

Caring

February 15, 2001

HEADLINES

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Physical, medical and social challenges bring out the best in Ellison 16 staff



Ellison 16 staff nurse, Stephanie Calkins, RN, with patient, Lia Cruz

There's no such thing as a routine patient, a routine diagnosis, or routine patient care. Every patient comes to us with a unique set of symptoms and circumstances representing a vast spectrum of medical complexity.

Unforeseen complications or changes in a patient's condition can occur at any time challenging the skill and resources of the entire caregiving team.

Forty-seven-year-old, Cecelia

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Thinking out loud and ‘breaking all the rules’:

an update on the PCS Executive Management Retreat

As we move into the fifth year of my leadership of Patient Care Services, it is again time to revisit our strategic compass to ensure that we’re on course to maintain the unprecedented success we’ve all worked so hard to achieve. Toward that end, on Wednesday, January 10,

2001, I convened a PCS executive management retreat to review the important work we’ve done so far, to evaluate our current position, and to re-define our work for the future. This was not intended to be a day of solutions, rather it was an opportunity to come together as a leadership team to

think out loud, analyze, share, and propose ideas about how to make the most valuable use of our talent and resources at a time when the nation is at a dramatic crossroads in the evolution of health care. 2000 was a very successful year for MGH, largely due to the incredible dedication and commit-

ment of our staff. We want to ensure that that spirit of unity and will to succeed is carried forward in our goals for 2001.

The day began with a review of our vision, values and guiding principles, and a look at PCS’s year 2000 annual operating plan. In planning our priorities for the future, it is essential that we start from a common understanding of the work and values that have guided our progress for the past four years.

We heard updates on some of the major activities impacting Patient

Care Services from George Reardon, director of Systems Improvement (Environment of Care), Joan Fitzmaurice, RN, director of PCS Quality (Quality & Safety), and Marianne Dito-massi, RN, executive director to the office of senior vice president for Patient Care Services (Professional Advancement Model). Deborah Colton, director of Government Relations, presented a very insightful look at the political climate surrounding some of the healthcare policies and legislation currently under consideration
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Ives Erickson reviews vision, values and guiding principles with participants at the January 10th PCS executive management retreat.



(L-r) Deborah Washington, RN, director of PCS Diversity; Evelyn Bonander, ACSW, director of Social Services; and Leila Carbanari, RN, clinical coordinator of the International Patient Center, listen intently during afternoon break-out sessions.

tion in Washington D.C.

We reviewed our operational priorities for 2001:

- Maximize retention and recruitment strategies in an era of workforce shortages
- Set management-performance objectives (individual and team) and provide professional development opportunities to achieve them
- Lead initiatives that foster diversity of staff and identify strategies to integrate into practice the delivery of culturally competent care
- Create Centers of Excellence in cardiovascular care, patient and

employee safety, clinical and professional development, and research and evaluation

- Provide a practice environment where patients and staff feel that quality and safety are a high priority
- Enhance patient access to care during times of continued growth in volume through the development/enhancement of practice models and support structures

All of these discussions and presentations set the stage for afternoon break-out sessions, which I crafted based on information from a wonderful book I read

recently, called, *First, Break All the Rules: What the World's Greatest Managers do Differently*, by Buckingham and Coffman. Among many other things, this book suggests a way to measure the effectiveness and productivity of an organization based on the number of 'Yes' answers staff would give to a series of questions. The more 'Yes' answers, the more effective and productive the organization. The questions offered by *First, Break All the Rules* are:

- 1) Do I know what is expected of me?
- 2) Do I have the materials and equipment I need to do my work right?

- 3) At work, do I have the opportunity to do what I do best every day?
- 4) In the last seven days have I received recognition or praise for good work?
- 5) Does my supervisor, or someone at work, care about me as a person?
- 6) Is there someone at work who encourages my development?
- 7) At work, do my opinions seem to count?
- 8) Does the mission of my company make me feel that my work is important?
- 9) Are my co-workers committed to doing quality work?

- 10) Do I have a best friend at work?
- 11) In the last six months, have I talked with someone about my progress?
- 12) This last year, have I had opportunities at work to learn and grow?

As you can see, these questions are designed to reveal much about the inner workings and 'spirit' of an organization. During break-out sessions, participants were assigned to one of six groups, each group charged with speculating how MGH employees would respond to these questions in the context of certain programs or initiatives.

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Dr. Martin Luther King, Jr. remembered in MGH observances



Hundreds of MGH employees had the opportunity to honor and reflect on the life of Dr. Martin Luther King, Jr. in two separate events last month. The annual AMMP observance featured a number of speakers from MGH, including Jeanette Ives Erickson, RN, senior vice president for Patient Care; Reverend Anna Ruth Higbee-Barzola, Peter Slavin, MD, CEO of the MGPO, Paula O'Connor, MD, of the Multicultural Affairs Office; Jeff Davis, senior vice president for Human Resources, and Patricia Beckles, RN, long-time staff nurse in the Neonatal Care Unit.

Another event featured key-note speaker, Reverend Bernice A. King, daughter of the late Dr. King. In her father's footsteps, but certainly not his shadow, King delivered a powerful and touching oration citing the importance of love, responsibility, and social reform in America today. Both events were moving tributes to a great man and a great humanitarian whose life, and death, still evoke a passionate desire to keep the dream alive.

