

Caring

Headlines

October 20, 2016



Lunder 10
staff nurses
make
graduation
memorable
for one
young
college
student

(See story on page 6)

Staff nurses, Katie Kafkas, RN (left), and Alanna Leahy, RN (right), with the happy graduates following a special graduation ceremony on Lunder 10.

2017 Strategic Planning Retreat

charting our course for the future

What goals should we set for Nursing and Patient Care Services? What areas most demand our attention and resources? What changes or improvements can we make that will have a positive impact on patient care and the patient experience?

On Tuesday, September 20, 2016, a broad cross-section of representatives from Nursing and Patient Care Services came together for a day-long retreat to set the strategic direction for the coming year. As always, to ensure our deliberations were informed by current reality, we reviewed our 2016 strategic goals and tactics; re-visited our mission, vision, and guiding principles; and examined our quality data. We reminded ourselves that with the implementation of eCare throughout the entire Partners enterprise, we have unprecedented opportunities to do things previously not considered possible. MGH and Partners HealthCare are uniquely positioned to take advantage of these opportunities because we have some of the most talented and dedicated people in the world working together and sharing as never before. New expectations are being set around:

- communicating and collaborating across the continuum
- acting in unity as leaders; innovating, improving, and securing our financial health
- increasing diversity in our workforce
- re-inventing clinical care to be simpler, more effective, and more affordable
- modernizing education for the new generation of clinicians, scientists, and leaders



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

- accelerating science and discovery to gain greater understanding of human disease, clinical care, and health

Carmen Vega-Barachowitz, director of Speech-Language Pathology, gave us an overview of our recent diversity efforts and presented some compelling evidence that there's still much to do in our work around diversity. Colleen Snydeman, director of the PCS Office of Quality & Safety, walked us through a review of our HCAHPS scores and key quality indicators. And Steve Taranto, director of Human Resources, outlined the resources available to employees to promote resiliency and workforce satisfaction.

Throughout the day, we broke into small groups to allow for focused discussions—asking ourselves, “Given what we just heard, what goals should we set for Nursing and Patient Care Services? What areas most demand our attention and resources?”

continued on next page

The choices and decisions we make need to first and foremost reflect our commitment to excellence in patient care; they need to complement the strategic direction set by MGH leadership; and they need to contribute to the larger Partners community in a positive and meaningful way.

What changes or improvements can we make that will have a positive impact on patient care and the patient experience?”

Discussions were rich and thoughtful. Having input from front-line clinicians, clinical specialists, managers, and directors from all PCS disciplines was instructive. At this stage in the process, no suggestion was too big or too small; we were trying to create a master list of potential goals and tactics to guide our work going forward.

Some of the themes that emerged from break-out sessions included:

- Enhanced communication and a shared understanding of what it means to work in a unified Partners system
- Standardization of products and services throughout Partners and establishing an effective way to share best practices
- Maximizing revenue; reducing costs; and minimizing waste
- Expanding the use of technology and optimizing the integrated knowledge and data afforded to us by Partners eCare
- Increasing cultural awareness, sensitivity, and culturally competent care
- Improving overall efficiency
- Improving the admission and discharge process

- Engaging more effectively with the community
- Setting and managing patient and family expectations
- Fostering joy among staff

We’re still synthesizing the sheer volume of suggestions we received. I think it’s fair to say, we don’t yet have a formal plan, but the ideas that were generated will inform the work of the PCS Executive Committee when we come together for our strategic planning retreat later this fall.

This is a complicated time in health care, and a time of great transition for MGH and Partners as we learn to work together as a cohesive enterprise. The choices and decisions we make need to first and foremost reflect our commitment to excellence in patient care; they need to complement the strategic direction set by MGH leadership; and they need to contribute to the larger Partners community in a positive and meaningful way.

Even as I write this, I’m struck by the magnitude of this undertaking and the importance of getting it right. We will take the time necessary to evaluate our options and craft the best possible strategy for Patient Care Services. If you have ideas you’d like to share, I welcome your thoughts and suggestions. Please contact Marianne Ditomassi, RN, executive director for PCS Operations, at 617-724-2164.

