

Caring

Headlines

September 6, 2018

Yoga on the Bulfinch lawn



Former patient and cancer survivor, Amber Gregory, leads yoga class on the Bulfinch lawn. The session was organized by PACU/pre-op nurses, Aynsley Forsythe, RN (third from the right in gray top), and Laura Cameron, RN (just visible behind Forsythe in aqua top).

Debbie Burke

New nursing leadership position

and introducing our new associate chief nurse for Case Management and Community Health

Recently, as we embarked on a search for a new director of Case Management, I saw an opportunity to create an associate-chief-nurse position that would combine the closely related areas of community health and case management. I'm pleased to announce that Christina Stone, RN, has agreed to serve as the first associate chief nurse for Case Management and Community Health.

You may know Tina as the nursing director for Blake 11, the role she's held since 2010, adeptly overseeing the 24-bed, acute inpatient psychiatric/medical unit. With her special brand of leadership and diplomacy, Tina helped develop and shepherd an inter-disciplinary collaboration across MGH and throughout Partners to manage the appropriate progression of patients with psychiatric illness.

Tina's contributions and accomplishments are many. Over the years she has lent her expertise to reducing healthcare violence; identifying and intervening with patients at risk for suicide; developing international nurse leaders; she contributed to the creation of SMART (the Strategic Management and Assessment Response Team); she is an active member of many hospital, community, and national committees, and she has served as adjunct faculty at the MGH Institute of Health Professions since 2000.



Christina Stone, RN
new associate chief nurse for Case Management and Community Health



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

I'm thrilled to begin this new era in case management. I know Tina's commitment to a collaborative, interdisciplinary care environment and her passion for professional growth and development will serve her well in this new position.

Please join me in welcoming Tina to her new role as associate chief nurse for Case Management and Community Health.

Debbie
Debbie Burke

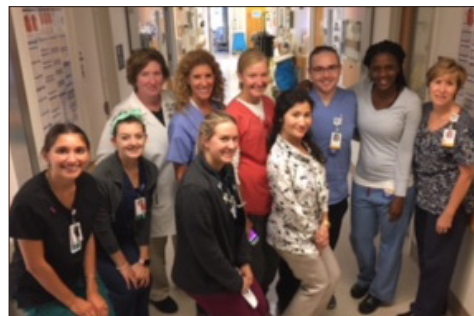
Debbie's Photo Gallery



(Clockwise from top):
the White 6 Orthopaedic Unit;
the night shift on the Blake 14 Labor & Delivery Unit;
the White 7 Surgical Unit;
the Ellison 6 Orthopaedic Unit, where we were joined by Dr. Slavin;
and the Ellison 7 Surgical Unit



The latest stops on my listening tour of Nursing & Patient Care Services



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A Career Remembered



Photos (l-r): nursing student, Pat Beckles, outside nursing residence on Harrison Avenue (1951).

Beckles (center) with her four cousins after graduation celebration from Mass Memorial Hospitals (1960).

Beckles in the Burnham 4 Newborn Nursery before it moved to Burnham 6 (circa early 1960s).



One of MGH's longest serving nurses looks back at a memorable career

55 years of learning, caring, advocacy, and loving what she did

Neonatal nurse, Pat Beckles, RN, began working at MGH in 1959. When she retired from full-time service in 1993, she continued to work per-diem through 2015, making her one of MGH's longest serving nurses.

During the course of her career, Beckles worked as a ward helper, night nurse, special-duty nurse, transport nurse, and school nurse. She was a member of the MGH Minority Nurse Recruitment & Retention Committee and AMMP (Association of Multicultural Members of Partners), was active in the New England Regional Black Nurses Association, and still today works with the Nursing History Committee at MGH.

In her more than five decades as a nurse, Beckles was witness to many changes. She recalls boiling morphine tablets over an ether lamp with a wick and a spoon (she still remembers the recipe).

From her very first day, Beckles was thirsty for knowledge. She was happiest in an ambulance or helicopter caring for critically ill newborns. "I always wanted to know things," she says. "I loved coming in nights and caring for the babies. Every position I held came with new challenges and new opportunities to learn. I couldn't get enough."

