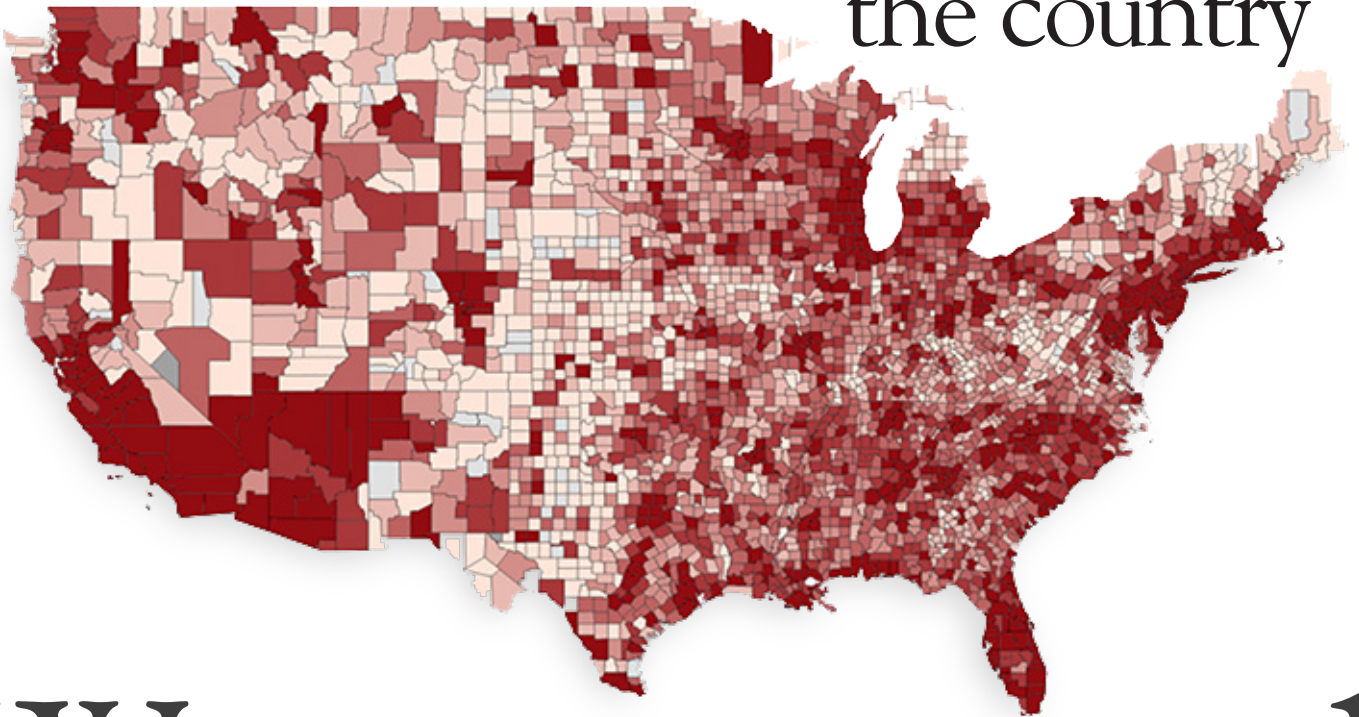


Caring

Headlines

November 19, 2020

As COVID cases rise across
the country



We are prepared

*See Debbie Burke's column on page 2 to see what
Nursing & Patient Care Services COVID Task Force subgroups
are doing to prepare for a potential second surge*

An update on our COVID Task Force subgroups

As we prepare for a potential second surge in the COVID pandemic, I wanted to update you on the work of our Task Force subgroups. Staff participation is driving these efforts forward.

Communication group

- re-organized the PCS Apollo page, making it easy to navigate
- implemented 'Need to Know' e-mail newsletter to communicate essential updates

Inpatient Staffing group

- ensuring enough staffing to safely meet patient care demands and reduce disruption to staff
- hiring nurses (permanent and agency) to be ready for 100% occupancy on units supporting the first two phases of a surge
- contingency plans under way to support additional ICU beds and staffing, as needed

Training and Education group

- reviewing and developing educational materials for staff such as: ICU refresher courses; information for pediatric staff who may care for adult patients; and orientation materials for staff who may be re-deployed to other units
- preparing area-specific educational materials tailored to individual units and posting relevant materials to the Apollo page (under the Education tab)

Information Technology group

- posted key information to Apollo page under the Technology tab
- piloting new program called, CareTeam Connect, on three units. This technology was developed to promote communication between patients and families during the pandemic

Employee Experience group

- developed strategies to improve communication, including: daily huddles; leadership rounding; and promoting best practices around resiliency and wellness rounding (located on Apollo)

