

Caring

Headlines

March, 2021

A cover from the *Caring* archives



Why this
cover?

Why now?

See page 10 for a
farewell message
from Susan Sabia,
long-time editor of
Caring Headlines

This annual diversity issue of *Caring* was printed on October 4, 2001, shortly after the 9/11 attacks on the World Trade Center and the Pentagon.

Debbie Burke

‘Rounding with purpose,’ an invaluable opportunity to hear directly from staff

—by Debbie Burke, RN, senior vice president for Patient Care, and Peter Slavin, MD, president, MGH

From Debbie Burke:

I’ve always enjoyed rounding on units and attending staff meetings. When I assumed this role, it was important to me to incorporate rounding into my practice. It has allowed me to learn from staff what they value about working at MGH, and to hear their helpful suggestions about how we can improve.

This past year, rounding took on greater significance during the pandemic. Dr. Slavin and I began



Peter Slavin, MD
president, MGH



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

rounding together, which made the experience even more meaningful.

I call what we’re doing, ‘rounding with purpose.’ It gives us the opportunity to speak with individuals from all role groups and hear directly from them about what’s working, what needs to be fixed, or what they may need from us. It’s also an opportunity for us to share information with staff to reinforce the messages we want to get out — about topics like vaccinations, or visiting hours, etc.

continued on next page

MGH president, Peter Slavin, MD (left), and senior vice president for Patient Care, Debbie Burke, RN, rounding on the Lunder 9 Oncology Unit.



(Photo by Kate Hock)

Debbie Burke (continued)

It has been so rewarding to be able to thank staff in person for the amazing work they're doing; to let them know we understand what a difficult year it has been and how much we appreciate their efforts.

After spending an hour or so with staff in clinical areas, we often leave with a lengthy 'to-do' list related to the questions and concerns that were raised—anything from increased need for patient sitters to parking challenges with reduced commuter rail service; vaccine availability; growing stress in some clinical areas; and how we're working as a system to care for COVID patients.

Those to-do lists provide vital guidance on what issues need to be addressed, and we follow up on every item as quickly as we can.

Dr. Slavin and I both appreciate the great strength and unity that comes from teamwork among staff. Early

in the pandemic, many of our rounding conversations focused on stress, anxiety, and fatigue. After months of working together in this 'new normal,' our conversations now reflect much more hope and optimism.

From Peter Slavin:

Rounding with Debbie has been a truly enriching experience. I think we've both been moved by the level of talent and dedication we see on our visits to units.

Every team, every unit, has a unique perspective, and staff seem eager to share their thoughts with us. I look forward to the days we round because I know I'm going to hear fresh ideas and impassioned suggestions about what we can do to make the practice environment better.

Over the past few weeks, we've begun to see spirits brighten as the number of COVID cases is decreas-

ing. Staff are feeling more comfortable with new routines, and as more people get vaccinated, we really are seeing a return to 'normalcy.'

We've been particularly impressed with unit and clinic leadership—their authenticity, selflessness, and the trusting relationships they've forged with staff.

Seeing teams working so seamlessly on behalf of patients and families; feeling the spirit of teamwork and camaraderie—it's nothing short of breathtaking to witness first-hand.

Debbie and I plan to continue rounding together, meeting employees from all disciplines and role groups, hearing their thoughts, and thanking them for their service. They are an inspiration, and truly, the everyday heroes that make Mass General great.

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(Debbie Burke's head shot by Joshua Toustler)

The Dorothy A. Terrell Endowed Diversity Nursing Leadership Fellowship

—by Marie Borgella, RN, nursing director

The Dorothy A. Terrell Endowed Diversity Nursing Leadership Fellowship is an opportunity for nurses of diverse backgrounds to gain exposure to leadership experiences that can inform and shape their careers. Fellows can pursue mentorship in one of three tracks: administrative, practice, or education. Fellows will learn about key aspects of their chosen track, such as, personnel management; operations; creating a strong professional practice environment, and much more.

After holding several positions in other organizations, Tashika 'Tash' Evans, RN, began her career at Mass General in the Emergency Department, where she quickly demonstrated her commitment to family-centered care, collaboration, and leadership. Always looking for opportunities to contribute, Evans served as an eCare champion in the lead-up to eCare implementation in 2015. She is a frequent preceptor to new staff and served as 'T-nurse' (throughput nurse, managing defined areas in the ED). When ED Nursing and Hematology launched an initiative to identify and provide best practices to patients with sickle cell disease, Evans volunteered to represent ED Nursing in the effort. Frequently consulted by medical staff and clinicians from other disciplines, Evans has come to be regarded as a go-to nurse in managing difficult patient situations and capacity overload. She is quick to support new nurses of diverse backgrounds, and is a member of the ED Nursing Diversity, Inclusion & Equity Committee. This past summer, Evans shared her experiences as a black nurse in the ED in hopes of making the work environment a safer and more welcoming place for diverse staff and patients.



Tashika 'Tash' Evans, RN



Stacy Turnbull Hazeth, RN

Stacy Turnbull Hazeth, RN, began her career at Mass General as a patient care associate before earning an associate's degree then her BS in Nursing and becoming a nurse on the Phillips 21 Gynecology Oncology/General Surgery Unit. Turnbull

Hazeth is described as a motivating presence on the unit, encouraging colleagues to perform at their highest level. She often serves as preceptor to new staff and is highly regarded in her role as adjunct clinical faculty at the MGH Institute of Health Professions. Turnbull Hazeth is a CPR instructor and co-founder of a non-profit organization geared at keeping families together and celebrating their cultures of origin. She is an advocate for culturally competent care and an avid educator around complex issues like, implicit bias, micro-aggression, and racism. Turnbull Hazeth became a member of the PCS Equity & Inclusion Committee to help bring understanding to the issues of race and ethnicity among patients, providers, staff, and community.

For more information about The Dorothy A. Terrell Endowed Diversity Nursing Leadership Fellowship, contact nursing director, Marie Borgella, RN, at 3-6398.

