As COVID cases rise across the country

We are prepared

See Debbie Burke’s column on page 2 to see what Nursing & Patient Care Services COVID Task Force subgroups are doing to prepare for a potential second surge
As we prepare for a potential second surge in the COVID pandemic, I wanted to update you on the work of our Task Force subgroups. Staff participation is driving these efforts forward.

Communication group
- reorganized the PCS Apollo page, making it easy to navigate
- implemented ‘Need to Know’ e-mail newsletter to communicate essential updates

Inpatient Staffing group
- ensuring enough staffing to safely meet patient care demands and reduce disruption to staff
- hiring nurses (permanent and agency) to be ready for 100% occupancy on units supporting the first two phases of a surge
- contingency plans under way to support additional ICU beds and staffing, as needed

Training and Education group
- reviewing and developing educational materials for staff such as: ICU refresher courses; information for pediatric staff who may care for adult patients; and orientation materials for staff who may be re-deployed to other units
- preparing area-specific educational materials tailored to individual units and posting relevant materials to the Apollo page (under the Education tab)

Information Technology group
- posted key information to Apollo page under the Technology tab
- piloting new program called, CareTeam Connect, on three units. This technology was developed to promote communication between patients and families during the pandemic

Employee Experience group
- developed strategies to improve communication, including: daily huddles; leadership rounding; and promoting best practices around resiliency and wellness rounding (located on Apollo)

Unit Conversion group
- preparing for additional ICU space if needed; increasing availability of ICU bed frames and mattresses
- ensuring availability of equipment, such as pumps and ventilators, and developing bedside carts for quick access to supplies
- improving storage of PPEs

RN/MD Focus Group
- improving inter-disciplinary communication, such as the creation of unit-based, nurse-physician ‘dyads’ to foster real-time communication about issues as they arise
- twice-daily huddles on all units to relay pertinent clinical and operational information
- weekly nurse-driven updates to HICS to communicate issues requiring further intervention

I'm extremely proud of the work these subgroups are doing with the participation of more than 150 staff members. I'm confident we're prepared for any influx of patients the next surge may bring.

I encourage staff to visit the Apollo page to familiarize yourselves with the information available there: https://apollo.massgeneral.org/coronavirus/pcs-resources/
Debbie’s Photo Gallery

Some scenes from our fall DAISY Award presentations

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Excerpt from letter of nomination:
“The love of my life had started bleeding internally... We came to MGH because of its great reputation... Kayla made an all-out effort to get to know us and quickly learned of my partner's impatience for waiting. She explained tests, the plan of care, and test results clearly... She was so patient with him; he had aphasia from a stroke last year, and Kayla took the time to make sure he understood everything... Kayla's knowledge and nursing skills were always evident... We both felt safe in her care... She saw us as humans. Once, I squeezed into my partner's hospital bed for a snuggle. Kayla quietly pulled the curtain to allow us a bit of privacy, which was much needed. She really 'got us,' and we are deeply grateful for that.”

Excerpt from letter of nomination:
“I was admitted with a brain tumor and cancer in my spleen, pancreas, and spine. The brain tumor made word-finding difficult... As a single mother, being in the hospital was stressful and emotional. Kristina was a calming voice... One night, I was having a hard time word-finding to express my needs. Many tried to help, but the more they tried, the more confused I became. Kristina finally went quiet and simply allowed me the time to find the words... Over the past six years, I sometimes felt judged when asking for pain meds. Kristina never made me feel judged. She listened and did everything she could to meet my needs... Her calm demeanor, professionalism, and upbeat personality made her one of the best nurses I ever had. She is absolutely extraordinary.”

Excerpt from letter of nomination:
“I was a patient of Nicki's after having surgery. I’m a nurse at MGH and consider myself tough with a high pain tolerance. But when I woke up from anesthesia, I was extremely uncomfortable and started to worry. Nicki instantly calmed me in a way only a skilled nurse could—she listened to me. She quickly realized I could be having complications and called a nurse practitioner... You can imagine my panic as they discussed sending me back into surgery. I was terrified, but Nicki never left my side as the surgeon performed a bedside procedure that kept me from having to return to surgery. Nicki has a calming spirit, and that tranquility transferred to me. I have been a nurse for 30 years. I’ve never been so inspired by another nurse as I was by Nicki.”

