Caring Headlines
April 19, 2018

Celebrating Occupational Therapy Month

See articles on pages 4 and 5 and clinical narrative on page 10

Outpatient occupational therapist, Katie Siwy, OTR/L, works with patient, Peter Etzel, to restore functional hand strength and increase range of motion.

Nursing & Patient Care Services
Massachusetts General Hospital

A salute to MGH marathoners

running to raise awareness, support patient care, and fund critical research

Debbie Burke, RN
senior vice president for Nursing & Patient Care Services and chief nurse

I want to give a shout-out to the scores of MGH staff who participated in this year's Boston Marathon to raise awareness and money for MGH. And a big thank-you to John Hancock for sponsoring our Pediatric Cancer Team (for the past 21 years) and our Emergency Response Team (for the past five).

In addition to those who ran under John Hancock's corporate sponsorship, many staff members qualified for the race on their own and committed to raising money for MGH programs like:

- the Cancer Center
- Caring for a Cure
- Cystic Fibrosis
- Down Syndrome
- BOTSOGO (the BOTSwana Oncology Global Outreach program)
- the Lurie Center
- Mootha Lab

It's truly inspiring that staff make this kind of effort on behalf of our patients and families.

Whether you finished the race or not, you have my greatest respect and admiration. Speaking for the entire MGH community, thank-you, and well done!

Debbie Burke

(Photo by Jeffrey Andree)

At left: the Caring for a Cure team, founded by MGH hematology/oncology nurses to ease the journey for patients and families of the MGH Cancer Center.

In this Issue

OT implements 'Triage Task Force'

improving the standard of care

—by clinical specialists, Stephanie Smith, OT, and Leslie McLaughlin, OT

Occupational Therapy (OT) is defined as the therapeutic use of everyday activities (occupations) for the purpose of enhancing or enabling participation in roles, habits, and routines. Acute care clinicians apply this framework to the fast-pasted, medically complex, hospital environment to assist patients in improving their function, optimizing their medical course, and facilitating discharge to the most appropriate setting. Inpatient occupational therapists serving all areas of the hospital work to ensure that every patient requiring OT services is seen at the optimal time in their hospital course.

With the rapidly changing healthcare system, decreasing lengths of stay, the need to reduce re-admissions, and Partners-wide efforts to make care more coordinated, it's all the more important to ensure that OT is facilitating safe and efficient discharges, as well as meeting the rehab needs of an increasingly complex patient population.

Occupational therapist, Helena Diodati, OT, assesses patient's ability to manage medications prior to discharge.

(Photos provided by staff)

Toward that end, the inpatient Occupational Therapy Department developed the Triage Task Force to improve consult response time and treatment planning. The group examined the inpatient department to identify and understand the challenges involved in prioritizing a wide variety of patients in the acute setting. The group established protocols to triage patients in a timely, standardized way, and developed strategies to ensure consistency among the entire inpatient OT team. Development of a consistent language and process has enabled clinicians to cover more ground and more effectively meet the needs of patients throughout the hospital.

Indicators show that not only has consult response time improved, but clinician satisfaction and transparency of practice have also increased. These positive outcomes have resulted in greater standardization of care across patient populations. The OT Triage Task Force will continue to study and improve the system to better accommodate the patients we serve.

Assessing functional cognition

ensuring safe discharge and minimizing the potential for re-admission

—by Jessica Ranford, OT, clinical specialist

Given the changing healthcare landscape, the role of inpatient occupational therapists in assessing functional cognition is integral to discharge-planning and key to containing hospital costs. Functional cognition is how an individual utilizes and integrates thinking and processing skills to accomplish everyday activities (self-care, household chores, child care, workplace tasks, driving, etc.). Recognizing the importance of cognitive functioning on resource utilization, length of stay, and long-term outcomes, the inpatient OT department established standards of practice for basic to advanced assessment and treatment of functional cognition. Through a review of the literature, the department outlined how medical diagnoses, co-morbidities, and medical interventions (such as pain medications) affect cognitive functioning in the acute phase of illness.

Occupational therapist, Abby Rude, OT, assesses patient's functional cognition using activities of daily living.

Occupational therapists measure functional cognition as they identify performance-based, cognitive impairments from subtle to overt. Assessing functional cognition is necessary to identify cognitive impairments that challenge a patient's ability to perform real-world tasks, such as managing medications, ensuring home safety, cooking, maintaining healthy lifestyle behaviors, and engaging in positive social interactions.

In the acute-care setting, the goal is a safe discharge to the home environment. It's critical for occupational therapists to utilize the hospital environment to engage patients in the everyday tasks they need to perform at home. Occupational therapists identify and treat cognitive impairments to ensure a safe discharge plan that minimizes the potential for hospital re-admission.

The inpatient OT department consists of therapists at all levels of practice. They have developed a clinical algorithm for establishing optimal, safe discharge recommendations across clinical practice levels and service areas throughout the hospital.

For more information about the work of occupational therapists, call Jane Evans, OT, clinical director, at 617-724-0147.

Above: CRP review board members and clinical scholars, Cathy Cusack, RN, and Stacey Sullivan, SLP. At right: advanced clinicians, Kelly Mullane, RN, and Trupti Tanna, PT, share examples of influence on practice. Far Right: CRP board members, Arlene Kelleher, RN, Christine Joyce, RN, and Vanessa Gormley, RN, respond to questions from the audience.

