

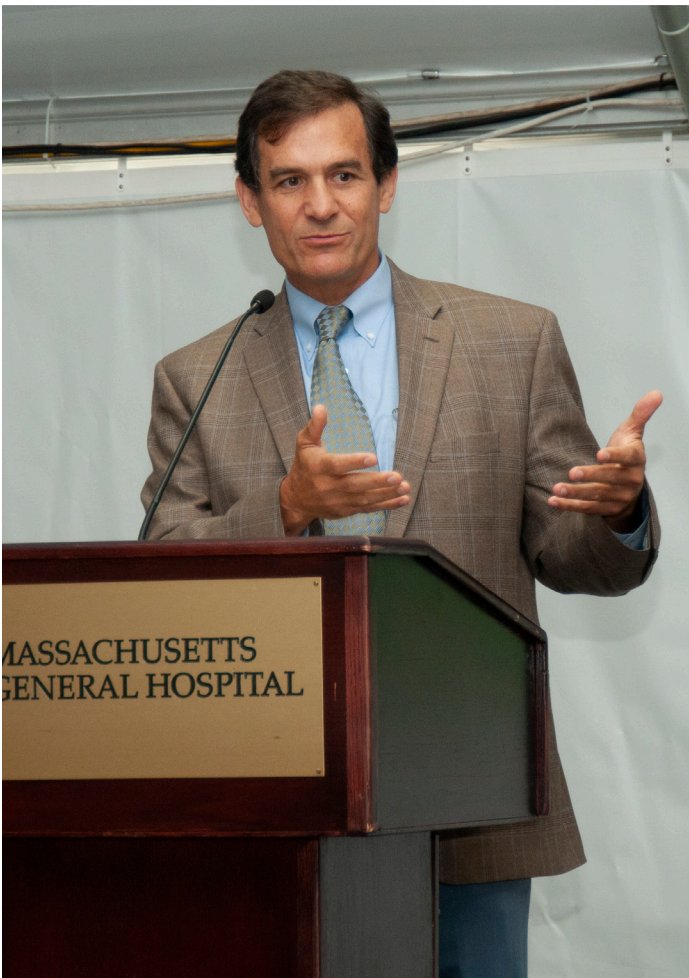
Caring

Headlines

September 19, 2019

Recovery Month at MGH

(See stories on
pages 4 and 5)



At the September 10, 2019, Recovery Month kick-off event, passion, education, and commitment were center stage as speakers shared stories of how they each came to be 'voices for recovery.' Together, they made a powerful case for why society needs to view substance-use disorders differently by removing the stigma and making evidence-based care and treatment readily available to all who need it.

Pictured at left: Josiah 'Jody' Rich, MD, professor of Medicine and Epidemiology and co-founder of the Center for Prisoner Health and Human Rights at Brown University. Above: Devin Reaves, social worker, community organizer, and co-founder and executive director of the Pennsylvania Harm Reduction Coalition.

Debbie Burke

Autumn is the perfect time to challenge yourself to try something new

I don't know what it is about this time of year, but every autumn I feel a renewed sense of ambition and purpose. Maybe it's because students are heading back to school, or the seasons are changing, or maybe the cool air just has an invigorating effect.

If you're like me, maybe you feel like taking on a new challenge, or doing something you've never tried before—something to refresh your mind and spirit.

When I think of all the opportunities available at MGH, I think this would be a great time to commit to

becoming certified in your clinical specialty, applying to the Clinical Recognition Program, applying for a collaborative governance committee (enrollment is open October–February), or taking advantage of our tuition reimbursement program to go back to school to earn a higher degree. There are so many possibilities.

Perhaps you want to find a mentor, commit to eating better, getting more exercise, or just resolving to have more fun in your life.

Whatever you decide to tackle this fall, I hope it brings you a sense of self-renewal and fulfillment.



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

I really like this quote from Stephen King: “When fall comes, it stays awhile like an old friend that you have missed.”

Debbie
Debbie Burke

If it's fall, it's time for your flu shot

Occupational Health Services is providing no-cost flu shots for all MGH employees under the Bulfinch tent through Friday, September 20th, from 7:00am to 4:45pm.

