

Caring

Headlines

February 2, 2017

Volunteer Pin Week

celebrating the service of our dedicated volunteers



Mike Stone, information desk manager, congratulates volunteer pin recipients, Kevin Curry and Peggy Scott (in green), who were both recognized for more than 8,000 hours of service to MGH.

Partners 2.0

making systems and processes throughout Partners more integrated and efficient

As many of you are already aware, Partners 2.0 is the multi-year initiative to identify opportunities to make systems and processes throughout Partners institutions more integrated and efficient. Every Partners institution, including MGH, is fully engaged in this effort to make Partners HealthCare a more user-friendly, high-functioning, care-delivery system. Partners 2.0 strives to:

- identify opportunities to make traditional operational improvements based on best practices
- identify opportunities to make transformational operational improvements that may require a major change in the Partners culture
- embrace business-model initiatives that take advantage of the entire care continuum

We've completed Phase I of Partners 2.0, a major review of our operating and business models; we're entering Phase II where we'll define, refine, and set about implementing opportunities identified in Phase I. Toward that end, the Partners Chief Nurse Council (with representation from Partners Health Care, MGH, BWH, Brigham and Women's Faulkner Hospital, Cooley Dickinson Hospital, McLean Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital, North Shore Medical Center, Partners Home Health, and the Spaulding Rehabi-



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

The Partners Chief Nurse Council has identified six high-priority opportunities for change and formed tiger teams to accelerate implementation.

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The Agency Tiger Team, led by co-chairs, Steve Taranto, and Debbie Burke, RN, has been charged with improving the current process of utilizing temporary, or agency, nurses to see if there's a way to achieve a higher level of efficiency while reducing unnecessary spending. The team is looking at ways to build on the Bulfinch Temp Agency model, taking into consideration the need for specialty nurses (including OR, ED, Cath Lab, home care, ICU, and PACU nurses); experience and educational requirements; compensation; seasonal fluctuation in utilization; and many other factors.

The Patient Observer Tiger Team, led by co-chairs, Kevin Whitney, RN, and Deb Mulloy, RN, has been charged with evaluating the feasibility of implementing a system-wide, electronic patient-

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Partners 2.0 is about creating systems that will allow us to work more effectively and collaboratively across institutions. I wanted to share with you the work that the Partners Chief Nurse Council is undertaking to achieve this goal, but as always, I welcome your thoughts and suggestions as we move forward with this work.

observer program. The team is focusing on establishing criteria to help identify which patients would require direct (in-person) observation and which would be candidates for virtual (remote) observation. The team is considering new technology that allows a single observer to simultaneously monitor up to eight patients using wireless audio-visual connections. With the proposed technology, observers would have the ability to alert staff immediately to any situations unfolding in a patient's room.

The Required Training Tiger Team, led by co-chairs, Denise Celli, RN, and Deb Pelletier, RN, is charged with assessing the current state of required training across all Partners institutions and identifying opportunities to standardize or streamline training as appropriate. The team is in the process of reviewing regulations, looking at each entity's current practices, and gathering position statements of relevant professional organizations. Their initial focus is on emergency-response programs such as ACLS, PALS, CPR, and BLS.

The Workforce Injury-Reduction Tiger Team, led by co-chairs, Susan Loomis, RN, and Andy Gottlieb, RN, is charged with identifying strategies to reduce employee injuries related to patient handling, falls, and other common causes of workforce injury. The team is looking at best practices related to employees returning to work post-injury with a

focus on systems that support the needs of the employee and the department.

The Quadramed Tiger Team, led by Antigone Grasso, RN, is charged with improving the consistency and reliability of productivity metrics throughout Partners. Toward that end, the team is working to ensure all Partners entities use the same overall categories and data sources to capture information related to direct-care staffing; how staff orientation is accounted for; and how patient observer time is accounted for. To facilitate ease of data-collection and reporting, the team is recommending a Partners-wide conversion to the AcuityPlus 2.1 methodology.

The Clinical Advisory Tiger Team, led by Ann McDonald, director of Finance for Partners, is working to develop a standardized system for identifying and acquiring clinical supplies and patient-safety technologies within Patient Care Services throughout all Partners entities.

Partners 2.0 is about creating systems that will allow us to work more effectively and collaboratively across institutions. I wanted to share with you the work that the Partners Chief Nurse Council is undertaking to achieve this goal, but as always, I welcome your thoughts and suggestions as we move forward with this work. For more information on Partners 2.0, speak with your manager or supervisor.

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(Cover photo by Autumn Aguiar)

Volunteer Pin Week

celebrating the service of our dedicated volunteers

—by Milton Calderon, volunteer coordinator

The holidays remind us of the importance of being thankful. Perhaps, it's not a coincidence that December is when the MGH community comes together to celebrate Volunteer Pin Week, a time to recognize the dedication and commitment of our invaluable volunteers by honoring their time and service. This year's festivities were held December 7, 2016, at the Paul S. Russell, MD, Museum of Medical History and Innovation.

