December 18, 2003

Caring HEADLINES

Inside:

Partners in Excellence Awards

Paul Bartush, program manager for Volunteer Services (center) is one of many PCS employees to receive a Partners in Excellence Award. He is pictured here with MGH president, Peter Slavin, MD (left), and Partners president and CEO, James Mongan, MD.

Hundreds of MGH employees converged in the WACC Lobby on Friday, December 5, 2003, for the Eighth Annual Partners in Excellence Award Ceremony. Individuals and teams were nominated in six categories, including: Quality Treatment and Service, Leadership and Innovation, Teamwork, Operational Efficiency, and Outstanding Community Contributions. MGH president, Peter Slavin, MD; Partners president and CEO, James Mongan, MD; and Jeff Davis, senior vice president for Human Resources, emceed the program, which culminated with the viewing of the now-famous, 'Oscar-worthy' Partners in Excellence video.

And the laughs just keep on comin'
Slavin, Jeff Davis, senior vice president for Human Resources (left), and scores of MGH employees enjoy the much-anticipated 2003 Partners in Excellence video.

MGH Patient Care Services
Working together to shape the future

2003: a look back at an historic year

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

I think everyone in the MGH community will remember 2003 as a year of great sadness as well as a time of incredible joy and fulfillment. The tragic events that marked the first few months of this year are still fresh in our hearts and memories: the death of Ricardo Diaz, the Buildings & Grounds worker who was killed while removing snow from the sidewalks around MGH; the death of iron worker, Christopher MacInnis, who was killed during construction of the new ambulatory care center; the nightclub fire in Warwick, Rhode Island, that challenged us both clinically and emotionally; and the deaths of Brian McGovern, MD, and Colleen Mitchell in the Electrophysiology Lab. I think of those times with sadness, but also with pride at how the MGH community came together to support and care for one another amid what can only be described as extraordinary circumstances.

But 2003 was also a year of great optimism and achievement. We were fortunate to have the 16th Surgeon General of the United States, David Satcher, MD, join us for an important forum on disparities in health care and an exchange of ideas about what we can do to improve access to care for minority populations.

In February, we celebrated the 5th anniversary of collaborative governance and the important contributions made by committee members past and present.

Also this year, Patient Care Services unveiled its new website that features more than 300 'pages,' 5,100 links, 570 external links, 210 photographs; and 110 profiles of PCS staff. The site is a wonderful tool for recruitment, a useful vehicle for internal communication, and a visible way to showcase practice within Patient Care Services.

In a collaborative effort between Nursing and Volunteer Services, we launched our new Pet Therapy Program, which has been a great addition to patient care and widely seen as an effective tension-reliever and morale-booster for staff and patients alike.

We had a special visit from the family of Ruth Sleeper, RN, visionary nursing leader and former director of the MGH department of Nursing and School of Nursing from 1946–1966. A reception was held for Sleeper family members, Nancy Ruth Sleeper Kolbe (Ruth Sleeper's niece) and her three daughters, Diane Gordon, Susie Harvey, and Mary Zagelmeier, where they had an opportunity to share stories with several MGH School of Nursing alumni who had known Ruth Sleeper.

When a super-typhoon ravaged the Pacific island of Guam leveling homes and destroying roadways and medical facilities, MGH nurses, doctors, therapists, and others who volunteer with the International Medical-

continued on next page

Clinical Recognition Program

Clinicians recognized in 2003

Advanced Clinicians
- Elizabeth Kelley, RN
- Denise Young, RN
- Karen Kelly, RN
- Marilyn Wise, LICSW
- Regis MacDonald, RN
- Steven Mason, RRT
- Nancy Aguilar, RN
- Cheryl Codner, RN
- Theresa Morris, RN
- Kristin Cote, RN
- Kathleen Reilly Lopez, RN
- Nicola Gribbin, RN
- Audrey Kurash Cohen, SLP
- Gloria Moran, RN
- Kevin E. Strong, RRT
- Debra S. Christofi, RN
- Gail Alexander, RN
- Lori Appleman, RN
- Kevin Babcock, RN
- Susan Bardzik, RN
- Erin Cox, RN
- Kathryn DeGenova, RN
- Susan Gage, RN
- Dean Haspela, RN
- Deanna Kovalski, RN
- Barbara Levin, RN
- Ines Luciani-McGillivray, RN
- Thomas Lynch, RN
- Sandra Muse, RN
- Ruthann Rockwell Looper, RN
- Brenda Schwartz, RN
- Amee Seitz, PT
- Cara Ventresca, OTR/L
- Barbara Drowne, RN*
- Esther O'Dette, RN*
- Donna Van Kleek, RN*
- Pamela Quinn, RN*
- Kristen Gallagher, RN*
- Patricia Lynch, RN*
- Patricia Atkins, RN*
- Margaret Soriano, RN*
- Sarah Buck, RN*

