

Caring

THE YEAR IN REVIEW

2022

HEADLINES FROM MGH NURSING AND PATIENT CARE SERVICES

2 CNO LETTER: MESSAGES
FROM PATIENTS

3 STRATEGIC PLAN
UPDATE

4 HIGHLIGHTS
FROM 2022



**Debbie Burke, RN, DNP,
MBA, NEA-BC**
Senior Vice President for Patient
Care and Chief Nurse

Caring

Editor
Mae Driscoll

Photography
Mass General
Photography Department

To submit story ideas to
*Caring, the Mass General
Nursing and Patient Care
Services* newsletter, please
contact Mae Driscoll, at
mdriscoll0@partners.org



Copyright © 2023
Massachusetts General Hospital.
All Rights Reserved.

2022 Year In Review

Dear Colleagues,

As this Annual Report goes to print, I am saddened by the recent events that have happened at the hospital and in our communities. It has been a challenging start to the year – loss, trauma, and violence somehow touching all of us. Despite the headlines, we continue to persevere and serve our patients, their families and one another. I hope this report is a reminder, that although things get hard, there are people within these walls working to ensure the safe and compassionate care of our patients, that promote the wellbeing of our staff, and provide a support system in times of unease, sadness, or hardship.

In the past year, our community has continued to push boundaries to innovate, implement, invest, and inspire. I am grateful to have the opportunity to share some of the Patient Care Services milestones and highlights within these pages. But before I do, I would like to share some brief messages from grateful patients. I hope these notes offer a small glimpse into the impact you have on the lives and health of our patients and their families.

From a patient treated on Ellison 9 Critical Care Unit and Ellison 8 Stepdown Unit

“My family and I cannot thank my care team enough for saving my life. A special shout out to Maeve and Rachel Ellison 9 CCU nurses – they are truly amazing nurses and they made me feel I was in the best care at all times. We also want to thank Laura, physician assistant, who is one-of-a-kind and truly goes out of her way for her patients.

Ellison 8 nurses to name a few, Amanda, Kristina G, Kerry, Kara are outstanding. Kerry helped my family feel at ease. Her compassion, care for patients, and love for the job is indescribable. Lastly, nursing tech CB always put a smile on the faces of me and my family. His confidence, skill level and knowledge is remarkable.”

See other notes of gratitude throughout this edition, but find the continuation of this note on page 22.

Patient Care Services Strategic Plan Update

Primary goal: Maximize voice and engagement of staff through a re-envisioned collaborative governance shared decision-making model.

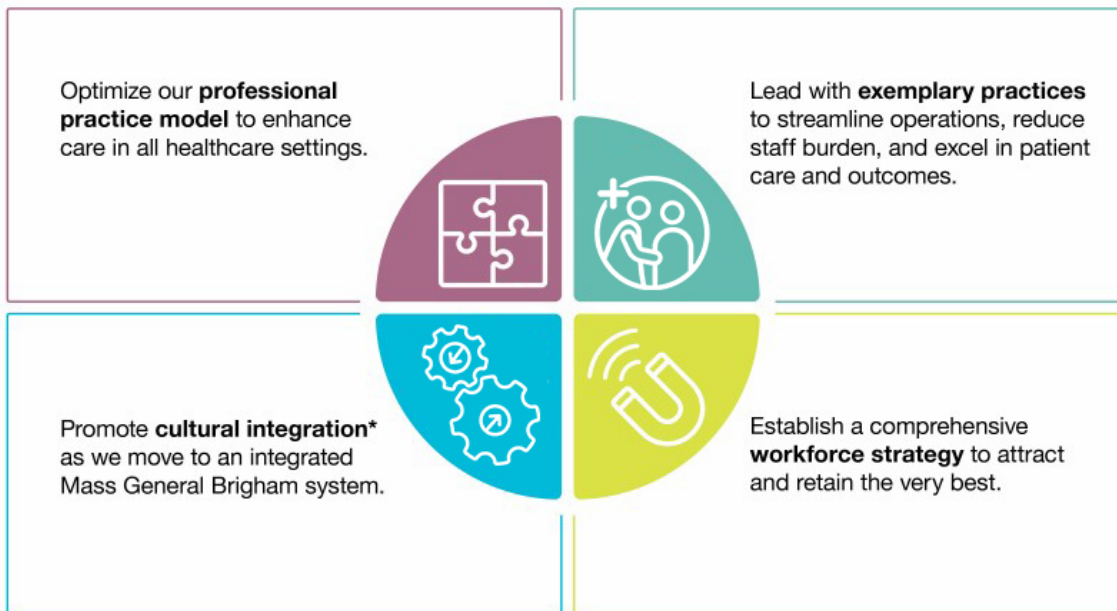
Work-to-date:

- Conducted a survey of staff and leadership to assess perspectives of the current decision-making model which identified strengths and opportunities for enhancement.
- Principles of shared decision-making education was rolled out throughout Nursing and Patient Care Services.
- Benchmarked with eight Magnet organizations to learn more about their shared decision-making models to help inform Mass General model moving forward and shared lessons learned throughout the PCS community.

Primary goal: Identify and implement opportunities to standardize administrative and clinical operations/processes to improve accessibility, efficiency, quality of care and outcomes.

Work-to-date:

- Assessment of current state processes will be conducted before key stakeholders convene to devise a plan for the implementation of the Lippincott policies and procedures platform into practice.
- Models to enculturate evidence-based practice have been explored and Ohio State Model has been selected. Planning for roll-out of model is underway.
- Quality of Care Outcomes and Nurse-Sensitive Indicator evidence-driven taskforce membership have been broadened to include health professions colleagues and clinical nurses.



*Cultural integration is when individuals from one culture adopt practices from another culture without diminishing their own.

Primary Goal: Ensure PCS leadership voice and participation in design and implementation of major Mass General Brigham (MGB) and Massachusetts General Hospital (MGH) initiatives.

Work-to-date:

- Maintaining an inventory of MGH participation on MGB committees. Updates about MGB committee work will be shared at Patient Care Services Executive Operations meeting for further dissemination throughout Patient Care Services.

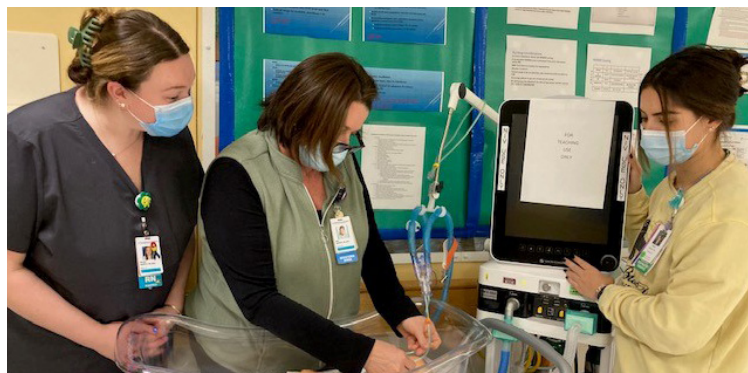
Primary goal: Develop and promote robust recruitment and retention strategies to attract and retain the best and the brightest people.

Work-to-date:

- Conducted focus groups with clinical, support and leadership across Nursing & Patient Care Services to gain perspectives of initiatives to promote retention.
- Strategies identified and under review including: developing a career development center; streamlining the hiring and recruitment process; decreasing managers' administrative burden; providing support for engaging in wellbeing initiatives; cultivating a pipeline for a diverse workforce; enhancing the rewards and recognition program; and ensuring timely and transparent communication.

Wound Specialist Certification Sponsored

In an effort to improve evidence-based pressure injury quality outcomes and increase the number of wound certified clinical nurse specialists (CNS) and nurse practice specialists (NPS), a two-day Wound Certification Preparation Course was sponsored by Colleen Snyderman, PhD, RN, executive director PCS Quality, Safety & Practice. Funds from her MGH Endowed Scholar in Nursing Practice supported the session held June 2022, for 26 current CNSs and NPSs and five clinical nurses. By December 2022, eight of the CNS/NPS participants were successfully credentialed as certified wound specialists and thirteen more CNS/NPSs are to follow.



