August 19, 2004

Caring HEADLINES

Inside:

On the occasion of Ben Corrao Clanon's 18th birthday

Always a special event, this year's presentation of the Ben Corrao Clanon Memorial Scholarship Award in the Neonatal Intensive Care Unit (NICU) was even more meaningful, as this would have been the year that Ben turned 18 years old. This year's recipient, staff nurse, Janet Kleimola, RN, was honored at a small ceremony on August 3, 2004, attended by family, friends, colleagues, Jeff Clanon, Regina Corrao, and their children.

Corrao and Clanon established the award in 1987 to recognize NICU nurses who demonstrate exemplary practice, a commitment to primary nursing, and ongoing support and advocacy for patients and their families. The

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Ben Corrao Clanon Award recipient, Janet Kleimola, RN (second from right), with (l-r): senior vice president for Patient Care, Jeanette Ives Erickson, RN; Ben's parents, Jeff Clanon and Regina Corrao; and NICU nurse manager, Peggy Settle, RN. Kneeling in front are Corrao Clanon and Kleimola's children.

MGH Patient Care Services

Working together to shape the future

Customer service: it's about systems, policies, and people who care

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

Customer service has always been the central focus of our strategic planning and quality-improvement initiatives. It is the foundation on which our patient-centered care philosophy is based.

Currently, the leadership of Patient Care Services is preparing for a retreat to explore ways to improve and enhance our customer service initiatives. The framework for the retreat is the research presented in the book, *First Break All the Rules: What the World's Greatest Managers do Differently*. The book purports that optimal customer service is achieved by great employees; and that great employees need great managers.

One tenet of the book is that the strength of a workplace can be measured by how employees respond to twelve carefully chosen questions. The more employees who respond positively to these questions, the stronger the workplace. The questions are:

1) Do I know what is expected of me?
2) Do I have the materials and equipment I need to do my work right?
3) At work, do I have the opportunity to do what I do best every day?
4) In the last seven days have I received recognition or praise for good work?
5) Does my supervisor, or someone at work, care about me as a person?
6) Is there someone at work who encourages my development?
7) At work, do my opinions seem to count?
8) Does the mission of my company make me feel that my work is important?
9) Are my co-workers committed to doing quality work?
10) Do I have a best friend at work?
11) In the last 6 months, have I talked with someone about my progress?
12) This last year, have I had opportunities at work to learn and grow?

In the business world, according to the authors of *First Break All the Rules*, employees who respond more positively to these questions achieve higher levels of productivity, profit, retention, and customer satisfaction.

At our retreat, we will combine aspects of these questions with the guiding principles we identified during discussions at last year's retreat. These principles were generated when we asked ourselves: 'In terms of customer service, what do we want MGH to look like one year from now?' Some of the principles we identified were:

- Adopting a culture where patients and families come first
- Establishing a clearly defined definition of patient- and family-centered care
- Fostering a culture of 'welcome' throughout the hospital
- Ensuring that our customer-service philosophy is embraced by all employees.
- Regularly recognizing staff through positive feedback
- Establishing workplace expectations in a way that promotes feedback and encouragement, as well as constructive criticism
- Ensuring that employees have the resources to do their job well
- Instilling in all employees the importance of continually improving systems

As you can see, a lot of time, thought, and energy has gone into planning this retreat. We are fully focused on how *we* can achieve higher levels of customer satisfaction.

Amid all these preparations, I had the privilege of attending the annual presentation of the Ben Corrao Clanon Memorial Scholarship Award in the NICU (see cover story). I was struck by the words of Regina Corrao as she presented staff nurse, Janet Kleimola, with this year's award. This would have been the year the Corrao Clanons celebrated Ben's 18th birthday. Many of their friends and family members sent cards or called to acknowledge this important occasion. There was such appreciation in Regina's eyes and in her voice as she shared how much it meant to her and her family that others had taken the time to reach out to them. It reminded me of the special relationships we form with our patients. It reminded me that customer service is more than systems and policies. It reminded me that the best customer service is a workforce of people who care.

What a wonderful message from someone who's been such an important part of our MGH community—there is great power in human relationships and caring interactions. So the next time you're wondering about one of those patients you cared for all those months ago... don't be afraid to pick up the phone. I'll bet they'd love to hear from you.

*

I would like to take this opportunity to thank the DNC (Democratic National Convention) Planning Task Force and all MGH employees for the months of planning and preparation that preceded the convention. As it turned out, the week was uneventful with very few disruptions to day-to-day operations. Our readiness and the ease with which we managed hospital activities are testament to the caliber and professionalism of our entire workforce. Thank-you.

Update

I'm pleased to announce that Lillian Ananian has accepted the position of clinical nurse specialist for the GI Endoscopy Unit, effective immediately.

