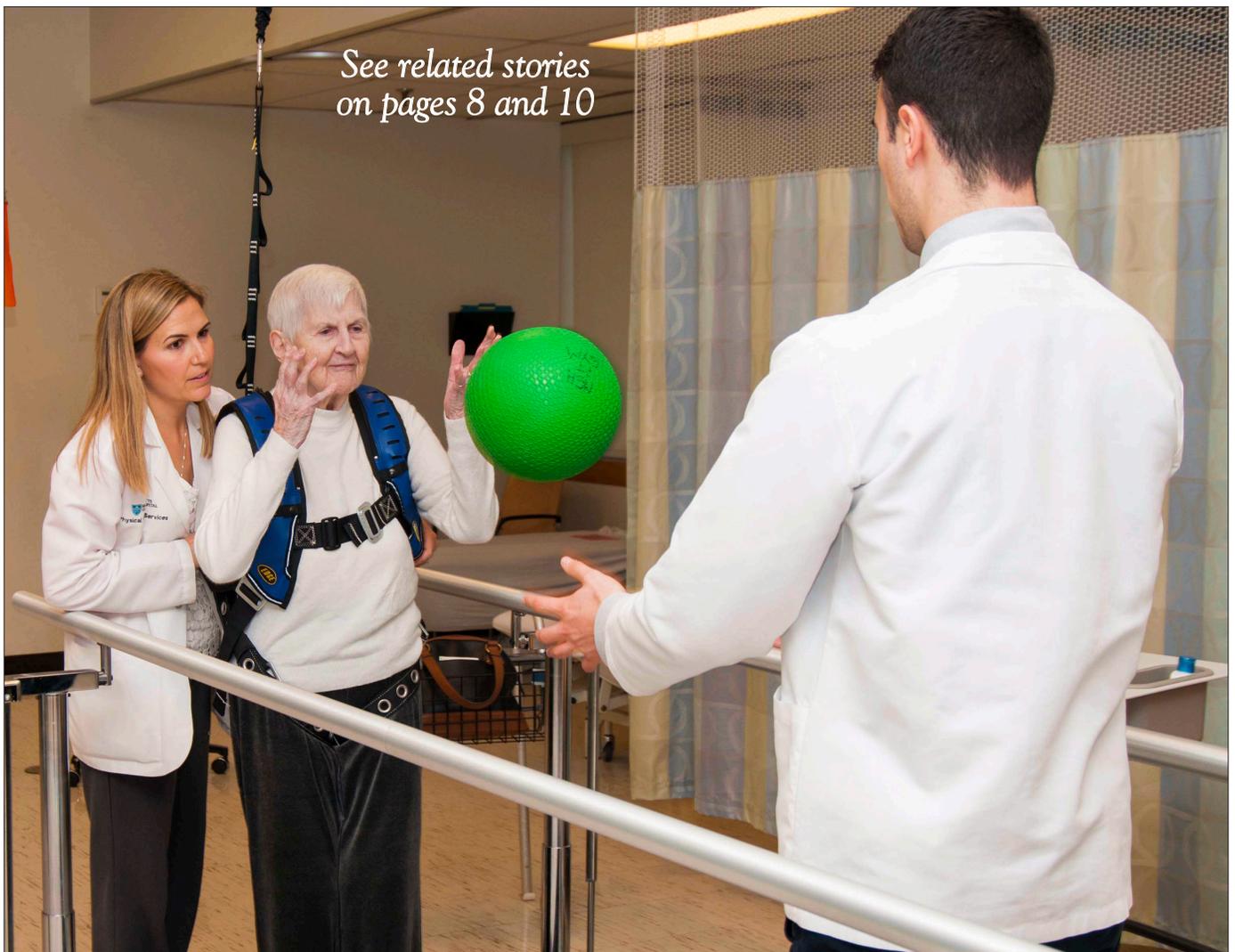


# Caring

Headlines

December 14, 2017

## MGH celebrates Physical Therapy Month



Physical therapist, Joy Orpin, PT, works with patient in the PT gym.

# Looking back over 21 years of excellence in patient care

I'd say we succeeded at bringing the disciplines within Patient Care Services together into a cohesive, inter-professional entity that has brought teamwork to a whole new level.

**A**s I write this, my last official column as senior vice president for Nursing & Patient Care Services and chief nurse, I am quite literally overcome with pride and gratitude. I vividly recall how thrilled I was in March of 1996 when Dr. Mongan, then president of MGH, asked me to assume interim leadership of Patient Care Services. Back then, we were all operating as separate departments with limited understanding of one another's disciplines and very little integration or synergy.

In my very first column in *Caring Headlines*, I wrote: "Relationship-building will be key to our success... One of my primary objectives will be to ensure that all departments are supported, individually and collectively, to provide the highest-quality, cost-effective care... I cannot stress strongly enough that collaboration will be critical to our success and to our ability to provide the kind of care we can all be proud of."

Reading those words so soon after our recent Magnet and Joint Commission visits, I'd say we succeeded in bringing the disciplines within Patient Care Services together into a cohesive, inter-professional entity that has brought teamwork to a whole new level.

They say hindsight is 20/20, but looking back over our time together, I really believe our success is the inevitable result of our pursuit of excellence, our commitment to do right by our patients, and our refusal to settle for anything less.

We spent many hours articulating our vision, values, and guiding principles, defining our Pro-



Jeanette Ives Erickson, RN, senior vice president for Nursing & Patient Care Services and chief nurse

fessional Practice Model, forging a sense of common purpose. We laid a strong foundation of mutual respect, and those efforts served us well.

We created a staff-driven collaborative governance model to advance practice and place clinical decision-making with those closest to the patient. We re-designed our collaborative governance structure over the years to ensure it remained relevant and meaningful in our evolving healthcare environment.

We created The Norman Knight Nursing Center for Clinical & Professional Development; The Maxwell & Eleanor Blum Patient & Family Learning Center; The Yvonne L. Munn Center for Nursing Research; and The Center for Innovations in Care Delivery; and ten years ago, we rolled all four centers into The Institute for Patient Care, which today is the epicenter of so many wonderful programs and initiatives.

We made great progress in our work around diversity and inclusion. In our first strategic planning session, we resolved to raise awareness around culturally-competent care and increase the num-

*continued on next page*

As I step down from this position that I have loved for more than two decades, I want to extend my deepest gratitude and appreciation to everyone at MGH (within and outside of Nursing & Patient Care Services), whose practice I admire, whose service has inspired me, and whose friendship has meant the world to me.

ber of minorities in clinical and professional positions. From 2006 to 2016, the MGH workforce grew 34%; during that same time, we saw a 45% increase in the number of diverse staff hired.

We have developed an awards and scholarship program that, in addition to financially supporting the growth and development of hundreds of clinicians and support staff over the years, honors our dear colleagues, Anthony Kirvilaitis, Jean Nardini, Pat Olson, and Stephanie Macaluso. These programs could not exist without the ongoing support of many loyal donors who've given nearly \$30 million dollars since the first award ceremony in 1996.

In my first column, I also wrote: "I believe in storytelling as a strategy for strengthening communication. By sharing stories of our practice, we see in human terms how the work we all do is interwoven." I'm so proud of the narrative culture we've established and the vehicle it has become for sharing best practices, and more recently, bolstering our culture of safety.

One of my most cherished legacies is the introduction of Nursing chairs to MGH. In the last two years enough money was raised to support an unprecedented *four* endowed Nursing chairs, the first one being the Paul M. Erickson Endowed Chair in Nursing, for which I am eternally grateful.