Reflecting back, Beckles is grateful for the support and guidance she received from many of her nursing leaders, including a night supervisor back in the 50s by the name of Mary Smith. Says Beckles, "She was the epitome of a nurse with her starched white cap, navy-blue sweater, and erect posture. She knew every hospital policy—if you followed them, you could always count on her support."

continued on next page

A Career Remembered (continued)



(Photos provided by Beckles)

And chief nurse, Mary Macdonald, says Beckles. “She was authentic and fair. She had an open-door policy and was always happy to listen and give advice.”

Beckles tells the story of caring for an infant diagnosed with meningococemia back in 1976. At first, the mom proclaimed she didn’t want Beckles to care for her son because she’d walked in to find Beckles singing to the baby with the radio on.

Says Beckles, “I had admitted him, so I wanted to be his nurse. It took Mark’s parents quite a while, but they soon realized their baby was getting the best possible care. They got used to seeing me dance around Mark’s warming table.”

FYI, that baby went on to become a nurse himself, and as of this writing, Beckles, who’s kept in touch with him all these

years, was scheduled to meet him for lunch the next day.

Looking back on her memorable career, Beckles says, “My time at MGH has felt like being with family. My babies, their parents, and all the friends I’ve made, remind me what it truly means to be a nurse.”

(L-r; top to bottom): with fellow MGH nurses, Beckles (third from right) at conference of the New England Regional Black Nurses Association in St. Louis (1992).

At an off-site event, Beckles with members of the MGH Minority Nurse Recruitment & Retention Committee (1993).

At her ‘retirement’ party, Beckles is pictured with pediatrician, David Todres, MD (holding microphone), and then chief of Pediatrics, Tom Smith, MD (1993).

Beckles with former patient, Mark Stephan, his wife Michelle, and their twin girls, Hannah and Sarah, in the NICU (2008).



Yoga on the Bulfinch lawn

—by Aynsley Forsythe, RN, PACU staff nurse

Many nurses and support staff in the Post Anesthesia Care Unit (PACU) share a love of mind-body practices. Their search for a qualified yoga instructor brought them to Amber Bevilaqua Gregory, who coincidentally, is a former MGH patient and cancer survivor.

On June 16, 2018, Gregory led a yoga class for staff of the PACU on the Bullfinch lawn. Sharing her experiences as a patient, Gregory read excerpts from the journal she kept during her treatment at MGH,

noting the gratitude and admiration she felt for all her caregivers.

Gregory led the group in a 75-minute Vinyasa-style class (in which movements are coordinated with the breath as you flow from one pose to the next). Said Gregory, “Teaching a yoga class to MGH nurses out here on the Bulfinch lawn feels like coming ‘full circle.’”

PACU staff hope to plan similar events in the future. Look for details in the Announcement section of *Caring Headlines*.

Protecting patients and colleagues from the flu

MGH now requires all staff to receive a flu shot

Join us in taking the pledge to protect patients, families, and colleagues from the flu

Every year in the United States, approximately 36,000 people die from the flu. 20,000 more are hospitalized. Un-vaccinated healthcare workers represent a significant source of exposure to the flu virus. Hospital employees have a responsibility to do everything in their power to prevent the flu and foster a safe environment for all those who comes through our doors.

That is why, effective this year, MGH policy now requires 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.

Getting the flu vaccine is one of the simplest, most effective ways we can protect our patients and families from the flu.

We join other leading academic medical centers (Brigham and Women's, Johns Hopkins, NYU Langone Medical Center, and Cleveland Clinic) in pledging our commitment to implement stronger, more effective flu-vaccination policies.

To view the revised MGH policy, go to Ellucid or the AskmyHR website.

(Photo from December, 2016)

Therapist experiences 'magical dance' of wisdom, caring, and collaboration

—by Jackie Mulgrew, PT, physical therapist

It's 6:00am. The room is spinning wildly as if I'd just gotten off a carousel. I grab the dresser and sit back down on the bed.

This can't be happening. I have to get up. I have to get on a plane to Ireland tonight. I hear my 6-year-old son's voice: Mama, you said you'd be here after two more sleeps. He had traveled ahead with my brother a few days before.

As I sat anxiously on the bed, I thought about the past 24 hours. I'd done a little gardening yesterday; perhaps I'd had a few more head turns in my new car due to a blind spot; had I drunk enough water?

When had the spinning started? I'd gotten up to go to the bathroom around 4:00am and remembered feeling dizzy. It was so intense I'd heard a voice in my head say, Get back to bed now! I fell back to sleep without thinking any more about it.

