

May 27, 2004

Caring

H E A D L I N E S

Nurse Week 2004

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Special Issue

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Chantalle Alcante

Bigelow 11 staff nurse, Chantalle Alcante, RN,
with patient, Marie Tosi

MGH Patient Care Services
Working together to shape the future

Nurses Alumnae Association presents MGH nurses with nursing sundial sculpture

The MGH Nurses Alumnae Association helped kick off Nurse Week this year with an inspired gift honoring both the nursing profession and the nurses of MGH. The gift, a large, bronze sundial depicting the past,

present, and future of nursing, was presented at a special dedication ceremony on Monday, May 3, 2004. Questionable weather necessitated the

event be held under the Bulfinch tent, but the spirits of those in attendance were undampened.

Senior vice president for Patient Care, Jeanette

Ives Erickson, RN, presided over the festivities, which included comments from MGH president, Peter Slavin, MD; US Congressman, Michael Capuano; Massachusetts senator and Health Care Committee chair, Richard Moore; and Diane Smith, RN, president-elect of the MGH Nurses Alumnae Association.

Ives Erickson began by wishing all the nurses in the audience a happy Nurse Week and thanking the Nurses Alum-

nae Association for their generous gift. She acknowledged members of the Board of Trustees, the MGH and MGPO executive teams, hospital leadership, and members of Ruth Sleeper's family who were also present. Before turning the podium over to the first speaker, Ives Erickson introduced sculptress, Nancy Schön, the artist commissioned by the Nurses Alumnae Association to design and create the nursing sundial sculpture. Schön, an internationally acclaimed artist, is best known for her rendering of the "Make Way for Ducklings" sta-

continued on next page

nursing sundial sculpture

Nursing Sundial Sculpture

continued from previous page

tues that welcome visitors to the Boston Public Gardens. Said Erickson, “Nancy feels that the nursing sundial sculpture is her most serious work to date. She wanted this piece to acknowledge the important contributions and critical thinking of nurses, and inspire future generations of nurses as well.”

Dr. Slavin expressed great pride in the nurses of MGH, reminding audience members that MGH was the first hospital in Massachusetts to receive Magnet designation this past September. Said Slavin, “Today’s dedication of the sundial sculpture is a great tribute to our nurses. Its prominent placement on the grounds of our campus reflects the central place nurses hold in the heart of the MGH family.”

Congressman Capuano opened his remarks by sharing that many members of his family had

benefited from the skill and compassion of nurses over the years. “I wanted to come here today to say thank-you on a personal as well as a governmental level. For most Americans, nurses are the face of health care. Nurses are the ones who hold our hands when we’re suffering or afraid. It was important for me to come here today to thank you.”

Senator Moore quoted Emily Dickinson’s famous poem:

If I can stop one heart
from breaking
I shall not live in vain;
If I can ease one Life
the Aching
Or cool one Pain
Or help one fainting
Robin
Unto his Nest again,
I shall not live in Vain.

Said Moore, “To me, this verse sums up the spirit of nursing—not just for one life, but for thousands of lives. We need to let nurses know how critically important they are to every aspect of health care. On behalf of all my colleagues in state government, I am proud to join the nation in saluting the invaluable contributions of nurses.”

Nurses Alumnae Association president, Diane Smith, told of how the idea to create a sundial came to be a reality. She spoke of her close collaboration with sculptress Nancy Schön and their journey to achieve the right balance of beauty, functionality, and inspiration. The sundial depicts three figures in long robes, each carrying a symbol relevant to an era in nursing. One carries a lantern (a tribute to Florence Nightingale); one carries a book (indicating the importance of continuing education); and one carries a globe (representing the universal and multi-cultural aspects of the nursing profession). A replica of an MGH nurses’ cap from the 1800s sits at the base of the sundial as a tribute to the hospital’s former nursing school.

Said Smith, “Nancy thought of it as putting nurses on a pedestal like Greek goddesses. I think of it as a quiet, elegant,



Diane Smith, RN, president-elect of the MGH Nurses Alumnae Association, addresses standing-room-only crowd at dedication of nursing sundial sculpture.

charismatic work of art. Just like nurses.”

The morning culminated with the unveiling of the sundial, which is temporarily on display at the bottom of the stairs leading to the Treadwell Library, soon to be relocated to its permanent

location several yards away on the Treadwell lawn.

Ives Erickson closed, saying, “I couldn’t be more proud. I hope you all share the pride I feel when I look at this beautiful sculpture and the extraordinary nursing practice it represents.”



