

Caring

November 7, 2002

HEADLINES

Inside:

- The Marie C. Petrilli Oncology Nursing Awards 1
- Jeanette Ives Erickson 2
 - Collaborative Governance
- The Yvonne Munn Post-Doctoral Nursing Research Fellowship .. 4
- Hand Hygiene 5
- Exemplar 6
 - Susan Finn, RN
- Cancer Nursing Career Development Award 7
- Case Management 7
- Respiratory Care 8
- Celebrations 10
- Educational Offerings 11
- Fielding the Issues 12
 - Clinical Recognition Program

Petrilli Award recognizes compassionate caregivers

What began as a loving tribute and memorial to his wife, Marie, has become an annual tradition of giving and remembrance for Al Petrilli and his brother David, who created the Marie C. Petrilli Memorial Cancer Research and Treatment Fund three years ago to help raise money and awareness about cancer and a cure.

Part of Petrilli's philanthropic efforts

include the annual sponsorship of an award to honor MGH caregivers who show 'exemplary care and compassion in their practice.' This year's award ceremony, held at the Winthrop Yacht Club, Friday, September 27, 2002, recognized four MGH nurses: Laura Ghiglione, RN, Nicola Gibbin, RN, Jill Nelson, RN, and Nancy Schaeffer, RN.

Nurses are nominated by patients, family members, physicians, colleagues, or managers. Ghiglione, a staff nurse on Ellison 14, was nominated by her nurse manager, Carol Ghiloni, RN, who wrote, "Laura has developed many special relationships with patients and families where she has gone above and

continued on page 9



Petrilli Award recipients (l-r): Laura Ghiglione, RN, Nicola Gibbin, RN, Jill Nelson, RN, and Nancy Schaeffer, RN

Collaborative governance: a pivotal part of our professional practice model

Many of you had an opportunity to attend Nursing Grand Rounds on Thursday, October 17, 2002, and hear representatives from our collaborative governance committees report on their wonderful accomplishments this past year. It was especially rewarding for me to hear committee members speak about the personal growth they have experienced as a result of participating in the collaborative governance process.

Without exception, clinicians reported feeling a sense of pride at being able to influence important decisions. They spoke about the

impact their work has had on practice at MGH. They spoke about what it's like to be part of a team, committed to the same goals, driven by a common desire to make our patients' experience better. They spoke about the tremendous learning curve, hard work, and the satisfaction they felt.

As I listened to these clinicians sharing their experiences, it struck me that they were talking about our professional practice model. They didn't call it that, but they spoke about our values and philosophy, our standards of practice, research, professional development and collaborative decision-making. They described ways in

which their work taps into theoretical models and frameworks. All the 'pieces' of our professional practice model came alive in their words.

One of the greatest outcomes of collaborative governance has been the richness of the discussions that take place on units about the quality of patient care. Clinicians have come to understand and appreciate the strengths and intricacies of other disciplines, which has contributed to more meaningful relationships and a higher level of teamwork. The evolution within Patient Care Services toward a more cohesive, multi-disciplinary, and evidence-based practice



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

is due, in no small part, to the success of collaborative governance.

I'd like to take this opportunity to thank those of you who have participated on collaborative governance committees for the contributions you've made to empower staff and improve patient care.

For those of you who were unable to attend

Grand Rounds, I hope you'll review the summary of committee accomplishments and goals included on the next page.

Applications are now being accepted for the 2003 collaborative governance committees. For information, call The Center for Clinical & Professional Development at 6-3111.



(Photo by Paul Batista)

PCS collaborative governance representatives describe their committees' accomplishments during recent Nursing Grand Rounds. Pictured (l-r) are: Beverley Cunningham (Diversity); Sharon Bracket (Ethics); Patricia Atkins (Nursing Practice); Susan Jaster (Nursing Research); Pamela Wrigley (Patient Education); Dawn Crescitelli (Quality); and Wendylee Baer (Staff Nurse Advisory)

Jeanette Ives Erickson

continued from previous page

Diversity Steering Committee

Accomplishments:

- Celebrated 'Holidays around the World'
- Holiday Gift-Giving to members of HAVEN at MGH health centers
- Annual diversity issue of *Caring Headlines*
- St. Patrick's Day event
- Black History Month Pinning Ceremony
- Celebrated Ramadan
- Focus group to explore issues related to disabilities

Goals:

- Continue with 'big events' celebrating Diversity
- Continue relationship with HAVEN group
- Expand concept of diversity to include issues related to ability, obesity, and sexual orientation
- Presentations on diversity-related issues

Ethics in Clinical Practice Committee

Accomplishments:

