

Caring

HEADLINES

June 17, 2004

MGH volunteers: *enriching patient care with 'ordinary acts of kindness'*

—by Paul Bartush, program manager, Volunteer Department

June 1, 2004, was a cold, damp day, but under the Bulfinch tent, scores of people were warmed by stories of generosity and selflessness as MGH celebrated its annual

Volunteer Recognition Day. Approximately 1,200 individuals volunteer at MGH each year, and in 2003, MGH volunteers contrib-

uted an unparalleled 195,366 hours of service. In her opening remarks, director of MGH Volunteer Ser-
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At Volunteer Recognition Day celebration (clockwise from upper left) are: Tony Kim; Pat Rowell; Bobbi Evans (and her dog, Sam); Edward Lawrence; Diane Stanely, RN, (and her dog, Maggie); Jim Gillespie; Elaine Grollman; Paul Bartush; Danny and Karen Ballantine; and Lawrence



MGH Patient Care Services
Working together to shape the future

Preparing for the Democratic National Convention:

on-line at: www.massgeneral.org/dnc

By now, we're all aware that the Democratic National Convention will be held at the Fleet Center in Boston, July 26–29, 2004, presenting a number of challenges for city and state operations (including traffic, parking, commuter services, emergency responders, and security, just to name a few). Many local businesses will be closed for the duration of the convention, but it will be 'business as usual' at MGH for all inpatient services and activities.

Because of our close proximity to the Fleet Center, the convention will undoubtedly have a significant impact on MGH and the surrounding areas. Normal sched-

uling and appointments may need to be altered or revised to accommodate anticipated delays in and around the city. Flexibility will be key. We need to expect the unexpected—and do what we always do—whatever is necessary to provide uninterrupted, quality care to our patients.

To help alleviate traffic congestion, employees are encouraged to use public transportation. If appropriate, managers should consider:

- asking non-essential employees to take vacation time during the convention
- adjusting schedules so that shift changes occur by 3:00pm (before convention activities begin and road closures take effect.)
- scheduling ambulatory patients so they can depart MGH by 3:00
- re-scheduling routine, elective, or annual examinations for another time

Hospital leadership is asking employees to wear their ID badges at all times while on hospital property. The Photo ID Office will offer extended hours during the week of July 12th and on July 20th if any employee needs to obtain a new badge. (For more information, call 4-9339.)

Bonnie Michelman, director of Police & Security, and a number of other MGH representatives have been closely involved in local and state planning sessions over the past few months. Information about public transportation and road closures is subject to change, but the most recent reports we have are outlined below. For up-to-date information, visit the special website at: www.massgeneral.org/dnc.

Public Transportation
The new (temporary), Red Line MGH-Charles Street MBTA subway station is now open.

Parking
Employees who park in the Nashua Street Orange Lot and the Fleet Center underground garage will be asked to park in the



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

Yawkey Center underground garage from July 6th–August 9th.

Roadways

All interstate, highway, and street closures will occur at the same time every evening.

During the time that road closures are in effect, all Route-93 southbound on-ramps between Reading and exit 20 (Mass Pike) in Boston will be closed. All Route-93

northbound on-ramps between Braintree and exit 30 in Medford will also be closed.

Route 90 (the Massachusetts Turnpike) will be open to traffic in both directions. There will be one restricted eastbound lane from the Western Avenue Exit to the intersection of Route 93 at South Station. Access to this lane will be restricted to ambulances, police
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Clinical Recognition Program

Clinicians recognized
March 1–June 1, 2004

Advanced Clinician

- Elizabeth Viano, RN, Main OR
- Suzanne Danforth, SLP, Speech-Language Pathology
- Catherine Weaver, RN, Bigelow 14
- Elizabeth Andrews, RN, NICU
- Ann Eastman, RN, Bigelow 14
- Theresa Adjan-Vallen, RN, Emergency Department
- Danielle Doucette, RRT, Respiratory Therapy
- Annette Mullen, RN, SICU

Clinical Scholar

- Elena Pittel, RN Blake 13/14
- Patricia Owens, RN Main OR
- Michelle O'Leary, RN Ellison 8

The Employee Assistance Program

Work-Life Lunchtime Seminar Series
presents

"Elder Care"

Presented by Barbara Moscovitz,
LICSW, MGH Senior Health

One of the hardest parts of caring for aging loved ones is identifying when their health starts to fail. This can be even more difficult if you're a long-distance caregiver. This session will talk about negotiating with parents and siblings, changes in family dynamics, making difficult decisions, grieving lost dreams and realities, and caring for yourself in the midst of it all.

Thursday, June 24, 2004
12:00–1:00pm
Burr Conference Room

For more information, please contact the Employee Assistance Program (EAP) at 726-6976.

Patient identity verification: an MGH patient safety goal

Question: What are we doing to enhance the accuracy of patient identification and ensure that patients receive the correct treatment?

Jeanette: One of our patient-safety goals is to improve the accuracy of patient identification. The Identity Verification Policy (in the Clinical Policy & Procedure Manual) specifically addresses this national patient safety goal. The policy was revised in August of 2003 to accentuate the need for verification using at least two identifiers before any services are provided (location and room number are not acceptable identifiers).

Question: Can you give an example of where two patient identifiers are required?

Jeanette: According to the policy, two patient identifiers are required prior to:

- medication or blood-product administration
- transporting patients to off-unit locations

- any invasive procedure (surgery, tests, IV starts and/or assessments)
- specimen collection
- any treatment by a clinician

These parameters apply to both inpatient and outpatient procedures.

Question: Are there any current initiatives that specifically address patient identification?

Jeanette: Yes, there are several. The Safety in Motion Committee reinforces patient identification using patients' names and unit numbers as the two identifiers when inpatients are transferred from one area to another. Education around this initiative involves all employees who participate in patient care (nurses, OAs, transporters, and staff in receiving areas).

