

Caring

February 5, 2004

HEADLINES

IMSuRT team returns from Iran tired, happy to be home, and humbled by the experience

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*M*GH nurses, therapists, pharmacists, physicians, and others who serve on the International Medical-Surgical Response Team (IMSuRT) returned from Iran with stories of great loss and sorrow, and also with memories of great kindness and 'spontaneous acts of friendship.'

The team was deployed to Iran shortly after Christmas when FEMA (the Federal Emergency Management Agency) mobilized the unit in response to a 6.6-magnitude earthquake that destroyed the ancient city of Bam. Team members recall arriving in Bam amid clouds of dust, piles of rubble, and people huddled together beside open campfires trying to keep warm.

Said one team member, "Entire neighborhoods had been destroyed. Whole families perished. Fifty percent of their healthcare workers had died in the earthquake. Many of the remaining people were loading what was left of their belongings onto trucks and evacuating the area."

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Members of the IMSuRT team set up their sleeping quarters shortly after arriving in Bam, Iran, days after an earthquake devastated the ancient city.



On the occasion of Clara Barton's birthday

Clara (Clarissa Harlowe) Barton was born on Christmas day, 1821, in North Oxford, Massachusetts. For many years, the country has celebrated Clara Barton's birthday, acknowledging her founding of the American Red Cross and her legacy of kindness that began during the Civil War and continued until her death in 1912. Recently, I was invited to be the inaugural speaker for the Clara Barton Annual Guest Lecture at the State House. I had an opportunity to share some information about Clara Barton's life and contributions with legislators, nurses from throughout the Commonwealth, representatives from the Clara Barton Museum, and others.

Interestingly, Clara Barton's mother was outspoken on women's rights, eccentric, thrifty, and had a fiery temperament. Clara was the youngest of five children and by the time she started school at age 4, she could already spell three-syllable words. During her early school years she studied subjects such as philosophy, chemistry, and Latin.

Many say that Clara Barton became a nurse at the age of 11 when she started caring for her brother after he was badly injured in a fall. She tended to his needs every day for two years. This

was the impetus of a lifetime of work that gave her great satisfaction.

In 1854, Clara moved to Washington, DC. Her war service began in 1861, when she started cooking and caring for troops in the Civil War, earning her the nickname of, "angel of the battlefield."

After the battle of Bull Run, facing a severe shortage of supplies, Clara advertised for provisions in a local newspaper and, upon receiving mass quantities, established a distribution center to dispense supplies.

In battle situations, Clara showed courage, endurance and resourcefulness. To her, each soldier was an individual who deserved the best possible care. It may surprise you to know that Clara Barton was not a 'trained nurse' — there were no trained nurses in the country at that time. She was truly ahead of her time.

After the war, Clara supervised a federal search for missing soldiers. She lectured on her war experiences and began a long involvement with the suffrage and civil rights movements.

In 1869, Barton went to Europe and found herself in the midst of the Franco-Prussian conflict. She worked with the International Red

Cross, distributing supplies in France and German. In 1873, she was awarded the Iron Cross of Merit from the German Emperor.

The United States was not party to the Geneva Convention of 1864 that made the International Red Cross possible. But Clara saw a need for the services of the Red Cross in America and set her mind to creating it. She educated the public using brochures and speeches and met with cabinet members and Congressmen. And in 1881, John D. Rockefeller provided funding to create the National Society of the Red Cross in Washington, DC, one block from the White House. Clara was the first president of the American Red Cross and directed its relief activities for 23 years. In very short order, states across the country began opening their own branches of the American Red Cross providing relief to citizens during disasters such as famine, floods, and fires.

Clara Barton died at the age of 91 in 1912 from complications of a cold. The Detroit Free Press wrote of Barton after her death, "She was perhaps the most perfect incarnation of mercy the modern world has ever known."

If we look at Clara Barton's life and work in



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

relation to nursing practice today, we see the origins of a very noble profession. We see the attributes of advocacy, teamwork, resourcefulness, individualized care, pride in practice, vision, risk-taking, leadership, global outreach, and emergency preparedness.

What a legacy.