Clinical Scholars
- Bernadette Reilly-Smorawski, RN
- Cuartor F. Wynne, RN
- Debra Whitaker, RN
- Diana Grobman, RN
- Lois Richards, RN
- Harriet Nugent, RN
- Elizabeth Johnson, RN
- Deborah Bobola, RN
- Anita Carew, RN
- Marie Elena Gioiella, LICSW
- Sandra Hession, RN
- Carol McSheffrey, LICSW
- Donna Slicis, RN
- Sally Morton, RN*
- Chelby Cierpial, RN*
- Jane Bryant, RN*

* indicates clinicians recognized most recently, from September 1–November 30, 2003

Construction occurring in and around MGH

Question: There's a lot of construction going on around the main campus. When is the Yawkey building expected to be completed?

Jeanette: The Yawkey Center is on schedule to open in the fall of 2004. Much of the shell and core is already finished, and work has begun on the duct work, plumbing, and electrical wiring. When finished, the building will have more than 1,400 miles of electrical wiring (about the distance from Boston to Miami) and approximately 105,000 feet (20 miles) of pipe work. Construction on the garage has reached the sixth floor.

Question: What will be housed in the building?

Jeanette: The Yawkey Center was designed to be an ambulatory-care facility and will house outpatient facilities for a number of services including Pediatrics, Cardiology, Obstetrics and Gynecology, Cancer, and others. The building will contain, among other things, 246 exam rooms, 67 infusion treatment stations, 49 consultation rooms and 17 treatment areas, all of which will require 2,444 room numbers!

Question: What's happening at the Charles Street Jail?

Jeanette: The Charles Street Jail will be the anchor for a new hotel, which will have an adjacent guest-room wing. Construction started in the spring of 2003 and is expected to be completed in the spring of 2005.

Question: When can we expect the Charles St. T Station upgrade to be completed?

Jeanette: A 'notice to proceed' was issued in May of 2003, and the MBTA has three years to complete that project.

Question: Does the construction at Charles River Plaza have anything to do with MGH?

Jeanette: When construction at Charles River Plaza is complete, MGH will be leasing space there, including an eight-story building (with an equipment penthouse) that will give MGH an additional 269,000 square feet of research space, four new research centers, and additional departmental space for the Cancer Center, Pediatric Surgery, Clinical Research and other departments. Construction is expected to be completed in the fall of 2005.

Jeanette Ives Erickson

continued from previous page

Surgical Response Team (IMSuRT) were deployed to help with rescue and recovery operations. Members of the IMSuRT and DMAT teams participate in frequent disaster training drills to keep their skills honed and maintain readiness to respond in case of catastrophic accidents or events.

In September, Physical and Occupational Therapy opened their newly renovated clinical space at the MGH Revere Health Center. The new clinic overlooks Revere Beach, providing a peaceful and scenic atmosphere for patient care. Patients in neighboring communities can now receive the same high-quality rehabilitative care close to home without having to travel all the way to the main campus for physical and occupational therapy.

Our newly implemented Clinical Recognition Program recognized 42 advanced clinicians and 16 clinical scholars in 2003, bringing the total for the program to 51 advanced clinicians and 22 clinical scholars.

But perhaps the most noteworthy achievement of 2003 was the team effort that culminated with MGH being recognized by The American Nurses Credentialing Center as the first Magnet hospital in Massachusetts, the highest honor bestowed by the ANA for nursing excellence. By now, everyone is well aware of the significance of this accomplishment, but I would just like to say again how proud I am of every member of the MGH community for your contribution in making patient care at this hospital simply the best!

It is an impressive list of achievements to say the least, and these milestones don't even begin to capture the hard work and commitment put forth by MGH employees every day. Together, we have made quality and safety a top priority. Respect, understanding, and culturally competent care are at the heart of our practice. We have introduced new initiatives supporting hand hygiene, pain management, and patient education, and we're implementing new clinical pathways all the time. We are committed to community outreach, student and professional exchange programs, and sharing our knowledge and expertise with developing countries through humanitarian programs and initiatives.