As a team, we've had so many positive outcomes and accomplishments. We created a thriving

research community that's literally on the cutting edge of advances in care-delivery and clinical practice. Our HAVEN, Lunder-Dineen, and Global Health programs are models of care and service beyond the walls of MGH. We revolutionized clinical on-boarding with our New Graduate Critical Care and Nurse Residency programs. We created a one-of-its-kind Clinical Recognition and Advancement Program. Our leadership and expertise are felt around the world as more and more clinicians travel to other countries to teach and consult. We have transformed Nursing & Patient Care Services into a continuously improving, high-functioning, inter-disciplinary team.

I could go on. (You *know* I could go on and on.)

But as I step down from this position that I have loved for more than two decades, I want to extend my deepest gratitude and appreciation to everyone at MGH (within and outside of Nursing & Patient Care Services), whose practice I admire, whose service has inspired me, and whose friendship has meant the world to me.

While I may be leaving the role of senior vice president and chief nurse, I'm not leaving MGH. I will continue to follow my passion — teaching, supporting, and encouraging nurses, here and around the world. And I'll be watching with great interest and anticipation to see what Nursing & Patient Care Services does in the *next* 21 years.

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# The Magnet site visit *in our own words*

—by Marianne Ditomassi, RN, executive director, Nursing and PCS Operations and Magnet program director

**F**rom November 6–9, 2017, four appraisers from the American Nurses Credentialing Center (ANCC) came to MGH to conduct our quadrennial, Magnet re-designation site visit. Appraisers visited patient care areas and held focused meetings on the main campus and at satellite locations to, ‘verify, clarify, and amplify’ the substantial written evidence that we submitted in June. Magnet designation is the highest honor bestowed on health-care organizations for nursing excellence; the re-designation decision will be announced early next year.

At the wrap-up meeting on November 9th, before a large crowd in O’Keeffe Auditorium, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, thanked the MGH community for their efforts leading up to and during the Magnet site visit. Said Ives Erickson, “I’m grateful to all of you for leading the way in patient care, advancing our mission, and elevating the level of collaboration in this hospital. Magnet appraisers shared great feedback about our inter-disciplinary approach to care.”

The meeting was an opportunity for Ives Erickson to pass the torch to successor, Debbie Burke, RN, who will assume the role of senior vice president and chief nurse, January 1, 2018. Ives Erickson presented Burke with an official Magnet chief nurse pin.

Appraisers commented on how well presented the MGH evidence was, noting that only approximately 5% of Magnet applicants proceed directly to a site visit. MGH evidence was meticulously prepared by Marianne Ditomassi, RN, executive director for PCS Operations and Magnet program director, and a team of writers including: Chris Annese, RN; Meg Bourbonniere, RN; Mandi Coakley, RN; Brian French, RN; Amy Giuiliano; Antigone Grasso; Janet Madden, RN; Nancy Raye, RN; Patti Shanteler, RN; and Mary Ellin Smith, RN. Additional evidence was prepared by Gaurdia Banister, RN; Tricia Crispi, RN; Ann Marie Dwyer, RN; and Peggy Shaw, RN. All documents were specially formatted in a custom-designed website by Jess Beaham and Georgia Peirce.

Perhaps the best way to convey the impact of the Magnet site visit is through the words of those who participated.



## What does being a Magnet hospital mean to you?

"It sends a message that nursing at MGH is highly valued. Nurses are performance- and outcome-driven, and our evidence-based work improves patient care and patient safety."  
—Lisa Brugnoli-Semeta, RN, nursing director

"Showcasing excellence in practice for the whole world to know."  
—Dawn Tenney, RN, associate chief nurse

"It signifies continuity of excellent care across the enterprise and the recognition of such by our peers."  
—William Kieffer, MGH Patient & Family Advisory Council member

"It means being part of an organization that values excellence, empowers nursing, and is always striving to improve outcomes for patients."  
—Jennifer Albert, RN, staff nurse

"It means the hospital genuinely values the importance of advancing the education of staff. MGH helped me become certified in medical-surgical nursing, obtain a master's degree through tuition reimbursement, and become recognized as an advanced clinician. That support helped me become a more knowledgeable nurse and provide better care to my patients."  
—Rachel Salguero, RN, staff nurse

"Being a Magnet hospital is recognition that our professional practice model is not a static concept; it's the keystone of how we care for patients and actualize relationship-based care."  
—Chris Kirwan, director, Medical Interpreter Services

"I never worry about working in an unsafe environment. It's the peace of mind of knowing I have the freedom to work at the top of my license with 150% support from nursing and hospital administration."  
—Abigail Shaughnessy, RN, staff nurse

"Magnet designation reflects our commitment to excellence in nursing and our unerring focus on creating and sustaining an environment where staff can excel and continue to grow and develop. That all results in better outcomes for patients and families."  
—Maureen Schnider, RN, nursing director

## What was your favorite moment of the site visit?

"Sharing with the Magnet appraiser that the Medical ICU has been CLABSI-free for 26 weeks!"  
—Jennifer Alvis, RN, staff nurse

"Having the opportunity to share my Munn Nursing Research project, and hearing about other amazing nursing research efforts."  
—Kevin Callans, RN, case manager

"Hearing what others are doing to improve care."  
—Michael Filbin, MD

# ANCC MAGNET RECOGNITION

"Participating in the Advanced Practice Nurse forum. I was humbled by the skill, expertise, and achievement of everyone around me, but also proud, to be part of this group and the ways I've contributed."  
—Simone, Rinaldi, RN, nurse practitioner

"When the appraiser arrived at our site, a large contingency of our team was there to welcome her. There was a sense of excitement at being able to share their practice with her. The appraiser shared that last time she was here, she told staff they should publish their work on postoperative teaching. So they did. She was thrilled!"  
—Claire O'Brien, RN, nursing director

"The ability to have wide-ranging clinical placement for our students and excellent nursing staff with varied experiences!"  
—Marion Winfrey, RN, associate dean, U Mass Boston, College of Nursing and Health Sciences

"The excitement it inspired. Patients are our highest concern, and Magnet gave us a chance to celebrate the quality nursing care we provide for patients from all walks of life."  
—Harriet Nugent, RN, staff nurse

"I enjoyed hearing the testimonials of community organizations. It provided a beautifully woven tapestry connecting MGH's mission of community improvement to action."  
—Tricia McCarthy, RN, community health nurse, Charlestown Boys and Girls Club

"I spent time with the Magnet team as a member of the Clinical Recognition Board. The dialogue highlighted the culture of inter-professional teamwork and collaboration that is the hallmark of MGH practice."  
—Ann Jampel, PT, physical therapist

"Attending the Magnet Champion session and hearing attendees speak to what Magnet means to them—*why we are magnet.*"  
—Elizabeth, West, RN, clinical nurse specialist

"I attended a breakfast with appraisers that felt like an MGH pep rally. The best part was hearing stories from fellow nurses about how working at MGH has shaped their nursing practice and personal development."  
—Jessica Reade, RN, staff nurse

"Seeing the nurses I work with shine. Many newer nurses who'd never experienced a Magnet visit really stepped up and helped prepare and educate staff."  
—Janet Actis, RN, attending nurse

# The Joint Commission site visit

—by Judi Carr, RN, staff specialist, PCS Office of Quality & Safety

Surveyors frequently came to morning meetings with anecdotes of the prior day's interactions, recalling specific staff members as they described the compassionate, knowledgeable, and proficient patient encounters they'd observed.

Once again our Excellence-Every-Day philosophy and regulatory readiness has paid off. On November 13, 2017, eight Joint Commission surveyors arrived at MGH for our triennial site visit. For five days, surveyors observed our practice as clinicians from all disciplines provided safe, patient-focused care. Surveyors frequently came to morning meetings with anecdotes of the prior day's interactions, recalling specific staff members as they described the compassionate, knowledgeable, proficient patient encounters they'd observed.