In Tom Peters' hallmark book, *In Search of Excellence* (1982), he notes that the basic principles of excellence include:

- a bias for action that is hands-on and value-driven; the need to advocate for what is important
- staying close to the customer; taking the time to learn his/her preferences and how to meet them
- being autonomous and entrepreneurial; going above and beyond to accomplish what needs to be done
- sticking to the knitting; designing processes that enhance the patient experience

- teamwork; it takes a village to provide seamless, coordinated care

Nearly 20 years later, in Peters' new book, *Re-Imagine! Business Excellence in a Disruptive Age*, he says today's leaders need to be, "the rock of Gibraltar on roller-blades." What a great analogy for today's complex healthcare environment. Health care today is:

- fast-paced and ever-changing
- high-tech
- over-burdened
- caring for sicker patients
- serving educated, informed consumers
- resource-intensive and costly
- focused on quality and safety

In my presentation, I tried to show how Tom Peter's principles of excellence, though not even articulated yet, were part of the fabric of Clara Barton's practice. And those principles are as important today as they

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Credentialing and authorization for physician assistants and nurses in expanded roles

Question: What are nurses in an expanded role and physician assistants?

Jeanette: Nurses in expanded roles are registered nurses practicing in roles such as: nurse midwife, nurse practitioner, psychiatric nurse mental health clinical specialist, or certified nurse anesthetist. These roles require special licensure in the Commonwealth of Massachusetts to practice in an expanded role. Nurses licensed to practice in these roles have advanced knowledge and skills acquired through a nursing education program, and they are required to have current certification.

Physician assistants provide medical services under the supervision of a physician. They provide services appropriate to their training, experience, and skill level, and they are required to be licensed in the Commonwealth of Massachusetts.

Question: Why is it that these role groups need to be credentialed and authorized to practice?

Jeanette: In order to practice at MGH, registered nurses, physician assistants, and physicians need to be credentialed and authorized by state regulatory licensing bodies. This is not only required by state law, but also by MGH by-laws

and Human Resources policy.

Question: Why do we need a credentialing process for nurses in an expanded role and physician assistants?

Jeanette: Credentialing is the process by which clinicians provide evidence that they're qualified to perform specific clinical activities. Authorization is the means of securing approval to provide direct patient care under specified guidelines. The credentialing and authorization processes at MGH are designed to ensure that nurses in expanded roles and physician assistants are qualified, capable,

and prepared to perform the services they're authorized to provide.

Question: What happens if a practitioner fails to act in accordance with the credentialing, authorization, and reauthorization process?

Jeanette: To continue to practice as a nurse in an expanded role or as a physician assistant, the practitioner must have practice guidelines reviewed by the Health Professions Staff Committee with final approval by the senior vice president for Patient Care. Failure to meet these requirements will result in suspension of practice until the credentialing/authorization process is completed.

It is the responsibility of each clinician to make sure he/she is in compli-

ance with all regulations so they may safely care for MGH patients and families.

Question: How do nurses in expanded roles and physician assistants become credentialed?

Jeanette: Nurses in expanded roles and physician assistants can obtain information on the MGH Patient Care Services website (<http://pcs.mgh.harvard.edu/>) then select The Center for Clinical & Professional Development, then Credentialing). Or access the credentialing website at: http://pcs.mgh.harvard.edu/CCPD/cpd_credentialed.asp.

You can also contact Julie Goldman, RN, credentialing program coordinator, at 617-724-2295.

Jeanette Ives Erickson

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were then. I underscored the need for healthcare organizations to:

- create a supportive professional practice environment
- mentor today's nurses (clinicians) and the nurses (clinicians) of tomorrow
- establish reward and recognition programs
- enhance the image of nurses (clinicians)
- advance the quality and safety agenda for patients and staff

A commitment to these principles requires

an investment of time, resources, and money. It means focusing on professional development, promoting inter-disciplinary relationships, empowering staff, and recognizing and rewarding professional excellence. It means sharing success stories through exemplars and clinical narratives. And it means raising the bar on quality and safety.

Clara Barton lived more than a century ago. She forged new ground

for nurses, opened doors to new opportunities, and left an indelible footprint on our history. But the passion, vision, and commitment that drove Clara Barton are not so different from what drives us today.