Ashes to ashes, dust to dust

Observing Ash Wednesday during COVID

—by Alice Cabotaje, director, Spiritual Care and Education

February 17, 2021, was Ash Wednesday, a reminder to Roman Catholics and Christians that, “for dust thou art, and unto dust shalt thou return.” To honor the occasion, the MGH Spiritual Care team distributed ashes to more than a thousand patients and employees, many of who waited in line outside the Chapel and many others who received ashes in their rooms.

To many, Ash Wednesday marks a cleansing and preparation for the wilderness journey of Lent, a time of prayer, sacrifice, and good works as they move toward reconciliation, service, and Easter.

Adhering to this tradition during a pandemic required some quick and innovative thinking. Said spiritual care provider, Julie Supple, “Given the need for physical distancing, I wondered how we could offer this ritual safely. Ultimately, it challenged me to experience Lent in a new way and think creatively about how we could safely provide ashes to staff and patients.”

Supple came up with the idea of offering beautiful, lavender-colored cards affixed to envelopes containing ashes that had been blessed. Each card contained the traditional prayers along with instructions on how to self-administer the ashes.

One staff member was moved to tears as she traced the sign of the cross on her forehead. Given her recent encounters with grief and loss, the ashes reminded her that, “Just as new growth emerges from the destruction of a forest fire, so too, new growth is promised to us.”

Said Supple, “Ashes are an outward sign of God’s love and of our love for one another.”

For more information about the services offered by the department of Spiritual Care, contact director, Alice Cabotaje, at 617-724-3227.



(At left): Rose Visco, physical therapy practice access coordinator, administers ashes to herself.
(Below): spiritual care provider, Julie Supple, staffs the table she set up to distribute ashes on Ash Wednesday.



(Photos by Michelle Rose)

2020 PCS Scholarship recipients

—submitted by Julie Goldman, RN, professional development program manager

Through the generosity and support of our donors, Patient Care Services was able to provide 66 scholarships in 2020, the most ever presented by Patient Care Services in a single year.

The Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care:

- Daniel Carvalho, CCT, pursuing a BSN at Massachusetts College of Pharmacy and Health Sciences
- Sarbesh Chalise, RN, pursuing an MSN at Simmons University
- Kerry Chen, RN, pursuing an MSN at Simmons University
- Angela Chyn, RN, pursuing a DNP at MGH IHP
- Ashley Cruz, PCA, pursuing an ADN at Laboure College
- Merisier Dianhie, PCA, pursuing an ADN at Laboure College
- Mirphael Guerrier, RN, pursuing a BSN at Laboure College
- Madelin Lizama, pursuing an ADN at Bunker Hill Community College
- Gina Mahoney, pursuing an ADN at Lawrence Memorial/Regis College Nursing Program
- Maybelle Mbiattem, RN, pursuing an MSN at Walden University
- Stephanie Medor, PCA, pursuing a BSN at MGH IHP
- Yvonne Muturi, RN, pursuing an MSN at UMass, Boston
- Thanh Nguyen, RN, pursuing an MSN at Simmons University
- Xandra Orogo, RN, pursuing an MSN at Walden University

- Rakhi Pun, PCA, pursuing an ADN at Laboure College
- Elda Salazar, pursuing a BSN at Lawrence Memorial/Regis College Nursing Program
- Melissa Sanchez, pursuing an ADN at Lawrence Memorial/Regis College Nursing Program
- Ashley Serpas-Granados, PCA, pursuing a BSN at UMass, Boston
- Kaina Siffra, UC, pursuing a BSN at Curry College

The Cathy Gouzoule Oncology Scholarship:

- Jennifer Duran, RN, pursuing an MS in Education at MGH IHP
- Molly Geary, RN, pursuing an MSN at UMass, Boston
- Brenda Morano, RN, pursuing an MSN at Curry College
- Leanne Santos, RN, pursuing an MS in Informatics at Vanderbilt University

The Pat Olson, RN, Nursing Scholarship:

- Halle Cabral, PCA, pursuing a BSN at Curry College

The Norman Knight Doctoral Nurse Scholarship:

- Rachel Carey, RN, pursuing a DNP at UMass, Boston
- Tricia Crispi, RN, pursuing a PhD at Endicott College

- Paula Knots, RN, pursuing a DNP at MGH IHP
- Allison Weafer, RN, pursuing a DNP at UMass, Boston

The Luella Hamilton Pease Scholarship:

- Tatiana Angrisano, pursuing a BSN at UMass, Boston
- Elvida Arias, pursuing a BSN at Laboure College
- Kellie Gay, pursuing a BSN at Massachusetts College of Pharmacy and Health Sciences
- Brooke Matacunas, CST, pursuing an ADN at Lawrence Memorial/Regis College Nursing Program
- Diana Mendez, PCA, pursuing an ADN at Bunker Hill Community College
- Victoria Skarbinski, pursuing a BSN at Simmons University

The Norman Knight Nursing Scholarship:

- Alyssa Abbott, RN, pursuing an MSN at Salem State University
- Caitlin Coveney, RN, pursuing an MSN at Framingham State University
- Dawn Crescitelli, RN, pursuing a BSN at Southern New Hampshire University
- Alexa Daniels, RN, pursuing an MSN at Northeastern University

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The future of health care

Recipients of the 2020 PCS scholarships



Caring for COVID patient is cause for hope and reflection

—by Christina Ly, RN

My name is Christina Ly, and I have been a nurse since 2015, specializing in the care of gynecology, oncology, and surgical patients. In April, 2020, my unit began accepting medically sick COVID patients so the focus of my care shifted.

After much preparation, training, and education, I was assigned to care for the first confirmed COVID-positive patient admitted to our unit. In report I learned that ‘Sarah’ was already on 5L of oxygen via nasal cannula to maintain oxygen saturation. At 34 years old, she had presented 34 weeks pregnant with mild hypertension, fevers, chest pain, and shortness of breath, which had necessitated the Cesarean delivery of her baby girl, who was now being cared for in the NICU.

