

Caring

Headlines

September 20, 2018

Get your flu shot by November 15th



Pediatric staff nurse, Valentina Herrera, RN (right), receives flu shot from co-worker, staff nurse, Alyssa Marchant, RN, ahead of the November 15th deadline.

Share your voice; shape our vision

participate in the NDNQI Nurses Survey

The link between quality nursing care and positive patient outcomes is well known. But on-going data-collection is imperative in tracking the quality of nursing care in an ever-changing healthcare landscape.

The National Database of Nursing Quality Indicators (NDNQI) gathers data to identify factors that impact quality nursing care. One way the NDNQI ensures its data is current and relevant is through its annual survey of direct-care, professional nurses. Last year, more than 200,000 nurses from 650 hospitals across the country participated in the survey — but the more nurses who respond, the more meaningful the data.

This year's survey is being administered from September 10th–30th, and I'm thrilled that MGH is participating.

No one is more knowledgeable or committed to improving patient care than MGH nurses. So I hope you'll all take a few moments to complete the on-line questionnaire.

The survey is voluntary and anonymous; results go directly to the NDNQI. By participating in the survey, you're not only contributing to the national conversation on professional nursing practice, but because the NDNQI sends us our data, your feedback helps guide our own strategic planning.

As nurses at a Magnet hospital and providers of the highest quality patient- and family-centered care, you have much to add to the conversation.



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

Please share your voice and help shape our vision.

For more information about the survey, contact Marianne Ditomassi, RN, at 4-2164.

Debbie
Debbie Burke

Practice UPDATE



The Acute Care Plan and Safety Care Plan

Patients with complex care needs and frequent ED visits/admissions may have an Acute Care Plan to help provide continuity of care across encounters. Plans may include information related to medical or behavioral diagnoses or a combination of both. This plan can be developed and updated by the patient's inpatient *and* outpatient care teams. The plan includes key information about interventions, disposition, and provider contacts. A Safety Care Plan is part of the Acute Care Plan. It is used to outline a specific behavioral plan for the patient who poses a risk of harm to self or others.

Where is the Acute Care Plan viewable?

- Click the pink Acute Care Plan icon in the Patient Header OR
- Look within the ED Patient Story.

Who can view the plan?

- All clinicians with Epic clinical access.

The following role groups have access to enter and modify an Acute Care Plan:

- NP • PA • PT
- MD • OT • Social Services
- CNS

When the Acute Care Plan is populated, the Safety Care Plan will appear as #2 after the Acute Care management information.

Questions? Contact:
Your unit CNS/NPS
Jen Repper-DeLisi 6-3370

MASSACHUSETTS
GENERAL HOSPITAL
PCS QUALITY & SAFETY

September 10, 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>.

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Nursing & Patient Care Services scholarships

supporting the educational advancement of the PCS workforce

Through the generosity and support of many donors, Nursing & Patient Care Services was able to provide 34 scholarships to employees pursuing higher education this year—this is the largest number of scholarships ever presented by Patient Care Services in one year.

The Norman Knight Nursing Scholarship helps advance nursing education at the bachelor's, master's, or doctoral levels. This year's recipients are:

- Christina Carmody, RN, pursuing an MSN at Southern New Hampshire University
- Brittany Durgin, RN, pursuing an MSN at Southern New Hampshire University
- Bridgit Macfarland, RN, pursuing an MSN at Northeastern University
- Colleen McGauley, RN, pursuing an MSN at Boston College
- Kristen Flannery, RN, pursuing an MSN at the University of Massachusetts
- Lore Innamorati, RN, pursuing an MSN at Framingham State University

The Norman Knight Doctoral Program helps increase the pipeline of doctorally prepared nurses. This year's recipients are:

- Kate Barba, RN, pursuing a DNP at the University of Massachusetts
- Adam Caughorn, RN, pursuing a DNP at the University of Massachusetts
- Jennifer Curran, RN, pursuing a DNP at the MGH Institute of Health Professions
- Colleen Gonzalez, RN, pursuing a DNP at Northeastern University
- Cristina Matthews, RN, pursuing a DNP at Simmons College
- Denise Palumbo, RN, pursuing a DNP at Northeastern University