Ensure you're in compliance with the hospital's Influenza Vaccination Policy, which requires all workforce members to receive the flu vaccine by November 15th.

If you plan to request an exemption for health or religious reasons, you must submit a written request to Occupational Health Services by October 15th.

Receiving the influenza vaccine is the best way to avoid getting sick and spreading the virus to others. It's our responsibility as hospital employees to do everything we can to avoid spreading influenza.

For more information or to download a medical/religious exemption form, go to the MGH Influenza Vaccine page of Ask myHR.

Debbie's Photo Gallery



(At left): the Blake 13 Newborn Unit and Ellison 13 Obstetrics Unit have had a busy summer. I was happy to be able to spend time with them at a recent staff meeting.

(Below): Thank-you to our MGH Military Veteran Partners Group and Spiritual Care Department for coordinating a ceremony of remembrance on the Bulfinch Lawn on September 11th. It's so important to honor the victims, first responders, members of the military, and their families for their bravery and sacrifice.



9/11 photo by Kate Hocky

In this Issue

Recovery Month.....	1	CSI Academy.....	8-9
Debbie Burke.....	2-3	ECMO at MGH.....	10
• Autumn Renewal		Clinical Pastoral Education Graduation.....	11
Recovery Month.....	4	Practice Update.....	13
Recovery Month Clinical Narrative.....	5, 12	• IV Heparin Bag Conservation	
• Chris Shaw, RN		Patient Experience Survey Data.....	14
Lunder-Dineen.....	6	Announcements.....	15
• Maine Nurse Preceptor Education Program		Yawkey Family Waiting Area.....	16
Disaster Preparedness.....	7		

September is National Recovery Month

—by Jennifer Mills, RN, nursing director

During National Recovery Month, MGH joins communities across the country in raising awareness about the many evidence-based, addiction treatments available to those affected by substance use disorders (SUDs).

Recovery Month is an opportunity to highlight advancements in addiction medicine and address the challenges facing individuals with SUD throughout the greater MGH community. The MGH Substance Use Disorders Initiative focuses on clinical care, education, training, community engagement, and research. Toward that end, we'd like to highlight two MGH clinics that provide mental-health and substance-use-disorder treatment.

The West End Clinic is an outpatient facility for those with substance-use and mental-health disorders. It offers comprehensive evaluation of alcohol and other substance-use disorders; individualized treatment planning; psychiatric and medication assessment; and group, individual, and family therapy. In addition to treatment and education, the West End Clinic offers assistance to patients and families navigating the burdensome insurance process and is a resource for staff around treatment options, discharge planning, employee assistance, and general information about substance use disorders.

The Bridge Clinic is a transitional outpatient addiction clinic for discharged patients and patients leaving the ED who are not yet connected to outpatient care. Clinic staff help patients secure long-term, community-based treatment, provide addiction pharmacotherapy, individual and group support services, medication education, and assistance connecting patients to longer-term care.

For more information about MGH Recovery Month events, go to: www.massgeneral.org/recovery-month.



Recovery Month speaker: Josiah 'Jody' Rich, MD, professor of Medicine and Epidemiology and co-founder of the Center for Prisoner Health and Human Rights at Brown University.



Recovery Month speaker: Devin Reaves, social worker, community organizer, and co-founder and executive director of the Pennsylvania Harm Reduction Coalition.

Catch them before they fall

a story of perseverance and recovery

My name is Christopher Shaw, and I am the nursing director for the Addictions Consult Team (ACT). When I first met 'Rafael,' he lay in a near fetal position on a cot in the ED. He was emaciated, with matted hair and dirt-covered cheeks. His eyes were closed. I know he heard me when I introduced myself, but he didn't respond.

Over the course of many months after that, ACT staff would encounter Rafael in the ED or on medical units. His story unfolded as we shepherded him through a host of hospital services.

Despite the frustration we may have felt about Rafael's ambivalence to accept care, our approach was to find a way to meet him where he was. Rafael's situation was similar to so many patients we're privileged to see. Their illnesses are usually directly or indirectly related to their use of substances; their suffering buried deep within and difficult to access. It takes patience to gain the trust of a patient whose experience with

healthcare providers has been colored by judgment and stigmatization. But with patience and a desire to listen, stories emerge that can be elucidating for patients and providers alike.

