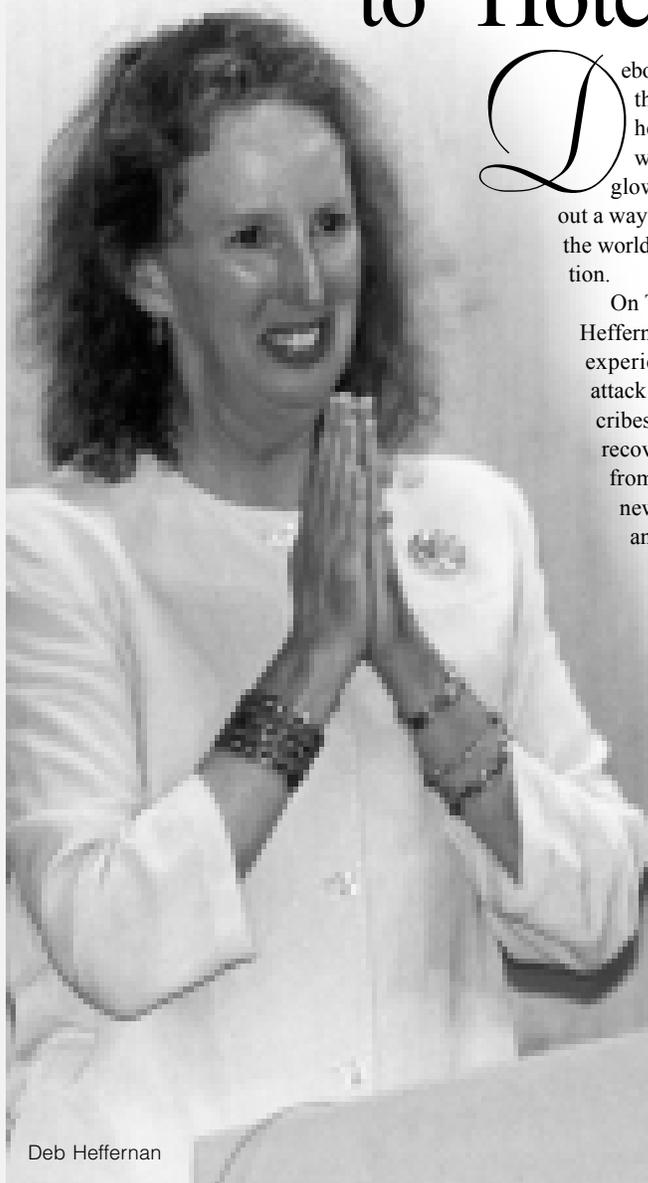


# Caring

August 1, 2002

## HEADLINES

### Heffernan sends love letter to 'Hotel MGH'



Deb Heffernan

Deborah Heffernan, MGH patient and author of the book, *An Arrow Through the Heart*, and her husband, Jack, give new meaning to the word, 'survivor.' More than basking in the glow of their good fortune, they have figured out a way to harness their joy and release it back to the world in the form of love, awareness and education.

On Thursday, July 18, 2002, Deborah and Jack Heffernan returned to MGH to talk about their experiences following Deborah's near-fatal heart attack in 1997. Deborah's book, which she describes as 'a love letter' to MGH, chronicles her recovery, the care and kindness she received from MGH caregivers, and the awakening of a new understanding of life, love, relationships, and the human heart.

Heffernan emotionally recalled the night in 1997 when she started experiencing chest pain during a yoga class. She was rushed to a local hospital and later transferred to MGH. Jack took the podium intermittently to fill in the blanks about those times when Deborah had 'gone to another world.'

Said Jack, "When they took her into surgery, I didn't know if I was ever going to see my wife again. I'll never forget the comfort and care that everyone at MGH gave me on that, the most difficult night of my life."

Among the many lessons Heffernan learned on her journey to recovery is the belief that the heart is the place where the body and

*continued on back cover*

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## Parking, the Big Dig, and limited resources

*an interview with Bonnie Michelman, director, Police & Security*

**Jeanette:** Bonnie, parking is an issue that's on everyone's mind.

**Bonnie:** It is. And I'd like to take this opportunity to say that there has been significant improvement in terms of staff not parking in the front garages. There has been a noticeable change in the availability of parking spaces for patients and visitors, and that's a good thing.

**Jeanette:** With the Big Dig and ongoing construction in and around MGH, can we expect any major changes?

**Bonnie:** We have lost spaces to the Central Artery Project and due to on-campus construction, but I can tell you that we're exploring several ways to optimize our parking options, and I should be able to tell you more about that in a couple of months.

**Jeanette:** How has the Central Artery Project affected parking on Nasua Street?

**Bonnie:** We've lost upward of five hundred spaces over the past several years to the Central Artery Project, which has impacted more than seven hundred and fifty

employees with parking privileges. A small number of those spaces will be returned to us over the next six months.

**Jeanette:** What parking options are currently available for staff?

**Bonnie:** For daytime parkers, there are spaces available in the Charlestown Navy Yard, in the Haymarket Garage, and in the Gilmore parking area. Employees can add their names to waiting lists for other parking areas.

For evening, night and weekend parkers, spaces are available in the front garages and/or Nasua Street. And off-shift employees are encouraged to take advantage of these options as opposed to parking on neighborhood streets.

**Jeanette:** Is there going to be a change in our parking validation system?

**Bonnie:** Yes. Starting in the fall, we'll be converting to a 'Central Pay Parking' system, which will replace our current parking payment system for patients and patients' visitors. Under the new system, patients and visitors will pay for parking at a location inside the garages before re-

turning to their cars. This will give them the opportunity to pay, ask for directions, or make any other inquiries they have at a central location before leaving the garage. This will improve customer service and allow for a quicker exodus of vehicles once drivers return to their cars.

