The Heart of Innovation  MGH PATIENT CARE SERVICES 2012
The Heart of Innovation
Out...standing!

When Eileen McGuirk was admitted to Mass General in 2012 for treatment of an advanced cancer, she was overwhelmed by a nonstop flow of well-wishers. While she appreciated their love and support, the steady stream of visitors was depleting the energy she needed to heal.

Her husband had an idea. Doug recruited their daughter Erin to reach out to family and friends via social media. The next day at high noon, more than 200 well-wishers joined together for a flash mob-style rally on Ebersol Field—21 stories below Eileen’s hospital room. They held signs, synchronized a stadium-style wave that rivaled Fenway Park’s best, performed a loosely choreographed dance, and ultimately joined hands to form a giant heart.

Throughout the performance, Eileen watched from her hospital window, surrounded by those dearest to her—her mother, father, brother and sister-in-law, husband, daughter, son and fiancée (who had just announced their engagement!), and her oldest and dearest friends. Looking through binoculars and listening to the cheers and serenades by cell phone, she glanced one by one at each person on the field, calling out names to the smaller group in her room. Then she connected briefly with friend after friend below as they passed a cell phone through the crowd.

“When we felt helpless,” said Eileen’s friend, Jennifer Mscisz, “this was a way for everyone to get together and kind of lift Eileen’s spirits, to let her know how much we loved her and cared for her.” Eileen got the message—loud and clear—and it was spectacular. Innovation at its best!
The Mass General Mission

Guided by the needs of our patients and their families, we aim to deliver the very best healthcare in a safe, compassionate environment; to advance that care through innovative research and education; and to improve the health and well-being of the diverse communities we serve.
Dear Friends and Colleagues,

Innovation comes in many shapes and sizes. It can be found in the simplest of thoughts and gestures and in the boldest and broadest of visions and ideas. We witness it in the heartfelt gathering of a flash mob on Ebersol Field. It’s seen in the multiple interdisciplinary care teams working toward a single patient’s most dearly held goal. And it’s part of the fabric of the one-on-one care provided throughout MGH every day. Whether sparked by one person’s idea or the collective actions of a like-minded and committed group, innovation—at its core—is about making things better.

In healthcare, we face a myriad of escalating challenges in our quest to provide the best possible care to each and every patient and family we serve. With this in mind, in March 2012 MGH formally launched an unprecedented effort to establish a blueprint for the future of care delivery. We established 12 Innovation Units, designed to be safe testing grounds for new care delivery advances and ideas. Soon we began to see signs of a care delivery model that was more efficient, effective and patient- and family-centered. And we were able to sustain our momentum. The next phase involves sharing lessons learned throughout MGH and beyond our walls.

In the MGH tradition, throughout 2012, innovation outside these 12 units continued to thrive and took many forms. Staff rallied to help a medically challenged patient travel overseas with family. We established the Connell Ethics Fellowship and the Connell Nursing Research Scholars Program. We leveraged the Knight Simulation Program to expose Boston high school students to the realities of healthcare delivery. And we persevered to fulfill the dying wish of a homeless man. The stories are numerous.

Innovation indeed comes in many shapes and sizes. I hope you will enjoy the snapshot of 2012 in MGH Patient Care Services that this report provides. Guided by the needs of the patients and families who entrust us with their care, we continue to strive for Excellence Every Day!

Best,

Jeanette Ives Erickson, RN, DNP, FAAN
Senior Vice President for Patient Care and Chief Nurse
The Heart of Innovation
advancing interdisciplinary care delivery

In 2011—as the Affordable Care Act began to spark a healthcare revolution throughout the US—Mass General launched an unprecedented effort to design a blueprint for the future of care delivery. Although the path ahead was somewhat uncertain at the time, the PCS leadership team knew exactly where and how to start. We began with the patient and family and tapped into the wisdom and creativity of our staff.

Following months of strategic planning and preparation, in March 2012, MGH officially launched 12 Innovation Units (see “A Legacy of Leadership and Innovation...Patient Care at 200,” 2011 PCS Annual Report). Guided by a newly developed “Patient Journey Framework,” these Innovation Units were designed to be safe testing grounds for new care delivery advances and ideas that would readily demonstrate which proposed changes worked and which did not.
Advancing interdisciplinary care delivery
Among the early findings, the 12 MGH Innovation Units realized patient satisfaction scores that increased at more than double the rate of other like units, a 5 percent decrease in lengths of stay, and a 3 percent drop in readmission rates.

“To date, findings have been quite positive,” says Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. “We are encouraged by the impact the Innovation Unit interventions are having on interdisciplinary teamwork and communication, the patient and family experience, and other key indicators.”

Ongoing evaluation of the units is being conducted by nurse scientists in The Center for Innovations in Care Delivery and The Yvonne L. Munn Center for Nursing Research. Quantitative metrics being tracked include statistics about patient safety, length of stay, readmissions, quality indicators, cost per case mix, and staff retention, as well as the results of patient and staff satisfaction surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) tool and the Revised Staff Perceptions of the Professional Practice Environment scale.

Qualitative metrics include focus groups comprised of staff, patients and families, as well as observations and narrative reports. Early data for what may be two of the most significant interventions—the new role of attending nurse (ARN) and hard wiring into practice the philosophy of relationship-based care, which emphasizes the connection between patients and providers—point to success.

According to Jeff Adams, RN, PhD, director of the Center for Innovations, the attending nurse role was embraced by all role groups and disciplines and was described by many as “a
significant innovation.” The ARNs function as clinical leaders, working with staff nurses, interdisciplinary team members, patients and family members to manage the care of patients on a single unit from admission to discharge. The ARN is part navigator, advocate, educator and discharge nurse and gives patients, families and staff a consistent presence throughout the patient’s hospitalization and post-discharge period. An in-depth look at the ARN follows in “The Attending RN...introducing a new clinical role.”

“Staff have consistently described the ‘importance of embracing the philosophy of relationship-based care to guide care delivery,’” says Dorothy A. Jones, EdD, RNC, FAAN, director of The Yvonne L. Munn Center for Nursing Research. Although more evaluation is needed, it is clear something positive is happening.

The Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) survey results through 2012 further support this claim.

“We were pleased to see our patient
satisfaction scores on the Innovation Units increase across the board,” says Rick Evans, director of MGH Service Improvement. “Measures improved at a rate that was greater than seen on other units for virtually every measure.” (right, “HCAHPS Results—2011 vs. 2012”)

The Innovation Unit approach
The methodology of the Innovation Unit initiative involved reducing variation wherever possible, implementing evidence-based solutions, introducing and/or adapting technology to support practice, and fostering high-quality care by ensuring that all members of the team practiced to the full extent of their role. The interventions represented “top priority” actions that would lead to the highest levels of consistency, continuity and efficiency.

In addition to the new ARN role, other specific evidence-based interventions played a key role in advancing care delivery.
## HCAHPS Results—2011 vs. 2012

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- **2012 Score exceeds that of entire hospital**
- **Rate of Improvement Exceeds that of the entire hospital**
INTERVENTION SPOTLIGHT

Enhancing pre-admission data collection
To ensure continuity and accurate information-gathering for all patient populations, an interdisciplinary Tiger Team created a new Admitting Face Sheet that includes anticipated discharge date and disposition to better inform the interdisciplinary care planning.

ARN business card
At admission, the ARN gives the patient and family a business card that establishes an open line of communication, both during and after the patient’s hospitalization.

Welcome packets
A new Welcome Packet provides patients and families with relevant information, invites feedback for improvement, and helps set expectations and prepare them for the hospitalization and discharge. A “Patient & Family Notebook” includes a Universal Patient Compact, care team overview, and space to note questions for caregivers. A “Discharge Envelope” features a checklist that
prompts discussion around key transition topics, including home care, nutrition and follow-up appointments, and centrally stores important items such as prescriptions and educational materials.

**Domains of practice**

With the implementation of interdisciplinary rounds, having a greater understanding of the domains of practice of colleagues in other disciplines becomes increasingly important. Each discipline within Patient Care Services updated descriptions of its domains of practice and shared these in various forums, including the Excellence Every Day web portal.

**Supporting technology**

Efficient, well-coordinated care depends on staff’s ability to communicate effectively. Staff on Innovation Units are equipped with specially programmed cell phones and portable, wireless laptops to make access to and dissemination of information more efficient. Electronic whiteboards at nurses’ stations enhance staff’s ability to know patients and coordinate care.

**Interdisciplinary team rounds**

Interdisciplinary rounds bring all members of the team together on a daily basis to identify obstacles to the progression of care, create a more holistic approach to care delivery, and ensure that issues are shared and addressed in a timely manner.

**In-room whiteboards**

Standardized in-room whiteboards display key pieces of information, including the names of the patient’s physician, nurse and other team members; the “goal for the day”; and space to note questions for the care team.

**Discharge planning and readiness**

A new Discharge Checklist is being developed, and a Discharge Follow-up Phone Call Program is being implemented. All patients are eligible to participate. In the initial stages of the Innovation Unit rollout, a standard questionnaire, guidelines, and training curriculum were developed.

Other interventions are highlighted throughout this report.

**Spreading best practices**

“By sharing best practices and standardizing whenever possible, we’re continuing to improve systems, refine care delivery, and mine the creativity and innovative thinking that has brought us so far,” says Ives Erickson. “Looking ahead, we plan to roll out to all inpatient units those Innovation Unit interventions that are proving successful and to continue to share our findings nationally and internationally.”

The Innovation Unit work has begun to attract national interest and has been featured in the documentary “NURSES: If Florence Could See Us Now,” recognized by the Robert Wood Johnson Foundation’s “Transitions to Better Care” video contest. It has also been reported in a variety of publications, including “Nurse Leadership from Bedside to Boardroom,” *Patient Safety & Quality Healthcare; “Attending Registered Nurse, an Innovative Role to Manage Between the Spaces,” Nursing Economics; “Nurses Leading Through Innovation,” The American Nurse; and “‘Innovation Advisers’ Chosen for Ideas to Improve Health Care, Cut Costs,” The Washington Post.
Innovations in Care Delivery

“Patient Journey” Framework: Initial 15 Interventions

Before
- Pre-admission care

During
- Admission process: ED, direct admits, transfers
- Patient stay; direct patient care; tests; treatments; procedures; clinical support; operational support

After
- Discharge process
- Post-discharge care

Goal: High-performing, inter-disciplinary teams that deliver safe, effective, timely, efficient, and equitable care that is patient- and family-centered

Discharge Planning:
- Est. discharge date
- Discharge disposition

Welcome Packet (notebook and discharge envelope)

Domains of Practice
- Daily Interdisciplinary Team Rounds
- Electronic Unit Whiteboards
- In-Room Whiteboards
- Smart Phones
- Wireless laptop computers/tablets
- Business cards
- Hourly rounding
- Quiet hours

Discharge - Follow-up Call Program

Relationship-based care ♦ The Attending Nurse role ♦ Hand-Over Rounding Checklist

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Each of the initial Phase 1 Innovation Units was asked to commit to the development of a new patient care delivery model that improved the patient’s journey. The Patient Journey Framework (opposite page) was designed to help guide this work. Engaging clinicians and patients in identifying inefficiencies in the delivery system quickly led to a greater understanding of the importance of relationships with patients, families, and within the care team.

Relationship-based care as suggested by Koloroutis and colleagues (2004) provided a new way to ask ourselves how we would redesign interdisciplinary care. Once we gained greater understanding of relationship-based care, we asked ourselves, “What would our care delivery model look like if ‘relationship-based care’ was embedded into the very fabric of the organization?” The second question was, “What would it take to change the very nature of how we worked together as a team and how we worked with patients and families?” These questions led to the identification of both a philosophical underpinning for the delivery model and the initial interventions for the Innovation Units.

(For more information, see “Attending Registered Nurse, An Innovative Role to Manage Between the Spaces,” Nursing Economics, 2012 Sept-Oct;30(5):282-287.)
The Attending RN
...introducing a new clinical role

Every patient hospitalized at MGH has a registered nurse responsible for their care. With the development of a new clinical nursing role, MGH Innovation Unit patients also now have an Attending Registered Nurse (ARN) assigned to their care throughout their hospital stay.

While staff nurses continue to be the backbone of the care delivery system, the ARN is a clinical nurse who is specifically responsible for ensuring the continuity of the patient’s overall care plan—from admission through discharge—functioning as the primary contact for the care team as a whole and its individual members, as well as patients and families.

“I describe the ARN as the ‘constant’ nurse,” says Jean Stewart, RN, attending nurse on the White 6 Orthopaedics Unit. “I’ll be there every day as the glue that keeps the patient’s hospital experience cohesive and moving forward, and later I’ll be calling them at home to be sure they’re making a smooth and safe transition.”

The launch of MGH’s Innovation Units was based on studies that show there are points along the Patient Journey where specific interventions may enhance an already high quality of care delivery. The new ARN role has proven to be one such significant intervention. By design, ARNs are given the responsibility to “manage between the spaces,” facilitating care with the entire healthcare team, ensuring the continuity of care, and providing patients and families a readily available and familiar “go to” person before, during and after hospitalization.

The role requires a dynamic set of individual competencies, knowledge, and an approach that is tailored to the particular needs of each patient care unit. Ideal ARN candidates are experienced, highly regarded, inquisitive nurses who are committed to advancing change—no small task. They also commit to work schedules designed to promote continuity and relationship-based care for patients, families and care team members alike.