We face challenges as we strive to deliver to the best possible care to our patients. We are resourceful, knowledgeable, team-oriented, and outspoken leaders in the healthcare world. And we are relentless in our pursuit of excellence.

It seems to me that Clara Barton's legacy is alive and well at MGH.

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.

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

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

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

IMSuRT team returns from Iran

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Resources were scarce as the team set up their portable field hospital (DRASH) about three kilometers southwest of the epicenter. After-shocks were a frequent reminder of the tenuous state of their surroundings. No running water, limited sanitation facilities, and (night-time) temperatures dipping into the 20s made for a very challenging first few days.

Initially, the unit didn't see many patients, but as word spread that medical help was available, people started coming in waves. Patients presented with crush injuries, hypothermia, respiratory distress, cardiac events, and infections due to untreated wounds and injuries. Because of the sheer magnitude of the devastation, it wasn't uncommon to see people in various states of grief, hysteria, or suffering from post-traumatic shock syndrome.

Despite the chaos and destruction, there were moments of joy as six babies were delivered (two by Cesarean section) and many lives were saved.

Pharmacist, Ron Gaudette, RPh, tells the story of an infant who was kept alive through the night by team members, Jesslyn Lenox, RRT, and Dave Kissin, RRT. Because the baby

was too small to be intubated, Kissin, of the Portland Medical Center, and Lenox 'bagged' (manually ventilated) the baby throughout the night until she could be safely transferred to an outlying medical facility.

Sheila Burke, RN, recalls one baby who was born to parents who were so grateful to have medical assistance they named their newborn boy, 'Imsurt,' after the team. Not only was the name intended to be a tribute to their caregivers, but the parents thought it sounded remarkably Iranian.

Says Lin-Ti Chang, RN, "I had to delay discharging one new mother because she was living in a cardboard box. We were very fortunate to have the Red Crescent Society (the Islamic equivalent of the Red Cross) who provided tents, blankets, food, and water. And we had several dedicated volunteer interpreters who worked around the clock with us.

"It was a memorable experience," says Chang. "When in crisis, we all seek physical

comfort, emotional support, and a sense of trust and respect from our caregivers. I think we provided that to the people of Bam."

"How can I explain the devastation I saw," says Patricia Owens, RN. "The destruction of property and the loss of human life were indescribable. What we brought to Bam was a sense of hope. I think that with our presence came an understanding that compassion and fellowship have no borders. I feel blessed to have been part of such a wonderful endeavor."

Though cultural issues and a language barrier sometimes impeded communication, respiratory therapist, Robert Goulet, RRT, says, it never prevented the peo-

ple of Bam from expressing their feelings.

Says Goulet, "Even if they couldn't speak English, they would take your hand, or bow their heads, and you knew they were saying 'Thank-you.' You knew it was an expression of friendship. It was those spontaneous displays of affection that were so heartwarming."

Brenda Whelan, RN, had this observation: "We all knew we'd be coming home to our families and our modern conveniences. The people of Bam were without basic necessities—running water, sanitation, shelter, not to mention the enormous emotional strain they were under. I have such respect for the survivors and how they persevered under unfathomable conditions."

IMSuRT team members describe their Iranian hosts as, 'a very gracious people' who 'made us feel welcome and appreciated.' Knowing that the team had been deployed right after Christmas, the people of Bam went out of their way to help their American visitors observe this special holiday. People brought gifts of fruit and nuts, some parting with their own remaining personal possessions. And in this predominately Islamic country where most people had never even met an American before, someone presented the team with a Christmas tree.

Notes accompanying gifts, though not written in perfect English, *continued on next page*



IMSuRT team member, Sheila Burke, RN, with mom and new baby, 'Imsurt' Tom (named after the IMSuRT team and Tom Macgillivray, MD)

IMSuRT team returns from Iran

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veyed a strong sense of appreciation. One note said: "The disastrous earthquake in Bam was a sorrowful tragedy for the Iranian nation... I, on behalf of Bam citizens, and the Iranian government and praiseworthy efforts, wishing you great success. I wish the most magnificent mud-brick citadel would overcome thier sufferings, and the historical city would deserve your humanity and nobility." (From the head of the Bam earthquake headquarters.)

