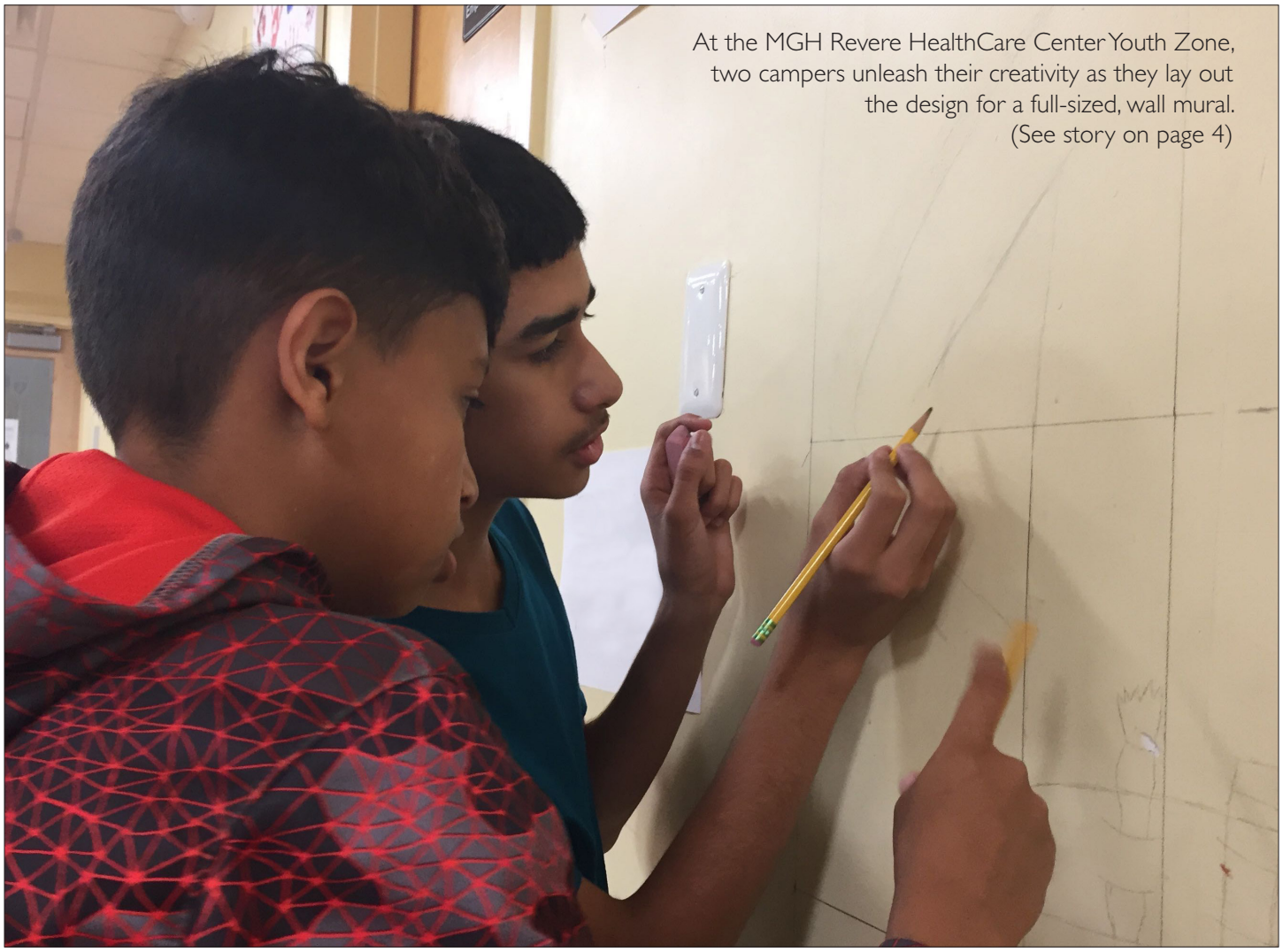
Caring Headlines
July 19, 2018

MGH Revere Youth Zone

more than a summer camp—a place for kids to grow, learn, and have fun



At the MGH Revere HealthCare Center Youth Zone, two campers unleash their creativity as they lay out the design for a full-sized, wall mural. (See story on page 4)

Nursing & Patient Care Services
Massachusetts General Hospital

Debbie Burke

Partners transitions from Blue Cross Blue Shield to Neighborhood Health

Effective January 1, 2019, the administration of our employee health plans will change from Blue Cross Blue Shield of Massachusetts to Neighborhood Health Plan.