The Blood Bank Task Force reinforces the importance of accurate patient identification in the blood-collection process. During blood collection, interruptions should be avoided, no

multi-tasking should take place, and specimens should be labeled at the bedside.

The operating room surgical team has implemented a special 'time-out' as part of their preop procedure to confirm the patient's name, the surgical procedure to be performed, and the surgical site.

Question: Are other initiatives in the works to enhance the accuracy of patient identification?

Jeanette: Yes. Plans are under way to improve the identification process in ambulatory practices and to develop special approaches for patients who have communication issues.

New technology, such as bar-coding and radio-frequency ID tags will help ensure accurate patient identification.

The important thing is to follow existing policies and work together to ensure the safety of all patients.

Memorial Service



Maria Carmen Alfonso
1949-2004

A Memorial Service will be held in the MGH Chapel, June 22, 2004, at 5:00pm, to celebrate the life and career of Maria Carmen Alfonso, RN. There will be a reception following the service in the Trustee's Room on Bulfinch 2.

Alfonso began her nursing career at MGH in 1979, caring for patients with medical conditions. Later, she began caring for more acutely ill patients with cardiac disease. At the end of her career, Alfonso was caring for patients in the Medical Walk in Clinic.

Alfonso was diagnosed with a serious, chronic illness early in life. Over the years, she underwent multiple surgeries, experienced many complications, and developed functional disabilities, but her illness did not prevent her from practicing as a competent, compassionate nurse. Her distinguished career at MGH is another example of nurses striving to be "simply the best."

Jeanette Ives Erickson

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vehicles, and MBTA buses.

The Storrow Drive-Leverett Circle connector to Route 93 north and south will be closed every evening when Route 93 is closed. Storrow Drive westbound will be open;

Storrow Drive eastbound will close at Western Avenue. State police are encouraging drivers to seek alternatives to Storrow Drive eastbound. Eastbound traffic at Leverett Circle will be directed to the McGrath

O'Brien Highway or Martha Road, which could cause major delays on Storrow Drive eastbound.

Memorial Drive westbound will be open. Memorial Drive eastbound will be closed at the BU Bridge. State police are encouraging drivers to seek alternative routes.

The McGrath O'Brien Highway westbound will be open. The McGrath O'Brien Highway eastbound will be closed at the intersection with Land Boulevard (near the Museum of Science).

Alternate driving routes are being developed by local and state authorities, and maps will be

distributed prior to the start of the convention.

We will continue to keep you updated as information becomes available. For more frequent updates about travel to and from the hospital during the convention, visit the information website at www.massgeneral.org/dnc (no spaces).

My experience with the Patient Education Staff Nurse Internship

—by Kathleen Reilly Lopez, RN, staff nurse, White 7 and Ellison 7

I'd like to tell you about my internship in the MGH Patient & Family Learning Center (PFLC) in the fall of 2003. The opportunity was available to staff nurses interested in gaining insight into the function of the PFLC who wanted to work on a unit-based project that would impact patients.

I was very excited about the opportunity. I chose to create a discharge information packet for patients who had undergone gastric bypass surgery. Though there was a lot of information available about prescribed diets for patients post-gastric-bypass surgery, there was very little information that dealt with the surgical aspects of their care once they returned home.

I was introduced to the PFLC and its staff by the manager, Taryn Pittman. She spent a couple of weeks outlining the various functions of the center as well as the policies and procedures. She reviewed HIPPA regulations and stressed the need for patient confidentiality at all times. It is crucial that patients and families feel comfortable when seeking information about their illness, tests, procedures, medications, etc. I learned how staff of the PFLC are chosen and what the

volunteers' role in the center is. I was amazed at the array of resources available: pamphlets, reference books, magazines, computers, and staff who are knowledgeable and eager to help.

Taryn has developed a tool to help evaluate the credibility of Internet sites. I found this to be a challenging but important aid. The tool assesses specific criteria such as: accuracy of information, reliability of the organization offering the information, credentials of the editorial board, length of time the website has been in existence, frequency of information-updating, and the

level of literacy of documents. One of the most interesting criteria was cultural appropriateness. Did the site include cultural issues in their information? I was asked to give each website a 'grade' for each criterion, which helped determine whether or not the site was a good source of patient-teaching information. It's very helpful to have a way to assess information prior to giving it to patients.

The amount of information on the Internet is extensive. Some of the sites we explored are linked to the PFLC web page, such as, "Well-Connected" consumer

health reports, and, "MedlinePlus" from the National Institutes of Health and the National Library of Medicine.

One of the most important things I learned about patient information is that most of it is written in language that is above the average reading level of most of our patients. I had an opportunity to attend two Plain Language seminars, and I was startled to discover the actual reading level of most patients versus how sophisticated our teaching materials are.

One of the skills I learned was mapping. This is a technique that allows you to take a written work, break it down into basic components or topics, and restructure it using plain language. I learned how to identify the target audience to

help tailor information appropriately.

When I started working on my own unit-based project, I was excited to try my new plain-language skills. My Internet search revealed a real lack of discharge information for gastric-bypass patients, so I had to generate a lot of information from my own experience. I used some general post-operative information as a basis and expanded from there. I was careful to tailor the information to the specific needs of the gastric-bypass population. I spent a lot of time at the MGH Weight Center speaking to physicians, surgeons, and dieticians. They were helpful in identifying recurrent issues and problems that patients face after they

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Patient education specialist and manager of the Blum Patient & Family Learning Center, Taryn Pittman, RN (left) with patient education intern, Kathleen Reilly Lopez

Patient Education Staff Nurse Internship

continued from previous page

leave the hospital. I interviewed patients to see what they identified as their primary needs after discharge. What did they struggle with, what did they find helpful?

When I finished my first draft, Taryn and other PFLC staff members, Ruth Dempsey and Kristen Jagodynski, reviewed my work, which resulted in several revisions.

The end result was a complete and thorough information packet written in plain language at a sixth-grade reading level.

