12.3 Provide evidence of how the organization recognizes the contribution of nurses toward the achievement of strategic priorities and makes these contributions visible within the organization.

Massachusetts General Hospital (MGH) recognized the contribution of nurses in a variety of ways, including through nomination for organization-wide awards, which are showcased in open award ceremonies and publicized throughout the organization, as shown in the following examples.

**Partners in Excellence**

The Partners in Excellence award recognizes individuals or teams who have made significant contributions to the Partners HealthCare System (PHS) and helped to advance the strategic goals of Partners’ Signature Initiatives in the areas of quality treatment and service, leadership and innovation, teamwork, operational efficiency or outstanding community contributions. All employees (with the exception of senior management) who are in good standing who work within PHS and its affiliates are eligible to receive a Partners in Excellence Award. Any employee may nominate any other employee with one exception: senior managers are not eligible for nomination. Recipients must be employed by PHS or one of its affiliates at the time of the award ceremony in order to receive recognition. Each institution is allocated a set number of team and individual awards, which are presented at ceremonies in each of the affiliated institutions (attachment 12.3.a). Nursing is represented as individual or team awardees.

**Excellence in Action**

Every day, MGHers go beyond the call of duty, in ways both large and small, to provide patients and visitors compassion, comfort and reassurance at an often stressful time in their lives. The Excellence in Action program was developed to recognize individuals and teams who have been identified as exemplifying the principles of excellent service and who are known to express these values on a consistent basis. Nominations are made through letters, e-mails, notes or any form of correspondence written by patients or family members, managers, or colleagues. Honorees are visited by Peter Slavin, MD, President of MGH, and receive a certificate of recognition. Individual honorees receive an appreciation gift, while teams are honored with a luncheon. Department of Nursing employees have been recognized for excellence in patient care, as shown in their stories of excellence in action (attachment 12.3.b).
Bowditch Award

The prestigious Nathanial Bowditch prize is awarded each year by the MGH Board of Trustees to any person or team (clinical or non-clinical) who has made a significant contribution to improving quality of care at the MGH while reducing the cost of such care. Nominees and recipients are nominated by their peers and colleagues. In 2006, the recipients included the Associate Chief Nurse for Medical and Emergency Nursing and the physician Program Director for the Department of Medicine Training Program. They were nominated for their leadership of the Clinical Process Analysis Project, which sought to optimize bed utilization while enhancing quality and efficiency of care. The project, targeting a Medical teaching unit, resulted in a new model for patient rounds, a reduced average length of stay for patients on the unit, and an increase in the number of pre-noon discharges (attachment 12.3.c). The award, which carries a $5,000 prize, was presented by the President of MGH.

Awards for Clinical Excellence

In addition to the previous examples, Patient Care Services and the Department of Nursing has a number of established awards recognizing clinical excellence for direct care nurses who demonstrate autonomy in practice, independent judgment and critical thinking, as well as compassionate care to patients and their families. The following is a description of these awards and experts from recent recipients.

- **Stephanie M. Macaluso, RN Excellence in Clinical Practice Award**

  In August of 1996, the Chief Nurse formally announced the creation of the Excellence in Clinical Practice Award to recognize direct-care providers whose practice exemplifies the expert application of values put forth in the vision of the Patient Care Services: practice that is caring, innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork. The first recipient of the award was Stephanie M. Macaluso RN, a Thoracic Surgery Clinical Nurse Specialist.

  Stephanie embodied the qualities and characteristics of an expert practitioner. She was known for her strong knowledge base and intuitive skills. She knew when a clinical situation was changing even when common indicators remained unchanged. As an expert coach, she was one on whom peers relied and to whom physicians responded immediately because of her solid, proven track record of sound judgment. Stephanie understood the relationship of health, illness
and disease. It was this understanding that led her in her caring work to seek patients’ stories. She knew that every illness had a story—relationships were disturbed, plans were thwarted, and symptoms became laden with meaning as to what else was going on in a patient’s life. She had the uncanny ability to put herself in touch with others and bring the encounter to an intimate level.

The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award is now given annually. Registered Nurses, Occupational Therapists, Respiratory Therapists, Physical Therapists, Speech-Language Pathologists, Social Workers and Chaplains, who provide direct care are eligible for the award and may nominate co-workers whose practice exemplifies the standards described above. The award allows clinicians to publicly re-commit themselves to the highest standards of care for patients, and contribute to the on-going professional development of clinicians within Patient Care Services. The awardees share clinical narratives to articulate how they use clinical judgment, independent decision-making and leadership to manage their professional practice.

The 2007 Staff Nurse recipients of the Stephanie M. Macaluso, RN Excellence in Clinical Practice Award were Corrina Lee RN, Paula Nelson RN and Angela Sorge RN. Following is a brief profile of each recipient. Their clinical narratives describe how they use clinical judgment, independent decision-making and leadership to manage their professional practice.

Corrina Lee, RN, has practiced on the Bigelow 7, the Gynecology-Oncology Unit for more than ten years. Her practice is guided by clinical expertise, research, and a kind and compassionate approach to care. Corrina teaches patients about cancer, treatment, ways to manage side effects, and how to adjust to their changing self-image. She educates and supports families as they learn to live with their loved one’s cancer diagnosis. Corrina teaches and mentors others. In a complex clinical setting, Corrina guides less experienced nurses and physicians in administering state-of-the-art infusions and supports patients and families at the end of life. Her narrative is attachment 12.3.d.

