GEM Nursing Excellence Awards

See story on page 4

GEM Award recipients (l-r): Maria Winne, RN, nursing director, Respiratory Acute Care Unit; Marcy Bergeron, RN, director of Nursing and Clinical Operations for Primary Care; and Suzanne Hally, RN, staff nurse, Neonatal Intensive Care Unit.
The MGH eCare Nurse Residency Program

First, on a personal note...

I want to take a moment to thank you all for the outpouring of love and support in the weeks following the death of my husband, Paul Erickson. As you can imagine, it has been a very difficult time, but your kindness has been extraordinary, your compassion and generosity so helpful. Paul loved MGH as much as I do. The stories you’ve shared of meeting him and laughing with him will help keep him alive in my heart and memories.

From the bottom of my heart, I am so grateful.

April 2, 2016, should be marked on the calendar of every MGH employee. April 2, 2016, is the date we’re scheduled to go live with our portion of Partners eCare, the integrated, Partners-wide, electronic information system. As you know, we’re working on a tight time line to ensure we’re ready to go live at the appointed hour. A key element of our preparation is ensuring staff are trained and competent in the use of the new system by the time we go live. In order to make that happen, we need to cultivate a team of eCare credentialed trainers (CTs) and super users (SUs) who can help usher us through the transition with minimal disruption to patient care. That means recruiting a second wave of nurses who can cover staffing needs on patient care units while those nurses attend eCare training.

To ensure continued, high-quality care to patients and families and optimize eCare training, we’ve created The

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

MGH eCare Nurse Residency program. The Care Nurse Residency trains new-graduate and currently-employed nurses to be able to supplement staffing on patient care units during peak training periods and throughout implementation of Partners eCare. The Knight Nursing Center for Clinical & Professional Development, in partnership with others throughout Patient Care Services, launched the MGH eCare Nurse Residency on Monday, June 15, 2015, with an initial class of 73 nurse residents.

The residency is designed to provide a supportive, engaging, and intellectually stimulating environment for recently licensed and currently employed nurses as they’re indoctrinated into the roles they’ll be filling for the duration of training and implementation. Nurse residents are being hired in two waves: one in the summer, and one in September. The residency is three-pronged:

continued on next page
Jeanette Ives Erickson (continued)

Having an integrated system throughout the Partners network will revolutionize our ability to share and access health information and ultimately improve care for patients and families. Thank-you for including this important training and preparation in your commitment to Excellence Every Day.

- The General Care Nurse Residency, consisting of new graduates (cohorts in June and September). Graduates from this residency will receive additional training in specialty areas, such as Pediatrics, Oncology, OB, and emergency nursing.
- The Critical Care Nurse Residency, consisting of 2015 new-graduate nurses and experienced, general-care nurses with at least two years of direct patient-care experience (cohort in September).
- The Periop Nurse Residency, consisting of a mix of new-graduate nurses and current, experienced staff (cohorts in July and September).

The residency will occur in three phases:
- Orientation, consisting of facilitated and faculty-led experiences to familiarize residents with Patient Care Services, MGH Nursing, and certain practice domains.
- Preceptorship, consisting of unit-based experiences supervised by an experienced preceptor to help embed the resident into the nursing practice and culture of a specific patient population.
- Clerkship, where the resident is authorized by unit leadership to care for patients independently while continuing to benefit from on-going support and coaching.

Nurses interested in becoming more involved in the transition to Partners eCare or the MGH eCare Nurse Residency, might want to consider:

- becoming super users, staff nurses who’ll provide classroom and unit-level support when eCare launches. Super users will attend eCare training and receive additional training on how to be an effective super user. They’ll provide ‘at-the-elbow’ support during implementation.
- becoming credentialed trainers, nurses who’ll provide classroom instruction during training from December, 2015, through March, 2016, and join the super user team during implementation.
- training to serve as critical care or specialty staff in an ICU, the PACU, operating rooms, etc. (This opportunity may include the possibility of transferring permanently to an open ICU or specialty care position, if desired).
- taking on more hours from January 1, through May 1, 2016, if you currently work per diem or part-time.