Required training and annual assessment of competencies

Question: Every year I complete required training as part of my performance appraisal. Now there are annual competencies, as well. Can you tell me why?

Jeanette: JCAHO standards state that ongoing competency assessment is key to ensuring a safe environment for patients and staff. The current process for assessment of competencies as part of annual performance appraisals was adopted in 2002.

Question: What's the difference between required training and annual competencies if they're both 'required?'

Jeanette: Required training covers topics such as safety, infection control, emergency preparedness, and confidentiality. They are mandated by regulatory bodies such as OSHA or JCAHO to promote employee- and patient-safety. Although hospitals may add to this list, generally it's the same from year to year.

Annual competency assessment is also now required by JCAHO. Competencies to be assessed for each employee are identified by department. Competencies are assessed by managers using the performance appraisal tool and then documented on the Annual Competency Assessment and Required Training form and attached to performance appraisals.

Question: How are competencies identified?

Jeanette: Each year, a task force, led by a staff member from The Center for Clinical & Professional Development, identifies a list of competencies to be assessed for each role group or cluster of role groups. The task force includes nurse managers, clinical nurse specialists, operations coordinators, staff nurses, associate chief nurses, and directors, as well as representatives from the Office of Quality & Safety, the Nursing Practice Committee, and the Management Systems Advisory Committee.

Competencies address hospital or departmental strategic initiatives, quality and safety initiatives, changes in regulatory requirements, new patient populations, or workforce initiatives. Competencies are standardized for each role group or cluster of role groups, and managers may identify additional competencies based on unit or practice areas.

Question: How can I make sure I'm able to meet my annual competency requirements?

Jeanette: It's important to know what's required of you. Competencies change every October, so you should talk to your manager about what will be required for the coming year.

You can meet your requirements for annual training and competencies in a number of ways, including completing the on-line, self-directed packet and quiz provided by The Center for Clinical & Professional Development. Packets and quizzes are available at http://pcs.mgh.harvard.edu/CCPD/cpd_sum.asp (no spaces).

Question: When do I have to complete required training and annual competencies?

Jeanette: Annual required training and competency assessment should be completed during the three-month period prior to your performance appraisal date.

Question: How can I find out what I'm required to do?

Jeanette: Required training topics are listed in the Nursing Practice Manual (1.42.02). Employees fall into one of five categories (A through E) depending on the number and complexity of topics required for their role.

Annual competency requirements are listed on a form attached to performance appraisals. Because competencies change from year to year, the topics are not listed in the Nursing Practice Manual.

Completing required training and annual competencies is critically important to ensuring a safe environment for our patients, families, visitors, and co-workers. If you have any questions, please speak with your manager.

Call for nominations

The Anthony Kirvilaitis Jr. Partnership in Caring Award

Nominations are now being accepted for the Anthony Kirvilaitis Jr. Partnership in Caring Award. The award recognizes staff in non-clinical roles within the department of Nursing who exemplify the values and qualities that made Tony Kirvilaitis so successful and admired in his work as training development specialist in the Center for Clinical & Professional Development (reliability, responsiveness, creativity, assurance, collaboration, flexibility, and supportiveness to peers).

The award is given to two individuals annually. Operations associates, unit service associates, operating room assistants, unit assistants, patient care service coordinators, Emergency Department admitting assistants, patient care information associates, and information desk associates are eligible for the award.

Nominations are due by Friday, September 10, 2004

Employees, managers, physicians, patients, or family members may nominate a candidate. Those nominating a candidate may do so by completing a brief nomination form accompanied by a letter of support. Nomination forms are located on patient care units, at the White and Gray information desks, in the Emergency Department, in the Bigelow 10 Management Support Office, in the Operating Room Nursing Office, and in the Volunteer Services Office on Clinics 1.

Recipients will receive an award of $1,500, be acknowledged at a recognition ceremony, and have their names added to a plaque honoring Anthony Kirvilaitis Jr. Partnership in Caring Award recipients.

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

MGH nurses answer the call: staff Hepatitis A clinics

—by Trisha Flanagan, RN, clinical nurse specialist

When the Boston Public Health Commission recognized the need to immunize a large number of people during recent Hepatitis A outbreaks, a call was made to MGH. Supporting public health initiatives in the community is a commitment taken very seriously at MGH.

We responded immediately by activating a staffing support model developed as part of our Emergency Preparedness Plan. As chief of Operations under the plan, Jeanette Ives Erickson, RN, senior vice president for Patient Care, put out a call for staff nurses and patient care associates to help staff the two-day clinics in Boston.

At least four cases of Hepatitis A had been diagnosed in food handlers in the greater Boston area. Two cases occurred in Boston, one involving a Downtown Crossing sandwich shop, the other a café at Logan Airport.