PEDIATRIC CONSULT TO AID RSV SURGE

Due to the pediatric Respiratory Syncytial Virus Infection (RSV) surge, pediatric units were at capacity which required some pediatric patients to be treated on other units. Staff in the Pediatric ICU (PICU) recognized a need for support and education at MGH and Mass General Brigham affiliates for those responding to the surge and created the “PICU Consult RN” role. For six weeks, the PICU Consult RNs triaged calls from partners and provided specialized advice, best practices and evidence-based recommendations to colleagues who might need assistance caring for this particular population.

The pediatric team worked together to support and provide education for higher acuity pediatric patients requiring care by providing trainings in CPAP/BiPAP, continuous albuterol, respiratory assessment of RSV patients, suctioning, skin care, feeding and supportive care. “With capacity challenges and the RSV surge we have learned, when we work together, we’re able to successfully meet those challenges,” says Kim Whalen, RN, MSN, CCRN, nursing director, PICU.

ECMO TECHNOLOGY IMPROVES VITAL DATA COLLECTION

The ECMO Coordinator collaborated with members of the Biomedical Engineering Department to connect ECMO devices (machines that pump blood outside of the body to add oxygen and remove carbon dioxide) directly to Epic, the electronic medical record. The technology needed to record this data are called capsule neurons. Capsule neurons are bedside devices that automatically collect patient vitals such as heart rate and oxygenation.

When a patient is on ECMO, members of the ECMO team in Respiratory Therapy are at the bedside to ensure the machine is operating correctly and to make adjustments in real time to ensure optimal results and patient safety. Patients on ECMO are treated in Intensive Care Units throughout the hospital, and each ICU has the capsule neuron technology in each room to directly feed the patient’s medical record. With the assistance of the Biomedical Engineering Department, the capsule neurons were mounted on each ECMO cart to optimize workflow and make the technology mobile, allowing data capture during events like ECMO initiation and intrahospital transport, which can be very vulnerable times for patients. With the introduction of the capsule neuron technology, ECMO specialists are able to capture data in all locations where ECMO is provided, even in areas such as the Emergency Department or the Cardiac Cath Lab. In addition, the specialists can focus their care on the patient instead of manually entering data. The initiative began in the PCS Technology Executive Committee and has been rolled out successful across ECMO devices.



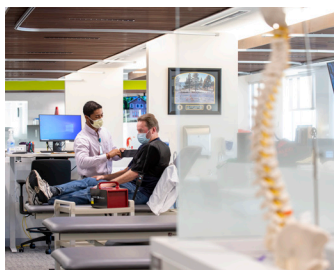
Physical Therapy and Occupational Therapy Expands in Waltham

2022 brought to fruition years of planning that saw growth and expansion of Physical Therapy, Occupational Therapy and Sport Medicine services at the Mass General Waltham campus. In September, these services moved into a new 14,000 square foot, state-of-the-art rehabilitation facility.

The practice will meet the growing rehabilitation needs of patients in the western suburbs and is a flagship facility for Mass General Brigham's Sports Medicine service line providing access for 15,500 visits in the first year.



Therapy services are co-located with orthopedic surgery and sports medicine practices to facilitate effective and efficient care of patients. Additionally, proximity to other medical subspecialties (neurology, pulmonary, urology, etc.) affords new and additional opportunities for care collaborations.



In addition to the integration of sports medicine, the practice will continue to serve a broad array of patients' needs including those with hand and upper extremity injuries, musculoskeletal conditions, neurological, oncology and pelvic floor disorders.

The facility is fully equipped to address the broad needs of these patients, including turf running surface, body weight supported treadmills and support systems for patients with significant mobility impairments. The location will become the model for education and training that will advance clinical practice and research in the field of Sports Medicine Rehabilitation.

Additionally, physical and occupational therapists collaborated with a multidisciplinary team of orthopedic surgeons, nurses, anesthesiologists, and case managers to establish a post-op day 0 discharge pathway for patients following joint arthroplasty surgery. To date 100% of patients have safely discharged to home from the Waltham Post Anesthesia Care Unit.

MGH Submits Magnet Redesignation Evidence

Evidence was submitted December 1, 2022

Total number of pieces of evidence submitted

92

Number of empirical outcomes examples

44

Number of times previously designated

4

Number of appraisers reviewing our document

4

Number of Magnet ambassadors

Magnet ambassadors are direct care clinical nurses that serve as role models and promote Magnet preparedness and readiness.

131

Number of writers on the Magnet writers team

12



Thanks to the Magnet Writers:

- | | |
|-----------------------|------------------|
| Chris Annese | Brian French |
| Kate Benacchio | Lore Innamorati |
| Sharon Bouyer-Ferullo | Ali Parmar |
| Marianne Ditomassi | Jill Pedro |
| Ann Marie Dwyer | Nancy Raye |
| Jane Flanagan | Mary Ellin Smith |

A letter to MGH Information Associates

To The Front Door and Information Desk Greeters:

By the time I stepped into the lobby at Mass General, 6 weeks ago, I'd been through almost a year of continuous treatment since my diagnosis last June, including stays at three different hospitals, numerous surgical procedures, one major surgery, and two rounds of chemo. I felt exhausted, and though I was grateful there was good cancer treatment available for me, I really didn't want to be walking through that revolving door for six more weeks of radiation and chemotherapy. I wanted to be home with my animals, climbing mountains up north, hanging out with family and friends, working with my clients again – anywhere but by myself walking into yet another hospital to be a patient once more.

I tell you this because though every story is particular to the person, we all walk through that same front door presenting, and possibly struggling, with our definitive histories. But, luckily, our first experience is all of you — the front door greeting line. Each time you say hello and make sure I know where I'm going next, you all do amazing magic in just that two-to-five minute interaction at the front desk and the information desk. Whatever mood I am in while walking through the door, you uplift me and change my day.

I've always been fascinated by what happens when we humans greet each other. As an educator, a mediator, and a bodyworker, I've come to realize that every time I welcome someone into my workspace, I am asking them to enter a contract with me that – no matter how they feel – they are agreeing to be there.

And, getting that first agreement, that first nod or smile, or even stiff half-begrudging acknowledgement, has always led to a positive change. When I walk into the lobby of Mass General (not always in the best of moods), and you greet me so kindly and compassionately, you remind me of all the very good reasons I have for choosing to be a patient here. And, with that, my next few hours are much easier to handle.

So, thank you so much, for your presence, attention, your smiles, your words of encouragement — for being my first morning contacts these past six weeks. However, brief our connection, in those few minutes, you always make a huge difference in my day!

All the best wishes,
Eve Baker



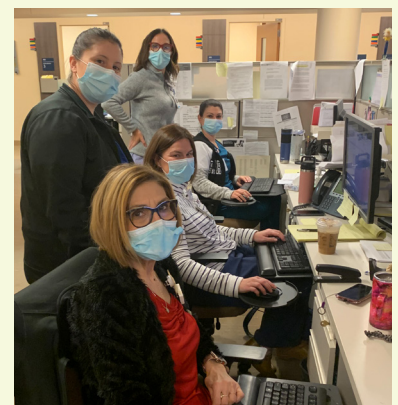
Information associates in the Main Lobby

Primary Care Nursing Operations Ensures Timely Communication

“Transition of care” is the movement of a patient from one setting of care to another. These transitions can increase the risk of adverse events due to the potential for miscommunication as responsibility for a patient is given to new parties. Hospital discharge is a complex process that may be overwhelming to patients and families. Safe and effective transfer relies on provider communication, patient comprehension of discharge instructions and a clear follow up plan.

In 2022, primary care nurses set out to examine their current workflow for “transition of care” from the inpatient to the outpatient setting to ensure a seamless process that provided timely telephone follow up and primary care physician office visits after patients are discharged from an inpatient facility. Staff focused on reducing further risk of readmission, improving patient outcomes and reducing the burden on the ED. One barrier that was identified was nurses needed to go to a list outside of Epic, the electronic medical record, to access

their practice list of discharged patients. Primary Care Nursing Operations reached out to physician colleague and IT expert, Larry Stratton, who helped to get discharges routed to the proper nursing “In-basket Pool” to allow this list to be available with other incoming work in Epic. Nurse leaders were instrumental in ensuring all teams had the necessary educational materials that would allow practice nurses to integrate this follow-up into their daily workflow. Outcomes demonstrate the success of this effort, as there was an 89% increase in post-discharge outreach calls from January to November.



