

Caring

Headlines

October 24, 2019



Annual Collaborative Governance



Fair

sharing the work of our dedicated collaborative governance champions

Representatives of the PCS Clinical Practice Committee; Diversity and Inclusion Committee; Ethics in Clinical Practice Committee; Informatics Committee; Patient Education Committee; Patient Experience Committee; Quality and Safety Committee; Research and Evidence-Based Practice Committee; and others shared information and interactive activities showcasing the work they're doing to keep patients and staff safe. See story on page 4.



Nursing & Patient Care Services strategic planning process

I'm excited to share that Nursing & Patient Care Services has kicked off a formal strategic planning process to help guide our work in the coming years. We are partnering with the consulting firm, AltshulerStaats, to ensure we move forward in a thoughtful and thorough manner.

Right now, we're in the early stages of Phase I of the process, identifying shared goals and priorities. We're meeting with stakeholders—staff and leadership throughout PCS and key members of the MGH community—to garner as much information as we can to inform our work.

In the coming months, we'll be meeting with the Staff Nurse Advisory Committee, nursing directors, leadership and staff of the health professions, collaborative-governance leaders and champions, and others to hear their input and ideas.

I can tell you that my listening tour over the past year, hearing what's important to you and the challenges you're facing, will factor into the conversation as we formulate our plan.

It's fortuitous that as we launch our strategic planning process, the Staff Perceptions of the Professional Practice Environment Survey is in the field. The survey has been a valuable tool since its inception in 1999, providing insight into what's working and where there may be room for improvement.

The survey will be in the field through mid-November and will be a valuable resource in helping to identify our strategic priorities.

We anticipate that Phase I of the strategic planning process will con-



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

clude in the spring when we can begin Phase II: implementation.

I look forward to working with you on crafting this blueprint for the future work of Nursing & Patient Care Services.

Debbie
Debbie Burke

In this Issue

Collaborative Governance Fair.....	1
Debbie Burke.....	2-3
• Nursing and PCS Strategic Planning Process	
Collaborative Governance Fair.....	4-5
De-Stigmatizing Addiction	6
Emergency Nasal Narcan Administration	7

Albert H. Brown Medical Nursing Visiting Scholar.....	8
Medical Interpreter Services Anniversary	9
Transplant Peer Mentoring Program.....	10
Pat McGrail Nurse Mentor of Distinction Award.....	11
CSI Academy.....	12-13
Case Management	14-15

PCS Scholarships	16-17
Gender Identity and High-Quality Care.....	18
Patient Experience Survey Data.....	19
IDEA Grants.....	20
Practice Update.....	21
Announcements.....	22
New Leadership.....	23
• Hiyam Nadel, RN	
Pediatric Nurse Week.....	24

(Cover photos by Paul Batista)

Debbie's Photo Gallery



(Top and top left): Congratulations to everyone involved in the successful move of the ED Observation Unit to Bigelow 12. Great team effort!

(Below): I had an opportunity to meet with our Ellison 17 and 18 pediatric staff (and below that) staff of the White 9 Medical Unit. Such good work going on, thank-you.



(Bottom right): a group photo from the first night of the Magnet Conference in Orlando, Florida. What an amazing time!

(Left and bottom left): our wonderful disaster response team on Grand Bahama Island after the devastating hurricane. So proud!



Annual Collaborative

Collaborative governance — working hard



Collaborative governance champions and other members of the MGH community share the work they're doing to keep staff and patients safe.



Governance Fair

to keep staff and patients safe

Collaborative Governance Committees

- The Clinical Practice Committee demonstrated IV management techniques, including the push/pause method of flushing lines that creates turbulence to clear residual blood or medication from the line
- The Diversity and Inclusion Committee looked at how implicit biases are likely to influence diagnosis and treatment decisions and what clinicians can do to mitigate those biases
- The Patient Experience Committee challenged visitors to test their empathy by identifying a variety of emotions based only on seeing an individual's eyes. The exercise showed how we can mis-read a person's true emotions and offered ways to better understand what patients are feeling and how we can partner with them to make them more comfortable
- The Ethics in Clinical Practice Committee engaged visitors in finding language to talk about what's important when their lives are affected by serious illness
- The Research and Evidence-Based Practice Committee used an interactive game to reinforce the principles of evidence-based practice and shared ideas to disseminate evidence-based practices throughout Patient Care Services
- The Quality and Safety Committee focused on the importance of filing safety reports, ensuring a safe environment for patients at risk for suicide, and showed a video of hand-offs between nurses, patient care associates, and sitters
- The Informatics Committee shared their, "top ten eCare sites," and how to access them. They presented a variety of interactive games and other eCare resources, including the new Downtime Manual
- The Patient Education Committee presented information on how health literacy can help facilitate patients' preparation for hospitalization as well as their return to the community or post-hospital care facility
- Representatives from Police, Security & Outside Services shared information on how to stay safe at work, and Pharmacy shared information on obtaining and administering Narcan



(Photos by Paul Batista and Mary Elin Smith)

De-stigmatizing addiction

Addiction is a chronic illness that can be treated

—by Christopher Shaw, RN, nursing director, Addictions Consult Team

In the past few years, opioid addiction has become the greatest national threat to public health. Those struggling with addiction also contend with the stigma that has long been associated with drug addiction. Studies show that those who feel stigmatized are less likely to seek or benefit from treatment and more likely to be socially isolated.

Addiction is a chronic disease that requires treatment like any other chronic illness. Treatment can be successful, but stigmatization creates physical and mental barriers that prevent individuals from seeking help.

