

Caring

January 23, 2003

HEADLINES

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Former US Surgeon General, David Satcher, MD, comes to MGH

(See story on page 4)



(L-r): Former US Surgeon General, David Satcher, MD;
Joseph Betancourt, MD, of the MGH Institute for Health Policy;
and director of PCS Diversity, Deborah Washington, RN

MGH magnet hospital certification update

I'm happy to tell you that on January 9, 2003, the MGH Magnet Nursing Services Recognition Steering Committee submitted a 2,305-page report to the American Nurses Credentialing Center, effectively completing Phase I of our application for magnet hospital certification. As I mentioned in my column in the October 3, 2002, issue of

certification is stringent, and rightfully so. I'd like to take this opportunity to thank everyone who has helped in our preparation so far, and that includes hundreds of clinicians and support staff throughout the entire hospital.

I must acknowledge the tireless effort and commitment of the Magnet Steering Committee co-chaired by, Lori Carson, RN, and Marianne

phase of our journey. Those workgroups included:

- The Interdisciplinary Team Workgroup, co-chaired by Theresa Gallivan, RN, and Judy Newell, RN
- The Professional Practice Workgroup, co-chaired by Marie LeBlanc, RN, and Jackie Somerville, RN
- The Professional Development Workgroup, co-chaired by Trish Gibbons, RN, and Keith Perleberg, RN
- The Knowledge Management Workgroup, co-chaired by Sally Millar, RN, and Dawn Tenney, RN

And I especially want to acknowledge the hard work and accomplishment of The Writers Group, whose task it was to format and standardize all the written evidence into one cohesive document—no small feat. The Writers Group was co-chaired by Marianne Ditomassi, RN, and Chris Graf, RN. Members included: Lori Carson, RN; Ellen Fitzgerald, RN; Julie Goldman, RN; Mel Heike, RN; and Nancy McCarthy, RN.

It is important to remember that magnet hospital certification, while granted by a subsidiary of the American

Ditomassi, RN. I want to thank Ed Coakley, RN, and Lauren Holm, RN, for providing support to the committee and adding so much to this process. And I want to thank Negui Gomez, staff assistant, and Jess Beaham, web developer, for the countless hours they spent typing, formatting, and paginating the five-volume report we submitted on January 9th.

I want to thank the members and co-chairs of the four workgroups who had very specific charges during the first

It is important to remember that magnet hospital certification, while granted by a subsidiary of the American Nurses Association, reflects excellence in patient care throughout the entire organization, not just Nursing.

Caring Headlines, magnet hospital certification is increasingly viewed by patients and the public as a symbol of excellence in patient care and a key factor in selecting healthcare providers. The term 'magnet,' indicates that hospitals are successfully able to 'attract' and retain qualified nurses in a competitive market despite whatever trends, shortages, or challenges may be affecting the national healthcare environment.

The application process for magnet certifi-



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

Nurses Association, reflects excellence in patient care throughout the entire organization, not just Nursing. Hospitals must demonstrate excellence in 14 standards comprised of 95 different criteria that reflect key characteristics of the organization such as: autonomy; control over practice; professional development; interdisciplinary teamwork; quality and safety; our ability to provide culturally competent care; leadership, and documentation, to name only a few. That can only happen in an integrated organization where all disciplines and all clinicians are supported and valued and committed to delivering the highest quality patient care.

And now we begin Phase II, preparing for the site visit, which will take place some time this spring. Our efforts for this leg of the journey will be every bit as

focused and thorough as they were in Phase I.

Work has already begun with the selection of 174 staff nurses from all patient-care units, who will act as magnet champions in the coming months. Deb Burke, RN, and Brian French, RN, are spearheading the training program, which began this week with a special training retreat for magnet champions. Once trained, magnet champions will help prepare staff on their units for the upcoming visit by the magnet certifying board.

Extensive planning has gone into creating a multi-pronged approach to prepare staff and leadership for the multi-day visit. More details will be forthcoming in future issues of *Caring Headlines* as The Magnet Nursing Services Recognition Steering Committee provides regular updates on our progress.

continued on next page

Unit-Based Quality & Safety Rounds

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.