Initially, Rafael was hospitalized briefly before leaving against medical advice (AMA). Rafael was a 'serial AMAer.' He preferred living on the streets; he felt disconnected and isolated in the hospital, and he avoided homeless shelters because he didn't like being 'boxed in' with strangers. His people and his community were on the streets. Rafael's desire for connection and fear of withdrawal were not unrelated. His story was an important part of understanding how isolation and pain contributed to his substance use.

As a child, Rafael had been shuffled between two deeply troubled and abusive parents. When he was 11, he was taken from them by the Department of Youth Services. He started using substances when he was 14 and still recalls the relief it gave him,



Christopher Shaw, RN
nurse practitioner and nursing director,
Addictions Consult Team

especially heroin. Eventually, his occasional use progressed to habitual daily reliance.

Rafael never intended to use intravenously—he'd been fearful of needles as a youth—but as his use progressed so did the pain of withdrawal. Injecting drugs relieved withdrawal pain faster and intensified their euphoric effect.

His few periods of abstinence came from being incarcerated, after which he'd feel improved physical health and emotional stability. He'd entertain the possibility of sobriety, but would relapse as stressors and challenges mounted.

As the disease progressed, Rafael experienced more medical complications. He contracted numerous infections, including abscesses, soft tissue, bone, and endocarditis (an infection of the endocardium of the heart), which caused severe valve damage requiring IV antibiotics and surgical intervention.

continued on page 12

Despite the frustration we may have felt about Rafael's ambivalence to accept care, our approach was to find a way to meet him where he was.

Maine Nurse Preceptor Education Program

—by Labrini Nelligan, executive director, Lunder-Dineen

The Lunder-Dineen Health Education Alliance of Maine, in collaboration with MGH, has launched its fifth Maine Nurse Preceptor Education Program (MNPEP), combining 21st-century, on-line, health education with live, interactive, hands-on training.

Having identified the need for a comprehensive educational program, the MNPEP was developed to address the learning needs of a multi-generational workforce and support the recruitment, integration, and retention of Maine nurses. It was built by the Lunder-Dineen team in collaboration with nursing leaders across the continuum of care.

To date, 70 Maine healthcare organizations have supported the attendance of nearly 800 nurses. Since 2015, enthusiasm and satisfaction with the program have grown, with feedback reinforcing the importance of utilizing 21st-century teaching techniques.

Says Lunder-Dineen executive director, Labrini Nelligan, “We anticipate that developing a cadre of nurses prepared to assume preceptor responsibilities will have a snowball effect, with more and more nurses wanting to become preceptors. All of which drives the delivery of high-quality, patient-centered care.”

Post-program surveys are being distributed to program graduates and administrators to further inform the evolution of the program.

For more information about the Maine Nurse Preceptor Education Program, go to: <https://lunderdineen.org/preceptorship>.



Scenes from the day-long, Maine Nurse Preceptor Education Program workshop held earlier this year.



(Photos provided by staff)

Preparing for emergencies at work

—by Jacky Nally, RN, and Eileen Searle, RN, Center for Disaster Medicine

September is National Preparedness Month. Because MGH is always open, providing 24-hour care to patients and the community, every employee must be ready to respond in the event of an emergency. All employees are considered *essential staff* during emergency situations.

Fortunately, disasters don't occur frequently, but when they do, being prepared can mean the difference between life and death.

What you can do now to prepare:

- Ask your supervisor about your department's emergency plans
- Keep your contact information (especially phone numbers) updated in PeopleSoft and the Partners Paging Directory
- Take your MGH ID badge home and always know where it is so you can access it quickly in the event of an emergency

- Be familiar with MGH emergency preparedness resources:

- Sign up with the Employee Alert System to receive alerts via text, e-mail, or phone: <https://pulse.partners.org/eas>
- Know the number for the Severe Weather/Emergency Conditions Hotline: 866-798-8402
- Know how to access the MGH emergency website from work or home: www.massgeneral.org/emergency
- Know how to get to the Emergency Preparedness website at: apollo.massgeneral.org/emergencypreparedness/
- Know your responsibilities if a Code Disaster is declared. Ask your manager if you are unsure.

