Pandemic brings adult patients to the PICU

Staff rise to the occasion, learning new skills to care for new patient population

Staff nurse, Cheri Boulanger, RN, cares for adult patients in the Pediatric ICU at the height of the COVID-19 pandemic.
Debbie Burke

Safety first in everything we do, including eating

As we’re seeing a slight up-tick in COVID cases, it’s a good time to remind staff about the measures we’ve implemented to ensure a safe work environment for all. These include universal masking, frequent hand-washing, and maintaining a safe distance (at least six feet) from others.

While wearing a mask is one of the most effective ways to prevent the spread of infection, we must remove our masks to eat and drink. It’s during these times that without proper distancing, we’re at the greatest risk of spreading the virus.

As we plan for a possible second surge, it’s important that every member of the MGH community understand that eating and drinking are only permitted in certain locations—designated dining locations (see map below), break rooms, conference rooms, and private offices. And when eating or drinking, it’s imperative to maintain a distance of at least six feet from others.

Grab n’ Go meals are available at various sites (Eat Street Café, Tea Leaves in the Wang Lobby, and Coffee South in the Yawkey Lobby) for your convenience.

We ask for your help in following these guidelines and encouraging others to do the same. Don’t underestimate the power of leading by example.

Designated Dining Guidelines
- Perform hand hygiene upon entry and wear your mask until seated.
- Maintain a 6-foot distance from others while dining.
- Once seated, place your mask on a clean surface.
- Once done, replace your mask, dispose of trash, and wipe down your table.

Designated Dining Locations on Map:
1) Eat Street Café and East Garden Dining Room, White basement
   Monday-Friday: 6:30am–8:00pm; Saturday and Sunday: 7:00am–7:00pm
2) Tea Leaves, Wang Lobby
   Monday-Friday: 7:30–10:30am; 11:00am–3:00pm
3) Bulfinch Tent, access from Coffee Central entrance
   Monday-Friday: 11:00am–2:00pm
4) Coffee South, Yawkey Lobby
   Monday-Friday: 7:30am–3:00pm
5) Yawkey Mezzanine, Yawkey 2
   Open 24/7
6) Gray Family Waiting Area, Gray Lobby
   Monday-Friday: 11:00am–3:00pm
7) Lunder Atrium, Lunder 6
   Open 24/7

Thank-you for all your efforts to keep yourselves and our patients safe. I’m hopeful that we can avoid, or at least mitigate, a second surge.

Debbie Burke
Debbie’s Photo Gallery

▶ Associate chief nurse, Sue Algeri, RN (right), and staff nurse, Brittany Sheehan, RN, of the Blake 12 ICU, joined host, Arun Rath, for the October 8th WGBH broadcast of In It Together. Sue observed afterward, “It was great to have the opportunity to be interviewed with Brittany. She provided a wonderful description of her experience in the Blake 12 ICU under challenging circumstances, and she shared our updated visitor policy with the public which was very helpful.” To hear the complete interview, go to: www.wgbh.org/news/local-news/2020/10/08/in-it-together-10-8-2020.

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Congratulations to all employees who celebrated an Ether Day milestone this year, including our own Grace Good, NP, acute care nurse practitioner in the Psychiatry Consult Service, who marked her 50th anniversary this year. In her five decades at Mass General, Grace has been instrumental in integrating the nurse practitioner role into the medical care team—she was the first nurse practitioner on the hospital medicine staff; she is a leader in education, patient care, has given countless presentations, and authored numerous articles. We are so fortunate that Grace chose to spend her career here with us at Mass General.
Recognition/Service to Country

Patriot Award, care packages, and support for absent colleague

— by Valerie Saber RN

Sahar Khalaj, RN, is a staff nurse on the Blake 6 Transplant Unit and a major in the US Air Force Reserves. She was deployed in April and is currently serving at Bagram Air Force Base in Afghanistan.

Because Khalaj left just as COVID was beginning to impact the US, her colleagues were unable to gather to say good-bye or throw her a party.

Said one colleague, “It was heartbreaking. We’re like family. Sahar is a single mother with a bright, 6-year-old daughter; leaving her was the hardest thing she ever had to do. Sahar asked that we send little gifts to her daughter while she’s away to let her know she isn’t forgotten.”

Staff took up a collection and are using the money to send gifts to both Khalaj and her daughter. They raised enough money to send Khalaj many items that are in short supply over there, as well as a book of inspirational quotes and words of encouragement signed by staff, MGH T-shirts, snacks, and photos of her Blake 6 family.