As many of you are aware, the Office of Quality & Safety recently initiated Quality & Safety rounds on inpatient units. Joan Fitzmaurice, RN, and Cy Hopkins, MD, directors of the Office of Quality & Safety, organize these rounds to engage staff in discussions on the units. I have asked Joan and Cy to provide some questions and answers about these new Quality & Safety Rounds.

Question: What are Quality & Safety rounds?

Joan and Cy: Quality & Safety rounds provide an opportunity for informal discussions with staff about quality and safety issues on their units. Rounds are scheduled during lunch, and we bring pizza and soda so staff can eat while we talk. We understand it can be difficult for staff to stay the full hour, so it's acceptable for people to drop in and out as necessary.

Question: What is the purpose of Quality & Safety rounds?

Joan and Cy: Rounds are a way for us to learn about quality and safety issues from the people who are closest to the patients. It's also a way for us to see first-hand what the 'safety culture' is at MGH. By initiating dialogues about quality and safety, we can create the safest possible environment for our patients.

Question: Who participates in Quality & Safety rounds?

Joan and Cy: All staff working on, or with, the patient care unit (including nurses, physicians, nurse managers, clinical nurse specialists, operations coordinators, PCAs, therapists, pharmacists, social workers, chaplains, dieticians, OAs, and USAs) are encouraged to attend. The best information is obtained when there is multi-disciplinary rep-

resentation and feedback. Members of the senior executive team have also attended and participated in Quality & Safety rounds.

Question: Where do Quality & Safety rounds take place?

Joan and Cy: Quality & Safety rounds have been implemented on inpatient units, and there are plans to expand rounds to outpatient and health-center settings as well. Rounds have been conducted on seven inpatient units to date.

Question: When do Quality & Safety rounds take place?

Joan and Cy: We schedule rounds in advance with the nurse manager. Rounds typically take place on Tuesdays from 12:00–1:00pm. If you want to know when your unit will be hosting Quality & Safety rounds, please ask your nurse manager.

Question: What do you talk about?

Joan and Cy: We might ask questions such as:

- Is there an accident waiting to happen on this unit?
- When mistakes do happen, what do you do?
- What needs to be improved? And how might you go about improving it?
- Do you feel comfortable raising quality and safety issues with your colleagues and superiors?

Some of the issues that have emerged so far include:

- transportation to the MRI at night
- multiple doses of IV medications in one bag
- POE-related concerns
- internal patient transfer practices
- ID bands
- equipment in the hallways
- verbal orders

Jeanette Ives Erickson

continued from previous page

Excellence in patient care has always been the standard at MGH. We all know that MGH is home to the greatest clinicians in the world. I look forward to this opportunity to showcase our talent, knowledge and skill for the members of the magnet review board.

Thank-you for your vision, hard work, and commitment.

Kresge Challenge Update

As you know, MGH received a prestigious grant from the Kresge Foundation for help with construction of our new outpatient facility. The \$2 million grant came with a 'challenge,' to MGH employees to complement their generous donation.

I'm happy to report that we're on our way

to meeting that challenge with a \$750,000 donation of our own. To date, more than 1,100 contributors have raised more than \$500,000, and MGH nurses have contributed more than \$30,000.

You may recall that the success of this campaign relies on participation. The Kresge Foundation wants to see a broad-based show of support from members of the MGH community. This is a wonderful opportunity to

help raise money for our new outpatient facility and contribute to the future of our hospital.

Gifts may be made until Monday, June 30, 2003, but if your gift is received by March 7, your name will appear on a list of Kresge Challenge donors in a spring issue of the *MGH Hotline*.

Thank-you for your generosity in considering a gift to The Kresge Challenge Campaign Fund.

Update

I am pleased to inform you that Carol Camooso Markus, RN, will be joining the Office of Quality and Safety as a staff specialist. Carol is an experienced nurse and has been involved in many of our quality and safety initiatives over the course of her career. Carol will transition to her new role at the end of this month.