Paula Nelson, RN, has practiced Obstetrical Nursing for more than 20 years and is a recognized expert in the care of women during labor, delivery, and postpartum. Approximately 20% of women who deliver at MGH are high risk, requiring intense monitoring, care, and support. She never allows technology to interfere with the care of her patients. She is committed to developing and maintaining systems that support quality and safety; she provides leadership
for unit-based initiatives; she participates on Partners-level committees and activities and is viewed as a clinical expert by all members of the team. Paula’s accessibility, non-judgmental manner, and willingness to teach make her an invaluable member of the obstetrical nursing team. Paula’s narrative is attachment 12.3.e.

Angela Sorge RN has worked on the Ellison 11, the Cardiac Access Unit for six years. Many patients on Ellison 11 are admitted following cardiac interventions and often stay in the hospital for only a few days. These patients require close monitoring and education about how to live with cardiac disease. Sorge combines expert understanding of cardiac disease with a commitment to patient-education. Whether it’s caring for a patient newly diagnosed with cardiac disease, preparing a patient for a procedure, or removing a vascular sheath, Sorge focuses on educating and empowering her patients. Sorge’s narrative is found in Force 14.7, attachment, 14.7.g).

- Jean M. Nardini, RN, Nurse of Distinction Award

  Presented to Emergency Department (ED) Staff Nurse, Theresa Adjan-Vallen, RN, the Nardini Award recognizes excellence in clinical practice, leadership, and a strong dedication to the nursing profession. Named in honor of former Nursing Director and nationally recognized dialysis nursing expert, Jean Nardini, RN, the award is a lasting tribute to her caring leadership, patient advocacy, compassion, and mentorship. Jean Nardini was the first recipient of the award in 2005.

  Adjan-Vallen has practiced at MGH for more than 30 years. The ED Nursing Director, who nominated Adjan-Vallen for this award stated, “I feel privileged to celebrate two outstanding nurses whom I’ve had the honor of working with.” “Jean was a colleague, a mentor, and a friend who was always ready to advocate for her patients and staff no matter how daunting the challenge. She was a source of support and encouragement to many, and when all else failed, she would cheer us up with one of her famous ‘stories.’ “Terry is also a colleague and friend, who has been a role model to hundreds of nurses over the years. When I first came to the ED, Terry shared her knowledge and wisdom in emergency nursing and helped me become an ED nurse. She continues to share her expertise with new nurses today. Her patients and families are the focus of her practice no matter how chaotic the unit may be. She goes the extra mile for each and every one. Terry values collaboration and works with colleagues to promote a positive work environment. She shares her knowledge and skill calmly and confidently with staff of all disciplines.”
Susan and Arthur Durante Award for Exemplary Care and Service to Cancer Patients

Named in honor of benefactor, Arthur Durante, who passed away in August 2000, the MGH Cancer Center created this award to recognize the compassion, enthusiasm, and commitment of healthcare professionals and support staff throughout MGH. The 2006 nurse recipient of this award was Cathleen Poliquin, RN, Nurse Practitioner for the Bone Marrow Transplant program.

Thomas Spitzer, MD, nominated Cathleen for the award. In his introduction, he stated “Cathleen is a truly compassionate and caring nurse who has always taken whatever steps were required to ensure optimal care for her patients. Her calm and thoughtful approach is noteworthy. She has organized a comprehensive training session for staff nurses new to the Transplant Unit and enlists various experts to expand the curriculum.” In a letter of support, Kristen Bodnaruk, RN, wrote, “Cathleen has a unique manner as she eases patients’ anxiety with her ability to listen and understand. She has been a mentor and teacher to all of us in the profession.” One patient wrote, “Cathleen took the time to sit down with us and reassure us about my transplant. I’ve seen her interactions with other patients, and I know it’s not just a job for her, it truly is her calling.” Cathleen, a nurse for more than 30 years, said, “I’m honored and humbled by the patients and families who have given me such a precious gift. It is very special to be given this award that honors a very special patient, Arthur Durante.”

Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

This award was established in 1999 in memory of patients, Paul Cronin and Ellen Raphael, and to recognize the exemplary nursing care they received on Phillips House 21, a General Medical Unit. The award is given to a clinical and/or support staff member who consistently demonstrates excellence in addressing the individual needs of patients and families. The 2007 recipient of the Cronin and Raphael Award for Patient Advocacy was Staff Nurse, Molly Lyttle. RN. Nominated by colleague, Staff Nurse, Sara Mahoney, RN, who said of Molly, “On a daily basis, Molly demonstrates her commitment to excellent patient care and advocacy for her patients.” Letters of support echoed those sentiments, commenting on Molly’s compassionate presence and outstanding clinical skills. “She sets an exceptional example for all.” “She is a peaceful intermediary between staff and family.” “She shows an unwavering commitment to her patients with kind and compassionate care.” “Molly is known as a gentle, caring, and nurturing soul.” Staff nurse, Lisa Internicola, RN, shared that, “Molly’s leadership, commitment to advocating for patients, and creativity are great assets to Phillips 21.”
She is forever in search of better ways to care for complicated patients. She is dedicated and sensitive. She empowers herself and others and is a pleasure to work with." Lyttle worked as a travel nurse on Phillips House 21 before becoming a Staff Nurse in 2003. Her Nursing Director notes, “Molly is an excellent clinician who uses critical thinking to make sound decisions in her care of complex medical patients. She has been a wonderful asset to the unit.”