The term, 'Code Disaster,' is used when an internal or external event (such as a fire, blizzard, flood, terror-

ist attack, influenza pandemic, etc.) overwhelms hospital resources.

If a Code Disaster is declared while you're at work:

- ensure the safety of patients and staff in your area if possible
- check in with your supervisor (in person or electronically)
- stay on-site until dismissed

If you're off-site:

- wait for instructions
- know how you can get to the hospital quickly
- if asked to respond, enter the hospital through the Gray Lobby and have your ID badge ready

Remain calm and flexible

- You may be asked to help another department or service. Everyone has a role in an emergency

For more information about the MGH Emergency Preparedness Program, go to: massgeneral.org/disaster-medicine or apollo.massgeneral.org/emergencypreparedness/.

(At right): the MGH Biothreat Team trains staff and coordinates exercises to ensure the safe care of patients with Ebola and other infectious diseases.

(Far right): The MGH HAZMAT Team is comprised of clinical and non-clinical personnel, trained to respond to large-scale disasters involving hazardous materials.



(Photos provided by staff)

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.

"Keep calm and sleep on" White 6 Orthopaedics Unit



Coach, Jean Stewart, RN (center), with clinical scene investigators (l-r): Hilary Gallant, RN, and Lauren Caruso, RN.

(photo by Kate Flock)

The challenge:

- Patients were dissatisfied with the amount of noise at night
- Patient-satisfaction scores for Quiet at Night were consistently below the hospital target of 53.6%

Purpose and goals:

The team sought to promote rest and healing by providing patients with a sleep menu to foster a positive perception of staff's efforts to keep the unit quiet.

Goals include:

- Improve Quiet at Night patient-satisfaction scores by 5% over five months

For more information about this project, contact clinical nurse specialist, Jean Stewart, RN (coach), at 617-726-6988, or either of the clinical scene investigators listed above.

CSI Academy (continued)

“Stop, communicate, listen” White 10 Medical Unit



At left: coach, Kathleen Carrigan, RN (left), and advisor, Jennifer Mills, RN (right), with clinical scene investigator, Christina Carmody, RN. (Below: clinical scene investigators, Lisa Bourgeois, RN (left), and Katherine Guanci, RN).



The challenge:

- The unit was experiencing poor communication between nurses and patient care associates
- The team felt they could improve communication among caregivers to better meet the Joint Commission’s National Patient Safety Goal standard for effective communication

Purpose and goals:

The team sought to improve communication on the unit by utilizing a standardized hand-off tool between nurses and patient care associates, thereby improving staff and patient satisfaction and clinical outcomes.

Goals include:

- 100% of staff will know about the ‘Stop, communicate, listen,’ CSI project
- 75% of staff will complete a REDCap survey
- 80% of staff will utilize the hand-off tool
- Achieve 50% increase in responsiveness to text-message communications
- Decrease catheter-associated urinary-tract infections by 50%
- Decrease falls with injury by 50%
- Decrease hospital-acquired pressure injuries by 50%

For more information about this project, contact nursing practice specialist, Kathleen Carrigan, RN (coach), at 617-643-5059, or any 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.

ECMO care requires highly specialized, multi-disciplinary, *team* approach

—submitted by Jeliene Larocque, RRT, ECMO coordinator

Extracorporeal membrane oxygenation (ECMO) has become a mainstay treatment option for patients experiencing cardiogenic shock or acute respiratory failure. ECMO is a form of life support similar to the heart-lung bypass machine used in open-heart surgery. It mimics the natural function of the heart and lungs, allowing patients to rest and heal.

Originally primarily used on children, the process has been more widely used on adults in recent years. At MGH, ECMO patients are cared for in the Cardiac Surgical ICU (Blake 8), Medical ICU (Blake 7), Neonatal ICU (Blake 10), and Pediatric ICU (Bigelow 6).

In 1988, MGH created a formal ECMO care team to meet the specialized needs of this patient population. Today, the team is comprised of physicians, respiratory therapists, nurses, perfusionists, anesthesiologists, intensivists, physical and occupational therapists, nutritionists, and a member of the MGH Ethics Committee.