Unit Conversion group

- preparing for additional ICU space if needed; increasing availability of ICU bed frames and mattresses
- ensuring availability of equipment, such as pumps and ventilators, and developing bedside carts for quick access to supplies
- improving storage of PPEs

RN/MD Focus Group

- improving inter-disciplinary communication, such as the creation of unit-based, nurse-physician 'dyads' to foster real-time communication about issues as they arise
- twice-daily huddles on all units to relay pertinent clinical and operational information
- weekly nurse-driven updates to HICS to communicate issues requiring further intervention



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

Clinical Optimization group

- optimizing key teams, including the Cobra Team, the Proning Team, and the CRRT Team to ensure appropriate coverage at all times and minimal transfers during peak occupancy.

I'm extremely proud of the work these subgroups are doing with the participation of more than 150 staff members. I'm confident we're prepared for any influx of patients the next surge may bring.

I encourage staff to visit the Apollo page to familiarize yourselves with the information available there: <https://apollo.massgeneral.org/coronavirus/pcs-resources/>

Debbie
Debbie Burke

Debbie's Photo Gallery



Some scenes from our fall DAISY Award presentations

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(Debbie Burke's photo by Joshua Touster)

Fall
2020

DAISY honorees



Kayla Gordon, RN
staff nurse, Bigelow 7
Medical Unit



Kristina LeVasseur, RN
staff nurse, Lunder 10
Oncology



Nicolette Sweet, RN
staff nurse
Center for Perioperative Care

Excerpt from letter of nomination:

"The love of my life had started bleeding internally... We came to MGH because of its great reputation... Kayla made an all-out effort to get to know us and quickly learned of my partner's impatience for waiting. She explained tests, the plan of care, and test results clearly... She was so patient with him; he had aphasia from a stroke last year, and Kayla took the time to make sure he understood everything... Kayla's knowledge and nursing skills were always evident... We both felt safe in her care... She saw us as humans. Once, I squeezed into my partner's hospital bed for a snuggle. Kayla quietly pulled the curtain to allow us a bit of privacy, which was much needed. She really 'got us,' and we are deeply grateful for that."

Excerpt from letter of nomination:

"I was admitted with a brain tumor and cancer in my spleen, pancreas, and spine. The brain tumor made word-finding difficult... As a single mother, being in the hospital was stressful and emotional. Kristina was a calming voice... One night, I was having a hard time word-finding to express my needs. Many tried to help, but the more they tried, the more confused I became. Kristina finally went quiet and simply allowed me the time to find the words... Over the past six years, I sometimes felt judged when asking for pain meds. Kristina never made me feel judged. She listened and did everything she could to meet my needs... Her calm demeanor, professionalism, and upbeat personality made her one of the best nurses I ever had. She is absolutely extraordinary."

Excerpt from letter of nomination:

"I was a patient of Nicki's after having surgery. I'm a nurse at MGH and consider myself tough with a high pain tolerance. But when I woke up from anesthesia, I was extremely uncomfortable and started to worry. Nicki instantly calmed me in a way only a skilled nurse could—she listened to me. She quickly realized I could be having complications and called a nurse practitioner... You can imagine my panic as they discussed sending me back into surgery. I was terrified, but Nicki never left my side as the surgeon performed a bedside procedure that kept me from having to return to surgery... Nicki has a calming spirit, and that tranquility transferred to me. I have been a nurse for 30 years. I've never been so inspired by another nurse as I was by Nicki."

DAISY Awards

Established by Bonnie and Mark Barnes in 1999 in memory of their son Patrick, DAISY Awards recognize the clinical skill, compassion, and caring provided by nurses to patients and families every day. The awards are a surprise to recipients—the first inkling of a celebration is when senior vice president for Patient Care, Debbie Burke, RN; Lore Innamorati, RN, DAISY coordinator; and members of the DAISY Selection Committee arrive on their unit with DAISY banner, cinnamon buns, and other goodies.

DAISY nominations are ongoing. For more information, or to nominate a nurse, go to:
<https://www.mghpcs.org/eed/daisy>, or scan the QR code at right.





Jennifer McMullen, RN
staff nurse, White 8
Medical Unit

Excerpt from letter of nomination:

“Mr. B had transitioned to comfort measures only due to COVID and was decompensating. He wasn’t Jenn’s patient on that shift, but she had cared for him before... Jenn took it upon herself to assist Mr. B’s float nurse (who was unfamiliar with his case) with end-of-life care... She placed cold cloths on his head, applied moisturizer to his lips, and held his hand through it all. Mr. B’s wife tried desperately to get to MGH to say goodbye, and he fought hard to wait for her. Unfortunately, she wasn’t able to get to the hospital in time. But because of Jenn’s compassion, Mrs. B was able to find closure, and Mr. B passed away peacefully, comforted by Jenn in his final moments.”