- **Ben Correco Clannon Award**

  The Ben Corrao Clanon Memorial Scholarship Award was established in 1987 by Regina Corrao and Jeff Clanon in memory of their son, Ben, to recognize Neonatal Intensive Care Unit (NICU) nurses who demonstrate exemplary practice, a commitment to primary nursing, and advocacy for patients and families. Speaking of the 2006 awardee, Christine D’Antonio, her Nursing Director described the special relationship between parents and primary nurses and the ability of nurses to teach parents to care for their babies in the daunting setting of an intensive care unit. “Christine exemplifies what it means to be a primary nurse.” Said D’Antonio, “I’ve only been a nurse for four years, but I’ve learned so much from my colleagues. NICU nursing can’t be taught in a classroom. It’s learned from the experiences we gain every day in a unique work environment. I’m blessed to work with such a talented group of people.”

Other awards recognizing staff excellence include the following:

- **The Orren Carrere Fox Award for NICU Caregivers** was created in 1997 to recognize staff caring for patients and families in Newborn Intensive Care Unit whose practice exemplifies a commitment to the principles of family centered care (attachment 12.3.f).

- **The Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy** was established in June, 2000 to recognize caregivers on Phillips House 21 who consistently identify patient's individual needs and advocate for getting those needs met (attachment 12.3.g).

- **The Cancer Career Development Award**, instituted in 1989, recognizes a professional Registered Nurse for outstanding practice in the area of oncology nursing. This award provides financial assistance for the recipient for continuing education (attachment 12.3.h).
Saluting employee excellence at the annual PIE Awards

At the MGH, the month of December brings one of the hospital's favorite traditions - the annual Partners in Excellence (PIE) Awards ceremony. Now in its 11th year, the PIE Awards program honors employees across Partners HealthCare for their outstanding contributions to the MGH and Partners. This year's standing room only ceremony was held Dec. 19 in the WACC Lobby with more than 1,875 MGH employees receiving awards. James J. Mongan, MD, president and chief executive officer of Partners HealthCare; Peter L. Slavin, MD, president of the MGH; and Jeff Davis, senior vice president for Human Resources; were all on hand to congratulate the recipients.

"Without the spirit and dedication of the thousands of members of the MGH community, we would be nowhere," said Slavin. "Each of you plays a vital role in ensuring the continued success of the MGH, whether it is by caring for patients directly at the bedside, working in administrative and support roles to ensure the hospital runs smoothly, researching the latest medical breakthroughs or educating tomorrow's health care leaders."
EXCELLENCE IN ACTION PROGRAM

Employee Shines in the EDOU

MaryFran Hughes, Hilary Levinson, Peter Slavin

An unexpected visit to the hospital can be a frightening experience for a patient. In these situations, a caring, compassionate caregiver can make all the difference, acting as a reassuring presence for patients in an unfamiliar environment. Hilary Levinson, RN, of the Emergency Department Observation Unit, is one such MGH employee whose professionalism and kind manner impacted one thankful patient.

The patient came to the MGH Emergency Department complaining of mild chest pain and an irregular heartbeat. After receiving an evaluation and testing, his physician advised him to stay overnight and undergo additional tests in the morning. He was then admitted to the EDOU, where he came under the care of Levinson. Though all of the EDOU staff – from the unit service associates to the doctors – impressed the patient, Levinson in particular stood out. “One person who seemed to be in the middle of the action was Hilary Levinson,” he wrote in a letter to Peter L. Slavin, MD, president of the MGH. “People would come to her from all sides, yet Hilary remained very calm and always had a smile and reassuring words to say to people. She is an outstanding, compassionate person and one who I will remember. I left the hospital with a nice feeling, knowing that such empathetic, caring and kindhearted people work at the MGH.”

A Team Effort from Ellison 11 Nurses

Staff of Ellison 11 with Peter Slavin

An MGH cardiac patient recently learned an important lesson in how the members of a patient’s health care team often serve in many capacities beyond caregiver – advocating for a patient’s needs, modeling good health behaviors, or simply just being a friend when one is needed the most – during a stay in the Blake 9 Cardiac Catheterization Lab. While at the hospital, the patient also was cared for by many members of the Bigelow 11 nursing team, including Kimberly Ago, RN; Laura Dupont, RN; Maureen Madison, RN; Angela Sorge, RN; and Nancy Wright, NP. Through many efforts – in ways both large and small – these nurses came together to create a comfortable, compassionate care experience for the patient during his entire stay at the MGH. “These nurses went above and beyond the call of duty in my care,” the patient wrote in a letter to Peter L. Slavin, MD, president of the MGH. “They all provided outstanding care and deserve special commendation for their efforts.”
Encompassing Families in Patient Care

For health care providers, helping family members cope with a patient’s illness and death takes skill, compassion and empathy – all qualities evident among the staff of Ellison 12. In February 2007, a team of Ellison 12 nurses, physicians and other clinicians came together to care for a critically ill patient during the last month of his life. The patient had suffered from many complications during his illness and was placed on a ventilator, an ordeal that was extremely trying. Throughout the patient’s hospitalization, his MGH caregivers did all they could to bring comfort to him and his family – searching for information relating to his condition, assisting in a move to a private room, listening and responding to the family’s concerns and even guiding them through the death process.

