June 14, 2001

Caring HEADLINES

Newell: class 'act' at this year's Vincent Show

Inside

It was just like a Hollywood premiere! Bright lights, evening gowns, glitterati! As MGH gala events go, the annual Vincent Club dinner and live-theater performance is about as gala as it gets! And this year's May 5th extravaganza at Boston's Copley Theater was no exception. Following cocktails and a sumptuous dinner, the Vincent Club presented a memorable rendition of the campy comedy, *Raise the Roof*, a tongue-in-cheek knock-off of the Judy Garland-Mickey Rooney musicals of the 40s.

And couched in between dinner and the show was the presentation of the

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MGH Patient Care Services
Working together to shape the future

Advancing our strategic plan: ensuring our goals are in line with staff's needs

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

In February, our third Staff Perceptions of the Professional Practice Environment Survey was distributed to clinicians throughout Patient Care Services. Also earlier in the year, the PCS executive management team held two retreats to review, evaluate, and update our strategic plan. The survey and our strategic planning retreats are important tools in our effort to ensure that our organizational goals are in line with staff's needs.

In the coming weeks, I will be meeting with PCS directors, nurse managers, and clinicians to share the results of our work so far. Our efforts have yielded a large amount of data, which is currently being analyzed and converted into a manageable format for presentation. I look forward to sharing this information with you in open-forum discussions and answering any questions you may have.

After only three years of conducting staff satisfactions surveys, already trends are starting to emerge that provide meaningful feedback about our strategic direction. For instance, I can tell you that of the clinicians who responded to the survey this year (31%), 80.5% across Patient Care Services indicated that they are satisfied or very satisfied with their professional practice environment. Compared to 74.1% in 1999, and 78.4% last year, this is a significant difference, and a good barometer of our ability to recognize and respond to issues of importance to staff.

I will be re-convening the PCS leadership team this summer for a follow-up retreat to showcase best practices among and between departments; develop strategies to forge collaborative relationships; explore avenues for team-building; and look at opportunities to translate successful systems from one department to another.

Legendary CEO of General Electric, Jack Welsh, says that as *soon* as you think you have a best practice… you should share it! It's the quickest, most effective way to spread success throughout an organization. We will put that strategy to good use at our summer retreat!

In the meantime, some of the organizational priorities we've identified and the initiatives we're undertaking to achieve them, are listed below. As always, your input and feedback are encouraged; I hope you'll attend one of the presentation sessions to hear a complete summary of our survey results and share your opinions. Look for times and dates of upcoming presentations in future issues of *Caring Headlines* and in unit-based postings.

Priority: *Maximize retention and recruitment strategies to maintain appropriate patient access to care and enhance care delivery*

Initiatives (not a complete list):

- Create mechanisms to share best practices in recruitment and retention
- Conduct focus groups with staff who return to MGH
- Let staff who leave MGH know that they are welcome to come back
- Create programs to track the success of our retention/recruitment efforts

Priority: *Adapt practice models and support structures to facilitate patient access to care and enhance care delivery*

Initiatives (not a complete list):

- Focus on interdisciplinary processes
- Develop easy access to patient information across practice settings and for multiple-admission patients
- Identify strategies to ensure that all existing capacity is utilized to support patients, minimize delays, and ensure acceptance of all transfers
- Implement electronic patient assessment tool

Priority: *Provide a practice environment that supports and promotes the priority of quality and safety for patients and staff*

Initiatives (not a complete list):

- Provide performance-improvement education using simple, easy-to-understand language
- Create central database for coordinating all ongoing performance-improvement initiatives
- Ensure staff are adequately prepared to safely care for violent patients
- Engage staff in identifying strategies to reduce injury and increase patient safety

Priority: *Set management performance objectives and provide professional development opportunities to achieve them*

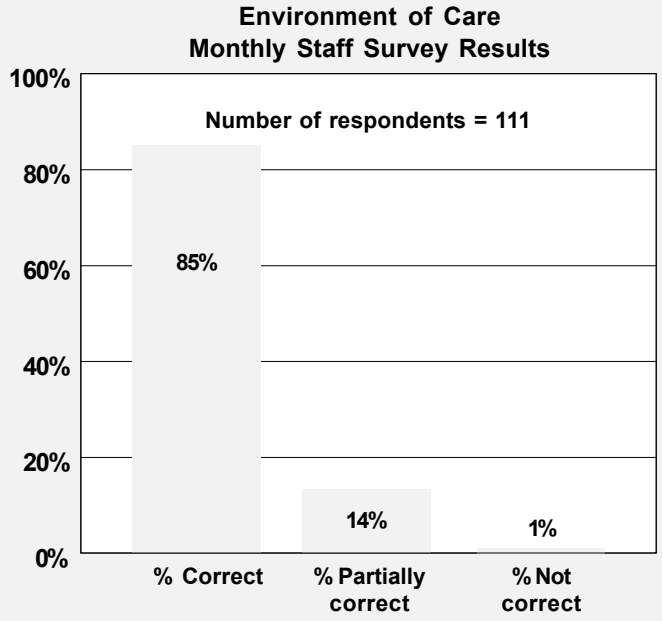
continued on next page

Environment of Care Survey Question

Function: Hazardous materials management

Question: What are the disposal methods for infectious and non-infectious medical waste (please give examples).

Answer(s):
- Infectious medical waste must be disposed of in a red plastic lined medical waste box.
- Some examples of infectious waste are blood bags and tubing, chest tube drainage, and IV lines and bags (with blood).
- Non-infectious waste must be disposed of in a clear-plastic-lined waste receptacle.



Tips about general safety

1) All staff who handle infectious waste materials should be trained in procedures for proper handling and disposal.
2) Excessive volumes of infectious waste can result from lack of separation of infectious waste from non-infectious waste.
3) To decrease the volume of waste labeled, "infectious" for disposal, clarification was needed of what is to be considered infectious vs. non-infectious waste.
4) Information for staff was disseminated via poster campaign, volume tracking, and progress reports.
5) Decreases in volume of infectious waste should be reflected in reduced disposal costs.