I want to assure everyone that all health benefits will remain the same—we will continue to offer both Partners Select and Partners Plus with the same insurance coverage as before.

You and your family will continue to have access to the expertise of the same broad network of providers, and premiums will not change; in fact, primary care co-pays will go down $5.

Neighborhood Health Plan is a member of the Partners family. By shifting the administration of our health plan to Neighborhood Health, we'll be able to invest more in programs, services, and a new wellness platform that will ensure continued high-quality care for you and our patients and families.

Beginning in January, Neighborhood Health will process claims and customer service for our employee health plan. This is simply a change of administrator, not a change in actual health-insurance coverage. All employees and their families will continue to be covered by Partners Plus and Partners Select plans.

New ID cards will be issued in December. Payroll deductions will be the same as they would have been with Blue Cross Blue Shield. Prescription drug coverage will continue to be administered by CVS/Caremark.

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

Follow-up communications will be issued throughout the summer. For more information, go to: www.AskMyHRportal.com.

Debbie Burke

This is simply a change of administrator, not a change in actual health-insurance coverage. All employees and their families will continue to be covered by their Partners Plus and Partners Select plans.

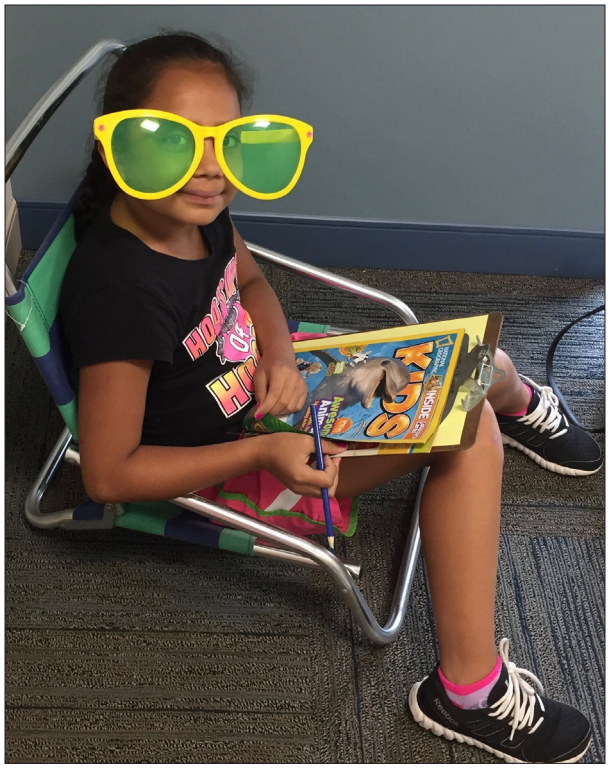
Debbie's Photo Gallery

Proud of our MGH nurses who went to Washington, DC, to advocate for healthcare reform and improvement

ANA Massachusetts nurses, including MGH nurses, Jennifer Gil, RN (striped dress); Julie Cronin, RN (red blouse and dark blazer); and Gayle Peterson, RN (behind the Massachusetts sign), lobby on Capitol Hill for legislation related to opioid treatment, reimbursement for nursing education, and gun control. While they were in Washington, the HR-6 Support for Patients and Communities Act was passed allowing advanced-practice providers to prescribe medication-assisted therapy to treat opioid addiction.

In this Issue

(Cover photo provided by staff)



(Photos provided by staff)

Entering the Youth Zone!

Summer fun and field trips offered through the MGH Revere Health Center

—by Leslie Heffron, RN, manager, Youth Services, Revere HealthCare Center

This summer, scores of 9-17-year-olds are keeping cool at the MGH Revere Youth Zone summer camp. From July 2nd to August 10th, as part of its 'surf, sail, and summits' theme, campers are swimming, sailing, and hiking the days away.

Two decades ago, Debbie Jacobson, administrative director of the MGH Revere Health Center, envisioned a space where youngsters could come after school and during school vacations to socialize, learn, and have fun. Twenty years later, the Youth Zone is housed in a beautiful, expanded space easily accessible by foot, bike, or bus.

Mindful of the childhood obesity epidemic, Youth Zone staff are very focused on keeping kids off of devices and on the move. Campers enjoy soccer, basketball, football, tennis, track, and have the opportunity to take sailing lessons on Boston Harbor.