Once the Boston Public Health Commission received confirmation of acute Hepatitis A in food handlers, they launched a plan to provide protection for all those at risk of contracting the illness. Large-scale clinics were set up in areas near the restaurants to provide easy access for patrons. Clinics were held for two consecutive days. Anyone who had eaten at the sites on the days the food handlers worked (or had prepared food) was considered a candidate for immune globulin (IG) administration.

There is a specific window of opportunity for IG therapy, which involves administering antibodies to provide instant protection against infection. IG is a form of passive immunity that provides coverage for about a month. Recognizing that the Boston Public Health Commission would need timely help, not only administering immune globulin, but also providing education and support for potentially thousands of people, MGH stepped forward to offer assistance.

Teams of nurses from the Emergency Department, The Center for Clinical & Professional Development, Infection Control, Vincent Obstetrics and Gynecology, and Nursing Administration volunteered to cover all shifts at the two Boston clinics. Many of the nurses administered immune globulin to help prevent the disease from occurring (a total of approximately 2,300 doses were given over four days). Other nurses provided counseling for potential exposures and education about Hepatitis A and its treatment. A number of patient care associates volunteered to provide on-site support for nurses.

Taking part in the clinics were: Gail Alexander, RN; Curt Audin, RN; Sheila Burke, RN; Jeff Chambers, RN; Lin-Ti Chang, RN; Sherry Couto, RN; Frank Curtis, RN; Ed Coakley RN; Andra Diephuis, RN; Dianne Farley, RN; Sabrina Federico, RN; Trisha Flanagan, RN; Karen Holland, RN; Karla Leegard, RN; Lisa Martin, RN; Russell Martin, RN; Linda McCarthy, RN; Michelle Orlandella, Taryn Pittman, RN; Sheila Preece, RN; Michael Quinn, RN; Katie Rutledge; Laurie Shoemaker, RN; Nancy Sousa, RN; Laura Sumner, RN; and Judy Tarselli, RN.

For more information about the MGH Emergency Preparedness Plan, call MaryFran Hughes, RN, at 4-4127.

MGH nurses prepare to see patients at recent hepatitis A clinic held at Logan Airport. Lynn Washington (left) and Maureen Scott (right) of the Boston Public Health Commission, are pictured with MGH nurses (l-r): Lin- Ti Chang, RN; Ed Coakley, RN; Michael Quinn, RN; and Sheila Burke, RN. The two-day clinic provided immunizations, health screenings, exit counseling, and health education.

Ben Corrao Clanon Award

continued from front cover

award was created as a tribute to their son, Ben, who died in 1986, and to the exceptional care he received during his stay in the NICU at MGH.

Kleimola, whose two teen-aged children were present for the ceremony, has been a nurse for almost 30 years, practicing in the NICU since 1997. Colleagues describe her as calm, compassionate, caring, and honest; someone who empowers families, encouraging them to become actively involved in their child's care. One colleague wrote of Janet, "Her practice epitomizes the spirit of the Ben Corrao Clanon Award."

Accepting the award, Kleimola thanked her nursing colleagues, calling them, "the finest group of nurses anywhere." She thanked the Corrao Clanons for valuing primary nursing and recognizing the exceptional practice of nurses in the NICU.

Clanon observed that a lot of rites and traditions fade away over time, but the annual presentation of the Corrao Clanon Award has been a lasting process, one that continues to honor and celebrate and remember Ben. "And for that," he said, "I'm very grateful."

Corrao, addressing Kleimola's two children, said, "You must be very proud of your mom." She described nurses as part of the extended family during times of crisis. She commented that a number of friends had remembered that this would have been Ben's 18th birthday and had sent cards or called with words of acknowledgement. "Ben's memory and the memory of his caregivers are an important part of our lives," she said, "especially at milestone times like these. Those cards and phone calls mean so much—knowing that others remember Ben as we do. If I could tell you one thing, it would be to pick up the phone and reach out to the people you've cared for over the years. Believe me, I know how much it will mean to them."

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, responded, saying, "This event is a wonderful reminder that we don't just care for babies; we care for families. Our lives are touched and changed by all the patients and families we meet and care for; we're fortunate to be able to carry those reminders with us in our hearts and minds."

For more information about the Ben Corrao Clanon Memorial Scholarship Award, contact Peggy Settle, RN, nurse manager, at 6-9340.

Janet Kleimola, RN,
staff nurse, NICU

From Peggy Settle, RN, nurse manager, on the occasion of Ben Corrao Clanon's 18th birthday

Dear Jeff and Regina,

Thank-you for your continued support and acknowledgment of the important work of NICU nurses. Your generosity in funding this award and your willingness to participate each year in the presentation ceremony are a big part of why nurses view this occasion with such reverence.

