

# Caring

Headlines

February 21, 2019

## Black History Month



*PCS Black History  
Month event focuses  
on dignity, respect,  
and the impact of  
social injustice on  
health care*

*(See page 5)*

Sonja Spears, chief equity and inclusion officer,  
Boston Health Care for the Homeless, presents,  
"Accused: the Gap Between Law and Justice."

Nursing & Patient Care Services  
Massachusetts General Hospital



Debbie Burke

# Black History Month, NERBNA awards, and two exceptional MGH nurses



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



(Photos by Fena Fenelon)

What better way to observe Black History Month than with a celebration of our own Saheeda Mohammed-Kelly, RN, and Chantal Kayitesi, RN, two MGH nurses recognized by the New England Regional Black Nurses Association for nursing excellence. This honor confirms what we already know—that Chantal and Saheeda are exemplary nurses, compassionate caregivers, and an inspiration to their peers.

Congratulations on behalf of the entire MGH community.

*Debbie*  
Debbie Burke

(Top left): Chantal Kayitesi, RN, staff nurse Translational and Clinical Research Center; was honored for Excellence in Nursing Practice. Prior to coming to MGH, Kayitesi founded a non-profit organization to support women and orphans from her home country of Rwanda. She now cares for patients of all ages undergoing complex medical treatment.

(Top right): Saheeda Mohammed-Kelly, RN, staff nurse in Labor & Delivery, was honored for Excellence in Nursing Education. She coordinates the Childbirth Education Program and is a big part of ensuring a positive experience for patients and newborns during their stay on the unit.

Recipients shown here with family, friends, and colleagues at the February 8th awards banquet.

# Debbie's Photo Gallery



(Clockwise from top left): Excellence in Action Awards went to: staff of the Lunder 8 neuroscience team; the Emergency Department; and the ED and RACU. And my visit to the Ellison 16 Medical Unit.

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# Substance Use Disorders Initiative celebrates 5-year milestone

—by Jennifer Mills, RN, nursing director; and Chris Shaw, RN, nurse practitioner

Currently, some 21 million adults in the United States have a substance-use disorder (SUD), a disease associated with more deaths and illnesses than any other preventable disease.

At MGH, SUD is considered a chronic, treatable condition. In 2014, the MGH Substance Use Disorders Initiative launched a campaign to transform the care and treatment of substance-use disorder. The goal was to improve quality of care, accessibility, and clinical outcomes for patients with SUDs. Now in its fifth year, the program continues to deliver evidenced-based care and treatment and educate staff about the importance of eliminating the stigma surrounding SUD.

One component of the Substance Use Disorders Initiative, the interdisciplinary Addictions Consult Team (ACT) provides expert consultation and treatment recommendations in the inpatient setting. Available seven days a week (and by pager nights and weekends), the ACT team has seen more than 4,500 patients. Physicians, advanced practice clinicians, social workers, and recovery coaches are available to meet with patients at the bedside. An ACT member can be requested through eCare.

The Bridge Clinic opened in 2016 to help bridge the treatment gap



Addictions Consult Team (ACT) members

between inpatient and community-based care by providing on-demand care to patients at all stages of recovery. This transitional clinic works to engage and stabilize high-risk patients and connect them to long-term community-based care. For information, call 617-643-8281.

Last year, MGH created a dedicated treatment site for women and families struggling with SUD. The HOPE Clinic, comprised of physicians, social workers, nurses, and recovery coaches provides high-quality, coordinated care for pregnant and parenting women and their families to maximize their ability to successfully navigate the recovery process. The HOPE Clinic is open Wednesdays from 9:00am-4:00pm in Founders 502. For information call 617-724-4643, or e-mail: [hope-clinic@partners.org](mailto:hope-clinic@partners.org).

Several recovery coaches serve as part of the ACT Team and are also

embedded in MGH Primary Care practices. Recovery coaches provide essential support to patients at various stages of recovery, help patients overcome barriers to treatment, and provide motivational support.

The Addiction Recovery Management Service (ARMS) specializes in supporting teenagers and young adults, aged 14 to 26, and their parents. ARMS is staffed by psychiatrists, psychologists, social workers, advanced practice clinicians, and recovery coaches. To make an appointment, call 617-643-4699.

The Substance Use Disorders Initiative responds to patients at MGH and throughout the community, meeting them wherever they are when they present. For more information, contact Christopher Shaw, RN, nurse director, at 617-643-0778, or go to the SUD website at [www.mghpcs.org/EED/SUD/default.shtml](http://www.mghpcs.org/EED/SUD/default.shtml).