In this Issue	
A Graduation on Lunder 10.....	1
Jeanette Ives Erickson.....	2-3
● 2017 Strategic Planning Retreat	
Protecting Patients from the Flu	4
MGH Cardiology Celebrates Milestone Anniversary	5
Clinical Narrative	6-7
● Katie Kafkas, RN, and Alanna Leahy, RN	
Case Management Narrative.....	8
● Laurene Dynan, CM	
Labor & Delivery Hosts Networking Event.....	9
Fielding the Issues.....	10
● Cleaning Patients' Rooms	
Announcements.....	11
In Memoriam.....	12
● John 'Yannis' Pagounis	

Protecting our patients from the flu

—by Andrew Gottlieb, director, Occupational Health

Influenza is a serious concern. Ensuring that employees are vaccinated is an effective means of protecting our patients and local communities. At MGH, annual flu vaccine is not mandatory, but all employees are encouraged to get vaccinated.

Influenza, commonly called the flu, is a contagious virus that can cause severe illness, even death, in elderly individuals and young children. In the United States, approximately 226,000 people are hospitalized each year due to the flu, and more than 36,000 people die. Last flu season, MGH saw nearly 500 cases of confirmed influenza which translated to more than 160 admissions.

While it's recommended that everyone be vaccinated against the flu for their own health and protection, healthcare workers have the added responsibility of getting vaccinated to protect their patients. Healthcare employees need to stay healthy so that in the event of a flu epidemic, enough clinicians will be available to care for an influx of ill patients. Healthcare facilities with low rates of flu vaccination among employees are more likely to have flu outbreaks and transmit flu from infected employees to patients and visitors.

Flu vaccine is the primary means of preventing influenza and is recommended annually for all people 6 months old and older. Not only does the vaccine benefit those who receive it, it decreases the risk of spreading the flu to others.

In Massachusetts, hospitals are required to report employee vaccination rates to the Department of Public Health and the Centers for Medicare Services for all students, volunteers, and employees who work

for one day or more from October 1st to March 31st each year. Using this formula, MGH has achieved an 83-85% overall vaccination rate each season for the past few years. The Joint Commission standard is for hospitals to achieve a flu vaccination rate of 90% or higher by 2020.

Influenza is a serious concern. Ensuring that hospital employees are vaccinated is an effective means of protecting our patients and local communities. Studies show that a high rate of vaccination among hospital employees reduces absenteeism, protects patients, and decreases overall healthcare costs. At MGH, annual flu vaccine is not mandatory, but all employees, including direct care providers, volunteers, students, and contract staff are encouraged to get vaccinated. Those who decline the vaccine are required to wear surgical masks to protect patients from exposure to employees who may be unknowingly incubating the flu.

If you have not yet been vaccinated, flu vaccine is still available on all patient care units. Staff can be vaccinated by peers serving as flu champions. Vaccine is also available in the Occupational Health Services clinic, Monday through Friday from 7:00am to 5:00pm, and at flu vaccine clinics in the Wang Lobby and Yawkey 2, Monday–Friday 8:00am to 6:00pm through November 11th.

For more information, call Occupational Health Services at 617-726-2217.

100 years of cardiac care and rehabilitation

—by Clare Lamorte, RN, Cardiac Rehabilitation Program

MGH Cardiology is blowing out 100 candles this month. Cardiac staff and patients know it's okay to indulge in a little birthday cake—but not too much—thanks to the lessons passed down by the founder of the unit a century ago in 1916.

Paul Dudley White, MD, dubbed, 'the father of Cardiology' at MGH, was an avid biker, an advocate of healthy eating, an early believer in the mind-body connection, and a major supporter of rehabilitation after cardiac events. That kind of prescient,

forward thinking inspires staff of the MGH Cardiac Rehabilitation Program to this day, as they continue to educate patients around the risk factors for heart disease and the steps they can take to try to prevent future complications.

In 1955, White was called on to treat then President Dwight D. Eisenhower after he'd suffered a heart attack in office. White was criticized by some

for urging Eisenhower to continue to meet the daily demands of his presidency. For many patients, getting back to life and work was the primary goal. But today, it's about so much more.

