

# Caring

AUGUST 2022



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# 'It is enough'

## *A letter from Debbie*



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## Caring

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A dear colleague recently gave me a card. The sentiments expressed in the card said, “one foot in front of the other...that’s all we can do.” It got me thinking that this is all any of us can do some days.

If you are a patient or family that is receiving care from us, you try to keep up your spirits and remain positive, regardless of the news you may be hearing. You try to stay strong and try to keep pushing forward.

If you are a clinical provider in healthcare today, you try to do the same. You come to work every day, recognizing how important you are to our patients and try to give your best to each and every one of them. Sometimes that is easier said than done. You provide hope and support, but sometimes you feel that is not enough. But I would argue, it is enough. Your presence and your encouragement are needed when patients and their families cannot see how they can put one foot in front of the other. You help them do it or do it for them.

There is a blessing written by Kate Bowler, *New York Times* bestselling author and professor at Duke University, who views herself as an incurable optimist, that I think describes the sentiment of “one foot in front of the other.” Here are some pieces of that blessing (with my edits).

*Blessed are we, remembering that the world is not ours to  
shoulder alone.  
help us put one foot in front of the other  
as best we can.*

*Give us strength to go on,  
give us hope to see a future,  
give us joy to make it not simply bearable...  
but beautiful.*

As we begin our MGH new (fiscal) year, I hope that you can continue to put one foot in front of the other and help others to do the same.

*On the cover: Jon Hagan, PT, senior physical therapist,  
works with patient Brahim Bouirabdane, who is also an  
MGH employee serving as a senior medical technologist in  
Clinical Pathology.*

# Patient Care Services Strategic Plan update

**Primary goal: Maximize voice and engagement of staff through a re-envisioned collaborative governance shared decision-making model.**

Work-to-date:

- Conducted a survey of staff and leadership to assess perspectives of the current shared decision-making model which identified strengths and opportunities for enhancement.
- Principles of shared decision-making education was rolled out throughout Nursing & Patient Care Services
- Planning underway for focused presentations of other organization's shared decision-making models to help inform Mass General model moving forward.

**Primary goal: Identify and implement opportunities to standardize administrative and clinical operations/processes to improve accessibility, efficiency, quality of care and outcomes.**

Work-to-date:

- Assessment of current state processes will be conducted before key stakeholders convene to devise a plan for the implementation of the Lippincott policies and procedures platform into practice
- Models to enculturate evidence-based practice have been explored and analysis regarding recommended approach is underway
- Quality of Care Outcomes and Nurse-Sensitive Indicator evidence-driven taskforce membership have been broadened to include health professions colleagues and clinical nurses.



\*Cultural integration is when individual from one culture adopt practices from another culture without diminishing their own.

**Primary Goal: Ensure PCS leadership voice and participation in design and implementation of major Mass General Brigham (MGB) and Massachusetts General Hospital (MGH) initiatives.**

Work-to-date:

- Completed an inventory of MGH participation on MGB committees and established a schedule for review and updates.

**Primary goal: Develop and promote robust recruitment and retention strategies to attract and retain the best and the brightest people.**

Work-to-date:

- Conduct of focus groups to gain perspectives of initiatives to promote retention is underway with clinical, support and leadership across Nursing & Patient Care Services. 28 focus groups conducted to-date with representation from 12 role groups. Once focus groups are completed, the identification of key themes and potential high-leverage strategies to address them will occur.

## Remembering a special wedding

Stuart Klein spent his whole life healing others. As an acupuncturist, he dedicated his career to solving the health problems of others, from relieving minor aches to curing chronic pain that medication couldn't.

In June of 2020, after experiencing trouble swallowing, Klein was referred to the Mass General Cancer Center where he was diagnosed with non-metastatic lower esophageal adenocarcinoma. Unfortunately, Klein's particular tumor did not respond to the standard course of chemotherapy and radiation, and by the end of his treatment cycle, his cancer had aggressively metastasized and spread to other parts of his body. Klein wasn't ready to give up, but he and his wife Janice felt like they were running out of options.

Despite contrasting opinions from his colleagues, Samuel Klempner, MD, Klein's medical oncologist, recommended taking a chance on this novel treatment. "He got the treatment that day," Janice recalls, "and that night, the pain stopped." A few days later, Stuart was pain-free, out of his wheelchair and hiking miles a day.