The gratitude of the patient’s family for such kindnesses is clear in a letter his daughter addressed to the Ellison 12 staff. “Each and every person who came into contact with my family treated us with such care, respect and warmth, and I can’t thank you enough for that,” she wrote. “The physical and emotional aspects of dealing with patients and their families is overwhelming to me, but you all are effortless at it. Thank you from the depths of my soul for being there for my father and I – it mattered in more ways than I can convey in a letter.”

Creating a Connection for Great Patient Care

For one recent MGH patient, a routine hip replacement surgery was made anything but ordinary by the exceptional care of Mojisolard “Moji” Duval, RN. The patient first met Duval on Bigelow 13, where he had been admitted for an inpatient stay, and the pair forged an immediate connection. With a background in leadership and management training, the patient was extremely impressed by Duval’s knowledge, diligence and work educating nursing students at a local college. The patient even shared with Duval a paper he had written about leadership and management, for which Duval took the time out of her busy schedule to read so she could better understand and relate to the patient’s interests.

“Moji is the type of person who makes an important contribution to society and the MGH,” the patient wrote in a letter to Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care Services and chief nurse. “She enjoys the respect of her peers and she has a nice way with people. She impressed me as well organized and
knowledgeable about health and nursing. I am so pleased that she was one of the excellent nurses and staff who took good care of me while I was at the MGH."

Compassionate Care on Ellison 16

At the MGH, caring for patients truly is a team effort, a fact one grateful patient learned firsthand after being cared for by the Ellison 16 staff. The patient had been admitted to the MGH for the second time in two months and was extremely impressed by the thorough, compassionate care he received throughout his hospital stay. In a letter addressed to Peter L. Slavin, MD, president of the MGH, he wrote,

"The nurses, doctors and staff on the Ellison 16 medical care unit were simply outstanding. I have gained a better understanding of the stellar medical care that patients receive from the group of professional doctors and nurses at the MGH. I particularly have appreciated the caring attitude and genuine interest they exhibited in the course of carrying out their daily assignments. Equally important is the apparent pride that these doctors and nurses take in attending to the needs of the patient." Because of the outstanding example of the Ellison 16 staff, the patient knew that if he ever had to return to the MGH, his care and comfort would be a top priority. "Although most of us would not wish to be admitted to the hospital, I must admit that if I needed to, I would welcome the opportunity to be cared for by the group of professional and proud staff on Ellison 16," he wrote. "All of them are truly competent individuals who take great pride in their jobs, and in the process, display exemplary performance. This translates into quality care for the patient."
Recognizing excellence:
The Bowditch Prize

The two-member team of Theresa Gallivan, RN, associate chief nurse, and Hasan Bazari, MD, program director for the Department of Medicine Training Program, was named this year's recipient of the annual Nathaniel Bowditch Prize, along with co-winner G. William Dec, MD, chief of Cardiology. The prize, awarded in recognition of the significant contributions they each have made to improve quality of care while reducing costs, was presented last week at a luncheon honoring nominees. They received award certificates, lapel pins and checks for $5,000.

Gallivan and Bazari were recognized for their leadership of the Clinical Process Analysis Project. The goal of the project was to optimize hospital capacity while maintaining or enhancing quality outcomes for patients. As a result, the average length of stay for one unit was 1.2 days lower than during the same time the previous year, which translated into the equivalent of freeing 144 beds for use. Other outcomes included an increase in the percentage of discharge orders written before noon as well as a doubling of pre-noon discharges.
Dec was honored for his efforts in leading the successful development of the Congestive Heart Failure Disease Management Program throughout the Partners system. The implementation of this program has led to a reduction of inpatient admissions at Partners acute care hospitals, an increase in margins and higher quality outcomes.

"The group had a very difficult time selecting a single individual," says Andrew L. Warshaw, MD, surgeon-in-chief, (seen congratulating Bazari at right), who chairs the Bowditch selection committee. "The competition was so tight that we decided to present the award to two of the nominees." Warshaw also thanked the anonymous donor who contributed an additional $5,000, enabling the full amount to be given to both recipients.

Peter L. Slavin, MD, president of the MGH; David Torchiana, MD, chair and CEO of the Massachusetts General Physicians Organization; and Edward Lawrence, chairman of the MGH Board of Trustees, also spoke at the event.

The Bowditch Prize was established by Charles and Nancy Munger through the Alfred C. Munger Foundation to honor Nathaniel Bowditch (1773-1838), a pioneer in celestial navigation. Bowditch's two sons were important figures in the
history of the MGH. Nathaniel Ingersoll Bowditch served for several years as a trustee, both as a chairman and vice president, and also wrote the first volume of the MGH's history. His brother, Henry, was a house officer at the MGH in 1832 and was a leader in the treatment of diseases of the chest.
Rina Lee

February 1, 2007

A graduate of the William F. Connolly School of Nursing at Boston College, Corrina Lee has practiced on the Bigelow 7 Gynecology-Oncoology Unit for more than ten years. Her practice is guided by clinical expertise, research, and a kind and compassionate approach. Lee teaches patients about cancer, treatment, ways to manage side-effects, and how to adjust to their changing self-image. She educates and supports families as they learn to live with their loved one’s cancer diagnosis. Lee teaches and mentors others. In a complex clinical setting, Lee guides less experienced nurses and physicians in administering state-of-the-art infusions and supports patients and families at the end of life.