Margaret Wilkie was recognized for her more than 10,000 hours of service. Wilkie has one of the most sought-after positions in all of MGH—she volunteers as a baby cuddler, spending time with newborn patients who need a little extra tender loving care. Wilkie began volunteering in the Residency Training Office, which she says, “was a joy because I loved and admired the people I worked with enormously.” Ten years ago, she moved to the Oncology Infusion Unit before becoming a baby cuddler. Says Wilkie, “MGH is the

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At Volunteer Pin Night, December 7, 2016, at the Paul S. Russell, MD, Museum of Medical History and Innovation, MGH volunteers were honored for their time and service to the hospital.



Volunteer Department (continued)

The Volunteer
Department
celebrates all 1,280
of its generous
volunteers... We're
grateful to every
individual who
contributes their
time and service
to MGH.

place for me. I'm so grateful for everything it has offered me, especially the staff of the Volunteer Office."

Also receiving pins for their long-time service to MGH were volunteers, Peggy Scott and Kevin Curry, who've each contributed more than 8,000 hours. Scott volunteers in the Gray Family Waiting Area and is an active member of the Ladies Visiting Committee. Curry delivers mail to inpatient units where he is often seen carrying his trademark, 'Kevin Express' mail tray. Curry also volunteers as a greeter in the Main Lobby.

Other volunteers recognized were:

- Joan Litchfield (6,000 hours)
- Gaylen Bent, Joel Lesser, and William Zadroga (5,000 hours)
- Catherine Kwesell (4,000 hours)
- David Moccia and David O'Brien (3,000 hours)

2,000 hours:

- Susan Blankenship
- Jodie Grossman
- Mary Ellen Halliwell
- Elizabeth Kross
- Marge Lanoix
- Julie McLaughlin
- Sarah Meigs
- Payal Patel
- Robert Thibodeau

1,000 hours:

- Marcia A. Barron
- Jenny Beekley
- Jim Burke
- David Castiglioni
- Rosemary Dantona
- Susan Doran
- Carmen Garcia
- Kathy Kenney
- Katherine Richo
- Frederique Schutzberg
- Debra Sugarman
- Dulal Talukdar

The MGH Volunteer Department celebrates all 1,280 of its generous volunteers, more than 900 of who are active weekly volunteers serving as patient escorts or volunteering in the Emergency Department, Gray Family Waiting Area, the Pet Therapy Program, inpatient care units, and many other areas. Volunteers come from all stages of life from high school and college students to working adults and retirees. Some are considering careers in health care; others have been patients or family members and want to give something back. Many just want to make a difference and connect with people. We're grateful to every individual who contributes their time and service.

For more information about volunteering at MGH, e-mail the Volunteer Department at MGHvolunteer@partners.org.

Left photo:
volunteer coordinator,
Milton Calderon,
congratulates volunteer,
Julie McLaughlin, as
director of Volunteer
Services, Jackie Nolan,
looks on.

Photo at right:
executive director
for PCS Operations,
Marianne Ditomassi,
RN (left), congratulates
volunteer, Margaret Wilkie,
for her more than 10,000
hours of service.



(Photos by Autumn Aguiar)

A wedding on Bigelow 9

—by Dawn Crescitelli, RN, staff nurse, Bigelow 9 Medical Unit

On the weekend of January 14, 2017, I had the pleasure of caring for John Eagan. John and his partner of 40 years, Armando Gaetan, had been planning a wedding for that same weekend, but had to postpone it when John was admitted with complications of stage-4 esophageal cancer.

Armando and I talked about the possibility of a wedding here in the hospital; he had a friend who was a minister. My colleagues and I thought it was a great idea. We resolved to do whatever we could to help make it happen, and we set about making preparations for a wedding the following Monday.

On Saturday, I gave John a head-to-toe spa treatment, including trimming his hair and beard. Sunday, we trialled getting him out of bed and into a recliner. He was in a good deal of pain, but he was determined to be ready for Monday.

I brought in some homemade decorations for the room. Monday morning I e-mailed my nursing director, Maria Winne, to see if we could purchase a cake and some flowers. She was totally on board. She picked up a beautiful cake on her way into work; our support staff made refreshments; my nursing colleagues helped decorate; and the IV team sent a beautiful bouquet of flowers.

I asked the medical team if they could keep interventions to a minimum that day. The wedding was the most important thing on John's mind. They were happy to comply and even took him off telemetry for the duration of the ceremony. Palliative Care was instrumental in managing John's pain medications so he could be awake and comfortable during the ceremony.

We moved John's bed to the window, surrounded by decorations, flowers, and pictures of his family. Several staff members were able to attend, and after the ceremony we celebrated with cake and well wishes. It was my first bedside wedding in 22 years as a nurse at MGH.