- Provided consultation to staff through closed case analysis with the goal of assisting staff to improve skills in articulation of ethical issues in patient care
- Sponsored numerous educational offerings to educate committee members and PCS community in the area of healthcare ethics
- Played key role in the development and implementation of new LSST and Resolving Conflict Policies
- Worked collaboratively with existing Ethics Committee at MGH

Goals:

- Continue to provide educational opportunities for committee members and PCS community

- Continue to provide consultations to staff and the organization regarding policy-development and revision
- Play a key role in the Magnet and JCAHO preparations
- Continue to seek opportunities to share our work through professional conferences and publications

Nursing Practice Committee

Accomplishments:

- Provided staff nurses with a forum to discuss practice and make recommendations for change
- Reviewed current and new practices for efficiency and patient safety and made recommendations for practice changes
- Collaborated with Materials Management to evaluate current and new products for efficiency, safety, and cost
- Co-chairs involved with hand hygiene initiative, Magnet Steering Committee, and Patient at Risk Committee

Goals:

- Provide staff with a forum to discuss practice issues, procedures, products, and make recommendations for change
- Promote research-based nursing care

Nursing Research Committee

Accomplishments:

- Distributed four *Did You Know* research posters to patient care units and health centers

- Facilitated Nursing Research Day with 22 posters, 2 presentations and a nationally known keynote speaker
- Continued to update the committee web page to archive *Did You Know* research posters and nursing research abstracts

Goals:

- Involve nurses in unit-based research utilization through journal clubs, unit-based *Did You Know* posters, Grand Rounds, Research Day participation

Goals:

- Establish system for receiving patient-education discharge materials, reviewing for quality, and forwarding for intranet placement
- Liaison with the PFLC to include ongoing development of patient-education channel and communication of current PFLC programs
- Identify electronic resources available for patient education
- Write quarterly column in *Caring Headlines*

- Continue to seek opportunities for services to report their quality outcomes and use the Quality Committee as a clearinghouse for support and communication

Staff Nurse Advisory Committee

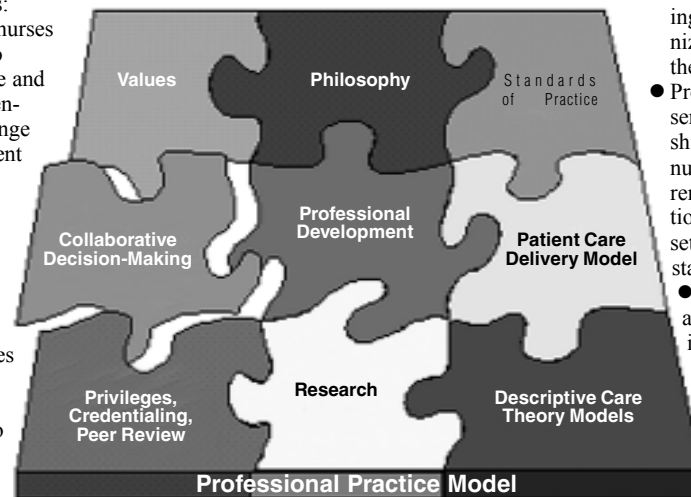
Accomplishments:

- Provided input into the design of the MGH Nursing image and marketing campaign
- Worked with sculptress Nancy Schon, who is designing a statue commissioned by the MGH School of Nursing Alumnae to recognize MGH nursing and the nursing profession
- Provided input to senior nursing leadership regarding key nursing issues currently under consideration by the Massachusetts legislature (e.g. staffing ratios)
- Raised concerns about, and provided input into, how to enhance the professional practice environment

- Continue to develop strategies to enhance communication

- Promote the Clinical Recognition Program by becoming knowledgeable about the program and processes.
- Advocate with peers to participate in the Staff Perception of the Professional Practice Environment Survey to identify improvement targets.
- Continue to increase nursing's visibility in recruitment and retention initiatives.

Applications are now being accepted for various committees. To apply, call Kim Chelf at 4-5952. The deadline for application is November 15, 2002.



- Sponsor at least one Research Nursing Grand Rounds

Patient Education Committee

Accomplishments:

- Conference: "Complementary and Alternative Medicine: Educating Ourselves and Our Patients"
- Developed Quality Criteria Guidelines for On-Line Patient Discharge Instructions
- Published *Caring Headlines* article, "Accessing patient drug information electronically"
- Collaborated with Ethics Committee to sponsor Advance Directives Booth

Quality Committee

Accomplishments:

- Worked closely with Pharmacy Nursing Performance Improvement Committee
- Participated in SMAT implementation and evaluation
- On-going collaboration with Infection Control director to establish priorities and discuss resolution of issue
- Collaboration with Pharmacy regarding code carts: stock and exchange procedures

Goals:

- Continue to respond to quality issues identified by members and others

The Yvonne Munn Post-Doctoral Nursing Research Fellowship

—by Dorothy Jones, RN, EdD, and Trish Gibbons, RN, DNSc

Nursing research at MGH has come a long way. Our nursing research program is designed to promote scholarship in nursing and support organizational initiatives that enhance our patients' healthcare experience. The goal of our program is to promote clinical inquiry and knowledge-acquisition; improve patient care through the development and use of research findings; advance the role of nurse scientists; mentor and develop clinical nurses in the conduct of research; and advance the discipline of nursing.