If you’re interested in any of these opportunities please contact your nursing director.

Having an integrated system throughout the Partners network will revolutionize our ability to share and access health information and ultimately improve care for patients and families. Thank-you for including this important training and preparation in your commitment to Excellence Every Day. And if you haven’t already, be sure to mark April 2, 2016, on your calendar. I think it’s a date you’re going to want to remember.

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Nurse.com’s GEM Nursing Excellence Awards recognize outstanding nurses in six categories in various regions across the country as a precursor to their selection of a national Nurse of the Year in each category. On June 23, 2015, the MGH community came together to honor three of the New England regional winners of the GEM Nursing Excellence Awards, MGH nurses: Marcy Bergeron, RN, director of Nursing and Clinical Operations for Primary Care; Maria Winne, RN, nursing director for the Respiratory Acute Care Unit; and Suzanne Hally, RN, staff nurse in the Neonatal ICU.

Bergeron was recognized in the Home, Community, and Ambulatory Care category. She was instrumental in establishing the Primary Care Nurse Leader Council, a group of more than two dozen primary care nursing directors. The council has become a crucial point of contact within the primary care community and a platform for developing, sharing, and disseminating best practices. As co-chair of the PCNLC, Bergeron helped develop standards for primary care nursing, from job descriptions to practice protocols.

In her comments, associate chief nurse, Debra Burke, RN, said of Bergeron, “Beyond the administrative roles that Marcy holds, she is also a caring provider, a skilled nurse practitioner. This combination has proven invaluable to changing the culture, implementing a new organizational structure, and advancing nursing practice throughout our many and varied Primary Care practices.”

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In their letter of nomination, colleagues said of Bergeron, “She is a strong, consistent, and respected voice for nursing. Her expertise and vision are critical to the advances being made in Primary Care nursing throughout the organization. She ‘gets’ the art of nursing. She sees the potential of nurses, how they can contribute to the organization, and how that translates to patient care. She is a change agent for patient care administration.”

Hally was recognized in the Volunteerism and Service category. Hally volunteers with a team providing care in Ethiopia, educating nurses and physicians around newborn assessment, hyper-bilirubinemia, respiratory distress, and myriad other issues. Part of her commitment to raising the level of care in Ethiopia involves tirelessly seeking equipment and supplies to bring back with her on her annual trips.

NICU nursing director, Peggy Settle, RN, spoke of Hally’s passion and selflessness in wanting to help caregivers in this remote part of the world, noting that Hally uses her own vacation time every time she travels to Ethiopia.

Said Settle, “While planning her most recent trip, Suzanne shared with me her desire for NICU nurses in Ethiopia to have basic assessment tools, like a watch, a stethoscope, and a thermometer. And she was able to achieve that goal. She told me how they were able to provide hand-hygiene bottles at each bedside. Suzanne didn’t bring the bottles, they problem-solved over there to make it happen. It was during this conversation I realized that Suzanne was helping them establish their identities as professional nurses—to promote health, prevent illness, and alleviate suffering.”

Winne was recognized in the category of Advancing and Leading the Profession. An innovative nurse leader, Winne was instrumental in introducing the role of nurse practitioner to the acute medical inpatient team. She’s worked tirelessly to support initiatives that improve the patient experience, such as the role of attending nurse, quiet hours, and hourly safety rounds. She meets every patient and asks about their experience—what we’re doing well and where we can improve.

In her remarks, associate chief nurse, Theresa Gallivan, RN, shared a quote from clinical nurse specialist, Susan Gavaghan’s, letter of nomination for Winne, saying, “If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.” Gavaghan went on to describe Winne’s wide-reaching influence as a mentor, coach, educator, and nursing leader.

Gallivan added, “As nursing director for a unit that serves the most challenging and critically ill patients, Maria’s leadership has been key in building a uniquely qualified team to meet those challenges. Literally hundreds of nurses, clinicians, and students have benefited from Maria’s leadership and thoughtful, informed empowerment, and their practice reflects that influence. I cannot think of a more important and direct way to lead and advance the profession.”