Satcher speaks on racial disparities in health care

Who better to speak about disparities in health care and what we can do to improve access to care for minority populations than former US Surgeon General, David Satcher, MD? Drawing on his considerable knowledge

and experience, Satcher, the 16th Surgeon General, shared information on demographics, mortality rates, healthcare practices, lifestyles, and factors affecting access to care for minority populations.

Not only are there disparities in access, said

Satcher, but there are great disparities in the quality of care received once people enter the healthcare system. This is where education in cultural competence becomes so important. "It's not about pointing fingers," he said. "It's about finding solutions.

We need to be accountable for the things we can control."

Satcher stressed the importance of developing community relationships, motivating people to seek help when they need it, educating people, and advocating for patients in our care. So many of the barriers to quality care are related to culture and heritage, he said. That's why the community needs to be involved at all levels, from research, to treatment, and throughout the continuum.

Joseph Betancourt, MD, and Deborah Washington, RN, director of Diversity for Patient Care Services, spoke on behalf of MGH. Said Washington, "We need to assess our own cultural competence to

ensure these disparities don't continue on our watch." Washington presented an overview of the CLAS Standards (Culturally and Linguistically Appropriate Services in Health Care).

In closing, Satcher commended MGH for its efforts in promoting diversity and culturally competent care. "There is no substitute for good leadership," he said. "We must always know where we are, monitor our progress, evaluate our options, and continually implement systems to improve the status quo. If we don't take control of our future, who will?"

Satcher's final slide contained this quote from John Gardner, former Secretary of Health Education & Welfare:

"Life is full of golden opportunities carefully disguised as irresolvable problems."



Above: Panelists (l-r), Joseph Betancourt, MD, of the MGH Institute for Health Policy; Deborah Washington, RN, director of PCS Diversity; and former US Surgeon General, David Satcher, MD, field questions from the audience. Winfred Williams, MD, also a panelist, is not pictured.

At right: Satcher stays to take questions from staff after his presentation.



Patchwork quilt is labor of love for staff in SDSU

My name is Donna Comolli, and I am writing on behalf of the staff of the Same Day Surgical Unit (SDSU). We would like to share this story of love, faith, peace, and hope.

Our friend and colleague, Karen Bolden, transferred to the SDSU about two years ago from one of the health centers. It was apparent during her interview that Karen had a great sense of humor and would be a wonderful addition to our unit. She was passionate about her career choice, celebrated the nursing profession, and had great people skills, all very important qualities in the SDSU. That was how our friendship began.

Every day we work closely with each other in a collaborative model that encompasses all disciplines. We forge strong friendships, share joyful moments, and sometimes, not so joyful times.

Karen shared with us that she had survived a serious illness. She had been tested and said she now knew first-hand how precious life is and how it can change in an instant. It was reaffirming to see Karen express her joie de vie and her great sense of humor with her friends, colleagues, and patients.

This past summer, Karen experienced a recurrence of her disease. As we learned the results of her tests, our own sense of mortality was front and center. We had so many questions, so many levels of comfort and discomfort. But Karen made it easy for everyone with her openness. She was a guiding light, and we are grateful to her for that.

After a brief period of adjustment, we moved from inaction to action. Cecile Hannon and Ellen Harrigan (graduates of the MGH Clinical Pastoral Education Program) led a healing circle for staff who wanted to

participate. But there was a sense that we wanted to do more to show support for our friend.

One morning, Amy Levine, our education co-ordinator, suggested we make an inspirational quilt. Our resident quilters, Linda Lauretano and Diane McGrath, along with Michelle Wall, volunteered to spearhead the project. They provided us with a few simple 'rules,' pattern books, mats, cutters, and most importantly, their expertise.

The project took on a life of its own after some initial hesitation on the part of those of

us who had never quilted or even sewn before.

Family members (including children) joined in the effort. An industrious excitement prevailed as staff personalized each square creating themes, favorite characters, cultural associations, or simply combining complementary colors.

As each square was completed, we added them to the 'box.' It became a morning ritual to look at all the squares and 'Ooh and Ahh' over every one. Each square had such meaning and brought us such peace and comfort.