Jeanette Ives Erickson

continued from previous page

Initiatives (not a complete list):
- Cultivate and provide coaches and mentors for leadership
- Create formal and informal opportunities for staff to move into leadership positions
- Establish task force to define key performance metrics

Priority: *Implement strategies that promote staff diversity and integrate the delivery of culturally competent care into daily practice*

Initiatives (not a complete list):
- Expand access to diversity-trends data
- Communicate and publicize diversity outcomes
- Continue diversity training for leadership
- Identify and implement technology to assist with interpreting/translating

Updates

I'm pleased to announce that Angelleen Peters-Lewis, RN, assumed the role of nurse manager of the Endoscopy Unit on June 4, 2001. Angelleen returns to MGH from Harvard Vanguard Medical Associates where she had been working as a nurse practitioner.

And Judy Silva, RN, started as nurse manager of the Ellison 11 Cardiac Access Unit, also on June 4th. Judy comes to us from the Beth Israel Hospital.

Please join me in welcoming Angelleen and Judy to our nursing leadership team.

I'm also very happy to inform you that Sally Millar, RN, director of PCS Clinical Support Services and the Office Patient Advocacy, has been elected president of the Massachusetts Organization of Nurse Executives (MONE). Her one-year term in office begins July 1, 2001. Please join me in wishing her success and happiness in this new role.

Jobs for Boston Youth

For more than a decade, MGH has provided part-time employment to bright, motivated young people through the Jobs for Boston Youth Program.

Program starts July 9th

If you are interested in sponsoring a student (no financial obligation), call 6-8197, or send a brief description of the job opportunity to timilty@partners.org

Vincent Club Award

continued from front cover

Vincent Club's annual Award of Distinction for Outstanding Contributions in Women's Health Care. This year's recipient, the first woman and the first nurse to be recognized by this prestigious award, was Judy Newell, RN, MSN, nurse manager, Gynecology and Gynecologic Oncology. Newell joins the likes of Gerald Austen, MD, and Isaac Schiff, MD, two distinguished past recipients of the award.

Linda Stikeleather, president of the Vincent Club and member of the Vincent Award selection committee, says, "Judy's nomination was supported by everyone. Her years of dedication, her strong leadership, her legendary warmth and caring made her the perfect candidate. Coincidentally, Judy spoke at our winter seminar this year, and it was like the icing on the cake! It was so obvious how much her work means to her and how much she impacts the lives of her patients. We all just think she's incredible!"

Senior vice president for Patient Care Services and chief nurse, Jeanette Ives Erickson, RN, says, "Judy is an articulate and well respected advocate for patients and nurses. She brings an infectious enthusiasm and love to her work. She believes, as I do, that nurses represent the best essence of who we are—human beings caring for other human beings. We are truly privileged to have Judy as one of our nursing leaders; and all who have been touched by her warmth and compassion know that she is truly deserving of this honor."

Accepting the award onstage at the Copley Theater, Newell thanked the Vincent Club and added, "In keeping with the theme of the evening, I'll share with you that I was actually named after Judy Garland! And I can honestly tell you that when you're fortunate enough to do what you love every day, and work with the wonderful people I work with, you truly are over the rainbow. And that's where I am right now… over the rainbow!"

Newell, backstage with Isaac Schiff, moments before accepting the award.

Newell reacts as she looks out and sees all the nurses in the audience standing to honor her. Linda Stikeleather looks on.

Enjoying the show and sharing the pride are (l-r): Mrs. and Dr. James Mongan, Jeanette Ives Erickson, and her husband, Paul.

An inside look at the Hmong culture: a real-world lesson in cultural diversity

The many faces of Tou Ger Xiong

On Tuesday, May 29, 2001, in a session sponsored jointly by the Patient Care Services' Diversity Program and The Center for Clinical & Professional Development, Hmong comedian/storyteller/multi-cultural consultant, Tou Ger Xiong, gave an inspired presentation on the importance of appreciating and celebrating cultural differences.

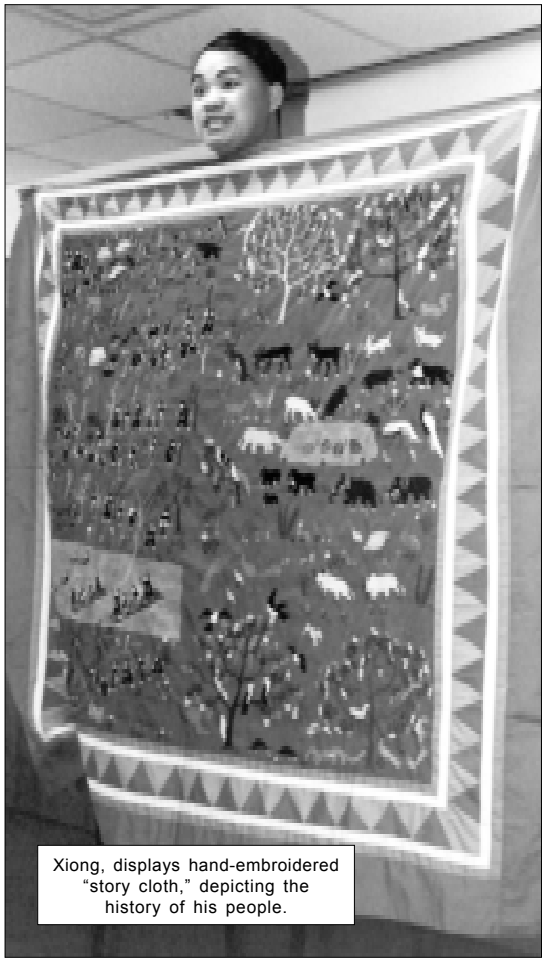
Dressed in traditional Hmong clothing, in what could be described as 'performance art,' Xiong recounted stories from his childhood, coming to America from Laos with his family as refugees of war.

He characterized the Hmong people as warriors, hunters, soldiers and farmers; a proud people with a heritage of perseverence, ethnic survival and storytelling. He conjured memories of a simple childhood, in a pre-industrialized country, with close family ties and many strongly held cultural traditions.

In his physically animated, often humorous, recollections, Xiong recalled what it was like coming to America as a young boy, being the only Asian person in his class, rotely reciting the Pledge of Allegance, and his shock at realizing that Americans have "such long noses!"