Increasingly, over the past decade, doctorally prepared nurses are

choosing MGH as a place to practice and develop their research interests. This gives us a unique and important opportunity to advance scholarship within our practice setting. Nurses who are doctorally prepared strive to expand nursing knowledge through the development, implementation and evaluation of research initiatives generated to improve patient care. Doctorally prepared nurses promote clinical learning by disseminating information and promoting inquiry among clinical staff. As acknowledged clinical experts and role models, doctorally prepared nurses offer the organization skills and

knowledge that help articulate nursing practice and nursing's contribution to patient outcomes.

The Yvonne Munn Post-Doctoral Nursing Research Fellowship Program provides nurse researchers with the time and resources necessary to advance their research and secure external funding for continued study in areas that address organizational initiatives, optimize practice, and develop individual programs of research. The first two Yvonne Munn Post-Doctoral Nursing Research fellowships were awarded this year to Diane Carroll, RN, PhD, and Virginia Capasso, RN, PhD.

On October 1, 2002, in the Clinics Amphitheater, Carroll and Capasso presented the goals of their fellowships at a meeting of combined nursing leadership.

Carroll's research will focus on improving patients' physical and psychological responses following life-threatening arrhythmias and implantation of cardioverter defibrillators (ICD) using a collaborative APN/peer-advisor nursing intervention with this patient population.

Capasso's research, which will focus on wound-healing, seeks to:

- identify and test methods to measure the volume of wounds with undermined areas and tracts
- consult with experts in the areas of wound measurement, cellular biology, and economics

● write the first in a series of grant applications, with a multi-disciplinary team, to study the cost and effectiveness of various wound treatments on wound-healing

Senior vice president for Patient Care Services and chief nurse, Jeanette Ives Erickson, RN, presented Carroll and Capasso with certificates of recognition, saying, "This is an historic occasion at MGH. Never before has nursing research received this level of support. We are committed to creating an environment that supports evidence-based practice and professional and academic growth."

For more information about The Yvonne Munn Post-Doctoral Nursing Research Fellowship, call The Center for Clinical & Professional Development at 6-3111.



At left, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, presents research fellow, Ginger Capasso, RN, PhD, with certificate of recognition. At right, Diane Carroll, RN, PhD, describes her research study.

New practice in hand hygiene: a hospital-wide initiative

—by Rosemary O'Malley, staff specialist

Your mother always told you to wash your hands. Your clinical instructors told you that hand-washing was the most effective way to prevent the spread of bacteria. New research shows that hand-disinfecting is now the gold standard for preventing the transmission of bacteria by/among health-care workers.

In a culture where we are committed to the highest quality care for our patients, improving hand hygiene is a key initiative. For this reason, the Hand Hygiene Task Force, a multi-disciplinary group, was convened to study and make recommendations for improvements in the area of hand hygiene. This work is occurring in response to:

- new hand-hygiene guidelines published by the Center for Disease Control (CDC)
- increased rates of nosocomial methicillin-resistant staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE)

Based on new research findings, the CDC recommends the use of waterless, alcohol-based hand gels as the most effective means of preventing the transmission of bacteria among health-care workers. New guide-

lines recommend health-care workers use an alcohol-based hand gel *before and after patient contact*. This is a new practice to ensure the highest level of hand hygiene and to minimize the spread of bacteria.

At MGH, Cal Stat is the waterless hand gel used by staff. Recently, in response to feedback from clinicians, we changed from the blue Cal Stat formula to a new clear formula. The new Cal Stat is less sticky, fragrance-free, and leaves no stains. It is less time-consuming than soap-and-water as there's no need to go to a sink or use a towel, making it easier to use *before and after patient contact*.

Alcohol-based hand-disinfectants are kinder to the skin than soap and water because they contain emollients that reduce drying. Hand lotion is another way to moisturize and help prevent skin irritation. If hands become soiled, you should first wash with soap and water to remove the soilage and then use Cal Stat. Washing with soap and water alone does not effectively remove bacteria.

It is important to disinfect after touching potentially contaminated equipment such as side rails, bedside tables, IV poles, etc.

Improvement in hand-disinfection compliance has been associated with sustained reductions in rates of MRSA and total nosocomial infections nationally. Several initiatives have been undertaken at MGH to help improve hand-disinfection compliance here.