Karen continues to work part time, full of life and inspiration, and spreading her uncommon kindness to all around her.

Soon the quilt was completed. The journey from start to finish was life-affirming and a true testament to the power that love has when you dare to care. We feel privileged to have been part of this labor of love.

On December 19, 2002, we arranged a surprise visit for Karen in the SDSU. After our morning staff meeting, Karen's husband, Bryan, daughter, Meredith, and mother, Marilyn, came to the hospital and helped us present our gift to Karen.

To Karen, we hope you feel the love of your friends every time you wrap yourself in this quilt. Think of it as all of us holding you in our hearts.

To Life. To Karen.



Karen Bolden (seated, center) receives quilt surrounded by family and friends (l-r): mom, Marilyn; daughter, Meredith; husband, Bryan; and co-workers, Diane McGrath, RN; Karen Kelly, RN; Debra DiMuzio, ST; and Michelle Wall, RN.

(Photo by Paul Batista)

ED nurse helps family member cope with loss after September 11th

My name is Ruthann Rockwell Looper. I am a staff nurse in the Acute Psychiatric Service (APS) in the Emergency Department. This exemplar highlights some of the symptoms consistent with severe grief and loss.

A few days after September 11, 2001, a beautiful, African American woman I will call, Rosie, walked in to the Emergency Department. Rosie signed in to APS with a chief complaint of, "I am not myself."

As the nurse responsible for prioritizing the order in which patients will be treated, I invited Rosie to explain what she was going through. She immediately began to cry. This is not uncommon as patients express profound relief at the opportunity to be heard. Rosie needed to talk. I recognized the phenomenon well enough to extend extra time to allow my new patient to cry. I provided tissues, waited patiently, and gave her reassuring looks. I wanted her to feel like I had all day to sit with her and bear witness to her pain, despite the growing number of patients waiting to speak with a nurse.

After a time, the story began to spill out in disjointed fragments.

I heard phrases that stabbed at my heart. "My favorite sister, gone," and, "They were like brothers to me," and, "Can't stop crying." The greatest gift we can extend to a patient at a time like this is the opportunity for emotional connection. I remained present for Rosie and respectfully created the space she required to gather her thoughts into a more cogent pattern. She was so heavily grieved.

Rosie ultimately articulated her loss. Her closest sister and "very best friend in the entire world," Aisha, had died in the World Trade Center catastrophe. To add to her loss, two beloved cousins with whom she had lived as a child, had also perished that day.

As the details of her loss became clear, it was simple to gather the information I would have asked for in a more formal way had she not been so upset. Rosie admitted that she was barely eating, not sleeping and couldn't concentrate. Her capacity to focus was gone. She enjoyed nothing. Her descriptions of her lack of motivation signaled an overall depressive response to her loss.

Sometimes when people feel this down, they

begin to think about ending their life. Gently, I was able to broach the subject of Rosie's personal safety. Her religious faith and community insulated her from contemplating death at her own hands.

I recognized at this point in the conversation that Rosie would benefit from thinking about her sister. I invited her to talk about what Aisha would want. I asked her to tell me what her sister was like. Her emotional tone dramatically changed. She was enlivened. Just thinking about Aisha, she became animated, and she smiled.

"Aisha was a real character," she said. "She always made me laugh. She was the queen of one-liners. Silly, and a practical joker! She spent her life making people laugh. Everybody loved her. She was the life of the party."

Rosie's shoulders relaxed a bit. Her face was less tense. Still I sensed she had something to tell me; something she was hesitant to disclose. I asked what was troubling her. She admitted with a worried look, "Sometimes, I hear Aisha talking to me. I even think I see her. Am I going crazy?"

After years of experience as a psychiatric



Ruthann Rockwell Looper, RN
staff nurse, Acute Psychiatric Service,
Emergency Department

nurse, I knew that Rosie was referring to normal experiences associated with intense grief and its aftermath. Many patients experience visual 'misperceptions.' They think they see the person they so deeply long for. It is a wish fulfilled for a cruel second, as they reject reality for a tiny interval of time, their hope overriding reality.