Consultation with Joint Commission surveyors is a valuable opportunity to learn from experts as we strive to improve systems and practices. And the Joint Commission team that visited MGH was highly experienced and very detail-oriented.

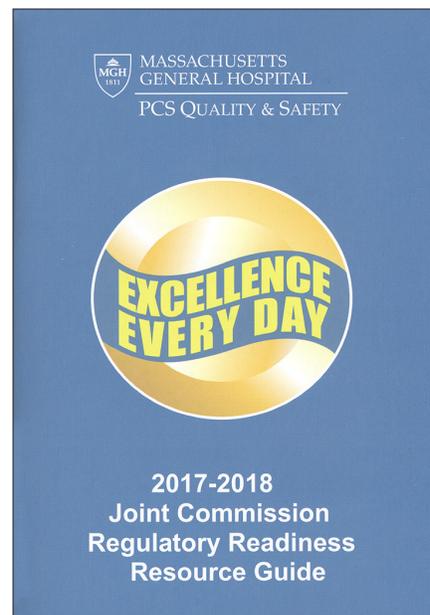
This was our first survey using the Joint Commission's new scoring methodology, the SAFER Matrix (Survey Analysis for Evaluating Risk), which provides more meaningful survey data as every finding is represented somewhere on the grid. The finished matrix gives us a visual display of the volume and severity of each survey finding.

Prior to the Joint Commission visit, our own internal assessment had identified a number of opportunities for process-improvement throughout the hospital. Many improvement projects were already underway, so when surveyors identified those areas it came as no surprise.

The most noteworthy findings included high-level disinfection processes, ligatures risk in designated acute psychiatric areas, titration of medication, ventilator protocols embedded in orders, discontinuation of restraints, and the accuracy of orders and documentation.

We will respond to all findings with improvement plans and educational modules. We're already responding to issues surveyors identified as requiring immediate attention. Surveyors will return within 45 days to review our improvement progress.

For more information about the Joint Commission survey or any of our improvement initiatives, contact Judi Carr, RN, staff specialist, at 617-643-3006.



# National Respiratory Care Week

—by Amy McGuinness, RRT, respiratory therapist

October 22-28, 2017, was National Respiratory Care Week. Amy McGuinness, RRT, is an MGH respiratory therapist. Her clinical narrative below provides a glimpse into the care provided by respiratory therapists at MGH.

Near the end of my shift in the Emergency Department, 'Tom' presented with accessory muscle use, pursed-lip breathing, and only able to speak a few words at a time. He was placed on non-invasive, positive-pressure ventilation (BiPAP), and his initial blood gases showed improvement. We gave him breaks from the BiPAP and re-assessed him frequently. The physician caring for Tom requested that I try a high-flow, nasal cannula to determine if his clinical status had improved, but I told him Tom still needed the support of BiPAP.

When I checked in on Tom and his family later, they asked if I'd be trying the high-flow cannula. I explained how the high-flow cannula works and assured them that the BiPAP device was the best option for Tom at that time. Tom verified that he felt less short of breath with the BiPAP.

I spent time with the family, answering questions as Tom listened. He

was alert and responsive, but unable to talk for long periods. They were all anxious, but I did my best to keep them calm. They asked if I'd be Tom's respiratory therapist when he was admitted. I explained that another therapist would care for him in the ICU, but I'd be more than happy to check in on him the next day. They were very grateful for the offer.

The next day, I went to see Tom in the Medical ICU. His nurse greeted me outside his room and told me how much the family had appreciated my care in the ED. Upon entering the room, I was greeted with hugs and tears from Tom's wife and son. Due to his declining condition, Tom's status had been changed to comfort measures only. I sat with them, hoping to provide some support. They mentioned that another of Tom's sons would be flying in that evening. I suggested they try to video call him, but unfortunately, that wasn't possible. We used a non-re-breathing mask as Tom spoke on the phone to his son; they had a beautiful conversation. I told the family I'd give them some time together and stepped out to more hugs and tears.

The next morning, I stopped by and met Tom's other son. I was so happy he made it to Boston in time to see his dad. Assessing Tom's condition, I could tell things were imminent. I left the room so they could be together as a family. Tom passed away shortly thereafter. I'm so proud to have helped Tom and his family cope with this un-planned tragedy.

For more information about the care and services provided by respiratory therapists at MGH, contact Debra Duffy, program/office manager, at 617-724-4493.



Respiratory therapist, Elizabeth Calieri, RRT, adjusts mechanical ventilator during transport of patient to the Burn ICU.

# National Physical Therapy Month

## #GetPT1st

—by Jennifer Nevue, PT, senior physical therapist

Every October, physical therapists across the United States celebrate National Physical Therapy Month. This year, MGH physical therapists celebrated with a variety of events on the main campus and in our community health centers.

On the main campus, the focus of our celebration was, “Get PT 1st,” highlighting the many specialties in physical therapy that address a wide variety of conditions and diagnoses. Physical therapists staffed a booth in the Main Corridor provid-

ing information on the benefits of physical therapy from A-Z, including balance, concussion, COPD, diabetes, falls, incontinence, lower back pain, lymphedema, stroke, and vertigo. At the Chelsea HealthCare Center, physical therapists presented, “Walk with PT: the benefits of walking.” In Waltham, the theme was, “Body mechanics for the seasons: raking, shoveling, and sitting,” which provided information about performing these seasonal tasks safely. At the Revere HealthCare Center, physical therapists presented, “Ergonomics in the workplace.” And in Charlestown, therapists offered a ‘walking challenge.’

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Below left: MGH physical therapists staff informational booth in the Main Corridor.  
Below right: staff physical therapist, Meaghan Costello, PT, works with patient.



# Physical Therapy (continued)

The annual Physical Therapy Recognition Dinner is an opportunity to celebrate the many accomplishments of members of the Physical Therapy Department. This year's featured speaker was senior vice president for Nursing & Patient Care Services, Jeanette Ives Erickson, RN. In her presentation, Ives Erickson provided an historical look at many of the changes that have occurred at MGH and in the Physical Therapy Department throughout her 20-year tenure. She noted the significant growth of the department and the exceptional patient care provided on the main campus and in all the satellite locations.

Ives Erickson spoke about the participation of staff in the PCS Clinical Recognition Program and

the impressive number of staff who've been recognized at all levels. Recognizing the talents of all those in attendance, she challenged therapists to continue to advance and showcase their practice.

In closing, Ives Erickson congratulated the department on its long-standing commitment to education, professional development, and shepherding future leaders of the profession, most recently, by way of the inaugural MGH Residency Program in Neurology. Looking out across the audience, Ives Erickson said she saw a bright future for the department. She thanked director, Michael Sullivan, PT, for his strong leadership over the years.

For more information about services provided by the MGH Physical Therapy Department, call 617-726-2961, or go to: [www.massgeneral.org/physical-therapy/](http://www.massgeneral.org/physical-therapy/).

Below (clockwise from the top left): Abby Folger, PT, senior physical therapist; Michael Sullivan, PT, director, Physical and Occupational Therapy; Jeanette Ives Erickson, RN, senior vice president for Patient Care; the annual Physical Therapy Recognition Dinner; and Heather Salon, PT, staff physical therapist, with patient in the PT gym.



Celebrating  
Physical Therapy  
Month at MGH  
#Get PT 1st



(Photos by Michelle Rose)

# Relationship-based care, collaboration, foster positive outcome for PT patient

Tom is a 26-year-old young man who fell from a 16-foot rooftop at his construction job. He suffered severe brain injury and experienced multiple complications across several MGH hospitalizations.