Since implementing this multi-disciplinary approach, outcomes among ECMO patients have improved dramatically with an impressive improvement in survival from 37.7% to 52.3%

Members of the multi-disciplinary ECMO Care Team at MGH

Recently, the MGH ECMO Team was once again recognized by the national Extracorporeal Life Support Organization (ELSO) with its prestigious Gold Award of Excellence. This marks their third consecutive time receiving the award, which is bestowed every three years.

To learn more about ECMO at MGH, read the article, “Extracorporeal membrane oxygenation is a team sport: institutional survival benefits of a formalized ECMO team,” in the April, 2019, issue of the *Journal of Cardiothoracic and Vascular Anesthesia*, or call ECMO coordinator, Jeliene Larocque, at 617-724-0167.



(Photo by Michelle Nose)

Spiritual Care

Reverend Alice Cabotaje, director of Spiritual Care and Education (in black blazer) with class of CPE interns.

CPE educator, Rabbi Shulamit Izen (in red blazer) with this year's CPE residents.



Izen with another class of CPE interns.



Izen, Cabotaje, and Carmen Vega-Barachowitz, administrative director of Spiritual Care (center back), with CPE educators and this year's class of Clinical Pastoral Education graduates.

(Photos by Jeffrey Andree)

Clinical Pastoral Education graduation

—by CPE educator, Rabbi Shulamit Izen

On August 16, 2019, 13 students graduated from the MGH Clinical Pastoral Education (CPE) program, including three year-long residents and ten summer interns. It was the largest class in the history of the MGH CPE program. During their training, students provided spiritual care to more than 6,000 patients, augmenting spiritual-care services throughout the hospital.

Spiritual care at MGH takes many forms, from listening to patients as they process new diagnoses, to re-connecting patients with hope and strength, or supporting families as they say good-bye to loved ones. Spiritual care providers draw on their compassion and training to respond to patients' spiritual needs. One family member wrote to a CPE resident who sat with him as his father was dying, "Our conversation helped me navigate one of the darkest moments of my life."

The Spiritual Care Department offers a variety of programs. Clinicians are encouraged to apply for the MGH Extended CPE program that focuses on incorporating spiritual care into clinical practice.

Says CPE educator, Rabbi Shulamit Izen, "Spiritual-care education is a dance between the classroom and the bedside, between who the student is and who the patient is. Students learn that skilled spiritual care comes from integrating the head and the heart."

For more information, contact Rabbi Shulamit Izen, at 617-726-2226.

Over the course of many admissions and medical setbacks, Rafael became well known to the ACT and others. During that time, he learned he was hepatitis C- and HIV-positive.

The treatment for endocarditis is lengthy, requiring extended hospitalization. The prospect of staying in the hospital was untenable for Rafael, so implementing harm-reduction measures and using motivational interviewing techniques were key to helping him through treatment.

Rafael's medical complexities required inter-disciplinary collaboration that not only enhanced his clinical care but fostered in him a desire for substance-use recovery.

ACT recovery coaches, social workers, and providers joined forces with nurses and outreach workers to help ensure his continued engagement in treatment.

Rafael used writing and drawing as creative outlets and attended recovery focus groups offered through the MGH Bridge Clinic. He attended 12-step recovery meetings here at the hospital. Prior to cardiac surgery to repair Rafael's heart valve, cardiac surgeons, cardiologists, and clinical nurse specialists worked closely with ACT and Infectious Disease staff to guide his care.

Methadone was used to help Rafael overcome the pain of opioid withdrawal and drug cravings. This is an evidenced-based treatment for opioid use disorder and was a key factor in helping Rafael through his medi-

cal treatments. He'd never used methadone prior to being hospitalized, and he considered it a game changer.

In addition to the relief he was getting from medication, Rafael's need for human connection was also being met in the hospital, which had become the backdrop for his medical, psychological, and substance-use recovery. Rafael was committed to maintaining those connections in order to sustain his recovery.

Rafael's story is a powerful reminder that recovery is possible and it can be greatly enhanced by a multi-disciplinary approach.

'Maddie,' a psychiatric NP student who worked with Rafael during her training with the ACT, continued to follow Rafael when he left MGH to go to a skilled nursing facility. She found his resilience inspiring. After all he'd been through, he was neither bitter nor self-pitying, and everyone he met seemed genuinely touched by his kindness.