**Jeanette:** Do I understand that the Parking Office is re-locating?

**Bonnie:** Because of construction, the Parking Office will temporarily re-locate to the Parkman Street Garage (from the Fruit Street Garage) just for the months of August and September. Business hours will remain the same: 7:00am-5:00pm Monday through Friday; and 11:00am-4:00pm on Saturday.

**Jeanette:** Where can staff call if they have questions?

**Bonnie:** Staff should call the Parking Office at 6-8886 if they have any questions.

**Jeanette:** Thank-you, Bonnie. This has been very helpful. We'll look forward to speaking with you again in the near future when you may have more to tell us.



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

### Updates

I'm happy to inform you of the following additions to our Patient Care Services team.

Cathy Griffith, RN, has accepted the position of clinical nurse specialist for Cardiac Surgical Nursing.

Ellen Robinson, RN, will be joining The Center for Clinical & Professional Development, focusing on staff development and the development of unit-based resources. Ellen will continue to maintain a cardiac practice, as she does now, but will be primarily involved in developing the Ethics Program.

Norma Gerton RN, has accepted the position

of nurse manager for the Ellison 16 General Medical unit. We thank Anne Kennedy, RN, for her past leadership of Ellison 16. Anne will now focus exclusively on the Ellison 12 and White 12 Neuroscience units.

Sharon Bouvier, RN, has accepted the position of nurse manager for Bigelow 14.

Bridget Manley, RN, returns to MGH as nurse manager for the Pre-Admission Testing Area (PATA). We thank Janet Dauphine Quigley, RN, for her contributions as nurse manager of the Same Day Surgical Unit (SDSU) and the PATA. Janet will now focus exclusively on the SDSU.

### Complementary and alternative medicine: educating ourselves and our patients

Program will look at acupuncture, meditation, and therapeutic touch. Case studies will help demonstrate the impact of complementary healing modalities.

**November 22, 2002  
8:00am-4:00pm  
O'Keefe Auditorium**

For more information, call 6-3111

## Employee Referral Program

*The Fielding the Issues section of Caring Headlines is an adjunct to Jeanette Ives Erickson's regular column. This section gives the senior vice president for Patient Care a forum in which to address current issues, questions or concerns presented by staff at meetings and venues throughout the hospital.*

The Employee Referral Program, which rewards employees for referring candidates for employment, is an integral component of the recruitment strategy for Patient Care Services. Employees have referred a number of excellent candidates for clinical positions since the inception of the program last year. At this time, employee referrals are our most successful source of recruitment.

**Question:** When did the Employee Referral Program start, and when will it end?

**Jeanette:** The program started on July 1, 2001. Currently, the program is ongoing. No end date has been established.

**Question:** Who is eligible for the referral bonus?

**Jeanette:** Any Patient Care Services employee who is not in a leadership role is eligible for the referral bonus. (Leadership roles include: directors, hiring managers, nurse practitioners, clinical nurse specialists, Human Resources, etc.)

**Question:** What positions are included in the program?

**Jeanette:** PCS clinicians hired into the following roles for 20 standard hours or more per week would qualify for the program: staff nurse, patient care associate, clinical nurse specialist, surgical tech, respiratory therapist, occupational therapist, physical therapist, speech-language pathologist, and social worker.

**Question:** Can an employee make more than one referral?

**Jeanette:** Yes. An employee can make an unlimited number of referrals. A bonus will be granted for each successful referral.

**Question:** When is the bonus awarded to the referring employee?

**Jeanette:** The referring employee receives the bonus when the new hire has been employed for 90 days. Both employees must be currently employed at MGH when the bonus is awarded.

**Question:** How many people have participated in the program to date?

**Jeanette:** 96 new employees within Patient Care Services have been hired as a result of the

Employee Referral Program. Approximately six new employees per month have been hired into the department of Nursing; and 2 into the health professions.

**Question:** How much is the bonus?

**Jeanette:** The bonus is \$1,000 (taxable) gross wages.

**Question:** How can a current PCS employee refer a new PCS clinician?

**Jeanette:** Current PCS employees can obtain an Employee Referral Program card from their manager or from the PCS Human Resources Office on White 14. Once the card is completed, it should be returned to White 14. For more information, call Megan Brown at 6-5593.

### Educational Offerings and Event Calendar Now Available On-Line

The Center for Clinical & Professional Development now lists educational offerings on-line at

<http://pcs.mgh.harvard.edu>

To access the calendar, click on the link to CCPD Educational Offerings.

For more information or to register for any program, call the Center at 6-3111.

### Call for Nominations

#### The Anthony Kirvilaitis Jr. Partnership in Caring award

In January, 2002, Jeanette Ives Erickson, RN, senior vice president for Patient Care, formally announced the creation of the Anthony Kirvilaitis Jr. Partnership in Caring Award. The purpose of the award is to recognize and celebrate staff in non-clinical roles within PCS who exemplify the values and qualities that made Tony so successful and appreciated in his work as training development specialist in The Center for Clinical & Professional Development. Those values include *reliability, responsiveness, creativity, assurance, collaboration, and flexibility.*

The award will be given annually to a maximum of two individuals. Nominations are now being accepted for recipients to be selected in October, 2002.

#### Eligibility

Operations associates, unit service associates, operating room assistants, unit assistants, patient service coordinators, Emergency Department admitting assistants and patient care information associates are eligible for the award.