(Photos by Kate Flock)

CRP event answers the question: 'What is influence on practice?'

—by Christine Joyce, RN, and Vanessa McKenna, RN

On Thursday, March 22, 2018, the Clinical Recognition Program (CRP) presented, "Meet the Board," an event intended to dispel myths about the CRP program, demystify the interview process, and encourage eligible candidates to apply for recognition. Led by CRP Review Board co-chairs, Ann Jampel, PT, and Alexa O'Toole, RN, (a clinical scholar), the presentation focused on the themes: Clinician-Patient Relationship, Clinical Knowledge and Decision-Making, and Teamwork and Collaboration.

Jampel and O'Toole stressed that portfolios must highlight the applicant's influence on practice. Influence on practice can be thought of as the clinician's 'footprint' on practice on their unit or within their department (for advanced clinicians) or across units or even hospital-wide (for clinical scholars).

Influence on practice could be a special project the applicant initiated and made a significant contribution to, or an influential practice change that was made based on his or her efforts. Examples of influence on practice were given by recently recognized advanced clinicians, Kelly Mullane, RN, staff nurse; Trupti Tanna, PT, physical therapist; and clinical scholars, Cathy Cusack, RN, staff nurse; and Stacey Sullivan, SLP, speech-language pathologist. Attendees were encouraged to ask questions of the 15-member multidisciplinary Review Board and panelists.

Isn't it time you got recognized? The CRP is open to clinicians in direct-care Nursing, Respiratory Care, Occupational Therapy, Social Work, Physical Therapy, and Speech-Language Pathology.

Information on how to apply is available from unit leadership or go to the CRP website at: www.mghpcs.org/ipc/programs/Recognition/Index.asp. For more information about the program, contact review board co-chairs, Ann Jampel, PT, at 617-724-0128, or Alexa O'Toole, RN, at 617-724-4831.

Looking at family and friends' medical records

is it a violation of HIPAA privacy policy?

—submitted by the Privacy Office

Has a friend or family member ever asked you to review his or her medical record for personal reasons—to get advice about their care or help them navigate the system? If you don't have a clinician-patient relationship with that friend or family member or any other business reason to access their health information, that person must sign a written authorization form before you can access the record. Verbal consent is not sufficient.

If you don't have a clinician-patient relationship with a friend or family member or any other business reason to access their health information, that person must sign a written authorization form before you can access the record. Verbal consent is not sufficient.

Accessing a friend or family member's medical record before submitting a signed authorization form (and receiving Health Information Management's approval) is a HIPAA privacy violation and subject to corrective action.

The next time a friend or family member asks you to access their medical record, have them complete the appropriate form:

- For ongoing electronic access to a health record:
  - go to: http://apollo.massgeneral.org/hipaa/forms/ to find the *Authorization to Access the Electronic Health Record* form. This is only for MGH employees and professional staff to access the records of adult MGH patients
  - For staff or patients of other Partners hospitals, follow that site's policy, which may differ from ours
  - For pediatric patients, see policy: https://hospitalpolicies.ellucid.com/documents/view/2096/11891
- For one-time paper copies of health records:
  - go to: http://apollo.massgeneral.org/hipaa/forms/ to find *Authorization for Release of Protected or Privileged Health Information* form in English or Spanish. This is a Partners-wide form and can be used for patients at any site

For more information, go to the MGH Privacy and Security intranet website: http://apollo.massgeneral.org/hipaa/forms/ or call the Privacy Hotline at 617-726-1098.

At left (l-r): Michele O'Hara, RN; Suzanne Stanton, RN; Dana Allison, RN; and Susan Ahern, RN.
Above: O'Hara and Allison share a hug.
Below: Blake 14 staff celebrate with the recipient and nominees of the Molly Catherine Tramontana Award.

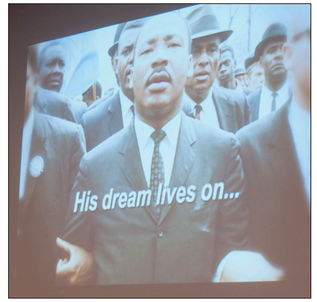
The Molly Catherine Tramontana Award

On March 16, 2018, obstetrics staff nurse, Dana Allison, RN, became this year's recipient of the Molly Catherine Tramontana Award that recognizes compassionate care delivered by labor and delivery nurses. Suzanne Stanton, RN, and Susan Ahern, RN, were also nominated.

In their letter of nomination, Andrea Hennigan, RN, and colleagues wrote of Allison, "We have worked with Dana on Blake 14 for many years. We've always known Dana to be an outstanding nurse. She has the clinical knowledge, technical skill, and nursing intuition that make her one of the finest nurses we've ever worked with. In addition to being extremely proficient at her job, Dana truly has a heart of gold."

(Photos by Jeffrey Andree)

The Tramontana family has generously supported this award for more than ten years, enabling nurses to attend educational conferences and advance their professional development. This year's award will allow labor and delivery nurses to attend the annual Partners in Perinatal Health program and other educational programs. For more information about the award, call Michele O'Hara, RN, nursing director, at 617-724-1878.