Congratulations to Bergeron, Hally, and Winne for this well-deserved recognition, and thank-you for your ongoing care and service to MGH patients and families.

For more information about the GEM Nursing Excellence Awards, visit the nurse.com website.
Workplace Education Program celebrates 20 years of achievement

—by Kristen Schlapp, manager, Workplace Education, and Alexa Gedies, training associate

The month of May sees many graduations, but perhaps most inspiring is the MGH Celebration of Achievement graduation ceremony, which took place Thursday, May 28, 2015, under the Bulfinch Tent. Family, friends, and colleagues gathered to recognize the 115 employees who received certificates of accomplishment for their participation in the MGH Workplace Education Program. In his remarks, MGH president, Peter Slavin, MD, said, “I speak on behalf of everyone at Massachusetts General Hospital when I say we are very proud of our graduates. You had the desire to improve not only yourselves, your communication, and your academic skills, but your ability to serve patients, families, and visitors to MGH.”

This year marked a special milestone for the program: the 20-year anniversary of our partnership with JVS in providing on-site classes in English for Speakers of Other Languages (ESOL), computer competency, and academic coaching.

Said Jerry Rubin, president and CEO of JVS, “The MGH Workplace Education program is one...continued on next page
of the longest-running, employer-sponsored workplace education programs in the country. Since its inception in 1995, thousands of MGH employees from throughout the hospital have participated in one or more of the many classes available.”

Mina Chaibat is one of those success stories. A former environmental services aide, Chaibat recently fulfilled her goal of becoming a pharmacy technician. Chaibat’s journey began a decade ago with ESOL classes, then computer classes, until she ultimately completed the JVS Bridges to College program, enabling her to enroll in the Pharmacy Technician program at Bunker Hill Community College. After graduating last year, she passed both the state and national licensing exams. In her remarks, Chaibat revealed that she would be starting her new job as a pharmacy technician in June. Then addressing her classmates she said, “It took me ten years to accomplish my dream, but better late than never. If I can do it, you can do it, too.”

Keynote speaker, Bill Banchiere, director of Environmental Services, shared his story of perseverance as he described his experience coming to the United States from Argentina. “I almost went home,” he said, “then I joined a community of English-speaking people and decided to stay.” As co-founder of the Workplace Education Program, Banchiere expressed pride in the program and in the many employees who dedicate their time to advance their education while working full-time and raising families.

Students from various classes read personal essays aloud describing their respective journeys and struggles; each one was met with cheers of encouragement from the crowd.

Carlyene Prince-Erickson, director of Employee Education & Leadership Development, applauded the unique network of support that makes this program such a success year after year. She acknowledged the contributions of managers, supervisors, senior leadership, volunteers, instructors, and members of the Planning and Evaluation Team. As Kristen Schlapp, manager of Workplace Education, called the names of employees to receive their certificates of achievement, the words of student, Berta Guardado, of Nutrition & Food Services, rang true: “Be proud and shine!”

For more information about the Workplace Education Program, contact Kristen Schlapp at 617-726-2388. Information is also available on the Training and Education page of the Human Resources intranet site.
When acuity is high, skill, knowledge, and advocacy are key

My name is Brian Cyr, and I’m a staff nurse on the Bigelow 11 Medical Unit. Bigelow 11 is a stimulating and challenging clinical environment. Patient acuity is high, and patients often have multiple, acute, medical issues superimposed on other chronic issues. The psycho-social needs of our patients can be even more complex. Practicing in this environment for more than three years has strengthened not only my clinical knowledge and skills, but my interpersonal skills with patients and the inter-disciplinary team.

Mr. W was an 86-year-old man admitted with severe abdominal pain. It was determined that he had diverticulitis and a perforated bowel, and he ended up staying on our unit for several weeks. His medical condition was tenuous at times, but expert nursing and medical care kept him from having to be transferred to the ICU.

GI Surgery was consulted upon admission for Mr. W’s perforated bowel, but he wasn’t a good candidate for surgery due to his age and numerous co-morbidities. Mr. W was initially managed with an NG-tube to low wall suction. With several days of bowel rest his condition improved, and his NG-tube was removed.