In June, the CAS patient information system was changed to reflect a new on-screen icon denoted by a red 'P' in the upper right corner to indicate patients with MRSA and/or VRE. Click on the 'P' to view a menu of contact-precaution guidelines along with the culturing process to determine if the patient still has the organism. This is a new culturing process instituted in the past five months.

In August, the first of several posters was distributed to patient care units. *Did you Cal Stat?* posters remind health-care workers to disinfect their hands before and after patient contact. Posters are displayed in central locations and will be followed by additional posters every six to eight weeks.

The Hand Hygiene Process Improvement Project, developed by Patient Care Services, involves members of the Nursing Research, Quality, and Practice Com-

mittees. Five pilot units (Bigelow 9, the PACU, PICU, White 6, Ellison 13, and Bigelow 13 & 14) have identified a 'champion' from each role group (RN, PCA, and USA) to participate in the project. The group has been working to address product, practice and educational issues related to hand hygiene.

Future plans for the Hand Hygiene Task Force include:

- The distribution of new ID badge holders with the logo, "Clean Hands, Good Health," to replace lanyard-type badge holders. These holders should be ready for distribution in the coming weeks

- Hand hygiene will become an annual competency for all staff within Patient Care Services starting (this past) October
- Update of the Contact Precautions signs to reflect use of Cal Stat before and after patient contact
- Update of hand-hygiene guidelines
- *Did You Know?* poster on hand hygiene in November

The goal of the Hand Hygiene Task Force is to improve hand hygiene among all clinicians.

For more information about any hand-hygiene initiative, please call Rosemary O'Malley, staff specialist, at 6-9663.

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>

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

Pediatric Provider Order Entry

Implementation of the Pediatric Inpatient Provider Order Entry (POE), with on-site support from Information Systems, is occurring October 21–November 22, 2002.

On-site support is available 24 hours a day, 7 days a week.

A computer-based, self-learning tutorial is also available. To access tutorial, go to the Start menu, choose Partners Applications, Clinical References, CBT Courses, MGH Order Entry CBT.

- Orders for pediatric patients receiving chemotherapy will remain on paper (until spring '03)
- Pediatric logic and order screens will be applied to all patients younger than 19 years old. If you have been using POE already, you may notice slight differences for these patients.

For more information, page the Provider Order Entry analyst on call via the Help Desk at 726-5085.

Nursing: it's more than what you learn in a textbook

MMy name is Susan Finn, and I am a staff nurse on the Blake 2 Infusion Unit. JL is a 55-year-old woman who was diagnosed with breast cancer five years ago. She thought it was behind her until she developed pain in her left hip and was told it was metastatic disease. I first met JL when she came to the Infusion Unit for biphosphonate infusion for her bone metastasis. Her sister-in-law had accompanied her—they had been friends for many years. JL had a limp and walked with a cane. On assessment, JL reported having been very active, and she was really feeling the loss of independence her disease was causing her. She was afraid she would never ambulate independently again.

I offered support and explained how biphosphonates work. I talked with her about how she coped with illness and tragedy in the past. She reported that she had no interest in social workers or chaplains. She didn't believe in chemotherapy, she was very strong and relied on herself to cope.

I treated JL every month for three months and she remained distressed about her limp and fragile hip. She was undergoing physical therapy but continued to

require a cane to ambulate. In conversations with JL about her disease, there was always an edge of anger at her situation, a faint lack of acceptance, and an effort not to be seen as a patient like everyone else around her.

The day JL came for her fourth treatment she arrived with her husband. This was the first time I had met him. I could see distress all over JL's face so I asked how she was, was everything okay, and I put a comforting hand on her shoulder. This resulted in an outburst of swearing, and she threw her cane angrily across the room!

"I'm sick of this!" she said. "Let's just get this over with." Well, in the big scheme of things, JL was probably the least sick person I was going to take care of that day. She should have been the person who took up the least amount of my time. She wasn't getting chemo; she was scheduled for a four-hour infusion through a peripheral IV. She had great veins; she'd had the drug before so she didn't need a lot of teaching. It should have been easy, but something was wrong. JL was oozing anger; her husband wasn't speaking, he was reading a book. I could have let it go, but something told me to try to find a way to ease her pain.

I went to JL's room three or four times with little excuses like, "Can I get you something to eat?" "Do you need a blanket?" Mostly, I got icy replies. Then I saw tears well up in her eyes and trickle down her face.

Then she cried out loud, "I just want my mother!" and she sobbed. I waited a little and then I asked about her mother. JL lost her mother when she was 11 years old. She confided that she missed her every day and that this experience was bringing back so many memories of that loss. She said every time somebody was kind to her in terms of her present illness, she felt the same sadness she felt when she lost her mom. I let her cry, holding her hand.