Staff within Patient Care Services are routinely recognized on a local, state, and national level for their excellence and expertise. They share their knowledge through articles and presentations, and they initiate and conduct research studies too numerous to list here.

In the past (fiscal) year, Patient Care Services hired 778 employees and enjoyed the lowest vacancy and turnover rate since I assumed the position of senior vice president for Patient Care.

Yes, 2003 was an historic year for MGH. But every day at MGH adds another rich page to our history. Thank-you for your contributions and your commitment. I look forward to working with each of you in 2004.

Update

It is my pleasure to announce that Ellen Powers Fitzgerald, RN, has accepted the position of nurse manager for Ellison 14 and will begin her new role at the end of January. Ellen has been a staff specialist for the past two years doing program planning, project management, and facility design for the Yawkey Ambulatory Cancer Center. Please join me in welcoming Ellen to her new role.

Medical nursing: a growing nursing specialty

—by Kate Barba, RN, medical clinical nurse specialist

Medical nurses at MGH are proud of what they do and they want everyone to know it. That's why, on November 20, 2003, in the Main Corridor, medical nurses from throughout the hospital held the second annual Celebration of Medical Nursing.

The event, sponsored by the Medical Nurse Group, gave medical nurses an opportunity to celebrate their practice, promote the image of medical nursing, educate the public and the MGH community about the role of medical nurses, and clearly define medical nursing as a nursing specialty. A number of posters were on display, focusing on:

- Statistics about medical nursing at MGH
- Clinical nursing research studies
- Unit-specific accomplishments (including ethics rounds and precepting programs)
- Patient-education initiatives (including pain assessment, fall prevention, and alcohol withdrawal)
- Medical nursing practice seen through clinical narratives
- The role of medical nurses in helping MGH achieve Magnet Recognition

Said, Kerrie Macomber, staff nurse on Bigelow 11, "I was so proud when I saw the display. The posters and clinical narratives really captured my practice as a medical nurse."

The Medical Nurse Group is comprised of staff nurses from each of the General Medical units (Ellison 16, Phillips 20, Phillips 21, Bigelow 11, White 8, White 9, White 10, and White 11) and the Medical Intensive Care Unit (Blake 7).

continued on next page

Above left: Passers-by stop to read posters in the Main Corridor during celebration of Medical Nursing.
Above: Medical staff nurse, Jane Bryant, RN, speaks with visitor by poster display for Medical Nursing.
At left: staffing the educational booth are (l-r): Marcelo Sampang, RN; Kathleen Larrivee, RN; Emily Olmstead, RN; Meg Soriano, RN; Jane Bryant, RN; Danielle Poulin, RN; and Katia Romano, RN

Biomedical Engineering developing website to better serve patients, caregivers

—by Eileen Hall, MPA/H, web developer, Biomedical Engineering

Have you ever wished you could find a quick answer to a question about Propaq monitors? Or wished you had access to ordering information instead of having to call Biomedical Engineering every time you need an oximeter probe? And how much time have you spent trying to figure out which department to call just to ask a question about a certain medical device?

Biomedical Engineering is hoping to provide a solution to these and other problems with the development of new, user-friendly website. A recent survey indicated that customers want access to more information about medical equipment. In response, Biomedical Engineering is developing a customer-focused website to better serve the needs of the MGH community. The site will be an extension of the Biomedical Engineering website that is currently used by department members.

The website development team, which is comprised of Eileen Hall, MPA/H, BME web developer, and Ellen Kinnealey, RN, bedside technology specialist, is in the process of gathering information. In addition to soliciting input from targeted clinical groups, Hall and Kinnealey would like to hear from staff members with ideas for the site.

The site will include clinical reference materials in the form of user manuals and training tools, but feedback from clinicians will be valuable in deciding what additional information should be available on the site.

The new website is expected to be up and running in the spring. For more information, or to make a suggestion about website content, please send e-mail to: ehall@partners.org.

PARTNERS BioMedical ENGINEERING
Your patient care technology connection

Second Annual Marci R. Christensen, RN, Memorial Lecture

"Advances in Treatment of Irritable Bowel Disease" presented by Bruce E. Sands, MD, and Deborah Robinson, RNP

January 5, 2004
4:00 p.m. – 6:00 p.m.
O'Keefe Auditorium

For more information, call 6-8084

Medical Nursing Celebration

continued from previous page

Medical beds account for 23.6% of the total licensed inpatient beds at MGH. The medical service is responsible for 43.8% of all patients admitted to the hospital. Medical nurses care for a large percentage of patients who come to MGH!