Clockwise from top left: Reverend Bernice King, daughter of slain civil rights leader, Martin Luther King, Jr.; Pat Beckles, RN, formerly of MGH (first African American nurse in the Neonatal Care Unit); and (l-r) senior vice president for Patient Care, Jeanette Ives Erickson, RN; Ron Greene, RN, chairperson of the Association of Multicultural Members of Partners (AMMP); and Dr. James Mongan, president, MGH.

Environment of Care Survey Question

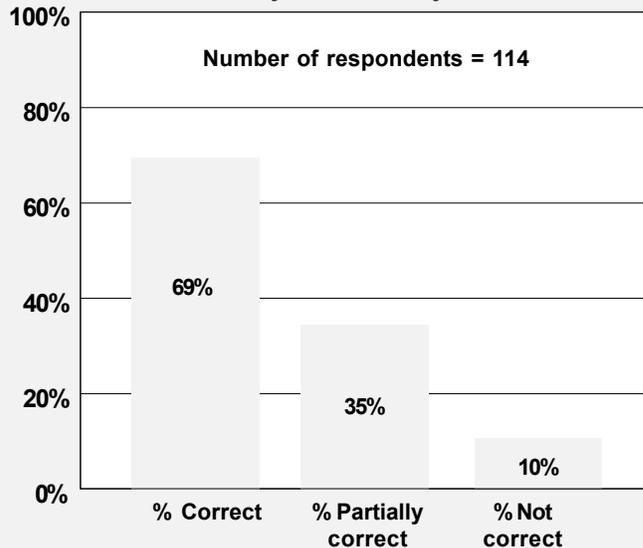
Function: Utilities Systems Management

Question: Where can guidelines for usage of the Pneumatic Tube System be found; and what constitutes “authorized usage?”

Answer:

- A copy of the Pneumatic Tube System Guidelines can be found in the unit-based Environment of Care Handbook under the section entitled, “Utilities Systems Management.”
- Instructions for usage are posted near each user station.
- Staff should refer to these guidelines for items approved for transport via the tube system as well as for proper packaging of specimens.

**Environment of Care
Monthly Staff Survey Results**



Tips about emergency preparedness

- 1) For safe and effective use of the pneumatic tube system, follow the guidelines for proper usage.
 - Patient care units may only transport to specific locations and only approved items are allowed to go through the pneumatic tube system
 - A list of items approved for transport via the pneumatic tube system can be found on page 2 of the Pneumatic Tube System Guidelines. Examples of authorized usage or approved items are STAT blood specimens, medications, and blood products to designated stations.
- 2) Attach no labels or stickers to the outside of carriers; avoid over-filling.
- 3) Sending unauthorized items can delay the delivery of STAT specimens.
- 4) Call Buildings & Grounds (6-2422) for replacement of damaged carriers or to report any problems with the system.

Jeanette Ives Erickson

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tiatives currently active at MGH. Groups evaluated the 12 questions as they related to:

- The Professional Advancement Model
- Recruitment and Retention
- Caregiver and Patient Safety
- Diversity
- Collaborative Governance
- Systems Supporting Leaders

In brief recaps following the break-out sessions, group leaders shared what their respective groups had discussed. Those comments are being compiled for use at the next retreat (which at press time was scheduled for February 13th).

It's important to understand that these retreats are part of an ongoing process that incorporates feedback from staff, managers and directors, to ensure that our strategic plan addresses the needs of those whose work most closely affects patient care. I will, of course,

keep you informed as our work unfolds.

It really does ‘take a village’ to provide high-quality, individualized patient care in today's volatile healthcare environment. When I see and hear about the incredible outcomes achieved by our truly ‘integrated’ care delivery team, it still makes me proud to work where we work and do what we do. Stay tuned...

Updates

- Donna Jenkins, RN, MS, former clinical nurse specialist for Phillips House 20 and 22, has accepted the position of nurse manager for Phillips House 22
- Keith Perleberg, RN, MDiv, formerly the resource nurse for the Blake 11 Psychiatric unit, has accepted the position of nurse manager for Phillips House 20

We welcome both of these distinguished and competent nurses to their new roles.

Share your practice
Share your knowledge
Write an exemplar
for *Caring Headlines*

Cover story

continued from front page

Cruz's case is anything but routine, and the staff on Ellison 16 have risen to the challenge with inimitable poise and professionalism. Cecelia (she prefers 'Lia') came to MGH this past summer to rule out the possibility that she'd had a heart attack. She ruled in. Even before she was admitted to Ellison 16, Lia had a complex medical history that included diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, a history of heart attacks, antiphospholipid antibody syndrome (a tendency toward blood clotting), and she is morbidly obese, a condition that has thwarted medical and nursing interventions on more than one occasion.

The events leading up to Lia's admission to Ellison 16 consisted of a cardiac surgery to implant a stent (to assist blood flow), which was followed by a massive hemorrhage in her head that left her with left-sided paralysis and significant cognitive deficits. While in the Neuro ICU, Lia was given a tracheostomy to alleviate breathing difficulties and once stabilized, was transported to Ellison 16.

Staff nurse, Stephanie Calkins, RN, remembered Lia from previous hospitalizations and requested to be her primary nurse. Said Calkins, "I remembered telling her when she was discharged before that she really needed to start taking care of herself. And here she was back on the unit. I really wanted to be her primary... I wanted to see this through."

Calkins describes Lia as, 'quite a character,' a strong-willed, independent woman with a sharp wit and a great sense of humor. Says Calkins, "She's colorful!"