Senator Richard Moore, Ives Erickson, and sculptress, Nancy Schön, at the unveiling

Photo by Paul Batista

Keeping patients safe: an original broadcast from 'WMGH-TV Nursing'

In keeping with the tradition of blending education, innovation, and entertainment during her Nurse Week presentations, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, delivered an original speech/mock television news broadcast focusing on the important role nurses play in ensuring quality and safety in the hospital setting. With O'Keeffe Auditorium transformed to look like the set of *The Today Show*, and complete with her own team of 'roving' reporters, Ives Erickson simulated the inaugural telecast of 'WMGH-TV Nursing.'

Using both live, in-studio interviews and taped, investigative reports, Ives Erickson made the case that MGH nurses are meeting and exceeding the quality and safety expectations put forth by the Institute of Medicine's (IOM's) report, "Keeping Patients Safe: Transforming the Work Environment of Nurses." The report emphasizes teamwork, group dynamics, and inter-disciplinary communication. It challenges health-care organizations to focus on process-improvement and adapting systems to reduce the potential for errors. Quoting the IOM report, Ives Erickson said, "When we're hospitalized, in a nursing home, or managing a chronic health condition at home—when we're at our most vulnerable—nurses are the healthcare providers we are most likely to encounter, spend the greatest amount of time with, and be dependent upon for our recovery."

Ives Erickson focused on four major themes as she described strategies for creating a safe patient-care environment:

- Management of the organization—adopting evidence-based management and leadership practices
- Nurse staffing—maximizing the capability of the nursing workforce
- Work design—ensuring that work and work spaces are designed to reduce errors
- Organizational culture—creating and sustaining a culture of safety

Moving from the podium to 'the set,' Ives Erickson donned her Katie Couric hat to interview MGH president, Peter Slavin, MD, about the role nurses play in keeping patients safe. Said Slavin, "We've done much work over the years to improve the systems and processes that drive safe, high-quality care. We hear more and more from our patients that nurses have the biggest impact on their lives during hospitalization. When I think back to when I was a medical student at MGH, then a resident, a member of the staff, and now in my current role, it's clear to me the incredibly important role nurses play. I'm extraordinarily grateful for the quality, capability, and spirit of nurses at MGH."

Following Slavin's remarks, Ives Erickson introduced a national leader on issues related to diversity, our own director of PCS Diversity, Deborah Washington, RN. When asked how culturally competent care impacts patient outcomes, Washington said, "We have learned that health and illness have different cultural meanings among different patient populations. If we don't partner with our patients to discover those cultural meanings, we are compromising patient outcomes."

When Ives Erickson referred to that morning's Nurse Week pre-

sentation on racial and ethnic disparities in health care, Washington observed, "What was interesting to me was hearing the gasps of surprise when the speakers shared disturbing information about how African Americans had been (mis)-treated in the healthcare system throughout history. I would venture to say that none of those gasps came from people of color. We need to bring that level of understanding about how health care has served, or failed to serve, minorities to the larger population."

The live 'telecast' of WMGH-TV Nursing was interspersed with videotaped field reports from news correspondents, Marianne Ditomassi, RN; Deb Colton, Steve Taranto, Georgia Peirce, and crack *Caring Headlines* reporter, Susan 'Scoop' Sabia.

Ditomassi spoke with collaborative governance committee leaders (Taryn Pittman, RN; Catherine Griffith, RN; Sharon Brackett, RN; and Edna Riley, RN) about the impact that shared decision-making has on quality and patient safety. She spoke with preceptor, Jennifer Albert, RN, and new critical care nurse, Andrea Warner, RN, about their experience with the New Graduate Nurse Critical Care Program.

Colton interviewed staff nurse, Meg Soriano, RN, about her recent visit with State Representative,

Peter Koutoujian, House Chairman of the Joint Health Care Committee. Soriano and other nurses had an opportunity to share with Koutoujian the strategies we employ at MGH to ensure adequate staffing and patient safety.

Taranto spoke with staff nurses, Immacula "Kiki" Benjamin, RN; Lin-Ti Chang, RN; and Ed Newbert, RN, about the nursing ad campaign and our efforts around retention and recruitment. He



Marianne Ditomassi (left) and Theresa Gallivan



Deborah Washington

Continued on next page

spoke with Trish Gibbons, RN, associate chief nurse for The Center for Clinical & Professional Development, and Michael Sullivan, PT, director of Physical and



George Reardon

Occupational Therapy, about the Leadership Development Program and our work involving leadership-skills acquisition and ongoing professional development.