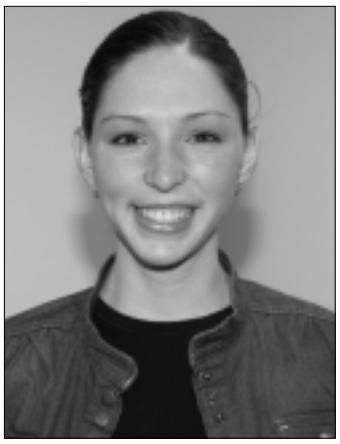
From a nurse manager's perspective, the award enables me to engage with staff on an ongoing basis about the 'ideal' family experience in the NICU. This process promotes a positive sense of self-reflection and peer evaluation that ultimately leads to the nomination and selection of the award recipient. We spend approximately 4 months reviewing nominations, and during that time, I see incredible growth in even the most experienced NICU nurses as they develop a deeper understanding of their role in family-centered care. I feel privileged to participate in this process each year, as it inspires me to continually support and strengthen our commitment to family-centered care.

This is Ben's 18th-year celebration, a rite of passage in our culture. While I know you're very proud of Ben, I wanted to make sure you knew how important he is to us, too. Your son has had an ongoing, powerful impact on our unit, our nurses, and our practice. Sometimes Ben is a light that guides our work, and sometimes he's the mirror that reflects that light.

You have a wonderful family, and I look forward to our future celebrations together. Thank-you for sharing your son with us.

Sincerely,
Peggy Settle, RN,
nurse manager, NICU

New nurse learns: sharing the joy and sadness of people's lives is most rewarding part of patient care



Melissa Rumsey, RN,
Pediatric Intensive Care Unit

My name is Melissa Rumsey, and I was a recent participant in the New Graduate Critical Care Nurse Program. I've always been able to label myself in a number of different ways. I've been a daughter and a sister for a long time, a friend to many, recently a college graduate, and currently an 'orientee' in the Pediatric Intensive Care Unit (PICU) at MGH. Although my credentials have included the title of 'registered nurse' for nearly five months, it wasn't until just a couple of weeks ago that I began to *feel* like a nurse, let alone call myself one.

The morning of my first meeting with the 'J' family seemed typical at first. I arrived to work on Ellison 3, took down report, went to the bedside to check my emergency equipment, take my first set of vital signs, and get to know my patient. The seven-year-old that lay peacefully in his bed looked perfectly healthy at first glance, but the deep circles under his young mother's eyes told a different story. 'PJ' had been diagnosed with a brain tumor just hours before my arrival in the PICU and the shock of this news had obviously kept his family awake and fretting throughout the night. Still, as a new graduate, I often find myself focusing my practice on the smaller details, sometimes not even seeing the emotional suffering that patients and their families may be experiencing.

On this particular morning, I was busying myself with the usual routine of assessing my patient, checking meds, pumps, oxygen, and suction, and mentally organizing my day so that nothing would be amiss when my preceptor arrived later that morning. At 8:00am, as usual, I joined the physicians, respiratory therapist, and pharmacist in rounds, spent a few minutes checking on my other patient, who was doing fairly well, and then returned to the bedside to listen as the neurosurgeon presented his recommendation to this anguished family. I remember him discussing the strongly suggested surgery with Mrs. J, and I can still see her wringing her hands, biting her lip, and blinking hard to hold back the tears. She nodded attentively at everything the doctor said, obviously eager to understand each detail. It was a lot to take in, and even I didn't understand all the physician had said. But the thing that was made clear to all of us was that this was the only option, and surgery would be scheduled for later that day. I could see Mrs. J was upset and when she excused herself from the unit, I looked to my preceptor for guidance. A quiet nod was all I received and suddenly I found myself chasing this woman out of the unit into the family waiting room. At first, I simply asked if it was okay to sit with her, then I allowed her the time she needed to gain her composure before going any further. It just didn't seem there were any words I could speak that would be more appropriate than silence at that particular point in time.

Surprisingly, as I sat in silence with this woman I'd met only hours before, I was very comfortable. Finally, after a couple of minutes, I told her I realized that this must be hard for her and I knew she must have a lot of questions. Although I may not have had the answers, I told her I'd do all I could to help her and her family find whatever they were looking for. She smiled and said she was having a hard time focusing—this was all so shocking. She then told me about her son and how he had been playing baseball only days before, how he seemed so normal and yet she had known something wasn't right. She was feeling guilty and confused and unsure of everything, and yes, she had many questions that she just couldn't remember at the moment. She thanked me for coming out to sit with her, and I knew she meant it sincerely.