Staff of White 7 and Ellison 7 were given a chance to review the material before it was finalized. Taryn and I, along with my nurse manager, Marie LeBlanc, introduced the packet to the nursing staff and

asked for their feedback. We used the opportunity to re-introduce the units to the PFLC and inform them about the many resources available to them in educating their patients and staying informed themselves.

When all the nurses, surgeons, physicians, and dieticians had approved the final draft, it was submitted for inclusion to the MGH Discharge Information Page and added to the on-line resources on December 3, 2003. It was exciting to see my effort and hard work result in such a great tool for our patients, families, and staff.

In the two months I spent in the PFLC, I learned how to assist the PFLC staff at the information desk. It was interesting to interact with patients and families, and help them access the information they needed. Often, they asked challenging questions. I enjoyed doing searches online and learning about different drugs or diseases with them. One of the most interesting questions I researched for a patient was leg-length discrepancy and its treatment. I had trouble finding a starting point, but with the help of other staff members, we were able to assist the patient, and she left with a folder of information, happy and satisfied.

After I completed my internship, I was asked to evaluate my experience as the first intern in the PFLC. It gave me an opportunity to reflect on

my growth and give Taryn some feedback for future internships. I was amazed at how much more confident I was in my ability to explore topics on the Internet. My awareness of literacy levels in the US was heightened, and I was much better equipped to write information based on research for our patients.

I'm very grateful to have had this opportunity to expand on my

love of teaching in this way. My perspective on literacy has changed dramatically. My nursing practice continues to improve and be influenced by the experience. I'm grateful to my nurse manager, who saw the benefit of releasing me from duty to learn a new set of skills and expand my practice. Since returning to the unit, I've undertaken other teaching projects, and I will continue to do so.

Patient Education Staff Nurse Internship

The Patient Education Staff Nurse Internship pilot program was implemented in the Blum Patient & Family Learning Center (PFLC) in the fall of 2003. The program was created to give staff nurses an opportunity to fulfill unit-based patient-education needs and to supplement staffing in the PFLC. Interns gain skills needed to access quality health information on the Internet, strengthen consultative skills, develop and apply project-management skills, learn plain language skills, and develop patient-education materials relevant to their unit's patient population.

Applicants must be staff nurses with a minimum of one year experience who work a minimum of 24 standard hours a week. Current or former membership on the Patient Education Committee is desirable but not essential. A firm commitment from the nurse manager for a two-month absence from the unit is required. Applicants submit a cover letter, resumé, a description of a unit-based project that could be completed within the two-month period, and a letter of endorsement from the nurse manager.

Eight staff nurses submitted applications that were reviewed for completeness and project details. Each applicant was interviewed by Taryn Pittman, RN, patient education specialist, who recommended two finalists. Finalists interviewed with Trish Gibbons, RN, associate chief for The Center of Clinical & Professional Development, and the final applicant was selected. The Internship start date was negotiated with the nurse manager.

Graduate information session for clinical investigation, medical imaging, and nurses

Are you interested in a career as a radiologic technologist?

Would you like to enter or advance in the field of clinical investigation?

Are you a bachelor's-prepared nurse who'd like to earn a master's degree or become a nurse practitioner?

The MGH Institute of Health Professions, an independent academic affiliate of MGH, is hosting a graduate information session for prospective applicants to its Clinical Investigation program (master's or certificate of advanced study), Medical Imaging program (post-baccalaureate certificate), and post-professional nursing programs (BSN-to-MS, or post-master's certificate of advanced study). Applicants must already hold a bachelor's degree in any field.

June 24, 2004
Catherine Filene Shouse Building
36 First Avenue
Charlestown Navy Yard
6:00-8:00pm

Information will be provided on the admissions process, application deadlines, prerequisites, financial aid, student life, and on-line learning options.

Please RSVP to attend the information session: e-mail admissions@mghihp.edu or call the automated reservation line at 617-726-0422.

Nursing Research Committee:

continually striving for better patient care

—submitted by the Nursing Research Committee

Since its inception in 1997, the Nursing Research Committee (NRC) has been working to foster the spirit of inquiry in clinical practice. The committee is comprised of staff nurses, clinical nurse specialists, nurse practitioners, and several doctorally-prepared nurses. The group meets monthly to explore ways of bringing the latest

nursing research to the bedside. Ongoing efforts to expand evidence-based practice have included the “Did You Know?” poster series; the launching of a new web page to provide access to research-based evidence; and Nursing Research Day held during Nurse Recognition Week.

The Committee is always striving for new and innovative ways to enhance patient care. In

January of 2004, the Journal Club became a reality. The Journal Club meets on the second Wednesday of every month from 4:00-5:00pm and is open to the entire MGH nursing community (each meeting offers 1.2 contact hours).

On January 10, 2004, senior vice president for Patient Care, Jeanette Ives Erickson, RN, and associate chief, Trish Gibbons, RN, attended the inaugural meeting of the Journal Club, which featured the research presentation of Susan Gavaghan, RN, Mary Appleyard, RN, and Diane Carroll, RN, on, “Nurse-Coached Interventions for Families of Patients in Critical Care Units.”

The March Journal Club meeting featured, Virginia Capasso, RN,

and Barbara Munro, RN, dean and professor at the Boston College Connell School of Nursing, who presented their research on “Wound Healing.” Munro offered insight and expertise on statistical methods.

In May, Maryellen McNamara, RN, staff nurse in the Ellison 9 CCU, presented her study, “The Effect of Back Massage Before Cardiac Catheterization.”

Each meeting of the Journal Club spotlights different nursing research articles presented by the author(s). The strengths and weaknesses of the findings are discussed as well as the authors’ experience with the research process. This format allows nurses to familiarize themselves with up-to-date findings in various specialties and learn more about the research process.

Often, a patient’s bedside is where scienti-

fic inquiry is born. Improved patient care results from research inspired by bedside inquiry. The NRC hopes that nurses who participate in the Journal Club will better understand and value their own intuitive questions, and will themselves, someday, conduct research designed to answer those questions.