#### Nomination and selection process

- Nominations are due by August 23, 2002.
- Any employee, manager, physician, patient or family may nominate a candidate.
- Those nominating may do so by completing a brief nomination form accompanied by a letter of support. Nomination forms will be available on patient care units, in the Emergency Department, Operating Room, the Bigelow 10 PCS Management Office and at the Gray Information Desk.
- Nominees will be asked to submit a letter of support from their manager. If their manager was the nominating party, then the nominee will need to provide a second letter from a co-worker.
- A selection committee convened specifically for this purpose will review all letters and select the award recipients.

#### Award and award-related activities

Each recipient will receive an award of \$1,500 and will be acknowledged at a ceremony and reception among colleagues and family. Their names will be added to a plaque honoring The Anthony Kirvilaitis Jr. Partnership in Caring Award recipients.

For more information, or assistance with the nomination process, please contact Nancy DeCoste, training specialist, at 4-7841, or Carolyn Washington, operations coordinator, at 4-7275.

## Looking to the future with: “Nursing in the time of robots, cyborgs, clones and humans”

*Ed Coakley, RN, MSN, MA, MEd, nursing director emeritus, recently delivered the keynote address at the generalist completion ceremony for IHP's class of 2003 Graduate Nursing Program.*

*Below is (an edited version of) his speech.*

In 1970, Martha Rogers, nurse theorist, wrote that the evolution of man was undergoing significant acceleration concurrent with escalating advances in science and technology. That fact received little attention. Thirty-two years later, in 2002, the public's attention to scientific and technological advancement in bio-engineering and space research barely recognizes that human evolution is accelerating. The focus has been on the implication that evolution has been arrested or is coming at some later time. Most pundits argue that human evolution, if it is to happen, will occur through genetic engineering. And further, some of our citizenry believe this evolution can be controlled and regulated by politicians in Washington, DC.

Rogers noted that the fact that man was readying himself for life in a new dimension—outer space and other worlds—would further accelerate evolution, and that nothing was going to stop this evolution. Concerning this phenomenon, Rogers affirmed that knowledgeable nursing services would continue

to make a socially significant contribution in the future, whatever that future may hold.

Today, we celebrate a tipping point in your careers, on your way to becoming professional nurses and entering a noble profession. The nursing profession has its roots in pre-historic times and will continue to be socially significant far into the future.

Nurses have experienced the explosive growth of science and technology in an ambivalent manner. For some, it is an exciting adventure; they revel in their ability to care for critically ill patients. For others, it engenders a deep sense of alienation and mistrust. Most nurses come to the profession to become expert in human experiences and responses to birth, health, illness and death. Techno-medicine for some separates them from humans and they see themselves only as ‘nursing the technology.’

You are becoming nurses on the cusp of a new millennium. As you reflect on the nursing profession, consider this adage: “What ever was, probably won't be.”

Let's reflect on two

topics: the symbiosis of humans and machines, and the potential re-making of the human organism through genetic re-engineering and the implications this holds for the nursing profession.

I have entitled this presentation, “Nursing in the time of robots, cyborgs, clones and humans.”

### *Robots*

A robot is a machine or mechanical device that operates automatically with human-like skill. This description can include the popular image of a robot as an automaton made in the shape of a human, but it also allows for the type of robots used in industry and medicine whose appearance is anything but human. Robots designed to look like humans are also called androids or humanoids. An example is the new humanoid robot, Asimo, developed by Honda. Priced at \$300,000, this humanoid robot recently rang the bell to open the New York Stock Exchange. His claim to fame is his ability to walk gracefully. There are many more androids in development, waiting to take center stage like Asimo. Analysts project



Ed Coakley, RN, MSN, MA, MEd,  
MGH nursing director emeritus

the android-manufacturing business will become one of the greatest industries of the 21st century. It is expected to rival the automobile industry in size and importance by mid-century.

Surgical robots, currently in use or development here in the Partners Healthcare System, look anything but human. Surgical robots include, ‘smart scalpels,’ virtual fixtures for robotic-assisted cardiac surgery, endoscopic robotic-assisted cardiac surgery, and a robotic working group.

The military is developing robots and has allocated millions of dollars for future research. The goal is to be able to replace human soldiers and rescue workers in dangerous situations. A recent article in *Wired* magazine reported that 17 of these robots were used at Ground Zero. These robots are precursors to robots that can do what human soldiers can't or don't want to do.

You may wonder what this all has to do with nursing. Is it possible that the current nursing shortage, which is predicted to be the worst ever, will be solved by using robots. As Asimo becomes more complex and competent, society may find that many nursing functions can be performed without human intervention. Versatile androids could easily assist in ambulation; toileting; feeding; with appropriate sensor devices, conduct a physical exam; and with appropriate algorithms make a diagnosis and recommend interventions. The replacement of nurses by robots, especially in nursing homes, rehab centers, and prisons is not as outrageous as you might think.

### *Cyborgs*

The term, ‘cyborg,’ was coined by Manfred E. Clynes and Nathan S. Kline in a paper entitled “Drugs, Space and Cy-

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## Robots, Cyborgs, Clones etc.

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bernetics," published in the journal, *Astronautics*, in 1960. The purpose of the paper was to describe processes that would alter man's bodily functions to meet the requirements of extraterrestrial environments. Cyborgs were described as self-regulating, human-machine systems. This self-regulation took place without benefit of consciousness so the human body could adjust to systems using its own autonomic homeostatic controls.