Field trips this summer include outings to Canobie Lake Park, Blue Hills Reservation, the Manchester Athletic Club, the Museum of Science, the Museum of Fine Arts, sailing aboard the Schooner Adventure in Gloucester, and a visit with Revere mayor, Brian Arrigo.

continued on next page

Community Health Improvement (continued)

Campers enjoy healthy cooking classes, gardening, art lessons, yoga, book club, salsa lessons, and the healthy lifestyles program, *Stay in Shape*.

The Youth Zone is partly funded by donors including the Ladies Visiting Committee. It also benefits from individuals and organizations such as MIT, Harvard University, the Berklee School of Music, the Massachusetts College of Pharmacy & Health Sciences, Whole Foods, the Suffolk County District Attorney's Office, and Boston MedFlight, who donate their time to give presentations at the camp.

For more information about the MGH Revere Youth Zone summer camp, contact Leslie Heffron, RN, manager of Youth Services at: 781-485-6030.

(L-r; top to bottom): young camper enjoys the literary lounge at MGH Revere Youth Zone; camp counselor, Eliza Abdu-Glass, salsa dances with camper; counselor, Kenton Benloss, helps camper tend vegetable garden; enjoying sailing lessons on Boston Harbor; and campers pay a visit to Revere mayor, Brian Arrigo.

(L-r): Mayor Marty Walsh emphasizes the need for innovation in addressing gun violence; outlines Boston's strategy to reduce gun violence;

Nursing student, Joshua McGill, a survivor of the Orlando Pulse Nightclub shooting, shares his story of saving a bartender shot in the club;

Staff nurses, Kim Sheppard, RN, and Elise Gettings, RN, attend Challenge Summit at the Kennedy Institute;

Peter Masiakos, MD, and Boston Police Commissioner, William Evans, discuss the intersection of health, law-enforcement, and gun-violence prevention;

Martin Henson of Black Lives Matter, discusses gun violence, alternative community structures, dismantling white supremacy, and coalition-building.

Gun-Violence Prevention: Challenge Summit, Hack-a-thon, and Demo Day

—by Nick Diamond and Kim Smith Sheppard, RN

Employing a public-health approach to gun-violence prevention, the MGH Consortium for Affordable Medical Technologies (CAMTech) held its Gun-Violence Prevention: Hack-a-thon and Demo Day, on June 15, 2018, bringing together clinicians, government representatives, public health experts, and members of the community to generate innovative solutions in gun safety, mental health, community resilience, and public policy.

The MGH Gun-Violence Prevention Coalition was well represented at the event. The coalition is a multidisciplinary group of nurses, physical and occupational therapists, and physicians, passionate about gun safety and gun-violence prevention.

Gun-Violence Prevention (continued)

Members of the coalition attended the Hack-a-thon to share ideas and brainstorm solutions to help curb the gun-violence epidemic and improve the lives of survivors.

In April, CAMTech's Challenge Summit facilitated a discussion that provided critical insight into gun-violence prevention. As a follow-up to the Summit, the Hack-a-thon served as a platform for a diverse community to come together to craft solutions over a 48-hour period. Participants with a variety of backgrounds and skill sets pitched more than 60 ideas, formed cross-disciplinary teams, and ultimately presented ten potential solutions.

At the end of the day, CAMTech awarded its $10,000 grand prize to, 'Team Good Guy with a Gun,' whose members included Peter Greenspan, MD, (MGH); Kaleigh Killoran (Harvard Business School); Zoe Wolszon (MIT); and Christian Paxson (Special Forces Weapons Sergeant and firearms instructor). Team Good Guy with a Gun's proposed innovation was an app-based educational tool that uses embedded public service announcements to train gun owners about gun safety.

The Gun Violence Prevention: Challenge Summit, Hack-a-thon, and Demo Day was supported by the MGH Gun-Violence Prevention Coalition, Lattice Innovations (CAMTech's partner in India), the MGPO, and the Harvard TH Chan School of Public Health.

Currently, a nurse-led research study at MGH is exploring nurses' knowledge and comfort level around asking patients about firearms and safe gun storage. Findings will inform the development of nurse- and patient-education strategies.

For more information, e-mail Nick Diamond, communications manager, MGH Center for Global Health and Disaster Response, or call staff nurse, Kim Smith Sheppard, RN, at 617-726-3294.