**M**y name is Kirstie Hinsman, and I am a staff physical therapist and board-certified neurologic clinical specialist. ‘Tom’ is a 26-year-old young man who fell from a 16-foot rooftop at his construction job. He suffered severe brain injury and experienced multiple complications across several MGH hospitalizations. I was involved in Tom’s care during each of his hospitalizations, helping to foster his recovery from this traumatic, life-changing event.

Tom’s longest admission was his second; he was re-admitted from rehab for a left synthetic cranioplasty. He was admitted to the Neuro ICU following surgery because he developed an epidural hematoma that required urgent decompression. To prepare for my evaluation, I reviewed Tom’s medical chart. Based on the location of his initial infarctions two months prior, and the new insult to his brain caused by the hematoma, I began to anticipate his potential impairments—language, cognition, initiation, memory, motor weakness, perception, and balance.

Tom had also experienced a post-operative seizure, so I suspected his mental status and arousal could be altered. I wanted to evaluate his level of arousal by interpreting his response to stimuli, range of motion of his extremities, and whether he was developing increased muscle tone, which could affect his ability to mobilize in the future (especially



Kirstie Hinsman, PT, staff physical therapist

given his young age). Based on past experience, I hypothesized that these were impairments that should be identified and addressed early to maximize his functional recovery.

I entered Tom’s room and greeted his worried mother and wife at the bedside—they recognized me from his prior admission two months earlier. They were visibly relieved to see me, as by this time they knew how important physical therapy was to Tom’s recovery. Tom lay in the ICU bed with his eyes closed. Based on his responses to arousal and stimulation attempts, I determined he was in a minimally conscious state, a term used to describe altered levels of consciousness in patients with traumatic brain injury. I noted his range of motion and muscle tone at the joints of his arms and legs. I felt increased flexor tone on both sides, though more notably on his left-side, especially at the ankle. I was concerned that his decreased spontaneous movement and increased tone could cause shortening of his muscles, so I performed passive range of motion at each joint with special attention to his ankles.

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Proper positioning is crucial in preventing contractures, so I instructed Tom's family on the importance of keeping Tom's head and trunk in neutral alignment with pillows or towel rolls and using a resting boot to maintain ankle flexion while lying in bed.

After discussion with Tom's nurse, we agreed it was important for him to be upright in a chair for arousal, ventilation, and skin integrity. Based on what I'd learned so far in Tom's exam, I recommended we use the ceiling lift to transfer him. I monitored his vital signs to make sure they remained stable—this was the first time he'd been upright since his surgery. At the end of my session, Tom's family had questions about what I found, if I expected him to recover, when I'd return, and what they could do in the meantime.

I answered their questions to the best of my knowledge. I needed to gain their trust and develop a rapport so future sessions would continue to be successful. I described my role and explained how in the post-seizure and post-surgical state, the brain needs time to heal from a neurological perspective. Tom's mom and wife were grateful I'd taken the time to sit with them. I could see their apprehension and exhaustion, but at the same time, optimism for Tom's recovery.

In our next session, I wanted to trial Tom sitting at the edge of the bed. When I entered his room, he was asleep (mom was at the bedside), but when I greeted him, he slowly opened his eyes and said, "Hi." Taking into account that the left side of Tom's brain (the language center of 95% of right-handed individuals) was more involved than the right, I knew I'd need to use short, clear phrases if I wanted him to understand.

"Let's sit up," I said, as I helped facilitate his movement toward the side of the bed. Once upright, Tom was even more bright and engaging. We were able to work on trunk control in a sitting position, initially focusing on maintaining mid-line, and eventually, working on some reaching activities.

As his sitting balance improved, I asked Tom if he wanted to try to stand. Though he hadn't said much during our session, he happily exclaimed, "Yes!" It was clear we were on the same page. I helped position his feet to support him and instructed him to hold onto the bed-rail with his right hand. I placed myself on Tom's left so I could block his left foot and knee with my foot and knee to give him more control of his movement.

When I asked him to stand, I assisted him in shifting his weight. Our first attempt was unsuccessful, reaching only about 50% of a standing position. I

could tell Tom was frustrated, but he was eager to try again. On his third attempt, he briefly reached a full standing position. He was exhausted after our session but at the same time, proud of his progress. Tom's mom was thrilled and graciously thanked me for working with Tom on mobility.

According to the literature, in neurological rehabilitation for brain-injured individuals, a goal-oriented, function-based program allows for the greatest recovery. With this in mind, I continued to focus future sessions on progressing Tom's sit-to-stand and transfer repetitions, and added static and dynamic standing balance, progressing to weight-shifting and stepping for pre-gait training. After two more sessions, Tom was able to take a few steps across the room while his wife followed behind with a chair. A week later, Tom was discharged to an acute inpatient rehabilitation hospital.

Unfortunately, Tom required another short admission for new onset of seizures. On his last hospital day, I had the pleasure of working with Tom and his family one last time before he returned to the inpatient rehabilitation hospital. When I entered his room, he was sitting on the side of his bed with his sneakers and AFO (ankle-foot orthosis) already on.

"I'm going to make it all the way around the unit," he said proudly. With my help and the help of my aide, and Tom's wife following closely with a wheelchair, we headed for the hallway. Though he needed several rest breaks, Tom walked around the entire unit and back to his room. It was the perfect culmination of our time together—he had completed the loop *and* expressed himself verbally. Though I haven't heard from Tom or his family yet, I'm optimistic that he's continuing to work hard toward recovery so he can return home to his loving family.

**Comments by Jeanette Ives Erickson, RN,  
senior vice president for Patient Care and chief nurse**

Kirstie employed an array of interventions in her care of Tom. His initial injury, scans, and surgical procedures all informed her approach—short sentences, appropriate positioning; enlisting Tom's family in his care, and aggressively but realistically advancing his treatment. Kirstie earned the trust of the entire family as she provided expert, holistic care.

Thank-you, Kirstie.

With my help  
and the help of  
my aide, and Tom's  
wife following  
closely with a  
wheelchair, we  
headed for the  
hallway. Though  
he needed several  
rest breaks, Tom  
walked around  
the entire unit and  
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It was the perfect  
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verbally.

# A Celebration of Stars

*recognizing exceptional practice  
and outstanding service*

—by Julie Goldman, RN, professional development manager

This is the time of year when we come together to acknowledge the exemplary practice and superior service of clinicians and support staff within Nursing & Patient Care Services with our One Celebration of Many Stars. On October 31, 2017, recipients of our 2017 awards and recognition programs were recognized by colleagues, friends, families, and donors for their exceptional work and for the invaluable contribu-

tions they make to patient care and the MGH community every day. And the Thier Conference Room was packed for the occasion.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, noted, “Today we celebrate all our many stars. I get to stand up here for the twenty-first time to celebrate your practice and accomplishments.” Ives Erickson thanked the donors whose ongoing support makes this event possible: Mr. Norman Knight;

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## *The Anthony Kirvilaitis, Jr., Partnership in Caring Award*

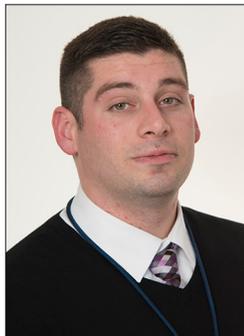
*This award recognizes support staff who consistently demonstrate an ability to partner with colleagues to enhance the patient and family experience.*

### *John Benoit, operations associate White 8 Medical Unit*

Benoit began working on White 8 in October of 2015. He was nominated by nursing director, Colleen Gonzales, RN, who wrote, “John embodies the true essence of Tony Kirvilaitis. He contributes to the care of patients and families every day. He has a strong work ethic. He’s reliable, loyal, and a fully committed member of the team.

John is always approachable and open to doing anything we ask of him. He is a welcoming presence at the White 8 front desk.”

