

# Caring

Headlines

August 2, 2018

## MGH Workplace Education Program



Unit service associate, Deeqa Abdisaid, shakes hands with MGH president, Peter Slavin, MD, after receiving her certificate of achievement from the MGH Workplace Education Program.

# First chair in nursing education

## *The Dorothy Ann Heathwood Endowed Chair in Nursing Education*

It's my pleasure to share that on July 12, 2018, Gino Chisari, RN, director of the Knight Nursing Center for Clinical & Professional Development and chief learning officer for nursing for the Lunder-Dineen Health Education Alliance of Maine, became the inaugural holder of the Dorothy Ann Heathwood Endowed Chair in Nursing Education.

This is a very big deal. The Heathwood chair is the first-ever chair in Nursing Education and only the fourth nursing chair at MGH.

We owe a great deal of thanks to the Heathwoods. Ann and Desi are long-time supporters of MGH Nursing and cherished members of the MGH community. Ann herself is a nurse; not surprisingly, it's her

commitment to patient care and life-long learning that inspired this chair.

Endowed chairs provide a way to generate funding that allows chair holders to pursue important research, projects, and endeavors to advance our mission.

As Brit Nicholson, MD, senior vice president for Development, said in his remarks, the benefits of this chair in Nursing Education will be far-reaching—especially considering Gino's activities right now in Maine, China, the Middle East, and right here at MGH.

Jeanette Ives Erickson, RN, chief nurse emerita, described the chair as an investment in the professional development of nurses, one that ensures future nurses will have the support they need as they enter into practice here.



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

On a personal note, like a lot of you, I've known Gino for many years. Warm, smart, articulate, and passionate about patient care, Gino has spent his entire career advancing the profession of nursing. I can think of no better choice to be the first steward of the Dorothy Ann Heathwood Endowed Chair in Nursing Education than our own, Gino Chisari.

*Debbie*  
Debbie Burke



# Debbie's Photo Gallery



Below (l-r):  
Debbie Burke, RN;  
Chisari's husband, Reverend  
John Polk;  
inaugural chair holder, Gino  
Chisari, RN;  
donors, Ann and Desmond  
Heathwood;  
Jeanette Ives Erickson, RN;  
Brit Nicholson, MD.  
Also pictured:  
Chisari's godson,  
Zachary Tribou  
(top center).



(Photos by Jeffrey Andree)

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(Cover photo by Jeffrey Andree)

# Celebrating siblings

## *because cancer affects the whole family*

—by Elyse Levin-Russman, LICSW, clinical social worker, Pediatric Hematology-Oncology

When a child is diagnosed with cancer, it impacts the entire family. Brothers and sisters are affected as they watch a sibling endure difficult medical treatments or make frequent visits to the hospital. Parents' attention is strained as they care for their sick child and try to maintain a semblance of normalcy for their other children. But despite the best efforts of caring parents, siblings often feel left out, worried, sad, even jealous.



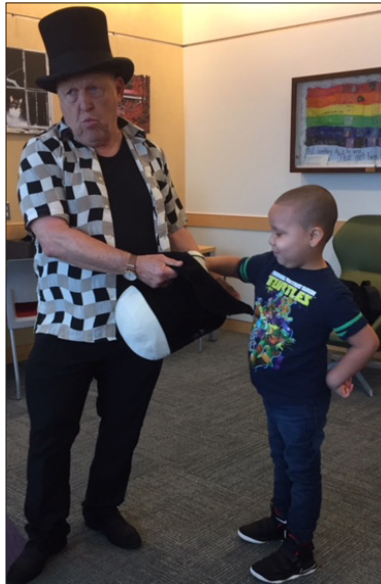
Which is why, on June 28, 2018, the Mass General Hospital for Children's Pediatric Oncology Unit hosted Sibling Day. The event was planned for the last week of June so children would be out of school. Pediatric patients, along with their brothers and sisters, were invited to *It's Magic Thursday* with magician, Peter O'Malley. Then it was on to a 'Make-your-own-sundae' party. Contests, raffle prizes, and spending time with siblings made for a fun, entertaining, and carefree afternoon.

Siblings also received a gift box at home containing a personalized 'Super Sibling' trophy, age-appropriate toys and treats, and a special

message from their sibling's care team letting them know how appreciated they are. Adolescent and young-adult siblings were sent a gift card with a message acknowledging their contributions to the family.

