

# Caring

Headlines

April 20, 2017

## Occupational Therapy celebrates 100 years

*See story on page 4*



Occupational Therapy was first recognized as a profession in 1917. One hundred years later the profession is still grounded in the power of 'occupation' to heal the mind and body. Historically (above), occupational therapists used activities, including crafts like weaving, to improve the health of people with physical disabilities. At right, pediatric occupational therapist, Victoria Peake, OTR/L, works with babies in the Newborn Developmental Clinic to assess their progress, offer recommendations to parents, and provide individualized patient education.



# Nursing & Patient Care Services' 2017 Strategic Plan

A

fter numerous meetings, forums, and retreats, and with input from staff and leadership throughout Nursing & Patient Care Services, I'm happy to report that we've finalized our strategic plan for 2017. As always, our deliberations were informed by our mission, vision, and guiding principles; an assess-

ment of current reality; and a review of our 2016 goals and quality data. Partners 2.0 factored significantly into our decision-making, as did the current political climate in our country. The process was energizing and illuminating, and I think you'll agree that our plan is both ambitious and achievable.

This is our strategic plan for 2017:

*Goal 1: Workforce—Maintain MGH's position as employer of choice*  
Tactics:

- Continue to provide and expand opportunities to develop resiliency through:
  - conflict-resolution training
  - stress-reduction strategies training
  - management of aggressive behavior training
  - unit-based support groups facilitated by MGH Chaplaincy
- Participate in Partners 2.0 Injury-Reduction Program to enhance workforce safety
- Explore opportunities for support staff to become certified in field of expertise

Co-leader, Gaurdia Banister, RN, executive director, The Institute for Patient Care, and her team have compiled an index of resources available to support staff resiliency. The index provides an extensive list of programs, initiatives, and classes available to help staff deal with conflict-management, stress-reduction, and management of aggressive or disruptive behavior. The team plans to use the results to the Staff Perceptions Survey and the Professional Learning Environment for Nurses to craft additional programs to enhance resiliency.



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

The team plans to work closely with the Partners 2.0 Workforce Injury-Reduction Tiger Team, which recently presented recommendations to the Partner's Chief Nurse Council and is awaiting feedback as to next steps.

*Goal 2: Lead and participate in Partners 2.0 initiatives to realize targeted cost-savings*

This goal focuses on the work of several tiger teams to identify opportunities to make systems and processes throughout the Partners system more integrated and efficient. Some of those tiger teams include:

- The Agency Tiger Team
- The Patient Observer Tiger Team
- The Quadramed Tiger Team
- The Workforce Injury-Reduction Tiger Team

Steve Taranto, director, Human Resources, and Debbie Burke, RN, associate chief nurse, say a major part of this work will involve the launching of a Partners Nursing Agency. Building on the Bulfinch Temp Agency model, nurses will be hired to work throughout the Partners system. Having our own agency will help achieve a higher level of efficiency while reducing unnecessary spending. Steve and Debbie also point out that this could be a great opportunity for nurses to work in Boston over the winter and work in Martha's Vineyard or Nantucket for the summer.

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*Goal 3: Implement and support MGH diversity goals and strategies*

This goal dovetails with the work of the MGH Diversity

Committee in its efforts to:

- build, sustain, and educate a diverse workforce
- grow and support diverse patient populations
- cultivate a diverse research participant population
- incorporate diversity, inclusion, and equity into our day-to-day operations and decision-making
- recognize the value of a diverse and inclusive environment
- ensure that the workforce, patients, families, and visitors feel their individual backgrounds, traits, and skills are valued and respected

*Goal 4: Maximize capacity through ED-targeted initiatives*

Tactics:

- Mitigate ED safety risks in a setting of capacity constraints
- Pilot 13-bed auxiliary unit
- Develop system for nurse-to-nurse hand-offs
- Develop ED discharge and transfer workflows for eCare
- Enable staff to assess readiness for discharge
- Leverage population health programs

Team leader, Theresa Gallivan, RN, associate chief nurse, says, in addition to maximizing capacity, this goal focuses on improving the quality and safety of care in the ED where there continues to be severe overcrowding. The team is looking at ways to facilitate transfers to other institutions; establish an Inpatient ED Boarder Unit to ensure patients waiting to be admitted receive the same level and quality of care as inpatients; and standardize processes around:

- the early identification and communication of inpatient discharges
- nurse-to-nurse patient hand-offs
- provider-to-provider patient hand-offs
- timely transition from ED to inpatient unit once hand-off is complete

*Goal 5: Sustain and/or improve select quality, safety, and patient-experience indicators*

Tactics:

Quality and Safety:

- Host on-site review with national falls expert
- Implement strategies to reduce pressure ulcers using recommendations from Tod Brindle's site visits

Patient Experience (HCAHPS targets):

- Quiet at Night: target 50.9%
- Staff Responsiveness Composite: target 66%
- Communication about Meds Composite: adhere to specified work plan to enhance results

Co-leaders, Gaurdia Banister and Colleen Snyderman, RN, director of N&PCS Office of Quality & Safety, and their team are in the process of evaluating potential fall experts for an upcoming visit and plan to review and (if warranted) implement the Activities-specific Balance Confidence (ABC) Scale to help determine patients' risk for injury from falls. The team has established a time line for implementing the Brindle recommendations to reduce pressure ulcers. And several initiatives are planned, or already in process, to ensure we meet our targets for the three HCAHPS indicators approved by the Patient Experience Leadership Committee (see tactics above).