Congratulations, John.



John Benoit, operations associate,  
White 8 Medical Unit



Jennifer Brooks, operations  
associate, Phillips 22

### *Jennifer Brooks, operations associate, Phillips 22*

Brooks has been an integral part of the Phillips House 22 team for the past four years. She was nominated by Bessie Manley Szum, RN, her former nursing director, who wrote, “Jen calmly and safely manages all the responsibilities of the front desk as she excels in her role as operations associate. Every morning, Jen rounds on patients

on the unit; she goes into the rooms of new admissions and introduces herself so patients will know her when she responds to their call bells.”

Congratulations, Jennifer.

## Recognition (continued)

the families and friends of Jean Nardini, RN; the Petrillis; and the McEacherns. Said Ives Erickson, “We’re so grateful for your generosity and sponsorship. In addition to acknowledging and encouraging excellence, these awards are tributes to dear friends. Their legacies and your kindness make it possible for us to recognize and foster practice of the highest quality.” Ives Erickson thanked the selection committees for the difficult task of culling through the nominations and narrowing them down to the final selections.

Following the presentation of awards, co-chairs of the Clinical Recognition Program Review Board, Ann Jampel, PT, and Alexa O’Toole, RN, read the names of staff who were recognized as advanced clinicians and clinical scholars from 2016 to the present. And for the first time as part of this ceremony, George Reardon, director of Clinical Support Services, acknowledged the recent unit service associate Employees of the Month.

For more information about any of the awards and recognition programs, contact Julie Goldman, RN, professional development manager, at 617-724-2295.

### The Brian M. McEachern Extraordinary Care Award

*This award recognizes employees who exceed expectations and embody extraordinary care through advocacy, compassion, and empowerment.*

*Bethany Groleau, RN, staff nurse, Lunder 9 Oncology Unit*



Bethany Groleau, RN, staff nurse, Lunder 9 Oncology

Groleau was nominated by colleague, Rebecca Loh, RN, who called her, “a natural born nurse leader who always impresses me with her compassion and instincts to help others.” Groleau was the first MGH nurse to travel to Uganda as part of the Global Health Fellowship in Nursing. In her letter of application she wrote, “Use your eyes to look beyond what others might see; listen; be part of something bigger than yourself; rise to challenges; support the growth of other nurses and encourage them to do the same.”

Congratulations, Bethany.

### The Norman Knight Preceptor of Distinction Award

*This award recognizes clinical staff who consistently demonstrate excellence in educating, precepting, coaching, and mentoring other nurses.*

*Annette Mullen, RN, staff nurse, Surgical ICU*



Annette Mullen, RN, staff nurse, Surgical ICU

Mullen has worked as a nurse at MGH since 1987. In her letter of nomination, Deanna Decoulos, RN, wrote, “Annette’s greatest gift as a preceptor is her ability to get you to think. Her questioning showed me the path to make good decisions, what to consider, and how to prioritize. She taught me to look closer, ask questions, search for answers, and know who my resources are. My career honors the privilege I was given to be the beneficiary of her skill and knowledge.”

Congratulations, Annette.

### The Jean M. Nardini, RN, Nurse Leader of Distinction Award

*This award recognizes staff nurses who demonstrate excellence in clinical practice and leadership and a commitment to the profession of nursing.*

*Lori Hooley, RN, staff nurse, Charlestown HealthCare Center*



Lori Hooley, RN, staff nurse, Charlestown HealthCare Center

Hooley has worked at MGH for more than 15 years. One letter of nomination stated that Hooley is the embodiment of leadership, compassion, patient advocacy, and mentorship. “Lori cares for a large substance-use-disorder population. She implemented a group-visit model that is becoming a standard at other facilities. She is a pioneer in the care of substance-use-disorder patients.”

Congratulations, Lori.

*continued on next page*

## The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

*This award recognizes direct-care providers whose practice exemplifies the expert application of our vision and values by providing care that is innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.*

### *Sarah Colella, RN, staff nurse, Targeted Therapies*

Colella has been a nurse at MGH for 11 years. Her colleague, Cynthia Bowes, RN, wrote of her, "Sarah is a curious person. She likes to understand the reasoning behind the care she provides. She looks for answers then uses that information to educate her patients." In her narrative, Colella wrote, "I try to approach each patient as if they were a family member; how would I want them treated, what educational needs would I expect them to have."

Congratulations, Sarah.



Sarah Colella, RN, staff nurse,  
Targeted Therapies



Katherine Craig-Comin, LICSW,  
social worker

### *Katherine Craig-Comin, LICSW, social worker*

Craig-Comin has been a social worker for 38 years, 13 of them here at MGH. In her letter of nomination, Ellen Robinson, RN, wrote, "Kitty provides social service to her patients and their families based on science, knowledge, and teamwork. Her approach is warm, yet objective; her interventions are tangible and based on promoting self-care as a strategy for the patient's success. She cares about patients and families, and she cares about her fellow clinicians, always listening to their experiences."

Congratulations, Kitty.

### *Suzanne Curley, OTR/L, occupational therapist*

Curley was nominated by clinical director, Jane Evans, OTR/L, who wrote, "Suzanne embodies the true spirit of the Macaluso Award with her unwavering drive to understand her patients' conditions, expedite healing, and facilitate their return to function. She is flexible and open to new challenges." In her narrative, Curley wrote, "I feel lucky to be in a profession where no matter the injury, I have the knowledge and skills to help patients improve their level of functioning and lead a more fulfilling life."

Congratulations, Suzanne.



Suzanne Curley, OTR/L,  
occupational therapist



Maria Sylvia, CCC-SLP,  
speech-language pathologist

### *Maria Sylvia, CCC-SLP, speech-language pathologist*

Sylvia is a pediatric speech-language pathologist at the Chelsea HealthCare Center. In her letter of nomination, Carmen Vega-Barachowitz, CCC-SLP, wrote, "Maria has a thirst for knowledge and uses her skills to develop and advance her practice. She partners with families to accomplish parent-shared goals and helps families to participate in therapy." In her narrative, Sylvia wrote, "As clinicians, we're re-defining our therapy, building strong rapport, and setting realistic goals so that parents feel confident in the therapeutic process."

Congratulations, Maria.

*continued on next page*

## The Marie C. Petrilli Oncology Nursing Award

*This award recognizes oncology nurses for their high level of caring, compassion, and commitment as reflected in their care of oncology patients.*

*Kendra Connolly, RN, staff nurse, Lunder 9 Oncology Unit*

Connolly has been an oncology nurse on Lunder 9 for the past four years. In her letter of nomination, Amanda Sweet, RN, wrote, “Kendra is passionate about providing holistic care. I’ve seen how she develops trusting relationships with patients and is an active listener. She always strives to provide compassionate care, whether providing patient-education, direct care, or supporting other staff by taking on the added responsibilities of resource nurse. She always goes above and beyond. Kendra is a leader.”

Congratulations, Kendra.



Kendra Connolly, RN, staff nurse, Lunder 9 Oncology Unit



Kate Fulham, RN, staff nurse, Lunder 9 Oncology Unit

*Kate Fulham, RN, staff nurse, Lunder 9 Oncology Unit*

In her narrative, Fulham wrote, “My patients influence my practice in many ways—the most important of which is that no matter who the patient is or what their code status may be, I advocate for their goals.” In her letter of nomination, Susan Finn, RN, nursing practice specialist, wrote, “Kate’s manner is kind, direct, and respectful. She solves clinical problems in an evidence-based manner, communicates suggestions, and offers new strategies to manage problems. If you saw her practice, you’d see her gifts in action.”

Congratulations, Kate.