Khalaj’s colleagues keep in touch via text messages and video-conferencing. She’s so appreciative of their kindness and support that she nominated her unit for a Patriot Award. Patriot Awards are given by the Department of Defense to employers for supporting service members through flexible scheduling, time off prior to or after deployment, and leaves of absence to allow reservists to fulfill their service commitments.

Khalaj is scheduled to return this month. Her co-workers on Blake 6 are ready to welcome her home and honored to call her a friend and colleague.
Support and Advancement

Empowering service workers to pursue career advancement

— by Gaurdia Banister, RN, director; The Yvonne L. Munn Center for Nursing Research

Last year, the Executive Committee on Community Health Improvement funded a program to help elevate service employees into skilled clinical roles through education, financial support, and career-coaching. The program was designed to provide employees with the skills necessary for career advancement without any interruption to their income. The program was made possible through a collaboration between Patient Care Services, Human Resources, and Jewish Vocational Services, a community organization with a long-standing commitment to MGH and under-served populations in the Boston area.

The first cohort of employees included unit service associates and operating room assistants interested in becoming patient care associates.

Training focused on professional development and workplace communication skills. Workshops were offered in conflict engagement, professional communication, medical terminology, and other topics. A four-week Nurse’s Aide Certification Course provided by the Academy for Healthcare Careers consisted of 75 hours of training culminating in a three-day clinical experience at Hebrew Senior Life, where employees had an opportunity to practice their skills in a clinical setting.

Members of the Jewish Vocational Services team provide ongoing career coaching to promote independence and give trainees the greatest possible chance for success.

When the pandemic hit, MGH and Jewish Vocational Services worked to ensure the program continued virtually, and in August, students were able to resume and complete their clinical experiences, even as other clinical sites were shut down. They have now transitioned from their prior roles and begun their careers as patient care associates.

Professional development specialist Sheila Golden-Baker, RN, serves as MGH mentor/coach for the group as they continue to participate in hands-on training as part of their on-boarding. The group meets regularly to discuss their transition to their new role and hear presentations on: infection control in times of COVID, transitioning from USA to PCA, communication and conflict, and much more.

These new PCAs are passionate about their new role and excited for the opportunity to contribute in a whole new way.

COVID Stories

Pandemic brings adult patients to the Pediatric ICU
A compilation of reflections from staff
— by Emily Lloyd, RN; Elizabeth Croll, RN; Jennifer Samiotes, RN; Jenna Reardon, RN; Julia Smalley, RN; and Barbara Gallagher, RN

In March, Pediatric ICU nurses and medical staff began accepting adult COVID-19 patients who were in need of immediate ICU care—this was an entirely new population for most of these caregivers. While staring into what was then, ‘the great unknown,’ the only thing PICU staff knew for sure was that they would provide the best possible care to whatever patients came their way.

Following are some thoughts and reflections of PICU nurses who adapted quickly and cohesively to their new reality as MGH reinvented itself to accommodate the surge of COVID patients.

“As a new nurse in the PICU, the idea of taking care of adults during a global pandemic was overwhelming. As experienced nurses talked about the concerns they had, the thought of it became even more daunting. It didn’t matter how long you’d been here, we were all doing something new.”

“Everyone has their own story. Some of my co-workers’ families lived in different homes to keep them safe. Others lived with the fear of ‘bringing something home’ to their loved ones. Those who lived alone wondered when it would be safe to interact with their families and friends again.”

“The PICU team demonstrated extraordinary skill and adaptability in caring for patients across the lifespan. The COVID-19 pandemic will always be a career-defining time for healthcare workers—from nursing students, to first-year residents, to attending physicians, to experienced nurses.”

“I have never been more proud to be part of something so great at such a scary time. Our feelings of fear and anxiety gave way to confidence and acceptance as we celebrated small victories along the way. While anger, grief, and sadness were never far from our consciousness, we ultimately gained career-sustaining knowledge and skills that will benefit our pediatric patients in the future.”

“We were fortunate that experienced, adult-care nurses joined our team. We welcomed their knowledge, skill, and ideas with open
arms, quickly forming new and trusting relationships."

“There was support all around me. When we had a question, there was someone to answer it. When we needed supplies, someone found them. And when I needed to cry, there were friends, family, and colleagues for that, too.”

