

Caring

December 19, 2002

HEADLINES

Advance directives: true life stories ... and *Action!*

Members of the Ethics in Clinical Practice Committee present an educational play focusing on advance directives.
(See story on page 8)



Members and supporters of the Ethics in Clinical Practice Committee acting troupe are (l-r; standing): Father Philip McGaugh; Theresa Cantanno, RN; Pamela DiMack, RN; Sally Morton, RN; Lin-Ti Chang, RN; (and seated): Ellen Robinson, RN; Susan Warchal, RN; Regina Holdstock, RPh; and Linda Ryan, RN.

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MGH Patient Care Services
Working together to shape the future

2002: it was a very good year!

This is one of my favorite times of year. Not just because of the holidays and a renewed sense of good will, but because the end of the year is always a time of reflection for me, a time to look back and assess the events of the past twelve months.

I don't have to tell you that MGH is busier than ever! Our admissions are up almost 30% from 1996. Acuity is higher, average length of stay is lower, clinicians and support staff in inpatient and outpatient settings are working harder than ever before. Yet we continue to provide the highest quality patient care and enjoy a low rate of employee turnover. We are thriving at a time when many other hospitals are feeling the sting of critical shortages. We're doing something right!

Our 2002 Staff Perceptions of the Professional Practice Environment Survey indicate that 89-90% of clinicians within Patient Care Services are satisfied or very satisfied with the practice setting at MGH. This is testament to our strong departmental and unit-based leadership, to the effectiveness of our collaborative governance system, and to a flexible and responsive management team.

I personally think that employee satisfaction at MGH is also driven by pride—pride in the quality of care we provide, pride in our commitment to excellence, and pride in the outcomes we achieve every day.

One area that gives me a great deal of pride is diversity. I have seen this hospital evolve into an internationally welcoming and culturally competent institution. I have seen clinicians take the initiative to educate themselves about the beliefs, traditions and practices of patients and families from other backgrounds. I have seen employees of all cultures and religions come together in prayer and support during difficult times. And I have seen patients and families from other countries become increasingly comfortable in our care.

Formally, our diversity initiative continues to expand with more and more staff completing our culturally competent care curriculum; implementation of our foreign-born nursing program, our Diversity Leadership Fellowship, our pipeline program with Roxbury Community College, and our MGH-UMass Boston initiative.

Research continues to be a primary focus,

reinforcing our commitment to evidence-based practice. In addition to our annual Yvonne L. Munn Research Lecture and awards, we recently instituted the Yvonne Munn Post-Doctoral Nursing Fellowship Program, doctoral seminars, and a visiting professor program.

2002 saw the implementation of our new clinical recognition program. Staff had long identified professional recognition as a factor in satisfaction, so after much hard work, reflection, and learning, we developed and implemented a meaningful program that recognizes the contributions of clinicians at all levels of practice.

We have embarked on an ambitious recruitment and retention campaign to ensure that we continue to attract the best and brightest clinicians throughout the impending shortage. Our strategy includes a media image campaign, open houses, The Employee Referral Program, our new website, an increased presence in professional publications, and the publication of our clinical narrative anthology (in process).

We have enjoyed so many outcomes this year. We hired more than 800 new clinicians



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

and support staff; we launched a quality and safety agenda for patients and staff; and we awarded the first two Anthony Kirvilaitis, Jr. Partnership in Caring Awards to support staff within Patient Care Services

Because we have so successfully positioned ourselves as the 'employer of choice' in the healthcare arena, we are in the process of seeking recognition as a Magnet hospital. This prestigious certification is formal recognition of the commitment, collaboration, and excellence that has become the hallmark of practice at MGH.

Truly, our accomplishments are too numerous to list. As individuals and as teams, you make a difference in the lives of our patients every day with your presence and your compassion. Your work is visible, important, and caring. As I look back on 2002, I see a year of

success, a year of great fulfillment, and a year that should make you all very proud. I know I am.

Updates

As Annette Levitt, RN, former nurse manager of White 8 and 10, transitions to her new role in the Anticoagulation Management Unit, Eileen Flaherty, RN, nurse manager, Bigelow 11, will assume interim accountability for White 10, and Adele Keeley, RN, nurse manager, Blake 7, will assume interim accountability for White 8.

Eileen and Adele will work closely with clinical nurse specialists, Susan Kilroy, RN, (White 10), Beth Nagle, RN, (White 8) and Marliese Palank, operations coordinator for both units.

We are working with Human Resources to identify permanent management for these units, and I will keep you informed of our progress.

Renovation of the Charles Street-MGH subway station

Question: When is the Charles Street-MGH subway station going to become accessible to individuals with disabilities?