Parents were as gratified as the children—seeing the delight in their kids' eyes as they opened their gifts. Sibling Day was an extension of the kind of family-centered care that's delivered every day at MGH and MassGeneral hospital for Children.

For more information, contact Elyse Levin-Russman, LICSW, at 617-724-0757.



(Photos by Elyse Levin-Russman)



## Recognition



Below (l-r): Ben's parents, Jeff Clanon and Regina Corrao; NICU nursing director, Peggy Settle, RN; and this year's Corrao Clanon scholarship recipient, neonatal pediatric transport coordinator, Anita Carew, RN. At left, Carew with her family at the award ceremony.



(Photos by Kate Hock)

# Ben Corrao Clanon Memorial Scholarship

—by Mary Ellin Smith, RN, professional  
development manager

This year's presentation of the Ben Corrao Clanon Memorial Scholarship, on July 20, 2018, was especially meaningful, as the recipient, Anita Carew, RN, had been a member of Ben's primary care team back in 1986.

The scholarship, established in memory of Ben Corrao Clanon, who passed away in the Neonatal ICU after just one month of life, recognizes a NICU primary nurse whose practice exemplifies excellence in clinical practice and family-centered care. Carew has practiced in the NICU for more than 40 years and is highly respected for her commitment to her patients, families, and colleagues.

Nursing director, Peggy Settle, RN, called Carew, "a strong advocate for her patients and families. Even in the most challenging situations, her expertise and command of the situation allow parents to feel supported and cared for."

Regina Corrao and Jeff Clanon spoke of the importance of those qualities during their son's stay in the NICU. "Because of the space you created, we have the softest, sweetest memories of Ben."

Carew thanked the Corrao Clanons for their ongoing support, and she thanked her family and the many families she's cared for over the years. During Carew's remarks, a woman attending the ceremony interrupted to say, "Our family would not have made it through our child's hospitalization without you, Anita. Thank-you." Unsolicited validation of the choice of this year's recipient.

For more information about the Ben Corrao Clanon Memorial Scholarship, contact Peggy Settle at 617-726-9340.

# A celebration of achievement

—by Stephanie LaShoto, manager, Workplace Education

On Thursday, May 31, 2018, the Workplace Education Program recognized 133 employees for completing classes in English and computer science, some of who also earned US citizenship this year.

Speakers, Peter Slavin, MD, president of MGH; Carlyene Prince-Erickson, director of Employee Education and Leadership Development; Kira Khazatzky, chief program officer for JVS, Boston; and Magaly Valentin, HR business partner for Environmental Services and Nutrition & Food Services, congratulated students and praised the program's 23-year commitment to providing growth and development opportunities to MGH employees.

Students in the program represent 20 departments, 24 countries, and

speak 17 different native languages. Said Prince-Erickson, "We value each and every one of those differences and the contributions made by every employee. Diversity may be about counting heads," she said. "Inclusion is about making heads count."

Computer science student and Materials Management team leader, William Stilwell, Jr, spoke about the challenges he faced, sharing that he had considered dropping out of the program. But with the help of his teacher, classmates, and others, he ultimately proved that, 'you *can* teach an old dog new tricks.'

Patient care associate, Ioannis Papadakis, noted, "I've been in the US for eighteen months, and I managed to get a job at MGH. This is my best accomplishment, because when I

came to the US, I didn't know English, and after a year, I was working at one of the best hospitals in the country."

Student, Maria DaSilva Correia, came to the US from Cape Verde. "It was difficult," she said. "I had to leave my children for a whole year. I cried almost every day." Now, she's happy to be in a country where her children can get a good education and she can pursue her dream of learning and advancing at MGH.

For more information about the Workplace Education Program, call 617-726-2388.



(L-r; top to bottom): William Stilwell; unit service associate, Mavis Pellegrini, receives congratulatory hug; Carlyene Prince-Erickson; resource unit service associate, Maria Barbosa; and unit service associates, Rosa Lopez and Hamid Hassine look on with pride.

