

Caring

JUNE 2022



2 LETTER FROM CNO

3 SLP INFANT FEEDING
WORK GROUP

6 SUPPORT STAFF
RECOGNITION

8 CLINICAL NARRATIVE

Bringing Back Our Joy

A letter from Debbie



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

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.

The focus of my Nurses Month address this year was JOY. When deciding on the topic, I reflected on over two years of challenges and struggles you have faced and overcome. I also thought about my career here and realized that after all of these years, Massachusetts General Hospital and the privilege of working with all of you brings me joy every day. Mass General is built on relationships, and it is these relationships that bring me some of my greatest joy.

In a TedTalk video I shared during my presentation, the speaker shares five tasks that, performed every day for 21 days, can rewire our brains to look for and find more joy in our lives. Committing to performing just one of these tasks regularly can benefit our work, our relationships with others, and our health. The practice of these tasks teaches our brain to see and acknowledge more opportunity for growth and gratitude.

The five tasks are:

- **Three Gratuities:** Write down three things you are thankful for that are particular to that day.
- **Journaling:** Journaling for five minutes about a bright spot in your day can help you recognize more bright spots and reminds your brain what that joyful moment felt like.
- **Meditation:** Carving out time to meditate encourages the brain to focus on one task at a time.
- **Exercise:** Exercise is not only good for the body, but also helps to clear the mind and can help reset our day.
- **Acts of Kindness:** Spread a little bit of joy to someone else by writing a kind note or paying someone a compliment.

I think that summer is a wonderful time to prioritize rediscovering our joy. Personally, at various points in my life I have incorporated one or more of these practices and would highly recommend giving them a try.

It is a joy to work among such talented and dedicated people. Thank you for this privilege.



I asked a few MGH colleagues what brings them joy in a short video. Scan the QR to enjoy!



On the cover: In honor of Nurse Recognition Month, the Boston Red Sox hosted a Nurses Night at Fenway Park. Brooke Kelly, RN, Ellison 13 Obstetric Antepartum and Newborn Family Unit, was voted through a crowdsourcing contest sponsored by Nurse.org to throw out the first pitch.

Celebrate with Caring

May: Better Hearing and Speech Month

June: Nurses Month, Clinical Support Staff Week (June 19-25)

Ensuring Safe Swallowing for Our Smallest Patients

CELEBRATE
with
Caring

“Our goal and mission is to engage in evidence-based feeding care for our patients, while they are taken care of by the MGH, and anywhere else within the Mass General Brigham system that they might seek treatment,” says Cheryl Hersh, speech language pathologist, MGH Speech, Language, Swallowing and Reading Disabilities (SLP). The patients that Hersh and her colleagues work with are some of the smallest and most precious the hospital cares for – babies that graduate from the Neonatal Unit or Newborn Intensive Care Unit (NICU).

As babies move from the NICU to another unit, hospital or transition home, feeding can become an obstacle to their progress. “Babies with tube feeding to support their growth, or babies who might not need acute medical treatment, can be kept in the hospital longer due to feeding issues which could theoretically be managed at home with comprehensive outpatient care. We saw the need growing at both MGH and Brigham and Women’s hospitals for more expedient access to these specialties and decided to join forces,” says Hersh.

A collaboration between MGH, Mass Eye and Ear (MEE) and the Brigham was created to ensure babies were seen in a timely manner based on acuity and age – the more acute the need, the higher priority that baby would be to bypass the traditional waitlist. The program was named the “Gold Pass Program.” “The name is a nod to Charlie and the Chocolate Factory, the book by Ronald Dahl, in which the main character receives the famed golden ticket,” says Hersh.



Infant is in a therapeutic “side lying” position, using a slow flow nipple, no longer needing a feeding tube.



Collaborative Working Group leads, clockwise from top left, Lynette Holmes, MS, CCC-SLP, Spaulding Rehabilitation; Cheryl Hersh, MA, CCC-SLP, MGH; Pamela Dodrill, PhD, CCC-SLP, BCS-S, Brigham and Women’s Hospital; and Kerry Davis EdD, CCC-SLP, Spaulding Rehabilitation Foxboro

Hersh currently serves as the program lead for the MGH Feeding and Swallowing Program. The “Gold Pass” process ensures access to the MGH Feeding team and MEE Aerodigestive Care teams which include speech language pathologists, otolaryngologists, gastroenterologists, nurses, registered dietitians, pulmonologists, occupational therapists, social workers and clinical psychologists.