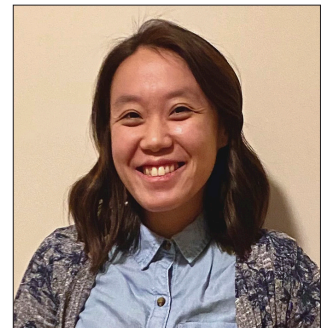
Sarah had no other significant medical history, but I couldn’t imagine the toll this illness would have on her and her family. She had been transferred to our unit due to persistent fevers and an increasing need for oxygen.

At 7:30pm, I walked into Sarah’s room. She appeared stable. She could converse in full sentences. I congratulated her on the birth of her baby and asked how she was doing. She told me she hadn’t actually seen her baby yet but had been able to watch her on her phone. She re-

ported that her husband and uncle, whom she lived with, were also sick. I asked if she’d be pumping milk for the baby, but she declined. I offered her ice packs or a tight, surgical bra if she felt any discomfort, but she said she was fine. I asked if she had named her baby yet. She smiled and said, “Valerie.”

I arranged for Sarah to have one of the new iPads that had been provided for COVID patients. The responding clinician and medical senior video-called while I was in the room with Sarah. They said they were okay with the level of oxygen Sarah was receiving via nasal cannula (they’d be okay with up to 6L, the maximum amount allowed by nasal cannula before going to higher levels of oxygen) as long as it wasn’t sustained and could be weaned back to 5L. This surprised me because I knew patients in the ICU were being intubated when they required more than 4L. They told me to let them know if anything changed and that they’d stay close.

I stayed with Sarah and continued to assess her. After a while, she asked if she could get up to use the bathroom. As I escorted her, I repeatedly checked with her to see if she was dizzy or short of breath. I left the oxygen in place. She was steady on the way into the bathroom but her breathing became labored on exertion, and it took a while for her to catch her breath



Christina Ly, RN
staff nurse, Phillips 22
Gynecology/Oncology/Surgical Unit

when she returned to bed. But her oxygen requirement stayed at 5L.

I left the room to get a bedside commode for next time, and when I returned, Sarah was having a fit of coughing; she was having trouble catching her breath. But her oxygenation was still stable. I felt bad. I told her the good news was that she had successfully used the bathroom and her bladder was working perfectly. I told her I’d get her some cough medication. She reassured me that she felt okay and thanked me for, ‘being so nice.’

Sarah was enrolled in a research study that had very specific requirements, one of which was getting an oropharyngeal swab. According to our unit guidelines, though, we didn’t perform oropharyngeal swabs. Ultimately, the research nurses, our practice nurse specialist, and resource nurse said it was up to me if I

continued on next page

Clinical Narrative (continued)

felt comfortable swabbing her. I did, so I donned my N-95 mask. Even as I swabbed her throat, triggering her gag reflex and causing her to tear up, she called me an angel for taking such good care of her.

Sarah spiked a fever of 101° and was tachycardic (had a racing heart-beat). But due to the research-study guidelines, she couldn't have any Tylenol. And because of COVID protocols, she wasn't allowed to take Ibuprofen. I felt helpless to ease her symptoms. All I could do was offer her ice packs and cool compresses. And still, she thanked me for everything I did.

Because Sarah was part of the research study, I was scheduled to give her what could either be the trial drug or a placebo. I couldn't help wondering, 'Will this even help? How will they know which medication or combination of medications is helping?'

I thought we were going to make it through the night without any acute changes, but at 4:30am, Sarah asked to use the bedside commode. I helped her out of bed. I had learned that she needed 6L of oxygen for any out-of-bed activity, which the team was okay with. This time, though, Sarah was not able to settle back to 5L afterward, so she was put on a face mask with 10L of oxygen. When she required increasingly more oxygen, the team decided to transfer her to the ICU to be intubated.

I was the only person in the room with Sarah at the time, so I told her the plan. I could see the worry on her face. The responding clinician came in to talk to Sarah about con-

tacting her family and ensuring there was a health care proxy in place.

Sarah was originally going to go to the Surgical ICU but due to some administrative issues, she ended up going to the Neuro ICU. As I said good-bye to Sarah, she spoke about who she wanted her children's guardian to be if she and her husband both became too sick to care for them.

The transfer was quick and smooth. Both teams were responsive. One of my co-workers, a new nurse, commented on how calm I seemed. I told her it was because we were all on the same page and we all knew the plan. But though I was calm on the outside, inside, my heart ached for Sarah.

We hadn't even been an official COVID unit for 24 hours yet. My shift wasn't even over, and I'd already sent a patient to be intubated and placed on a ventilator. I couldn't help thinking how scared Sarah must be, how she'd put on a brave face and was so grateful for everything I'd done.

It seemed as though everything had changed. Caregivers talking to patients via electronic devices. Distancing ourselves from patients when we've been trained to stay with them in critical situations. I questioned the effectiveness of my thin surgical mask. Policies and procedures for COVID patients were evolving moment by moment as we learned more about the disease. I wondered if we'd run out of ventilators like they had in Italy.

At 6:00am, before the end of my shift, the NICU nurse called to tell me she'd taken some pictures of

Sarah's baby. She wanted to come show them to the mom. I had to tell her that Sarah's condition had worsened and she'd been transferred to the ICU for intubation.

Shortly after caring for Sarah, I was re-deployed to a COVID ICU. Sadly, as in hospitals all across the country, many of the COVID patients admitted to MGH did not survive. And each of those losses took a toll on caregivers.

It wasn't until I was deployed back to my own unit that I received the news that Sarah had been discharged after a long stay in the ICU and then rehab. She had made a full recovery and was finally going home to her baby. I cannot describe the relief I felt at hearing this news. It restored my faith in our ability to care for COVID patients and confirmed that we had given Sarah the best possible chance to survive. And more than that, it gave me hope.

I'm so proud of Sarah's recovery and the work I did. I'm happy to have the opportunity to share this narrative because I recognize that I'm a strong nurse *because* I care—*because* I'm concerned for my patients.

This was a great opportunity to reflect on my practice, to remember what I love about nursing, and to remind myself that I want to continue to be passionate about my work. The way we're dealing with this pandemic highlights how adaptive we are to changing situations, how we jump into action to provide safe, high-quality care in the face of great unknowns. I'm so proud of the way our inter-disciplinary team worked seamlessly together, every step of the way.

