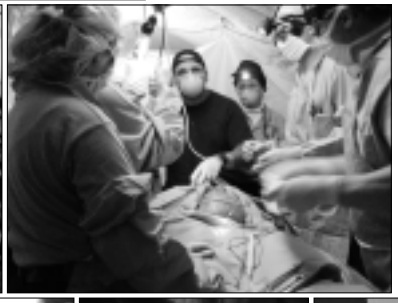
January 22, 2004

Caring HEADLINES

IMSuRT team returns from rescue mission in Iran

Inside:

When a 6.6-magnitude earthquake hit the ancient city of Bam, Iran, on Friday, December 26, 2003, killing more than 30,000 people and causing widespread devastation, FEMA (the Federal Emergency Management Agency) mobilized its International Medical-Surgical Response Team (IMSuRT). MGH nurses, physicians, respiratory therapists, pharmacists, and other personnel who volunteer as part of the emergency response team were notified late Friday night, and by 7:00 the following morning they were ready to go. In Bam, the team spent almost two weeks working out of a portable, fully equipped, state-of-the-art, field hospital providing care and comfort to the injured.



Returning home to Logan airport on Wednesday evening, January 7, 2004, team members received a hero's welcome from family members, friends, colleagues, and a host of dignitaries and reporters.

The February 5th issue of *Caring Headlines* will carry more detailed coverage of the IMSuRT team's deployment to Iran.

Photos courtesy of FEMA

MGH Patient Care Services

Working together to shape the future

Coming soon: MGH *Nursing Diaries*

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

Recognition for outstanding clinical practice is always a good thing, whether it's earning Magnet accreditation, receiving an award for clinical excellence, being acknowledged in our Clinical Recognition Program, or just hearing, "Good work," from a colleague or manager. MGH is fortunate to be participating in a new project that will bring our hospital a different kind of recognition.

A joint effort between MGH, CBS Productions, and independent videographer, Richard Kahn, the project is called, *Nursing Diaries*, and it involves taping a three-part series at MGH to be aired on the Discovery Health channel. Richard has worked on video projects at MGH before, including the Fox television series, *Trauma Center: Life in the ER*.

Filming of *Nursing Diaries* will take place on four units: the Neonatal Intensive Care Unit, the Surgical Intensive Care Unit, the Blake 8 Cardiac Surgical Intensive Care Unit, and the Phillips House 21 General Medical Unit. Richard is working with staff on those units to identify appropriate patient stories and situations that reflect the current reality of nursing in a major academic medical center.

Richard will 'shadow' a number of nurses over a period of time capturing specific cases as they emerge and telling the stories from the nurse's point of view. When filming is completed, the most compelling stories will be woven together into one-hour segments highlighting nursing practice. Care will be taken to ensure that private medical information and patient confidentiality is protected.

Nursing Diaries is an exciting opportunity to provide insight and awareness about the important work nurses do, and to promote nursing as a profession to a broad audience. The Discovery Health channel is seen nationwide, so it's a chance to give the public—patients, legislators, young people choosing careers— an intimate look at the hospital experience through the eyes of a nurse.

Perhaps Richard said it best in his proposal when he wrote, "Over the past decade, changes in the health care system have presented new challenges for nurses. Advances in technology and pharmacology coupled with the pressures of managed care have contributed to a growing crises. An aging work force and fewer people choosing nursing as a profession have resulted in a nursing shortage.

"Fewer nurses are caring for sicker patients. They are witness to the tension between the limits of technology and the limits of compassion. Nurses are in a unique position to speak to the issues of infinite need in a world of finite resources."

If a picture is worth a thousand words, then this is an opportunity for the country to see a very important picture. Viewers will see first-hand the pivotal role nurses play in the delivery of bedside care.

I'm very excited about this project. At a time when portrayals of nursing in the media are skewed, stereotypical, and unflattering, *Nursing Diaries* will present an inside look at the real thing. The series will spotlight the role and responsibilities of professional nurses. It will speak to the critical thinking and decision-making required in a fast-paced critical care setting; it will show the compassion, advocacy, and skill that drives our day-to-day practice; and hopefully, it will influence the way people across the country think about nursing.

I look forward to seeing the finished product. I know MGH nurses will represent us well. And who knows, maybe they'll even inspire some bright young men and women to consider nursing as a career.

Updates

I'm pleased to announce that Susan Wood, RN, has accepted the position of clinical nurse specialist for White 11, effective immediately. Susan is an ANCC-certified adult nurse practitioner and a member of the Massachusetts Coalition of Nurse Practitioners.

After 17 years on Bigelow 14, Ginger Capasso, RN, clinical nurse specialist, will join the staff of The Center for Clinical & Professional Development in February. Ginger will continue to provide consultation to clinical staff around wound management; she will remain coach of the Nursing Research Committee; and she will continue as co-director and nurse practitioner of the MGH Wound Care Center.

Nursing Career Expo

Invite your friends and colleagues to the upcoming Nursing Career Expo to learn more about staff nurse (new grad and experienced), clinical nurse specialist, nurse manager, nurse practitioner, patient care associate (experience required) and surgical technologist opportunities at MGH.

Sunday, January 25, 2004
12:00–4:00pm
North and East Garden Dining Rooms

For more information, contact Sarah Welch of PCS Human Resources at 617-726-5593; fax: 617-726-6866; or e-mail shwelch@partners.org.