Another read: "In the name of god. We would like to congratulate the birthday of jususchrist

(peace be upon him) and the new yer to you and Thankyou for your assist and adjutanty that relife and help to afflicted people of bam. Esteem of you assist early of the afflicted people in this days."

Says Gaudette of his experience in Iran, "I felt like we brought first-class, MGH-quality care to one of the most austere environments I'd ever seen. We were able to do the same good work there as we do here, and that's a great feeling."

Though in Iran for less than two weeks, says Pam Griffin, RN, "We made a tremendous dif-

ference in the lives of the people we cared for. It really was 'the best of times and the worst of times.'"

After a while, says Burke, "I kind've forgot we were in Iran. The people of Bam were just like us. They had the same concerns, the same family values, the same fears. All our common bonds came shining through."

Katie Brush, RN, had this to say: "The immense sadness we saw is something that will be with us forever. But I can't imagine doing this (work) with any other group of people. This is the most extraordinary team of individuals I've ever worked with, and I've been a nurse for twenty-five years. I

would trust my life to any one of them."

IMSuRT team members couldn't say enough about team leader, Sue Briggs, MD. Said one team member, "We owe her so much. She was tireless and ever-present. She kept us bouyant and motivated. Whenever we looked to her for guidance, she was right there with strong leadership, a big smile, and a pat on the back."

Says Briggs, "It was a real privilege for our team to be part of the international community that provided assistance to Bam after this devastating earthquake."

They all agree that in a very short time, under extraordinary circumstances, relationships were forged, friendships

born, and memories of a lifetime created.

Says Barbara Walsh, RN, "It got very emotional when the time came for us to leave. I remember on our last day there, a woman came in with her three-month-old niece. The baby had lost her parents and siblings in the earthquake. She was too young to know what had happened. I just remember that she was so beautiful, she had the brightest eyes, and she giggled with delight when she saw us. It was like a sign—a smiling ray of hope after all that sadness."

IMSuRT team members would like to thank their families, colleagues and co-workers for their support, encouragement, and understanding during their recent deployment to Iran. "This really is a team effort," said one team member. "And that team extends to the entire MGH family."



At left: members of the IMSuRT team aboard the military transport plane after landing at an air strip in Kerman, Iran.

The team spent the night in Kerman before flying on to Bam the next morning to set up their field hospital three kilometers southwest of the epicenter.

Life-long learning, teaching, add special dimension to care in the MICU

My name is Jane Hellier Bryant, and I have been a staff nurse in the Medical Intensive Care Unit (MICU) at MGH since 1985. During this time I have cared for many clinically challenging patients and learned a great deal. I now have the experience and knowledge to feel comfortable in my practice. What keeps me at the bedside, and the reason I love working in the MICU and have stayed in my position for so long, is the opportunity for continual learning. Every day there is new information, or some new situation that requires me to step back and think about something differently or use a different approach. One of the most important things I have learned is that I don't know, and probably never will know, everything there is to know about caring for critically ill patients. But for me, learning and teaching others is as important to my practice as patient care.

One situation that occurred recently really brought this home to me. Louisa was a 34-year-old woman who had been diagnosed with a very aggressive lymphoma. She was being treated on Ellison 14 with chemotherapy. She had developed neutropenia and was now septic. The

MICU night staff admitted her at 6:30am on a Saturday. She was febrile (feverish), hypotensive (low blood pressure), tachycardic (abnormal heart rate), tachypneic (abnormal respiration), with an oxygen saturation of 86% while receiving 100% oxygen. As I got report, I knew it was going to be a challenge to stabilize her.

By noon, Louisa was sedated, intubated, placed on maximal mechanical ventilation, and an arterial line and a pulmonary artery line had been placed. I was titrating pressors to maintain her mean arterial pressure above 60, and I was waiting for a line to be placed so I could initiate CVVH (continuous venous-venous hemodialysis). This was necessary in order to manage her body volume as her kidneys had failed rapidly over the course of the morning.