The establishment of the process led to more collaboration and communication across hospitals in the area of pediatric feeding and swallowing. Most recently, Hersh and other MGH speech language pathologists joined their colleagues at other Mass General Brigham institutions to create the MGB Pediatric Feeding and Swallowing Collaborative Working Group, which has representation from 10 institutions, and a Thickening Committee.

The Thickening Committee, a subgroup of the Collaborative Working Group, aims to discuss feeding-based approaches, questions, solutions, and evidence-based practice reviews. “If we are able to better understand what our speech language pathologist colleagues are doing in their individual practice, we can best support the infant’s transition across the system in as seamless a manner as possible,” says Hersh. She explains, “It’s as simple as ensuring the recipes we use to thicken breastmilk or formula for infants are more predictable across centers, which seems like a small process, but is important when looking at the patients progress in the bigger picture. At the end of the day, we want to help these babies develop, grow and feed as safely as we can.”

Nurse Recognition 2022



Nursing Research Day

The Yvonne L. Munn Center for Nursing Research hosted its annual Nursing Research Day featuring a keynote “The Sacred Talking Circle Intervention: A Research Approach to Address Health Disparities among Native Americans.” The session was presented by John Lowe, PhD, RN, FAAN, Joseph Blades Centennial

Memorial Professor, University of Texas at Austin School of Nursing. Lowe’s keynote highlighted his nationally renowned Talking Circle Intervention, a manualized intervention to reduce substance use and other health risk behaviors among Native American and Indigenous youth and young adults globally.



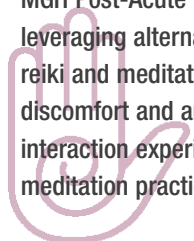
Safety Culture

“Human Error: Making a Mistake in a Just Culture” presented by Colleen Snyderman, RN, PhD, director, Patient Care Services Quality, Safety & Practice, Karen Miguel, RN, MM-H, CPPS, Quality and Safety staff specialist, and Lauren O’Connor, JD, director, Risk Management, highlighted our MGH safety culture and the importance of safety reporting in a time when medical errors and their repercussions have been a topic of national debate.



Integrative Nurse

Wholistic patient care is at the heart of everyday nursing. In her presentation, Aynsley Forsythe, RN, BSN, clinical nurse, MGH Post-Acute Care Unit, discussed leveraging alternative therapies such as reiki and meditation to ease patient’s discomfort and anxiety. She shared patient interaction experiences and led a meditation practice for attendees.



Ruth Sleeper Dedication

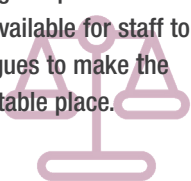
Prominently hung above the mantle, in the sitting area outside the Trustees Room and the Claflin Library on Bulfinch 2, a teacher, nurse, friend and mentor’s portrait found a permanent home. The Ruth Sleeper Suite, as the area is now named, “formalizes in brick and mortar the influence Sleeper had on this hospital and the profession of nursing,” said David Brown, MD, MGH president, at the dedication event attended by current MGH staff, MGH Nursing School alumni and members of the Nursing History Committee. Ruth Sleeper, RN, BSN, MA, was the former assistant superintendent of the MGH Nursing Services; principal of the MGH School of Nursing and director of the MGH Nursing Service and MGH School of Nursing, leaving a legacy of practical nursing educational and professional development.





Diversity and Equity

“By generating a greater sense of belonging amongst our colleagues and with our patients and families, our diversity, equity, and inclusion work becomes more obvious and achievable,” said Leah Gordon, DNP, RN, CNP, FNP-C, director of Diversity for Patient Care Services, during her presentation highlighting the opportunities available for staff to continue to participate in dialogues to make the MGH a more inclusive and equitable place.



Innovators

During the “What is Innovation Anyway?” session facilitated by Hiyam Nadel, MBA, CCG, RN, director, Center for Innovations in Care Delivery, attendees got a look behind the scenes of the invention and innovation projects led by members of Patient Care Services improving patient care from the ground up. The innovators presented their prototypes, inviting the audience to interact with the inventions and ask questions.