Staff at MGH Broadway Primary Care in Revere

AN INTERVIEW WITH

Associate Chief Nurses Tami Chase and LaVern Delaney

In 2022, Patient Care Services welcomed two associate chief nurses to the nursing leadership team. Tami Chase, RN, MSN, associate chief nurse for Ambulatory Care Services; and LaVern Delaney, RN, MSN, MBA, MHA, NE-BC, associate chief nurse for Medicine and Heart Center Nursing; share what drew them to Mass General and some of their strategic goals looking ahead.

Share a bit of your background. Where are you from? How long have you been in healthcare?

CHASE: I am from Southeastern Massachusetts where I still reside with my family. I have been a nurse for 27 years and have worked in the healthcare industry for over 30 years. I have spent most of my career in various administrative roles at academic medical centers in Boston, including Boston Children's Hospital and Boston Medical Center. I have a lifelong passion and commitment to support and facilitate the delivery of high quality, equitable medical and social care.

DELANEY: I am from beautiful Roanoke, Virginia, known as the "Star City." Since I was five years old, I knew I wanted to help people and make a difference. It is hard to believe that I have been a nurse for 31 years and have worked in healthcare for 37 years. My first healthcare position was volunteering as a candy striper, and then I became a patient care assistant. My clinical nursing career started with women and children services in the postpartum, newborn, and transitional care nursery, then to pulmonary care, and later specializing in thoracic cardiovascular acute and post-operative care. My leadership experiences have been at two health systems, Sentara (Virginia) and Cone Health (North Carolina) Health. I was a cardiac nurse specialist, clinical nurse manager, director of nursing for heart and critical care services, and chief nursing officer and vice president.

What inspired you to join the MGH family?

CHASE: Spending most of my career serving Greater Boston, MGH has always been an admired community partner with a reputation for excellence in all categories. Many years ago, I had the opportunity to view the "Nursing Sundial" sculpture commissioned by the MGH Nurses Alumni Association that depicts the past, present, and future of the nursing profession. I was overwhelmed by the symbolism and the commitment of the hospital to showcase the nursing



profession on the Bulfinch Lawn. MGH's reputation for providing quality patient care and nursing excellence inspired me to join the MGH family.

DELANEY: I always wanted to move north and missed working in an academic medical center. When the recruitment agency mentioned the opportunity at MGH, I was initially worried about the cold; however, I go where I am led. MGH's mission and values aligned with my core values of serving the community, empowering team members, valuing diversity, and putting patients at the center of all decisions. After visiting and meeting people at MGH, I could see the organization's pride and knew this was where I was supposed to be.

What strategic priorities do you hope to focus on in the first year or two of your tenure as associate chief nurses?

CHASE: In my first year as the associate chief nurse for Ambulatory Care Services, I will be aligning my strategic priorities with the organization's, focusing on access for patients, cost containment and supporting the workforce. The pandemic forced us to rapidly rethink how we provide healthcare and rapidly innovate new ways to provide high quality patient care. Additionally, it created many challenges that impact our

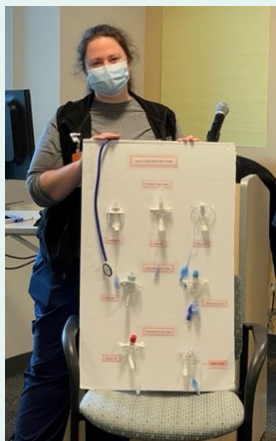
(Continued on page 9)

EMERGENCY DEPARTMENT NURSING SKILLS DAY

On November 10, Bridget Conly, NPS, Emergency Department Observation Unit, organized a drop-in Skills Day for all Emergency Department and Observation Unit nurses to brush up on various skills and educate themselves at stations reviewing PICC line removals, port and IV access, defibrillation carts, code carts, equipment training and more.

Conly invited colleagues from the Emergency Department, boarder nurses, and the Acute Psychiatry Service to set up stations and offer trainings and information. In the Observation Unit, staffing was increased to allow all members to attend the event running from 6 am to 6 pm to ensure both day and night staff easy access.

“We had a staff meeting where colleagues expressed interest in more hands-on education,” explains Kendra Lehman, RN, MSN, FNP, NE-BC, nursing director, Emergency Department Observation Unit, “and Bridget ran with it! I think this was an awesome boost for staff morale and highlights Bridget’s dedication to our group.”



Bedside Medication Delivery Aids Inpatient Units

Patient’s discharge prescriptions are delivered directly to patient and unit by MGH Outpatient Pharmacy. Tools were designed and built for this program within the electronic medical record, to allow one click enrollment; transparency of prescription processing status for care team members; and improvements to communication between outpatient pharmacy and nursing. This program has been a satisfier for patients, ensuring discharge medications are obtained, and simplifies the process for nursing.



- The pilot program began in October 2020 on Ellison 19 Thoracic Surgery and White 10 Medicine
- Unit by unit, the program has been rolled out and is now offered on 27 inpatient units
- About 203 patients per month are receiving their medications via this program
- Project team led by Erin Stack, PharmD, manager Outpatient Pharmacy; Tasleem Spracklin, PharmD, BCPS, clinical coordinator; and Shelly Stuler, MSN, RN-BC, PCS Informatics

Responding to the RaDonda Vaught case

Last spring, the nursing community was shaken to learn of the legal peril RaDonda Vaught, RN, faced due to a medication error that caused a patient’s death. Vaught disclosed her error and offered insight into how the error occurred and what could prevent it from happening again. Yet, she faced repercussions from the Tennessee state board of nursing and state authorities. Colleen Snyderman, PhD, RN; and Karen Miguel, MMH, RN; from PCS Quality, Safety, and Practice, in collaboration with Lauren O’Connor, JD, director, MGH Risk Management; offered three sessions for staff to better understand what happened to Vaught and the different responses hospitals with strong safety cultures like MGH and the state of Massachusetts would have.

Connell Jones Diversity Research Scholars

The second annual Diversity Research Institute was held during the summer of 2022 to nine diverse staff nurses seeking to learn more about the role of nursing research in addressing health inequities in nursing. The goals of the Connell Jones Diversity Research Scholars Program are to create opportunities for:

- Exposure to successful racially diverse researchers and scholars at MGH and external academic sites who will provide guidance with elucidating career paths in research
- Mentoring in the scholar's area of interest, including guidance towards establishing a research question; this includes collaboration on a mentored research project with racially diverse nurse researchers
- Participation in regular meetings with racially diverse researchers and scientists and the program director
- Participation in didactic sessions through the MGH Center for Diversity and Inclusion and affiliated institutions designed to enhance and facilitate learning about the research process

The program, under the leadership of Gaurdia Banister, PhD, RN, NEA-BC, FAAN; and facilitated by a diverse cohort of nationally recognized nurse scholars, is designed to deliver an innovative curriculum and explores diversity, equity, and inclusion within the framework of nursing research. Outcomes from the last two Institutes include four scholars that have matriculated into doctoral programs in nursing research.



From left: Sarbesh Chalise, MSN, CNP Neurology; Moriah McCloskey, BSN, RN, Ellison 11, Cardiac; Miriam Khan, BSN, RN, Bigelow 7 Medicine; Ana Medina, BSN, RN, Ellison 12, Medicine; Tricia Gordon, MSN, CNP, Orthopedics; Alexis Seggalye, BSN, RN, White 11, Medicine; Kaphly Vilus, BSN, RN, White 7 Surgical. Kneeling: Roberta Nunez, BSN, RN, Blake 12 Intensive Care; Renee Monfiston, BSN, RN, Phillips 22, GYN/Surgical

- ASSOCIATE CHIEF NURSE INTERVIEW (CONT)

(Continued from page 7)

ability to keep pace with the increasing demands across the healthcare continuum.

As member of the Ambulatory team, I will be supporting the work of the Ambulatory Care Transformation (ACT) project. ACT sets the foundation for progress towards the vision of providing effortless, coordinated and equitable access to value-based ambulatory care across the Mass General Brigham system. Supporting our leaders and workforce is vital to the mission, vision and values of MGH and MGB and is a priority for me in this new role.

DELANEY: During the first year as associate chief nurse, I will listen, learn, and understand the culture and strategic goals of the organization - ensuring quality patient care by focusing on safety, throughput, and the patient experience. I will support, empower and foster the growth and development of the medicine and heart team while collaborating with the system to achieve excellence in care.

What are you most looking forward to when it comes to your role at the MGH?