Associate chief nurse, Dawn Tenney, RN, spoke about the impact of new technology in ensuring patient safety as we plan for the future. She demonstrated a new electronic tracking device, the RFID, (radio frequency identification) tag, a new technology currently being



Ditomassi (left) and Jackie Somerville

used in the peri-operative setting, but which will have application in other areas of the hospital as well.

Peirce spoke with co-director for the Office of Quality & Safety, Joan Fitzmaurice, RN. Fitzmaurice told viewers what steps MGH is taking to create a 'culture of safety,' including how to talk to patients and families about adverse events and a new adverse-event reporting system to help reduce and eliminate the risk of errors occurring in clinical settings.

Back in the 'studio,' live interviews with key PCS leaders shed more light on ongoing efforts to ensure patient safety. Associate chief nurse, Jackie Somerville, RN, shared information on the work of the Electronic Medication Administration Process Committee. George Rear-

don, director of PCS Systems Improvement, spoke about our efforts to improve communication both among clinicians and from unit to unit using an upgraded nurse-call system and new wireless technology. Theresa Gallivan, RN, associate chief nurse, informed audience members about the new Rapid Response Team and a new program to help optimize evening and weekend resources. And associate chief nurse, Debra Burke, RN, informed the audience that new bar-coded patient-identification wrist bands will soon be introduced at MGH as an added measure of patient safety.

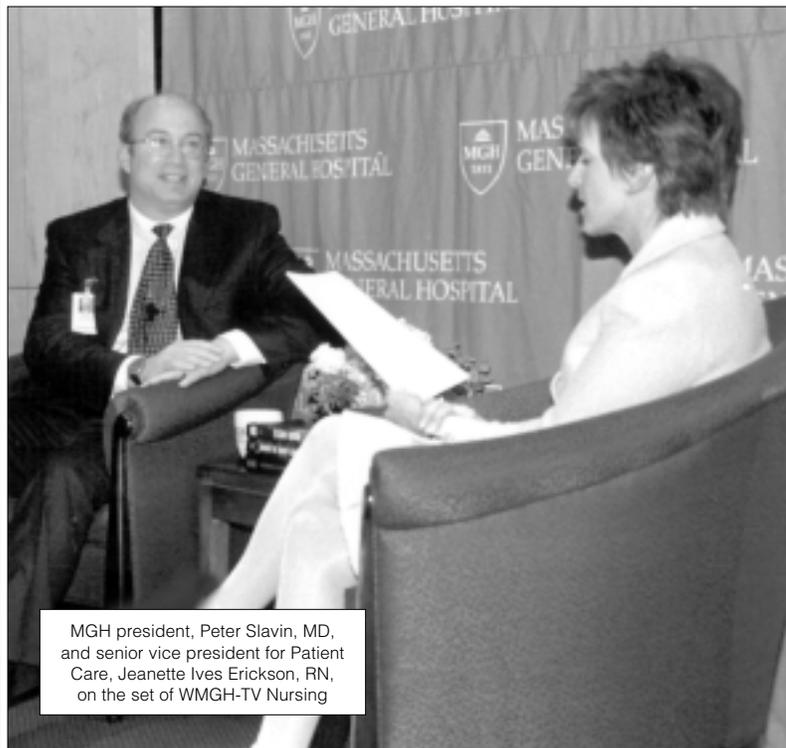
In closing, Ives Erickson thanked Lauren Holm, RN; Ed Coakley, RN; Jess Beaham, Ed Bonner, and Paul Bronk for their assistance in preparing the first broadcast of WMGH-TV Nursing. She extended a special thanks to Marianne Ditomassi for her hard work in coordinating the many events and activities of Nurse Week 2004.

Said Ives Erickson, "Ensuring appropriate staffing to care for our patients will remain a priority. Advancing best practices will remain our passion. Together, we will design work processes that support clinical practice, ensure sufficient resources, encourage continuing education and professional development, and contribute to a safe environment for our patients and our staff. Safe, high-quality patient care is my highest priority.

"Thank-you for tuning in to WMGH-TV Nursing. Have a very happy Nurse Week."



Debra Burke (left) and Georgia Peirce



MGH president, Peter Slavin, MD, and senior vice president for Patient Care, Jeanette Ives Erickson, RN, on the set of WMGH-TV Nursing

May 27, 2004



Diana Serino

Rapid Response Team staff nurse,
Diana Serino, RN, with patient, Barbara
Cummings, on Bigelow 7

Behind the editor's desk: strategies for becoming a published author

Suzanne Smith, RN, EdD, editor of the *Journal of Nursing Administration*, in her presentation, "Strategies for becoming a published author," offered an inside look at the process and pitfalls of writing for publication. "Remember that editors of nursing journals are your peers," said Smith. "It is a mutually collaborative process. Without you, I have no message to disseminate. Without me, you have no way to disseminate your message."