Although our encounter was brief, I knew that in some small way, I had comforted her just by showing that the people caring for her son also cared about her. I ended my shift that day by seeing PJ off to the OR. Over the next three days, we were all happy to find him doing better and better. Everything had gone well and he would be transferred to the Pediatric Unit only 76 hours after surgery. I could tell his family was exhausted but relieved and happy to be leaving the PICU. I was lucky to have had the opportunity to care for PJ right up until he was transferred to Ellison 18. I've never seen parents more grateful to have me as their nurse. After several long hugs and many happy tears, I had seen my patient through from his admission to the PICU to his transfer to the unit. I realize he has a long road ahead of him, but I believe I was able to show this boy and his family the kindness and caring they needed and what they should expect from their caretakers. For the first time in my life, I went home that day feeling like I was finally able to call myself a nurse because I had begun to include the process of caring into my practice. As a new graduate in the Pediatric Intensive Care Unit, I often find myself focusing on the technical skills associated with such arduous work. Time and time again, I surprise myself at how much energy can be expended simply determining the best way to make a bed, or organize three intravenous medications within one hour. It's easy at first, when everything is so new and overwhelming, to focus on the *tasks* and *chores* of being a nurse. The weight of the emotion and compassion

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New Graduate Critical Care Nurse Program

On Wednesday, July 14, 2004, four registered nurses: Melissa Rumsey, RN; Erin Fuller, RN; Suiki Poon, RN; and Kristen Proverb, RN, were recognized for completing the intensive MGH-IHP New Graduate Critical Care Nurse Program. The addition of these new professionals into the critical-care nursing staff raises the total number of MGH graduates from this innovative program to 51.

Speaking at the recognition ceremony, Debra Burke, RN, associate chief nurse, acknowledged the courage and resiliency of the participants, the invaluable support and expertise of the preceptors, and the generosity of the 24 MGH clinicians who teach in the program.

Speaking on behalf of her colleagues, Melissa Rumsey, RN, read a narrative she wrote that revealed some of the challenges involved in transitioning from student nurse to professional nurse in an acute clinical environment, as well as the wonderful nursing care she provided to the mother of a 12-year-old boy in the Pediatric Intensive Care Unit. Her narrative appears in this issue of *Caring Headlines* (see opposite page) along with brief comments by Laura Mylott, RN, program manager and faculty.

Implementation of the program is guided by a team of critical-care nurse managers and clinical nurse specialists who meet regularly under Mylott's leadership.

For more information about the program, contact a nurse manager or CNS in any ICU, or Mylott at 4-7468. For application information, call Sarah Welch in Human Resources at 6-5593.

Exemplar

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involved in working with sick children and their families can be tremendously intimidating to a new graduate. I think until this point I had been scared to let myself feel anything. But since this experience I've learned that allowing myself to share in the joy and sadness of people's lives is truly the most rewarding part of my work. After four months in the PICU, I'm finally beginning to acknowledge myself for what I really am... a nurse.

Comments by Laura Mylott, RN, clinical nurse specialist and faculty for the New Graduate Critical Care Nurse Program

Melissa describes the challenging process of becoming an autonomous, competent, professional nurse. She reflects on the importance of beginning her shift with an established routine. Verifying the accuracy of the infusion pump settings, the functionality of bedside emergency equipment, and performing a comprehensive physical assessment of her patient are essential tasks that ensure the safety and physical well-being of her patient. Using the structure of a 'checklist' is vital in developing safe, competent nursing practice. In the beginning, new nurses have little clinical experience to guide their practice. The complex needs of patients, the multitude of bedside technologies, and the bustle of team rounds can be overwhelming. Over time, Melissa's clinical experience informs her practice, and she acquires technical competence. Melissa becomes more confident and comfortable in providing 'routine' care. She demonstrates that she's able to move beyond caring primarily for the physical needs of her patient, she can 'see' and care for the whole patient and family.

Melissa assesses Mrs. J's needs. She joins the conversation between Mrs. J and the doctor (which takes courage for a new nurse) and she evaluates Mrs. J's response to this information. With a critical, validating nod from her preceptor, she pursues the mother and uses empathetic presence to provide vigilant, engaged companionship. Melissa's presence and gentle support were the first crucial steps in developing a trusting relationship.

Melissa's awareness of the emotional challenges and her willingness to enter into a relationship with her patients are indications that she is developing a caring practice. Her story reflects the hard work and courage it takes for a new nurse to develop, and the crucial, 'behind-the-scenes' contributions of an engaged preceptor.

Nurses (l-r): Suiki Poon, RN; Melissa Rumsey, RN; Kristen Proverb, RN; and Erin Fuller, RN, after completing the New Graduate Critical Care Nurse Program

Champions raise the bar

—by Susan M. Kilroy, RN, clinical nurse specialist

Susan Kilroy, RN
clinical nurse specialist

Among the many challenges in medical nursing is developing an area of expertise when faced with so many different diagnoses. Delirium, an acute confusional state, is one consequence of medical illness frequently seen on general medical units. Alcohol withdrawal is often seen in conjunction with other medical illnesses, and it's not uncommon for patients experiencing alcohol withdrawal to develop delirium. The combination of alcohol withdrawal and delirium is one of the greatest challenges faced by medical nurses.

