

Caring

Headlines

July 6, 2017

Iftar at MGH

Diversity and inclusion were front and center at this year's iftar, as young and old, Muslims and non-Muslims came together to share this sacred tradition.

(See story on page 4)



Iftar is the Muslim observance of breaking fast during the Islamic month of Ramadan. It's often celebrated as a community, with people gathering to break fast with family and friends. Traditionally, iftar begins at sunset with the eating of three dates, symbolic of the dates eaten by the Prophet Muhammad when he broke his fast.



Understanding the 2017 National Patient Safety Goals

The Patient Safety Advisory Group works with the Joint Commission to identify emerging issues and advises them on how to address those issues via National Patient Safety Goals, Sentinel Event Alerts, Joint Commission standards, and a variety of other ways.

In 2002, The Joint Commission established National Patient Safety Goals to help health-care organizations address areas of concern regarding patient safety. The first National Patient Safety Goals went into effect January 1, 2003. The Joint Commission is advised in this effort by a panel of experts known as the Patient Safety Advisory Group, comprised of nurses, physicians, pharmacists, risk managers, and others with extensive experience in matters of patient safety. The Advisory Group works with the Joint Commission to identify emerging issues and advises them on how to address those issues via National Patient Safety Goals, Sentinel Event Alerts, Joint Commission standards, and a variety of other ways.

The 2017 National Patient Safety Goals went into effect January 1st, and we know from our own experience that these goals represent high-priority areas of focus. As we prepare for our next Joint Commission survey, you'll hear more about the 2017 National Patient Safety Goals:

Identify patients correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment
- Make sure the correct patient gets the correct blood for blood transfusions

Improve staff communication

- Get important test results to the right staff person on time



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

Use medicines safely

- Before a procedure, label medicines that aren't labeled. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up
- Take extra care with patients who take medicines to thin their blood
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines prescribed for the patient. Make sure the patient knows which medicines to take when they're at home. Tell the patient it's important to bring an up-to-date list of medicines every time they visit a doctor

Use alarms safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time

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At MGH, National Patient Safety Goals are disseminated in a number of ways: badge tags, resource guides, the Excellence Every Day portal page, collaborative governance committees, articles in *Caring Headlines*, Practice Alerts, and Tuesday Take-Aways.

Prevent infection

- Use the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand-cleaning. Use the goals to improve hand-cleaning
- Use proven guidelines to prevent infections that are difficult to treat
- Use proven guidelines to prevent infection of the blood from central lines
- Use proven guidelines to prevent infection after surgery
- Use proven guidelines to prevent infection of the urinary tract caused by catheters

Identify patient-safety risks

- Find out which patients are most likely to try to commit suicide

Prevent mistakes in surgery

- Make sure the correct surgery is performed on the correct patient at the correct site on the patient's body
- Mark the correct place on the patient's body where the surgery is to be performed
- Pause before surgery to make sure a mistake is not being made

At MGH, National Patient Safety Goals are disseminated in a number of ways: badge tags, resource guides, the Excellence Every Day portal page, collaborative governance committees, articles in *Caring Headlines*, Practice Alerts, and Tuesday Take-Aways. One improvement effort that's directly related to National Patient Safety Goals is our inter-disciplinary Suicide Prevention Task Force that promotes patient safety by bringing awareness to the needs of this high-risk population.

Weekly inter-disciplinary tracer visits partner unit staff and leadership with representatives from the Compliance Office, the PCS Office of Quality & Safety, Pharmacy, and Infection Control to ensure ongoing preparedness and compliance with National Patient Safety Goals and Joint Commission standards.

Patient safety depends on the awareness, participation, and vigilance of every member of the MGH community. Please take a moment to familiarize yourself with the 2017 National Patient Safety Goals.

For more information, contact staff specialist, Judi Carr, RN, at 617-643-3006.



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(Photo on page 10 by Autumn Aguiar)

Iftar at MGH

a sacred tradition and a multi-cultural celebration of peace, friendship, and good will

On Wednesday, June 14, 2017, while the rest of the world was struggling to understand the need for (and legality of) the presidential immigration ban, MGH was the picture of international harmony and brotherly love. The occasion was this year's annual iftar celebration, the evening meal eaten by Muslims to end their daily fast during the Islamic month of Ramadan. And as in past years, the event drew scores of MGH employees, family members, and friends to the Thier Conference Room for prayers, followed by a sumptuous feast under the Bulfinch tent.

Ramadan is a special time for more than 1.8 billion Muslims worldwide, 3.3 million of who live in the United States. During Ramadan, Muslims perform good deeds, contribute more to charities, abstain from bad habits, strive to improve family relationships, visit one another, and extend themselves to help the poor and the sick. Healthy Muslim adults and many children fast between dawn and sunset. They abstain from eating, drinking and earthly pleasures during daylight

hours in order to focus on inner reflection, devotion to God, and becoming better Muslims, people, and neighbors.