Smith's presentation was interrupted briefly as Jeff Davis, senior vice president for Human Resources, escorted New England Patriots wide receiver, Troy Brown, into the auditorium to wish MGH nurses a happy Nurse Week. Said Brown, "I just want to tell you that the New England Patriots love MGH nurses." His appearance was met with surprise and great enthusiasm. Apparently, MGH nurses love Troy Brown, too!

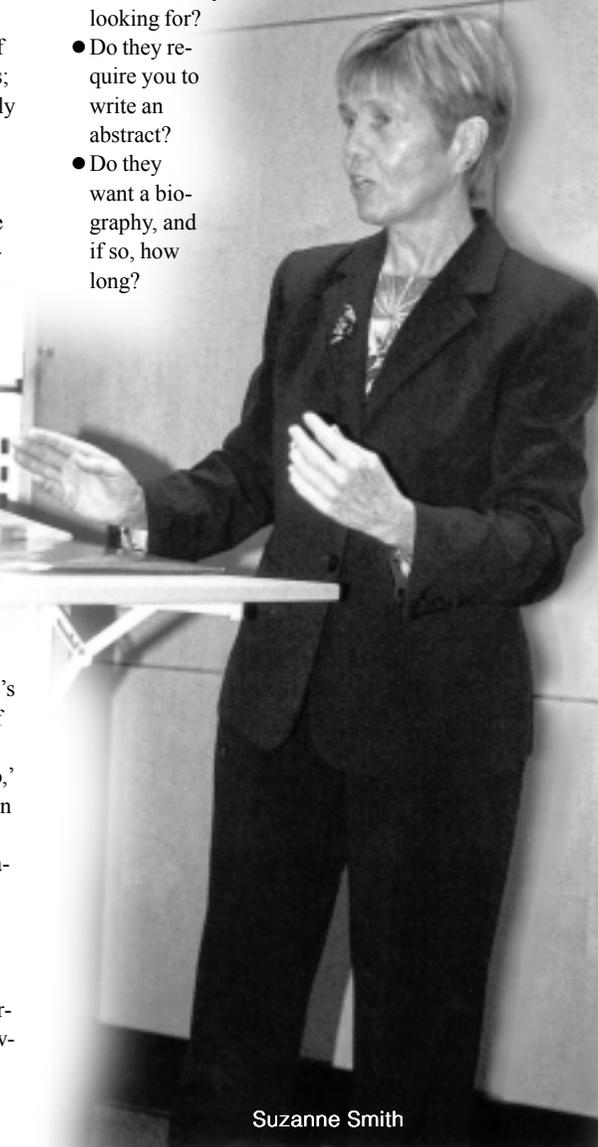
Smith graciously recovered from the interruption and went on to share a wealth of information about writing articles, making revisions, selecting a topic, choosing a target publication, contacting potential journals, and dealing with rejection. Some of the

salient points of Smith's presentation include:

- Know ahead of time that it could be from three months to two years from the time an article is submitted to when it is ultimately published
- Most papers accepted for publication will require some degree of revision (sometimes extensive; sometimes minor)
- Don't look at rejection as 'failure.' Rejection is usually accompanied by honest feedback; use that feedback to improve your chances of being accepted next time
- There are many reasons articles are rejected:
 - The topic may have been recently published
 - The content is considered unimportant or inappropriate
 - The writing may be too technical
 - The style may be too formal, academic, or unprofessional
 - Material is poorly organized or poorly written
- The best reasons to publish in professional journals are:
 - A passion for the topic
 - An interest in a particular field
 - A desire to make a contribution to the literature
 - To give back to the profession
- Try to get honest feedback from people before you submit your article for publication. Consult a content expert, a style expert, and someone who is familiar with the format of the journal to which you will be submitting your article
- Choose the right journal for your topic
- There are hundreds of specialty publications; don't focus exclusively on the 'big five'
- Niche publications often receive fewer submissions and have a greater need for material
- Send a brief query letter to the editor; use the letter as an opportunity to market your idea
- Weather you end up submitting an article or not, send a follow-up letter to the editor to keep the relationship 'active'
- Understand that there's a need for a variety of types of articles:
 - Conceptual, 'how-to,' case studies, opinion pieces
 - Clinical, administrative, staff-oriented, academic
 - Practical, applied, theoretical
- When choosing a journal, consider the following:
 - What is their target audience?
- How often is it published?
- What is their acceptance rate?
- What is their circulation?
- Do they pay their authors?
- Before you write anything, find out:
 - What length article are they looking for?
 - Do they require you to write an abstract?
 - Do they want a biography, and if so, how long?