Oh, the things I've seen

—by Susan Sabia, managing editor, *Caring Headlines*

I am a writer. But at this moment, I cannot come up with a single adjective to describe how I feel about leaving this place that has been my home since 1994. February 26th was my last day as editor of *Caring Headlines*. Debbie Burke, senior vice president for Patient Care, was kind enough to offer me this space so I could try to put 27 years of memories into some sort of coherent message.

Looking back through the more than 600 issues of *Caring* that were produced on my watch was both humbling and emotional. I was reminded of the unique opportunity I've had to witness extraordinary care and document the incredible work that goes on inside these walls.

I've been privy to intimate moments between staff and patients, photographed disaster field exercises, attended PCS executive planning retreats, toured the *USNS Mercy* on its return from southeast Asia after the tsunami. I was in the room when Jeanette got the call letting us know we had become the first Magnet hospital in Massachusetts. I was like Forrest Gump, showing up at auspicious occasions then chronicling those moments for the readers of *Caring*.

Not being affiliated with any one discipline gave me the freedom to explore, to learn about *all* your disciplines. I had a back-stage pass to the greatest show on earth. Perhaps that, more than anything else, gave me the deep appreciation I have,

not just for the work you do, but for the compassion that drives every interaction, every decision, every seemingly tiny act of kindness.

I remember when friends and family would ask why I loved my job so much. It was because of the people I worked with. Because of your commitment to your patients. Because you worked so damned hard to do something good and noble for no other reason than to do something good and noble. How do you not love coming to *that* workplace.

Nowhere are the Magnet standards of care more visible than they are right here. I have seen exemplary practice; I have seen innovation and improvement; and I have surely seen transformational leadership.

And while I'm certain we have the data to back all that up, it's not the data I'm going to remember when I leave here. Nothing against data, but if I've learned anything in the past 27 years, it's that the most powerful driver of change—the greatest instrument of persuasion at our disposal—is story-telling. And you, my friends, have the most powerful stories of all.

In the end, that's what I take from this hallowed place. Immense gratitude for the privilege of having told your stories for more than a quarter of a century.

Thank-you so much. Don't ever stop sharing your stories.

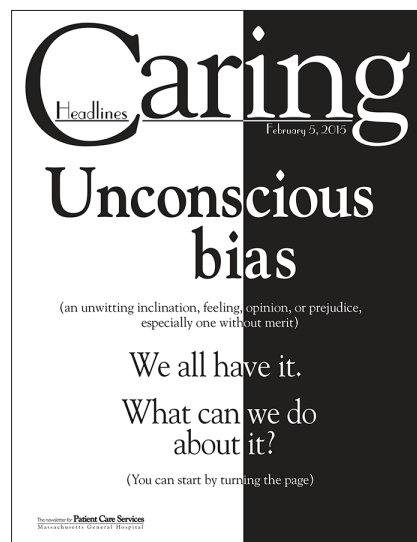
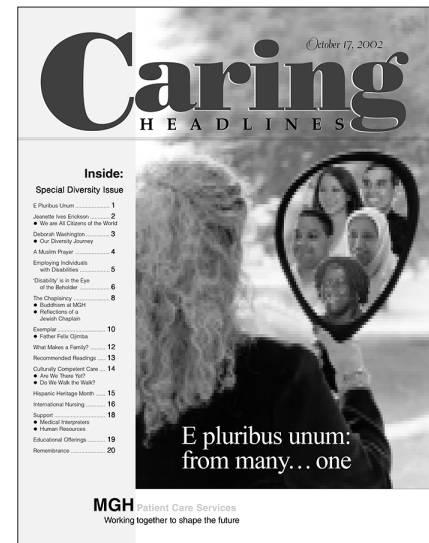
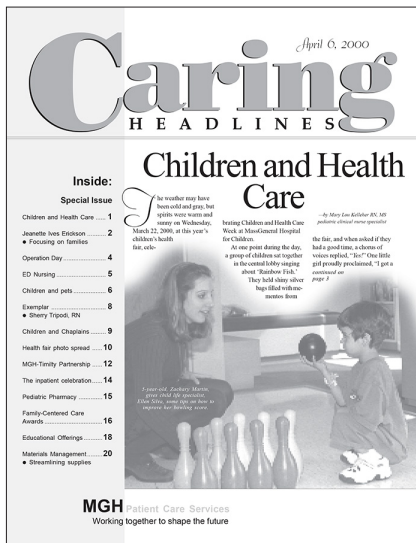
Why this cover? Why now?



Marianne Ditomassi, executive director for PCS Operations, asked me to choose my favorite cover as a lead-in to this farewell note. The first cover that came to mind was this one, printed after 9/11. 'We choose unity.' If ever there was a time to resurrect that message, it's now.

Because so many covers were near and dear to my heart, I've included a few more on the opposite page. As you can see, diversity was a frequent and important topic to me.

Some of my favorite covers over the years



Journals of Hope provide comfort and creative outlet for pediatric families

—by Briana Beckvold, CHES, project manager and editor, MassGeneral Hospital *for* Children

There is great power in putting pen to paper to process the human experience. Which is why the Journals of Hope Program at MassGeneral Hospital *for* Children (MGHfC) has been so well received.

Twenty years ago, Faith Wilcox used journaling to process her emotions during her daughter Elizabeth's cancer treatment at MGHfC. After Elizabeth's death, Wilcox continued to find solace in writing.

In 2018, Wilcox launched the Journals of Hope Program on pediatric inpatient units with the help of the MGHfC Family Advisory Council, Social Work, and many pediatric staff members. Every week, Wilcox brings a suitcase loaded with blank notebooks, journals, and pens, and delivers them to patients and families who express an interest in participating.

Says Sandy Clancy, co-chair of the Family Advisory Council. "It's well known that hospital stays are hard on families. Family members are appreciative to receive these beautiful journals and be invited to take some time for themselves."

During the COVID pandemic, the strict visitor policy necessary to keep patients safe limited the number of visitors allowed on units. This hit families in the Pediatric ICU especially hard.

Wilcox and Kimberly Whalen, RN, nursing practice specialist in the PICU, in collaboration with many other disciplines and departments, arranged to expand the Journals of Hope Program to include the PICU.

