercises—not just until his back felt better. I told him we could modify some of his stretches so he could do them in the truck using things like the steering wheel to save time.

I think my work with Frank may have eliminated the need for him to take more medication, see his doctor, call in sick from work, or even quit his job. I think physical therapy, as a profession, is a force for uplifting patients. Physical therapy achieves its full potential when physical therapists are fully integrated into the life-long management of patients' mental, physical, and functional health.

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

Lynn could easily have fallen prey to that old stereotype, but she decided to suspend judgment; she stayed curious about Frank and what he really wanted out of treatment. Keeping an open mind allowed her to see a different side of Frank, one she could build an alliance with and treat effectively. As important as her individualized care of Frank was, her reflection on that care was equally important. It helped crystallize essential feelings she has about her profession and her practice. That not only served Frank, it will serve all of Lynn's patients in the future, as well.

Thank-you, Lynn.

Adults with Down syndrome join volunteer team

—by Jessica McCannon, MD, and Helen Weiner, LICSW, MGH Down Syndrome Program

The MGH Down Syndrome Program-Volunteer Services connection began as a dream to see individuals with Down syndrome proudly walk the corridors of MGH wearing the pink jackets that have become synonymous with making a difference for patients and families. It started in 2015 when Jess McCannon, MD, and Helen Weiner, LICSW, met with then director of Volunteer Services, Wayne Newell, to champion the idea of a Down Syndrome Program-Volunteer Services collaboration. Even though Newell was weeks from retirement, he advocated for the idea with incoming director, Jacqueline Nolan, and Nolan has continued to work to make the program a success, establishing a registration system, helping prepare candidates for interviews, and pairing new candidates with seasoned volunteers. Weiner, advocacy advisor for the Down Syndrome Program, is present during interviews and for the first few volunteer experiences

to ensure that everyone on-site recognizes the needs and potential of these new volunteers.

Veteran volunteer, Janene Davis, mentors Ben Majewski from the Down Syndrome Program, as they bring the MGH book cart to patient care units each week. Says Davis, “Patients light up when Ben walks in the room.” His parents say Ben’s life has been enriched in so many ways through volunteering. He’s proud to be part of the volunteer staff and give back to MGH, which he’s quick to point out, “is the number one hospital in the country.”

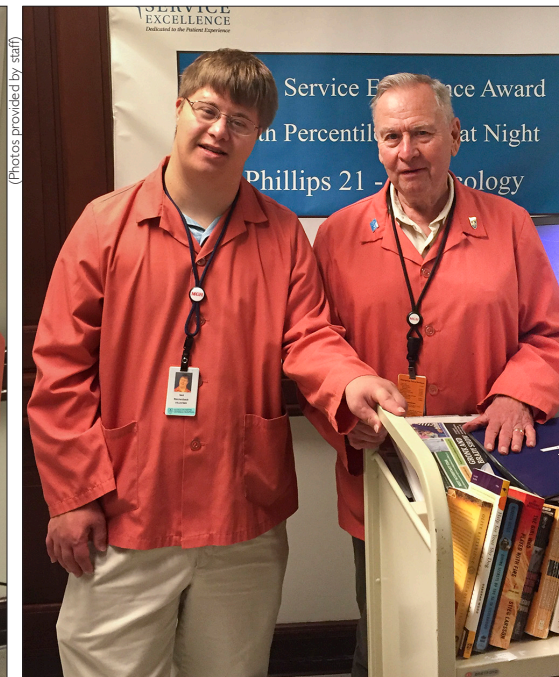
Ned Reichenbach also volunteers with the book cart, working closely with long-time volunteer, Joe Fuchs. Says Fuchs, “Ned brings a wonderful sense of

ease, humor, and dedication to his position. He advocates for himself and for other adults with Down syndrome.”

Nolan’s commitment and understanding of the special needs of adults with Down syndrome has been a catalyst for the success of this collaboration.

