

# Caring

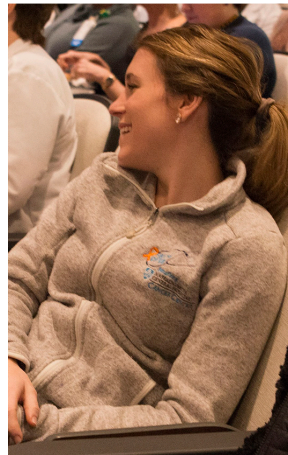
Headlines

February 20, 2020

## Management Systems retreat



*makes learning about transparent classification fun...*



*...with a rousing game of Acuity Family Feud!*



Director of PCS Management Systems and Financial Performance, Antigone Grasso, leads attendees in fast-paced, home-grown version of popular TV game show, *Acuity Family Feud*.

# Staff Perceptions of the Professional Practice Environment Survey

Thanks to everyone who participated in the recent Staff Perceptions of the Professional Practice Environment Survey. I'm happy to report that 1,969 clinicians responded — 7% more than our last survey in 2017.

This survey is so important to understanding the needs of staff and their level of satisfaction. 77% of those who responded said they're very satisfied, satisfied, or somewhat satisfied with their work environment.

But the real strength of this survey is learning where staff perceive we can do better in creating a work environment that attracts and retains the best and the brightest.

Several themes emerged from the survey. Staff spoke about the importance of supportive leadership; the need for more professional development and mentoring; dedicated time to participate in committees, quality improvement, and evidence-based practice; and work-life balance through flexible scheduling and self-care.

These themes align with the work we're doing to develop a strategic plan, which we will be sharing in the coming months.

I'd like to leave you with these two quotes from survey respondents: "I always tell people that I love what I do, get great satisfaction from being a nurse, and can't imagine working anywhere else but MGH."



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

"My experience working at MGH has been nothing short of life-changing. I'm inspired by my patients and co-workers every day."

*Debbie*  
Debbie Burke

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# Debbie's Photo Gallery

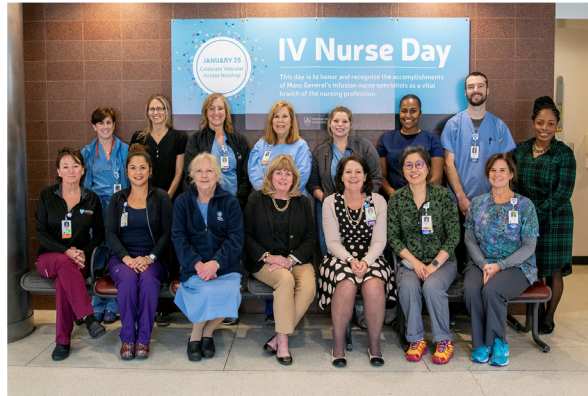
(Below): this inter-disciplinary team of providers received an Excellence in Action Award for their care of one of our own staff members.



Congratulations to staff nurse, Mary Elizabeth Bedenbaugh, RN, (center) who was named 2020 AMMP diversity champion at this year's Martin Luther King, Jr. breakfast.



Several MGH nurses attended this year's New England Regional Black Nurses Association annual dinner and awards ceremony.



(Left): our incredible team of CRNAs celebrating National CRNA Week. (Right): our Vascular Access Team celebrated National IV Nurses Day with some members of the BWH Vascular Access Team.



This amazing shot of the sunset reflected in the Ellison Building was sent to me by nursing director, Jennifer Sargent; it was taken by staff nurse, Judy Gullage.



## Recognition

# A Celebration of Stars

The following employees were recognized for outstanding care and/or service at the annual Patient Care Services Celebration of Stars, held January 21, 2020 (delayed from its original date in 2019).

### The Anthony Kirvilaitis, Jr., Partnership in Caring Awards

*Lillian Clark, unit coordinator, Bigelow 11 Medical Unit  
Chi Fung (Ming), unit coordinator, Ellison 17 Pediatrics  
Eulawn Heron, unit coordinator, Bigelow 14 Medical Unit  
Dang Phan, unit coordinator, Lunder 6 Neurosciences ICU*

### The Brian M. McEachern Award for Extraordinary Care

*Katelyn Sparks, RN, Lunder 6 Neurosciences ICU*

### The Norman Knight Excellence in Clinical Support Awards

*Illuminata Dellaira, patient observer,  
Emergency Department  
Samuel Nicolas, patient care associate,  
Lunder 6 Neurosciences ICU  
Kellie Pusateri, patient care associate,  
Yawkey 8 Infusion Unit  
Doris Soba, patient care associate,  
Lunder 9 Oncology Unit*

### The Norman Knight Preceptor of Distinction Award

*Jonathan Fitzgerald, CMI, Interpreter Services  
Hilary Gorgol, RN, Lunder 9 Oncology Unit  
Janet King, RN, Endoscopy Unit  
Lisa Lovett, LICSW, Social Work  
Katie Newman, RN, Ellison 10  
Cardiac Arrhythmia Unit  
Erin Vuijk, SLP, Speech Language &  
Swallowing Disorders*



Award recipients (l-r, front row): Eulawn Heron, Lillian Ananian,  
(Middle row): Melissa Carroll, Lisa Lovett, Doris Soba,  
(Back row): Erin Vuijk, Kimberly Whalen, Hilary



## The Jean M. Nardini, RN, Nurse Leader of Distinction Award

*Lore Innamorati, RN, Bigelow 11 Medical Unit*

## The Janice Plunkett, RN, Excellence in Perioperative Nursing Practice Award

*Erin Laing, RN, Operating Room*

## The Marie C. Petrilli Oncology Nursing Awards

*Hilary D'Arcangelo, RN, Yawkey 8 Infusion Unit  
Jenna Delgado, RN, Ellison 16 Medical/Oncology Unit*

## The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Awards

*Lillian Ananian, RN, Blake 7 Medical ICU  
Melissa Carroll, SLP, Speech Language & Swallowing Disorders  
Carolyn McDonald, RN, Lunder 8 Neurosciences Unit  
Susan Riley, PT, Physical Therapy  
Kimberly Whalen, RN, Bigelow 6 Pediatric ICU*

## Unit Service Associate Employees of the Month

*December 2018 to November 2019*

*Tyrone Walker-White, White 11 Medical Unit  
Jose Brandao, Blake 12 ICU  
Maria Bonasera, Blake 7 Medical ICU  
Juan Carlos Henriquez, Lunder 9 Oncology Unit  
Isabel Ramos, Ellison 13 Obstetrics Unit  
Danisa Alongo, White 11 Medical Unit  
Cheryl Dear, Ellison 14 Burns/Plastics Unit  
Pablo Martinez, Bigelow 9 Medical Unit  
Michelle Cameron, Bigelow 9 Medical Unit  
Tamirayehu Benti, Ellison 12 Medical Unit  
Lucinda Barros, Blake 11 Psychiatry Unit  
Pedro Villafane, Ellison 19 Thoracic/Vascular Unit*



Carolyn McDonald, Katelyn Sparks, Katie Newman, and Janet King.  
Lore Innamorati, Jenna Delgado, and Hilary D'Arcangelo.  
Gorgol, Sue Riley, Erin Laing, and Kellie Pusateri.

Also showcased at this year's Celebration of Stars were the advanced clinicians and clinical scholars recognized in the PCS Clinical Recognition Program. Those names appear throughout the year in the Professional Achievements section of *Caring*.