Stuart and Janice were partners for 28 years, had gotten a marriage license and were planning a wedding when they received his cancer diagnosis. They were suddenly entirely focused on Stuart's treatment. For months, the novel drug treatment successfully blocked his cancer. Then other mutations began to increase. When Stuart was rushed to the emergency department in October 2021, Janice had a gut feeling that his hold on life was precarious. Knowing how much he had wanted to marry, she rushed to city hall to get a new marriage license so that they could be married in the emergency department by a hospital chaplain.

When she returned to the hospital, she recalls, "The nurses, doctors and chaplain had decorated the room with flowers and hearts and crepe paper. It was gorgeous. It didn't even look like an Emergency Department. They bought lovely silver rings for us, and cakes and cupcakes and lights. Everyone in the Emergency Department who was ambulatory came. And Stuart was so happy."

The next morning, Stuart passed away.

*(Continued on page 6)*



Stuart and Janice Klein exchange rings at their wedding in 2021.



The MGH staff who made the wedding in the Emergency Department possible joined in the ceremony in October 2021.

# Climate change impacts on health: Extreme heat

“Health professionals have a responsibility to address climate change with patients, families, communities, and populations that they serve. Climate change represents one of the most urgent health challenges of the 21<sup>st</sup> century,” says Patrice Nicholas, DNSc, DHL (Hon), MPH, MS, RN, NP-C, FAAN; following her presentation for the Maxwell & Eleanor Blum Patient and Family Learning Center in July. Nicholas was joined by Suellen Breakey, PhD, RN, associate director of the Center for Climate Change, Climate Justice, and Health, MGH Institute for Health Professions, for a series on climate change related health risks and prevention.

Climate change-related health consequences affect many aspects of health including respiratory illnesses such as asthma from greenhouse gas emissions and increases in allergens and pollen in our warming climate to mental health issues related to natural disasters. According to the Centers for Disease Control and Prevention (CDC), heat illness is a serious medical condition resulting from extreme heat conditions and the body’s inability to cool; symptoms include heat cramps, heat exhaustion, heat syncope, and heat stroke. Heat-related illness due to exposure to extreme temperatures is an urgent problem and impacts vulnerable populations such as children; the elderly; Black, Indigenous, and People of Color (BIPOC) populations; occupations that require people to work outside; and pregnant people.

In their presentation, Nicholas and Breakey discussed the importance of the heat index when determining how much stress occurs on the body when it is hot. The heat index is a measurement of the ambient temperature, or the air temperature measured by a thermometer, and the percentage of humidity in the air. The combination of these two measurements can drastically increase what the air “feels” like when spending time outdoors.

“Ensuring that we limit time outdoors when possible and work to educate and protect those at higher risk is an urgent priority as we experience more and more extreme heat due to climate change,” says Nicholas.



NICHOLAS



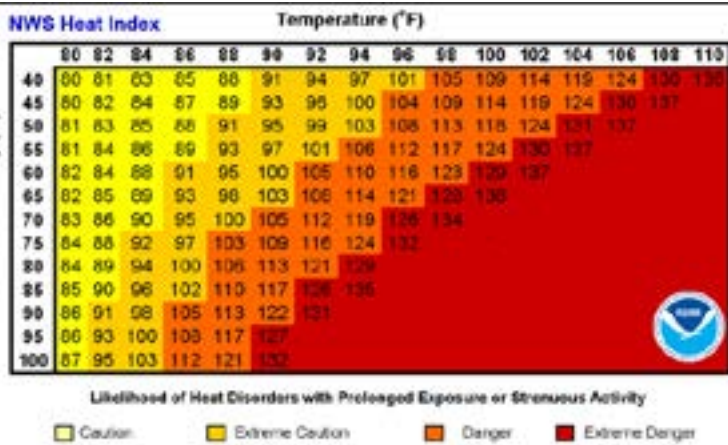
BREAKEY

“At MGH, every employee in Patient Care Services has a role in addressing the health consequences of climate change. As health care providers, we have a duty to assess, intervene, and teach our patients and other providers about the associated health challenges and how to mitigate or adapt to our changing climate,” she says.

Nicholas shared some examples of specific roles health care providers might play in their interactions caring for patients related to heat or climate change conditions impacting health.