One of the first cyborgs described in the presentation was a white rat that had an osmotic pump inserted into its body. The pump permitted the rat to receive continuous injections of chemicals at a slow, controlled rate without any conscious attention on the part of the rat. The authors posited that an artifact-organism system similar to the experimental rat, would extend man's unconscious, self-regulatory controls and allow man to enter space safely. They speculated that an astronaut might be fitted with a sensor to detect radiation levels and a pump that would automatically inject protective pharmaceuticals in appropriate doses when unsafe radiation levels were detected. NASA quickly eliminated the term cyborg as it became a word associated with science-fiction dread.

Cyborgs are creatures of social reality (humans with pacemakers) as well as creatures of fiction (*Robocop*). They are images of our imagination and reality. The word itself carries a message of 'beyond human,' or 'eerily futuristic.' But from the beginning, the word suggested an evolving humanity. Not many

### Nurses play a unique role in patient care.

**We occupy an intimate space between humans and machines, between humanity and technology.**

people like the word or are comfortable using it. Whatever word we use, nurses are caring for an increasing number of humans in a deep symbiotic relationship with machines. In fact, nurses are expert caregivers of these cyborgs: patients on dialysis, extra-corporeal membrane oxygenation, intra-aortic balloon pumps, insulin pumps, respiratory ventilation machines, and liver-assist devices. The word, cyborg, suggests that humans are evolving beyond basic humanity. Perhaps we choose not to use the word because we hope to keep this evolution invisible.

#### Clones

Webster defines a clone as a cell, cell product, or organism genetically identical to the unit or individual from which it

is derived. Clones that exist in nature include water hyacinths that can quickly clone hundreds of thousand of new plants so fast that they become a menace to waterways and lakes. Amazon mollies are fish that live in northern Mexico and are entirely female, reproducing asexually. The word, 'clone,' is derived from the Greek word meaning twig, suggesting its etymology lies in the ancient horticultural

practice of grafting a cutting onto another plant to produce a new plant or shrub.

By now we've all heard of Dolly, the sheep that was cloned at the Roslin Institute in Scotland. Scientists took cells from the udder of a six-year-old ewe. The cells were starved for five days in a petri dish. The starvation produced a resting state in which the cells resembled undifferentiated embryonic cells. Then each cell was placed in a sheep egg from which the nucleus had been removed. Next, scientists awakened the cells with a meal of nutrient broth and a mild jolt of electricity. Of the 277 jolted eggs, 29 survived and were transferred into the wombs of adult sheep. Only one fetus, Dolly, survived. And the rest is history.

Or is it?

The January issue of *Scientific American* reported on the first cloned human embryo. Scientists at Advanced Cell Technology, in Worcester, paid 12 women \$4,000 to donate their eggs. Using techniques similar to those used on Dolly, scientists used the eggs to generate blastocysts. This type of cloning is called therapeutic as opposed to reproductive. The goal of this technique is to generate the resulting stem cells into a variety of nerve cells, blood-forming cells, pancreatic cells and cardiac cells.

#### Humans

Humans are mammals, closely related to their simian cousins, especially chimpanzees. Humans have consciousness. They are aware that they are aware; they use language and create culture. The April issue of *Science* queried why humans and chimpanzees share 98.7% of the same genes, yet have vastly different mental capacities. They suggest that genes in the human brain operate in a different way than genes in chimps', potentially giving humans a huge lead in mental prowess. The brain appears to be the only organ where gene-function varies so dramatically between humans and chimps. Genes elsewhere in the body, such as in the liver and blood, perform almost exactly the same in both species. Research points to the brain as the

organ that has changed most in terms of how genes are used.

The biotechnological revolution is upon us. Robots, androids, cyborgs, clones, and genetically engineered humans are here to stay. So what place will nurses have in this new age?

Will cyborgs be nurses?

Will androids be nurses?

All of these 'mechanical' people will have the ability to perform highly advanced and complicated tasks. Is it within the realm of possibility that you and I will be cared for in our twilight years by nurse androids?

Before you answer, think about this: Is an android capable of feeling compassion? Empathy? Does a robot have the ability to think critically? Are these important aspects of patient care? Can you be a nurse without them?

Nurses play a unique role in patient care. We occupy an intimate space between humans and machines, between humanity and technology. Our skill, compassion, and interventions are deeply imbedded in the patient-care delivery system.

So I ask you, as you get ready to embark on the journey of a lifetime, what will be the future of our profession? What will you do to shape that future?

Who... or what... is going to care for me in my twilight years?

## MICU nurse empowered by simple, human moments

**M**y name is Katherine Marshall, and I am a staff nurse on the Blake 7 Medical Intensive Care Unit (MICU). I have been a registered nurse for six months.

Ms. G was a 20-year-old woman with cystic fibrosis. She had received a bilateral lung transplant two years prior to admission and had spent some time in the MICU during that hospitalization. It is thought that Ms. G may have stopped taking her steroids prior to admission because she was struggling with body-image issues associated with excessive weight gain caused by the steroids. It was never determined if her illness began as a result of a discontinuation of her medications, or whether it

was caused by a high level of susceptibility due to her immunocompromised state brought on by medications.

Ms. G was admitted to a general care unit and then transferred to the MICU when her respiratory status declined and she needed to be intubated. We soon discovered she had an aspergillus infection in her lungs. She was placed on antibiotics, and CVVH was started to resolve her acidosis. When I first started caring for Ms. G, the healthcare team and Ms. G's family were hopeful that things could turn around.