DAISY Awards
Established by Bonnie and Mark Barnes in 1999 in memory of their son Patrick, DAISY Awards recognize the clinical skill, compassion, and caring provided by nurses to patients and families every day. The awards are a surprise to recipients—the first inkling of a celebration is when senior vice president for Patient Care, Debbie Burke, RN; Lore Innamorati, RN, DAISY coordinator; and members of the DAISY Selection Committee arrive on their unit with DAISY banner, cinnamon buns, and other goodies. DAISY nominations are ongoing. For more information, or to nominate a nurse, go to: https://www.mghpcs.org/eed/daisy, or scan the QR code at right.
Excerpt from letter of nomination:
“Mr. B had transitioned to comfort measures only due to COVID and was decompensating. He wasn’t Jenn’s patient on that shift, but she had cared for him before... Jenn took it upon herself to assist Mr. B’s float nurse (who was unfamiliar with his case) with end-of-life care... She placed cold cloths on his head, applied moisturizer to his lips, and held his hand through it all. Mr. B’s wife tried desperately to get to MGH to say goodbye, and he fought hard to wait for her. Unfortunately, she wasn’t able to get to the hospital in time. But because of Jenn’s compassion, Mrs. B was able to find closure, and Mr. B passed away peacefully, comforted by Jenn in his final moments.”

Excerpt from letter of nomination:
“Dianne has many years of experience as an emergency room nurse. When we first faced the threat of COVID, Dianne volunteered to screen patients and visitors coming onto the unit. She set up a screening station and established a six-foot boundary. Her triage and assessment skills protected both staff and patients... Dianne chose to give up taking care of primary patients (which I’m sure was not easy for her) for the safety of our unit... When one patient answered yes to a screening question, Dianne very calmly gave him a mask and escorted him to a private room with the appropriate precautions. We are beyond thankful that she has kept us all safe.”

Excerpt from letter of nomination:
“My cancer had spread and I was scared. When Bob walked in with my meds, it all became too real and I started to cry. Bob was so compassionate, assuring me it was going to be okay. He used humor to set me at ease... We spent one day a week together for two months, and I actually looked forward to treatment days... I talk about Bob constantly. My family and friends line up to come to treatment with me. They say it’s to support me, but I know they really want to meet this ray of sunshine. I have four more months of treatment and another two years of maintenance, but knowing that Bob (and my amazing oncology team) are there, makes me feel it will all be okay.”

Excerpt from letter of nomination:
“With tremendous support from the team on Lunder 6, we made the difficult decision to remove our dear friend/family member from life support. Angela acknowledged our decision with great compassion... She she was filled with warmth, compassion, and sensitivity. This fearless, devoted nurse provided a peaceful environment for our grief-filled moments.”
September, 2020, marked the 10-year anniversary of the Lunder-Dineen Health Education Alliance of Maine. Over the past decade, the Lunder-Dineen team has taken an ambitious vision and turned it into a thriving initiative. A key part of that success has been the partnership between Mass General, the Lunder Foundation, and the healthcare community of Maine.

It all started with the vision of the Lunder family and the Lunder Foundation to improve the health of Maine residents by providing high-quality, health education to Maine health professionals and the communities they serve. Mass General committed to help its neighbors to the north by lending expertise in teaching and education and tailoring programs to fit the healthcare needs and culture of communities at the local level.

Lunder-Dineen has built lasting relationships with front-line clinicians, administrators, and policymakers. The team has taken great care to develop trust and engage collaboratively with residents to create a statewide, inter-professional approach to health education. Since inception, the Lunder-Dineen team has spent countless hours meeting with health care experts and practices across the state.

- 150+ stakeholder meetings
- 1,700 health profession learners
- 100,000+ miles traveled in Maine

Three innovative programs offer inter-professional training to support front-line health care professionals. Statewide advisory teams developed curricula, delivered training, and brought these programs to life through volunteer teams of experts from academia, front-line practices, and other health systems.

The programs received guidance from executives and clinical experts in Nursing & Patient Care Services, the Knight Nursing Center, the Munn Center for Nursing Research, Home Base, the Research Recovery Institute, and many other Mass General centers and departments.

Oral health is an ongoing issue for older adults throughout the state. The MOTIVATE program (Maine’s Oral Team-Based Initiative: Vital Access to Education) provides long-term care teams with education to support front-line health care professionals. Statewide advisory teams developed curricula, delivered training, and brought these programs to life through volunteer teams of experts from academia, front-line practices, and other health systems.