If you are interested in attending a Nursing Research Journal Club meeting, log onto: www.mghnursingresearchcommittee.org (no spaces). You will find dates and times, and a link to the featured article. For more information, e-mail Mary Larkin, RN, or Catherine Griffith, RN.

The next meeting of the Journal Club will be held July 14, 2004, at 4:00pm in the Walcott Conference Room. Come learn more about nursing research, and join a lively dialogue with your colleagues.



Susan Gavaghan, RN, presents at inaugural meeting of the Journal Club, which sparked much interest and many participants



HOPES Program knows collaboration is key to helping patients

—by Marilyn S. Brier, LICSW, oncology social worker,
and Regina Holdstock, BCOP, oncology pharmacist

After cancer treatment, patients often face challenges during a difficult time of transition. They need to figure out how to move ahead with their own lives and help their families recover from the cancer experience, too. It's a big adjustment to no longer have the daily support of the caregivers who had become such an important part of their lives during treatment.

Nurses and social workers of the MGH Cancer Center identified this as a vulnerable time for patients, and presented the idea of developing a HOPES program workshop to address this need for enhanced support. The HOPES (Helping Our Patients and families through Education and Support) program offers free education and support workshops as well as wellness services to patients with cancer, their families, and friends.

Once the HOPES Seminars Committee supported the creation of the new workshop, Marilyn Brier, LICSW, oncology social worker, and Regina Holdstock, BCOP, oncology pharmacist, set about creating the content. The focus of the workshop, "Living with Cancer... Moving Forward After Treatment,"

was to discuss issues and concerns around the completion of treatment, including providing resources for the transition. It was important to have both nursing and social work involved in order to create a workshop that addressed both the clinical and emotional perspectives.

Other HOPES workshops have shown that visual tools are helpful when presenting information, so Brier and Holdstock started by creating a PowerPoint presentation. The goal was to develop a presentation that was both visually appealing and un-

derstandable at all levels.

Designing the workshop presented some challenges. Given the strong emotional impact of the post-cancer-treatment journey, it was very important to use just the right language and graphics to communicate the message. The goal was to ensure that everyone would be as comfortable as possible during the presentation. Care was taken in choosing the topics that would be discussed in the workshop, taking into consideration the diversity (religion, spirituality, age, gender, culture, background, etc.) of the groups

that usually attend.

Once the initial draft of the presentation was complete, it was brought to key groups within the Cancer Center for review. One group was the HOPES Seminars Committee—a multidisciplinary team that helps guide the creation of new HOPES workshops and services. A number of people in this group are direct-caregivers and presenters of other HOPES workshops. They provided valuable feedback and further enhanced the presentation.

Brier and Holdstock met with the Network for Patients & Families, a peer support program for patients, families, partners, and friends of people living with cancer. They collaborated with the Cancer Center's Patient and Family Advisory Council (PFAC) who

provided essential feedback based on their own personal experiences and insights.

It was a long road, say Brier and Holdstock, but definitely a worthwhile one. They now have a workshop to help people ease back into their lives after cancer treatment. There will always be challenges, but having this workshop to help patients and families address those key issues will be a great asset as they begin to make that transition back to 'normal' life.

For more information about the "Living with Cancer... Moving Forward After Treatment," workshop or the HOPES Program, call 617-724-6737 or visit the HOPES website at: www.massgeneral.org/cancer/hopes.

Marilyn Brier, LICSW (left), and Diane Doyle, RN (back right), during recent "Living with Cancer... Moving Forward After Treatment" workshop



Cultural connection brings comfort to patient on White 12

*M*y name is Anastasia Michaelidis, and I am a staff nurse on White 12. I was working a 12-hour shift one Monday, expecting to be busy, but looking back, I had no idea how busy I was going to be! My assignment started with three patients, and I thought, "That's pretty good." After a while, a colleague approached and asked if I'd take a new patient who spoke primarily Greek; I am of Greek descent and speak Greek fluently. I told her I'd be happy to take him.

I went to meet Mr. K immediately after report. I thought it would put him at ease to know that someone who spoke his language would be caring for him. When I arrived, I found that Mr. K had managed to tangle his legs up in his air boots and twist the Propaq tube around his arm in an attempt to get out of bed and go to the bathroom. Mr. K had been diagnosed with three brain masses and was experiencing right-sided weakness, which prevented him from being able to move independently. I quickly grabbed his walker, untangled him from the equipment that was meant to help him, and assisted him to the bathroom.

Our conversation began, oddly enough, in

his bathroom. He was so relieved to have someone who spoke and understood Greek that he was close to tears. As it turned out, I was not his only Greek-speaking caregiver. His primary resident was Greek as was his oncologist. What a deal!

Mr. K and I began our relationship that day, and in the course of those early conversations, I came to learn about his pride and devotion to his family. His two children were the joy of his life. He spoke so highly of them, I couldn't wait to meet them. I met his son first. He was very shy with a look of serious concern for his father. I introduced myself and explained how his father was doing. The concern that had been etched on his face left him as I explained the plan of care for his father. I soon met his daughter, Anastasia, and Mr. K exclaimed, "You have my daughter's name!" Coincidentally, Mr. K's wife had my mother's name, and she, too, was a wonderful woman. This family would prove to have very strong support and an unbelievable amount of love for each other. This is what made the next few weeks bearable, and also, very difficult.

I became Mr. K's primary nurse. I was so happy to be able to help them and converse with

them in Greek, explaining everything that was going on. I also was very aware that their culture would have an impact on Mr. K's care. In the Greek culture, the truth about a person's illness is often kept from him or her. It is felt that if the patient knows how ill he is, he will give up hope and die. I had to walk a fine line between respecting their beliefs and advocating for Mr. K.