Jeanette: The MBTA has been mandated to provide accessibility for disabled passengers at all subway stations in-

cluding the Charles Street-MGH station on the Red Line. Renovations are scheduled to begin in the spring of 2003 and be completed by spring, 2005.

Question: Will the Charles Street-MGH station be closed during construction?

Jeanette: The new station will be constructed adjacent to the current one, allowing for the station to remain open during construction.

Question: Will there be a tunnel or overpass connecting the station to the new Yawkey Center for Ambulatory Care?

Jeanette: There will be pedestrian crosswalks at ground level equipped with timed traffic signals to allow for safe passage between the station and the Yawkey Center.

Question: I heard that MGH is contributing funding for construction of the new station. Does that mean we're part owners?

Jeanette: MGH has committed \$2.5 million to this project, which equals approximately 10% of the total cost of renovation. This generosity, however, does not give MGH any special rights or ownership of the station. The MBTA has taken our patients' and employees' needs into consideration in the design of the station.

Medication system updates and initiatives

—by Suzanne Algeri, RN and Steve Haffa, RPh

Feedback from the *Staff Satisfaction with the Medication System Survey* and other sources shows there are still some concerns around the transfer of medication from the Pharmacy to units in some situations. The Pharmacy Nursing Performance Improvement Committee (PNPIC) is implementing several initiatives to address these issues.

A drug utilization analysis has been conducted of all Omnicell systems, which has allowed nurse managers and the liaison pharmacist to make adjustments to some par levels. This has led to an increase in the number of doses stocked in cabinets, which means that more medications are available immediately. Quarterly reviews will continue, and additions and deletions will be made as needed.

Obtaining medications not stocked in Omnicell was one of the most consistent issues mentioned in the survey. Operations coordinators (OCs) are working with operations associates (OAs) to ensure that medications are placed in patient bins in a timely manner. Operations associates should:

- label patient-specific bins with patients' names
- place initial supply of 5-day medications received by pneumatic tube in patient's bin
- send medications with patients when transferred
- return medications to the Pharmacy upon discharge

Staff should know that three hours is the current standard for turn-around time for a new medication not stocked in Omnicell.

Using Standard Medication Administration Times (SMATs) guidelines, the first dose of the medication should be administered as soon as it arrives on the unit. Subsequent doses should be scheduled on SMATs using the 50% rule, unless contraindicated for the patient or medication. The use of SMATs ensures that Nursing and Pharmacy have the same expectation for when a drug needs to be on the unit.

A pharmacist must be paged for all stat medications. The nurse and pharmacist will decide together how best to get the medication as quickly as needed. Understanding this process will avoid unnecessary calls to the Pharmacy, minimize frustration for nurses, and decrease interruptions for the Pharmacy so that processing can occur in a timely manner.

In January, a Pharmacy Helpline will be implemented to assist staff in addressing medication issues. Specially trained customer service technicians will staff the line and should be able to quickly and efficiently resolve issues; and a pharmacist will always be available if needed. More details about the Helpline will be forthcoming.

Response to the Staff Satisfaction Survey was very helpful in identifying concerns about turn-around times and other issues. Re-

sults have been tabulated and will be reviewed by the appropriate committees, and a plan is being developed to address unit-specific issues.

The PNPIC appreciates the responses of the 439 staff members who completed the survey and the thoughtful nature of their comments. The committee is committed to ensuring the highest quality medication-distribution system, and we welcome your feedback. For more information, call Suzanne Algeri at 4-5010, or Steve Haffa at 6-2503.

The Pharmacy Nursing Performance Improvement Team

Co-Chairs:

Suzanne Algeri, RN,

Steve Haffa, RPh

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Ray Mitrano, RPh

George Reardon

Complementary and alternative medicine: educating ourselves and our patients

—by Donna Slicis, RN,
Patient Education Committee

On November 22, 2002, the PCS Patient Education Committee in conjunction with the Center for Clinical & Professional Development, sponsored a conference entitled, “Complementary and Alternative Medicine: Educating Ourselves and Our Patients.”

David Eisenberg, MD, director of Harvard Medical School’s Osher Institute for

Complementary and Integrative Medicine, delivered the keynote address, providing an overview of the history, current status, and future trends of complementary and alternative medicine. According to Eisenberg, approximately 59% of all adults in the United States received at least one form of unconventional therapy between 1990 and

1997. He spoke of a future where complementary and alternative medicine will become integrated with conventional medicine. Ongoing research will help caregivers differentiate between safe and effective complementary therapies and those that are less safe and effective; and research will help caregivers determine which patients would most benefit from different therapies. Eisenberg encouraged healthcare providers to discuss with their patients any complementary or alternative therapies they may be using because some herbs and supplements can render traditional medicines less effective, and even dangerous. The National Institutes of Health support more than 200 studies involving complementary and alternative therapies. (More information is available at: www.nccam.nih.gov).