When she composed herself, she said "You must think I'm crazy. It happened so long ago."

Then it was my turn. I knew she wasn't crazy. I lost my mother when I was 6 years old, and I, too, miss her every day. I know it's a sadness you can't explain, and I have been lucky to find people I can talk to about this loss. I had a list of suggestions about how to help JL cope. Keeping in mind that she didn't have an interest in therapy or meeting with a chaplain, I shared my story with



Susan Finn, RN,
staff nurse, Blake 2

her. And I told her about a wonderful book I had read called, *Motherless Daughters*. We shared some tears and she completed her treatment. I sent her home that day and thought, "Boy, and I thought she was going to be my easiest patient!"

I received a thank-you note from JL a few days later. When she came for her next treatment she was feeling much better emotionally, and she had a copy of the book.

"I cannot thank you enough," she said. "This was just what I needed. And I've bought copies for a couple of friends who've lost their mothers."

Of course, it changed our relationship. We now feel as if we know each other very well. So much of what we do as nurses isn't in a textbook. It isn't technical. We are so lucky to be able to meet people, share their life experiences, and share our experiences with them.

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

There was a time when sharing a personal experience with a patient would have been considered inappropriate. I think Susan's narrative shows us how completely appropriate it can be.

JL shared a very intimate, painful, and important experience from her past with Susan. It was an experience that still impacts her emotional health today; and it was an experience she wasn't comfortable talking about, until Susan came along.

Susan's willingness to share her own pain and sense of loss helped create a bond between them and a safe space for JL. There are times when the simple act of sharing can do more for a patient than medicine. This was such a time.

Thank-you, Susan.

Finn, Virchick receive Cancer Nursing Career Development Award

Friends and colleagues gathered in the Hackett Conference Room on Friday, October 4, 2002, to honor this year's recipients of the Cancer Nursing Career Development Award, Susan Finn, RN, staff nurse on the Blake 2 Infusion Unit, and Barbara Virchick, RN, staff nurse on Ellison 14. The award, funded by the Friends of the MGH Cancer Center, recognizes meritorious practice of nurses providing direct care to cancer patients.

Joan Gallagher, RN, oncology clinical nurse specialist and chair of the award selection com-

mittee, thanked the Friends of the MGH Cancer Center for their continued support of the award.

Associate chief nurse, Jackie Somerville, RN, introduced the recipients by reading excerpts from their letters of nomination. From a letter written by nurse manager, Carol Ghiloni, RN, Somerville read: "From the very beginning, Barbara demonstrated a genuine interest and desire to care for patients diagnosed with cancer. She is a highly skilled, caring, competent, and respected member of the Ellison 14 team... She recognizes the uniqueness of each



(L-r): Jackie Somerville, RN, associate chief nurse; Joan Gallagher, RN, chair of the selection committee; recipients, Barbara Virchick, RN, and Susan Finn, RN; and Trudi Fondren, representing The Friends of the MGH Cancer Center.

patient and tailors her care plans accordingly."

Reading from a letter submitted by clinical nurse specialist, Joan Agretelis, RN, Somerville said of Finn, "Susan is an astute nurse. She brings a wealth of know-

ledge and experience to the care of her patients and their families... She has the ability to remain calm where others would fall under the pressure."

Kara Olivier, RN, staff nurse, Bigelow 12, and Susan O'Brien, RN,

staff nurse on Ellison 17, were also nominated for this year's Cancer Nursing Career Development Award.

The monetary award is given to support the continuing education of the recipients.

Case Management Week

—submitted by the Case Management Celebration Committee

Case managers were on hand in the White Lobby the week of October 7–15, 2002, to provide information and educate staff and visitors about the various roles and responsibilities of case managers at MGH.

Other activities included a special recognition luncheon at the Holiday Inn, the now-illustrious 'not-ready-for-prime-time' Change Show (a la *Saturday Night Live*), and for the first time since the inception of the current case management model, a Nursing Grand

Rounds presentation, entitled, "Principles of Case Management—It Takes A Village."

The presentation was an opportunity to reinforce the value of the collaborative discharge practice used at MGH and included an overview of case management by Hilary Levinson, RN, team leader; Jacqueline Crowell, RN, CM, spoke about levels of care; and Roberta Dee, RN, Roseanne Karp, RN, and Barbara McLaughlin, RN, presented case studies reflective of the intensity, creativity,



Case managers, Christine Greenwood, RN (left), and Joanne Kaufman, RN, staff the Case Management educational booth in the Main Corridor. No question... or questioner... is too small!

and resourcefulness of case managers at MGH.