“Although the ARN role has successfully become part of the care delivery framework,” says Karen Rosenblum, RN, attending nurse on the Blake 11 Psychiatry Unit, “there is no ‘typical day’ for an attending nurse.” Every ARN is assigned a specific number of patients. On some units, two ARNs may cover 10 patients each; on others, only
high-risk patients may work with an ARN. For each patient they are assigned, the ARNs are involved in developing a comprehensive patient-care assessment and plan with the interdisciplinary care team, fostering collaboration, coordinating meetings and team huddles to facilitate timely clinical decision making, developing and revising patient care goals with the clinical team daily, identifying and resolving barriers to optimum care, promoting seamless handovers, communicating with patients and families around the plan of care, answering questions, teaching and coaching—anything that contributes to making the patient’s journey a smooth one.

“We introduce ourselves to each patient and family as they arrive on the unit and let them know about the Innovation Unit concept and the ARN role,” says Sandy Masiello, RN, an ARN on the Blake 13 Newborn Family Unit. “We review the Patient and Family Notebook, encourage them to jot down any questions or concerns they want to discuss with the team, and we continue to reference the notebook throughout their stay.”

ARNs are also involved in daily interdisciplinary rounds and in coordinating details of their patients’ care plans and anticipated discharge, for example, ensuring tests are scheduled, prescriptions written, follow-up appointments noted, any required home care set up—all tailored to the needs of each individual patient.

The ARN role combines the functions of navigator, advocate, educator, and discharge nurse, and gives patients and families a consistent presence and much-needed peace of mind throughout their hospitalization.

“As an ARN, it’s incredibly gratifying to know I’m having a direct impact on the hospital experience for patients and families and also staff,” says Gina Chan, RN, attending nurse on the Bigelow 14 Vascular Surgery Unit. “Being able to follow patients daily and share information with the whole team has improved communication, improved care and most important, improved patient outcomes.”
Successful Joint Commission survey
From July 23, 2012—just one week after *U.S. News & World Report* named MGH No. 1 on its “Best Hospitals Honor Roll”—the Joint Commission arrived at the doors of the hospital to conduct its own week-long assessment. This came in the form of a triennial, unannounced accreditation survey. For the subsequent five days, seven Joint Commission surveyors performed a thorough examination of the environment, processes, operations, and practices throughout the main campus and at several off-site locations, including our health centers and clinics.

In the words of John Belknap, director of Corporate Compliance, “It was a fantastic week.” For others within the MGH community, the weeklong visit reaffirmed how special an organization MGH truly is—a point the survey team made over and over. “It has been an absolute delight interacting with your staff,” said surveyor Kate Townsend, RN. “One nurse told me everything about her patient without once looking at the patient’s record.”

Surveyor Paul Ducharme, CHFM, shared that “Every hospital in every major city in the country could learn and benefit from your Emergency Management system.”

As with any outside assessment, the survey also provided an invaluable opportunity to learn. At its conclusion—and as is customary—the Joint Commission issued a report listing Requirements for Improvement, areas where an organization must respond with corrective action plans. MGH staff immediately responded to the findings to further the hospital’s commitment to provide the very best possible care for patients and families. In the spirit of transparency, a summary of the 2012 performance is available via the hospital’s web site.

While there is no disputing the importance of a favorable Joint Commission survey, the best measure of success was found in the feedback from MGH patients and families. One after the other, unit after unit, they stated they felt safe and cared for.

INTERVENTION SPOTLIGHT

**Discharge phone calls**
Patients often leave the hospital with what can seem a staggering amount of important information—how to care for a wound, a list of dos and don’ts to promote healing, home care schedules, dates of follow-up appointments, and more. It can feel overwhelming.

The MGH Innovation Units tested the practice of having unit-based nurses call patients at home within 48 hours of being discharged as a way of supporting patients during their transition. The calls keep the line of communication open, giving patients and family members an opportunity to ask questions or raise any concerns. According to early feedback, the calls give the patients and families extra peace of mind when most needed.

In several cases, staff have been able to intervene and assist patients who had new questions about their discharge care plan, likely helping them avoid extended health problems and additional hospitalizations.
The power of the narrative

Staff at MGH have long appreciated the benefits of a narrative culture. Recently two disciplines discovered its potential for fostering interprofessional education. Physical and Occupational Therapy piloted a Narrative Rounds program in which staff present narratives in small-group settings and then “unbundle” them with feedback from the group, providing greater insight into clinical practice. Response from both departments was overwhelmingly positive.

“Based on staff response to the pilot, we knew this approach was getting at something different,” said Ann Jampel, PT, clinical education coordinator for Physical and Occupational Therapy. “When surveyed, 92 percent of staff responding to questions about the pilot session agreed or strongly agreed that narrative rounds helped foster professional development.” As one respondent said, “It was an opportunity for two areas of practice to come together and discuss common patient challenges.”

Jampel and two of her colleagues, Mary Knab, PT, physical therapy specialist and faculty member at the MGH Institute of Health Professions, and Karen Turner, OTR/L, occupational therapist, recognized that for the writer, a clinical narrative is a retrospective learning process that allows clinicians to reflect on their practice. With the added dimension of group discussion, the learning becomes prospective as clinicians discuss how it can be applied to future care.

The three had an opportunity to share their findings at the national level, presenting at the annual American Physical Therapy Association (APTA) Educational Leadership Conference, during which 10 participants volunteered to be part of a “fishbowl” discussion about a narrative while the other attendees observed.

By the end, it was clear that the unbundling process had allowed this group of physical therapy educators to experience occupational therapy practice in an entirely different way. As one participant shared, “The concept of selecting the ‘just right’ challenge for a patient now has a context and specificity that brings clarity to the OT role.” She was looking forward to sharing the approach with her own colleagues.
Club STAR

Amid the many challenges children face growing up today, the loss of a brother or sister or a parent can be devastating. Club STAR (Sharing Together and Remembering) is a monthly bereavement group for children 5-18 years old who have experienced the loss of a sibling. This past year the program expanded to include children and teens who are grieving the loss of a parent.

Club STAR was started in 2010 as a collaboration between child life specialists and social workers with support from the Ladies Visiting Committee. The program provides a healing space for parents, children and caregivers to come together with other families coping with similar losses and to connect and learn from one another. As one teen member of the group best summarized the program’s impact, “I felt better just walking into the group the first night because I realized I wasn’t alone.”

At the beginning of each group session, children and family members place a smooth stone into a glass bowl and share a special memory of their loved one. Child life specialists then lead the children in creative projects and memory-making activities to facilitate the sharing of feelings and personal stories. Child life specialists are healthcare professionals specifically trained to help children and families overcome challenging life events through play, preparation, education, and self-expression. They collaborate with nurses, social workers, physicians, and therapists to facilitate a positive hospital experience, and they work with interdisciplinary teams to create programs for the entire family both during hospitalization and after discharge.

Since its inception Club STAR has supported 23 families, and today referrals come from throughout the city of Boston.
Handheld communication devices
A new handheld communication system utilizes repurposed iPhones and an application that allows for voice calling and text messaging between nurses and staff throughout the hospital. The system enhances communication for nurses by enabling instant and convenient sharing of information. Group text messaging and customizable template messages also increase the efficiency and ease of using these devices. The introduction of this technology has helped reduce and, in some cases, eliminate overhead paging on units, contributing to a quieter care environment.
Donation supports two new programs

Healthcare today moves at a fast pace, often with competing demands. It can be challenging to carve out time to advance the study or research of a particular area of interest, as well as carve out reflective time to observe and consider the ethical impact of the fast pace of healthcare, which is replete with issues such as advances in medical technology and the impending changes of healthcare reform. Through the generosity of the Connell family, local entrepreneurs and philanthropists, PCS has launched two important new programs that will afford clinicians something invaluable: dedicated time to help advance practice through focused research and education.

The Connell Ethics Fellowship will allow two experienced health professionals from Patient Care Services—one nurse and one allied health professional—to develop and refine their clinical ethics expertise. Upon completion of the program, the Connell fellows will serve the MGH community as ethics resources and play a part in addressing ethical issues through clinical ethics consultations, unit-based interventions, and ethics committee participation. The intensive, one-year training program, under the supervision of a clinical nurse ethicist with ethics faculty, will provide opportunities for fellows to acquire historical, philosophical and empirical knowledge and to receive mentoring in ethical problem-solving, consultation and facilitation.

The Connell Nursing Research Scholars Program The Connell Nursing Research Scholars Program is designed to promote interdisciplinary patient- and family-centered care through nursing research. Four Connell nursing research scholars—novice and mid-career—will have dedicated time and resources each week to advance their particular research agendas. The initial proposals will focus on the high-priority areas of:
- Care of the elderly patient and family experiences and end-of-life care
- Workforce evaluation
- Interventions to decrease risk and improve management of hospital infections, pressure ulcers and falls, and enhance effective pain management
- Research methodologies to effectively measure the impact of nurse-driven interventions on patient care outcomes
- Evaluation of educational programs for staff and patients
- Efforts to promote the evaluation of the professional practice environment (internationally)
- Development of theoretical models to guide practice, advance nursing science and integrate and influence other ideas consistent with the goals of Patient Care Services
“I need to find my family.”
These were the first words clinical social worker Samantha Tarcov-Block heard as she walked into her new patient’s room. “Mr. M” was a middle-aged man with little-known medical history who had been diagnosed with widespread metastatic disease and changes in his mental status. Not only did the team want to honor their patient’s last wish, but they hoped to find a family member who could participate in Mr. M’s medical decision making as he grew less and less able to do so himself. A member of the interdisciplinary care team had searched with no success, and it became clear they needed the help of Social Service.

Social workers are a vital part of the care team, helping patients and families deal with challenging issues, improve relationships, solve problems, and get through difficult times. They are uniquely prepared to help patients cope with the specific circumstances surrounding their illness and hospitalization.

Life can take unexpected turns at any moment. In the case of Mr. M, he had been homeless for several years, eventually losing complete touch with his family. Tarcov-Block began an intensive search for relatives that included calling virtually every local homeless shelter in hopes of finding any kind of clue. She pursued a few leads, all of which turned up empty. Those who did know Mr. M thought his family members were already deceased.

Tarcov-Block pressed on with no luck. She remembers very clearly the morning she received the page from the team that Mr. M’s condition had dramatically deteriorated; he might not survive the day. Although it seemed futile, she continued the search, once again launching an Internet search. Time passed, and countless mouse-clicks later, there it was: a vague reference to what could be a relative. Eureka!—Tarcov-Block discovered several family members of Mr. M who were living in eastern Massachusetts.

Despite the gravity of his condition, Mr. M’s relatives were relieved to learn he had been found and was in good hands. They rushed to the hospital, where they arrived not so much hopeful as grateful to have an opportunity to give Mr. M the most precious gift imaginable: He was able to spend the final moments of his life surrounded by those he most loved.
Wayne Newell assumed directorship of Volunteer and Information Ambassador Services in March 2012. He served as program manager for Volunteer Services for the prior four years, increasing the total volunteer hours to more than 106,000 annually and developing a front-end Emergency Department (ED) guide volunteer role to assist patients and families in the hospital’s newly expanded ED. Newell’s career spans 36 years at Mass General; he previously served in several supervisory and managerial positions in Clinical Administration, as director of Materials Management, and as the evening administrative supervisor in the ED. In his new role he will oversee more than 1,500 volunteers, as well as the Volunteer and Information Associates programs, continuing to match volunteer resources and develop volunteer programs in support of the hospital mission.

A true spokesperson

MGH clinicians frequently go the extra mile for their patients and families. But going an extra 180 miles—that’s something else again. In June 2012, MGH nurse Kristin Beauparlant, RN, did just that, cycling from the White Mountains of New Hampshire to the Atlantic coastline. It was all about honoring the dying wish of a former patient.

Her inspiration, Elizabeth “Beth” Bennett Rice, was a vibrant woman diagnosed with a rare and aggressive cancer in 2005. Even before being diagnosed, Bennett Rice had been a long-standing participant in the 190-mile Pan Mass Challenge, the country’s largest sports-related cancer fund-raiser. She knew the cure would one day be found through research and education.

As Bennett Rice’s disease progressed, she spent many hours in her hospital bed at work on her laptop computer. She was laying the groundwork for an organization that would benefit research and education at MGH—she envisioned the “Madam Ovary Foundation.” Now three years after her death, her vision had become reality. In a fitting inaugural event, Beauparlant accompanied Bennett Rice’s husband and several family friends as they made the 180-mile ride through the Granite State to raise money that would help fund research in ovarian cancer at MGH. As an added tribute, Beauparlant made the journey riding Bennett Rice’s bicycle. Bennett Rice’s husband, Peter, carried his wife’s signature pearl necklace, the one she wore on so many other charity rides throughout the years.
A different approach

Every clinical team is stronger because of the diversity of expertise brought by its various members. In the case of “Mary,” it was speech-language pathologist Danny Nunn, SLP, who began to crack the mystery behind one patient’s decline.

Mary was a 90-year-old woman with a history of advanced dementia, admitted to MGH with pneumonia. Throughout her first week at the hospital, Mary’s mental status continued to worsen. She was very fidgety and constantly picking at her IV, which she had managed to remove three times. Although she had initially been able to walk, she had not gotten out of bed while in the hospital. She was now on IV fluids and antibiotics and a diet of pureed foods and honey-thick liquids. However, Mary was most often too sleepy to be fed or just refused to eat altogether. The team had tried to place a feeding tube through her nose, but Mary became too agitated during the attempt.

There was a lingering concern by the team that Mary’s pneumonia stemmed from an aspiration or breathing in food or fluid. Her two devoted daughters were extremely concerned that maybe they had done something wrong when feeding her, and they were anxious for ideas about what they could do to help their failing mother. Her care team contacted the Speech-Language Department for an evaluation.

Mary was quite lethargic when she was initially examined by Nunn. When Nunn returned later in the day, Mary was more awake but still refusing to eat or drink anything. No amount of coaxing or cajoling helped. Her daughters were increasingly concerned and hoping to avoid the prospect of a feeding tube.