CHASE: I have been so impressed by the collaborative spirit, interdisciplinary teamwork, and dedication that I have observed in my short time here. I am very much looking forward to being a part of the MGH team and culture that continuously strives to improve the healthcare delivery model and provide the highest level of quality of services for patients, families and staff.

DELANEY: I look forward to being a part of a team that embraces change, sees the possibilities, and strives for excellence in all we do to serve those in need.

Unveiling the New Mass General Brand in the Shops

This year, on June 13, the retail shops at MGH transitioned to a new point of purchase system. The system provides customers with text message reward coupons – that no longer expire – after shopping in the LVC shops.

In September, the shops started carrying new MGH “founding member” logo items. Items include, t-shirts, hats, mugs, water bottles, tote bags, lunch bags, journals, fleece jackets, fleece vests, sweater jackets, hooded sweatshirts and zip up sweatshirts. New items to keep an eye out for include baby onesies and baby blankets.



Your purchase helps
to change a community.

By purchasing any item at The MGH General Store & Flower Shop you are giving back to the Mass General community. All profits from The Store sales become grants that contribute to the comfort and well-being of patients, their families and the hospital community at large.



IN ONE MONTH OF RECEIVING THE
NEW BRANDED ITEMS

195

FLEECE JACKETS SOLD

47

FLEECE VESTS SOLD

123

SWEATER JACKETS SOLD

THESE SALES ARE FROM ONLINE SALES ON
THE SHOPS WEBSITE, THE GENERAL STORE &
FLOWER SHOP, THE GENERAL STORE NORTH
STORE, AND THE GENERAL STORE YAWKEY.

Cardiac Visiting Scholar

On November 11, MGH Nursing and Patient Care Services celebrated the 15th annual Cardiac Visiting Scholar Program. Following a two-year hiatus due to the COVID-19 pandemic, staff were excited to welcome distinguished nurse researcher and leading expert on high reliability and psychological safety, Lauren Pfeifer, PhD, RN, Clinical Documentation Integrity specialist from Boston Children’s Hospital.

The day-long event started with a powerful panel presentation of narratives presented by Caitlin Cooper, RN, Cardiac Electrophysiology Lab; Mary Margaret O’Connor, RN, and Alison Walsh, RN, both from Ellison 8 Cardiac Surgical Stepdown Unit; and Alice Lea Robinson, RN, Blake 8 Cardiac Surgical Intensive Care Unit. The narratives described both touching and challenging situations of our frontline staff. Pfeifer facilitated the conversation by discussing factors that both inhibit and promote psychological



LaVern Delaney, RN, MSN, MBA, MHA, NE-BC, associate chief nurse, Cardiac and Medicine; Cris Bethune Regan, BSN, RN, MHA, nurse director, Ellison 10 Cardiac Stepdown; Colleen Pfeifer; Nicole Bezreh, MSN, RN, AACNS, CCRN, clinical nurse specialist, Blake 8 Cardiac Surgical ICU; Aimee Bollentin, MSN, RN, ACNP-BC, nurse practice specialist, Electrophysiology Lab

safety in the clinical setting. We continued the day with an informative and interactive lunch session and ended the afternoon listening to Pfeifer’s keynote lecture titled, “Cultivating Psychological Safety, High Reliability and Resilience in Healthcare.”

SIMULATION KICK STARTS NEW NURSE TRANSITION TO PRACTICE

The Knight Simulation Program team within the Institute for Patient Care has been instrumental in the expansion of the Transition to Practice Program, a program that helps train new nurses to be more confident and comfortable at the bedside. Over the course of the year, the full-day “Simulated Bedside Emergencies for the New Nurse” program was held 35 times for 190 nurses and six full-day “Critical Care Nurse Resident Simulation” programs were held for 41 nurses. These programs are highly valued by the nurse residents and an important component of the MGH Transition to Practice Program.



A FITTING TRIBUTE

Prominently hung above the mantle, in the sitting area outside the Trustees Room and the Claflin Library on Bulfinch 2, a teacher, nurse, friend and mentor’s portrait found a permanent home. The Ruth Sleeper Suite, as the area is now named, recognizes “someone who believed there is ‘always more to see, more to learn, and more to do...to

improve both care and cure,” said Debbie Burke, RN, DNP, MBA, NEA-BC senior vice president for Patient Care and chief nurse; at the dedication event attended by current MGH staff, MGH Nursing School alumni and members of the



Nursing History Committee. Ruth Sleeper, RN, BSN, MA, was the former assistant superintendent of the MGH Nursing Services; principal of the MGH School of Nursing and director of the MGH Nursing Service and MGH School of Nursing, leaving a legacy of practical nursing educational and professional development.

NURSING RESEARCH GRAND ROUNDS HIGHLIGHTS END-OF-LIFE CARE

As part of the Connell Nursing Research Scholars Program, Debra Manning Lundquist PhD, RN, MGH nurse scientist in Oncology, received mentorship from Betty Ferrell, PhD, RN, MA, CHPN, FAAN, FPCN, the Nursing Research & Education director, and professor at City of Hope Medical Center in Duarte, CA. Manning invited Ferrell to present to the MGH community at Nursing Research Grand Rounds about her research focused on pain management, quality of life, palliative care, and end-of-life care with patients experiencing cancer. From left; Lundquist, Ferrell and Dorothy Jones, EdD, RN, FAAN, FNI, director emeritus, Yvonne L. Munn Center for Nursing Research.



Interprofessional Dedicated Education Units

During 2022, MGH's Interprofessional Dedicated Education Units (IPDEUs), Bigelow 11 Medicine, Ellison 8 Cardiac Surgical Stepdown, and Ellison 12 Medicine, hosted nearly 200 MGH Institute for Health Professions (IHP) graduate students in physical therapy, occupational therapy, speech-language pathology, genetic counseling, nursing, and physician assistant studies.

More than 50 nursing, physical therapy, occupational therapy, and speech language pathologist colleagues, who are trained as Interprofessional Practice Instructors, welcomed these learners into their clinical practice for facilitated observational experiences focused exclusively on interprofessional competencies for collaborative care. The IPDEU educational model operates via an academic-practice partnership between MGH and the IHP, bringing together interprofessional leaders, faculty, and clinicians, and nurturing collaborations that yield benefits to students, the clinicians serving as their instructors, and the patient care environment.



MGH INSTITUTE
OF HEALTH PROFESSIONS



Social Services Hosts International Delegation

On December 9, the MGH Social Services Department hosted a group of esteemed healthcare dignitaries, policy makers and academic leaders from Vietnam. The seven-member delegation was led by Dr. Luong Ngoc Khue, director of the Department of Medical Service Administration at the Vietnam Ministry of Health. Organized by Karon Konner, LICSW, clinical director, Social Work, and Quynh Truong, MSW, MPH, former social work intern in the Palliative Care Division with a driven vision to develop the medical social work profession in Vietnam, the event provided a full day of activities that enhanced the dignitaries' knowledge of the education, training and role of the clinical social worker as a mental health provider in the medical setting.

Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse; Marcela del Carmen, MD, president of the MGPO; and Carmen Vega-Barachowitz, MS, CCC-SLP, FASHA, director of Clinical Services, launched the day with welcoming remarks and exchanges. One of the most informative sessions was a panel of six clinical social workers,



Han Cao, LCSW; Lauren DeMarco, LICSW; Debra Drumm, LICSW; Kyle Kozelka, LICSW; Elyse Levin-Russman, LICSW; and Sarah Taddei, LICSW; representing various pediatric and adult inpatient and ambulatory practice areas. Their presentations deepened the delegation's understanding of their role and contributions as vital collaborators on the care team, strengthening and optimizing patients' and families' treatment and plans of care. This international exchange signals the beginning of a partnership that aims to expand the clinical and mental health roles of the medical social work profession in Vietnam.

Creating Synergies within the Blum Center and Beyond

The Maxwell & Eleanor Blum Patient and Family Learning Center hosts virtual educational programs on various health topics to Mass General patients, families, and staff at no cost. Clinical experts from various multidisciplinary areas within the hospital give the presentations to ensure the information presented is current, reliable, and evidence-based. Topics are curated based on the National Health Observances Calendar (dedicated months, weeks, and days to raise awareness on specific health topics). In 2022, the Blum Center hosted 52 programs with over 1,300 attendees. The program recordings are available at massgeneral.org/blum-center for asynchronous learning with over 11,200 video views.