Challenging? Yes, to some degree, but for me, it wasn't the biggest challenge of the day. After a while, Louisa's sister, Amy, came in for a visit. She explained that she had been waiting to see her sister all morning and she had Louisa's two children, Danielle (12) and Billy (10) with her.

The children asked a lot of questions. My heart sank when Amy looked at me and asked, "How

do I tell them about what's happening to their mom?"

I've always taken care of adults and don't have a lot of experience with school-aged children. But I knew the situation with Louisa was so tenuous, I had to intervene. It was Saturday afternoon, so not all of my usual resources were available. But I had two ideas. First, I called the Pediatric Unit to see if they had any materials that would help kids understand about cancer. The nurse I spoke to was very helpful and gave me several ideas about how to approach and talk to children in this age group.

Next, I called the Oncology Unit, and the nurse I spoke to sent me a wonderful book for Amy. It covered ways to talk to children about critical illness, death, and dying. She also told me about a psychologist here in the hospital who specializes in children and cancer who would be a great resource (but was not on site at the moment). I e-mailed the psychologist, explaining the situation, and asked if she would visit them on Monday. I also e-mailed our social worker to let her know about the situation ahead of time.

Armed with information and an idea for a starting point, I went to the visitors lounge to meet Danielle and Billy.



Jane Hellier Bryant, RN
Medical Intensive Care Unit

We went to the private consultation room and sat down. First, I asked them what they thought was going on. Danielle was able to tell me that she knew her mother had cancer and was very sick from the medicine. Billy just wanted to know when he could talk to his mom. I explained that their mom was very sick and needed some machines to help her, so she wasn't able to talk right now. I described all the machines and their purpose. I had brought paper and crayons so they could draw pictures for their mom's room. I used the crayons to draw pictures of the machinery they were going to see. When I'm teaching staff in the MICU, I've found that pictures of machines or concepts help them understand more fully.

After about 15 minutes of talking about their mom and telling me about their lives, I asked if they felt ready to visit their mom. They both said yes.

Attracted by the machinery, Billy went right into her room. He told me he wants to design computer games when he grows up, so he wanted to know all about the monitor and the ventilator. He was very interested in his mom's heart rhythm and blood pressure. Taking his lead, I took the non-invasive blood pressure cuff, wrapped it around his arm, and took his blood pressure. Then we listened to his lungs and felt his pulse. I think learning these physiological facts about himself was reassuring to him. He proceeded to check his aunt and father's lungs and pulse rates.

Danielle was a little more reticent. I think she had more insight into how dire the situation was and was scared. My approach with her was to de-emphasize the technical aspects and focus on her mom. I assured her that although her mother couldn't open her

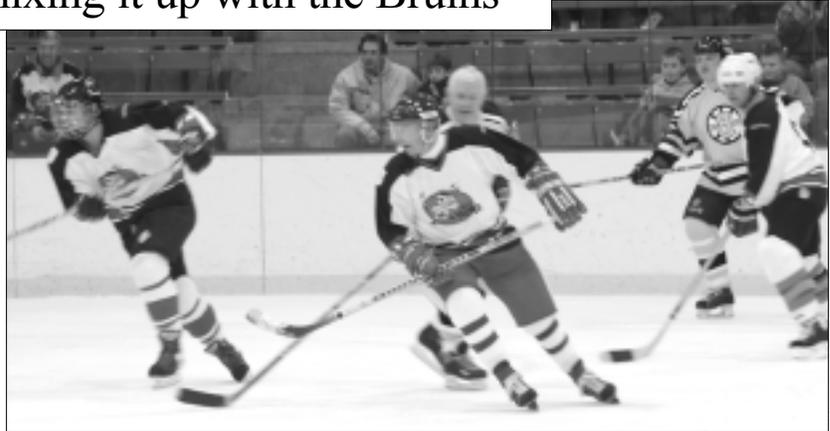
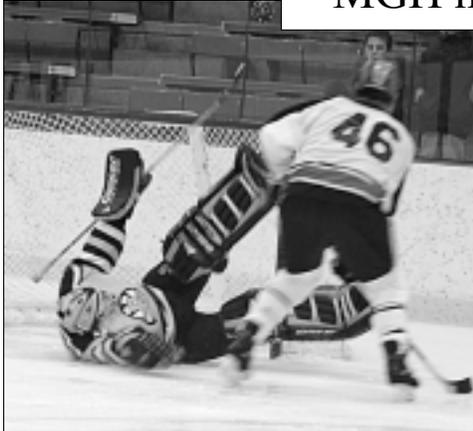
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MGH hockey team puts the 'fun' back in fund-raising

