# Child life specialists

Headlines

March 21, 2019

integral members of the healthcare team, helping children and families overcome some of life's most challenging events



to breathe into an anesthesia mask fun for 3-year-old, Cooper McClelland, in the Pediatric Pre-Op Area.

Nursing & Patient Care Services Massachusetts General Hospital

### Debbie Burke

# **Celebrating** National Women's History Month

When the United Nations created International Women's Day in 1975, the resolution read: We recognize that achieving peace, social progress, and the full enjoyment of human rights requires the active participation and equality of women. We hereby acknowledge the contributions of women to the strengthening of peace and security.

It may have taken the United Nations until 1975 to recognize the important contributions women make, but you and I know that women have driven progress and improvement since the dawn of time. And nowhere is that more evident than in health care.

Health care is literally *powered* by women, with some studies estimating that 80% of the national healthcare workforce is female.

At MGH, we're fortunate to have the wisdom, leadership, and expertise of extraordinary women in every discipline and department, and we are all the better for it.

During National Women's History Month, I'd like to leave you with some notable quotes from some noteworthy individuals who've made significant contributions of their own to, 'social progress and the full enjoyment of human rights.'

Debbie Burke

"I raise up my voice—not so I can shout, but so that those without a voice can be heard. We cannot succeed when half of us are held back."

—Malala Yousafzai

"If you are a man who believes your daughter should have the same opportunities and rights as your son, then you're a feminist."

-Beyonce

"Don't mistake politeness for lack of strength."

—Sonya Sotomayer

"When women and girls are empowered to participate fully in society, everyone benefits."

–Melinda Gates

"If men care about women's rights, the world will be a better place. We are better off when women are empowered—it leads to a better society.

-John Legend

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

# Debbie's Photo Gallery



# In this Issue



LVC Celebrates 150th Anniversary	
Hazardous Drug Safety Update9	
Practice Alert	
Announcements	
Embracing the icare Philosophy 12	

Background photo on opposite page: Ida Cannon, then director of the Social Service Department, leads contingent of social workers on Volunteer Day, 1944.

# Quality & Safety



# One year CLABSI-free and counting...

Clockwise from top left: staff of Pediatric ICU, Neonatal ICU, and the Ellison 18 and Ellison 17 pediatric units. MassGeneral Hospital *for* Children marked an important milestone recently when it went without any central-line-associated bloodstream infections (CLABSIs) in any of its units throughout all of 2018. And the streak continues with all units still CLABSI-free when this issue went to print.

This impressive feat was achieved by adopting best-practices outlined by the Centers for Disease Control and Prevention, including: the use of a checklist when inserting central lines; monitoring line maintenance; using ethanol locks and chlorhexidine wipes in vulnerable patients; and employing a team approach in identifying challenges, opportunities for improvement, and staff education. Congratulations to all for this incredible accomplishment.

For more information, contact nursing director, Lori Pugsley, RN, at 617-726-5820.

### Patient-Focused Care



# os by Paul Batista)

# A wedding on Phillips 21

—by hematology staff nurse, Emily Erhardt, RN

It was a sunny afternoon on Phillips House 21, as the bride and groom prepared to exchange vows before a small group of family and friends. The bride, Patrice, was diagnosed with cancer in 2015 and had recently been admitted for complications. During her stay, she and her partner of many years, Fred, decided it was time to wed.

Patrice's oncology team, who'd been treating her for years and come to love her, set about making a special day for her and her husband-to-be.

With the help of Caring for a Cure, the non-profit organization funded by a group of MGH nurses, the team was able to provide new earrings and shoes for the bride and refreshments for the reception. Richard Penson, MD, Patrice's oncologist, presided over the ceremony, which was a celebration of love that has endured many challenges. It was a reminder that the care we provide reaches far beyond the patient.

Clockwise from top left: Patrice with her father; with staff nurse, Emily Erhardt, RN (left), and nurse practitioner; Jenny Filipi, RN; Patrice and Fred with Richard Penson, MD, who performed the ceremony; with staff nurse, Laura Sullivan, RN; the bride and groom enjoy a quiet moment after the festivities.

# Child Life Specialists



# Child life specialists

providing age-appropriate interventions to reduce fear, anxiety, and pain for our younger patients

> — by Anne Pizzano, CCLS, manager, John Hancock Child Life and Wellness Program

US News and World Report called child life specialists one of the, "best kept secret careers." But at MGH, the secret's been out for quite some time. Here's a look at some of the important work they do.

# Child life specialists decrease fear by empowering patients and families

Using psychological preparation and education, child life specialists minimize fear and misconceptions associated with medical procedures. They promote opportunities for patients to make choices so they can gain a sense of mastery and control over their hospital experience. They provide the tools necessary for patients to develop positive coping skills and pain-management strategies.

# Child life specialists see the hospital experience through a child's eyes

The hospital environment can be scary and overwhelming particularly for young patients. Child life specialists strive

continued on next page

### Child Life Specialists (continued)





From blowing bubbles to virtual reality and everything in between.