"It was exhilarating to hear attendees share the ways they hope to carry on Dr. King's legacy. As a person of color, it gave me a chance to feel seen and heard."
—Reverend Alice Cabotaje, director, Spiritual Care and Education

Celebrating the life and legacy of Martin Luther King, Jr.

"It was a safe place for people to share their remembrances of Dr. King's work and the progress that has been made. It was energizing to hear from a diverse crowd. I look forward to continuing to reach for Dr. King's dream of equality."
—Antron Watson, AARP community engagement partner

"Dr. King's remembrance was jaw-dropping, heart-breaking, and inspirational all at the same time. The life, the struggle, the man, his dream, and the world he would never see were all brought to life. The videos, recordings, and songs gave me pause and an opportunity to reflect on how I'm carrying on his dream."
—Esther Dupie, manager, Leased Parking & Commuter Services

Challenging case helps OT re-define her approach to acute care

Sarah Basiliere, OTR/L
occupational therapist

Beyond the scope of occupational therapy, David's case showed me how an enormous, academic institution can successfully work as a cohesive, collaborative unit to go above and beyond to address the individual needs of a single patient.

My name is Sarah Basiliere, and the past five months have challenged, changed, and strengthened my practice as an occupational therapist. Coming from a rehabilitation setting, firm guidelines and strategies framed my treatment interventions and care plans. Working on an inpatient unit, I quickly realized that acute care didn't, and couldn't, have the same structured expectations. I was seeing patients who had experienced acute events in the context of extremely complex medical and social circumstances. I was forced to reconsider my approach to care and maximize my therapeutic influence. While every patient experience contributes to my professional development, 'David' provided an invaluable perspective in this novel work environment.

Upon admission, David was diagnosed with neurosyphilis. We had very little information about his prior level of function or medical history. His impairments had both cognitive and physical presentations. David demonstrated deficits in executive functioning, attention, organization, safety awareness, insight, orientation, processing, and balance. But his most limiting impairment was chronic and of unknown origin: David was blind.

Our initial sessions focused heavily on safety. David was agitated, CAM+, and only inconsistently following direction from staff. David lacked anticipatory awareness, judgment, and insight into his limitations. I began each encounter with an introduction and re-orientation by telling him our location, the date, my role, and his reason for being in the hospital. Because of his visual deficits, he needed clear, verbal explanations before engaging in treatment. Insight into where he was and why he was here was essential for functional progression.

I first observed the scope of David's deficits in the context of his basic activities of daily living. One of the first tasks we attempted was a multi-step, oral-care activity, in which David was presented with a toothbrush, toothpaste, cup, and basin. I verbally reviewed the sequence with him. I used hand-over-hand assistance and location-based cueing (middle vs. outer, left vs. right) to orient him to the setup of the table. David was able to verbally sequence the task and manually identify each item. But when it came time to execute, he reached aimlessly for the items, becoming agitated and difficult to re-direct. His attention was divided between the tactile sensation of the toothbrush,

continued on next page

my verbal cues, and ambient noises in the hallway. It was clear that what I had thought would be an appropriately graded activity exceeded David's best-fit challenge.

I made a few changes to try to optimize his success. I closed the hallway door, allowed more time for him to process information, and verbalized my movements prior to execution. I down-graded the toothbrushing activity to a two-step task using simple, verbal commands, and sensory exploration. Together, we verbally sequenced each step before and during execution. Over time, this paved the way for more complex activities. But I continued to struggle with orienting David to multi-step, multi-tool sequences because of his visual deficits.

With the assistance of my clinical supervisor, I introduced the clock technique. The clock technique applied David's basic knowledge of a clock face to the location of items on the table. Using hand-over-hand assistance, I showed David the 12:00, 3:00, 6:00, and 9:00 locations in relation to his body. Later, I added tactile cues to the tabletop for multisensory identification of those locations.

We started with the focus on these four primary locations then slowly introduced secondary locations at intervals in between. We applied the clock technique to oral care and locating food on his plate at meal time. I created visual aides for nurses and patient care associates to facilitate consistency as they assisted him with these activities. Soon, David required less verbal cueing and physical assistance to perform these tasks.

While the clock technique facilitated independence during some daily activities, it was only helpful when he was seated in his recliner or walking to the sink. He continued to require hands-on assistance and cueing during transfers and ambulation. I worked closely with the physical therapist to ensure our cueing was consistent and to create a streamlined language of mobility for David.

After trialing several adaptive devices, David progressed to using a white cane. Based on extensive research and consults with the American Association for the Blind, we began teaching David the preliminary strategies of white-cane utilization, including tap techniques, sweeping, positioning, rhythm, and proprioceptive/sensory feedback. David's occupational and physical therapists and nurses collaborated in assisting with proper cane utilization in his room and out on the unit.

Due to complex social and legal circumstances, David had been hospitalized for an extended period of time. Case managers and social workers worked tirelessly to gain a sense of David's prior level of function, social supports, and home environment while working toward an appropriate discharge plan. As he progressed, I decreased the frequency of my visits, focusing on continuation and carry-over of care from an inter-disciplinary perspective.

Because of my rehab background, I was inclined to continue interventions as long as David remained on the unit. But my newly developing acute-care mindset identified that my role in David's care had limits. I could, hypothetically, continue to intervene, and teach David how to independently perform certain tasks and activities. But I had to ask what the benefit would be to David upon discharge. How would it generalize to his life after MGH? After discussions with other team members and my clinical specialist, I determined that my interventions had fulfilled David's acute needs, and he was taken off the acute OT service.