Kate Ulbricht, PharmD, senior attending pharmacist at MGH, spoke about the importance of applying evidence-based principles to complementary and alternative medicine. She discussed strategies for locating reliable information about comple-

mentary and alternative medicines. She presented information from the Natural Standard Research Collaboration, which rates reliability, effectiveness, and precautions for many complementary and alternative medicine products on the market today. Ulbricht stressed the importance of maintaining product standards and reliable study methodologies for complementary and alternative therapies. She presented three case studies of patients who were combining traditional drugs with complementary and alternative thera-

pies, noting combinations of medications that were safe versus higher-risk combinations. She discussed potential drug interactions, clinical evidence for continued use of complementary and alternative therapies, adverse effects, and appropriate dosing. She emphasized the importance of knowing all medications that a patient is taking.

May Pian-Smith, MD, OB/GYN anesthesiologist, spoke about acupuncture. She discussed the mechanics, theories, and principles of acupuncture, report-



Complementary and alternative medicine

continued from previous page

ing that properly performed, acupuncture rarely results in complications or adverse side-effects. Effective acupuncture helps with the 'balancing of energy' and has been effective for chronic and acute pain, fatigue, and depression.

Amanda Coakley, RN, PhD, staff specialist, presented an overview of Therapeutic Touch (TT), explaining that it was developed

by nurses, Dolores Krieger and Dora Kunz. Therapeutic Touch is a process of energy exchange by which the energy of the patient is re-patterned in the direction of health. The energy exchange is beneficial to both the recipient and the provider. Though the provider's hands are used to facilitate the energy exchange, the provider never actually touches the patient during the

treatment. Coakley explained that providers of Therapeutic Touch need to remain centered and focused while administering Therapeutic Touch. (More information on Therapeutic Touch can be found at: www.therapeutic-touch.org.)

Patricia Reilly, RN, program manager for Integrative Care at BWH, presented an overview of meditation, relaxation and guided imagery. Reilly emphasized the importance of keeping the body in balance and managing stressors. Mindful meditation,

breathing techniques, and guided imagery, said Reilly, can lead to an improved sense of well-being and relaxation.

Margie Levine, LICSW, provided a patient's perspective on integrating conventional and alternative treatments in caring for cancer patients. She shared the treatment choices she made in her journey as a cancer patient. Levine described herself as 'the team leader' of her care as she told how she worked with her doctors to establish an integrated approach to her own healing. Her

experience as a patient brought her to believe that patients have a right to treatment that is inclusive; that a team approach is best; and that there is much to be gained by

keeping an open mind to the endless possibilities of what can be healing. For more information about any of these topics related to complementary and alternative medicine, visit: The Blum Patient and Family Learning Center in the Main Corridor (4-7352); www.mgh.harvard.edu/dept/pflc

The MGH Cancer Resource Room in the Cox Lobby (4-18220) www.cancer.mgh.harvard.edu/resources

The National Center for Complementary and Alternative Medicine (NIH): www.nccam.nih.gov

CAM on Pubmed at www.nlm.gov/nccam/camonpubmed.html

Or call Carol Mahony, OTR/L, co-chair of the Patient Education Committee, at 724-8162.



Conference attendee and Therapeutic Touch (TT) volunteer (seated), describes what she experienced during TT demonstration conducted by Mandi Coakley, RN, staff specialist and TT practitioner.

The Employee Assistance Program

Work-Life Lunchtime Seminar Series presents

"Basic Budgeting"

Presented by
Consumer Credit Counseling

This seminar will offer guidance on how to assess your current financial situation, gain financial control, and get out of debt.

Thursday, January 9, 2003
12:00-1:00pm
Wellman Conference Room

(Repeated January 15th in the Thorn Conference Room at BWH)

For more information, please contact the Employee Assistance Program (EAP) at 726-6976.

Caring for a colleague and friend

The summer of 2000 was extremely busy and stressful for staff on the Endoscopy Unit. The unit had experienced a substantial increase in patient volume that required everyone to pull together and share the workload. And it was during this time that one of our most experienced, fun-loving, humorous, and cherished colleagues became ill. It turned out to be a catastrophic illness that ultimately led to her death.