At this year's iftar celebration and in accordance with Muslim tradition, the first verse of the Quran was read aloud to the gathering. Reema Alhumaidan, a doctoral pharmacy student, and Ainsley Ryan, a recent communication sciences graduate, read "Quran Al-Fatiha" (the Opening) in both Arabic and English:

In the name of God, the Gracious, the Merciful. Praise be to God, Lord of the Worlds. The Most Gracious, the Most Merciful. Master of the Day of Judgment. It is You we worship, and upon You we call for help. Guide us to the straight path. The path of those You have blessed, not of those against whom there is anger, nor of those who are misguided.

Imam Elsir Sanousi and Jewish chaplain, Ben Lanckton, offered welcoming remarks. Pharmacist, Firdosh Pathan, RPh, the organizer and driving force behind these annual



(Clockwise from top left): Ainsley Ryan and Reema Alhumaidan; Imam Elsir Sanousi; iftar organizer, Firdosh Pathan, RPh; and Rabbi Ben Lanckton.

Observances (continued)

celebrations for 17 years, said, "I'm blessed as an American Muslim to work at MGH where respect, tolerance, and fairness are valued and practiced throughout the organization. This event empowers Muslim

staff and gives us a sense of belonging in America. Ramadan reminds us that there is one God, one creator, one humanity. It is a wonderful demonstration of how we can all live together in peace despite our differences."

The annual iftar is sponsored by Human Resources and sup-

ported by the MGH Chaplaincy, Nutrition & Food Services, and Patient Care Services. The Masjid at MGH is located in Founders 109 and is open to patients, families, visitors, and staff 24 hours a day, seven days a week. Friday prayers are held in the Thier Conference Room at 1:00pm. For more information about

Ramadan, Iftar, or the Muslim community at MGH, e-mail Firdosh Pathan or call him at 617-724-7878.



Friends, families, and colleagues prayed together, broke fast together, and enjoyed one of the first beautiful nights of spring this (Gregorian calendar) year.

(Photos by Autumn Aguiar and Caring Headlines)

South African Discovery Program

—by Mary Sebert, RN, international nurse program manager

(L-r): back row: visiting South African nurses, Thule Joyisa; Roberto Martino; and Mandla Lituka; with Global Health international nurse program manager, Mary Sebert, RN. Front row: visiting nurses, Sandhya Vedalankar (left); Jeanell du Plessis (right); and associate director of Nursing for MGH Center for Global Health, Pat Daoust, RN.

Although our South African guests experienced some cool temperatures during their visit here in March, “Staff at Mass General and the MGH Center for Global Health were warm and welcoming,” said visiting midwife Jeanell du Plessis. For the second consecutive year, MGH Global Health Nursing hosted four recipients of Excellence in Nursing Awards, for a two-week nursing leadership program sponsored by Discovery Health, the largest medical-aid provider in South Africa. The nurses

who were chosen to come to MGH were identified through patient-satisfaction surveys and selected after interviews with a screening committee.

Nurse visitors attended lectures, participated in interactive sessions geared at developing leadership and managerial skills, and observed clinical practice in a variety of settings.

“Everything was amazing,” said Thule Joyisa, visiting surgical nurse, who worked with staff nurse, Brenda Pignone, RN, on the White 7 Surgical Unit. “Everything was just, Wow!”

Said Pignone, “Hearing Thule talk about the documentation system they use in her hospital made me love eCare all the more.”

Visiting medical nurse and former IT worker, Roberto Martino, observed, “In eCare, you have a complete picture of the patient right on the computer. The patient’s file is a living thing that’s constantly being updated, providing a brilliant overview of the patient’s medical condition.”

The majority of Martino’s clinical observation was spent with Alice Gervasini, RN, nursing director of the Trauma, Emergency Surgery, & Surgical Critical Care Service, and her team.

Said Martino, “Rounding with the multi-disciplinary team just blew me away.”

Visiting ICU nurse manager, Mandla Lituka, spent a day with staff nurse, Jeffrey Johnson, RN, in the Surgical

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(Photo provided by staff)

ICU. Impressed by their inter-disciplinary practice, Lituka said, “One of the things I noticed here was the incredible team work.” Lituka was interested in learning more about the care of patients on mechanical ventilation. But one of the most memorable learning experiences he had was the time he spent with director of PCS Diversity, Deborah Washington, RN, and associate chief of Nephrology, Winfred Williams, MD, talking about cultural diversity and cultural competence.

While touring the hospital, the team visited the Blum Patient & Family Learning Center. Said du Plessis, “I was most impressed with the Patient and Family Learning Center. Patients need holistic treatment, which involves education and empowering them and their support system.” As manager of a 14-bed birth unit, du Plessis hopes to develop

a patient and family learning center at her hospital. A practicing midwife herself, du Plessis spent time with members of the maternal health team, including nurse midwife, Marie Henderson, CNM, and nurse practitioner, Laura Betz, RN, observing patient-education with new parents.

Said Mary Sebert, RN, international nurse program manager, “It was a pleasure working with our visitors from South Africa. They possessed great passion and enthusiasm for nursing and professional development.” A heartfelt thanks to Karyn Besegai, project coordinator for The Institute for Patient Care, staff of MGH Global Health for all their work behind the scenes, and everyone at MGH who contributed to making this nursing leadership program such a great success.

For more information, contact Mary Sebert, RN, at 617-643-9197.