Mr. K's desire for information hit home one day as I made rounds with his neurology team. Mr. K had gone through a long battery of tests and not yet heard the results. When I asked the team about the results of his tests on his behalf, the team responded, very honestly, that the results weren't back yet. Mr. K took that to mean that they knew the results, but weren't telling him. I relayed to the team what Mr. K said and they quickly reassured him that they would give him the results as soon as they had them.

I told Mr. K's family what had happened and explained that Mr. K wanted to be kept informed. They didn't say much, but later I noticed that they began to talk more openly with him about what was happening. And sadly, many things were happening to him.



Anastasia Michaelidis, RN,
staff nurse,

Not only did Mr. K have three brain masses, it was determined that he also had masses in his abdomen, liver, and lung. I was working the evening Mr. K went to Radio-logy for his biopsies. I went into his room to check on his family and give them an update. Mr. K's son had a question so I sat down to talk with him. The question took me by surprise.

He said, "How am I supposed to go to work with my father so ill?"

I told him, "We'll take good care of him. His cardiac status is being continuously monitored."

He chuckled and said, "I know he's in good hands. What I'm asking is, how do you concentrate on work when the only thing you can think of is your ill father?"

The question hit close to home. I reflected a moment on how I should answer. I felt his pain, and thought I could help him. I shared with him that my mother had just been diagnosed with

cancer and was beginning her first course of chemotherapy. I told him how worried I was, but one of the things that helped me cope was working. I told him that when I come through the doors of MGH, I try to forget all the worries and concerns I have and concentrate on the work at hand. Being productive—having work to do—helps me be more present to my mother and helps me cope. I told him about all the resources available to him in the hospital, like Social Services and the Blum Patient & Family Learning Center. I reminded him that he had the support and love of his family and friends. It was a wonderful moment, and I felt like I wasn't just caring for Mr. K, but for his family as well.

Soon, Mr. K began to decline. His heart started to fail, he developed bilateral pneumonia, and he went into renal failure. The decision was made to transfer him to a medical unit. The team

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MGH nurse volunteers in the classroom

—by Jeanna Lucci Canapari

Partners HealthCare Community Benefit Programs

Surgical nurse, Cathy O'Malley, RN, has made it her mission to inspire students to pursue careers in health care. O'Malley has made three trips to Boston public schools this spring to help teachers enhance science education for middle-school students. O'Malley volunteers in the classroom through the Partners in Discovery Program, an initiative of Partners HealthCare that brings doctors, nurses and researchers into Boston-area schools.

In April, O'Malley gave students at Roxbury's Timilty Middle School a lesson in human anatomy as part of their curriculum on forensic science. Using a

model skeleton, O'Malley talked about the connection between understanding human anatomy and solving crimes. Sometimes, said O'Malley, the only way investigators can identify a murder victim is by examining the skeletal remains. After learning the facts, students presented a hypothetical 'detective' case to O'Malley.

Last fall, O'Malley visited the Timilty school to teach students about the digestive system, and in March, she went to the Tobin Middle School on Mission Hill, her own

kindergarten alma mater. "I loved science when I was in school," says O'Malley. "I hope to spark an interest in science in students today and encourage them to

consider careers in health care."

The Partners in Discovery Program was developed in collaboration with science teachers and builds on a successful mentoring partnership between MGH and the Timilty Middle School, which began in 1989.

Volunteers for Partners in Discovery and

the MGH-Timilty Science Connection Program are needed. For more information about Partners in Discovery, contact Jennifer Kelly at 4-8753 or by e-mail. For information about the Science Connection Program or becoming a mentor for a Timilty student, contact Susan Berglund at 617-445-5712 or by e-mail.



Operating room nurse, Cathy O'Malley, RN (second from left), with students (l-r): Michael Martinez, Genesis Abramson, and Jason Martinez

(Photo by Don West)

Exemplar

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and I met with Mr. K and his daughter, thoroughly examined him, and reviewed his test results. I spoke with the attending physician before we went in to talk with Mr. K.

"I don't think he's going to make it," the attending said. We went into Mr. K's room and talked with him and his family about his prognosis. Naturally, his family was distraught. They wanted to know how long he had to live. The

attending told them, "a couple of days." The issue of code status was discussed, and Mr. K and his family asked that no heroic or painful efforts be made to save his life. But they did want his medications and treatments to continue. To abandon that would be saying that they had given up hope. Mr. K requested that he be able to receive communion from his priest before his code status was changed. The priest came in the next day and gave Mr. K communion. Afterward, Mr. K went to sleep and when he awoke, he looked

very calm and peaceful. He said he had dreamed that the Blessed mother told him he would be fine.

I went in at the end of my shift to say good-bye to this wonderful man and his family. I didn't expect to see him again.

To my surprise, when I returned to work the next day, Mr. K was still there. And he was there the next day and the day after that and he is still there today. He no longer requires oxygen, his kidneys are functioning well, and he feels better and better each day. He credits his improvement

to the care he received from his nurses and doctors, but somehow, I think there's more to his recovery than that. We see a great deal of sadness in health care. It's nice to see something miraculous happen every once in a while.

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

This narrative speaks to one of the many benefits of having a multi-cultural workforce. Mr. K was immediately comforted when he learned

that his nurse shared his native culture and language. As their relationship grew, Anastasia felt comfortable sharing with Mr. K's son her own experience caring for a parent with cancer, further solidifying their bond. Her understanding of Greek beliefs and customs helped diffuse a potentially frightening situation.

Even as Mr. K's condition deteriorated and everyone feared the worst, the trust that had been established between Anastasia and this family was a source of strength. What a wonderful story.

Thank-you, Anastasia.