While programs on popular health and wellness topics such as healthy eating, healthy skin, and eye health were offered, the Blum Center also established exciting collaborations to include programs that addressed essential topics. Partnering with MGH Police, Security & Outside Services, three programs surrounding workplace violence prevention, armed intruder/active shooter response,

and identity theft and scam protection were offered. Partnering with the MGH Center for the Environment and Health and MGH Institute of Health Professions Center for Climate Change, Climate Justice, and Health, the Blum Center launched their Climate

Change and Health Series. Within the series, five programs focused on the wide range of health risks due to climate change, including heat-related illnesses, vector-borne diseases, mental health impacts, and more.

In the spirit of creating synergies and efficiencies, members of the Blum Center have started to collaborate with their colleagues in the Norman Knight Nursing Center for Clinical and Professional Development (KNC). The primary nurse planner with

the KNC continually plans education offerings with internal and external subject matter experts as does the Blum team. Through formal planning meetings, they share resources and faculty and aim to align education calendars to streamline educational programming for patients, families, and staff. This partnership reflects a shared mission of providing timely, relevant, and quality education.



NORMAN KNIGHT NURSING CENTER BY THE NUMBERS

Educational offerings	2022 totals
Continuing Education programs	286 programs
Continuing Education contact hours offered	857.5 hours
American Heart Association course participants	4,292 participants
Transition to Practice Program participants	368 nurse residents
Central Onboarding program participants	
Nursing and PCS Orientation	11,114 participants
Central Onboarding	540 registered nurses

Onboarding participants by role group	2022 totals
Registered Nurses	540
Patient Care Associates	458
Unit Coordinators	111
Students hosted	2022 totals
Nursing students	1,646
Graduate Preceptorships	212
Undergraduate Preceptorships	208

Clinical Recognition Program Celebrates 20 Years

The Clinical Recognition Program (CRP) celebrated 20 years in October 2022! The CRP was designed to recognize excellence in clinical practice based on four levels: Entry, Clinician, Advanced Clinician and Clinical Scholar. Applicants demonstrate their expertise by pulling together a portfolio which includes a clinical narrative, or patient scenario that illustrates how the clinician thinks and engages in their practice. This is followed by an interview which allows for an additional opportunity to share experiences and reflections from clinical practice.

Since its inception in April 2002, over 980 clinicians in Patient Care Services have been recognized at either the Advanced Clinician or Clinical Scholar level. Front-line nurses, speech/language pathologists, occupational therapists, physical therapists, respiratory therapists and social workers can all apply.



Nursing and Patient Care Services
celebrates the 20th anniversary of

The Clinical Recognition Program

2002-2022

Recognizing Excellence in Practice

JUNIOR VOLUNTEERS SERVE MASS GENERAL COMMUNITY

The Junior Volunteer Program provides local high school students with a unique opportunity to work with staff and Mass General volunteers in a variety of hospital settings. It also provides an opportunity for volunteers to help the hospital community while getting exposure to the value of volunteerism, the hospital environment and health care related careers.

Junior volunteers serve in the Patient Discharge program, Patient Library, Center for Peri-operative Care and Yawkey 8 Infusion Clinic Escort programs. In our Patient Discharge Program and Center for Peri-operative programs, junior volunteers are responsible for patient discharge services, which includes greeting patients and escorting patients and visitors to their destination. In our Patient Library program, junior volunteers are assigned to inpatient units and are responsible for providing reading materials on a mobile book cart. On Yawkey 8, our junior volunteers are responsible for providing support and transportation services within the hospital for chemotherapy patients. In these roles, volunteers have daily contact with patients, families, staff, and visitors - requiring independence, maturity, flexibility, excellent problem-solving, communication, and social skills.



“Volunteering has given my life a larger purpose and has shown me the value of respecting everyone.”

- Yohana Aweke, Junior Volunteer

Shared Decision Making 2022

Collaborative Governance aims to integrate clinical staff into the formal decision-making structure of PCS to stimulate, facilitate and generate outcomes that will improve patient care and enhance the practice environment. Staff from across all disciplines, departments and roles serve on the committees. Highlights from the past year are featured in the table below.

COMMITTEE	ACCOMPLISHMENTS
Clinical Practice	Reviewed, provided input, and approved 14 new guidelines, procedures and products. Partnered with Materials Management on new products, supplies and disruptions in supply chain; collaborated with Pharmacy on potassium replacement policy and addressing safety events; and worked with Vascular Access Department regarding blood sampling from a peripheral vascular access device.
Diversity & Inclusion	Coordinated presentations and dialogues with colleagues including immigrant health; creating a disability-friendly and accessible environment for patients and families; and the reality of ableism to promote diversity, equity and inclusion for patients, families and staff. Participated in Upstander training.
Ethics in Clinical Practice	Presented four case studies on topics including: tube feeding in an elderly medically-complex patient; ethical considerations in the setting of restricted hospital visitation; ethical considerations for hemodialysis in a patient with advanced dementia; and responding to disruptive, disrespectful racist patients or families. Hosted educational programs including serious illness conversations; no one dies alone initiative; and recognizing health disparities faced by transgender people and integrating best practices into patient care delivery.
Informatics	Launched ambulatory informatics subgroup which addressed in-basket challenges. Addressed faxing issue from Epic. Participated in system design for nurse validation of patient-entered data related to questionnaires from the Admission Navigator. Created informational tools to assist in the implementation of "Project Drop Clicks," a project to streamline the nursing assessment flowsheet documentation by using a charting-by-exception model.
Patient Education	Hosted four presentations on topics such as: health literacy and plain language; working with medical interpreters to enhance patient education; using the iPad to support patient education; and American Sign Language. Reviewed policies on patient and family education and code of conduct.
Quality & Safety	Champions presented evidenced-based quality improvement projects, including White 8 General Medicine's "Implementation of nonpharmacological delirium interventions;" Outpatient Neurology's "Reducing medication errors in the outpatient setting;" Blake 7 Medical ICU's "CLABSI and CAUTI initiatives;" Capacity Coordination Center and Emergency Department's "Redirection pathway for interventional radiology."
Patient Experience	Developed scripting scenarios for communicating with patients and families about testing delays and the code of conduct. Hosted six speakers to discuss capacity management, interpreter services resources, mind-body techniques to address stress, healthcare systems, infection control and the department of Patient Experience.
Research & Evidence-Based Practice	Hosted "Not Just a Journal Club" presentations including "Encountering the social determinants of health on a COVID-19 ICU: Frontline providers' perspectives on inequality in a time of pandemic;" and "A qualitative investigation to identify factors influencing relationship formation between pediatric nurses and pediatric interns."
Staff Nurse Advisory	Provided valuable feedback on important operational, quality and safety initiatives and continued to drive changes in practice and quality of work-life through sharing best practices. Informed the Nursing & Patient Care Services Strategic Initiatives; discussed the "lived experience" regarding with capacity initiatives and the implementation of the discharge lounge; and reviewed the results of the Staff Perceptions COVID-Experience survey and the Magnet 4 Europe Clinician Wellbeing survey to identify strategies to promote recruitment and retention for nurses.

Responding to a Humanitarian Crisis

On February 24, 2022, Russia launched a brutal and indiscriminate assault on Ukraine. Powerful images of long lines of Ukrainians at border check points fleeing the impending war filled television newscasts. Members of the MGH Global Disaster Response and Humanitarian Action (GDRHA) team at the Center for Global Health and with the support of MGH leadership were compelled to act.



“We were moved by the upswell of concern from within the MGH community specifically to support our Ukrainian colleagues. When we are deciding where in the world to respond, several factors influence us. First, where are the greatest needs? Second, what areas are we able to safely access and meet those needs? And finally, how do we best harness the resources in our MGH community to formulate a response?” says Lindsey Martin, CNP, of the MGH GDHRA.

Two weeks after the war started, Martin was on the ground in Poland meeting with colleagues from other non-government organizations, sitting in the United Nations cluster meetings, and developing an assessment of the situation to understand how best to help. Martin says, “Many colleagues at home had already started grassroots efforts to donate both supplies and medical expertise. My job was to understand whether there was a place for MGH employees on the ground.” She says, “My initial assessment in the first couple of weeks was twofold. The countries bordering Ukraine were well supplied with humanitarian assistance and second, there was too much uncertainty within Ukraine to send staff without significant trauma or combat experience. Furthermore, the Ukrainian Ministry of Health was

(Continued on page 18)



Martin and Welder, center, in Moldova.