Marci Christensen, RN, had suffered from Crohn's disease for 30

years. During the summer of 2000 she experienced an increase in flare-ups. Prednisone is the first line of treatment for Crohn's disease, and it can have many side-effects. The ones Marci hated most were the mood changes, cushnoid (sometimes called 'moon face'), and weight-gain. She had tried other treatments (Remicade and Immuran) but with no success. It was particularly difficult for Marci because she cared for patients with Crohn's disease in the Endoscopy

Unit, and most of those patients benefited from treatment. Unfortunately, Marci didn't.

Marci had a flexible sigmoidoscopy in May of 2000, and at that time, there was some evidence of abnormality. Biopsies were taken and the results were negative. But Marci continued to experience fatigue, abnormal lab values, and myalgia. She underwent another flexible sigmoidoscopy in September. It was then that a mass was found, biopsies were taken, and a diagnosis was

confirmed. We were all devastated to learn that the diagnosis was rectal cancer.

Marci was a very private person. Few of her colleagues knew of her chronic illness. She had always received care at another institution. This diagnosis gave Marci an opportu-

nity, welcome or not, to open up to her friends. She knew she had a difficult time ahead; time that could be made easier with the help of colleagues and friends. Marci was facing a colostomy, chemotherapy, and radiation. She transferred her care to MGH where further tests revealed metastatic cancer. As a group, we attempted to gather support and understanding together to assist Marci with her needs and to care for ourselves as a nursing team.

Radiation and chemotherapy were on the horizon. Through it all, Marci was the strong one. She continued to joke and be her same old sarcastic self, but she confronted her illness. She often said, "It's hard work to die," or, "It's not death I mind, it's the dying." Despite everything, she planned a trip to France. She looked forward to it, and when she returned, she couldn't wait to share her experiences

continued on next page



(Photo provided by staff)

Marci Christensen



Endoscopy nurses, (l-r; standing): Sandy Hession, RN; Carol Shea, RN; Janet Roche, RN; (and seated): Kathy Tiberii, RN; Jane Harker, RN; and Carol Perrone, RN.

Exemplar

continued from page 6

with everyone: the food (Marci was the one everyone went to for restaurant recommendations) the museums, and the scenery, which she thoroughly enjoyed.

Soon after her return, Marci's prognosis worsened and her condition started to spiral downward. The cancer had spread. More chemotherapy was planned and palliative radiation for the bone metastasis. Her pain was getting worse, and management of it was difficult. At the suggestion of our new nurse manager, Angelleen Peters-Lewis, we met as a group (nurses and doctors) with counselors to discuss our feelings and how we might assist Marci with what was yet to come. We were concerned with how Marci would accept our input. We knew she needed to be the director of her own care.

As a group, we decided which tasks we could take on while still working and caring for our own families. One nurse volunteered to be the coordinator so that Marci wouldn't be besieged with phone calls. We set up a schedule of Marci's treatments and appointments. Her sister was very involved with her care, and we coordinated our schedules with hers. Each day one of us was able to take her to appoint-

ments, therapy sessions, or just make her a meal. Family and friends supported her throughout her entire course of treatment.

At the same time, newer staff who didn't know Marci as well as we did, would take our shifts and cover for us on their days off. It was so inspiring to see our entire staff come together to support each other.

One staff member attended a pain-management course specifically to gain knowledge about resources available at MGH. Annabel Edwards, RN, from the Pain Control Unit was extremely helpful in assisting Marci to achieve her goal of remaining lucid and reasonably pain-free.

Another member of our team attended family meetings. We kept each other informed of updates and concerns via e-mail.

As Marci's pain-control improved, she planned a farewell party, which she called, 'Carpe Diem.' This gave us a chance to meet her other friends and family members from out of state. We were a little afraid of 'the party.' Would it be a wake? Would we spend all evening crying? It was with great trepidation that we attended. But our fears were quickly put to rest when we were met by music, food enough for an army, and an atmosphere of celebration. And indeed,

it was a celebration... of our friendship. Marci's wittiness surfaced when one of the musicians asked if she'd like to hear the harp. To which she replied, "Under the circumstances, I'd rather not!"

Later that summer, a small gathering was held at the home of a nurse colleague. It was a pool party on a beautiful June afternoon. Marci arrived in a BMW convertible after touring the north shore with a longtime friend. She was so happy. It is a wonderful memory for those of us who attended.

Fifteen months after being diagnosed, Marci lost her battle.

Unbeknownst to us, Marci had requested that her service be held at the MGH chapel. Her sister asked if we would plan her memorial service. As a group, we needed to grieve, but that would have to wait. None of us had any experience planning a memorial service, so we sought the assistance of chaplain, Mike McElhinny. We reserved the Chapel, booked the Walcott Conference Room for a reception, then started work on the program. Again, we divided the tasks: one person ordered food, others designed a cover for the program, and those who wanted to speak began writing. Our secretary typed and printed the programs.