- Do they want illustrations or graphics?

In her handouts, Smith provided a number of hard-copy and on-line resources related to writing for publication. To obtain a copy of these resources, call the *Caring Headlines* story desk at 4-1746.



Suzanne Smith

MGH nurses present scientific findings

Prolonged Mechanical Ventilation and Weaning: a Patient Profile

Susan Gavaghan, RN, clinical nurse specialist and 2001 Yvonne Munn Nursing Research Award recipient, presented the results of a research study conducted by her and co-investigator, Diane Carroll, RN, clinical nurse specialist, entitled, "Prolonged Mechanical Ventilation and Weaning: a Patient Profile." The purpose of the study was to identify parameters to assist patients to wean off of ventilators and predict successful weaning candidates by describing patients admitted to the Respiratory Acute Care Unit (RACU) with the goal of being weaned from a ventilator.

The study utilized an investigator-developed data-collection form that incorporated aspects of the Glasgow, Braden and Apache II scales, and the Burns Wean Assessment tool. Data was collected upon admission to the unit and again at discharge. To date, research has not described successfully weanable patients by examining the criteria for admittance to the RACU.

A sample group of 126 medical records was reviewed of which 85 subjects (76%) successfully weaned from ventilators and 27 (24%) subjects were unable to wean successfully. It was found that a lack of COPD (chronic obstructive pulmonary disease), renal disease, severe respiratory co-morbidity conditions, and respiratory muscle weakness were positively associated with successful ventilator weaning, and the amount of time that passed between being admitted to the hospital and being admitted to the RACU positively related to length of stay.

Gavaghan concluded that the study begins to describe non-ventilator-weanable patients and assists in identifying patients who would be appropriate for a ventilator weaning program.

Susan Gavaghan

Caring for Pregnant Women with HIV: Transforming Practice into Research

Lynda Tyer-Viola, RN, clinical nurse specialist and 2002 Yvonne Munn Nursing Research Award recipient, reported on her progress in studying, "The Care of Pregnant Women with HIV: Transforming Practice into Research." Tyer-Viola shared a wealth of facts and information gleaned from her extensive experience with, and study of, the care of pregnant women with HIV. Some of the more salient points of her presentation include:

- Women of childbearing age are the fastest growing population
- AIDS cases among women and adolescent girls are up from 7% in 1985 to 29% in 2002
- 42% of new cases of AIDS are attributed to heterosexual contact
- 53% of 2,500 patients with AIDS went without care because they needed money for food, clothing, and housing
- 47% of 2,500 patients with AIDS went without basic needs because money was needed for health care
- 91% of 9,074 children living with AIDS were infected through 'vertical' transmission
- 60% of transmission occurs during the labor and delivery process
- 27 studies exclusively with nurses (1984-2000) revealed that nurses:
 - were knowledgeable but unprepared to care for pregnant women with HIV
 - felt this population was deserving of care but were unwilling to provide that care
 - felt that patients were responsible for their illness
 - feared contracting AIDS themselves

Tyer-Viola's study was too extensive to be included here in its entirety. For more information about her research findings, contact Tyer-Viola directly at 4-3608, or by e-mail.

Lynda Tyer-Viola

The annual Yvonne L. Munn Nursing Research Lecture and awards

Lorraine C. Mion, RN, is the director of Nursing Services for Geriatrics at MetroHealth Medical Center in Cleveland, Ohio. She has been a nurse for more than 25 years practicing as a staff nurse, clinical nurse specialist, faculty member, researcher, and senior nurse administrator in acute and long-term care facilities. Mion is the author (or co-author) of more than 100 articles, chapters, and abstracts on nursing care of hospitalized elders that deal with, among other things, sleep protocols, physical restraints, falls, and delirium. MGH was fortunate to have Mion as guest lecturer for the 2004 Yvonne L. Munn Nursing Research Lecture.

Mion's presentation, "Care of the Elderly: Making a Difference through Research," focused primarily on the use of physical restraints among geriatric patients and on caregivers' attitudes toward the use of physical restraints. Mion shared a quote from a former colleague, which she said helped 'trigger' her research. A physician at a healthcare facility in England made the following comment during patient rounds: "American nurses have strange prac-

Care of the Elderly: Making a Difference through Research

tices... they tether their patients." Mion's study began as an effort to refute this doctor's seemingly rash generalization.