BIGELOW 11 MEDICINE: INTEGRATING EDUCATION

Maura Dunn, MSN, RN-BC; and Thyara Micheli, BSN, RN; have been leading a staff-driven education program. Each month a different clinical nurse takes on a topic to educate their peers. This can be done by poster, PowerPoint or in-person training.



Some of the topics covered so far are IV therapy, end of life care, mouth care and the use of restraints. Dunn and Micheli coordinate the schedules and the



presenters work with clinical nurse specialists to ensure that the material presented is evidence based. All materials are stored on a Microsoft Teams page for easy access.

In addition, Bigelow 11 has been integrating the importance of reflective practice into New Graduate Registered Nurse orientation. The new graduate and their preceptor are given two four-hour sessions a month off of the unit to reflect on their practice. The preceptors are given guide questions focused on the patient relationship, clinical knowledge and teamwork to help with these discussions. Participants have reported that the uninterrupted time provides the opportunity to reflect on clinical issues, challenging patient interactions, and facilitates discussions about the culture of the unit that are often difficult to integrate into the busy day.

“The relationships built from these discussions have led to mentorship well beyond orientation,” says Patti Fitzgerald, RN, MSN, NE-BC, nurse director, Bigelow 11 Medicine. “I am so proud of the work they have done to support our staff.”

Moving Mosaic Ritual

In March 2022, the Spiritual Care Department in partnership with the Patient Care Services Wellbeing Task Force, planned the “Peace, Inclusivity, and Healing Service,” which marked the second-year anniversary of the COVID pandemic and memorialized victims of the Russo-Ukrainian war. Held in the MGH chapel, the service – featuring remarks by David Brown, MD, MGH president, and Marie Borgella, RN, DNP, nurse director of Bigelow 7 Medicine –honored the grief and brokenness many have felt in the wake of these global events and painful losses. As part of this service, members from all over the MGH community participated in a mosaic ritual developed by MGH spiritual care providers Kate Gerne and Roxan Del Valle. In this ritual, hundreds of mosaic tiles were combined to form the image of a sunflower, the national flower of Ukraine. Del Valle says, “The mosaic is a fitting representation of the beautiful ways people have come together amid the brokenness of the past two years.” The collaborative piece of art is currently on view in the lobby of the main MGH entrance, where it offers a symbol of hope and connection to all who pass by.



Top, from left: Del Valle and Rev. Erica Long at Spiritual Care Week table; Fr. Elias Ojomah; Graduated Clinical Pastoral Education residents Rev. Ethan Loewi, Anna McCown, and Maryclare O'Brien-Wilson. Bottom, from left: An inpatient wedding officiated by Spiritual Care team member, spiritual care providers Kate Gerne and Roxan Del Valle at “Peace, Inclusivity, and Healing” service; Rev. Donna Blagdan, incoming director of department.

IMPLEMENTATION OF ABRAT TOOL TO ADDRESS WORKFORCE SAFETY

Staff safety matters. Implementation of the Aggressive Behavior Risk Assessment Tool (ABRAT) has three aims; provide an assessment tool for staff to identify patients at risk for aggression, raise staff awareness and offer opportunities for open communication during Circle Up huddles, and provide a bundle of safety resources to decrease risk of escalation and assaults.

To date, the program has been implemented on 19 inpatient units. The reported benefits of adopting ABRAT are enhancing staff awareness for their own safety, improving communication by establishing a common language for risk of aggression, supporting early identification of patient triggers and interventions, and promoting the creation of individualized safety care plans.

Units have observed a decrease in assaults with injury with concurrent increase in reported staff assaults over a twelve-month period. We anticipated an increase in reported assaults given the increased attention on these events, staff’s new knowledge for what is defined as an assault, and encouragement of staff to report all acts of workplace violence (physical and nonphysical). In 2023, the program will be rolled out to the remaining inpatient units, Emergency Department, and peri-operative areas. Evidence demonstrates a reduction in workforce violence and staff assaults will reduce clinician burnout, improve staff perception of the work environment, aid in staff retention and enhance care delivery and patient satisfaction.

- Humanitarian mission (*cont.*)

(Continued from page 16)

discouraging an influx of foreign medical volunteers. I returned home to continue supporting partners from afar.”

In April, the GDHRA received a request to join a partner non-government organization in Moldova to care for refugees in accommodation centers across the country. A small team deployed including Catherine “Skeeter” Welder, RN, MGH Medical ICU; and Andrew Liteplo, MD, MGH Emergency Medicine; to respond to the influx of refugees. At the end of their time in Moldova, they were invited to Ukraine to provide World Health Organization Basic Emergency Care training to nurses who were being redeployed to unfamiliar areas of their hospitals some treating traumatic injuries for the first time. “We were able to provide this training to several hundred nurses across 5 hospitals and in turn assess the needs for continued nursing education in trauma. Often in emergency and disaster response, though the nurses do the bulk of the work, they receive a fraction of the educational opportunities or resources,” says Martin.

In May, the Harvard Humanitarian Initiative and International Medical Corps approached the GDHRA team to develop a nursing-focused trauma course for Ukrainian Nurses called “Trauma Nursing Fundamentals.” Over the fall, the course was delivered to over 180 Ukrainian nurses across multiple sites. Colleagues Jacky Harte-Kennedy, NP, MGH Ellison 4 Surgical ICU; and Russel Demailly, RN, MGH Operating Room; both deployed as faculty to support these trainings. Martin says, “The impact is still being measured but anecdotally the students who received the training

were grateful for the dedicated nursing education.”

Working in Ukraine has informed Martin’s work both at the Center for Global Health and as a nurse practitioner on the Blake 12 ICU. She values the privilege of teaching and working alongside expert nurses from MGH and learning from expert nurses in Ukraine noting many differences in the Ukrainian health

system from that of the United States. “As teachers, we learned to adapt to differences in practice and scope and deliver critical concepts in a meaningful and respectful way. On these deployments I observed MGH nurses bringing skills beyond clinical expertise to challenging situations and am awed by their professionalism. They returned with new insights on how nursing is practiced around the world. Ultimately, I believe the Ukrainian nurses taught us more about flexibility and resilience than we likely taught them about trauma care,” says Martin.



Above, Demailly leading a tourniquet training. Below, Harte-Kennedy teaching airway skills.



SIGNET SYSTEM IDENTIFIES FALL RISKS

In November of 2022, Ellison 19 Thoracic/Vascular Unit installed a new patient call light system, the Signet system. The new system will eventually be integrated into Epic, the electronic medical record, and Voalte, the mobile messaging program available on MGH iPhones for staff. During the two-week installation, the Ellison 19 team had to use both systems.



One of the new Signet system features is a “Fall Risk” button on the staff terminal outside of each patient room. When a patient is identified as a fall risk, the clinical staff illuminate the button, and the call light illuminates outside the patient’s room as an easy visual to alert all staff. On the new pillow speaker, a patient can identify whether they need water, to use the bathroom or are in pain. Once this is integrated with Voalte, requests will be triaged to the appropriate care giver, potentially decreasing the wait time for patients.

Retreat Educates, Validates and Engages BIPOC Staff



From left: Eddinger, Leathers-Idowu, Kanya, and Vega-Barachowitz

In October, social service staff from various Boston hospitals gathered for the first ever Black, Indigenous, People of Color (BIPOC) Retreat. The event was organized by the BIPOC Collaborative, part of MGH's Social Service Department. More than 70 participants spent time together reflecting and engaging in activities that encouraged a deeper understanding of experiences as BIPOC healthcare professionals.

Natasha Johnson, LICSW, Social Services, said "Our facilitators delivered affirmations that effectively validated our collective and individual anxieties, self-doubts and spiritual burdens. We explored various microaggressions, namely racial abuse in the workplace."

"We also processed themes of second-class citizenry and denial of individual racism and color blindness," says Meghna Raj, LICSW, MGH Social Services. "These ideas send messages to people of color of not belonging. Moreover, it allows for White individuals to make assumptions without an intimate understanding of our oppression, while denying our racial and ethnic experiences."

