

Caring

APRIL 2022



HEADLINES FROM MGH NURSING AND PATIENT CARE SERVICES

2 LETTER FROM CNO

3 A DAISY AWARD FIRST

9 HRSA WELLBEING GRANT

10 MOSAIC RITUAL

Spring has sprung

A letter from Debbie



**Debbie Burke, RN, DNP,
MBA, NEA-BC**
Senior Vice President for Patient
Care and Chief Nurse

With spring comes new life and energy. This annual renewal offers us the opportunity to look with fresh eyes at our surroundings, our work and ourselves. I see this revitalization as we emerge from the colder months and can look forward to more time outdoors and time with family and friends.

There is hope in spring. And I hope that you take hold of the opportunity to breathe in the new, fresh air and exhale the old. I hope we can continue to lean on each other and the strong roots we have put down together over these winter months.

In a poem written by Amanda Gorman, inaugural poet laureate, she wrote:

“The first bud of spring sings the other seeds into joining her uprising”

The poem called “The Power of Firsts,” reminds me of the excitement that we all feel when spring arrives.

Spring can also be a time for celebration, and in that spirit, I would like to introduce a new feature, the “**CELEBRATE with Caring**” medallion, that you will see in this and future editions, that identifies recognition celebrations of the disciplines within Patient Care Services taking place within those months or weeks covered in Caring. See below, the medallion recognizing Child Life Month, and the list of other disciplines highlighted in this edition.

I hope you remain inspired by the work that you do every day to serve our patients and their families, just as I am, and that the arrival of spring gives you hope for better days ahead.

Happy spring and grow on!

Caring

Editor

Mae Driscoll

Photography

Mass General

Photography Department

To submit story ideas to *Caring, the Mass General Nursing and Patient Care Services* newsletter, please contact Mae Driscoll, at mdriscoll0@partners.org



Copyright © 2022
Massachusetts General Hospital.
All Rights Reserved.



On the cover: Eva Mintz, MS, CCLS, child life specialist, plays with patient Adonis, 16 months, during his stay on Ellison 18. Child Life Month is celebrated in March.

Celebrate with Caring

March: Child Life Month, Social Work Month

April: Occupational Therapy Month, Volunteer Recognition Week (April 17-23)

A DAISY first

With the support of the internationally established DAISY Foundation, The DAISY Award offers patients, patient-families and colleagues the opportunity to recognize outstanding nurses at the MGH for the clinical skill and the compassion they provide. Awardees are selected and honored quarterly. Last quarter, for the first time at the MGH, the patient whose nomination was selected was on site to read his nomination letter and present the award and all of the award's parts which include a banner to hang on the unit, a DAISY pin, a healer's touch sculpture and cinnamon rolls for the unit.

From the DAISY nomination letter:

"I was diagnosed with ALS in August 2017. Since then, I have participated in two clinical trials at MGH in the Translational Research Center. Karen Branch, RN, has the rare combination of gifts: incredible nursing skills (she has proven expert placing an IV in my difficult veins), excellent patient management skills (Are you sure you want to be walking up and down the halls after a lumbar puncture?), and a great sense of humor, which goes a long way towards maintaining a positive outlook when you are a patient with a devastating and fatal diagnosis.

During the past 16 months and more than 30 visits, I have had the opportunity to have Karen as my nurse many more times. I have seen her patiently mentor other nurses as they try to set an IV in my arm, have genuinely curious conversations with MGH ALS neurologists about the trials they are conducting, and observed the level of respect that she receives from the other nurses in this unit as well as members of the MGH ALS team.

On a more personal note, Karen has simply made my visits to the research center biweekly events that I look forward to, especially when she has on occasion made my treatment visits fun and memorable. A very personalized April Fools' Day hijinks and a small birthday celebration that she organized for me last July stand out.

When people ask me why I continue to participate in clinical trials, I give them 3 reasons: 1) the treatment might have a chance of helping me, 2) my participation may help future ALS patients, and 3) I have the opportunity to work with some pretty amazing people every 2 weeks. Karen Branch is one of those 'pretty amazing people,' and for this reason I am delighted to nominate her for the DAISY award."