It's important to understand that addiction is a chronic illness so we can re-frame the way we think about

treatment. Addiction is not a moral failing. We can all help eliminate the stigma associated with addiction by changing the way we think about, talk about, and treat people with substance-use disorder.

For more information, contact Christopher Shaw, RN, at 617-643-0778.

✓ Non-stigmatizing language	✗ Stigmatizing language
<ul style="list-style-type: none">● Person with substance-use disorder	<ul style="list-style-type: none">● Substance abuser or drug abuser● Alcoholic● Addict● User● Abuser● Drunk● Junkie
<ul style="list-style-type: none">● Substance use disorder or addiction● Use, misuse● Risky, unhealthy, or heavy use	<ul style="list-style-type: none">● Drug habit● Abuse● Problem
<ul style="list-style-type: none">● Person in recovery● Abstinent● Not drinking or taking drugs	<ul style="list-style-type: none">● Clean
<ul style="list-style-type: none">● Treatment or medication for addiction● Medication for addiction treatment● Positive/negative (toxicology screen results)	<ul style="list-style-type: none">● Substitution or replacement therapy● Medication-assisted treatment● Clean/dirty

Emergency nasal Narcan administration

Use Narcan; save a life

—by Jennifer Mills, RN, nursing director, White 10 Medical Unit

An opioid overdose is a medical emergency that can lead to death without timely treatment. Since 2002, Massachusetts has seen a 470% increase in opioid-related overdose deaths. Progress has been made (8.3% decrease in the past three years) but the number of opioid-related deaths is still staggering.

In 2015, the American Heart Association identified opioid overdose as a medical emergency and began incorporating naloxone administration into its basic life support training. Last year, the Massachusetts Department of Public Health issued a standing order for dispensing naloxone rescue kits. The order states that nasal Narcan can be administered by any person, licensed or unlicensed, to assist in the recovery of individuals suffering from an opioid overdose.

MGH has embraced this effort and will be making nasal Narcan available throughout the main campus and ambulatory areas. Any MGH workforce member may ad-

minister nasal Narcan spray for known or suspected opioid overdoses and initiate the emergency response system. Training opportunities began last month and include open sessions and HealthStream courses for clinicians and non-clini-

cians. Nasal Narcan will be stocked in all code carts and AED cabinets.

Being able to recognize the signs of an opioid overdose is critical. Symptoms include blue/gray lips and nails; slow or absent breathing; cold and clammy skin; gurgling or snoring sounds, or inability to move or be woken up.

Respond quickly by calling the MGH Code and Emergency Response System at 6-3333 or 911, and initiate basic life support including administering nasal Narcan. Stay with the person as they recover, place in the recovery position if breathing, and ensure Police & Security are present. Once the Code Team and other responders arrive the person should be transported to the ED or inpatient room for further treatment.

For more information or training in the administration of nasal Narcan, e-mail Sheila Burke at sburke@MGHIHP.edu or Jennifer Mills at jmills1@Partners.org.

USE NARCAN. SAVE A LIFE.
Emergency Nasal Narcan (Naloxone) Administration
MASSACHUSETTS GENERAL HOSPITAL
National Recovery Month
SPONSORED BY SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Opioid overdose is a medical emergency. An overdose can occur when a drug is taken in an excessive amount (intentionally or unintentionally). Opioid overdoses may be reversed with timely administration of Narcan.

RECOGNIZE | Check for signs of overdose

- ✓ Unresponsive and unconscious
- ✓ Slow or no breathing
- ✓ Gurgling or snoring sounds
- ✓ Blue/gray lips and nails

RESPOND | Call for help (x6-3333 or 911)*

Initiate **Basic Life Support (BLS)** and administer nasal Narcan spray. Place and hold the tip of the nozzle in either nostril and press to release the dose into the nose. Medical emergency nasal narcan should not cause any harm to the individual.

* Dial 9-911 from MGH phone lines
Dial 911 from personal cell phones

RECOVER | Stay until help arrives

Ensure that **Police and Security are present for your safety and for additional nasal Narcan.** Code team and other responders should transport person to the ED or determine appropriate care area.

If breathing, place in the recovery position.

All Mass General workforce members may administer nasal Narcan
ENDORSED BY MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Albert H. Brown Medical Nursing Visiting Scholar

The Power of Presence at the End of Life

—by Jennifer Mills, RN, nursing director

On Tuesday, October 8, 2019, the 8th annual Albert H. Brown Medical Nursing Visiting Scholar Program focused on, 'The Art and Science of Nursing at the End of Life.' Attended by more than 40 direct-care nurses and others, the program highlighted the central role nurses play in end-of-life care.

Visiting scholar, Mark Lazenby, RN, professor of Nursing and associate dean for Faculty and Student Affairs at the University of Connecticut School of Nursing, had the opportunity to hear three clinical narra-

tives written by staff nurses on cardiac and medical units. The narratives highlighted the competence, reliability, and advocacy of nurses as they created a safe space for patients that honored their values and beliefs. Theresa Evans, RN, led a session on the role of the nurse in end-of-life care, stressing the importance of pain-management and communication.

Medical nurses, Michelle Monteiro, RN, and Lisa Bouvier, RN, shared their idea to provide compassion bags that include prayer shawls, poems, and other palliative-care tools.

Lazenby presented, "The power of presence at the end of life: being there for patients spiritually in the way they need you to be." He led attendees on a journey around the world, sharing many different beliefs about the pre-death, death, and after-death practices of various religious and cultural groups.

