McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

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Nursing NETWORK

Creating Connections

Nursing Care Extends to Families in Crisis on SB2

By Amanda Casparriello RN

Amanda Casparriello RN

My name is Amanda Casparriello and I have been a nurse for six years. I work on South Belknap 2, which is a geriatric neuropsychiatry floor. Our patients present with some sort of cognitive decline mixed with changes in behavior. Dementia is our most common diagnosis. Our treatment goals are different from those of other units: often, we focus on palliative care—keeping people comfortable by relieving their agitation or pain, for example—, not "curing" them.

Patients are admitted when there has been a change in their cognition or behavior, which may be making their current living situation untenable. We help assess their situation and then might recommend, if living at home is no longer an option, transitioning to an assisted living facility, nursing home or hospice. Their length of stay on our unit is typically less than two weeks.

Harry arrived in late June 2011. He was in his early 60s, slight of build with light coloring. He had been married for 28 years and had a college-aged son. Before he became ill, Harry had been a brilliant, highly respected, much-loved sociology professor and writer of books about world peace. He started to show the first signs of cognitive decline in his early 50s, when his son was 12 or 13. In addition to his dementia, he had significant cardiac issues, a seizure disorder and a history of Lyme disease. He had had an hypoxic encephalopathy status post a cardiac arrest.

Harry had briefly been a patient on our unit a couple of years earlier. During that stay, he had had a medication adjustment to help with insomnia and "sundowning," a symptom of dementia marked by increased confusion and agitation as evening nears.

His second stay was for many of the same reasons. But by now, his dementia was far along. He recognized his wife, Sally, knew she was safe person, but wasn't sure exactly who she was. He

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From the Desk of Linda Flaherty, RN/PC
Senior Vice President for Patient Care Services

Recipients of the Post-graduate Fellowship Program for Psychiatric Advanced Practice Nurses

In previous articles, I have mentioned the post-graduate fellowship program for Psychiatric Advanced Practice Nurses. The Katz Family Foundation has provided generous financial support in funding this program for the last two years. You may recall that Katherine Cederbaum was our inaugural fellow, now working as a Psychiatric Nurse Practitioner at the On Track Clinic (OTC) and Clinical Evaluation Center (CEC). Rosilyn Ford, a graduate of the MGH Institute for Health Professions, is our current fellow. Her clinical placements include the OTC and the CEC, as well as participating at rounds on Proctor House II.

All fellows had the opportunity to attend training seminars with their psychiatric colleagues, as well as hone their medication management skills.

In addition to funding McLean Hospital, the Katz Family Foundation has provided philanthropic investments in APRN fellowship programs at the Children's Hospital of Philadelphia (CHOP), and Beth Israel Deaconess Medical Center, Boston (BIDMC). Recently, we had the opportunity to meet with the sponsors of the fellowship programs, as well as with the current and past recipients to exchange information about our programs. Clearly the clinical sites: a large urban medical hospital (CHOP), an urban medical center (BIDMC), and a standalone psychiatric facility (McLean), influenced the program development. At both CHOP and BIDMC the fellows participated in specific, time-limited clinical rotations, while at McLean, the fellows principle clinical experience occurred at the CEC and the OTC.

All fellows had the opportunity to attend training seminars with their psychiatric colleagues, as well as hone their medication management skills. The fellows all agreed that this program was invaluable in transitioning from the academic setting to the professional practice environment.

(l-r): Katie Hoskins, Children's Hospital of Philadelphia; Kate Cederbaum, McLean Hospital; Meghan Shanahan & Sabra Sullivan, Beth Israel Deaconess Medical Center, Boston; and Rosilyn Ford, McLean Hospital.

Caring for Patient's Spiritual Needs Was an Important Part of Delivering Holistic Care

By Dorothy Ssebakka RN

My name is Dorothy Ssebakka. I am a staff nurse on NB2, a short-term unit for patients with psychotic disorders. In 2011, I cared for a patient named Alfonso. He was a 44-year-old man with a history of schizophrenia. Alfonso had been refusing to take his medications and was unable to care for himself, so he was admitted to our unit. He was a tall, skinny man, and despite refusing to shower, he was well groomed: he always wore a buttoned-down shirt tucked neatly into his slacks and socks and shoes. When he was taking his medications, he functioned well—living with his mother and holding down a part-time job.

One day, while performing my rounds at the 3 p.m. change of shift, I entered Alfonso's room to introduce myself as his nurse. He was sitting in a chair, staring out the window. It was a typical check-in: I ask patients how they are feeling and whether they've eaten, showered, etc. It's also an opportunity to observe them and get a read on their behavior and mood. Alfonso was completely unresponsive and continued looking out of the window as I spoke. I told him I would come back to see him shortly.