The next day, Nunn came prepared to try a different approach, armed with tea and cookies. She set a small table at Mary’s bedside, setting up chairs for herself and Mary’s two daughters, and positioning Mary to eliminate any risk of aspiration. Nunn encouraged the daughters to start eating with her to make a more natural environment. As one of her daughters reached for a cookie, Mary reached for one of her own. And then another. The tea party began, and with it Mary’s recovery.
Focus areas for Process Improvement

With an eye toward providing safe and high-quality care, the hospital community rallied around four primary process improvement initiatives:

Medication reconciliation—Medication reconciliation, both for patients admitted to the hospital and those coming to the hospital for ambulatory care, means collecting and documenting a complete list of medications being taken by each patient. For ambulatory patients, the medication list is updated during each visit and reconciled to reflect any changes. Patients are given copies of their reconciled medication lists for their own records.

Universal protocol—Universal protocol must be conducted before all surgical and other invasive procedures that expose patients to more than minimal risk. Universal protocol ensures that the right patient receives the right procedure at the right site.

Reducing hospital-acquired infections—MGH has focused a great deal on decreasing healthcare-associated infections through diligent hand-hygiene practices before and after patient contact and through the appropriate use of protective gloves, garments, and equipment.

Efficiency and effectiveness—A wide range of care redesign initiatives, including the implementation of Innovation Units, is helping us achieve greater efficiency and effectiveness in care delivery. Innovation Units are designated inpatient units being used as testing grounds for change, allowing us to quickly determine whether new ideas should be adopted, adapted or abandoned.
Breathing a bit easier

Last year Mark Rosen made an overseas pilgrimage he once thought impossible. He wanted to visit Israel with his children to help connect them to their heritage. A 62-year-old patient with amyotrophic lateral sclerosis (ALS), Rosen knew he faced multiple challenges: He relied on a motorized wheelchair, an electronic communication device, and a portable ventilator at night.

Help came from an interdisciplinary care team, with vital input from Respiratory Care services. At MGH, Respiratory Care employs more than 85 registered therapists who are frequently consulted by nurses and physicians to help assess and treat patients in respiratory distress or failure.

To specifically address Rosen’s breathing needs, the respiratory care team, pulmonary function laboratory, and his pulmonologist worked together to perform a variety of critical tests, including high-altitude simulation testing to determine the minimum concentration of oxygen their patient would require during a transatlantic flight. Their care plan also had to include addressing airline specifications for acceptable equipment, coordinating with medical equipment providers, and performing battery-life tests.

“The most important thing we learned,” says Nancy Davis, RRT, AE-C, chronic care coordinator and respiratory therapist, “is that when everyone works toward a common goal, there’s a good chance you’ll not only achieve that goal, but you may exceed everyone’s expectations in the process.”

Despite the complexity of the situation, Rosen’s trip was a complete success, providing unbounded inspiration for the days to come. “The trip strengthened my resolve to keep fighting ALS with all my might,” says Rosen. A man of his word, he is already planning future travels.
INTERVENTION SPOTLIGHT

**Quiet hours**

Resting is a simple but crucial part of the healing process. Ironically, it’s the very equipment and activities involved in quality care delivery—the technology, IV pumps, monitors, frequent rounding, medication delivery—that can make a patient’s room feel less than restful. In an effort to promote a better healing environment, the MGH Innovation Units tested “quiet hours” during designated periods. The goal is to create blocks of time for patients to get some much-needed rest.

Quiet time involves simple changes—dimming lights in the hallway, talking with “library voices,” closing patient doors when possible, and clustering routine care before or after quiet hours.

The introduction of quiet hours has produced remarkable results, allowing patients to get the rest they need. In the early testing, patients surveyed reported a 6.6 percent improvement in noise levels on their unit.

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**Quiet Time**

**Shhhh...**

**Resting is Healing**

*We offer Quiet Time every day*

3:30 – 5:30 pm  
10:00 pm – 6:00 am

*Please be respectful of our healing patients*

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**Hands-on learning**

In the spring of 2012, the Knight Simulation Program took job shadowing to a whole new level. Sixteen high school juniors had an opportunity to see firsthand how the human respiratory system functions thanks to a number of scenarios played out on clinical simulators.

The students were enrolled in the MGH Youth Scholars Program, a four-year program for Boston high school students interested in Science, Technology, Engineering, and Math (STEM) with a focus on healthcare and college readiness.

“Staff from the Knight Simulation Program met with biology, chemistry, and anatomy teachers to develop a classroom model for this innovative new program that had a curriculum aligned with a healthcare perspective,” says Brian French, RN, director of The Knight Simulation Program. “And at MGH, we chose to develop simulation scenarios that focused on problems in the community.”

Nurse educators in the Knight Simulation Program prepared a four-week curriculum that allowed students to apply their science knowledge to real-life clinical situations such as asthma, alcohol intoxication, and the effects of inhalants. They also learned about various clinical role groups and some of the tools used in emergent clinical situations.
**Interdisciplinary collaboration**

Nine different clinical disciplines comprise Patient Care Services. Leveraging the diversity of expertise, experience and perspective of each is a critical element in providing high-quality care, particularly during times of great change. This year’s launch of a PCS Interdisciplinary Staff Advisory Committee was designed to provide a forum for communication among PCS leadership and clinicians and enhance interdisciplinary collaboration and discussions.

In an effort to inform and be informed by staff, the work of the committee is guided by several key principles:

- to provide a routine and ongoing forum for PCS staff to identify issues important to their practice
- to provide a forum for communication about organizational changes affecting PCS staff and patient care
- to promote and invigorate interdisciplinary collaboration and effectiveness in patient care, education, research, and community outreach, and
- to further engage staff in initiatives that promote and sustain regulatory readiness, also referred to as Excellence Every Day.

To further complement this work, where they did not previously exist, several departments have formed their own discipline-specific advisory committees.

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**A cut above**

As chaplain for the MGH Cancer Center, Katrina Scott, MDiv, BCC, is well versed in supporting the spiritual needs of patients throughout their cancer experience.

“I’ve come to appreciate the special circumstances of living with the limitations of illness while trying to keep a sense of self,” she says. “For a patient undergoing chemotherapy, losing their hair—particularly for a woman—can be a trying experience.”

As a personal tribute to her patients, Scott grows and donates a ponytail that will be made into a wig for a cancer patient. Above, at right, she prepares for a new “do,” courtesy of Erin Evers, a stylist in the Cancer Center’s Images Boutique.

It’s her third time making the pilgrimage. Scott says, “It’s a gift to myself really, just knowing that a patient who otherwise might not be able to afford a wig will have one, along with the restored sense of dignity and self that comes with that.”
Rebuilding

On October 7, 2012, MGH performed its first hand transplantation. The patient, Joseph Kinan, was a burn survivor of the tragic Rhode Island Station Nightclub fire. Joe sustained burns over more than 40 percent of his body, including losing the fingers on his dominant left hand, and his right hand was so severely damaged, he was left with only a shortened thumb. Joe had to rely on others to help him with daily activities.

Occupational therapy (OT) would play a critical role in Joe’s postop success, and preparations began many months in advance of his surgery. The outpatient OT staff conducted extensive literature reviews, researched and contacted other facilities in the country that had worked with hand transplant patients, and developed task force teams. These teams focused on the specific areas of care Joe, and others to follow, would require: protective motion, splints to both protect repaired structures and aid in functional motion. They also focused on possible use of various modalities, sensory re-education and functional retraining. Based on their findings and their collective experience working with replanted digits and limbs, the OT teams developed protocols to address all aspects of care, beginning the day after the transplant to present day and based on healing stages of bone, tendon, nerves, and blood vessels.

One of the keys was constant, essential collaboration between the medical team, OTs, other care providers, Joe, and his fiancé, Carrie, to ensure a successful rehabilitation. This meant engaging Joe in his daily therapy and having him immediately begin to use his transplanted left hand as his own. By performing basic, repetitive movements, slowly and methodically—through cortical retraining—Joe began to regain his motor skills.

Joe’s procedure and rehabilitation were about improving his quality of life. If you see Joe and Carrie walking hand in hand down a hallway at MGH—something they weren’t able to do before—you know he’s on the right path.
The caregiving process at MGH revolves around the patient and his or her family. Engaging patients and families more directly in their care can ensure they are receiving the best treatment and attention possible.

The Patient & Family Notebook was designed to encourage patients and families to actively participate in the care they are receiving. Given to the patient and family at admission, the notebook introduces them to the Innovation Unit they are staying on, shares a Universal Patient Compact, provides an overview of the patient’s care team, and offers space for key information and questions to be noted and reviewed.

“The notebook helps orient patients and families to both the unit and the care team,” says Jean Stewart, RN, MSN BC, attending nurse on the White 6 Orthopaedic Unit, “and it gives them a great place to take notes and write down questions they might have for the team.” Some patients have used the notebook at home to document their progress, providing important clinical information when they return for follow-up appointments.

Anabela Nunes, MBA, was appointed director of Medical Interpreter Services in March 2012. Since joining the MGH community in 2000, she has been an active figure in various leadership roles in Interpreter Services, serving as the manager since 2007. Anabela has been an innovator in the field of medical interpreting at MGH through her participation in the creation of a real-time, web-based scheduling system for the department, and by helping to create I-POPs (Interpreter Phone on a Pole), and V-POPs (Video Phone on a Pole) to facilitate the hospitalwide use of professional medical interpreters. She is dedicated to ensuring that Limited English Proficient and Deaf and Hard of Hearing patients receive equitable, quality and safe care, positioning MGH as a national leader. Anabela has likewise been a driving force in promoting the national certification of medical interpreters, with an unparalleled 78 percent of MGH staff interpreters earning this distinction.
Disciplines

Patient Care Services Programs

Cancer Resource Room
Caring Headlines
Center for Global Health
Child Protection
Clinical Support Services
HAVEN Program
( Helping Abuse and Violence End Now)
Information Ambassadors
International Patient Center
Ladies Visiting Committee
Retail Shops
MGH Quit Smoking Service
Patient Advocacy
Orthotics and Prosthetics
Patient and Family Lodging
PCS Diversity Program
PCS Management Systems and Financial Performance
PCS Clinical Informatics
PCS Office of Quality & Safety
Volunteer Services

The Institute for Patient Care

• Center for Innovations in Care Delivery
• Maxwell & Eleanor Blum Patient and Family Learning Center
• Norman Knight Nursing Center for Clinical & Professional Development
• Yvonne L. Munn Center for Nursing Research
Professional Achievements
PATIENT CARE SERVICES

Patricia Anne Chastain, PT, DPT
Physical Therapy
Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Robert Dorman, PT, DPT
Physical Therapy
Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Margaret Garvey, RN
Oncology
Marie C. Petrilli Oncology Nursing Award

Susan Gordon, RN
Cardiac Intensive Care
Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Benjamin Lanckton, BCC
Chaplaincy
Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

Karin Rallo, RN
Emergency Services
Norman Knight Preceptor of Distinction Award

Liana Teixeira
Central Resource for Lunder
Anthony Kirovaitis Jr. Partnership in Caring Award

Karen Ward, RN
Oncology
Marie C. Petrilli Oncology Nursing Award

MGH
Richard Ahern, RN, DNP
Infectious Diseases
Judith A. Fong Nursing Faculty Prize, 32nd Commencement Ceremony, MGH Institute of Health Professions

Marian Jeffries, RN
Thoracic Unit
Excellence in Action Award

Roseanne Karp, RN
Case Management
the one hundred, Cancer Center, Massachusetts General Hospital

Julie Maclean, OTR/L
Physical and Occupational Therapy Services
Mary Forshay Scholarship Award, Massachusetts General Hospital

Dana Sullivan, RN
Emergency Department
MGH Nurse of the Year Award, Massachusetts General Hospital

STATE AND REGIONAL

Mary Jane Costa, RN, PhD
Nursing Administration and Support Services
Sandy Craig Leadership Award, Nantucket Cottage Hospital

Robert Dorman, PT, DPT, GCS
Physical and Occupational Therapy Services
APTA of Massachusetts Excellence in Clinical Practice Award, American Physical Therapy Association of Massachusetts

Tricia Gordon, RN, BSN
Orthopaedics
Excellence in Nursing Award, New England Regional Black Nurses Association

Jeanette Ives Erickson, RN, DNP, FAAN
Patient Care Services
Mary Ann Garrigan Award for Outstanding Professional Achievement and Leadership in the Nursing Profession, Boston University

Janet Madden, RN, MS, CCNS
Neonatal ICU
Nursing Excellence Award from Nursing Spectrum, for Education and Mentoring for the New England Region

Lucy Milton, RN, MSN
Post Anesthesia Care Unit
Make a Difference Award, Northern Essex Community College

NATIONAL

Gaurdia Banister, RN, PhD
The Institute for Patient Care
Mary Eliza Mahoney Award for Advancing Diversity, The American Nurses Association

Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Respiratory Care
Presidential Citation, Society of Critical Care Medicine

INTERNATIONAL

Amanda Bulette Coakley, RN, PhD
Nursing Administration & Support Services
2012 Unique Contribution Award, NANDA International

Jeffrey Adams, RN, PhD
The Center for Innovations in Care Delivery
Best Paper Award, North American Nursing Diagnosis Association-International

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Patient Care Services staff listed in bold.
STATE AND REGIONAL

Mary Amatangelo, MS, ACNP-BC, CCRN
Acute Nursing Management of Stroke, TIA and Hemorrhage
7th Annual Summit, North East Cerebrovascular Consortium, Boston, MA

Paul Arnstein, RN, PhD, FAAN
Managing Pain With and Without Opioids
32nd Annual Conference, National Workers’ Compensation and Occupational Medicine, Hyannis, MA

Gaudia Banister, RN, PhD
Nursing Leading and Transforming Care
Nurse Recognition Week Visiting Scholar Presentation, Women and Infants Hospital in Rhode Island, Providence, RI