A panel discussion with representatives from Chaplaincy, Palliative Care, and Nursing focused on the importance of collaborative, interdisciplinary practice.

The Albert H. Brown Medical Nursing Visiting Scholar Program is supported in part by the generosity of Dorothy Terrell, MGH honorary trustee, in honor of her late husband Albert Brown.

For more information, contact Jennifer Mills, RN, nursing director, at 617-724-0559.



Clockwise from top left: visiting scholar, Mark Lazenby, RN; and panelists, Theresa Evans, RN; Alice Cabotaje; and (l-r) Michelle Monteiro, RN; Lisa Bouvier, RN; and Todd Rinehart, LICSW.

Medical Interpreter Services



(Photos by Michelle Rose)

Clockwise from top left: MGH president, Peter Slavin, MD; director of Interpreter Services, Chris Kirwan, MD, and executive director of Interpreter Services, Carmen Vega-Barachowitz, SLP; and Kirwan with (l-r) Paola Beccari Doran, CMI, David Ebb, MD, and Beatriz Oropeza, CMI.

Medical Interpreter Services celebrates milestone anniversary

On October 3, 2019, Medical Interpreter Services celebrated 40 years of serving patients with limited English proficiency and those who are deaf or deaf and blind. The department honored two language access champions: Ernesto Gonzalez, MD, for his long-standing support of the language access program; and David Ebb, MD, for including interpreters on his team and working closely with them to provide the safest, highest quality care.

MGH president, Peter Slavin, MD, noted the important role interpreters play in ensuring equal access to care for our diverse patient population. Director of Interpreter Services, Chris Kirwan, commended interpreters' professionalism and dedication to fostering high-quality care for patients and families. Said Kirwan, "This team is a beacon to the entire MGH community: because of your service, we stand ready to care for all patients who come through our doors."

For more information about the services offered by MGH medical interpreters, call 617-726-6966.

MGH Transplant Peer Mentoring Program

—by Barb Luby, LICSW, clinical social worker

In 1996, when Michael Sureau was 16 years old, he received a transplanted kidney from his mom. Tragically, 22 years later, Sureau was killed in a motor-vehicle accident.

But Sureau was fortunate to have enjoyed two decades of outdoor activities and ‘normal’ teenage fun because of the gift of life he received. Many adolescent organ recipients aren’t that lucky.

Teenagers are more likely to experience biological rejection of transplanted organs during their teen years — not as a result of their disease process, but because they fail to comply with post-transplant care and treatment due to feelings of isolation and inability to cope. Studies show that social support is crucial for young people living with life-threatening conditions.

To honor their son’s life, earlier this year Sureau’s parents, Carole and Jean-Claude Sureau, made a generous gift to the Massachusetts General Hospital for Children and MGH Transplant Center to officially launch the MGH Transplant Peer Mentoring Program. The program provides social support and guidance to adolescent and young-adult patients throughout the transplant process.

Ten former MGH transplant patients between the ages of 19 and 35 underwent training to become

mentors. The one thing they have in common is that they all wish they’d had someone to talk to when they were going through the transplant process. Says mentor, Ben Blake, “People told me things would be okay; but how did they know? They’d never been in my shoes.”

Said Carole Sureau, “We feel certain our son Mike would have had an easier time if this kind of support had been available to him.”

The program is coordinated by a multi-disciplinary team of transplant surgeons, nurses, and social workers.

Says social worker, Barb Luby, LICSW, “We’re grateful to the Sureau family for their ongoing gift of life and for this opportunity to hopefully save more lives with the service provided by the MGH Transplant Mentoring Program.

For more information, contact social worker, Barb Luby, LICSW, at 617-643-5554.



Above: members of the Sureau family.



Below: peer mentors in the MGH Transplant Peer Mentoring Program.

Recognition

Pat McGrail Nurse Mentor of Distinction Award

—by Molly Lyttle, RN, nursing practice specialist

On September 30, 2019, Phillips House 22 recognized this year's recipients of the Pat McGrail Nurse Mentor of Distinction Award, Angela Pagliuca, RN, and Emily Patel, RN. The award celebrates Phillips House 22 nurses who consistently demonstrate excellence in mentoring and have a positive impact on practice and quality of care.

Pagliuca, an inpatient gynecology nurse since 2015, is known as a team player, always eager to help and support learning. She is an advocate for patients and families and

sets the bar high as a role model for students and staff alike. Pagliuca has been described by colleagues as achieving that delicate balance between supporting new nurses and allowing them to develop autonomy. Her attention to detail and strong communication skills help her prepare new nurses to transition into independent practice.

Patel began her career at MGH as a patient care associate and soon transitioned into the role of staff nurse where she has established herself as an exceptional teacher and

mentor. One colleague wrote of Patel, "She continuously sets a strong example of teamwork and leadership. Her patience and calm demeanor foster a strong foundation for learning."

Congratulations to Pagliuca and Patel for this well-deserved honor.

For more information about the Pat McGrail Nurse Mentor of Distinction Award, contact Molly Lyttle, RN, nursing practice specialist, at 617-724-4118.



Pat McGrail Nurse Mentor of Distinction Award recipients, Angela Pagliuca, RN (holding certificate, left), and Emily Patel, RN (holding certificate, right) with McGrail family members at award ceremony, September 30, 2019.