While I was no longer providing direct care to David, I did continue to see him on the unit. Whether observing him eating lunch as he reached for a cup at 2:00 and a fork at 9:00, or making small talk in the hallway as he walked with his white cane, I could see my therapeutic influence on his progress and plan of care.

I hope that, ultimately, I was able to provide David with a sense of independence in this life-altering experience. David's case, and others, have taught me how to match deficits with task demands, progress the plan of care with graded challenges, and determine where and when my intervention is most appropriate.

David had a significant impact on my practice and therapeutic approach. Beyond the scope of occupational therapy, his case showed me how an enormous, academic institution can successfully work as a cohesive, collaborative unit to go above and beyond to address the individual needs of a single patient. I am beyond proud to have been part of David's clinical team and honored to be a member of the Occupational Therapy Department at MGH.

Many thanks to the nurses, case managers, therapists, social workers and physicians who worked on David's case.

Endoscopy nurses, Janet King, RN (left), and Deborah Meade, RN, share information about colonoscopies and colon cancer screening as part of GI Nurses and Associates Week.

(Photos by Michelle Rose)

Celebrating our GI nurses and associates

—by June Guarente, RN, and Deborah Meade, RN

Some endoscopic procedures:
- Colonoscopy
- Esophagogastroduodenoscopy
- Endoscopic retrograde cholangiopancreatography
- Endoscopic ultrasound
- Esophageal ablation
- Cryotherapy
- Dilation
- Endoscopic mucosal resection
- Percutaneous gastrostomy tube
- Fecal transplant
- Esophageal motility
- Impedance
- pH probe
- Anorectal manometry
- Video capsule endoscopy
- Bravo pH

During the week of March 26, 2018, along with the rest of the country, MGH celebrated GI Nurses and Associates Week. The GI unit at MGH has sites on Blake 4, Gray 4 (pediatric), and 165 Cambridge Street. Approximately 150 staff members, including nurses, patient care associates, surgical technicians, scope processing technicians, and operations associates perform more than 30,000 procedures every year.

March is also Colon Cancer Awareness Month. The GI Week Planning Committee (Janet King, RN; Ellen Goepel, RN; Deborah Meade, RN; Elizabeth Delsignore, RN; Ellen Fern, RN; Evelyn Shakes, RN; Barbara Brien, RN; and Tiffany Torres, ST) arranged several events to mark the occasion, including an information booth in the Main Corridor. The booth provided educational materials to staff and visitors about colon-cancer screening and colonoscopies. New this year was a video created by Kyle Staller, MD, and his team talking about the importance of colonoscopies. This video is available on-line at www.vidscrip.com/mghcolonoscopy.

For more information about screening exams, call 617-726-2426. For information about the Colorectal Center, call 617-643-5166.

Workforce Development Program yields big return on investment

education, motivation, and support open doors for medical assistant in the ED

Yuthnita 'Nita' Men, medical assistant, Emergency Department

The College for America Certificate Program is a partnership between Partners HealthCare and Southern New Hampshire University. The innovative, on-line, competency-based program is offered to Partners employees.

Yuthnita Men came to the United States from Cambodia in 2007. Today, she works as a medical assistant in the Emergency Department after having worked at the MGH Revere Health Center for seven years. In her role as medical assistant, Men assists with various aspects of patient care and contributes to a timely, efficient patient experience in the ED.

Men's path to her role in the ED was paved with encouragement and support. She first heard about the College for America Certificate Program several years ago from her manager in Revere and became interested in applying. She completed the Partners on-line College Preparation Program, which is a prerequisite for the certificate program.

Just two months after completing the college prep program, Men started a pilot program that enabled her to obtain her certificate in just nine months.

Says Men, "The College for America Certificate Program opened so many doors for me. The assignments were relevant—I use my new skills in my work and personal life every day. Overall, the program made me more disciplined, focused, and professional. I've improved my communication skills and learned to better manage my time."

As an added bonus, Men reports that her family is extremely proud of her. She's thrilled to be able to show her children that hard work and applying yourself to challenges can lead to success and happiness.

MaryFran Hughes, RN, nursing director of the ED, says, "We're fortunate to have had Nita as our very first medical assistant. Her patient-centered approach and strong work ethic have had a positive impact on the patient experience and helped reduce wait times in the ED."

Says Men, "I love that Partners cares so much about its employees that they helped pay for the cost of this program. I couldn't have come this far without that support." Men is currently deciding whether to pursue a degree in Nursing or become a physician assistant.

For more information about the College for America Certificate Program, contact Training & Workforce Development at 617-726-2230.