The celebration concluded with guest speaker, Louis Feuer, MA, MSW, a national expert in customer service in

health care, who spoke about, "Dealing with the Changing Healthcare Times: It's Time to Break the Rules," and, "Case Management Takes Center Stage."

Case managers are just beginning to define the value, challenges, and opportunities inherent in the work that we do at MGH.

Respiratory therapy: an integral part of patient care

More than 120,000 respiratory therapists currently practice in the United States; about 80 of them are here at MGH. Respiratory therapists (RRTs) evaluate, treat, and care for patients with breathing disorders. They are licensed in the commonwealth of Massachusetts. About half the RRTs at MGH have baccalaureate or graduate degrees. They have completed Advanced Cardiac Life Support (ACLS) training and some have completed the Neonatal Resuscitation Program and Advanced Pediatric Life Support.

Respiratory therapists are an integral part of the patient care team, and their responsibilities are diverse. Although seen mostly in intensive care units, respiratory therapists practice in virtually every clinical area of the hospital. Respiratory therapists are involved in adult, pediatric, and neonatal respiratory care 24 hours a day, every day of the year.

Mechanical ventilation and airway management

Much of the clinical work of respiratory therapists at MGH involves the care of mechanically ventilated patients. These patients cannot breathe adequately without the assistance of a mechanical ventilator. Respiratory therapists select

appropriate settings on the ventilator, monitor the patient's response to mechanical ventilation, and interact with other healthcare professionals related to the respiratory care of these patients. In the case of premature babies, a soap-like solution (surfactant) is instilled into the lungs by respiratory therapists. In some cases, non-invasive ventilation is provided using a facemask rather than an artificial airway. For babies transferred to MGH on a ventilator, respiratory therapists are involved in stabilization at the outside hospital and transfer to our neonatal ICU. And respiratory therapists are involved in the care of artificial airways (endotracheal tubes and tracheostomy tubes).

Specialized gas delivery

Respiratory therapists occasionally administer specialized gases to patients. Nitric oxide is administered by inhalation to improve the blood oxygen levels of patients with respiratory failure. Heliox is a gas mixture of oxygen and helium. It is used in the care of patients with severe asthma or partial obstruction of

the upper respiratory tract.

Bronchoscopy

Bronchoscopy is a procedure performed by a physician in which a small tube is passed into the lungs to observe abnormalities and remove mucus. Respiratory therapists assist physicians with this procedure by preparing the patient and equipment beforehand, monitoring the patient during the procedure, and caring for the patient and the equipment after the procedure.

ECMO

Extracorporeal life support (ECMO) is used for infants (and some adults) who have severe respiratory failure. Blood is removed from the body through a catheter; oxy-

gen is added to the blood, carbon dioxide is removed from the blood, and the blood is returned to the patient through another catheter. During this procedure, which often lasts for days or weeks, a respiratory therapist is present at all times to care for the patient and ensure proper adjustment of the equipment.

Asthma education

Respiratory therapists provide education for many asthma patients. This includes instruction in the recognition of asthma triggers, the correct use of inhalers and other breathing medicines, and the importance of monitoring peak expiratory flows.

Educational, research, and other activities

The Respiratory Care Department provides clinical education for the respiratory care educational program at Massachusetts Community College,

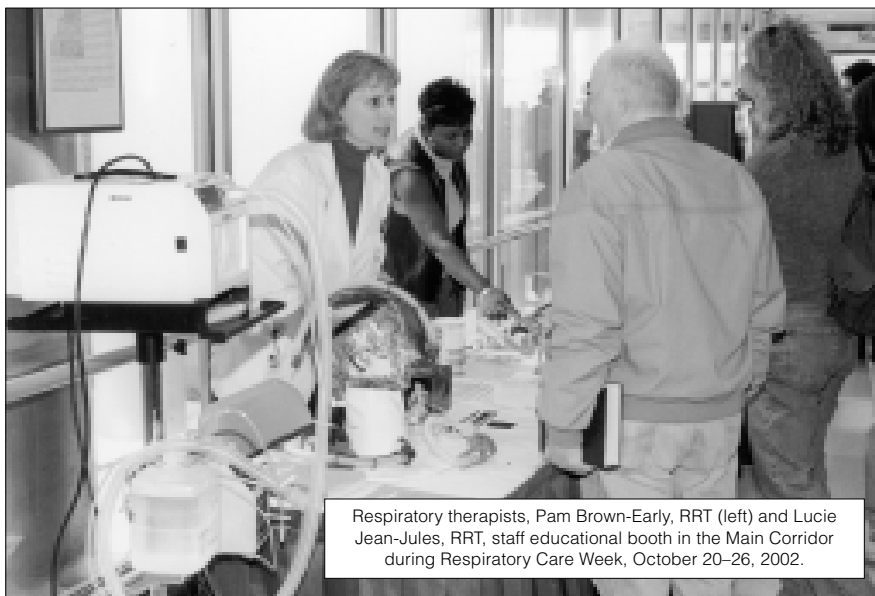
for practicing clinicians, including therapists and physicians from around the world.