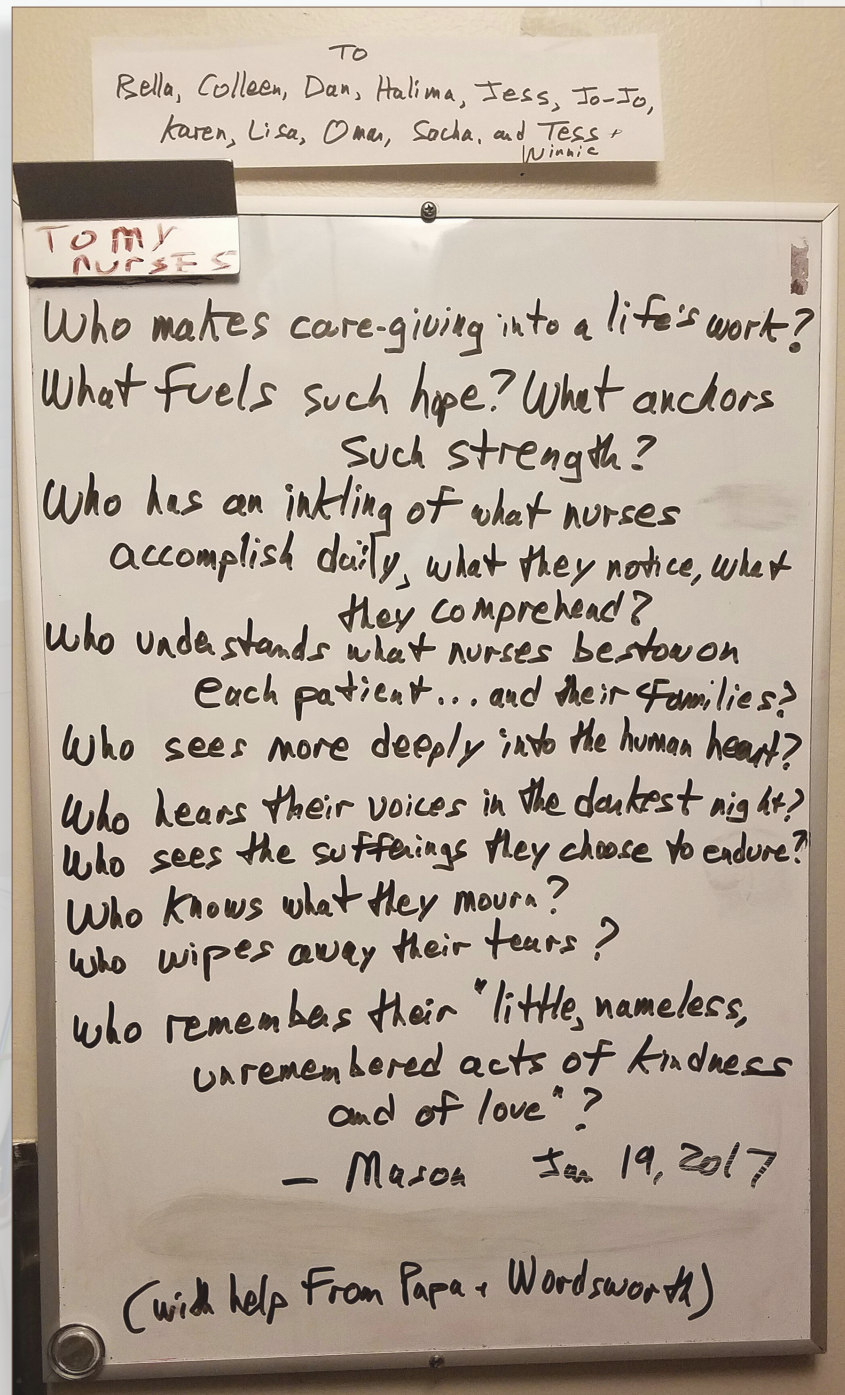
John and Armando thanked us for making the day possible, but truly, we were all just happy to be part of it. It was an honor to be included in their special day. Not long after the festivities, the happy newlyweds were exhausted and promptly retired to take a nap.

Said Winne, "It's integral to our role as healthcare professionals to provide physical and emotional care. This wedding was a remarkable example of a team (nurses, operations associates, unit service associates, and patient care associates) working together. I was very proud of the way the Bigelow 9 team, under Dawn Crescitelli's coordination, came together to make this such a special day."



Above left: patient, John Eagan, and long-time partner, Armando Gaetan, share a moment on the day of their wedding at MGH. Top: Eagan and Gaetan with staff nurse, Kayla McConnell RN. Right: the happy couple with attending nurse, Donna Hoffman RN. Bottom center: Dawn Crescitelli, RN, staff nurse and wedding planner extraordinaire.