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continued on next page
To offset Maine’s nursing workforce challenges, Lunder-Dineen created the Maine Nursing Preceptor Education Program. The program has supported the recruitment, integration, and retention of Maine nurses across the continuum, with:

- 800+ nurse graduates trained
- 86 organizations have sent learners
- 16 counties represented by learners

Alcohol is the most widely misused substance in Maine. The Time to Ask program provides primary-care health care professionals with the knowledge and skills to engage in meaningful conversations about alcohol use. It has delivered:

- 8 faculty-led workshops
- 40 in-person consultation sessions
- 200+ professionals trained
- 24,000+ residents served

Mass General and Lunder-Dineen are grateful to the Lunder family and the Lunder Foundation for their vision and philanthropy. Inspired by the outcomes of the past ten years and buoyed by renewed funding for another five years, the Lunder-Dineen team is eager to continue this important work.

Lunder-Dineen would like to thank the many people, departments, and teams at Mass General that have helped make this initiative a success for the past decade. For more information, go to: www.lunderdineen.org.
Blum Center continues to be valuable resource throughout pandemic

—by Maryam Dayib and Kimberly Mankus, health educators

For the safety of patients and staff, the Maxwell & Eleanor Blum Patient and Family Learning Center closed in March due to the COVID-19 pandemic. By transitioning many Blum Center services to virtual platforms, we have been able to remain a vital resource for patients, families, and staff. The Blum Center continues to conduct searches of archives and databases to provide accurate, up-to-date resources for patients, families, and staff.

The popular educational series featuring live presentations by Mass General content experts, once held in the Blum Center, has moved online and is now being offered via Zoom. These webinars have attracted more than 850 attendees and provided information on a wide range of topics, including parenting during the pandemic, cancer genetics, general nutrition, alcohol/vaping, and more.

The Blum Center continues to offer its monthly health information table on-line using the interactive presentation platform, Prezi. At the beginning of each month, a new presentation is offered; the link can be found on all Blum Center social media pages. Topics are chosen based on requests from patients and staff or to coincide with events recognized by the National Health Observances Calendar, which is dedicated to raising awareness about a variety of health and wellness issues.

Blum Center health educators and project specialists continue to offer plain-language consultations and, along with other MGH professionals, produce patient-friendly, educational materials.

We look forward to continuing the important work of supporting patients and families in their efforts to educate themselves about their health, and collaborating with members of the MGH community to improve patient-education materials.

For more information about the services offered by the Blum Patient and Family Learning Center, call 617-724-7352, like us on Facebook (facebook.com/MGHBlumCenter), or follow us on Twitter (@MGH_BlumCenter).
Bigelow 7 celebrates 1-year anniversary

— by Marie Borgella, RN, nursing director

Since opening on October 29, 2019, the Bigelow 7 General Medicine Teaching Service Unit has had a very productive year. The unit has gone from forming—to ‘storming, norming, and performing’—ultimately evolving into a unified team with structures and processes that mirror the hospital’s mission to provide world class care.

Says nursing director, Marie Borgella, RN, “Our physician colleagues, as well as those from other disciplines, have worked tirelessly to ensure effective communication, growth and development, and team-building. Strong partnerships and relationships have been established.”

Bigelow 7 welcomed nurses from other units to meet their staffing needs. New staff adapted quickly to the culture in a highly supportive and collaborative environment.

Bigelow 7 attending nurse, Jenna Cole, RN, noted “Everyone who comes onto the unit feels the positive energy. Camaraderie is a major part of what makes coming to work so satisfying.”

When Bigelow 7 first opened, the team set out to build a new unit together, to stay committed to patient care and to one another. And that’s exactly what they have done.

The wordle below reflects the sentiments and optimism of the Bigelow 7 multi-disciplinary team as they created a culture of excellence and a practice environment that is satisfying to all.