Since its inception in 1979, the MGH Cardiac Rehabilitation Program has made major strides in identifying the factors that affect heart health. Historical documents show White consulting on Eisenhower's care with a select group of doctors. Today, our multi-disciplinary team includes cardiologists, nurses, exercise physiologists, dietitians, and mind-body experts.

After his own heart attack in 1970, White saw first-hand the need for post-event rehabilitation and stayed active with his work and cycling. In 2016, our program includes everything from weight training to yoga, but we're more than an exercise program. We meet with patients two to three times a week to provide guidance on lifestyle, diet, and stress-management. We support patients who come to us through many avenues, not just referrals from healthcare providers. Program participants can often be seen chatting with one another in our clinic at 25 New Chardon Street about their recovery process, the emotions they're experiencing, the work they're doing to get stronger, and health tips that have and haven't work for them.

White was fond of saying, "In most instances, heart disease isn't as bad as patients think it is." Patients we see today are complex. Each case is different. Early referral to our cardiac rehabilitation program can halt the progression of heart disease and improve outcomes.

For more information, call Kate Traynor, RN, nursing director, at 617-726-8248.

Patient uses treadmill as Nancy McCleary, RN, monitors her progress as part of the MGH Cardiac Rehabilitation Program at 25 New Chardon Street.



If the patient can't go to graduation, then bring graduation to MGH

'Ben' was a young man who'd been newly diagnosed with acute leukemia. It's hard enough being hospitalized for four weeks, but for Ben, it meant he would miss a major milestone in his life—his college graduation.

Our names are Katie Kafkas and Alanna Leahy, and we're staff nurses on the Lunder 10 Hematology-Oncology Unit. We recently had the pleasure of caring for Ben, a young man who'd been newly diagnosed with acute leukemia. New acute leukemia patients typically spend their entire first round of chemotherapy in the hospital, which can take up to four weeks. It's hard enough being hospitalized for four weeks, but for Ben, it meant he would miss a major milestone in his life—his college graduation.

Even when Ben was first admitted, he had an amazingly positive attitude. When he was told he wouldn't be able to attend his graduation, he just shrugged and said, "It's okay. I'm still going to graduate. I'll just miss the ceremony."

We were all amazed at his ability to stay positive. His outlook was: he couldn't change the circumstances, but he could make the most of his situation. It was inspiring. One day, during change of shift, Alanna and I started talking about how we'd like to do something for him—perhaps a graduation present or something. But the more we talked about it, the more our plans changed from a graduation present to actually staging a graduation ceremony.

Lunder 10 nurses started a fund a while back that we call, the Caring for a Cure Fund. Everyone contributes whenever they can, and money from the fund helps make special things happen whenever an appropriate occasion arises. Using money from the Caring for a Cure Fund, we planned a college graduation ceremony for Ben to be held right here on our unit.



Staff nurses, Alanna Leahy, RN (left), and Katie Kafkas, RN

It was really important to us to make this a positive and memorable event for Ben and his family. Their lives had been turned upside-down at a time when they should have been celebrating. Through many e-mails, reaching out to colleagues, and days of planning and organizing with fellow nurses (like Laura White), our graduation ceremony soon came together. And even if we do say so ourselves, it exceeded our wildest expectations.

The morning of the event, Katie and I set about transforming the Lunder 10 lounge into what we hoped would be a convincing replica of Ben's college campus. Many staff members and co-workers came in when they could to assist with decorating. We were able to obtain a congratulatory citation from Governor Baker. Former Patriots player and NFL Hall-of-Famer, Andre Tippett, agreed to present the diploma. And we even managed to get a personalized video from Rob Gronkowski!

Because what graduation celebration is complete without a party, we threw a pizza party with an elaborate cake from Ben's favorite bakery, played games, and generally celebrated both Ben and his girlfriend Devin's college graduation.

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Everything fell into place. Ben and his girlfriend wore their caps and gowns, and we conducted a formal ceremony, complete with the playing of the traditional, *Pomp and Circumstance*. We had programs made up just like a real graduation, and of course, diplomas.