The level of complexity of this case deepens when you learn that Lia's devoted husband, Robert, is currently incarcerated and unable to visit his critically ill wife. Because of his circumstances, Robert is only able to use the telephone at certain times of the day. So Calkins would arrange to be in Lia's room at pre-determined times to receive Robert's calls. Says Calkins, "Lia was unable to speak, but she really looked forward to his calls. So I would hold the phone to her ear, Robert would talk to her, then she'd write

down her response, and I'd tell Robert what she wrote. It was a three-way conversation that allowed them to communicate with each other. It was a little out of the ordinary, but it worked!"

Lia experienced a number of setbacks during her hospitalization. Severe bed sores and subsequent debridements, respiratory complications, hemorrhages, placement of a feeding tube, a brachial cut-down for venous line placement, and episodes of dangerously low blood pressure resulted in many trips to the Medical Intensive Care Unit (MICU). Following one trip to the MICU, it was determined that Lia had developed a VRE (a vancomycin-resistant bacteria), which put her at high risk for infection. She would need a private room. But because census on Ellison 16 was so high, no private room was available. So Lia was taken to a private room on Phillips House 21.

Phillips 21 received Lia during an evening shift. Because of her complex history and the challenges presented by her weight, her need for frequent dressing changes, and a precise feeding regimen, one nurse and two patient care associates from



Stephanie Calkins, RN
staff nurse, Ellison 16

Ellison 16 went to Phillips 21 during the night to ensure continuity of care and to make the transition easier for Lia.

At report the following morning, Ellison 16 nurse manager, Ann Kennedy, RN, informed staff of Lia's status. Says Kennedy, "I asked them, and especially Stephanie, who had been Lia's primary nurse for many months now, if they wanted Lia to remain on Phillips 21, or if they wanted her to come back to Ellison 16. Everyone in the room was in agreement. We wanted her back. Lia knew us. We all thought she'd be more comfortable if she was here with us."

Beds were re-assigned so that Lia could return to a private room. After she was transported back to Ellison 16, Calkins received a card from a staff nurse on Phillips 21. It read:

"To you and your colleagues... Thank-you for your dedication, compassion, and advocacy for patient, 'C.' You have set an *excellent* example in nursing." The card was delivered with coffee and homemade banana bread!

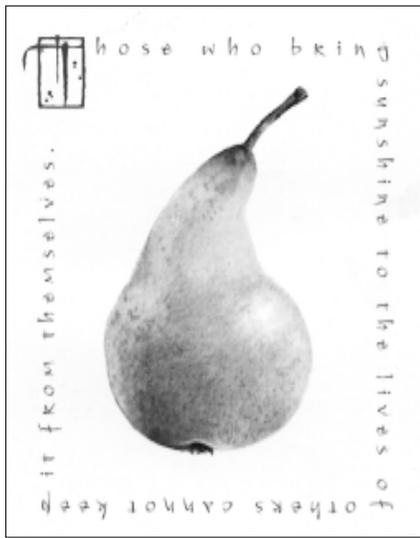
But with each setback that Lia had suffered, her condition had worsened. The time had come to address serious questions about her future care. By law, Lia's husband, Robert, is her healthcare proxy and legally responsible for decisions about her care. Says Calkins, "Robert hadn't seen his wife in many months. So there's no way he had an accurate picture of her condition. He needed to be fully aware of her status in order to make meaningful decisions about her care. We needed to have a family meeting."

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A Note of Thanks

February 15, 2001

The PCS
Diversity
Steering
Committee
received
this card from
staff of the MGH
HAVEN Program
in response to the
committee's holiday
gift-giving drive



What a wonderful collection of gifts. It was a great experience to distribute them. I heard so many stories of how these gifts touched the lives of our families

—Bridget

Your gifts and generosity made such a difference to our families this season. Thanks for your giving and cheer!

—Carol

I wish you all could have seen the room piled high with the fruits of your generous gift drive! The response was overwhelming! Thanks to all who made it happen!

—Bonnie

Thank-you so much for all your support for HAVEN and the women we serve. They and their children were overwhelmed by your generosity. Have no doubt that you made someone's life a little happier, warmer, and lighter.

—Carla

Thank-you to all of you and your big hearts. Your gifts brought beautiful smiles to all the children and moms. Thank-you so much!

—Marisol

Thank-you for your support of the women in HAVEN. Certainly, your kindness provided many warm feelings at a difficult time for them.

—Marjumi

Thank-you for making a difference in the lives of these women

—Angela

Dear friends, I cannot thank you enough for your kindness and generosity. This holiday season, your gifts, and warm wishes had a tremendously positive impact on all the recipients. Thanks for your kindness

—Sarah

Cover story

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As you can imagine, given Robert's circumstances, a family meeting was not the easiest thing to arrange. But with the help of the Optimum Care Committee, authorization was obtained for Robert to come to MGH.

Calkins met Robert for the first time as he stepped off the elevator, shackled and accompanied by two armed guards. Says Calkins,

"I needed to prepare him to see Lia. He hadn't been present to see her gradual decline, and I didn't want him to be shocked by her appearance. I explained that there would be a lot of equipment around the bed; that she may not be able to respond to him; I told him about her hair loss and the cranial disfigurement she still had as a result of the surgeries."

Calkins escorted Robert to Lia's room before the family meeting. "She wasn't entirely lucid," says Calkins, "but she knew he was there. He kissed her head, and her eyes lit up. It was very moving."

At the meeting, Stephanie, Robert, and Lia's entire team of caregivers discussed Lia's options, including whether or not to instate a DNR (do not resuscitate) order. "It was a very emotional meeting," says Calkins. "Ro-

bert's biggest concern was that if something bad were to happen, he didn't want Lia to be alone. He didn't want her to suffer. It was a very important meeting. It really added another dimension to our understanding of Lia's life. And I think Robert was appreciative to have had the opportunity to see Lia again."