Clockwise from top left: Roberto Martino learns about supply management from staff nurse, Joan Donahue, RN, on Ellison 7. Jeanell du Plessis (right) with chief nurse midwife, Marie Henderson, CNM (left), and mom, Kaitlin, dad, Travis, and baby, Aurora (Rory). Mandla Lituka works with staff nurse, Jeffrey Johnson, RN. Thule Joyisa works with staff nurse, Brenda Pignone, RN, on White 7.



Proud to celebrate Pride Week at MGH

—by Mario Rodas, chair of the MGH LGBT Employee Resource Group

Nearly 48 years ago, LGBT individuals took a stand against discrimination and harassment in the now-famous Stonewall riots in New York City. Pride marches across the country commemorate the anniversary of that historic event. During Boston Pride Week, the MGH LGBT Employee Resource Group continued that forward movement with activities designed to raise awareness and increase the visibility of LGBT individuals at MGH. The group is proud of the hospital's commitment to creating an inclusive environment supportive of LGBT patients, families, employees, and allies, and of its recognition of the special considerations around LGBT health and health care.

Why does Pride matter? Pride is the opposite of shame. Shame is often a side-effect of the bullying and marginalization of oppressed groups. And shame has tangible consequences. Every LGBT person has a story of shame. Many are painful; most never get told. But there are also stories of pride.

Pride is the culmination of the progress being made every day through individual efforts and shared experiences. The theme of this year's Boston Pride Week was, *Stronger Together*. Fittingly, members of the MGH and BWH LGBT groups marched in the Boston Pride Parade alongside employees of McLean Hospital and Partners HealthCare, and they were proud to be joined by MGH president, Peter Slavin, MD.

As the LGBT community celebrated Pride and the great progress being made toward equality and understanding, it paused to observe the one-year anniversary of the Pulse nightclub tragedy in Orlando, Florida, that took the lives of 49 LGBTQ individuals—many of them Latinx (the gender-neutral term used by many for Latino/Latina). MGH hosted 24 Pulse survivors who shared their stories of recovery and survivorship. The event, co-sponsored by the MGH LGBT Employee Resource Group and the MGH Gun Violence Awareness Coalition, was intended to bring awareness to gun violence as a health epidemic and reinforce the importance of gun-safety policies and legislation.

Said Mario Rodas, chair of the MGH LGBT Employee Resource Group, "It is with gratitude to the generations that came before us and promise for the generations that will follow, that we continue to march and stand up for equality. Because of the support of our colleagues, patients, and families, we have hope for the future."

For more information about the LGBT Employee Resource Group, e-mail LGBTMGH@Partners.org.



Scenes from Pride Week, including at right, MGH president, Peter Slavin, MD (fourth from the left), with other proud MGH marchers in the Boston Pride Parade.

(Photos provided by staff)

Remembering patient, Jimmy McCarthy

—by Karen Clark, RN, Hemodialysis Unit; Marisa Levinson, RN, Phillips House 20;
and Jennifer Murphy, RN, Phillips House 20

On June 6, 2017, an MGH patient passed away peacefully, surrounded by his loving family and staff. His was a remarkable life—one to be celebrated. Jimmy McCarthy was born on September 11, 1971, and developed renal failure when he was 2 years old. His life was one long series of medical appointments, surgeries, and procedures. His renal-replacement therapy included peritoneal dialysis, hemodialysis, transplants, and CVVH (continuous veno-venous hemofiltration). Over the years, Jimmy had many complications,

but he endured them all, managed to thrive, and inspired generations of healthcare providers who cared for him and his family along the way.

It's difficult to capture the essence of a person in just a few words. When you met Jimmy, you got him right away.

Staff on Phillips 20 had the privilege of meeting him in 2014. At first, they were overwhelmed by his complex medical history, but very quickly they grew to love his optimism and endearing personality. Jimmy always saw the good in people and the silver lining in every situation. He thanked staff members, greeted everyone, and always had a kind word, earning him the title, 'the Mayor of Phillips House 20.'

This was true in the Hemodialysis Unit, too. Most patients view dialysis as something to be endured. As nurses, we know how hard it is for patients to be confined to one place for a long time. But Jimmy never saw it that way. He was always glad to see us. He spent his time chatting with his mom or catching up with us. He was interested in our lives, thankful for everything we did. Caring for Jimmy was a bright spot in our day.

It was strange; Jimmy never complained. Not about the pain. Or the uncertainty of his illness. Or the unfairness of it all. Or about the fact that he couldn't do so many of the things he wanted to do—play like a normal kid, have a few beers with his buddies, have a family of his own.

When it came to the end of Jimmy's life, his mother, Marion, and sisters, Melanie and Karen, made sure it was peaceful and dignified. Staff on Blake 8 were beyond compassionate. One by one, people from all over the hospital came to say goodbye, to tell Jimmy what he'd meant to them. His two primary nurses from Phillips 20, Jen and Marisa, were with him to the end. Dr. Tolkoﬀ-Rubin, who'd been there from the beginning, and Dr. Levisohn, his primary physician, made sure his family had everything they needed. The heartbreak in the room was palpable.