Nurse Recognition Week

May 4-11, 2018

Friday, May 4th

2:00–3:00pm, O'Keeffe Auditorium, Blake 1
Chief Nurse Address
Presented by Debbie Burke, RN, chief nurse

Reception immediately following, O'Keeffe Auditorium Foyer

Sunday, May 6th

7:00–9:00am, Trustees Room, Bulfinch 2

Staff Nurse Breakfast

Monday, May 7th

10:00–11:00am, Ether Dome, Bulfinch 4

A compendium of nurse-led initiatives

- "Management of Clogged Tubes," Mia Haddad, RN
- "Advocacy for Splinting Pillow for Pain Management of Nephrology Patients," Holly Milotte, RN
- "Preventing Skin Injury with Prophylactic Foam Dressings," Laura Lux, RN, and Brittney Grazio, RN
- "Attitudes about Restraint Use in Surgical ICU Patients," Jeanne Dolan, RN
- "Care of the Postpartum Mother with Substance Use Disorder: Trauma Informed Care," Shanna Mavilio, RN

1:30–2:30pm, Ether Dome, Bulfinch 4

- "Creating a Culture of Safe Sexual Health Practices in the Teen Population," Tricia McCarthy, RN, and Jennifer Spina, RN
- "Successful Strategies for Effectively Addressing Moral Distress Among Nurses," Brian Cyr, RN
- "Lessons Learned from Leadership Immersion," Molly Lyttle, RN
- "Recycle. Reuse. Reduce. The Impact of Nursing," Barbara Belanger, RN

Tuesday, May 8th

10:00–11:00am, Ether Dome, Bulfinch 4

Scholarly works: the science behind nursing leadership

- "Grit as a Predictor of Success for Nurse Leaders," Claire Seguin, RN
- "Readiness for Practice: Evaluation of a Pilot Project for Nursing Students in the Operating Room," Patrice Osgood, RN
- "Evaluation of Discharge Education: an Educational Intervention to Improve Patient Safety with Opioid Medications," Jill Pedro, RN
- "Addressing Device-Related Pressure Injuries in Tracheostomized Patients: to Suture or Not to Suture?" Marian Jeffries, RN, and Susan Gavaghan, RN

1:30–2:30pm, Ether Dome, Bulfinch 4

- "Nurses' Perceptions of Fall-Prevention Barriers Utilizing the Fall Survey for Clinical Nurses," Jean Stewart, RN
- "Appraising Staff Nurses' Perceptions of Quiet Utilizing Focus-Group Methodology to Improve the Patient Experience," Trisha Zeytoonjian, RN
- "A Multi-Modal Community-of-Care Program to Prevent or Minimize Vaginal Effects of Pelvic Radiation Therapy for Women with Lower Gastro-Intestinal and Gynecologic Cancers," Lorraine Drapek, RN
- "Assessment of Millennial Nurse Work-Satisfaction with the Professional Practice Environment," Michele O'Hara, RN

Wednesday, May 9th

2:00–3:00 pm, O'Keeffe Auditorium, Blake 1

It takes a village: inter-disciplinary team outcomes

- CLABSI reduction in the MICU: Lillian Ananian, RN
- Autism Collaborative: Robin Lipkis-Orlando, RN
- Addiction Consult Team: Christopher Shaw, RN
- Stop Transmission of Pathogens Task Force (STOP): Judith Tarselli, RN
- Stay Connected Program: Jessica Yang, RN
- Neurology Rounds Improvement Task Force: Carolyn McDonald, RN
- Pediatric Tracheostomy Patient Education Improvement Team: Kevin Callans, RN
- General Medicine Pain Management Work Group: Patti Fitzgerald, RN
- Sepsis in the Emergency Department: Tracey Zachary, RN

Thursday, May 10th

Research Day

10:00–11:30am, O'Keeffe Auditorium Foyer

Interactive Nursing Research Poster Session
Posters on display throughout Nurse Recognition Week

1:30–3:00pm, O'Keeffe Auditorium, Blake 1

Annual Yvonne L. Munn Nursing Research Lecture and Presentation of the 2018 Yvonne L. Munn Nursing Research Awards

"Nursing Research Insights into Patient and Family Responses to Heart Failure,"
presented by Christopher S. Lee, RN, PhD, FAHA, FAAN, FHFSA, professor and associate dean for Research at the Boston College Connell School of Nursing, external faculty senior nurse scientist, Yvonne L. Munn Center for Nursing Research at MGH

Reception immediately following, O'Keeffe Auditorium Foyer

Friday, May 11th

7:00–9:00am, Thier Conference Room, 1st floor, Thier Building

Staff Nurse Breakfast

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-001-91) (OH-239, 10/1/2020).

Q&As

Respiratory Care at MGH

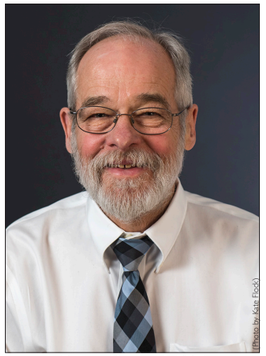
—by Robert Kacmarek, RRT, director, Respiratory Care Services

Question: Do I need to call the Respiratory Care Department when patients bring their own respiratory equipment to the hospital?

Bob: Yes, for a number of reasons. Much of this equipment is electrical, so a basic electrical safety check is necessary to ensure there's no potential for electrical shock or malfunction. Many devices aren't designed for hospital use and may not have the structural integrity to avoid leaking electrical current—specifically BIPAP and CPAP devices. In addition, respiratory therapists need to assess these patients and ensure devices are operating appropriately for the duration of their stay.

Question: What about patients who bring in nebulizers specific to certain medications?