Martin Boehm, PT, DPT, OCS, MTC, CS/CS
Conservative Management of the Irreparable Rotator Cuff Tear
Boston Shoulder Institute, Brigham and Women’s Hospital, Boston, MA

Carol Brown, RN, MN, ANP
12 Lead ECG Interpretation
Northeast Regional Nurse Practitioner Conference, Manchester, NH

David Browning, MSW, LICSW
Jeff Cooper, MD
Roxanne Gardner, MD
Jo Shapiro, MD
Elaine Meyer, PhD
Pam Varrin, PhD
Robert Truog, MD
Disclosure & Apology: Leveraging Simulation for Skill-building & Organizational Change
Center for Medical Simulation, Boston Children’s Hospital, Cambridge, MA

Gae Burchill, MHA, OTR/L, CHT
Suzanne Curley, MS, OTR/L, CHT
Flexor and Extensor Tendons: Anatomy and Physiology
Tufts University, Medford, MA

Edward Burns, MA, RRT
Daniel Chipman, B5, RRT
Unexpected Mechanical Ventilator Shut-Downs
East Coast Regional Meeting, FDA/Medsun, Boston, MA

Janet Callahan, PT, MS, NCS
Physical Therapy Management of Concussion
Special Interest Group Introductory Meeting, American Physical Therapy Association of Massachusetts, Boston, MA

Virginia Capasso, PhD, ANP-BC, CWS, CNS
Pressure Ulcers and Wound Care
School of Osteopathic Medicine, University of New England, Biddeford, Maine

Diane Carroll, RN, PhD, FAAN
Patricia Dykes, DNSc
Kumiko Ohashi, RN, PhD
Symposium on the Development and Implementation of Bedside Information Toolkits to Support Safe Patient-Centered Care
24th Annual Scientific Sessions, From Cell to Society: The Intersection of Nursing Research, Practice and Policy, Eastern Nursing Research Society, New Haven, CT

Elizabeth Cole, PT, WCS, CLT-LANA
Lymphedema and Swelling – How to Recognize and Treat
Rhode Island Chapter, American Physical Therapy Association, Pawtucket, RI

Ellen Cobau, RN
Nurse Facilitated Telemonitoring: Impact on Heart Failure Care Outcomes
4th Annual Christine Cameron Symposium on Evidence-Based Practice and Quality Care, “From the Bedside to Virtual Nursing: Patient Care Keeps Passion Strong,” Boston, MA

Aurelie Cormier, RN, MS, ANP, BC
Mindful Conception and Parenting: Creating a Legacy for Our Children
Massachusetts Department of Public Health, with Silent Spring, Newton, MA, and Partners in Perinatal Health Conference, Norwood, MA

Meaghan Costello, PT, DPT, NCS
Disorders of Consciousness: Evaluations; Interventions; Outcomes
Fall Conference, American Physical Therapy Association, Wellesley, MA

Constance Dahlin, ANP-BC, ACHPN, FPCN, FAAN
Advanced Practice Palliative Nursing
Practical Aspects of Palliative Care, Harvard Center for Palliative Care, Boston, MA

Request for Hastened Death
Massachusetts Pain Initiative, Marlborough, MA

Robert Dorman, PT, DPT, GCS
Functional Outcomes of Joint Arthroplasty: Can We Improve Them?
Geriatric Special Interest Group Meeting, American Physical Therapy Association of Massachusetts, Waltham, MA

Diane Doyle, MS, APRN BC, AOCN, NP
Lung Cancer 2012: Overview & Emerging Treatment
29th Annual Cancer Symposium, MetroWest Medical Center, Natick, MA

Diane Doyle, MS, APRN BC, AOCN, NP
Elene Viscoosi, NP
Lorraine Drapek, RN, FNP-BC, NP
Management of the Patient Undergoing Radiation: An Advance Practice Approach
Hot Topics in Oncology Care Meeting, Boston Oncology Nursing Society, Boston, MA

Lorraine Drapek, RN, FNP-BC, NP
Management of Radiation Side Effects
Radiation Oncology Meeting, Boston Oncology Nursing Society, Boston, MA

Jean Fahey, RN, MSN, ACNS-BC, CWS, CCRN, CNRN
The Neurological Examination & Related Anatomy & Physiology for the Bedside Practitioner
Simmons College, Boston, MA

Andrea Girardin, RN, BSN, CCRN
Teaching & Learning in a Transdisciplinary Setting
New England Chapter, Infusion Nurses Society, Waltham, MA

Aneurysm Support Group, Boston, MA
Surgery and Long-Term Support
Robert Ferdinand, RN, BSN, CRNI
Annual Seminar, New England Chapter, Infusion Nurses Society, Waltham, MA

Aurelie Cormier, RN, MS, ANP, BC
Mindful Conception and Parenting: Creating a Legacy for Our Children
Massachusetts Department of Public Health, with Silent Spring, Newton, MA, and Partners in Perinatal Health Conference, Norwood, MA

Meaghan Costello, PT, DPT, NCS
Disorders of Consciousness: Evaluations; Interventions; Outcomes
Fall Conference, American Physical Therapy Association, Wellesley, MA

Constance Dahlin, ANP-BC, ACHPN, FPCN, FAAN
Advanced Practice Palliative Nursing
Practical Aspects of Palliative Care, Harvard Center for Palliative Care, Boston, MA

Request for Hastened Death
Massachusetts Pain Initiative, Marlborough, MA

Peri operative Issues with Neurovascular Surgery and Long-Term Support
Aneurysm Support Group, Boston, MA

Robert Ferdinand, RN, BSN, CRNI
Using CQI Tools and an Electronic Database to Improve Patient Outcomes
Annual Seminar, New England Chapter, Infusion Nurses Society, Waltham, MA

Daniel Fisher, MS, RRT
Managing the Patient with Inhalation Injury: Fact & Fiction
35th Annual Meeting, Massachusetts Society for Respiratory Care, Sturbridge, MA
PROFESSIONAL ACHIEVEMENTS • presentations

Mechanical Ventilation During Hyperbaric Therapy: Pressure Inside and Outside the Chamber
Northeast Chapter Annual Meeting, Undersea Hyperbaric and Medical Society, Springfield, MA

Abby Folger, PT, DPT, CCS
A Model in Interprofessional Clinical Education to Develop Skills in Providing Team-Based, Patient-Centered Care and Professional Competencies
Educational Leadership Conference, American Physical Therapy Association, Greenwich, CT

Lauren Healey, PT, DPT, CCS
Get Moving! Tips for Adopting and Maintaining an Exercise Routine
2nd Annual Patient Seminar, North American Thrombosis Forum, Foxboro, MA

Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Conventional Ventilation for the Patient with ARDS
Early Mobility – Role of the Respiratory Therapist
Ventilator Liberation – Role of Protocols
Pro-con: Should Rescue Therapies be used for Severe ARDS?
Society for Critical Care Medicine, Respiratory Sepsis, Boston, MA

Reshaping the Future of Nursing:
Application of the Adams Influence Model
Annheim Meeting, American Organization of Nurse Executives, Boston, MA

Strategies to Create and Evaluate a Professional Practice Environment
Harvard School of Public Health/China Initiative, Boston, MA

Robert Kacmarek, PhD, RRT, FAARC, FCCP, FCCM
Respiratory Care 2015 and Beyond
Patient-Ventilator Synchrony
Delaore Society for Respiratory Care Annual Meeting, Newark, DE

Core Principles of Ventilatory Support
Proportional Assist Ventilation, Non-Invasive Ventilation
Open Lung Strategies
Patient-Ventilator Synchrony
Monitoring VILI Risk at the Bedside
Optimizing Mechanical Ventilation 2012, St. Paul, MN

Are New Ventilation Modes Lung Protective
What’s New With Heliox?
Inhaled Pulmonary Vasodilators: Adult Applications
AARC Annual Convention, New Orleans, LA

Janet King, RN, BSN, CGRN
Disaster Mental Health: Mental Health Consideration for Survivors and First Responders
Psychological Dimensions of Health Class, Boston College School of Social Work, Chestnut Hill, MA

Karon Konner, LICSW
Natascha Gundersen, LICSW
Disaster Mental Health: Mental Health Consideration for Survivors and First Responders
Psychological Dimensions of Health Class, Boston College School of Social Work, Chestnut Hill, MA

Linda Lacke, MPH
Injury Prevention: The First Step in Trauma Resuscitation
HMS/MGH Trauma & Critical Care Symposium, Boston, MA

Cynthia LaSala, RN, MS
Fall 2012 Conference, Massachusetts Association of Registered Nurses, Framingham, MA
Barbara Levin, RN, CMSRN  
Untangling Charlotte’s Web  
Clinical and Legal Issues for Nurses  
Massachusetts Nurses Association, Lenox, MA

Broken Bones  
Orthopaedic Nursing Program, Regis College, Weston, MA

Colleen Lowe, OTR/L, MPH, CHT  
Sensation and Sensibility, Upper Extremity Course  
Musculoskeletal Work Related Upper Extremity Disorders/Repetitive Stress Injuries  
School of Occupational Therapy, Tufts University, Medford, MA, Mary McKenna Guanci, RN, MSN, CNRN  
Developing a Neuroscience Critical Practice Committee  
Continuing Neuroscience Critical Care Education Course, Harvard Medical School, Boston, MA

Kathleen Miller, RN, PhD, AHN-BC  
Providing Culturally-Competent Complementary Therapies in a Community Setting  
4th Annual Spirituality & Nursing Conference, Boston, MA

Jennifer Morin, PT, MS, OCS, ATC  
Urinary Incontinence: There is Help  
Foxborough Council on Aging, Foxborough, MA

Jane Murray, MBA  
Jessica Smith, RN, MS  
Laura Carr, PharmD  
Interventions to Improve the Coordination of Care and Reduce Readmissions: Discharge Nurse Role and Pharmacist Involvement on a Medicine Pilot Unit  
UHC Annual Conference, Institute for Healthcare Improvement, Orlando, FL  
UHC Pharmacy Council Meeting, Las Vegas, NV

David Nolan, PT, DPT, MS, OCS, CSCS  
Management of Lower Extremity Tendinopathy  
Annual Conference, American Physical Therapy Association, Babson Park, MA

Mary Orencole, MS, ANP-BC  
CRT and HF: Playing Nice in the Sandbox. The Best of Both Worlds: Case Studies in Collaboration  
Heart Rhythm Society 2012 33rd Annual Scientific Sessions, Boston, MA  
Novel Approach to CRT Response: Applying What We Now Know  
12th Essentials of CRM Therapy and Patient Management: Meeting the Challenges of 2012 Conference, Boston, MA

Amy Orroth, OTR/L, CHT  
Peripheral Nerve Injuries  
Fellowship Program, Tufts University, Medford, MA

Jennifer Podesky, PT, DPT, NCS  
Disorders of Consciousness: Evaluations; Interventions; Outcomes  
Fall Conference, American Physical Therapy Association, Wellesley, MA

John Polk, DMin, BCC  
I Held His Heart in My Hands!  
Feast of Saint Luke Day – the Saint of Physicians and Healing Arts, The Church of the Advent, Boston, MA

Todd Rinehart, LICSW  
Erica Wilson, MD  
End of Life Conversations with the Homeless  
Barbara McInnis House, Boston Healthcare for the Homeless, Boston, MA

Ellen Robinson, RN, PhD  
Essential Knowledge for Ethics Consultants: Getting to Goals of Care  
Ethics Committee, Melrose Wakefield Hospital, Melrose, MA  
Ethical Challenges: Living with Advanced Disease  
DNP Program, Simmons College, Boston, MA  
Applying an Ethical Framework in Decision Making in Case of Undocumented Immigrant  
Schwartz Rounds, Newton-Wellesley Hospital, Newton, MA  
Nursing Ethics: More Than Principles—A Framework for Case Analysis  
School of Nursing, Emmanuel College, Boston, MA  
Clinical Ethics Case Analysis: A Presentation for Ethics Committee Members  
Greater Lowell Visiting Nurse Association, Lowell, MA

Ellen Robinson, RN, PhD  
Wendy McHugh, RN, MS  
Judith Friedson, RN, MS  
Strategies for Addressing Nurses’ Ethical Concerns  
Division of Medical Ethics Bioethics Course, Harvard Medical School, Boston, MA

Ellen Robinson, RN, PhD  
Eric Krakauer, MD, PhD  
Dying to Die: A Presentation  
Ethical Considerations in Intractable Pain and Suffering at End of Life  
Harvard Ethics Consortium, Division of Medical Ethics, Harvard Medical School, Boston, MA

Ellen Robinson, RN, PhD  
Angelika Zollfrank, MDiv, BCC  
Knowledge and Skills for Ethics Committee Members  
Children’s Hospital of St. Louis, St. Louis, MO

Joanne Rowley, RN, MS, CS, HNB-BC  
Mindfulness-Based Resources in a MGH Primary Care-Based Wellness Center  
Second Annual New England Holistic Nursing Conference, St. Anselm College and the American Holistic Nurses Association, Kennebunkport, ME

Katherine Russo, OTR/L, CHT  
Combined Injuries/Trauma of the Upper Extremity  
Ocational and Physical Therapy, Tufts University, Medford, MA

Rosalie Tyrrell, RN, MS  
Understanding and Leading a Multigenerational Workforce  
Annual Meeting, Boston Oncology Nursing Society, Boston, MA  
Organization of Nurse Leaders, Waltham, MA  
Winchester Hospital, Winchester, MA  
Franciscan Children’s Hospital, Brighton, MA
PROFESSIONAL ACHIEVEMENTS • presentations

Carmen Vega-Barachowitz, MS, CCC-SLP
Shift Happens: Strategies for Approaching the Changing Face of Healthcare, Acute Care Setting
Short Course Division 15, American Speech-Language Association, Atlanta, GA