Dianne Johnson, RN
staff nurse, Yawkey 8
Infusion Unit

Excerpt from letter of nomination:

“Dianne has many years of experience as an emergency room nurse. When we first faced the threat of COVID, Dianne volunteered to screen patients and visitors coming onto the unit. She set up a screening station and established a six-foot boundary. Her triage and assessment skills protected both staff and patients... Dianne chose to give up taking care of primary patients (which I’m sure was not easy for her) for the safety of our unit... When one patient answered yes to a screening question, Dianne very calmly gave him a mask and escorted him to a private room with the appropriate precautions. We are beyond thankful that she has kept us all safe.”



Robert Maillet, RN
staff nurse, Yawkey 8
Infusion Unit

Excerpt from letter of nomination:

“My cancer had spread and I was scared. When Bob walked in with my meds, it all became too real and I started to cry. Bob was so compassionate, assuring me it was going to be okay. He used humor to set me at ease... We spent one day a week together for two months, and I actually looked forward to treatment days... I talk about Bob constantly. My family and friends line up to come to treatment with me. They say it’s to support me, but I know they really want to meet this ray of sunshine. I have four more months of treatment and another two years of maintenance, but knowing that Bob (and my amazing oncology team) are there, makes me feel it will all be okay.”



Angela Reddington, RN
staff nurse, Lunder 6
Neuroscience ICU

Excerpt from letter of nomination:

“With tremendous support from the team on Lunder 6, we made the difficult decision to remove our dear friend/family member from life support. Angela acknowledged our decision with great compassion... She went into first gear, gathering the team. She diligently followed our Asian philosophies regarding planning the extubation to coincide with planetary timing. She shaved him and put him in appropriate dress for our culture, which gave us great peace at such a difficult time. Angela focused on preserving his dignity and humanity at the end of his life... She was filled with warmth, compassion, and sensitivity. This fearless, devoted nurse provided a peaceful environment for our grief-filled moments.”

Lunder-Dineen marks 10-year anniversary



—by Labrini Nelligan, executive director, Lunder-Dineen

September, 2020, marked the 10-year anniversary of the Lunder-Dineen Health Education Alliance of Maine. Over the past decade, the Lunder-Dineen team has taken an ambitious vision and turned it into a thriving initiative. A key part of that success has been the partnership between Mass General, the Lunder Foundation, and the healthcare community of Maine.

It all started with the vision of the Lunder family and the Lunder Foundation to improve the health of Maine residents by providing high-quality, health education to Maine health professionals and the communities they serve. Mass General committed to help its neighbors to the north by lending expertise in teaching and education and tailoring programs to fit the

healthcare needs and culture of communities at the local level.

Lunder-Dineen has built lasting relationships with front-line clinicians, administrators, and policy-makers. The team has taken great care to develop trust and engage collaboratively with residents to create a statewide, inter-professional approach to health education. Since inception, the Lunder-Dineen team has spent countless hours meeting with health care experts and practices across the state.

- 150+ stakeholder meetings
- 1,700 health profession learners
- 100,000+ miles traveled in Maine

Three innovative programs offer inter-professional training to support front-line health care profes-

sionals. Statewide advisory teams developed curricula, delivered training, and brought these programs to life through volunteer teams of experts from academia, front-line practices, and other health systems.

The programs received guidance from executives and clinical experts in Nursing & Patient Care Services, the Knight Nursing Center, the Munn Center for Nursing Research, Home Base, the Research Recovery Institute, and many other Mass General centers and departments.

Oral health is an ongoing issue for older adults throughout the state. The MOTIVATE program (Maine's Oral Team-Based Initiative: Vital Access to Education) provides long-term care teams with education to

continued on next page

Left: attendees at recent MOTIVATE workshop and guests from the University of New England College of Dental Medicine. Right: Maine Nursing Preceptor Education Program workshop.



Lunder-Dineen (continued)

advance their knowledge, skills, and attitudes about oral health. This team has delivered:

- 22 faculty-led workshops
- 60 in-person consultation sessions
- 700+ professionals trained
- 900+ residents served
- 1,700 oral health kits supplied to residents



To offset Maine's nursing workforce challenges, Lunder-Dineen created the Maine Nursing Preceptor Education Program. The program has supported the recruitment, integration, and retention of Maine nurses across the continuum, with:

- 800+ nurse graduates trained
- 86 organizations have sent learners
- 16 counties represented by learners

Alcohol is the most widely misused substance in Maine. The Time to Ask program provides primary-care health care professionals with the knowledge and skills to engage in meaningful conversations about alcohol use. It has delivered:

- 8 faculty-led workshops
- 40 in-person consultation sessions
- 200+ professionals trained
- 24,000+ residents served

Mass General and Lunder-Dineen are grateful to the Lunder family and the Lunder Foundation for their vision and philanthropy. Inspired by the outcomes of the past ten years and buoyed by renewed funding for another five years, the Lunder-Dineen team is eager to continue this important work.