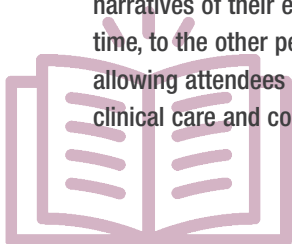
Innovators included:

- Kim Whalen, RN, MS, CCRN; *Blood Transfer Shield*
- Lara M. Hirner, MS, CCC-SLP; *BeHear*
- Sarah Hackett, MS, OTR/L; Helena Thorne, MS, OTR/L, BCPR; *Adaptive PEG Management Kit*
- Elizabeth Mover, BSN, RN, CCRN; *Weighted Blankets*
- Molly Higgins, RN, BSN; *Grab-a-Lab*
- John Graham, RN, BSN; *Medryze*



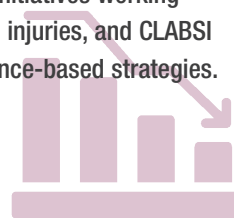
Nurse-Patient Storytelling

“I left my treatment, with not only a great nurse, but a great friend,” said Jonathan Gardner, a patient treated by Lauren Aloisio, RN, BSN, clinical nurse, PACU, of his care during his cancer treatments in the MGH Cancer Center. The effect that above-and-beyond nursing practice can have on the medical outcome, and overall life experience of patients was made clear in the two Nurse Patient Storytelling Sessions facilitated by Anne Brewster, MD, Department of Medicine, MGH, and executive director of Health Story Collaborative and Jonathan Adler, professor of Psychology, Olin College of Engineering. Brewster and Adler invited Gardner and Aloisio and Nicole Horigan, RN, BSN, clinical nurse, and her patient John Bagley to write narratives of their experience and read aloud, for the first time, to the other person, their caregiver or their patient, allowing attendees to hear firsthand the intersection of clinical care and compassion.



Quality Indicators

Now, more than ever, there is data driving decision-making at all levels of care at the MGH. During the session titled “Nursing Quality Indicators: Impact on Standards through Evidence-Based Practice,” facilitated by Colleen Snyderman, RN, PhD, director, Patient Care Services Quality, Safety & Practice, panelists Lillian Ananian, RN, PhD, MSN; Kate Barba, DNP, APRN, GNP-BC; Jacquelyn Holmberg, MS, RN, ACNS-BC; and Kathleen Carrigan, MSB, RN-BC; shared national benchmarks and hospital initiatives working toward lowering fall risks, pressure injuries, and CLABSI and CAUTI infections through evidence-based strategies.



Celebrating Support Staff: Messages of Thanks

CELEBRATE
with
Caring

Support staff are vital to the care provided to the patients and their families treated at Mass General. Support staff roles across disciplines and departments vary, so *Caring* collected messages of thanks from staff across the hospital to show gratitude for those who keep the units, floors, clinics, labs, and research operations moving. Due to the large number of submissions, only a subset of messages could be printed. Please scan the QR code at the bottom of page 11 to read the rest of the grateful greetings online.



Jaime Mulligan, White 9 unit coordinator, goes out of her way for the patients on the unit and for her colleagues. Jaime will walk to patients' rooms to give face-to-face updates if others are delayed, she acts quickly to any medical emergency or security need on the unit, and she treats her co-workers like family. Plus, Jaime always makes her special coffee for the night shift crew!

Sarah Milley, RN, clinical nurse, White 9 Medicine (pictured above, Mulligan, left, Milley, right)

Thank you to our amazing Support Staff colleagues on White 10! We recently had a patient admitted for 120 days. Throughout her time with us she became EVERYONE'S patient. The USAs were the first people she saw in the morning, and they knew exactly how to communicate with her. The dietary staff knew just how she liked her tray. The patient gravitated toward our unit coordinator Ben, who she called "Boss," and would wait in "her chair" at the nurses station at 11am for him to arrive for his shift so she could greet him every day.

Kathleen Carrigan, MSN, RN, MedSurg-BC, clinical nurse specialist, White 10 Medicine

Hannah Perry is a community resource specialist within the Social Service Department. Social workers often consult the community resource specialist in scenarios where our patients are in need of unique or specialized community resources. Hannah demonstrates an amazing knowledge of resources and continues to broaden her knowledge through research. While meeting with patients, she uses a strengths-based, trauma-informed approach in her work. She is such a hardworking colleague and is a joy to work with!

Sonja Goldman, MSW, LCSW, clinical social worker, Social Service Department

Our amazing unit service associates in the PICU are easily the hardest workers on the unit. Ming, Lorenzia, and Maria are absolutely wonderful coworkers, and we are so grateful for their attention to detail and diligence. They are some of the kindest people in the hospital. We love you!