Bob: Many of the newer aerosolized drugs come with their own nebulizers and should be safe to use around staff. Some nebulizers are more complex, and precaution



Robert Kacmarek, RRT, director, Respiratory Care Services

notices should be placed on patients' doors whenever they're used. Always contact the respiratory therapist covering your unit when patients bring in their own equipment. Pharmacy should also be consulted to approve the use of patients' home medications if they're not in the MGH formulary.

Question: Sometimes tracheostomized patients are admitted from home or other facilities. Should I notify the respiratory therapist when they're admitted to our unit?

Bob: Yes. These patients require a specific oxygen/humidity delivery device that's only available from the Respiratory Care Department. Careful application and measurement of oxygen and humidity are necessary for all tracheostomized patients.

Question: What if a patient is admitted and I'm not sure of his/her specific respiratory-care needs?

Bob: Every patient care unit has an assigned respiratory therapist. Pager numbers for every unit are listed in the MGH On-Call Directory. Please call your unit's respiratory therapist with *any* questions you may have regarding the respiratory-care needs of any patient. Respiratory therapists are available 24 hours a day, seven days a week.

For more information, contact the respiratory therapist assigned to your unit or the resource therapist (pager 2-4225).

Professional Achievements

Appointments

Jane Flanagan, RN
Co-chair, Theory Guided Expert Panel
American Academy of Nursing

Jeanette Ives Erickson, RN
Senior nurse scientist
Yvonne L. Munn Center for Nursing Research

Commission on Magnet Recognition, representing the American Academy of Nursing
American Nurses Credentialing Center

Vice chair, Executive Committee, Board of Trustees
MGH Institute of Health Professions

Emelia Motroni, CCC-SLP
Co-web master/social media coordinator
Massachusetts Speech Language Hearing Association

Gayle Peterson RN
Board of Directors, staff nurse
American Nurses Association

Committee on Appointments, chair
American Nurses Association

PAC-Board of Trustees
American Nurses Association

Leadership Society
American Nurses Association

American Nurses Association
Committee on Budget and Planning

Ellen M. Robinson, RN
Clinical Ethics Consultation Affairs Committee
American Society of Bioethics and Humanities

Awards

Gino Chisari, RN
Nesson Award
Partners HealthCare

Inaugural incumbent, Dorothy Ann Heathwood Endowed Chair in Nursing Education, MGH

Jane Flanagan, RN
Fellow, American Academy of Nursing

Carole MacKenzie, RN
Global Health nursing fellow, Mbarara, Uganda

MGH/IHP Interprofessional Dedicated Education Unit Committee
Award for Excellence in Advancing Inter-Professional Education and Practice

Poster Presentations

Amanda Coakley, RN
Christine Donahue Anesse, RN
Jane Flanagan, RN
"The response of a pet-therapy encounter on patient and staff: quantitative findings"
World Congress on Integrative Medicine & Health
Berlin, Germany

Cheryl Hersh, CCC-SLP
Lara Hirner, CCC-SLP
Rebecca Baars, CCC-SLP
Sarah Sally, CCC-SLP
Jessica Sorbo, CCC-SLP
Stephen Hardy, MD
M. Shannon Fracchia, MD
Christopher Hartnick, MD
"Pediatric Thickening: Beyond the Radiology Suite"
ASHA Convention
Los Angeles

Shannon Fracchia, MD
Stephen Hardy, MD
Cheryl Hersh, CCC-SLP
Christopher Hartnick, MD
"What's New in the Pediatric Aerodigestive Center?"
Primary Care Pediatrics Conference
Boston

Cheryl Hersh, CCC-SLP;
Christine Cooper-Vince
"Affiliated Pediatrics Practices"
Dedham

Rebecca Inzana, CCC-SLP
Cheryl Hersh, CCC-SLP
Lara Hirner, CCC-SLP
"Raiding Red Flags: Boosting Critical Thinking via Body System Didactics for Medical SLP Graduate Students"
ASHA Convention
Los Angeles

Emelia, Motroni, CCC-SLP
Amy Izen, CCC-SLP
Maria Sylvia, CCC-SLP
"Integration of a Caregiver-Centered Curriculum in a Speech/Language Group Therapy Program"
MGH Chelsea HealthCare Center

Ellen M. Robinson, RN
Gayle Leslie, RN
"Cardiac Nursing Scholar Day"
MGH

"Recognizing Moral Distress as a Pathway to Moral Agency"
Wentworth Douglas Hospital
Dover, New Hampshire

Ellen M. Robinson, RN
"Oncology Nursing Scholar Day"
Dana Farber Cancer Institute

Ellen M. Robinson, RN
Joseph Raho
James Hynds
Daniel Davis
"Left Ventricular Assist Devices as Commonplace: Challenges in Ethics Consultation"
Journey to the Center of Bioethics and Humanities: ASBH annual conference
Kansas City, Missouri

Ellen M. Robinson, RN
Carol Pavlish
Katherine Brown-Saltzman
Joan Henrikson
"A strategy for decreasing the risk of ethical conflicts and moral distress: normalizing ethics assessment in the ICU"
Journey to the Center of Bioethics and Humanities: ASBH annual conference
Kansas City, Missouri

"Creating shared moral communities through early ethics assessment and intervention"
National Nursing Ethics Conference
UCLA Medical Center
Los Angeles