I took care of Ms. G from Thursday through Sunday, and in those four days I saw her health status decline significantly as the outlook became more and

more grim. During those shifts, I spent a lot of time with Ms. G's family, talking with them and observing them. Her family included her mother, her father, and her father's wife. It was immediately evident that there was some tension between Ms. G's mother and father. I was told by Ms. G's primary nurse that they had divorced about a year ago and that there were still some unresolved issues between them. All family members were very civil to each other; however, it was clear that Ms. G's mother did not look to her ex-husband as a source of support, or vice versa.

I learned that Ms. G's mother was a nurse, and that she and her daughter were extremely close. When she told stories about Ms. G she beamed with pride and love. When Ms. G's friends came in to visit, her mother knew them all and talked with them like they were her own friends. She never left Ms. G's side, except when one of her friends came in and forced her to go get something to eat, or when she left for the night, usually right before I did at 11:00pm.

When I came in to work on Sunday, Mother's Day, things weren't looking good for Ms. G. Blood cultures showed



MICU staff nurse, Katherine Marshall, RN (left), and preceptor, Barb Sprole, RN

she was infected in all three of her lines. She was in full-blown septic shock. At this point, she was probably the sickest patient on the unit, and I knew it would be a very busy eight hours.

I also knew it was Mother's Day, and no matter how busy I was, Ms. G's mother was going to need some nursing interventions, too. I went in and said hello to Ms. G's mother and could tell right away that she understood things were not looking good for her daughter. She was tearful and subdued. I tried to make sure she was in the room for most of my shift and when she did have to wait in the waiting room while Ms. G's lines were changed, I went out to check on her and let her know what was going on.

I commented to my preceptor, Barb Sprole, that it was Mother's Day and I wished we had a card for Ms. G's mom. She immediately started making a Mother's Day card, and we got all the

nurses on the unit to sign it. This meant a lot to Ms. G's mother; she was very grateful to get it, and her mood improved somewhat after that.

Soon after, she decided to go home and try to sleep. Without even thinking I gave her a hug, and from the way she hugged me back I could tell it was just what she needed. I told her how very sorry I was and that I wished there was something I could say. She told me she felt confident leaving her daughter with us because she knew we were taking wonderful care of her. I knew I had done all I could.

When Ms. G's mother left, Barb came in and I sat down and cried. I cried because I realized that as a nurse, I could certainly make a difference in people's lives, but I couldn't take away their pain. At that moment, I felt powerless and helpless because I wanted this 20-year-old girl to live, and it was

*continued on next page*

### Summer Works Showcase

The MGH-Timilty Partnership cordially invites you to attend the annual Summer Works Showcase where summer interns from the Timilty Middle School will present overviews of their summer work experience at MGH.

**Thursday, August 8, 2002  
11:30am-1:00pm  
Main Corridor**

Summer Works is an employment program that offers graduating Timilty students part-time, paid internships that combine interactive workshops, discussions, and exposure to a professional work environment.

For more information, call the MGH-Timilty Partnership Office at 4-3210, or e-mail [timilty@partners.org](mailto:timilty@partners.org).

## MGH Workplace Education Program: *a celebration of achievement*

This event never fails to inspire. Every year when participants, organizers and supporters of the MGH Workplace Education Program come together to celebrate the accomplishments of MGH employees learning English as a second language, they leave feeling proud, impressed, and moved

by what they have witnessed. And this year's seventh annual celebration of achievement, held July 11, 2002, was no different.

Special guest speaker, Jean Elrick, MD, senior vice president for Administration, addressing a packed Walcott Conference Room, said, "I don't think anyone here

will disagree when I say that English is the most difficult language to learn. But fortunately for us, learning doesn't stop when we turn eighteen. Learning goes on forever. I am enormously proud of your hard work and your commitment to excel. Congratulations to each of you. Your presence and spirit and drive

enrich the environment in which we all work."

Outgoing instructor, John Kirk, acknowledged the accomplishments of many ESL students who have gone on to receive US citizenship, become managers, receive GED certificates, and scholarships. "And the program continues to grow," said Kirk, "from

six classes and sixty students two years ago, to ten classes and ninety-five students this year."

Kirk thanked the instructors, volunteers, the Jewish Vocational Service, who co-sponsors the program, and the Planning Evaluation Team for their continued support of the Workplace Education Program.



Jean Elrick, MD, guest speaker



Irma Beraud (left), future patient care associate, currently of Nutrition & Food Services, and Nazita Nicolas, unit service associate, Ellison 18, proudly display their certificates of completion.



A proud student reads her English writing exercise to the group

### Exemplar

*continued from page 6*

clear she wasn't going to, no matter what we did. Now, reflecting on the experience, as I have quite a few times, I know I felt powerless, not as a nurse, but as a human, because there are so many things we can't control. As a nurse, I feel empowered, because I have

a unique opportunity to be with people during times of extreme grief and loss and to offer kind words or a hug that might be just what they need. Even though I may not be able to change the outcome, I can make a difference in how they are supported through the experience.

Ms. G's parents decided to withdraw care

the next morning, and Ms. G died within a few seconds. Both her parents were with her and had a chance to say good-bye.

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

I was very impressed that Katherine, a new

graduate nurse, was so attentive to Ms. G's rapidly changing medical needs as well as the needs of her mother. Katherine understood it wasn't just Ms. G who was her patient.

When Katherine's preceptor suggested making a Mother's Day card, she was giving Ms. G's mother a tangible memento of this very special

time, a memento that hopefully will help her cope with this enormous loss. When Katherine spontaneously hugged her, that was a moment that happens in every nurse's career, a moment she will always remember, a simple, human, nursing moment.

Thank-you, Katherine.