Some scenes from the Bigelow 7 1-year anniversary celebration.
Appointments
Paul Arnstein, PhD, RN, FAAN
Pain Management Nursing Content Expert Panel
American Nurse Credentialing Center
Back Pain Expert Panel
National Committee for Quality Assurance
Debra Birkenstamm, RN, MBA
Co-chair
Care Management Council
MGB
Member, CMSA Today Editorial Board
Case Management Society of America
Jennifer Curran
Team leader; Practice to Transition Accreditation Program
American Nurses Credentialing Center
Eileen Searle, PhD, RN, CCRN
Affiliate associate professor
Northeastern University

Poster Presentations
Debra Birkenstamm, RN, MBA; Kelsey Driscoll, MPH; Dylanne Axelrod
“MGH iCMP Virtual Visits 2019-2020”
Case Management Society of America conference (virtual)
Sarah Luppino, NP-BC
“FULFILL ALS: Addressing the ALS Diagnostic Delay through a Novel Diagnostic and Screening Tool Aimed at Primary Care Providers”
Northeast ALS Consortium (virtual)

Publications
Howard Blanchard, DNP, MED, MS, RN, ACNS-BC; Diane Carroll, PhD, RN, FAAN, FAHA, FESC; and Felicity Astin, PhD, MSc, BSc, RN, FESC, FHEA
“Informed Consent for Percutaneous Coronary Intervention: a Patient Perspective of a Complex Process”
Cath Lab Digest
Debra Lundquist, PhD, RN
“Understanding the Supportive Care Needs of Early Phase Cancer Clinical Trial (CT) Participants”
ASCO Quality Care Symposium (virtual)
“Palliative Care Referrals in Patients with Advanced Cancer on Early Phase Cancer Clinical Trials (EP-CTs)”
ASCO Quality Care Symposium (virtual)
“Involvement of Social Work Services in Patients with Advanced Cancer in Early Phase Clinical Trials”
ASCO Quality Care Symposium (virtual)
“Describing the Phase I Oncology Clinical Trial Population: a Retrospective Chart Review”
ONS Bridge (virtual)
Jacquelyn Nally, BSN, MA, RN, NHDP-BC, CEM
“Air-purifying respirators use by MGH intubation teams during COVID-19 response: a pilot study of user experiences”
MGH Clinical Research Day
Eileen Searle, PhD, RN, CCRN; Sanchez, S.; et al
“Implementation of an electronic travel navigator to enable ‘Identify-Isolate-Inform’ for emerging infectious diseases”
Society for Healthcare Epidemiology of America Conference
Atlanta, Georgia
Kirsten Dickins, PhD, AM, MSN, FNP-C, and Sara Looby, PhD, ANP-BC, FAAN
“Behavioral and psychological health inequities in income-disparate perimenopausal women: a brief report”
Menopause
Kirsten Dickins, PhD, AM, MSN, FNP-C
“Supporting Primary Care Access and Use Among Homeless Persons”
Social Work in Public Health
Sarah Looby, PhD, ANP-BC, FAAN; Emma Kilee, MPH; Corinne Rivard; Kathleen Fitch, MSN, FNP-BC
“Eliciting perspectives of the key study population: an effective strategy to inform advertisement, content and usability of an online survey for a national investigation”
Contemporary Clinical Trials Communications
Sarah Looby, PhD, ANP-BC, FAAN; Markella Zanni, MD; Judith Currier, MD, Amy Kantor, MS; Laura Smeaton, MS; Corinne Rivard; Jana Taron, MD; Tricia Burdo, PhD; Sharrla Badal-Faesen, MD; Umesh Laloo, MD; Jorge Pinto, MD; Wadzani Samaneka, MD; Javier Valencia, MD; Karin Klingman, MD; Beverly Allston-Smith, MD; Katharine Cooper-Arnold, MD; Patrice Desvigne-Nickens, MD; Michael Lu, MD; Kathleen Fitch, MS; Udo Hoffman, MD; Steven Grinspoon, MD; Pamela Douglas, MD
“Correlates and Timing of Reproductive Aging Transitions in a Global Cohort of Midlife Women with HIV: Insights from the REPRIEVE Trial”
Journal of Infectious Diseases
Catherine Moore, MSN, PMHNP-BC, Brown, MJ; MacGregor, J; and Lucey, JR
“Primary Care and Mental Health: Overview of Integrated Care Models”
The Journal for Nurse Practitioners
(Special Issue on mental health
Sarah Padden, BSN, RN, OCN
“Cutaneous Metastases: a Case Study on Clinical Care for Patients”
Clinical Journal of Oncology Nursing
Kathryn Post, PhD, RN, ANP-BC, Berry, D; Shindul-Rothschild, J; Flanagan, J
“Patient Engagement in Breast Cancer Survivorship Care”
Cancer Nursing
Eileen Searle, PhD, RN, CCRN; Baugh, J; Yun, B; Chyn, A; Bernhardt, J; LeClair, K; Henshaw-Archer, L; L’Alleurieux, M; Lennes, I; and Biddinger, P
“Creating a COVID-19 Surge Clinic to Offload the Emergency Department”
American Journal of Emergency Medicine
Eileen Searle, PhD, RN, CCRN; Sanchez, S; et al
“Travel screening documentation to enable the ‘Identify-Isolate-Inform’ framework for emerging infectious diseases: it’s all in the details”
Infection Control and Hospital Epidemiology
Caroline Ward, RN, BSN; Laura Foran Lewis; Noah Jarvis; Beni Cawley
“Straight sex is complicated enough: the lived experiences of autistics who are gay, lesbian, bisexual, asexual, or other sexual orientations”
Journal of Autism and Developmental Disorders