For more information about the MGH Down Syndrome Program that integrates state-of-the-art resources with compassionate, comprehensive care, go to: www.massgeneral.org/down-syndrome.

If you’re interested in hosting a volunteer from the Down Syndrome Program-Volunteer Services collaboration in your area, call Jackie Nolan at 617-724-1753.



Above left: volunteer, Ben Majewski, and veteran volunteer, Janene Davis. At right: Ned Reichenbach with long-time volunteer, Joe Fuchs.

MGH disaster response efforts

“When in distress, every man becomes our neighbor”

Question: Hurricane Matthew had a devastating effect on parts of the United States and the Caribbean. What role did MGH play in the relief efforts?

Jeanette: As always, MGH clinicians responded without hesitation. Ten staff members deployed as part of the federal DMAT MA-1 team; the Office of Global Disaster Response (GDR) part of MGH Global Health, deployed one nurse, two nurse practitioners, and two physicians to provide care and expertise in Haiti. MGH clinicians provided care, helped clear and re-build clinics and hospitals, coordinated operations and supplies, and generally contributed as needed in the storm-ravaged communities.

Question: When MGH clinicians respond to disasters in other parts of the world, does it leave us short-handed?

Jeanette: Global Disaster Response is tasked with balancing our ability to respond to disasters while maintaining our ability to support the MGH community at home. Clinicians who serve as part of disaster-response efforts must have the support of their supervisors based on their ability to accommodate 100% capacity in the absence of those volunteers.

Question: I've thought about volunteering for disaster-response efforts, but I'm not sure I'm qualified.

Jeanette: We look for employees with experience in disasters and/or global health; language and cultural expertise; and other skill sets useful in disasters. Everything from emergency care to operating-room experience is desirable. Employees interested in learning more can attend informational sessions offered once a week at 125 Nashua Street, 7th Floor. You can also register to be a volunteer on the GDR website at: www.mghcgh.org/programs/gdr/get-involved/volunteer/.

Question: How are volunteers trained before they're deployed?

Jeanette: 90% of disaster response is preparation. Global Disaster Response ensures all employees are prepared before deployment, including registering with GDR, informing your supervisor of your interest, making sure your passport is up to date, and getting the proper training. Prior to deployment, teams are briefed about security, and team members must go to Occupational Health for appropriate vaccinations and to get any prophylactic medications necessary for the trip. The locations of everyone who deploys is tracked carefully. And communication is maintained by cell phone, satellite, and Internet.

Question: Our disaster response team should be very proud; they've responded to some devastating situations.

Jeanette: MGH has earned a reputation as an exceptional disaster response team. We've received countless comments about the flexibility and teamwork of our employees, the meaningful contributions they make, and the ability they have to provide exceptional care in far-from-optimal conditions. When in distress, every man truly does become our neighbor. Nothing embodies that sentiment quite as much as the work of our disaster response teams.

Question: Who can I contact for more information?

Jeanette: For more information about global health or disaster preparedness, contact the MGH Global Health Office of Global Disaster Response at 617-724-3194.



STICK TO BEST PRACTICE.

A needlestick injury to staff in a critical care unit at Mass General most often happens* when:

- holding a hypodermic needle that has a safety device
- disposing of a needle or cleaning up after a procedure
- inserting or withdrawing a needle from a patient

**Reduce your risk.
Stick to best practice.**



MASSACHUSETTS
GENERAL HOSPITAL

NURSING AND
PATIENT CARE SERVICES

* Based upon Mass General Occupational Health sharps injury reports in 2015.

A step-by-step guide for pediatric patients coming to the ED

Long-time pediatric patient, Wendy Wooden, and her mother, Darcy Daniels, are familiar with the Emergency Department. They know that a trip to the ED can be very stressful. Wendy's desire to reduce that stress for other children was the impetus behind the creation of, *You Are Here: Wendy's Welcome to the ED*, a guide for pediatric patients coming to the Emergency Room.