The Cathy Gouzoule Oncology Scholarship provides opportunities for advanced learning in memory of Cathy Gouzoule. This year's recipients are:

- Katerina Kafkas, RN, pursuing an MSN at Duke University
- Erika Rosato, RN, pursuing a DNP at Northeastern University

The Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care. This year's recipients are:

- Evelyse Dorcelus, RN, pursuing an MSN at Simmons College
- Irvin Hiralall, RN, pursuing an MSN at the MGH Institute of Health Professions
- Abuline Jaidah, patient care associate, pursuing a BSN at the Massachusetts College of Pharmacy and Health Sciences
- Ngoc Lam, patient care associate, pursuing a BSN at the University of Massachusetts
- Stevenson Morency, RN, pursuing an MSN at the University of Massachusetts
- Doreen Dorvilus, patient services coordinator, pursuing a BSN at the University of Massachusetts
- Alana Hernandez, RN, pursuing a DNP at the University of Massachusetts

continued on next page

Education/Support (continued)

The Pat Olson, RN, Nursing Scholarship is awarded to a patient care associate in an oncology, geriatrics, or stroke specialty who is pursuing a career in nursing. This year's recipients are:

- Abuline Jaidah, patient care associate, pursuing a BSN at the Massachusetts College of Pharmacy and Health Sciences
- Ngoc Lam, patient care associate, pursuing a BSN at the University of Massachusetts

The Ray Eugene & Hannah E. Johnson Scholarship supports candidates pursuing higher nursing education. This year's recipients are:

- Karla DeJesus, RN, pursuing an MSN at Framingham State University
- Alyssa Guarracino, RN, pursuing a DNP at Regis College
- Tina Murphy, RN, pursuing an MSN at Simmons College
- Kathleen Schultz, RN, pursuing a DNP at the University of Massachusetts
- Benjamin Wheeler, RN, pursuing an MSN at Seton Hall
- Susan Wood, RN, pursuing a DNP at the University of Massachusetts
- Meghan Esposito, RN, pursuing a DNP at the University of Massachusetts
- Amy Lanigan, RN, pursuing an MSN at Curry College
- Valerie McCarthy, RN, pursuing an MSN at Regis College
- Monica Staples, RN, pursuing a DNP at the MGH Institute of Health Professions
- Lindsay Thomann, RN, pursuing an MSN at the University of Massachusetts

Nursing & Patient Care Services congratulates the recipients of these scholarships and applauds their desire to seek educational advancement. For information about any of these scholarships, contact Julie Goldman, RN, at 617-724-2295.



Recipients of 2018 Nursing & Patient Care Services scholarships

The MGH prayer tree ministry

*lifting the hopes and prayers of patients
and families throughout the hospital*

On August 15, 2018, members of the Spiritual Care Department and Ladies Visiting Committee (LVC) came together to celebrate the success of the prayer tree ministry with a special service in the MGH Chapel. 42 new prayer trees were donated by the LVC, allowing existing trees to be retired. The service was led by Reverend Diana Donahue and chaplain, Kate Gerne, who noted, "We love this project because it allows patients, families, and staff to lift their hopes, prayers, and wishes in a unique and individualized way."



Members of the Spiritual Care Department and Ladies Visiting Committee celebrate prayer tree ministry in the MGH Chapel, including Virginia Needham (pictured at left).



(Photos by Paul Batista)

Revised MGH flu vaccination policy

—by Michael Sullivan, PT, director, Physical and Occupational Therapy

Question: What is the change to the MGH Influenza Vaccination Policy?

Michael: In recent years, MGH has fallen below its goal of 100% compliance for employee flu vaccinations, posing a risk of contagion for patients, families, and co-workers. To ensure the safest possible care for patients and families, effective immediately, MGH has approved a revised flu vaccine policy requiring all employees, professional staff, volunteers, students, and observers to receive the annual flu vaccine. Employees who wish to refuse the vaccine for medical or religious reasons must file a request for exemption.

Question: Is there a deadline for receiving the vaccine?

Michael: Employees need to receive the vaccine by November 15, 2018, or request an exemption by October 15th.