Now, two hours later, getting up to make my bed, the room was spinning. I sat down, fearful. Had it been dizziness or spinning I'd experienced earlier?

I laid down on my right side, and the spinning quickly stopped. Hmm... I rolled onto my back. No spinning. I rolled onto my left side and stared toward the window. Like

the spinning top my son plays with, the room started to move again in a counter-clockwise motion. It reached a constant speed, and I started to feel nauseous. I didn't like this carousel ride. I rolled back onto my right side, and the carousel finally stopped.

But when I sat up again, it returned. So I reached for the phone. I texted Alison: please call ASAP. I'm having vertigo. Supposed to fly to Ireland tonight.

She texted back: On train. If possible, video eyes to capture nystagmus. Doubt you will be able to fly.

My heart sank. This was our 10th family charity bike ride—this year, from Limerick to Galway, and my son was waiting for me to join him. The last time we spoke he'd said,

"Mama, the next time we go to Ireland, can we go at the same time?" Tears welled up at the thought of not being there when he woke up in the morning.

I called my manager to apprise her of the situation. She suggested I call a neighbor to help me get to the hospital, and I did just that.

As I waited for her to arrive, I rolled from side to side again to re-test my symptoms. The room still spun on my left side, but this time when I sat up and videoed my eyes, the carousel wasn't moving—there was no spinning. Had I fixed myself just by rolling around?

The phone rang. It was Alison. She interviewed me over the phone, asking about my symptoms and his-

continued on next page



Narrative (continued)

tory. She was ruling out anything serious that would require me to call 911. By the end of the call, she was confident it was something she could help me with and that it was safe for my neighbor to drive me to the hospital.

My suitcase was already in my car as I planned to drive to Providence Airport after work. I reminded myself to stay in the moment. My priority had to be my health, not getting to the airport.

When I arrived at MGH, I was greeted by Alison Squadrito and Kristin Parlman, my physical therapy colleagues, who are inpatient clinical specialists and vestibular experts.

Having been educated by Alison and Kristin in the past, I suspected I had the symptoms of BPPV (benign paroxysmal positional vertigo). And I knew Alison and Kristin were my only hope of getting on a plane to-night.

They took my history, reviewing what we'd talked about on the phone and examined me to rule out any neurological conditions.

What happened next can only be described as a magical dance of wisdom, caring, and collaboration. These two gifted clinicians choreographed a progression of tests, diagnosis, interventions, education, and follow-up that was more beautiful than a performance of *Swan Lake*.

As I lay on the plinth, I was in awe as I listened to them share, challenge, coordinate, and come to consensus on what they believed to be the problem. Words like, torsion, nystagmus, geotropic, and apogeotropic bounced off the walls as they con-

versed, integrating testing with treatment so as not to put me through any more maneuvers than absolutely necessary.

By the end, I was treated for both anterior canal and apogeotropic horizontal canal BPPV.

They asked me to check in with them in an hour to make sure my symptoms hadn't returned, and they educated me on what to do if they did return. They said it was safe for me to fly, but not to drive. That would be too risky.

So a few hours later, I found myself on a train to Providence. What a day!

This experience gives me greater empathy for my patients with symptoms of spinning.

I'm going to get to see my son tomorrow because of the talent and dedication of MGH's finest clinicians. I'm so proud to call Alison

and Kristin my colleagues, and today, they're also my 'sheroes.'

I realize that as an MGH employee I was in a position to know whom to call to get the treatment I needed. I share this story so others will know that BPPV is treatable, and it's treated especially well by physical therapists because of our expertise in movement and balance.

BPPV is a condition where calcium carbonate crystals become dislodged and float in the ear canals causing turbulence of canal fluid and the symptoms I experienced. Alison and Kristin skillfully moved my head and neck so that the crystals could leave the canals, which put an end to my sensation of spinning. It's like that game where you move a ball around a maze trying to get it to drop into a hole.

I'm so thankful for Alison and Kristin's expertise that allowed me to get on a plane to Ireland and hug my boy the next day.



Opposite page: Jackie Mulgrew, PT, physical therapist (far right), and her family in Ireland for their 10th family charity bike ride.

At left: Mulgrew with son, Dylan, on the Kilkee Cliffs of County Clare after a much-anticipated hug.