# Management Systems retreat focuses on documentation, transparency, and fun!

—by Antigone Grasso, director, PCS Management Systems and Financial Performance

When was the last time you left a half-day retreat saying, “Wow, I learned so much, and that was so much fun!” That’s what more than 100 nursing leaders and staff auditors said after the January 10, 2020, retreat to kick off the enterprise-wide Transparent Classification initiative.

Coordinated by the PCS Management Systems and Financial Performance team, the retreat was an interactive forum to help prepare staff for the transition from our current manual patient-classification process to the new transparent classification process scheduled to go live in September.

Under the new system, eCare documentation will be automatically mapped to our AcuityPlus classification indicators. The goal is to inte-

Beginning in February, MGH will begin parallel testing in which eCare data will flow to an AcuityPlus test environment allowing staff to compare the results of manual classification with the new transparent classification and address any gaps in the system prior to going live.

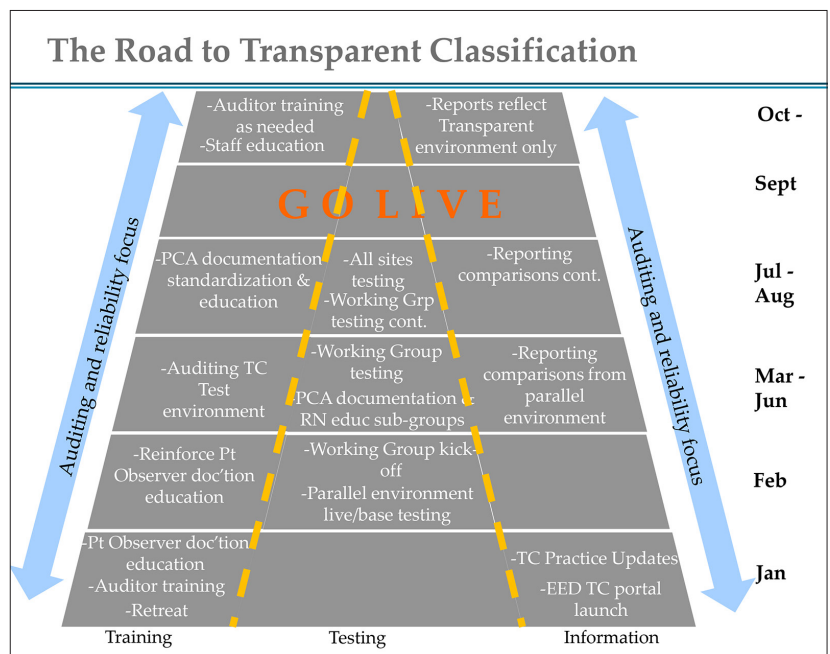
grate clinical documentation with our nursing acuity tool to ‘transparently’ classify patients and compute nursing acuity values, eliminating duplicate documentation.

A highlight of the retreat was a fast-paced, competitive version of a popular TV game show, affectionately called, *Acuity Family Feud*.

For more information about the transition to transparent classification, go to the EED portal at: <https://intranet.massgeneral.org/npcs/eed/tcp/default.shtml>.

## Top 8 Retreat Takeaways Countdown

- 8) Continue to manually classify until September
- 7) Parallel testing is a gift
- 6) Transparent classification is an opportunity to improve documentation
- 5) Share your insights!
- 4) Be evidence-based: seek out advice from ‘best practice’ units
- 3) Narrative notes are not mapped
- 2) Auditing ensures accurate staffing budgets
- 1) Document patient care and acuity will follow





# Acuity Family Feud





# MGH Global Nursing Fellowship

—by Monica Staples, RN, international nurse program manager

Since 2016, the MGH Global Nursing Fellowship has paired academic nursing institutions with healthcare facilities in low-resource settings to help advance nursing education, promote professional practice, and deliver patient-centered care. To date, 29 nurses have provided instruction to more than 1,300 participants, including nursing students, faculty, and clinical nurses in South Dakota, Uganda, and Tanzania.

Experts in their specialty areas (midwifery, mental health, cardiac and neurological critical care, community health, neonatal intensive care, and substance use disorder), fellows work closely with their local counterparts and nursing leaders to ensure that new knowledge becomes standard practice, that protocols are established, and that systems for on-going assessment are implemented.

Participants are evaluated based on their cognitive understanding and skill performance.

Prior to being deployed, global nursing fellows receive comprehensive training in cultural sensitivity to help promote a positive introduction and trusting relationships with in-country colleagues. For many, those relationships continue beyond the duration of the fellowship experience.

Upon returning to MGH, fellows provide feedback to nursing leaders

at the Center for Global Health, which informs future development of the fellowship program. At a recent Global Nursing Symposium, fellows had an opportunity to share their experiences with a broader audience.

The demand for skilled nurses is ongoing in under-served areas around the world. If you're interested in becoming a global nursing fellow, go to: [www.globalhealthmgh.org/programs/nursing/fellowship/](http://www.globalhealthmgh.org/programs/nursing/fellowship/); or e-mail Mary Sebert at [msebert@partners.org](mailto:msebert@partners.org); or Monica Staples at [mstaples@partners.org](mailto:mstaples@partners.org).



(Photos by Jeffrey Andree)

(Left): Jennifer Neczypor, RN, speaks about her experience at Lira Hospital providing intra- and post-partum precepting and midwifery education.

(Right): Betsy Cox, RN, describes her experience providing leadership training to students at Oglala Nursing School in South Dakota.

(Below left): panelists field questions about the impact of the fellowship.

(Below right): leadership of the MGH Global Health Nursing Program.





# Patient Safety Awareness Week March 9–13th

—by Claire Paras, RN, patient safety staff specialist

At Mass General, patient safety is our highest priority. During Patient Safety Awareness Week each year, we celebrate staff's efforts to keep patients safe and share educational programs that help foster a culture of safety. This year, Patient Safety Awareness Week is March 9th–13th.

Several events are planned to mark Patient Safety Awareness Week, including our annual Patient Safety Star Awards ceremony, recognizing staff who've demonstrated exceptional commitment to patient safety throughout the year.

On March 3rd, MassGeneral Hospital for Children will host renowned quality and safety expert, Tejal Gandhi, MD, chief safety and transformation officer at Press Ganey, at Pediatric Grand Rounds. Gandhi urges hospitals to move away from a reactive approach to patient safety, toward a total systems approach prioritizing a culture of safety.

On March 10th, Patient Care Services will host Maria Van Pelt, RN, from the Bouve College of Health Sciences at Northeastern University, for a peer-support grand rounds to discuss caring for caregivers in the aftermath of unexpected events.

Also on March 10th, the Edward P. Lawrence Center for Quality & Safety will welcome Amy Edmonson,

Novartis professor of leadership and management at Harvard Business School. Edmonson focuses on the importance of psychological safety and teamwork in providing effective patient care. Her work guides organizations in supporting staff to feel safe to learn, challenge, and contribute without fear of negative consequences.