Fifth annual MGH Patient Experience Awards

—by Cindy Sprogis, senior project manager, Practice Improvement

The fifth annual MGH Patient Experience Awards were held June 7, 2018, to honor inpatient units, outpatient practices, leaders, individuals, teams, and programs for extraordinary achievement in improving the patient experience. The red carpet was rolled out for more than 50 award recipients in two categories: nomination-based awards, and score-based awards as reflected by patient-experience metrics.

Senior vice president for Performance Improvement and Service Excellence, Inga Lennes, MD, was joined by Greg Pauly, chief operating officer, MGPO; Debra Burke, RN, senior vice president for Patient Care; and Mary Cramer, executive director, Organizational Effectiveness and chief experience officer, in presenting the awards.

Said Pauly, "The things you do every day make patients less anxious. Your ability to show empathy and your continuous attention to the patient experience are all part of great patient care."

Said Burke, "Our founding documents note, "When in distress, every man becomes our neighbor." Today we celebrate all the ways you embody that spirit."

Cramer concluded with, "You're all doing exceptional work and taking exceptional care of our patients. We're thrilled to have this opportunity to say, 'Thank you.'"

More than 120 nominations were submitted. The complete list of recipients, including honorable mentions, can be viewed on the big-screen TV across from the MGH Gift Shop. For more information, call Cindy Sprogis, senior project manager, at 617-643-5982.




(L-r, top to bottom): Lunder 9 Oncology Unit achieved all focus indicator targets, most improved on focus indicators, and above 50th percentile nationally for Staff Responsiveness. Lunder 8 Neurology Unit achieved all focus indicator targets. Bigelow 14 Vascular Unit achieved all focus indicator targets, most improved on focus indicators, and above 50th percentile nationally for Staff Responsiveness. White 10 Medical Unit, most improved on focus indicators and above 50th percentile nationally for Communication About Meds.

The role of the hospital medicine access nurse

—by Candice Couture, RN; Holly Jackson, RN; and Melissa Bunting, RN

Question: What is the hospital medicine access nurse?

Answer: The hospital medicine access nurse is like the air-traffic-controller of hospital medicine. Access nurses work closely with Admitting, the medical officer of the day, and referring clinicians to optimize patient throughput, coordinating as many as 30 admissions and discharges per day. A large part of the job is communicating with admitting clinicians to ensure each incoming patient has a receiving clinician ready to meet his or her care needs.

Question: How long has the role existed at MGH?

Answer: The access nurse position was created over a year ago to alleviate a growing demand on the lead hospitalist's time, allowing him or her to focus more on rounding with patients. There has been a noticeable improvement in efficiency and patient-satisfaction since implementation of the access nurse role. Three access nurses work on inpatient medical units. All have practiced as attending or resource nurses, which was excellent preparation for the role of access nurse.

"Access nurses have been a game-changer," said Melissa Mattison, MD, chief of Hospital Medicine.

"I'm not sure how we managed without them," said Warren Chuang, MD, director of clinical staffing for the Hospital Medicine Unit.

Question: How can the access nurse be of help to me in my practice?

Answer: Access nurses are responsible for assigning an admitting provider (physician, nurse practitioner, or physician assistant) to every patient admitted to the Albright service, so we have up-to-date information on the admission status of each patient.

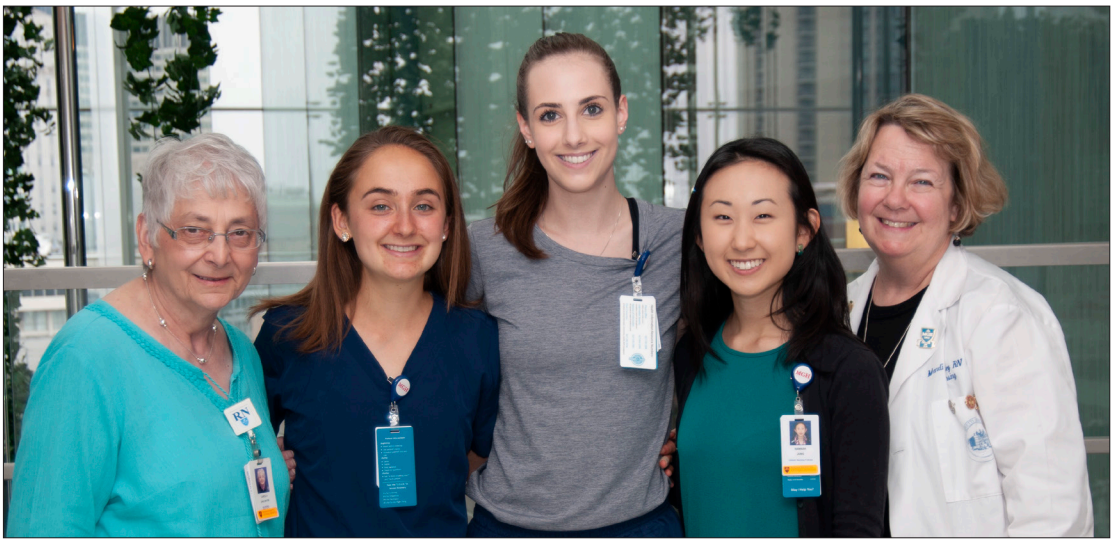
If you need to know which Albright clinician is admitting a patient, or whether a hand-off has occurred, page the access nurse and she can provide that information.