## In this Issue

Occupational Therapy Celebrates 100 Years..... 1

Jeanette Ives Erickson..... 2-3

- N&PCS 2017 Strategic Plan

Occupational Therapy  
Celebrates 100 Years ..... 4-5

2017 Patient Safety Stars ..... 6

IDEA Grants..... 7

Clinical Narrative ..... 8-9

- Jaclyn Cmero, OTR/L

The Next Generation of Nurses ..... 10

- Sally Vanderploeg

Needlestick Safety ..... 11

Fielding the Issues..... 12-13

- Voalte Phones
- Smoking-Cessation

Announcements..... 14

Nurse Week Schedule 2017..... 15

Announcements..... 16

I think we've crafted an excellent blueprint for our work in the coming year. I thank you all for your input and ideas, your passion and foresight, and the energy and professionalism you bring to your practice every day. I look forward to working with you in the coming months as we bring this plan to life.

For more information or if you have any questions, contact Marianne Ditomassi, RN, executive director for N&PCS Operations, at 617-724-2164.

(Cover photos provided by staff)



# OTs play key role in caring for infants with NAS

—by Emily Finn, OTR/L; Victoria Peake, OTR/L; and Jane Evans, OTR/L  
Leslie Kerzner, MD, contributor

**N**eonatal abstinence syndrome is a condition that occurs in newborns exposed to opiate drugs while in their mothers' wombs. Many of these babies then go through withdrawal symptoms after birth. Currently, neonatal abstinence syndrome is an epidemic that has grown in tandem with our nation's opioid crisis. Recent reports estimate that one baby with neonatal abstinence syndrome is born every 25 minutes. MGH has seen a significant increase in this population, as opioid addiction is particularly high in Massachusetts.

Neonatal occupational therapists (OTs) are among the team of clinicians (nurses, physicians, social workers, and dietitians) led by neonatologist, Leslie Kerzner, MD, working to identify and implement best care for these vulnerable patients. Neonatal abstinence syndrome includes a constellation of symptoms, such as neuro-motor hyper-irritability, gastrointestinal dysfunction, and respiratory and metabolic disturbances; and infants born with neonatal abstinence syndrome are at risk for long-term neuro-developmental impairments. Statistics show that mothers of infants with neonatal abstinence syndrome are more likely to have major

maternal or fetal complications, psychiatric illnesses (including PTSD), socio-economic challenges, and additional drug dependencies during pregnancy, adding to the complexity of the infant's care.

OTs have worked closely with an inter-disciplinary team of nurses, doctors, and social workers in the Neonatal ICU and Special Care Nursery to help re-define care for both mothers and infants impacted by opioid use. Supporting the emerging bond and attachment between mother and infant, often described as a 'dysregulated dyad,' is of utmost importance in ensuring best outcomes in the post-natal period and beyond.

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Recent reports estimate that one baby with neonatal abstinence syndrome is born every 25 minutes. MGH has seen a significant increase in this population, as opioid addiction is particularly high in Massachusetts.



(Photos provided by staff)

Pediatric occupational therapist, Victoria Peake, OTR/L, sees babies with neonatal abstinence syndrome in the Newborn Developmental Clinic to monitor their progress and provide ongoing support to parents.

OTs worked closely with the nursing staff to develop a tool to guide interactions with infants with neonatal abstinence syndrome. They came up with a 'stop-light' approach to indicate the level of interaction appropriate for each infant.

OTs are now consulted on all infants who've been exposed to opioids in-utero—whether they need medical management for withdrawal symptoms or not. OTs assess the infant's neuro-developmental capabilities, then teach parents about their infant's individual language or behavioral cues. This gives parents needed guidance on how best to interact and respond to their infant's unique needs. Many infants benefit from non-pharmacological strategies to help manage withdrawal symptoms, including modifying their environment to reduce over-stimulation, frequent holding, skin-to-skin contact, gentle swaying, and sensory and positioning techniques, such as firm swaddling to 'contain' the baby's extremities with gentle pressure. Having the mother and infant together in close contact helps improve the mother's responsiveness, decrease the intensity and duration of withdrawal symptoms, and hopefully reduces length of stay.

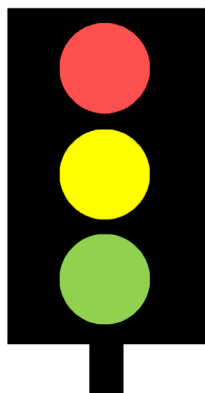
OTs have worked closely with the nursing staff to develop a tool to help guide interactions with infants with neonatal abstinence syndrome. They came up with a 'stop-light' approach using the traditional red, yellow, and green traffic light to indicate the level of interaction appropriate for each infant. This tool, along with visual aids, helps parents understand the importance of the timing and types of interactions they have with their infant. Once infants are more stable and regulated from withdrawal, they may benefit from other techniques to support sensory and




motor development such as infant massage and handling techniques to manage increased muscle tone.