“This could have been terrible. It could have been unsafe. But thanks to hospital leadership and the resiliency of our staff, that’s not what happened. We were surrounded by positive, determined, supportive energy every day. Our ‘helpers’ from other units were invaluable. As we continue to embrace this life-altering experience with COVID, I’m left with extreme appreciation for the people who make being part of it so much more worthwhile.”

“Mostly, I miss faces. It’s the strangest thing to miss the faces of the people you’re working with every day. But I miss their expressions, their knowing looks, their smiles. Nurses, perhaps more than any other profession, rely on faces to do our work. It’s so much harder when you’re behind plastic. Try getting a two-year old and her terrified mother to trust you using just your eyes.”

“The camaraderie was remarkable. We laughed together, cried together, but most of all, we persevered together. We took each patient, each hour, each shift, and did what needed to be done.”

“When I looked around, albeit a bit blurry through my goggles and face mask, I was so impressed — especially with our younger nurses who were overwhelmed but positive and proud of what they were doing. Our team learned so much while taking extraordinary care of these critically ill adults.”

“We transitioned to roles we didn’t think we could handle, but we did. It was harder for some than others. At times, it seemed cruel and gruesome; not allowing people to say good-bye to their loved ones, leaving them in the hands of their nurse or healthcare worker to hold their hand for their final good-bye. At first, we were anxious and scared of the unknown. But then we became confident and stronger together, lovingly and gracefully, but not without lasting effects. COVID didn’t defeat us. We learned more through this journey than we may ever learn again in our careers.”

“We have all been changed by this pandemic. We’re proud to say that in these defining moments, we learned that we can do anything with teamwork, compassion, support, and appreciation.”

(Opposite page left): PICU nurses, Angela LaRochelle, RN, and Cheri Boulanger, RN. (Right photo): Amanda Pratt, RRT, respiratory therapist. (Above): Abigail Siebert, RN, from Bigelow 9, now a PICU nurse. (At left): members of the combined Pediatric-Medical ICU team.
This year’s virtual Nursing Research Day featured an on-line poster display showcasing a record 58 posters, presentation of the Munn Nursing Research Awards, recognition of the winners of the poster contest (see opposite page), and the annual Munn Research Lecture, presented by Marlaine Smith, RN, professor and Helen K. Persson eminent scholar, at the Christine E. Lynn College of Nursing at Florida Atlantic University.

Smith spoke about, “The Gifts of the Hero’s Journey: Revealing the Extraordinary in Ordinary Nursing Practice.” Noting that nursing is more than simply, ‘being nice,’ Smith described nursing as the convergence of theory, substantive actions, intuition, and the questions nurses ask that allow them to truly know their patients.

Calling nurses heroes in these turbulent times, Smith spoke about the gifts nurses bring to the bedside, dividing their contributions into five broad categories: knowledge, compassion, competence, presence, and partnering. She delved deeper into the characteristics of these gifts, sharing stories from MGH nurses that demonstrated the power of each gift in real-life, patient-care situations.

Smith enumerated the many ways that nurses make a difference in patients’ lives, saying, “Never forget that your gifts are precious. You are the medicine. You are the heroes. Continue to share your gifts.”

Dottie Jones, RN, director emerita of the Munn Center, led a Q&A session. Nurse researcher, Sara Looby, NP, moderated the session, and nurse researcher, Kim Francis, RN, announced the recipients of this year’s Yvonne Munn Nursing Research Awards and the winners of the poster awards.

Gaurdia Banister, RN, director of the Munn Center, gave an overview of Munn Center accomplishments over the past year, including the creation of two new awards: the MGH Nurses Alumni Grant, supported by and named for the Alumni Association of the MGH School of Nursing; and the Dorothy A. Jones Nursing Research Scholar Fund, established by Francis Foster in gratitude for Jones’ mentorship of so many nurses and nurse researchers over the years.

Banister reminded listeners that the Connell Nursing Research Scholars program is now accepting applications and shared some of the outcomes of the Clinical Research Nurse Collaborative, the DNP PhD Forum, the Research & Evidence-Based Practice Committee, and other evidence-based practice activities. She commended Munn Center staff for their contributions during the COVID-19 pandemic and thanked them for their outstanding efforts.

For more information or to see the Munn Center annual report, go to www.mghpcs.org/MunnCenter/index.asp.
Munn Research Awards and Poster Contest

2020 Yvonne Munn Nursing Research Awards

- **Munn Research Awards and Poster Contest**

Principal investigator: Phoebe Wells, RN, for her study, “Do Non-Pharmacologic Interventions Decrease Stress in Antepartum/Postpartum Patients or Special Care Nursery Mothers.”