Kennedy adds, "I think we were able to convey to Robert how much we've come to care for Lia. She's be-

come part of our family. As long as she's here, he doesn't have to worry about her being alone."

Before leaving, one of the guards who had accompanied Robert, pulled Calkins aside. "I've been doing this for a lot of years," he said. "This is the toughest one I've ever seen."

At press time, Calkins and the staff of Ellison 16 remained vigilant and hopeful. Lia is among friends, and in very good hands.

Skill, compassion and perseverance: the tools of an IV nurse

My name is Frances Donovan and I am an IV nurse at MGH. I first met K, an 18-year-old college student, in December of 1999, when I was assigned to do PICC (peripherally inserted central catheter) insertions with an IV nurse colleague.

K was on precautions, and as I stood outside her room putting on my gown and gloves, I said hello, identified myself by name, and told her that I would be evaluating her veins for a PICC insertion. From her bed, she gave me the biggest, most genuine smile, to which I responded without a thought.

As I approached her bed, I noticed how young she was. She was trached (there was a breathing tube inserted into her throat), and there was scarring on her face and arms where she appeared to have been burned. I learned later that K had not been burned; she had contracted meningococemia, which had killed her tissue. This devastating illness had also caused K to have bilat-

eral below-the-knee amputations.

Given the scar tissue and K's inability to rotate or completely extend her arms, it would have been impossible for her to undergo repeated peripheral IV placement. Earlier, during the acute phase of her illness, she had had a central line placed in her jugular vein, which now needed to be removed due to the increased risk of infection.

I examined K's right arm for an adequate vein, but I felt nothing. Moving to her left arm, I found a vein I thought I could work with. I was thrilled, but nervous; I wanted this to be successful on the first try, for her sake.

The approach for a successful vein puncture was difficult. But my IV nurse assistant held K's arm in just the right way to meet my needs, and we were able to talk K through each step, reassuring her, instructing her, and easing her fears. The PICC insertion was successful. Now, to remove the central line.

I have to mention that my single-minded concentration, focus, and will to succeed were intense. I wanted to succeed for her sake. I felt a connection to this young woman that I've yet to understand.

Finally, the procedure was complete. I gave her instructions and answered her questions. When I left the room, I couldn't contain my emotions. I started to cry; my heart was so full. I had succeeded under extremely difficult circumstances; I had influenced K's chances for a positive medical outcome.

But the story doesn't end here. On the Thursday before New Year's Eve, we were informed by K's primary nurse that her PICC had to be replaced. It had become occluded and couldn't be successfully de-clotted. Once again, I found myself in the position of having to insert K's PICC. I was not successful after two attempts. The PICC would not advance.

It was decided that we would let K rest and heal until Saturday,



Frances Donovan, RN
IV nurse

when I was scheduled to be on duty again. In the meantime, I started a 22-gauge peripheral IV in K's hand.

On Saturday, with an IV nurse assistant and colleague, an 8-inch midline was successfully placed. It was felt that a midline was appropriate since none of K's medications had to be run centrally, and it was less invasive for the vein that could no longer accommodate a PICC.

During the procedure I overheard K say to her mother, "I like her." I could barely contain my emotions. For some reason this young woman had won my heart.

I stopped in to see K periodically until she was discharged to a rehabilitation facility. Through her primary nurse, I followed her progress.

In March, one of my co-workers informed me that K had been re-admitted to the hospital, and that she'd asked for me.

When I visited her, we chatted about her progress. She is being fitted for a prosthetic, which will allow her to walk again. She will undergo plastic surgery on her left knee and another surgery to allow the prosthetic to fit properly.

Once again, she had the biggest, warmest smile. We hugged. She thanked me profusely. She mentioned that if she ever needed another PICC or midline placed, she'd like me to do it. I told her it would be my pleasure.

K is the bravest young woman I've ever met. Her incredible character and spiritual strength have been a gift

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Recognizing the contributions of our IV nursing team

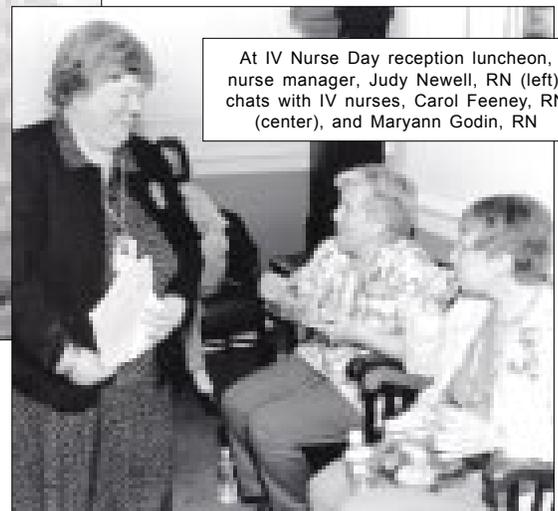
January 25th was National IV Nurse Day



IV nurse, Mary Ann Killackey, RN (right), coaxes smile from 15-year-old, Kaitlyn Schmidberg, as IV nurse, Peggy Munson, RN places PICC line



Interim IV nurse manager, Christine Annese, RN, at reception



At IV Nurse Day reception luncheon, nurse manager, Judy Newell, RN (left), chats with IV nurses, Carol Feeney, RN (center), and Maryann Godin, RN

Exemplar

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and inspiration to me.