In hindsight, what seemed like a complete-

ly overwhelming task at the time, actually proved to be a wonderful experience that helped us start the grieving process.

Marci was our clinical scholar despite the fact that she never got to apply to the Clinical Recognition Program. As a staff, we are planning a "Marci Christensen Annual Memorial Lecture." Through this endeavor we hope to preserve Marci's memory for those who were not fortunate enough to know her.

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

How many of us spend 8 to 12 hours a day with members of our own family? Probably not many of us. But we spend that much time or

more with our colleagues and co-workers all the time. Truly, the people we work with become our family.

This narrative, describing the care these nurses provided for Marci is both poignant and uplifting. When Marci became sick they did what families do—they were there for Marci and they were there for each other. They brought the same commitment, organization, and compassion to the care of their friend as they bring to their practice every day. And they were able to share a very special time with Marci.

End-of-life care can be frustrating, exhausting, and emotionally draining. But as this team of nurses showed us, it can also be a rewarding and memorable experience. Thank-you.

Nursing Career Expo

Human Resources invites you to learn more about nursing at MGH, including opportunities for staff nurses (experienced and new graduates), clinical nurse specialists, patient care associates, and surgical technologists.

**Thursday, January 16, 2003
1:00–7:00pm
Wellman Conference
Room**

The Center for Clinical & Professional Development will provide a one-hour continuing education session to participants of the Expo. The session is free, and 1.2 contact hours will be awarded.

For more information, contact: Megan Brown (mcbrown@partners.org) at 726-5593 or fax: 726-6866.

Advance Directives: True Life Stories

—by Ellen Robinson, RN,
clinical nurse specialist in ethics

The Ethics in Clinical Practice Committee (EICPC), addressing the need for education around advance directives, has sponsored a number of educational offerings in

the past two years. But on November 21, 2002, the committee provided education in a slightly different format. An innovative idea and a little creativity led to

the Ethics Committee's presentation of a play called, *Advance Directives: True Life Stories*. Regina Holdstock, RPh, veteran member of the committee and oncology pharmacist, wrote and directed the performance in which committee members acted out parts in a 'fictional yet realistic life story.' The play shed light on many of the barriers that patients, families, friends, and clinicians encounter in securing advance directives, and it addressed the end-of-life questions that arise when no advance directive is in place.

In addition to the action 'on stage,' information was shared by narrator (explainer), Lin-Ti Chang, RN, who provided pragmatic details in voice-overs that augmented the scenario that had just been played out. Other information was shared by Theresa Cantanno, RN, (the thinker) who gave insight into what each character was thinking as the action unfolded.

Susan Warchal, RN, played Helen Newfield, a patient who had come to MGH for cataract surgery. Chaplain, Phil McGaugh, played Helen's physician, Dr. Winston; Sally Morton, RN, played nurse Goodman (not an artistic stretch); and Linda Ryan, RN, played the role of Helen's long-time friend and confidant, Fran

Daley. Conflict was introduced in the form of Pamela DiMack, RN, who played Helen's estranged sister who ultimately became her healthcare proxy because no advance directive had been put in place.

The performance was a springboard for interactive discussion about the ethical issues surrounding advance directives. Following the play, director, Holdstock facilitated a question-and-answer period.

Rumors of a Toni Award have been circulating, and the committee may plan an encore performance! For more information, contact Ellen Robinson, clinical nurse specialist in ethics, at 4-1765.



Above: chaplain Phil McGaugh, Susan Warchal, RN (seated); and Theresa Cantanno, RN, in a scene from *Advance Directives: True Life Stories*.

At right: Following the performance, cast members (l-r): Sally Morton, RN; Linda Ryan, RN; Theresa Cantanno, RN; Pamela DiMack, RN; and Regina Holdstock, RPh, field questions about the issues surrounding advance directives.



Improving patient education for heart-failure patients

—by Diane Carroll, RN, clinical nurse specialist
and Paul Nordberg, project specialist, CCMU

MGH and other Partners hospitals are participating in an initiative that highlights the collaborative work of nurses and physicians to improve the quality of care for heart-failure patients. The initiative focuses on the patient education provided to heart-failure patients upon discharge.

Ensuring that patients can care for themselves after leaving the hospital is an important aspect of care for heart-failure patients. Nurses play a pivotal role in patient education, and the JCAHO has recognized this by incorporating patient education as a measure of qua-

lity of care for heart-failure patients. Through the collaborative effort of nurses and physicians, heart-failure patients at MGH receive the most appropriate educational information based on their medical assessment to enable them to manage their care at home after discharge.