The MGH Pet Therapy Program

Question: How many units currently participate in the Pet Therapy program?

Jeanette: The Pet Therapy program started in February, 2003, on three inpatient units and expanded to five units in May. This month, the Pet Therapy Program is expanding again to include two inpatient pediatric units. The program is now available on: White 11, Bigelow 11, Bigelow 14, Ellison 7, White 7, and Ellison 17 and 18.

Question: How long do pet therapy visits last?

Jeanette: Dogs and their handlers generally visit patients for about ten minutes. Many patients talk about their own pets while others prefer to just sit and pet the dog quietly.

Question: Will the program expand any more?

Jeanette: Yes. Currently pets visit on Tuesday and Thursday afternoons from 1:00–5:00. Plans are under way to make pet therapy available seven days per week with expanded hours in the future.

Question: How are patients responding to the program?

Jeanette: Patients and staff alike seem to love the program. In a survey of the first 300 patients visited by pet therapy dogs, 146 patients reported that they felt very happy following the visit; 143 felt very comforted; and 144 felt very connected. Research will be conducted to study the effects of pet therapy visits on patients and nurses as well as on volunteers/handlers.

Question: How does the program work?

Jeanette: Nurses on participating units assess their patients to identify those who meet program criteria and are interested in being visited by a pet therapy dog. A list of eligible patients is sent to the Volunteer Office. Then volunteers/handlers bring their dogs to the units and check with the resource nurse to make sure patients' situations haven't changed since the list was compiled.

Question: How are volunteers/handlers chosen for the Pet Therapy Program?

Jeanette: Potential volunteers/handlers are interviewed by the program manager in the Volunteer Department. Candidates must have their own pets who undergo a screening by an outside agency to ensure their temperament is appropriate for a busy healthcare setting. Candidates must be available either Tuesday or Thursday afternoon between 1:00 and 5:00.

For more information about the Pet Therapy Program, call the Volunteer Office at 6-8540.

Hooley memorial service scheduled for January 20th

A memorial service will be held on January 20, 2004, at 1:00pm in the MGH Chapel to celebrate the life of Patricia (Macaulay) Hooley (1933-2003). Hooley graduated from the MGH School of Nursing in 1954 and worked as a staff nurse, a nurse manager, and nursing supervisor from 1954–1994. She gave her time as an MGH volunteer from 1994–2002.

Donations may be made in Hooley's name to the MGH Institute of Health Professions, Office of External Relations, 36 First Avenue, Boston, 02129

For more information, contact Claudia Curado at 6-6718

What Police & Security would like you to know about suspicious packages

Suspicious packages and substances have presented increased concern in the wake of recent domestic and international events. If you become aware of a suspicious package or substance, you should immediately contact Police & Security at 726-2l2l.

Suspicious mail includes any package that:
- has protruding wires, a strange odor, or visible stains
- appears to contain a powder-like substance
- has no return address
- is oddly shaped or of unusual size
- is for someone who no longer works here
- is marked, "Personal" or "Confidential"
- is addressed to a 'title' only with no name
- doesn't 'seem' legitimate
- has excessive postage
- is excessively heavy for its size

If you become aware of a suspicious package, contact Police & Security and:
- do not open it
- isolate the letter or parcel
- wait for Police & Security to arrive

If you have already opened an item that contains a suspicious substances:
- isolate it in a sealed bag
- keep others away from the item
- stay calm
- wash your hands with soap and water
- turn off all fans, air conditioners, and heaters
- do not use any remote control devices
- Document everyone who came into contact with the suspicious material

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.

Why Magnet? One nurse's perspective

—by Lauren Holm, RN staff specialist

As a senior nursing student at Simmons College, Emily Olmstead, RN, staff nurse on Bigelow 11, participated in a nursing leadership fellowship at NYU. Fellows were asked to put forth ideas as to how to solve the nursing shortage. Olmstead's group explored Magnet hospital designation as one possibility.

Reading the work of nurse researchers like Linda Aiken, RN, she learned that nurses stay longer at Magnet hospitals; nurses are happier at Magnet hospitals; and nurses feel empowered at Magnet hospitals. As graduation neared, Olmstead began to look for a Magnet hospital to begin her nursing career. During an interview with Eileen Flaherty, RN, and Kate Barba, RN, she learned that MGH was pursuing Magnet designation.

As a new graduate, Olmstead was looking for strong support that would allow her to grow into her new role. Of special interest to her were unit-based clinical nurse specialists, the all-RN patient-care model on Blake 11, and the New Graduate Orientation Program.

Says Olmstead, "At MGH, clinicians are drawn to high standards. And having the expertise of a unit-based clinical nurse specialist is incredible."

Since coming to work at MGH, Olmstead has seen how the collaborative governance structure provides opportunities for staff to be heard and allows them to make valuable contributions to the hospital. That's great for staff at all levels of experience.

It was a huge thrill for Olmstead to see MGH receive Magnet designation. Said Olmstead, "It gives nurses a way to discuss nursing practice. Describing the importance of autonomy and control over practice to the general public is a powerful thing."