As caregivers, we've all had patients who've left a mark on our hearts; something they said or how they dealt with a particular situation. For whatever reason, they made us feel deeply. They made us better doctors and nurses. They inspired us to be better people. When they passed away, they took a piece of our souls with them, and they left a piece of themselves behind.

Jimmy will always be part of our MGH family. He will be missed, and he will be remembered.



Staff nurse helps new mom be the mother she wants to be

Adam's mother, Mrs. S, had battled a substance-use disorder for much of her life, but she'd been sober for several years... She truly wanted to be a mother to Adam, but she needed encouragement and support to fully embrace that role.

My name is Elizabeth Daley, and I have been a staff nurse in the Neonatal ICU for the past six years. In that time, I've formed close relationships with many families. I enjoy teaching new mothers how to care for their tiny babies, and I enjoy watching families grow and change during their stay in the NICU. I've seen terrified new mothers of fragile, premature infants transform into strong, confident advocates for their children. That transformation is one of the most rewarding aspects of my job.

Unfortunately, I've also cared for babies who have no family to go home with. Many babies who leave the hospital go directly into the foster-care system, often because their parents have substance-use disorders. Baby 'Adam' was a 24-week, premature infant who could easily have ended up in that situation. Adam's mother, Mrs. S, had battled a substance-use disorder for much of her life, but she'd been sober for several years. She had three older children whom she hadn't been able to raise due to her substance use, so they had grown up in foster care. But Mrs. S wanted Adam's story to be different. She truly wanted to be a mother to Adam, but she needed encouragement and support to fully embrace that role.



Elizabeth Daley, RN
staff nurse, Neonatal ICU

For the first several weeks I cared for Adam, I didn't have much interaction with Mrs. S. She and her husband usually visited once a day for less than an hour, and she never wanted to hold Adam. I knew the Department of Children and Families was involved due to her history of substance use, and there was a chance she might not be allowed to take her baby home.

It broke my heart that Adam's mother didn't want to spend time with him or hold him skin-to-skin, which is so beneficial for newborns. Adam had not had an easy course for a 24-weeker. He suffered severe lung disease and had heart surgery in the first two weeks of life. When he was several weeks old and more stable, I began holding him for about an hour on each of my shifts. It was incredible to see how human touch helped Adam to relax and regulate his own body. Since I wasn't able to

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A few weeks before Adam was scheduled to be discharged, Mrs. S learned that she would officially get custody of him and be allowed to take him home... The love Mrs. S had for her baby was what motivated her to move past her fears. But her story could have been very different had she not had people around her, supporting her with patience, understanding, and kindness.

provide the usual, skin-to-skin, kangaroo care that a mother would for an infant of less than two pounds, I improvised by swaddling him in many layers of warm blankets. I grew very fond of Adam, who had overcome so many obstacles and had such a strong will to live. I only wished his mother could see him the same way.

As Adam got bigger, I decided to dig a bit deeper into why Mrs. S didn't spend more time with him. When I initiated the conversation, she said she didn't like being in the hospital without her husband. She knew the NICU doctors and nurses were aware of her history, and it made her uncomfortable to be there alone.

That wasn't the response I had expected. We talked some more, and I learned that Mrs. S wanted to take Adam home more than anything, but she was desperately afraid of losing custody of him. She thought that by spending less time in the NICU, there would be fewer opportunities for her to do something that could cause Adam to be 'taken away from her.' The more we talked, the more I realized Mrs. S was truly terrified of losing her baby. I assured her that everyone in the NICU wanted her to succeed as Adam's mother. I urged her to take the initiative to spend time with him and learn about his unique needs as a preemie.

Once I realized it was fear that was preventing Mrs. S from bonding with her son, I had a better idea of how to support them as a family. I had to help Mrs. S focus more on being Adam's mother, and less on the possibility of losing custody. We had many conversations about Adam's needs and how his care would be very different from the care of a healthy, full-term baby. I explained that the only way she'd be able to recognize Adam's cues and understand his needs was to spend as much time as she could with him. I wanted to help her understand it was more important for her to be present and not do things perfectly, than stay away in fear of making a mistake. Most importantly, I stressed that Adam needed someone who knew and loved him better than anyone else in the world, and only his mother could do that.

The change did not happen overnight, but Mrs. S gradually started spending more time with her son. She started holding him every day

and became more confident in his care. She began noticing changes in him and learning his likes and dislikes. Eventually, she even participated in morning rounds with the NICU team. She became an expert on her baby and would teach new nurses her 'little tricks' for taking care of him.

Every few weeks, a social worker from the Department of Children and Families would come to the NICU to check on the progress Mrs. S and Adam were making. Instead of shying away, Mrs. S became excited for those visits because she knew it was a chance to show them how well she knew her son.

A few weeks before Adam was scheduled to be discharged, Mrs. S learned that she would officially get custody of him and be allowed to take him home. She gave me a big hug when I got to work that day and was so excited to share the good news.

"Thank you for believing in me," she said, "and for teaching me how to be Adam's mom."

The love Mrs. S had for her baby was what motivated her to move past her fears. But her story could have been very different had she not had people around her, supporting her with patience, understanding, and kindness.

It's easy to write off someone who's made poor decisions in the past, or who doesn't open up easily. As NICU nurses, our greatest success stories involve more than saving the lives of babies. They involve helping parents and families reach their full potential, regardless of where they started.