- A nurse who is caring for a prenatal patient in primary care or an obstetric-gynecologic setting should educate about heat-related illness and potential impacts on the fetus. Due to extreme heat or environmental exposures, pregnant people may experience adverse birth outcomes such as preterm birth, low birth weight, stillbirth, intrauterine growth restriction, and cardiac abnormalities.
- A physician assistant in the emergency department should consider the impact of poor air quality for a pediatric patient who is admitted with an asthma exacerbation.
- An occupational therapist and physical therapist should tailor their plan of care for discharge based on an elder’s home situation in periods of high ambient heat in summer.
- Respiratory therapists can plan patient education with an understanding of where a patient lives and exposure to carbon emissions and greenhouse gas pollution.
- Social workers and spiritual care can contribute to discharge planning and address environmental issues that may impact patients.

The MGH Center for the Environment and Health has resources available to educate staff as well as our patients, families, communities, and populations. For more information, visit [www.massgeneral.org/environment-and-health](http://www.massgeneral.org/environment-and-health).



## - Wedding reunion (continued)



LaPointe and Janice Klein reconnect at the reunion event in the Healing Garden.

*(Continued from page 4)*

“When I heard of Stuart’s passing the next day, I had full-body chills,” says Lauren LaPointe, MSW, LICSW, clinical social worker in the Emergency Department, and one of the MGH staff who made the wedding possible. “Maybe presumptuously so,” she says, “but I could not help but feel that Stuart might have been able to find the peace he needed to conclude his fight.”

On June 28, 2022, Janice returned to Mass General for a surprise reunion with the caregivers who spontaneously pulled together their Emergency Department wedding. The group gathered in the Yawkey Building Healing Garden, where they found Janice waiting for them with handmade pendants that she gifted to each of them. “I will always remember each one of you,” she said. “You will be in my heart forever.”

“I have thought about the wedding day often because of the way that Stuart and Janice impacted me,” says LaPointe. “Janice and Stuart had shared the importance of being married as a way to ensure they would find each other in the next life, to continue their journey as partners. As a social worker, I had the honor of advocating to waive the need for an in-person appearance at the court house. Despite Stuart’s diagnosis and an ongoing COVID surge, Janice and Stuart were a beacon of light at a time when hospital morale was low, and burnout was growing. They granted me the privilege of restoring hope at a time when it was increasingly hard to believe things could get better.”

Every member of the team that made the wedding possible recognized the effect the experience had on them as a caregiver. Janet Rico NP-BC, PhD, nurse practitioner, Palliative Care & Geriatric Medicine says, “What was most memorable for me was the caring and compassion of every Emergency Department provider that day and the deep love and devotion Janice and Stuart shared with all of us. It was a spiritual experience in many ways, witnessing the very best of being human.”



Kate Flock, MGH Photography, holds out the note from Klein to Kathy Tran, MD; Julie Pesanello, RN, Emergency Department; and Lapointe.

# Using iPads for patients with limited english proficiency in perioperative and procedural areas

Sharon Bouyer-Ferullo, RN, DNP, MHA, CNOR, staff specialist; Benjamin Meller, program director, Center for TeleHealth

Language barriers create challenges for clinicians who provide culturally competent, quality patient-centered care. Approximately 25 million people in the United States have limited English proficiency (LEP). Studies have shown that patients who prefer a language other than English are twice as likely to experience an adverse event. Patients are more amenable to a plan of care with better outcomes when provided access to an appropriate language interpreter.

The MGH Center for TeleHealth, in collaboration with Patient Care Services, Interpreter Services, and Information Systems, launched an inpatient iPad video interpreter program in February 2022. Following a request from associate chief nurse, Patrice Osgood, RN, DNP, CNOR, NE-BC; the implementation team met with perioperative nursing leadership, nurse practice specialists, and staff specialist to discuss an expansion into procedural and perioperative areas.

The iPads first launched in the Interventional Radiology department, allowing staff to evaluate the feasibility of using iPads to follow patients throughout procedures. The pilot was successful and perioperative leadership decided the next step was to use these iPads for surgical patients.

It was decided that each area would have their own iPads, providing access to them at each stage of the surgical journey. In the month following the June rollout, there were over 967 video and 63 audio calls using the iPads in the perioperative areas. We currently have plans to expand this service for our patients in Endoscopy, the Cardiac Cath Lab, Electrophysiology Lab and Interventional Pulmonology.



Above, Jane Thompson, RN, and Thankam George, RN, Ellison 3 Post-Anesthesia Care Unit, simulate a patient and caregiver using the iPad in a treatment interaction.



Patients are able to select a language from a menu of languages including American Sign Language, Arabic, Cambodian, Farsi, Gujarati, Haitian Creole, Korean and many others.