I searched for words to reassure Rosie. I wanted her to feel understood and heard. Without minimizing the severity of her reaction to this traumatic event, I wanted to let her know that these symptoms were within the range of what is expected. With the pain of loss so debilitating, her self-judgment around her misperceptions added another layer of discomfort. I thought it was important to normalize her experiences, to put this phenomenon into the context of severe bereavement.

I have learned that humor in psychiatric nursing can be a powerful mechanism when used judiciously and with deep respect for the patient. I decided to take a risk. I dryly pointed out to Rosie, "Well, you know, people miss Elvis Presley so much they still spot him at K-Mart, even though he died in 1977."

Rosie started laughing. She heaved with relief, letting out a huge noise from her belly. She smiled. She looked me in the eye and said, "You know, that's the first time I've laughed since she passed on. Thank-you for making me laugh. She would have wanted me to see humor in everyday life. Thank-you for honoring her memory."

We sat together for a few minutes longer and reflected on the beauty of Aisha's soul. Rosie told me of the unique imprint her sister left on the world, and some

continued on next page

Exemplar

continued from page 6

of her complex feelings around surviving her loss. We talked about the phenomenon of survivor guilt. Many survivors wish they had died instead, or wish they could switch places with the dead. Sometimes people fantasize frequently about what would have happened if they had been in another place, or gone to another event.

We talked about her anger and the guilt that resulted from it. "Aisha probably didn't make it out of the building because she was always helping someone. She had such a big heart."

Rosie acknowledged some of the rage she felt, recognizing how important it was to continue to talk. Loss is crazy-making sometimes, and the relief she felt at being reassured about this really made a difference. Perhaps if I had not had the time and skill to delve so deeply into Rosie's complicated feelings, she would have required emergency medications. She was so distraught when she arrived that she couldn't even speak in complete sentences. Together we accomplished a dramatic reduction in Rosie's perceived discomfort. While processing her grief further would require ongoing care and treatment, we were able to make a connection that eased

the beginning phase of her adjustment to this incalculable loss of three family members in one terribly tragic event.

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

As we watched the events of September 11th unfold, we knew the victims would not only be the individuals lost that day. We knew the victims would also be the family members and friends who live on without their loved ones. Ruthann's narrative at once captures Rosie's unbearable anguish and the incredible strength that brought

her to the Acute Psychiatric Service in our Emergency Department

Ruthann so delicately, so skillfully helped Rosie explore the landscape of her pain that Rosie was finally able to unburden herself and begin to heal.

Ruthann took a calculated risk by injecting humor into this emotionally charged situation. And the risk paid off. Humor became an important link between Ruthann, Rosie, and Rosie's sister, Aisha.

Rosie suffered an unspeakable loss. Ruthann gave her a way to cope; and a way to keep Aisha's spirit alive through laughter, remembrance, and love.

Thank-you, Ruthann.

Run for a Reason!

Join the MGH Team Durant 2003 in support of the Thomas S. Durant, MD, Fellowship in Refugee Medicine

Throughout his life, Dr. Tom Durant exemplified the importance of humanitarian service to refugees and victims of war and disasters. The Thomas S. Durant Fellowship was established to honor Dr. Durant's unique spirit of dedication and service.

The Fellowship sponsors healthcare professionals who wish to serve refugee populations and victims of complex humanitarian disasters.

The 2003 Boston Marathon will be held on Monday, April 21, 2003. We invite you to run with us or sponsor one of our runners. Our goal is to raise \$5,000.00 per runner. Please indicate your interest in joining Team Durant (as a runner or donor) by contacting Laurence Ronan, MD, at Ironan@partners.org or calling Stacy Lewis at 617-724-3874.

Runners will be accepted on a first-come first-served basis.

Parish Nurses Wanted

If you are a parish nurse, or are interested in learning more about this innovative nursing practice, the MGH Chaplaincy would like to hear from you. We are in the process of planning an informal luncheon to launch a support network for those interested in parish nursing.