## The Norman Knight Excellence in Clinical Support Award

*This award recognizes clinical support staff for excellence in patient advocacy, compassion, and quality care.*

*Seraphine Mbuyi, patient care associate, White 8 Medical Unit*

In her letter of nomination, nursing director, Colleen Gonzalez, RN, wrote, “As I read the criteria for the Knight Excellence in Clinical Support Award, I couldn’t help but think of Seraphine. She joined our White 8 team in June, 2015, and has had an overwhelmingly positive impact. She brings out the best in everyone she comes into contact with and sets a wonderful tone of teamwork and cooperation. Her good mood is contagious. She’s kind and caring and a great asset for our unit.”

Congratulations, Seraphine.



Seraphine Mbuyi, patient care associate, White 8 Medical Unit



Peter Wu, patient care associate, Post Anesthesia Care Unit

*Peter Wu, patient care associate, Post Anesthesia Care Unit*

Wu has been a member of the PACU team for many years. In her letter of nomination, Maureen Aversa, RN, wrote, “Peter is always looking for ways to be helpful. He comes in early and stays late. He’s known throughout the hospital for his bright smile and eagerness to work. When I asked his co-workers for comments, they talked about his, ‘pure heart,’ exuberant personality, and ability to anticipate what nurses need. We appreciate everything he does for the PACU and for the hospital.”

Congratulations, Peter.

*continued on next page*

# Celebration of Stars



*Scenes from Patient Care Services' One Celebration of Many Stars ceremony, held October 31, 2017*



*(Photos by Michelle Rose)*



(Top-to-bottom; l-r): clinical scholars recognized in 2017; senior vice president for Patient Care, Jeanette Ives Erickson, RN, and incoming senior vice president, Debbie Burke, RN; George Reardon, director of PCS Clinical Support Services, with this year's unit service associate Employees of the Month; recipients of this year's awards and recognition programs; and advanced clinicians recognized in 2017.

# The Ernesto Gonzalez Award for Outstanding Service to the Latino Community

—by Carmen Vega- Barachowitz, SLP, director, Speech-Language Pathology and Reading Disabilities

**O**n October 26, 2017, MGH celebrated the 12th annual Ernesto Gonzalez Award for Outstanding Service to the Latino Community. MGH president, Peter Slavin, MD, and senior vice president for Human Resources, Jeff Davis, were on hand for the ceremony, which was especially meaningful after the devastating storms that hit Puerto Rico earlier this year. Himself a native of Puerto Rico, Ernesto Gonzalez, MD, acknowledged the unprecedented destruction suffered in his homeland, and particularly in his hometown of Aguadilla. Gonzalez praised MGH leadership for the support provided to hospitals and MGH employees with families on the island.

This year's recipients of the Ernesto Gonzalez Award were Xavier Fernando Vela Parada, MD, research fellow in Nephrology, and

Mario Rodas, administrative assistant for Physical and Occupational Therapy. In her letter of nomination for Rodas, Nora Hutton, administrative director, wrote, "Mario deserves recognition for the unwavering contributions he makes to ensuring that MGH is a diverse and inclusive place for patients, families, visitors, and employees. Mario's personal journey embodies diversity and guides his efforts to make MGH a welcoming place for all. He motivates us to better understand our own thoughts and biases so we can be part of the change we want to see in our hospital."

Attendees of the ceremony learned that Rodas had come to the US from Guatemala as an undocumented immigrant when he was just a child. As a young man, he narrowly avoided deportation. Now a US citizen, Rodas is committed to supporting initiatives consistent with his values of equality and social justice. He has volunteered as an interpreter at polling venues; authored human-rights-related articles; and advocated for LGBT and immigration legislation. Rodas is an inspiration to those who are privileged to know and work with him. Patient Care Services and the entire MGH community congratulate him on this well-deserved honor.

For more information about the Ernest Gonzalez Award, contact Carmen Vega-Barachowitz, SLP, at 617-724-0762.

(Clockwise from top): PT-OT administrative assistant, Mario Rodas, with Nora Hutton, administrative director, who nominated him; accepting award from Ernesto Gonzalez, MD; and with Gonzalez and co-recipient, Xavier Fernando Vela Parada, MD.



(Photos by Michelle Rose)



# The Orren Carrere Fox Award

—by Mary Ellin Smith, RN, professional development manager

**O**n November 21, 2017, staff of the Neonatal ICU came together for the presentation of the annual Orren Carrere Fox Award for NICU Caregivers. The award was created in 1997 by Libby DeLana

and Henry Fox in recognition of the compassionate, family-centered care they received when their son, Orren, was a patient in the NICU.

This year's recipient of the Orren Carrere Fox Award was Marisa Iacomini, LICSW, the first social worker to receive the award since its inception. In her comments, NICU nursing director, Peggy Doyle, RN, observed, "This award is an opportunity to recognize all the members of our team and celebrate their commitment to patients and families."

Iacomini thanked her colleagues for their commitment to family-centered care and for their support of

her practice. Alexandra Sobran, LICSW, clinical director for Social Work, called Iacomini an amazing, committed clinician and acknowledged the stellar team of caregivers in the NICU. NICU medical director, Serguei Roumiantsev, MD, shared an anecdote from earlier in the day when a patient ran into trouble and as the team rushed to help, someone called, "Get Marisa, the family will need her."

Speaking directly to the spirit of the award, its namesake, Orren Fox, said, "I may not remember who cared for me when I was a patient here, but my parents and all the parents of the babies you care for, will never forget you."

Libby DeLana recalled how anxious she and Orren's dad were; they never left his bedside. "I know we were in everyone's way," she said, "but they never let on. I remember one housekeeper saying, 'Don't move. I can come back later.' She knew I was where I needed to be. Thank-you all for everything you do."

For more information about this year's Orren Carrere Fox Award, please contact Mary Ellin Smith, RN, at 617-724-5801.

(Clockwise from top): Award recipient, Marisa Iacomini, LICSW, with husband, John, and daughter, Katie; NICU medical director, Serguei Roumiantsev, MD, addressing the gathering; and Iacomini with (l-r): Roumiantsev; Orren Fox; Peggy Settle, RN; Orren's mom, Libby DeLana; and Orren's grandmother.



(Photos by Kate Flock)

# The Patient-Family Discriminatory Behavior Policy

The policy states that requests for a specific type of provider based on race, ethnicity, religious creed, gender, sexual orientation, gender identity, age, disability, veteran/military status, or immigration status, will not be accommodated.

*Question:* I saw your recent column on the new Patient-Family Discriminatory Behavior Policy. Can you talk a little about how that came about?

*Jeanette:* Our values, mission statement, and guiding principles speak clearly of our commitment to treat people with respect and create an environment where everyone feels safe and welcome. Regrettably, we do continue to experience isolated incidents of bigotry and prejudice. This new policy is intended to support staff by providing formal guidance on our stance around these behaviors and strategies on how to respond when they occur.

*Question:* How does the new policy relate to our diversity initiatives?

*Jeanette:* The policy is our latest attempt to articulate organizational expectations for diversity and inclusion. In the past year, we've advanced our diversity agenda as a means of ensuring equitable care to all patients and encouraged a broad range of opinions and ideas to help drive creativity and excellence. We've strengthened our mission, credo, and boundary statements to include the expectation that we will never fail to address abusive, disruptive, discriminatory, or culturally insensitive behavior.

*Question:* What guidance does the policy provide?

*Jeanette:* The policy states that requests for a specific type of provider based on race, ethnicity, religious creed, gender, sexual orientation, gender identity, age, disability, veteran/military status, or immigration status, will not be accommodated.

*Question:* Is there any latitude for patients who request a different caregiver?

*Jeanette:* Yes. We are absolutely committed to providing care in a culturally sensitive manner. We will always honor requests for caregivers of a certain gender for cultural or non-prejudicial reasons.