Over the next few days, we slowly advanced Mr. W’s diet. I knew it was possible Mr. W could have further complications after removal of his NG-tube, so I monitored him closely for nausea, vomiting, and bowel movements. He seemed to be progressing nicely, but during one night shift, he did vomit. I notified the physician, who suggested we try anti-emetics and continue to monitor him closely. At that time, Mr. W denied having any pain; he was quite stoic, but he looked visibly uncomfortable. I pressed him a little further, and he admitted he was having some abdominal pain. This was somewhat unusual as Mr. W had rarely had any complaints. I assessed his abdomen and found it to be hard and tender with hypoactive bowel sounds. This was an acute change from my initial assessment at the start of my shift. I discussed these findings with the physician, who ordered the NG-tube to be re-inserted.

Mr. W had been taking warfarin orally for atrial fibrillation. When I came back the next night, he still had the NG-tube in place so wouldn’t be able to take medications orally. Warfarin had been ordered for that evening. I notified the provider that
Mr. W wasn’t able to tolerate clamping of the NG-tube and therefore wouldn’t be able to take his oral warfarin. In order to keep him anti-coagulated and prevent embolic stroke, a heparin drip was initiated. I explained the rationale to Mr. W and told him this would entail frequent blood draws to monitor his PTT (time it takes for blood to clot).

The following week, Mr. W was improving from a GI standpoint, but he’d been quite ill and hadn’t been out of bed for several days. He developed pneumonia and was started on IV antibiotics. As his infection and GI function improved, he began to feel better. I encouraged him to get out of bed for meals. His physical mobility had declined since being admitted, so I suggested a physical therapy consult.

Physical therapists began to work with Mr. W, and during my shifts I encouraged him to ambulate as much as he could tolerate. We took short walks around the unit. I encouraged him to use the incentive spirometer (a breath-strengthening device) to help maintain good lung health. I suggested he do 10 breaths whenever a commercial came on television. He religiously used it every time a commercial came on.

Mr. W had a Foley catheter in place during these two or three weeks and had failed a number of voiding attempts. The new medical team wanted to try removing the catheter. I advocated strongly for a urology consult as Mr. W had failed so many voiding trials. Initially, the team was hesitant, but I reviewed Mr. W’s case with them, noting that Mr. W had a history of BPH (enlarged prostate), was optimized medically with Flomax and finasteride, and had still failed numerous voiding trials in the past two weeks. They agreed to consult urology. Ultimately, Urology intervened with a cystoscopy, and Mr. W’s catheter was discontinued. Mr. W was able to take medications orally, and his diet was supplemented per the recommendations of the nutritionist.

Mr. W had a great sense of humor, but he was understandably having a hard time keeping a positive attitude the longer he stayed in the hospital. Every day, I greeted him with a smile and tried to take his mind off his hospitalization as much as possible. Mr. W was so proud of his family and concerned about his wife being at home without him. I encouraged him to tell me his stories and talk to me about his concerns. He said our chats made a tough situation a little easier. When it became clear that Mr. W would need a rehab stay prior to going home, he was initially disappointed. With the help of his family, I encouraged him to consider the benefits of a short rehab stay in terms of building up his strength and ensuring peace of mind for his family.

After a prolonged hospitalization, Mr. W was stabilized from a GI standpoint and able to tolerate a supplemented diet to meet his nutritional needs. He was able to take medications orally, and his heparin was bridged to warfarin. His pneumonia resolved with antibiotics and good pulmonary care. His urinary catheter was discontinued, and he agreed to go to rehab to build up his strength.

I’m proud to have been an integral part of the progress Mr. W made during his long and complicated hospital course. I know I provided excellent clinical care, but more importantly, I felt I gave Mr. W some peace and comfort during several difficult weeks of his life. When Mr. W left us, he was smiling; he expressed gratitude for the great care he received.