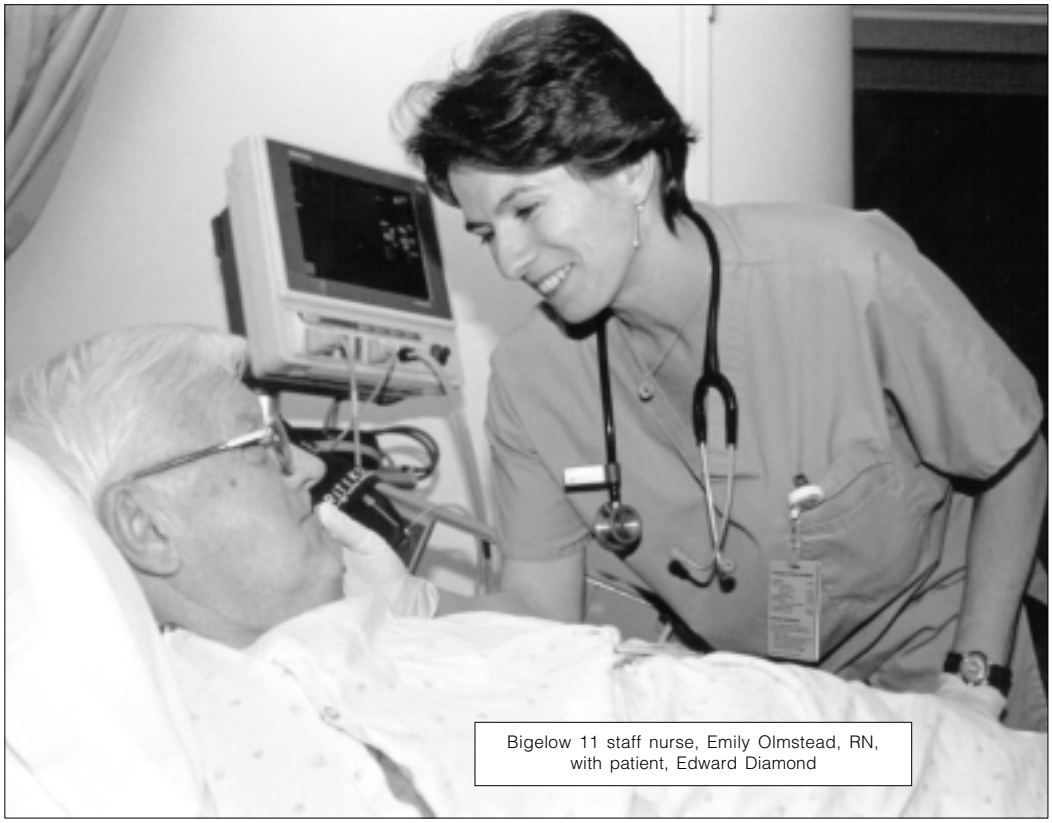
About one third of Olmstead's classmates have come to MGH to practice since graduating. She attributes this to her sharing of Magnet research with faculty and students after her fellowship.

Olmstead observes that nurses at MGH are encouraged to grow. For some that means obtaining an advanced degree; for some it's developing expertise at providing a particular type of care; and for some it's staying on the same unit for 20 or 30 years providing leadership and guidance to new staff. Whenever you're ready for a new challenge, there are opportunities for growth and support.

Olmstead sees a real sense of partnership among caregivers on her unit. She frequently consults with CNSs on other units if she's unsure about some aspect of care. "Everyone loves to teach," she says. "Nurses and physicians learn from one another. There's respect for all members of the team. Patient safety is viewed in a serious way, and staffing levels are a primary concern."

During her fellowship, Olmstead had the opportunity to meet with Maggie McClure, RN, lead author of the original Magnet research. What nursing is, what nurses do, is difficult to describe, but Magnet research provides the language that allows nurses to share their practice in a meaningful way within and outside of the healthcare arena.

At MGH, Olmstead says, she has found all the characteristics of a Magnet hospital that she read about during her fellowship. "Magnet is about providing good patient care," she says. "And that's all any professional nurse really wants."



Bigelow 11 staff nurse, Emily Olmstead, RN, with patient, Edward Diamond

Managing patients with psychiatric illness

—by Robin Lipkis-Orlando, RN
nurse manager, Blake 11

On December 5, 2003, the third conference on Managing Patients with Psychiatric Illness was presented to an audience of approximately 80 nurses from the MGH community. Faculty included psychiatric clinical nurse specialists: Gail Leslie, RN, from the Emergency Department; Jenny Repper-Delisi, RN; Mary Lussier-Cushing, RN; and Barbara Guire, RN, from the Psychiatric Clinical Nurse Specialist Consultation Service; staff nurses Leslie Wlodyka, RN; Sally Lai, RN; and Denise Mondazzi, RN, from the White 8 Medical Nursing Service; and Roger Duguay, RN, from the Blake 11 inpatient Psychiatric Unit.

Topics discussed included: Assessment and Management of Depressed and Suicidal Patients; Patients with Acute Mental Status Changes Associated with Delirium, Patients in Actual or Potential Alcohol Withdrawal; and Strategies for Working with Difficult Individuals. And Bonnie Michelman, CPP, director of Police & Security, gave an informed presentation on the Management of Aggressive Behavior.