# Clinical Narrative:

## Sidney Argueta, Physical Therapist

One of my favorite books is “Better” by Atul Gawande, MD, in which he uses his experience as a surgical resident and a public health expert in highlighting the imperfections surrounding the field of medicine, and the drive we have in this field to learn from our predecessors and our own mistakes to become better clinicians. In it he writes, “We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps to go right- one after the other, no slip ups, no goofs, everyone pitching in.” This quote resonates deeply as I think back on my last year treating cardiac patients. Over the last 12 months, I had the opportunity to work with one particular patient numerous times and it was through my experience with her that I learned about the importance of active listening, patient advocacy, and interdisciplinary communication.

I met this older female patient with a past medical history of atrial fibrillation, chronic kidney disease, hypertension, severe carotid stenosis, and hyperthyroidism for the first time in June 2021 recently having had a pacemaker implanted to control her heart rhythm. She loved gardening, cooking, spending time with her family on the Cape, and being as independent as she could be. I saw her twice after her pacemaker procedure, in which she was able to ambulate and negotiate stairs with supervision. I recommended at home physical therapy to assist with her transition home. During her exam, I recognized that her blood pressure decreased when she stood up and when she walked. When a person’s blood pressure gets too low, it places them at risk for fainting and subsequently a fall. However, at the time, it was not concerning enough to change my discharge recommendation for her to go home.

Unfortunately, she was re-admitted in July for a mini stroke. I saw her once again, and this time, she was unable to tolerate sitting at the edge of the bed and voiced that she felt tired. I took her blood pressure and realized it was so low that I helped her lay down and she stated she felt better, and her blood pressure was much improved. The nurse practitioner caring for her was hopeful she would be able to discharge the following day. The next day, however, the patient was unable to walk more than 20 feet and with such a low blood pressure, I was concerned she would faint and fall if she were to go home and end up back at the hospital. I had multiple conversations throughout the day with the nurse practitioner as I did not think it was a safe plan to discharge, and the patient and family were also concerned. The next morning, she was no longer on my list; she had been discharged home. I was personally very frustrated that I had concerns that were not heard or understood by the rest of the team. I consulted my clinical specialist where I was able to reflect on my patient interaction and communication with the rest of the team so that if I were to come across a similar situation again, I would know how to do better.

In August 2021, the patient was back after fainting while she was going up her stairs at home. She reported she had continued to feel dizzy and fatigued when she returned home in July and needed a lot of assistance from her husband. She continued to demonstrate very low and concerning blood pressures, and I was able to use what I knew about her past medical history to advocate for her to remain admitted in the hospital until it was safer for her to go home. I used what I knew about her previous symptoms, the patient’s social history, a very thorough hemodynamic assessment, and her known history of falls to support my physical therapy recommendation. I voiced my concerns to the responding clinician and advocated for the patient in a much more confident way. I spent the next two weeks working with the patient almost at a daily basis as her nurse practitioner changed her medication schedule for beta blockers, added pharmacological treatment for orthostatic hypotension, ordered compression stockings and abdominal stockings. I updated the nurse practitioner daily on how her interventions were translating to the patient’s functional mobility progression and appropriateness to discharge. We also were able to solidify a mobility program with nursing staff to promote ambulation throughout the day as the patient underwent education and exercise prescription during our sessions.