Oh, by the way, I didn't cry this time!

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

To the uninformed, insertion of an IV line may seem a purely technical task. But Frances' narrative shows us it's a lot more than

that. Her approach with K is entirely holistic. Frances places the PICC only after a thorough assessment of all possible insertion sites and after weighing the potential risks and benefits of each site.

Her decision to use a midline rather than a PICC is the result, not just of years of experience, but of her genuine concern and empathy for K. Relatively speaking, IV nurses don't spend a lot of time with patients, but because of the nature of their work,

they are often able to form deep relationships with the patients they see. They witness, up close and personal, the anxiety patients experience before and during a 'stick.' But armed with compassion, confidence and clinical expertise, they have the ability to put patients at ease and turn that anxiety into trust.

We are lucky to have such a skilled team of competent, compassionate IV nurses.

Thank-you, Frances.

Kenneth B. Schwartz Rounds

The topic of this month's Kenneth B. Schwartz Rounds will be,

"Obesity: Caregivers Connecting with their Patients"

February 16, 2001

Walcott Conference Room

12:00-1:00pm

Lunch is provided starting at 11:45am

Note: Schwartz Rounds are usually held on the last Friday of each month. The February 16th rounds are an exception.

For more information, please call 724-4746.

New publication developed by Speech-Language Pathology Department

Topics in Communication and Swallowing Disorders is a new publication developed by the Speech-Language Pathology Department; it will be produced bi-annually. The publication is a collection of articles of interest to patients, families, healthcare professionals and the general public. Articles are written by staff and cover a wide range of topics that fall within the scope of practice of the Speech-Language Pathology Department.

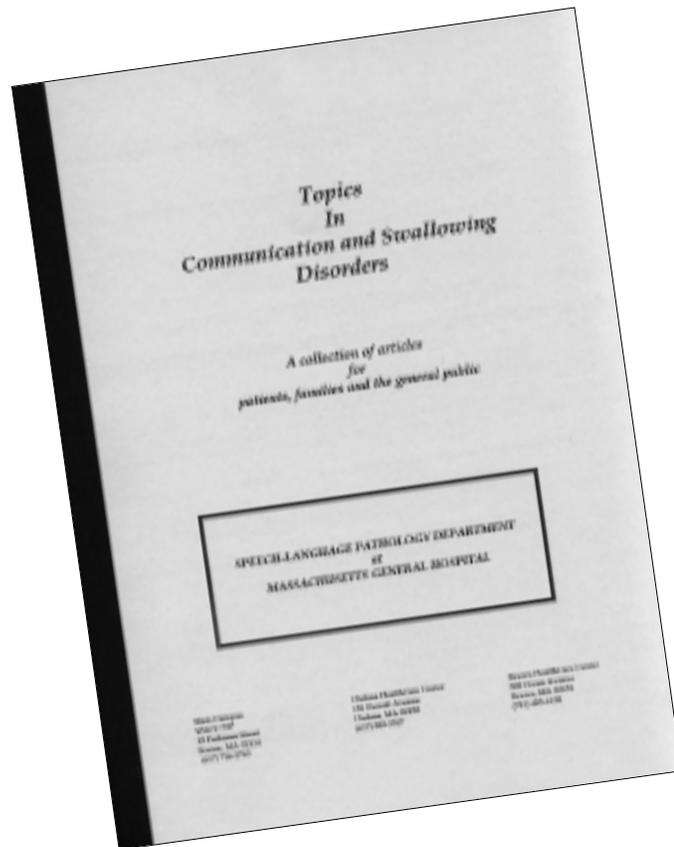
The first volume, published in the fall of 2000, contains articles such as:

- "Can Two-Year-Olds Talk," by Elizabeth Delnickas, CCC-SLP
- "Aphasia: a Disorder of Language," by Paige Nalipinski, CCC-SLP
- "The Americans with Disabilities Act: Why Communication and Cognitive Disabilities Need Not be Handicaps!" by Elizabeth Lee-Hood Ahmad, CCC-SLP

- "Infants and Young Children Gagging on Textures Dysphagia or Sensory Problem?" by Jean Ashland, CCC-SLP
- "Post-Laryngectomy Voice Restoration," by Joanne Gutek, CCC-SLP
- "Modified Barium Swallow vs. Barium Swallow," by Althea Wagman-Bolster, CCC-SLP
- "Something is Stuck in My Throat," by Sandra Martin, CCC-SLP

The next issue of *Topics in Communication and Swallowing Disorders* is due in the spring. Copies can be obtained in the Patient-Family Learning Center (off the main corridor), or in the Speech-Language Pathology Department in WACC 737. Copies of specific articles are available upon request.

For more information about *Topics in Communication and Swallowing Disorders*, please call the Speech-Language Pathology Department office at 726-2763.



Congratulations!

On behalf of Patient Care Services, *Caring Headlines* would like to recognize and congratulate the Partners recipients of this year's Greater Boston YMCA Black Achievers Award.

They are:

- Alvin Allen, escort and messenger at the BWH
- Kim Clarke, senior legal assistant in the office of Partners General Counsel
- Jacqueline Dejean, research financial manager, MGH Radiology

Proposals for "Making a Difference" grants now being accepted!

Building on the success of the Service MGH grant program, MGH, in collaboration with the Massachusetts General Physicians Organization (MGPO), is now offering "Making a Difference" grants to help support employee initiatives that improve the quality of service provided to our patients, their families, and our employees.