Lunder-Dineen would like to thank the many people, departments, and teams at Mass General that have helped make this initiative a success for the past decade. For more information, go to: www.lunderdineen.org.



(Top to bottom): Lunder-Dineen team (l-r: Labrini Nelligan, Denise O'Connell, Carole MacKenzie, and Samantha Nock). Time to Ask primary care practice participants. Lunder-Dineen Board of Directors, including the Lunders and Lunder-Dineen co-chairs.

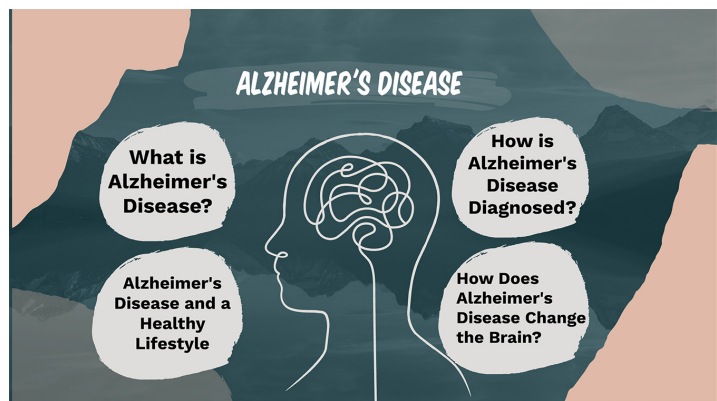


Blum Center continues to be valuable resource throughout pandemic

—by Maryam Dayib and Kimberly Mankus, health educators

For the safety of patients and staff, the Maxwell & Eleanor Blum Patient and Family Learning Center closed in March due to the COVID-19 pandemic. By transitioning many Blum Center services to virtual platforms, we have been able to remain a vital resource for patients, families, and staff. The Blum Center continues to conduct searches of archives and databases to provide accurate, up-to-date resources for patients, families, and staff.

The popular educational series featuring live presentations by Mass General content experts, once held in the Blum Center, has moved online and is now being offered via Zoom. These webinars have attracted more than 850 attendees and provided information on a wide



Virtual Health Information Table as seen in Prezi

range of topics, including parenting during the pandemic, cancer genetics, general nutrition, alcohol/vaping, and more.

The Blum Center continues to offer its monthly health information table on-line using the interactive presentation platform, Prezi. At the beginning of each month, a new presentation is offered; the link can be found on all Blum Center social media pages. Topics are chosen based on requests from patients and staff or to coincide with events recognized by the National Health Observances Calendar, which is dedicated to raising awareness about a variety of health and wellness issues.

Blum Center health educators and project specialists continue to offer plain-language consultations and, along with other MGH professionals, produce patient-friendly, educational materials.

We look forward to continuing the important work of supporting patients and families in their efforts to educate themselves about their health, and collaborating with members of the MGH community to improve patient-education materials.

For more information about the services offered by the Blum Patient and Family Learning Center, call 617-724-7352, like us on Facebook (facebook.com/MGHBlumCenter), or follow us on Twitter (@MGH_BlumCenter).



Since opening on October 29, 2019, the Bigelow 7 General Medicine Teaching Service Unit has had a very productive year. The unit has gone from forming—to ‘storming, norming, and performing’—ultimately evolving into a unified team with structures and processes that mirror the hospital’s mission to provide world class care.

Bigelow 7 played an important part in supporting the hospital's response to the COVID pandemic. Despite being a new unit, 10 nurses were deployed to the Surgical ICU, while

Bigelow 7 attending nurse, Jenna Cole, RN, noted “Everyone who comes onto the unit feels the positive energy. Camaraderie is a major part of what makes coming to work so satisfying.”

When Bigelow 7 first opened, the team set out to build a new unit together, to stay committed to patient care and to one another. And that's exactly what they have done.

The wordle below reflects the sentiments and optimism of the Bigelow 7 multi-disciplinary team as they created a culture of excellence and a practice environment that is satisfying to all.



Some scenes from the Bigelow 7
1-year anniversary celebration.