Clinical Narrative

Working on the Bigelow 7 Gynecology-Oncoology Unit, clinicians are able to form lasting relationships with patients and their families. That’s because patients return to Bigelow 7 as they continue to receive treatment for their cancer. I look forward to entering every patient’s room as each experience is always different.

I enjoy getting to know patients as people, listening to their stories and learning about their lives. When I look back on my narratives and correspondences with patients and families over the years, they’re about spiritual interactions, end-of-life issues, meaningful relationships, and cultural care. It feels strange to write about an encounter with a patient whom I only met once, but it’s just another example of how care isn’t measured by hours or days, but by the quality of the experience. It’s hard sometimes to put the natural art of caregiving into words, but I want this narrative to reflect a typical day in caring for women with cancer.

Mrs. G was a lovely 58-year-old woman who was newly diagnosed with Stage III, high-grade, serous carcinoma of the ovary. She and her husband had come to MGH from another state for treatment. She was a seasoned real-estate broker who had a wonderful network of friends, evident from all the correspondences strolling her room.

Mrs. G would need surgery in the future, but had been admitted with symptoms of nausea and leg-swelling. An ultrasound of her lower extremities had ruled out DVT (deep vein thrombosis). We were hoping chemotherapy would help alleviate her nausea as well as fight the disease process.

I knew that the emotional impact of the word “chemotherapy” would be overwhelming to Mrs. G and her husband. It’s difficult enough to be in the hospital, let alone one so far from home. She was going through a lot in an unfamiliar setting."

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Mrs. G’s husband came in about an hour later, and throughout the day we talked in more detail about the risks and side-effects of chemotherapy. I didn’t want to overwhelm them with too much information, even though they seemed eager to learn and had many questions, including how their environment would be affected. Experience has taught me to introduce information a little at a time in appropriate increments. We talked about a number of possibilities, future planning, what to expect, how others might react, how people respond differently to chemotherapy and not to assume she would experience the same side-effects as others.

I continued to keep Mrs. G informed every step of the way and prepared her for what to expect next. I arranged to have her transferred to a private room so she could get some sleep after her treatment—they had a long ride back in the morning back to their home state.

With Taxol, there’s less than a 1% chance that patients will have an adverse reaction (anaphylaxis), but I set up the room for a worst-case scenario just to be prepared. Past experience told me to make sure there was a physician on the unit for any needed orders, and I explained the potential scenario to the new resident.

Unfortunately for Mrs. G, I needed all interventions. After not even one cc of the drug (which is usually the case), she began to have a reaction. Her reaction was dramatically different from others I had seen. Immediately after the chemo started infusing, she became nauseous and started to get the basin. The way she said she was nauseous was different from how I continued on page 10
she had said it before, we had been trying to control her nausea throughout the day. Nausea is not a typical reaction to Taxol, but I stopped the chemo immediately when she went for the emetics basin. Even the look on her face didn’t feel right to me— as if she were confused about what was happening inside her. As I reached for the oxygen, all the symptoms seemed to make sense. Somnolent, she was out of control with the rapid turn of events.

When Mrs. G recovered, we spent a good deal of time discussing her options. Mrs. G wanted to resume the Taxol, feeling she had made good progress and might not have the same reaction. I assured her that Mrs. G felt the doctor’s offer of Taxotere might not have the same effect on her cancer. Mr. and Mrs. G decided to try the Taxol again, feeling it was her best option.

The doctor said we could resume treatment right then and there. I had no problem resuming her treatment, but her lips and tongue were still quite swollen, despite normal vital signs. She was still having difficulty speaking due to the swelling in her tongue.

Outside the room, I suggested we prepare for a full respiration arrest with amTaboninate before trying an ICU team next and change the situation worse when we re-tried the Taxol. The physician agreed it was a valid concern. I asked that the code team be on the other side of the room, ready to intervene, but that wasn’t possible, so we moved Mrs. G to the ICU just in case a higher level of care became necessary.

I knew taking her to the ICU was the safest option even though I didn’t want to see her leave our unit, and I didn’t want to add to their stress. I re-entered their room to explain this to Mrs. G and her husband and asked if they had any questions. They were sad to be transferred from our unit but truly appreciated me putting their safety first. I reassured them that the ICU staff would take good care of Mrs. G. On my way out of the hospital that night, I stopped by the ICU to make sure they were okay, especially Mr. G who had some time to process what had happened.

I found him in the waiting room, and it looked as if he’d been crying. I gave him a big hug and there was just this silence. I sat with him and talked about all the images he was re-playing in his mind and what it all meant. I told him I knew it wasn’t easy. He told me what he’d experienced from this perspective. I asked what he was going to do, where he would stay that night. I prepared him for the possibility that he might not be able to sleep, but mostly I just listened.

Later, I asked the ICU nurse if the social worker could stop by and visit them. Given the event they’d just experienced, I thought they could use it. I was off the next day and was able to decompress and enjoy the day. I did call to check on Mrs. G and see how she did with the re-trial. She had another reaction, even with the test dose (only 1/1,000 of the prescribed drug).

Looking back, I had starred Mrs. G’s initial infusion very slowly because I knew she was a natural person whose body wasn’t used to medications. She knew her body well and I always asked how she felt because, like most patients, she was the best judge of her own body. Today, I feel certain that starting her chemo slowly, recognizing her atypical reaction, and stopping it immediately, saved her life.