- Bruce Rosenblum, patient



From left, Branch and Rosenblum



Cinnamon Roll Recipe (makes 12 rolls)

Dough ingredients

- 4 ½ tbsp granulated sugar
- 1 ¾ tsp Kosher salt
- 4 ¼ tsp powder milk
- 4 ½ tsp of margarine
- 3 tbsp of liquid eggs
- 1 ½ tbs of yeast
- ¼ cup of water
- 1/3 cup of pastry flour
- 2 1/3 cup of all-purpose flour

Filling ingredients

- 1 ¾ tsp of ground cinnamon
- ½ cup of light brown sugar
- 4 tsp of butter

Icing ingredients

- ¼ tsp of vanilla extract
- 2 ½ tbsp of butter
- 1 2/3 cup of confectioners' sugar
- ¼ cup light cream cheese

Preparation instructions:

1. Using a standard mixer with a dough hook, mix all the ingredients on second speed for 10 minutes.
2. Roll dough flat about ¼ inch thick. Using the filling ingredients, spread butter on dough evenly, combine brown sugar and cinnamon and sprinkle evenly. Roll into tight log and cut 2 oz pieces, let proof until it doubled the size. Pre-heat oven at 350 degrees and bake for approximately 30 minutes.
3. Mix cream cheese, butter, confectioners' sugar, and vanilla to make icing. Ice each bun while warm about 1 oz of icing.



James Quirk, MGH Bake Shop, worked with Patient Care Services to come up with the perfect cinnamon roll recipe for the award presentations. This year, he celebrates 20 years at the MGH.

Demystifying Social Work

By Ellen Forman, LICSW; Lourdes Barros, LICSW; Eric Hanson, LICSW; and Elyse Levin-Russman, LICSW

The MGH Social Service Department was the first hospital-based social service department in the nation, and possibly the world. Social workers have been tackling what we now call the “social determinants of health” since the department was established in 1905 by Richard Cabot, MD.

Our clinical social workers are licensed mental health professionals, who bring both a clinical and relational lens into specialized medical settings. Social Work often is involved in providing mental health therapy, safety assessments, end of life counseling and cross-cultural advocacy. We support patients during active medical care, while at the same time working to assess and address any outside stressors that could impact the patient.

Our outpatient mental health colleagues offer counseling for individuals, couples and families who receive primary care at MGH, and we facilitate a variety of support groups. To meet current demand, the department hosts two bereavement groups, one during the day and one in the evening in order to serve more patients. The pandemic taught us that many patients prefer the convenience of remote therapies (video or phone) and our staff are able to offer both. Our patients present with depression, anxiety, life transitions and loss and we collaborate with Primary Care and Psychiatry to provide integrated mind and body care.

Our pediatric social workers in the inpatient and outpatient settings help children and their families find solutions to the many emotional and social problems that can arise when a child is ill. Social workers help families manage worries about the outcome of surgery or treatment, understand and address the impact of the child’s illness on family members (including parents, siblings and grandparents), mediate family conflicts and navigate grief and bereavement.

The Social Service Department is also the home for the HAVEN program. HAVEN provides advocacy, counseling, and support to patients and MGH employees whose lives have been impacted by intimate partner violence. HAVEN advocates work with survivors at the Boston campus, the Chelsea Healthcare Center, and the Revere Healthcare Center, providing services in English, Spanish, Haitian Creole, and French.

To learn more, visit our website: mghsocialwork.org or call 617-726-2643.



Profiles in Mass General Social Work



Bonnie Mullins, LICSW, CCTSW
Clinical Social Worker, Lung Transplant Program and Blake 6 Transplant Unit

“ Transplant social workers are members of the interdisciplinary team that meets with patients in need of an organ transplant. We are mental health specialists who conduct comprehensive psychosocial assessments, provide support and education and meet with patients after surgery to assess their adjustment.

I am continually inspired by the strength and resilience of our patients and families who undergo the elaborate and often stressful process of transplant evaluation. You get to know patients very well and come to understand the fear and bereavement that they go through from managing their medical conditions. What sustains me is that moment with patients in the hospital, after their surgery, when it hits them that they have been given a new lease on life through another's gift of donation.

”



Annie Colbert, LICSW
Inpatient Social Worker, Cardiac Surgical ICU and Cardiac Surgical Step-Down Unit

“ I have worked at MGH since June of 2019 and was also an intern here during my final year of social work school. I can say wholeheartedly that I love what I do. I love working with patients and families during incredibly stressful and often devastating moments of their lives. I love working with an interdisciplinary team who support and collaborate with each other.