Cynthia LaSala, RN, clinical nurse specialist on White 9, describes medical nursing as, "a nursing specialty that focuses on the healthcare needs of patients with diverse and complex medical and psychosocial needs across the continuum. The rapidity of patient turnover and the acuity of their needs demand critical thinking, assessment skills, and organizational and prioritizing skills of the nurses working in the practice environment. Medical nurses must be able to effectively assess patients and process information from multiple sources to develop and implement a plan of care that addresses their most immediate healthcare needs."

For more information about medical nursing or the Medical Nurse Group at MGH, call Kate Barba, RN, clinical nurse specialist, at 6-2754 or Adele Keeley, RN, nurse manager, at 6-2594.

The Yvonne L. Munn Nursing Research Award

The Center for Clinical & Professional Development is now accepting proposals for The Yvonne L. Munn Nursing Research Award.

Proposals must be received by February 15, 2004, in order to be eligible for the 2004 award.

Recipients receive a $1,500 grant to fund their research studies.

Eligibility requirements and guidelines for proposal development are available in The Center for Clinical & Professional Development on Founders 6.

For more information, contact Brian French at 4-7842.

Team effort evokes true holiday spirit: terminally ill patient makes last visit home

The following exemplar is a compilation of excerpts from clinical narratives, notes, and e-mails that describe Mrs. Betty Thistle's last days of life. Though woven together, it is a powerful story of love and courage, compassion and commitment, and the spirit of giving that lives at MGH all year round. It is printed here with the consent of the Thistle family.

Connie Dahlin, RN
December 24, 2002
(in an e-mail to Jeanette Ives Erickson, RN, senior vice president for Patient Care)

Jeanette,
I just wanted you know that once again clinicians in Patient Care Services do exceptional work, even as the holidays are upon us.

Mrs. Thistle was a 49-year-old mother and wife being cared for in the RACU due to symptoms associated with lung cancer. Her prognosis was poor. Palliative Care was consulted to help manage Mrs. Thistle's pain and symptoms. I was asked to speak with her to provide her with some sense of control in this sad situation. I told her we would accommodate her wishes, whether they were to: stay in the hospital and continue with her current course of treatment; go home for a brief visit; withdraw care while she was in the hospital at a time of her choosing; or return home and withdraw care there.

Mrs. Thistle didn't think she'd live until Christmas, but she wanted to go home for a visit. I just want to say how proud I am of Andrea, Norine, Florian, and Marguerite. This story speaks to the extraordinary things that can happen when people work together to provide exceptional patient- and family-focused care.

Connie Dahlin, RN,
Palliative Care Service

Andrea Burton, RN,
Respiratory Acute Care Unit

Norine O'Malley, RN,
Cardiac Intensive Care Unit

Florian Koci, RRT
Respiratory Care Services

Marguerite Nardozzi, LICSW
Social Services

Norine O'Malley, RN
Cardiac Intensive Care Unit

Mrs. Thistle had been newly diagnosed with aggressive metastatic lung cancer when she arrived in the CCU. She had requested not to be resuscitated in the event she lost consciousness. But when asked if she would consent to being intubated during a period of respiratory distress, she agreed.

My initial assessment found a thin, pale, young-looking woman. Her hair was dark brown and fashionably styled. There were traces of soft-colored lipstick on her lips and a hint of eye make-up. Mrs. Thistle seemed to be resting comfortably despite breathing with the help of a ventilator.

Mr. Thistle came into the room as I finished my assessment. While Mrs. Thistle slept, Mr. Thistle talked about his wife, about their 25-year marriage. They had met when her daughter was three years old, after Mrs. Thistle had finished treatment for Hodgkin's disease (they were never able to have children of their own).

I admired many things about Mr. and Mrs. Thistle's relationship—the love they shared for each other and the support Mr. Thistle had for his wife.

Mrs. Thistle's stay in the CCU was complicated by her inability to wean from the ventilator because of pneumonia and worsening lung cancer. Over the next three to four weeks, Mrs. Thistle was sedated and medicated for comfort and pain.

It soon became clear that Mrs. Thistle would not be able to wean herself from the ventilator. She would require a tracheotomy and prolonged ventilator support. It was unclear whether Mrs. Thistle would ever be able to come off the ventilator.