*Question:* I've read the policy, and I'm not sure I'd be comfortable addressing requests of this nature. Do you have any suggestions?

*Jeanette:* When dealing with discriminatory behavior, the policy recommends a team approach—that can include all members of the care team as well as unit and departmental leadership; and in extreme cases, it should be brought to the attention of hospital leadership.

*Question:* Where can I find more information?

*Jeanette:* I encourage you to review the policy at: <http://hospitalpolicies.ellucid.com/documents/view/13247>. It contains excellent examples of how to respond when faced with this kind of request or behavior.

Brian French, RN, director of the Blum Patient & Family Learning Center and co-chair of the MGH Clinical Policy and Record Committee, is also an excellent resource; he can be reached at 617-724-7843.

# Early disaster-relief efforts at MGH

## Responding to the Halifax explosion

—submitted by the MGH Nursing History Committee

At about 9:00am, December 6, 1917, on an unseasonably warm day, one of the most horrendous man-made disasters of the 20th century occurred in Halifax, the provincial capital of Nova Scotia. World War I was raging in Europe, and Halifax Harbour was crowded with vessels from the United States and other allied countries. The Norwegian vessel, *Imo*, leaving the harbor with relief supplies, and the *Mont-Blanc*, a French munitions ship loaded with explosives, collided as a result of a miscommunication. According to one witness, the explosion sounded like, “the crack of doom.” The magnitude of the blast would not be surpassed until the bombing of Hiroshima in 1945.

Halifax was decimated. Every house in the city of

50,000 was damaged; 2,000 men, women and children perished; 6,000 were injured; and thousands others were left homeless. Hundreds of residents were blinded as they looked out their windows to see the cause of the explosion and became victims of flying glass propelled by the force of the blast.

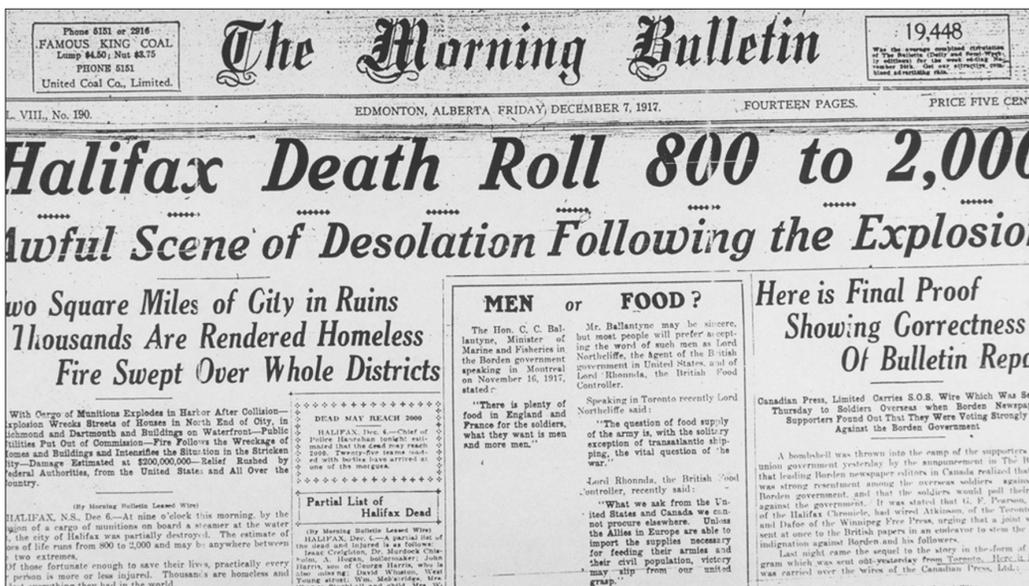
News of the tragedy reached Boston hours after it occurred, and Massachusetts governor, Samuel McCall, immediately sent word to the mayor of Halifax: our state was ready to supply unlimited assistance. Within hours, the first relief trains carried members of the Massachusetts State Guard, the Red Cross, and MGH social workers, Ruth Emerson and Edith Baker, who helped secure clothing and shelter and arrange special care for injured children; they conducted a census of injured persons

and provided psychological assistance. Many victims were in shock and unable to give their names or say what had happened. (Following the relief efforts, Emerson stayed on in Halifax and helped establish the field of medical social service in Canada.)

Waves of relief followed the initial response. Elizabeth Peden (MGH School of Nursing, class of 1899) was responsible for the first group of nurses who traveled to Halifax by train. A day later, Edith Cox (MGH School of Nursing, class of 1909) led a Red Cross unit of more than 70 nurses, several of who were MGH School of Nursing graduates.

continued on next page

Headline in the Alberta newspaper the day after the Halifax explosion of 1917.



(Image provided by staff sources available upon request)

## Nursing History (continued)

These early responders took with them the contents of a small, well-equipped hospital. The March, 1918, issue of the MGH Nurses Alumnae Association's *Quarterly Record*, ran an article entitled, "The Expedition to Halifax," the personal reflections of four Training School graduates who assisted in the relief effort. Challenges were many. At the time, the city was in the midst of a measles epidemic and had already seen numerous cases of pneumonia. The nurses helped transform a local boys' school into a 150-bed hospital with separate wards for men, women, and children; an operating room for minor surgery; and an outpatient area. They described the arduous train ride from Boston, their living conditions in Halifax, and the vast numbers of patients they cared for.

Within days of the explosion, Bostonians had amassed enough donated food, clothing, and supplies to fill a ship. A crew of glaziers (professional glass setters) went along to help replace the shattered glass in homes throughout Halifax.

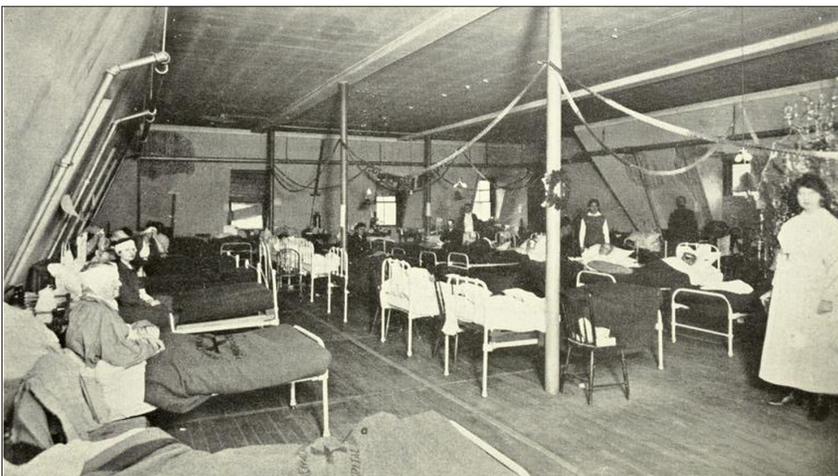
In gratitude for this aid and generosity, the people of Halifax gifted the city of Boston with a Christmas tree the following year, December, 1918. In 1971, they repeated the gesture, and it has been an annual tradition ever since. Each year, the selection of the official tree given to Boston follows specific guidelines for height, color, and symmetry, and many Nova Scotia residents participate in finding just the right fir. Once downed, the official Halifax Christmas tree makes the journey to Boston with much fanfare, including a kick-off parade, celebratory stops along the route, media attention, and real-time tracking of the trip on Twitter and Facebook.

When the tree arrives in Boston, it is placed in a prominent location on Boston Common near the Visitor

Information Center and decorated for the annual tree-lighting ceremony that marks the official beginning of the holiday season. This year, the ceremony took place November 30th.