The Respiratory Care research laboratory is actively involved in the study of many new approaches to respiratory care. These include techniques of mechanical ventilation, aerosol therapy, and others.

The department is recognized as one of the foremost academic departments in the country. Many scientific papers are written by members of the department and are published in peer-reviewed literature every year.

Respiratory therapists conduct an asthma camp every summer in conjunction with the American Lung Association, and hold an annual picnic for patients who have received ECMO at MGH.

For more information about respiratory care, please call 4-4493.



Respiratory therapists, Pam Brown-Early, RRT (left) and Lucie Jean-Jules, RRT, staff educational booth in the Main Corridor during Respiratory Care Week, October 20-26, 2002.

Petrilli Awards

continued from front cover

beyond what is expected. From the very beginning, Laura has demonstrated excellence in quality care. Her ability to handle complex and challenging assignments, meet patients' needs, and provide support to family members is perhaps best illustrated by the number of times peers, patients, colleagues, and/or family members have cited her for excellence in patient-care delivery."

Gibbin, a staff nurse on the Blake 2 Infusion Unit (and former caregiver for Marie Petrilli), was nominated by a patient who wrote, "Our family sincerely believes that it was my good fortune to have been able to witness and appreciate Nikki's thoughtfulness and concern during a number of emotional and traumatic days. I can't recall the number of times she was there for us. Her attitude as a person only enhances her responsibilities as a nurse. She goes above and beyond what is expected to do that little something extra to make the patient her first responsibility."

An oncology nurse practitioner, Nelson was nominated by her nurse manager who wrote, "Throughout her many years of practice, the needs of patients and family members have always been the driving force behind Jill's care. This has proven no less true as she continues to practice in the advanced care setting. The family of one of Jill's patients praises her for her follow-through, compassion, caring and commit-

In my life, I have had a special time. It was when my mom passed away and my dad held a fund-raiser. We were very sad when my mom got cancer. A little while later she had passed away. My life is so different now. My dad made a Cancer Treatment Memorial Fund in honor and memory of my mom.

The logo for her fund is a rose. It meant, "a rose is still a rose."

My cousin Marie is 18 years old and wrote a poem called, "The River of Hope." I love my mom and hope she's happy up in heaven. Whenever I look at the logo I think of her. I thought the fund-raiser brought up memories of my mother.

I remember playing in the pool in the summer time to keep cool. Also making dinner together. We would go shopping for new clothes. My mom is in heaven looking down at me and making my life a special time.

At the fund-raiser each year, I feel my mom is still there dancing with me. I feel she is there having a good time with me. She makes everything a special time in my life, but mostly the fund-raiser. I wish she was really there. Her spirit helps me always have a special time in my life.

My mom was so nice and loving. I don't know why God had to take her. He must have needed her. I have a special time my whole life and at the fund-raiser because I know she's looking down at me.

Marielle Petrilli

ment, saying, "Our doorbell rang and there was Jill Nelson, stopping by to see dad before she left for vacation. She continued to comfort him and explain what would be happening into the night. She never looked at the clock; we had to remind her about the boat she had to catch to the Vineyard."

Schaeffer is a nurse practitioner who, for the last seven years has worked with breast cancer patients in collaboration with Dr.

Jerry Younger. Schaeffer was nominated by a patient who wrote, "Nancy's approach with me and other patients is always respectful, compassionate, and empathic. She listens to me first, answers my questions in a sensitive and respectful manner, and always ends with a positive and supportive comment. I finish my interactions with Nancy always feeling that I have someone that has given me the time I need."

Published by:

Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital.

Publisher

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

Managing Editor/Writer

Susan Sabia

Editorial Advisory Board

Chaplaincy
Mary Martha Thiel

Development & Public Affairs Liaison
Georgia Peirce

Editorial Support
Marianne Ditomassi, RN, MSN, MBA
Mary Ellin Smith, RN, MS

Materials Management
Edward Raeke

Nutrition & Food Services
Patrick Baldassaro
Martha Lynch, MS, RD, CNSD

Office of Patient Advocacy
Sally Millar, RN, MBA

Orthotics & Prosthetics
Eileen Mullen

Patient Care Services, Diversity
Deborah Washington, RN, MSN

Physical Therapy
Occupational Therapy
Michael G. Sullivan, PT, MBA

Police & Security
Joe Crowley

Reading Language Disorders
Carolyn Horn, MEd

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

Speech-Language Pathology
Carmen Vega-Barachowitz, MS, SLP

Volunteer, Medical Interpreter, Ambassador
and LVC Retail Services
Pat Rowell

Distribution

Please contact Ursula Hoehl at 726-9057 for all issues related to distribution

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.