Grants will be given to support one-time expenses toward the implementation of a new service improvement. All MGH employees are eligible to

apply (including Bulfinch temporary workers and volunteers). Preference will be given to proposals that address services from a patient's perspective, and special consideration will be given to collaborative efforts.

The maximum amount of a "Making a Difference" grant is \$5,000, however, if multiple departments collaborate on a proposal, they may request an amount greater than \$5,000. Partial funding for proposals over \$5,000 will be considered.

The deadline for submission of grant proposals is April 1, 2001. Proposals will be reviewed in the order they are received.

To obtain a copy of grant proposal guidelines, or for more information about the "Making a Difference" program, please call 724-1004.

Proposals should be as brief and concise as possible. Completed proposals should be sent to "Making a Difference" Grant Review Team, c/o Melanie Cas-sama, Emerson Place, Suite 113.

Look for coverage of Patient Care Services' Black History Month event in the next issue of *Caring Headlines*

Selected Topics in Cultural Competency

"Diversity within cultures: implications for health care"

This program will provide a forum for clinicians to augment their knowledge of information relating to specific aspects of culture, such as race, ethnicity, religion or spirituality, end of life care, and sexual orientation. Case presentations will include discussions about mores and cultural practices among Asians, Haitian woman, and Muslims.

Monday, April 2, 2001
Registration: 7:30am
8:00am-4:30pm
O'Keefe Auditorium

7.8 contact hours

For more information, call The Center for Clinical & Professional Development at 6-3111.

EAP Work-Life Seminars

"Eldercare Fair"

As the senior population continues to grow, more individuals and families are impacted by the challenges of caring for elder relatives. This fair will provide information on a variety of services available to elders and their families.

Representatives from several local agencies will be on hand to answer questions.

Thursday, March 13, 2001
11:30-1:30pm
BWH (Carrie Hall)

Thursday, April 12, 2001
11:30-1:30pm
MGH (Wellman Conference Room)

For more information, call the Employee Assistance Program at 726-6976

EAP Work-Life Seminars

"Ages and Stages: Child Development—Infancy through Adolescence"

This 2-part seminar will explore the challenges encountered by parents at various stages of child development

Part I
"Infancy through Pre-Adolescence"
presented by
Paula Rauch, MD, director, MGH
Child Psychiatry Consultation
Service

Thursday, March 8, 2001
12:00-1:00pm
Wellman Conference Room

Part II
"Male and Female Adolescence,"
will consist of two separate sessions

Thursday, March 15, 2001
"Reviving Ophelia" (female)
12:00-1:30pm
VBK 401

Thursday, March 22, 2001
"Tough Guise" (Male)
12:00-1:30pm
VBK 401

For more information, call the Employee Assistance Program at 726-6976

French, Tyrrell and Washington to present at National Nursing Staff Development Organization annual conference

Three MGH nurses have been selected to present at the National Nursing Staff Development Organization annual convention in July, 2001.

Brian French, RN, and Rosalie Tyrrell, RN, professional development coordinators for The Center for Clinical & Professional Development, will present, "Fighting Fires Without Burning Bridges: Effective Strategies for Managing Conflict."

French and Deborah Washington, RN, director of PCS Diversity, will present, "Diversity and Culturally Competent Care: a Key Partnership to Promote Organizational Change."

Chisari publishes in *Nurse Educator*

Gino Chisari, RN, clinical educator for The Center for Clinical & Professional Development, recently published the article, "Organizational Strategies for Clinical Teaching," in the January-February issue of *Nurse Educator*. Chisari co-authored the article with Janice Meisenhelder, RN, associate professor at the MGH Institute for Health Professions.

Hammerschmidt spotlighted in recent *Nursing Spectrum*

Mark Hammerschmidt, RN, a senior staff nurse in the Blake 7 Medical Intensive Care Unit, was spotlighted in the January 8, 2001, issue of *Nursing Spectrum* for his efforts in creating and distributing handouts containing answers to a number of frequently-asked questions on his unit.

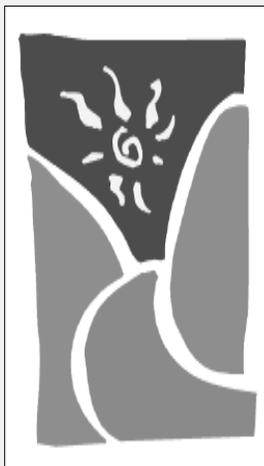
Bolstered by the encouragement of his colleagues, Hammerschmidt has converted the handouts into a series of FAQ files, which he's made available on his website on the Internet.

Staff can access the site at: www.geocities.com/markhammerschmidt.

Save the date!

This year, Children and Healthcare Week will be celebrated during the week of April 23rd, 2001.

Look for specific details in future issues of *Caring Headlines*



Staff Perceptions of the Professional Practice Environment

A survey for all clinicians within Patient Care Services

Coming this month!

This survey to obtain staff's perceptions of the professional practice environment is an opportunity to:

- give impressions of your clinical practice environment
- provide feedback to leadership
- influence future priorities

For more information, call The Center for Clinical & Professional Development at 6-3111.

Teaching Skills for Health Professionals

Sponsored by the MGH Institute for Health Professions, this course is open to all healthcare providers. Interactive workshops will address:

- how best to apply the latest concepts in research when teaching patients, students, and colleagues.
- methods for designing effective learning experiences such as classroom discussion, patient programs, and clinical training
- how familiar instruction activities such as demonstrations and lectures can be enhanced with new activities, such as cooperative learning
- various approaches for assessing learning outcomes; participants will develop skills for giving effective feedback, asking questions to promote critical thinking, and conducting effective classroom discussions.