For more information, call Karen Schmidt, interfaith chaplain, at 724-0520, or e-mail: kschmidt@partners.org.

The MGH Nursing Alumnae Association

presents

Nursing Update 2003

The Operating Room of The Future
Framingham Heart Study
MGH and Disaster
Childhood Cancer
Gerontology/Psychiatry

**March 28, 2003
8:00am-4:30pm
O'Keefe Auditorium**

7.2 contact hours. Cost: \$40

For information or to register, call the MGH Alumnae Office at: 617-726-3144

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Call the MGH Blood Donor Center to schedule an appointment 6-8177

Best practices in caring for Muslim patients

—by Deborah Washington, RN
director of PCS Diversity Program

On December 18, 2002, members of the PCS Diversity Steering Committee, Partners International, and the Public Conversations Project came together to talk about “Best Practices in Providing Health Care to our Muslim Patients.” The catalyst for this forum was the scheduled airing of a PBS special entitled, *The Islam Project*, which was to be televised that evening.

The Islam Project is part of a nationwide initiative to stimulate dialogue and foster understanding of Muslim values and beliefs, thereby allaying fear and dispelling false stereotypes. MGH is the first healthcare organization to host the project.

The session included video clips from *The Islam Project* and gave a panel of MGH staff the opportunity to share additional cultural information. Panel members included: Leila Carburnari, RN, director of the International Patient Center; Dr. Abdul-Badi Abou-Samra, attending physician and associate professor of Medicine at Harvard Medical School; Lourdes Sanchez, manager of Interpreter Services; and moderator, Firdosh Pathan, RPH, pharmacist.

Elizabeth Nolan, Global Health Services liaison with Partners International and the person who brought the project to the PCS Diversity Committee, shared that the majority of international patients at MGH come from Muslim countries. Islam is the fastest growing religion in the Boston area. Said Nolan, “We need to educate ourselves about Islamic customs, heritage, values, and any fears that Muslim patients may be harboring, so we can

more effectively engage patients in their own healing process.”

Abou-Samra explained that in many Arabic countries the word, ‘Hakim’ is used for physician. The word literally means, ‘wise.’ Muslim patients, he said, look to physicians for specific guidance rather than options for care. Family is very important, and same-gender healthcare providers are preferred. Sensitive questions about sexuality should be saved for the end of an interview and should

be introduced with statements such as, “Please don’t be offended by what I am about to ask.”

The Islamic view of illness involves the idea that Allah tests humans with hardships. Muslims do not complain or blame others for their illness. Nurses and doctors are believed to be the means by which God effects cure. One of the attributes of God is ‘Al-Shafi,’ which means ‘the Healer.’ After taking all available treatment, a Muslim will turn to God for a cure.

Sanchez shared that in the last five years there has been an increase of more than 600% in the number of requests for interpreter

services for Muslim patients.

Carburnari pointed out that Muslim patients come from all parts of the world. She shared some concerns expressed by Muslim patients when they come to MGH and feedback from providers regarding cultural barriers to providing quality care.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, observed, “It is important that we remain vigilant to the needs of all patients. If we are to continue to deliver the quality of care for which this institution is known throughout the world, conversations like this must continue to take place.”



Moderator, Firdosh Pathan, RPH (standing), and (l-r): Elizabeth Nolan along with panelists, Abdul-Badi Abou-Samra, MD; Leila Carburnari, RN; and Lourdes Sanchez, field questions at special forum on “Best Practices in Caring for Muslim Patients.”

(Photo by Paul Batista)

(Photo by Paul Batista)

New and revised abuse/neglect policies

—by Bill Fair, LICSW, clinical systems coordinator, Social Services

The MGH Social Services Department, including HAVEN and The Child Protection Team, in consultation with Nursing, Case Management, the Partners Office of the General Counsel, and various state agencies, has recently revised the following MGH policies:

- Abuse or Neglect of Children
- Abuse of the Elderly by Caretaker
- Abuse of the Disabled by Caretaker
- Domestic Violence

And a new policy has been added: Abuse or Neglect by Health Care Agency or Facility.