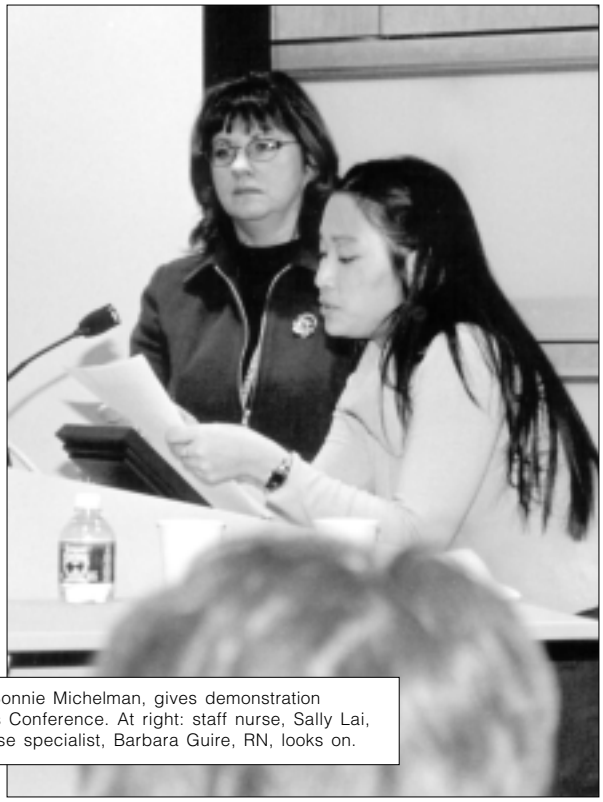
Lai read a clinical narrative describing in candid detail what it felt like as a new nurse to care for patients suffering from severe substance abuse. Lai and her White 8 colleagues spoke about the transformation in their nursing practice since gaining knowledge, experience, and support in caring for this patient population.

Lai's narrative and the ensuing discussion served as an introduction for the new Alcohol Withdrawal Pathway that was developed by the Psychiatric Clinical Nurse Specialist Consultation Service and others in the MGH community. The pathway provides tools for assessment as well as multi-level treatment options to guide clinicians' decision-making.

The goal of the pathway is to facilitate recognition and treatment of alcohol withdrawal; increase staff competence in caring for patients with alcohol problems; increase patient and staff safety; reduce the need for restraints and bedside observers; and shorten lengths of stay.

Feedback from conference attendees has been very positive. Caring for medically ill patients with co-morbid psychiatric illness or psychiatric patients with co-morbid medical illnesses can be challenging. In her presentation, "Sustaining Personal Resiliency in Clinical Practice," Leslie reminded us that, "Attending to the forces that energize and motivate us will contribute to our ability to thrive in this dynamic environment."

For more information about the conference or the new Alcohol Withdrawal Pathway, contact Robin Lipkis Orlando at 4-9107.



At left: director of Police & Security, Bonnie Michelman, gives demonstration at Managing Patients with Psychiatric Illness Conference. At right: staff nurse, Sally Lai, RN, reads clinical narrative as clinical nurse specialist, Barbara Guire, RN, looks on.

Experience, intuition key in rapidly changing clinical situation

Cuartor Wynne, RN
staff nurse, Blake 13/14

My name is Cuartor (Cue) Wynne, and for more than 25 years I have practiced obstetrical nursing. This clinical narrative illustrates the importance of an individualized patient assessment and plan of care. It demonstrates how a patient's status can deviate from expected outcomes and how crucial nursing intuition is in the detection of those deviations. And it spotlights the need for collaborative teamwork in potentially fatal situations.

Recently, while working the 7:00pm–7:00am shift, I was assigned to care for Ms. Z. Ms. Z was one hour post-C-section. She had delivered a premature infant girl after ten weeks on our Antepartum Unit. She was delivered prematurely because Ms. Z had a mild fever coupled with mild fetal tachycardia and uterine bleeding. These were symptoms of possible uterine infection and/or placental abruption. During the surgery on Blake 14, Ms. Z experienced substantial blood loss secondary to uterine atony (lack of usual tone and strength). The bleeding was brought under control, and she was stable for one hour post-surgery.

Our standard of care is to observe stable, post-op patients for two hours, or until they recover from the effects of anesthesia. At one hour post-op, Ms. Z had decreased, but stable, blood pressure; mild, but stable, tachycardia; and a decreased, but adequate, urine output. These parameters were within her normal range, but her immediate history suggested several factors that could predispose her to hemodynamic instability. My instincts told me she wasn't as stable as she appeared to be. I explained to her and her husband that because of her history and surgical course, it would be safer to extend the usual observation period. My intuition told me that Ms. Z's previous bleeding and temperature elevation predisposed her to future uterine atony, bleeding, and hemodynamic instability.

Monitoring vital signs every 15 minutes continued to reveal a stable pattern when Ms. Z was at rest, but a mild elevation in baseline heart rate with stimulation. Uterine tone remained firm, and bleeding was minimal. Experience told me that monitoring her hourly urine output could provide a sensitive indication of early hemodynamic compromise even if all other parameters remained stable. So I continued to monitor her beyond our usual time frame. This proved to be auspicious when over the next hour, her urine output significantly decreased. With diminished output, a fluid challenge was ordered. Though it increased her urine output slightly, it wasn't as much as I would have expected. The physicians on call considered her stable, but agreed to continue observation. Ms. Z and her husband were kept informed of her ongoing plan and agreed that caution was preferable.