On White 10, as on other medical units, we have a group of formally sanctioned alcohol withdrawal champions. After attending a special class, these designated nurses work with psychiatric clinical nurse specialists to review the principles of treatment and care of patients in alcohol withdrawal in the acute-care setting. Their education includes reviewing actual patient cases and their course of treatment. This helps nurses develop skill in this area and contributes to peer skill-development, as well.

A group of nurses on White 10 has developed expertise in the care of patients with delirium. This is more of an 'informal' group, who developed expertise after attending a presentation on caring for patients with delirium and applying the principles they learned.

We recently cared for a very ill man, Mr. B, who suffered from alcohol withdrawal, delirium, and a number of other acute medical issues. His admission was complicated and lengthy. It did, however, provide us with opportunities to challenge ourselves and apply the principles we had learned.

Danielle Archer, RN, was the nurse who admitted Mr. B. She recalled Mr. B's recent, uncomplicated admission for alcohol withdrawal, one she described as 'textbook.' He was alert and oriented, had been placed on an alcohol withdrawal protocol, so Danielle thought his course would once again be uncomplicated. When she returned the next day, she was shocked to see him acutely agitated and violent.

Courtney Allen, RN, one of his core nurses, described the first time she took care of him. "When I heard report, I knew I needed to go see him first."

Every day was a challenge. He was often agitated and confused and could be physically aggressive. Security was often called to put him in restraints for safety reasons.

Courtney recalls her first experiences with delirium and alcohol withdrawal. During orientation, she cared for an elderly woman with a urinary tract infection. The woman was pleasant and alert. When Courtney returned from a couple of days off she found a confused, agitated, and disoriented patient. With proper treatment, she returned to her baseline behavior.

Another patient who went into alcohol withdrawal had appeared to be stable. When Courtney returned from her lunch break, she found the patient in acute alcohol withdrawal. She was overwhelmed, and recalls the help she received from the psychiatric clinical nurse specialist, her co-workers, and the team. She now knows the subtle signs of early withdrawal.

Courtney applied all her new skills to Mr. B. She describes the exquisite communication among the nurses caring for him. If one nurse discovered something that helped with his agitation, she would pass it on. Courtney knew that physical care and comfort were essential. This required persistence and critical thinking. Restraints had caused Mr. B some skin irritation so removing the restraints was sometimes difficult. Courtney and her peers decided to remove one restraint at a time to let him have some freedom of movement. Courtney noted that he would immediately scratch his face with his free hand, causing her to think how uncomfortable it must have been for him not to be able to do that while restrained.

Removing Mr. B's restraints could be risky as he sometimes became more agitated. Courtney accepted this as expected behavior, knowing he couldn't help it, and continued to try to remove his restraints. Courtney learned to pick up on early signs of agitation and medicate Mr. B right away, averting a full-scale violent episode. She describes a process of achieving the right balance between over and under-medicating. Courtney and her peers were vigilant about skin care and hygiene.

Danielle gave Mr. B back rubs, which helped reduce his agitation. She reviewed his care daily to determine how he responded to different interventions and shared this information with the medical team during rounds.

Danielle recalls vividly the day Mr. B improved. It seemed very sudden; the man who had been in bed most of the time was now able to walk again. When he began ambulating with a cane, Danielle knew he was de-conditioned and placed chairs in the hallway so he could rest if he became tired. She posted signs in his room to remind him to call the nurse for help getting out of bed.

Both Courtney and Danielle recall the hard work and team effort that went into helping Mr. B heal. It was important to share with each other how he responded to interventions. They feel very positive about Mr. B's outcome, and about how they worked as a team. As we bring on new nurses, we all look forward to sharing our expertise with them.

Biomedical Engineering website:

your patient-care equipment resource is just a click away.

In the December 18, 2003, issue of *Caring Headlines*, Biomedical Engineering announced its plan to create a customer-focused website to serve as a resource for staff 24 hours a day, 7 days a week. Since then, Eileen Hall, BS, web developer; and Ellen Kinnealey, RN, bedside technology specialist, have been busy meeting with nurses and operations coordinators, collecting materials from within MGH and from outside manufacturers, developing documents, and creating numerous equipment-related web pages.

Input from staff indicated a need for a site focusing on specific technologies and providing such tools as equipment overviews, easy-to-use how-to guides, troubleshooting tips, answers to frequently asked questions (FAQs), and ordering information. Initially, the site will focus on major bedside technologies such as infusion pumps, monitors, EKG machines, defibrillators, and pacemakers. Other devices will be added as needed. Additional resources, such as equipment-related policies and an equipment directory, are also in the works.