If you have questions about a pending admission to your unit, page the access nurse and she can discuss it with the receiving clinician. If your unit is expecting a front-door admission or transfer from an outside hospital, the access nurse often has information on those patients and can answer questions about admitting diagnoses, etc.

Question: How do I get in touch with the access nurse?

Answer: You can reach an access nurse by paging 2-1607. Holly Jackson, RN, Candice Couture, RN, and Melissa Bunting, RN, have developed the role into a vital component of the Albright team; they staff the position daily from 7:00am–7:00pm (evening coverage is planned for later this year). After hours, the Albright lead physician assumes the role. He or she can also be reached by paging 2-1607.

(L-r): Ghiloni fellows: Kate Mignosa, Hannah Jung, and Christine Stafford.
Below: Carol Ghiloni, RN, professional development specialist (left), and Mandi Coakley, RN, staff specialist (right), with Mignosa, Stafford, and Jung.



The Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandi Coakley, RN, staff specialist

For 18 years, the Carol A. Ghiloni Oncology Nursing Fellowship has enabled student-nurse oncology fellows to come to MGH to learn about the varied roles available to oncology nurses and the numerous career opportunities available to students upon graduation. The Ghiloni Fellowship was created in 2001 with the goal of offering student nurses an opportunity to learn about oncology as a nursing specialty with the hope of recruiting them upon graduation.

This year's Ghiloni fellows were Kate Mignosa, a student at the William F. Connell School of Nursing at Boston College; Hannah Jung, a student at Simmons College; and Christine Stafford, a student at the University of Massachusetts, Amherst.

During their ten-week fellowship, students spent time on the Lunder 9 Oncology Unit, the Lunder 10 Hematology-Oncology Unit, and the Phillips 21, Gynecology-Oncology Unit. They observed in Radiation Oncology, the Infusion Unit, and Yawkey outpatient clinics, and took advantage of learning opportunities in the Blum Center, Interventional Radiology, and the MGH Cancer Center.

The Carol A. Ghiloni Oncology Nursing Fellowship receives funding from a variety of sources including the Hahnemann Hospital Foundation and the Susan D. Flynn Nursing Training and Development Fund. For more information, call Mandi Coakley, RN, staff specialist, at 617-726-5334.

Guide to successful pain assessment

—submitted by Paul Arnstein RN, and the Opioid Shortage Nursing Work Group

The ability to consistently and accurately assess pain is critical to our ability to treat it effectively. When possible, use a self-report method. Established standards require pain to be assessed (and re-assessed) according to the patient's age, condition, and ability to understand.

Given the variety of pain-assessment tools available, choose the best scale for the patient and consistently use it across the episode of care.

Assessment tools for pediatric patients:
- NPASS; <3 months old
- R-FLACC; until able to quantify
- Wong-Baker Faces; up to 7-years for patients who can self-report

Assessment tools for adult patients who can self-report:
- Numeric scale (0-10)
- Simple Descriptive
- Functional Assessment
- R-Faces

Assessment tools for adult patients unable to self-report:
- Checklist for Non-Verbal Pain
- (PAINAD) Advanced Dementia
- Critical Care Pain Observation
- R-Nociception Coma

For information about these tools, go to the new EED Pain Link at: http://www.mghpcs.org/eed/pain.shtml. Additional information is available on the MGH Apollo Opioid Shortage page at: apollo.massgeneral.org/opioid-shortage, or contact Paul Arnstein, RN, pain clinical nurse specialist, at 4-8517.