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

At every stage of care, Brian’s vigilance and knowledge of his patient helped prevent potentially life-threatening consequences. He was alert to subtle changes in Mr. W’s condition; he knew Mr. W’s stoic countenance wasn’t a good gauge of his pain; and he recognized the emotional toll his long hospitalization was having on Mr. W’s ‘personhood.’

This narrative is a wonderful example of critical thinking and advocacy, but also of compassion and encouragement during a protracted and frustrating hospitalization.

Thank-you, Brian.
The Lunder 9 Gratitude Project

— by chaplain resident, Amanda March, and staff nurse, Alyson Karakouzian, RN

As a chaplain resident, one of the units I’m assigned to is the Lunder 9 Oncology Unit, where I’ve had many opportunities to witness the amazing clinical skill and compassion of the nursing staff. I’ve been deeply moved by the care I observe there. Earlier this year, in preparation for Nurse Week, staff nurse, Alyson Karakouzian, RN, came up with a way for nurses to express their appreciation to one another: the Lunder 9 Gratitude Project. It was inspired by an exercise staff had used at a unit retreat. Karakouzian explains:

With support from my nursing director and colleagues, I purchased more than a hundred thank-you cards and a calligraphy pen and inscribed each staff member’s name on a card. I decorated a basket and wrote a fun set of instructions asking everyone to take a moment to thank one another with a card. Then I left for vacation. I was gone for ten days. I was worried that the project wouldn’t get off the ground while I was gone, but I couldn’t have been more wrong. When I returned, every single card had been filled with messages, some overflowing onto the back. The response was astounding. I took all the cards home and with some help from my fellow nurses (and our husbands), we attached the cards to decorative chocolates making them into little favors. I delivered the basket full of cards back to the unit for all our nurses, nurse practitioners, and patient care associates to enjoy.

In addition to some incredible success stories, our unit has a high rate of loss. We all have moments of sadness, but we come together to help each other through those sad times. This project really touched people because co-workers took the time to write personalized, meaningful messages and acknowledge the contributions we all make.

On one of my regular pastoral care visits to the unit, I had the joy of watching several nurses open and read their thank-you cards. One nurse told me it helped remind her why she does what she does. What an amazing example of inter-collegial care and support.

Karakouzian plans to make the Gratitude Project an annual tradition on Lunder 9. For more information, call Karakouzian at 8-5900.

(Above: Alyson Karakouzian, RN, delivers basket of thank-you cards and chocolates to staff on Lunder 9. Top left: Thank-you card assembly team (l-r): Binu Mamman (husband of Chantal), Chantal Mamman, RN; Karakouzian; and Jessica McGuire, RN. At left: Karakouzian’s card after being inscribed by co-workers, an example of the expressions of gratitude and appreciation conveyed by staff.)
Baby Friendly journey: the home stretch

— by Lauren Hanley, MD; Michele O’Hara, RN; and Lori Pugsley, RN

On July 13 and 14, 2015, assessors from Baby-Friendly USA, the accrediting body for the Baby-Friendly Hospital Initiative, will come to MGH to evaluate our practices around infant feeding and maternal and infant bonding. The MGH Baby Friendly team and others have implemented a number of changes to support the Ten Steps to Successful Breast-Feeding and the International Code of Marketing of Breast Milk Substitutes.

The Baby Friendly Hospital Initiative is a global project sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It has been shown that adherence to the Ten Steps of Successful Breast-Feeding helps decrease racial, ethnic, and socio-cultural disparities in breast-feeding rates.

The path to Baby Friendly designation has been a two-year journey at MGH. From the beginning, the support of hospital leadership has been key, enabling us to develop and implement training for 350 clinicians, create a hospital-wide breast-feeding policy, collect data, and implement quality-improvement practices to ensure success. The journey has showcased the exemplary care given to new mothers and babies by all members of the team. Being recognized as a Baby Friendly organization enhances our global reputation, increases competence among staff, and allows us to deliver evidence-based, patient-centered care while improving patient-satisfaction. But the ultimate goal of this project is improving health outcomes for mothers and babies.