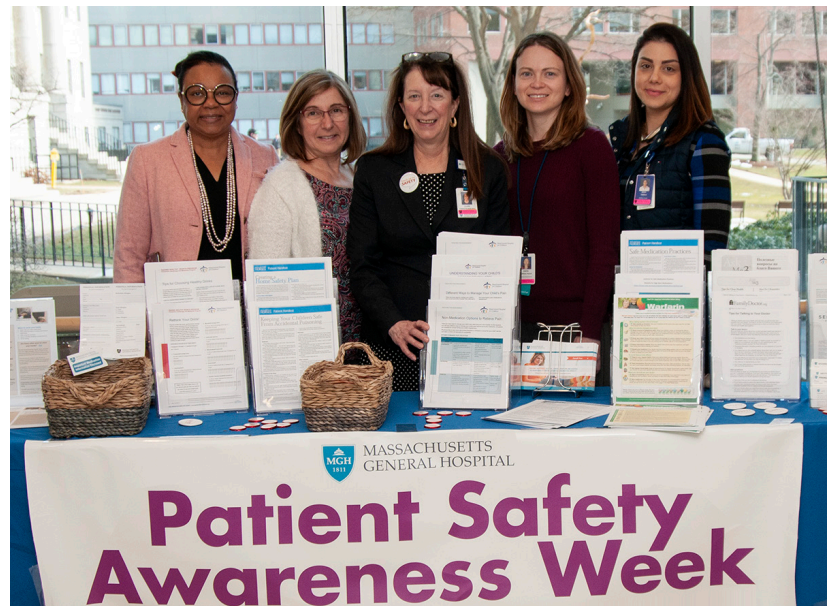
On March 11th, Pharmacy will host David Marx, CEO of Outcome Engenuity, who will present, "Three Dice: the Path to Highly Reliable Outcomes." Marx helps organizations shape their understanding of just culture and accountability and

the importance of individual and team responsibility in the work place.

Throughout the week, posters will be on display outside O'Keefe Auditorium highlighting clinical process-improvement activities and sharing health information tips.

Information tables will be set up in the Main Corridor on March 11th and 13th offering health information and handouts promoting patient, family, and staff safety.

For more information, contact Claire Paras, RN, patient safety staff specialist, at 617-726-8013.



Stop by one of the information tables in the Main Corridor on March 11th or 13th to learn more about our ongoing efforts to keep patients safe.

# CSI Academy: a recap of 2019

## “Together we Can: Pep for PIP” Center for Perioperative Care

Katherine Fay, RN  
Justine King, RN  
Sarah Mauzy, RN  
Michelle Vassilopoulos, RN  
Lucy Milton, RN, coach



## “Kick it in the PEDI ED”

Paige Cowles Fox, RN  
Susan Warchal, RN  
Catherine Harris, RN, coach



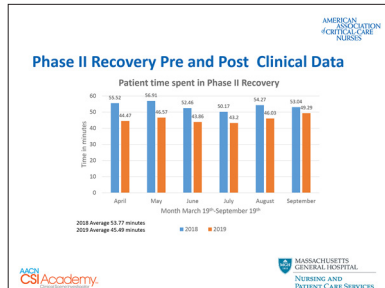
## “Ambulation Nation” Bigelow 11 Medical Unit

Caity Mundt, RN  
Haley Ralph, RN  
Angelia Tan, RN  
Heather Vallent, RN



### Purpose:

To establish a culture of collaborative communication of patient information; and to foster teamwork through improved communication and morale.



**Projected Fiscal Impact**

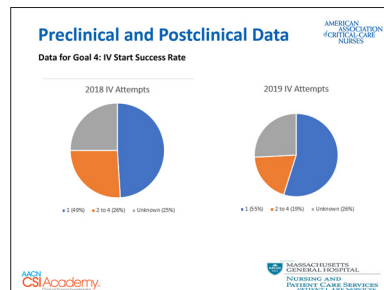
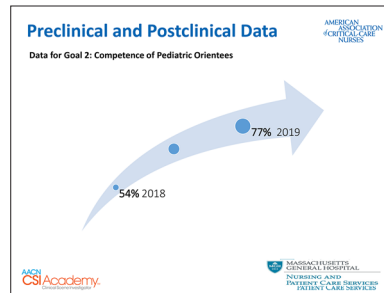
- Cost of Phase II Recovery: \$290.00 per 60 minutes (\$4.83 per minute)<sup>1,7</sup>
- Project outcome reduced LOS in Phase II Recovery by 15% for each AS patient (Goal 8%)
- Average 13,520 AS patients in 2018
- 8.28 minutes x \$4.83 per minute<sup>8</sup> = \$39.99 SAVINGS per patient
- \$39.99 x 13,520 AS patients = \$540,000 Annual Savings (in theory)

### Summary:

Through the use of a standardized hand-off tool, the team reduced time spent for Phase II recovery per AS patient by 15%, surpassing the expected goal of 8 %.

### Purpose:

To enhance the knowledge of preceptors to assess, educate, and increase the competence of new nurses in the Pediatric ED.

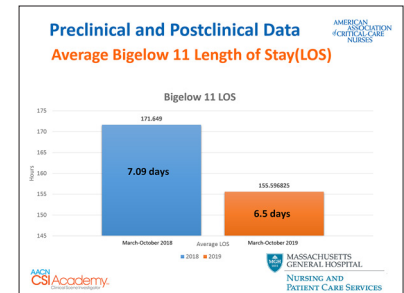


### Summary:

Both preceptor and orientee confidence in placing IVs increased; preceptors: from 47% to 100%; orientees: from 4% to 20%. Compliance with having IV orders before placing IVs increased from 54% to 77%. IV start success rate on first attempts increased from 49% to 55%.

### Purpose:

To promote patient mobility, from sitting in a chair to ambulating around the unit, in order to improve outcomes and decrease length of stay.



**Potential Fiscal Impact**

Annualized patient days in 2018 - 8,931  
\$2,552.93 (savings per patient) x 8,931 (annualized patient days) = **\$22,800,218 savings per year**

### Summary:

After implementing early mobilization efforts, length of stay decreased by 8.3%, and nursing documentation specific to mobility improved to 98% compliance.



# projects and outcomes

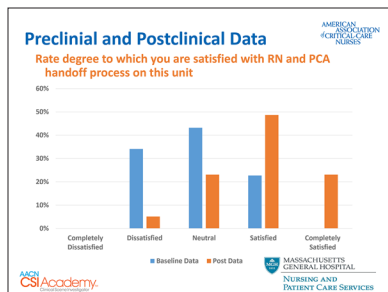
## “Stop, Communicate, and Listen” White 10 Medical Unit

Lisa Bourgeois, RN  
Christina Carmody, RN  
Katherine Guanci, RN



### Purpose:

To improve communication, the work environment, job satisfaction, and patient satisfaction.



### Verbal Handoff

#### STARS

- S:** Synopsis (reason for admission)
- T:** Toileting/bathing
- A:** Ambulation
- R:** Requirements/documentation
- S:** Safety

#### Potential Fiscal Impact

- CAUTI \$13,793
  - Falls \$26,776
  - HAPI \$14,506
- Total fiscal impact of project = \$55, 075

### Summary:

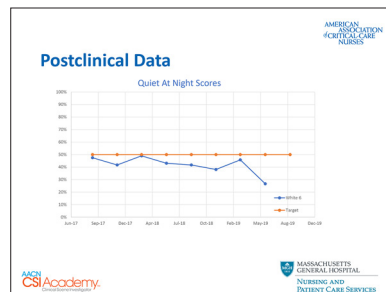
After implementation of a nurse-to-patient care associate hand-off tool, staff perception of communication improved two-fold from 23% to 72%, and the number of falls, catheter-related infections, and line infections decreased by 33%, 50%, and 33% respectively.