Mion set out to discover the extent of physical-restraint use. She used four 28-bed medical units at her home hospital (MetroHealth Medical Center in Cleveland), a 750-bed, county teaching hospital. Data was collected on all patients in the study units, Monday through Friday between the hours of 7:00am and 5:00pm, over a 15-week period. The study revealed that the rate of restraint use increased by age. 3.2% of patients under 40 years old were physically restrained; while 20.3% of patients 70 and older were restrained. Types of restraints varied, the gender of restrained patients varied, and the rate of restraint use varied among units. Eleven of 24 deaths that occurred during the course of the study were patients who were being restrained at the time.

In an effort to understand the clinical decision-making that led to the use of restraints, Mion discovered that:

- nurses are the clinicians primarily respon-

sible for requesting restraints

- nurses and physicians vary widely in the their reasons for using physical restraints for the same patient
- the two major reasons for using restraints are to prevent falls and to prevent the disruption of therapies such as IV therapy or intubation

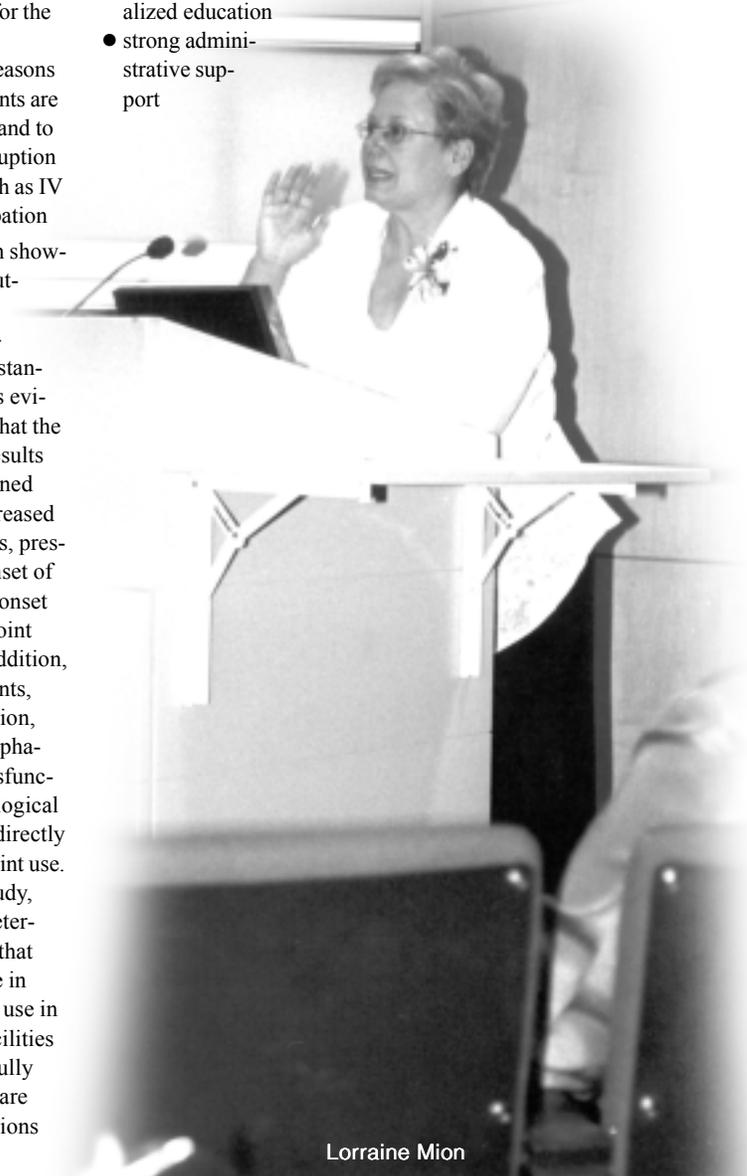
Mion's research showed that positive outcomes associated with the use of restraints are unsubstantiated; and there is evidence to suggest that the immobility that results from being restrained contributes to increased weakness and falls, pressure ulcers, the onset of incontinence, the onset of delirium, and joint contractures. In addition, many adverse events, such as strangulation, nerve injury, encephalopathy (brain dysfunction), and psychological distress could be directly attributed to restraint use.