Transforming practice through innovative solutions

Cultivating joy and a healthy workforce

The PCS Office of Quality & Safety has been working with the American Association of Critical Care Nurses' CSI Academy to enhance MGH nurses' knowledge and skills to empower them to lead unit-based change. CSI (Clinical Scene Investigator) Academy is a hospital-based training program that prepares teams of nurses to identify challenges and efficiently develop, implement, and evaluate solutions to improve patient care and fiscal outcomes.

“Kick it in the Pedi ED” The Pediatric Emergency Department



Pictured far left: Catherine Harris, RN, coach (right) with clinical scene investigator; Susan Warchal, RN. At right: clinical scene investigator; Paige Cowles Fox, RN.

(Photo provided by staff)

The challenge:

The team recognized a need for preceptor support in teaching IV insertion for pediatric patients based on:

- the potential for improvement in IV success rates
- inconsistencies in documentation
- requests for support by preceptors

Purpose and goals:

The team sought to capitalize on the potential for improvement in IV success rates; reduce or eliminate inconsistencies in documentation; and provide the training in IV insertion that preceptors had requested.

Goals include:

- 1-3 core preceptors would attend an IV simulation session
- 100% participation in pre- and post-session survey by preceptors

For more information about this project, contact nursing practice specialist, Catherine Harris, RN (coach), at 617-643-4412, or either of the clinical scene investigators listed above.

CSI Academy (continued)

“Sleep Well, Be Well” Ellison 8 Cardiac Surgery Step-Down Unit



Carolyn Velez, RN, coach (center), with clinical scene investigators, Kelly Hutchinson, RN (left), and Melissa Webb, RN.

The challenge:

- The team was unhappy that their HCAHPS score for Quiet at Night had fallen below the national benchmark.

Purpose and goals:

The team sought to increase their Quiet at Night HCAHPS score and improve patient satisfaction and patient outcomes

Goals include:

- Improve Quiet at Night HCAHPS scores by 5.5%
- Educate 80–90% of staff on Sleep Well, Be Well program
- Ensure 100% of new admissions receive sleep kits
- Fewer than two ‘red-light events’ (noise above the set decibel reading on noise meter) per night

For more information about this project, contact clinical nurse specialist, Carolyn Velez, RN (coach), at Cvelez@mghihp.edu, or either of the clinical scene investigators listed above.

CSI Academy is a new, limited series in *Caring Headlines* intended to share the work of specially trained nursing teams engaged in trialing practice-improvement solutions on their units.

Look for information about other CSI projects in future issues of *Caring Headlines*. For more information about CSI Academy at MGH, contact Karen Miguel, RN, staff specialist, at 617-726-2657.

Case management

advocating for patients behind the scenes

—by Maria Sweeney, RN, case manager

As we celebrate Case Management Week, October 13-19, the Case Management Department would like to share some of the work it does behind the scenes. Case managers advocate for patients to ensure safe discharge; ensure patients' insurance covers their stay; follow up with patients in outpatient practices to make sure their health and well being are not at risk. Case managers do everything in their power to minimize or eliminate the financial impact of care. One case manager observed, "Our work affects the lives of not just patients, but their families who continue the journey to recovery long after our encounter has ended."

I am a float case manager, and I recently covered an assignment for a day. An appropriate discharge plan was taking shape, but the patient's wife reached out to me. She felt overwhelmed at having to drive to a nursing facility with shorter daylight hours and asked if there was any way her husband could be discharged to a facility closer to their home. I was able to turn the plan toward her request. She e-mailed me updates on her husband's progress and was very happy he was able to go to the rehab facility I found for him.

—Dana Madden, RN,
case manager



Case managers, Andrea Belliveau, RN (left) and Ellen Cobau, RN, confer about a patient on the Ellison 8 Cardiac Surgical Step-Down Unit.

Case Management (continued)

I just started my iCMP (Integrated Care Management Program, outpatient case management) career after being on the surgical side of nursing for many years. I am based out of Senior Health and cannot believe how rewarding it is to help this vulnerable population. They are so grateful for what we do!

—Karen Parmenter, RN
outpatient case manager

I recently worked with a patient who came in to the Medical ICU in respiratory distress. He was a healthy 50-year-old man with no past medical history admitted with influenza that developed into acute respiratory distress syndrome. This patient almost passed away several times. After weeks of care and a new tracheostomy, he finally started to get better. I spoke to the patient's insurance company and got a list of long-term acute-care hospitals covered by his insurance. When the patient was finally off the ventilator and stable, I met with him and his wife to talk about discharge. The wife was very worried that they'd be leaving the hospital so soon. They lived two hours away and had two small children. His wife commuted every day to MGH. I was able to locate two long-term acute-care hospitals in their area, one 12 minutes from their home. With much back-and-forth between the facility and the insurance company, a bed was offered to the patient. I couldn't wait to tell them. The patient's wife and I hugged and cried together. It was an experience I will never forget.

—Genevieve Bradley, RN,
case manager

Case Management at MGH



Case managers work with patients and families to manage medical, social, emotional, and insurance concerns so they can make informed decisions about their healthcare choices.

In the Respiratory Acute Care Unit, I was assigned to a 32-year-old male patient with an anoxic (lack of oxygen) brain injury. He was newly vent-dependent with no potential for weaning, and he had a gastric feeding tube. This young man was going to need a lifetime of total care, not able to perform any independent activities like bathing, dressing, showering, toileting, etc. He'd been discharged to a skilled nursing facility but was only there three days before being re-admitted to MGH. Mom wanted to take him home—a lot of coordination was required to secure the medical equipment, supplies, cough machines, wound supplies, and tube feedings. The care team and I provided education and hands-on teaching to Mom who was committed to caring for her son 24/7. I arranged for all his equipment, supplies, and home services. Mom was able to take her son home and felt comfortable managing all aspects of his care with no re-hospitalizations.