Brigid Rushe, RN, clinical nurse, Pediatric ICU

Steven and Tyffany are respiratory aides whose main duties are to set up and test respiratory equipment. In addition, they order and maintain inventory of respiratory, monitor items received and troubleshoot unanticipated back orders. They collaborate in identifying alternate supply sources to meet the everchanging demands of supply chain management. Tyffany and Steven have redesigned the supply room, improving organization, and even created a reference system that allows the respiratory therapists to find what they need when they need it, so they can spend more time caring for their patients.

Daniel Chipman, RRT, assistant director, Respiratory Care Services

Bigelow 11 has the most amazing unit service associates. They are aware of our capacity challenges and clean beds immediately. They also establish wonderful relationships with patients and are aware of their safety challenges. On several occasions they have notified nursing about their concerns for a patient's risk for falling. We could not do what we do without them!

Marie S, the nutrition aide on Bigelow 11 is the best! She is so kind and caring and works hard to be sure patients get their food in a timely way. She always has a smile and kind word for everyone she interacts with. We are so lucky to have her on our team.

Patti Fitzgerald, RN, MSN, NE-BC, nurse director, Bigelow 11 Medicine

Special thank you to all of our patient care associates, unit coordinators, unit service associates, and all other PCS support staff that keep our unit afloat! Without all of your dedication and hard work this unit would not run smoothly. We wanted to recognize all of you and thank you all for your exceptional work.

Victoria Haley, RN, clinical nurse, Ellison 14 Burn Unit



Our support staff (medical assistants, front desk associates, phlebotomists, patient coordinators, phone operators) are vital to the Cancer Center! It takes a village in making sure our community functions well, and they are some of the first faces patients see. They work hard keeping us all moving, informing and supporting patients, addressing immediate concerns, rooming patients, preparing them for providers, relieving fear and anxiety, and providing a caring and safe environment, turning over rooms, helping with procedures and exams, amongst so many other things. They truly keep our village running and I would like to recognize their hard work and continued dedication. WE and our PATIENTS are lucky to have them!

Heather Baker, RN, resource nurse, Cancer Center



I would like to thank the excellent staff that support the clinicians providing, and the patients needing, occupational therapy and physical therapy care. Without you, our clinicians cannot provide the level of care our patients require. When I think back over the recent years, I am humbled by your dedication and resilience, your commitment to exceptional service and patient experience. Your contributions are voiced by our patients who you welcome into our practices and by the occupational therapists and physical therapists who rely on you for support and assistance. Simply, you are extraordinary!

Michael G. Sullivan, PT, DPT, MBA, director, Physical & Occupational Therapy

Clinical Narrative:

Erin Croft Graves, RN, MGH Vascular Access Team

After 25 years as a nurse in the Emergency Room, a pandemic and an added personal health diagnosis, I felt like I needed to make a change. I needed to explore a new facet of nursing. Before making the change, I felt



hopeless that my efforts to have a positive and caring attitude waned like a stuttering neon sign blinking in the rain. I made the leap, and in 2021, I found myself as the newest member of the Vascular Access team.

As an IV nurse, I carry a pager so that I can respond quickly to assist patients with their treatment.

“Call 1 hour ahead so we can prepare” the 1980s pager requested. The time sensitive instructions added a layer of complication to the hectic pace I maintain as an IV nurse. Further communication alerted me that the patient I was going to meet became very agitated and upset with blood draws.

As instructed, I called an hour before I went to the unit to draw her lab work. I was met on the unit by three nurses, including Lucy Milauskas, RN, BSN, Blake 11 Inpatient Psychiatry, who was assigned to the patient that day. They led me to the patient’s room with an efficiency and confidence I recognized from my old self, but no longer felt. We walked into her room, and she was pacing by the window, her frailty apparent in the cold, gray light of the winter sky. The team of nurses accompanying me marched forth gently, but unwavering. Quickly things felt to be deteriorating. The patient was reluctant to lay back in the bed and she hugged her body trying to protect herself. Two of the nurses gently holding her shoulders, guided her into a position so I could reach her arm. I started to organize my equipment. She started clenching and pulling away, whimpering. I felt my own sense of distress rising, my anxiety creeping up, reminding me of experiences in the Emergency Department.

Suddenly, there was music coming from behind me, spreading throughout the room. A wistful voice, quiet but full of power singing behind me, then all around me as the nurses joined in singing “Fast Car” by Tracy Chapman. I was speechless as I took my eyes off the patient’s arm and looked around at the young women comforting her with song. They sang like they had all the time in the world, and in fact, “Fast Car” was on repeat.