(Not pictured: mentor, Kim Francis, RN, and team member, Kelli Thomas, RN)

Principal investigator: Jeannie Dolan, RN, (left), with mentor, Paul Amstein, RN, and team members (l-r) Aynsley Forythe, RN, and Karen Szesu, RN, for their study, “Mindfulness-Based Intervention for PACU Nurses.”

(Not pictured): Principal investigator: Eli Bobrowich, RN; mentor, Sara Looby, RN; and team member, Robert Goldstein, MD, for their study, “An Exploratory Study Evaluating Clinical, Psychosocial, and Environmental Care Needs of Gender Minorities at a Transgender Health Program.”

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2020 poster award winners

- **2020 poster award winners**

  - **Chris Curtis, RN**: won in the category of Emerging Researcher for the poster, “Implementation of a Standardized Electronic Hand-Off Tool for Advanced Practice Provider Patient Transfer.”
  
  (Not pictured: Laura Andrews, RN)

  - **Gregory Conklin, RN**: won in the category of Evidence-Based Practice for their poster, “Skin Care Guidelines: what is the Evidence Regarding Topical Agents on Skin during Radiation Delivery.”

  - **Susan Maher, RN; and Esteban Franco Garcia, MD** (pictured above); along with Carmen Zhou, MD; Marilyn Heng, MD; Maria Van Pelt, RN; Oluwaseun Akeju, MD; and Sadeq Quraishi, MD, won in the category of Original Research for their poster, “Nutritional Status is Associated with New-Onset Delirium in Elderly, Acute Care, Orthopedic Trauma Patients: a Single-Center Observational Study.”

  - **Jennifer Duran, RN**: won in the category of Quality Improvement for the poster, “Nurse-Driven Implementation of Bubble CRAP in a Ugandan Nursery.”

(Front row l-r): Stephanie Qualls, RN; Michelle Crocker, RN; Karen Miguel, RN; and Sean Wang; (back row): Colleen Snyderman, RN; Virginia Capasso, NP; and Mary Ann Walsh, RN, won in the category of Advanced/Mid-Career Nurse Researchers for their poster, “Pressure-Injury Development, Mitigation, and Outcomes in Patients Prone for ARDS due to COVID-19.”

(Not pictured: Zachary Chornoby, RN; Mark Vangel; John Murphy, NP)

Margaret Settle, RN (right); and Kim Francis, RN (left); along with Elizabeth Farland, Sergei Roumiantsev, MD; and Paul Lerou, MD, won in the category of Advanced/Mid-Career Nurse Researchers for their poster, “Comparison of Salivary Biomarkers with Infant-Driven Feeding” (IDF) scores.”

(Not pictured: Margaret Settle, RN; and Kim Francis, RN; and Laura Andrews, RN)
Recovery Month comes face-to-face with systemic racism

we must be willing to have those difficult conversations

—by Chris Shaw, NP, MGH Substance Use Disorder Initiative

A virtual presentation

Recovery Month. Recovery from what? And perhaps more importantly, recovery to what? That was the question posed by Tracie Gardner, vice president for Policy Advocacy Legal Action Center, and Ayana Jordan, MD, assistant professor, Yale University School of Medicine, at this year’s (virtual) Recovery Month kick-off event, “Developing an Anti-Racist Recovery Movement: Deconstructing and Challenging Current Policies and Practices.”

Sarah Wakeman, MD, medical director for the MGH Substance Use Disorder Initiative, introduced Gardner and Jordan, who delivered powerful stories describing the disparities and injustices visited on people of color by the systemic racism present in all aspects of American culture. They spoke of the laws, institutions, and policies that punish rather than nourish the spirit of people of color. Not easy for all listeners to hear, but their words were motivating.

Jordan and Gardner shared some sobering statistics on the ways that substance use disorders disproportionately affect African Americans. Understandable, since the concepts that drive traditional recovery models were founded by white men and don’t take into account the cultural and socio-economic needs of people of color. These models can actually keep people of color from achieving recovery.

continued on next page
In America, black men who account for 7% of the population, make up 35% of the male prison population. Five times as many white Americans use drugs, but black Americans are sent to prison for drug offenses ten times more frequently than their white counterparts.