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

What a wonderful story. Mrs. S's fear that her past would influence her future was so strong, it kept her from bonding with her new son. Liz's concern and curiosity about why Mrs. S wasn't spending time with Adam enabled them to discover the truth and pave the way to a closer, more nurturing, mother-baby relationship. Liz's engagement with this family and her coaching of Adam's mom helped Mrs. S move from a place of fear to the role she so desperately wanted to inhabit—that of mother, fully present and engaged in her child's life.

Thank-you, Liz.

National Healthcare Volunteer Week

—by Milton Calderon, volunteer coordinator

Though volunteerism at MGH began in 1821 with our founders and continued throughout the years with many philanthropic groups, it wasn't until 1941 that Eleanor Greenwood became the first 'chief of Volunteers' at MGH.

Every year as part of National Healthcare Volunteer Week, the Volunteer Department honors its volunteers and their commitment to service with a special ceremony and other expressions of appreciation, including, this year, two educational sessions. On Monday, April 17, 2017, Jim O'Connell, MD, president of the Boston Health Care for the Homeless Program, presented "Homelessness: Lost in Plain Sight," a chronicle of his ongoing efforts to comfort, heal, and support Boston's homeless population.

On Friday, April 24th, Keith Joung, MD, associate chief of Pathology and The Jim and Ann Orr MGH research scholar, presented "Editing Genes with CRISPR-Cas to Understand and Treat Dis-

ease." Joung explained how CRISPR-Cas technology has simplified the process of editing genes in living cells and organisms and how this innovation has impacted basic scientific research as well as the development of new ways to treat human diseases.

The annual Volunteer Recognition Ceremony took place on Tuesday, April 28th, at the Paul S. Russell Museum. After a warm welcome, Jackie Nolan, director of Volunteer Services, gave an inspiring presentation on, "The History of Volunteerism at MGH." The theme of this year's event was, in part, a celebration of the department's more than 75 years of service as a formal department at MGH. Though volunteerism at MGH began in 1821 with our founders and continued throughout

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Trustees Award recipient, Paul Chase, with chair of the MGH Board of Trustees Cathy Minehan.



Maeve Blackman Award recipient, Jennifer Glen (right), with executive director for PCS Operations, Marianne Ditomassi, RN.

the years with the Men's and Ladies' Visiting Committees, the Service League, the Vincent Club and many other philanthropic groups, it wasn't until 1941 that Eleanor Greenwood became the first person to be named 'chief of Volunteers' at MGH.

Cathy Minehan, chair of the MGH Board of Trustees; Peter Slavin, MD, president of MGH; Marianne Ditomassi, RN, executive director of Operations for Nursing & Patient Care Services; and Pat Rowell, former director of Volunteer Services, all offered remarks and presented awards.

The Trustees Award, which recognizes a department or individual who makes an extraordinary effort to work collaboratively with the Volunteer Department, was presented to Paul Chase, patient service coordinator for the Burr Proton Therapy Center. Chase has worked closely with volunteers for the past 38 years. As lead trainer and supervisor of volunteers, he has shown incredible commitment and built strong relationships with individual volunteers and the Volunteer Department over the years.

The Jessie Harding Award, which acknowledges volunteers who contribute to MGH in a significant way, went to Rose McCabe. McCabe started volunteering at MGH in 1984 and has given more than 5,500 hours of time and ser-

vice. McCabe volunteers as a wayfinder, welcoming patients and helping visitors find their way from the information desk in the Main Lobby.

The Maeve Blackman Award is given to an exceptional volunteer who shows an interest in pursuing a career in health care. Marianne Ditomassi presented the award to Jennifer Glen. Glen has been a volunteer at MGH since November, 2013, serving in the Emergency Department and Cancer Center. She has contributed more than 200 hours of service.

The Pat Rowell Award for Extraordinary Achievement went to Yvonne Dello Russo, who has volunteered at MGH for 22 years and contributed more than 6,500 hours of service. Dello Russo serves in the Blood Donor Center where she is loved and appreciated by all who work with her.

Nolan, volunteer coordinators, Milton Calderon and Kim Northrup, and information desk manager, Mike Stone, expressed great pride in the staff of the Volunteer Department and information desk associates. In her closing remarks, Nolan acknowledged the generosity and commitment of the MGH volunteers and expressed the gratitude and appreciation of the entire MGH community.

Said Nolan, "Everyone who volunteers is amazing, but MGH volunteers are magnificent."

For more information about volunteer opportunities at MGH, send e-mail to mscalderon@partners.org or jnolan1@partners.org, or call 617-726-8540.

In her closing remarks, Nolan acknowledged the generosity and commitment of the MGH volunteers and expressed the gratitude and appreciation of the entire MGH community. Said Nolan, "Everyone who volunteers is amazing, but MGH volunteers are magnificent."



Pat Rowell Award recipient, Yvonne Dello Russo (right), with former director of Volunteer Services, Pat Rowell.



Jessie Harding Award recipient, Rose McCabe, with MGH president, Peter Slavin, MD.