Rather than having to sit through a long ceremony, Ben got to experience a graduation dedicated exclusively to him. One of the best parts was that his friends were able to come and spend the day with him. One friend made a speech that brought tears to everyone's eyes. We poured sparkling cider into plastic champagne flutes, and Ben's dad gave an emotional toast.

Says Ben, "My graduation in the hospital will go down as one of the best days of my life. After an unexpected month of unpleasant procedures, a day surrounded by my family and friends and focused on my accomplishments meant the world to me. Katie and Alanna went above and beyond to make this an amazing day—and it truly was. They're incredible people and incredible nurses to put so much effort into creating

an experience like this for me. And on their day off, no less."

It was such a great feeling to be able to help Ben celebrate his graduation despite being hospitalized. We're lucky to have the opportunity to help patients during difficult times. It's not every day we get to throw a party at work; we're just happy we had the support and resources to make Ben's graduation a special and memorable event.

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

Many stressful and disappointing events can occur as a result of being hospitalized. Surely, missing your college graduation would be right up there among the most disappointing. As clinicians, we know a patient's state of mind can affect their ability to heal and recover. Katie and Alanna's efforts to re-create Ben's graduation is a wonderful example of nursing at its best. There's so much more to patient care than medicines, vital signs, and clinical treatments. Their desire to give Ben what he described as, "one of the best days of his life," the planning and lengths they went to to make the occasion special, are what we mean when we talk about patient- and family-centered care.

Thank-you, Katie and Alanna.



Above left: former Patriots player and NFL Hall-of-Famer, Andre Tippett, with Ben and his girlfriend.
Above right: staff nurses, Alanna Leahy, RN (left) Katie Kafkas, RN, preside over the graduation festivities.

Complex discharge planning brings out best in case management

My name is Laurene Dynan, and I am a case manager specialist. Case manager specialists have many roles; the one I find most rewarding is supporting unit-based case managers with complex, safe, discharge planning. Recently, I was asked to assist with 'Cassey's' transition to home and non-acute care management. Her primary team was the Complex Care Team, managing her complicated disease and anticipated long hospital stay. In planning for her discharge, we knew Cassey would need two months of IV antibiotics to fight an aggressive infection in preparation for a two-stage surgery.

Cassey was admitted with hip pain on her left side, and she had a large destructive lesion on her left femoral head and neck. Biopsies confirmed non-tuberculosis mycobacterium, and after three weeks on a four-drug regimen, she underwent resection-arthroplasty surgery and radical debridement of the left hip. The next stage of her treatment would require a total hip arthroplasty once her infection was under control.

Cassey is a 32-year-old mother of three, originally from South America. She and her husband have lived in the US for eight years in a second-story walk-up apartment. Their youngest child is on home intravenous antibiotic treatment for the same kind of infection.

Cassey's health insurance provided coverage for her acute hospital care and MGH outpatient care. But she had no coverage for skilled home care, home intravenous antibiotic-management, supplies, or medical equipment for safe mobility at home.

When we met with Cassey, her care team, and the interpreter, it was clear to me that Cassey would do well at home. Her physical and occupational therapists, physician, and nurse practitioner reviewed her discharge plan and assessed her readiness to go home. Cassey assured us that her husband would be able to drive her to follow-up appointments. Determined to ambulate and conquer the stairs so she could go home and be with her family, she was cleared by Physical Therapy to be discharged. Social Work worked with Cassey to assist with potential transportation needs. Our home infusion specialist met with her for home antibiotic teaching, and she did well. She asked me to help her find an MGH PCP, which I did. And she was delighted that our case management resource specialists arranged for a wheelchair and shower chair to be delivered to her apartment as had been recommended by her therapists.



Laurene Dynan, CM, case manager specialist

Sometimes it takes a village to ensure that a patient is discharged as safely and expediently as possible. It certainly took a team to get Cassey home with all the equipment, medications, and access to follow-up care she needed.