Professional Achievements

Appointments

Paul Arnstein, PhD, RN, FAAN

Pain Management Nursing
Content Expert Panel
American Nurse Credentialing
Center

Back Pain Expert Panel
National Committee for Quality
Assurance

Debra Birkenstamm, RN, MBA
Co-chair
Care Management Council
MGB

Member, *CMSA Today* Editorial
Board
Case Management Society of
America

Jennifer Curran

Team leader, Practice to
Transition Accreditation
Program
American Nurses Credentialing
Center

Eileen Searle, PhD, RN, CCRN
Affiliate associate professor
Northeastern University

Poster Presentations

Debra Birkenstamm, RN, MBA; Kelsie Driscoll, MPH; Dylanne Axelrod

"MGH iCMP Virtual Visits
2019-2020"
Case Management Society of
America conference (virtual)

Sarah Luppino, NP-BC

"FULFILL ALS: Addressing the
ALS Diagnostic Delay through a
Novel Diagnostic and Screening
Tool Aimed at Primary Care
Providers"
Northeast ALS Consortium
(virtual)

Debra Lundquist, PhD, RN

"Understanding the Supportive
Care Needs of Early Phase
Cancer Clinical Trial (CT)
Participants"
ASCO Quality Care
Symposium (virtual)

"Palliative Care Referrals in
Patients with Advanced Cancer
on Early Phase Cancer Clinical
Trials (EP-CTs)"
ASCO Quality Care
Symposium (virtual)

"Involvement of Social Work
Services in Patients with
Advanced Cancer in Early
Phase Clinical Trials"
ASCO Quality Care
Symposium (virtual)

"Describing the Phase I
Oncology Clinical Trial
Population: a Retrospective
Chart Review"
ONS Bridge (virtual)

Jacquelyn Nally, BSN, MA, RN, NHDP-BC, CEM

"Air-purifying respirators use by
MGH intubation teams during
COVID-19 response: a pilot
study of user experiences"
MGH Clinical Research Day

Eileen Searle, PhD, RN, CCRN; Sanchez, S.; et al

"Implementation of an
electronic travel navigator
to enable 'Identify-Isolate-
Inform' for emerging infectious
diseases"
Society for Healthcare
Epidemiology of America
Conference
Atlanta, Georgia

Publications

Howard Blanchard, DNP, MEd, MS, RN, ACNS-BC; Diane Carroll, PhD, RN, FAAN, FAHA, FESC; and Felicity Astin, PhD, MSc, BSc, RN, FESC, FHEA
"Informed Consent for
Percutaneous Coronary
Intervention: a Patient
Perspective of a Complex
Process"
Cath Lab Digest

Kirsten Dickens, PhD, AM, MSN, FNP-C, and Sara Looby, PhD, ANP-BC, FAAN

"Behavioral and psychological
health inequities in income-
disparate perimenopausal
women: a brief report"
Menopause

Kirsten Dickens, PhD, AM, MSN, FNP-C

"Supporting Primary Care
Access and Use Among
Homeless Persons"
Social Work in Public Health

Sara Looby, PhD, ANP-BC, FAAN; Emma Kileel, MPH; Corinne Rivard; Kathleen Fitch, MSN, FNP-BC

"Eliciting perspectives of the
key study population: an
effective strategy to inform
advertisement, content and
usability of an online survey for
a national investigation"
*Contemporary Clinical Trials
Communications*

Sara Looby, PhD, ANP-BC, FAAN; Markella Zanni, MD; Judith Currier, MD; Amy Kantor, MS; Laura Smeaton, MS; Corinne Rivard; Jana Taron, MD; Tricia Burdo, PhD; Sharlaa Badal-Faesén, MD; Umesh Laloo, MD; Jorge Pinto, MD; Wadzanai Samaneka, MD; Javier Valencia, MD; Karin Klingman, MD; Beverly Allston-Smith, MD; Katharine Cooper-Arnold, MD; Patrice Desvigne-Nickens, MD; Michael Lu, MD; Kathleen Fitch, MS; Udo Hoffman, MD; Steven Grinspoon, MD; Pamela Douglas, MD

"Correlates and Timing of
Reproductive Aging Transitions
in a Global Cohort of Midlife
Women with HIV: Insights from
the REPRIEVE Trial"
Journal of Infectious Diseases

Catherine Moore, MSN, PMHNP-BC; Brown, MJ; MacGregor, J; and Lucey, JR
"Primary Care and Mental
Health: Overview of Integrated
Care Models"
The Journal for Nurse Practitioners
(Special Issue on mental health)

Sarah Padden, BSN, RN, OCN
"Cutaneous Metastases: a Case
Study on Clinical Care for
Patients"

*Clinical Journal of Oncology
Nursing*

Kathryn Post, PhD, RN, ANP-BC; Berry, D; Shindul-Rothschild, J; Flanagan, J
"Patient Engagement in Breast
Cancer Survivorship Care"
Cancer Nursing