Kevin Whitney, RN, MA, NEA-BC
Update on the IOM Future of Nursing, Massachusetts Action Coalition
Robert Wood Johnson Site Visit, Childrens Hospital, Massachusetts General Hospital, and the Massachusetts State House, Boston, MA

Keynote Address
Creating a Professional Practice Model, The Pathway to Clinical Excellence
Vermont Organization of Nurse Leaders, Burlington, VT

Massachusetts Action Coalition Update
Robert Wood Johnson Foundation, Boston, MA

Keynote Address
40th Anniversary Celebration, UMASS Lowell Department of Nursing, Lowell, MA

Maria Winne, RN, MS, NE-BC
Barbara Cashavelly, RN, MSN, AOCN
The Role of the Acute Care Nurse Practitioner: New Models for Acute Care Delivery in an Academic Medical Center
45th Annual Meeting and Exhibition, American Organization of Nurse Executives, Boston, MA

NATIONAL
Jeffrey Adams, RN, PhD
Gail Alexander, RN, MSN
R. Gino Chisari, RN, DNP
Organizational Considerations in the Implementation of an Innovative New Graduate RN Residency
Council for Advancement of Nursing Science, Washington, DC

Jeffrey Adams, RN, PhD
Jeanette Ives Erickson, RN, DNP, FAAN
Influencing the Professional Practice Enviroment: Application of the Adams Influence Model in Leadership Practice
Nursing Leadership Conference, North Shore LIJ Health System, New York NY

Reshaping the Future of Nursing: Application of the Adams Influence Model and Model of the Interrelationship of Leadership Environments and Outcomes (MILE ONE) in Leadership Practice
Annual Conference, American Organization of Nurse Executives, Boston, MA

Mary Amatangelo, RN, MS, ACNP-BC, CCRN
Stroke in Women: The Curse of the Double X
National Primary Care Conference, Women’s Health Conference, Brewster, MA

Paul Arnstein, RN, PhD, FAAN
ASPMN Geriatric Pain Management Course
Chicago Metropolitan Area Meeting, American Society for Pain Management Nursing and the Hospice and Palliative Care Nursing Chapters, Lisle, IL

Balancing Concerns for the Control of Both Pain and Drugs
Annual Long Island Chapter Conference, American Society for Pain Management Nursing, Greenvale, NY

Margaret Baim, MS, ANP-BC
Janice Goodman, PhD, PMHCNS-BC
Susan Juszaume, MSN, APRN, FNP-BC, AHN-BC
Leslee Kagan, RN, FNP-BC
Kathleen Miller, PhD, RN, AHN-BC
Mertie Potter, DNP, PMHNP-BC
Development and Implementation of a New Mind Body Spirit Nursing Academic Certificate Program
32nd Annual Conference, Holistic Nurses: Catalysts for Change, Snowbird, UT

Gaurdia Banister, RN, PhD
Marion Winfrey, RN, MS, EdD
Kathleen Kafel, RN, MS
Leveraging Service/Academic Partnerships to Advance Healthcare Education
Revolutionizing Healthcare Education National Meeting, National Nursing Staff Development Organization, Boston, MA

Gaurdia Banister, RN, PhD
Caring for the Self: Keys to Leadership Success
2012 Executive Development Series, The American Association of Colleges of Nursing, San Antonio, TX

Julie Berrett-Abebe, LICSW, MA
Mary Susan Convery, MSW, LICSW
Jocelyn Walls, MSW, LICSW
Living with Uncertainty, Maintaining Hope: Strategies for the Oncology Patient and Clinica

Social Workers as Psychosocial “First Responders”: Addressing Secondary Traumatic Stress in the Oncology Setting
2012 National Conference, Association of Oncology Social Work, Boston, MA

Julie Berrett-Abebe, MSW, LICSW
Michele Gabree, MS
Meredith Seidel, MS
Kristen Shannon, MS
Collaboration Between Oncology Social Workers and Genetic Counselors in Care Management of Cancer Predisposition Mutation Carriers
2012 National Conference, Association of Oncology Social Work, Boston, MA

David Browning, MSW, LICSW
Susan Gerbino, PhD, LCSW
Navigating in Swampland: Relational Learning for Oncology and Palliative Care Social Workers
National Conference, Association of Oncology Social Work, Boston, MA

David Browning, MSW, LICSW
Stephen Brown, MD
Linda Zaccagnini, MSN, NP
Ethics and Communication in Prenatal Counseling
National Conference: 2012 Harvard Clinical Bioethics Course, Boston, MA

David Browning, MSW, LICSW
Robert Truog, MD
Professional Education to Enhance Relational and Communication Skills
National Conference, 2012 Harvard Clinical Bioethics Course, Boston, MA

David Browning, MSW, LICSW
Joan Berzoff, PhD, LICSW
Navigating in Swampland: Relational Learning for Palliative and End-of-Life Care
Annual Conference, Council on Social Work Education, Washington, DC

Patient Care Services staff listed in bold.
An End-of-Life Journey: Request for Hastened Death, Imminent Death, and Palliative Sedation
Oncology Nursing Society, New Orleans, LA

Putting the Pieces Together
Clinical Practice Forum, Hospice and Palliative Nurses Association, Pittsburgh, PA

Rounding with the Stars
Time Out: The Chaos from Conflict Between Patients, Families and Healthcare Providers
Annual Assembly, American Academy of Hospice and Palliative Medicine, Hospice and Palliative Nurses Association, Denver, CO

Diane Doyle, MS, APRN, BC, AOCN
Elene Viscosi, MSN, APRN, BC
Role of the Advanced Practice Nurse (APN) in a Radiation Oncology Setting 54th Annual Meeting, American Society of Radiation Oncology, Boston, MA

Lorraine Drapek, FNP-BC
Role of the Nurse Practitioner in Radiation Oncology GI Cancer Update Radiation eConference, Oncology Nursing Society

Marion Freehan, RN, MPA/HA, CNOR Marjorie Voltero, RN, BSN, CCRN Implementing an Integrated Endoscopy Nurse Documentation and Patient Scheduling/Tracking Program Annual Course Meeting, Society of Gastroenterology Nurses and Associates, Phoenix, AZ

Gail Gall, APRN, BC, PhD
David Greenblatt, MS, FNP, BC Improving Healthcare Services to High Risk Latino Youth in a Community Setting 37th Annual Conference, American Assembly for Men in Nursing, San Francisco, CA

Tessa Goldsmith, MA, CCC-SLP Allison Holman, MS, CCC-SLP
Ron Farambi, MD
Elene Viscosi, MSN, APRN, BC Elizabeth Weyman, MS Paul Busse, MD, PhD Lori Wirth MD John Clark, MD
Stephan Rothenberg, MD
Annie Chan, MD
Swallowing Function After Proton Beam Therapy for Nasopharyngeal Cancer: A Prospective Study Annual Meeting, American Society for Radiation Oncology, Boston, MA

Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Bedside Evaluation of Respiratory Mechanics Noninvasive Ventilation Neuromuscular Ventilatory Assist Preventing Complications HealthPartners Institute for Medical Education, Optimizing Mechanical Ventilation, St. Paul, MN

Conventional Ventilation of the Patient with Acute Respiratory Distress Syndrome Cleveland Clinic Lung Summit: Controversies in Pulmonary Medicine, Critical Care Medicine, and Mechanical Ventilation, Cleveland, OH

Inhaled Gases and Aerosols The Ventilator Discontinuation Process Advances in Critical Care Treatments, MD Anderson Cancer Center, Houston, TX

Inhaled Gases and Aerosols
From VAP to VAE: Implications for the Respiratory Therapist 58th International Respiratory Congress, New Orleans, LA

Jeanette Ives Erickson, RN, DNP, FAAN
From the Board Room to the Bedside: Influencing the Professional Practice Environment Institute for Nursing Leadership/North Shore Long Island Jewish Health System, Hyde Park, NY

Robert Kacmarek, PhD, RRT, FAARC, FCCP, FCCM
The Mechanical Ventilator: Past, Present, and Future Patient Ventilatory Synchrony Kansas-Missouri Societies for Respiratory Care Meetings, Kansas City, MO
PROFESSIONAL ACHIEVEMENTS • presentations

Mary Larkin, RN, MS, CDE
Transitioning from Oral Agents to Insulin Therapy
72nd Scientific Sessions, American Diabetes Association, Philadelphia, PA

Mary Larkin, RN, MS, CDE
Kerry Milaszewski, RN, BSN, CCRN
Linda Pitter, RN, MS, CCRC
Amy Sbrolla, RN, BSN, ACRN
Advancing Role Recognition via Professional Networking & Collaboration
4th Annual Meeting, International Association of Clinical Research Nurses, Houston, TX

Susan Lee, RN, PhD, NP-C
MGH National AgeWISE Pilot
Magnet Conference, American Nurses Credentialing Center, Los Angeles, CA

MGH AgeWISE: Geropalliative Care Nurse Residency
National Gerontological Nursing Association Conference, Baltimore, MD

Quantum Leap to Becoming AgeWISE: Wave or Particle
York Palliative Care Conference, York, PA

Becoming AgeWISE: The Need for a Better Way
The Language of Caring: A Soft Approach to Tough Conversations
AgeWISE Nurses: Innovations in Caring NICHE – AgeWISE Collaborative Focus on Transitions
NICHE/AgeWISE Conference, Omaha, NE

Mary McKenna Guanci, RN, MSN, CNRN
Educational Needs of the Families with Traumatic Brain Injury
44th Annual Meeting, American Association of Neuroscience Nursing, Seattle, WA

Jackie Mulgrew, PT, CCS
Management of the Acute Care Cardiac Patient
Providence Saint Joseph Medical Center, Burbank, CA

Kathleen Myers, RN, MSN, CNE, ONC
Jill Taylor Pedro, RN, MSN, ACNS-BC, ONC
IHI STAAAR Collaborative, Overview of the Institute for Healthcare Improvement: Reduce Avoidable Hospital Readmissions
Annual Congress, National Association of Orthopaedic Nurses, New Orleans, LA

Mary Orencole, RN, BSN, MS, ANP-BC
Rate Versus Rhythm Control in Atrial Fibrillation: Which is Better?
8th Annual Conference, American Association of Heart Failure Nurses, Chicago, IL

Christopher Robbins, RN, BSN, CGRN
Enteroscopy: Past, Present and Future
ASGE Institute for Training and Technology, Chicago, IL

Sandra Silvestri, RN, MS, CNOR
Jill Taylor Pedro, RN, MSN, ACNS-BC, ONC
Kathleen Myers, RN, MSN, CNE, ONC
Multidisciplinary Approach to the Prevention of OR Positioning Injuries in the Orthopaedic Patient
Annual Congress, National Association of Orthopaedic Nurses, New Orleans, LA

Ellen Robinson, RN, PhD
Pamela Grace, PhD, MSN
Mary Jurchak, RN, CS, PhD
Angelika Zollfrank, MDiv
Clinical Ethics Residency for Nurses: An Innovative Approach to Teaching and Mentoring
Annual Conference, International Association of Ethics Education, Pittsburgh, PA

Krista Rubin, RN, MS, FNP
How To’s of a Skin Cancer Examination
Annual Convention, Dermatology Nurses’ Association, Denver, CO

Advances in Melanoma Treatment; Answers to Oncology Nurses’ Most Frequently Asked Questions Regarding Novel Agents
Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL

Atypical Nevii
Annual Convention, Advanced Practice Symposium, American Academy of Dermatology, San Diego, CA

Krista Rubin, RN, MS, FNP
Michael Wong, MD
Defying the Destiny of Oncogenes: B-Raf Inhibition is a Game Changer in Melanoma and How This Applies to Other Cancers
Bench to Bedside Lecture, Annual Congress, Oncology Nursing Society, New Orleans, LA

Mary Larkin, RN, MS, CDE
Understanding the Diagnostic Options for Gastro-Esophageal Reflux Disease (GERD) Based on Current Best Practice
Annual Course Meeting, Society of Gastroenterology Nurses and Associates, Phoenix, AZ

Janet King, RN, BSN, CGRN
Understanding the Diagnostic Options for Gastro-Esophageal Reflux Disease (GERD) Based on Current Best Practice
Annual Course Meeting, Society of Gastroenterology Nurses and Associates, Phoenix, AZ

Michael Kirk, PhD
Catherine Mannix, RN, MSN, OCN, NE-BC
Jeanne Sixta, RN, BSN, OCN
Protons, Neutrons, and Advanced Treatment Technologies
54th Annual Meeting, American Society of Radiation Oncology, Boston, MA

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Jeanne Sixta, RN, BSN, OCN
Protons, Neutrons, and Advanced Treatment Technologies
54th Annual Meeting, American Society of Radiation Oncology, Boston, MA
Elizabeth Speakman, LICSW
I Didn’t Fight for my Life to be Treated Like This!” Impacts of Cancer on Abusive Relationships
Futures Without Violence National Conference on Health and Domestic Violence, San Francisco, CA

Kathleen Stakes, RN, MSN, CPON
Neuroblastoma Presentation
Annual Meeting, Association of Pediatric Hematology Oncology Nurses, Pittsburgh, PA

Deborah Washington, RN, PhD
Expanding the Patient Safety Paradigm: Engaging Minority Communities in Safer Healthcare
Annual Conference, Agency for Healthcare Research and Quality, Bethesda, MD

INTERNATIONAL

Jeffrey Adams, RN, PhD
Kelly Grady, RN, PhD
Defining a Nursing Research Agenda in a Community Hospital
Video-conference, Hamilton, Bermuda

Jeffrey Adams, RN, PhD
Understanding Influence in Nursing – The Adams Influence Model (AIM)
Video-conference, Hamilton, Bermuda

