Caring Headlines
March 15, 2018

White 7 staff members (l-r): Geraldine Hughes, RN; Gail Carson-Fernandes, RN; Galina Achildiev, patient care associate; and Lisa Chandler, RN, with young patient in 1994.

Old MGH photo invites new comparison

(See page 8)

Nursing & Patient Care Services
Massachusetts General Hospital

Staff Perceptions of the Professional Practice Environment Survey

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

I want to thank everyone who took the time to complete the 2017 Staff Perceptions of the Professional Practice Environment Survey (SPPPE). The survey, which was administered last spring, helps us assess staff's satisfaction with the practice environment.

The survey is one of the most effective tools we have for allowing us to hear directly from you about what's working, what's not working, and how we can do better.

We learned that you continue to be highly satisfied working at MGH, and we're very glad to hear that. But there are also areas where we need to improve.

You told us:

- supportive leadership is essential for job satisfaction, professional growth, work-life balance, and engagement
- accelerated and competing demands in the patient-care environment add to workplace stress and impact job satisfaction
- demands associated with *e*Care affect time spent with patients and families and limit opportunities to participate on committees and engage in unit decision-making
- you want more time for/better access to educational and professional-development opportunities
- you feel great pride and appreciation at working with talented, creative, motivated professionals committed to delivering the very best care to patients and families

I and the entire Nursing & PCS leadership team have heard you. Your feedback is already informing strategies to enhance access to professional-development opportunities. And among many other efforts, our PCS Informatics team is working with staff through unit rounds and other mechanisms to support greater comfort and proficiency with Partners *e*Care.

Thank-you for guiding our efforts to continually improve our practice environment.

Debbie Burke

Nursing & PCS Mean Scores

(On a scale of 1–6)	2017
Autonomy and control over practice	4.4
Communication about patients	4.6
Cultural sensitivity	5.3
Handling disagreement and conflict	3.9
Sufficient time and resources for quality patient care	4.3
Staff relations with physicians, staff, and other hospital groups	4.4
Supportive leadership	4.4
Teamwork	4.9
Work motivation	5.1
Job enjoyment scale	3.9
Power scale	4.1
Overall work satisfaction	83%

The learning tour continues...


Ellison 12


Respiratory Care


Medical interpreters


Clinical nurse specialists

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(Cover photo by Michelle Rose; original photo provided by patient)

Bringing palliative care and nursing education to Bangladesh

—by Anne-Marie Barron, RN; Bimalangshu Dey, MD; Emily Erhardt, RN; Jocelyn Hulburt, RN; and Nisha Wali, RN

"My name is Roxana. I feel blessed to be a nurse and serve ordinary people." That was Roxana Parvin, staff nurse at Bangabandhu Sheikh Mujib Medical University (BSMMU), reminding us that despite being on the other side of the world, the language of nursing is universal. Her words provided the foundation for a five-day, train-the-trainer conference (based on the internationally recognized, End-of-Life Nursing Education Consortium curriculum) held in Dhaka, Bangladesh, earlier this year.

The focus of the program was to enhance knowledge of end-of-life nursing education objectives: an introduction to palliative care; pain- and symptom-management; cultural and ethical considerations; communication; grief and loss; and the final hours. The 87 nurses who participated were chosen because they were nursing leaders in their institutions, and upon completion of the program would become palliative care educators themselves.

One of the most densely populated countries in the world, Bangladesh is in dire need of nursing education and palliative care. According to the World Health Organization, 40

continued on next page

(Photos provided by staff)

million people need palliative care every year; 78% are from low- and middle-income countries, like Bangladesh.

Due to poverty and lack of resources, preventive care is not accessible in Dhaka, so chronic diseases often go un-diagnosed until the end stages. Palliative care has become a major part of nursing and medicine in this part of the world.

MGH has enjoyed a long-standing, collaborative relationship with Simmons College, Dhaka Medical College Hospital, and BSMMU. Two years ago, planning began to offer palliative care and end-of-life nursing education in Dhaka. Under the leadership of Bimalangshu Dey, MD, hematology-oncology specialist; and Anne-Marie Barron, RN, Lunder 10 clinical nurse specialist, the palliative care initiative at the Ayat Skills Development Center in Bangladesh was realized.

MGH staff nurses, Emily Erhardt, RN, and Nisha Wali, RN, of the Yawkey 8 Infusion Unit, and Jocelyn Hulburt, RN, of the Blake 12 ICU, who had taught classes in Bangladesh before, were grateful for the opportunity to return with Dey and Barron and present this much-needed palliative-care curriculum.

The Ayat Skills Development Center, our local partner, led a public-awareness campaign promoting the training, including coverage in newspapers and television and a walk-a-thon through the streets of Dhaka. After the five-day visit, it was clear that the message of the importance of palliative care had been received, and the dialogue would continue.