Every day is different, and I usually have no idea how the day will unfold. I spend most of my time speaking with families, providing counseling, care coordination and resource connection. My job, like most social workers, is definitely emotionally demanding. I get through it with the incredible support of my social work colleagues and the other patient care services staff with whom I work. I feel lucky to love what I do and to love the people with whom I get to do it.

”



HAVEN

Helping Abuse and Violence End Now

Marisa
Domestic Violence Advocate, HAVEN program

“ I am inspired every day by the survivors with whom I work. It is a true honor and privilege to walk alongside them as they navigate what safety looks like for themselves and their loved ones. I am also constantly uplifted by my fantastic fellow advocates on the HAVEN team and by my social work colleagues, who encourage me to learn and grow in this work as well as rest and engage in self-care at the end of a long day.

A day in the life of a HAVEN advocate can include meeting with patients in the Emergency Department, Urgent Care, and inpatient units, safety planning with survivors via the HAVEN phone lines, consulting with inpatient or outpatient providers, accompanying survivors to medical appointments or appointments in the community, and connecting survivors to internal hospital resources or external community resources.

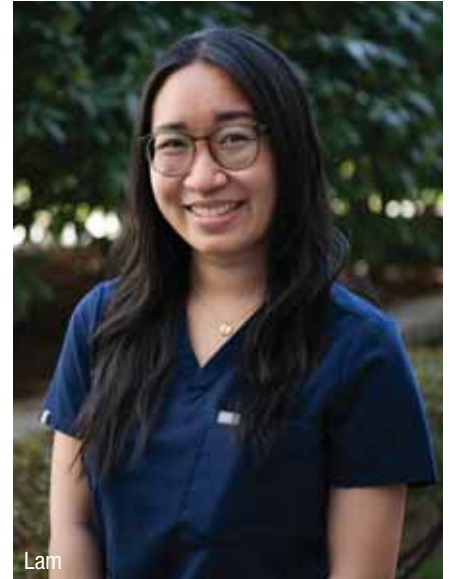
”

Clinical Narrative: Nicole Lam, Occupational Therapist

Bill, a 58-year-old with a history of alcohol use disorder and traumatic brain injury (TBI) in 2019, presented to MGH after an episode of acute unresponsiveness and altered mental status while at a bar. Upon admission, he was only oriented to self and was deemed by Psychiatry to lack capacity to leave against medical advice. When reviewing Bill's chart, I learned that Bill lived at an assisted living facility following his brain injury, but later left the facility and was living independently in an apartment for the 5 months prior to this admission. His social support structure was limited to a sister who was his health care proxy, but who did not live locally and only assisted with Bill's financial management. Given Bill's altered mental state, I focused my initial evaluation on assessing his cognition through completion of a routine of multi-step activities of daily living (ADL), such as grooming and showering. He demonstrated significant deficits in attention, memory, problem solving, insight, and safety awareness. He was impulsive with mobility, requiring hands-on assistance to maintain safety. As it is best practice to begin the discharge process upon admission, I initially recommended he be discharged home with 24/7 support.

At our next session, I administered the Kettle Test, a performance-based standardized assessment of higher-level cognition during daily tasks. This allowed me to formally assess his cognition and performance of instrumental activities of daily living (IADLs), such as medication management, financial management, hot meal preparation, and driving. He again demonstrated impaired attention, memory, problem solving, insight, and safety awareness. While Bill's functional mobility had improved, he still required frequent safety checks with nursing and cueing to sequence activities of daily living due to his cognitive deficits. As a result, I continued to recommend 24/7 support, supervision with ADLs and total assistance with IADLs. I began to communicate with Bill's sister about the importance of 24/7 support but noted that she didn't agree.

I continued to work with Bill over the next week, focusing on his functional cognition. While Bill continued to improve in his self-care activities, he consistently presented with cognitive deficits impacting his ability to complete some tasks. However, over time, Bill no longer required 24/7 supervision and my assessment indicated discharge to a supportive environment, such as an



Lam

assisted living facility, would provide the required total assistance Bill needed. While Bill's sister began to acknowledge that an assisted living facility may be necessary, Bill was adamantly refusing placement and believed he could be safe at home. Since Bill did not have capacity, efforts continued to place him in a skilled nursing facility post discharge.