After a number of family meetings, the difficult decision was made to withdraw ventilator support the next day and provide comfort measures only.

An hour before Mrs. Thistle's life support was to be withdrawn, I entered her room to find a very emotional meeting going on between Mrs. Thistle and her family. Her husband and daughter were asking, almost begging, her for guidance as to what they should do for her.

As a mother, wife, and nurse, I recognized the difficult position this put Mrs. Thistle in. I asked if it would be helpful if I spoke with Mrs. Thistle. They nodded their agreement.

continued on next page

I took a deep breath and held back tears. I explained to Mrs. Thistle that a tracheostomy would involve a surgical procedure to help ventilate her. There was a great likelihood that the tube would remain for the rest of her life and that a gastrostomy would also be required so she could eat.

I explained that her second option would be to remove the vent, in which case, she would pass away. I promised that if she chose this option, I would make sure she was comfortable and that she would pass away peacefully.

After reflecting for a moment, she turned to her daughter and smiled. Then she said to me, "I need more time. I need more time." It was clear she was not yet ready to leave her family.

The next day a tracheostomy and gastrostomy were performed, and a few days later, Mrs. Thistle was transferred to the Respiratory Acute Care Unit (RACU).

Betty Thistle with her grandson

Andrea Burton, RN, Respiratory Acute Care Unit

The Respiratory Acute Care Unit specializes in weaning ventilated patients. When Mrs. Thistle arrived in the RACU, our goal was to wean her off the ventilator so she could go home with hospice services. On the second day Mrs. Thistle was on the unit, it was determined that she wasn't likely to wean from the vent. She was frightened and required round-the-clock dosing of anti-anxiety medication to keep her breathing comfortable. The tumors in her lungs were trapping secretions, and suctioning was not helping to remove them. We knew she didn't have a lot of time; a decision to consult Palliative Care was made.

Mrs. Thistle's husband and daughter were by her side every day. They were very supportive and strong. They were the kind of family that held your hand and thanked you when they left at night and wouldn't take a blanket when they dozed off in the chair by her bed. They weren't angry; they just wanted to make the most of the time she had left. That attitude was what eventually led to the decision to bring Mrs. Thistle home for Christmas.

Palliative Care came to see Mrs. Thistle over the weekend, and from that time on, Connie (Dahlin) and Marguerite (Nardozzi) were present for every meeting. Connie asked if I would attend a family meeting. She walked into Mrs. Thistle's room, having never met her or her family, and spoke in soft, comforting tones about the devastation of her prognosis and what we would be able to provide in this situation that seemed so out of hand. She held Mrs. Thistle's hand. Marguerite held her daughter's hand. And as my hand found Mr. Thistle's shoulder, we all had tears in our eyes. Connie spoke like she was having a conversation with friends; sincere and unrehearsed. The feeling in the room changed from sadness and frustration to focus on the task at hand—getting Mrs. Thistle home to her own bed one more time before they had to say goodbye.

Mrs. Thistle had been a dog groomer for many years. She wanted to go home and see her dogs. She wanted to see her grandson, who was afraid to come to the hospital. She loved Christmas and was known for her holiday decorations. Mr. Thistle and her daughter went home to decorate the house for her visit.

We had a meeting of all the people who would be involved in escorting Mrs. Thistle home, including Norine, her primary nurse from the MICU, and Florian Koci, the respiratory therapist the family had requested. We tried to think of every eventuality that might occur during the trip. We wanted to be ready for anything. Pharmacy was consulted as Connie brought up the possibility that Mrs. Thistle might die at home or in transit. We wanted to have the appropriate medications to make her comfortable. Mrs. Thistle's tumor presented a small risk of bleeding, so Connie suggested using green blankets to diminish the color of the blood.

I came in early the day of the visit and spent the first few hours preparing supplies and getting Mrs. Thistle ready for her visit. She was restless. She hadn't slept well. She started having second thoughts about whether she was strong enough to make the trip. I called her husband at home; he said he would come in and talk to her.