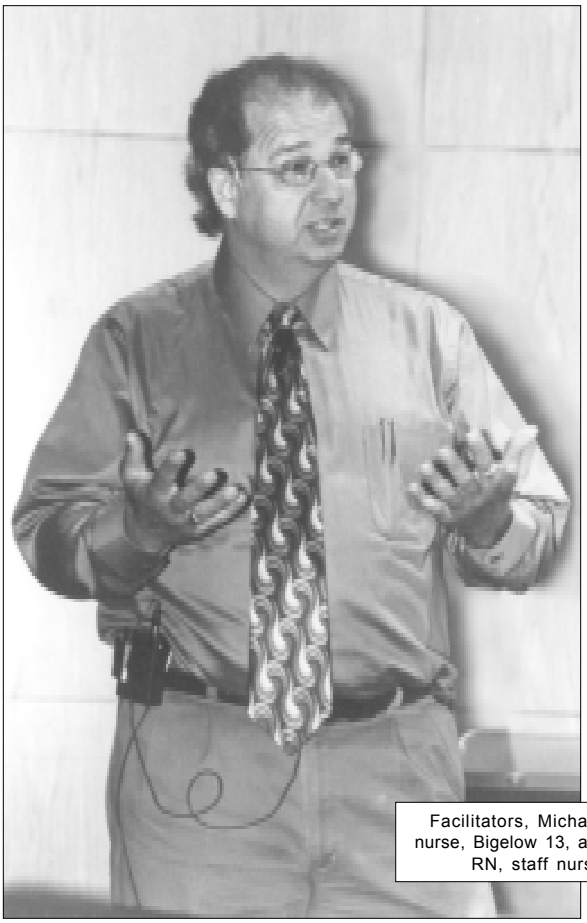
He entertained listeners as he told of his glee at seeing snow for the first time; of using indoor plumbing (with a toilet instead of a tree!); of doing laundry… in a machine!; and slowly becoming acclimated to a new culture, a new way of life. Interweaving serious thoughts with comical anecdotes, Xiong clearly made his point: appreciate what you have. Do not fear what is different. Embrace the stories of all cultures—they hold important lessons for all of us. Don't let fear and ignorance turn to hatred and racism. Let us celebrate our differences as well as the things we have in common.

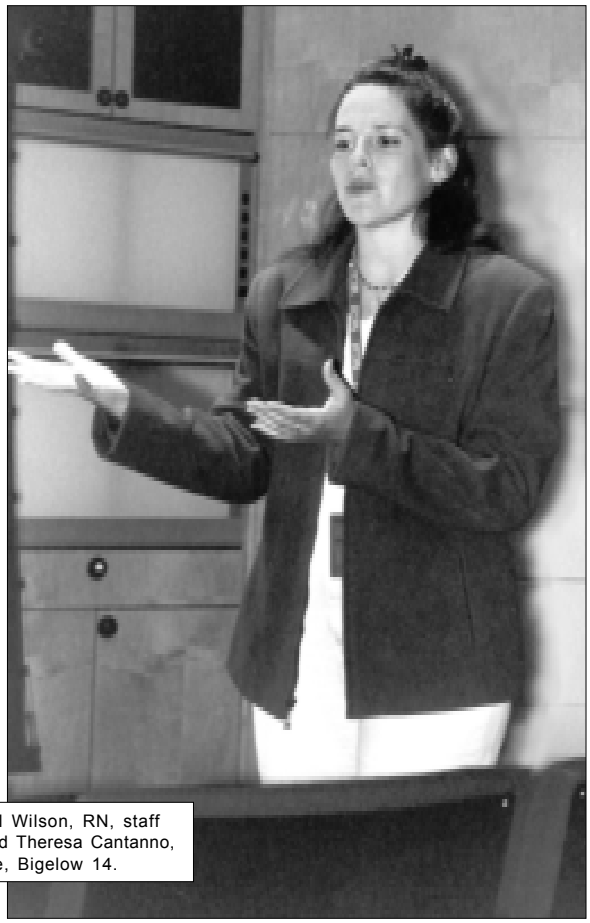
Xiong left audience members with this thought: "Diversity is not a special event; it is your life experience. Let it be your experience 365 days a year, 7 days a week, 24 hours a day."



Xiong, displays hand-embroidered "story cloth," depicting the history of his people.

A Death of One's Own: examining the issues around how we choose to die





Facilitators, Michael Wilson, RN, staff nurse, Bigelow 13, and Theresa Cantanno, RN, staff nurse, Bigelow 14.

The third in a four-part series co-sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Service, and The Center for Clinical & Professional Development, "A Death of One's Own," focused on issues surrounding end-of-life care in America and the implications for patients, families, healthcare institutions and communities.

This educational series was inspired by the television special, *On Our Own Terms: Moyers on Dying*, which aired recently on PBS.

Moderators, Michael Wilson, RN, staff nurse, Bigelow 13, and Theresa Cantanno, RN, staff nurse, Bigelow 14, provided a framework for discussion about what it means to "die well," what impacts our decisions around end-of-life care, what we fear, and how we can help initiate conversations about death and dying.

Discussion touched on an array of topics including religious concerns, physician-assisted suicide, alternative therapies and complementary medicine, DNR orders, advance directives and MGH's new and revised Life-Sustaining Treatment policies.

Copies of a document called, *Five Wishes*, were made available. An 'expanded' version of a healthcare proxy, it is a guide to help people make and record their decisions about who is authorized to make healthcare decisions on their behalf and other choices around end-of-life care and treatment.

Decisions around death and dying are never easy, straight-forward or predictable, which is why Wilson and Cantanno encourage clinicians and family members to talk about end-of-life choices ahead of time, to ensure that a patient's wishes are honored.

"A Time to Change," the final installment in this series, is scheduled for Friday, June 22, 2001, in O'Keeffe Auditorium from 8:00–11:00am (and 12:00–3:00pm).