The Baby Friendly team is proud to report that the rate of babies who exclusively breast-feed with no formula supplementation at all has risen from 52.3% to 70%, a direct result of educating clinicians, providers, and patients on the benefits of breast-feeding. Other factors include encouraging skin-to-skin contact after delivery, early initiation of breast-feeding, and ‘rooming-in’ from delivery to discharge.

MGH supports mothers who choose not to breast-feed by providing education on safe formula preparation and feeding.

For more information about the Baby-Friendly initiative, visit the Baby Friendly USA website at http://www.babyfriendlyusa.org/.
Are you READY for a discharge readiness assessment study?
— by Gaurdia Banister RN, executive director, The Institute for Patient Care

Discharging patients from the hospital can be a complex process. Sometimes, patients find themselves back in the hospital within 30 days of being discharged. Increasingly, these un-planned re-admissions are considered by payers to be avoidable and the result of poorly coordinated care. Un-planned re-admissions cost the healthcare industry billions, and hospitals are now being penalized by the federal government for re-admissions considered to be avoidable.

Preparing patients for discharge is an important part of nursing practice. The American Nurses Credentialing Center (ANCC), the same organization that confers Magnet recognition, is sponsoring an international study to look at patient readiness for discharge. The three-year study that began June 1, 2015, is called Readiness Evaluation And Discharge Interventions (READMEI).

At MGH, Ellison 10 and 11 are participating in this study that includes 33 other Magnet hospitals. The study seeks to determine the impact of a discharge readiness assessment on re-admissions, post-discharge visits to the ED, and associated costs.

Judy Silva, RN, Ellison 11 nursing director, observes, “Understanding the patient’s perception of the discharge process will inform the way nurses practice and help us improve the process.”

Staff on Ellison 10 will use the READMEI scale as part of the research study. No standard tool exists currently for routine clinical practice. MGH is participating in this study to improve the quality and safety of the discharge process. It’s important to engage a large number of nurses in this research to demonstrate the impact nurses have on improving the discharge process and preventing unnecessary re-admissions.

Chris Bethune, RN, Ellison 10 nursing director, notes, “We’re thrilled to be part of the READMEI study. It’s a wonderful opportunity to engage staff in research about their practice. Our champions are excited to begin training, and our nursing staff is anxious to improve our discharge process.”

Silva adds, “We’re thrilled to participate in a study of this magnitude with our Magnet hospital colleagues. Nurses want to engage in research that’s meaningful to their everyday practice.”

For more information about the READMEI study, call Gaurdia Banister, RN, at 617-724-1266.
Professional Achievements

Cogliano certified
Joan Cogliano, RN, staff nurse, Labor & Delivery, became certified as an inpatient obstetrical nurse by the National Certification Corporation, May 13, 2015.

Hovsepian certified
Jennifer Hovsepian, RN, staff nurse, Orthopaedic Ambulatory Surgery Center, MGH West, became certified as an ambulatory perianesthesia nurse by the American Board of Perianesthesia Nursing, May 27, 2015.

Joseph certified
Melissa Joseph, RN, nursing director; became certified as a nurse executive by the ANCC, May 2, 2015.

Washington leads

Nurses present poster
Amanda Bulette Coakley, RN, staff specialist; Christine Annese, RN, staff specialist; and Anne-Marie Barron, RN, clinical nurse specialist, presented their poster, “Exploring the Experience and Impact of Therapeutic Touch Treatments on Nurse Colleagues,” at the first international integrative nursing symposium, in Reykjavik, Iceland, May 18–20, 2015.

Mahoney and Joseph are panelists
Shannon Mahoney, RN, clinical nurse specialist, White 9 General Medical Unit, and Melissa Joseph, RN, nursing director, Ellison 12 General Medical Unit, were panelists as part of the Advanced Practice Nursing Panel for the African, Latino, Asian, Native American Student Nurses Association, at Simmons College, April 8, 2015.

Skeffington certified
Laura Skeffington, RN, staff nurse, Blake 12, ICU, became certified as a critical care nurse, by the American Association of Critical Care Nurses, in May, 2015.

McGah certified
Cheryl McGah, RN, staff nurse, Orthopaedic Ambulatory Surgery, MGH West, became certified as an ambulatory perianesthesia nurse by the American Board of Perianesthesia Nursing, May 15, 2015.