Rafael shared with Maddie that a friend of his had been nearly beaten to death and thrown into a dumpster. She empathized with him, saying how terrible it was that there are such bad people in the world. "No," he said, "there are people who do bad things sometimes; it doesn't mean they're bad people."

His years of homelessness and struggle with SUD had reinforced the importance of treating everyone

with respect—"Because that could be you one day."

During his convalescence, Rafael's desire to help others grew. He was deeply affected by his experience at MGH, especially the relationship he developed with 'Stephen,' his recovery coach.

Rafael commented that if he'd had someone like Stephen during his formative years, his life could have been so different. Someone to tell you, "It's going to be okay," or "I

know what you're going through." Rafael knows there's a long road ahead, but he dreams of one day becoming a recovery coach himself. He talks about opening a

center to help young people like himself and calling it, "Catch them before they fall."

Recovery Month underscores the importance of healthcare providers understanding the concept of harm-reduction and knowing how they can apply it to protect a patient's health and safety.

Rafael's story is a powerful reminder that recovery is possible and it can be greatly enhanced by a multi-disciplinary approach.

Barbra McInnis, a local nursing legend among homeless patients, was often asked what her philosophy of nursing was. Her answer was always the same: "We get to hear their stories."

Practice UPDATE

IV Heparin Bag Conservation

The Hospital Incident Command System (HICS) has been activated in response to a global heparin shortage.

It is important that staff are aware of the following **conservation measures**:

- **Avoid unnecessary infusion bag changes:**
 - Heparin infusion bags from the OR, procedure areas, or outside facilities with incompatible tubing may be aseptically re-spiked with the compatible Sigma infusion pump tubing, unless otherwise clinically indicated.
 - Maintain IV heparin bags as patients move across units (i.e. from OR, ED, IR to floor or ICU). DO NOT convert to new bags of the same infusion on admission to units. Clearly label the IV set up with start date.
- **As a team, assess the need for continued therapy:**
 - Prior to spiking a new bag, discuss the need for continued IV heparin therapy with responding clinician.
- **Reduce wasted volume:**
 - Commercially prepared IV heparin bags and associated tubing, that are aseptically spiked and maintained, may be used for 7 days or until discharge, whichever occurs first.
 - If heparin infusion is temporarily disconnected (i.e. for procedure or for clinical indications) →
 - Aseptically apply sterile cap to end of tubing
 - Store bag and IV set up at the patient's bedside in an area where it will not be compromised or contaminated, for potential future use *with the same patient*.
 - Label the heparin bag with patient ADT label and date.
 - Transfer unused, patient specific bags of IV heparin with patients as they move across units.
 - Do not bring heparin related products into a precaution room until they are ready to be used.



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, contact your service lead or visit the [MGH Apollo Heparin Shortage site](#).



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>.

Practice UPDATE

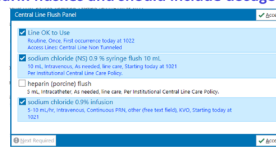
Heparin Flushes for Central Lines

Does your patient need it?

- Evidence indicates that for most central venous access devices, flushing with 0.9% normal saline is sufficient to prevent thrombus formation and maintain patency.
- [Routine Flush of Central Venous Catheters Policy](#) outlines the specific indications for heparin flushes.
- In light of the heparin shortage, collaborative team consideration should be made before ordering heparin flushes.

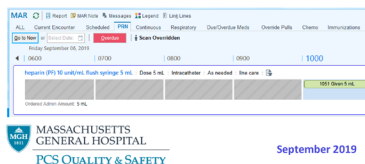
Did the provider order it?

- A provider order is needed for heparin flushes and should include dosage and frequency.
- Normal saline flushes are the default order for central line flushes.
- Refer providers to the [Routine Flush of Central Venous Catheters Policy](#) (Tables 2 & 3) when writing orders.



Did you document it?

- Always document administration of heparin flushes in the MAR.



Published by

Caring Headlines is published once a month by Patient Care Services.