Question: What if I don't receive the vaccine by November 15th?

Michael: Those who don't receive the vaccine by the November 15th deadline will be subject to corrective action.



Michael Sullivan, PT
director, Physical and Occupational Therapy

Question: If I receive a medical or religious exemption, will I need to wear a mask in patient care areas?

Michael: Yes. There is no change to the Flu Mask Policy. Employees who are not vaccinated and work in patient care areas must wear a mask when working within six feet of patients. The mask policy also goes into effect November 15th.

Question: Will MGH offer free flu clinics for employees again this year?

Michael: Yes. Occupational Health will host employee flu clinics under the Bulfinch Tent from 7:00am to 5:00pm, Monday, September 17th through Friday, Sept-

ember 21st, and will provide vaccinations in their offices at 165 Cambridge Street and other MGH sites throughout September and October.

Question: Can I get vaccinated somewhere other than MGH?

Michael: Yes, but you'll need to provide proof of vaccination to Occupational Health Services by November 15th. A flu vaccination from a Partners primary care physician that's recorded in Epic will automatically be recorded in PeopleSoft.

Question: I don't interact with patients as part of my job. Do I still need to get a flu shot?

Michael: Yes. All MGH employees are required to receive the flu vaccine. Even if you don't interact with patients, you likely interact with those who do. Protecting yourself protects your co-workers.

For more information, visit the Ask myHR portal at: www.askmyHR-portal.com.

Staff nurse learns that personhood may be in the eye of the beholder

My name is Emily Browning, and I am a staff nurse on the Phillips 20 Medical Unit. ‘Ellen’ was in her early 50s and had brain cancer, a tumor at the base of her skull. She was a single mother of four sons, and she’d been in and out of the hospital with complications for the past year. This time she’d been admitted for hypothermia and a urinary tract infection (UTI).

When I became Ellen’s nurse, her hypothermia had already been treated with warmed IV fluids, and she’d completed a course of antibiotics for the UTI. Due to her tumor, her mental status had declined, and she’d become increasingly unable to take care of herself, so she required a significant amount of care.

On my first day caring for Ellen, she got out of bed frequently and unpredictably. Her gait was unsteady, and she had poor vision, often combined with seeing things that weren’t there. Sometimes, she thought she was at home making breakfast for her kids. It was difficult to re-direct her, and

she was quick to become agitated if I did. She’d push me away when I tried to guide her to the bathroom. Because she didn’t think she was in the hospital, she’d scream out in frustration when I tried to carry out basic nursing tasks. I had to be in the room with her every moment to make sure she was safe. I felt more like a babysitter than a nurse. By the end of my shift, I was exhausted.

As I continued to care for Ellen, I continued to feel a sense of defeat and uncertainty as to how I could be a ‘good nurse’ to her. I tried to see the situation through her eyes. From Ellen’s perspective, the people who said they were trying to help her were denying her perception of reality. Strangers were saying it wasn’t safe to walk to the bathroom by herself or do other things she’d always done on her own.

I needed to find a way to help Ellen feel less threatened by my care—I needed to be able to help her onto the toilet without her feeling coerced, talk to her calmly when she was upset, orient her to hospital procedures even though she thought she was somewhere else. I reminded myself that Ellen was experiencing a different reality—her brain was telling her she was still living in the same world she knew before she was sick.



Emily Browning, RN
staff nurse, Phillips 20 Medical Unit

Ellen was ready to be discharged after about a week. Her temperature had normalized and her infection had been treated, but her impulsive behavior and inability to safely care for herself made discharge planning difficult. She still required a full-time observer and frequent safety checks by nurses. Her sons didn’t have the resources to take care of her at home, and nursing facilities said they didn’t have adequate staffing to keep her safe. I knew that meant she could be in the hospital for a long time.

I asked to be Ellen’s primary nurse. I knew she’d continue to present a challenge, but I also knew that con-

continued on next page

tinuity of care and my knowing her were having an impact. I wanted to be there for her.

Ellen's prognosis was poor. It bothered me that her sons hadn't come in to visit her. She talked about them frequently, and it was clear they meant everything to her. Their mother was dying—why weren't they by her side?