The goal of the website is to provide useful information for nurses and operations staff in an easy-to-use, consistent format that includes photographs and a search engine. The home page includes Technology News, Safety Tips, and Frequently Asked Questions. Biomedical Engineering worked with Information Systems to have the link included in the Clinical References folder under Partners Applications. To visit the Biomedical Engineering website, click on the Start button, select Partners Applications, then Clinical References. From the drop-down list, click on Biomedical Engineering Website.

Hall and Kinnealey will be attending unit-based staff meetings over the next few months to introduce staff to the new website.

For more information regarding the Biomedical Engineering website, use the *Ask Biomed* link or *Suggestion Box* on the Biomedical Engineering home page, or e-mail Eileen Hall or Ellen Kinnealey.

Biomedical Engineering Website Development Team members, Eileen Hall, BS, web developer (standing at computer), and Ellen Kinnealey, RN, bedside technology specialist (center, wearing white skirt), demonstrate new website at staff meeting on Ellison 16.

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Staff nurses attend 2004 Oncology Nursing Society Conference

—by Andrea Hansen, RN

Molly O'Neil and I, nurses on Phillips 21, arrived at John Wayne Airport in Orange County, California, on Tuesday, April 27, 2004. Central California was experiencing unseasonably warm, record-breaking weather, and it was over 90 degrees when we checked into our hotel.

We registered for the Oncology Nursing Society Conference, which was held at the Anaheim Convention Center. Pre-Congress sessions were held that afternoon. I attended, "Management of Medical Problems in Patients with Cancer," which addressed the presentation, diagnosis, and management of select medical conditions: thyroid dysfunction, adrenal dysfunction, GERD, diabetes, and hypertension in oncology patients. The target audience was advanced practice nurses, but it was helpful to hear about the different diagnostic studies and medications available to diagnose and manage these conditions.

The next day was opening day for the Oncology Nursing Society's 29th Annual Congress. This was by far the most exciting day. Nurses from MGH were asked to wear matching purple shirts displaying the MGH Cancer Center logo. We arrived for the opening ceremony during which we heard about the accomplishments and activities of the ONS and its current president, Judy Lundgren. We were privileged to hear keynote speaker, Nancy Goodman Brinker, who started the Susan G. Komen Breast Cancer Foundation in 1980 when her sister died of breast cancer at the age of 36. It is recognized as the nation's leading catalyst in the fight against breast cancer, sponsoring the Race for a Cure, a 5K Fitness Walk/Run held annually in cities across the country. Inspired by this presentation, we decided to form a Phillips House 21 team to participate in the Race, which will be held September 12, 2004.

As we toured the exhibition halls, we were able to talk to a number of representatives from companies that provide services to oncology patients, nurses, and physicians. We were regaled with free samples as we browsed the aisles. MGH also had a booth in the exhibition hall, providing information to potential employees and people interested in our innovative cancer care. It was great to feel part of this state-of-the-art organization.

After lunch I attended, "Oral Chemotherapy: is it Really Safe?" This informative discussion was especially applicable to my practice since there has been an increase in the use of oral chemotherapy on our unit. The session covered different agents and their uses and common side-effects and errors. A pharmacist from Dartmouth-Hitchcock Medical Center presented the final component of the session, focusing on an oral cytotoxic initiative that was developed when a patient misunderstood oral chemotherapy instructions and took too little of the medication. Luckily, the patient experienced no harm, but the need for a more standardized protocol and follow-up system was identified. The initiative called for a full-time oncology nurse to make follow-up calls to patients at home before and after chemotherapy to verify dose, reinforce education, triage and troubleshoot, and document interventions.

The next session was, "Disparity in Cancer Pain Management: Closing the Gap." I attended this session with Joanne LaFrancesca, nurse manager of the MGH Infusion Unit. It was great to be able to meet someone else from the cancer community at MGH. The most exciting part of attending this session was getting to see Betty Ferrell, a nursing legend in palliative care and pain management. This was the highlight of the conference for me. Ferrel spoke on pain in the elderly. She identified elders as patients with special needs, cognitively impaired, and/or psychotic and emotionally disturbed. Causes of chronic pain in the elderly were discussed, as well as different geriatric pain assessment tools. Recommendations were made about what drugs to use and prescribing principles. Two other presenters touched on issues of cultural disparity in cancer pain, focusing on the Native American population and treating pain in the presence of addiction.

That evening we went out to eat with Joanne and Joan Gallagher, another MGH nurse (clinical nurse specialist). We had a delicious dinner and another opportunity to network with experienced oncology nurses.

On Friday morning I attended, "Cancer Pain Management: Tough Cases in End of Life."

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(Photo provided by Hansen)

MGH nurses at ONS Conference in Anaheim, California, are Jill Nelson, RN (standing, second from left); Jeanne Griffin, RN (standing, second from right); and seated (l-r): Karen Lipshires, RN; Molly O'Neil, RN; and Andrea Hansen, RN.