Says Whalen, "It's great to be able to offer patients and families this creative outlet to help them process their experiences."

Upon receiving their journals, families decide how and when they want to write in them—or in the case of younger children, draw in them. Says Wilcox, "Some prefer to make entries right away; others like to wait until their child is asleep or until they go home. Journaling helps people get their thoughts out and down on paper so they can refer back to them later. It helps them work through their emotions."

The Journals of Hope Program is available to patients 13 and older (on pediatric units) and their families. Children under 13 can receive a journal upon request.

For more information about the Journals of Hope Program, please contact Sandy Clancy, co-chair of the Family Advisory Council, at 617-643-0672.



Reflections on the effects of COVID-19-related school closures

—by Jennifer Cahill RN, nurse scientist

The following is an overview of, “Open Schools, COVID-19, and Child and Teacher Morbidity in Sweden,” from *The New England Journal of Medicine*.

Introduction: In mid-March, 2020, many countries closed schools in an attempt to limit the spread of severe, acute, respiratory-syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19). Sweden was one of the few countries to keep pre-schools (generally caring for children 1 to 6 years of age) and schools with children 7 to 16 years of age open. This month's article presents data from Sweden on COVID-19 among children 1 to 16 years of age and their teachers.

Summary:

Data on severe COVID-19, as defined by intensive care unit (ICU) admissions, were prospectively recorded in the nationwide Swedish intensive care registry. Included were all children admitted to an ICU between March 1 and June 30, 2020 (school ended around June 10th) with laboratory-verified or clinically verified COVID-19, including children admitted for multi-system inflammatory syndrome. Data on teachers were obtained from the Public Health Agency of Sweden.

From March through June, 2020, a total of 15 children with COVID-19 (including those with MIS-C) were admitted to an ICU (0.77 per 100,000 children in this age group), 4 of who were 1 to 6 years of age (0.54 per 100,000) and 11 of who were 7 to 16 years of age (0.90 per 100,000). Four children had an underlying, chronic, co-existing condition (cancer in two, kidney disease in one, and hematologic disease in one). No child with COVID-19 died. Data from the Public Health Agency of Sweden showed that fewer than 10 pre-school teachers and 20 school teachers in Sweden received intensive care for COVID-19 up until June 30, 2020 (20 per 103,596 schoolteachers, which is equal to 19 per 100,000). Compared to other occupations (excluding healthcare workers), this corresponds to gender- and age-adjusted relative risks of 1.10 (95% confidence interval [CI], 0.49 to 2.49) among pre-school teachers and 0.43 (95% CI, 0.28 to 0.68) among schoolteachers.



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 on this subject.

Despite Sweden's having kept schools and pre-schools open, a low incidence of severe COVID-19 among school children and children of pre-school age was found; and the same was true for their teachers.

PRACTICE ALERT

Circle Up Huddles: A Staff Driven Initiative

Beginning December 8, 2020, all areas will adopt the **Circle Up** framework or incorporate **Circle Up** elements into existing huddles. Huddles will occur twice per day and include all team members.

The goal is to respond to staff requests for an inclusive huddle that provides:

- ✓ Inclusion of all team members, in all areas.
- ✓ Focused check ins with staff & reviews of the latest updates
- ✓ Opportunity for staff to voice concerns, creating a communication feedback loop between staff & leaders at all levels

What is a Circle Up Huddle?

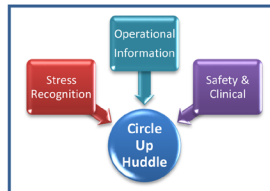
Circle Up is a huddle format that promotes team communication to learn and improve while supporting psychological safety & well-being. Circle Up Huddles include briefings, debriefings and micro-huddles. This evidenced-based approach reported overall less stress among staff and operational improvements. Rock et. al. NEJM (2020)

How is a Circle Up Huddle different?

A Circle Up Huddle combines peer support, in addition to team participation, operational & clinical/safety updates to inform & problem solve.

There are 3 main themes covered in a huddle:

- ✓ Stress Recognition of staff
- ✓ Operational information
- ✓ Safety & Clinical issues/concerns



Circle Up Huddle Framework	Examples
1. Stress Recognition	How is everyone doing? All staff feel heard, time for staff to voice concerns/stressors including work & external concerns, new staff off orientation, heavy assignments, ethical issues, difficult family. How can we adapt to best support each other? Plan to micro-huddle if needed.
2. Operational	Check Updates: Apollo & Need to know, Hospital Incident Command System updates, COVID-19 status, data metrics, patient flow, staffing, Code Help, supplies/resource issues
3. Safety & Clinical	Check Updates: Apollo - Practice Alerts/Updates, Safety Report follow ups, Infection control, Epic & NM Dashboard key measures – COVID test status, positive CAM, fall risk & other nurse sensitive indicators, suicide precautions, end of life behavioral/violence risks

Please contact PCS Office of Quality, Safety & Practice with any questions.

MASSACHUSETTS
GENERAL HOSPITAL
PCS QUALITY, SAFETY & PRACTICE

December 1, 2020

For more information, 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>.

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.

PRACTICE ALERT

Inpatient Suicide Precautions

Due to recent safety events, a review of the Patients at Risk for Suicide Policy is indicated.