In a separate study, Mion sought to determine if strategies that had been effective in reducing restraint use in long-term care facilities could be successfully applied in acute-care settings. Interventions included:

- daily staff nurse and CNS consultations
- bi-weekly inter-disciplinary rounds
- one-on-one and unit-based feedback sessions
- group and individualized education
- strong administrative support

The study, conducted on 7 general care units, six ICUs, and one step-down unit, showed four of the seven general care units had a decrease in fall rates; three of the seven general care units had a decrease in therapy-disruption rates (two had no change); and four ICUs and the step-down unit had a decrease in

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page 17*



Lorraine Mion

Racial and ethnic disparities in health: past, present, and future

“Racial and ethnic disparities in health: past, present, and future,” was co-presented by W. Michael Byrd, MD, of the Harvard School of Public Health, and Martha Hill, RN, dean of the Johns Hopkins University School of Nursing. Byrd focused on the history and contributing factors that have led to our current reality where inequities and disparities in health care (and other realms) continue to exist. He showed how science, economics, health policy, racial and ethnic relations, anthropology, and a number of other factors helped shape the imperfect system that has carried over into present-day healthcare practices and policies. From the beginning, said Byrd, race and wealth have been

the defining elements of the healthcare delivery system. He pointed to a time in American history when low-income populations were divided into groups that were labeled, “worthy poor” and “unworthy poor.”

Still today, said Byrd, “the separation of groups based on race, ethnicity, class, and other demographic factors is the way we do business in health care.” Think of ‘clinic’ patients versus ‘private’ patients. We know the origins and evolution of health disparities, but we continue to perpetuate these inequities.

Byrd presented an era-by-era account of disparities in health care

dating back to 500BC, through the Renaissance, American colonization, the Civil War, the civil rights movement of the 60s, the failed Clinton healthcare-reform attempt, and up to the present. Based on a long and sustained history of inequitable health care in this country, Byrd recommended the following actions to help overcome the stalemate:

- initiate a philosophical and ideological shift
- implement multicultural, cultural competence, and anti-bias curriculum
- enact health policy changes
- conduct race, class, and ethnicity research relevant to healthcare disparities.
- develop interventions targeting populations with less-than-acceptable outcomes

Martha Hill reported on a study commissioned by the black caucus of the US Congress asking the Institute of Medicine to look at this, “stunningly complicated and important topic.”

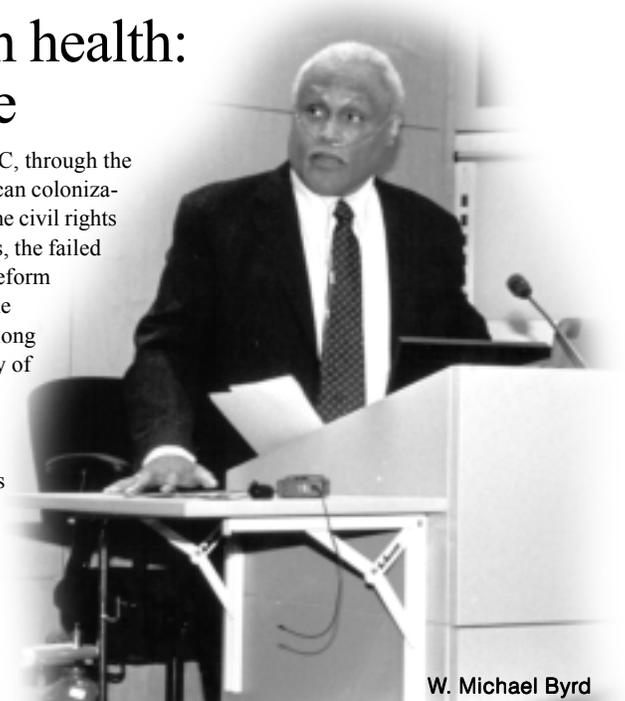
Faced with hard evidence that disparities exist consistently across a wide range of clinical settings, said Hill, we wanted to know, “How could well-meaning, highly educated health-

care professionals create a pattern of care that appears to be discriminatory?” The study found, among other things, that there is an ‘unconscious’ bias among caregivers; that many caregivers are uncertain about cultural and linguistic variations; and that stereotyping is used in many situations as a ‘cognitive shortcut’ to care.