Ellen M. Robinson, RN
Angelika Zollfrank, MDiv
Pamela Grace
Martha Jurchak
Susan Lee
"Outcomes of a Clinical Ethics Residency for Nurses"
Shaping the Ethical Environment: National Nursing Ethics Conference
UCLA Medical Center
Los Angeles,

(Submit professional achievements to Georgia Peirce at gwpeirce@partners.org)

Professional Achievements (continued)

Presentations

Gino Chisari, RN
"Hospital-Wide Implementation of the I-PASS Handover System"
Annual convention of the Association for Nursing Professional Development
New Orleans

Cheryl Hersh, CCC-SLP,
Victoria Peake, OT
"Developmental Feeding Progression in the NICU"
MGH

Cheryl Hersh, CCC-SLP
"Early speech and language development"
MGH Executive Mothers Forum
Boston

"Pediatric gastroenterology issues: what the SLP needs to know"
Institute of Health Professions

Jeanette Ives Erickson, RN
"Serious business: understanding legal and fiduciary responsibilities on a board"
Institute for Nursing Leadership
Washington, DC

"Inter-professional compassion, teamwork, and managing conflict"; "Learning from each other: action and impact"; and "Upgrading your inter-professional team"
Compassion in Practice Course
Boston

Keynote speaker, Convocation and Pinning Ceremony
Northeastern University, Bouve College of Health Sciences School of Nursing
Boston

Sara E. Looby, RN
"US Cardiovascular Disease in HIV: Traditional Risk Factors and Beyond"
Association of Nurses in AIDS Care 30th annual conference
Dallas, Texas

"Clinical Research Nursing: Empowering Our Participants, Empowering Each Other"
International Association of Clinical Research Nurses 8th annual conference
Providence, Rhode Island

Labrini Nelligan
Denise O'Connell, LCSW
Carole MacKenzie, RN
Samantha Nock
"Maine Nursing Preceptor Education Program"
Orono and Portland, Maine

Labrini Nelligan
Mary Hanifin
"But how do you know it's working? Outcome measurement and evaluation"
Association of Fundraising Professionals
Boston

Lynn Oertel, RN
"Nursing care for patients receiving anticoagulation therapy: the changing landscape"; "What to say when your patient asks…?" and "Patient journey with anticoagulation therapy"
Albert H. Brown Medical Nursing Visiting Scholar
MGH

Gayle Peterson, RN
"Safe Patient Handling Testimony"
Massachusetts Senate and House of Representatives
Boston

Publications

Burke, D., Flanagan, J., Ditomassi, M., Hickey, P.A.
"Characteristics of nurse directors that contribute to registered nurse satisfaction."
Journal of Nursing Administration

Schnock, K. O., Dykes, P.C., Robertson, E., Maddox, R.R., Garcia-Palm, C., McGuire, J., Stinger, D.K., Smith, L.P., Wade, E., Sawyer, M.D., Call, R., Cameron, C., McDonald, N., Drucker, A., Carroll, D.L., Albert, J., Rafie, S., Ariosto, D., Saine, D., Fang, L., Husch, M., Vanderveen, T.W., Yoon, C.S., Lipsitz, S., Bates, D.W.
"The frequency of intravenous medication errors related to smart infusion pumps: a multi-hospital observational study."
BMJ Quality and Safety

Shindul-Rothschild, J., Flanagan, J., Stamp, K. D., Read, C.Y.
"Beyond the Pain Scale: Provider Communication and Staffing Predictive of Patients' Satisfaction with Pain Control."
Pain Management Nursing

Post, K., Moy, B., Furlani, C., Strand, E., Flanagan, J., Peppercorn, J.
"Development and implementation of a patient-centered, nurse-practitioner-led survivorship intervention for breast cancer."
Clinical Journal of Oncology Nursing

Clinical Recognition Program

Clinicians recognized
January 1–April 1, 2018

Advanced Clinicians:

Sarah Diamond, RN
Medical Intensive Care Unit

Stacy Dillon, RN
Heart Center

Terry Doherty, RN
Medical Intensive Care Unit

Jennifer Glorioso, RN
Medicine

Bethany Groleau, RN
Oncology

Jessica Hyman, RN
Cardiac Surgical Intensive Care Unit

Stephanie Qualls, RN
Neuroscience Intensive Care Unit

Lily Shaw, RN
Medicine

Trupti Tanna, PT
Physical Therapy

Marian Wilson, RN
General Surgery

Clinical Scholars:

Judy Burrows, LICSW
Social Work

Veronica Carroll, RN
MGH Integrated Care Management

Julie Cushing, RN
Emergency Department

Abigail Fleisig, RN
Emergency Department

Ellen Hutchinson, RN
Newborn Family Unit

Katherine Marenghi, RN
Emergency Department

Michael O'Donnell, RN
Emergency Department

Jamie Ronin, RN
Cardiac Surgical Intensive Care Unit

Tracey Zachary, RN
Emergency Department

(Submit professional achievements to Georgia Peirce at gwpeirce@partners.org)

Announcements

Nursing research opportunities

In addition to the Jeanette Ives Erickson Research Award supported by the MGH Research Institute, the Munn Center is offering:

The Connell Nurse-Led Team Award for nurse scientists and an inter-disciplinary team of scholars from other disciplines to address a clinical problem related to patient-care outcomes. Funding of up to $25,000 is provided; must be completed within two years.