Ms. Z said that for ten weeks she had been willing to do whatever was necessary to leave the hospital with her baby and she would continue to do whatever it took. Ms. Z's husband was very involved in her care. Together, we reviewed the subtle changes in her status and the possible implications and interventions.

Approximately four hours after surgery when Ms. Z had recovered from the effects of her spinal anesthesia, her abdominal dressing, previously clean and dry, showed a blood stain and shortly after that, a trickle of blood. I removed the dressing and the oozing increased. At that time, her resting heart rate increased slightly from the 110s to the 120s, and her blood pressure decreased slightly from 110 (systolic) to 95–100. I had expected an increase in blood pressure due to the increase in pain following her recovery from the anesthesia. At this point, I was convinced that Ms. Z was, indeed, showing signs of going into shock.

The attending physician was called, and the decision was made to return to the OR for an exploration of the cause

continued on next page

Update from the STOP Task Force

As part of the hospital-wide Hand Hygiene Improvement Program, three new initiatives are underway:

- During the month of January, unit-based Hand Hygiene Champions are receiving training to prepare to lead the hand-hygiene improvement effort on their units.
- Beginning in February, unit-based hand-hygiene in-services will be conducted on all patient care units.
- A Rewards and Recognition Program is being developed to recognize units that have exemplary compliance to good hand-hygiene practice.

Watch for more information on the Rewards and Recognition program.

For more information, contact Infection Control at 6-2036

Exemplar

continued from page 6

of abdominal bleeding. Upon arrival, 15 minutes later, she was cool, clammy, and drowsy. While we prepped her for surgery, I frequently asked her the name of her new baby. This served two purposes: it allowed me to assess her mental status, and it kept her focused on the goal of taking her baby home. An exploratory laparotomy was performed under general anesthesia, during which two liters of blood were removed from her abdomen. Lab work revealed that Ms. Z's blood was not clotting, and she was bleeding from multiple sites along the previous abdominal closure rather than from the uterine wall, thus causing abdominal rather than the expected vaginal bleeding.

During this second surgery, I enlisted the assistance of fellow nurses, which allowed me to leave the OR to communicate Ms. Z's status to her husband. I had assured him that I would keep him updated, knowing he was a crucial member of the team. This helped to alleviate his anxiety and allowed him to communicate effectively with Ms. Z's parents and siblings when they arrived. The medical and nursing staff were able to focus more energy on the care of the patient, and Ms. Z's husband was able to convincingly reassure his wife immediately following surgery. This, I later found out, proved to be crucial to the patient.

Toward the end of surgery, the need for a bed in the Surgical Intensive Care Unit (SICU) became apparent. Ms. Z would require continued intubation and invasive hemodynamic monitoring. Because SICU beds are in such high demand, requests for beds must be adequately justified. Since the surgeons and anesthesiologists were focused on life-saving measures, it fell to me to quickly and accurately describe the patient's status to the ICU team. I was able to succinctly relay Ms. Z's level of need, and the SICU team prepared to receive her.

After surgery, before being transferred to the SICU, Ms. Z's husband was able to speak to her, briefly. After two or three days of recovery, Ms. Z was discharged to routine post-partum care, and then home one week later. I spoke to her on day one, post-op, and she remembered going into the OR thinking she was going to die. A few weeks later, we spoke again. She said that when she came out of the OR, she thought she had, indeed, died. It was only when she saw and heard her husband that she knew she was alive and could continue toward her goal of taking her baby home.

Ms. Z's baby was recently transferred from the Neonatal Intensive Care Unit (NICU) to the level-two Special Care Nursery. This can be a traumatic transition for parents who have come to rely on the intensity of NICU care and must now adjust to the quiet nurturing of level-two care. During the infant's first night in the nursery, I came in to find that staff had adjusted my assignment so that I could care for Ms. Z's baby. The level of teamwork reflected in this act was not lost on the Z family.

After talking briefly, Mr. and Ms. Z left the nursery with Mr. Z reassuring his wife that she could go home now and get some sleep. Because of the excellent care provided by our OB/Neonatal team and my contribution to it, I am convinced that Mr. and Ms. Z are only a few small steps away from taking their baby home.

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

Cue's skill, experience, and intuitive knowledge of obstetrical nursing are clearly present in this narrative. Though Ms. Z met the criteria for discharge, Cue was informed by her intra-operative course, her recent history, and her own intuition, and she extended the observation time. Subtle indicators alerted Cue to a sudden change in Ms. Z's status, and she responded accordingly. Cue managed the situation with seemingly effortless composure and never lost sight of the importance of keeping Mr. Z informed of his wife's condition.

This is a wonderful demonstration of skilled nursing in a rapidly changing clinical situation.

Thank-you, Cue.

Safety in the Workplace

Police & Security and the Safety Department present, "Safety in the Workplace."

January 26, 2004
12:00–1:00pm
Charlestown Navy Yard
Building 149
7th floor Conference Room

Topics to be discussed include:

Suspicious Packages:
Learn how to identify, isolate, and report suspicious packages and/or letters

Hazardous Substances:
Acquire an understanding of procedures during incidents that involve hazardous substances (notification, containment, clean-up, disposal, labeling, and reporting)

Bomb Threats:
Gain understanding of your responsibilities during a bomb threat and how to effectively respond to a bomb-threat call.