The patient settled back into the bed and visibly relaxed as the music played softening the room, the mood and enveloping us in Tracy Chapman’s soothing voice.

“WE got a fast car. Is it fast enough that we could drive away?....,”

I found myself joining in because, why not? I knew all the words. I guessed that I was the same age as these young nurses are today when this song was popular on the radio.

“...And your arm felt nice wrapped round my shoulder, and I had a feeling that I belonged, I had a feeling I could be someone, be someone.”

A song full of emotion, wistful and devastating at the same time. A voice speaking hope despite hopelessness... Persisting despite the grim reality... finding ways to take small steps forward.

The nurses talked to the patient as if she was their sister, singing and chatting warmly and calmly. It was within those surprisingly moving few moments that I felt a tiny light spark in my chest.

Then, it turned into a seismic shift.

Insecurity and isolation washed away for a few minutes with song, skill and impeccable nursing care. We were able to draw the patient’s labs quickly and efficiently, working together to convey a sense of safety and perhaps even a sense of belonging. For the first time since I left the Emergency Department, I felt connected to the art of nursing that has always been my compass. I felt an appreciation for the resourcefulness and strength of my nurse colleagues, just as I continue to feel admiration for the people I care for who keep reaching out to find a way forward.

AN INTERVIEW WITH

Rose Klein, RN, BSN

Labor and Delivery Unit, Nantucket Cottage Hospital

Rose Klein, RN, BSN, became a registered nurse in 2020 and joined the staff of Nantucket Cottage Hospital (NCH) in 2021. As part of her training for the Labor/Delivery/Recovery/Postpartum Unit at NCH, Klein trained at the MGH for four weeks with the Labor and Delivery staff on Blake 14. In this interview she shares her training experience.

What made you decide to come to MGH to train?

I recently moved to the LDRP (Labor/Delivery/Recovery/Postpartum) floor at Nantucket and my manager wanted me to get as much experience I could to assist with the orientation process. My manager, Beverly Turney, RN, at Nantucket Cottage Hospital reached out to Elizabeth West, RN, clinical nurse specialist, and Michele O'Hara, RN, nurse director, Blake 14 Labor/Delivery, and initiated the process.

How does the relationship work with Nantucket Cottage Hospital and the MGH? How did you come to train here?

The relationship between Nantucket Cottage Hospital and MGH is very special. We care for patients 30 miles out to sea, but when they require services that we are unable to provide, MGH is our hospital of choice for transfers while also providing continuity of care within the Mass General Brigham system. During their pregnancy, we're able to provide convenient outpatient and triage care on island for some of our higher risk maternity patients. When it is time for them to deliver, we're able to connect them to care at MGH.

What was your most important experience here?

I had so many great experiences, but I would have to say the most important one was when I had a low-risk maternity patient that I was caring for. She had a similar history to the majority of the patients we care for on Nantucket, including low risk factors and a previous healthy pregnancy. Once my preceptor and I had helped her progress through her labor and we began to start pushing, things started to look not so "perfect." The patient needed an urgent c-section. This was very eye-opening to me and showed me that you have to be prepared for anything when working with laboring patients since things can quickly turn into an emergency. The other part of this experience that was important was the teamwork of the unit. One second I was helping a patient try to deliver her baby, and the next someone is putting a scrub hat on my head and helping me wheel the patient to the Operating Room. The team responded in a quick and professional manner and helped me through the whole process.

(Continued on page 10)



Darcy Beston, RN, Blake 14, and Klein

- Labor and Delivery (continued)

What makes Labor and Delivery your preferred patient population?

I enjoy the labor and delivery patient population because I feel like I get to participate more in bedside patient care. During the labor process you remain at the bedside a lot either monitoring vital signs, adjusting augmentation medications, and speaking with the patient and support person(s) about the process. I also find that this patient population is very involved with their care and ask many questions which is beneficial not only for their care but allows me to make a personal connection with them.