—Wendy Lanni, RN,
case manager

Patient Care Services scholarships

supporting the educational advancement of PCS employees

Through the generosity and support of our donors, Patient Care Services was able to provide 44 scholarships this year—the most ever presented by Patient Care Services in a single year.

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

- Kristen Antony, RN, pursuing an MSN at Northeastern
- Kristin Archambault, RN, pursuing an MSN
- Emily Bernard, RN, pursuing an MSN at Boston College
- Christine Campbell, RN, pursuing an MSN at U Mass
- Natalie Cignatta, RN, pursuing an MSN at Simmons College
- Karen Collins, RN, pursuing an MSN at Southern New Hampshire University
- Elzbieta Gilbride, RN, pursuing an MSN at Southern New Hampshire University
- Torrey Healey, RN, pursuing an MSN at Endicott College
- Kaitlin Hudson, RN, pursuing an MSN at U Mass
- Shannon Swanson, RN, pursuing an MSN at Endicott College

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

- Olivia Bass, RN, pursuing a DNP at U Mass
- Barbara Belanger, RN, pursuing a doctorate at Northeastern
- Cara Bertoni, RN, pursuing a DNP at U Mass
- Daniel Conway, RN, pursuing a doctorate at Northeastern
- Julie Goldman, RN, pursuing a DNP at the MGH IHP
- Sarah Hassan, RN, pursuing a DNP at Regis College
- Nicole Jones, RN, pursuing a DNP at U Mass
- Brenda Kashi, RN, pursuing a DNP at the MGH IHP
- Lori Pugsley, RN, pursuing a DNP at the MGH IHP
- Pamela Quinn, RN, pursuing a DNP at the MGH IHP
- Tara Tehan, RN, pursuing a PhD at U Mass

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

- Teri-Ann Aylward, RN, pursuing an MSN at Southern New Hampshire University
- Pamela Connolly, RN, pursuing a BSN at U Mass

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

- Melat Abayneh, RN, pursuing a BSN at U Mass
- Daniel Carvalho, pursuing a BSN at the Massachusetts College of Pharmacy and Health Sciences
- Shaquira Coulter, pursuing a BSN at the Massachusetts College of Pharmacy and Health Sciences
- Daphne Desiral, pursuing an ADN at Laboure College
- Veronica Erasquin, pursuing a DNP at the MGH IHP
- Harriette Green, RN, pursuing a DNP at U Mass
- Genevieve Jean-Francois, LPN, pursuing an ADN at Laboure College
- Carolina Robertson, RN, pursuing an MSN at U Mass
- Christina Valle, pursuing a BSN at U Mass, Lowell
- Qiaomei Zhang, RN, pursuing an MSN at U Mass

The Ginger Sutherland Davis Nursing Scholarship goes to nurses who specialize in oncology seeking to become certified nurse practitioners in an MSN or DNP program. This year's recipient is:

- Cara Ellis, RN, pursuing an MSN at U Mass

continued on next page

Education/Support (continued)

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

- Laura Marmion, RN, pursuing an MSN at Framingham State
- Colleen McGovern, RN, pursuing an MSN at Southern New Hampshire University
- Kristen Nichols, RN, pursuing an MS at U Mass
- Stephanie Qualls, RN, pursuing an MSN at U Mass
- Meghan Roche-Laputka, RN, pursuing an MSN at Southern New Hampshire University

- Elizabeth Thomas, RN, pursuing an MSN at U Mass
- Brie Trefrey, RN, pursuing an MSN at Salem State

The Regina G. Adams Advanced Nursing Scholarship goes to oncology nurses seeking to become certified nurse practitioners in an MSN or DNP program. This year's recipients are:

- Jennifer Maynard, RN, pursuing an MSN at U Mass
- Nisha Wali, RN, pursuing an MSN at Simmons College

The Peggy Lou Chaffin, RN, Award for Advanced Practice Nursing in Oncology goes to an advanced practice oncology nurse pursuing a degree in a DNP or PhD program. This year's recipient is:

- Wendy Hardiman, RN, pursuing a doctorate at U Missouri

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

Recipients of 2019 PCS scholarships



Top (l-r): recipients of the Norman Knight Nursing Scholarship; and the Regina G. Adams Advanced Nursing Scholarship.

Middle: recipients of the Cathy Gouzoule Oncology Scholarship; the Ray Eugene & Hannah E. Johnson Scholarship; and the Ginger Sutherland Davis Nursing Scholarship.

Bottom: recipients of the Norman Knight Doctoral Scholarship; the Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care; and the Peggy Lou Chaffin, RN, Award for Advanced Practice Nursing in Oncology.



(Photos by Kate Hock)

Gender identity and high-quality care

—by Ann Marie Dwyer, RN, director, PCS Clinical Informatics

The more we know about patients, the better equipped we are to provide meaningful, high-quality care. Toward that end, we now have the capability to enter information about patients' sexual orientation, gender identity, sex assigned at birth, and preferred pronouns in our electronic health record.

What is sexual orientation?

Sexual orientation is how a person defines their emotional and sexual attraction to others. In our electronic health record, options for sexual orientation include: bisexual, gay, lesbian, pansexual, queer, and straight.

What is gender identity?