*(Continued on following page)*



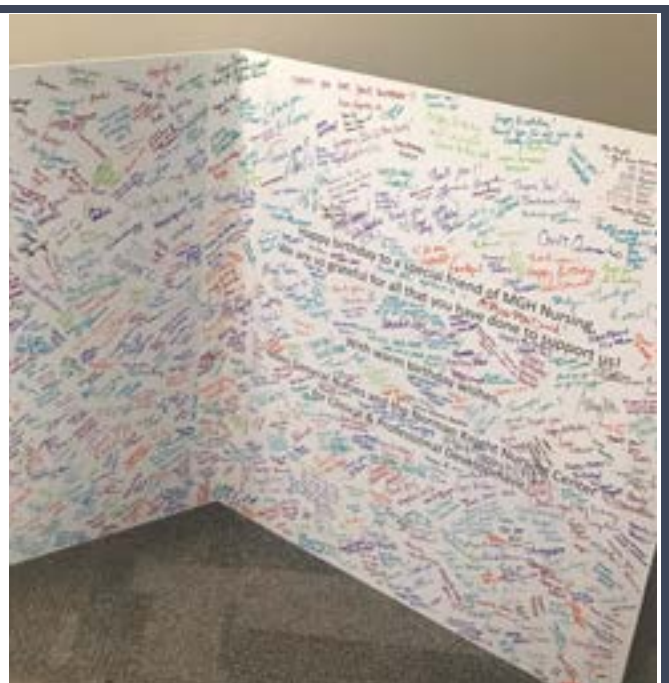


As a team, the responding clinician, nursing staff, and I were able to help the patient have a better quality of life. She wanted to be home with her family, cook, and spend time with her husband. Though she had to modify her activities to limit static standing and sit for most tasks, she was still able to engage in activities of daily living and hobbies that were important to her. That was her goal, and keeping that goal in mind helped me advocate during her admission in August. She came back in March 2022 for carotid stenting and given how well I knew her past medical history and medication regimen, I communicated these to the nurse practitioner so that they could get her back on track and be discharged home a couple of days after her procedure.

As I look back, I realize how much I have grown as a clinician since that first encounter with her. From filling out a minimal data set evaluation template for a patient with a cardiac impairment, as the months went on, I felt more comfortable with active experimentation with interventions and assessments rather than ending a session just because a vital sign felt too low, or I was uncertain how to proceed. My assertiveness and confidence in my exams and treatments grew as I felt more certain and solidified my knowledge on topics pertaining to cardiology. Furthermore, I was able to see how important and vital our role as physical therapists can be in the interdisciplinary team. As months went on, I was able to understand what I knew and what I didn't know from a patient chart to formulate more direct questions to my clinical specialist surrounding functional prognosis, communication strategies and asking for feedback to implement in future sessions. As I rotate soon to my surgical rotation, I hope to be able to continue to grow in my clinical expertise and be challenged by different patient populations.



ARGUETA



## Celebrating Mr. Norman Knight

Countless grateful Patient Care Services staff shared well wishes on an oversized birthday card for Norman Knight, the benefactor of the MGH Norman Knight Nursing Center for Clinical and Professional Development, in celebration of his 98th birthday. The Knight Center promotes lifelong learning by developing and facilitating educational opportunities that advance excellence in patient care.

For more information visit the Knight Center website at <https://www.mghpcs.org/KNCPD/default.shtml>



### Nurse leaders conference

Mass General was well-represented at the Organization of Nurse Leaders annual conference in June. The organization is a regional not-for-profit professional membership organization with the mission to advance a culture of health through nursing leadership and professional governance. Highlights included the recognition of Gaurdia Banister, PhD, RN, NEA-BC, FAAN, Executive Director, with the ONL's annual President's Award.



### MGH staff attend National Black Nurses Association conference

Nurses from Mass General Hospital and members of the New England Regional Black Nurses Association, Inc attended the 50th National Black Nurses Association (NBNA) Annual Institute and Conference in Chicago, IL. The NBNA's mission is "to serve as the voice of Black Nurses and diverse populations ensuring equal access to professional development, providing educational opportunities, and improving health." This was the first in-person conference since the start of COVID-19. A range of dynamic speakers focused on nursing's global society allowed the participants to take a closer look at expanded roles as professionals in cutting-edge research, practice initiatives to eliminate health inequities and expand their knowledge base on innovations shaping nursing practice for the future.



“Representation matters, and in my almost 20 year nursing career I have never been around or seen that many Black nurses - it was awe inspiring.”

- Leah Gordon, DNP, RN, CNP, FNP-C  
Director of Diversity, Patient Care Services