Key Policy Elements

- Screen all inpatients on admission for suicide risk
- For any patient screening positive for suicide:
 - **Do NOT leave patient unattended**
 - Initiate suicide precautions (order is NOT needed)
 - Notify provider of the need for them to complete an evaluation

Patients at Risk for Suicide Policy



Providers will:

- Evaluate patient for suicide ideation
- Complete Suicide Order Set that includes:
 - 1:1 observation, safe pajamas, psychiatry & social work consults if needed

Nurses will:

- Implement suicide orders
- Utilize **Suicide Checklist** to ensure safe environment, remove items of risk
- Conduct RN to RN/Observer hand-offs using the Suicide Checklist
- Discuss suicide safety in Circle Up huddle

Observers will:

- Receive a RN to Observer hand off using the **Suicide Checklist**
- Maintain a visual observation of patient:
 - Remain at a distance with **direct, unobstructed view of patient, allowing for immediate intervention to prevent harm** - **DO NOT sit outside room with door closed and/or use video**
 - Keep patient in clear view even during toileting and showering in a respectful, safe manner
 - Call for assistance immediately for any suicidal intent, attempts or actions to injure self

Suicide Checklist order information: Inpatient-#89696, PCA/Obs-#89709, Ambulatory-#89695

MASSACHUSETTS
GENERAL HOSPITAL
PCS QUALITY, SAFETY & PRACTICE

February 4, 2021



MASSACHUSETTS
GENERAL HOSPITAL

INFECTION CONTROL

New Hand Hygiene Products

New hand hygiene products will be introduced over the next few months as the existing supplies of Cal Stat are depleted. The new products meet CDC and FDA requirements and are approved for use by the Infection Control Unit, Occupational Health Service, Safety Office, and Materials Management.

New Products

Alcare Alcohol Based Hand Rub. There are two types of *Alcare*. *Alcare Extra* is provided in a pump bottle that delivers a foamy liquid. *Alcare Elevate* is available in the existing wall dispensers which do not foam.

Kindest Kare Hand & Body Wash

Gentle wash for hands and body, or as a shampoo



Lotion Soft Hand Lotion

This will not be replaced at this time



Frequently Asked Hand Hygiene Questions

Are Alcohol-Based Hand Rubs (ABHR) effective against everything? ABHR are highly effective against most infectious organisms, but some organisms are alcohol-resistant (like Norovirus), and some can produce spores that are extremely resistant to alcohol (like *C. diff*). For these reasons, it is very important to know HOW to use hand rub properly, and to know when “Two-Step” hand hygiene is required.

What is the proper process for applying an alcohol-based hand rub? Apply hand rub to dry hands. Rub vigorously over all surfaces of hands, fingers, nails, and thumbs for 20 seconds until dry. Use an adequate amount to keep your hands wet for at least 15 seconds while rubbing. If hands are visibly soiled, wash them with soap and water and then dry them before using the hand rub.

What is Two-Step hand hygiene?

First: Wash hands with soap and water for at least 20 seconds to physically remove alcohol-resistant pathogens or spores.

Second: Use an alcohol-based hand rub to destroy vegetative organisms that can remain on hands after washing.

When is Two-Step hand hygiene required? When exiting a “Contact PLUS” room, which indicates the presence of alcohol-resistant pathogens or spores, always use “Two-Step” hand hygiene.

Do I need to use ABHR when I wear gloves? Yes. Gloves are never a substitute for hand hygiene. Hands must be disinfected before picking up clean gloves and after gloves are removed.

rev. 2-23-21

Professional Achievements

Awards

Kirsten Dickins, PhD, AM,
MSN, FNP-C
STAT Wunderkind Award

The Enterprise Transparent
Classification Project Team
MGB Pillars of Excellence
Award

Jeanette Ives Erickson, RN,
DNP, NEA-BC, FAAN
Extraordinary Year
Extraordinary People
Boston Business Journal's
Power 50 List

Olympia Price
Happiness Hero
MGH Medical Unit Happiness
Committee

Presentations

Wendy Hardiman, DNP, MSN,
RN, ACCNS-P, CPNP, CPN,
CPHON
"Understanding nurses'
confidence in teaching pediatric
tracheostomy care"
Defense of Doctorate
University of Missouri (virtual)

Kimberly Whalen, RN, MS,
CCRN
"Transforming a PICU into an
Adult COVID Unit"
Society of Nurse Scientists,
Innovators, Entrepreneurs and
Leaders
Webinar

"Alternate Care Sites Series"
National Emerging Special
Pathogens Training and
Education Center
Webinar

Appointments

Paul Arnstein, RN, PhD,
FAAN
Member and Chair
Pain Management Nursing
Content
Expert Panel
American Nurse Credentialing
Center

Gaurdia Banister, RN, PhD,
NEA-BC, FAAN
Member, Institute for Nursing
Leadership
American Academy of Nursing

Member, Inclusion, Diversity,
Equity and Accessibility (IDEA)
Advisory Group
Eastern Nursing Research
Society

Member, Healing Healthcare
Systems" (HHS) initiative
Advisory Group
The Schwartz Center for
Compassionate Healthcare

Virginia Capasso, PhD, CNP,
ACNS, CWS, FACCWS
(Elected) Member, Board of
Directors, and Secretary
National Pressure Injury
Advisory Panel

Gino Chisari, RN, NPD-BC,
DNP
Vice President
Foundation for Nursing
Advancement in Massachusetts

Julie Cronin, DNP, RN, OCN,
NE-BC
President
Foundation for Nursing
Advancement in Massachusetts

Susan Hernandez, CNM, MSN,
FACNM
Fellow
American College of Nurse-
Midwives

Tara Tehan, MSN, MBA, RN,
NE-BC
Treasurer
Foundation for Nursing
Advancement in Massachusetts

Poster Presentations

Jennifer Cahill, PhD, RN; Rasha
Srouji; Sara Schenkel; and
Peter Forbes
"Dihydroergotamine Infusion
for Pediatric Refractory
Headache"
Eastern Nursing Research
Society Scientific Sessions
(virtual)

Publications

Jennifer Cahill, PhD, RN;
Leets, L; Sprenger, A; Simon
Thomas, J; Hartman, R; Poyner
Reed, M; Manning, H; Britt, M;
Vu, C; Kohn, N; Aguirre, S;
Wijesinghe, S; Klaus, S.
"Nudging Discharge Readiness
with a Poster: a Sequential,
Exploratory Mixed Methods
Pilot Study of Patient
Caregivers"
Journal of Patient Experience

Jennifer Cahill, PhD, RN;
Luciani-McGillvray, I; Cushing, J;
Klug, R; Lee, H
"Nurse-Led Call-Back Program
to Improve Patient Follow-
Up with Providers after
Discharge from the Emergency
Department"
Journal of Patient Experience