r-FLACC:
revised Face, Legs Activity, Cry, Consolability scale

Indicator	Score = 0	Score = 1	Score = 2
FACE: Individualized Behavior:	No sign of pain	Some or occasional sign of pain	Frequent or constant sign of pain
LEGS: Individualized Behavior:			
ACTIVITY: Individualized Behavior:			
CRY: Individualized Behavior:			
CONSOLABILITY Individualized Behavior:			

Rate patient in each category on the 0-2 scale. Add scores and document in flowsheet

FUNCTIONAL PAIN SCALE

First determine if discomfort is present. If "None" Pain = 0
Then determine if pain is "tolerable" or "intolerable" and the extent pain interferes with passive (simple) or active (effort needed) activities

0 = No pain / discomfort at rest or with movement
2 = Tolerable pain that does not interfere with activities
4 = Tolerable pain that interferes with physically demanding activities
5 = Intolerable pain that interferes with physically demanding activities
6 = Intolerable pain that interferes with active but not passive activities
8 = Intolerable pain that interferes with passive activities (e.g. reading)
10 = Pain so severe the patient can't do any active or passive activities …. (can't even converse about pain without writhing / screaming)

Critical Care Pain Observation Tool

Indicator	Description	Score
Facial Expressions	0 = Relaxed: neutral facial expression 1 = Tense: Frowning, brow-lowering, orbit tightening, &/or levator contraction 2 = Grimace: All of facial criteria above plus eyelids tightly closed	
Body Movements	0 = Absence of movements: (does not necessarily mean no pain) 1 = Protection/guard, withdraws: Slow, cautious movements, rubs pain site 2 = Restlessness/thrashing: Pulls tube, attempt to sit, climb out of bed, thrash, strikes out	
Muscle Tension Evaluate w/ passive flexion /extension of arms	0 = Relaxed: No resistance to passive arm movement 1 = Tense, rigid: Resists to passive arm movement 2 = Very tense, rigid: Strong resistance to passive movement	
Ventilation compliance -or- Vocalization (if extubated)	Ventilated Patient / or / Extubated, "vocal" Patient 0 = Tolerating ventilator, no alarms / 0 = Quiet/normal tone 1 = Intermittent alarms, stop spontaneously, coughing / 1 = Sigh, moaning 2 = Fight ventilator/asynchrony, frequent alarms / 2 = Crying out, sobbing	
	TOTAL:	

Functional Pain Scale

No Pain	Doesn't interfere with activities	Interferes with some active activities	Interferes with active, but not passive activities	Interferes with even passive activities	Intolerable. Incapacitated, by pain

Active activities : usual activities or those requiring effort (turning, walking, etc)
Passive activities: talking on phone, watching TV, reading

Test your knowledge

JT is a 50-year-old, alert, oriented patient one day post-Whipple surgery. He continually reports 10/10 pain both before and after receiving treatment he says he finds helpful. JT can transfer from the bed to the chair, walk with physical therapy, and talk with family. Which validated pain-intensity scale would be best to rate his pain?

a) Functional Pain Scale — Correct—Patients who cannot discriminate between pre- and post-analgesic scores when they report that analgesic helped will likely do better with a more concrete tool like the Functional Pain Scale.

b) Simple Descriptive Pain Scale — Okay to use when numeric scale fails.

c) Numeric Pain Scale — Incorrect—Patient is still 10 out of 10 after helpful treatment.

For more test-your-knowledge questions, go to the MGH Apollo Opioid Shortage page at: apollo.massgeneral.org/opioid-shortage.

MGH contributes to AAN's *Choosing Wisely* recommendations

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care

The American Academy of Nursing (AAN) has announced five new *Choosing Wisely* recommendations concerning routine treatment approaches that may be unnecessary or not in the patient's best interest. AAN recommendations are developed by member fellows representing a broad range of clinical expertise, practice settings, and patient populations.

The Yvonne L. Munn Center for Nursing Research is proud to have had input into the recommendations identifying nursing practices shown to be unnecessary through clinical research.