Presentations
Paul Arnstein, PhD, RN, FAAN
“Alternative and Integrative Methods of Pain Management”
ASPMN National Conference (virtual)
Professional Achievements (continued)

Gaurdia Banister, RN, PhD, NEA-BC, FAAN
“Addressing Racism in the Nursing Profession: Be the Change”
ANA Massachusetts (virtual)
“Intersection of Racism and Health”
BWH Nursing Grand Rounds (virtual)

Patricia Bruno, RN, BSN
“Dravet Syndrome and Your Family: Diagnosis, Treatment, Family Needs and Support”
National Organization for Rare Disorders (interactive video)

Lauren DeMarco, MSW, LICSW, ACHP-SW
“Hundreds of Thousands of Steps”
Stories of the MGH: the COVID-19 Experience (virtual)

Lorraine Drapek, DNP, FNP-BC, AOCNP
“APN Role in Radiation Oncology: Beginning, Developing, and Continuing the Conversation”
Oncology Nursing Society Conference (virtual)

Maureen Hemingway, DNP, RN, CNOR; Dan Drzymalski, MD; Prakash Patel, MD; and Judith Forbes
“Multidisciplinary team-building: Anesthesiology, Nursing, and the Transfusion Service”
AABB 2020 Conference (virtual)

Anne Lafleur, LICSW; Jessica Dutskin, MSSW, LCSW; Christine White, LCSW, CCTSW-MCS; and Linda Pham, LCSW, CCTSW-MCS
“In order to live, one must not eat: the reality of lung transplant and tube feeds”
Society of Transplant Social Workers Conference (virtual)

Sara Looby, PhD, ANP-BC, FAAN
“Correlates and Timing of Reproductive Aging in a Global Cohort of Women with HIV: Insights from the REPRIEVE Trial”
AIDS Clinical Trials Group Women’s Health Inter-Network Scientific Committee (virtual)

Kathryn Post, PhD, RN, ANP-BC
“Exploring Patient Engagement in Breast Cancer Survivors through a Rogerian Science Lens”
Society of Rogerian Scholars Conference (virtual)

Eva Regel, MS, LICSW
“The Ethical Considerations of Obtaining Consent from Patients with Psychosocial Trauma”
American Society for Bioethics and Humanities Conference (virtual)

Kathryn Stewart, RN, BSN, CCRN; June Guarente, RN, MSN, CCRN; Bonnie Slayter, RN, BSN, CCRN; and Ryan Zapata, RN, BSN
“The New POP Culture in Endoscopy”
SGNA Course (virtual)

Certification
Natalie Brennan, RN, BSN
Mind, Body, Health and Healing MGH Institute of Health Professions

Sarah Luppino, NP-BC
Adult Gerontology Primary Care Nurse Practitioner
American Nurses Credentialing Center

Shannon Maguire Lessard, RN, CDCES
Diabetes Care and Education Specialist
Board for Diabetes Care and Education

Ann McKenney-Fruth, RN
Acute Case Management
Case Management Society of New England

Awards
Zary Amirhosseini
Marie Feltin Award
Boston Center for Independent Living

Leslie Cartagena, NP
Ernesto Gonzalez Award for Outstanding Services to the Hispanic Community

Camille Richards, DPT
2020 Centennial Scholar
Massachusetts chapter of the American Physical Therapy Association