Most MGH staff are mandated by law to report abuse or neglect of children, elders, the disabled, or patients in the care of a nursing home, rest home, home-health or hospice setting (see specific policies for details). In addition, the Joint Commission on Accreditation of Health Care Organizations requires routine screening of all patients for domestic abuse.

Managing abuse/neglect situations can be stressful and complex, even for seasoned clinicians. In order to support clinicians and provide the best possible care to patients, these policies provide detailed information specific to each type of abuse/neglect. Topics include:

- signs and symptoms of abuse or neglect
- the abuse/neglect screening process
- the mandated reporting process

- documentation specific to abuse/neglect in the patient's medical record.

Each policy indicates the importance of consulting the department of Social Services in any abuse or neglect situation. Each policy indicates actions that an investigating agency might take once a mandated report is received. Each policy also provides references to Massachusetts laws related to the type of abuse cited. Policies reflect the fact that interdisciplinary collaboration provides the highest likelihood for positive outcomes.

The addition of the policy, Abuse or Neglect by Health Care Agency or Facility, provides clarification of staff's responsibilities when abuse or neglect is suspected during a patient's stay in a nursing home, rest home, home-health or hospice setting. In the past, there has been confusion as to which agency these situations should be reported. When required, these cases should be reported to the Department of Public Health (DPH).

These policies are available in the MGH Clinical Policy and Procedure Manual and on-line. For more information, or if you have questions regarding any of these policies, please contact Bill Fair, LICSW, clinical systems coordinator at (617) 726-7918.

Educational Offerings and Event Calendar now available on-line

The Center for Clinical & Professional Development lists educational offerings on-line at: <http://pcs.mgh.harvard.edu>

To access the calendar, click on the link to CCPD Educational Offerings. For more information, or to register for any program, call the Center at 6-3111.

The MGH-Timilty Partnership seeks science fair judges

The MGH-Timilty Partnership is looking for volunteers to judge the annual science fair at the James P. Timilty Middle School in Roxbury

**February 10–13th
from 9:00–11:00am.**

Round-trip transportation from MGH to the Timilty School will be provided. Bi-lingual (Spanish-English) judges are also needed.

No science background necessary!

For more information, please contact Wanda Velazquez at 724-3210 or send e-mail to: Timilty@partners.org.

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia as far in advance as possible. *Caring Headlines* cannot guarantee the inclusion of any article.

Articles/ideas should be submitted in writing by fax: 617-726-8594 or e-mail: ssabia@partners.org
For more information, call: 617-724-1746.

Next Publication Date:

February 6, 2003



The Marci R. Christensen, RN, Memorial Lecture

—by Kathleen C. Tiberii, RN,
and Carol D. Shea, RN

You may remember reading about Marci Christensen in the December 19, 2002, issue of *Caring Headlines* when her colleagues announced the creation of The Annual Marci R. Christensen, RN, Memorial Lecture in her honor. On December 17, 2002, nurses and physicians from the Endoscopy Unit came together in the Bigelow 4 Amphitheater for the inaugural lecture, which focused on, "Recent Advances in Interventional Endoscopic Retrograde Cholangiopancreatography (ERCP)."

Christensen had been a nurse on the Endoscopy Unit for more than 20 years when she lost her battle with cancer a year ago. She was considered a pioneer in the care of patients undergoing endoscopic retrograde cholangiopancreatography.

On the day of the lecture, Sandra Hession, RN, a nursing colleague and friend of Christensen, remembered her as a leader in the development of nursing practice on her unit. Many of the practices instituted by Christensen are still used today.

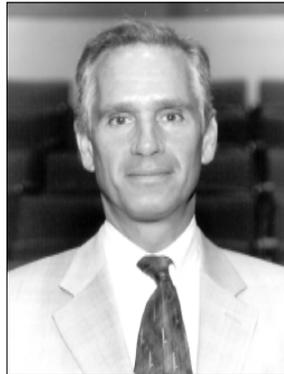
Dr. Dan Podolsky, chief of Gastrointestinal Services, remembered Christensen as the nurse who helped create collaborative relationships between nurses and physicians working in the Endoscopy Unit.