## “Keep Calm and Sleep On” White 6 Orthopaedic Unit

Lauren Caruso, RN  
Hilary Gallant, RN  
Jean Stewart, RN, coach

### Purpose:

To improve the quality of sleep for patients and foster a positive perception of our efforts to promote rest by providing a sleep menu.



#### Potential Fiscal Impact

\$1,000,000 (potential reimbursement)  
30 (floors polled)  
= \$33,333

### Summary:

Staff and patients found the introduction of a sleep menu and blanket warmer beneficial in promoting sleep.

Staff engagement and knowledge of the Quiet at Night initiative increased, however Quiet at Night scores were not impacted due to nearby construction and a long-term behavioral-management patient.

# 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.

For more information, contact Colleen Snyderman, RN, at 617-643-0435; or Karen Miguel, RN, at 617-726-2657.

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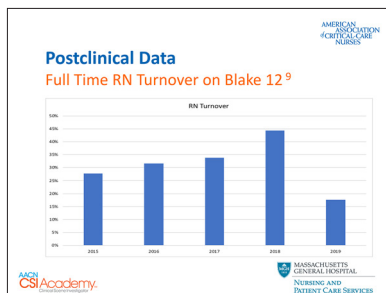
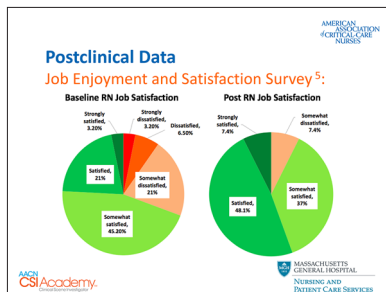
## “Creating a Culture of Resiliency and Improving Retention among Critical Care Nurses”

Blake 12 Medical-Surgical ICU

Brittney Barron, RN  
Catherine Cusack, RN  
Victoria Patterson, RN  
Laura Lux, RN, coach

### Purpose:

To improve job enjoyment and nurse retention by creating a culture of resiliency and ultimately reducing nurse turnover.



**Potential Fiscal Impact**

**CSI Project Savings**  
Registered Nurse Turnover Cost (recruitment cost, onboarding, lost productivity): \$52,100<sup>2</sup>

2018	26 RNs	26 x \$2,100 <sup>2</sup> =	\$1,354,600
2019	11 RNs	11 x \$2,100 <sup>2</sup> =	\$573,100
<b>Cost savings after CSI Implementation</b>			<b>\$781,500</b>

### Summary:

Nurse job satisfaction increased by 23%, and turnover rate fell by 18%; 70% of staff felt that resiliency rounds had a positive effect.

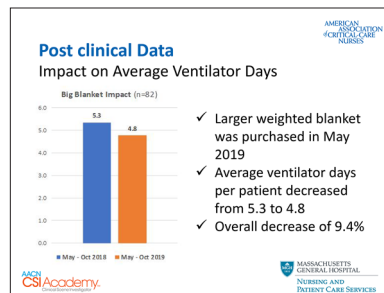
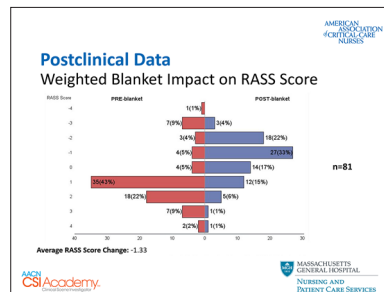
## “Blanket Bolus: Weighted Blankets in the Blake 7 MICU”



Christine McCarthy, RN  
Elizabeth Mover, RN  
Clara Shim, RN

### Purpose:

To reduce patient agitation and the use of continuous-sedation medication through the utilization of weighted blankets.



**Potential Fiscal Impact**

9.4% decrease in vent days from 5.3 to 4.8 = 0.5 days

Potential average fiscal savings per vented patient = \$933.86

**Potential annual fiscal savings for unit = \$492,144.22**

### Summary:

Patients reported feeling, 'safe' and 'more comforted,' with weighted blankets, resulting in 68% positive overall patient satisfaction.

The use of continuous-sedation medications, PRN medications for agitation, and number of ventilator days decreased by 22.6%, 51.6%, and 9.4%, respectively.

The agitation/sedation RASS score decreased by 1.33.

## “Don’t Make a Peep, Patients Need to Sleep!”

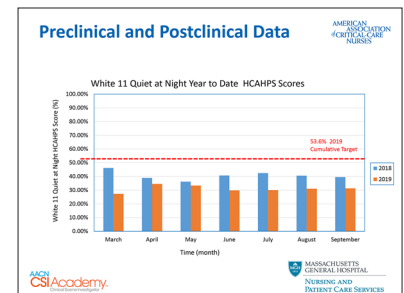
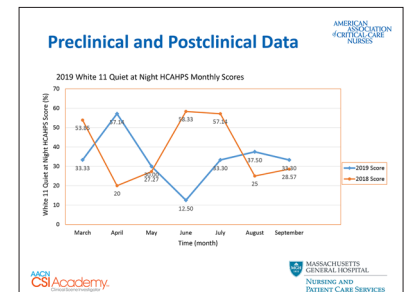
White 11 Medical Unit



Katrina Cabral, RN  
Sandra Kelly, RN  
Susan Wood, RN

### Purpose:

To implement a formal program to improve the quality of sleep for patients that will become the culture on the unit.



**Projected Fiscal Impact**

- MGH did not receive a \$1,000,000 reimbursement in 2018 related to the Quiet at Night question
- Twenty-nine floors surveyed
- \$1,000,000 / 29 floors = \$34,483 per floor
- White 11 2018 impact = **-\$34,483**

### Summary:

Staff and patients found new interventions, including the introduction of a sleep menu, to be beneficial in promoting sleep.

Staff awareness about the Quiet at Night initiative and efforts to minimize noises within their control resulted in a slight improvement in Quiet at Night scores.



## “PALS” Ellison 9 Cardiac ICU and Blake 8 Cardiac Surgical ICU

Michelle Crocker, RN  
Kara Donovan, RN  
Jennifer O'Malley, RN  
John Teixeira, RN



## “Sleep Well be Well” Ellison 8 Cardiac Surgical Step- Down Unit

Kelly Hutchinson, RN  
Melissa Pace, RN  
Carolyn LaMonica Velez, RN, coach



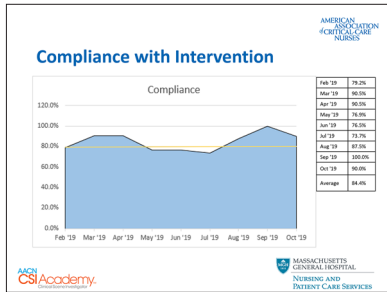
## “Doves Nest” Blake and Ellison 13 and Blake 14 Newborn and Labor/Delivery Units

Molly Parshley, RN  
Suzanne Stanton, RN

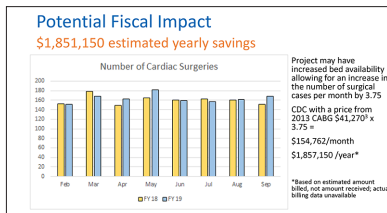


### Purpose:

To streamline, standardize, and improve the quality of transfer notes; and improve the satisfaction and perception of safety with the transfer process.