(Photos by Jeffrey Andree)

# Policy update: Non-Clinical Photography

—submitted by the MGH Privacy Office

**Question:** Why did the Privacy Office update the Non-Clinical Photography Policy and Procedure?

**Answer:** The Privacy Office has received several reports of patients or visitors taking photos with cell phones. With the increasing prevalence of smart phones and other devices, we wanted to reinforce the expectation that everyone inside the walls of MGH has a responsibility to maintain the confidentiality of patients and staff. Patients do not automatically have the right to take photographs or recordings on hospital premises. Privacy takes priority.

Staff should feel comfortable reminding patients and visitors of our policy and asking them to stop. If they refuse, MGH Police & Security can be called to assist (6-2121). We want to protect the privacy of staff as well as patients.

**Question:** What are the major changes to the policy?

**Answer:** We wanted to make it clear that before a vendor is allowed access to MGH to film or conduct a recording on our behalf, there must

be a Business Associate Agreement signed by both parties. To initiate a Business Associate Agreement, staff should contact Partners Supply Chain Management ([mmcontracts@partners.org](mailto:mmcontracts@partners.org)) who will work with the vendor to ensure the appropriate contracts are executed.

In the event that a media outlet (such as a radio or television station or on-line medical journal) is seeking access, Public Affairs should be contacted for approval and to ensure proper privacy safeguards are in place and patient authorization is obtained (6-2206).

**Question:** Anything else?

**Answer:** The expectation is that patients and visitors will not take photos, recordings, or conduct video calls that capture and record images of others. This aligns with our *Patient Rights and Responsibilities*, which states: "The patient has a responsibility to maintain confidentiality of staff and other patients by not taking cell-phone pictures or audio/video recordings." Exceptions may be made if the activity is reasonable or of clinical benefit and does not violate the privacy or rights of others. If inappropriate

photography or recordings are occurring, tell the individual to stop and contact Police & Security if assistance is needed.

**Question:** What if a patient asks to take a photo with you and you don't feel comfortable?

**Answer:** Staff should feel empowered to decline a patient's request for photography, and can point to the Privacy Office for support. Simply say, "I'm sorry. I'm not comfortable being photographed," or, "Health care is confidential, and to protect the privacy of our patients, I have to say, No."

**Question:** Where can I find the updated policy and procedure?

**Answer:** The updated Photography Audio-Visual Recording of Patients for Non-Clinical and Non-Research Purposes Policy and Procedure can be found in Ellucid.

For more information, contact the Privacy Office at 617-726-1098, or e-mail: [MGHPrivacyOffice@Partners.org](mailto:MGHPrivacyOffice@Partners.org).



# Disruptive patient behavior and staff safety

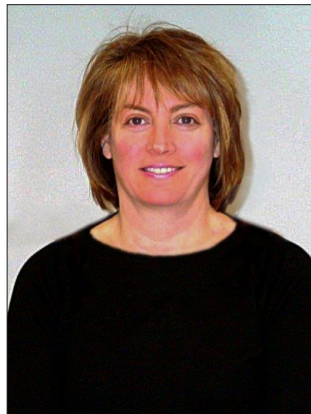
—by Robin Lipkis-Orlando, RN, director, PCS Office of Patient Advocacy

**Question:** What does the Disruptive Patient Behavior and Staff Safety Committee do?

**Robin:** The committee has emphasized the importance of reporting all events involving verbal or physical threats or violence toward workforce members, and we've developed a Disruptive Patient Behavior safety reporting tool. To date, 216 patients have been identified using the safety risk flag in eCare. The flag alerts staff to the potential for violence and recommends specific actions to minimize harm.

Every case of workplace violence is reviewed to determine contributing factors, and practice alerts are disseminated, such as: Patients exhibiting care-resistant behaviors put staff at risk for injury; Oral disintegrating tablets are not for patients with agitated behavior; Communicating risks for disruptive patient behavior and utilizing SMART (the Strategic Management and Assessment Response Team).

Often, interventions are carried out at the local level, including unit-based education, enhanced security rounding, panic buttons, training on de-escalation techniques, and changes to the physical environment, such as creating private spaces or double exits.



Robin Lipkis-Orlando, RN  
director, PCS Office of Patient Advocacy

Policies and guidelines have been developed and amended to reflect our commitment to creating a safe environment for staff, patients, and visitors. Policies that can be found in Ellucid include:

- Visitor policy
- Patient-family discriminatory requests or demands for specific types of health care providers or workforce members
- Non-discrimination policy
- Patient requests to leave unit
- Patient/visitor search policy (in process).