Gender identity is a person's sense of their own gender. In our electronic health record, options for gender identity include: female, male, genderqueer, questioning/unsure, transgender female, and transgender male. Gender identity appears in the header, above 'Legal Sex.'

How will this information be used?

Once this information is in the electronic record, it can be viewed by the care team so they can provide the best, most meaningful care possible. Information about sexual orientation and gender identity, like all information in the electronic health record, is private and protected by law.

What if patients don't want to share this information?

It's always the patient's choice whether to share information related to their sexual orientation or gender identity.

How does the information get into the electronic health record?

Patients have the option to provide this information to clinical or registration staff during a hospital stay or outpatient appointment. Patients can provide this information at any time by calling Patient Registration (866-211-6588) or through Patient Gateway at: www.patientgateway.partners.org

Patients can use this same process if they prefer to be called by a name other than their legal name. The preferred name will be added to the medical record where it can be seen and used by all members of the care team. Electronic and paper medical records, documents requiring a patient signature, and the patient's wristband will list both the legal and preferred names. Some documentation will list only the legal name.

How does a patient update the legal sex or legal name in the electronic health record?

Patients can update their legal sex or legal name in the electronic health record by contacting Health Information Management at 857-



Ann Marie Dwyer, RN
director, PCS Clinical Informatics

282-9736 or by e-mailing: HIMChartCorrection@partners.org.

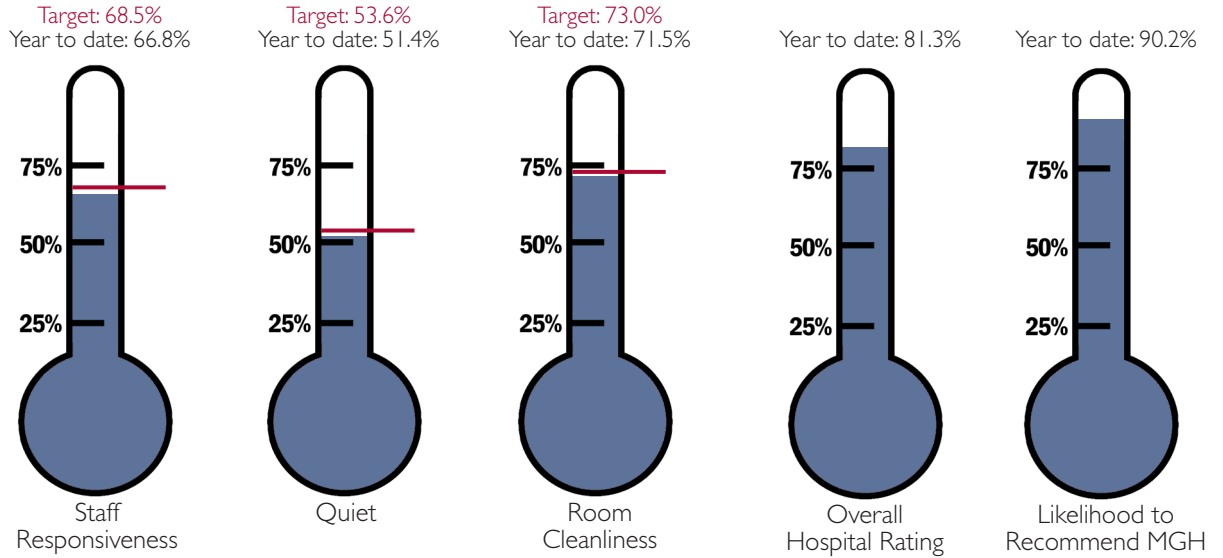
A photocopy of a current legal ID is required to update the patient's legal name and sex.

For more information, call:

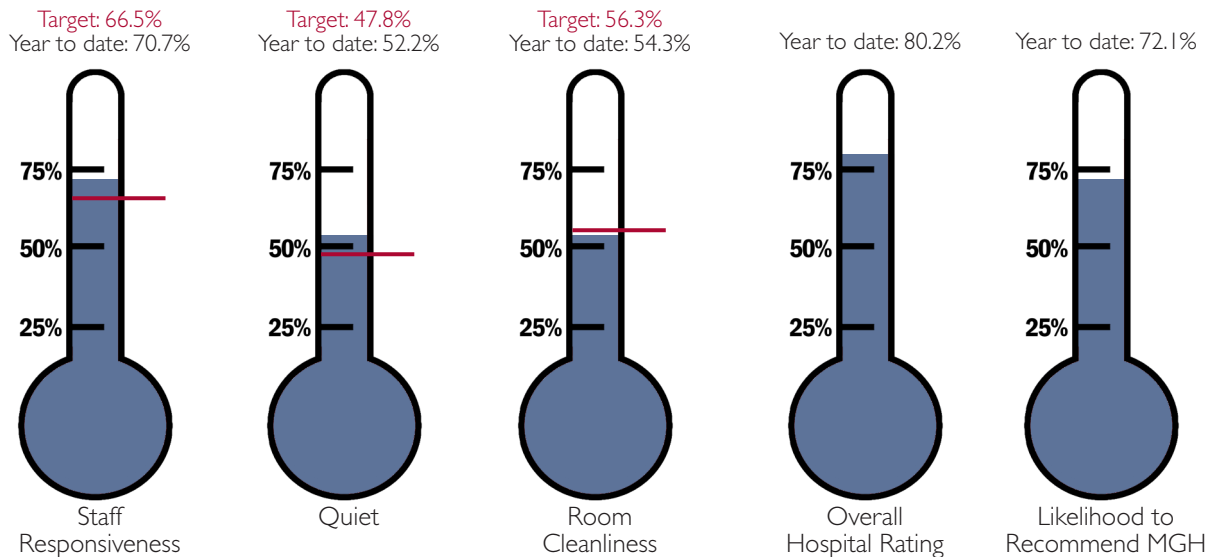
- Ann Marie Dwyer, RN, at 617-724-3561
- The MGH Transgender Health Program at 617-643-7210, or e-mail MGHTransHealth@mgh.harvard.edu
- MGH Financial Counseling & Registration at 617-726-2191, or visit in-person at Wang 150
- Patient Service Center (Registration) at 866-211-6588