I know I’m blessed to work with the team on Bigelow 7, but a situation like this is just another example of how well we work together during stressful times.

I’m always interested in learning how my patients are doing after they leave MGH. Mrs. G’s oncologist told me she is currently on a different chemo regimen, which seems to be working. She and Mr. G are enjoying their home and are in good spirits. A couple of months after leaving, Mrs. G sent her oncologist an e-mail saying, “I hope when I’m in the hospital next I get to see that wonderful nurse, Corrina Lee, who saved my life. She’s wonderful. I had hoped to see her before I left, but in the discharge process, I missed her.”

Recently, I received a letter from Mrs. G expressing her gratitude for my care. She called me her hero, “an angel in nurse’s clothing.” This was amazing, because I thought she was the hero. She was the one who endured, as her oncologist called it, ‘the worst allergic reaction to Taxol in the history of MGH.’ She said it was nice to be able to look back on that day and joke about it. As a result, Mrs. G’s spirit, smile, and strength will always be with me. Working on Bigelow 7 allows me to form close bonds with patients, which reinforces my commitment to provide the highest quality care I can.

Comments by Jeanette Fries Erickson, RN, MS, senior vice president for Patient Care and Cenre nurse

This narrative gives us insight into the hopes and challenges of administering chemotherapy. Corrina’s experience, knowledge, and compassion all came into play as she provided exceptional, personalized care to Mrs. G. Corrina took the time to get to know Mrs. G, which informed her decision to start treatment at a lower rate than ordered. When Mrs. G reacted, Corrina acted quickly to stabilize her. Her continued care of Mrs. G and her husband throughout this trying time is a testament to her clinical skill and nursing in-sights.

Thank you, Corrina.
A graduate of Bristol Community College, Paula Nelson received her bachelor of Science degree in Nursing from the University of Rhode Island.

Nelson has practiced Obstetrical Nursing for more than 20 years and is a recognized expert in the care of women during labor, delivery, and postpartum. Approximately 20% of women who deliver at MGH are high risk, requiring intense monitoring, care, and support. Nelson is viewed as an expert by all members of the team. She never allows technology to interfere with the care of her patients. She is committed to developing and maintaining systems that support quality and safety; she provides leadership for unit-based initiatives; and she participates on Partners-wide committees and activities. Nelson's accessibility, non-judgmental manner, and willingness to teach make her an invaluable member of the obstetrical nursing team.

When contemplating what to write about in this narrative, I initially thought of describing a critical event such as a cord prolapse, or an emergency Cesarean section, or another of the many emergent situations we deal with at the Labor & Delivery Unit. I thought about what it is that makes my job as a labor nurse special and rewarding. I decided to share my experience caring for a laboring patient who chose to give birth without an epidural.

I was assigned to care for Mrs. C, a Spanish-speaking patient who was being admitted already in labor. I noticed she was alone, and when the interpreter arrived, I performed her assessment. I asked about her home situation and whether anyone would be with her in the labor room. She told me her husband was at work, and her only other family member was home taking care of her two other children. This is not an uncommon situation for many patients, and although she didn’t appear to be upset, I was sad for her.

Mrs. C didn’t want an epidural during labor, and this being her third child, she progressed nicely. In my many years of experience, I’ve noticed that most Spanish women are very stoic when they go into labor, and it’s sometimes difficult to know how or when they need help coping. Throughout Mrs. C’s labor, I didn’t leave her side. I rubbed her back, put cool compresses on her forehead, and offered encouragement in my limited Spanish. Often, I just sat with her and held her hand. She didn’t ask for anything, and at times, I wasn’t sure if she even wanted me there, but I stayed just the same.

After a couple of hours, Mrs. C delivered a beautiful baby boy with the midwife and me at her side. The midwife spoke Spanish and was able to communicate with Mrs. C during the delivery. I congratulated Mrs. C and gave her a big hug after her baby was born. I told her I was sad that her family had missed the beautiful delivery. She didn’t hesitate and replied, “You were with me, you were my family.”

I was touched by her comment and so glad I was able to make her birth experience a positive one. Even with the language barrier, we had been able to communicate through the universal power of touch and compassion.

The demands of being a registered nurse have changed immensely since I became a nurse in 1981. When I started as a labor nurse, I worked in a facility where no epidurals were offered. I would stay with patients and offer them massages, position changes, and assist them with relaxation and breathing to help them cope.

The majority of patients now have epidurals to ease the pain of labor. I see our role as nurse becoming more technical in nature. Some days I feel as if the new generation of labor nurses is so used to caring for patients with epidurals and technical skills that basic, bedside support is becoming a lost art. It’s difficult to care for a patient in labor and not be able to fix the pain she’s experiencing. A certain comfort level is required to say, it’s okay to have pain during labor. No one expects or needs pain medication.

Functioning in the role of staff nurse and resource nurse, I’m frequently in a position to mentor other nurses. I continue to advocate for patients by teaching and supporting staff with the goal of enhancing the skills needed to comfortably care for the unique patient population on the Labor & Delivery Unit.

Caring for Mrs. C touched me, I will always remember her and her birth experience. Moments like that reinforce why I became a nurse.

Comments by Jeannette Ivey Erickson, RN, MSc, senior vice president for patient care and chief nurse

Paula talked about wanting to write a narrative that would describe why she feels her work is so rewarding. I think she made an excellent choice in writing about Mrs. C. Her presence, even when she was unsure if Mrs. C wanted her to be there, was invaluable. Her presence was a comfort in the absence of her own family. Her presence during this most intimate and life-altering moment speaks directly to the “art” of nursing.