Two weeks after Cassey's discharge, I reviewed her home therapy notes to see how she was doing. Cassey was doing well managing her home IV antibiotics and mobilizing as needed. She still comes in to the ID Clinic for weekly labs and PICC-line care. It's gratifying to know that Cassey is home with her family and on track to receive her full treatment, follow-up care, and ultimately return to MGH for a total hip replacement.

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

We're so fortunate to have the clinical insight and organizational expertise of our case-manager colleagues. Cassey's situation was, indeed, complex. In these instances, managing the intricacies of insurance, home care, transportation, and services can be daunting. Having a knowledgeable case manager like Laurene to help navigate the way can make all the difference. It certainly did for Cassey.

Thank-you, Laurene.

Labor & Delivery hosts networking event

—by Michele O'Hara, RN, and Elizabeth West, RN

On Wednesday, September 14, 2016, MGH Labor & Delivery nurses hosted the fall networking event of the Massachusetts Association for Women's Health, Obstetrics & Neonatal Nursing, bringing together more than 30 nursing directors, specialists, and educators from labor and delivery units throughout the state. Highlighting the MGH Nurse Residency Program, a panel of labor and delivery nurses who had served as eCare nurse residents and their nurse mentors shared their experiences.

Abby Bedard, RN; Caroline O'Brien, RN; Katherine Loo, RN; Heather Fraser, RN; and Kelly Durkin, RN, spoke about how the program sup-

ported their transition to clinical practice and the benefits of learning from veteran nurses.

Jen Healy, RN; Katherine Kruczinski, RN; Dorothy Barclay, RN; Mona Hemeon, RN; and Jen Bernard, RN; shared the veteran's perspective and talked about why they became mentors. As expert labor and delivery nurses, they understood the importance of preparing graduates for clinical practice.

Initially skeptical of new grads on a labor and delivery unit, staff nurse, Deb Stockwell, RN, says, "It's given me great pleasure to work with this group of nurses."

Resource nurses and mentors, Jenny Sweet, RN, and Joanne White, RN, agree, saying, "The experience was fantastic. They taught us almost as much as we taught them. We're very lucky to have gained these nurses as colleagues."

Panelists provided recommendations to participants considering implementing nurse residency programs at their own facilities. Recommendations included having consistent preceptors; maintaining communication between preceptors, graduates, and nurse specialists; incorporating a fetal monitoring class during orientation; and implementing a buddy system to support novice nurses after orientation. Panelists advised careful screening of candidates to look for nurses with positive energy, a willingness to learn, the ability to work with others, and a passion for caring for new mothers and babies.

Attendees had questions about implementing a nurse residency program at their organizations. Discussion focused on the financial impact, recruitment, and motivating expert staff to participate.

For more information, contact nursing director, Michele O'Hara, RN, at 617-724-1878.

Labor and delivery eCare nurse residents (l-r): Abby Bedard, RN; Caroline O'Brien, RN; Katherine Loo, RN; Heather Fraser, RN; and Kelly Durkin, RN.



When it comes to cleaning patients' rooms, you can't rush excellence

Question: Like all hospitals, we're perpetually challenged to free up beds to make room for incoming patients. Is there a way to speed up room turn-over time between patients?

Jeanette: We all know that every minute counts when patients in the ED or PACU are waiting for inpatient beds. Cleaning times vary due to a number of factors, including the status of the previous patient and the size and configuration of the room. It takes one unit service associate (USA) approximately 45 minutes to safely clean and disinfect a patient's room. The standard room-cleaning process includes (but is not limited to): thoroughly cleaning the bed, furniture, head-wall equipment, bathroom surfaces, portable equipment, all high-touch surfaces, trash- and linen-removal, and many other tasks. Forty-five minutes is an impressive amount of time to complete all the necessary tasks, and I applaud our USAs who've been so instrumental in helping us make this process as efficient as it is.

While it's not possible to safely clean and disinfect rooms any faster than we already do, two recent USA forums gave us some insight into this issue and resulted in some suggestions that may help ensure speedier room turn-overs.

Often, USAs encounter situations where they can't start cleaning because of meds or IVs left in the room from the previous patient. Hospital policy states that unlicensed staff cannot dispose of medications or IVs. If clinicians remove and/or properly dispose of meds and IVs *during discharge*, it would allow USAs to start working in the room immediately after the patient leaves, ensuring a faster turn-over for the next patient.