# Accused: the gap between law and justice

*examining the intersection of race, class, gender, and the criminal justice system*



Sonja Spears, chief equity and inclusion officer,  
Boston Health Care for the Homeless

On February 12, 2019, in a deeply personal, often disturbing, but ultimately uplifting presentation, guest speaker, Sonja Spears, of Boston Health Care for the Homeless, spoke about her experience being wrongfully arrested in New Orleans, and the harrowing, two-year, legal nightmare that followed. The ordeal affected her health, her family, her career (she was the youngest elected judge in Louisiana), and her perception of the criminal justice system which she herself served.

Ultimately vindicated of any wrong-doing, Spears saw firsthand the demoralizing and dehumanizing effect of governmental abuse of power—from being vilified in the media, to having her bank accounts closed, to being denied her basic civil rights.

Spears managed to look beyond the injustice and use her situation as a learning experience. She now teaches a class where she encourages her students to, “tap into the core of human existence from which all good things emanate.”

Said Spears, “We cannot have justice without empathy. There is no place for dehumanization in our justice system.”

Going forward, she said, solutions will only come from raising awareness, recognizing implicit bias, and being willing to look at our history so we don’t repeat our mistakes. We need to decide what our role will be in shaping the system that makes and enforces our laws.

For more information, call Deborah Washington, RN, director, PCS Diversity, at 617-724-7469.

# A look at the ED Discharge Phone Call Program

—by Ines Luciani-McGillivray, RN, staff nurse, ED

Preventable re-admissions adversely affect hospital capacity, healthcare costs, and continuity of care—so much so that the Affordable Care Act established penalties for hospitals with higher than expected re-admission rates.

The Emergency Department Discharge Call Program recently participated in a clinical process-improvement program to try to increase post-discharge contact between patients and providers in an attempt to reduce unnecessary re-admissions.

Based on a chart review, they found that less than half of the patients studied (48%) had followed up with their providers within the recommended seven days.

Presently, ED nurses provide teach-back discharge instructions to patients, then call them 24-48 hours later to remind them to follow up with their specialty or primary care provider.

Using a Plan-Do-Study-Act methodology, they modified that approach to add a second phone call—a simple reminder phone call—made by HIPAA-certified hospital volunteers 72-96 hours post-discharge. Nurses provided oversight to address any clinical issues or obstacles to follow-up that surfaced. Patients contacting their provider(s) within seven days of discharge was considered a positive outcome.

During subsequent provider visits, patients exhibited increased awareness of the importance of following up, with comments like: “I was told to follow up within seven days,” or “I was told I needed to follow up after my ED visit.”

The modified approach resulted in increased patient satisfaction and improved coordination of care, both of which are known to decrease preventable re-admissions.

Patient feedback was positive with comments like: “You must really care about me,” and “This is such a nice service.”

The ED process-improvement study showed that a nurse-led, volunteer-administered, patient call-back system was a cost-effective way to increase post-discharge compliance with provider follow-up.

Using the modified approach, compliance with provider follow-up increased from 48% pre-implementation to 63% post-implementation.

Patient feedback was positive with comments like: “You must really care about me,” and “This is such a nice service.”

For more information, contact Ines Luciani-McGillivray, RN, at 617-724-4100.



# Excellence in Action

## *all hands on deck to accommodate special needs of young man with autism*

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

On December 19, 2018, an extended group of inter-disciplinary staff received an Excellence in Action Award for their efforts to ensure a smooth and stress-free MRI experience for an anxious, non-verbal young man with autism. Led by Karen Turner, navigator for patients with autism, staff from the Lurie Center for Autism; Radiology; Patient Care Services; the Office of Patient Advocacy; Police, Security & Outside Services; and the patient's group home, carefully coordinated the patient's visit and travel throughout the hospital to limit his exposure to stress-inducing situations.