As infants near discharge, OTs help facilitate referrals to early-intervention services and the Newborn Developmental Clinic to support ongoing progress and monitoring. Kerzner reports that close to 30% of newborn follow-up appointments are infants being treated for opioid exposure. At the clinic, OTs work with physicians and nurse practitioners to see infants at various stages in the first two years of life. They assess neuro-developmental skills using standardized testing and provide recommendations and individualized patient education.

Occupational Therapy was first recognized as a profession in 1917 with the founding of the Society for the Promotion of Occupational Therapy, now the American Occupational Therapy Association. Occupational therapy has played a prominent role in health care over the years, providing treatment for patients with injuries, tuberculosis, polio, and numerous other conditions affecting physical function and mobility. Occupational therapists at MGH continue to advance the profession, contribute to the body of knowledge, and improve the quality of life for countless patients and families every year.

For more information about Occupational Therapy, call Jane Evans, OTR/L, clinical director, Occupational Therapy, at 617-724-0147.



<b>Calm, Resting, Deep sleep</b> <ul style="list-style-type: none"> <li>-Eyes closed</li> <li>-Breathing is regular and smooth</li> <li>-Body is relaxed and not moving</li> </ul>	<b>WHAT I LOOK LIKE:</b> 	<b>WAIT!</b> I'm sensitive! Please protect my sleep and let me rest! Please avoid interrupting my sleep by talking to me, moving my position, picking me up. Small things around me could easily wake me up.
<b>I need help settling when I'm:</b> <ul style="list-style-type: none"> <li>-Frantically moving arms and legs quickly</li> <li>-Crying</li> <li>-Furrowing my brow/forehead</li> <li>-Searching vigorously to suck on my fingers or blanket</li> <li>-Holding my hands in a tight fist</li> <li>-Keeping my eyes firmly closed</li> </ul>		<b>WAYS TO HELP ME FEEL CALM:</b> <ul style="list-style-type: none"> <li>-Swaddle me tightly with my hands to my face. Put your hands firmly over me and hold in place.</li> <li>-Offer me my pacifier OR a finger if I have trouble sucking on my pacifier</li> <li>-Hold me on my belly against you or place me on my side.</li> <li>-Rock me in a slow, rhythmic manner, back and forth.</li> <li>-Reduce all extra stimulation (dim lights, talk softly, keep me in one position)</li> </ul>
<b>I'm ready to get to know you when:</b> <ul style="list-style-type: none"> <li>-Body is relaxed</li> <li>-Eyes are open and calmly looking around</li> <li>-Move with slow, smooth movements</li> <li>-I may still need gentle swaddling and sucking, but I'm alert.</li> </ul>		<b>WAYS YOU CAN BOND AND PLAY WITH ME:</b> <ul style="list-style-type: none"> <li>-Talk, sing or read to me in a gentle voice</li> <li>-Gently move my arms and legs</li> <li>-Wait for me to look at your face and eyes</li> <li>-Gently massage my arms and legs</li> </ul>

<u>Care Times:</u>	
<u>Parent's Names and Visiting Schedule:</u>	
<b>My Baby Likes:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Sucking on pacifier</li> <li><input type="radio"/> Swaddling</li> <li><input type="radio"/> Rocking in swing</li> <li><input type="radio"/> Swaying in my arms</li> <li><input type="radio"/> Being on my side</li> <li><input type="radio"/> Cuddled on my belly</li> <li><input type="radio"/> Being held cradled in my arms</li> <li><input type="radio"/> Talking or singing to them</li> <li><input type="radio"/> Dimming the lights</li> <li><input type="radio"/> Being quiet</li> <li><input type="radio"/> Patting their back</li> <li><input type="radio"/> "SHHHHHShing"</li> <li><input type="radio"/> Certain Positions:</li> <li><input type="radio"/> Other:</li> </ul>	<b>My Baby Dislikes:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Being unwaddled</li> <li><input type="radio"/> Having diaper changed</li> <li><input type="radio"/> Bright lights</li> <li><input type="radio"/> Loud noises</li> <li><input type="radio"/> Changing positions</li> <li><input type="radio"/> Lots of movement</li> <li><input type="radio"/> Certain positions:</li> <li><input type="radio"/> Other:</li> </ul>
<b>I WOULD LIKE MY BABY'S CARE TEAM TO KNOW:</b>	

# Safety stars recognized during National Patient Safety Week

—by Jana Deen, senior director of Patient Safety, MGH Center for Quality & Safety

**A**t this year's Patient Safety Stars Appreciation Breakfast, March 15, 2017, individuals nominated by their peers were recognized for extraordinary dedication in their efforts to improve patient safety. Many employees from Nursing & Patient Care Services were among those honored for 'speaking up for safety.'

Jennifer Brooks, operations associate on the Phillips 22 Surgical Unit, was recognized for modeling patient-centered practices, including introducing herself to each new patient and identifying herself again when she responds to calls. Marie Hermilus, unit service associate on the Ellison 6 Orthopaedics Unit, was recognized for using safe, patient-centered practices and for her welcoming smile and disposition. Karen Turner, OTR/L, occupational therapist, was recognized for her work with patients with autism, identifying their unique needs before procedures or hospitalization and working with the team to accommodate those needs. Maura McMahon, RN, staff nurse in the Thoracic OR was recognized for her compassionate and vigilant presence, always speaking up for patient safety, both in the moment and by filing safety reports.