Computer resources enhance patient education

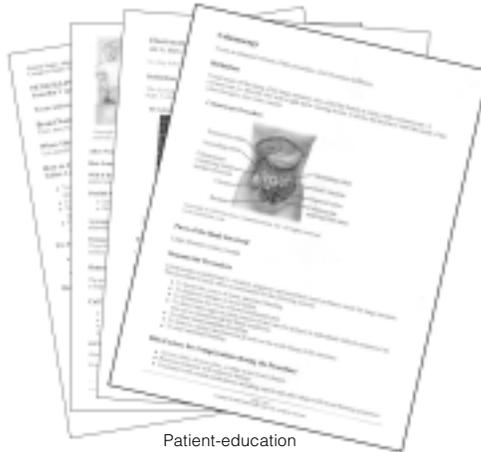
—submitted by Debbie Essig, LICSW, Elizabeth Johnson, RN, and Barbara Kenney, RN, of the Patient Education Committee

The Patient Education Committee has been working diligently to improve access to, and inform clinicians about, easy-to-read information to enhance patient education. Fact sheets containing important information about specific diagnostic procedures, tests, and medications are readily available on-line, but many clinicians are unaware of their availability or how to access them.

Often, nurses want written information to share with patients and family members during teaching moments. Procedure fact sheets explain, in simple language, the purpose of a test, how it is performed, and what to expect. Medication fact sheets explain the purpose of a drug, potential side-effects, precautions, and specific instructions.

At MGH, there are many resources available, and many ways to access

up-to-date health information. The Patient Education Committee recommends that all staff be aware of these important on-line resources. To access diagnostic procedure information:



Patient-education materials available on-line

- Go to the MGH home page at www.massgeneral.org (no spaces).
- Click on “Learn About Health” on the left side of the page
- Click on “Dictionaries” at the top of the page.
- Click on “Diagnostic and Surgical Procedures.” You will see a list of hundreds of procedures arranged in alphabetical order.
- Double-click the procedure you want to select
- Click “Print” to print information

To access medication information:

- Go to CAS (Clinical Application Suite) and select “Handbook” in the left margin
- Place cursor over “Patient Education Info”

- on upper right screen
- Click on “Care Notes/ Drug Notes” (the first selection on the Patient Education menu)
- Enter the name of the medication you are looking for (search term) and click on “Search”
- Click on desired drug leaflet
- Click on desired language.
- Click on “Print Ready” to personalize drug leaflet
- Click “Continue”
- Click on the printer icon to print document

For more information about on-line patient-education resources, contact Liz Johnson at pager #3-2606, or any member of the Patient Education Committee.



Jacqueline Davis, RN, staff nurse on Ellison 14, reviews patient-education materials with patient, Richard Petrillo.

New treatment card to be piloted

—by Mandi Coakley, RN,
staff specialist

The Documentation Committee has been developing a generic treatment card to be used for the transcription of treatment orders by nurses and operations staff. The purpose of this new tool is to:

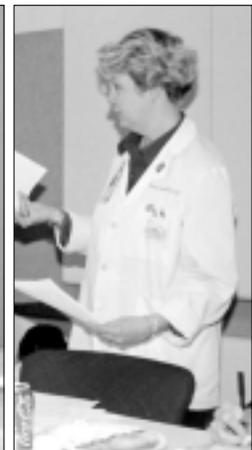
- help operations associates transcribe orders
- standardize the communication strategy regarding active nursing treatments
- provide a framework to minimize/eliminate duplicate documentation
- prepare for standardized computerized documentation

The Documentation Committee held a focus group on Thursday, April 1, 2004, to get feedback from staff nurses about the (proposed) treatment card. Invitations were sent to nurse managers and clinical nurse specialists who were encouraged to ask staff to attend the focus group. Input from the focus group helped shape the development of the trial treatment card.

The new treatment card is being piloted for six weeks on Bigelow 14, White 9, White 6, and Ellison 8, (beginning May 17th). For more information, call Mandi Coakly, RN, at 6-5334.



Nurses from throughout the hospital come together to discuss ideas for new treatment card to improve communication and minimize duplication of efforts



Preparing for the future: MGH offers workforce development series

The Office of Training & Workforce Development within the department of Human Resources coordinates a career-development series designed to inform employees about the numerous educational and career opportunities available in the institution. Says Carlyene Prince-Erickson, manager of Training & Work-

force Development, “We partner with departments such as Nursing, Radiology, and Pharmacy to provide employees with the information they need to make informed career decisions.” Many employees juggle family, home, and work responsibilities and have difficulty finding time to research career development resources. “This series is a ‘one-stop-shop-

ping’ career overview,” says Prince-Erickson.

This year, a session on financial aid, including how to access internal programs such as Tuition Reimbursement and the Employee Support Service Grant, has been added to the series.

The 2004 Workforce Development Series will highlight many programs and services such as the Nursing Career Ladder Initiative and English for Speakers of Other Languages (ESOL). The newest program, Partners in Career and Workforce Development, provides

eligible employees with a host of programs and services to assist them in pursuing training and higher education (see page 13).

“Post-secondary education and/or specialized training is required for a

successful career in the health professions,” says Prince-Erickson.

For more information about training and workforce development programs, call Training & Workforce Development at 6-2230.

Get REAL!

Have you ever thought about the impact MGH has on the environment?

REAL (Raising Environmental Awareness League) is a group of MGH employees interested in protecting the environment.

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

What does a pain clinical nurse specialist do?

—by Thomas Quinn, RN, pain clinical nurse specialist

Recently, Jerene Bitondo, physician assistant in Cardiac Surgery, and Michele O'Leary, RN, of Ellison 8, asked me to consult on an idea they had for improving the management of pain in patients recovering from cardiac surgery. I reviewed their proposal and agreed to help with informational resources as well. Only days before, Jerene had completed Day 1 of the Pain Relief Champions course. One goal of the course is to help clinicians identify and embark on pain pro-

jects and initiatives in their own work settings.