Another excellent suggestion had to do with prioritizing room cleaning. When a discharge is entered in eCare, the system pages all USAs on the unit. When multiple discharges occur simultaneously, letting USAs know which rooms have the highest priority is very helpful. They can work together to ensure rooms are cleaned in the order they're needed most.

No matter what the situation, the highest priority is ensuring that rooms are safely cleaned and disinfected. Our USAs are committed to the very highest standards when it comes to cleanliness, so no amount of hovering, prodding, rushing, or cajoling will make their work go faster. Please remember that when it comes to cleaning patients' rooms, you can't rush excellence.

Question: Is there anything else we can do to improve patient satisfaction with room cleanliness?

Jeanette: USAs are in a unique position to hear patient feedback. They shared that patients often register displeasure when urine and stool samples are left in their bathrooms for extended periods of time. USAs are instructed not to dispose of urine or stool samples as they have no way of knowing if samples are needed for lab testing. Disposing of excess materials at the time specimens are collected can help reduce dissatisfaction. Bathroom cleanliness is a major factor in overall patient satisfaction.

Over the summer, three Boston-area high-school students interviewed more than 350 patients to get their feedback on room cleanliness. The condition of bathrooms was by far patients' biggest concern. USAs are piloting several initiatives to help improve satisfaction in this area.

Patients also talked about clutter, noting that sometimes wrappers, supplies, and other items are left on their beds or tray tables. It would be helpful if, when we're with patients, we try to see their rooms through their eyes. If there's clutter or trash, it's easier for us to dispose of it than it is for patients. It takes so little effort on our part and makes such a big difference in patients' perceptions of care.

I want to thank our USAs for sharing this feedback so we can continue to strive to make the patient experience as pleasant and comfortable as possible.

For more information, contact George Reardon, director of PCS Clinical Support Services, at 617 671-9259.

Collaborative governance

Call for applications

Applications are now being accepted for collaborative governance, the decision-making body that places the authority, responsibility, and accountability for patient care with practicing clinicians.

Committees seeking membership include:

- Diversity,
- Ethics in Clinical Practice
- Informatics
- Patient Education
- Patient Experience
- Policy, Procedure, and Products
- Quality and Safety
- Research and Evidence-Based Practice
- Staff Nurse Advisory

For more information on the committees or how to join, contact Mary Ellin Smith, RN at 4-5801.

ACLS Classes

Certification:

Two-day program
Day one:
November 10, 2016
8:00am–3:00pm

Day two:
November 11th
8:00am–1:00pm

Re-certification (one-day class):
October 12th
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.

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.

Blum Center Events focus on Recovery Month

“Breast Cancer Awareness Month: Screening for Breast Cancer”
Wednesday, October 26th
12:00–1:00pm
Join Manisha Bahl, MD, to learn more about breast-cancer screening.

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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617-724-1746

Next Publication

November 3, 2016

MGH mourns the loss of medical interpreter, Yannis Pagounis



John 'Yannis' Pagounis, Greek medical interpreter
1955-2016

It is with great sadness that we acknowledge the sudden passing of John 'Yannis' Pagounis, Greek interpreter who worked as a freelance medical interpreter at MGH since 1998. Pagounis was well known in the MGH community and beyond, as he provided services to many hospitals in the Boston area. He is remembered fondly for his passion for the Greek culture, the Greek language, and all things Greek. Pagounis had a quiet, gracious manner; he was an artist and an avid reader; and his commitment to exceptional patient care made him a joy to work with.

As Pagounis himself said in a 2009 poster campaign for Medical Interpreter's Week, "A disease may make a patient feel stranded on a shore where he or she has to cross a bridge to wellness. For me as a medical interpreter and member of the patient's medical team, it's a privilege to be able to assist a patient in crossing that bridge to wellness safely and with empathy."

Said Anabela Nunes, director of MGH Interpreter Services, "Yannis was a wonderful, devoted interpreter and a very special person. He will be missed."



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