Alesia Ford, OTD, OTR/L;
Diane Smith PhD, OTR/L,
FAOTA; and Gaurdia Banister,
RN, PhD, NEA-BC, FAAN
"Recruitment and Retention
of Occupational Therapy
Practitioners and Students of
Color: a Qualitative Study"
*American Journal of Occupational
Therapy*

Alison Kavanaugh, MSN,
ACNP-BC, ACPHN; El-
Jawahri LeBlanc, TW; Webb
JA; Jackson VA; Campbell
TC; O'Connor N; Luger SM;
Gafford E; Gustin J; Bhatnagar
B; Walker AR; Fathi AT;
Brunner AM; Hobbs GS;
Nicholson S; Davis D; Addis
H; Vaughn D; Horick N; Greer
JA; and Temel JS
"Effectiveness of Integrated
Palliative and Oncology Care
for Patients with Acute Myeloid
Leukemia: a Randomized
Clinical Trial"
JAMA Oncology

Melissa Mullen, MSNEd, RN
"E-cigarette or vaping product
use-associated lung injury: a
case study and review of the
literature"
Journal of Radiology Nursing

Certification

Julie Cronin, DNP, RN, OCN
Nurse Executive
ANCC

Julia Cushing, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Christopher DeTroia, BA
CCRC
Association of Clinical Research
Professionals

Wendy Hardiman, DNP, MSN,
RN, ACCNS-P, CPNP, CPN,
CPHON
Pediatric Nurse Practitioner-
Primary Care
Pediatric Nursing Certification
Board

Acute Care Pediatric Nurse
American Association of Critical
Care Nurses

Amelia Henning, MSN, CNM,
IBCLC
Lactation Consultant
International Board of Lactation
Consultant Examiners

Professional Achievements (continued)

Lorrie Jacobsohn, PCNS-BC, AHNA-BC, CARN-AP
SMART Provider
Benson-Henry Institute for
Mind Body Medicine

Karli Kazanovicz, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Erin Kearns, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Brooke Kirby, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Amanda Kirshkaln, MS
CCRC
Association of Clinical Research
Professionals

Madelaine Koon, BSN, RN, BC
Medical-Surgical Nurse
ANCC

Brooke Lawler, MSN, RN, CNL, RN-BC
Medical-Surgical Nurse
ANCC

Allie McManus, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Christina Sansone, DNP, ACNP, NE-BC
Nurse Executive
ANCC

Emma Stratton, BSN, RN-BC
Medical-Surgical Nurse
ANCC

Deborah Tinlin, RN, BSN
CCRC
Association of Clinical Research
Professionals

Advanced Degrees

Wendy Hardiman, DNP, MSN, RN, ACCNS-P, CPNP, CPN, CPHON
Doctor of Nursing Practice:
(dual degree) Pediatric Nurse
Practitioner and Pediatric
Clinical Nurse Specialist
University of Missouri

Paula Knotts, DNP, PMH-BC, NEA-BC
Doctor of Nursing Practice
MGH Institute of Health
Professions

Nicole Elizabeth Ponte, MSN, RN
Masters of Science in Nursing
(Nursing Education)
Framingham State University

Pamela Quinn, DNP, RN, NP-BC
Doctor of Nursing Practice
MGH Institute of Health
Professions

Hannah Rosen, MSN, RN, CPNP-PC, CPNP-AC
Master of Science in Nursing
Northeastern University

Laura Williams, MSN, RN, CPNP-PC, CPNP-AC
Master of Science in Nursing
Northeastern University

Clinical Recognition Program

Clinicians recognized
December, 2020–February, 2021

Advanced Clinicians:

Kayla Baldwin, RN
Termeer Center/Oncology

Luis Brigida, RN
Termeer Center/Oncology

Margaret Carr, RN
Termeer Center/Oncology

Sara Cobb, RN
Bone Marrow Transplant Clinic/
Oncology

Rebecca Faulks, RN
Cardiology

Kimberly Flynn, RN
PACU

Kelly Kreisher, PT
Physical Therapy

Nicola Monahan, RN
Cardiology

Marinela Pansini, RN
Cardiology

Christina Pengal, RN
Medicine

Clinical Scholar:

Caitlin Hemeon, RN
Pediatrics

Published by

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The Institute for Patient Care
Gaurdia Banister, RN

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Gino Chisari, RN

Volunteer Services
Jacqueline Nolan

Distribution
Jacqueline Nolan, 617-724-1753

Submissions

All stories should be submitted to Marianne Ditomassi until further notice.

For more information, call:
617-724-2164

Next Publication
TBA

Announcements

On-line Blum Center programs

Monday, March 8, 2021

"Irritable Bowel Syndrome"
Link to attend: <https://partners.zoom.us/j/89965053138>

Monday, March 15, 2021

"Maximizing Human Potential Through Brain Health"
Link to attend: <https://partners.zoom.us/j/87366967460>

Wednesday, March 17, 2021

"Living Well with Chronic Lung Disease"
Link to attend: <https://partners.zoom.us/j/82701319211>

Thursday, March 18, 2021

MGHfC Parenting Series:
"Talking to Children about Challenging News and Topics"
Link to attend: <https://partners.zoom.us/j/88153498275>

Monday, March 22, 2021

"Sharing Hope: Supporting Families with Mental Health and Substance Use Disorder"
Link to attend: <https://partners.zoom.us/j/87499882066>

Tuesday, March 23, 2021

Dermatology Series:
"50 Shades of Brown"
Link to attend: <https://partners.zoom.us/j/89990024020>

Friday, March 26, 2021

"Genetic Counseling and Testing for Heart Conditions"
Link to attend: <https://partners.zoom.us/j/85967731073>

All sessions held from 12:00–1:00pm
For more information, call 617-724-3823.

ACLS certification classes

Registration times will be staggered to allow for COVID safety.

**March 10, 2021
4:00–9:00pm**

**March 22nd
8:00am–3:00pm**

Location to be announced. Some fees apply. For more information, contact Jeff Chambers at acls@partners.org.

To register, go to:
http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Diabetes videos on MGH TV

Four new videos produced by the MGH Diabetes Center are now available on the MGH Inpatient Education Television system:

- Glucagon Administration Video #428
- Glucometer Use Video #429
- Injecting Insulin from a Vial and Pen Video #430
- Diabetes Sick Day Guidelines Video #431

Instructions for accessing the videos and a complete list of videos are available in the Partners Handbook.