It is predicted that during their life times, 1/3 of African American men and 1 in 100 African American women will be incarcerated for drug-related offenses.

Speakers called on participants to recognize that the lens through which substance use disorders are viewed is skewed because it only takes into account the needs of the mainstream majority. Non-white people need to be involved in health policy, including developing recovery programs that incorporate racial and cultural differences. Recovery models must address the same obstacles that lead to inequities in other areas of health care, such as transportation challenges, child-care issues, and financial concerns.

Developing an anti-racist recovery movement requires acknowledging that systemic racism actually exists. Traditional models of care suggest that the opposite of addiction is abstinence. But for people of color, there are often more complex socioeconomic concerns than abstinence.

Gardener posed the question, ‘Recovery from what, and to what?’ Recognizing that if there’s no improvement in a system that continues to perpetrate violence, then how can there ever be recovery.

It doesn’t help when law-enforcement officers, perceived as figures of authority, are heard saying things like, “That’s why you don’t do drugs,” as in the recent George Floyd tragedy. As Jordan and Gardner pointed out—that’s not recovery; that’s the opposite of recovery.

Wakeman closed saying, it’s our responsibility to try to answer the question, ‘Recovery from what, to what?’ For true recovery to begin we must be willing to address the disparities that racism continues to perpetuate. We must be willing to have those difficult conversations.”

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

October, 2020 — Caring Headlines — Page 11
Clinical Research Nurse Reception

— by Sarah Chu, RN, clinical research nurse practitioner

My name is Sarah Chu, and I became a clinical research nurse practitioner in the Metabolism Unit in January. This year has provided many learning opportunities, including the Clinical Research Nurse Reception this past March, organized by the newly formed MGH Clinical Research Nurse Steering Committee and hosted by the Munn Center for Nursing Research and the Boston/New England Chapter of IACRN.

It was exciting to be in a room with clinical research nurses with backgrounds similar to yet different from mine. Panelists shared stories about how they got into clinical research, their current roles, and the challenges and rewards they’ve experienced. It was inspiring to hear from panelists, realize how diverse their backgrounds were, and hear about each of their career paths.

As a new clinical research nurse, I definitely share some of the same challenges, which is why I’m so grateful to have the MGH Clinical Research Nurse Steering Committee to support my work.

It was interesting to learn that the International Association of Clinical Research Nurses is the first professional research association devoted to clinical research nursing. It’s the first association to recognize that clinical research is a unique specialty that requires a balance between the care and safety of the participant and fidelity to the protocol.

The MGH Clinical Research Nurse Steering Committee empowers, supports, and connects clinical research nurses throughout the MGH community.

I had a great experience at the Clinical Research Nurse Reception, and I’m looking forward to connecting with other clinical research peers.

For more information about the Clinical Research Nurse Steering Committee, contact Stacianne Goodridge sgoodridge@partners.org.

Some scenes from this year’s Clinical Research Nurse Reception.
(Note: photos were taken before implementation of the Universal Mask policy.)
Many patients face the prospect of hair loss as they go through chemotherapy and other medical treatments. Hair loss adds another layer of stress to an already challenging recovery process. The LVC Retail Shops and Images Boutique have implemented a wig-donation program to help under-insured patients who may not be able to afford wigs on their own. The program, called Share for Hair, accepts donations from customers at check-out, and those donations go directly to assist MGH patients in purchasing a wig of their choice. Through the generosity of the LVC, Images Boutique has already donated a number of wigs, and hopefully, Share for Hair will enable all MGH patients going through appearance challenges to obtain a wig.

For more information, call Kathy Bazazi, manager of Images Boutique, at 617 726-3211, or stop by the shop in the Yawkey 2 mezzanine.
AMMP Scholarships

— by Sandra Thomas, scholarship chair, Association of Multicultural Members of Partners

In a virtual AMMP scholarship presentation ceremony on September 10, 2020, Nancy Kingori, chair of AMMP, noted, “AMMP’s primary mission is the advancement, retention, recruitment, and development of multi-cultural professionals into leadership roles. AMMP scholarships play a key role in helping members obtain the education needed to develop leadership skills.”

Paulina Yennah, past scholarship recipient, reflected on her journey from operations associate to EEG technologist. Yennah graduated from the EEG Technologist program in June and was hired from a field of more than 30 applicants.