(Photos provided by staff)

What next? Parsons works to gain rank for military nurses

—submitted by the MGH Nursing History Committee

Parsons lived in an era marked by exceptional conflict... In 1910, Parsons was named superintendent of nurses at MGH, where she dedicated her tenure to advancing nursing as a profession.

Sara Elizabeth Parsons (1864-1949) was appointed superintendent of nurses at MGH in 1910 at the height of her lifetime of ground-breaking service. Parsons' contributions were felt at home and abroad, by servicemen during the war and by nurses in the profession she loved so dearly. A physically unassuming woman, Parsons was a force to be reckoned with on many fronts.

Parsons lived in an era marked by exceptional conflict. She was born during the Civil War and died shortly after the end of World War II. She grew up in Oxford, Massachusetts, home of Clara Barton, the Civil War's 'Angel of the Battlefield.' Perhaps inspired by Barton, Parsons became a

nurse and served during the Spanish American War and World War I. In 1884, at 20 years old, Parsons left her hometown of 2,600 people and headed to Boston, then a city of 362,477—many, immigrants fleeing countries plagued by famine or hostile political regimes.

Parsons enrolled in the new Training School for Nurses at Boston City Hospital then under the leadership of America's first trained nurse, Linda Richards.

Within months, Parsons returned home to care for her ailing mother, who passed away just three days after her arrival. Parsons spent the next seven years caring for her half-sisters, then at age 27, resumed her training at the Boston Training School at Massachusetts General Hospital from which she

graduated in 1893. She continued her education at the McLean Asylum in Somerville, graduating from there in 1895. Perhaps based on that experience, Parsons decided to go into nursing for the 'nervous and insane,' which later became known as psychiatric nursing.

Shortly after beginning her nursing career, the USS *Maine* exploded in Havana Harbor, February 15, 1898, inciting the start of the Spanish-American War. Parsons joined an MGH contingent aboard

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(Graphics provided by MGH Nursing History Committee)



The War Department opposed nurses having official rank... They feared that rank would place many nurses above doctors who were commissioned officers. Women had played a significant role in service to their country during the war, but the country, it seemed, was now questioning the stature and rights of women.

the SS *Bay State*, the first hospital ship ever to be outfitted by an aid organization and authorized by a sovereign power under the articles of the Geneva Convention. Between August and October of that year, despite sea-sickness, rough weather, and intense heat, the *Bay State* made three voyages bringing more than 300 sick and wounded soldiers back to Boston.

In Puerto Rico, Parsons cared for hundreds of men suffering from yellow fever, typhoid fever, and malaria on a coffee plantation that had been converted to a hospital. On her time off, she ventured inland to exult in the pristine scenery of Puerto Rico, taking pride in knowing she was the first American woman ever to do so.

In 1910, Parsons was named superintendent of nurses at MGH, where she dedicated her tenure to advancing nursing as a profession. Once again, conflict impacted her career as nations overseas entered into a war that would later be known as World War I. As the US prepared to go to war (in 1917), Parsons was appointed chief nurse of MGH Base Hospital No. 6, which would be deployed to Bordeaux, France.

Given their training, nurses of Base Hospital No. 6 were prepared for any emergency. "What next?" they asked after caring for a convoy of wounded soldiers. By October, 1918, the hospital had expanded from 200 beds to caring for 4,319 patients as Armistice Day approached.

Back in the US, Parsons' 'What next' involved trying to gain official rank for army nurses. The War Department opposed nurses having official rank, arguing that nurses already had authority over enlisted men and were "at all times to be

obeyed." But in reality, transient, untrained orderlies did not recognize this informal authority. Officials feared that rank would place many nurses above doctors who were commissioned officers. Women had played a significant role in service to their country

during the war, but the country, it seemed, was now questioning the stature and rights of women.

Testifying before the Committee on Military Affairs, Parsons countered the claims of the War Department, saying that regulation #1421½ wasn't worth the paper it was written on. General John J. Pershing, commander of the American forces, sided with nurses, having visited Base Hospital No. 6 and seen nurses caring for wounded soldiers. Pershing favored nurses having rank as far up as second lieutenant.

Parson spent a month of her vacation working with the National Committee on Rank for Nurses. She urged MGH School of Nursing alumnae, especially those who'd served during the war, to contact their legislators. As the Jones-Raker Bill on Army Reorganization moved through Congress in 1919, letters, resolutions, and petitions poured into Washington in support of rank for nurses.

President Woodrow Wilson signed the Jones-Raker Bill into law, June 4, 1920; nurses now had the right to wear an insignia designating their relative rank. Later that year, US women gained the right to vote. Not until April 16, 1947, did nurses finally gain commissioned-officer status with pay equal to men of the same rank.

This year marks the 100th anniversary of the United States entering World War I. Look for other 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.

NEW ENGLAND HEROINES BACK FROM THE FRONT

Massachusetts General Hospital Unit Arrives in New York—69 Nurses and 25 Surgeons—Were Under Fire Sharing Dangers of the 26th and Other U. S. Divisions

Work of Mercy Extended Over Period of 20 Months—Get Great Welcome

Thrilling Stories Told of the Bravery of Women Who Knew No Fear

BY HAROLD F. WHEELER
Post Staff Correspondent

NEW YORK, March 2.—Sixty-nine world war heroines came into this city tonight bringing stories that must live always to the honor and glory of Boston and New England.