In the meantime, the ambulance arrived. When the EMTs learned that Mrs. Thistle was scared, they assured her they would drive quickly and carefully to get her home safely. Everyone was as supportive and patient as they could be. Mrs. Thistle reluctantly told me she was afraid she wouldn't survive the trip and didn't want to disappoint her family and the staff after all this planning. Her husband had arrived by this time, and I told him about her fears. He assured her it was worth a try. I leaned

continued on page 10

Nursing practice on Ellison 11 is both independent and collaborative

—by Colleen Gonzalez, RN, and Sioban Haldeman, RN

Colleen Gonzalez, RN, clinical nurse specialist

Sioban Haldeman, RN, clinical nurse specialist

Ellison 11 is a 36-bed Medical Cardiology Unit dedicated to the care of patients with acute coronary syndromes, arrhythmias, heart failure, and other vascular diagnoses. Most patients on Ellison 11 require coronary or peripheral procedures (diagnostic or interventional), electrophysiology studies, or diagnostic procedures, and benefit from both medical and nursing expertise in preventing and managing acute cardiac events.

Nurses on Ellison 11 have in-depth knowledge of the anatomy and physiology of the heart and other organ systems, knowledge of diagnostic and treatment procedures, knowledge of the pathophysiology of cardiac diseases (such as angina pectoris, myocardial infarction, valvular disorders, cardiac arrhythmias, etc), knowledge of treatments and their effect on a patient's physiological state (such as cardiac medications and their effect on diagnostic and treatment procedures). Nursing practice on our unit is both independent and collaborative. Nurses assess, diagnose, monitor, and refer patients for medical treatment. For the past several years, the presence of nurse practitioners has further strengthened nursing practice in the collaborative domain. The development and implementation of our RN Vascular Sheath Removal Program, which has been up and running for two years, is an example of nursing practice in the collaborative domain.

Patients at risk for, or who have already developed, cardiac disease are always in need of independent nursing assessment and intervention. Nurses on Ellison 11, supported by clinical nurse specialists, define their independent role through in-depth knowledge and expertise of cardiac risk-factor assessment and interventions. Through nursing assessment, patients are identified who lack knowledge of, or concern for, their cardiac risk-factor profile. The Get with the Guidelines Program has been a vehicle for nurses to operationalize their independent roles. This program, sponsored by the American Heart Association, provides tools to identify and track cardiac risk factors. It was successfully implemented on Ellison 11 through a team approach that involved Nursing, Cardiology, and the Cardiac Clinical Performance Management (CPM) team. Our model was presented at the National Association of Clinical Nurse Specialists Conference this past spring.

We are fortunate to be able to benefit from teamwork across role groups, including the nurse manager, nurse practitioners, clinical nurse specialists, and the clinical nursing staff. Utilizing the strengths of each role group, we have been able to implement a number of initiatives to improve the quality of care for our cardiac patients and their families.

Knowledge, confidence in our practice, and teamwork have positioned us to be able to consult with the North Shore Medical Center (NSMC) as they introduce interventional cardiology pactices at their hospital. The interventional cardiologist from NSMC practices within the department of MGH Cardiology one day per week; and Ellison 11 clinical nurse specialists and expert nurses have worked with the cardiac nursing leadership at NSMC to prepare an educational plan to assist nurses at NSMC to become competent in caring for cardiac patients requiring interventional procedures. Our approach was collaborative with nursing leadership and expert nurses from both clinical sites reviewing lecture objectives and strategies to address the educational needs of the NSMC nursing staff. Members of the MGH team included Judy Silva, RN, nurse manager of Ellison 11; Susan Cronin Jenkins, RN, nurse manager of the Cardiac Catheteriztion Lab; clinical nurses from Ellison 11 and the Catheterization Lab; and Donna Perry, RN, from the Center for Clinical & Professional Development.

The educational plan included on-site lectures by MGH clinical nurse specialists and expert nurses, Leann Otis, RN, and Chelby Cierpial, RN, and the NSMC interventional cardiologists. Our focus was to present pertinent information to the nursing staff to assist them in managing patients in both the collaborative and independent domains of nursing practice. Content included:

- cardiac diagnostic and therapeutic interventions
- the effects of procedures on patients' physiological status
- how to prepare patients and their families for the experience
- how to prepare patients for the experience of the cardiac catheterization lab
- pre-procedure education
- post-procedure care
- assessment criteria for identifying complications
- management strategies
- discharge planning
- risk-factor modification education.

Teaching methodologies included lectures, case studies, demonstrations of the highly specialized equipment used to perform interventional procedures, and question-and-answer sessions. We acknowledged the skill that NSMC nurses

continued on next page

Members of the MGH Chaplaincy at interfaith Thanksgiving service

MGH Chaplaincy providing spiritual support to the MGH community

On Monday, November 24, 2003, the MGH Chaplaincy held an interfaith Thanksgiving service for staff, patients, family members, and visitors. And on Friday, December 5th, the MGH Chapel was the site of a special service of remembrance and healing for those impacted by domestic violence. Services included readings and music selected specifically for each occasion. Along with spiritual support, the Chaplaincy offered a list of resources available for those affected by domestic violence, which included: the HAVEN Program (617-724-0054); the Employee Assistance Program (617-726-6976); Police & Security (617-726-2121); the Domestic Violence Working Group (617-724-0054); and the MGH Chaplaincy (617-726-2220).