In a letter to Ann Neumeyer, MD, the patient's mom wrote:

*Yesterday, Will got his MRI, and it was a huge success. I was so impressed with Karen Turner from the Office of Patient Advocacy and the security team. They were amazing. Karen sent photos of many of the staff who would be interacting with Will as he has a phobia of strangers. She arranged for us to avoid the crowds at the main entrance. Three security officers met us at a side entrance—they looked like secret service agents waiting for the President. Karen joined us and security cleared a path to an elevator. Radiology configured an area for more privacy. The anesthesiologist mixed a sedative with juice to mask the taste and allowed me to hand it to Will, knowing he'd be more comfortable taking it from someone he trusted.*

*In recovery, the nurse introduced herself and said she'd been reading Will's care plan since 6:30 that morning. She talked to Will about his favorite topics, and he was delighted with her. When it was time to leave, we were given a wheelchair and brought back to the entrance where the car was waiting. Karen had facilitated the timing of the car so there were no delays. She saw us on our way, and I was incredulous that Will had had a miracle MRI without a meltdown. Karen had advocated with all the right people that day to allow Will to access his care."*

For information about the navigator role or Health Care Inclusion Program, which are supported through donations from the Ruderman Family Foundation, contact Karen Turner, OTR/L at 617-643-6627.



Karen Turner, navigator for patients with autism (holding flowers), and staff from the Lurie Center for Autism; Radiology; Patient Care Services; the Office of Patient Advocacy; and Police, Security & Outside Services, receive Excellence in Action Award from MGH president, Peter Slavin, MD.

(photo provided by aail)

# Presence and compassion put endoscopy patient at ease

My name is Janelle Lovell, and I'm a nurse in the Danvers Day Surgery Center. It was a day like any other day in the Endoscopy Unit. We had our usual morning meeting, reviewed cases for the day, and prepared to start another busy shift. I usually head to my area to review patient charts then to Pre-Op to meet my patient. My first patient seemed pretty routine—a colonoscopy screening for a 50-year-old woman.

As I made my way to Pre-Op, I ran into the admitting nurse.

"Oh, boy," she said, your next patient is a handful." She described the patient as, 'angry' and 'difficult.' I prepared myself, determined to make every effort to put the patient at ease and make the experience as comfortable as I could.

I walked into the room and saw 'Mary,' a 50-year-old woman, her eyes closed, her face expressionless. I quietly introduced myself but received no verbal response as she opened her eyes. I began the interview with the usual battery of questions: allergies, blood thinners, metal, to which I got curt, one-word responses.

After the interview, I sat on the stool beside her and asked if she had any questions.

"No," she said.

"You seem anxious," I said. "I know this can be scary. I actually had this procedure done myself this year."

With that, Mary began to tear up. "I'm so scared" she said.

I asked if it was the procedure she was nervous about or the results she feared.

"All of it," she said, "but mostly that I might have colon cancer."

We talked about her family history (no history of colon cancer), statistics, and symptoms of colon cancer. I explained that just coming in for a screening was a great thing, and she fit all the criteria for optimal health. I reviewed the sedation process with her and explained what she could expect during the procedure. I assured her I'd be right by her side the entire time and would take great care of her. I tried to lighten the mood with a little joke then asked if she was ready to head in.

I brought her into the procedure room, introduced her to the technician, and explained everything we were doing as we went along. Soon, the sedation was started, and Mary had a normal, uneventful colonoscopy.

When it was over, I let Mary know, and she said, "That was it? That's what I was so terrified about?"



Janelle Lovell, RN, endoscopy staff nurse,  
Danvers Day Surgery Center

When I told her the procedure was routine, that there were no signs of cancer, and she didn't have to come back for another ten years, she began to cry. She was full of thanks and so appreciative of the time I'd taken to ease her fears.

This case made an impression on me because I realized that what may seem benign and routine to clinicians, can be stressful and fear-inducing to patients. I want always to take the time to ensure my patients are informed and comfortable while in my care. I don't want to judge their personalities or label them. I want to remember that every individual comes to us with unique experiences, and my job is not to judge or label, but to be the most capable, supportive practitioner I can be.



# Patient Care Services...



...goes **RED** for  
women's health

(L-r; top to bottom): staff of the Blum Center; Ellison 11 Cardiac Unit; Ellison 10 Cardiac Step-Down Unit; Ellison 11 night shift; and Physical and Occupational Therapy.