We are fortunate to have someone with Paula’s years of experience and clinical “memory,” to share these stories with us. Thank you, Paula.
in the hospital, but was persistent in his decision to wait until after Yom Kippur to undergo open-heart surgery. I shared my conversation with the rest of the interdisciplinary care team. Many of us wondered why a man needing open-heart surgery would want to wait. Wouldn’t God understand? His health, perhaps his life, was at stake. But I realized those were my beliefs, my values, and it wasn’t up to me or the team to decide what was acceptable for Rabbi M.

Rabbi M had made it very clear where he stood. He wanted to wait. I knew I had to shift my focus and support his decision. I had to be his advocate. Rabbi M did not have surgery until the Tuesday after Yom Kippur. In the days leading up to his surgery, we tried to plan for every possible occurrence so Rabbi M could feel comfortable adhering to his religious and cultural beliefs while awaiting surgery. Chaplaincy was consulted to help support Rabbi M and his family, his nurse manager, and I collectively made a schedule. Our unit conference room was made available so Rabbi M could have some privacy for his prayers throughout the Sabbath and until Yom Kippur. The Friday before the Sabbath, I made sure the care team knew his prayer schedule. We all worked together to get his tests done prior to the Sabbath and Yom Kippur because during those days he wouldn’t be able to use the elevator (nor would his family members). We collaborated on a plan for his meals. Although we were able to provide kosher meals, we cancelled his meals from Nutrition & Food Services as his family wanted to bring in their own food. I discussed the need for intravenous fluid hydration for Rabbi M during his fasting. Rabbi M was on insulin and would be fasting for the holiday. Along with the endocrinologist, we worked out a fasting plan that would control his blood glucose levels. Another issue was the administration of potassium replacements. Because of Rabbi M’s cardiac condition, we were vigilant about checking his electrolytes. Rabbi M’s potassium level had been low and needed supplementation. Unfortunately, the gel capsules housing the potassium are not kosher. So Rabbi M’s family brought in kosher capsules, and we were able to administer the potassium that way.

We worked hard to ‘tie up any lose ends’ before the holiday weekend. I wanted everything to be ready for him. Days were spent making arrangements. But perhaps equally important, I sat with Rabbi M and listened to what the Sabbath and Yom Kippur meant to him. He shared his religious history, telling me his Jewish community was located in the area. I thought back to my long run, seeing the Jewish families going to synagogue every week. I felt sure Rabbi M was part of their lives.

Saturday morning, I was Rabbi M’s nurse again. As I went about my morning routine, I tried to be sensitive to his cultural practices. I realized just how ‘holy’ that holy day was to him and his family. Rabbi M didn’t even want to open a tissue box; this was his practice on the Sabbath.

Rabbi M’s son was in his room that day, which proved to be vitally important. Rabbi M didn’t want to use the call bell because it’s an electric device. I had concerns about this. I thought, What if he has chest pain, how will he tell me? I checked on him frequently, but it was impossible to stay by his side the entire day. His son, therefore, stayed with him, and Rabbi M was able to tell his son if he needed anything. As it turned out, during the next shift, Rabbi M did experience chest discomfort. An EKG showed changes, and he was taken for two doses of sublingual nitroglycerine. I realized how important it was to be able to include his family in his care. Rabbi M’s refusal to use the call bell made me uneasy, but the fact that his family was there made a world of difference. They allowed him to remain true to his beliefs without compromising his health.

Later that day, Rabbi M’s son came looking for him (and the nurse I was perceptions). He had a concerned look on his face and asked if we were Jewish. We told him we weren’t, but wondered why he asked. He said his father felt he’d been treated with so much respect, he thought we might be Jewish. He was worried because if we were, caring for him might be interfering with our own religious beliefs. It was then I realized how deeply committed he was to his religion, and I felt the utmost respect for him. It was rewarding for me to know that Rabbi M felt so comfortable in our care. We had been able to accommodate his faith while keeping him safe as he awaited open-heart surgery.

The weekend passed and Yom Kippur arrived. Rabbi M was dressed in his Ktali. He would stay in the conference room all day praying. Having this designated space worked out well for both Rabbi M and his roommate. He spent the day there with family, only coming out when staff needed to access his health status and check his vital signs. Yom Kippur was truly a day of prayer for Rabbi M.

I don’t have a full understanding of the Jewish Orthodox religion, but I do have a greater or sense of their beliefs. And I realize how important it is to respect all patients’ cultural practices despite their medical condition or situation.

Rabbi M came through surgery with no complications. I’m pleased we could support him while he received the medical attention he needed. His son came to the unit to thank us, and just last week we received a card from Rabbi M, thanking us for the care he received. It’s one of those times I remember why I love my job.

Now when I run up Commonwealth Avenue and see people observing the Sabbath, I have a better understanding of their worship. And I always think fondly of Rabbi M.

Comments by Jeanette Hayes Erickson, RN, MS, senior vice president for Patient Care and chief nurse

We can see in every aspect of this narrative that reflection is an important part of Angela’s practice. Her willingness to open her mind to unfamiliar practices and allow herself to suspend her own beliefs to meet the needs of her patient starts her on a journey of understanding. She became a resource and an advocate for Rabbi M and his family. She no longer saw barriers, but opportunities to provide high-quality, individualized care. Through teamwork, compassion, and perseverance, Angela turned what could have been a problematic event into a rewarding one.