A family meeting was called to discuss goals of care. Ellen's oldest son (and healthcare proxy) attended. He understood she was nearing the end of her life, and there were no further treatments or surgeries available for her.

He made the difficult decision to change her code status from Full Code to DNR/DNI. He felt guilty that he couldn't care for her at home because he was caring for his own children as well as three younger brothers. He explained that his brothers, who were still in high school and college, were having a difficult time coping with their mother's decline. And he was working overtime, making it nearly impossible to get into Boston, not to mention the expense of parking in the city.

Meeting Ellen's son helped me understand why it was difficult for the family to visit. While he was there, the social worker and I took the opportunity to ask him what his mother had enjoyed before she became ill. If her sons couldn't physically be there, maybe I could care for their mother in a way that reflected their love for her.

We learned that Ellen enjoyed pop music from the 80s and 90s and trivia game shows. A patient care associate who often helped me with Ellen, suggested writing on her board the times that *Family Feud* and *Jeopardy* were on television so her nurses could make sure the TV was on at those times.

Ellen was mostly inattentive, but occasionally she chimed in with the right answer. We played music during the day and every once in a while she'd dance with me. Sometimes my efforts to engage her in these activities were successful, other times they ended with her swearing and screaming at me to leave her alone.

Despite the countless hours I spent with Ellen, she was never fully cognizant that I was her nurse, that I knew her, and that she could trust me. I discovered that sometimes, as long as it was safe, it was helpful to go along with her perception of reality rather than try to re-orient her without success.

If she thought I was her son's girlfriend, I would be her son's girlfriend. If she wanted me to feed her cats and clean their litter box, I'd agree to feed her cats and clean their litter box. If she wanted to bake a cake, I'd help her bake a cake. Going along with her reality lessened her anxiety.

To manage her impulsivity, Ellen's medications were continually adjusted. At one point, she was taking propranolol to control her impulsivity and Seroquel at bedtime to assist with sleeping. When I found that she seemed overly sedated on this regimen, I advocated for the doses to be lowered.

I understood we were trying to find a way to keep her calm, but Ellen was still able to walk, eat, and use the bathroom with guidance. In her mind, she was an active person. It felt unethical to have her lying in bed, asleep and incontinent. I urged the team to look for a balance that would keep her calm but not prevent her from doing things that were familiar to her. Ellen's other nurses and I encouraged her to walk down the hallways, knowing she might not get very far. I was trying my best to care for a person who, for the most part, had lost her personhood.

After being on our unit for two months, Ellen was discharged to a facility closer to her home, and eventually she transitioned to inpatient hospice.

I visited her a few times. Most times when I stopped by her room, she was sleeping. On my last visit, she happened to be awake. I said hello and held her hand. I asked how she was doing.

She stared at me blankly and said, "Who the hell are you?"

It brought a smile to my face. She didn't recognize me. But it didn't matter, because I had learned to recognize her.

May you rest in peace, Ellen.

Voting

it's not just a right, it's a responsibility

"Every election is determined by the people who show up."

—Larry Sabato, political analyst

"Vote your heart and your conscience. When you've done that, don't let a Democrat or Republican tell you you've wasted your vote, because the fact is, if you *don't* vote your heart and conscience, then you *have* wasted your vote."

—Jesse Ventura, former governor and retired professional wrestler

"If American women would increase their voting turnout by 10 percent, I think we would see an end to all the budget cuts in programs benefiting women and children."

—Coretta Scott King

"The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex."

—the 19th Amendment of the US Constitution

"Nobody will ever deprive the American people of the right to vote except the American people themselves. And the only way they could do this is by not voting."

—Franklin D. Roosevelt

"Elections belong to the people... If they decide to turn their back on the fire and burn their behinds, then they will just have to sit on their blisters."

—Abraham Lincoln

"The vote is the most powerful instrument ever devised by man for breaking down injustice and destroying the terrible walls which imprison men because they are different from other men."

—Lyndon B. Johnson

"The Voting Rights Act of 1965 was... a vital instrument of democracy, ensuring the integrity and reliability of a democratic process that we as a Country hold so dear."