Publisher

Debbie Burke, RN, senior vice president for Patient Care

Managing Editor

Susan Sabia

Editorial Advisory Board:

Disability Program Manager
Zary Amirhosseni

Editorial Support

Marianne Ditomassi, RN
Mary Ellin Smith, RN
Maureen Schneider, 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 Snyderman, 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

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

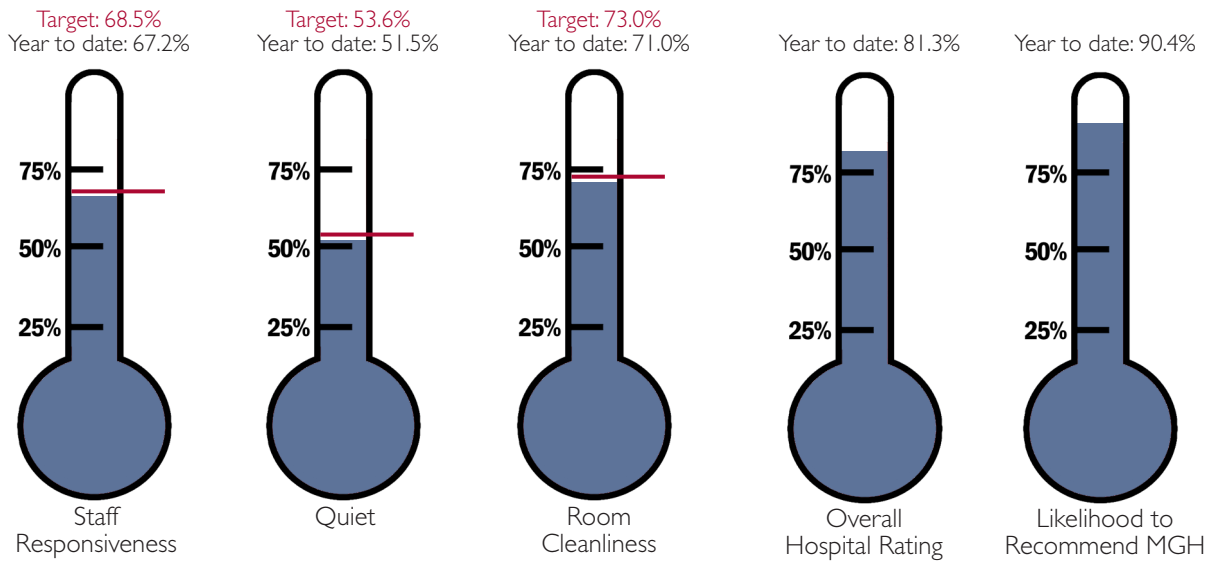
For more information, call: 617-724-1746