The keynote speaker, Pam Eddinger, PhD, president of Bunker Hill Community College, reminded participants that there is healing and power in building social capital and community. Guest speaker, Hugo Kanya, PhD, professor at Simmons University, encouraged the attendees to name microaggressions as racism in order to undercut their power, expose their covert messages and create boundaries. Carmen Vega-Barachowitz, MS, CCC-SLP, FASHA, director of Clinical Services at MGH, discussed the importance of promoting inclusion and explored different aspects of colorism that further divide the BIPOC community. "The retreat reminded participants that they belonged and promoted an environment of trust and community. We all walked away that day knowing that we were not alone and there is room for each person at the table. The powerful messages shared during the retreat reinforced the necessity for participants to continue to foster and strengthen BIPOC communities in the pursuit of social justice," says Shante Leathers-Idowu, LCSW, MGH Social Services.

NEW INTERPRETERS COORDINATION TEAM

Across the MGH this year, 324,545 encounters were conducted with patients who speak Languages Other than English. Also in 2022, MGH reached a milestone of 500 certified Qualified Bilingual Staff. To meet the needs of the busy department, a Coordination Team was put in place to triage interpreter requests and ensure patients and staff have timely access to language services. Interpreters Andy Beggs, Menezes Neves and Claudia Avila-Urizar (pictured below, left to right) have become the voices behind the phones of the Medical Interpreter Department.



SERVICES OFFERED

In the fiscal year 2022, the department provided services for:

324,545

PATIENT ENCOUNTERS

Below are the top five languages requested and number of completed encounters in 2022:

SPANISH - 197,520

PORTUGUESE-BRAZILIAN - 38,654

ARABIC - 16,693

HAITIAN CREOLE - 11,045

CHINESE-MANDARIN - 10,232

ONBOARDING PSYCHIATRIC NURSES

Similar to national trends throughout 2020-2022, MGH's Blake 11 Inpatient Psychiatry Unit experienced increased staff turnover and challenges recruiting registered nurses with psychiatric experience.

In August 2022, a cohort of 11 new graduate nurses were hired. To help foster connections prior to starting, Blake 11 staff took funny photos and wrote emails introducing themselves and welcoming new staff to the unit.

The training of new nurses is well studied in many specialty areas of nursing with an exception being psychiatric nursing. A two-week intensive classroom experience was developed by the unit staff. The new nurses received professional credits for participating.

Preceptors (or on-unit teachers) are an invaluable resource – to prepare for the task, all preceptors completed the standardized online precepting course offered by the Knight

Nursing Center. They were additionally supported through weekly meetings with the Nurse Practice Specialist. A new clinical coach role was defined, and an experienced registered nurse was hired to facilitate the smooth transition to nursing practice on inpatient psychiatry. The clinical coach provides weekly debriefing and “at the elbow support” for the new graduates throughout the first year as they continue to transition into professional practice.



RECORD NUMBER OF TRANSPLANTS

2022 was a record year for the Transplant Service in the MGH Operating Room. The service transplanted:

52
HEARTS

145
KIDNEYS

21
LUNGS

95
LIVERS

ACADEMY EDGE RUNNER

The American Academy of Nursing selected eleven novel models of care to be named Academy Edge Runners. Edge Runners are evidence-based, nurse-designed, innovative models of care or interventions with significant, demonstrated outcomes to improve health, impact cost, and influence policy. Each program highlights nurses' ingenuity and collaboration in developing new methods to provide care and promote health equity.



Diane Carroll, PhD, RN, FAHA, FESC, FAAN, nurse researcher in the Yvonne L. Munn Center for Nursing Research (left); with co-author Patricia Dykes PhD, MA, RN, FAAN, FACMI, Brigham and Women's Hospital (right); were recognized by the academy for their study “Fall Tailoring Interventions for Patient Safety (TIPS).”

LIVING LEGEND RECOGNIZED

Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, chief nurse emerita at the MGH, chair of the Board of Trustees at MGH Institute of Health Professions, was celebrated by the American Academy of Nursing (AAN) as a Living Legend in 2022. Annually, the Academy recognizes a small group of fellows as Living Legends in honor of their extraordinary contributions to the nursing profession, sustained over the course of their careers.



Ives Erickson pictured with Ken R. White, PhD, AGACP, ACHPN, FACHE, FAAN, AAN president, dean and professor at MGH Institute of Health Professions; and Linda D. Scott, PhD, RN, NEA-BC, FNAP, FAAN, president-elect, AAN and dean at University of Wisconsin-Madison School of Nursing

Summer Jobs Bolster Callback Program

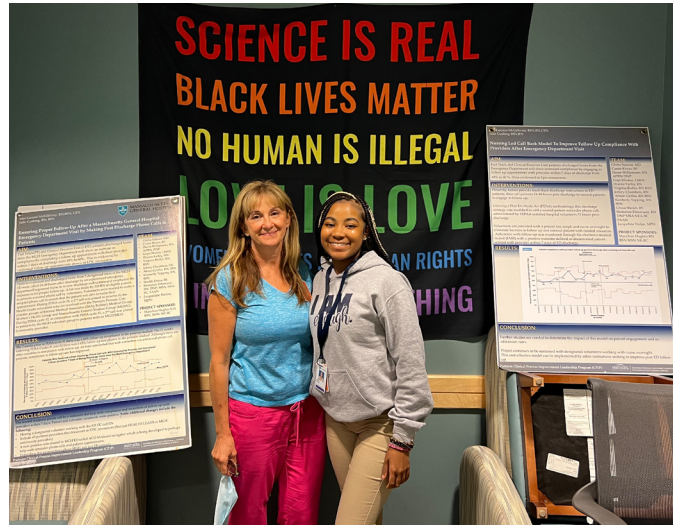
Callbacks by an experienced clinical nurse are an important way to ensure that Emergency Department (ED) patients understand their discharge instructions as well as follow up with appointments and providers. Implemented in 2014, the MGH ED's nurse-led callback program has resulted in improved patient satisfaction as well as eased ED capacity issues. "Simple reminder" phone calls by non-clinical volunteers regarding follow up visits help to boost the number of calls made, and this year local high school students, through the MGH Summer Jobs program, came on board to further expand this vital service.

MGH is one of the largest employers of youth in Boston, serving approximately 100 students each year through the Mayor's Summer Jobs program. The hospital has a long-standing commitment to helping local public high school students build marketable skills and explore careers in healthcare, while gaining valuable experience in a supportive work environment. In turn, MGH departments, including Nursing, serve as teachers and mentors to the 16- to 18-year-old students, while accessing an extra "set of hands" during popular summer vacation months.

For six weeks during summer, Kimyra Cofield, a rising senior from Dorchester, was paired with Ines Luciani-McGillivray, an Emergency Department clinical nurse, as a 'simple reminder' post discharge caller for the MGH Emergency Department.

"I have learned the importance of what I do. A countless number of times, people thanked me for giving them a follow-up call, showing great appreciation for the task," says Cofield. "While I did not provide any medical advice, if needed, I was always able to refer them to my supervisor who is a clinical nurse."

In addition to their work in the ED, Cofield and Luciani-McGillivray were able to share a number of other learning experiences — visiting a Boston Medflight helicopter as it brought in a trauma patient, observing triage and the capacity challenges in the ED, going to the simulation lab,



observing the hyperbaric chamber, learning CPR and more.

Still, the main focus of the internship was to help augment the Nurse-Led Emergency Department discharge calls. For her part, Cofield says, "I know that what I did was very beneficial to someone in some way."

"Kimyra did an excellent job communicating with patients and made a positive impact as evidenced by patients' positive comments," said Luciani-McGillivray. "Collaborating and working with Kimyra has been an honor. I hope this experience has made a difference in her life as we were able to experience both the challenges and rewards of the nursing profession."

ETHICS CONSULTATIONS HELP GUIDE PATIENT CARE

This year, the MGH Optimum Care (Ethics) Consultation Service and Committee (OCC) provided 373 consults — collaborating with Palliative Care, the Office of General Counsel, the guardianship team, International Patient Office, social workers, chaplains, physical therapists, occupational therapists, and speech language pathologists to tailor responses that best addresses clinicians', patients', and families concerns. The service helps navigate conflicts within a family, within a team, or between a team-family, that could become an obstacle to achieving optimum goals of care for the patient.