Opposite page: child life specialist, Kaitlyn Wallace, CCLS, diverts 4-year-old, Rylee Brooks' attention by blowing bubbles, so Rylee can fall peacefully off to sleep in the MGH Proton Beam Therapy Center.

At left: child life specialist, Eva Mintz Bacon, CCLS, assists 10-yearold patient in a virtual reality experience to promote coping and decrease pain. And Dad enjoyed the experience, too.





to normalize the hospital experience by offering opportunities for therapeutic play, self-expression, and exploration. They talk to children using developmentally appropriate language, providing clear and concrete explanations about their hospital journey.

### Child life specialists are experts in child development

Child life specialists are required to have a minimum of a bachelor's or master's degree with an educational emphasis on child life, human growth and development, education, psychology, or a related field of study. Child life specialists must be certified by the Association for Child Life Professionals, which involves more than 600 hours of clinical fieldwork and passing a national exam.

#### Child life specialists are team players

Child life specialist are an integral part of the inter-disciplinary healthcare team. The department has grown from a four-person team in the 1990s to 16 child life specialists currently staffing MGH pediatric areas. The program is now officially the John Hancock Child Life and Wellness Program with expanded services in general inpatient units, the Pediatric ICU, Imaging, Endoscopy, Operating Room, Radiation Oncology, the Hematology-Oncology Clinic, the Emergency Department, and Acute Psychiatric Service.

### Child life specialists are family-focused

Child life specialist provide family-centered care. They strive to support parents and siblings and encourage parents to be involve in their child's care. They recognize that parents know their child best and empower them to be advocates, while working closely with siblings to help them process their feelings, questions, and fears.

For more information, call Anne Pizzano, CCLS, manager of the John Hancock Child Life and Wellness Program, at 617-724-5839.

# Ladies Visiting Committee



Ladies Visiting Committee marks 150th anniversary

-submitted by MGH Public Affairs

When a Spanish-speaking mom and her son arrived at the Lurie Center for Autism in Lexington recently, they were able to have a very successful, clinical consultation with their English-speaking caregiver, complete with video interpreter, thanks to the recent purchase of a laptop and video phone provided by a grant from the MGH Ladies Visiting Committee (LVC).

That's just one example of how the all-volunteer LVC is fulfilling its mission to enhance the MGH experience for patients, families, and the greater MGH community. Formed in 1869, the LVC is celebrating its 150th anniversary this year, and on April 2nd, members will visit departments throughout the hospital to deliver goodies.

Says Rose McCabe, chair of the LVC Shops Committee, "The LVC established the MGH General Store in 1940 and now has six locations throughout the hospital. Every purchase made in the shops goes directly to fund the LVC's efforts to give back through grants that support patient programs, services, and activities."

For more information, go to the LVC website on Apollo.

## <u>Safety</u>

# MGH Hazardous Drug Safety Update

More than 12 billion doses of hazardous drugs are handled by US providers each year. United States Pharmacopeia 800 (USP 800), a federal regulation providing standards for safe handling of hazardous drugs, will take effect in December of 2019. For MGH to be in compliance, representatives from Nursing, Medicine, Pharmacy, and other departments are working together to ensure we meet the new standards.

Efforts began two years ago with the formation of the Hazardous Medication (HazMed) Task Force, co-led by Julie Cronin, RN, nursing director of the Yawkey 8 Infusion Unit, and Laura Meleis, assistant director of Quality, Compliance, and Regulatory Affairs, for Pharmacy. The goal of the HazMed Task Force is to ensure MGH employees who handle hazardous medications are protected, understand policies and procedures, and have the resources they need to provide care safely.

Some of the issues being addressed include:

- Implementating PhaSeal, a closed system transfer device (roll-out in progress)
- Badge reference cards for proper personal protective equipment and waste disposal

- Updating and simplifying Partners Hazardous Medication List
  - Language changed from 'tiered system' to 'high risk/low risk'
  - Updated the Pharmaceutical Waste Disposal Grid in Ellucid and on the Environmental Health and Safety website
- Creating an acknowledgment of risk (attestation) for staff who handle hazardous medication
- Assigning HealthStream courses to educate staff regarding handling of hazardous medications
- Changes to *e*Care, administrative instruction, and labels to reflect 'high risk/low risk' alerts

• Updated policies in both the Medication and Nursing Manuals, including hazardous medication management and safe administration and handling

Some of this work is ongoing, but MGH will meet the December target to be compliant with USP 800 regulations. Thanks to everyone who has contributed time and expertise to make this project a success and our environment safer for patients and staff.

For more information, call Julie Cronin at 617-726-1759.

Approved MGH Waste Containers				
RED BUCKET	YELLOW BUCKET	BLACK BUCKET	STERICYCLE CsRX	
Everything that does not need to be discarded in the Yellow Bucket, Black Bucket or Stericycle CsRx shall be discarded in red bins. Sharps shall never be discarded in the red 30- gallon bins. Sharps that are not discarded in the yellow or black buckets must be discarded in the standard red or beige sharps disposal containers	Antineoplastic chemotherapy hazardous medications	Always in a black bucket: Arsenic Trioxide Acetone Physostigmine Selenium Sulfide Silver nitrate	Discard all controlled substances (CII-CV) that are opened or need to be wasted, including hazardous controlled substances by emptying the contents of the syringe or bag into the bottom of the Stericycle CsRx. Sharps shall never be discarded in the Stericycle CsRx.	