Goals	Outcomes	Goals met
80% Compliance with intervention	<b>84.4%</b> Compliance intervention overall	✓
Improvement in Satisfaction with transfer process by 8%	Improvement in Satisfaction with transfer process by <b>32%</b>	✓
Improvement in perception of safety regarding transfer process by 8%	Improvement in perception of safety regarding transfer process by <b>32%</b>	✓
Improve quality of content in transfer notes	Improvement in quality of content in transfer notes by <b>100%</b>	✓

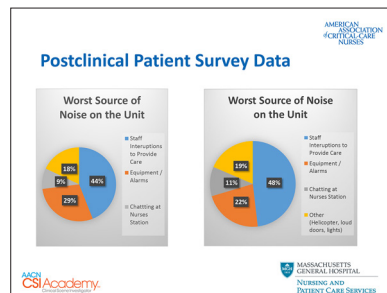
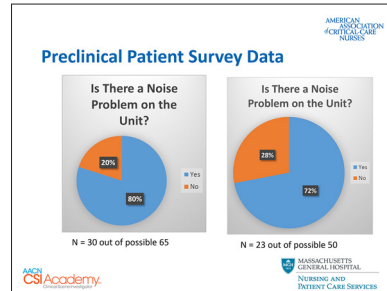


### Summary:

Through the use of a smart-phrase hand-off tool, the team improved all transfer note criteria (including: events leading up to hospitalization, hospital course, assessment, plan of care, to-do list, and family). The team achieved an 85% compliance rate in the use of the smart phrase.

### Purpose:

To improve patient satisfaction and outcomes on the unit thereby improving HCAHPS scores.



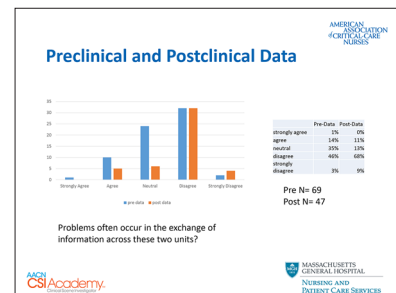
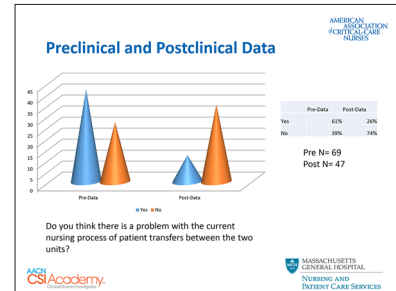
- ### Projected Fiscal Impact
- HCAHPS Reimbursements
- MGH did not receive \$1 million dollars reimbursement
  - 22/30 floors at benchmark
  - \$1,000,000/30 floors = \$33,334 per floor
    - Ellison 8 2018 impact = -\$33,334

### Summary:

Staff and patients found the introduction of a sleep menu and a 'Yacker Tracker' noise machine beneficial in promoting sleep. Staff knowledge about the Quiet at Night initiative and awareness of noise disturbances within their control improved. 'Red Light' events decreased 71% along with a slight improvement in Quiet at Night scores from 32.6% to 33.3%.

### Purpose:

To improve the workflow when transferring patients between units, and allow for co-ownership of hand-offs.



- ### Projected Fiscal Impact
- Average cost of onboarding for a bedside nurse is \$52,100<sup>3</sup>
- Formula: RNs turned over x cost of onboarding = \$\$  
 2018: 10 x 52,100 = \$521,000  
 2019: 15 x 52,100 = \$781,500
- Annualized fiscal impact  
 2018-2019=\$-260,500

### Summary:

Staff perception of the overall 'transfer process' improved by 35%, and staff perception of the 'frequency of problems' decreased by 28%.

# Munn Center nurse-led research initiatives

At a special Nursing Research Grand Rounds, held December 5, 2019, two research grants and a new fellowship were awarded. For detailed information, go to: [www.mghpcs.org/MunnCenter/index.asp](http://www.mghpcs.org/MunnCenter/index.asp), and click on 'Funding Opportunities.'



The Connell Nurse-Led Team Grant

Recipients: Amanda Coakley, RN, principal investigator; Dana Cvrk, RN; Heather Fraser, RN; Jennifer Healy, RN; Emily Dexter RN; Michele O'Hara, RN; Joanne Empoliti, NP; B. Robert Young, RPh; and Tanya John, for their study, "Exploring the experience of aromatherapy in the acute care setting."



The Connell Post-Doctoral Fellowship in Nursing Research

Recipients: Kirsten Dickins, RN, and Sara E. Looby, NP, mentor; for their study, "Health and healthcare among older homeless women."



Be Well Work Well Nursing Grant (NIOSH)

Recipients: Jennifer Repper DeLisi, RN, principal investigator; Robin Lipkis-Orlando, RN; Colleen Gonzales, RN; and Colleen Snyderman, RN, mentor; for their study, "Creating a safe and supportive culture for the nursing workforce: evaluation of the Staff Perception of Disruptive Patient Behavior Scale as a tool to measure change in staff experience."



# Nominate your nurse or nurse colleague for a DAISY Award

—by Lore Innamorati, RN, staff specialist

DAISY Awards were originally created in 1999 by Bonnie and Mark Barnes in honor of their son, Patrick, who died of an auto-immune disease at the age of 33. Adopted by more than 4,000 organizations in all 50 states and 26 countries, DAISY (Diseases Attacking the Immune System) Awards recognize exquisite care provided by nurses.

Mass General officially launched The DAISY Award program on February 4, 2020, and nominations are now being accepted. Full- and part-time direct-care nurses, per diem nurses, case managers, and research nurses are eligible to be nominated.

Nurses selected as DAISY Award recipients will be honored by MGH leadership with a surprise celebration on their unit. Recipients receive a hand-carved *Healer's Touch* sculpture, a DAISY honoree pin, and each celebration will feature the traditional DAISY Awards cinnamon buns (with appreciation to Nutrition & Food Services). And all nominees receive a DAISY nominee pin.

The DAISY Award Selection Committee, comprised of inpatient and outpatient nurses, is co-led by Trang Vo, RN, and Catherine Chittick, RN, and supported by co-coordinators, Lore Innamorati, RN, and Marianne Ditomassi, RN.

The group will meet quarterly to review nominations and se-

lect six DAISY Award recipients per quarter.

To nominate a nurse:

- scan the QR code below to access the on-line nomination form, or
- drop nomination forms in a drop box located in main lobbies and designated work areas, or
- mail nomination form to:  
Massachusetts General Hospital  
Nursing & Patient Care Services  
Attn: DAISY coordinator  
55 Fruit Street, Bulfinch 230  
Boston, MA 02114

For more information, e-mail: MGH DAISYAward@partners.org; go to the Excellence Every Day portal at: <https://www.mghpcs.org/EED/DAISY>; or go to [www.daisyfoundation.org](http://www.daisyfoundation.org).



Nominate your nurse or nurse colleague for a DAISY Award

Full- and part-time direct-care nurses, per diem nurses, case managers, and research nurses are eligible



To nominate a nurse, go to: [www.DAISYnomination.org/MGHDAISYaward](http://www.DAISYnomination.org/MGHDAISYaward), or scan the QR code above

(At left): perfecting their cinnamon-bun recipe for the first DAISY Awards presentation are, Kirk Tucker, catering supervisor (left), and Jimmy Quirk, assistant manager of the Bake Shop.

# MGH Immigrant Health Coalition

*Migration is Beautiful* campaign supports immigrant patients and staff

—by Sarah Morris and Gia Ciccolo

International Migrants Day has been celebrated every December 18th since the year, 2000. In observance of the occasion, the MGH Immigrant Health Coalition launched its Migration is Beautiful campaign to support the MGH immigrant community.