(Photo by Michelle Rose)

# Professional Achievements

## Appointments

**Ellen Fern, RN**  
President  
New England Society of  
Gastrointestinal Nurses and  
Associates

**Ellen Goepel, RN**  
Director  
New England Society of  
Gastrointestinal Nurses and  
Associates

**June Guarente, RN**  
Director  
New England Society of  
Gastrointestinal Nurses and  
Associates

**Elyse Levin-Russman, LICSW**  
President  
Association of Pediatric  
Oncology Social Workers

## Poster Presentations

**Cassidy Stevens, LCSW**  
"Integrating public health and  
social work: lessons from  
graduate student analysis and  
reflections"  
American Public Health  
Association Conference  
San Diego

**Daniel Chipman, RRT**  
**Beverly Ejiofor**  
**Robert Kacmarek, RRT**  
"Performance Assessment  
of 5 Transport Ventilators"  
American Association for  
Respiratory Care Annual  
Conference  
Las Vegas

**Beverly Ejiofor**  
**Ryan Carroll, MD**  
**William Bortcosh, MD**  
**Robert Kacmarek, RRT**  
"PEEP Generated by High  
Flow Nasal Cannula in a  
Pediatric Model"  
American Association for  
Respiratory Care Annual  
Conference  
Las Vegas

**Emily Zern, MD**  
**David Chung, MD**  
**Todd Mover, RRT**  
**Kenneth Shelton, MD**  
**Yuval Raz, MD**  
**Nathalie Roy, MD**  
"Developing and validating  
an apnea test in patients on  
ECMO support"  
American Association for  
Thoracic Surgery Mechanical  
Circulatory Support  
Symposium  
Boston

## Presentations

**Gaurdia Banister, RN**  
**Mary Knab, PT**  
"Inter-professional  
Dedicated Education Units:  
a Massachusetts General  
Hospital and MGH Institute  
of Health Professions  
collaboration"  
The National Academies of  
Sciences, Engineering and  
Medicine, Health and Medicine  
Division  
Washington, DC

**Vanessa Dellheim, PT**  
"Early mobility in the  
Burn ICU"  
American Burn Association  
Northeast Regional Burn  
Conference  
Somerville

**Melissa Caron Ghiringhelli, CCC-SLP**  
**Jeana Kaplan, CCC-SLP**  
**Amanda Copeland, CCC-SLP**  
"Improving patient care  
through inter-disciplinary  
collaboration and caregiver  
involvement"  
American Speech-Language-  
Hearing Association Annual  
Conference  
Boston

**Julie Macpherson, RRT**  
"Inter-professional care for  
adults with tracheostomy  
tubes and ventilators:  
conversations with Respiratory  
Therapy"  
Annual American Speech,  
Language and Hearing  
Association Convention  
Boston

**Alex LeGassey, RRT**  
"ECMO Console, Circuit,  
CVVH Connection"  
Short-term Mechanical  
Support Heart/Lung  
Symposium  
Boston

**Kimberly Howe, RN**  
**Lucy McNamara, RPh**  
"Comfort measures  
in burn care"  
American Burn Association  
Northeast Regional  
Conference  
Boston

**Megan Aurora, MD**  
**Marisa Iacomini, LICSW**  
"A neonate with short gut  
whose parents request  
withholding nutrition"  
Harvard Clinical Ethics  
Consortium  
Boston

**Elyse Levin-Russman, LICSW**  
**Laura Dickman, LICSW**  
"Clinical challenges and  
ethical dilemmas in allocating  
financial resources to pediatric  
oncology families"  
Association of Pediatric  
Oncology Social Workers  
Annual Conference  
Austin, Texas

**Elyse Levin-Russman, LICSW,**  
**Stacy Stickney Ferguson, LICSW**  
**Wendy Shama, RSW**  
"Becoming a leader in  
pediatric oncology social work:  
possibilities and opportunities"  
Association of Pediatric  
Oncology Social Workers  
Annual Conference  
Austin, Texas

**Daniel Chipman, RRT**  
"Respiratory Care of the  
Patient with Bronchiolitis,"  
"Current Practice in Pediatric  
and Neonatal Extracorporeal  
Life Support," and "Respiratory  
Care of the Patient with  
Traumatic Brain Injury"  
Focus Conference  
Poughkeepsie, New York

## Publications

**Gaurdia Banister, RN**  
**Melissa Joseph Jocelyn, RN**  
Chapter: "Purposeful diversity  
leadership: a call to action for  
all nurses"  
*Lead Like a Nurse: Leadership in  
Every Healthcare Setting*

**Claudia Crimi, MD**  
**Railis Matulionis, MD**  
**Dean Hess, RRT**  
**Luca Bigatello, MD**  
"Invasive ventilator support  
modes"  
*Critical Care*, fifth edition