Approximately four weeks after his admission date, Psychiatry requested Occupational Therapy perform a re-evaluation of home safety prior to their reassessment of Bill's capacity. While Occupational Therapy does not determine capacity, our assessment of home safety can be used in gathering a picture of cognitive ability. I performed a functional home safety assessment as well as the Trail Making Test, which is supported by the literature in identifying deficits in cognitive abilities needed for IADLs. Bill was able to answer home safety questions appropriately, apart from those regarding medication management. However, through the Trail Making Test, he continued to demonstrate impaired attention (sustained and divided attention), delayed memory, poor problem solving, and insight into his cognitive deficits. As a result, I again advocated for placement in a more supportive living environment that

(Continued on page 10)





MGH Occupational Therapy supports LVAD patients

In the past decade, more than 25,000 adults with advanced heart failure in the United States received Left Ventricular Assist Devices (LVAD) for mechanical circulatory support. Living with an LVAD involves complex activity demands such as managing power sources, monitoring for complications, safely integrating the device into daily self-care routines, and preparing for emergencies. These demands can be challenging for LVAD patients, who are commonly limited by impaired cognition, frailty, and medical instability, and may not have adequate social supports for assistance. Therefore, there is a critical role for occupational therapists to help the interdisciplinary team preoperatively prognosticate whether an LVAD candidate will be able to independently manage the device and safely return to home and community routines post-implantation. The Occupational Therapy (OT) team have put in place a standard of care pathway, approved by Institutional Review Board (IRB), to investigate LVAD patient needs and outcomes.

When OT is consulted, what specific challenges do patients usually present with? How does the OT consult inform the care and treatment of these patients?

For a large portion of the heart failure population, cognitive impairments have been noted in varied degrees. These impairments tend to include difficulty with immediate recall, delayed recall, attention, executive function, psychomotor speed and working memory. All of these skills impact an individual's ability to learn and successfully operate an LVAD. This population also often presents with increased frailty and generalized weakness leading to a loss of the ability to perform daily roles and routines.

The complex assessment that OT performs provides the team with a standardized evidence-based assessment of cognition, functional performance, strength, and upper extremity function. This information is used to help predict a potential post-surgical discharge recommendation as well as identify the best way to support new learning for this patient.

What data is being collected? How are you measuring "success"?

"Success" is something that we continue to monitor but have already achieved in some areas of this process improvement. Through the development of an evidence-based standard

of care to comprehensively assess LVAD candidates, these OT evaluations contribute to complex interdisciplinary team discussions on whether advanced heart failure patients receive an LVAD, a heart transplant, or supportive care. The OT department is collecting and analyzing data to characterize the functional and cognitive status of this population, describe the feasibility and clinical value of OT evaluation, and identify predictive factors for long-term outcomes.

How does this process benefit patient outcomes?

Since initiation of our standard of care in February 2019, we have been consulted on 172 preoperative LVAD patient cases and have expanded to both inpatient and outpatient OT consultations. This model has led to a collaborative interdisciplinary team. The success of this process improvement is one that can be applied to a variety of other high risk patient populations.

While we are still collecting data, we have heard several positive subjective responses regarding positive patient outcomes. Patients' families have reported that they appreciate knowing in advance what level of support their loved one might need. We have also seen successful new learning in patients once structured education recommendations have been created.



Spreading joy

In the process of rebuilding the cadre of Mass General volunteers post-pandemic, it's important for our team to establish and maintain a strong sense of support and community for our volunteers. A supportive environment creates trust with our volunteers, and in doing so, permits volunteers to serve our patients to the best of their ability with confidence and pride. To help inspire our volunteer community, we have had two events within the last few months.



In February, the Mass General Volunteer Department hosted a Tea and Cards event on Valentine's Day. We invited volunteers to decorate Valentine's Day cards and distribute them to patients on the floors. Volunteers from a variety of departments were able to collaborate and socialize.

In April, we hosted a Bagels and Bunnies event where volunteers decorated stuffed bunnies while enjoying bagels and cream cheese. The bunnies were distributed amongst patients. This provided a creative outlet and a relaxing setting for volunteers to enjoy themselves.