Many were recognized for reporting near misses that drove future improvements. Staff nurses, Heather Evoniuk, RN, from the White 9 Medical Unit, and Annalise Hajer, RN, from the Ellison 19 Thoracic Unit, both took action to eliminate potential risks then filed safety reports that led to safer equipment and care.

Sandy Green, RN, Pediatric and Burn team leader in the OR, and endoscopy staff nurses, Katherine Pyrek, RN, and Jolene Sabirai, RN, were recognized for speaking up about *potential* safety issues, allowing for system changes to be made to prevent future harm or injury.

Pediatric staff nurse, Joanne Prendergast, RN, was recognized for her extraordinary efforts and expertise in keeping patients safe during the MGH conversion to Partners eCare.

These are just a few examples of how giving voice to safety concerns, both real and perceived, can help keep patients safe and prevent adverse events from occurring in the future. Staff throughout Nursing & Patient Care Services are advocating for patients and families every time they speak up for safety or file a safety report. Congratulations to all of this year's patient safety stars. For more information, contact Colleen Snyderman, RN, director, N&PCS Office of Quality & Safety, at 617-643-0435.



MGH patient safety stars are honored at this year's Patient Safety Stars Appreciation Breakfast, March 15, 2017, in the East Garden Dining Room.

(Photo by Paul Bostain)



# Improving patient care through innovation and entrepreneurship

—by Amy Giuliano, senior project manager

On March 1, 2017, An Inter-Professional Panel on Innovation & Entrepreneurship to Improve Patient Care, co-hosted by The MGH Institute for Patient Care and Northeastern University, was held in O’Keeffe Auditorium. The event was intended to inspire the incubation and implementation of innovative ideas and solutions and empower clinicians to become change agents in our ongoing efforts to improve patient care.

Panelists included:

- Lillian Ananian, RN, nursing practice specialist, Medical ICU, and 2016 IDEA Grant recipient
  - Joseph Fleming, chairman, Infusion Ventures, and founder of Health Science Entrepreneur Program at Bouvé College of Health Sciences, Northeastern University
  - Nancy Hanrahan, RN, dean and professor, School of Nursing, and associate dean, Bouvé College of Health Sciences, Northeastern University
  - Jared Jordan, RN, neuroscience staff nurse and 2016 IDEA Grant recipient
  - Hiyam Nadel, RN, nursing director, Ambulatory Obstetrics, MGH Boston, Waltham, and Danvers
- Moderator, Gaurdia Banister, RN, executive director of The Institute for

Patient Care, invited panelists to share stories of how innovative ideas originated from their own experiences and how those ideas were implemented in their practice areas.

Attendees commented on how the session inspired them to, ‘think outside the box’ and look beyond ‘work-arounds’ to enhance care at the bedside.

The Nursing & Patient Care Services Innovation, Design, and Excellence Awards (IDEA Grant) program is one way for staff to bring creative ideas forward. Applications for the 2018 IDEA Grant program will be accepted beginning in June.

For more information, contact Amy Giuliano, senior project manager, at 617-643-9670.



Above: scenes from An Inter-Professional Panel on Innovation & Entrepreneurship to Improve Patient Care. Individual shots (clockwise from top left): Banister; Ananian; Nadel, and Jordan.

# Partnering with patients 'where they're at'

*sometimes stepping back is the best way  
to move forward*

'Pam' was an older woman who presented to MGH with depression after experiencing a combination of psychosocial and medical stressors... I first met Pam in an OT group session on Blake 11.

**M**y name is Jaclyn Cmero, and I am an occupational therapist. Occupational therapists play an important role in helping patients meet their goals and progress toward recovery. OT interventions can be conducted individually, in groups, in the inpatient or outpatient setting, or in the community. Whether occupational therapy is conventional or innovative, it is always client-centered. Sometimes, in the day-to-day chaos of a busy hospital environment, you can forget how the unique contributions of occupational therapy impact recovery. But it's never very long before a particular patient will remind you.

'Pam' was an older woman who presented to MGH with depression after experiencing a combination of psychosocial and medical stressors. At baseline, Pam was independent with all her activities of daily living, participating in social events and enjoying fashion and shopping. I first met Pam in an OT group session on Blake 11 when she presented with a flat affect but was pleasant and cognitively engaged. She ambulated independently, and her initial occupational-therapy goals were social participation, establishment of a meaningful routine, and developing coping skills to manage emotional distress. Pam's medical treatment plan included electro-convulsive therapy (ECT) and medication adjustment.

After her first few ECT treatments, Pam became disoriented and socially withdrawn. Though the team recognized some of her cognitive changes, it was difficult to fully appreciate her new level of impairment as



Jaclyn Cmero, OTR/L  
occupational therapist

she covered it so well during discussions. In order to quantify her cognitive changes, I conducted a bill-paying exercise with her. Pam required moderate to maximal cueing to complete the task. This was a task she performed independently at home, so I was concerned about her impairments. Even more concerning was her limited insight into her ability, stating that she thought she did 'okay' on the task.

I shared the functional data and my observations about Pam's change in behavior with the team to advocate for the discontinuation of ECT as it was severely impacting her function. I was delighted when the team not only listened to my concerns but immediately stopped ECT.