Opposite page: palliative care staff nurse, Roxana Parvin, from Bangabandhu Sheikh Mujib Medical University, discusses clinical challenges at the bedside.

Above: nurses from Dhaka Medical College Hospital listen as speaker discusses the role of nurses in delivery of palliative care.

The focus on life and living in the face of serious illness, death, and dying, transcends cultures and connects us as humans. Said one attendee, "When you treat a dying person with compassion and inspiration, the person may die, but the deed lives on."

We hope this is the first of many palliative care initiatives around the world. For more information, contact Emily Erhardt, RN, at 631-235-3101.

Ensuring end-of-life care is patient-centered and culturally sensitive

Alexandra Canty, LCSW
clinical social worker

'Karen' was a 68-year-old woman from Asia who had experienced a major cerebro-vascular accident (stroke). Unfortunately, her prognosis was very poor.

My name is Alexandra Canty, and I have worked as a clinical social worker at MGH for the last year and a half. 'Karen' was a 68-year-old woman from Asia who had experienced a major cerebro-vascular accident (stroke). Unfortunately, her prognosis was very poor, so Social Work was consulted to support the family. I initially collaborated with Karen's medical team, the attending nurse, and Karen's nurse, who informed me that Karen's family had been staying locally during her hospitalization. Neither Karen nor her husband spoke English; but their children were bilingual.

During my first visit with Karen's family, I met her daughter, 'Julie,' and son-in-law, 'John.' They lived locally with their two children. They told me they understood what was happening—that Karen was being supported by a 'machine.' Julie shared Karen's long history of medical issues. Karen and her husband had been married for many years. Their family was originally from Asia but they'd been living in the United States for several years. Julie's sister, 'Mary,' lived on the west coast with her husband and two young children. They had just arrived in Boston and were on their way to MGH. Julie said that the children had all seen Karen sick before. She told me about their strong Buddhist faith and let me know that if Karen wasn't going to survive, there were some Buddhist traditions they'd like to follow before she passed away.

Karen's grandchildren were at the hospital throughout the day. They seemed to have somewhat of an understanding of what was going on. They spent most of their time in the family room and were ushered in to see Karen periodically. I accompanied them and helped the parents explain what was happening with their grandmother. I used the Kids Express program (age-appropriate educational and comfort

continued on next page

materials) to help the parents support their children in coping with the imminent death of their grandmother.

I collaborated with the medical team throughout the day. At one point, the neurologist confirmed that Karen was not expected to survive. A family meeting was called. Karen's husband, their two daughters, and their spouses were all present. An interpreter was used (via telephone) to ensure Karen's husband understood as the unfortunate news was shared. After the meeting, I stayed with the family for support. Julie and Mary shared their mother's end-of-life wishes. They told me about the tradition in the Buddhist faith whereby a Buddhist monk chants at the bedside before death to ensure a peaceful transition to heaven. They requested that monks from their community be allowed to perform the chant before Karen passed away.

Our Buddhist chaplain came to the unit, and we met with the family. He reviewed the Buddhist rituals around death and dying, including the time at which chanting should be performed at the bedside. The monks arrived shortly thereafter. They chanted at Karen's bedside ensuring a tranquil passing to the next state of being.

I informed the team of the family's wishes to have monks come in and chant in Karen's room. Given that Karen had already been deemed brain-dead (she no longer had any brain function and was considered legally and clinically dead), the team was ethically uncomfortable keeping her on life-support for an extended period of time. This was relayed to the family, but they had difficulty understanding, and they were unsure as to how soon the monks would arrive.

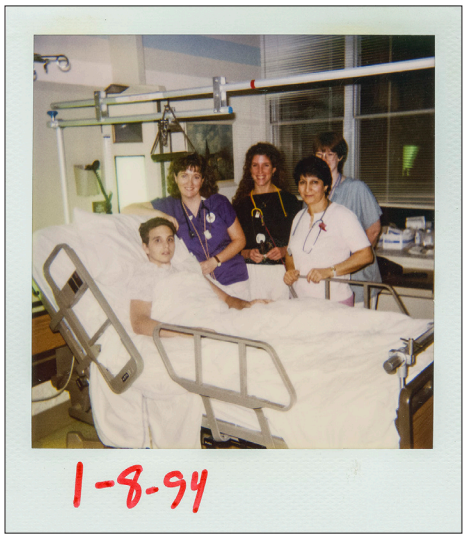
I stayed with the family and tried to confirm the time at which Karen would be taken off life-support, hoping the monks would arrive in time. I reached out to the Chaplaincy and asked our Buddhist chaplain to help us understand this tradition and make sure we had enough time to grant Karen's end-of-life wishes. He came to the unit, and we met with the family. He reviewed the Buddhist rituals around death and dying, including the time at which chanting should be performed at the bedside. The monks arrived shortly thereafter. They chanted at Karen's bedside ensuring a tranquil passing to the next state of being.