Clinical Recognition Program
Clinicians recognized
May—November, 2020

Advanced Clinicians:
Ashley Burvill, RN
Labor & Delivery

Maura Dunn, RN
Medicine

Kara Hallisey, RN
Emergency Department

Sandra Kelly, RN
Medicine

Jennifer Maitte, SLP
Speech-Language Pathology

Clinical Scholars:
Heather Fraser, RN
Labor & Delivery

Penelope Herman, RN
Labor & Delivery

Annette Mullen, RN
Surgical ICU

Sandra Stokes, LICSW
Social Work

Advanced Degrees
Howard ‘Tom’ Blanchard, DNP, MEd, RN, ACNS-BC, CEN
Doctor of Nursing Practice
Simmons University

Sara Cobb, MSN
Master of Science in Nursing
Framingham State University

Camille Richards, DPT
2020 Centennial Scholar
Massachusetts chapter of the American Physical Therapy Association

Sara Cobb, MSN
Bachelor of Science in Nursing
University of Massachusetts, Boston

Leanne Homan, RN, BSN, MBE
Master of Bioethics
Harvard University

Sarah Luppino, NP-BC
Master of Science in Nursing
MGH Institute of Health Professions

Eileen Searle, PhD, RN, CCRN
Doctor of Philosophy
Boston College

Eileen Searle, PhD, RN, CCRN
Reflections on patient and healthcare-provider safety during the COVID-19 pandemic

research and evidence

— by Diane Carroll RN, nurse researcher


Introduction: The 2019 coronavirus, the virus responsible for COVID-19, has placed a significant strain on the healthcare system. The surge of patients has presented unique challenges for healthcare providers in caring for COVID-19 patients and concerns about how to protect themselves from the virus. This month’s article describes an evidence base for protecting healthcare providers during tracheostomy care of patients with COVID-19 to ensure patient and provider safety.

Summary:
Critical-care nurses caring for patients with tracheostomies are at high risk because of the predilection of 2019 coronavirus (COVID-19) for respiratory/mucosal surfaces. This review identifies patient-centered practices that ensure safety and reduce risk of infection transmission to health care workers (HCP) during the COVID-19 pandemic.

Consensus statements, guidelines, institutional recommendations, and scientific literature on COVID-19 and previous outbreaks were reviewed. A team analyzed and prioritized findings to develop recommendations. Aerosol-generating procedures such as suctioning, tracheostomy tube changes, and stoma care are commonly performed by nurses and other HCP. Patient re-positioning, re-adjusting circuits, administering nebulized medications, and patient transport also present risks. Viral testing of bronchial aspirate via tracheostomy may inform HCP when determining the protective equipment required.

The use of standard personal protective equipment, including N95/FFP3 masks with/without surgical mask, gloves, goggles, and gowns is required when performing aerosol-generating procedures for patients with, or at risk for, COVID-19. The need for protocols to reduce the risk of infection to nurses and HCP is evident. Appropriate care of these patients relies on safeguarding the healthcare team. The practices described in this review may greatly reduce the risk of transmission of COVID-19.

Look for this image to find summaries and referrals to the latest research articles and abstracts. Go to: https://www.mghpcs.org/MunnCenter/research-update.asp, to read more about staying safe during the COVID pandemic.
Virtual Conversations with Caregivers

An educational series for clinicians, hospital staff, and community members, sponsored by the Dementia Caregiver Support Program

Tuesday, December 15th
5:30-7:00pm
“Reflections of Caregiver Experiences”
A panel discussion
RSVP to nmozzone@mgh.harvard.edu.
For more information, call 617-643-8809.

ACLS certification classes

Registration times will be staggered to allow for COVID safety.

February 10, 2021
4:00–9:00pm
Location to be announced.
Some fees apply. For information, contact Jeff Chambers at acls@partners.org.
To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

MGH Central Flu Shot Clinic

The MGH Central Flu Shot Clinic will run through December 12th. Clinic is open to patients 9 years old and older.

Times:
- Monday through Friday
  - 7:00am–6:00pm
- Saturday
  - 8:00am–1:00pm

Exceptions:
The day before Thanksgiving
Wednesday, November 25th,
7:00am–1:00pm
Thanksgiving weekend
Thursday, November 26th
through Saturday, November 28th
Closed

Location:
Russell Museum of Medical History and Innovation
2 North Grove Street

Parking:
Visitors to the Flu Shot Clinic may park at any MGH garage for up to one hour at no charge.

Important Information About COVID-19
All patients and visitors are screened for possible symptoms of COVID-19 and given a mask to wear. If you have upper respiratory symptoms including fever, sore throat, or cough, please postpone your visit. The flu clinic is often busiest during the early morning and late afternoon. To minimize crowding and promote physical distancing, patients are encouraged to plan their visit outside of these times. The flu shot does not protect against COVID-19.