**Dean Hess, RRT**  
**Robert Kacmarek, RRT**  
"Monitoring respiratory  
function"  
*Anesthesiology*, third edition

**Robert Kacmarek, RRT**  
**Jesus Villar, MD**  
**Lorenzo Berra, MD**  
"'Size matters' in regard to  
acute respiratory distress  
syndrome case volume and  
mortality!"  
*Critical Care Medicine*

**Robert Kacmarek, RRT**  
**Jesus Villar, MD**  
"Lung-protective ventilation  
in the operating room:  
individualized positive  
end-expiratory pressure is  
needed!"  
*Anesthesiology*

## Certification

**Elizabeth Croll, RN**  
Critical Care Registered Nurse  
Pediatric Certification  
American Association of  
Critical Care Nurses

**Mia Haddad, RN**  
Critical Care Registered Nurse  
American Association of  
Critical Care Nurses

**Jane Reardon, RN**  
Certified Professional in  
Patient Safety  
Institute for Healthcare  
Improvement

(Submit professional achievements to Georgia Peirce at [gwpierce@partners.org](mailto:gwpierce@partners.org))



# Announcements

## ACLS Classes

Certification:  
(Two-day program)

Day one:  
**June 10, 2019**  
**8:00am–3:00pm**

Day two:  
**June 11th**  
**8:00am–1:00pm**

Re-certification  
(one-day class):  
**March 13th**  
**5:30–10:30pm**

CPR Training (\$100):  
**June 10th**  
**2:00– 6:00pm**

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

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Conversations with Caregivers

for families, caregivers,  
patients, and staff

an educational series  
sponsored by the Dementia  
Caregiver Support Program

**Tuesday, March 19, 2019**  
**5:30–7:00pm**  
**O’Keeffe Auditorium**

“Solving the Driving  
Dilemma: DriveWise®  
Driver Evaluation Program,”  
presented by Ann Hollis,  
OTR/L DriveWise®  
occupational therapist,  
Cognitive Neurology Unit,  
Beth Israel Deaconess  
Medical Center

Admission is free; seating is  
limited.

RSVP to: 617-724-0406.

For more information,  
call 617-643-8809.

## Blum Center Events

**Tuesday, February 26th**

“Your Weight Matters: 5 Key  
Steps to a Healthy Weight”

Join Angela Fitch, MD, to  
learn some practical tools for  
achieving and maintaining a  
healthy weight.

**Thursday, February 28th**

Shared Decision Making  
“Help for Anxiety:  
Treatments that Work”

Join Susan Sprich, MD, for a  
discussion on ways to treat  
symptoms of anxiety.

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.

## Nursing research funding available

The Yvonne L. Munn Center  
for Nursing Research  
is currently offering the  
following nursing-research  
funding opportunities:

- The Jeanette Ives Erickson  
Research Institute Grant  
(new eligibility criteria)
- The Munn Pre-Doctoral  
Research Grant for PhD  
Nursing Students (new  
grant)

For eligibility guidelines and  
applications, go to: [www.mghpcs.org/MunnCenter/](http://www.mghpcs.org/MunnCenter/)  
and select Funding Opportun-  
ities.

Applications for both grants  
are due by March 15, 2019.

For more information, contact  
Stacianne Goodridge at 617-  
643-0431.

## Office Ergonomic Champion Program

Are you interested in  
learning how to make  
yourself or your co-workers  
more comfortable at the  
computer? Is working on a  
laptop challenging?

**Friday, March 1, 2019**  
**1:30–4:30pm**  
**Yawkey 4-810**

Come for yourself or to  
learn how to evaluate your  
co-workers’ workstations.

Presented by Arron Ross,  
ergonomics specialist,  
PHS Occupational Health  
Ergonomics Program

Register for sessions on  
HealthStream, accessible  
through Partners  
Applications.

For more information,  
call Mario Dashi at  
857-282-2411.

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617-724-1746

### Next Publication

March 7, 2019

# Burn Awareness



## Awareness is the best prevention

The first week of February is National Burn Awareness Week. According to the American Burn Association, nearly every minute someone in the United States sustains a burn serious enough to require treatment. On February 5th, the Sumner Redstone Burn Center hosted an educational booth in the main lobby along with members of the Burn Survivors of New England, offering information about burn prevention, treatment, research, and rehabilitation. Some visitors may have caught a glimpse of Sparky the Fire Dog, who stopped by to lend his support. The best protection against burns is being aware of your surroundings and taking adequate precautions to keep yourself safe.



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