Patient Experience Survey Data

Adult Inpatient



Pediatric Inpatient



Categories with red targets are 2019 MGH focus indicators.
 Data complete through July 30, 2019.
 YTD data received through October 2, 2019.
 Comparisons between areas are not valid due to different data sources.

2020 IDEA Grants

—by Mary Ellin Smith, RN, professional development manager

On Friday, October 11, 2019, two more Innovation Design Excellence Awards (IDEA) were given to staff to support their ideas to improve care. IDEA grants were introduced four years ago to encourage clinicians to tap into their creativity and entrepreneurial spirit to meet a patient-care need in a new way.

This year's recipients were Lara Hirner, SLP, speech-language pathologist, and the team of Kimberly Whalen, RN, nursing practice specialist, and Ryan Carroll, MD, attending physician, in the Pediatric ICU.

Hirner's idea first occurred to her while attending a conference. A speaker observed that despite the benefits of neonates being cared for in private rooms, the absence of ambient noise and voices can affect their brain development, which can lead to language and other delays. Hirner's idea was to record parents' and family members' voices so the recordings could be played for infants when family members weren't able to be present. Her grant will fund her idea, 'Be HEAR' (Healing Early Audio Recorder).



Ryan Carroll, MD, attending physician, and Kimberly Whalen, RN, nursing practice specialist



Lara Hirner, SLP speech-language pathologist

(Photos by Kate Hook)

Whalen's idea was triggered by an Ebola training exercise. While encased in layers of protective gear, she was asked to perform the routine task of transferring blood from a syringe to a small (micro) test tube. Always a challenging task, the chore was made even more difficult by the layers of protective gear she had to wear. There has to be a better way, she thought. So working with her colleague, Ryan Carroll, they developed a blood transfer shield.

Ideas come in many forms, often preceded by that same sentiment—there has to be a better way. IDEA Grants help provide the resources and support necessary to shepherd ideas from conception to reality.

For more information about IDEA Grants, contact Hiyam Nadel, RN, director, Center for Innovation in Care Delivery, at 617-726-3111.

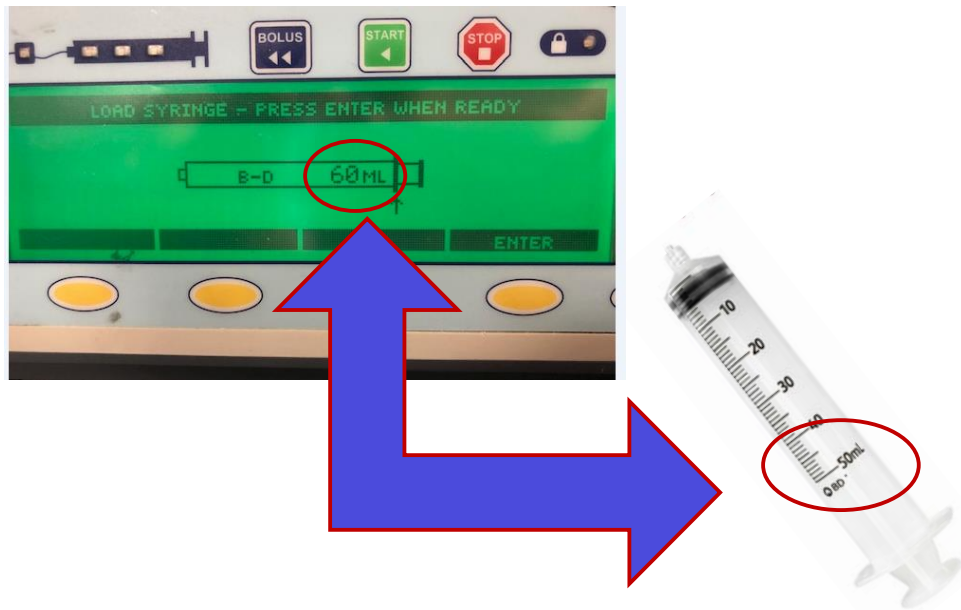
Practice UPDATE

Change in Volume of Large Syringes

Scale markings on all BD® 60 mL Syringes will no longer extend beyond 50 mL, and the product will be labeled and sold as a BD® 50 mL Syringe

Anticipated impact: When using a syringe infusion pump, there will be a mismatch between the screen (shown below) and the syringe in use.

This will NOT affect the function of the pump.



Please contact Jenn Albert or Kristin Tuiskula with any questions or concerns.

October 2019



Periodically, the PCS Office of Quality & Safety issues practice alerts and updates to communicate new information or changes to 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

Staff Perceptions of the Professional Practice Environment Survey

The 2019 Staff Perceptions of the Professional Practice Environment Survey (SPPPE) is a tool used by leadership to evaluate staff satisfaction with the professional practice environment.

Data from the survey inform organizational change and innovation and help guide strategic planning. The 2019 SPPPE survey will be in the field through mid-November.