Jovita Thomas-Williams, senior vice president for Human Resources, commended recipients on their dedication in pursuing an education while working and fulfilling family responsibilities. Quoting Kofi Annan, Thomas-Williams said, “Knowledge is power. Information is liberating. Education is the premise of progress in every society, in every family.”

Sandra Thomas, scholarship chair, asked attendees to reflect on Martin Luther King’s historic words, “Now I say to you today my friends, even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream. I have a dream that one day this nation will rise up and live the true meaning of its creed: ‘We hold these truths to be self-evident, that all men are created equal.’ I look to a day when people will not be judged by the color of their skin, but by the content of their character.”

Benjamin Ruxin, director of Civic Health Month, spoke about the importance of voting.

This year’s AMMP scholarship recipients are a diverse group pursuing a variety of career paths:

- Elvida Arias, Dermatology, Associate in Nursing
- Djems Cazeau, Radiology, Certificate in Networking
- Emma Chong, RN, Nursing, Master’s in Public Health
- Angela Chyn, RN, Nursing, Doctor of Nursing Practice
- Marlene Fama, Operating Room, prerequisites for nursing
- Abdullah Furqan, Neurology, BS Management
- Harriette Green, RN, Nursing, Doctor of Nursing Practice
- Berta Guardado, Operating Room, prerequisites for nursing
- Brenda Kashi, RN, Nursing, Doctor of Nursing Practice
- Mustapha Mhamdi, Parking, BS Information Technology
- Adriana Mocan, Interpreters Services, Nurse Practitioner program
- Gerardo Montes, Operating Room, Surgical Technician
- Anais Morales-Ortiz, Nuclear Cardiology, Associate in Nursing
- Archana Patel, HOPE Clinic/ACT Team, Master’s in Social Work
- Ausubel Pichardo, Cancer Center, Master’s in Bioethics
- Sacha Reynolds, ED, Associate in Healthcare Administration
- Elda Salazar, Dermatology, BS in Nursing

For more information, go to: http://apollo.massgeneral.org/ammp/ or email phsammp@partners.org.
Reflections on racism in nursing and health care research and evidence

— by Gaurdia Banister, RN, director, The Yvonne L. Munn Center for Nursing Research

The following is an overview of, “Words Matter: an Integrative Review of Institutionalized Racism in Nursing Literature,” from Advances in Nursing Science

Introduction: With the murder of George Floyd, COVID-19 shining a spotlight on health disparities in communities of color, and widespread protests against structural racism and social injustice, it’s clear that nursing and the health professions must address these issues. “Words Matter: an Integrative Review of Institutionalized Racism in Nursing Literature,” examines several publications that focus on racism and offers a range of potential solutions, including: engaging in difficult conversations, examining institutional policies, utilizing narratives to tell stories, uncovering biases related to recruitment and retention, and much more. Nurses, who represent the largest share of the nation’s healthcare workforce and whose practice encompasses a commitment to social justice, are well positioned to reclaim their historical position as progressive reformers dedicated to addressing social injustice and improving health equity.

Summary: In health care, as in society, racism operates on multiple levels and contributes greatly to health and social inequities experienced by black Americans. In addressing racism, however, health care has primarily focused on interpersonal racism rather than institutionalized forms of racism that are deeply entrenched and contribute to racial inequities in health. In order to meaningfully address health inequities, health care must extend its focus beyond the interpersonal level. The purpose of this integrative literature review is to identify how and to what extent peer-reviewed nursing literature and professional nursing organizations have explicitly addressed institutionalized racism. A search of relevant nursing literature published since 2008 yielded 29 journal articles that focus on black Americans’ experience of institutionalized racism in health and health care; the articles explicitly name racism as institutionalized, institutional, systemic, systematic, or structural. This review summarizes author-identified implications of institutionalized racism for nursing education, research, and practice, and offers suggestions for use by the nursing profession to dismantle racist policies, practices, and structures.
**SEPSIS UPDATE**

**KEY COMPONENTS OF SEPSIS CARE**

During Sepsis Awareness Month and every month, it is important to remember the key components of caring for patients with sepsis.

- **Hour-1 Bundle:** Initial Resuscitation for Sepsis and Septic Shock
  - Initiate bundle upon recognition of sepsis/septic shock.
  - Draw a **lactate** when sepsis is suspected. **Repeat lactate in 3 hours** to look for an increase.
  - Draw **blood cultures before** giving any antibiotics.
  - Give **antibiotics as ordered**
  - Give **IV fluid** (usually at least 30 cc/kg)

**Stop sepsis. Save lives.**

Periodically, the PCS Office of Quality & Safety issues practice alerts and updates to communicate new information or changes to policies, procedures, or practices. 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](http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp).
Quality & Safety

Tuesday Take Away

What is the main “take away” message?