Thank-you, Angela
Recognition

Orren Carrere Fox Award for family-centered care
—by Mary Ellen Smith, RN, professional development coordinator

On Thursday March 15, 2007, Orren Fox, accompanied by his brother, parents, Elizabeth DeLana and Henry Fox, along with other friends and family members returned to the Neonatal Intensive Care Unit (NICU) to congratulate staff nurse, Staci Quinnan, RN, the 2007 recipient of the award that bears his name. DeLana and Fox created the Orren Carrere Fox Award for NICU caregivers as a way to acknowledge the commitment to family-centered care they experienced when Orren was a patient in the NICU ten years ago.

In her introductory remarks, Peggy Settles, RN, nursing director, observed that 18 staff from a number of roles and disciplines were nominated. “The incredible number of caregivers nominated this year is a testament to the importance we place on family-centered care and the pride we take in receiving this award.”

Said Settles, “Staci exemplifies our commitment to family-centered care. She creates and updates educational materials for families and goes out of her way to address individual family needs and concerns. She is always there for her patients and families.”

Accepting the award, Quinnan thanked the Fox family for their generosity in funding the award and her colleagues for their support and commitment to family-centered care.

Speaking on behalf of the family, Henry Fox said, “I know I speak for all the families of the patients you’ve cared for over the years when I say, ‘Thank you for the exceptional care you provide.’”
Lyttle receives Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

— by Julie Goldman, RN, professional development coordinator

Established in 1999, the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy recognizes the contributions of clinical and/or support staff on Phillips House 21 who consistently demonstrate excellence in addressing the individual needs of patients and families. This year’s recipient, Molly Lyttle, RN, was recognized June 11, 2007, on Phillips 21 among friends, family, colleagues, and members of the Cronin and Raphael families.

In his opening remarks, Keith Perleberg, RN, nursing director, said, “Today is a day of remembrance and celebration as we mark the anniversary of this award and of Paul and Ellen’s passing. Many memories and contributions comprise the legacy that Paul and Ellen left behind; certainly this award is a cherished part of that legacy.”

Lyttle was nominated by colleague, Sara Mahoney, RN, who said of Lyttle, “On a daily basis, Molly demonstrates her commitment to excellent patient care and advocacy for her patients.” Letters of support echoed those sentiments, commenting on Lyttle’s compassionate presence and outstanding clinical skills.

“She sets an exceptional example for all.” “She is a peaceful intermediary between staff and family.” “She shows an unwavering commitment to her patients with kind and compassionate care.” “Molly is known as a gentle, caring, and nurturing soul.”

Staff nurse, Lisa Internicola, RN, shared that, “Molly’s leadership, commitment to advocating for patients, and creativity are great assets to Phillips 21. She is forever in search of better ways to care for complicated patients. She is dedicated and sensitive. She empowers herself and others and is a pleasure to work with.”

Lyttle worked as a travel nurse on Phillips House 21 before becoming a staff nurse in 2003. Perleberg says, “Molly is an excellent clinician who uses critical thinking to make sound decisions in her care of complex medical patients. She has been a wonderful asset to the unit.”

For more information about the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, contact Julie Goldman, RN, professional development coordinator, at 4-2295.
Recognition

Oncology Nursing Career Development Award

On Friday, April 14, 2006, the Oncology Nursing Career Development Award was presented to this year’s recipient, oncology radiation staff nurse, Gail Umphlett, RN.

The Oncology Nursing Career Development Award, was established in 1989 to recognize a staff nurse who consistently demonstrates excellence in delivering care to patients with cancer, who serves as a role model to others, and who exemplifies a strong commitment to professional development. The award is funded by the Friends of the MGH Cancer Center, an organization dedicated to providing comfort, support, education and amenities to cancer patients and their families. The recipient is selected by a multi-disciplinary review board and receives $1,000 to be applied toward professional development.

Umphlett has been a full-time nurse for 24 years, joining the Radiation Oncology Team at MGH in April, 2003. In letters of support accompanying her nomination, Umphlett was characterized as a caring, determined self-starter who always gives her all to her patients.

Nurse manager, Katie Mannix, RN, who nominated Umphlett, wrote, “Gail’s empathetic manner, assessment, and care encompass all the needs of the patient and family. She regularly presents the HOPES seminar, “Introduction to Radiation.” She mentors new nursing staff, and has been a preceptor for the Carol Ghilioni Student Nurse Oncology Fellowship Program.”

Colleague, Lorraine Draper, RN, wrote, “Gail has been a clinic resource and role model in helping me accept the challenge of caring for patients with cancer. She is always available and easily approachable. And she has excellent teaching skills when working with radiation oncology residents.”

Clinical nurse specialist, Mimi Bartholomay, RN, said of Umphlett, “Gail has become one of the driving forces in the development of evidence-based guidelines for the nursing management of mucositis at MGH. She has also been an integral member of the group implementing these guidelines. She is committed to professional development, having obtained her oncology nursing certification, and she is currently working toward completing her master’s degree.”

Other nominees for the Oncology Nursing Career Development Award were: Theresa Hartman, RN; John Opolski, RN; and Patrice Osler, RN.

For more information about the Oncology Nursing Career Development Award, contact Lin-Ti Chang, RN, at 4-7842.