"Consults are often related to end-of-life decision making, though OCC is also consulted for issues related to creating ethical discharge dispositions for patients, moral distress amongst clinicians, decision making for patients, stewardship of resources, and other general questions of ethical permissibility that interprofessional teams identify. The OCC consultants are also key resources in supporting MGH unit-based ethics rounds and as facilitators and participants in debriefings of complex cases," says Ellen Robinson, PhD, RN, nurse ethicist.

SPEECH LANGUAGE PATHOLOGISTS PAVE PATHS FOR PATIENTS

The MGH Department of Speech, Language and Swallowing Disorders and Reading Disabilities utilizes an uncommon, but highly-effective approach to treating speech sound disorders. Rather than seeing patients for therapy one or two times per week, eligible patients attend therapy three times per week for four weeks, with additional “booster” sessions as necessary. With the adoption of telepractice, this approach has become increasingly accessible to families from a wider geographic area. A parent recently shared her experience:

“...I was somewhat skeptical about a 5 year-old’s ability to participate effectively three times a week without burning out. I was completely wrong. Because Jennifer Maietta, MS, CCC-SLP; and my child made obvious progress during each session, instead of burning out, my child was excited and encouraged and really looked forward to every session. As a parent, committing the time to driving into Boston or facilitating a zoom session three days a week seemed somewhat daunting at first. Again, I was completely wrong. The frequency of the appointments meant that I had less “homework” to do which honestly made the program even more effective. The progress made correcting sounds inside of one month is far beyond any progress I would have expected with six months of traditional once-weekly speech.”

A patient presented with advanced head and neck cancer and had undergone extensive oral reconstruction that left her speech and swallowing compromised. Using understanding of swallow function, encouragement and reassurance, the patient was able to discontinue the use of the feeding tube and was able to eat by mouth, an outcome that was not thought possible.

“My speech-language pathologist (SLP) combined professionalism with compassion. Her insight into the overall experience was matched by her expertise. I feel as though my goals can be achieved with her guiding me. A plan was clearly defined, then she explained and confirmed that I understood what we were doing. The environment that was created made me feel comfortable and safe. MGH SLPs demonstrated that they truly understood the social aspect of what head and neck cancer patients experience. This made me feel human.”



The SLP department received print, above, from the grateful patient. Both the patient and the clinician are animal lovers so the gift is very fitting. The accompanying note read, “if you were a canine, you would be a golden retriever. Golden retrievers are goodness on earth.”

- Letter from CNO (cont.)

(Continued from page 1)

From needing to get to the bathroom, get re-positioned or just needing to talk to someone, CB was always there to lighten the mood and help me in anyway he could. I will be forever appreciative, grateful and blessed to have had the care I got during this extremely scary time of my life.”

From a family member of a patient treated on Phillips 21 Medicine:

“We are grateful for the dedication, patience, expertise, and compassion of all the staff who supported our family member during her stay at MGH. Questions were always answered thoroughly. Eileen, from Physical Therapy, and the Respiratory Care team designed a highly effective chest vest treatment protocol that was tolerated well and which can easily be implemented in her home. Regarding bedside care in particular, nurse Deanna and the (supervising) IV nurse showed an extraordinary level of skill, attention to detail, and responsiveness. But everyone was excellent at all levels.”

Innovation: A Safer Way to Draw Pediatric Blood



As a member of the MGH Biothreats Response Team, Kimberly Whalen, RN, MS, CCRN, nursing director, Pediatric ICU (PICU); is steadfast in applying safety protocols at work, especially when it comes to drawing

blood and transferring it from syringes into collection devices. As a pediatric nurse, Whalen wondered why adult blood sampling systems were better designed for safety than pediatric ones.

In adult collections, blood is transferred into containers that are part of a closed system, where there is no opportunity for blood to escape, thereby fully protecting healthcare workers from possible biohazard exposure. However, in pediatric draws, blood is manually squirted from syringes into blood gas syringes or microcontainers, but within an open system. In such a system, blood can spill, posing high occupational health concerns, including emotional toll.

Unlike adult blood sampling, which often require 10 ccs of fluid for testing, pediatric draws require smaller amounts, only .2 cc, but this small amount

still poses a risk. Currently, the open system is the only one available for use in pediatrics.

After conferring with biothreat colleagues and finding no alternative to the open system, Whalen got to work solving the problem collaborating with Ryan Carroll, MD, MPH, attending physician, PICU; to create their first prototype.

In 2019, Whalen and Carroll applied for the Patient Care Services IDEA Grant and started working with Hiyam Nadel, MBA, CCG, RN, director in the Center for Innovations and Care Delivery. Their innovation, the Blood Shield Transfer device, won the \$5,000 grant that propelled them to continue. Whalen has since worked with patent attorneys and research engineers to move her device forward.

Ten prototypes later, and the Blood Shield Transfer device was in the hands of PICU nurses who said the new device was easily integrated into their current workflow because of the intuitive design. Whalen has since worked with patent attorneys and research engineers to move her device forward and protect their design.

“The innovation process is a long road,” Whalen admits. “It’s a roller coaster. You get all excited about something you’re doing and all of a sudden it seems like it (the innovation) does not go forward. But then another opportunity arises, and it does.”

MEET THE FINANCE TEAM

The PCS Finance and Analytics Department, under the direction of Antigone Grasso, MBA, director of Nursing and Patient Care Services Management Systems and Financial Performance, supports the entire PCS department and is responsible for:

- Developing and tracking performance against >\$850M PCS budget with >5,500 full-time equivalents (FTEs)
- Developing PCS staffing and productivity models
- Managing AcuityPlus nursing workload system
- Managing OneStaff scheduling system and interface to Kronos payroll
- Leading PCS Data Warehouse development and utilizing workforce, clinical and operational data from the institution’s various systems to develop analytics for resource decision-making, quality and safety reporting, and Magnet



THANK YOU SUPPORT STAFF

Thank you to all of our Inpatient Physical Therapy Aides for your tireless commitment to the department and supporting our patients. We cannot thank you enough for all the work you do assisting us with mobilizing patients and managing all of our specialty equipment. Thank you, on behalf of all of the Inpatient Physical Therapy Team.

Colleen Roddy, PT, DPT, senior physical therapist

Our support staff (medical assistants, front desk associates, phlebotomists, patient coordinators, phone operators) are vital to the Cancer Center! It takes a village in making sure our community functions well, and they are some of the first faces patients see. They work hard keeping us all moving, informing and supporting patients, addressing immediate concerns, rooming patients, preparing them for providers, relieving fear and anxiety, and providing a caring and safe environment, turning over rooms, helping with procedures and exams, amongst so many other things. They truly keep our village running and I would like to recognize their hard work and continued dedication. WE and our PATIENTS are lucky to have them!

Heather Baker, RN, resource nurse, Cancer Center

Hannah Perry is a community resource specialist within the Social Service Department, demonstrating an amazing knowledge of resources and continues to broaden her knowledge through research. While meeting with patients, she uses a strengths-based, trauma-informed approach in her work. She is a joy to work with!

Sonja Goldman, MSW, LCSW, clinical social worker, Social Service Department



“Often a patient’s first contact within our department, the administrative team helps to ensure our patient’s needs are met and questions are answered from the start. Nancy and Kim do an amazing job staying organized to schedule for a team of up to 10 providers each week with a constant flow of referrals. Felicita plays an integral role in creating and sustaining the systems that make this department work. Without our dedicated support staff, we would simply be lost!”

Amanda Copeland, MS, CCC-SLP, speech language pathologist, Department of Speech, Language, Swallowing, and Reading Disorders

Our three patient service coordinators are vital to the smooth functioning of the Anticoagulation Management Service, maintaining the systems that keep our patients safe. Ashlynn Barthelemy-Dormus, Karen Angel, and Tiarra Sanders, perform a number of complex workflows every day and do so in a seamless manner. Our team would be lost without them!

Janet Madden, RN, MS, nursing director, Anticoagulation Management Service

PHILANTHROPIC SUPPORT IS CRUCIAL TO NURSING AND PATIENT CARE SERVICE as it allows us to seed innovative ideas, provide opportunities for career development and advancement and improve the way we deliver care. If you are interested in learning more please visit giving.massgeneral.org/nursing-and-patient-care-services/, or contact Maureen Perry in the MGH Development Office, mperry19@mgh.harvard.edu.

Caring

HEADLINES FROM MGH NURSING
AND PATIENT CARE SERVICES



 **Massachusetts General Hospital**
Founding Member, Mass General Brigham