A white board, a marker, and a grateful father and son



TO
Bella, Colleen, Dan, Halima, Jess, Jo-Jo,
Karen, Lisa, Omar, Socha, and TESS +
Winnie

TO MY
NURSES

Who makes care-giving into a life's work?
What fuels such hope? What anchors
Such strength?
Who has an inkling of what nurses
accomplish daily, what they notice, what
they comprehend?
Who understands what nurses bestow on
Each patient... and their families?
Who sees more deeply into the human heart?
Who hears their voices in the darkest night?
Who sees the sufferings they choose to endure?
Who knows what they mourn?
Who wipes away their tears?
Who remembers their "little, nameless,
unremembered acts of kindness
and of love"?

— Mason Jan 19, 2017

(with help From Papa + Wordsworth)

A note of thanks
from a grateful family

In the days before
being discharged
after a long and
difficult pediatric
hospitalization, a
father and son
used their bedside
white board to
share thoughts of
appreciation with
their caregivers.

(Printed with the permission of the patient's father)

Evidence-based practice and post-polio syndrome

My name is Nicole Skrzyniarz, and I am a staff physical therapist and board-certified neurologic clinical specialist. ‘Prudy’ was a 71-year-old woman who had been living with post-polio syndrome for many years. She came to MGH for a total-knee arthroplasty after a poor experience with her other knee at an outside hospital. She arrived for her pre-operative appointment armed with literature on post-polio syndrome. Prudy had been identified as a candidate for the EXCElERated program based on the results of a pre-operative screening tool, but she was concerned that in the EXCElERated program her rehab would move too quickly. Given her neurological history, and my experience with neurology patients, it seemed as if I was a good fit to provide Prudy’s post-operative physical therapy.

Post-polio syndrome affects polio survivors after their neuromuscular impairments have been stable for at least 15 years. It often manifests as weakness in the muscles that were initially affected by polio (in Prudy’s case, her right arm), as well as muscular and generalized fatigue, which can significantly impact a person’s ability to perform their activities of daily living. Patients with post-polio syndrome have to manage their daily activities to avoid debilitating fatigue. Much of the physical therapy intervention involves educating patients on strategies to manage fatigue. One strategy we use is to



Nicole Skrzyniarz, PT, staff physical therapist

suggest that patients imagine they have one dollar (or ten dimes) worth of energy to spend every day. They need to decide how much to spend on each activity in order to have enough energy to get through their entire day.

When I learned about Prudy, I reviewed the literature on joint arthroplasty rehab in the acute phase in patients with post-polio syndrome and found there was very little information available. I recalled hearing a presentation by a local therapist at an APTA meeting a while back. The therapist had presented on a patient with post-polio syndrome who’d undergone a total-knee replacement, and she’d stressed the importance of taking their PPS symptoms into account during the post-operative phase. I knew she’d be the perfect resource, so I contacted her for advice. I knew I’d have to take a very detailed history from Prudy, plan her treatment carefully, and closely monitor her response to therapy.

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Having a clinical neurological background, knowing what questions to ask, and listening to the answers helped me design an appropriate treatment plan for Prudy and allowed me to provide the inter-disciplinary team with an understanding of her needs from a functional standpoint.

On the day I was scheduled to evaluate Prudy, I received a page from the attending nurse who wanted to discuss Prudy's case. Prudy had let the attending nurse know that she was nervous about her rehab and asked her to pass along the contact information of the outpatient physical therapist she'd been seeing. When I entered the room, I could tell Prudy was nervous. I began the session by asking her about her outpatient therapist because I thought it would help break the ice. It turned out that Prudy's therapist was the same person I had reached out to for advice. Prudy was thrilled that I was familiar with her physical therapist, and it immediately put her at ease. Prudy was an experienced patient who'd learned to manage her disease with the assistance of her outpatient therapist. She was well aware that her rehab plan needed to be tailored to her need to conserve energy, and that she wouldn't be able to progress as fast as a patient who didn't have post-polio syndrome. She shared that some healthcare providers at other hospitals had ignored or not taken seriously her specific needs, and after her prior surgery, she'd needed to go back under anesthesia for a manipulation. She was determined to have a smoother experience this time around.

As I gathered information from Prudy about her social history, I asked about her daily routine. I documented each aspect of her day as she explained it to me, including how much time she spent on each activity and how long her rest breaks were in between. After I performed the remainder of my evaluation, we began with some exercises that are typically prescribed for patients post-total knee arthroplasty, but with fewer repetitions so I could monitor her response.

After our session, Prudy's nurse expressed surprise at how regimented Prudy had to be with her schedule just to be able to get through the day. She hadn't fully appreciated the impact that post-polio syndrome can have on a patient's recovery and activities of daily life, which isn't surprising given how little there is in the literature about it.