Course meets:

Saturday, March 3rd (9:00am–4:00pm)
Sunday, March 4th (10:00am–2:00pm)
Saturday, March 31st (9:00am–2:00pm)
Sunday, April 1st (10:00am–2:00pm)

Participants must attend all sessions to receive continuing education credit.

For more information, call 617-726-3140, or visit our website at www.mghihp.edu

“Did You Know?” campaign issues new poster

Did you know that the Nursing Research Committee just released its third research utilization poster related to nursing practice? The poster, which focuses on, “Treating Tobacco Use and Dependence,” is a review of the US Public Health Service’s clinical practice guideline of the same name.

Many of our patients use tobacco, and whether or not they are currently being treated for tobacco-associated conditions (such as heart disease, cancer, or chronic lung disease), nurses should be prepared to intervene and offer assistance in helping them quit. The newest “Did You Know?” poster provides staff with a review of some effective treatment strategies and includes references for further reading.

The large blue “Treating Tobacco Use and Dependence,” posters and accompanying letter-sized handouts can be found on every patient care unit as well as at the MGH health centers.

The Nursing Research Committee, in collaboration with The Center for Clinical & Professional Development, initiated the “Did You Know?” campaign to help educate nurses and other healthcare professionals by providing synopses of current research on general topics of interest to caregivers. In addition to the tobacco treatment poster, the

—by Susan Jaster, RN, and Karen Hopcia, RN,
co-chairs, Nursing Research Committee

“Did You Know?” campaign has focused on needlestick injuries and the efficacy of flu vaccine in healthy adults. Future posters will address patient use of herbal remedies and caregiver back injuries.

Poster topics originate with, and are authored by, MGH nurses. The Nursing Research Committee is eager to hear your comments and feed-

back. If you have an idea that you’d like to see covered in a “Did You Know?” poster, please contact the Nursing Research Committee by calling The Center for Clinical & Professional Development at 6-3111. Committee members will be happy to work with staff in preparing a “Did You Know?” poster.



Susan Jaster, RN, co-chair of the Nursing Research Committee, updates “Did You Know?” poster

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by fax: 617.726.4133
or by e-mail: ssabia@partners.org

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March 1, 2001



When/Where	Description	Contact Hours
February 23 8:00am–4:00pm O’Keefe Auditorium	2001: A Diabetic Odyssey This program is designed to enhance nurses’ knowledge around the care of patients with diabetes. Topics will include patho-physiology of Type 1 and Type 2 diabetes; pharmacological interventions, monitoring and management of diabetes; nutrition and exercise; complications; and caring for special populations such as pediatrics, geriatrics, critically ill, and pregnant women. No fee for MGH employees. \$30 for Partners employees. \$75 all others. Pre-admission is required. For more information, call The Center for Clinical & Professional Development at 726-3111.	8
February 27 8:00–11:15am Haber Conference Room	Intermediate Arrhythmias This 4-hour program is designed for the nurse who wants to expand his/her knowledge of arrhythmias. The program focuses on atrial arrhythmias junctional arrhythmias and heart blocks, and prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9
February 27 12:00–4:30pm Haber Conference Room	Pacing and Beyond This exciting workshop will discuss indications for initiating therapy, fundamentals of the pacemaker system, pacer implantation, international codes/modes of pacing and nursing care. Rhythm-strip analysis will focus on normal functioning and basic trouble-shooting. The session will conclude with a discussion of current and future technology. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.1
February 28 8:30am–5:30pm and March 1 7:30am–4:00pm Shriners Burn Hospital	Advances in the Management of the Poly-Traumatized Patient This two-day program will focus on current management strategies of the poly-traumatized patient. The curriculum reflects the continuum of care from resuscitation through critical-illness phases of recovery. Expected outcomes for the participant include: clinical judgement and caring practices, an enhanced knowledge base to be more effective in a collaborative model as patient advocate, and acquisition of an index of suspicion to be utilized throughout the entire continuum of care to support systems thinking for the trauma patient population. For more information, call The Center for Clinical & Professional Development at 726-3111.s	TBA
March 1 7:45am, 1:00pm, 4:00pm VBK 401	CPR—American Heart Association BLS Re-Training Registration is required by 12:00 noon of the day <i>prior</i> to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	---
March 1 1:30–2:30pm O’Keefe Auditorium	Nursing Grand Rounds Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
March 5 8:00–11:00am and 12:00–3:00pm O’Keefe Auditorium	Living with Death This program, part of a 4-part series sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Department, and The Center for Clinical & Professional Development, explores new ways of thinking about death. The session is designed to open conversation to help combat the fear and denial that dominates American culture around death and end-of-life care. Program includes lecture, discussion and video presentation. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	3.6
March 5, 6, 8, 12, 13, 14 7:30am–4:00pm New England Baptist Hospital	Critical Care in the New Millennium: Core Program For ICU nurses only. This program provides a foundation for practice in the care of critically ill patients. Pick up curriculum books and location directions from the Center for Clinical & Professional Development on Founders 6 before attending program. For more information, call The Center for Clinical & Professional Development at 726-3111.	45.1 for completing all six days
March 6 8:00–5:00pm New England Medical Center	Chemotherapy Consortium Pick up pre-reading packet, and pre- and post-tests at The Center for Clinical & Professional Development on Founders 6. For more information, call Joan Gallagher at pager #2-5410. Pre-registration is required. To register, call The Center for Clinical & Professional Development at 726-3111.	10
March 7, 8:00am–12:30pm March 9 (Exam) 8:00–9:30am Bigelow 4 Amphitheatre	Transfusion Therapy Course (Lecture & Exam) For ICU nurses only. Pre-registration is required. For information, call Sue Pauley at 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	---