Pam had also developed impairments in activity-tolerance and balance secondary to spending time in bed after the ECT treatments. I was concerned that she was at heightened risk for falling, so I asked for a Physical Therapy consult to address her safety with ambulation. This was also a barrier to her attending group sessions and performing her activities of daily living independently.

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I learned so much from working with Pam. I truly worked with the 'whole person,' addressing her cognitive, physical, and emotional needs. I know I made a difference in the course of Pam's treatment, but until she was ready to commit, further progress would be limited.

After ECT was discontinued, I worked with Pam to remediate her cognition, encourage group participation, and promote participation in self-care. Communication became pivotal, not only with the team, but with Pam and her niece. As Pam began to improve, she continued to doubt her ability to manage daily tasks, reflecting the negative thought process of depression. Pam's niece wanted her to be discharged to an assisted living facility or have 24-hour care at home. Through much exploration, I discovered that the niece's reason for wanting Pam to have 24-hour support was that Pam had demonstrated suicidal ideation in the past. My role became educating Pam and her niece about the progress she'd made and advocating for her to return home with support rather than go to an assisted living center. I expected Pam's recovery to be challenging but valuable.

As I worked with Pam, I developed a greater appreciation for the impact of her experience on her mood. Pam's role had drastically changed in the last year—she'd lost her role as caregiver, which affected her identity and sense of self-worth. Although she continued to value being productive and caring for others, she was unable to initiate participation in the tasks that embodied those values due to her own depression. As I began to appreciate the complexities of Pam's situation, I thought that developing a daily schedule would be a meaningful way to give her a sense of control, promote participation in the activities she valued, and contribute to her overall well-being. Pam and I worked at length to develop a schedule that would encourage structure and give her a sense of accomplishment while addressing her social, physical, and cognitive needs. We developed a schedule for after she was discharged, which included a balance of self-care, social, and productive tasks. The team evaluated Pam for suicidal ideation and felt it was safe for her to go home with resources and supports in place, and her niece agreed.

At the time of Pam's discharge, I was proud of the work we had done together. Pam's cognition had improved to close to baseline, but I did recommend continued occupational therapy to maximize her potential. Although her mood was not yet 100%, she had the tools to return home successfully.

About a month later, Pam returned to MGH after a suicidal gesture. When I worked with her this time, I had a student with me. Pam's motivation for the gesture appeared to be to get the attention of her niece. Pam shared that she hadn't used the schedule or sup-

ports we identified despite cues from family and friends. My student and I tried several techniques to work with Pam including identifying other resources and changing thought patterns; but Pam had excuses why each strategy would fail. As we spoke with Pam, I realized that we were working harder than she was. Pam was pre-contemplative and not yet ready to make a commitment to change.

Pam helped me see the importance of a patient's willingness to change and the effect it has on occupational-therapy interventions. It was so beneficial to share this experience with my student because, although she had several great ideas about what might help Pam, I knew our success depended on Pam being invested in making the necessary changes. Depression definitely affected Pam's motivation, but I also think she wasn't yet willing to be well. The opportunity to illustrate to a student the dynamic relationship between occupation, mood, environment, and willingness to change was very powerful.

I learned so much from working with Pam. I truly worked with the 'whole person,' addressing her cognitive, physical, and emotional needs. I know I made a difference in the course of Pam's treatment, but until she was ready to commit, further progress would be limited. Pam also reminded me of the importance of taking care of myself. Being an occupational therapist is wonderful, but it can be demanding. To be able to care for patients, I need to care for myself first, even if it means setting limits and working only as hard as the patient is willing to work.

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

Clinicians in all disciplines know the challenge of empowering patients to participate in their own recovery. Many factors affect a patient's ability to engage. Jaclyn came to understand the dynamics of Pam's resistance and altered her approach accordingly. The patient-practitioner relationship is a delicate balance of encouragement, support, trust, giving patients the tools they need, and sometimes, stepping back. Jaclyn's narrative reminds us of the importance of partnering with patients, not leading them when they're not ready to go.

Thank-you, Jaclyn.

# Future nurse learns lesson about wisdom and clinical judgment

*In the Maternal Child Health course taught by Mimi Pomerleau, RN, and Kristine Ruggiero, RN, at the MGH Institute of Health Professions, students were asked to reflect on how they link nursing theory to nursing practice and about the core virtues they're developing as a result of their clinical experiences. The following reflection was written by student, Sally Vanderploeg.*

**D**uring a recent clinical rotation, I had the opportunity to shadow Linda, an international, board-certified, lactation consultant. It was such a joy to follow her for a day and see the many ways she shared her wisdom. The core nursing value of wisdom, as defined by the Association of Women's Health, Obstetric, and Neonatal Nurses is the ability to, "combine knowledge of a particular patient and his or her experience of illness with expert clinical knowledge and judgment." Linda clearly demonstrated this value every time she interacted with a patient.

New mothers, especially those experiencing difficulty breastfeeding, are in an incredibly vulnerable place. They want so badly to care for their newborns in the best possible way; if something doesn't go well, they often blame themselves or feel inadequate. That was the reason I wanted to learn more about breastfeeding, so I could impart even the smallest bit of knowledge to the next new mom and be able to reassure her during this vulnerable time.

Of all the nuggets of wisdom that Linda shared throughout the day, most often she just encouraged mothers to keep doing what they were doing and see what worked best for them. She was careful not to give any hard and fast responses, as she knew that every mother is different, every baby is different, and what works for one may not work for all.