The National Institute for Occupational Safety and Health (NIOSH) Award (part of a project supported by OSHA) focuses on workforce safety and health promotion. The award is for a nurse-scientist-led team looking at strategies to foster a healthy work environment. Two awards will be given: one from 2018-2020 for $8,000; the second from 2020-2022 for a similar amount.

For information or to apply, contact Stacianne Goodridge at 617-643-0431, or go to the Munn Center website at: www.mghpcs.org/MunnCenter/.

Recipients will be announced in September, 2018.

Applications are due by the end of June, 2018.

ACLS Classes

Certification:
(Two-day program)

Day one:
June 11, 2018
8:00am–3:00pm

Day two:
June 12th
8:00am–1:00pm

Re-certification (one-day class):
May 9th
5:30–10:30pm

Locations to be announced. Some fees apply. For information, contact Jeff Chambers at acls@partners.org.

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

MGH Global Health Expo

The 7th annual MGH Global Health Expo will be held:

May 15, 2018
11:00am–2:00pm
in the Bulfinch tent

Learn more about global health activities throughout the hospital, including opportunities for MGH staff at all levels. The event is a chance to forge new collaborations and conversations among those who share an interest in global health.

All are welcome.
Light refreshments served.

For more information, go to: www.globalhealthmgh.org/news-events/events/7th-annual-mass-general-global-health-expo/, or call Elizabeth Tadiri at 617-643-4195.

Advance Care Planning Booth

The PCS Ethics in Clinical Practice Committee will hold its annual Advance Care Planning Booth:

Wednesday, April 25, 2018
8:00am–2:00pm
Main Corridor

Copies of the Massachusetts Health Care Proxy form and other materials will be available.

For more information, call Cynthia Lasala, RN, nursing practice specialist, at 617-643-0481.

ECOTE Symposium 2018

Advances in team-based practice are radically transforming healthcare education and training: adapt or risk becoming obsolete

May 21, 2018
7:30am–2:00pm
Assembly Row, Somerville

(Optional Workshops: 2:15–3:45pm)

Team-based practice is transforming healthcare education and training. This symposium focuses on new models for teaching and life-long learning by infusing outdated teaching routines with new methods that optimize knowledge retention, application, analysis, and synthesis. MGH educators from all professions are encouraged to attend.

For more information, contact Gaurdia Banister, RN, at 617-515-6539.

Blum Center Events

Tuesday, April 24th
"Managing asthma: it's more than using your inhaler," presented by Karla Schlichtmann, RRT.

Programs are free and open to MGH staff and patients. No registration required. All sessions held in the Blum Patient & Family Learning Center from 12:00-1:00pm.

For more information, call 4-3823.

Conversations with Caregivers

An educational series sponsored by the Dementia Caregiver Support Program of the MGH Division of Palliative Care and Geriatric Medicine.

Wednesday, May 16, 2018
5:30–7:00pm
Haber Conference Room

"Legal and financial planning following a dementia diagnosis," presented by Steven M. Cohen, partner, Pabian & Russell, LLC.

For more information, call Barbara Moscowitz at 617-643-8809.

New Leadership

Nursing director, soon-to-be associate chief nurse, Barbara Cashavelly, RN, pictured above with staff nurse, Lindsay Flom, RN, on the Lunder 9 Oncology Unit.

Cashavelly named associate chief nurse

Barbara Cashavelly, RN, has been named the new associate chief nurse for Women and Children, Mental Health, the Cancer Center, and Community Health, filling the position vacated when Debbie Burke, RN, became senior vice president for Patient Care and chief nurse.

Says Burke, "Barbara has been the nursing director of the Lunder 9 Oncology Unit for many years. In addition to assembling a highly skilled team of oncology nurses and support staff, her institutional knowledge and clinical expertise have influenced programs and initiatives throughout the organization. I know Barbara's passion for patient- and family- centered care and her commitment to excellence will serve her well in her new position."

Says Cashavelly, "I'm truly grateful and privileged to have been given this opportunity. I look forward to working with this dynamic team and all my MGH colleagues in my new role."

Cashavelly starts in her new role on May 7, 2018. Patient Care Services and the entire MGH community wish her well.

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For more information, call: 617-724-1746

Next Publication
May 3, 2018

Inpatient HCAHPS

current data

Graph reflects partial data through March. Results will change as sample size increases. MGH is performing well in patient-experience areas, including two of our identified areas of focus: Quiet at Night and Staff Responsiveness.

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 3/12/18)	% Point Change
Nurse Communication Composite	84.3%	84.2%	-0.1
Doctor Communication Composite	84.5%	85.1%	0.6
Room Clean	72.0%	70.8%	-1.2
Quiet at Night	52.7%	53.3%	0.6
Cleanliness/Quiet Composite	62.3%	62.0%	-0.3
Staff Responsiveness Composite	67.5%	69.6%	2.1
Communication about Meds Composite	66.8%	68.1%	1.3
Care Transitions	62.4%	63.5%	1.1
Discharge Information Composite	92.7%	92.3%	-0.4
Overall Hospital Rating	82.9%	85.0%	2.1
Likelihood to Recommend Hospital	90.7%	91.3%	0.6

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

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