Our *Patient Rights and Responsibilities* brochure addresses the framework of expectations for maintaining a safe, secure, and respectful environment of care.

**Question:** What resources are available to support staff in managing disruptive behavior?

**Robin:** There are a number of resources available:

- unit and departmental leadership
- Police & Security (6-2121)
- SMART Team consultation, Jenn Goba (6-1474)
- the Disruptive Patient Behavior and Staff Safety Committee
- the Office of Patient Advocacy (6-3370)
- the navigator for patients with autism, Karen Turner (3-6627)
- the Addiction Consult Team
- the Psychiatry Consult Service
- Occupational Health (6-2217)
- Employee Assistance Program (6-6976)

Everyone is encouraged to report incidents of violence and/or verbal or physical threats involving any member of the MGH community (6-2121).

If you'd like to attend a meeting of the Disruptive Patient Behavior and Staff Safety Committee, contact Robin Lipkis-Orlando, RN, director, PCS Office of Patient Advocacy, at 617-726-3370.



# Announcements

## MGH Nurses' Alumnae

Fall Reunion Educational Program

**September 21, 2018**  
**O'Keefe Auditorium**

"Resiliency in Aging"  
Registration: 8:00am  
Conference: 8:30am–3:30pm  
\$40 for MGHNAA members  
\$50 for non-members

To register: send check payable to MGHNAA to:  
MGHNAA  
PO Box 6234  
Boston, MA 02114

For more information, e-mail:  
mghnursealumnae@partners.org.

## Pharmacology Update XIV

### Innovation and Evidence

presented by The Norman Knight Nursing Center for Clinical & Professional Development

**October 20, 2018**  
**7:50am–3:10pm**  
**O'Keefe Auditorium**

Will cover medications for the treatment of:

- diabetes
- Parkinson's disease
- pulmonary disorders
- GI disorders
- transplants
- pro-coagulant products/toxicology

6.25 contact hours  
6.25 Pharmacology contact hours

No fee for MGH employees  
\$100 for Partners employees  
\$150 for non-Partners employees

For more information, call  
617-726-3111.

## Partners launches Office 365 Resource Center

Partners Information Systems has rolled out an internal Office 365 resource site for Office 365 news, helpful articles, tips, and training materials. The Partners Office 365 Resource Center provides a single location for information about Office 365.

To access the Office 365 Resource Center, go to:  
<http://office365.partners.org>.

## PFAC seeking new members

The General Patient & Family Advisory Council (PFAC) is seeking new members with diverse backgrounds and perspectives. The PFAC is composed of MGH patients and family members who help shape hospital services, programs, and initiatives by providing the patient and family perspective. Members participate in monthly meetings and sit on hospital committees and task forces. We need your help in identifying patients and family members willing to lend their voice to enhance the patient experience.

E-mail referrals to: [pcscpfac@partners.org](mailto:pcscpfac@partners.org).

For more information, go to: <https://www.massgeneral.org/patientadvisorycouncils/assets/pdf/GPFACBrochure%20FINAL0518.pdf>, or the PFAC website at: <http://www.massgeneral.org/patientadvisorycouncils/>.

## Blum Center Events

**Thursday, August 16th**

"Making Sense of Food Labels"

Join Chrissy Badaracco, dietetic intern, for a discussion on how to navigate food labels.

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.

## Practical Aspects of Palliative Care:

### integrating palliative care into clinical practice

**September 12–14, 2018**  
**Colonnade Hotel, Boston**

Join us for three days with colleagues from around the world for a 'deep dive' into palliative care focusing on pain- and symptom-management, cultural issues, communication skills, prognostication, bereavement, management of non-oncological conditions, special needs of patients at various stages of life, and ethical, legal, and practical issues.

Intended for palliative care specialists, non-specialist clinicians, and health professionals.

For more information and pricing, go to: <https://pallcare.hms.harvard.edu/courses/papc>, or call Jennifer Dowd at 617-632-6432.

## New MGH podcast

*Charged*, the new, free, MGH podcast, introduces listeners to the women behind some of the most significant innovations in health care. Every episode uncovers stories of their relentless pursuit to break boundaries and provide exceptional care.