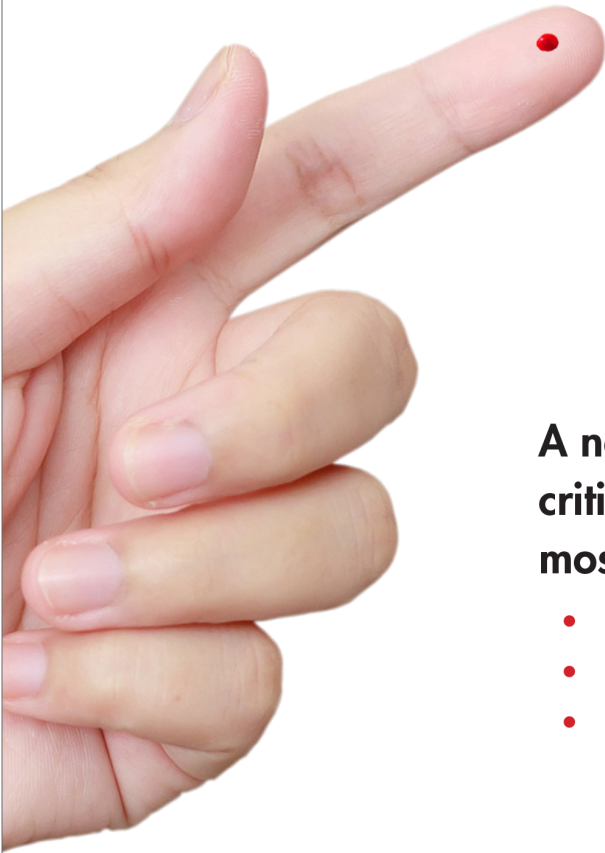
The notion of trying different things until you find what works didn't sit well with some mothers, especially the 'Type A' personalities. They were often hardest on themselves, quick to get frustrated if they felt they "weren't doing it right." They wanted to know exactly how many hours between pumping, exactly how much time to let the baby stay on the breast, exactly how to massage the breast to encourage milk flow. But Linda never gave in to their need for precise information. She used her wisdom and calm, reassuring manner to encourage them to explore different options to find what worked best for them and their babies.



Sally Vanderploeg, nursing student

The idea that there are multiple ways of achieving a goal and allowing patients to figure things out on their own, is a skill I hope to develop throughout my career as a nurse. I know I have a tendency to want everything to be explained scientifically and everything to be done the same way every time. But my clinical experiences have shown me that that's not always possible. I will continue to try to learn and accept that.

I've also realized that wisdom like Linda's comes with time. These aren't things I'm going to learn in the first year (or maybe even five or ten years) of my career. Instead of being discouraged by that, I'm incredibly grateful to have wise and experienced nurses like Linda working with me as I begin my career. I know they will guide me as I make mistakes, build my own sense of clinical judgment and reasoning, and embrace the varied and ever-changing ways of providing the best care I can for my patients.



# 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.



# Voalte Phones: an update

## *supporting high-quality care through enhanced communication*

**Question:** How long have we been using Voalte phones?

**Jeanette:** We began using Voalte phones at MGH shortly after the Lunder Building opened in 2011. Because they were so effective at improving communication among staff, we began using them in all inpatient units, Infusion and IV Therapy, the health professions, Chaplaincy, Interpreter Services, and many other settings throughout the hospital. Now in more than 60 areas with more than 6,700 users, Voalte phones have become an important tool for clinicians and support staff. Every month Voalte-phone users send more than 700,000 text messages and make or receive more than 50,000 phone calls. This saves countless time and steps by eliminating the need for staff to find a desk or computer or land line to communicate with colleagues.

**Question:** I love my Voalte phone. It makes communication so much quicker and easier. But I don't care for the newer model as much as the older one. Is there a better option?

**Jeanette:** We've heard similar feedback from other users. We continue to work with the software vendor and phone manufacturer to improve certain features; keyboard performance and the size and weight of the device are primary considerations. We don't have funding to replace the current model at the present time, but we are thinking ahead, and this kind of feedback from end-users is instructive. We want unit-based phones to be easy to use and easy to carry to eliminate any barriers to effective communication.

In 2014, the device preferred by staff became obsolete forcing us to switch to a different manufacturer. This was concerning because we knew how much staff relied on them. The only other device that was compatible with the software was bulkier, and we knew from trials on inpatient units that the keyboard had limitations—but it had much better connectivity. With support from end-users, we made the decision to convert to the new device, hopeful that the keyboard issues would be resolved. Unfortunately, progress on the keyboard has been slower than expected.

**Question:** My nursing director mentioned we could be getting an updated version of the Voalte software some time soon?

**Jeanette:** Yes. On May 12th, we're upgrading to the newest version, called Voalte Platform. This version reflects MGH user feedback over the past five years, and I'm confident you'll enjoy it. New features include: an option to select your role and location when logging in; the ability to customize your status; better group messaging; and enhanced security.

The new software has been implemented in a number of hospitals similar to MGH in size and utilization. We learned from those hospitals that the software is easy to use, but the upgrade is different enough that staff should receive some training in advance. So we'll be offering training starting the last week in April to ensure everyone has a chance to practice before the conversion on May 12th.