Shortly afterward, Karen's daughters approached me for information about transporting the body back to their mother's homeland. Their mother had requested to be buried in her country of origin. I had no experience with this, but I gathered resources and spoke to colleagues, and shared my findings with the family. I worked with them to contact funeral homes and find information on pricing and logistics. They found a funeral home near their home that would help with the arrangements.

This was a complicated end-of-life scenario that allowed me to be both advocate for the patient and family, and support for staff. This case opened my eyes to how cultural, spiritual, and religious beliefs can impact end-of-life decisions and potentially contribute to ethical dilemmas. These situations can be difficult to navigate, but taking a team approach can help ensure the best outcome for patients and families.

In a hospital setting, especially in an intensive care unit, it can be difficult to honor all requests. By advocating and communicating with the inter-disciplinary team, I believe I helped create a space for Karen and her family to participate in a very important end-of-life tradition.

(Photos by Michelle Rose)



Top (l-r): White 7 staff members, Geraldine Hughes, RN; Gail Carson-Fernandes, RN; Galina Achildiev, patient care associate; and Lisa Chandler, RN, with Beverly in 2018. Below: the same staff members, in the same order, with Shawn back in 1994.

Reunion on White 7

In January of 1994, staff on White 7 cared for a young patient who'd undergone extensive surgery following a motor-vehicle accident. Back then, Shawn spent many weeks recovering on White 7, and he and his family developed a special relationship with staff. The photo at left was taken shortly before Shawn was discharged.

Last month, 24 years after Shawn's hospitalization, Shawn's mother, Beverly, was admitted to MGH and brought to White 7. Much to the surprise of staff nurse, Geraldine Hughes, RN, Beverly greeted her with a cheery, "Hi, Gerry." Beverly had remembered her son's nurse after all these years.

When Beverly produced the photograph that had been taken at her son's bedside back in 1994, nursing director, Theresa Capodilupo, RN, realized that among the many clinicians who'd cared for Shawn back then, the four staff members who appeared in the picture still worked on White 7. What self-respecting nursing director wouldn't want to re-create that moment! See photo above.

Volunteering at MGH

—by Jackie Nolan, director, Volunteer Services

Jackie Nolan, director, Volunteer Services

Question: What volunteer opportunities are available at MGH?

Jackie: The Volunteer Department has more than 52 programs for volunteers to choose from. We place volunteers in the Yawkey 8 Chemo Infusion Unit; the Greeter and Discharge program; the Pet Therapy program (you'd have to have your own dog); the Transplant Clinic, Patient Reported Outcome Measures; the Russell Museum; the Junior Program; the Center for Perioperative Care; the Proton Therapy Center; and in the Volunteer Office.

Volunteers are needed everywhere, but the greatest demand is the discharge program in the main lobbies. These volunteers greet patients and visitors as they enter the hospital, making them feel welcome and helping them find their way.

Question: Do we recruit volunteers?

Jackie: Volunteering at MGH is in high demand. Every month, about 120 people sign up for one of two orientation sessions. We typically on-board 80-100 of those who sign up.

Question: Can MGH employees volunteer?

Jackie: Absolutely. We love when staff volunteer. They can't volunteer in the area where they work, but there are plenty of other opportunities.

Question: Where are volunteers needed the most?

Jackie: Volunteers are needed everywhere, but the greatest demand is the discharge program in the main lobbies. These volunteers greet patients and visitors as they enter the hospital, making them feel welcome and helping them find their way.

Question: Are there any prerequisites for volunteering?

Jackie: Volunteers must be 18 years old (volunteers in the Junior Program are 16 or 17 years old). Prospective volunteers are interviewed, must have medical clearance, submit to a criminal background check (CORI), and undergo training. All volunteers attend a two-hour orientation.

For more information or to sign up to become a volunteer, call the Volunteer Office at 617-726-8540. We would love to have you join us.

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.

Leading across professions:

re-thinking leadership for inter-professional learning and care

April 5-6, 2018
Partners Assembly Row Conference Center

The MGH Institute of Health Professions invites you to attend a 1.5-day conference for healthcare professionals and educators. Speakers include: Bruce Avolio; Donna Chrobot-Mason; and Robert Kegan.

Continuing education credit sponsored by Boston Children's Hospital.

For registration and course information, go to: http://info.mghihp.edu/leading-across-professions.

For more information, call 617-724-6674.

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):
April 11th
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.