Based on the findings of my initial evaluation, I predicted that with physical therapy twice a day, Prudy would reach her goals and be ready for discharge by post-op day three, and I communicated that to the team in rounds.

On post-op day two, Prudy's nurse practitioner mentioned that she thought Prudy would be ready for discharge that afternoon. I explained that I wasn't able to progress her as quickly as I would a patient without post-polio syndrome, but that I expected her to be ready the following day.

These interactions made me realize I had an opportunity to educate the multi-disciplinary team on the impact of post-polio syndrome on this patient's post-operative course. I followed up with the attending surgeon regarding my rationale for the cautious progression in Prudy's case, and he agreed with the plan.

After the next morning's therapy session, Prudy had met her therapy goals and was confident in her ability to return home and continue rehab with home therapy before returning to her outpatient therapist.

At the end of the session, Prudy said, "If I close my eyes, it's as if I'm talking to my outpatient therapist. You two speak the same language." It was the best compliment she could have given me.

My experience with Prudy reminded me how important it is to advocate for patients. It's easy to assume the entire team is aware of the physical impact that a co-morbidity can have on a patient's daily life. Having a clinical neurological background, knowing what questions to ask, and listening to the answers helped me design an appropriate treatment plan for Prudy and allowed me to provide the inter-disciplinary team with an understanding of her needs from a functional standpoint.

The relationships I've built with the care team allow me to advocate more effectively and help reinforce the importance of physical therapy to the overall delivery of care.

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

When Jonas Salk developed the polio vaccine in 1955, he kept millions of people from contracting the disease and having to deal with post-polio syndrome. But Prudy and many others live with post-polio syndrome to this day. Prudy found a great advocate in Nicole who used evidence-based research, the expertise of colleagues, and the best expert of all—Prudy herself—to aid in her recovery. Together, they educated themselves and the team to ensure the best possible outcome for Prudy.

Thank-you, Nicole.

Emergency Department Inpatient Boarder Program

*a new approach to caring for ED patients
awaiting inpatient beds*

Question: What is the Inpatient Boarder Program?

Jeanette: The Emergency Department (ED) Inpatient Boarder Program was established to support the care of adult, general-medicine patients ‘boarding’ in the ED. A patient is considered to be boarding when awaiting an inpatient bed for more than two hours after the bed request is made in eCare.

Question: Who cares for these patients?

Jeanette: Medical patients comprise the largest portion of boarding patients. The Medical Unit’s Albright Gold Service provides care for medical boarder patients in the ED. Other services cover patients in the ED, but they don’t have a dedicated team. The Inpatient Boarder Program uses med-surg nurses specially trained to provide inpatient-level care in the ED environment.

Question: What are the goals of the Inpatient Boarder Program?

Jeanette: The program was created to advance the care of boarder patients (begin treatments, consultations, testing, etc. as early as possible); to provide inpatient-level care to boarding patients; and to allow ED providers and nurses to care for new ED patients.

Question: Will I notice anything different when an ED boarder patient arrives on my unit?

Jeanette: Yes, you’ll notice that providers will write Sign and Hold orders for boarding patients. They may activate some of these orders (e.g., tests, labs, etc.) while the patient is still in the ED. Once they arrive on the unit, you may see both activated and Sign and Held orders. The Sign and Held orders don’t need to be re-written, just reviewed and activated by the responding clinician.

If time allows, Boarder Program nurses will begin or complete the initial nursing assessment, begin to develop a plan of care, and place nursing orders as appropriate. They will identify themselves as boarder nurses during hand-off.

Question: What should I do if I receive an ED Inpatient Boarder patient?

Jeanette: You should review and complete the initial nursing assessment and plan of care as needed; follow up on any nursing orders that have been written; and collaborate with the responding clinician on Sign and Held orders.

Question: Whom should I talk to if I have questions?

Jeanette: For more information, contact Donna McEachern, RN, nursing director, ED Inpatient Boarder Program, at pager #2-2915. Or speak to the nursing director, clinical nurse specialist, or nurse practice specialist on your unit.

Note: When patient load exceeds boarder provider and/or boarder nurse capacity, patients will remain in the care of regular ED staff and be cared for in the usual way.

The art of tobacco treatment:

know your options when the patch isn't enough

Question: I have a patient who smokes a pack a day and wants to quit. He refuses the patch, saying it doesn't work for him. Is there anything else I can do for this patient?

Jeanette: It's often the case that using the patch by itself isn't enough to manage withdrawal symptoms. Combination therapy is quickly becoming the standard in tobacco treatment. This might mean using the patch in addition to short-acting-gum, lozenges, or an inhaler.

The long-acting, 24-hour patch acts as a foundation, and the gum, lozenge, or inhaler (short-acting) helps with the more immediate relief of cravings that can occur with certain triggers, such as after a meal or coffee.

Question: With a pack-per-day patient, which patch is the best choice?