Susan Durante (center) with award recipients, Marie Elena Gioiella, LICSW (left), and Anne Brogan

The Susan and Arthur Durante Award: a tribute to excellence, a legacy of kindness

We were all saddened this past year to learn of the passing of long-time MGH patient and friend, Arthur Durante. His memory will live on in many ways, and happily, one of those ways is the Susan and Arthur Durante Award for Exemplary Care and Service with Cancer Patients, which he and his wife, Susan, established in 1999.

Back in March of 1999, at the first presentation of the awards, Arthur Durante said, "The MGH Cancer Center is a place with a warm, gentle heart. MGH has always been a place where people come to be treated… now it's a place where people come to be healed. Healing acts, such as a touch or a hug go just as far as any medicine. This award is to recognize individuals who engage in that kind of healing." Those words and that sentiment are the legacy of one of MGH's most passionate 'teachers.'

When they created this award, the Durantes stipulated that two recipients would be selected annually, one from a clinical setting, and one from a support setting. This year's deserving recipients of the Durante Award were Marie Elena Gioiella, LICSW, clinical social worker, and Anne Brogan, administrative assistant for Pediatric Radiation Oncology. Both receive a $1,000 cash award to be used for activities of their own choosing that they feel will enhance their relaxation, rejuvenation and respite.

Summer Enrichment Program

Offered through the Boston Area Health Education Center, this 7-week, curriculum-based program offers 8th- and 9th-grade students internships where they can learn more about careers in health care.

Interns are on-site Monday through Wednesday afternoons totalling 9 hours per week.

Program starts July 16th

If you are interested in sponsoring a student (no financial obligation), call 6-8197, or send a brief description of the job opportunity to timilty@partners.org

Humanizing Healthcare for Children and Mentoring for Our Future

The 2nd MGH-sponsored national pediatric conference at the Westin Hotel in Boston May 27–30, 2001

Conference organizers, (clockwise from top left): Judy Sacco, Mary Lou Kelleher, and Judy Newell

Mary O'Brien, RN, pediatric trauma coordinator, presents, "The Forgotten Victims of Trauma."

Carleyne Prince, adm director of the MGH Partnership, and panelis Love, of the Boston pu system; Robert Cho, Ti Connection program Solangel Vargas, Tim graduate; and David M MGH Police & Securit "The Science of Me

Celebration Shop singers, Paul Hill (left) and Jim Newton, entertain conference attendees, young and old!

MassGeneral Hospital *for* Children™

Families:

Representing children and families, Britney Lingley shares her experiences being cared for as a patient of MassGeneral Hospital *for* Children

Sharing her experiences as a parent and a healthcare professional, director of MGH Speech-Language Pathology, Carmen Vega-Barachowitz, CCC-SLP, presents, "Families and Professionals as Partners: a Privilege and Solemn Commitment."

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Rosalie Tyrrell, RN, clinical educator, presents, "Balancing the Costs of Caring (This isn't about Finance!"

Jointly sponsored by the MassGeneral Hospital for *Children and The Center for Clinical & Professional Development, this national conference for pediatric caregivers combined lectures, presentations, panel discussions, entertainment and fun to emphasize the importance of preserving the human spirit in the delivery of health care today. It was an opportunity for families and healthcare professionals to communicate outside of the hospital setting and share ideas on issues related to the care of children.*

Pedi the Bear (second from right!) entertains out-of-town conference guests

From urgent care to palliative care, ED nurse is a comforting presence

Ellen Walsh, RN, BSN
staff nurse, Same Day Surgical Unit
(formerly, the Emergency Department)

It was a typical morning in the Emergency Department, when we received notification of a patient en route by ambulance. Mr. K, a 73-year-old male, arrived in severe respiratory distress with labored breathing, unable to clear his own secretions. He had a complicated medical history which included coronary artery disease and a recent diagnosis of recurrent lung cancer. We were also made aware of prior admissions with similar symptoms almost requiring intubation but he had improved quickly with administration of diuretics.

Shortly after Mr. K's arrival, his condition deteriorated rapidly. He became hypotensive and tachycardiac associated with profuse diaphoresis and it became more difficult for him to breathe. Although he had difficulty speaking, he was able to express his wish not to be placed on a respirator. Being aware of his request not to be intubated, and feeling confident that his clinical situation could be reversed, I worked with other members of the health care team and quickly obtained intravenous access, gave meds to restore his blood pressure and provided appropriate treatment to improve his breathing status.

Thinking his condition was caused by a new pneumonia seen on x-rays, it was felt we could bring him through this crisis. It was difficult for me to care for Mr. K as he struggled to breathe and became more and more tired. Although he couldn't express himself verbally, there was no doubt he was aware of what was transpiring.

By now Mr. K's family had arrived and was very anxious to see him. Mr. K's primary care physician and psychiatric clinical nurse specialist, who knew the family from prior emergency admissions, spoke with Mr. K's family and apprised them of his critical condition.

Despite our efforts, there was minimal improvement in his condition. His blood pressure remained low with an elevated heart rate. He continued to have severe breathing problems. It became apparent that he would not pull through if we did not intervene more aggressively.

The clinical nurse specialist returned from the waiting area, where she had spoken with immediate family members and shared information about the family with me. She told me Mr. K had a son and two daughters, one who was pregnant with Mr. K's first grandchild. Also present was his wife of many years from whom he was recently separated. They were all emotionally stressed and in need of comforting. Surrounded by numerous tubes, breathing masks, multiple IVs with medications infusing, Mr. K was allowed to visit with family members.

It was evident to me that his relatives were upset at seeing him in this environment. They were only allowed to stay a few moments. While I was still present in the room with Mr. K, his primary care physician returned to discuss Mr. K's options. The doctor left to review Mr. K's wishes with the family. It was decided that Mr. K would not proceed with aggressive treatment; comfort measures only were to be provided. Even though I had been intensely providing care to Mr. K for several hours now, I knew the most difficult period was still ahead.

As I was discontinuing medications and other treatments, it was apparent to me that I would now have to switch gears. Being accustomed to working rapidly in an acute-care situation taking all measures possible to save a life, I now had to move into the less familiar area of helping a patient and his family cope with death and dying.