—Charles Bernard Rangel, second-longest serving member of the House of Representatives (when he retired in 2017) and first African-American Chair of the House Ways and Means Committee

MGH Votes!

Visit a voter registration table

September 25, 2018

700–9:00am in the Main Lobby

9:00am–9:00pm across from Eat Street Café

9:30am–7:00pm in the Blum Center

(To register to vote, know your driver's license number or the last four digits of your Social Security number.)

For more information, e-mail: rclarocque@mgh.harvard.edu

Announcements

ACLS Classes

Certification:
(Two-day program)

Day one:
November 1, 2018
8:00am–3:00pm

Day two:
November 2
8:00am–1:00pm

Re-certification (one-day):
October 10th
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.

Conversations with Caregivers

for families, caregivers,
patients, and staff

an education series
sponsored by the Dementia
Caregiver Support Program

Join us for a screening of the
documentary, *The Genius of
Marian*

Tuesday, September 25, 2018
O'Keefe Auditorium

5:00–5:30pm
refreshments

5:30–7:30
screening of the film
followed by Q&A with
Devon Angelini-White,
daughter of Pam White,
and Brent Forester, chief of
Geriatric Psychiatry, McLean
Hospital

Admission is free; seating is
limited.

RSVP to: 617-724-0406.

For more information,
call 617-643-8809.

Blum Center Events

Thursday, September 20th

"Is Harm-Reduction
for Patients Prescribed
Buprenorphine (Suboxone)
Possible?"

Join Laura Kehoe, MD,
medical director, Substance
Use Disorder Bridge Clinic
for this discussion about
harm-reduction and lowering
the risk of ongoing substance
use, forming a relationship
of trust, and moving toward
recovery.

Monday, September 24th

"Engaging Youth in Treatment
in the New Era of Legalized
Marijuana"

Join James McKowen, of the
MGH Addiction Recovery
Management Service for this
discussion of marijuana use
in youth and the impact of
marijuana on the developing
brain.

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
unless otherwise specified.

For more information,
call 4-3823.

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.

Collaborative Governance

Applications now
being accepted

Collaborative governance,
the formal, multi-disciplinary
decision-making structure
for Nursing & Patient
Care Services, is seeking
new members. To learn
more about collaborative
governance or to download
an application, go to: <http://www.mghpcs.org/IPC/Programs/Committees/index.asp>, or contact Mary Ellen
Smith, RN, at 617-724-5801.

**Applications are due by
November 2, 2018.**

Nurses and patient care associates

do you want to
influence policies that
directly affect you?

Be part of the *Be Well Work
Well* survey and make your
voices heard.

The 2018 survey will be
e-mailed to randomly
selected nurses and patient
care associates this fall. The
survey focuses on topics
such as, pain, sleep, and work
stress.

If selected:

- please participate. Your
input is needed to inform
workplace policies and
programs that affect you
- you can complete the
confidential survey on-line

Help make your workplace
the best it can be.

Look for an e-mail invitation
in October.

For more information, con-
tact Mary Vrinotis at 857-
282-7487 or e-mail bewellworkwell@partners.org.

Inpatient HCAHPS

current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 9/13/18)	% Point Change
Nurse Communication Composite	84.3%	84.4%	↑ 0.1
Doctor Communication Composite	84.5%	84.3%	↓ -0.2
Room Clean	72.0%	71.5%	↓ -0.5
Quiet at Night	52.7%	52.8%	↑ 0.1
Cleanliness/Quiet Composite	62.3%	62.1%	↓ -0.2
Staff Responsiveness Composite	67.5%	69.2%	↑ 1.7
Pain Communication Composite	NA	76.6%	NA
Communication about Meds Composite	66.9%	67.9%	↑ 1.0
Care Transitions	62.4%	62.4%	→ 0.0
Discharge Information Composite	92.7%	92.3%	↓ -0.4
Overall Hospital Rating	82.9%	82.8%	↓ -0.1
Likelihood to Recommend Hospital	90.7%	90.8%	↑ 0.1

Data is complete through June with partial data for July, August, and September.
We are on track to exceed our goal of a 1% point increase in Staff Responsiveness.
All other measures are within 1% point of last year's results.



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For more information, call: 617-724-1746

Next Publication

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