Clinical Nurse Specialists

continued from previous page

brought to this experience, recognizing that many of them had a great deal of experience in caring for cardiac patients. We encouraged dialogue and questions. We were happy to share our Ellison 11-initiated (now MGH standardized) discharge instructions for post-interventional patients so NSMC nurses wouldn't have to 're-invent the wheel.'

It was instructive for us to dialogue with NSMC nurses to hear their perspective regarding this change in their practice. As in many teaching situations, the teacher often learns as much as the student. This was particularly true when NSMC nurses had the opportunity to visit our unit and participate in clinical care with Ellison 11 nurses. Through a team effort and a multi-model learning plan, we were able to share our philosophical as well as clinical approach to nursing practice with NSMC nurses in a comprehensive way. Ellison 11 nurses enjoyed the opportunity to share their expert practice with nursing colleagues at NSMC. This exchange has led to many thoughtful reflections and insights. We hope to continue our collaboration with NSMC and look forward to sharing our expertise with other Partners institutions.

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Exemplar

continued from page 7

over and reminded her that once she was home she still had the option of withdrawing support.

Norine O'Malley, RN

On December 23rd, after much planning, Marguerite, Connie, Andrea, Florian, Mr. Thistle and I placed Mrs. Thistle on a stretcher and headed for home.

As we rode in the ambulance, Mr. Thistle talked about Mrs. Thistle's favorite restaurant. He pointed out the church where they worshiped, and said how the entire parish prayed for her every Sunday. He talked about her beloved pets. She was a true animal lover who had adopted many strays over the years.

We arrived at their home where her daughter and four-year-old grandson greeted us at the door. They had been decorating the house for Mrs. Thistle all morning. We brought her in on the stretcher and transferred her to her own bed.

Next, was truly an amazing sight. Each family member went into Mrs. Thistle's room to spend what would be their last few hours with her at home. Her husband laid down next to her on the bed and read her a poem. Their 18-year-old cat jumped on the bed and curled up under Mrs. Thistle's arm. Their Dalmatian jumped up on the bed and began licking Mrs. Thistle's face while a blind dog growled at everyone but Mrs. Thistle. She was the only one who could pet him. Mrs. Thistle's grandson climbed onto the bed and kissed her. Then she shared a few private moments with her daughter.

After about two hours, it was time to go back to the hospital. As we prepared to leave, she looked up at me the same way she had when she indicated she needed more time. But this time she mouthed the words, "Thank-you." I knew she had gotten the time she needed. She'd had her last visit home with her family and her pets and she was ready.

As we rode in the ambulance back to the hospital, Mrs. Thistle fell asleep. She passed away the next day on Christmas Eve.

Florian Koci, RRT
Respiratory Care

As a primary respiratory therapist, I provided ventilatory care to Mrs. Thistle during her stay in the CCU. A few days before Christmas, my director asked if I'd be part of a team that would escort Mrs. Thistle home for a few hours (on a ventilator) as her last wish. He caught me off guard. I'd never done anything like that before. But I could never refuse a request like that. And when I learned that Mr. Thistle had requested me personally, there was no question about it.

She had given her Christmas present and now she could rest. When I said good-bye that day, I knew she would be gone the next day. What an honor to have witnessed Mrs. Thistle's gift of love and those precious moments of goodness and giving. It was a gift to us all.

When Andrea, Norine, Connie, Marguerite and I met early that morning to discuss in detail our responsibilities, I got the feeling everyone was prepared for the worst to happen on the way home. I believed Mrs. Thistle would make it, and I tried to assure them it would be okay.

Once in the ambulance, a less-than-one-hour ride seemed to last forever. I had to maintain focus on more than a few things at the same time: maintaining a good position of Mrs. Thistle's trach; ensuring the patency of her airway by suctioning (the road was not very smooth); and ensuring proper functioning of the ventilator.

Once at the house, we transferred her to manual ventilation with no complications. It's difficult to describe those first moments when her cats jumped onto her bed and cuddled up beside her, her two dogs licked her face and hands. We stayed for about two and a half hours while Mrs. Thistle spent time with her family.