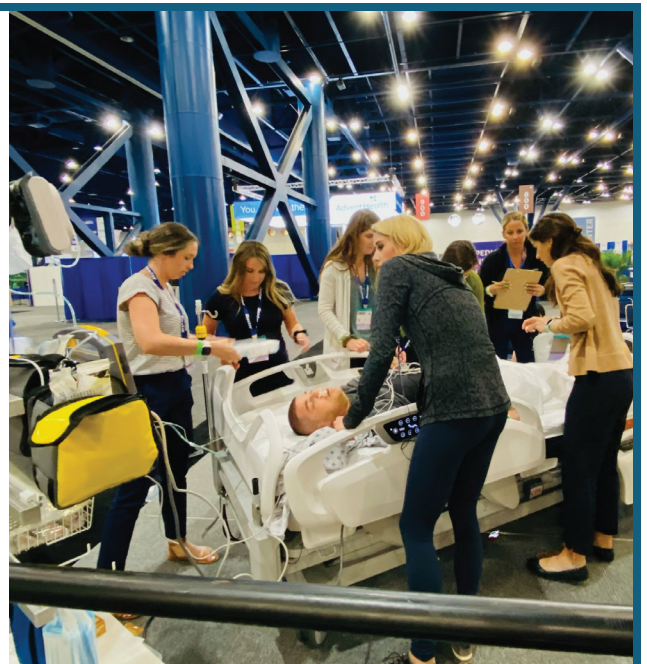
What was your goal in coming to MGH? Do you feel your goals were met?

My goal in coming to Blake 14 at MGH was to see and participate in the labor and delivery process, obtain my NRP certification, and see some more high-risk patients. I was successful in all of these goals with the help of the staff on Blake 14 who would diligently pick my patient assignment for the day and assigned me to some of the best preceptors that included Darcey Beston, RN; Susan Holuk, RN; Jen Bernard, RN; and Shana Crow, RN. Along with the staff at MGH, I'm very thankful for my manager Beverly Turney, RN, who arranged for this learning opportunity and checked in with me daily about my experiences.



Taking Home First Place

In May, several nurses from Mass General attended the AACN (American Association of Critical Care Nurses) National Teaching Institute Conference in Houston, Texas. Staff attended lectures about critical care topics and participated in interactive booths and displays. One of the vendors hosted a simulation contest where MGH Burn/Surgical ICU staff competed in the final round against four other teams on a live human “patient” with a simulator LVAD (left ventricular assist device). The MGH team, consisting of Courtney McWhinnie, RN; Victoria Haley, RN; Ashley Firth, RN; and Haley Albert, RN; came in first place, taking home an engraved plaque now hanging on their unit.



- Support Staff (continued)

Often a patient's first contact within our department, the administrative team helps to ensure our patient's needs are met and questions are answered from the start. Nancy and Kim do an amazing job staying organized to schedule for a team of up to 10 providers each week with a constant flow of referrals. Felicita plays an integral role in creating and sustaining the systems that make this department work. Without our dedicated support staff, we would simply be lost!

Amanda Copeland, MS, CCC-SLP, speech language pathologist, advanced clinician, Department of Speech, Language, Swallowing, and Reading Disorders



To read all of the messages submitted in gratitude of Support Staff scan the QR code at right.



Ancillary staff is the real support system for care in the hospital. They can “make or break our day.” In the MICU, we are very grateful for our unit coordinators, critical care technicians and USAs, to name a few, who go above and beyond to help us. The overwhelming support they afford me, the MICU nursing staff, the unit, and each other is unparalleled, and truly exceptional.

Jeanette Livelo, DNP, MS/MBA, RN, NEA-BC, nurse director, Blake 7 Medical Intensive Care Unit

Keeping Well-being a Priority

Committees within Patient Care Services and the wider hospital are working to leverage integrative medicine practices to help reduce stress, burnout, and bring a greater sense of wellbeing for hospital employees. Patient Care Services recently offered chair massages, reiki healing treatments and sound therapy sessions for staff. Below, Lauren Aloisio, RN, PACU, hosted a sound therapy session in celebration of Nurses' Month in the O'Keeffe Auditorium.



Mindful Moment Meditation

- **Feel your feet on the ground and any surfaces your body is touching**
- **Listen to all the sounds around you**
- **Observe how your body feels in this moment**
- **Observe how you feel emotionally in this moment without judgement**
- **Feel your feet on the ground again and listen to the sounds around you again**
- **Bring your full attention to any task you are doing at the moment, no matter how complex or simple it is**

Meditation steps provided by
Aynsley Forsythe, RN,
Post-Anesthesia Care Unit (PACU)



A Beautiful Day for a Picnic

The Mass General community gathered on the Bulfinch Lawn for fun and games on June 15 for the annual Employee Picnic. Staff could win prizes at the carnival games and enjoy a summer treat with coworkers.

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@mgd.harvard.edu.

Caring

HEADLINES FROM MASS GENERAL NURSING
AND PATIENT CARE SERVICES



MASSACHUSETTS
GENERAL HOSPITAL