Barbara Chase, MSN, ANP-BC, CDE
Facilitating Behavior Change in Chronic Disease Management
MGH Global Primary Care Scholars Program, Mbarara University of Science and Technology, Mbarara, Uganda

Constance Dahlin, ANP-BC, ACHPN, FCCN, FAAN
Final Hours
Faculty International End of Life Nursing Education Consortium, (ELNEC), Salzburg, Austria

Resiliency and Sustainability
School of Nursing, University of Lausanne, Lausanne, Switzerland

Early Intervenional Palliative Care Palliative Care Service
Centre Hospitalier Universitaire Vaudois University Hospital, Lausanne Switzerland

Denise Dreher, RN
Kristen Bodnaruk, RN
Marcy McCormick-Gendzel, CRNI
Teleconference: Vesicant Infusions
King Edward VII Hospital, Bermuda

Kathryn Hall, MS, ANP-BC
Sheila Driscoll, RN, MSN
Linda Godfrey-Bailey, RN, BC, MSN
Cindy Williams, MS, PNP
Working Collaboratively: When Five Sites Come Together
Annual Meeting, International Association of Clinical Research Nurses, Houston, TX

Dean Hess, PhD, RRT, FAARC, FCCP, FCRM
COPD Assessment
Long Term Oxygen Therapy
Mechanical Ventilation of the Patient with Obstructive Lung Disease
Noninvasive Ventilation
Asthma/COPD Educator Course & Aerosol Delivery Workshop in Collaboration with Gulf Thoracic Society and Saudi Thoracic Society, Riyadh, Saudi Arabia

Waveforms and Respiratory Mechanics During Mechanical Ventilation
Patient-ventilator Synchrony
Use of Spontaneous Breathing Trials
Patient-ventilator Interaction
XVI International Conference of Respiratory Physiotherapy in the ICU, Rio de Janeiro, Brazil

Mechanical Ventilation – First Do No Harm
Gulf Thoracic Society, Dubai, UAE
Facilitating Speech in the Patient with a Tracheostomy
13th International Conference on Home Mechanical Ventilation, Barcelona, Spain

Jeanette Ives Erickson, RN, DNP, FAAN
The Quality of Healthcare: A Nursing Perspective
The Nurses’ Role in Making Care More Affordable
Innovations in Care Delivery
Huashan-MGH Summit Forum, Shanghai, China

Anatomy of the Ventilator
Respiratory Mechanics During Mechanical Ventilation
Lung-protective Ventilation
Mechanical Ventilation of the Patient with Obstructive Lung Disease
Noninvasive ventilation
Liberaion from Mechanical Ventilation
13th International Conference on Home Mechanical Ventilation, Barcelona, Spain

Susan Briggs, MD, MPH, FACS
Lin-Ti Chang, MSN, RN-BC, ANP-BC, CCRN
Carole Lyons, RN
The 4th Annual Advanced Disaster Medical Response Course
Alice Ho Miu Ling Nethersole Hospital, Hong Kong
Sino-Luso International Medical Forum, Macau

Lin-Ti Chang, MSN, RN-BC, ANP-BC, CCRN
Detecting and Managing Intra-abdominal Hypertension: A Lethal Complication of Critical Illness
Zhejiang & Jiangsu Emergency Medicine Congress, West Lake International Forum on Disaster Medical Response and Trauma, Hangzhou, China

Barbara Chase, MSN, ANP-BC, CDE
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Jeanette Ives Erickson, RN, DNP, FAAN
The Quality of Healthcare: A Nursing Perspective
The Nurses’ Role in Making Care More Affordable
Innovations in Care Delivery
Huashan-MGH Summit Forum, Shanghai, China
Robert Kacmarek, PhD, RRT, FAARC, FCCP, FCCM
Weaning from Mechanical Ventilation
Transporting the Ventilated Patient: What Do We Need?
The Ventilator of the Future,
Non-Invasive Ventilation: A to Z
Management of Severe Hypoxemia and Monitoring Respiratory Mechanics in Assisted Ventilation
32nd International Symposium on Intensive Care and Emergency Medicine, Brussels, Belgium

Robert Kacmarek, PhD, RRT, FAARC, FCCP, FCCM
Mechanical Ventilation – Basic Information for all Patients
Proportional Assist Ventilation
Open Lung vs. Hyperdistension in ARDS
Ventilation with PAV and NAVA
16th International Symposium on Respiratory Physiotherapy and Respiratory Critical Care, Rio de Janeiro, Brazil

Mary Larkin, RN, MS, CDE
Voices Echoing Forward: The MGH Oral History Project
International Nursing Conference, International Association for the History of Nursing, Kolding, Denmark

The Mechanical Ventilator: Past, Present, and Future
Clinical and Technical Application of NIV: The Little Things Make the Difference
Patient-Ventilator Interactions PAV and NAVA
ARDS: Maximum Recruitment vs. Let the Lung Rest
Monitoring Respiratory Mechanics.”
Chilean Society of Critical Care Medicine Meeting, Santiago, Chile

Understanding How a Ventilator Functions
The Concept of Proportional Assist Ventilation in Children
How to Evaluate a New Ventilator
New Options on New Ventilators: Gadgets on Useful Tools
Extended Monitoring on the Ventilator Screen: Toys or Real Tools
New Trigger Concepts and Systems
11th European Conference on Pediatric and Neonatal Ventilation, Montreux, Switzerland
PROFESSIONAL ACHIEVEMENTS • poster presentations

STATE AND REGIONAL

Jeffrey Adams, RN, PhD
Jeanette Ives Erickson, RN, DNP, FAAN
Nikolay Nikolaev, PhD
Theresa Gallivan, RN, MS
Marianne DitoMasi, RN, DNP, MBA
Dorothy Jones, RNC, EdD, FAAN
Development and Psychometric Evaluation of the Leadership Influence over Professional Practice
Environment Scale
Quarterly Educational Conference, Organization of Nurse Leaders, Newton, MA
Academy Health, Orlando, FL

Paul Arnstein, RN, PhD, FAAN
A Boston Collaborative: Center of Excellence in Pain Education
Research Poster Presentation Session, Harvard University, Boston, MA

Jeffrey Adams, RN, PhD
R. Gino Chisari, RN, DNP
Talia L’Europa, RN, MS, ANP-BC
Organizational Considerations in the Implementation of a New Graduate ICU RN Residency
New England Conference, American Association of Critical-Care Nurses, Boston, MA

Gaurdia Banister, RN, PhD
Laura Mylott, RN
JoAnn Mulready Schick, RN
Evaluating Dedicated Education Units for Educational Quality: An Academic Service Innovation & Partnership
Quarterly Educational Conference, Organization of Nurse Leaders, Newton, MA

Cathy Culhane-Hermann, RN, BSN
Community-Based, Primary Prevention Programs Improve Psychological and Cardiovascular Health
Coaching in Leadership and Healthcare, Theory, Practice and Results
2012 Conference Institute of Coaching, McLean Hospital, Boston, MA

Jeanette Ives Erickson, RN, DNP, FAAN
Promoting a Culture of Professional Practice Through a Twinning Relationship
Annual Meeting, American Organization of Nurse Executives, Boston, MA

Rosalie Tyrrell, RN, MS
Understanding and Leading a Multigenerational Workforce
Leadership Development Program, Winchester Hospital, Winchester, MA
Leadership Group Meeting, at Franciscan Hospital for Children, Brighton, MA

NATIONAL

Mary Amatangelo, MS, ACNP-BC, CCRN
Clinical Issues Post Stroke: An Evolving Step Along the Continuum
Why You Do the Things You Do Related to Care of the Stroke Patient
44th Annual Educational Meeting, American Association of Neuroscience Nurses, Seattle, WA

Stephanie Ball, RN, CCRN, CCNS, DNS
Health Literacy in the Army Reserve
2012 National State of the Science Congress on Nursing Research: Counsel of Advance Nursing Science Organization, Washington, DC

Jeanette Ives Erickson, RN, DNP, FAAN
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Edward Coakley, RN, MSN
Ronald Doncaster, MS
Richard Evans, MA
Brian French, RN, PhD(c)
Colleen Gonzalez, RN, MS
Cynthia LaSala, RN, MS
Liza Nyeoko, MS
Kate Roche, RN, MS
Jennifer Sargent, RN, MS
Meridae Vaught Bagge, RN, MS
The “Always Responsive” Quality Demonstration Project
Quarterly Educational Conference, Organization of Nurse Leaders, Newton, MA

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Cynthia LaSala, RN, MS
Liza Nyeoko, MS
Kate Roche, RN, MS
Jennifer Sargent, RN, MS
Meridae Vaught Bagge, MD
The “Always Responsive” Quality Demonstration Project
24th Annual National Forum on Quality Improvement in Health Care, Orlando, FL

Gaurdia Banister, RN, PhD
Sharon Badgett-Lichten, LICSW
Edward Coakley, RN, MSN
Ronald Doncaster, MS
Richard Evans, MA
Brian French, RN, PhD(c)
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Meridae Vaught Bagge, MD
The “Always Responsive” Quality Demonstration Project
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PROFESSIONAL ACHIEVEMENTS • poster presentations

Madeleine Bohlen
Hannah Lyons, RN, MSN, AOCN
Barbara Cashavelly, RN
Inga Lennes, MD
Implementing Double-Checks for Patient-Controlled Analgesia (PCS) Pump Programming
Quality Care Symposium, American Society of Clinical Oncology, San Diego, CA

Virginia Capasso, ANP-BC, PhD, CWS
Amanda Bulette Coakley, RN, PhD
Susan Gavaghan, RN, ACNS-BC, CWS
Jacqueline Collins, RN, ACNS-BC, CWS
Jill Pedro, RN, ACNS-BC, ONC
Debra Frost, RN, MS, CRRN
Nancy McCarthy, RN, MSN
Claire Seguin, RN, BSN, MSN(c), CHC
Sandra Silvestri, RN, MS, CNOR
Theresa Gallivan, RN, MS
Gaudria Banister, RN, PhD
Charlene O’Connor, RN, MS, CNOR
Pressure Ulcer Prevention Program Symposium on Advanced Wound Care – Fall
North American Center for Continuing Medical Education, Baltimore, MD
Clinical Symposium on Advanced Wound & Skin Care, Las Vegas, NV

Jocelyn Carter, MD
Jane Murray, MBA
Laura Carr, PharmD
Jessica Smith, RN, MS
Gwen Crevensten, MD
STAAR: Improving the Reliability of Care Coordination and Reducing Hospital Readmissions in an Academic Medical Center
UHC Annual Conference, Institute for Healthcare Improvement, Orlando, FL

Diane Connor, RN, MS, CDE
Linda Connor Lacke, MPH
Deborah D’Avolio, PhD, ACNP
Implementation of Falls Prevention in Senior Housing to Increase Participation in Fall Prevention Programs
Annual Meeting, American Society of Aging, Washington, DC

Leanne Espindle, RN, MSN
Claire O’Brien, RN, MBA, CNOR, NE-BC
Robin Gallant, RN
The Role of the RN in Peripheral Nerve Block: Developing a Standard Practice Across Three Academic Ambulatory Surgery Centers
OR Manager Conference, Las Vegas, NV

Daniel Fisher, MS, RRT
Christopher Chenelle, BA
Andrew Marchese, MS
Joseph Kratohvil, LPN, RRT
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
58th International Respiratory Congress, New Orleans, LA

Marion Freehan, RN, MPA/HA, CNOR
Tiffany Torres, ST, GIT
Stephanie Morgado, ST, GIT
Jason Klemm, ST, GIT
Mary Redford, CST
Alice Sicky, ST
Jacqueline Decembre, ST
Orientation Model for Surgical Technologists in GI Endoscopy Annual Course Meeting, Society of Gastroenterology Nurses and Associates, Phoenix, AZ

Susan Gage, RN
Secrecy and Shame: Substance Abuse in Older Adults
Annual Conference, National Gerontological Nurses Association, Baltimore, MD

Joanne Jang, MD, PhD
Ron Parambi, MBBS, MPH
Tessa Goldsmith, MA, CCC-SLP
Allison Holman, MS, CCC-SLP
Lori Worth, MD
John Clark, MD
Paul Busse, MD, PhD
Annie Chan, MD
Factors Associated with Limited Gastrostomy Tube Usage in Patients with Oropharyngeal Cancer Treated with Chemoradiation
National Congress, National Patient Safety Foundation, Washington, DC

Tara Jennings, MSN, ANP-BC
Jean Fahey, MSN, RN, ACNS-BC, CWS, CNRN, CCRN
Assessment of Seizure Identification by Registered Nurses Across Neuroscience Units in 3 Large, University-Affiliated Medical Centers
65th Annual Meeting, American Epilepsy Society, Baltimore, MD

Adele Keeley, RN, BSN, MA
Julie Cronin, RN, MSN, OCN
Michelle Connolly, RN, BSN, OCN
Beth Morrissey, RN, BSN
Kristen Nichols, RN, BSN
Katie Fauvel, RN, BSN
SharePoint: A Unit-Based Initiative to Increase Knowledge and Communication Among Nursing Staff
Care, Innovation and Transformation Conference
American Organization of Nurse Executives, Phoenix, AZ

Mary Larkin, RN, MS, CDE
Cheiroarthropathy in the DCCT/EDIC Cohort
72nd Scientific Sessions, American Diabetes Association, Philadelphia, PA

Elyse Levin-Russman, MSW, LICSW
Heather Peach, MS, CCLS
Lorris Kubricke, MT-BC
Fall for the Arts: Community Building Through the Healing Arts
National Conference, Association of Pediatric Oncology Social Workers, Portland, Oregon