Nurses these heroines, nurses of the Massachusetts General Hospital Unit of Boston, who made up Base Hospital No. 6 of the American expeditionary forces in France.

All had seen 20 months' service—wore three gold service stripes on the left sleeves of their blue army nurses' uniforms—and all had run the gauntlet of war's hell.

There were those among them who had spent weeks at a time—months, even—just behind the front lines, under fire with the 26th, Boston and New England's own Yankee Division, at St. Mihiel, at Verdun; were under fire with other divisions at other battles, and who walked all these weeks and months through mud, never eating, and slept in tents, raked by enemy fire, through sunshine and

Continued on Page 10—Second Col.

MISS SARA E. PARSONS,
Superintendent of nurses of the Massachusetts General Hospital, and head nurse of the Massachusetts General Hospital Unit, which returned from France yesterday. Miss Parsons declared that the nurses who served under her direction "did not know what fear meant."

Partners HealthCare Biobank

discovery starts with you

—submitted by staff of the Partners Biobank

Harry Orf, senior vice president for Research and Research Management (left), and MGH president Peter Slavin, MD, at Partners Biobank kiosk.

Partners Biobank is a long-term research program designed to help scientists understand how genes and other factors affect health. With the Partners Biobank, everyone has the ability to help shape the future of health care. The program brings patients, clinicians, and investigators together to make discoveries that could improve care for patients today and for generations to come. Partici-

pants (patients and employees) are asked to provide a blood sample and take a health survey, which become part of cutting-edge research projects on a variety of conditions, including, cancer, diabetes, and heart disease. The Biobank currently supports more than 115 different studies.

On April 28, 2017, the Partners Biobank unveiled two interactive research kiosks, one in the Wang lobby and one on Yawkey 2. The kiosks are a novel tool intended to facilitate partnership be-

tween participants and researchers. They're one of many initiatives planned by the Biobank to raise awareness and help make involvement in medical research more accessible.

The more people who participate in Biobank research studies, the more data researchers have on which to base important discoveries and craft solutions that will impact health care and health outcomes.

To learn more about the Partners Biobank, visit their offices in Wang 238 or Yawkey 3498. For more information, go to: www.partners.org/biobank.

By participating in Partners Biobank, discovery really does start with you.



(Photo provided by staff)

Renovations in the perioperative setting

Perioperative
Services is in
the process of
implementing
some extensive
renovations. It's all
part of a ten-year,
eight-phase project
to renovate the
operating rooms
and support areas
in the White, Gray,
Jackson, and Blake
buildings.

Question: I've noticed some construction on White 3. What are they building up there?

Jeanette: Perioperative Services is in the process of implementing some extensive renovations. It's all part of a ten-year, eight-phase project to renovate the operating rooms and support areas in the White, Gray, Jackson, and Blake buildings.

Question: How far into this multi-phase project are we?

Jeanette: We're still in the early stages. Phase I is currently underway, which includes the renovation of three pediatric operating rooms, and the creation of a dedicated pediatric admissions and waiting area; an 18-bay perioperative unit that will care for both adult and pediatric patients pre- and post-operatively; a satellite sterile processing unit that will focus on processing flexible scopes; and a biomedical engineering workshop.

Question: Will these new spaces be similar to those in the Lunder building?

Jeanette: Yes, to a certain extent. The Lunder Building reflects the best design and technology available at the time it was built. We worked hard to incorporate the best features of the Lunder

Building with what's available today. With much input from staff, we kept the best of what they like about the Lunder Building and introduced some improvements based on the lessons learned in the six years since the Lunder Building opened. Designing this new space has been a true team effort.

Question: Can you give us an idea of what you're hoping to accomplish with these renovations?

Jeanette: Several multi-disciplinary teams are working on plans to optimize patient and staff workflows, streamline and manage equipment and supplies, make care-delivery in the perioperative setting more comfortable for patients and families, and make the entire perioperative experience more efficient, cost-effective, and conducive for staff.

Question: When can we expect the new spaces to open for patient care?

Jeanette: We're planning to open for business in the new space in the spring of 2018.

For more information about this project, call Dawn Tenny, RN, associate chief nurse, at 617-724-8460.

First annual celebration of International Nurses Day at the United Nations

—by Mimi Pomerleau, RN, per-diem staff nurse

The Haiti professional development team (l-r): Susan Prindeville, Kettie Louis, Barbara Moloney, Mimi Pomerleau, and Rose Sanon.

On May 12, 2017, two MGH nurses attended the first annual celebration of International Nurses Day at the United Nations headquarters in New York City. Rose Sanon, RN, and Mimi Pomerleau, RN, attended the celebration as part of a team that traveled to Haiti to provide

education and professional-development guidance to Haitian nurses. The inter-professional group came together to celebrate achievements in global health nursing and share innovative strategies on how to better serve the global community.

Daniel Mollura, president and CEO of RAD-AID, a non-profit medical imaging and radiology company, presented, “The future: high-technology, global health, and medical airships,” in which he urged the medical community to ‘think big’ to solve the world’s problems and ensure that everyone, no matter where they live, has access to quality health care.