Mr. K's family returned to the room and I explained to them what I was doing to keep Mr. K comfortable. A morphine drip was necessary, since he was restless and still having a lot of difficulty breathing with increased congestion despite frequent suctioning. I tried to provide privacy and a quiet environment, which is not an easy task in a busy emergency department. I asked if they had any questions, and then I left them to be alone with their loved one. Periodically I returned to the room. I saw how uncomfortable they seemed to be, standing around not able to talk to Mr. K. In hopes of encouraging conversation, I began asking questions about their family—things like where they lived and what their father did for a living before he became ill. I made a conscious effort to include Mr. K in the dialogue. I felt it was important for

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The CNS role: a tapestry of change

—by Virginia Capasso, RN, NP, PhD
clinical nurse specialist

Virginia Capasso, RN, NP, PhD
clinical nurse specialist for Vascular Nursing and the Vascular Home Care Program; and co-director of the MGH Wound Care Center

Change is like a great and mighty river. It propels forward, fueled by other sources, fueling new branches, and ultimately, contributing to a new reality.

During my 15-year tenure as a clinical nurse specialist, numerous factors have fueled the restructuring of health care, including increasingly restrictive reimbursement parameters, the aging of the population, and technological advancements. MGH has responded with broad initiatives, such as operations improvement and utilization management, to remain competitive in the changing marketplace. The impact of such a dynamic healthcare environment on me personally has been to re-energize and reinvent my role approximately every two years.

In 1995, as members of the Case Management Planning Committee, my colleague, Joanne Empoliti, and I attended a case management conference in Philadelphia. We heard a nurse administrator describe a hospital-based home care program. The program was designed to reduce lengths of hospital stays and avoidable readmissions in high-frequency patient populations. The centerpiece of the program was the creation of joint acute-care/home-care roles for staff nurses. This joint role permitted a decrease in the RN percentage of the staffing mix on inpatient units. Benefits of the model included higher retention of nurses and added revenue for the hospital.

At a time when MGH and our service were investigating all opportunities to reduce costs while maintaining the quality of care, the joint acute-care/home-care model of nursing practice seemed to offer a viable approach to the safe and early discharge of certain vascular-surgical patients, especially patients undergoing lower extremity by-pass surgery. Physician and nursing leaders at MGH and the MGH Spaulding Home Health Agency were immediately receptive to the idea of creating a specialty partnership program. (Preliminary negotiations had already occurred in preparation for the home visitation program for the then new Obstetric Service.)

Within a year, the specialty staff nurses, the home visitation coordinator, and I were cross-trained for home care, and in April, 1996, the MGH Vascular Home Care Program was launched. Five years later, it continues to operate. Approximately 250 home visits are made each month to patients who live in the Greater Boston area.

The unit-based transitional home care program has been a catalyst for many practice changes and several new programs. For example, within three months of initiating the program, it was clear that about 80% of our home visits were for wound management. For many patients with arterial disease and diabetes, wound healing was slow and expensive due to the multiple home visits that had to be made each day. Staff nurse, Kathy Hurley, RN, inquired as to whether there was any approach other than normal saline wet-to-dry dressings that would hasten the healing of a patient's stump wound. We consulted our enterostomal therapy nurse, Carolyn Tamer, RN, for recommendations about alternative wound care strategies. She introduced us to the world of hydrogel and occlusive dressings.

Our introduction to hydrogel opened a window on the $7 billion wound care industry. We learned about moisture-donating dressings, absorbent dressings, antibacterial preparations, and topical growth factors. During the first year of operation, we saw at least a 50% reduction in the number of home visits per episode of care for patients who had undergone lower extremity by-pass graft. In large part, this was due to a change to moist wound healing strategies.

As a result of our progress in wound management in the MGH Vascular Home Care Program, my role expanded to include wound care consultant for patients of the Greater Boston Branch of Partners Home Care. As a consultant, I generally follow a panel of 8 to 15 home care patients, making 8 to 11 home visits per week.

Our successful approach to wound care in the home trickled back into the acute care setting—a 'diffusion of innovation' effect of nurses practicing in joint acute-care/home-care roles. Similar diffusion has occurred throughout the hospital as a result of multiple factors, including rotation of surgical residents to other services and patient consultation on other units at nurses' and physicians' requests. A collaborative effort among CNSs and Ma-