For more information on Voalte phones or the upcoming upgrade, call Jen Lassonde, senior project specialist, at 617-640-7066.

# Helping employees cut down or quit smoking

## *learn more about the Partners in Helping you Quit Program*

*Question:* Does MGH have a program to help employees quit smoking?

*Jeanette:* We do. MGH employees can get help quitting or cutting down through Partners in Helping you Quit (PiHQ), a research study that offers support and advice via telephone. Employees with Partners health insurance also have a medication benefit that covers smoking-cessation medications with no co-pay.

*Question:* How does the medication benefit work?

*Jeanette:* Employees with Partners health insurance can get any FDA-approved, smoking-cessation medication with no co-pay, no pre-authorization, and no coverage limits, as long as they have a prescription from their healthcare provider. The benefit covers the generic nicotine patch, lozenges, gum, or inhaler, as well as bupropion and Chantix. The benefit is also available to adult dependents of employees. Employees don't have to be enrolled in the PiHQ study to take advantage of the medication benefit. But smoking-cessation medication is more effective when combined with the support of a tobacco coach.

*Question:* What is Partners in Helping you Quit?

*Jeanette:* PiHQ is a study designed to help tobacco users who want to cut down or quit smoking. After an initial phone call with a tobacco coach, employees are randomly assigned to one of two programs. Both offer a series of free phone calls with a coach over a 12-week period to guide smokers toward quitting. The coach helps create a personalized plan with practical support based on current best practices, including how to use smoking-cessation medications effectively.

*Question:* Is my smoking status confidential?

*Jeanette:* Yes. The information collected as part of the program is kept confidential and will never become part of your employee or human resources record.

*Question:* I'm not sure I'm ready to quit, but I am worried about my health.

*Jeanette:* You can join the PiHQ program even if you aren't ready to quit. It can help you make a plan for the future and provide advice on how to cut down. You might consider starting smoking-cessation medications before setting a date to quit. Research shows that these medications help smokers cut down and get ready to quit.

*Question:* I've tried those medications, and they didn't work for me.

*Jeanette:* You may not have used them in the most effective way or for long enough. We now know that a nicotine patch works better when combined with another nicotine product like the gum, lozenge, or inhaler. PiHQ tobacco coaches guide smokers in the most effective combinations of medications, when appropriate.

*Question:* Is there a cost to participate in PiHQ?

*Jeanette:* No. PiHQ is free to any MGH (or Partners) employee. For more information about the PiHQ study or Partners medicine benefit, contact Jen Kelley or Liz Inman at 617-724-2205, or e-mail [PiHQ@partners.org](mailto:PiHQ@partners.org).

# Announcements

## Blum Center Events

"Skin Cancer and Sun Safety"  
Friday, April 21, 2017  
12:00–1:00pm

Join Shadi Kourosh, MD, to learn more about current research and recommendations on skin cancer screening and prevention.

"Sleeping Better: Help for Long-Term Insomnia"  
Thursday, April 27th  
12:00–1:00pm

Join Kathleen Ulman for a presentation and short video on treatments for insomnia and how to get better sleep.

No registration required.  
All sessions held in the Blum Patient & Family Learning Center.  
For more information, call 4-3823.

## Stand Against Racism

"Healing Racism: Skill-Building through Crucial Conversations," a presentation by Teja Arboleda, multi-media diversity specialist, along with interactive exercises to promote discussion and learning.

The event is sponsored by the Nursing & Patient Care Services Diversity Program in collaboration with the Emergency Department Diversity and Inclusion Committee, the Center for Diversity and Inclusion, MGH Psychiatry Center for Diversity, MGH Executive Committee on Diversity, the Center for Community Health Improvement, the Executive Committee on Community Health, and the Disparities Solutions Center at MGH.

Wednesday, April 26, 2017  
2:00–3:00pm  
O'Keeffe Auditorium

For more information, call Deborah Washington, RN, director, N&PCS Diversity Program, at 617-724-7469.

## ACLS classes

Two-day certification program

Day one:  
June 12, 2017  
8:00am–3:00pm

Day two:  
June 13, 2017  
8:00am–1:00pm

Re-certification (one-day class):  
August 9, 2017  
5:30–10:30pm

Location to be announced.  
For information, e-mail:  
acls@partners.org, or call  
617-726-3905

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

## AMMP Scholarship

2017 AMMP  
(Association of Multicultural  
Members of Partners)  
Scholarship Opportunity

Are you an AMMP member?  
Are you currently in school?

The AMMP scholarship was established as part of AMMP's mission to support the educational goals of members and assist in their pursuit of degrees and training at colleges and universities.

Applications are now being accepted for the 2017 AMMP scholarship.

Applications are available at the Employee Access Center in Bulfinch 107 or on the AMMP website at: <http://AMMP.massgeneral.org>

Review application for eligibility.

For more information, go to the AMMP website at <http://AMMP.massgeneral.org>; or call AMMP Scholarship chair, Sandra Thomas, at 617-643-0140.

Application deadline is  
Wednesday July, 12, 2017.

## 2017 Staff Perceptions of the Professional Practice Environment Survey

The 2017 Staff Perceptions of the Professional Practice Environment Survey (SPPPE) has been e-mailed to staff in Nursing & Patient Care Services. It will remain in the field through the end of April.