Says Wendy's mom, "We've learned a lot over the years from the compassionate care we've received from Wendy's team of nurses, doctors, and so many others. We wanted to share those lessons so other patients and families could get the best care possible while minimizing stress and worry."

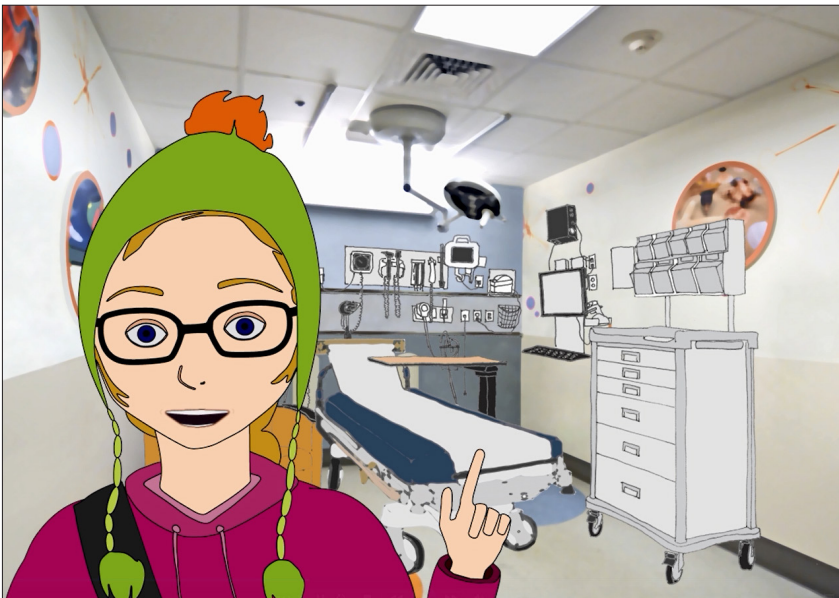
With the help of a local architectural firm, Wendy's narrative was transformed into an animated video, narrated by Wendy herself. It provides a step-

by-step introduction to various areas of the ED at MassGeneral Hospital for Children, including what to expect during trauma care, the role of child life specialists, and child-friendly features such as interactive LED lights over each bed to help soothe patients as they receive care. The video explains what patients can expect during an emergency-room visit and how to help reduce anxiety and foster communication between parents and providers.

Says Ari Cohen, MD, chief of Pediatric Emergency Medicine at MassGeneral Hospital for Children, "Our jobs require us to treat acute illness and injury, but we also realize the need to address potential stress and anxiety in kids who require an emergency visit here. *Wendy's Welcome to the ED* is one more tool in our educational toy box that we can offer kids and their families to ease their fears."

Earlier this month, it was learned that *Wendy's Welcome to the ED* had been named the recipient a Patients' View Impact Award given by Patients' View Institute and the Leapfrog Group. The video will receive the first-ever Patient Champion's Award at Leapfrog's annual meeting in December in Washington DC.

You Are Here: Wendy's Welcome to the ED can be found at: <http://www.massgeneral.org/children/services/wendys-welcome.aspx>. Feel free to share it with patients and families. For more information, contact McKenzie Ridings in Public Affairs, at 617-726-0274.



American Nurses Foundation Nursing Research Grants

The American Nurses Foundation is the charitable and philanthropic branch of the American Nurses Association. Grants funded through this program, known for their high scientific standards, are subject to a rigorous review process.

The Yvonne L. Munn Center for Nursing Research and the MGH community congratulate nurse researchers, Kim Francis, RN, and Gaurdia Banister, RN, for securing funding from the 2016 American Nurses Foundation Nursing Research Grants Program. The American Nurses Foundation is the charitable and philanthropic branch of the American Nurses Association. Grants funded through this program, known for their high scientific standards, are subject to a rigorous review process.