The trip back to the hospital was much less anxious. Mr. Thistle thanked us repeatedly. It was a unique and stirring experience that generated mixed feelings—sadness for this terrible situation, but pride at being able to help ease the pain during a difficult time for this family.

Marguerite Nardozzi,
LICSW, Social Services

I think of Mrs. Thistle often. She is not a forgettable person. I remember her big, blue eyes that, even when she couldn't talk, spoke volumes. I think mostly about the morning I went to see her when she was very lucid, talking, but with difficulty. I held her hand and felt the familiar squeeze back. She said, "Some days I wake up and wish I was better." I waited as I sensed there was more. "Other days I wake up and wish I was worse." I nodded, and her eyes filled with tears. "At least then I'd be asleep. I wouldn't know, I wouldn't have to make decisions." I nodded again, trying to imagine her dilemma. "It's so nice to talk to someone who understands," she said.

Her situation was unique in that, in many ways, she was being asked to pick the time of her death. This was compounded by her strong desire to take care of her family. She knew how much they needed her and depended on her. The visit home was to be her final gift to them. Her husband had expressed his need to see her in their home one more time. And her daughter had echoed that wish. Mrs. Thistle was tired and afraid. But she didn't let her own fears or needs prevail.

Our final conversation was in Mrs. Thistle's hospital room, after returning from her trip home. She looked exhausted but serene. I told her what a great job she had done. Again, the familiar squeeze of my hand, as she was too tired for words. She had given her Christmas present and now she could rest. When I said good-bye, I knew she would be gone the next day.

What an honor to have witnessed Mrs. Thistle's gift of love and those precious moments of goodness and giving. It was a gift to us all.

When/Where	Description	Contact Hours
January 8 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	
January 12 7:00am–12:00pm	**CVVH Core Program** Haber Conference Room	6.3
January 12, 13, 20, 21, 26, and 27 7:30am–4:30pm	**Greater Boston ICU Consortium CORE Program** Boston Medical Center	44.8 for completing all six days
January 14 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
January 14 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
January 14 4:00–5:00pm	**More Than Just a Journal Club** Walcott Conference Room	- - -
January 14 11:00am–12:00pm	**Nursing Grand Rounds** Sweet Conference Room GRB 432	1.2
January 15 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
January 15 8:00am–4:30pm	**Psychological Type & Personal Style: Maximizing Your Effectiveness** Training Department, Charles River Plaza	8.1
January 16 8:00am–4:30pm	**Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other** Training Department, Charles River Plaza	7.2
January 20 8:00am–4:00pm	**Intermediate Respiratory Care** Respiratory Care Conference Room, Ellison 401	TBA
January 21 7:30am–12:30pm	**Pediatric Advanced Life Support (PALS) Re-Certification Program** VBK 601-607	- - -
January 22 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
January 23 8:00am–4:30pm	**Legal Issues Facing Clinicians** O'Keeffe Auditorium	TBA
January 26 and 27 7:30am–4:30pm	**Intra-Aortic Balloon Pump Workshop** Day 1: BWH; Day 2: VBK607	14.4 for completing both days
January 27 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	**CPR—Age-Specific Mannequin Demonstration of BLS Skills** VBK 401 (No BLS card given)	- - -
January 28 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
February 3 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
February 5 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
February 5 8:00am–4:30pm	**Workforce Dynamics: Skills for Success** Training Department, Charles River Plaza	TBA
February 6 8:00am–4:30pm	**Wound Skin Care Update: 2004** O'Keeffe Auditorium	TBA

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.

Grobman receives 2003 Orren Carrere Fox Award for NICU Caregivers

On Thursday, November 20, 2003, staff of the Newborn Intensive Care Unit (NICU) came together for the presentation of the third annual Orren Carrere Fox Award for NICU Caregivers. The Award is made possible through the generosity of Elizabeth DeLana and Henry Fox, whose son, Orren, was cared for in the NICU in the first few weeks of his life.

This year's Orren Carrere Fox Award was given to Diana Grobman, RN, a clinical scholar who has worked in the NICU for more than 20 years. Grobman's practice exemplifies the criteria of this Award to celebrate and advance the principles of family-centered care.

Orren Carrere Fox Award recipient, Diana Grobman, RN (second from left), with nurse manager, Peggy Settle, RN (left) and members of the Fox-DeLana family.

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