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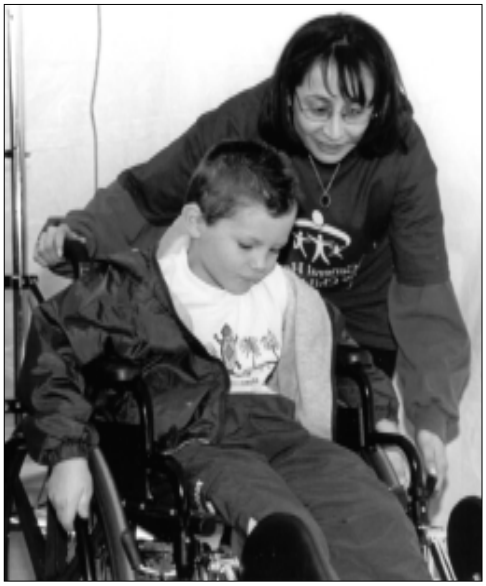
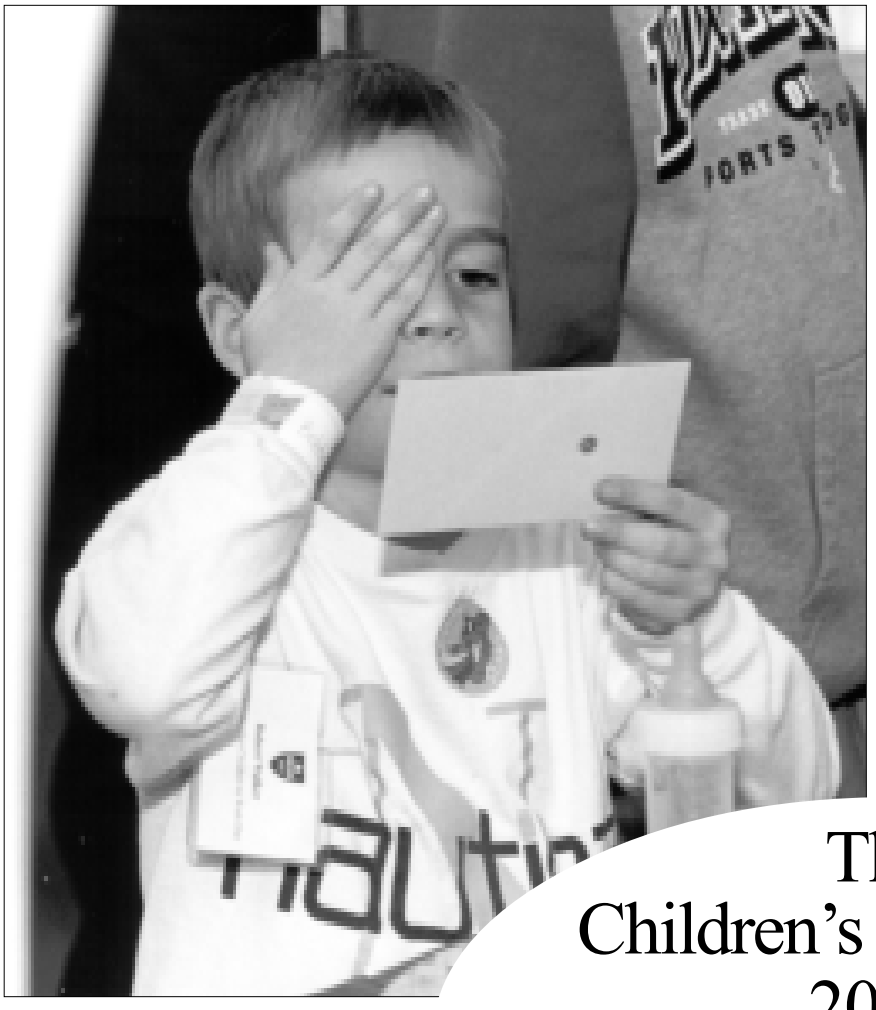
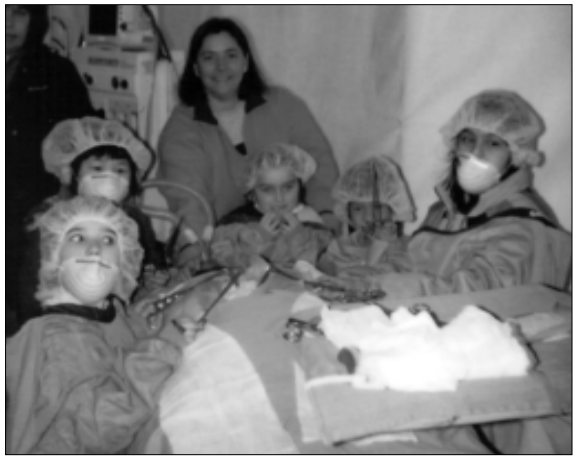
MassGeneral Hospital *for* Children:

it's the happiest place on Earth







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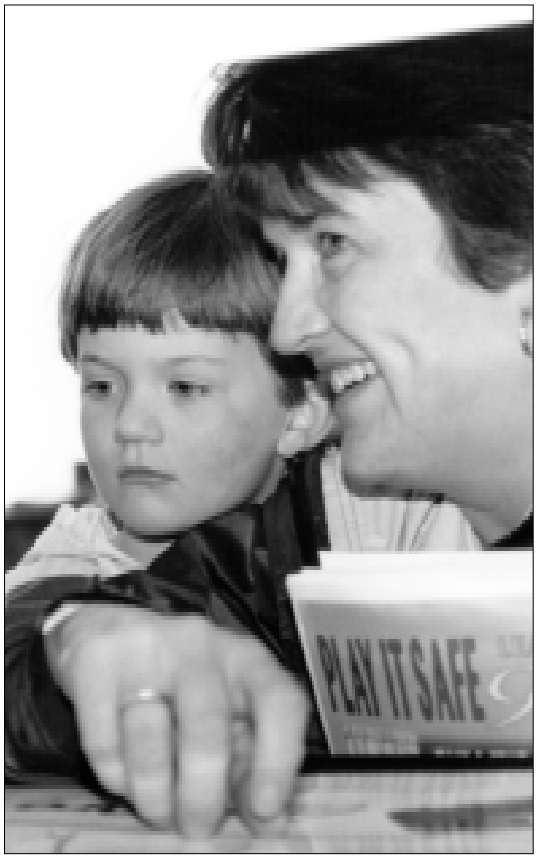
Children and grown-ups play and learn about health and wellness at the more than 50 educational booths set up by nurses, therapists, chaplains, Police & Security, pet therapy specialists, and many other healthcare-related professionals at this year's Children's Health Fair, April 26, 2001, on the Bulfinch lawn and terrace.



ne Health Fair 01

Family-Centered Care Awards celebrate the best in pediatric care

(L-r): Nursing assistant, Ed Wright; Dawn Moore, RN; Kim Mello, RN; Judy Deranian, RN (kneeling); Judy Newell, RN; Kim Waugh, RN; Dr. Alan Ezekowitz; Immacula (Kiki) Benjamin, RN; volunteer, Jack DiBona; child life specialist, Marilyn Gifford; and Dr. Ronald Kleinman

Once again, staff gathered in the Ellison 18 visitor's lounge on the last day of Children and Healthcare Week, April 27, 2001, for the presentation of the Family-Centered Care Awards, which honor caregivers of the MassGeneral Hospital *for* Children who exemplify our mission and high standards around the care of children and their families. It is testament to the growing scope and support of these awards that the lounge can no longer accommodate all of the presenters, recipients, and spectators present for the ceremony!

Nurse manager, Judy Newell, RN, introduced each recipient and read brief excerpts from their nomination letters. The recipients of this year's Family-Centered Care Awards were:

- Deborah Bobola, RN, (NICU)
- Immacula "Kiki" Benjamin, RN, (Ellison 18)
- Dr. Robert Wharton, pediatrician
- Kim Waugh, RN, (Ellison 17)
- The entire staff of the Bigelow 13 Burn Unit

As always, the names of all who were nominated were announced and acknowledged. They included:

- Janice Maenpaa, patient care associate (Ellison 17)
- Kathie Pazola, RN, (Ellison 18)
- Karen DaRocha, RN, (Ellison 18)
- Lisa Donelan, RN, (Ellison 18)
- Cabrina Anderson, RN, (Emergency Department)
- Brenda Simpson, practice manager, (WACC 7)
- Jack DiBona, volunteer (Ellison 17)
- Robin Fisher, LICSW, social worker
- Dr. Julie Ingelfinger, pediatrician
- The entire team of Main OR nursing assistants

As these lists of nominees and recipients illustrate, and as Newell reminded attendees many times: our care of children is not limited to the pediatric units—we care for children everywhere!