Next Publication

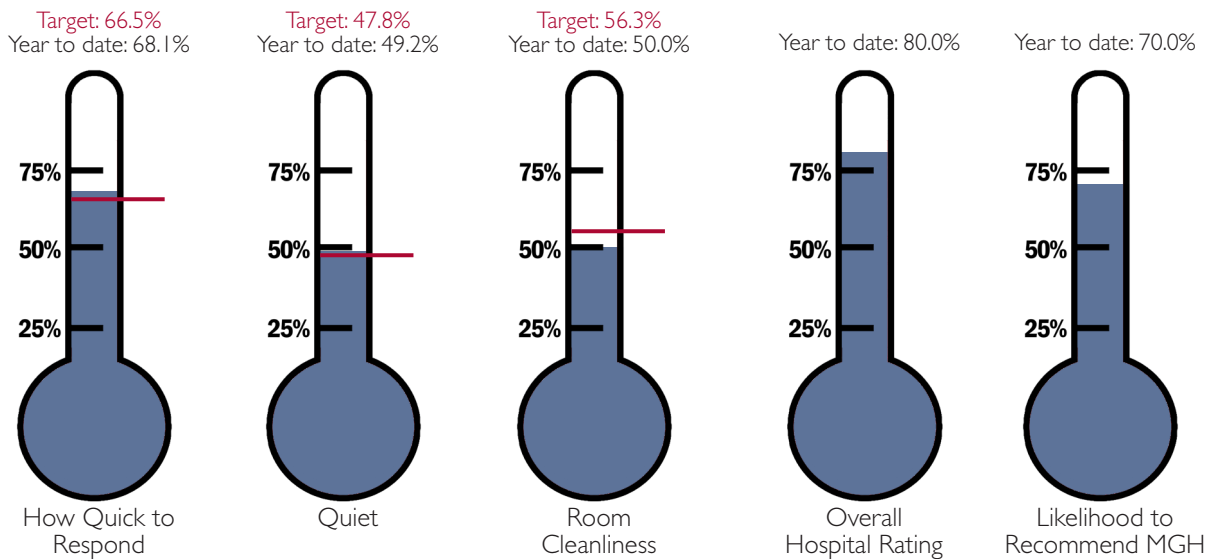
October 24, 2019

Patient Experience Survey Data

Adult Inpatient



Pediatric Inpatient



Categories with red targets are 2019 MGH focus indicators.
Data complete through June 30, 2019.
YTD data received through August 28, 2019.

Announcements

Collaborative Governance Fair

Wednesday, October 2, 2019
12:00–2:00pm
Under the Bulfinch tent

See how collaborative governance is working to foster a culture of iCare through communication, advocacy, respect, and empathy.

Popcorn, raffles, prizes, and more.

For more information, contact Mary Ellin Smith, RN, at 617-724-5801.

Recovery Month Events

September 24, 2019
4:00–5:30pm
Haber Conference Room

“There is Treatment, Treatment Works,” presented by Georgia Stathopoulou; Allison Labbe; Toby Lynch; and Frank Dibert

September 26th
12:00–1:00pm
Blum Center

“Finding Your Way Back Home: the Path of Healing and Wholeness in Addiction Recovery,” presented by Frank Dibert

For more information, go to: www.massgeneral.org/recovery-month.

ACLS Classes

Certification:
(Two-day program)

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

Day two:
November 8th
8:00am–1:00pm

Re-certification
(one-day class)
October 9th
5:30–10:30pm

CPR Training (\$100)
November
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.

Conversations with Caregivers

for families, caregivers, patients, and staff

an educational series sponsored by the Dementia Caregiver Support Program

Tuesday, October 15, 2019
5:30–7:00pm
O’Keeffe Auditorium

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.

Blum Center Events

Thursday, September 19th
“Prevalence, predictors, and pathways to recovery from addiction,” presented by John Kelly

Tuesday, September 24th
“Different pains, different solutions,” presented by Paul Arnstein, RN

Thursday, September 26th
“Finding your way back home: the path of healing and wholeness in addiction recovery,” presented by Frank Dibert

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.

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. Completion of the course is a licensure requirement for most health professionals, including, nurses, social workers, physicians, advanced practice providers, and others.

As you prepare for your 2020 license renewal, be aware that the course is time-consuming and currently includes a warning about potential technical difficulties.

Tips:

- Before starting the on-line training, read the *Troubleshooting Technical Difficulties* page available through the menu at the top of the course landing page
- Complete the training on a desktop or laptop computer using Chrome. Do not use a smart phone
- Be mindful that your progress will only be saved for 30 days
- Avoid clicking repeatedly during course navigation
- Rather than clicking to advance to the next section, wait for automatic navigation to take you to the next page

The HAVEN program at MGH provides free and confidential services to patients, employees, and members of the community who have experienced intimate-partner violence. These services include safety-planning, counseling, education, referral, legal consultation, and community accompaniment. HAVEN also provides consultation and training for healthcare providers regarding screening, trauma-informed care, and best practices in supporting patients and families. HAVEN advocates are available on the main campus and at the Revere and Chelsea health centers. For more information, contact Debra Drumm, LICSW, director of HAVEN, at 617-726-7674.



New name, new location!

Yawkey Family Waiting Area
Yawkey Building, second floor
Room 2E-2700, above Riverside Café
8:00am–5:00pm, Monday–Friday
617-726-2078

After 5:00pm, Monday–Friday
visitors and family members can use the
Blum Patient & Family Learning Center
White Building, first floor, Room 110
617-726-2078

Gray Family Waiting Area is moving to Yawkey November 11



Returns only to:
Volunteer Department, GRB-B 015
MGH, 55 Fruit Street
Boston, MA 02114-2696



First Class
US Postage Paid
Permit #57416
Boston, MA