Sessions are open to all MGH-Partners employees (Feel free to bring a lunch)

For more information, call Rebecca Coburn at 4-9649 or Marva Bodden-Carr at 781-485-6464.

Wanted: Science Fair Judges

The MGH-Timilty Partnership is looking for volunteers to judge student projects at their annual science fair. Enthusiasm and a desire to help the next generation of scientists are the only requirements.

The fair will be held at the James P. Timilty Middle School in Roxbury
Judges are needed February 2–5, 2004 from 9:00–11:00am

Round-trip transportation from MGH to the Timilty School will be provided

For more information, call 617-724-3210 or e-mail timilty@partners.org

The CNS as researcher

—by Diane Carroll, RN
clinical nurse specialist

Mending Hearts Together II, a randomized clinical trial for unpartnered cardiac elders, began enrolling subjects three years ago at MGH. I am the east coast principal investigator for this collaborative, peer advisor-advanced practice nurse intervention. The study is funded by the National Institute for Nursing Research, which has sites here in Boston at MGH and BWH, and on the west coast at the University of California (San Francisco) and Stanford University.

The study enrolled 250 subjects, 184 subjects in Boston and 66 subjects on the west coast, half of whom were randomly assigned to the treatment group. Treatment consists of telephone support from a peer advisor for 12 weeks and a home visit and telephone follow-up from an advanced practice nurse. The advanced practice nurse is available to peer advisors for consultation and support. In September, the study closed enrollment; follow-up will continue through September of 2004.

As I reflect back on the past three years, what has been rewarding for me as the principal investigator is hearing stories about the relationships that developed between subjects in the study and their peer advisors. Let me begin by telling you a little about the peer advisors. Peer advisors are former cardiac patients who were recruited for this study from a variety of cardiac rehabilitation programs in and around Boston. Cardiac rehabilitation nurses identified potential peer advisors by their ability to relate to the cardiac elders who would be subjects in the study. Peer advisors needed to be able to share the social, environmental, ethnic, and language characteristics of the cardiac elder in order to readily facilitate mutual trust, empathetic listening, caring, and respect for another person's priorities. Peer advisors had to be over the age of 60 and willing to participate in a training program with the advanced practice nurse. Over the course of three years, we've had only 18 peer advisors. During the study, the advanced practice nurse and I would meet with the peer advisors to hear about their experiences. This provided us with a unique perspective on the role of the peer advisor and the recovery of the unpartnered cardiac elder.

The primary role of peer advisors was to 'help' unpartnered cardiac elders, which contributed to substantial role satisfaction for the peer advisors. 'Helping' was defined as giving advice, assisting cardiac elders with problem-solving, empowering cardiac elders in self-management, and alleviating fears. Peer advisors felt that sharing their recovery experience was the foundation for all aspects of their helping role.

Other aspects of the role identified by peer advisors included mutual sharing and commitment. The common bond of a shared recovery experience was enough to establish a rapport with someone the peer advisor had never met. Sharing the recovery experience and other common life experiences often occurred, which fostered the 'helping' aspect and added to the personal benefit of the peer advisor. Peer advisors expressed enthusiasm for their role and its responsibilities by demonstrating commitment to, and empathy for, the cardiac elder.

Reciprocity was also identified as a benefit by peer advisors. Most peer advisors became involved with the study because of the altruistic nature of the role. They were grateful for the support they had received and wanted to give others something they had found important in their own lives. Friendships developed within the context of these helping relationships. Another benefit to peer advisors was an awareness of their own

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Diane Carroll, RN, PhD (front left), principal investigator for the Mending Hearts Together II research study, with peer advisors and Liz Hiltunen, RN, MS, advanced practice nurse for the study.

Professional Achievements

Oconnor presents at Academy of Medical Surgical Nurses

Suzanne Oconnor, RN, Emergency Department clinical nurse specialist, presented the keynote address for the Academy of Medical Surgical Nurses on October 16 and 17, 2003, in Reno, Nevada. Her presentation was entitled, "Recruitment, Retention, and Recognition of Nurses." She gave a second presentation entitled, "Working with Psychiatric Patients in the Medical-Surgical Setting."

Wyszynski presents at Neonatal Nurse Practitioner Symposium

Mary Wyszynski, RN, nurse practitioner in the NICU, presented on two topics at the 14th National Neonatal Nurse Practitioner Symposium in Clearwater Beach, Florida, in October, 2003. Wyszynski presented, "Neonatal Sepsis" and "Family Violence in the Maternal-Child Healthcare Setting."

Cantanno, Grinke, Jones, and Tyer-Viola present at Sigma Theta Tau International

Theresa Cantanno, RN; Kathleen Grinke, RN; Dorothy A. Jones, RN; and Lynda Tyer-Viola, RN, presented, "The Impact that Development, Implementation, and Evaluation of Collaborative Governance Have on Decision-Making and Leadership," at the Sigma Theta Tau International Conference in Toronto, Canada, on November 4, 2003.