Members of the coalition staffed a display table in the Main Corridor, distributed educational materials, and gave out monarch-butterfly stickers to be affixed to employee ID badges. Monarch butterflies are known for their annual migration between Central and North America and have become a symbol of solidarity in migrant communities.

As part of the national #LettersofLovetoKids campaign, more than a hundred hand-written cards were generated to be sent to migrant children separated from their families and being held in federal detention centers.

Jordan Hampton, director of the MGH Chelsea High School Student Health Center, organized a Migration is Beautiful campaign at the school featuring a similar display to support immigrant employees and patients in their community.

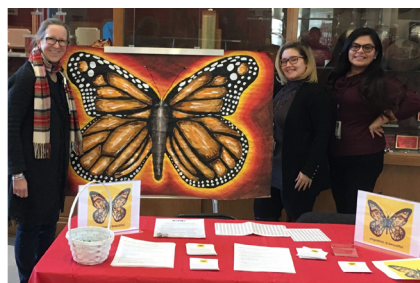
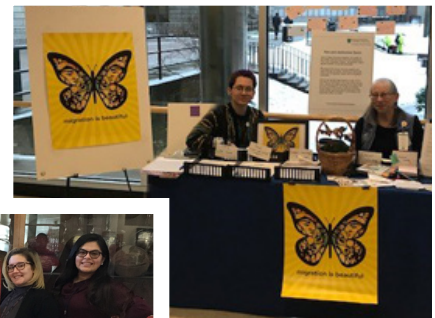
The Immigrant Health Coalition meets monthly and is accepting new members. For more information, e-mail: [smorris17@mg.harvard.edu](mailto:smorris17@mg.harvard.edu). Butterfly stickers are available at the Employee Access Center.



(At left): cards written as part of the #LettersofLovetoKids campaign.



(Above, at left, and below): Immigrant Health Coalition's Migration is Beautiful display at MGH.



(At left): Migration is Beautiful display at Chelsea High School.



Physical and Occupational  
Therapy go RED for  
Women's  
Health



National Go Red for Women Day was established to help raise awareness about women and cardiovascular disease.

Only 17% of women consider heart disease to be a woman's greatest health threat.

The American Heart Association's Go Red for Women campaign highlights the need for greater understanding and a commitment to a heart-healthy lifestyle.

# PRACTICE ALERT



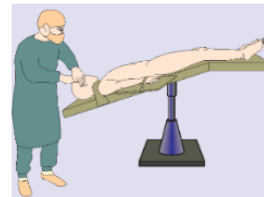
## Removal of Non-Tunneled Central Venous Catheter

Removing a central venous catheter (CVC) places the patient at risk for an air embolism. It is essential to review your institution's policy/procedure before removing any central line.

### Key points to minimize risk of air embolism when removing a CVC:

- **Position patient with catheter insertion site at or below level of the heart.**

- Preferred positions for **internal jugular and subclavian CVC** removal are Trendelenburg or flat position.\*.
- If the patient cannot tolerate these positions a collaborative discussion with clinical team is advised.



- \*Positioning for peripherally inserted central catheter (PICC) removal may be different. Always refer to your institution's policy before removing a PICC.

- **Time the catheter removal to the patient's respiratory cycle.**

- For the spontaneously breathing, cooperative patient, instruct patient to hold their breath without bearing down when catheter is removed.
  - For the spontaneously breathing patient who cannot perform a breath hold, time removal to coincide with exhalation.
- For the patient receiving positive pressure ventilation, withdraw catheter during the inspiratory phase of the respiratory cycle or while delivering a breath via a bag-valve device.

#### Symptoms of Air Embolism Include:

- Sudden onset of dyspnea
- Continued coughing
- Breathlessness
- Chest pain
- Hypotension
- Jugular venous distension
- Tachyarrhythmias
- Wheezing
- Tachypnea
- Altered mental status
- Altered speech
- Changes in facial appearance
- Numbness, paralysis

- **Use occlusive dressing.**

- Immediately apply petroleum-based ointment, gauze, and a transparent sterile, occlusive dressing to insertion site to seal skin-to-vein tract and decrease risk of air embolus.

- **Post removal assessment:**

- Assess patient for post removal complications such as air embolism, bleeding, hematoma or pulmonary embolism (PE).
- If air embolism or PE is suspected, position patient in left lateral Trendelenburg position and alert team members.

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>.



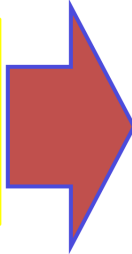
# Practice UPDATE

## Anaphylaxis Kits: Epinephrine Safety

To highlight that Epinephrine is given **INTRAMUSCULARLY** for Anaphylaxis

Starting 2/4/20, the Anaphylaxis Kit will now contain:

- ❖ **\*NEW\*** An **IM-epinephrine kit** labeled **"EPI FOR IM USE ONLY"** containing:
  - 2 vials epinephrine (1 mg/mL)
  - One 3 mL syringe (**new**)
  - One 23-gauge 1" **IM** needle (**new**)
- ❖ 1 vial IV diphenhydramine (50 mg/mL)
- ❖ 2 capsules diphenhydramine (25 mg)
- ❖ 2 vials of methylprednisolone succinate (40 mg/mL)\*
- ❖ Famotidine available in refrigerator



\*Previous Anaphylaxis Kit contained 3 vials of SoluMedrol

Dosing instructions are included with each kit:

ANAPHYLAXIS KIT - PEDIATRIC DOSING			
EPINEPHrine 1 MG/mL (1:1,000)	diphenhydrAMINE 50 MG/mL and 25MG Cap	methylPREDNISolone 40 MG/mL	FAMOTIDINE 20 MG/2mL
< 30 kg <b>"INTRAMUSCULAR"</b> Give 0.15 MG (0.15 mL)	< 40 kg Give 1.25 MG/KG (IVP or IM)	0-9 kg Give 2 MG/KG (IVP or IM)	STORED IN REFRIGERATOR
≥ 30 kg <b>"INTRAMUSCULAR"</b> Give 0.3 MG (0.3 mL)	≥ 40 kg Give 50 MG (PO, IVP, or IM)	10-19 kg Give 20 MG (IVP or IM)	< 40 kg Give 0.5 MG/KG (IVP or IM)
		≥ 20 kg Give 40 MG (IVP or IM)	≥ 40 kg Give 20 MG (IVP or IM)
ANAPHYLAXIS KIT - ADULT DOSING			
EPINEPHrine 1 MG/mL (1:1,000)	diphenhydrAMINE 50 MG/mL and 25MG Cap	methylPREDNISolone 40 MG/mL	FAMOTIDINE 20 MG/2mL
<b>"INTRAMUSCULAR"</b> Give 0.3 MG (0.3mL)	Give 50 MG (PO, IVP, or IM)	Give 40 MG to 80 MG ≥ 120 kg Give 80 MG (IVP or IM)	STORED IN REFRIGERATOR Give 20 MG (IVP or IM)

### Dosing Reminders:

Epinephrine (1mg/mL) should only be given **Intramuscularly (IM)** for anaphylaxis

The dose is 0.3 mL (0.3mg) if patient weight is ≥ 30 kg

The dose if 0.15 mL (0.15mg) if patient weight is < 30 kg

Please contact Laura Meleis ([lemeis@mgh.harvard.edu](mailto:lemeis@mgh.harvard.edu)) or Katherine Sencion ([KSencion@mgh.harvard.edu](mailto:KSencion@mgh.harvard.edu)) from the Department of Pharmacy with any questions



MASSACHUSETTS  
GENERAL HOSPITAL

PCS QUALITY & SAFETY

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.