I returned to check on Alfonso after reviewing the patient report—the notes made by the previous shift's staff that informs us how each client is doing. It's my routine to go around and check in with all my patients before I pour their 5 p.m. medications. When I walked into Alfonso's room, he was sitting in the exact same position, still staring out the window. Again, I addressed him and he did not respond.

I saw that Alfonso had a bible open on a table next to his bed. Although it's not uncommon for people with schizophrenia to have religious delusions, I knew that this was not the case with Alfonso. I asked him if he had been reading the passage the bible was open to. I am always on the lookout for opportunities to engage with patients—ways to draw them out and eventually gain their trust. It could be something as small as complimenting an article of clothing they're wearing. I interpreted Alfonso's open bible as a quiet invitation from him to engage. But he didn't answer my question. I continued. "Have you eaten? Do you need anything?" Silence. Again I told him I would be back and left to check in on my other clients.

When I returned at 5 p.m., I approached him again, saying, "It's almost dinner time. Will you come with me to get your medications?" He said nothing, so I kept talking. "I noticed your bible was open. I love Psalm 23. Do you have a favorite story?" Alfonso said nothing, but followed me to the medication window and took his medications.

After dinner, I went into his room once more and asked, "Would you like me to read something from the bible?" He nodded in the direction of the bible, so I picked it up and began reading Psalm 23: the Lord is my shepherd; I shall not want. He maketh me to lie down in green pastures: he leadeth me beside the still waters. He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake. Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me…"

After this breakthrough, each day I would request that Alfonso be my patient. And reading him the 23rd psalm became our ritual. He still wouldn't speak, but he did answer my questions with a nod "yes" or a shake of the head "no."

Then on the fourth day, I told him I had some towels and soap and would he finally be willing to take a shower? "I will do it after dinner," he responded, the first words he had spoken to me. That broke the ice. After that he began to talk a little with me.

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Dorothy Ssebakka RN

Nurses Day Seminar 2014

Friday, May 9th
Francis de Marneffe Building, Room 132
9:00 a.m. – 3:30 p.m.

(9:00 a.m. – 11:30 a.m.)

"State of the Art Nursing of Patients with Chronic Pain and Substance Use"

with Paul Arnstein, PhD, RN, FAAN

Clinical Nurse Specialist for Pain Relief at Massachusetts General Hospital

11:30 a.m. – 12:30 p.m.

Presentation of the Margaret C. Tibbetts Award for Nursing Leadership

to Kristopher Dobie, RN/AB2

(12:30 p.m. – 2:00 p.m.)

"Advancements in Psychopharmacology"

with McLean Clinical Specialists

Kate Cederbaum, MA, MSN, PMHNP-BC (On Track Program)
Kathryn Kieran, PMHNP-BC (Women's Treatment Program)
Deborah Mindnich, MS, RN, PMHCNS-BC (Clinical Evaluation Center)

(2:00 p.m. – 3:30 p.m.)

"Clinical Exemplars"

with McLean Staff Nurses:

Amanda Casparriello, RN/SB2
Mary Lou England, RN/AB2
Sandy Feehan, RN/ECT
Eryn Slattery, RN/STU
Dorothy Ssebakka, RN/NB2
Julie Twohig, RN/PH2

Celebrating Nurses Day 2014

Kristopher Dobie RN, receives the Margaret C. Tibbetts Award for Nursing Leadership

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would wander the halls, muttering nonsensically and repetitively, especially the words "sixes and sevens, sixes and sevens…" He required full assist for all activities of daily living—bathing, feeding and grooming.

Sally was devoted, warm, kind and heartbroken. She was losing her best friend. Their union was a true meeting of souls. She had been a highly respected social worker, but had stopped working years earlier to take care of Harry. She came to visit him every evening around dinnertime. Because he was easily agitated by stimulation, Harry ate in his room.

Every evening at around 6 p.m., I would go in to check on the visit. At first, it was just a check for safety, but soon I would be included in the visit. One evening, about a month into Harry's stay, Sally mentioned how scruffy he looked, and we decided to give him a decent haircut. I'm an experienced haircutter, so I cut and Sally kept him still…or at least tried to; he was like a small child who has a million other things to do besides sit in a chair and get a haircut. Both of us saw the comedy in the situation, and we bonded over that simple and intimate act of caregiving.