On-line Blum Center programs

Friday, December 4, 2020
12:00–1:00pm
“Treatment Options for gastroesophageal reflux disease (GERD)”
Link to attend: https://partners.zoom.us/j/99497592649

Monday, December 7th
12:00–1:00pm
“Managing Challenging Behavior During Challenging Times”
Link to attend: https://partners.zoom.us/j/91860304470

Wednesday, December 9th
12:00–1:00pm
“Parenting a Child with a Chronic Illness: Promoting Emotional Wellness”
Link to attend: https://partners.zoom.us/j/93984838048
For more information, call 617-724-3823.

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For more information, call 617-724-3823.
Practice UPDATE

Updates to Chlorothiazide Administration

To improve delivery of time-sensitive doses of chlorothiazide, we are moving towards administering chlorothiazide via IV Push.

For a planned go-live date of 11/17/2020:

- **ADULTS:**
  - New orders for IV chlorothiazide will be dispensed as vials of powder for injection and should be diluted with Sterile Water for Injection (SWFI) and administered via slow IV Push over 3-5 minutes.
    - 500 mg vial in 18 mL SWFI
    - 250 mg vial in 9 mL SWFI
    - See Epic Administration Instructions

- **PEDIATRICS:**
  - **Patients > 40 kg:** New orders for IV chlorothiazide will be dispensed as by default and should be diluted with Sterile Water for Injection (SWFI) and administered via slow IV Push over 3-5 minutes.
    - 500 mg vial in 18 mL SWFI
    - 250 mg vial in 9 mL SWFI
    - See Epic Administration Instructions
  - **Patients < 40 kg:** New orders for IV chlorothiazide will be dispensed as a 28 mg/mL syringe
  - **Neonates:** New orders for IV chlorothiazide will be dispensed as a 10 mg/mL syringe

For more information, see Chlorothiazide entry in Lexicomp.

Please reach out to your unit-based pharmacist with any questions.

MGH Pharmacy & Therapeutics
SAFETY COMMITTEE

November 13, 2020
Practice UPDATE
Changes to Inpatient Adult Suicide Screening

Beginning 11/16, adult inpatients who screen positive for suicide risk using the Columbia Suicide Severity Rating Scale (C-SSRS) will be classified as either moderate or high risk. Epic will automatically calculate classification based on C-SSRS.

**WHEN PATIENTS ARE CLASSIFIED AS EITHER MODERATE AND HIGH SUICIDE RISK:**

- **DO NOT LEAVE PATIENT UNATTENDED.** Patient requires 1:1 constant observation.

  Refer to Care of the Patient at Risk for Suicide policy in Ellucid for more details and hand-off checklists.

- Nurse initiates suicide precautions and notifies provider.
  - Provider should use “Suicide Precautions Panel” to ensure all necessary orders are placed.*
- A Best Practice Alert (BPA) will fire with instructions, including a prompt to add “Suicide/Self-Harm Risk” to the Nursing Plan of Care.*
  - Provider will also receive BPA only if patient is at high risk.*

*Does not apply to patients on Blake 11
Please contact Marty Lantieri or Yordanos Girmay with any questions

November 2020
Patient Experience

Thankful for you!
Staff’s dedication and commitment to providing empathetic, compassionate care during these extraordinary times has comforted and touched the lives of so many.

In the words of our patients

“All of you were heroes long before the pandemic. I appreciate all of you and the work you do every day.”

“...In our darkest hour, everyone went above and beyond to take great care of us... from the bottom of our hearts, thank-you, thank-you, thank-you.”

“I’m so thankful for the amazing staff who are always professional, courteous, and compassionate, despite the hardships of working on the front lines during this pandemic and caring for ill patients like me. I could not have asked for a better group of healthcare professionals to help care for me through this very challenging time.”

“There are no words to express my gratitude to all the doctors, nurses, and staff. You are always my heroes, but especially now, putting your own lives and families in danger with this horrible pandemic.”

“Healthcare providers are under tremendous stress these days, yet I never would have guessed that they cared about anything but me. I’m grateful to them and their leaders for creating such a safe and positive environment for patients.”

Caring

November 19, 2020

Returns only to:
Volunteer Department, GRB-B 015
MGH, 55 Fruit Street
Boston, MA 02114-2696