MGH Respiratory Therapists present at AARC Congress

Seven MGH respiratory therapists presented research abstracts at the 49th Annual International Respiratory Congress of the American Association for Respiratory Care, December 7–11, 2003, in Las Vegas, Nevada.

Matthew Branconnier, RRT, presented, "Albuterol Delivery During Noninvasive Ventilation (BiPAP)."

Mark Sollars, RRT, presented, "Effect of Oxygen Flow on Performance of a BiPAP Ventilator."

Terrence Brady, RRT, presented, "Albuterol Delivery Using the DHD CircuVent and the Airlife Valved Tee Adapter."

Susan Lagambina, RRT, presented, "Albuterol Emitted from a Metered Dose Inhaler: Effect of Priming and Tail-Off."

Christopher Piccuito, RRT, presented, "Albuterol Delivery by Tracheostomy Tube."

Christine Perino, RRT, presented, "Heliox Delivery Using the AVEA Ventilator."

Jessica Dietrich, RRT, presented, "Ehler-Danlos Syndrome Presenting as Respiratory Failure."

At the same conference, Christopher Piccuito, RRT, was awarded the Monaghan/Trudell Fellowship Award for Aerosol Technique Development.

Cumming, Dahlin publish in *Gerontologic Palliative Care Nursing*

In the new book, *Gerontologic Palliative Care Nursing,* Kathleen Cumming, RN, wrote the chapter (with Sally Neylan Okun, RN) entitled, "Community-Based Palliative Care for Older Adults," and Connie Dahlin, RN, wrote the chapter entitled, "Anxiety, Depression, and Delirium."

Bracket, Gibbons, Jaster present at Quest for Quality Conference

Sharon Bracket, RN; Trish Gibbons, RN; and Susan Jaster, RN, presented, "The Impact of Collaborative Governance on Staff Nurse Decision-Making, Leadership, and Retention," at the Quest for Quality Conference at the Mayo Clinic in Rochester, Minnesota, on November 4, 2003.

Carroll, Hamilton, Rankin present poster at Scientific Sessions

Diane Carroll, RN; Glenys Hamilton, RN; and Sally Rankin, RN; presented a poster entitled, "Effects of Gender on Symptoms and Health Status in Unpartnered Cardiac Surgical Elders," in a moderated poster session at the American Heart Association's Scientific Sessions in Orlando, Florida, in November, 2003.

Dahlin elected president of HPNA

Connie Dahlin, RN, advanced practice nurse in the Palliative Care Service, has been elected president of the Hospice and Palliative Nurses Association Board of Directors for 2004.

Capasso presents at PriMed

Virginia Capasso, RN, vascular clinical nurse specialist, presented, "Wound Care and Pressure Sores," at the PriMed Conference at the Hynes Convention Center in Boston, on November 8, 2003.

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

Submission of Articles

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

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

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Please recycle

PCS employees 'Making a Difference'

—by Alex England, Service Improvement Department

Clinicians and support staff within Patient Care Services are known for their innovative ideas when it comes to the pursuit of excellence. This year, 53 proposals totaling more than $250,000 were submitted to the Making a Difference Grant Program for consideration. Of the 25 that received funding, 12 were from staff within Patient Care Services.

The Making a Difference Grant Program provides an opportunity for all members of the hospital community to voice ideas about how to improve the patient, family, and staff experience at MGH. The program is jointly funded by MGH and the MGPO. Each year, a poster presentation is held in late spring to showcase the outcomes of the grants that were funded the previous year. The display is open to everyone in the MGH community.

Some of the proposals submitted by staff within Patient Care Services for funding in fiscal year 2004, include:

- *Beepers for Parents of Kids in Surgery*—In an effort to reduce the stress of parents waiting for their children to emerge from surgery, nurses in the PACU want to provide pagers to parents so they can leave the area, get a cup of coffee or some fresh air, until their child arrives in the PACU or the caregiver is ready to talk to them.
- *Access Program to Support Women's Health Care*—To reduce the wait time for office visits, the Women's Health Coordinating Council is partnering with physicians to develop and implement patient-education programs.
- *HAVEN Photography Project*—The HAVEN Program received funding for a participatory photography experience. Participants will capture images, ideas, and locations on film to communicate their experience of abuse in whatever way they choose. Pictures will be displayed in a poster session for the MGH Community.
- *Tracheotomy Training Tool for MGH*—The nursing staff on Ellison 19 identified a need to improve educational information and teaching equipment for tracheotomy patients on general-care units. A table mirror and Tracheal Education Model will be purchased and used to augment existing on-line teaching.
- *Ostomy Patient Education*—There has been an increase in the number of patients admitted to MGH with wound, ostomy and continence diagnoses. Currently, the average length of stay for this patient population is approximately 4–5 days, some of which are spent on teaching and discharge planning. This program will assist patients in adjusting to their condition and enhance their ability and confidence to return to their normal life.
- *Pagers to Facilitate Delivery of Prescriptions*—In an effort to reduce delays in discharge, a group of nurses, case managers, and outpatient pharmacists have put a system in place to expedite the receipt and processing of prescriptions for inpatient units. Volunteers will be used to deliver the filled prescriptions to inpatient units.

For more information, contact Alex England of the Service Improvement Department at 4-0203.