## Advance directives: the role of collaborative governance in providing education

—by Ellen Robinson, RN, PhD; Regina Holdstock, RPh, BCPS, BCOP; Lin-Ti Chang, RN, BS, BC, CCRN; Maureen Thomassen, RN; Donna Slicis, RN, MS; Susan Warchal, RN, BS; Theresa Cantanno RN BS, Sharon Brackett RN BS, Marilyn Wise LICSW, Taryn Pittman RN MS, Pam Wrigley RN MS; Carol Harmon Mahoney, OTR/L, CHT

One of the purposes of collaborative governance is to support processes that improve the quality of patient care. Members of the Ethics in Clinical Practice Committee are committed to improving the processes that support ethical care, including but not limited to, care at the end of life. Toward that end, the Ethics Committee participated in two important activities this year to

bring education about advance directives and end-of-life care to MGH employees, patients, and visitors.

In preparation for the second annual Advance Directive Educational Booth, which was presented in May, 2002, the Ethics Committee held a special meeting in April to prepare committee members to staff the booth. Lin-Ti Chang, RN, and Maureen Thomassen,

RN, provided the group with background information and education on the use of advance direc-

tives. Carolyn Wood, Partners legal counsel, and Sally Millar, RN, director of the Office of Patient Advocacy, attended the meeting to provide expertise on legal and administrative questions related to advance directives.

This year, the Ethics Committee worked with the Patient Education Committee and the Blum Patient-Family Learning Center to plan and pre-

sent the annual Advance Directives Educational Booth on May 16th. Regina Holdstock, RPh, brought these three groups together and chaired the planning committee. Many new ideas were generated from the combined committee, including the use of a video on how to execute a healthcare proxy, and expanding the focus of the booth to include out-patients and visitors. Members of the Ethics and Patient Education committees staffed the booth, providing information and answering questions about this important topic. More than 1,000 packets of information on advance directives, donated by the Massachusetts Medical Society, were distributed throughout the course of the day. The Ethics Committee's "Consider This!" brochure was also available.

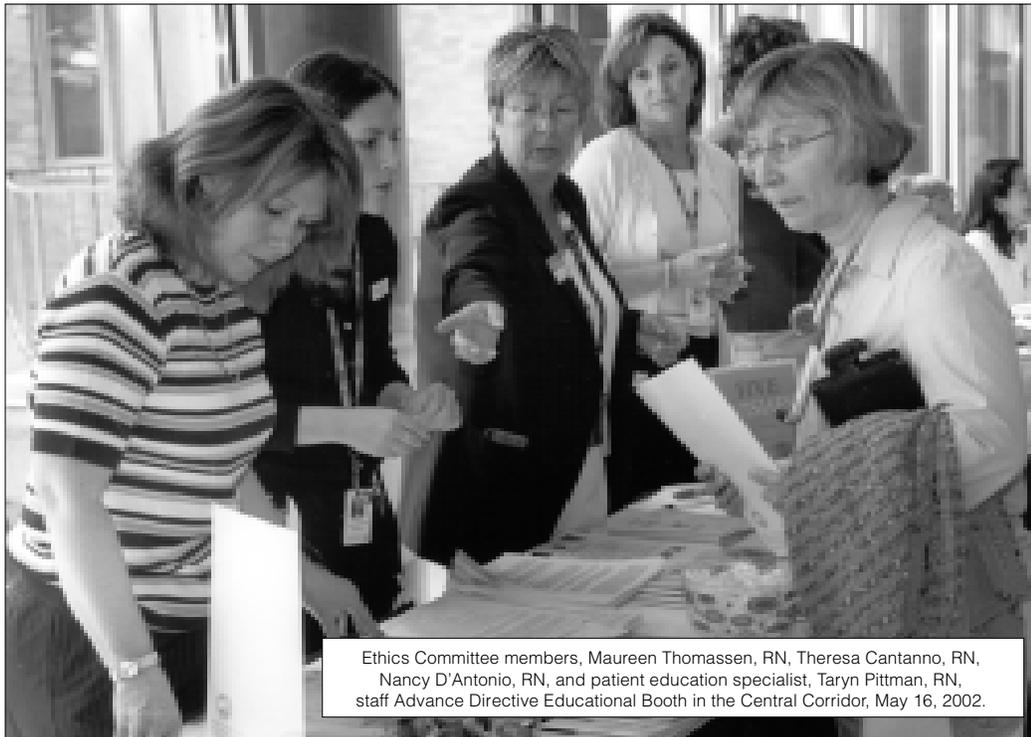
The Blum Patient-Family Learning Center provided a document called, *Five Wishes*, which helps individuals clarify their desires for care at the end of life. The Patient Education Committee provided an Internet Resource Guide that lists websites where people can go for on-line information about advance directives. By all accounts, the event was huge success.

Members of the Ethics and Patient Education committees report observing in their practice that which is supported in the literature:

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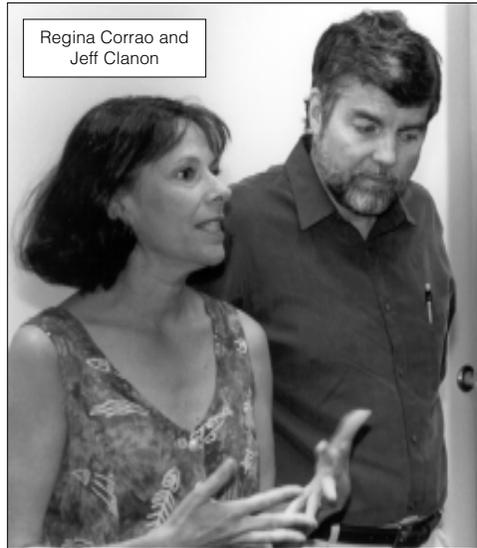


Lin-Ti Chang, RN (left), and Maureen Thomassen, RN, present at special Ethics in Clinical Practice committee meeting.