Denise Lozowski, RN, MSN
Esther Israel, MD
Tanya John, RPh
Can Low Volume High Risk Pediatric Medication Safety be Resolved Within a Large Academic Medical Center?
National Congress, National Patient Safety Foundation, Washington, DC
Lynn Oertel, MS, ANP, CACP  
Clemens Hong, MD/MFH  
Fatima Rodriguez, MD  
Yuchiao Change, PhD  
Daniel Singer, MD  
Lenny Lopez, MD/MFH  
Limited English Proficient Patients and Time Spent in Therapeutic Range in an Anticoagulation Clinic  
Thrombosis and Hemostasis Summit of North America, Chicago, IL

Jun Oto, PhD, MD  
Andrew Marchese, MS  
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC  
A Comparison of Leak Compensation in Acute Care Ventilators During Non-invasive Ventilation; a Lung Model Study  
58th International Respiratory Congress, New Orleans, LA

Deborah Palmer, RN, MSN, CGRN  
Stephanie Morgado, ST, GIT  
Leading the Way in Diagnosis and Treatment of Barrett’s Esophagus  
Annual Course Meeting, Society of Gastroenterology Nurses and Associates, Phoenix, AZ

Constance Roche, RN, MSN, ANP-BC, APNG, ONC  
A Program to Increase Use of Chemoprevention for Women with High Risk Breast Lesions  
Annual Interdisciplinary Breast Center Conference, Las Vegas, NV  
2012 Breast Cancer Symposium, San Francisco, CA

Jennifer Searl, MLS  
Katherine Fillo, RN-BC, MPH  
Brian French, RN-BC, PhD  
A Systemic Multi-Faceted Approach to Staff Knowledge of Health Literacy  
11th Annual Health Literacy Conference, Institute for Healthcare Advancement, Irvine, CA

Gaurav Singal, MD  
Gaurav Upadhyay, MD  
Daniel Friedman, MD  
Neal Chatterjee, MD  
Jagdesh Kandala, MD  
Mary Orencole, RN, BSN, MS, ANP-BC  
Conor Barrett, MD  
G. William Dec, MD  
Michael Picard, MD  
Jagmeet Singh, MD  
Renal Response in Patients with Chronic Kidney Disease (CKD) Predicts Outcome Following Cardiac Resynchronization Therapy (CRT)  
2012 Scientific Session, American Heart Association, Los Angeles, CA

Elizabeth Speakman, LICSW  
Engaging Physicians in Domestic Violence Advocacy  
Futures Without Violence National Conference on Health and Domestic Violence, San Francisco, CA

Lara Traeger, PhD  
Justin Eusebio, MA  
Elyse Park, PhD, MPH  
Jennifer Repper-DeLisi, RN, MSN  
Michelle Jacobo, PhD  
Mary Susan Convery, MSW, LICSW  
William Firl, MD, MPH  
Psychological Skills Training for Managing Difficult Patient Encounters: Results of a Pilot Randomized Controlled Trial for Oncology Nurses, (Best Overall Poster Award)  
American Psychological Oncology Society, San Diego, CA

INTERNATIONAL

Susan Wood, RN, MSN, ANP-BC, WCC  
Susan Morash, RN, BSN, MA  
Ellen Robinson, RN, PhD  
Priscilla McCormack, RN, MSN  
Jill OBrien, RN, MSN  
Kitman Tsang, RN, MSN  
Enhancing the Nurse’s Role in Code Status Discussions: An Educational Practice Intervention to Improve the Quality of Care and Decrease Moral Distress  
National Nursing Ethics Conference, Ethics of Caring, Los Angeles, CA

Mi Young Park, MD  
Gaurav Upadhyay, MD  
Jagdesh Kandela, MD  
Mary Orencole, RN, BSN, MS, ANP-BC  
Michael Picard, MD  
Characteristics of Patients with Long Atrio-Ventricular Delay after Cardiac Resynchronization Therapy  
2012 Scientific Sessions, American Heart Association, Los Angeles, CA

Jing-Jing Wang, MPH  
Ron Parambi, MD  
Tessa Goldsmith, MA, CCC-SLP  
Allison Holman, MS, CCC-SLP  
Factors Associated with Limited Gastrostomy Tube Usage in Patients with Oropharyngeal Cancer Treated with Chemoradiation  
8th International Conference on Head and Neck Cancer, American Head and Neck Society, Toronto, Canada

Tessa Goldsmith, MA, CCC-SLP  
Allison Holman, MS, CCC-SLP  
Nurses’ Perceptions of Family Presence in the Intensive Care Unit During Resuscitation and Invasive Procedures  
12th Annual Spring Meeting, Council of Cardiovascular Nurses and Allied Professionals, European Society of Cardiology, Copenhagen, Denmark
PROFESSIONAL ACHIEVEMENTS • appointments

STATE AND REGIONAL

Jeffrey Adams, RN, PhD
Faculty Member, Mongan Institute for Health Policy

Barbara Blakeney, RN, MS, FNAP
Vice-Chair, Board of Directors, Boston Health Care for the Homeless Program
Member, Advisory Board, University of Massachusetts at Amherst College of Nursing
Member, Advisory Board, University of Massachusetts at Boston, College of Nursing

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Instructor in Surgery, Harvard Medical School
Assistant Professor, MGH Institute of Health Professions
Visiting Scholar, William F. Connell School of Nursing, Boston College

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Co-Chair, Nurse of the Future Committee, Organization of Nurse Leaders of Massachusetts and Rhode Island, and the Massachusetts Department of Higher Education

Suzanne Danforth, MS-CCC, SLP
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Daniel Fisher, MS, RRT
Past President, Massachusetts Society for Respiratory Care

Martha Garlick, PT, DPT, MS, CCS
Federal Affairs Liaison, American Physical Therapy Association of Massachusetts

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Clinical Instructor, MGH Institute for Health Professions

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Chairperson, MGH Center for Global Health Advisory Committee, Massachusetts General Hospital
Member, Board of Trustees, MGH Institute of Health Professions
Member, Nursing Archives Associates, Boston University
Member, National Consensus Project on Compassionate Care Steering Committee, Massachusetts General Hospital Schwartz Center
Co-Chairperson, Host Committee, Celebration of Women in Health Care, Kenneth B. Schwartz Center

Constance Dahlin, ANP-BC, ACHPN, FPCN, FAAN
Committee Member, American Hospital Association

Rabbi Ben Lanckton, BCC
Chairperson, Committee on Continuing Education, National Association of Jewish Chaplains

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Fellow, American Academy of Nursing

Paul Arinstein, RN, PhD, ACNS-BC, FNP-C, FAAN
Co-Chair, Master Faculty Committee, American Society for Pain Management Nursing

NATIONAL

Jeffrey Adams, RN, PhD
Ad hoc Editorial Manuscript Reviewer, Military Medicine
Member, Editorial Board of Advisors, Journal of Nursing Administration
Member, Expert Advisory Committee, Aetna Foundation

Member, Harvard Humanitarian Initiative Executive Committee, Harvard University
Member, Greater Boston Aligning Forces for Quality Initiative Planning Grant Community Council
Member, Greater Boston Aligning Forces for Quality Initiative Planning Grant Planning Group
Co-Chair, Host Committee, Celebration of Women in Healthcare, Kenneth B. Schwartz Center
Member, Harvard Humanitarian Initiative Executive Committee, Harvard University
Member, Board of Directors, The Institute for Nursing Healthcare Leadership
Member, Board of Directors, The Benson-Henry Institute for Mind Body Medicine
Chairperson, Chief Nurse Council, Partners Healthcare System

Member, Task Force, The National Consensus Project for Quality Palliative Care

Member, Clinical Practice Guideline Committee, American Pain Society
Barbara Blakeney, RN, MS, FNAP
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Virginia Capasso, ANP-BC, PhD, CWS
Reviewer, Clinical Nurse Specialist Journal

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Sara Dolan Looby, ANP-BC, PhD, FAAN
Fellow, American Academy of Nursing

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Member, American Academy of Nurse Practitioners
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Dean Hess, PhD, RRT, FAARC, FCCP, FCCM  
Editor in Chief, Respiratory Care

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Member, Operational Review Team, National Institutes of Health  
Member, National Advisory Council on Nurse Education and Practice, Health and Human Services Administration  
Member, Editorial Advisory Board, Nursing 2005 – 2012, Lippincott, Williams & Wilkins  
Member, Nurse Leadership Association, Robert Wood Johnson Executive Nurse Fellows Program  
Member, Editorial Review Board, Online Journal of Issues in Nursing

Cynthia LaSala, RN, MS  
Member, Code of Ethics Task Force, American Nurses Association  
Member, Center for Ethics and Human Rights, Ethics Advisory Board, American Nurses Association

Barbara Levin, RN, CMSRN  
National Director, Orthopaedic Nursing, National Association of Orthopaedic Nurses

Jennifer McAtee, MS, OTR/L  
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Member, Item Reclassification Committee, National Board for Certification of Orthopaedic Technologists

Kathleen Miller, RN, PhD, AHN-BC  
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Lynn Oertel, RN, ANP  
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Chair, National Certification Board for Anticoagulation Providers  
Member, Medical Advisory Scientific Advisory Board for the National Blood Clot Alliance

Alexandra Penzias, RN, Med, MSN, CEN  
Member, Editorial Board, Journal of Radiology Nursing

Gayle Peterson, RN  
Member, Board of Directors, American Nurses Association  
Member, Code of Ethics Task Force, American Nurses Association

Gail Pisarcik Lenehan, RN, MSN, EdD, FAEN, FAAN  
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Member, International Association of Clinical Research Nurses

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Member, Kappa Zeta-at-Large Chapter, Sigma Theta Tau International

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Board Member, Durant Fellowship for Refugee Medicine, Massachusetts General Hospital  
Member, Editorial Review Board, Worldviews on Evidence-Based Nursing

Mary Larkin, RN, MS  
At Large Member, Board of Directors, International Association of Clinical Research Nurses
CLINICAL RECOGNITION PROGRAM

The Mass General Clinical Recognition Program serves as a formal way to recognize excellence in practice, encourage professional development, and build a diverse community of reflective practitioners within Patient Care Services. Applicants work with their directors and clinical specialists to analyze their practice relative to clinician-patient relationship, clinical knowledge and decision-making, teamwork and collaboration and movement (for Occupational Therapy and Physical Therapy professionals). Criteria within these themes define four levels of clinical practice: Entry, Clinician, Advanced Clinician and Clinical Scholar.

2012 ADVANCEMENTS

Advanced Clinician
Laura Bonnet, RN
Jennifer Casella, RN
Erin Daly, SLP
Melissa Donovan, RN
Megan Hughes, RN
Rachael Hyler, RN
Christina Jewell, RN
Suy-Sinh Law, PT
Amy Lizotte, RN
Meghan Lortie, RN
Nicole Moran, RN
Melissa Mullen, RN
Amy Murphy, RN
Karen Rosenblum, RN
Rebecca Santos, SLP
Sharon Serinsky, OTR/L
Richard Soria, RN
Erica Vaughn, RN

Clinical Scholar
Nancy Aguilar, RN
Heidi Nichols-Baldacci, RN
Gertrude Colburn, RN
Mary Susan Convery, LICSW
Katherine Fillo, RN
June Guarente, RN
Tara Hutchings, RN
Hilary Levinson, RN
Barb Luby, LICSW
Sandra Masiello, RN
Michelle Pollard, SLP
PROFESSIONAL ACHIEVEMENTS • publications

BOOKS AND CHAPTERS IN BOOKS

Adebayo Esan, MD
Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Curtis Sessler, MD
Liziamma George, MD
Charles Oribabor, MD
Felix Khusid, RRT, FAARC
Suhail Raoof, MD

Chapter: Ventilator Strategies in Severe Hypoxemic Respiratory Failure
New Developments in Mechanical Ventilation
Number 55
European Respiratory Monograph

Neila Altobelli, BA, RRT

Chapter: Airway Management
Eagan’s Fundamentals of Respiratory Care
10th Edition
Mosby Elsevier

Paul Arnstein, RN, PhD, ACNS-BC, FNP-C, FAAN
Barbara St. Marie, PhD, ANP, GNP, CS
Dory Green, MA
Krames StayWell

Paul Arnstein, RN, PhD, FAAN
Hannah Lyons, RN, MSN, AOCN
Yasmin Khalili, RN
Chapter: Pain
Advanced Practice Nursing of Adults in Acute Care
F. A. Davis Company

Kate Barba, RN, MS, GNP-BC
Terry Mahan Buttarro, PhD, ANP-BC, GNP-BC, FAANP
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Rachel Bolton, RN, CPON
Chapter: Special Populations
Manual for Radiation Oncology Nursing Practice and Education
4th Edition
Oncology Nursing Society

Virginia Capasso, PhD, ANP-BC, CWS
Erin Cox, RN, MS, ACNP-BC
Sharon Bouvier, RN, MS
Carotid Stenosis in Primary Care: A Collaborative Practice
4th Edition
Mosby Elsevier

Barbara Chase, MSN, ANP-C, CDE
Chapter: Population Management in Primary Care
Primary Care: A Collaborative Practice
4th Edition
Mosby Elsevier

Daniel Chipman, BS, RRT
Patricia English, MS, RRT
Chapter: Neonatal and Pediatric Respiratory Care
Eagan’s Fundamentals of Respiratory Care
10th Edition
Mosby Elsevier

Constance Cruze, RN, MSN, PMHCNS-BC
Mary Lussier-Cushing, MS, RN/PC, PMHCNS-BC
Jennifer Repper-Delisi, RN, MSN, PMHCNS-BC
Chapter: Dementia
Chapter: Anxiety Disorders
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Constance Dahlin, ANP-BC, ACHPN, FAAN
Chapter: Providing Quality Care
Chapter: Reimbursement and Billing
Core Curriculum for the Advanced Practice Registered Nurse
2nd Edition
Hospice and Palliative Nurses Association