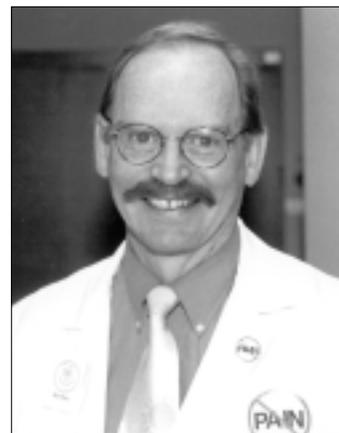
As clinical nurse specialist and project director for MGH Cares About Pain Relief, I look at both the institutional perspective and the local environment of the unit—the place where care is actually provided. I believe that institutional change is accomplished through the engagement and participation of those who provide care. While hospital and departmental policies and committees provide guidance and support, real progress in improving the care of patients experienc-

ing pain happens at the local level. My goal is to respond quickly to requests from bedside clinicians for resources or education on pain.

Other requests I receive are often related to converting from one opioid to another, the use of unfamiliar analgesics, questions about pseudo-addiction, and opioids for chronic pain.

MGH Cares About Pain Relief was supported from 1999-2003 by a series of grants from the Mayday Fund of New York. The grant was jointly held by the MGH Pain Center and Palliative Care. In October, 2003, Patient Care Services assumed oversight of the initiative. And shortly after that the multi-disciplinary Pain Task Force, which I co-chair with Ruth Bryan, RN, and Rosemary O'Malley, RN, was incorporated into the collaborative governance structure. Originally created to help prepare for the 2003 JCAHO survey, the Pain Task Force is now a subcommittee of the Nursing Practice Committee.

Multi-disciplinary teams are the best strategy for managing both the care of individual patients with pain and the processes that support them. I'm working with an ad hoc multi-disciplinary group convened by the Pharmacy



Thomas Quinn, RN,
clinical nurse specialist

Department to look at ways to facilitate consistency and safety in prescribing, dispensing, and administering opioids.

Clinical nurse specialists play a wide variety of roles. Few of us have the luxury of focusing on a single topic, in this case pain, a topic that, in itself, is broad and complex. There are many compelling and competing needs of patients, clinicians, and organizations. I work to keep awareness of pain in the collective MGH consciousness through a variety of mechanisms. My slogan is: "Keep the conversation going."

The signature programs of MGH Cares About Pain Relief in-

clude Pain Pulse, an annual patient survey that measures the prevalence of pain across the institution; the annual multi-disciplinary Pain Relief Champions course; *Pain Relief Connection*, a monthly e-mail newsletter intended for a general clinical audience; and the PainRelief website: www.massgeneral.org/painrelief (no spaces). The Pain Task Force also sponsored an exhibit for Pain Awareness Month, and I collaborated with nursing student, Nicole Dirocco, in a pain exhibit for the Children's Health Fair.

For more information about pain or pain management, please call me at 6-0746.

See you in September....

The application period for membership in collaborative governance committees begins September 1, and runs through October 15, 2004.

Collaborative governance is an opportunity to influence the strategic direction of Patient Care Services and participate in achieving the goals established by the PCS Executive Committee.

Collaborative governance is a philosophy. It's a way of thinking about how decisions are made within and among members of the professional community.

For more information about collaborative governance, the individual committees, or to obtain a membership application, go to: http://pcs.mgh.harvard.edu/ccpd/cpd_govern.asp

And look for the collaborative governance information booth in the Main Corridor in September.

Educational Offerings available on-line

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

For more information, or to register for any program, call the Center at 6-3111.

Practice change for transmitting electrocardiograms (ECGs)

—submitted by Janet Duffy, RN, staff specialist

A review of current practice in managing ECGs on inpatient units revealed opportunities to improve systems related to ECG practices, specifically where ECG tracings are kept, how and when they're transmitted to the ECG Laboratory, and requests for interpretation. Representatives from Nursing, Medicine, Biomedical Engineering, and the ECG Laboratory, collaborated to create written standards, which have been approved by the Nursing Practice Committee and the Medical Policy Committee. "The Electrocardiogram (ECG) Policy for Transmission and Interpretation" clarifies and standardizes current practice in the use of this diagnostic tool. The new policy will be added to the *Clinical Policy and Procedure Manual*.

"The Electrocardiogram (ECG) Policy for Transmission and Interpretation" states that an ECG may be taken either on the order of an authorized prescriber or on the judgment of a registered nurse in response to specific patient symptoms. (Authorized prescribers include: physicians, nurse practitioners, nurse midwives, psychiatric clinical nurse specialists, or physician assistants who are authorized to prescribe by the MGH.) All ECGs are to be transmitted to the ECG Laboratory for posting in the MUSE electronic database where they're made available for retrieval and reference.

Authorized prescribers determine the need for interpretation by specialists. Those ECGs should be identified as, "for interpretation" in the order and on the requisition. "Floor use only" ECGs are interpreted and acted

on by clinicians at the bedside. A requisition is required for ECGs needing interpretation; a requisition is not required when an ECG is for "floor use only."

The new policy states that ECG tracings are to be filed in the 'Miscellaneous' section of the bedside book. Reports, when returned from the ECG Laboratory, are to be filed in the 'Non-Invasive Diagnostic Test' section of the patient's record.

A procedure for taking and transmitting a 12-lead ECG was developed, approved by the Nursing Practice Committee,

and will be added to the *Nursing Procedure Manual*. Instructions will also be placed on ECG machines. Within the next few months, equipment will be installed in adult ICUs and on Ellison 8, 10, and 11, which will allow direct transmission of ECGs from bedside monitors to MUSE. A timeline and educational plan for this roll-out is being developed in conjunction with The Center for Clinical & Professional Development.

For more information, contact Cheryl Iden Shaw at 4-3151, or Jan Duffy at 6-3201.

Partners in Career and Workforce Development

Partners in Career and Workforce Development (PCWD) is a one-stop career planning program that offers:

- individualized career coaching—each employee is assigned a career coach who has knowledge and experience navigating internal and community-based educational opportunities, financial assistance, and other barriers to career advancement.
- career-planning tools—online assessment and career-exploration tools are available via the web to help set career goals and identify the best means to achieve them.
- career-development resources—a comprehensive guide to healthcare career opportunities and the education and training required to move into a new career. Focus is on critical-shortage

areas such as Nursing, Surgical Technology, Radiological Technology, and Respiratory Therapy.