Jane Harker, RN, discussed nursing intricacies in caring for patients undergoing ERCP and presented a case study of a patient Christensen had cared for.

Dr. Peter Kelsey presented a multimedia overview of advances in interventional ERCP with digital imaging and

demonstrations of techniques used in caring for patients with biliary ductal obstructions.

In closing, nurse manager, Angelleen Peters-Lewis, RN, accepted a plaque officially marking the establishment of The Annual Marci R. Christensen, RN, Memorial Lecture.



(Photos by Paul Batista)

Above: Dr. Peter Kelsey and nurse manager, Angelleen Peters-Lewis, RN.

At left: Members of the Marci R. Christensen, RN, Memorial Lecture Planning Committee (l-r): Sandra Hession, RN; Carol Shea, RN; Jane Harker, RN; Andrea Alberge, RN; and Kathleen Tiberii, RN.

Educational Offerings

January 23, 2003

When/Where	Description	Contact Hours
January 28 and 29 8:00am–4:30pm	BLS Instructor Program VBK601	---
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, 5:00–900pm	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 5:00–900pm	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	---
February 6 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
February 6 12:15–4:30pm	Pacing : Advanced Concepts Haber Conference Room	5.1
February 6 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
February 7 8:00am–4:30pm	ICU Consortium Program “Innovations in Critical Care.” O’Keeffe Auditorium.	TBA
February 7 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
February 7 12:00–4:00pm	Congenital Heart Disease: an Overview for Nurses Burr 3 Conference Room	TBA
February 10 7:30–11:00am, 12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
February 10 8:00am–4:30pm	A Diabetic Odyssey O’Keeffe Auditorium	TBA
February 11 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
February 12 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
February 12 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
February 14 7:00–11:00am; 12:00–4:00pm	Congenital Heart Disease: an Overview for Nurses Burr 3 Conference Room	TBA
February 19 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
February 20 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
February 21 (Day 1) 8:00–4:30pm	End-of-Life Nursing Education Program O’Keeffe Auditorium	1.2

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>.

Documentation changes go into effect this month

New documentation changes went into effect on Tuesday, January 21, 2003. The revised Green Documentation Books were distributed beforehand for all staff to review prior to implementation.

The most noteworthy changes in the documentation process include:

- Nursing Admission Assessment will now be a nurse interview. If nurses are unable to obtain information from a patient, they should write, "Deferred" on the assessment form.
- On the Nursing Admission Note, height and weight should be recorded where indicated.
- The Nursing Problem List has a new name; it is now called the Nursing Problem/Outcome Sheet. Outcomes for each patient should be documented for each problem.

The Golden Pen Award, the formal recognition program for exemplary nursing documentation, was announced in the December 19, 2002, issue of *Caring Headlines*. The Golden

Pen Award will be given to one staff member on every patient care unit each week. Nurse managers, clinical nurse specialists, and staff nurses can nominate a staff nurse for consideration. 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 changes in documentation, please call Joanne Empoliti (6-3254), Rosemary O'Malley (6-9663), or Mandi Coakley (6-5334).

Thomas S. Durant, MD, Fellowship in Refugee Medicine

The Thomas S. Durant Fellowship sponsors healthcare professionals who wish to serve refugee populations and victims of complex humanitarian disasters. The fellowship fosters a commitment to populations in distress and provides education to aid in the prevention and treatment of disease among refugee populations.

The fellowship will provide a stipend to an MGH nurse or physician for:

- a six month fellowship in refugee health (recipients will interact with organizations serving refugee populations)
- an opportunity to respond to humanitarian disasters

Applications should include:

- curriculum vitae;
- two letters of recommendation
- one-page essay describing how the fellowship fits with your career goals

Applications should be sent to: The Thomas S. Durant Fellowship Committee, Bartlett 9, MGH, Fruit St. Boston, MA, 02114 by February 15, 2003

For more information e-mail Larry Ronan, MD, (Ironan@partners.org) or visit: www.durantfellowship.org

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