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# Professional Achievements

## Awards/Honors

**Caring for a Cure team:**  
**Molly Higgins, RN**  
**Sara Stevens, NP**  
**Christine Weiland, RN**  
**Laura White, RN**  
Be There Award  
National Marrow Donor  
Program/Be the Match

**Karen Flanders, NP**  
Distinguished Service Award  
and Integrated Health Circle of  
Excellence Award  
American Society for  
Metabolic and Bariatric Surgery

**Hiyam Nadel, MBA, RN, BSN**  
Extraordinary Women  
Advancing Healthcare Award  
The Commonwealth Institute

**Maria van Pelt, PhD, CRNA**  
Inducted as a fellow into the  
American Academy of Nursing

## Poster Presentations

**Jennifer L. Maietta, MS, CCC-SLP**  
"Exploring dose frequency for  
speech sound therapy in the  
outpatient setting"  
MGH Chelsea HealthCare  
Center Research Day  
Chelsea

**Vita Norton, RN, BSN, OCN, WOCN**  
"Enhancing Moral Understanding  
about Patient-Family Choices:  
Educating Nurses about  
Requests for Cryopreservation"  
National Nursing Ethics  
Conference  
Los Angeles

## Presentations

**Paul Arnstein, PhD, RN-BC, FAAN**  
**Deb Gentile, PhD, RN-BC**  
"The Functional Pain Scale;  
changing the conversation  
about pain"  
Providers Clinical Support  
System webinar

**Paul Arnstein, PhD, RN-BC, FAAN**  
"Integrating Skills into Practice"  
Integrative Approaches to Pain  
Management: Expanding Our  
Nursing Toolbox Conference  
Boston

**Kevin Callans, RN**  
**Elizabeth Croll, RN**  
"Increasing Nursing and  
Caregiver Confidence in  
Central America"  
International Nursing &  
Midwifery Research and  
Education Conference  
Dublin, Ireland

**Kathleen Fitch, MSN, FNP-C**  
**Meghan Feldpausch, MSN, ANP-C**  
"Retention of Research  
Participants in a Longitudinal  
HIV Clinical Trial: Best  
Practices Identified by  
Systematic Surveys of Study  
Staff"  
International Association of  
Clinical Research Nurses  
Conference  
Philadelphia

Association of Nurses in AIDS  
Care Conference  
Portland, Oregon

**Sara E. Looby, PhD, ANP-BC, FAAN**  
"Exploring Sweetener  
Knowledge and Consumption  
in People Living with HIV"  
Harvard Nutrition Obesity  
Research Center Pilot  
Research Symposium  
Boston

"How to Preserve Your 'I'  
as a Nurse Scientist in Team  
Science"  
Association of Nurses in AIDS  
Care Conference  
Portland, Oregon

**Kimberly Whalen, RN**  
**Ryan Carroll, MD**  
**Carlos Duran, MD**  
**Neil Fernandes, MD**  
"Diagnostic and Operational  
Challenges in the Pediatric  
Intensive Care Unit Setting"  
Wyss Institute, Harvard  
University  
Boston

## Publications

**Paul Arnstein, RN**  
**M. Keating**  
"Impact of Pain on the  
Individual and Others:  
Implications for Healthcare  
Professionals"  
*Pain Care Essentials*

**Gaurdia Banister, RN, PhD, NEA-BC, FAAN**  
**Leslie Portney, DPT, PhD, FAPTA**  
**Carmen Vega-Barachowitz, MS, CCC-SLP, FASHA**  
**Ann Jampel, PT, MS**  
**Maureen Schneider, MS, RN, NE-BC, CPHC**  
**Rebecca Inzana, MS, CCC-SLP**  
**Trisha Zeytoonjian, DNP, RN**  
**Patricia Fitzgerald, RN, MSN, NE-BC**  
**Inez Tuck, PhD, MBA, MDiv, RN, FAAN**  
**Melissa Jocelyn, RN, MSN, NE-BC**  
**Jacquelyn Holmberg, RN, MS, BC-ACNS**  
**Mary Knab, PhD, DPT**  
"The inter-professional  
dedicated education unit:  
design, implementation, and  
evaluation of an innovative  
model for fostering inter-  
professional collaborative  
practice"  
*Journal of Interprofessional  
Education & Practice*

**Kirsten A. Dickins, PhD, AM, MSN, FNP-C**  
"Now that you've got that  
coverage: promoting use of a  
regular source of primary care  
among homeless persons"  
*Journal of the American  
Association of Nurse  
Practitioners*

**Rachael E. Kammer, MS, CCC-SLP, BCS-S**  
"High-resolution manometry  
and swallow outcomes  
after vocal fold injection  
medialization for unilateral  
vocal fold paralysis/paresis."  
*Head Neck*

**Jennifer W. Mack, MD, MPH**  
**Angel M. Cronin, MS**  
**Hajime Uno, PhD**  
**Suzanne Shusterman, MD**  
**Clare J. Twist, MD**  
**Rochelle Bagatell, MD**  
**Abby Rosenberg, MD, MS, MA**  
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**M. Meaghan Granger, MD**  
**Julia Glade Bender, MD**  
**Justin N. Baker, MD**  
**Julie Park, MD**  
**Susan L. Cohn, MD**  
**Alyssa Levine, BA**  
**Sarah Taddei, MSW, LCSW**  
**Lisa R. Diller, MD**  
"Unrealistic parental  
expectations for cure in poor-  
prognosis childhood cancer"  
*Cancer*

**Carole MacKenize, MEd, BSN, RN-BC**  
"Calling Maine's Experienced  
and Invested Nurses Far and  
Wide"  
*ANA-Maine Journal*

**Melissa Mullen, MSN, RN**  
"Thrombolysis for Frostbite:  
a Case Study and Clinical  
Considerations"  
*Journal of Radiology Nursing*



## Professional Achievements (continued)

### Certification

**Emily Augustine, CPN**

Pediatric nurse  
Pediatric Nurse Certification  
Board

**Cathie Durham, CPN**

Pediatric nurse  
Pediatric Nurse Certification  
Board

**Jay Finnan, CPN**

Pediatric nurse  
Pediatric Nurse Certification  
Board

**Christa Carrig, RN**

Inpatient obstetrics nurse  
ANCC

**Meg Hamp, RN**

Inpatient obstetrics nurse  
ANCC

**Kristen Conneely, RN**

Lactation consultant

**Lauren Scola, CPN**

Pediatric nurse  
Pediatric Nurse Certification  
Board

**Mary Zwirner, RN, MSW,  
LICSW**

Healthcare ethics consultant  
American Society of Bioethics  
and Humanities

**Eileen Comeau, NP**

Healthcare simulation  
educator  
Society for Simulation in  
Health Care

**Kathleen Fitzgerald, RN,  
MSN, ACM, CMAC**

Case management  
administrator  
American Case Management  
Association

**Martin J. Lantieri, RN, MSN,  
CNL- BC**

Nurse executive  
ANCC

**Kristen Benoit, RN, BSN**

Medical-surgical nurse  
ANCC

**Brianna Meade, RN**

Critical care nurse  
AACN

**Jennifer L. Maietta, MS, CCC-  
SLP**

More Than Words: the  
Hanan Program for Parents  
of Children with Autism  
Spectrum Disorder  
The Hanan Centre