Become a subscriber: Search for *Charged* wherever you get your podcasts, or go to: [www.massgeneral.org/charged/](http://www.massgeneral.org/charged/)

To suggest future guests or for more information, contact Courtney Nunley at [cnunley@mgh.harvard.edu](mailto:cnunley@mgh.harvard.edu).

## ACLS Classes

Certification:  
(Two-day program)

Day one:  
**September 14, 2018**  
**8:00am–3:00pm**

Day two:  
**September 24th**  
**8:00am–1:00pm**

Re-certification (one-day class):  
**August 8th**  
**5:30–10:30pm**

Locations to be announced. Some fees apply. For information, contact Jeff Chambers at [acls@partners.org](mailto:acls@partners.org).

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).



# Lessons from the cave

—by Jeanette Ives Erickson, RN, chief nurse emerita

Like all of you, I was riveted to my television recently, watching the rescue of the 12 boys and their soccer coach from the underwater cave in Thailand. As I watched the story unfold, I was struck by the similarities between the heroic efforts of the rescuers and the work we do right here at MGH every day. I knew I was seeing the best of humanity at work. I knew I was seeing expert practice in action.

As well-wishers looked on, the rescue operation attracted experts from around the world, each bringing ingenuity and creative ideas,

each contributing specialized knowledge and advice—all focused on one goal.

Rescue efforts involved:

- Preparation—responders practiced evacuation drills and emergency medical procedures at the site and in local hospitals, just like the drills we conduct as part of our disaster response preparations
- Nutrition, hydration, and oxygenation—rescuers addressed Maslow's hierarchy of needs to ensure that the boys were stable and ready for the dangerous trek out of the cave

*continued on next page*



- **Training**—a crucial element of their success was helping the boys learn to scuba dive. As caregivers, we know the importance of understanding the ‘how and why’ of a situation and providing the necessary knowledge and skills to succeed
- **Vigilance and support**—many of the first responders stayed with the team throughout the entire ordeal. Of all the interventions we provide, none is more important than being present
- **Teamwork**—this was a multi-national, multi-disciplinary, multi-industry effort that relied on team members respecting one another’s differences, overcoming language barriers, and sharing specialized knowledge. This is where MGH clinicians and support staff shine in providing care to patients, families, and one another
- **Hope**—one boy described his feeling at seeing the first diver surface inside the cave. ‘My heart soared with hope,’ he said. We are providers, not just of care and services, but of hope, the most sustaining of all human emotions

As I reflected on this rescue that captured the hearts and minds of people around the world, I thought, it really does take a village. The partnerships among patients, families, and caregivers are paramount to our work.

#### Relationship-base care:

- enhances quality of care
- improves patient safety
- increases patient and family satisfaction
- creates greater efficiency
- improves resource-management

Like that rescue team, we often meet patients at a time when they’re fearful, have compromised coping skills, or feel powerless or overwhelmed. And like that rescue team, we respond with compassion, empowerment, presence, and the promise of a strong therapeutic relationship.

For me, the lessons from that cave in Thailand could have been taken straight out of the MGH play book. It reinforces my belief that the work we do sets the standard for excellence in patient- and family-centered care.

#### Published by

*Caring Headlines* is published twice a month by the department of Nursing & Patient Care Services.

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For more information, call: 617-724-1746

#### Next Publication

September 6, 2018



# Inpatient HCAHPS

## current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 7/16/18)	% Point Change
Nurse Communication Composite	84.3%	84.3%	→ 0.0
Doctor Communication Composite	84.5%	84.2%	↓ -0.3
Room Clean	72.0%	70.8%	↓ -1.2
Quiet at Night	52.7%	52.4%	↓ -0.3
Cleanliness/Quiet Composite	62.3%	61.6%	↓ -0.7
Staff Responsiveness Composite	67.5%	69.5%	↑ 2.0
Pain Communication Composite	NA	76.7%	NA
Communication about Meds Composite	66.9%	67.2%	↑ 0.3
Care Transitions	62.4%	62.1%	↓ -0.3
Discharge Information Composite	92.7%	92.0%	↓ -0.7
Overall Hospital Rating	82.9%	83.1%	↑ 0.2
Likelihood to Recommend Hospital	90.7%	90.5%	↓ -0.2

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

Data is complete through May with partial data for June and July. We are on track to exceed our goal of a 1% point increase in Staff Responsiveness. With the exception of Room Clean, all other measures are within 1% point of last year's results.



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