A key component of the program is the participation of managers. Managers, or 'champions,' are committed to helping employees increase their skills and education and are actively supportive in terms of scheduling coaching, training, and educational opportunities. Another key role is the health career ambassador, health professionals who are passionate about their profession and willing to share their experience through job-shadowing or informal presentations.

For information about the PCWD Program, visit the PCWD website at <http://healthcare.partners.org/pcwd/index.htm> (no spaces) or contact Carlyene Prince-Erickson at 6-6386 or by e-mail.

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

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

Next Publication Date:

July 1, 2004



Volunteer Recognition Day

continued from front cover

vices, Pat Rowell, said, "Volunteers make the experience of patients more comfortable, the hours of waiting more endurable, and the delivery of care by busy staff more manageable. Their 'ordinary acts of kindness' have tremendous impact on the patient experience."

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked volunteers for the "incredible healing work they do, for their selfless desire to give, and for the invaluable human element they bring to the organization."

The event honored volunteers who have made remarkable contributions to the MGH community. The Jessie Harding Award for Outstanding Volunteer went to Tony Kim, who has volunteered at MGH since 2001. Kim will be leaving soon to join the Peace Corps.

The Trustees' Award for Outstanding Support of the Volunteer Program went to the staff of the Same Day Surgical Unit. Special recognition was given to Bobbi Evans, Trisha Flanagan, Celia Sewell, Diane Stanley, and their four part-

ners, for pioneering the Pet Therapy program that started in February of 2003.

MGH president, Peter Slavin, MD, observed, "The presence of volunteers, and the impact of that presence, is evident every day throughout the institution. This hospital is a better place because of you."

Chairman of the MGH Board of Trustees, Edward Lawrence, was on hand to help present awards. He introduced

The Janet Ballantine Oncology Volunteer Award, a new award created to highlight distinguished volunteer service to cancer patients.

The award was established in memory of Janet Ballantine, an MGH patient who was instrumental in founding the Friends with Hope foundation.

Individual service awards were presented to: Kathy Carolan, Joyce Ciffolillo, Maureen Coakley, Carleton Davis,

Joan DeGuglielmo, Barbara Jankowski, Charlie McCarthy, Debby Morrison, Mickey Randazza, and Peggy Scott.

Pat Rowell thanked Volunteer Department management team members, Paul Bartush, program manager; Sara Kriynovich, volunteer coordinator; and Joanna McCann, staff assistant, for their extraordinary efforts in guiding the accomplishments of our 1,200 volunteers.



Trish Flanagan, RN; Sailor; and Edward Lawrence



Lawrence; Jeanette Ives Erickson, RN; Paul Bartush; Pat Rowell; and Peter Slavin, MD



Janet Dauphinee Quigley, RN; Amy Levine, RN; and Kelley Grealish, RN

Educational Offerings

June 17, 2004

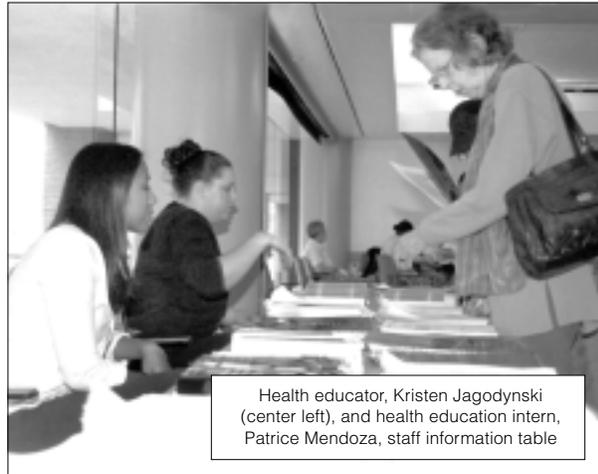
When/Where	Description	Contact Hours
July 1, 2, 6, 7, 12, 13 7:30am–4:30pm	Greater Boston ICU Consortium CORE Program Newton Wellesley Hospital	44.8 for completing all six days
July 9 adn 12 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
July 13 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)	---
July 14 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
July 14 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
July 14 4:00–5:00pm	More Than Just a Journal Club Walcott Conference Room	---
July 14 11:00am–12:00pm	Nursing Grand Rounds “The Aging Nurse.” Sweet Conference Room GRB 432	1.2
July 15 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
July 20 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
July 20 8:00am–4:00pm	Intermediate Respiratory Care Respiratory Care Conference Room, Ellison 401	TBA
July 21 8:00am–12:00pm	BLS Certification—Heartsaver VBK 601	---
July 22 1:30–2:30pm	Nursing Grand Rounds “Pilot Hospice Inpatient Bed Program.” O’Keeffe Auditorium	1.2
July 28 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
August 5 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
August 11 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
August 11 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
August 11 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
August 11 12:15–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
August 11 11:00am–12:00pm	Nursing Grand Rounds “Delirium.” Sweet Conference Room GRB 432	1.2
August 19 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
August 23 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)	---
August 24 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---

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 Senior HealthWISE offers free screenings for seniors

On May 3, 2004, in the Walcott Conference Room, MGH Senior HealthWISE in collaboration with the Blum Patient & Family Learning Center presented a free, health screening drop-in center for local seniors. MGH Senior HealthWISE is a program designed to promote health and wellness among older adults in the community. More than 65 cholesterol and blood-pressure screenings were conducted, and health and wellness information was available to all who attended.

For more information about HealthWISE and/or upcoming programs, contact Lindy Wilks at 724-6756 or by e-mail.



Health educator, Kristen Jagodyski (center left), and health education intern, Patrice Mendoza, staff information table



Medical assistant coordinator, Stephanie Davis (left), and Senior HealthWISE coordinator, Lindy Wilks (right), perform blood-pressure screenings at drop-in center for seniors



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