### Advanced Degrees

**Laurie Miller, ANP, BC, DNP,  
CNRN**

Doctor of Nursing Practice  
University of New Hampshire

**Nancy Cerullo, RN**

Bachelor of Science in Nursing  
Western Governors University

### Appointments

**Sara E. Looby, PhD, ANP-BC,  
FAAN**

Member, Editorial Board  
*Menopause, Journal of the North  
American Menopause Society*

Member, Women's Health  
Inter-Network Scientific  
Committee  
AIDS Clinical Trial Group

**Melissa Mullen, MSN, RN**

Editorial Board  
*Journal of Radiology Nursing*

### Clinical Recognition Program

Clinician recognized  
December 1, 2019—  
February 1, 2020

*Advanced Clinicians:***Mirlande Dorsainvil, RN**  
Medicine**Sarah Tremblay Sally, SLP**  
Speech Language Pathology**Rosebud Sserebe, RN**  
Surgery**Leanna Santos, RN**  
Neurosciences*Clinical Scholars:***Dana Madden, RN**  
Case Management**Stephanie Qualls, RN**  
Neurosciences**Kerri Voelkel, RN**  
Medical ICU

# Announcements

Leading across professions: building trust and re-framing conflict in inter-professional teams

**Thursday, April 30–Saturday, May 2, 2020**

Open to all disciplines, special rates available. This immersive workshop aims to expand your skills as an inter-professional leader.

Participants will learn to:

- apply models of trust to understand your own inter-professional team/environment
- create a plan to enhance trust in your team
- develop strategies to flatten power hierarchies
- re-frame how you think about conflict
- test your skills in relational dynamics
- learn to leverage conflict to empower higher functioning teams

For detailed information, go to: [info.mghihp.edu/leading-across-professions-2020](http://info.mghihp.edu/leading-across-professions-2020).

CE credit available for some disciplines.

Climate change and health 2020: the public health challenge of our time

**Saturday, April 4, 2020**

Open to all disciplines, student rate available. A one-day symposium presented by the MGH Institute of Health Professions' nurse-led Center for Climate Change, Climate Justice, and Health.

- Examine the intersection of climate change and health care and opportunities for research, education, and advocacy
- Discuss policy implications for public health
- Examine the role of health professionals in engaging in climate issues

For detailed information, go to: [info.mghihp.edu/](http://info.mghihp.edu/).

## New hours for outpatient Pharmacy

Beginning January 2, 2020, the outpatient Pharmacy in the Wang Building will extend its hours to:

**Monday through Friday  
8:30am–7:00pm**

The extended hours will make filling prescriptions more convenient for early-morning, early-evening, same-day-surgery, and ED discharges.

Reminder that staff can use the dedicated professional phone line (617-643-4276) to contact the Pharmacy, Monday through Friday.

Weekend hours will remain the same:

**Saturday 9:00am–3:00pm  
Sunday 9:00am–12:30pm**

For more information, call 617-724-3100.

## Conversations with Caregivers

for families, caregivers, patients, and staff

an educational series sponsored by the Dementia Caregiver Support Program

**March 17, 2020**

**5:30–7:00pm**

**O’Keeffe Auditorium**

“What you *really* need to know about caregiving for a person with dementia: how habilitation therapy can help,” presented by Paul Raia of Dementia Care and Environmental Design

**April 21st**

**5:30–7:00pm**

**O’Keeffe Auditorium**

“Legal and Financial Planning Following a Dementia Diagnosis,” presented by Steven Cohen of Pabian & Russell, LLC.

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

RSVP to: 617-724-0406, or email: [dementiacaregiver.support@mgh.harvard.edu](mailto:dementiacaregiver.support@mgh.harvard.edu).

For more information, call 617-643-8809.

## Patient Safety Culture Survey

We want to hear from you!

“Speak Up for Patient Safety” by completing the MGH/MGPO Survey on Patient Safety Culture. Providers and employees should have received an email from SurveyMonkey (emort@partners.org via SurveyMonkey) with a link to the confidential survey.

This is an opportunity to share your views on our culture related to patient safety and transparency. Your candid responses inform our efforts to ensure all clinicians and staff feel comfortable reporting errors and speaking up when something isn't right. We are committed to making Mass General the safest possible environment for everyone who comes through our doors.

Completing the survey automatically enters you in a drawing to win raffle prizes and weekly drawings for Coffee Central gift cards.

For more information, contact Jesse Russell at: [jrussell7@partners.org](mailto:jrussell7@partners.org).



## Announcements (continued)

### Blum Center Events

**Tuesday, February 25, 2020**

Shared Decision Making:  
Prostate Cancer Screening

**Wednesday, February 26th**

"Health Benefits of  
Intermittent Fasting"

**Thursday, March 12th**

"Understanding  
Lymphedema"

**Tuesday, March 24th**

Shared Decision Making:  
"Coronary Heart Disease"

**Monday, March 30th**

"Top 10 Sleep Questions"

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.

For more information,  
call 617-724-3823.

### ACLS Classes

Certification:  
(Two-day program)

Day one:

**March 2, 2020**  
**8:00am–3:00pm**

Day two:

**March 18th**  
**8:00am–12:00pm**

CPR Training (\$100)

**March 2nd**  
**2:00– 5:30pm**

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

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

### MGH Lifestyle Medicine Symposium 2020

**March 18, 2020**

**8:00am–1:00pm**  
**Simches Conference Room**  
**185 CRP Room 3-3110**

Learn:

- the definition of lifestyle medicine
- about clinical programs at MGH offering lifestyle medicine interventions
- how lifestyle medicine initiatives can improve patient health
- next steps for broadening the impact of lifestyle medicine at MGH

Symposium is geared toward:  
nurses; nurse practitioners;  
physical therapists; social  
workers; physician assistants;  
psychologists; licensed mental  
health counselors; and  
physicians.

For more information, or to  
register, go to: [www.mghcmc.org/lifestylemedicine](http://www.mghcmc.org/lifestylemedicine), and  
use registration code:  
A4515G288

3.5 credits for physicians,  
psychologists, and nurses

### Save the date

Clinical Research Nurse  
Reception

**Thursday, March 5, 2020**

**5:30–7:00pm**  
**Robbins Auditorium**  
**Founders 244A**

All research nurses welcome.

The Munn Center for  
Nursing Research and  
the Boston/New England  
Chapter of the International  
Association of Clinical  
Research Nurses invite you  
to this special event that will  
hear from leaders of IACRN,  
MGH Nursing, the Munn  
Center, the MGH Research  
Institute, and a panel  
discussion featuring expert  
clinical research nurses from  
several Boston hospitals.

Opportunity to network and  
light refreshments served.

For more information, e-mail:  
[sgoodridge@partners.org](mailto:sgoodridge@partners.org).

#### Published by

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Carmen Vega-Barachowitz, SLP

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#### Training and Support Staff

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#### Distribution

Jacqueline Nolan, 617-724-1753

#### Submissions

All stories should be submitted  
to: [ssabia@partners.org](mailto:ssabia@partners.org)

For more information, call:  
617-724-1746

#### Next Publication

March 19, 2020

# Celebrating our unit service associates



Clinical Support Services gathers to celebrate unit service associates (USAs) selected or nominated as USA Employees of the Month. The entire MGH community appreciates their service and commitment to excellence in ensuring our hospital is a safe and welcoming environment for patients and families.



Returns only to:  
Volunteer Department, GRB-B 015  
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