Kathleen Myers, RN, with Making a Difference poster from 2003

CNS

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health behaviors and the importance of persistence in pursuing a healthy life style. Peer support involves mutuality, self-disclosure, and shared problem-solving that fosters a bi-directional relationship. It's not surprising that peer advisors benefited personally from this experience.

The role of peer advisor appears to be valuable as a complementary, social-support intervention in the current health environment. Different types of social support provide distinct kinds of assistance. Through their own personal recovery experience, peer advisors showed a remarkable ability to connect with, and relate to, unpartnered cardiac elders. Their shared cardiovascular event, plus their common age and gender, contributed to a potent helping relationship that included emotional support, assistance with problem-solving, alleviation of fears, and listening between the peer advisor and the unpartnered cardiac elder.

I learned so much from my discussions and conversations with peer advisors about what recovery is like for older people after a heart attack and/or coronary-artery bypass surgery. Peer advisors offer a unique, compassionate, and caring component to nursing interventions that help improve the health outcomes of unpartnered cardiac elders. In the near future we hope to have data to validate the wonderful work of peer advisors.

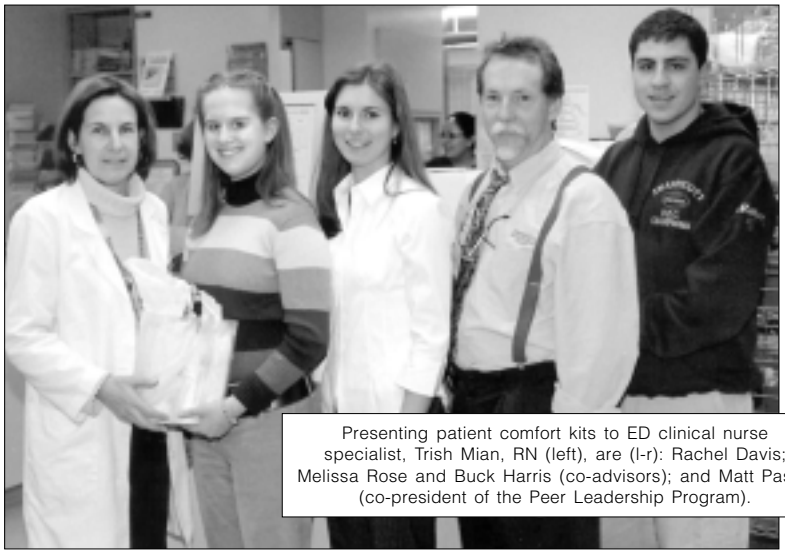
When/Where	Description	Contact Hours
February 3 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
February 5 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
February 5 8:00am–4:30pm	**Workforce Dynamics: Skills for Success** Training Department, Charles River Plaza	TBA
February 6 8:00am–4:30pm	**Wound and Skin Care: Best Practices 2004** O'Keeffe Auditorium	TBA
February 9 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK 401	- - -
February 9 8:00am–4:00pm	**Advanced Cardiac Life Support—Instructor Training Course** O'Keeffe Auditorium. Current ACLS certification required. Fee: $160 for Partners employees; $200 for all others. For more information, call Barbara Wagner at 726-3905.	- - -
February 10 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)	- - -
February 11 8:00am–2:30pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
February 11 1:30–2:30pm	**OA/PCA/USA Connections** "What's My Role in a Code Blue?" Bigelow 4 Amphitheater	- - -
February 11 8:00–11:30am	**Intermediate Arrhythmias** Haber Conference Room	3.9
February 11 12:15–4:30pm	**Pacing: Advanced Concepts** Haber Conference Room	4.5
February 11 11:00am–12:00pm	**Nursing Grand Rounds** "Nursing in Germany: A Fulbright Perspective." Sweet Conference Room GRB 432	1.2
February 12 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
February 12 1:00–2:30pm	**The Joint Commission Satellite Network presents:** "What's New for 2004: New, Changed and Challenging Standards." Haber Conference Room	- - -
February 13 8:00am–4:30pm	**A Diabetic Odyssey** O'Keeffe Auditorium	TBA
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

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.

MGH is beneficiary of 'Project Heart'

Rachel Davis is a 17-year-old senior at Swampscott High School. Rachel Davis plans on becoming a nurse in the Neonatal Intensive Care Unit after completing a program at Simmons College. Rachel Davis wants to make a difference in the world, and MGH was recently the beneficiary of her passion, generosity, and commitment.

Co-president of The Swampscott High School Peer Leadership Program, Davis initiated 'Project Heart,' a donation drive to collect toiletries and socks to be used for patient comfort kits. With assistance from co-advisor of the Peer Leadership Program, Melissa Rose, and others, patient comfort kits were compiled and distributed to local hospitals for use by survivors of sexual assault. The first donation of 25 kits was made to MGH on December 19, 2003.



Presenting patient comfort kits to ED clinical nurse specialist, Trish Mian, RN (left), are (l-r): Rachel Davis; Melissa Rose and Buck Harris (co-advisors); and Matt Paster (co-president of the Peer Leadership Program).

Said Davis, "I was looking for volunteer opportunities, and I stumbled onto this idea on the Internet. Ms. Rose really helped make it possible. Without her help, support, kindness, and dedication, I never would have been able to do it. She's an inspiration. The Peer Leadership Program is honored to be involved in Project Heart."

Caring HEADLINES

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