## Communicating science

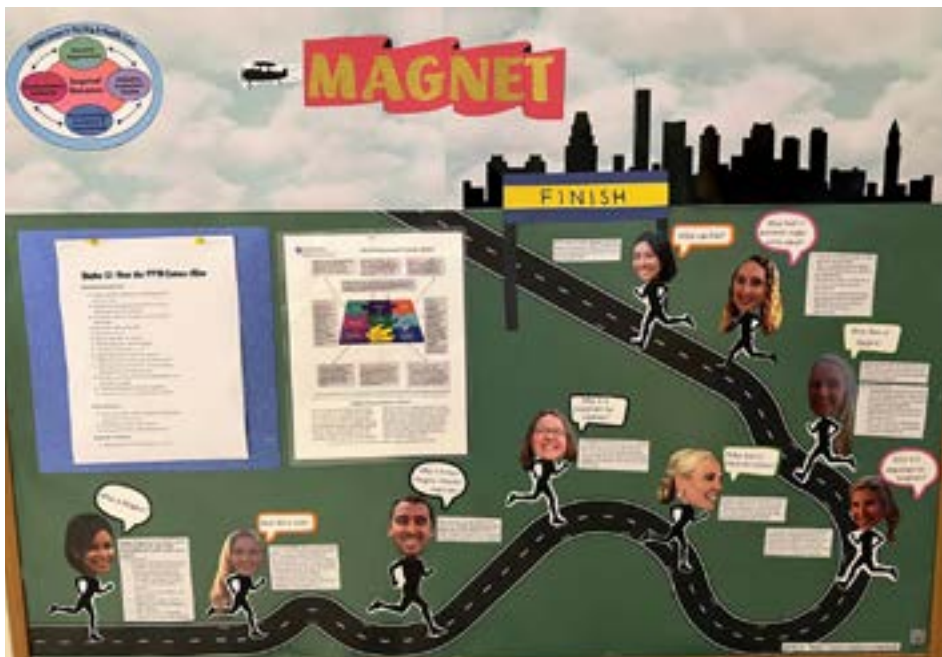
The Mass General Research Institute sponsors Science Slams which are fun, informal science communication events where researchers are challenged to explain their science in layman's terms in three minutes or less. The key goal of a science slam is to make an audience interested and enthusiastic about the research that is being conducted. Two nurses participated in the event under the Bulfinch tent on June 28th.

Jennifer Duran, RN, of the Blake 10 newborn ICU, Clinical Learning Lab coordinator, MGH Institute of Health Professions, pictured at right, spoke about her ongoing project working with staff in a rural Ugandan nursery to decrease neonatal mortality.

Patrice Nicholas, RN, co-director for Policy and Advocacy at the MGH Center for the Environment and Health, addressed the health consequences related to climate change including heat-related illness, vector-borne illnesses, air quality issues, and mental health consequences.



## Magnet ambassador roll-out for redesignation



The Magnet Ambassador program officially kicked off in June of 2022. A Magnet Ambassador is a direct care staff registered nurse with an interest in the Magnet Recognition Program that serves as a role model for MGH and assists unit/work areas in ongoing Magnet preparedness and readiness. 125 staff nurses from 82 different locations throughout inpatient, surgical, and ambulatory areas at MGH have been appointed as Magnet Ambassadors. A key role of the Magnet Ambassador is to share with their colleagues what they learn in each Magnet Ambassador meeting to prepare for the Magnet site visit.

One essential aspect of peer education is through the creation of a unit/clinic bulletin board. Each month Magnet Ambassadors will update their unit/clinic bulletin board and educate peers about the monthly topic. Magnet Ambassador Meredith Salony, BSN, RN, Blake 12 ICU, created a Boston Marathon themed Magnet board pictured above.



## Neurosurgery in the Bahamas

In April, three nurses from Lunder 6 Neurosciences including Cheryl Lippi, RN; Kristi Pucillo, RN; and Kelin Gearin, RN, joined Myron Rolle, MD, neurosurgery resident, medical student AK Kharbat, and surgical tech Kristen Urbnek and others, for a trip to Nassau and Freeport in the Bahamas as part of Rolle's neurosurgical solutions initiative based in the Caribbean. Rolle has worked with the group to put together informational videos to share with Bahamian clinicians which the staff found so helpful, the foundation invited the group to visit and educate nurses there about neuro trauma.



## Researching well-being

The Linda Kelly Visiting Scholar Day, established in 2010 through the generosity of Deborah Kelly, a grateful patient, gives back to the nurses of MGH through opportunities to round with national nursing leaders and attend Nursing Grand Rounds designed to advance nursing knowledge through topics that are current, relative and pertinent nursing issues. This year's speaker was Matthew D. McHugh, PhD, JD, MPH, RN, CRNP, FAAN, professor and Independence Chair for Nursing Education at the University of Pennsylvania School of Nursing.

The Scholar Day included a presentation of the US Clinician Wellbeing Study at Obstetrics and Gynecology Grand Rounds, rounds with clinical units to discuss current wellbeing research, lunch with MGH nurses who presented wellbeing-related research occurring at the MGH, and finally a presentation of McHugh's US Clinician Wellbeing Study through the University of Pennsylvania's Center for Health Outcomes and Policy Research at Nursing Grand Rounds.

**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/](https://giving.massgeneral.org/nursing-and-patient-care-services/), or contact Maureen Perry in the Mass General Development Office, [mperry19@mgh.harvard.edu](mailto:mperry19@mgh.harvard.edu).

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HEADLINES FROM MASS GENERAL NURSING  
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