Offerings —

February 15, 2001

When/Where	Description	Contact Hours
March 8 8:00am–4:30pm Training Department Charles River Plaza	Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Program will provide a forum for staff to learn about the impact of culture in our lives and interactions with patients, families and co-workers. Topics include understanding and defining the importance of culture; the principles of cultural competency; understanding the dynamics of difference; the culture of Western bio-medicine; and the appropriate use of language services. A variety of interactive exercises will help to illustrate the concepts presented. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
March 8 1:30–2:30pm O’Keefe Auditorium	Nursing Grand Rounds Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
March 12 8:00am–5:00pm O’Keefe Auditorium March 22 8:00am–5:00pm Wellman Conference Room	Advanced Cardiac Life Support (ACLS)—Provider Course Provider course sponsored by MGH Department of Emergency Services. \$120 for MGH/HMS-affiliated employees; \$170 for all others. Registration information and applications are available in Founders 135, or by calling 726-3905. For course information, call Inez McGillivray at 724-4100.	16.8 for completing both days
March 13 7:30–8:30am Patient Family Learning Center	Internet Basics: Using the World Wide Web to Enhance Your Practice This program is targeted toward clinicians who want to learn basic skills in accessing, searching and navigating the Internet. The goal is to teach clinicians to access quality on-line healthcare information to enhance clinical practice. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
March 14 8:00am–4:30pm Training Department Charles River Plaza	Caregiver Skills for the New Millennium This program is designed to promote organizational and personal excellence, inspire creativity and personal and professional success in today’s challenging healthcare environment. Topics will include: managing conflict, negotiating, and balancing the personal and psychological costs of caring. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
March 14 8:00am–4:00pm VBK6	CVVH Core Program This program is designed for ICU nurses and echmo-therapists, to provide a theoretical basis for practice using continuous venous-venous hemodialysis. Participants must pick up and complete a pre-reading packet prior to attending. Packets may be picked up in FND645. Pre-registration is required. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	6.3
March 14 1:30–2:30pm Bigelow 4 Amphitheater	OA/PCA Connections Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, “Feeding Patients.” Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	---
March 14 5:30–7:00pm O’Keefe Auditorium	Advanced Practice Nurse Millennium Series This new series provides an opportunity for advanced practice nurses from throughout MGH to network and attend clinical, management and professional development presentations for continuing education. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
March 15 1:30–2:30pm O’Keefe Auditorium	Nursing Grand Rounds Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
March 16 7:30–11:30am and again from 12:30–4:30pm O’Keefe Auditorium	Care for the Patient at the End of Life: Clinical and Ethical Considerations This program will review current management strategies for end-of-life care. Specific topics will include pain-management, spirituality, supporting patient and family coping strategies. A case-study approach will illustrate the care of this patient population. For more information, call The Center for Clinical & Professional Development at 726-3111.	4.5
March 19 7:45am, 1:00pm, 4:00pm VBK 401	CPR—American Heart Association BLS Re-Training Registration is required by 12:00 noon of the day <i>prior</i> to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	---

Inpatient specimen transport: a changing of the guard

—by Bruno Viscomi, materials manager

On January 1, 2001, following three months of careful planning, Materials Management Patient Transport assumed responsibility for collection and delivery of all inpatient clinical laboratory specimens, a service formerly performed by Laboratory Support Services, with help from Materials Management on off shifts.

Leadership of Patient Transport was excited to have this opportunity to improve operational efficiency despite the amount of work that would be required to take on this

new responsibility. Inpatient volume alone tallies more than 17,000 specimens collected throughout the hospital every month including pneumatic-tube transfers and physical pickups.

Two strong leadership teams were already in place: Clinical Labs, led by Anne Bitzer and Christina Johnson; and Materials Management, led by Bruno Viscomi, Bill Somers and Mchurley Louis.

Initial meetings were held in October and November, 2000, and a transition date of January 1, 2001, was set.

During weekly meetings in December, details concerning FTE transfer, implementation process, and ongoing operational support were discussed and finalized. The commitment of both departments to achieve this common goal in a very aggressive time frame was more apparent at every meeting. “The high level of trust and cooperation that exists between Materials Management and Clinical Labs had a direct impact on the success of this venture,” observes Mchurley Louis, supervisor, Patient Transport. “With-

out it, a seamless transition would not have been possible. I welcome future opportunities to collaborate with Anne and her team.”

The New Year came and went, and the transition was made without incident. The quality service so apparent in the work of the Clinical Labs is continuing on in the work of Materials

Management. Already in its fifth week, overall operation of the new program, which includes patient transportation, equipment distribution, and specimen transport, has become much more efficient. “We are very pleased to have entered into this new arrangement. It’s a win-win situation for all involved,” says Mchurley.

Operational Information:

- Specimens are collected hourly, on every unit, from 7:00am–11:00pm.
- From 11:00pm–7:00 am, specimens are collected on demand only.
- Issues or concerns should be directed to Patient Transport at 6-2255.
- For mis-directed or mis-placed specimens contact Clinical Labs by calling 4-labs (4-5227).
- Kris Klinecicz (4-5851) and Mchurley Louis (4-2219) are available as additional resources.

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HEADLINES

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