After this shared experience, Sally started to talk to me about their lives together, before his illness. She told me how they loved talking to each other for hours about ideas. She spoke about their son, Ben, and shared all sorts of stories about things going on in her life outside of her visits to Harry. Harry was incapable of responding to Sally, but she still needed to tell him everything, so I became a sort of proxy for him. Sally and I had our own wonderful connection, but I also believe that by speaking to me, she was also talking to him.

These visits went on throughout the summer. Meanwhile, his condition worsened, despite our attempts to find the right medications and time of day for administration. I feared that some of the medications were having side effects that were decreasing his overall conditioning. On admission, Harry had been ambulatory, albeit with moments of unsteadiness. But by the end of the summer, he required full assist with ambulation and he could not lie down flat in bed at night. Adjustments were made to his bed to try to accommodate this. He was eating 100% of his meals with full assist with feeding, but was still losing weight. His speech grew louder: he was doing a lot of self-dialoguing and calling out for "David" repeatedly. We never could figure out who David was.

He was tortured and it was very upsetting to witness. The treatment team met with Sally in late September to discuss the option of electroconvulsive therapy to help with Harry's agitation, but she declined and told us it was time for comfort care. So comfort care was initiated. His antipsychotic medications were discontinued and his pacemaker was deactivated, although we continued his seizure medication. We measured his discomfort through the pain assessment in advanced dementia scale and he scored a 7-8 out of 10, indicating a lot of pain. Morphine was administered to control his pain and Ativan to decrease his anxiety.

Harry was bedbound for about a week and during this time he became everyone's patient. We gave him daily bed baths and turned and repositioned him every hour. We refreshed his mouth with glycerin swabs prior to medication administration. Visiting hours were extended so Sally could come and go around the clock.

One early October afternoon, around change of shift, we knew the end was near. Harry's breathing became very labored and then it suddenly stopped. His face lost its color and his facial muscles relaxed, so he no longer looked like himself. Unfortunately his son Ben arrived five minutes too late to say goodbye to his father. Sally was calm: by this point she had made her peace with what she knew was inevitable.

Ben was gentle, and although he was a full-grown man, he looked like a frightened child. His face was identical to Harry's except he had his mother's darker coloring. Sally wanted to wait for the funeral home to collect Harry's body, so they sat quietly at the bedside for four hours. When the funeral home employees finally came, they asked Ben and Sally to step out of the room, so I had them wait in our sensory room that has objects that engage all of the senses and has a calming effect on patients. Unfortunately, the funeral home staff left without letting us know. I started to cry as I told Sally that Harry was gone. She comforted me and we were able to cry together.

In healthcare, we often talk about taking care of the patient and the family, but this was the first time I felt this in the truest sense. I've always been sensitive to the needs of patients' loved ones and am always there to support them in any way I can, but the relationship is still a professional one. I felt very connected to Sally and admired her and her dedication to Harry. I appreciated how I got to know him through the stories she told me about him. I think about her occasionally and wonder how she's doing and whether she has been able to move on. ■

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We didn't engage in long conversations, but at least he was relating to me.

About a week later, I met his mother. I asked her if Alfonso attended church regularly and she said that he was very close to his pastor. I asked her if it would be helpful to Alfonso for his pastor to pay him a visit. She lit up. "Really? That would be great." She arranged for the pastor to visit with Alfonso several times. Alfonso really enjoyed the visits and would tell me afterwards what they had talked about.

Over time, Alfonso improved. If he was having trouble, I tried to put things in a spiritual context for him, using imagery that he could relate to. For example, if he refused his medications, I would say: "Remember Alfonso, your body is the temple of God and you need to keep it clean and clear." My approach was effective and other staff began to notice my relationship with him and asked how I convinced him to take his meds.

The lesson from this experience is that it is our duty, as nurses, to address our patients' spiritual needs—or at least find someone who can—as well as their medical and emotional ones. We shouldn't be afraid to ask them if they would like to have a priest, pastor, imam or rabbi visit. It's also important to encourage our patients to continue practicing their religious or spiritual beliefs—whatever they may be—while they're hospitalized because these practices can be reassuring—even healing. Ask patients if they have a rosary, or if you can help them set up a small shrine. From their spiritual beliefs, our clients can find incredible strength and hope. It's up to us to notice and encourage their practice. ■

Staff Highlights

Lesley Adkison, Nurse Director of the Geriatric Unit (SB2), graduated from Boston College with a PhD in Nursing. Lesley describes her decision to return to school as one that stemmed from her work with patients, families and colleagues on the Geriatric Unit and from ongoing questions about care and policy related to persons with dementia.