For more information, call Gail Alexander, RN, patient education specialist, at 617-726-0359.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent to Marianne Ditomassi, RN, until further notice.

For more information, call 617-724-2164.



PERSONAL SAFETY TRAINING COURSES
presented live by leaders from Police and Security

**GIVING BAD NEWS:
A WORKSHOP DESIGNED TO HELP MANAGERS OPTIMIZE GOOD OUTCOMES**
Tuesday, January 12, 2021 – 1pm-2pm

IDENTITY THEFT
Tuesday, February 23, 2021 – 1pm-2pm

MANAGING AGGRESSION
Tuesday, March 30, 2021 – 1pm-2pm

**ALL COURSES WILL BE VIA MICROSOFT TEAMS
PLEASE EMAIL TRAINING SPECIALIST MATT THOMAS
AT MDTHOMAS@PARTNERS.ORG TO REQUEST ENROLLMENT**

Police & Security training session

**Tuesday, March 30th
1:00 – 2:00pm**

"Managing Aggression," presented by training and development specialist, Matt Thomas, via Microsoft Teams

To enroll in any of the above sessions, e-mail mdthomas@partners.org.

Scholarships (continued from page 6)

The Norman Knight Nursing Scholarship (continued):

- Ashley DeCicco, RN, pursuing an MSN at Boston College
- Maura Dunn, RN, pursuing an MSN at Framingham State University
- Grace Eckels, RN, pursuing an MSN at the University of Pennsylvania
- Caroline Gearin, RN, pursuing an MSN at St. Joseph's College
- Jessica Goodfella, LPN, pursuing an ADN at Laboure College
- Joanne Gover, RN, pursuing an MSN at Southern New Hampshire University
- Madison Grande, RN, pursuing an MSN at Massachusetts College of Pharmacy and Health Sciences
- Catriona Grant, RN, pursuing an MSN at Lawrence Memorial/Regis College Nursing Program
- Dana Hankard, RN, pursuing an MSN at UMass, Boston
- Sophia Harden, RN, pursuing an MSN at UMass, Boston
- Hannah Jelly, RN, pursuing an MSN at Southern New Hampshire University
- Margaret Kirby, RN, pursuing an MSN at Simmons University
- Deanna Kovalski, RN, pursuing an MSN at River University

- Samantha Marinelli, RN, pursuing an MSN at Chamberlain University
- Elizabeth McAfee, RN, pursuing an MSN at Boston College
- Mary Osgood, RN, pursuing an MSN at Framingham State University
- Vanessa Poirier, RN, pursuing an MSN at Northeastern University
- Kaitlyn Reardon-Kelly, RN, pursuing an MSN at UMass, Boston
- Angela Reddington, RN, pursuing an MSN at Southern New Hampshire University
- Danielle Salgueiro, RN, pursuing an MSN at Framingham State University
- Laura Spang, RN, pursuing an MSN at UMass, Boston
- Alaina Stipcak, RN, pursuing an MSN at Indiana University
- Kerri Voelkel, RN, pursuing an MSN at Framingham State University

The Ray Eugene and Hannah Johnson Scholarship:

- Sara Atash, RN, pursuing an MSN at Northeastern University
- Nisha Balram, RN, pursuing an MSN at UMass, Boston
- Natalie Calcagni, RN, pursuing an MSN at Simmons University
- Allison Celia, RN, pursuing an MSN at Lawrence Memorial/Regis College Nursing Program
- Loreen Coraccio, LPN, pursuing an ADN at Excelsior College

Scholarships for advanced practice nursing in Oncology

The Regina G. Adams Advanced Nursing Scholarship:

- Jeanne Aggouras, RN, pursuing an MSN at Simmons University
- Meaghan Ekstrom, RN, pursuing an MSN at Simmons University

The Ginger Sutherland Davis Nursing Scholarship:

- Nisha Wali, RN, pursuing an MSN at Simmons University

The Peggy Lou Chaffin, RN, Award for Advanced Practice Nursing in Oncology:

- Jillian McMahon, RN, pursuing a DNP at UMass, Boston

For more information about any of the scholarships listed above, contact Julie Goldman, RN, professional development program manager, at 617-724-2295.

Partner with Police & Security to keep MGH safe

—by John Driscoll, associate director, Police, Security & Outside Services

“Patient and staff safety depend on open communication,” says John Driscoll, associate director of Police, Security & Outside Services. If you’re the victim of theft, assault, threats, or are fearful of someone for any reason, contact Police & Security immediately (6-2121). Members of the Police & Security department will respond, ensure you’re physically safe, resolve any issues, and investigate and document instances of wrongdoing. While it’s important to file an RL safety report for any workplace-violence incident, that’s only part of the process.

If your personal safety is in jeopardy, contact Police & Security immediately. Distance yourself from anyone who poses a risk, and notify someone in the surrounding area to call for help. Utilizing the ‘Dr. Johnson’ code,

hitting the panic button in your area, or calling Police & Security and saying you need assistance STAT will get an instantaneous response. It’s important to give your name and specific location to the dispatcher.

Personal items should be secured whenever you’re not using them. MGH does not have a significant number of thefts, but when they do occur, they’re usually ‘crimes of opportunity,’ not premeditated acts. Lockers and locked closets are great places to safeguard personal belongings. If you are a victim of theft, you should report it to Police & Security as soon as possible. Our rate of recovery is significantly higher the sooner we can investigate.

The best way to keep MGH safe is to partner with Police & Security in preventing and responding to crime.

The best way to keep MGH safe is to partner with Police & Security in preventing and responding to crime.

Key contact numbers for Police & Security

Main Campus:
617-726-2121

Charlestown Navy Yard:
617-726-5400

Charlestown Health Center:
617-724-8151

Chelsea Health Center:
617-887-4300

MGH Danvers:
978-882-6177

Revere Health Center:
781-485-6464

Waltham Health Center:
781-487-6999



Returns only to:
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Boston, MA 02114-2696



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