Jeanette: Patches come in three different strengths: 21mg, 14mg, and 7mg. The 21mg patch delivers approximately 50-60% of what a one-pack-per-day smoker takes in with cigarettes in the course of a day. So it's not unusual for someone who smokes a pack a day to experience breakthrough cravings on the 21mg patch. Because it's administered *transdermally*, it takes effect much more slowly than an actual cigarette (which is approximately 8 seconds). So in a case such as this, it might be helpful for the patient to use a combination nicotine-replacement therapy.

Question: What short-acting nicotine-replacement products are available at MGH?

Jeanette: At MGH, we have 2mg nicotine lozenges, 2mg nicotine gum, and nicotine inhalers with 10mg-cartridges available. All three are comparable as far as onset of action, approximately 10 minutes. So combining the long-acting patch with periodic use of short-acting products throughout the day can help patients remain comfortable.

Question: How often can the short-acting products be used?

Jeanette: As with pain, we encourage patients to stay ahead of their withdrawal symptoms. These forms of nicotine replacement are generally ordered as needed every one to two hours. It's a good idea to check in with your patient frequently about their nicotine withdrawal symptoms as you go about providing general care. Following are some helpful reminders:

- Be aware of any 'as needed' orders your patient may have, such as nicotine gum, lozenges, or inhaler
- Encourage patients to use the patch while hospitalized as a foundation for keeping them comfortable
- Remind patients of nicotine-replacement products available to them in addition to the patch
- Make frequent inquiries about withdrawal symptoms throughout the day

Withdrawal symptoms can include irritability, anxiety, agitation, and requesting to leave the unit to smoke.

The MGH Tobacco Treatment Service is available to help patients manage their withdrawal symptoms. If you need more immediate help or have questions, look for Tobacco Treatment on your Voalte phone, or page #1-3849.

Gift Shop gets a face-lift

The MGH General Store recently underwent renovations to create a more open floor plan and improve accessibility for individuals with disabilities. New display cases, racks, and tables provide a more organized and efficient merchandising space, and wider aisles make for a more comfortable shopping experience. The entire space has been updated, including new flooring, wall color, and lighting, and an overall cleaner look makes shopping and browsing more inviting for patients, visitors, and staff. The MGH General Store is located on the first floor of the Ellison Building; stop in and check out the new look.



Pictured above in the recently renovated MGH General Store are Bonnie Henlotter, store manager (front), and Carolann Best, customer service supervisor, at the cash and wrap station,

Announcements

APRN/PA credentialing website

Visit the new APRN/PA credentialing website at <http://intranet.massgeneral.org/pcs/>

The site is located under the Credentialing tab in the PCS Resources Portal in Partners Applications.

The website contains information on APRN/PA credentialing, guidelines for new hires and managers, necessary forms, and much more.

New materials will be added to the site in the coming months. For more information, call Julie Goldman, RN, at 617-724-2295.

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.

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):
April 12, 2017
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.

Jean Ridgway Tienken Certification Scholarship

MGH School of Nursing
class of 1945

The Norman Knight Nursing Center for Clinical & Professional Development is pleased to announce the launch of the Jean Ridgway Tienken MGH School of Nursing Class of 1945 Certification Scholarship. The scholarship will support several nurses each year with funding to attend a certification review course in their specialty area as they prepare for their certification exam.

This scholarship is created in honor of Jean Ridgway Tienken, a graduate of the MGH School of Nursing, class of 1945, who believed that the power of nursing is in how each nurse continually strives for excellence in patient care. The scholarship is made possible through the generosity of the Tienken family and will allow Ridgway Tienken's legacy to live on.

Scholarships will be awarded in March as part of the MGH celebration of Certified Nurses Day.

All MGH nurses are welcome to apply. For more information, contact Gino Chisari, RN, director of the Norman Knight Nursing Center at 617-643-6530.

Blum Center Events

"Prevention of Heart Disease:
Learn How You Can Lower
Your Risk"

Thursday, February 9, 2017
12:00–1:00pm

Join Nandita Scott, MD, to learn how to lower your risk of heart disease and live a longer and healthier life.

Shared Decision Making:
"Coronary Heart Disease"

Friday, February 24th
12:00–1:00pm

Join Rory Weiner, MD, for a discussion about coronary heart disease.

"Improving Communication and
Quality of Life: Cognitive Therapy
After Brain Injury"

Tuesday, February 28th
12:00–1:00pm

Join speech pathologist, Magdalen Balz, CCC-SLP, to learn about the evaluation and treatment of cognitive deficits after brain injury.

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.

Professional Achievements

Tehan appointed

Tara Tehan, RN, nursing director, Neuroscience ICU, was appointed a member of the Audit Committee of the American Nurses Association in December, 2016.

Inzana honored

Rebecca Inzana, CCC-SLP, speech-language pathologist, received the Faculty Award for Excellence from the MGH Institute of Health Professions on May 9, 2016.