29th International Nursing Research Congress

impacting global nursing practice and education through research and evidence-based practice

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

MGH Nursing was well represented at the 29th International Nursing Research Congress in Melbourne, Australia, July 19–23, 2018, hosted by Sigma Theta Tau International. More than 800 participants from around the world came together to share innovative research and explore evidence-based strategies to improve global health outcomes.

Claire Seguin, RN, associate chief quality officer, presented her poster detailing her research on the relationship between grit and well-being among nurse leaders.

Gaurdia Banister, RN, executive director of The Institute for Patient Care, and Allyssa Harris, RN, associate professor at the Connell School of Nursing at Boston College, presented, “It was a Light Coming

through: African American Nurses’ Perceptions of a Collaborative Leadership Program.” Collaborators, Patti Masson, RN, senior regional director of network development and integration; Nadia Raymond, RN, nurse administrator at BWH; and Cammie Townsend, RN, lead nurse planner, Continuing Nursing Education Provider Unit, Boston University School of Medicine, were also in attendance.

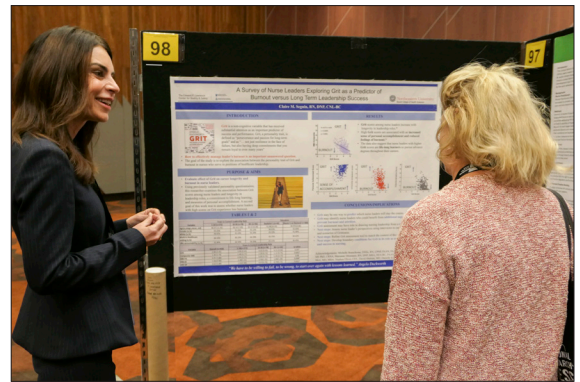
Banister participated in a symposium on Innovations in Nursing Educational Settings where she highlighted some of the work occurring

in the PCS Center for Innovations in Care Delivery and shared information on our IDEA Grant program.

For more information on the International Nursing Research Congress, contact Gaurdia Banister at 617-724-1266.

At right (l-r): Mary Amatangelo, RN; Patti Masson, RN; Nadia Raymond, RN; Allyssa Harris, RN; Gaurdia Banister, RN; Claire Seguin RN; and Cammie Townsend, RN, at International Nursing Research Congress in Melbourne, Australia.

Above: Seguin shares her poster, “A Survey of Nurse Leaders Exploring Grit as a Predictor of Burnout vs. Long-Term Leadership Success.”



(Photos provided by staff)

Understanding trauma-informed care

—By Marie Elena Gioiella, LICSW, director, Social Service Department, and Debra Drumm, LICSW, director, HAVEN and VIAP programs

Question: What is trauma-informed care?

Marie Elena: Trauma refers to any experience of abuse, neglect, violence, or discrimination, especially in childhood. Trauma-informed care (TIC) is care that's based on our growing understanding that many patients, families, and colleagues have endured traumatic experiences that have lasting effects. Research, including the landmark Adverse Childhood Experiences Study, shows that exposure to trauma heightens health risks throughout the life span, including chronic lung, heart, and liver disease, depression, sexually transmitted diseases, and substance-use disorders.

TIC recognizes the prevalence of trauma and seeks to avoid re-traumatizing patients by inadvertently triggering reminders of traumatic experiences. Traumatic memories can interfere with a patient's ability to receive care or cause emotional and biological stress. TIC can improve patient engagement, treatment adherence, health outcomes, and potentially reduce costs.

Question: What does TIC look like?



Marie Elena Gioiella, LICSW
director, Social Service Department

Marie Elena: Patients may not reveal their trauma history, so experts recommend assuming that everyone (patients, families, and co-workers) may have a trauma history. Strategies for making patients feel safe include offering choices, allowing them to have some control, avoiding surprises, informing them of what you're going to do and getting permission to proceed, and using consistent, respectful, compassionate communication.

The physical environment is also important. Ensure that indoor and outdoor spaces are well-lit, discourage loitering near entrances and exits, and ensure access to the door for easy exit.

Question: How does TIC help our colleagues?