Eileen Searle, PhD, RN, CCRN; Baugh, J; Yun, B; Chyn, A; Bernhardt, J; LeClair, K; Henshaw-Archer, L; L'Heureux, M; Lennes, I; and Biddinger, P

"Creating a COVID-19
Surge Clinic to Offload the
Emergency Department"
*American Journal of Emergency
Medicine*

Eileen Searle, PhD, RN, CCRN; Sanchez, S; et al

"Travel screening documenta-
tion to enable the 'Identify-
Isolate-Inform' framework for
emerging infectious diseases:
it's all in the details"
*Infection Control and Hospital
Epidemiology*

Caroline Ward, RN, BSN; Laura Foran Lewis; Noah Jarvis; Eleni Cawley

"Straight sex is complicated
enough!: the lived experiences
of autistics who are gay, lesbian,
bisexual, asexual, or other
sexual orientations"
*Journal of Autism and
Developmental Disorders*

Presentations

Paul Arnstein, PhD, RN, FAAN

"Alternative and Integrative
Methods of Pain Management"
ASPMN National Conference
(virtual)

Professional Achievements (continued)

Gaurdia Banister, RN, PhD, NEA-BC, FAAN

"Addressing Racism in the Nursing Profession: Be the Change"

ANA Massachusetts (virtual)

"Intersection of Racism and Health"

BWH Nursing Grand Rounds (virtual)

Patricia Bruno, RN, BSN

"Dravet Syndrome and Your Family: Diagnosis, Treatment, Family Needs and Support"

National Organization for Rare Disorders (interactive video)

Lauren DeMarco, MSW, LICSW, ACHP-SW

"Hundreds of Thousands of Steps"

Stories of the MGH: the COVID-19 Experience (virtual)

Lorraine Drapek, DNP, FNP-BC, AOCNP

"APN Role in Radiation Oncology: Beginning, Developing, and Continuing the Conversation"

Oncology Nursing Society Conference (virtual)

Maureen Hemingway, DNP, RN, CNOR; Dan Drzymalski, MD; Prakash Patel, MD; and Judith Forbes

"Multidisciplinary team-building: Anesthesiology, Nursing, and the Transfusion Service"

AABB 2020 Conference (virtual)

Anne Lafleur, LICSW; Jessica Duttkin, MSSW, LCSW; Christine White, LCSW, CCTSW-MCS; and Linda Pham, LCSW, CCTSW-MCS

"In order to live, one must not eat: the reality of lung transplant and tube feeds"

Society of Transplant Social Workers Conference (virtual)

Sara Looby, PhD, ANP-BC, FAAN

"Correlates and Timing of Reproductive Aging in a Global Cohort of Women with HIV: Insights from the REPRIEVE Trial"

AIDS Clinical Trials Group

Women's Health Inter-

Network Scientific Committee (virtual)

Sara Looby, PhD, ANP-BC, FAAN and Kathleen Fitch, FNP-BC

"The association of distinct social determinants of health with added sweetener knowledge and consumption in a national cohort of people with HIV"

The Association of Nurses in AIDS Care Conference (virtual)

Kathryn Post, PhD, RN, ANP-BC

"Exploring Patient Engagement in Breast Cancer Survivors through a Rogerian Science Lens"

Society of Rogerian Scholars Conference (virtual)

Eva Regel, MS, LICSW

"The Ethical Considerations of Obtaining Consent from Patients with Psychosocial Trauma"

American Society for Bioethics and Humanities Conference (virtual)

Kathryn Stewart, RN, BSN, CGRN; June Guarente, RN, MSN, CGRN; Bonnie Slayter, RN, BSN, CGRN; and Ryan Zapata, RN, BSN

"The New POP Culture in Endoscopy"

SGNA Course (virtual)

Certification

Natalie Brennan, RN, BSN

Mind, Body, Health and Healing
MGH Institute of Health Professions

Sarah Luppino, NP-BC

Adult Gerontology Primary Care Nurse Practitioner
American Nurses Credentialing Center

Shannon Maguire Lessard, RN, CDCES

Diabetes Care and Education Specialist
Board for Diabetes Care and Education

Ann McKenney-Fruth, RN

Acute Case Management
Case Management Society of New England

Advanced Degrees

Howard 'Tom' Blanchard, DNP, MEd, RN, ACNS-BC, CEN

Doctor of Nursing Practice
Simmons University

Sara Cobb, MSN

Master of Science in Nursing (Leadership)
Framingham State University

Pamela Connolly, RN, BSN, OCN

Bachelor of Science in Nursing
University of Massachusetts, Boston

Leanne Homan, RN, BSN, MBE

Master of Bioethics
Harvard University

Sarah Luppino, NP-BC

Master of Science in Nursing
MGH Institute of Health Professions

Eileen Searle, PhD, RN, CCRN

Doctor of Philosophy
Boston College

Awards

Zary Amirhosseini

Marie Feltin Award
Boston Center for Independent Living

Leslie Cartagena, NP

Ernesto Gonzalez Award for Outstanding Services to the Hispanic Community

Camille Richards, DPT

2020 Centennial Scholar
Massachusetts chapter of the American Physical Therapy Association

Clinical Recognition Program

Clinicians recognized
May–November, 2020

Advanced Clinicians:

Ashley Burvill, RN
Labor & Delivery

Maura Dunn, RN
Medicine

Kara Hallisey, RN
Emergency Department

Sandra Kelly, RN
Medicine

Jennifer Maietta, SLP
Speech-Language Pathology

Clinical Scholars:

Heather Fraser, RN
Labor & Delivery

Penelope Herman, RN
Labor & Delivery

Annette Mullen, RN
Surgical ICU

Sandra Stokes, LICSW
Social Work

Reflections on patient and healthcare-provider safety during the COVID-19 pandemic

research and evidence

—by Diane Carroll RN, nurse researcher

The following is an overview of, “Critical care guidance for tracheostomy care during the COVID-19 pandemic: a global, multidisciplinary approach,” from the *American Journal of Critical Care*.

Introduction: The 2019 coronavirus, the virus responsible for COVID-19, has placed a significant strain on the healthcare system. The surge of patients has presented unique challenges for healthcare providers in caring for COVID-19 patients and concerns about how to protect themselves from the virus. This month’s article describes an evidence base for protecting healthcare providers during tracheostomy care of patients with COVID-19 to ensure patient and provider safety.

Summary:

Critical-care nurses caring for patients with tracheostomies are at high risk because of the predilection of 2019 coronavirus (COVID-19) for respiratory/mucosal surfaces. This review identifies patient-centered practices that ensure safety and reduce risk of infection transmission to health care workers (HCP) during the COVID-19 pandemic.

Consensus statements, guidelines, institutional recommendations, and scientific literature on COVID-19 and previous outbreaks were reviewed. A team analyzed and prioritized findings to develop recommendations. Aerosol-generating procedures such as suctioning, tra-

cheostomy tube changes, and stoma care are commonly performed by nurses and other HCP. Patient re-positioning, re-adjusting circuits, administering nebulized medications, and patient transport also present risks. Viral testing of bron-

chial aspirate via tracheostomy may inform HCP when determining the protective equipment required.

The use of standard personal protective equipment, including N95/FFP3 masks with/without surgical mask, gloves, goggles, and gowns is required when performing aerosol-generating procedures for patients with, or at risk for, COVID-19. The need for protocols to reduce the risk of infection to nurses and HCP is evident. Appropriate care of these patients relies on safeguarding the healthcare team. The practices described in this review may greatly reduce the risk of transmission of COVID-19.



Look for this image to find summaries and referrals to the latest research articles and abstracts. Go to: <https://www.mghpcs.org/MunnCenter/research-update.asp>, to read more about staying safe during the COVID pandemic.

Announcements

Virtual Conversations with Caregivers

An educational series for clinicians, hospital staff, and community members, sponsored by the Dementia Caregiver Support Program

**Tuesday, December 15th
5:30-7:00pm**

"Reflections of Caregiver Experiences"
A panel discussion

RSVP to nmozzone@mgh.harvard.edu.

For more information, call 617-643-8809.

ACLS certification classes

Registration times will be staggered to allow for COVID safety.

**February 10, 2021
4:00-9:00pm**

Location 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.

MGH Central Flu Shot Clinic

The MGH Central Flu Shot Clinic will run through December 12th. Clinic is open to patients 9 years old and older.

Times:
Monday through Friday
7:00am-6:00pm
Saturday
8:00am-12:00pm

Exceptions:
The day before Thanksgiving
Wednesday, November 25th,
7:00am-1:00pm

Thanksgiving weekend
Thursday, November 26th
through Saturday, November 28th
Closed

Location:
Russell Museum of Medical History and Innovation
2 North Grove Street

Parking:
Visitors to the Flu Shot Clinic may park at any MGH garage for up to one hour at no charge.

Important Information About COVID-19
All patients and visitors are screened for possible symptoms of COVID-19 and given a mask to wear. If you have upper respiratory symptoms including fever, sore throat, or cough, please postpone your visit. The flu clinic is often busiest during the early morning and late afternoon. To minimize crowding and promote physical distancing, patients are encouraged to plan their visit outside of these times. The flu shot does not protect against COVID-19.