Nurses With Global Impact (NWGI), an organization created to connect, support, and celebrate the work of nurses everywhere, strives to raise awareness and offer opportunities for nurses to engage in work that is meaningful to the international community. The group plans to meet annually at the United Nations and continue to feature stories of nurses doing extraordinary things all over the world.

Mollura announced that, in collaboration with two other companies, they plan to launch the first-of-its-kind medical hybrid airship to bring mobile healthcare and humanitarian aid to under-served populations—one example of thinking big to solve big problems.



Announcements

Call for nominations

2017 Brian A. McGovern, MD, Award

The MGPO is now accepting nominations for the 2017 McGovern Award for Clinical Excellence. Nominate a physician who is patient-focused, a superb clinical role model, and considered an 'unsung hero.' Physicians in good standing in every clinical department are eligible to be nominated.

Anyone associated with MGH can nominate a physician, including attending and trainee physicians, nurses, other employees, volunteers, students, and patients.

Nominations are due by July 17, 2017.

To submit a nomination, go to <https://mgpo.massgeneral.org/mcgovern/>, or e-mail project specialist, Emma Leestma.

For more information, call 617-724-7337.

AMMP Scholarship

2017 AMMP
(Association of Multicultural Members of Partners)
Scholarship Opportunity

Are you an AMMP member?
Are you currently in school?

Applications are now being accepted for the 2017 AMMP scholarship.

Applications are available at the Employee Access Center in Bulfinch 107 or on the AMMP website at: <http://AMMP.massgeneral.org>

See application for eligibility.

For more information, go to the AMMP website at <http://AMMP.massgeneral.org>; or call AMMP Scholarship chair, Sandra Thomas, at 617-643-0140.

Application deadline is Wednesday July, 12, 2017.

Office Ergonomic Champion Program

Interested in learning how to make yourself or your co-workers more comfortable at the computer? Ever wonder whether a sit-stand workstation might be a good option?

Join us for the Ergonomics Champion Program

**Friday, July 14, 2017
9:00am–12:00pm
Yawkey 2-230**

Presented by Aaron R. Ross, ergonomics specialist, Occupational Health Ergonomics Program

Register on HealthStream
For more information, call 617-726-2217.

IDEA Grant Applications

Applications are now being accepted for the 2018 IDEA Grants (Innovation, Design, Excellence, Awards).

One or two grants of up to \$5,000 will be awarded to employee(s) of Nursing & Patient Care Services for ideas to improve care and service. Proposals must align with at least one prong of the MGH mission (patient care, research, education or community) and must be geared toward improving: care delivery, eCare, work flow, the work environment, the patient experience, staff engagement, or cost-containment.

Applications can be accessed from the Excellence Every Day website: http://mgpocs.org/eed_portal/EED.

Applications are due by September 1, 2017.

For more information, contact Mary Ellin Smith, RN, at 617-724-5801.

ACLS classes

Two-day certification program

**Day one:
July 13, 2017
8:00am–3:00pm**

**Day two:
July 14, 2017
8:00am–1:00pm**

Re-certification (one-day class):
**August 9, 2017
5:30–10:30pm**

Location to be announced.
For information, e-mail: acls@partners.org, or call 617-726-3905

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

Post-Graduate Trainees: Future Academic Clinician-Educators

Applications are now being accepted for this three-day, intensive program geared to post-graduate trainees (residents and fellows) seeking to enhance their skills as academic clinician-educators. The course focuses on: Skills in Teaching and Learning; and Developing Scholarship in Medical Education.

Scholars are asked to apply with a medical-education project in mind. Program is co-sponsored by MGH Institute of Health Professions, Harvard Macy Institute, Boston Children's Hospital, and the Icahn School of Medicine at Mount Sinai.

**December 9–11, 2017
MGH Institute of Health Professions
Charlestown Navy Yard**

Deadline to apply is June 30, 2017.

Apply at: harvardmacy.org/index.php/hmi-courses/pgme
For more information, e-mail: cpd@mghihp.edu, or call: 617-724-6674.

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Submissions

All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746

Next Publication
July 20, 2017

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2016	CY 2017 Year-to-date (as of 6/21/17)	% Point Change
Nurse Communication Composite	83.0%	84.3%	↑ 1.4
Doctor Communication Composite	82.6%	85.0%	↑ 2.4
Room Clean	71.2%	72.1%	↑ 0.9
Quiet at Night	49.9%	53.2%	↑ 3.3
Cleanliness/Quiet Composite	60.5%	62.6%	↑ 2.1
Staff Responsiveness Composite	64.9%	67.5%	↑ 2.5
Pain Management Composite	72.8%	75.0%	↑ 2.2
Communication about Meds Composite	65.8%	67.2%	↑ 1.4
Care Transitions	61.0%	62.2%	↑ 1.1
Discharge Information Composite	91.9%	93.0%	↑ 1.1
Overall Hospital Rating	81.9%	83.4%	↑ 1.5
Likelihood to Recommend Hospital	89.8%	91.3%	↑ 1.4

2017 data is complete through the end of April; with partial data through June. All scores to date remain higher than those for 2016. We're on track to achieve targets in Quiet at Night and Staff Responsiveness.



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