The final score was 14 to 10 (Is it really important who won?) MGH doubled its last year's gift to the United Way, raising more than \$20,000 in what will become an annual event between MGH and former Bruins players. 25 MGH employees took to the ice while others staffed the concession stand, sang the National Anthem, gave out raffle prizes, or simply enjoyed the show. Safe to say, a good time was had by all.



MGH mixing it up with the Bruins



(Photos by Paul Batista)

Exemplar

continued from page 6

eyes or speak because of the medicine, she knew we were there. I let Danielle know that she could talk to her mom and tell her what was going on in her life. I got a container of baby lotion and started to massage Louisa's hand. I asked Danielle if she'd like to put some lotion on her mom. She

nodded and was soon massaging her mom's feet and talking to her about a 'Teen Miss' contest she wanted to enter. For the remainder of the afternoon, Danielle sat by her mothers' side telling her about school and drawing pictures to hang on the wall. And Billy gave me a full report of his mother's vital signs whenever I came into the room.

As they were leaving for the evening, Amy thanked me for taking the time to help her sister's children. I explained that teaching was a very important part of my practice and that in teaching these two children and helping them deal with this frightening experience, I had learned something myself—something I knew would benefit other patients and their families.

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

This narrative demonstrates how bedside care is just one of many components of professional nursing. Jane, an experienced medical nurse, provides patient-education, family-centered care, emotional support, and whatever else is necessary to be fully present

to Louisa and her family during this crisis.

Jane seeks the help of knowledgeable colleagues, she crafts a plan, and then skillfully introduces Louisa's children to the high-tech surroundings of the MICU in a way that isn't scary or threatening. But perhaps the most important thing she did was to give them her time, her attention, and an interest in their well-being.

Thank-you, Jane.

Memorable visit to Haiti inspires a promise to return

—by Catherine Liberles, RN

This past October I had the awe-inspiring experience of traveling to Haiti to work at a newly opened clinic on a mountain called, St. Rock. A small group of us embarked on our trip with the founder of the clinic. I had little knowledge of what was in store for us prior to our departure, but with the awareness that we were traveling to the poorest country in the western hemisphere, I was certain there would be much opportunity to play a small part.

The clinic is nestled

in the mountainous region of St. Rock, about an hour from the capital, Port Au Prince. It is staffed two days a week by Dr. Marjorie, an American-trained Haitian doctor.

Our impending arrival was announced via bull horn by one of the locals for several days prior to our actual arrival. Our presence brought people from all over the mountain for the duration of our nine-day stay. By 6:00 each morning people began to arrive, many with their entire families. In four days,

we saw nearly 200 people, about half of whom had never received any form of medical care before.

The level of poverty and hunger we saw was staggering. A common patient complaint was a gnawing sensation in their stomach—hunger. There is neither running water nor electricity, and a lack of education regarding sanitation and basic health care compounds their dire circumstances.

What initially seemed to be an insurmountable challenge soon became a

vision of opportunity. The sheer number of people in need and their lack of understanding about basic health care ignited our ingenuity.

First, however, we had to adapt to our environment. We understood the need to be resourceful and improvise, which meant abandoning the standards of care we knew and practiced at home. Dr. Marjorie didn't waste any time acquainting us with the stark reality of our circumstances. We quickly got into the swing of things and were able to accomplish quite a bit with very little.

With the invaluable assistance of our interpreter, we were able to triage a large number of

those who had traveled miles by foot (mostly barefoot) to the clinic. This helped to streamline those in greatest need to the doctor's attention, allowing us to address minor medical issues and take advantage of teaching opportunities.