Joint Commission Visit Overview

How often does The Joint Commission (TJC) visit MGH?
- MGH is visited by the Joint Commission (TJC) every 3 years to validate that we are meeting standards and continuing to provide exemplary, safe care to our patients.

What happens during TJC survey?
- Team of surveyors will come for 5 days
- All areas of hospital can be surveyed, in-patient and ambulatory sites
- Surveyors will:
  - Review practice to ensure we are adhering to national standards and our own policies
  - Interview staff and patients
  - Review patient records, environment of care and HR files of employees
  - Be accompanied by MGH leadership

When will TJC arrive?
- The “window” for the TJC visit is open.
  - This will be an unannounced visit and surveyors can arrive at any time.
  - We are anticipating their arrival by November 2020.

What are some things I need to know?

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<th>National Patient Safety Goals</th>
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<tr>
<td>Correct use of 2 patient identifiers</td>
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<td>Improve staff communication</td>
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<td>Use medications safely</td>
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<td>Use alarms safely</td>
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<tr>
<td>Prevent Infections</td>
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<td>Identify Safety Risks</td>
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<td>Correct use of Universal Protocol</td>
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<tr>
<th>Quality Assurance Performance Improvement (QAPI)</th>
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<tr>
<td>What is your unit doing to improve care?</td>
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Speak Up for Safety!
- Keep patients at risk for suicide safe
- File Safety Reports for errors and near misses
- Report workplace safety concerns

Use your resources: EED Website, Ellucid, Readiness Guide, badge tags, clinical leadership

Scan here to view 2020 JC Readiness Guide
Announcements

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

Tuesday, November 17, 2020 5:30-7:00pm
“What does science tell us about which foods will help protect our brains?” presented by Nancy Emerson Lombardo, president, Brain Health and Wellness Center and HealthCare Insights, LLC.

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.

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.

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<th>Day</th>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>Friday, October 23rd</td>
<td>12:00–1:00pm</td>
<td>“Setting the stage for healthy eating habits”</td>
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<td>Link to attend: <a href="https://partners.zoom.us/j/98144885698">https://partners.zoom.us/j/98144885698</a></td>
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<tr>
<td>Monday, October 26th</td>
<td>12:00–1:00pm</td>
<td>“The family dinner project: creating meaningful connections through conversation”</td>
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<td>12:00–1:00pm</td>
<td>“Time to turn the obstacles into opportunities for management of pediatric obesity”</td>
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<tr>
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<td>Link to attend: <a href="https://partners.zoom.us/j/91185575534">https://partners.zoom.us/j/91185575534</a></td>
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For more information, call 617-724-3823.

On-line Blum Center programs

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<thead>
<tr>
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<td>Friday, October 23rd</td>
<td>12:00–1:00pm</td>
<td>“Setting the stage for healthy eating habits”</td>
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<td>Link to attend: <a href="https://partners.zoom.us/j/98144885698">https://partners.zoom.us/j/98144885698</a></td>
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ACLS Classes
Registration times will be staggered to allow for COVID safety.
Certification: (Two-day program)
Day one: November 5, 2020 8:00am–3:00pm
Day two: November 6th 8:00am–12:00pm
CPR Training ($100)
November 6th 2:00–5:30pm
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.
MGH nurses featured in Reebok's new Wonder Woman ad campaign

Four MGH nurses were among those featured in Reebok's campaign to launch their new 'Wonder Woman' shoe line. Go to: www.boston.com/culture/business/2020/09/11/photos-boston-nurses-honored-by-reeboks-new-wonder-woman-shoe, to view the video of their stories and their MGH colleagues who serve on the front lines. We’re fortunate to have so many Wonder Women (and men!) in our midst.

Suki Stiles, RN

Sohane Rosa, RN

Vilma Pacheco, NP

Taylor Meyer, NP
As citizens, parents, brothers, sisters, aunts, uncles, and employees of one of the country’s premier hospitals...

Election Day is Tuesday, November 3, 2020

All Massachusetts voters can apply to vote by mail. Massachusetts also offers early voting in person before Election Day and on Election Day. Polling places will be open from 7:00am to 8:00pm.