Many of the discharge instructions given to heart-failure patients are similar to those given to other patients: information about medications, follow-up appointments, progression of activities, and when to call the physician about worsening symptoms. But heart-failure patients require

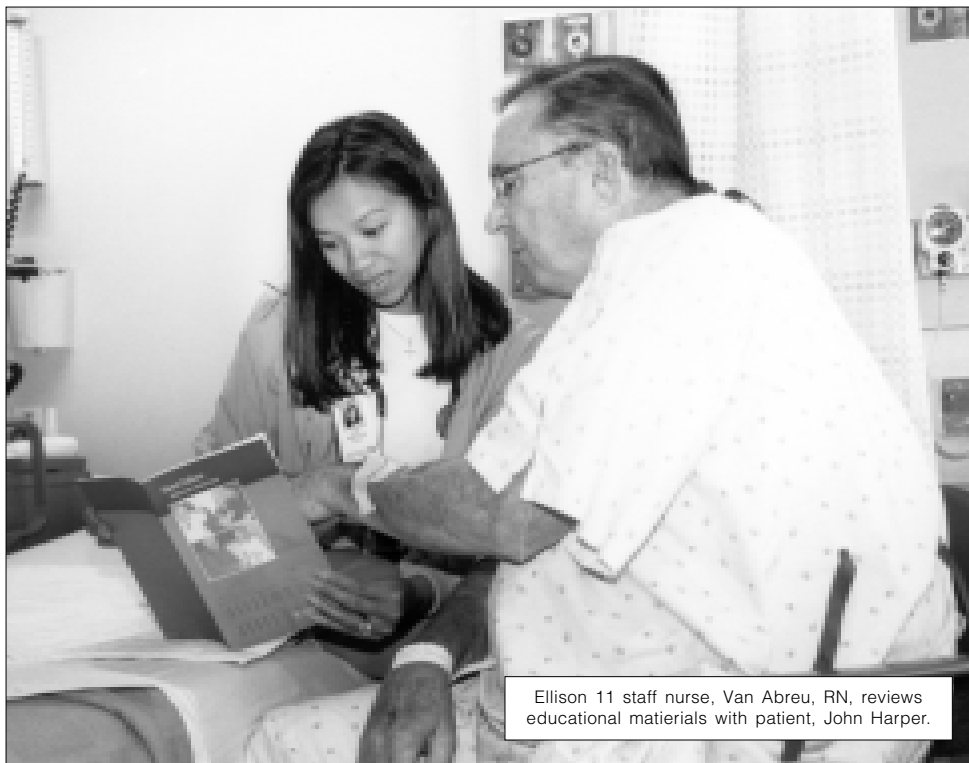
additional education around daily weight monitoring and dietary restrictions (low-sodium).

New and revised educational materials have been prepared and are available on medical units and on-line in the Partners Handbook. Nurse managers and clinical nurse specialists should be consulted to help staff locate and use the appropriate materials.

To monitor the effectiveness of the program, a quality team reviews the discharge instructions included in the medical records of all heart-failure patients.

Diane Carroll, RN, clinical nurse specialist, says, "Taking advantage of these materials will improve the quality of care for our heart-failure patients and reinforce the standards of excellency by which we practice."

For more information, call Diane Carroll at 4-4934.



Ellison 11 staff nurse, Van Abreu, RN, reviews educational materials with patient, John Harper.

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January 2, 2003



Hiring individuals with disabilities

The MGH Human Resources Department was well represented at the December 5, 2002, Nursing Grand Rounds that focused on, "Hiring Individuals with Disabilities." The presentation, co-sponsored by the PCS Diversity Steering Committee and Oswald Mondejar, Human Resources manager, was part interactive exercises, part slide show, and part opportunity to reassess our misconceptions about disabled individuals in the workplace.

The session began with an informal game of Tic-Tac-Toe that was really a springboard for

discussion with questions like, "What are four reasons businesses are beginning to focus on disability in the workplace?" and, "True or False: a person with schizophrenia is always considered disabled under the Americans with Disabilities Act?"

Presenters, Kathleen Petkauskos and Vincent Licenziato, of Resource Partnership, provided insight and information about some common issues that arise when employing individuals with disabilities.

Often, individuals with disabilities require special accommodations in order to perform certain work-related tasks.

"Providing accommodations does not mean lowering standards," said Licenziato. "It's not expecting less of someone; it's just thinking about different ways to accomplish a task at the same level of quality." As an example, he offered the situation where a person might not be able to lift a parcel to transport it; but she might be able to drag the package, accomplishing the same objective.