Joseph presents
Melissa Joseph, RN, nursing director; Ellison 12 General Medical Unit, presented, “Healthcare Disparities Through a Cultural Lens,” as keynote speaker at the Pauline Wheble Tripp Lecture at Simmons College, May 6, 2015.

Convery presents

Stieb presents
Elisabeth Stieb, RN, staff nurse, Food Allergy Center, presented, “Daily Management of Food Allergies,” at the East Coast Conference of the American Society of Allergy Nurses in Williamsburg, Virginia, May 3, 2015.

Adams publishes
Jeffrey Adams, RN, director, The Center for Innovations in Care Delivery, authored the article, “The Influence of Emerging Administrative Scientists: an Interview with Anne Miller,” in a recent, Journal of Nursing Administration.

Nurses honored
Jeffrey Adams, RN, director, The Center for Innovations in Care Delivery; Gail Alexander, RN, patient education specialist; The Blum Patient/Family Learning Center; Gino Chisari, RN, director; The Norman Knight Nursing Center for Clinical & Professional Development; Gaurdia Banister, RN, executive director; The Institute for Patient Care; Mary Elizabeth McAuley, RN, nursing director; Blake 12 ICU; Kevin Whitney, RN, associate chief nurse; and, Jeannette Ives Erickson, RN, senior vice president for Quality Assurance, Perioperative Services, presented their poster, “Connecting with Technology: Development and Implementation of an Electronic Nurses Record Using Mobile Wireless Technology in a GI Endoscopy Unit,” at the SGNA 42nd annual course of the Society of Gastroenterology Nurses and Associates in Baltimore, Maryland, May 15–19, 2015.

Robbins presents
Christopher Robbins, RN, Endoscopy staff nurse, presented, “Trans-Gastric ERCP: Connecting with Our ERCP Patients who have Altered GI Anatomy,” at the SGNA annual conference in Baltimore, Maryland, May 17, 2015.

Washington publishes

Levin-Russman presents
Elyse Levin-Russman, LICSW, social worker; presented, “Developing and Sustaining a Family Advisory Committee in Pediatric Oncology: Social Workers as Leaders in Advancing Family-Centered Care,” at the national conference of the Association of Pediatric Oncology Social Workers in Whitefish, Montana, May 14, 2015.

Inter-disciplinary team publishes
Todd Rinehart, LICSW; Mihir Kandad; MD; Kathleen Doyle, MD; Lecia Sequist, MD; Guy Maytal, MD; Efren Flores, MD; and Mari Mino-Kenudson, MD, authored the article, “Case 17-2015: a 44-Year-Old Woman with Intractable Pain Due to Metastatic Lung Cancer,” in the May 28, 2015, New England Journal of Medicine.

Nurses present poster
Announcements

ACLS Classes
Certification:
(Two-day program
Day one: lecture and review
Day two: stations and testing)
Day one: July 9, 2015
8:00am–3:00pm
Day two: July 10th
8:00am–1:00pm
Re-certification (one-day class):
October 14th
5:30–10:30pm
Locations to be announced.
Some fees apply.
For information, contact Jeff Chambers at acl@partners.org
To register, go to:
http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration20form.pdf.

Office Ergonomic Champion Program
Interested in learning how to make yourself or your co-workers more comfortable while using the computer? Ever wonder if a sit-stand workstation might be a good option? Is working at a laptop challenging?
Come to the Office Ergonomic Champion workshop presented by Marie Figueroa, PT, ergonomics specialist
Friday, July 10, 2015
Schiff Conference Center
9:00am–1:00pm
For more information, call 617-724-3995, or register through HealthStream.

Make your practice visible: submit a clinical narrative
Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services.
Make your practice visible.
Submit your narrative for publication in Caring Headlines.
All submissions should be sent via e-mail to: ssabia@partners.org.
For more information, call 4-1746.