Sterile technique for a serious foot wound was impossible. But cleaning the wound and teaching the patient how to clean it, providing supplies, and giving pain medication brought significant relief to an elderly man who hadn't slept in days due to the pain of his untreated wound.

On our third day, the caretaker of the clinic asked that we make a *continued on next page*



Neighbors help care for ill woman during one of Liberles' home visits



Liberles and associates arrive at Port Au Prince Airport before returning to the United States

(Photos provided by Liberles)

Visit to Haiti

continued from previous page

home visit to a woman who had given birth to twins a few days before. Her first baby had been still born, and a second had died after only a couple of days. The woman was home in bed in a dark, two-room shack. She had delivered her twin babies in a hospital in Port Au Prince and been discharged with several vials of gentamycin and some syringes.

Through our interpreter, we learned that the woman had no

understanding of what these materials were, nor anyone to administer the medication. For our remaining time on the island, we visited her daily bringing food and administering her medication.

Due to the generosity of some pharmaceutical companies, we were able to bring a significant amount of medication with us that we dispensed from the clinic.

One parent arrived with his ten-year-old son who had suffered for months with ear pain, fever, and now diminished hearing. He was given augmen-

tin along with the unfortunate news that the hearing loss was likely permanent.

More typically, prescriptions are written on Post-Its, then a long journey on foot follows to as many pharmacies as it takes to find a given medication.

Before we left, we spent an afternoon at a home in Port Au Prince that provides food and nutrition to 200 severely malnourished infants and children abandoned by parents who were unable to provide for them. It moved me to the core of my being, and I resolved never to forget those innocent, starving children or the engaging Haitians I had come to know during our short stay.

Haiti is a country where people have a life expectancy of approximately 50 years. There is no running water, no electricity, and not enough food to prevent widespread starvation.

Haiti now holds a special place in my heart. I made a promise to myself to return there as often as I can to join forces with those bringing aid to this country in such desperate need. If you would like information on how to get involved in the good work going on in Haiti, please feel free to e-mail me at: cliberles@partners.org.



Haitian women return home carrying laundry they washed in a stream at the base of the mountain



At Clinic St. Rock, Liberles sees mom and baby, both suffering from malnutrition

Get REAL!

A newly formed MGH environmental awareness group, REAL (Raising Environmental Awareness League), is seeking new members.

For more information, or to get involved, e-mail: peaceout@quik.com or rhorr@partners.org

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Massage Day gives pediatric caregivers soothing respite

—by *Debjani Banerji*

On January 9, 2004, the Pediatric Clinical Performance Management (CPM) Team sponsored Pediatric Massage Day in the Ellison 17 family waiting area as an expression of appreciation to pediatric caregivers. The Pediatric CPM Team understands that it takes a unique set of skills to work with pediatric patients and to deliver high-quality, culturally competent care to each and every patient every day. In an effort to recognize and reward caregivers for their tireless service, the Pediatric CPM Team came up with the idea for Pediatric Massage Day.

The event was paid for by money the CPM team had won in a poster contest. Members of the team felt strongly that the money should be spent in a way that would acknowledge staff of the MassGeneral Hospital *for* Children. So for four and half hours, massage therapists from the Bancroft School of Massage Therapy in Worcester gave pediatric caregivers free massages. The event was a huge success with more than 60 massages given to staff from all areas of the hospital.

The Pediatric CPM team is a multi-disciplinary group co-chaired by nurses and physicians. Clinicians, administra-

tors, and service providers meet to discuss operational issues, clinical issues, and quality-improvement strategies. Representatives from all areas of the MassGeneral Hospital *for* Children are involved in this weekly forum. Nurses from the PICU, NICU, general inpatient care units, outpatient ambulatory practices, the pediatric ED, and other pediatric units play a strong role in this work along with their physician and therapy colleagues.

The Pediatric CPM team hopes to sponsor more events like this to continue to recognize and reward pediatric caregivers for their hard work and commitment.

Advance Directive Booth

The Ethics in Clinical Practice Committee, in collaboration with the Patient Education Committee and The Blum Patient & Family Learning Center, is sponsoring an educational booth on advance directives.