As she read the letters, it became clear why these clinicians, employees and volunteers were nominated.

About Kim Waugh, it was written:

Kim always advocates for our son. If she sees a potential problem, she addresses it with the doctors right away and makes sure something is done. Often, when we have a concern, we arrive at the hospital only to find that Kim has already addressed the concern with doctors—she's one step ahead of

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Exemplar

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them to use this opportunity to express their thoughts to him at this time, as I knew he would die shortly.

I left the room and returned later to overhear his daughter, who was now alone in the room, telling her father how she would tell her child about him. Another time I heard the son tell his father that he loved him.

As a nurse working in the Emergency Department, it is often difficult to care for a dying patient and his family while simultaneously taking care of other emergent patients. Reflecting back on this particular case, I feel I successfully brought together the knowledge and skills I have acquired during my professional nursing career. I was able to manage the care of a critically ill patient, provide crisis intervention to an emotionally distraught family and ultimately provide palliative and comfort care to a dying man.

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

This is a wonderful example of a nurse providing care in a rapidly changing situation. Mr. K's needs shifted from life-saving measures to comfort care in a very short time and Ellen had to quickly switch gears to continue to meet the needs of Mr. K and his family. Ellen worked closely with members of the team to provide for Mr. K's physical and clinical needs, but it was Ellen's human intervention that allowed this family to gently begin the grieving process.

No matter how prepared a family is, the death of a loved one is always shocking. Ellen realized that this family needed help. She asked questions about Mr. K and his life before illness. She included him in the conversation, role-modeling for the family, letting them know it was okay to share their feelings even though Mr. K might not be able to respond.

What a wonderful memory for this family to have participated in the loving, comforting death of Mr. K. He left the world knowing that he would live on in the hearts and memories of his children and grandchildren.

Thank-you, Ellen.

Family-Centered Care Awards

continued from previous page

us. Kim is such a lively, fun, spirited nurse who never seems to tire of her patient load and nursing duties. We often see her volunteering to work extra hours when there is a need.

About Deborah Bobola, it was written:

Debbie has the ability to put a family at ease when they enter the NICU, especially that first frightening time. She involves the whole family in the care of their child, teaching them how to do something and then stepping back and letting them take over. She has a lovely sense of humor, which she uses to help put families at ease. She will call a mother at home to tell her about the sweet thing her baby just did, or take a picture and make a card for the family.

About Kiki Benjamin, it was written:

Kiki is always enhancing her patient care skills through continuing education and workshops. She recently sat for her pediatric hematology certification exam. Kiki is frequently asked to share her knowledge as a mentor for new staff. This is a role she takes seriously and performs well. She has a willingness to share her knowledge without being overbearing or threatening... If I had a child on Ellison 18, I would want Kiki to be my child's caregiver.

Clinical nurse specialist

continued from page 11

terials Management has facilitated the availability of new wound-care products in our hospital inventory.

Recently, two more opportunities have emerged to effect change in patient treatment and care delivery. They are our weekly "Walking Wound Care Rounds" and the pilot of a new MGH Wound Care Center.

In February, 2001, our weekly "Walking Wound Care Rounds" were initiated as a pilot project. The program was designed to provide education and consultation to staff nurses, advanced practice nurses, and other members of the team who care for patients with challenging wounds.

In March, 2001, I had the opportunity to present, "Wound Management in a Prospective Payment System" at Surgical Grand Rounds. At the completion of rounds, Dr. Andrew Warshaw, chief of surgery, announced that the department of Surgery was going to support a pilot program for an MGH Wound Care Center. The pilot began on Tuesday, May 29, 2001. Dr. William Abbott and I are co-directors. The center is temporarily located in Dr. Abbott's office in WACC 458, and can be reached by calling 6-8025.

The river of change has spawned this transitional home care specialty. Its success has been fueled by the infusion of expert knowledge which, subsequently, has influenced new approaches to wound care, nursing practice, and ongoing nursing education. It has also contributed to changing the system for the delivery of wound care at MGH. It has been an exciting journey for me, rafting through the turbulent waters of change, as a CNS at MGH.

Reading Disabilities graduation cause for celebration!

On Thursday, May 24, 2001, in the Wellman Conference Room, a record 32 students graduated from the Reading Disabilities' Orton-Gillingham training class. Director of Reading Disabilities, Phyllis Meisel, and medical director, David N. Caplan, presided over the ceremony, which was attended by staff, graduates, their families, friends and colleagues.

Above: training class graduate accepts certificate from Reading Disabilities medical director, David Caplan, as director, Phyllis Meisel looks on.

At left: Staff of the Reading Disabilities Department lead the audience in a round of applause for the 2001 graduating class.

Reading Disabilities staff (l-r back row): Andrea Dolezal; Eileen Faggiano; director, Phyllis Meisel; medical director, David Caplan; Elena Lakey; and Linda Alhart. (Front row): Julie Bertram; Chuck Herron; and Carolyn Horn.

Gender roles in the Muslim culture

—submitted by Suzelle Saint-Eloi, RN clinical educator

For many clinicians the role of women in Muslim and Islamic cultures raises many questions. Practices such as the covering of women's heads and faces, or the signing of consent forms by women's husbands pose implications for the provision of health care.

A dialogue about this topic was the focus of discussion at Nursing Grand Rounds on Thursday, May 3, 2001. The session, entitled, "Gender Roles in the Muslim Culture," was presented by Muslim chaplain, Imam Talal Y. Eid.

Imam Eid highlighted the importance of the Qu'ran (the Islamic holy Bible) and the Sunnah (the second source of Islamic law) in establishing gender roles.