Tarazi certified

Maura Tarazi, RN, cardiology staff nurse, became certified in Cardiac-Vascular Nursing by the American Nurses Credentialing Center, in November, 2016.

Inter-disciplinary team presents

Speech-language pathologists, Magdalen Balz, CCC-SLP, and Stacey Sullivan, CCC-SLP; dietitian, Caitlin Woglom, RD; and physician, Allie Schwartz, MD, presented, "From Communication Treatment to Dysphagia Management: Comprehensive Care for Adults with Down Syndrome," at the annual convention of the American Speech-Language-Hearing Association in Philadelphia, November 17, 2016.

Hemingway and Fitzgerald publish

Maureen Hemingway, RN, and Beth Fitzgerald, RN, authored the article, "Designing Effective Simulation Programs," in the December, 2016, *AORN Journal*.

Nurses publish

Nurses, Sara Astarita, RN; Linda Caruso, RN; Anne Marie Barron, RN; and Patricia Rissmiller, RN, authored the article, "Experiences in Sexual Health Among Women after Hematopoietic Stem Cell Transplantation," in the November, 2016, *Oncology Nursing Forum*.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Clinical Aspects of Clinical Tissue Loac," at the research symposium, National Pressure-Ulcer Advisory Panel: Recognizing Moisture, Micro-Climate, and Shear Force Mechanisms of Pressure Ulcers and Clinical Implications, in Las Vegas, November 9, 2016.

Inter-disciplinary team presents

Speech-language pathologists, Rachael Kammer, CCC-SLP; Corrine Jones, CCC-SLP; Aaron Johnson, CCC-SLP; Susan Thibeault, CCC-SLP; and physicians, Seth Dailey, MD, and Timothy McCulloch, MD, presented, "High Resolution Manometry and FEES Swallow Outcomes After Unilateral Vocal Fold Injection Medialization," at the annual meeting of the Dysphasia Research Society in Tucson, Arizona, February 25–27, 2016.

Burke presents

Associate chief nurse, Debra Burke, RN, presented her poster, "Characteristics of Nurse Directors that Contribute to High Registered-Nurse Satisfaction Scores," at the Nursing Management Congress, in Las Vegas, in November, 2016.

Inter-disciplinary team presents

Tessa Goldsmith, CCC-SLP, and Allison Holman, CCC-SLP; and Carissa Wentland, DO, presented, "Stretching the Limits of Airway Protection Following Surgical Intervention for Laryngotracheal Stenosis," at the annual convention of the American Speech-Language-Hearing Association in Philadelphia, November 17, 2016.

Speech-language pathologists present

Speech-language pathologists, Tessa Goldsmith, CCC-SLP, Stacey Sullivan, CCC-SLP; and Rachael Kammer, CCC-SLP, presented, "Shake it off! an Inter-Professional Approach to Airway Clearance in Chronic Aspirators," at the annual convention of the American Speech-Language-Hearing Association, in Philadelphia, November 18, 2016.

Hirner presents

Speech-language pathologist, Lara Hirner, CCC-SLP, presented, "The Surgical Patient: Clinical Considerations for the SLP in Post-Op Management of Swallow Function," at the national convention of the American Speech-Language-Hearing Association in Philadelphia, November 18, 2016.

Whalen certified

Kimberly Whalen, RN, staff nurse, Pediatric ICU, became certified in Pediatric Critical Care by the Certification Corporation of the American Association of Critical Care Nurses, in November, 2016.

Inter-disciplinary team presents

Speech-language pathologists, Rebecca Inzana, CCC-SLP; Melissa Feller, CCC-SLP; Margaret Kjelgaard, CCC-SLP; Suzanne Pennington, CCC-SLP; Meredith Bosley O'Dea, CCC-SLP; Jennifer Mackey, CCC-SLP; and Joanna Christodoulou presented, "Specialty Concentrations: Added Value for Graduate Students," at the annual convention of the American Speech-Language-Hearing Association in Philadelphia, November 19, 2016.

ED team presents poster

Emergency Department staff nurse, Ines Luciani-McGillivray, RN, presented her CPIP team's poster, "Improved Management of Intoxicated Patients in the Emergency Department," at the national conference of the Emergency Nurses Association in Los Angeles, September 22, 2016. Luciani-McGillivray represented the team of: Leslie Milne, MD; Dawn Williamson, RN; Rebecca Klug, RN; Kim Cosetti; Jane Reardon, RN; Patricia Mian, RN; Curtis Wittmann, MD; William McLaughlin; Samantha Stoll, MD; David Peak, MD; Jason Parente, PA; Steve McHugh; and project sponsors: Theodore Benzer, MD, Mary Fran Hughes, RN; and Laura Prager, MD.