Petkauskos added that making tasks and facilities accessible to all doesn't necessarily mean making them accessible for one specific person. Frequently,

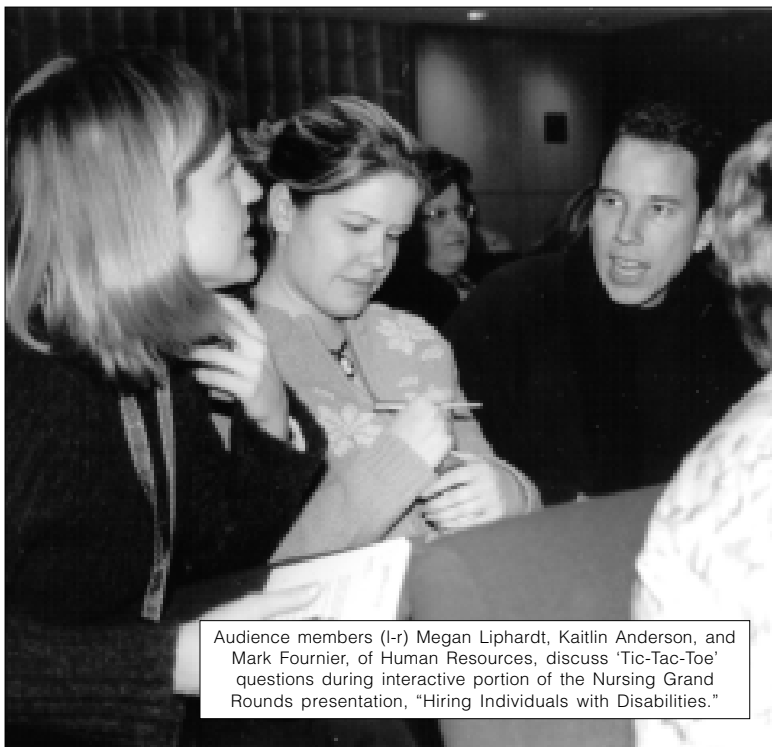
accommodations intended for a single person benefit the larger population (such as curb cuts, which were intended to help people in wheelchairs, but which are also of service to people with baby carriages, bicycles, skateboards, etc.)

Petkauskos and Licenziato described a number of advances in technology that are making it easier for individuals with disabilities to function in the workplace (software that renders typed text audible through special headphones, technologically enhanced wheelchairs, etc.) Said Petkauskos, "The most important factor in success-

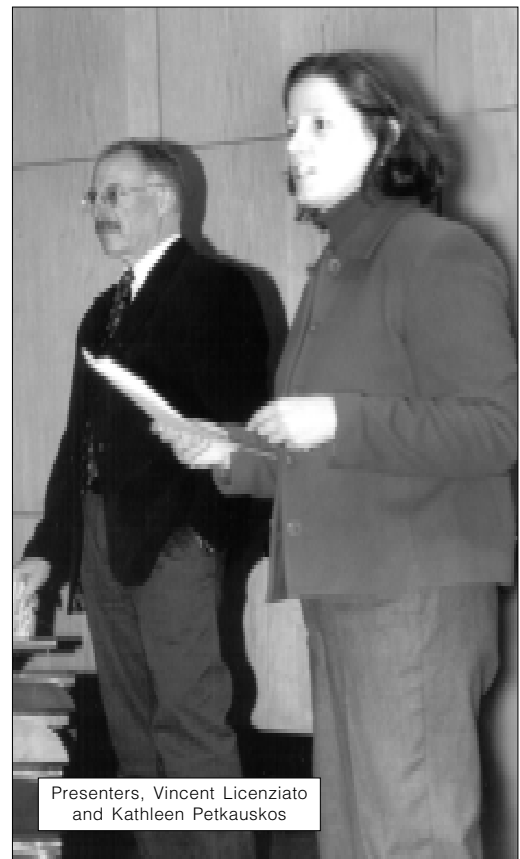
fully employing individuals with disabilities is ensuring that people have what they need to do their job well. Not unlike what every individual needs.

According to the Americans with Disabilities Act, an individual is qualified for a job if he or she meets the skill, experience, education, and other job-related requirements; and with or without a reasonable accommodation, can perform the essential functions of the job.

For more information on hiring individuals with disabilities, call Oswald Mondejar at 6-5741, or contact Resource Partnership at 508-647-1722, ext 12.



Audience members (l-r) Megan Liphardt, Kaitlin Anderson, and Mark Fournier, of Human Resources, discuss 'Tic-Tac-Toe' questions during interactive portion of the Nursing Grand Rounds presentation, "Hiring Individuals with Disabilities."