Please complete the survey as soon as it arrives. *Every voice counts.*

For more information, e-mail Guardia Banister, RN, at gbanister@partners.org.

Conversations with Caregivers

for families, caregivers, patients, and staff

an educational series sponsored by the Dementia Caregiver Support Program

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

“Dementia comes in many forms: learn how we make an early diagnosis and why it matters,” presented by Brad Dickerson, MD, director, MGH Frontotemporal Disorders Unit.

Admission is free; seating is limited; light refreshments; parking vouchers available.

RSVP to: 617-724-0406, or email: dementiacaregiver.support@mgh.harvard.edu.

For more information, call 617-643-8809.

ACLS Classes

Certification:
(Two-day program)

Day one:
November 7, 2019
8:00am–3:00pm

Day two:
November 8th
8:00am–1:00pm

CPR Training (\$100)
November 7th
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.

DPH Domestic and Sexual Violence Training

The Massachusetts Department of Public Health has developed an on-line Domestic and Sexual Violence training course to meet Chapter 260 requirements. As health professionals prepare for 2020 license renewal, be aware that the course is time-consuming.

- Before starting, read *Troubleshooting Technical Difficulties* available through the menu at the top of the course landing page
- Complete the training on a desktop or laptop computer using Chrome, not a smart phone
- Your progress will only be saved for 30 days
- Don't click to advance to the next section, wait for automatic navigation to take you to the next page

For more information, contact Debra Drumm, LICSW, director of HAVEN, at 617-726-7674.

Central flu clinic now open

The MGH Central Flu Shot Clinic is now open and will run through Friday, December 6th. Employees and patients 18 and older can stop by the Wang Lobby to receive a flu shot; employees must identify themselves as employees to receive a sticker for their ID badge.

Clinic is open 8:00am–6:00pm except:

- November 27th (the day before Thanksgiving) 8:00am–4:00pm
- Closed November 28th and 29th (Thanksgiving and the day after Thanksgiving)

For more information, go to: www.massgeneral.org/flu/.

Disability Champion Award

Call for Nominations

Nominate a co-worker for the Disability Champion Award. Nominees should be individuals who:

- go above and beyond to help individuals who have a disability
- always take time to ensure patients have the resources they need

To submit a nomination:

- go to <http://sharepoint.partners.org/mgh/mghedrg>
- e-mail MGHEDRG@partners.org

Nominations due by October 28, 2019

This year's disability champion will be honored at the 7th annual EDRG Disability Champion Award Breakfast, November 25th, at 8:00am in the East Garden Room. RSVP to MGHEDRG@partners.org.

Blum Center Events

Tuesday, October 29, 2019
Shared Decision Making: Colon Cancer Screening

Friday, November 8th
“Gastroesophageal Reflux Disease”

Thursday, November 14th
“Type 2 diabetes: one disease or many?”

Monday, November 18th
“Coping and living well with serious illness”

Wednesday, November 20th
“Facing difficult medical decisions: tips and tools that can help”

Friday, November 22nd
“Self-care for caregivers”

Programs are free and open to MGH staff and patients. All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm unless otherwise specified.

For more information, call 4-3823.

Nadel new director, PCS Center for Innovations in Care Delivery

On September 30, 2019, Hiyam Nadel, RN, officially became the new director of the PCS Center for Innovations in Care Delivery, one of the four founding pillars of the PCS Institute for Patient Care.

Nadel first came to MGH in the 1990s as part of the team that re-established the MGH Obstetrics Department after a 40-year hiatus. She was instrumental in implementing a new obstetrical nursing care model and soon accepted the position of nursing director for ambulatory OB/GYN for MGH Boston, Danvers, and Waltham.

As both a mentor and judge for MassChallenge, an initiative that invites start-up companies from around the world to Massachusetts to solve healthcare problems, Nadel was integrally involved with bringing innovative ideas to the local healthcare forefront. She participated in the



Hiyam Nadel, RN, director,
PCS Center for Innovations in Care Delivery

inaugural Northeastern University Nursing Hackathon, IBM Watson Healthcare Hack, and the Ruderman Foundation Disability Hackathons.

Recently asked by Johnson & Johnson to be a judge for their Nurses Innovate Quickfire Challenge, Nadel will provide feedback to nurses on their innovative ideas to improve care, and she'll serve as an inaugural member of the Nursing Advisory Board for the World Healthcare Congress.

Said Gaurdia Banister, RN, executive director for the Institute for Patient Care, "Hiyam was recently selected as an Innovation Learning Network Changemaker, a distinction she richly deserves. Please join me in welcoming Hiyam to her new role as director of the PCS Center for Innovations in Care Delivery."

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Submissions

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

For more information, call: 617-724-1746

Next Publication
November 21, 2019

Celebrating Pediatric Nurse Week



In celebration of Pediatric Nurse Week, inpatient pediatric nurses, critical care nurses, and the Pediatric Emergency Department hosted the educational booth, 'Safe Sleep and Safety with Car Seats,' in the Main Corridor, Tuesday, October 8, 2019.

Information focused on motor-vehicle safety for neonates, young children, and adolescents, including tips for using car seats, car beds, and booster seats. Pediatric nurses were on hand to answer questions for staff and visitors. For more information, contact Catherine Harris, RN, at 617-643-4412.

(L-r): Arlene Kelleher, RN; Susan Warchal, RN; and Catherine Harris, RN, staff booth in the Main Corridor during National Pediatric Nurse Week.



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