Herr and Arnstein publish

Keela Herr, RN, and Paul Arnstein, RN, authored the article, "The Opioid Epidemic and Persistent Pain Management in Older Adults," in the December, 2016, *Journal of Gerontological Nursing*.

McKenna Guanci presents

Mary McKenna Guanci, RN, neurology clinical nurse specialist, presented, "Brain Death Declaration: Diagnosis or Dilemma: a Nursing Perspective," at the Brain Death Declaration Webinar Series, National Organ Donation and Transplant Alliance, November 17, 2016.

McKenna Guanci, also presented, "Stroke Update: Devices, Drugs and Dilemmas," at the Cardiovascular Nursing Conference of the American Heart Association in Newton, March 14, 2016.

Inter-disciplinary team presents

Physical therapist, Mary Knab, PT; speech-language pathologist, Rebecca Inzana, CCC-SLP; nursing director, Maureen Schneider, RN; director of Speech, Language, and Swallowing Disorders, Carmen Vega-Barachowitz, CCC-SLP; and clinical nurse specialist, Trisha Zeytoonjian, RN, presented, "Effective Inter-Professional Practice Instructors: a Faculty Development Workshop," at the All Together Better Health Conference-VIII, in Oxford, England, September 7, 2016.

Nurses publish

Barbara St. Marie, RN, Paul Arnstein, RN, and Keela Herr, RN, authored the article, "Quality Pain Care for Older Adults in an Era of Suspicion and Scrutiny," in the December, 2016, *Journal of Gerontological Nursing*.

Novikoff presents

Speech-language pathologist, Amy Novikoff, CCC-SLP, Chelsea HealthCare Center, presented, "Language Simulation Strategies for Spanish-Speaking Parents," at the annual convention of the American Speech-Language-Hearing Association in Philadelphia, November 19, 2016.

Speech-language pathologists present

Speech-language pathologists, Stacey Sullivan, CCC-SLP; Paige Nalipinski, CCC-SLP; Mallory Moore, CCC-SLP; Lindsey Heidrick, CCC-SLP; and Laurie Sterling, CCC-SLP, presented, "Everyday Leadership: Building a Multidisciplinary ALS Clinic," at the annual convention of the American Speech-Language-Hearing Association in Philadelphia, November 17, 2016.

Speech-language pathologists publish

Speech-language pathologists, Rachael Kammer, CCC-SLP, and Tessa Goldsmith, CCC-SLP, authored the chapter, "Nutrition and Swallowing Challenges in Laryngeal Cancer," in the 2016, *Laryngeal Cancer: an Interdisciplinary Resource for Practitioners* (Chapter 6).

Lof and Inzana publish

Gregory Lof, and Rebecca Inzana, CCC-SLP, authored the article, "The MGH Institute of Health Professions' Interprofessional Endeavors: our Path and Some Lessons Learned," in the June, *ASHA Access Academics and Research*.

Speech-language pathologists publish

Speech-language pathologists, Loretta Nunez, CCC-SLP, and Rebecca Inzana, CCC-SLP, authored the article, "Strategic Pathway and You: Focus on Objective 2: Interprofessional Practice and Education," in the February, 2016, *ASHA Leader*.

Capasso presents poster

Clinical nurse specialist, Virginia Capasso, RN, presented her poster, "Effect of Fluid Immersion Simulation Mattress on Prevention of Hospital-Acquired Pressure Ulcers in Highest-Risk Cardiac Surgical Patients," at the research symposium, National Pressure-Ulcer Advisory Panel: Recognizing Moisture, Micro-Climate, and Shear Force Mechanisms of Pressure Ulcers and Clinical Implications, in Las Vegas, November 9, 2016.

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Next Publication

February 16, 2017

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2015	CY 2016 Year-to-date (as of 1/9/17)	% Point Change
Nurse Communication Composite	83.0%	83.1%	↑ 0.1%
Doctor Communication Composite	83.5%	82.5%	↓ -1.0%
Room Clean	72.9%	71.3%	↓ -1.6%
Quiet at Night	50.8%	49.9%	↓ -0.9%
Cleanliness/Quiet Composite	61.8%	60.6%	↓ -1.2%
Staff Responsiveness Composite	65.8%	65.0%	↓ -0.8%
Pain Management Composite	73.1%	72.9%	↓ -0.2%
Communication about Meds Composite	66.6%	65.7%	↓ -0.9%
Care Transitions	62.4%	61.1%	↓ -1.4%
Discharge Information Composite	91.1%	91.8%	↑ 0.7%
Overall Hospital Rating	81.2%	81.8%	↑ 0.6%
Likelihood to Recommend Hospital	90.9%	89.8%	↓ -1.1%

All results reflect Top-Box (or 'Always' response) percentages

The data is complete through October, 2016, with partial data for November and December. MGH continues to perform well in Overall Hospital Rating and Discharge Information, and current data reflects a slight improvement in Nurse Communication.



February 2, 2017

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