Look for more installments from the MGH Nursing History Committee in future issues of *Caring Headlines*. For more information, contact Georgia Peirce, special projects manager, at 617-724-9865.

See related story on next page.



Above left: a ward in St. Mary's College Hospital, Halifax. Top right: medical relief workers in front of their train upon arrival at the South End Terminal in Halifax (woman in center with light-colored coat and scarf is Elizabeth Peden). Below that: wreckage of a Halifax sugar refinery with the SS *Imo* in the distance. Below that: local destruction in the aftermath of the explosion.

# Personal accounts of the Halifax disaster

—as told to Beth Hubley Thomson, RN, MGH School of Nursing, class of '53, daughter of Bert and Hazel Hubley,

Hazel and Bert's experiences with the Halifax disaster directly affected who they became as adults... They eventually met and married in 1930.

12-year-old, Hazel Mosher, and 11-year-old, Bert Hubley, told two different stories of the Halifax explosion that occurred at 9:07am, December 6, 1917. Hazel had just put her hand on the doorknob of the Chebucto Elementary School when the world burst open with a loud noise, smoke, and flying debris. She thought God was punishing her because she was late for school; but her mother had delayed her, insisting she bring the family dog in before leaving the house.



Beth Hubley Thomson, RN, MGH School of Nursing, class of '53, daughter of Bert and Hazel Hubley

Hazel tried to rush home to Cork Street but was delayed by frantic crowds in the streets. People were cut and bleeding, crying for help. When she finally reached Cork Street, police had cordoned it off to control the crowds. Only the pleas of a bystander alerted the police that Hazel's mother was standing in

the street waving for Hazel to come home. The police let her pass.

Bert had been sitting quietly in his fifth-grade Chebucto School classroom waiting for the morning lesson to begin. Suddenly, with a loud noise, shattered glass blasted across the room. Had the Germans attacked, he wondered. He brushed glass

shards from his clothes and started to run from the school to his house on Chebucto Road. But crowds and debris deterred him; people were making way for emergency vehicles to pass, so Bert joined them, arriving in the Northwest Arm district of Halifax more than two miles away. There, he spent several days putting up tents for the homeless, preparing food, and serving where needed. He helped his



Hazel Dorothy Mosher, Framingham Training School, 1928

new friends who had lost everything.

Hazel and Bert's experiences directly affected who they became as adults. Hazel had seen first aid stations on sidewalks staffed by nurses and doctors dressing wounds. Many people had suffered eye injuries from flying glass. She was so impressed that in 1925, she left Nova

Scotia and enrolled in the Framingham Union Hospital School of Nursing.

In 1920, Bert and his family moved to Massachusetts. He built a successful plastering business, enabling him to help support the Shriners Hospital for Children and, as he liked to say, "build homes for families." By his example, he taught his children to be concerned for the well-being of others.

Hazel and Bert eventually met in Massachusetts and married in 1930.

# Announcements

## IV-fluid shortage: stay informed

Recently, the MGH Incident Command System was activated to help address the ongoing IV-fluid shortage that is affecting hospitals across the country.

This situation arose due to major damage to supply plants in Puerto Rico during Hurricane Maria. Other facilities are working overtime to increase production to meet demand, but the shortage could last for several months.

MGH has worked swiftly to develop solutions, introducing plans to ensure ongoing safe patient care. The shortage is affecting our IV fluid-supply on a daily—sometimes hourly—basis. Communication is essential during this critical time. To ensure staff have access to the most up-to-date information, a special site has been created on Apollo, the MGH intranet, at: <http://apollo.massgeneral.org/ivfluids/>.

Please check the site often in the coming weeks for information about reconstituting IV medications and talking points for patients and families. Your efforts help ensure that caregivers are well informed and prepared to deliver the highest quality care.

<http://apollo.massgeneral.org/ivfluids/>

## ACLS Classes

Certification:  
(Two-day program)

Day one:  
February 9, 2018  
8:00am–3:00pm

Day two:  
February 21st  
8:00am–1:00pm

Re-certification (one-day class):  
January 22nd  
5:30–10:30pm

Locations to be announced.  
Some fees apply.  
For information, contact Jeff Chambers at [acls@partners.org](mailto:acls@partners.org)

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Caring for patients who use opioids: responsible prescribing and practical strategies

**Thursday, January 11, 2018**  
**5:00–8:00pm**  
**MGH Institute of Health Professions**  
**2 Constitution Plaza**  
**Charlestown Navy Yard**

A 3-hour workshop for healthcare providers (NPs, PAs, MDs) to expand their knowledge around caring for patients who use opioids. Workshop will focus on responsible opioid prescribing and treatment strategies and will include presentations, interactive case-based scenarios, and role-playing.

Faculty includes: Josh Dion, RN; Jason Lucey, RN; Christopher Shaw, RN; and Donna White, RN.

Continuing education credits pending.

Fee: \$90 (includes course materials, beverages, and snacks).

For more information, call 617-724-6674

## Leading across professions: re-thinking leadership for inter-professional learning and care

**April 5-6, 2018**  
**Partners Assembly Row**  
**Conference Center**

If you could create the optimal inter-professional, clinical learning environment, what would it look like? The MGH Institute of Health Professions invites you to attend a 1.5-day conference for healthcare professionals and educators who want to answer that driving question. Speakers include: Bruce Avolio; Donna Chrobot-Mason; and Robert Kegan.

You will learn to: identify, analyze, and address gaps in professional working relationships; apply boundary-spanning leadership to leverage diversity and bring your team(s) together; uncover assumptions about how you and others can optimize your clinical learning environment; and apply research-based, innovative methods to promote an inter-professional approach to learning, culture, and improved patient outcomes.

Continuing education credit sponsored by Boston Children's Hospital.

For registration and course information, go to: <http://info.mghihp.edu/leading-across-professions>.

For more information, call (617) 724-6674

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For more information, call: 617-724-1746

### Next Publication

January 18, 2018

# MGH implements new-hire drug screening program

*Question:* I understand MGH has implemented a new-hire drug screening policy.

*Jeanette:* MGH is committed to maintaining a safe, healthy environment that enhances the welfare of patients, visitors, and employees. The new-hire drug screening program will apply to all employees, 18 years old or older, who begin employment on or after January 1, 2018. The program will screen for illegal drugs and/or legal drugs being used without a prescription.

Those who transfer to MGH from a Partners affiliate; are hired for additional jobs within the system; volunteers; students who are not paid as co-ops; interns; researchers who are not paid employees; and affiliated professional staff who are not paid employees will not be required to participate.

*Question:* At what point are candidates informed that they'll need to participate in a drug screening?

*Jeanette:* Applicants will be notified of the requirement to participate in a drug screening when they agree to the terms and conditions of the on-line application process, which includes notification that a conditional offer of employment may be rescinded if the applicant fails to comply with drug screening.

*Question:* What kind of test will be performed?

*Jeanette:* Prospective employees will be given a saliva test to indicate the use of cocaine, amphetamine, methamphetamine, PCP, opiates, barbiturates, benzodiazepines, cocaine, and methadone. Candidates will be tested during their pre-employment Occupational Health screening, which occurs after a contingent job offer has been made.

*Question:* Who determines the test results?

*Jeanette:* An independent, third-party, licensed physician will be responsible for reviewing test results. He or she will evaluate medical explanations for positive drug test results.

*Question:* If applicants fail the drug screen, can they dispute the results?

*Jeanette:* All candidates have the right to meet with Occupational Health Services to explain their test results. These discussions will be confidential—except for being shared with Human Resources, who will need the information to determine whether the candidate is eligible for employment.

*Question:* Who can I contact if I have questions about pre-employment drug screening?

*Jeanette:* For more information, contact Susan Loomis, director of Occupational Health Services, at 857-282-2414.



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