On-line Blum Center programs

**Friday, December 4, 2020
12:00-1:00pm**

"Treatment Options for gastroesophageal reflux disease (GERD)"
Link to attend: <https://partners.zoom.us/j/99497592649>

**Monday, December 7th
12:00-1:00pm**

"Managing Challenging Behavior During Challenging Times"
Link to attend: <https://partners.zoom.us/j/91860304470>

**Wednesday, December 9th
12:00-1:00pm**

"Parenting a Child with a Chronic Illness: Promoting Emotional Wellness"
Link to attend: <https://partners.zoom.us/j/93984838048>

For more information, call 617-724-3823.

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Next Publication

December 17, 2020

Practice UPDATE

Updates to Chlorothiazide Administration

To improve delivery of time-sensitive doses of chlorothiazide, we are moving towards administering chlorothiazide via IV Push.

For a planned go-live date of 11/17/2020:

- **ADULTS:**

- New orders for IV chlorothiazide will be dispensed as **vials of powder for injection** and should be diluted with Sterile Water for Injection (SWFI) and administered via slow IV Push over 3-5 minutes.
 - 500 mg vial in 18 mL SWFI
 - 250 mg vial in 9 mL SWFI
 - See Epic Administration Instructions



- **PEDIATRICS:**

- **Patients \geq 40 kg:** New orders for IV chlorothiazide will be dispensed as by default and should be diluted with Sterile Water for Injection (SWFI) and administered via slow IV Push over 3-5 minutes.
 - 500 mg vial in 18 mL SWFI
 - 250 mg vial in 9 mL SWFI
 - See Epic Administration Instructions
- **Patients $<$ 40 kg:** New orders for IV chlorothiazide will be dispensed as a 28 mg/mL syringe
- **Neonates:** New orders for IV chlorothiazide will be dispensed as a 10 mg/mL syringe

For more information, see [Chlorothiazide entry in Lexicomp](#).



Please reach out to your unit-based pharmacist with any questions.

Practice UPDATE

Changes to Inpatient Adult Suicide Screening

Beginning 11/16, adult inpatients who screen positive for suicide risk using the Columbia Suicide Severity Rating Scale (C-SSRS) will be classified as either moderate or high risk. Epic will automatically calculate classification based on C-SSRS.

WHEN PATIENTS ARE CLASSIFIED AS EITHER MODERATE AND HIGH SUICIDE RISK:

- **DO NOT LEAVE PATIENT UNATTENDED.** Patient requires 1:1 constant observation.

Refer to Care of the Patient at Risk for Suicide policy in Ellucid for more details and hand-off checklists.



- Nurse initiates suicide precautions and notifies provider.
 - Provider should use “Suicide Precautions Panel” to ensure all necessary orders are placed.*
- A Best Practice Alert (BPA) will fire with instructions, including a prompt to add “Suicide/Self-Harm Risk” to the Nursing Plan of Care.*
 - Provider will also receive BPA only if patient is at high risk.*

Very Important (1)

Suicide Risk

Your patient's calculated suicide risk score is:

Calculated C-SSRS Risk Score (Lifetime/Recent): High Risk (10/30/20 0900)

Please discuss with the responding clinician and

provide feedback:

Acknowledge Reason

BestPractice Advisory - Expired, Med

Important (1)

Plan of Care Recommendation

Based on your assessment/orders, the SUICIDE RISK - ADULT/PEDIATRIC plan of care template is recommended for your patient. Please review and select patient specific goals and interventions.

SUICIDE/SELF-HARM RISK - ADULT/PEDIATRIC (11 of 11 items selected)

Acknowledge Reason

*Does not apply to patients on Blake 11

Please contact Marty Lantieri or Yordanos Girmai with any questions



MASSACHUSETTS
GENERAL HOSPITAL

PCS QUALITY, SAFETY & PRACTICE

November 2020

Thankful for you!

Staff's dedication and commitment to providing empathetic, compassionate care during these extraordinary times has comforted and touched the lives of so many.

In the words of our patients

"All of you were heroes long before the pandemic. I appreciate all of you and the work you do every day."

"...In our darkest hour, everyone went above and beyond to take great care of us... from the bottom of our hearts, thank-you, thank-you, thank-you."

"I'm so thankful for the amazing staff who are always professional, courteous, and compassionate, despite the hardships of working on the front lines during this pandemic and caring for ill patients like me. I could not have asked for a better group of healthcare professionals to help care for me through this very challenging time."

"There are no words to express my gratitude to all the doctors, nurses, and staff. You are always my heroes, but especially now, putting your own lives and families in danger with this horrible pandemic."



"Healthcare providers are under tremendous stress these days, yet I never would have guessed that they cared about anything but me. I'm grateful to them and their leaders for creating such a safe and positive environment for patients."



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