**Thursday, February 12, 2004
6:30am–4:00pm
White Corridor**

For more information, contact
Ellen Robinson at 4-1765



Pediatric caregivers from throughout the hospital are treated to a free massage in the Ellison 17 family waiting area courtesy of the Pediatric CPM team. Providing the relaxing rubs are massage therapy students from the Bancroft School of Massage Therapy (l-r): Sally Scott, Alison Gustin, and Jessica Hellmann.

Educational Offerings

February 5, 2004

When/Where	Description	Contact Hours
February 18 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
February 18 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Clinics 262	1.8
February 23 8:00am–4:30pm	Neuroscience Nursing Continuum of Care O’Keeffe Auditorium	TBA
February 25 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
February 26 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
March 1, 2, 22, 23, 29, 30 7:30am–4:30pm	Greater Boston ICU Consortium CORE Program St. Elizabeth Medical Center	44.8 for completing all six days
March 2 8:00am–12:00pm	BLS Heartsaver Certification VBK 601	---
March 2 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolf Auditorium, NEMC	TBA
March 3 8:00am–3:00pm	Management of the Burn Patient Bigelow 13 Conference Room	6.9
March 3 3:00–7:00pm	Congenital Heart Disease Haber Conference Room	4.5
March 4 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
March 10 7:00am–12:00pm	CVVH Core Program Haber Conference Room	6.3
March 10 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
March 10 1:30–2:30pm	OA/PCA/USA Connections “Understanding Precautions & Precaution Signs.” Bigelow 4 Amphitheater	---
March 10 4:00–5:00pm	More Than Just a Journal Club Walcott Conference Room	---
March 10 11:00am–12:00pm	Nursing Grand Rounds Sweet Conference Room GRB 432	1.2
March 11 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
March 12 and 15 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
March 16 8:00am–4:00pm	Intermediate Respiratory Care Respiratory Care Conference Room, Ellison 401	TBA
March 17 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
March 17 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Clinics 262	1.8

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>.

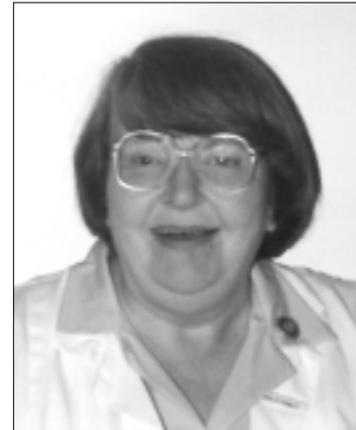
Patricia Hooley's life and love of MGH remembered

On Tuesday, January 20, 2004, friends, family members, and colleagues of Patricia (Macaulay) Hooley, RN, came together in the MGH Chapel for a special service in her honor.

Hooley graduated from the MGH School of Nursing in 1954 during Ruth Sleeper's tenure as director. During her time at MGH, Hooley worked in a number of positions

including staff nurse, head nurse, night nursing supervisor, and following a debilitating stroke, as an MGH volunteer.

Many of Hooley's former co-workers attended the memorial service to offer words of remembrance and pay tribute to a long-time friend. Nursing supervisor, Claudia Curado, RN; Ed Coakley, RN; George Baker, MD; director of Volunteer Services, Pat Rowell; and Hooley's daughter, Pam, all spoke of Hooley's love of nursing, her love of MGH, and of a mischievous spirit that touched many and captivated all. Stories recalled a nurse who rose to every challenge, bent a lot of rules, and always man-



Patricia (Macaulay) Hooley, RN
1933-2003



Claudia Curado, RN, pays tribute to friend and colleague, Patricia Hooley

aged to find humor in every situation.

Said Curado, "I consider myself one of Pat's closest friends. She was always such a reassuring presence, a wonderful teacher, and a source of great support." Curado quoted Ralph Waldo Emerson's words about a successful life: "to laugh often... to appreciate beauty and find the best

in others... to leave the world a better place... and to know that one person breathed easier because you lived."

Said Curado, "If this is success, then Pat certainly succeeded. As we leave here today, I hope we can all re-commit ourselves to living well, loving well, and laughing often."

Caring

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