The survey takes approximately 45 minutes to complete and provides leadership with an assessment of staffs' satisfaction with the MGH professional practice environment.

All answers are confidential; no individual data will be reported unless agreed to by the participant at the start of the survey. Data from the survey are reported at three organizational levels: N&PCS; discipline-specific; and unit-level. Information shared with leadership will also be discussed with staff in unit and department meetings.

For more information, contact Dorothy Jones, RN, director emerita and senior nurse scientist, Yvonne Munn Center for Nursing Research, at 617-724-9340.

## Merit Scholarship for Charlestown high-school seniors

The MGH Institute of Health Professions, the MGH Charlestown Community Health Center, and Spaulding Rehabilitation Hospital are offering \$6,000 in scholarships to high school seniors from Charlestown. Students entering a two- or four-year college with the intention of becoming healthcare professionals are eligible. Apply at [mghihp.edu/merit](http://mghihp.edu/merit).

Deadline for applications is  
Thursday, June 1, 2017.

For more information, call Andrew Criscione at 617-726-0968.

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For more information, call:  
617-724-1746

### Next Publication

May 4, 2017



## Nurse Week Schedule

Goal for the Day:

# Nurse Recognition Week

May 7–12, 2017

Questions for your Care Team:

### Sunday, May 7th

Staff Nurse Breakfast  
7:00–9:00am  
Trustees Room, Bulfinch 2

### Monday, May 8th

Chief Nurse Address  
presented by Jeanette Ives Erickson, RN,  
chief nurse  
2:00–3:00pm  
O'Keefe Auditorium, Blake 1

Staff Nurse Reception  
3:00–4:30pm  
Trustees Room

### Tuesday, May 9th

#### Research Day

Interactive Nursing Research  
Poster Session  
10:00–11:30am

O'Keefe Auditorium Foyer  
(Research posters on display throughout  
Nurse Recognition Week)

Yvonne L. Munn Nursing Research Lecture  
and Presentation of Research Awards

"The Power of the Patient's Voice  
in Research: Stories from the Bedside  
and Beyond,"

presented by Sara Looby, RN,  
nurse scientist, Yvonne L. Munn Center for  
Nursing Research and principal investigator  
for the Program in Nutritional Metabolism;  
assistant professor of Medicine,  
Harvard Medical School  
1:30–3:00pm  
O'Keefe Auditorium

Reception immediately following in  
O'Keefe Auditorium Foyer

### Wednesday, May 10th

"Best Practices for Transforming 21st Century Multi-Generational Learning,"  
presented by Gino Chisari, RN, director, The Norman Knight Nursing Center;  
along with Labrini Nelligan, executive director; Carol MacKenzie, RN, professional  
development specialist; and Samantha Nock, program coordinator;  
Lunder-Dineen Health Education Alliance of Maine  
10:00–11:00am  
O'Keefe Auditorium

"The Wisdom of Experience: Advancing Practice through Safety Narratives,"  
co-facilitated by Colleen Snyderman, RN, director, Nursing & PCS Office of Quality & Safety;  
and Jana Beth Deen, RN, senior director, Patient Safety, MGH Center for Quality & Safety  
1:30–2:30pm  
O'Keefe Auditorium

### Thursday, May 11th

#### Scholarly Works: the Science Behind Nursing Leadership

"Evaluation of the Effect of the Peer Review Impacts Safety and Medical  
Errors (PRISM) Program on Critical Care Nurses' Attitudes of Safety Culture  
and Awareness of Recovery of Medical Errors,"  
presented by Colleen Snyderman, RN, director, Nursing & PCS Office of Quality & Safety

"Exploring Staff Nurses' Perceptions of Specialty Certification at MGH  
Using the Perceived Value of Certification Tool,"  
presented by Jennifer Clair, RN, transplant clinical nurse specialist

"Implementing and Evaluating the COMFORT Communication  
in Palliative Care Curriculum for Oncology Nurses,"  
presented by Julie Cronin, RN, nursing practice specialist,  
Gynecology/Oncology & Radiation Oncology

10:00–11:30am, O'Keefe Auditorium

"The Myths, Realities, and ZZZs of Safe Sleep for Infants,"  
(Sponsored by the MassGeneral Hospital for Children)  
presented by Peggy Doyle Settle, RN, nursing director; Neonatal ICU

1:30–2:30pm  
O'Keefe Auditorium



### Friday, May 12th

Staff Nurse Breakfast  
7:00–9:00am  
Thier Conference Room, first floor; Thier Building

The Norman Knight Nursing Center for Clinical & Professional Development is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (OBN-011-91) (OH-239, 10/1/2017).

# Nursing & Patient Care Services observes National Healthcare Decisions Day



On Tuesday, April 11, 2017, the Nursing & Patient Care Services Ethics in Clinical Practice Committee hosted its 17th annual Advance Care Planning Booth in the Main Corridor. Ethics champions disseminated information and had copies of the Massachusetts Health Care Proxy Form, *Five Wishes*, MOLST materials, guidelines on how to have crucial conversations, and a video presentation from National Healthcare Decision Day (an initiative of The Conversation Project). Look for more information in the June 22nd issue of *Caring Headlines*. At left, staffing booth, are (l-r): Jennifer Alvis, RN; Brian Cyr, RN; and Lee-Ann L'Heureux, RN.



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