The new recommendations are:

- Don't routinely use graduated compression stockings on surgical patients as mechanical prophylaxis for preventing venous thrombo-embolism after surgery. Do consider using intermittent pneumatic compression devices. (AAN expert panel on Acute and Critical Care; Munn Center for Nursing Research)
- Don't apply continuous cardiac-respiratory or pulse-oximetry monitoring to children and adolescents admitted to the hospital unless their condition warrants continuous monitoring based on objectively scored cardiovascular, respiratory, and behavior parameters. (Society of Pediatric Nurses)

The Yvonne L. Munn Center for Nursing Research is proud to have had input into the recommendations identifying nursing practices shown to be unnecessary through clinical research.

- Don't routinely repeat hemoglobin and hematocrit labs in hemodynamically normal pediatric patients with isolated blunt solid organ injury. (American Pediatric Surgical Nurses Association, Inc.; American Pediatric Surgical Association)
- Don't use physical or chemical restraints, outside of emergency situations, when caring for long-term care residents with dementia who display behavioral and psychological symptoms of distress. Instead, assess for un-met needs or environmental triggers and intervene using non-pharmacological approaches as the first approach to care whenever possible. (AAN expert panel on Aging)
- Don't remove hair at the surgical site including hair on the patient's head. But if hair must be removed, it should be clipped not shaved. (Association of perioperative Registered Nurses; American Association of Nurse Anesthetists; American Association of Neuroscience Nurses)

Says nurse scientist, Diane Carroll, RN, "The recommendation from the Munn Center was based on an evidence review by Paula Restrepo, RN, former staff nurse in the Ellison 4 SICU, and Deborah Jameson, retired Treadwell librarian. The review demonstrated that applying intermittent pneumatic compression devices reduced the incidence of venous thrombo-embolism without the risk of loss of skin integrity in the adult surgical population."

For more information, contact the Munn Center at 617-643-0431.

Q&As

Updating patient furniture

—by George Reardon, director, PCS Clinical Support Services

Question: Does MGH have any plans to purchase new furniture for patient rooms?

George: Yes. Furniture in the Ellison, White, and Bigelow buildings is more than ten years old. We do have a plan to replace a lot of it.

Question: Will over-bed tables be part of the plan?

George: Based on staff input, over-bed tables have been identified as our highest replacement priority. We recently placed an order for more than 800 new over-bed tables, which are scheduled to be delivered in September. This will allow us to replace all over-bed tables that are more than seven years old.

Question: What about the chairs in patient rooms?

George: Our goal is to replace all the old, high-back chairs. Where space allows, high-backs will be replaced with recliners. We've ordered a number of new recliners, the majority of which will go to the Lunder Building; we'll be receiving more recliners later this year.

Where recliners won't fit, we've identified a new high-back chair, and we'll be trialing it on several units later this summer.

As you may know, we've already begun replacing visitor chairs. That process will be completed later this summer.

Question: Can anything be done about bedside cabinets?

George: Our colleagues in Buildings & Grounds have partnered with us to help repair damaged bedside cabinets, primarily replacing tops and upgrading wheels.

One reason for wanting to standardize furniture (for both patients and staff) is to support an on-site, back-up furniture exchange where we can swap pieces out when furniture needs to be repaired. I'm very pleased to share that PCS now has a dedicated area to support furniture storage and repair.

For more information, contact George Reardon at 617-671-9259.


New high-back chair


New recliner


New visitor chair

PRACTICE ALERT

Mannitol Administration for Cerebral Edema

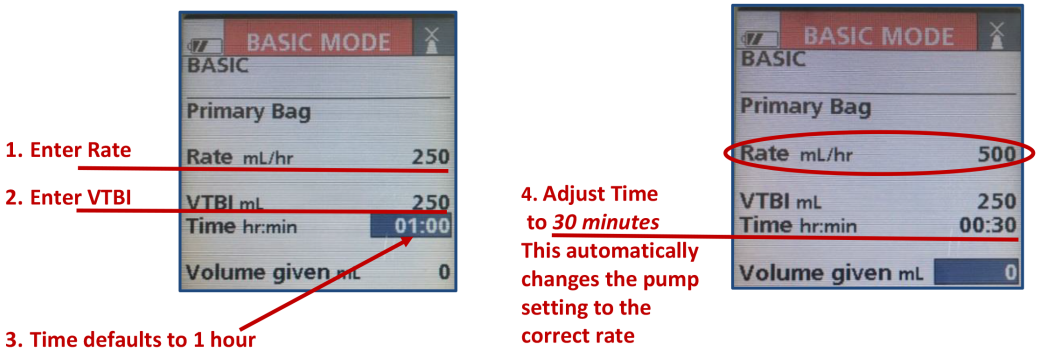
Mannitol, an osmotic diuretic used in the emergency management of cerebral edema, *must be infused over 20-30 minutes* for the patient to receive full therapeutic benefit.