To shed light on the roles of men and women in Muslim culture, Imam Eid presented an overview of the Five Pillars of Islam. The Five Pillars of Islam are prayer, faith, alms, fast, and pilgrimage. According to Islamic law, and in most Muslim cultures, both men and women perform these duties. According to the Qu'ran, married men and women are considered protectors of one another. This dictates equality, and the philosophy that both are responsible for contributing to the success of the marriage and family life.

Imam Eid suggested that misinterpretations about Muslim and Islamic culture are a causal effect for how women are viewed in Muslim culture. He noted that the terms Muslim and Islamic are often used interchangeably; but they are, in fact, different. "It is important to remember that society has an effect on the way of life of many people," said Imam Eid. Due to a lack of knowledge of Muslim or Islamic cultures, people tend to judge Islamics according to how all Muslims act.

Imam Eid defined Islam as a religion and Muslim as the people who follow Islam. There are approximately 1.2 billion Muslims living all over the world. Islamics represent two major groups; they are the Shiites and the Surnites, and there are also various cults.

For women in Islamic society, their role is based on Islamic teachings that place emphasis on how both men and women can contribute to society and to their families. But there are also aspects of women's roles that are not rooted in Islam (religion). A woman's dignity and modesty, for instance, seeking education, or working outside the home, are part of the culture.

In closing, Imam Eid advised clinicians caring for women from Muslim or Islamic backgrounds to try to understand how the woman and her husband handle matters of life. Having this broader understanding and awareness of the woman's role in that particular culture will enhance the outcome of the patient-caregiver interaction.

Time to Change

Part of a four-part series sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Department, and The Center for Clinical & Professional Development, this session will present a successful community model (Balm of Gilead) to inspire change in the healthcare system as it relates to caring for dying patients.

The program will include both lecture and discussion, as well as a video of the highly acclaimed Bill Moyers PBS special, *On Our Own Terms: Moyers on Dying*.

Friday, June 22, 2001
8:00–11:00am
(repeated 12:00–3:00pm)
O'Keeffe Auditorium

For more information, call The Center for Clinical & Professional Development at 726-3111.

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June 141, 2001

When/Where	Description	Contact Hours
June 28 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level II** Program is geared toward experienced nurses who have functioned as clinical preceptors. This workshop provides participants with an opportunity to further advance their knowledge and skills in developing effective strategies to meet the challenges of precepting, managing conflict, thinking creatively, and coaching for success. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8
July 5 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 *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
July 5 1:30–2:30pm O'Keeffe 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
July 11, 8:00am–12:30pm July 13 (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.	- - -
July 11 1:30–2:30pm Bigelow 4 Amphitheater	**OA/PCA/USA Connections** Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, "Specialty Beds: the Intricasies, the Differences." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
July 12 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
July 18 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 *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
July 19 1:30–2:30pm O'Keeffe 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
July 23: 7:30am–4:00pm at Mount Auburn Hospital July 24: 8:00am–4:30pm at MGH (VBK6)	**Intra-Aortic Balloon Pump Workshop** This two-day workshop sponsored by the ICU Educational Consortium is for ICU nurses only. The program will provide a foundation for practice in the care of critically ill patients requiring balloon-pump therapy. Day one hosted by and ICU Consortium hospital; day two held at MGH for MGH staff. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	14.4 for completing both days
July 25, 8:00am–12:30pm July 27 (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.	- - -
July 26 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

When/Where	Description	Contact Hours
August 2 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 *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 2 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This presentation will focus on, "Haitian Women's Health Issues," presented by Karen Hopcia, RN, and Suzelle Saint-Eloi, RN. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
Aug. 8, 8:00am–12:30pm August 10 (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.	- - -
August 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
August 8 1:30–2:30pm Bigelow 4 Amphitheater	**OA/PCA/USA Connections** Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, "Caring for Patients in Restraints." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
August 13, 14, 15, 20, 21, 22 7:30am–4:00pm Location TBA	**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
August 16 8:00am–5:00pm Wellman Conference Room August 20 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
August 16 1:30–2:30pm O'Keeffe 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
September 4 8:00am–4:30pm Dana Farber Institute Jimmy Fund Auditorium	**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
September 6 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 *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
September 6 1:30–2:30pm O'Keeffe 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

ndation educational programs, please check the
ww.hrm.harvard.edu

Linen Initiatives

—by Gary Mulrey
MGH linen supervisor

The Materials Management Linen Department is pleased to announce recent changes that will greatly improve the quality of patient care. First, there is the introduction of a new bath towel. For quite a while, we have known about issues around towel quality, but were unable to make a change because of the high incidence of lost towels. However, a cooperative effort between Nursing and Materials Management has reduced the amount of lost towels to the point where it now makes good economic sense to upgrade our bath towel.

The new towel, which was introduced in March, is wider, longer and heavier than the one previously carried. Our hope is that where three towels may have been needed for bathing before, now two will be sufficient. In addition to the larger size, the new towels are also softer and more absorbent. We welcome your feedback on this improvement. Please send comments directly to Gary Mulrey, via e-mail.

In conjunction with the towel upgrade, we have initiated a program to supply a daily par-level of utility towels to inpatient units. We are hoping that staff will use these (blue, striped) towels for cleaning, thereby leaving more bath towels and wash cloths available for their intended use. The utility towels are re-usable and should be placed in the soiled linen hampers after use. They can be found in the yellow nylon bags attached to all the linen exchange carts marked, "utility towels for cleaning."

There is also an ample supply of green-dyed cloth rags available on Ellison 23, the Environmental Services storage area. *These rags are available for use throughout the hospital.*

Currently, there is a project underway to review our inpatient gowns. One of the more frequent requests we receive is for larger gowns (particularly extra large IV gowns). Patients feel more comfortable and less 'exposed' in larger garments. We are evaluating a variety of different styles and patterns with the help of the Nursing-Materials Management Task Force. More information on this initiative will be shared as our work progresses.

For more information on any of these new linen initiatives, please call Gary Mulrey, linen supervisor, at 4-1732.

The July 5th issue of *Caring Headlines* will be exclusively dedicated to the Stephanie M. Macaluso Expertise in Clinical Practice Awards

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