Gun-Violence Prevention Challenge Summit and Hack-a-thon

Employing a public-health approach to gun-violence prevention by generating innovative strategies to address gun safety, mental-health issues, community resilience, and policy change.

Apply to attend the Gun Violence Prevention Summit and Hack-a-thon by March 26, 2018.

Gun Violence Prevention Summit
Friday, April 13, 2018
Edward M. Kennedy Institute
210 Morrissey Blvd.

Gun Violence Prevention Hack-a-thon
Saturday, April 14th–Sunday, April 15th
MGH Simches Research Center
185 Cambridge Street

For more information, go to: http://bit.ly/GunViolenceHack, and apply to attend by March 26th.

Or contact Nicholas Diamond at ndiamond@mgh.harvard.edu.

Global Health Service Awards

Do you know a colleague dedicated to solving health inequities locally or abroad? Nominate him/her for a Global Health Service Award in one of three areas:

- Teaching and Mentoring
- Excellence in Research
- Humanitarian Care

All MGH employees with projects benefiting local, national, or international communities are eligible. Recipients will be announced at the Global Health Expo on May 15, 2018.

For more information or to submit an application, go to: http://www.globalhealthmgh.org, or e-mail globalhealth@partners.org.

Applications are due by March 31st.

Blum Center Events

Thursday, March 22
12:00–1:00pm
"Understanding Lymphedema"

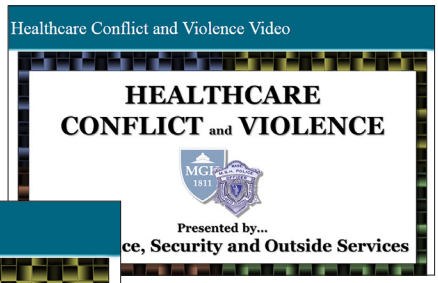
Join Catherine Holley, RN, to learn how to manage primary and secondary lymphedema.

Tuesday, March 27
12:00–1:00pm
Shared Decision Making: "Colon Cancer Screening"
Dr. Daniel Chung will answer questions about colon cancer following a brief presentation and video.

Programs are free and open to MGH staff and patients. No registration required. All programs held in the Blum Center.

For more information, call 4-3823.

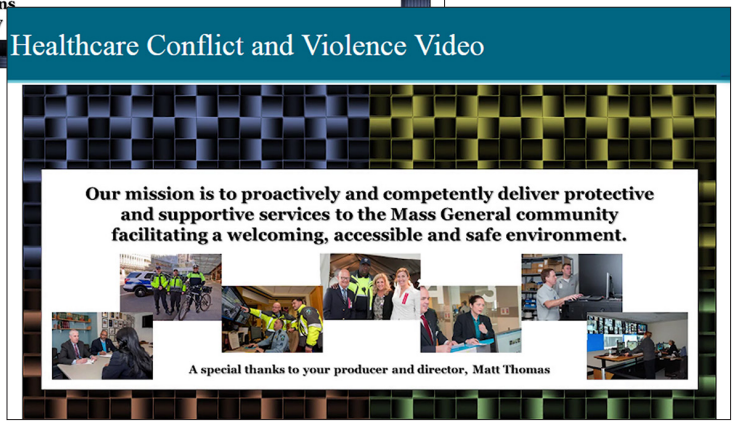
MGH Strategies to Prevent Workplace Conflict and Violence



Now on HealthStream

Complete by March 31st

Keep you and your patients safe



For information, e-mail Thomas D. Mahoney, Police & Security, or call 617-724-7694.

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Submissions
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For more information, call: 617-724-1746

Next Publication
April 5, 2018

Inpatient HCAHPS

Year-end data

Data for 2017 is now complete. All 2017 scores are higher than 2016. In the target areas, Quiet at Night and Staff Responsiveness, our goal was to exceed last year's results by 1 percentage point. We finished the year above target for both measures with an improvement of 2.8 and 2.6 points, respectively.

HCAHPS Measure	CY 2016	CY 2017	% Point Change
Nurse Communication Composite	83.0%	84.3%	1.3
Doctor Communication Composite	82.6%	84.5%	1.9
Room Clean	71.2%	72.0%	0.8
Quiet at Night	49.9%	52.7%	2.8
Cleanliness/Quiet Composite	60.5%	62.3%	1.8
Staff Responsiveness Composite	64.9%	67.5%	2.6
Pain Management Composite	72.8%	73.8%	1.0
Communication about Meds Composite	65.8%	66.8%	1.0
Care Transitions	61.0%	62.4%	1.4
Discharge Information Composite	91.9%	92.7%	0.8
Overall Hospital Rating	81.9%	82.9%	1.0
Likelihood to Recommend Hospital	89.8%	90.7%	0.9

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

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