Concern:

1. Currently the pump library entry for infusions of Mannitol 20% is ***grams per hour***
2. To deliver the correct dose over 30 minutes the pump must be manually programmed in Basic mode

Guidance:

- **PUMP SET UP**
  Care area → Basic → Primary bag → Mode ml/hr (default setting) → Rate ml/hr → VTBI → Time



NOTE: Mannitol must be infused using a 1.2 micron filter

Questions?
Contact: MGuanci@MGH.harvard.edu
Reference:
https://academic.oup.com/bjaed/article/12/2/82/251486

MASSACHUSETTS GENERAL HOSPITAL
PCS QUALITY & SAFETY

June 26, 2018

Periodically, the PCS Office of Quality & Safety issues Practice Alerts and Practice Updates to communicate new information or highlight changes to certain policies, procedures, or practices. Alerts and updates are generated by trends identified in safety reports, feedback from staff and leadership, or changes in regulatory requirements.

For more information about individual practice updates or alerts, contact Judi Carr, RN, staff specialist, PCS Office of Quality & Safety, or go to the Excellence Every Day portal page at: http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp.

Announcements

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.

Recent and soon-to-be-aired episodes include:

- Katrina Armstrong, MD "Leading with Empathy"
- Sarah Wakeman, MD "Changing the Face of Addiction Treatment"
- Denise Gee, MD "Surgeon of Balance"
- Malissa Wood, MD "Women and the Heart"

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

To suggest future guests or for more information, contact Courtney Nunley at cnunley@mgh.harvard.edu.

MGH Nurses' Alumnae

Fall Reunion Educational Program

September 21, 2018
O'Keeffe 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.

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.

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

Blum Center Events

Wednesday, July 25th

"Managing Pain Using a Mind-Body Approach"

Join Ellen Slawsby for a discussion on best practices in managing pain and increasing resiliency without prescription medicines.

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.

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Spiritual Care
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For more information, call: 617-724-1746

Next Publication
August 2, 2018

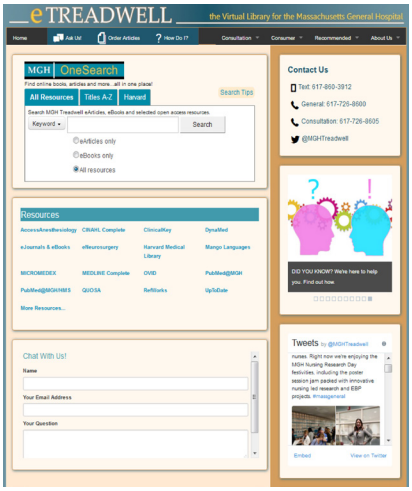
Treadwell Virtual Library

— submitted by Treadwell Virtual Library staff

Millions of journal articles, several thousand e-journals and e-books, and the expertise of library staff — that's what you'll find at Treadwell Virtual Library, whose services are available to all employees, volunteers, and students at MGH.

Looking for an article? Need to revise a policy? Trying to implement evidence-based practice or quality-improvement initiatives? Maybe you're going back to school and need to refresh your information-seeking skills. You want to learn about bibliographic management software. You're too busy to do a literature search but want to review pertinent articles.

Treadwell Virtual Library can help with all that and more. You can search databases yourself on the library's home page (library.massgeneral.org/) under 'Resources.' Some frequently consulted tools include CINAHL; Ovid Medline, PsycINFO, Nursing Database; and PubMed@MGH. You can find e-journals and e-books using the MGH OneSearch Titles A-Z tab.



Founded in 1847, and originally located in the Bulfinch Building, the library was later named for MGH physician, John Goodhue Treadwell (1805-1856) who bequeathed a collection of 2,500 volumes and endowed $5,000 for the purchase of more books. For about 60 years, the library was housed in the Moseley Building (demolished in the 70s to make way for the Wang Ambulatory Care Center), then it moved to the Bartlett Building where it remained until 2015 when it became a virtual library and moved to 125 Nashua Street.

Treadwell Virtual Library staff look forward to working with you. You can access library staff on-line at: library.massgeneral.org. Just click, 'Ask us,' 'Chat with us,' or call 617-726-8600.

Caring Headlines
July 19, 2018

Returns only to:
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