Constance Dahlin, ANP-BC, ACHPN, FAAN
Maureen Lynch, MS, ANP-BC, ACHPN, AOCN, FPCN
Co-Editors: Core Curriculum for the Advanced Practice Registered Nurse
10th Edition
Mosby Elsevier

Constance Dahlin, ANP-BC, ACHPN, FAAN
Maureen Lynch, MS, ANP-BC, ACHPN, AOCN, FPCN
Chapter: Evolution of the Advanced Practice Nurse in Palliative Care
Core Curriculum for the Advanced Practice Registered Nurse
2nd Edition
Hospice and Palliative Nurses Association

Sheila Davis, DNP, ANP-BC
Pamela Binnie, MS, ANP
Chapter: HIV/AIDS
Core Curriculum for the Advanced Practice Registered Nurse
2nd Edition
Hospice and Palliative Nurses Association

Jean Fahey, RN, MSN, ACNS-BC, CWS, CCRN, CCN
Chapter: Normal Pressure Hydrocephalus and Dizziness
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Daniel Fisher, MS, RRT
Chapter: Physical Principles of Respiratory Care
Chapter: Solutions, Body Fluids, and Electrolytes
Chapter: Lung Expansion Therapy
Eagan’s Fundamentals of Respiratory Care
10th Edition
Mosby Elsevier

Catherine Harris, RN, MSN, CEN, CPEN, CNE
Chapter: Abdominal Trauma
Sheehy’s Manual of Emergency Care
7th Edition
Mosby Elsevier

Pamela Grace, RN, PhD, FAAN
Ellen Robinson, RN, PhD
Chapter: Nursing’s Moral Imperative
Fostering Nurse-Led Care: Professional Practice for the Bedside Leader from Massachusetts General Hospital
Sigma Theta Tau International

Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Chapter: Monitoring Respiratory Function
Anesthesiology
2nd Edition
McGraw Hill
PROFESSIONAL ACHIEVEMENTS • publications

Jeanette Ives Erickson, RN, DNP, FAAN
Dorothy Jones, EdD, RNC, FAAN
Marianne Ditomassi, RN, DNP, MBA
Fostering Nurse-Led Care: Professional Practice for the Bedside Leader from Massachusetts General Hospital
Sigma Theta Tau International

Jeanette Ives Erickson, RN, DNP, FAAN
Marianne Ditomassi, RN, DNP, MBA
Jeffrey Adams, RN, PhD
Chapter: Developing the Leadership Skill Set for the Executive Nurse Leader
The DNP – Redesigning Advance Practice roles for the 21st Century: Education, Practice and Policy
Springer Publishing Company

Lorraine Jacobsohn, RN, MSN, PMHCNS-BC
Margaret Stockley
ebook: Path to Inner Knowledge: Sensing Your Way to Peace, Balance and Health
Bookbaby

Marian Jeffries, MSN, ACNS BC, FNP, CNS
Chapter: Asthma, COPD, Pneumonia and Influenza
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
James Stoller, MD, MBA, FCCP
Albert Heuer, PhD, MBA, RRT, RPFT
Egan’s Fundamentals of Respiratory Care 10th Edition
Mosby-Elsevier

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Dean Hess, PhD, RRT, FAARC, FCCP, FCCM
Chapter: Mechanical Ventilation for the Surgical Patient.
Anesthesiology
2nd Edition
McGraw Hill

Mary Lussier-Cushing, MS, RN/PC, PMHCNS-BC
Jennifer Repper-Delisi, RN, MSN, PMHCNS-BC
Sara Fisher, RN, MSN, PMHCNS-BC
Constance Cruz, RN, MSN, PMHCNS-BC
Chapter: Delirium
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Catherine Mannix, RN, MSN, OCN
Chapter: Modality-Specific Management: Proton Beam Radiation Therapy
Manual for Radiation Oncology Nursing Practice and Education
4th Edition
Oncology Nursing Society

Patricia Mian, RN, MS, PMHCNS-BC
Chapter: Restraints
ENA: Handling Psychiatric Emergencies
Elsevier Online

Karen Miguel, RN, MM-H
Chapter: Teamwork and Communication in Radiology
Quality and Safety in Radiology
Oxford University Press

Jennifer Repper-Delisi, RN, MSN, PMHCNS-BC
Constance Cruz, RN, MSN, PMHCNS-BC
Sara Fisher, RN, MSN, PMHCNS-BC
Mary Lussier-Cushing, MS, RN/PC, PMHCNS-BC
Chapter: Depression
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

Laura Rossi, RN
Millie Leblanc, RN
Karen Miguel, RN, MM-H
Kathy Tobin, RN
Chapter: The Joint Commission, National Patient Safety Goals, and Radiology: Making the Grade
Quality and Safety in Radiology
Oxford University Press

Purris Williams, BS, RRT
Chapter: Noninvasive Ventilation
Egan’s Fundamentals of Respiratory Care
10th Edition
Mosby Elsevier

Dawn Williamson, RN, MSN, PMHCNS-BC
Chapter: Alcohol Abuse
Sheely’s Manual of Emergency Care
7th Edition
Mosby Elseview

Susan Wood, RN, MSN, ANP-BC, WCC
Chapter: Endocrine Disorders
Nursing Care of the Hospitalized Older Patient
Wiley-Blackwell

ARTICLES

Jeffrey Adams, RN, PhD
Influencing the Language of Care: An Interview with T. Heather Herdman and Susan Moorhead
Influencing Nursing Education, Policy, Practice, and Research: An Interview with Kathleen Potempa
Influential Nurse Executive Leadership: An Interview with Maria Weston
Journal of Nursing Administration

Jeffrey Adams, RN, PhD
Tanya Osborne McKenzie, RN, MSN
Advancing the Evidence-Base for a Standardized Provider Handover Structure: Staff Nurse Descriptions of Information They Need to Deliver Competent Care
Journal of Continuing Education in Nursing

Jeffrey Adams, RN, PhD
Jeanette Ives Erickson, RN, DNP, FAAN
Marianne Ditomassi, RN, DNP, MBA
Joyce Clifford, RN, PhD, FAAN
Understanding the Nurse Executive and Executive Administrative Assistant Relationship
AONE Nurse Leader

Sanjiv Agarwala, MD
Steven O’Day, MD
Antoni Riba, MD
Krista Rubin, RN, MS, FNP-BC
Practical Approaches to Metastatic Melanoma in the Molecular Era
HemOnc Today
PROFESSIONAL ACHIEVEMENTS • publications

Patrick Dunne, MEd, RRT, FAARC
Neil Macintyre, MD, FAARC
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Kathy Jones-Boggs Rye, EdD, RRT, FAARC
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Respiratory Care

Daniel Friedman, MD
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Robert Altman, MD
Mary Orencole, RN, MS, ANP-BC
Conor Barretti, MD
Theofanie Mela, MD
E. Kevin Heist, MD
Jagmeet Singh, MD
The Anatomic and Electrical Location of the Left Ventricular Lead Predicts Ventricular Arrhythmia in Cardiac Resynchronization Therapy
HeartRhythm

Daniel Friedman, MD
Robert Altman, MD
Mary Orencole, RN, MS, ANP-BC
Richard Branson, MSc, RRT
Know Your Ventilator to Beat the Leak
Chest

Todd Hultman, RN, PhD
Amanda Bulette Coakley, RN, PhD
Christine Donahue Annese, RN, MSN
Sharon Bouvier, RN, MSN
Exploring the Sleep Experience of Hospitalized Patients
Creative Nursing

Jeanette Ives Erickson, RN, DNP, FAAN
Marianne Ditomassi, RN, DNP, MBA
Jeffrey Adams, RN, PhD
Attending Registered Nurse: An Innovative Role to Manage Between the Spaces
Nursing Economics

Hong Jiang, RN, MSN
Jeanette Ives Erickson, RN, DNP, FAAN
Marianne Ditomassi, RN, DNP, MBA
Jeffrey Adams, RN, PhD
Promoting a Culture of Professional Practice Through a Twinning Relationship
Journal of Nursing Administration

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Thomas Barnes, EdD, RRT, FAARC
Charles Durban, MD
Survey of Directors of Respiratory Therapy Departments Regarding the Future Education and Credentialing of Respiratory Care Students and Staff
Respiratory Care

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Jesus Villar, MD, PhD
The Chest Wall: the All Too Commonly Forgotten Cause of Pulmonary Dysfunction
Critical Care Medicine

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Jesus Villar, MD, PhD
Acute Application of Noninvasive Ventilation Outside the ICU: When is it Safe?
Respiratory Care

Nancy Kelly, DNP, GNP, BC
Diane Mahoney, PhD, APRN, BC, FAAN
Alice Bonner, PhD, GNP, BC
Terrence O’Malley, MD
Use of a Transitional Minimum Data Set (TMDS) to Improve Communication Between Nursing Home and Emergency Department Providers
Journal of the American Medical Directors Association (JAMDA)

Lori Laffel, MD, MPH
Nancy Chang, RN
Margaret Grey, DrPH
Dan Hale, MD
Laurie Higgins, RD
Kathryn Hirst, PhD
Roberto Izquierdo, MD
Mary Larkin, RN, MS
Christina Macha, RD, LD
Trang Pham, MS, MPH;
Aimee Wauters, MS, RD, LD
Ruth Weinstock, MD, PhD
Metformin Monotherapy in Youth with Recent Onset Type 2 Diabetes: Experience from the Prerandomization Run-In Phase of the TODAY Study
Pediatric Diabetes

Mary Larkin, RN, MS, CDE
Gayle Lorenzi, RN, CDE
Meg Bayless, RN, BSN
Patricia Cleary, MS
Annette Barnie, RN, CDE
Ellen Golden, RN, CDE
Susan Hitt, BA, RN
Saul Gethen, MD
The DCCT/EDIC Research Group
Evolution of the Study Coordinator Role: the 28-Year Experience in DCCT/EDIC Online: Clinical Trials
PROFESSIONAL ACHIEVEMENTS • publications

Jennifer Spina, RN, MSN, NCSN
C. Lynne McIntyre, RN, PhD
Joyce Pulcini, PhD, PNP-BC, FAAN, FAANP
An Intervention to Increase High School Students’ Compliance with Carrying Auto-Injectable Epinephrine: A MASNNRN Study.
The Journal of School Nursing

Laura Sumner, RN, MSN, MEd, MBA, ANP-BC, ONC
Sheila Burke, RN, MSN, CCRN
Lin-Ti Chang, MSN, RN-BC, ANP-BC, CCRN
Mary McAdams, RN-BC, Med
Dorothy Jones, EdD, RNC, FAAN
Evaluation of Basic Arrhythmia Knowledge Retention and Clinical Application by Registered Nurses.
Journal of Nurses in Staff Development

Janice Tully, RN
Colleen Diamont, RN
Laurene Dyinan, RN
Janice Filheau, RN
Arme Gallanaro, RN
Diane Carroll, RN, PhD., FAAN, FAHA
Elise Gettings, RN
Acute Hospital to Skilled Home Care: Identify the Gaps in Communication for the Heart Failure Patients.
Collaborative Case Management

Teresa Vanderboom, NP
Patricia Arcari, RN, PhD
Mary E. Duffy, RN, PhD, FAAN
Bhanusupriya Somarouthu
James Rabinov, MD
Albert Yoo, MD
Joshua Hirsch, MD
Effects of a Music Intervention on Patients Undergoing Cerebral Angiography: A Pilot Study
Journal of Neurointerventional Surgery

Jesus Villar, MD, PhD
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
The American-European Consensus Conference Definition of the Acute Respiratory Distress Syndrome is Dead, Long Live Positive End-expiratory Pressure!
Medicina Intensiva

Kathleen Walsh, RN, PhD
Barbara Blakeney, RN, MS, FNAP
Nurse Presence Enhanced Through Equus
The Journal of Holistic Nursing

Jing-Jing Wang, MPH
Ron Parambi, MD
Tessa Goldsmith, MS, CCC-SLP
Allison Holman, MS, CCC-SLP
Marco Cianchetti, MD
Annie Chan, MD
Pharyngoesophageal Stricture After Treatment for Head and Neck Cancer
Head & Neck

Deborah Wexler, MD; M.Sc
Catherine Beauharnais, BS
Susan Regan, PhD
David Nathan, MD
Enrico Caglieri, MD
Mary Larkin, RN, MS
Impact of Inpatient Diabetes Management, Education, and Improved Discharge Transition on Glycemic Control 12 Months After Discharge
Diabetes Research and Clinical Practice

Maria Winne, RN, MS, NE-BC
Barbara Cashavelly, RN, MSN, AOCN
Christine Annese, RN, MSN
Beth Nagle, RN, MSN
Tak Shiga, MD
Gino Chisari, RN, DNP
Susan Lee, RN, PhD, NP-C
Implementation of 2 Nurse Practitioner Inpatient Models
Journal of Nursing Administration

Mi Young Park, MD
Robert Altman, MD
Mary Orencole, RN, BSN, MS, ANP-BC
Prabhat Kumar, MD
Kimberly Parks, DO
Jagmeet Singh, MD
Michael Picard, MD
Characteristics of Responders to Cardiac Resynchronization Therapy: The Impact of Echocardiographic Left Ventricular Volume
Clinical Cardiology

Patient Care Services staff listed in bold.
Mass General is fortunate to have more than 1,500 volunteers each year who provide countless and valuable services to patients and staff throughout the hospital. They can be found in a variety of settings, from greeting patients when they first arrive to escorting them to transportation after discharge. Although the volunteers come from all age groups, backgrounds and experiences, they share a commitment to making a difference at Mass General. In 2012, many volunteers reached significant milestones for the total number of hours they have served the hospital community.

100 +
Nouran Abdelfattah
Rody Alexis
Martha G. Andersen
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