When/Where	Description	Contact Hours
September 2 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
September 7 8:00am–4:30pm	**Chemotherapy Consortium Core Program** Wolff Auditorium, NEMC	TBA
September 8 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
September 8 1:30–2:30pm	**OA/PCA/USA Connections** "Handling difficult patient situations." Bigelow 4 Amphitheater	- - -
September 8 11:00am–12:00pm	**Nursing Grand Rounds** "Biotechnology and Caring Philosophies and Practices." Sweet Conference Room, GRB 432	1.2
September 14 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
September 14, 15, 20, 21, 27, 28 7:30am–4:30pm	**Greater Boston ICU Consortium CORE Program** BWH	44.8 for completing all six days
September 15 4:00–5:00pm	**More than Just a Journal Club** Walcott Conference Room	- - -
September 15 and 17 8:00am–4:30pm	**CCRN Review** Day 1: Haber Conference Room. Day 2: O'Keeffe Auditorium	TBA
September 15 1:30–2:30pm	**USA Educational Series** Bigelow 4 Amphitheater	- - -
September 16 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)	- - -
September 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
September 20 and 24 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
September 21 8:00am–4:00pm	**Intermediate Respiratory Care** Respiratory Care Conference Room, Ellison 401	TBA
September 22 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
September 22 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
September 23 8:00am–4:00pm	**Psychological Type & Personal Style: Maximizing Your Effectiveness** Training Department, Charles River Plaza	8.1
September 23 1:30–2:30pm	**Nursing Grand Rounds** "Common Patient Problems: Issues and Insights." O'Keeffe Auditorium	1.2
September 24 8:00am–4:30pm	**MGH School of Nursing Alumni Program** O'Keeffe Auditorium	TBA
September 27 and October 1 8:00–4:30pm	**End-of-Life Nursing Education Program** O'Keeffe Auditorium, both days	TBA
September 27 7:00–11:30am and 12:30–4:30pm	**Congenital Heart Disease** Burr 5 Conference Room	4.5

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For information about Risk Management Foundation programs, check the Internet at http://www.hrm.harvard.edu.

Oncology Nursing Society Conference

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This session was exciting because two important pain nurse researchers were among the presenters: Nessa Coyle and Patrick Coyne. This was an interactive, problem-solving approach to difficult pain cases. Each researcher presented complex case studies they had personally dealt with in their practice. They discussed presentation, complicating factors, and the treatment used for each patient. Treatments included opioid rotation, invasive techniques, antidepressants, steroids, and non-opioids. It was interesting to see that even experts in pain-management run into difficulties managing this symptom in their patients.

On the last day, I attended, "Oncologic Emergencies: Nurses Make the Difference." This was a very beneficial session for a staff nurse, since oncology nurses are frequently the first healthcare professionals to recognize patients experiencing an oncologic emergency. The four emergencies presented were superior vena cava syndrome, hypercalcemia, tumor lysis syndrome, and spinal cord compression. Each included the definition, pathophysiology, etiology, clinical findings, and medical and nursing management.

That afternoon, I attended, "Palliative Care From Beginning to End," a notable presentation. Speaker, Elizabeth Morse, nursing director at Hartford Hospital, spoke about the innovative techniques they're using to address the spiritual needs of nurses, leading to improved spiritual care for patients. Their Oncology Unit has a prayer jar where any staff member, patient, or family member can insert a prayer and they're read on a weekly basis. There is a meditation room and a garden available to patients, staff, and families. Of particular interest to me was the collection of rose petals they kept—one for each person who died on the unit. The petals are collected over a period of one year and then released in a remembrance ceremony in the meditation garden. Although our palliative care team has a remembrance ceremony every year, I think it would be meaningful and therapeutic for staff to have unit-based ceremonies, especially with the initiation of the inpatient hospice pilot.

That evening we had dinner at the hotel with our MGH colleagues, including Jill Nelson, NP; Jeanne Griffin, NP; Karen Lipshires, RN; Molly, and myself. We went to bed early in anticipation of the long flight home the next morning. When we left at 10:00am, it was already 95 degrees.

In reflecting on my experiences at this conference, I think it gave me:

- the motivation to organize staff on Phillips 21 to participate in the Susan G. Komen Race for a Cure, a healthy activity that supports a great cause. This is directly related to Susan Goodman Brinker's keynote address
- clinical knowledge to share with staff about pain-management, end-of-life care, oral chemotherapy, and oncologic emergencies.
- interesting methods for caring and remembrance for staff, patients, and families
- an opportunity to network with nurses, nurse managers, nurse practitioners, and clinical nurse specialists from different areas within the MGH cancer community.
- excitement about my education and career choices in the field of oncology/end-of-life nursing.
- pride at being one of the 30,000 members of the Oncology Nursing Society
- excited to attend next year's conference

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