Marie Elena: TIC also means taking care of ourselves and one another—recognizing when colleagues experience stress due to trauma at home or secondary trauma at work. Just hearing about the trauma of others can lead to fatigue, disturbing thoughts, poor concentration, exhaustion, absenteeism, and illness. Staff experiencing these symptoms may struggle to provide high-quality care or experience burnout. Preventing secondary traumatic stress can improve morale and enable staff to function at their best.

Question: How are we raising awareness?

Marie Elena: Providing TIC is a hospital-wide initiative. On December 14th, the Knight Nursing Center will host a TIC conference in O'Keeffe Auditorium. All are welcome. (Registration is required.)

For more information about TIC, e-mail Debra Drumm, LICSW, director of HAVEN, at ddrumm@partners.org, or call Connie Cruz, RN, clinical nurse specialist, at 617-726-7705.

For information about the conference, or to register, go to: <http://www.cvent.com/d/6gq690>.

September is National Recovery Month

raising awareness around substance-use treatments and mental health services


National Recovery Month is observed every September to educate the American public on how substance-use treatment and mental-health services can help individuals lead healthy, rewarding lives.

This September, led by the Substance Use Disorders team, MGH is host-

ing a series of educational sessions and events, including, our Recovery Month Kick-off event, September 12th under the Bulfinch Tent hosted by MGH president, Peter Slavin, MD, and CEO of the MGPO, Timothy Ferris, MD; and our MOAR Recovery Month March to City Hall, September 17th, where we'll

meet with groups from all over the state for a rally.

Recovery Month reinforces the important message that behavioral health is an essential part of overall good health, that prevention works, treatment can be effective, and people really do recover.



September

Monday	Tuesday	Wednesday	Thursday	Friday
3 Labor Day	4 9-10 AM "No Human is an Island: It's Time We Embrace Family/Relationship Therapies in Addiction Treatment" Estee Sharon, Psy.D O'Keefe Auditorium	5	6 12- 1 PM Addiction Treatment: Caring for the Family Sarah Bernstein, MD, Jessica Gray, MD, and Katherine Raftery Blum Center, White 110	7 12- 1 PM A Chance At Recovery: ED Based Treatment for Opioid Addiction Alister Martin, MD, MPP, and Dawn Williamson, RN, DNP Blum Center, White 110
10	11 2-3 West End Walk-in Clinic: a New Model of Care to Increase Immediate Access to Treatment Vinod Rao, MD; Anne Carroll, CNP; and Jennifer Blewett, LICSW Blum Center, White 110	12 10AM Recovery Month Kickoff Bulfinch Tent	13 10-11 AM Narcan Trainings Yawkey 2-210 (Sign up through website below) 1:30-2:30 PM Knight Center Presentation – Nurses as the Secret Weapon Colleen LaBelle, MSN, RN-BC, CARN O'Keefe Auditorium	14
17 8-5 PM Info table Coffee Central MOAR Recovery Month Walk and Celebration Meet in East Garden Room (8am)	18 8-5 PM Info table Coffee Central	19 12-1 PM Narcan Trainings Yawkey 2-210 (Sign up through website below)	20 12- 1 PM Harm Reduction for Patients Prescribed Buprenorphine (Suboxone)? Is it Possible? Laura Kehoe, MD Blum Center, White 110	21 1- 2:30 PM "There is treatment, treatment works" , Georgia Stathopoulou, PhD Haber Auditorium
24 12- 1 PM Engaging youth in treatment in the new era of legalized Marijuana James McKowen, PhD Blum Center, White 110	25 12- 1 PM What Can I Expect?: Dual Substance Use and Mental Health Treatment for Military Populations Rene Lento, PhD and Lauren Brenner, PhD Blum Center, White 110	26 12- 1 PM Nursing Care of the Mother with Substance Use Disorder and her Newborn Kelli Thomas, BSN, CARN and Shanna Mavilio, MSN, RNC Blum Center, White 110	27 9-1 PM Buprenorphine Waiver Training. Clinicians only, Founders 255B, Robbins Room B (Sign up through website below) 2-3 PM Narcan Trainings Yawkey 2-230 (Sign up through website below)	28 1-2 "Recovery Coach Forum: Addressing Stigma" Recovery Coach Staff Haber Auditorium

For more information on any of these events, go to: www.massgeneral.org/recovery-month