Ethics Committee members, Maureen Thomassen, RN, Theresa Cantanno, RN, Nancy D'Antonio, RN, and patient education specialist, Taryn Pittman, RN, staff Advance Directive Educational Booth in the Central Corridor, May 16, 2002.

## Younie receives 16th annual Ben Corrao Clanon Award



Linda J. Younie, RN, night staff nurse, Neonatal Intensive Care Unit

The 16th annual Ben Corrao Clanon Memorial Scholarship was presented to NICU staff nurse, Linda Younie, RN, at a small, heartwarming ceremony, on Thursday, July 11, 2002. The award was established in 1987 by Regina Corrao and Jeff Clanon as a way to honor their son, Ben's, memory and formally recognize the exemplary practice, commitment, and support of NICU nurses.

Younie is a 'permanent' night nurse and a skilled and valued member of the NICU team. In a letter of recommenda-

tion, a colleague wrote of Younie, "Linda builds trust with her knowledge and skill, and gives hope and strength through the compassion and care she shows the child and family. She understands the fear and worry that families experience. Her sensitivity to issues of cultural diversity allows her to create an environment that is welcoming and inclusive."

Said nurse manager, Peggy Settles, RN, "Linda is one of those unsung heroes, performing little miracles in the middle of the night; quietly helping families care for families."

Accepting the award, Younie commented, "I remember once someone described my practice as 'invisible,' and I thought, 'That's not quite right.' But what we do as nurses is so intimate, so private, and so privileged, maybe it should be invisible." She thanked Corrao and Clanon for their continued support of NICU nursing.

Said Corrao, "You do God's work, and we are so grateful. The special little things you do, the cherished memories you gave us, we will carry them in our hearts forever."

## Ethics: Advance Directives

*continued from previous page*

end-of-life decisions can be a burden for those serving as healthcare proxies, and frequently, proxies' decisions differ from the patient's. That's why having an advance directive is

so important. Individuals who have advance directives have the opportunity to clarify for family members and healthcare providers the path they would choose if they were able to

speak for themselves at the end of life.

The Ethics Committee and the annual Advance Directive Educational Booth are important resources for MGH employees, patients, and visitors. For more information about advance directives, please contact Ellen Robinson at 4-1765.

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### Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.**

Caring Headlines cannot guarantee the inclusion of any article.

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by fax: 617.726.8594

or by e-mail: ssabia@partners.org

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## Restraint use: frequently asked questions

Our mission is to provide the highest quality patient care in an environment that is safe for all patients, families, visitors, and employees. MGH is committed to maintaining the rights, dignity, and well-being of all patients, which includes a minimal use of restraint and seclusion.

This is the first in a series of articles in *Caring Headlines*, highlighting some frequently asked questions about our restraint policy and the clinical decision-making that drives our use of restraints.

**Question:** Is a side rail considered a restraint?

**Answer:** If a patient is in a hospital bed with the side rails raised and the rails restrict the patient's voluntary movement, and the patient can't easily remove or release them, then the side rail is considered a restraint. In this instance, an order for restraint must be written.

In some hospital beds, patients are able to lower the side rails themselves. If the patient is able to easily lower the side rail independently, it is not considered a restraint.

**Question:** Is the use of raised side rails on stretchers in the Emergency Departments and during patient transport considered a restraint?

**Answer:** If the patient is on a stretcher (a narrow, elevated, mobile cart used to transport, evaluate, or treat patients), there is an increased risk of falling from the stretcher without raised side rails due to the narrow width and high mobility.

Since stretchers are elevated platforms, the risk of injury due to a fall is significant. Therefore, the use of side rails on stretchers in the Emergency Department or when transporting patients is not considered a restraint, but a prudent safety intervention. Such use would not require a physician or licensed independent practitioner order.

### Attention clinicians

#### Important facts about revised restraint policy

MGH is committed to maintaining the rights, dignity, and well-being of all patients. We limit the use of restraints to clinically appropriate and case-by-case, individually justified situations.

	<b>Non-emergent use of restraint in medical and post-surgical care</b>	<b>Emergency use of restraint in behavioral management</b>
Patient assessment	There must be a nurse-physician discussion prior to restraint application.	Physician must assess patient <i>face-to-face</i> , within 1 hour of restraint application.
Physician order	Physician order must be written <i>prior to</i> application of any restraint. The order must include the reason and a time limit for restraint use.	Physician order must be written <i>within</i> 1 hour of application of restraint. The order must include the reason and a time limit for restraint use.
Automatic expiration	24 Hours	4 hours: if patient is 17 years old or older 2 hours: if patient is 9–17 years old 1 hour: if patient is younger than 9 years old
Renewal	Physician must reassess patient and write order <i>within</i> 24 hours of last order for application of restraint.	Nurse must reassess patient every 4 hours. Nurse may telephone physician for renewal order at 4-hour intervals for up to 24 hours, recording the order as a telephone order.  Physician must reassess patient <i>face-to-face</i> , and write new order at 24 hours.
Documentation	Nurse must record assessment on flow sheet every 2 hours.	Nurse must record behavior on flow sheet every 15 minutes.  Nurse must record assessment on flow sheet every 2 hours.

### Call for Portfolios

#### PCS Clinical Recognition Program

The Patient Care Services Clinical Recognition Program is now accepting portfolios for advanced clinicians and clinical scholars. Portfolios may be submitted at any time; determinations will be made within three months of submission. Refer to the <http://pcs.mgh.harvard.edu/> website for more details and application materials, or speak with your manager or director.