Francis, a recent Connell scholar and neonatal clinical nurse specialist, received the Society of Pediatric Nurses grant. She will study whether infrared thermography is useful in evaluating pain for extremely low gestational-age infants. Francis worked closely on her proposal with Connell mentor, Jacqueline McGrath, RN, associate dean of Research and Scholarship at the University of Connecticut School of Nursing.

Says Francis, "I'm grateful for the support of the Connell family that allowed me the time and resources to conduct my research. I'm also thankful

for the support and guidance of the leadership team on my unit, the Munn Center, and my mentor. I'm excited to continue to work to improve pain assessment for this infant population."

Banister took advantage of the Munn Center's focused grant consultation hours in March and April to craft her proposal. She credits the team of Sara Looby, RN; Jane Flanagan, RN; Diane Carroll, RN; and Mary Duffy, RN, with strengthening her

methods and helping her navigate the IRB process.

Says Banister, "The assistance I received from my colleagues in the Munn Center was invaluable. Their expertise and dedication to advance research at MGH made a huge difference." Banister's grant, the Mary Elizabeth Carnegie Award, will allow her

to study, "The sustained impact of the Clinical Leadership Collaborative for Diversity in Nursing on African American Nurse Participants."

The Munn Center is proud of the accomplishments of these two scientists whose work will improve outcomes for patients and nurses.

For consultation with your ideas for grants, abstracts, manuscripts, EBP, or IRB assistance, go to the Munn Center website at <http://www.mghpcs.org/MunnCenter/#>.



Kim Francis, RN,
clinical nurse specialist



Gaurdia Banister, RN,
executive director, The Institute for
Patient Care

Announcements

Blum Center Event

"Understanding Lupus"
Friday, November 18th
12:00–1:00pm

Join April Jorge, MD, to learn about the symptoms, causes, and treatments for lupus.

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.

ACLS Classes

Certification:

Two-day program

Day one:

February 6, 2017

8:00am–3:00pm

Day two:

February 22, 2017

8:00am–1:00pm

Re-certification (one-day class):

January 11, 2017

5:30–10:30pm

ACLS Instructor Class

December 2, 2016

7:00am–3:00pm

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.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am–5:30pm

Friday, 8:30am – 4:30pm
(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday,
Thursday,
7:30am–5:00pm

Friday, 8:30am–3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services.

Make your practice visible.

Submit your narrative for publication in *Caring Headlines*.

All submissions should be sent via e-mail to: ssabia@partners.org.

For more information,
call 4-1746.

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Next Publication

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Spiritual Care Week 2016

Let us rejoice and be glad

—by Rabbi Ben Lanckton

Like much of the rest of the country, MGH observed Spiritual Care Week, October 24–28, 2016. In honor of the occasion, MGH chaplains attended a conference on Spiritual Distress; staff chaplain, Katrina Scott, presented, “Dignity Therapy,” at Palliative Care Grand Rounds; and services of Peace and Reconciliation were held in the MGH Chapel. As in past years, the meditation labyrinth was set up for public contemplation, and chaplains oversaw the annual blessing of the hands for patients, families, and staff.

On Tuesday, members of Boston Synagogue brought Torahs to MGH for the Jewish holiday, Simchat Torah, ‘the happiness of

the Torah.’ Attendees danced and sang and chanted, the first time this annual rite was observed as part of Spiritual Care Week.

Also a first, Music Makes Me Happy, a chorus of special-needs adults, gave a concert Friday afternoon to a standing-room-only crowd, easily fulfilling their mission to make people happy through music. The theme of this year’s Spiritual Care Week observance, ‘Spiritual Resilience,’ was captured in all the events held at MGH. Said Rabbi Ben Lanckton, “The power of joy was highlighted even as we recommitted ourselves to caring for the spirit in all its moods.”

For more information, or to request a chaplain, call the MGH Chaplaincy Office at 617-726-2220.



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