Professional Achievements

Appointments

Julie Cronin, RN
President
American Nurses Association of
Massachusetts

Jennifer Gil, RN
Member, National Board of Directors
American Nurses Association

Deborah Washington, RN
Member, Editorial Board
Nursing Administration Quarterly

Awards

Adam Gill, RN
Medical House Staff Nurse Appreciation
Award
Department of Medicine

Ida Meister, RN
2018 Perfumed Plume Award
Science of Scent Stories
Society of Illustrators

Elena Sierra
Tribute to Women honoree
YWCA, Northeastern Massachusetts

Poster Presentations

Denise Dreher, RN
Jessica Smith Yang, RN
"Outdated IVs... outdated practice?"
Infusion Nurses Society annual meeting
Cleveland, Ohio

Lee Ann Tata, RN
Jacqueline Collins, RN
Jane Lecznar, RN
"Transforming nursing expertise to provide
for the growing oncology population at
Massachusetts General Hospital"
Oncology Nursing Society Congress
Washington, DC

Presentations

Vanessa Dellheim, PT
Leslie McLaughlin, OTR/L
"Rehabilitation in Burns"
Partners Home Health
Beverly, Massachusetts

Chris Kirwan
Panelist
"Patient experience and making systems
responsive to the needs of diverse
populations"
Disparities Leadership Program
Boston

Publications

**Sunah Hwang, Patrice Melvin, Hafsatou
Diop, Margaret Settle, Jack Mourad, and
Munish Gupta**
"Implementation of safe sleep practices
in Massachusetts NICUs: a state-wide QI
collaborative."
Journal of Perinatology

Certification

Maryanne Barto, RN
Ambulatory Perianesthesia Nurse
American Board of Perianesthesia

Bridget White, RN
Clinical Transplant Nurse
American Board for Transplant
Certification

Clinical Recognition Program

Clinicians recognized
May 1–August 1, 2018

Advanced Clinicians:

Kimberly Brown-Tyndall, RRT
Respiratory Therapy

Marybeth Gilberg, RN
MGH Orthopedic Ambulatory
Surgery Center

Alex LeGasse, RRT
Respiratory Therapy

Kaitlyn Maher, RN
Lunder 10 Hematology-Oncology

Elizabeth Perreault, PT
Physical Therapy

Jennifer Venuti, RN
Lunder 10 Hematology-Oncology

Kimberly Walker, RN
MGH North Shore Center for
Outpatient Care

Clinical Scholars:

Anne Fonseca, RN
Ellison 17 and 18 Pediatrics

Brittney Grazio, RN
Blake 12 ICU

Sharon Serinsky, OTR/L
Occupational Therapy

Maria Sylvia, SLP
Speech-Language Pathology

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

Announcements

Blum Center Events

**Tuesday, September 11, 2018
2:00–3:00pm**

“Understanding and Treating Substance Use Disorders”

Join Vinod Rao, MD; Anne Carroll, RN; and Jennifer Blewett, LICSW, to learn more about the treatment and services provided by the MGH West End Clinic

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.

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):
**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.

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.**

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.

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.

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.

Announcements (continued)

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

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.

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/>.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am – 5:30pm

Friday, 8:30am – 4:30pm
(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday,
7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

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Next Publication

September 20, 2018

Inpatient HCAHPS

current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 8/14/18)	% Point Change
Nurse Communication Composite	84.3%	84.3%	→ 0.0
Doctor Communication Composite	84.5%	84.2%	↓ -0.3
Room Clean	72.0%	71.1%	↓ -0.9
Quiet at Night	52.7%	52.8%	↑ 0.1
Cleanliness/Quiet Composite	62.3%	61.9%	↓ -0.4
Staff Responsiveness Composite	67.5%	69.6%	↑ 2.1
Pain Communication Composite	NA	76.7%	NA
Communication about Meds Composite	66.9%	67.5%	↑ 0.6
Care Transitions	62.4%	62.4%	→ 0.0
Discharge Information Composite	92.7%	92.3%	↓ -0.4
Overall Hospital Rating	82.9%	82.9%	→ 0.0
Likelihood to Recommend Hospital	90.7%	90.6%	↓ -0.1

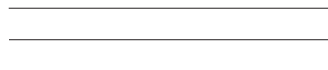
Data is complete through May with partial data for June and July. MGH is on track to exceed our goal of 1% increase in Staff Responsiveness. All other measures are within 1% of last year's results.

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



September 6, 2018

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