The MGH Blood Donor Center
The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building.
The center is open for whole-blood donations:
Tuesday, Wednesday, Thursday, 7:30am – 5:30pm
Friday, 8:30am – 4:30pm
(closed Monday)
Platelet donations:
Monday, Tuesday, Wednesday, Thursday, 7:30am – 5:00pm
Friday, 8:30am – 3:00pm
Appointments are available
Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

Free one-day bereavement program for children and families
MGH, in partnership with Comfort Zone Camp (CZC), is holding a free one-day bereavement program for children ages 5–17 and their families. Children who’ve experienced the death of a parent, sibling, or guardian are invited to register for a day of mentorship, support, and group activities. Parents are encouraged to attend the parent/guardian program held at the same location.
Saturday, July 25, 2015
8:30am–4:00pm
MGH Institute of Health Professions
Volunteers are also needed. (Call 781-756-4840)
For more information or to register on-line go to www.comfortzonecamp.org/MGH-CZC., or call Todd Rinehart, LICSW, at 617-724-4525.
Recently updated policies, products, and procedures

The following were reviewed by Patient Care Service's Policies, Products, and Procedures Committee during the month of May and have been updated in ellucid.

New:
Adapting a Ventricular or Lumbar Drain to a Pole Mount Device
- Device provides consistent and accurate positioning of the drain

Nursing Management of the Patient Receiving Intra-Arterial Medication
- Delineates the responsibility of the nurse

Safe Handling of Liquid Oral Hazardous Drugs via Enteral Tube
- Use of chemo mini tubes at end of the Lopez valve prevents spillage and exposure to hazardous drugs

Thopaz (Digital) Chest Drainage System
- Provides recordings of air leaks and measurement of pleural pressure

Reviewed with changes:
Fecal Management System (Flexi-Seal Signal)
- Revision: Reinforces having provider order and use only 30-45cc of water

Seizures: Care for the Adult at High Risk
- Revision: Guidance on notifying physician for any seizure lasting >5 minutes when patient doesn’t return to baseline shortly after seizure

Reviewed with no changes:
- Atrium Oasis Chest Drain; Dry
- Atrium Ocean Chest Drain; Wet
- Blood-Pressure-Dependent Neurological Deficit
- Dry Sterile Dressing
- Incision Wound Care
- Penrose Drain Care
- Routine Needleless Connection Change: Converting from a continuous IV administration to an Intermittent Lock
- Scale-Tronix Bed-scale and Upright Scale Cleaning
- Sigma Multi-Dose Infuser
- Staple and Suture Removal
- Wound Culture

Retired:
- Medela Thopaz Drainage System
- Procedure related to Securing Medications

Ensure your practice is current by reviewing changes to policies and procedures in ellucid: (https://hospitalpolicies.ellucid.com). For more information, contact Mary Ellin Smith, RN, professional development manager, at 4-5801.
Inpatient HCAHPS
2015 calendar year, to date

<table>
<thead>
<tr>
<th>Measure</th>
<th>2014</th>
<th>2015 Year to Date</th>
<th>2014-2015 Change</th>
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<tbody>
<tr>
<td>Nurse Communication Composite</td>
<td>82.1</td>
<td>83</td>
<td>0.9</td>
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<td>Doctor Communication Composite</td>
<td>81.6</td>
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<td>Room Clean</td>
<td>72.2</td>
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<td>Quiet at Night</td>
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<td>Cleanliness/ Quiet Composite</td>
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<td>63</td>
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<td>Staff Responsiveness Composite</td>
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<td>Pain Management Composite</td>
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<td>Communication about Meds Composite</td>
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<td>Discharge Information Composite</td>
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<tr>
<td>Likelihood to Recommend</td>
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<td>90.6</td>
<td>0.6</td>
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</table>

*Our current patient-experience survey scores continue to reflect excellent practice. We’re making significant strides toward meeting the goals we identified for Quiet at Night, Staff Responsiveness (both up 2.5 above baseline), and Pain Management (up 2.4). This improvement is a direct result of our commitment to provide the best possible care to patients and families.*

Data complete through April, 2015
All results reflect Top-Box (or ‘Always’ response) percentages
Pull date: June 19, 2015