Lesley's areas of interest include the patient and family care experience, palliative care, interdisciplinary communication, organizational ethics and health care policy. Her dissertation research focused on the intersection of many of those areas of interest and was entitled *Establishing Ties: Descriptions of Meaningful Interactions with Health Care Providers from the Perspectives of Family Caregivers of Persons Diagnosed with Moderate to Advanced Dementia.* The next step, Lesley explains, is to divide the dissertation into smaller articles, which she will then submit for publication in peer-reviewed journals. She anticipates continuing her trajectory of research and looks forward to ongoing research studies with colleagues here at McLean and elsewhere. Congratulations, Dr. Adkison!

Victor Banor RN/SB1 was the recent recipient of the Night Staff Recognition Award for Excellence. Linda Flaherty, RN/PC, Senior Vice President for Patient Care Services, presented the award at the annual Night Staff Breakfast. Victor is the night nurse on SB1, a position he accepted a few years ago as a new graduate nurse. Victor was familiar with McLean Hospital because he had worked as an MHS while completing nursing school. According to Cindy Ruscitti, Nurse Director on SBI, Victor was a wonderful choice for the award. She wrote that "no matter how busy a night shift is, we can never tell because of Victor's always calm presence" when the day shift arrives. "His poised professionalism has once again navigated the SBI night staff through yet another night of medical emergencies and complex admissions. We are blessed to have Victor on SB1."

Congratulations to **Mary Grace Treschitta, RN/NB2**, who has passed her Nursing boards and is orienting as an RN on NB2.

Meredith George, RN/NB2 and Meredith Creedon, RN/NB2 will graduate as Nurse Practitioners this May. Congratulations!

Congratulations to **Linda Sheppard Reece, RN/MSE**, who received the New England APNA Sue Scipione Award for Excellence in Practice on May 2nd.

Jade Roylance, MHS/MSE will soon complete a Human Services degree from Bristol Community College. He plans to continue his education with the goal of working in Social Work.

Sandy Thompson, RN, posing with Rex Sox Championship trophies

Tammy Aiguier, RN/MSE recently graduated from Worcester State University with an MSN in Community Health Nursing.

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NIGHT OWLS

Night Owls features news of interest about McLean's Nursing night staff. Send submissions to Pat Brain, MHS, AB2.

Lisa Tobio, RN/AB2:
Lisa has accepted a per diem position as a Night Administrative Supervisor. She will also continue as a staff RN on AB2.

Michelle Abate, MHS/RT:
Michelle now has a 40-hr position on the Resource Team.

Ilene Bilenky, RN/RT:
Ilene will be working a weekend package position on the Resource Team.

Patrick Alexandre, MHS/SB2:
Patrick is working 40-hr nights on the Resource Team.

Sandy Bailey, RN/PH1:
Sandy loves horses and is an equestrian. She has recently adopted a second horse to ride and care for.

Mary McCoy, RN/CEC:
Mary has started a weekend package position on the CEC.

Staff Highlights

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Michael Wong, MHS/MSE has recently graduated from Regis College with a BSN.

Michelle Kelly, RN/SB1 is attending the MGH Institute of Health Professions, where she recently received her RN degree. She plans to continue her education at the MGHIHP to become a Nurse Practitioner.

Candace Veitas, MHS/CEC is attending Boston College where she will receive a Master of Arts degree in Applied Developmental and Educational Psychology on May 19, 2014.

Peggy Knight, RN/PC, PhD, Nursing Administration; and Paula Bolton, RN/NP, ECT recently presented their poster, "Development of a Behavioral Health Medical Home: Nurses Bridging the Gap" at the NEAPNA Spring conference on May 3, 2014 in Newport, RI.

Sleep Hygiene

Shift workers often experience poor sleep quality which can put you at risk for health problems and accidents. Here are a few tips to improve your sleep hygiene:

- Avoid caffeine and nicotine for six hours prior to sleep.
- Create a dark environment that promotes sleep. Block out all light and sound.
- Get at least one hour of sunshine daily.
- Ask your PCP to check your Vitamin D level.
- Be consistent by following a sleep schedule.
- Be safe. Don't drive home if you're overly tired.
- If getting enough restorative sleep is a constant problem, ask you PCP if you need a consult for Sleep Apnea.

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Department of Nursing

Senior Vice President for Patient Care Services
Linda Flaherty, RN/PC

Managing Editor
Nursing Staff Development
Julie Fannon, MS, RN/PC

Network Contributors
Sheila Evans, MSN, RN/PC, *Contributing Editor/Writer*
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Lynne Foy, *Graphic Designer*
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