Articles/ideas may be submitted by telephone: 617.724.1746
by fax: 617.726.8594
or by e-mail: ssabia@partners.org

Next Publication Date:
November 21, 2002



Celebrating our contributions and bringing awareness to the community

*Burn Prevention Week and Pastoral Care Week observances
October 7–11, 2002*



Burn Prevention Week



Pastoral Care Week



Top left: Bigelow 13 staff nurse, Sally Morton, RN, educates visitors about the hidden fire risks that exist in some common household products; Top right: Bigelow 13 staff nurse, Gina Cenzano, RN, encourages visitors to purchase non-flammable clothing items as one burn-prevention strategy. Above (l-r): Chaplaincy members, Suzanne Hudson, Karen Schmidt, and Gina Murray inform visitors about the services provided by the MGH Chaplaincy; At right: In celebration of Pastoral Care Week, musical group, Inca Son, entertains staff and visitors with traditional Peruvian folk songs.

Educational Offerings

November 7, 2002

When/Where	Description	Contact Hours
November 14 8:00am–12:00pm	Pediatric Advanced Life Support (PALS) Re-Certification Program VBK601	TBA
November 14 8:00am–4:30pm	Caregiver Skills for the New Millennium Training Department, Charles River Plaza	7.2
November 15 8:00–11:00am and 12:00–3:00pm	Care for Patients at the End of Life: Clinical & Ethical Considerations Training Department, Charles River Plaza	4.5
November 18 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
November 18 8:00am–4:30pm	A Diabetic Odyssey Wellman Conference Room	7.8
November 18 8:00am–4:00pm	CVVH Core Program VBK601	6.3
November 21 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
November 22 8:00am–4:00pm	Complementary and Alternative Medicine: Educating Ourselves and Our Patients O’Keeffe Auditorium	TBA
November 27 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (contact hours for mentors only)
December 2 and 5 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
December 3 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolff Auditorium, NEMC	TBA
December 5 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
December 5 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
December 6 8:00am–4:30pm	Wound and Skin Care: Beyond the Basics O’Keeffe Auditorium	TBA
December 9 8:00am–12:00pm (Adult) 10:00am–2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
December 9 8:00am–4:30pm	Coronary Syndrome Wellman Conference Room	TBA
December 11 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
December 11 8:00am–2:30pm	Mentor/New Graduate RN Development Seminar I Training Department, Charles River Plaza	6.0 (mentors only)
December 11 1:30–2:30pm	OA/PCA/USA Connections “Safety & Self Care: Taking Care of Ourselves in Times of Stress.” 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>.

The PCS Clinical Recognition 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.

Question: How are decisions about recognition made in the Clinical Recognition Program?

Jeanette: A 13-member interdisciplinary review board reviews all portfolios and interviews clinicians before making a decision. Board members review the criteria for the level of recognition the clinician is seeking, then they review the portfolio. They develop questions from their review, such as, "Why did you choose

this narrative?" "Can you give an example of a clinical risk you have taken?" "How do you engage other members of the team?"

These questions form the basis of an interview between the clinician and a three-member panel from the review board (including at least one member from the clinician's discipline).

After the interview, panel members discuss the interview with the review board and the

entire board decides what level of recognition is appropriate based on the portfolio, the interview, and the criteria.

Question: How can I prepare for the interview?

Jeanette: Carefully reviewing your portfolio is one way to prepare. Another is to reflect on your practice using the self-reflection tool in the application packet. You may want to ask your manager or clinical spe-

cialist to conduct a practice interview with you. Questions will be based on your portfolio and the criteria. You know your practice better than anyone, so try to relax and enjoy the exchange.

Question: How do I select a narrative for my portfolio?

Jeanette: Your narrative should be about a current clinical event or situation that is representative of your practice within the past six months. And it must reflect the level of practice for the recognition you are seeking. Think of a situation where you felt your interventions made a difference or one that captures the essence of your practice—perhaps one of the clinical situations you

thought about as you used the self-reflection tool.

Question: Where can I go if I need assistance or want more information about the program?

Jeanette: You can speak with your manager, director, or clinical nurse specialist. Every unit has a manual that describes the program, or you can visit the website at: <http://pcs.mgh.harvard.edu>. Information sessions are held on the first and third Thursdays of every month from 11:30–12:30 in Founders 121. Or you can call Mary Ellin Smith, RN, at 4-5801 or Carol Camooso Markus, RN at 4-7306, for individual consultation or assistance.

Caring
HEADLINES

GRB015
MGH
55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston MA