Completed portfolios should be submitted to The Center for Clinical & Professional Development on Founders 6.

For more information, call 6-3111.

### Special orientation for employees for whom English is a second language

Human Resources now offers an orientation program for employees whose primary language is not English. The program is offered twice a month, and is designed to ensure small sessions for greater individualized attention and adequate explanation of subject matter.

Enrollment is optional

For more information, contact your HR generalist, or visit <http://is.partners.org/hr/training/mghorientation.html>

# Educational Offerings

August 1, 2002

When/Where	Description	Contact Hours
August 14 8:00am–4:30pm	<b>Preceptor Development Program: Level I</b> Training Department, Charles River Plaza	7
August 14 8:00am–2:30pm	<b>Mentor/New Graduate RN Development Seminar I</b> Training Department, Charles River Plaza	6.0 (mentors only)
August 14 1:30–2:30pm	<b>OA/PCA/USA Connections</b> “Care of the Elderly.” Bigelow 4 Amphitheater	---
August 15 1:00–2:30pm	<b>The Joint Commission Satellite Network presents:</b> “Preventing Medication Errors: What’s New and What Works.” Haber Conference Room	---
August 15 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK 401 (No BLS card given)	---
August 15 1:30–2:30pm	<b>Nursing Grand Rounds</b> O’Keeffe Auditorium	1.2
August 19 7:30–11:30am, 12:00–4:00pm	<b>CPR—American Heart Association BLS Re-Certification for Healthcare Providers</b> VBK 401	---
August 26 8:00–11:30am	<b>Intermediate Arrhythmias</b> Wellman Conference Room	3.9
August 26 12:15–4:30pm	<b>Pacing : Advanced Concepts</b> Wellman Conference Room	5.1
August 27 (and September 19) 8:00am–4:15pm	<b>Neuroscience Nursing Review 2002 (Day 1)</b> BWH	TBA
August 28 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
September 3 8:00am–4:30pm	<b>Chemotherapy Consortium Core Program</b> Wolf Auditorium, NEMC	TBA
September 4 8:00am–4:00pm	<b>CVVH Core Program</b> VBK601	6.3
September 5 7:30–11:30am, 12:00–4:00pm	<b>CPR—American Heart Association BLS Re-Certification for Healthcare Providers</b> VBK 401	---
September 5 1:30–2:30pm	<b>Nursing Grand Rounds</b> O’Keeffe Auditorium	1.2
September 6 8:00am–4:30pm	<b>Heart Failure: Management Strategies in the New Millennium</b> O’Keeffe Auditorium	TBA
September 6 8:00am–4:30pm	<b>OA Preceptor Development</b> Training Department, Charles River Plaza	---
September 10 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK 401 (No BLS card given)	---
September 11 8:00am–2:30pm	<b>Mentor/New Graduate RN Development Seminar I</b> Training Department, Charles River Plaza	6.0 (mentors only)
September 11 1:30–2:30pm	<b>OA/PCA/USA Connections</b> Bigelow 4 Amphitheater	---

For detailed information about educational offerings, visit our web calendar at <http://pcs.mgh.harvard.edu>. To register, call (617)726-3111.  
For information about Risk Management Foundation programs, check the Internet at <http://www.hrm.harvard.edu>.

## Heffernan

*continued from front cover*

spirit meet. It is the center of love and compassion and thoughtfulness... and laughter!

She urged clinicians to surround their patients with love, the way her caregivers did. "Listen to your intuition," she said. "If there's kindness in your heart, you'll always do right by your patients."

A self-proclaimed advocate for women's health, Heffernan took the opportunity to inform the audience that 500,000 women die each year from heart disease. "That's the equivalent of the entire female population of my home state of Maine," she said. "We need to do more to educate women about heart disease."

Several of Heffernan's caregivers were on hand to share their observations



Dorothy Bowers



Jack and Deb Heffernan

about Heffernan's journey. Joanne Sawyer, RN, staff nurse in the Cardiac ICU, spoke about the importance of teamwork and collaboration. "It really does take a village," she said, "to create an optimal environment for patients to move from acute illness to recovery."

Staff nurse Dorothy Bowers, RN, who was a critical care technician during Heffernan's hospitalization, recalled

many of the moments she had shared with Heffernan. "There are always hills and valleys in the journey to recovery," said Bowers. "I'm proud to have shared those times with Deb. I still carry those moments in my heart today; they help me to be a better nurse."

Former Ellison 8 staff nurse, Deb Skoniecki, RN, spoke about the 'connection' she

formed with the Heffernans and how it affected her practice. Said Skoniecki, "It's okay to connect with our patients on a personal level—it is a virtue. As we helped Deb heal, she and Jack helped us grow as individuals and as professionals."

Clinical nurse specialist, Susan Stengrevics, RN, looked at the care the Heffernans received from the perspective of several nurse theorists,

including Virginia Henderson, Carol Gilligan, Patricia Benner, and others. Said Stengrevics, "Each of Deborah's caregivers accompanied her on a journey from near-catastrophic illness to recovery. Each of these clinicians established a caring connection with the Heffernans in a way that left an enduring impression on all concerned. And each clinician reflected on how their contribution to Deb's care in turn contributed to their own personal and professional growth and development."

In closing, Heffernan shared that she had just celebrated her 50th birthday. Said Heffernan, "I don't think any woman has ever been so happy to turn fifty! Our sincerest thanks to everyone who made our stay at 'Hotel MGH' so 'normal.'"

# Caring

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