These opportunities foster memories between volunteers and patients. Simple moments of kindness over a stuffed bunny or a card can build a community and make a difference.

On April 21, the department celebrated the dedicated volunteers with an awards luncheon. In the photo below, from left, Jacqueline Nolan, director; Pat Rowell, former director of the Volunteer Department and award presenter; Elyssa Simpson, volunteer coordinator; Amina Belcadi, staff assistant; Kimberly Northrup, volunteer coordinator; at the event.



AN INTERVIEW WITH Gaurdia Banister, PhD, RN, FAAN, and Dorothy Jones, EdD, APRN, FAAN

The Health Resources Services Administration (HRSA) is an agency that is part of the U.S. Department of Health and Human Services. They focus on improving health outcomes and achieving health equity through access to quality services, a skilled workforce, and innovative, high value programs. Gaurdia Banister, PhD, RN, FAAN, director of the Yvonne L. Munn Center for Nursing Research and executive director of the Institute for Patient Care; and Dorothy Jones, EdD, APRN, FAAN, director emerita and senior nurse scientist in the Yvonne L. Munn Center for Nursing Research, discuss the HRSA grant Mass General received and the impact it could have on nursing at the MGH.

What is the grant? And what is the goal of the project being funded?

Recently, our research team received HRSA funding for a very important project focusing on promoting resilience and mental health among the health professional workforce at the MassLeague of Community Health Centers.

The grant seeks to address the prolonged physical, emotional, and spiritual strain the COVID-19 pandemic has taken on healthcare workers who have been forced to face resource-constraints, uncertainty about the overall impact and duration of the pandemic, integrating new changes in clinical knowledge and guidelines into practice, and responding to significant increases in patient mortality and morbidity daily.

What makes this grant opportunity unique?

For the first time, MGH will be partnering with the MassLeague of Community Health Centers to facilitate the HRSA grant award. The MassLeague of Community Health Centers was established as one of the first state Primary Care Associations (PCAs) in the country to provide a framework for support and assistance to health centers and the communities they serve.

The current HRSA grant entitled: Promoting Resilience and Mental Health Among Health Professional Workforce is both important and timely in supporting the healthcare workers with innovative approaches and opportunities that will enhance the implementation of evidence-informed approaches to support healthcare workers and the healthcare environment. The team is comprised of co-investigators from MGH as well as workforce programs specialists from MassLeague.

How will this grant impact nursing practice?

The project will conduct surveys that assess providers current perception of wellness and resilience within the community health center workforce and elicit feedback regarding preference for the types of resources and supports that are critical to strengthen resilience and wellness across providers. The resources identified will then be implemented to strengthen staff wellness and resiliency while working to enhance a Be Well Together organizational culture. Actively listening to the concerns and challenges of the workforce and creating resources tailored to the responses will enhance the nurse/organization and nurse/community relationship and promote personal health and wellness for the nurse and the patient.

“The grant seeks to address the prolonged physical, emotional, and spiritual strain the COVID-19 pandemic has taken on healthcare workers.”



Jones and Banister

Giving back

Staff from three Neuroscience Units, led by Carol Berkes, RN, donated 340 sets of pajamas to Cradles to Crayons, a foundation that provides children from birth through age 12, living in homeless or low-income situations, with the essential items they need.



Sweet success

Jenny Ngan, patient care associate, second from right, was the lucky winner of the April 7 LVC Day raffle for a jar of sweet Lake Champlain Chocolate treats. Ngan is pictured with, from left, Jen Broutas, LVC vice chair, Shannon Babbit Hoyt, co-director of the MGH General Stores, and Hattie Kessler, LVC chair. The LVC oversees the hospital's six retail shops – including the MGH General Store and Flower Shop on the main campus. All shop proceeds go directly back into the MGH to fund patient programs, services and activities.

- Clinical Narrative (continued)

(Continued from page 6)

would provide total assistance for higher level IADLs upon discharge. If Psychiatry determined Bill demonstrated capacity to decline an assisted living facility or rehab, I recommended total assistance for all IADLs initially, with home occupational therapy to assess home safety prior to Bill engaging in higher level IADLs independently.