# PRACTICE ALERT

### **MRI Safety Is Everyone's Business**

Recently an MRI Conditional\* Servo-i Ventilator became a projectile in the MRI environment. No patients or staff were harmed.

### **MRI SAFETY**

- The MRI magnet IS ALWAYS ON
- It is critical for anyone in the MRI environment to be aware of the dangers associated with the magnetic field.
- The MRI technologist has <u>complete oversight</u> and <u>final</u> <u>authority</u> regarding when it is safe for anyone to enter the scan room.
- No person, supply or equipment can enter the MRI room without first confirming with an MRI technologist it is safe to do so.



- All patients AND staff entering the MRI room must be thoroughly screened for MRI safety considerations.
- All equipment and implanted devices are characterized as either:
  - **MRI CONDITIONAL\***: specific conditions must be met for the equipment to enter the room or for the patient to have an MRI.
  - o MRI UNSAFE: the equipment or item CANNOT enter the MRI room
  - **MRI SAFE**: no known hazards in *any* MRI environments.

### **VENTILATOR SAFETY IN MRI**

- Ventilator wheels are always locked once the ventilator is in position for the exam.
- In some MRI areas the ventilator is tethered in place.
- New! An MRI Technologist and a Respiratory Therapist will conduct a visual checklist of the MRI CONDITIONAL\* Servo-i Ventilator before any patient enters the MRI room.

For questions on MRI Safety contact *MRI* Supervisor at p#29657



March 2019

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 the PCS Office of Quality & Safety, or go to the Excellence Every Day portal page at: http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp.

### Announcements

### National Patient Safety Awareness Week

#### final event

#### Thursday, March 21, 2019 1:30–2:30pm O'Keeffe Auditorium

"Speak Up for Staff Safety" Panel Discussion

For more information, contact Karen Miguel, RN, staff specialist, at 617-726-2657.

### Blum Center Events

#### Monday, March 25th

"Food Allergy Management Boot Camp: Creating Communities of Support for Students with Food Allergies" Join Michael Pistiner, MD, to learn strategies for dealing with food allergies.

#### Wednesday, March 27th

"Mass General Cancer Center Genetic Series: Hereditary Colon Cancer" Join Devanshi Patel to learn more about colon-cancercausing genes and what to do if colon cancer runs in your family.

#### Thursday, March 28th

Shared Decision Making "Sleeping Better: Help for Long-Term Insomnia" Join Kathleen Ulman to learn more about treatment options and tips on sleeping better.

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.

### 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): May 8th 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.

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

#### Published by

*Caring Headlines* is published twice a month by the department of Nursing & Patient Care Services.

Publisher Debbie Burke, RN, senior vice president for Patient Care

Managing Editor Susan Sabia

Editorial Advisory Board: Disability Program Manager Zary Amirhosseini

Editorial Support Marianne Ditomassi, RN Mary Ellin Smith, RN Maureen Schnider, RN

Informatics Ann Marie Dwyer, RN Medical Interpreters

Carmen Vega-Barachowitz, SLP

Materials Management Edward Raeke

Nutrition & Food Services Donna Belcher, RD Susan Doyle, RD

Office of Patient Advocacy Robin Lipkis-Orlando, RN

Office of Quality & Safety Colleen Snydeman, RN Orthotics & Prosthetics

George Reardon

PCS Diversity Deborah Washington, RN

Physical Therapy Occupational Therapy Michael Sullivan, PT

Police, Security & Outside Services Joe Crowley

Public Affairs Colleen Delaney

Respiratory Care Ed Burns, RRT

Ed Burns, RR I Social Work

Ellen Forman, LICSW

Speech, Language & Swallowing Disorders and Reading Disabilities Carmen Vega-Barachowitz, SLP

Spiritual Care Carmen Vega-Barachowitz, SLP

The Institute for Patient Care Gaurdia Banister, RN

Training and Support Staff Gino Chisari, RN

Volunteer Services Jacqueline Nolan

Distribution Jacqueline Nolan, 617-724-1753

Submissions All stories should be submitted to: ssabia@partners.org

For more information, call: 617-724-1746

Next Publication April 4, 2019

### Patient Experience

# We all help shape the patient experience embracing the icare philosophy

MGH developed the icare model to reinforce the expectation that all MGH employees strive for excellence in every interaction with patients, families, visitors, and colleagues. An 11-minute HealthStream video introduces the icare model, stressing the importance of fostering a welcoming environment. Check it out if you haven't already done so.

icare stands for: <u>I c</u>ommunicate, <u>a</u>dvocate, <u>r</u>espect, and <u>e</u>mpathize





First Class US Postage Paid Permit #57416 Boston, MA