Presenters, Vincent Licenziato and Kathleen Petkauskos

Educational Offerings

December 19, 2002

When/Where	Description	Contact Hours
January 2 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
January 2 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 6, 7, 13, 14, 21, 22 7:30am–4:00pm	ICU Consortium Critical Care in the New Millennium: Core Program Newton Wellesley Hospital	45.1 for completing all six days
January 6 and 23 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
January 8 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
January 8 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
January 9 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
January 14 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
January 16 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 16 10:00–11:30am	Social Services Grand Rounds “The Treatment of ADHD in Adults.” For more information, call 724-9115.	CEUs for social workers only
January 22 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
January 24 8:00am–4:00pm	Psychological Type & Personal Style: Maximizing Your Effectiveness Training Department, Charles River Plaza	8.1
January 24 8:00am–4:30pm	Psychological Complications of Pregnancy and Postpartum Shriners Auditorium	TBA
January 27: 7:30am–4:30pm January 28: 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: VABHCS. Day 2: (VBK607)	14.4 for completing both days
January 28 and 29 8:00am–4:30pm	BLS Instructor Program VBK601	13.2 for completing both days
February 3 8:00am–4:00pm	Advanced Cardiac Life Support—Instructor Training Course O’Keeffe Auditorium. For more information, call 726-3905.	---
February 3 7:00–11:00am, 5:00–9:00pm	Congenital Heart Disease: an Overview for Nurses Burr 3 Conference Room	TBA
February 4 8:00am–12:00pm	Pediatric Advanced Life Support (PALS) Re-Certification Program VBK 601-607	---
February 4 5:00–9:00pm	Congenital Heart Disease: an Overview for Nurses Burr 3 Conference Room	TBA
February 6 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---

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>.

Golden Pen Award recognizes exemplary documentation

As an organization, MGH is constantly striving to improve its systems and services. One improvement currently taking place centers around documentation. Changes to our documentation policy will be rolled out in the coming weeks along with a formal program recognizing exemplary documentation practices.

Changes include a new standard policy on documentation that replaces the Minimum Expectations for Documentation Policy. Under the new policy, the nursing assessment will take

—by Rosemary O'Malley, RN, staff specialist

the form of a nurse-completed document designed to capture the complex needs of each patient. A new form called the 'Patient Problem List,' will allow nurses to identify specific patient issues and the outcomes anticipated for each issue. New green documentation books containing the revised forms will be distributed to patient care units at the end of the month.

A five-part poster initiative entitled, *Knowing Your Patient*, will be rolled out in January on patient care units. A series of five posters

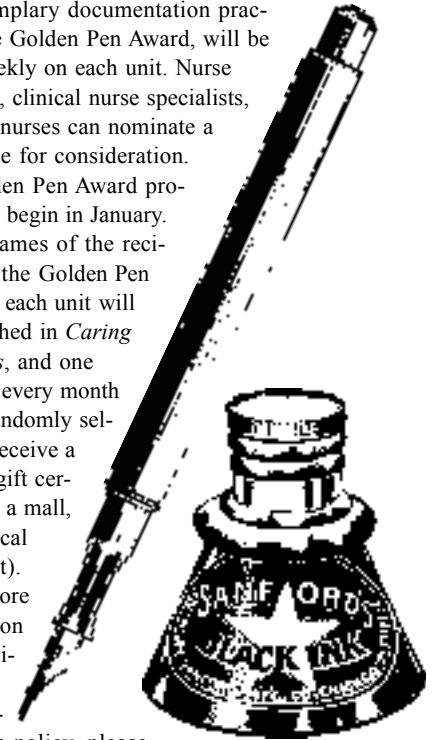
will focus on nursing assessment, the Patient Problem List, nursing progress notes, the interdisciplinary teaching form, and discharge documentation. Posters will be specifically geared toward adult, pediatric, obstetric, psychiatric, and neonatal patient populations. The intent of the posters is to focus on one aspect of written documentation at a time from admission to discharge. Look for *Knowing Your Patient* posters on your units soon.

A formal recognition program will acknowledge nurses who dis-

play exemplary documentation practices. The Golden Pen Award, will be given weekly on each unit. Nurse managers, clinical nurse specialists, and staff nurses can nominate a staff nurse for consideration. The Golden Pen Award program will begin in January.

The names of the recipients of the Golden Pen Award on each unit will be published in *Caring Headlines*, and one recipient every month will be randomly selected to receive a prize, (a gift certificate to a mall, spa, or local restaurant).

For more information about revisions to our documentation policy, please call Rosemary O'Malley, RN, staff specialist, at 6-9663.



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