Ultimately Bill was granted capacity and left MGH against medical advice. Although this was the outcome I anticipated, I learned so much from reflecting on this challenging case. My confidence grew in my ability to assess my patient's ability

to perform basic and more complex activities of daily living. Because of this, I feel I better prepared to efficiently address acute occupational therapy needs as well as communicate and provide specific discharge recommendations to the interdisciplinary team in the future.

Lastly, as I had spent focused time communicating Bill's condition and discharge needs to his sister, I later learned that she shared that I was the first person to help her recognize Bill's cognitive deficits and more fully understand the level of assistance he would require to function with optimal independence and safety.

Commemorating Certified Nurses Day

On March 17, 2022, the Norman Knight Nursing Center for Clinical & Professional Development for their annual Certified Nurses Day event hosted Dr. Ken White, Dean of the MGH Institute of Health Professions and President of the American Academy of Nursing. The purpose of the special Nursing Grand Rounds is twofold. One is to deliver a keynote address relevant to nursing practice while also promoting the importance of specialty nursing certification; the other is to recognize and celebrate those MGH nurses who have been awarded the Jean Ridgway Tienken MGH School of Nursing, Class of 1945, Certification Scholarships.



Dr. White answered the intriguing question, “Is the Nursing Profession on Life Support?” In a time of uncertainty as nurses emerge from the persistent challenges faced since March 2020, this topic generated significant interest. Dr. White provided an optimistic pathway forward in a way that was inspirational, yet directional, beginning from his opening statement “Nursing stands on the cusp of a new reality.” Dr. White eloquently and metaphorically used Circulation and Breath to describe nursing’s current state, yet challenged all nurses to achieve a level of homeostasis by considering the lessons of these past years as opportunities to advance the profession.

The event culminated with the recognition of MGH nurses Sandra Brown, Liana D’Elia, Patricia Lynch, Jane Magro, Maureen McAnneny and Margaret White, as the 2022 Jean Ridgway Tienken Scholarship awardees. Congratulations to all MGH Certified Nurses! For more information about becoming certified in your nursing specialty, contact Tricia Crispi at pcrispi@partners.org



New Graduate Orientation

Spring is a season full of graduations. At MGH, the Norman Knight Nursing Center has onboarded 198 newly graduated nurses since November. At left, a cohort dons gowns during a personal protective equipment training. Below, new graduates participate in AVADE Workplace Violence Prevention Training with Matt Thomas, MGH Police and Security Training, Development and Communications specialist.



Broken, yet whole

The MGH Spiritual Care department, in collaboration with the Patient Care Services Wellbeing Task Force, held a “Peace, Inclusivity, and Healing Service” on March 24 in the MGH chapel. The service marked the second-year anniversary of COVID-19 and was in support of victims of the Russo-Ukraine war. During the service, David Brown, MD, MGH president, and Marie Borgella, RN, nurse director, Bigelow 7, shared their reflections on the challenges owing to the pandemic and the crisis in Ukraine.

Throughout the week leading up to the service, members of the MGH community were invited to add a piece of glass to a mosaic. The completed mosaic was presented to those attending the service. During the service, Lauren Aloisio, RN, Post-Anesthesia Care Unit, provided sound therapy using crystal singing bowls while spiritual care providers Kate Gerne and Roxan del Valle led a ritual to honor the fragmentation and grief experienced with COVID-19 and Russia’s invasion of Ukraine. Gerne said, “the mosaic was intended to represent “the beauty in brokenness and acknowledge our wholeness as we put pieces of ourselves together.”

The Rev. Alice Cabotaje, director of Spiritual Care and Education, said, “The mosaic that we created as a community shows us that cracks are openings through which light can pass through, offering possibilities, other ways of seeing, other ways of living, and other ways of being that can help bring healing to ourselves and to others.”



PHILANTHROPIC SUPPORT IS CRUCIAL TO NURSING AND PATIENT CARE SERVICES as it allows us to seed innovative ideas, provide opportunities for career development and advancement and improve the way we deliver care. If you are interested in learning more please visit giving.massgeneral.org/nursing-and-patient-care-services/, or contact Maureen Perry in the Mass General Development Office, mperry19@mgh.harvard.edu.

Caring

HEADLINES FROM MASS GENERAL NURSING
AND PATIENT CARE SERVICES



MASSACHUSETTS
GENERAL HOSPITAL