Hill offered a number of recommendations for overcoming inequities through improved healthcare interventions, education, data-collection and research. She suggested:

- promoting consistency and equity of care through the use of evidence-based guidelines
- limiting provider incentives that promote disparities
- providing financial incentives for practices

- that reduce barriers and encourage evidence-based practice
- integrating cross-cultural education into training of all health professionals
- promoting the use of interpreter services
- collecting and reporting data on healthcare access by race, ethnicity, socio-economic status, and language
- including measures of racial and ethnic disparities in performance measurement
- monitoring progress toward the elimination of healthcare disparities
- conducting further research to identify sources of racial and ethnic disparities
- conducting research on ethical issues and other barriers to help eliminate disparities



W. Michael Byrd



Martha Hill



Hazel Audet

Phillips House 21 staff nurse, Hazel Audet, RN,
with patient, Rosemarie Cortese

May 27, 2004



Mary O'Brien

Emergency Department nurse, Mary O'Brien, RN,
cares for patient, Abhas Gupta, in the triage area

IMSuRT nurses honored by Advance for Nurses

Advance for Nurses named members of the IMSuRT team as one of the Best Nursing Teams for 2004. The award was given in recognition of their teamwork, adaptability, and their extraordinary ability to function effectively in an emergency situation in a foreign country.

Cierpial, Haldeman present poster

Chelby Cierpial, RN, and Sioban Haldeman, RN, presented their poster, "Discharge Guidelines after Coronary Procedures," at the National Association of Clinical Nurse Specialists' 2004 conference, *Renaissance in CNS Practice: Transforming Nursing in the 21st Century*, in March.

Capasso presents

Virginia Capasso, RN, presented, "Reducing the Bio-Burden in Vascular Ulcers" at the national meeting of the Society for Vascular Nursing, in Albuquerque, New Mexico, April, 16, 2004.

Devaney presents

Lynn Devaney, RN, research nurse for the Department of Surgery, spoke at the National Nurses Conference on National Surgical Quality Improvement Program (NSQIP): The Leader in Improving Surgical Outcomes, on March 24, 2004, in San Antonio, Texas. Devaney presented, "The Use of NSQIP Data for Performance Improvement at MGH."

Carroll accepted to Research Scholar Program

Diane L. Carroll, RN, clinical nurse specialist, has been accepted to the Hartford Foundation/American Journal of Nursing Geriatric Nursing Research Scholars Program at New York University for the Summer 2004 program.

Edwards publishes

Annabel Edwards, RN, co-authored the article, "Anti-neuropathic effects of the antibiotic derivative spicamycin KRN5500," in the March, 2004, journal, *Pain Medicine*, along with David Borsook, MD.

Kaiser, Waithe, appointed to BORN

Sheila Kaiser, RN, chief nurse anesthetist, and Philip Waithe, RN, clinical educator, have been appointed to positions on the Massachusetts Board of Registration in Nursing.

Looper, Martin, and Savage inducted into Sigma Theta Tau

Ann Martin, RN, clinical nurse specialist, White 7 and Ellison 7; Amanda Savage, RN, nurse leader, Surgical Clinic; and Ruth Ann Looper, RN, staff nurse, Emergency Department, were inducted into the Alpha Chi Chapter (Boston College) of Sigma Theta Tau International on Sunday, April 18, 2004.

Perry presents, publishes

Donna Perry, RN, professional development coordinator for The Center for Clinical & Professional Development, published, "Self-transcendence: Lonergan's key to integration of nursing theory, research and practice," in *Nursing Philosophy*.

Perry presented the poster, "Cultivating America the Beautiful: A Legislative Partnership for Environmental Justice in Massachusetts at the March, 2004, Eastern Nursing Research Society meeting.

Bouvier, Capasso, Carter, and Codner receive Best Poster Award

Best Poster Award was presented to co-authors, Diane Carter, RN; Cheryl Codner, RN; Sharon Bouvier, RN; and Virginia Capasso, RN, for their poster presentation, "Peripheral Arterial Sheath Removal Team," at the Society for Vascular Nursing's National Symposium in Albuquerque, New Mexico, in April, 2004.

Cox presents

Erin Cox, RN, access nurse in the Emergency Department, presented, "Synergy in Practice: The CNS Role in Caring for Victims of Intimate Partner Violence," at the National Association of Clinical Nurse Specialists in March.

Carroll, Elliott, Fitzgerald, Gonzalez, and Vallent publish

Diane L. Carroll, RN, clinical nurse specialist; Jeanne S. Elliott, RN, staff nurse; Patricia A. Fitzgerald, RN, clinical nurse specialist; Colleen E. Gonzalez, RN, clinical nurse specialist; and Heather J. Vallent, RN, staff nurse, published, "The visiting preferences of patients in the intensive care unit and on a complex-care medical unit," in the *American Journal of Critical Care*.

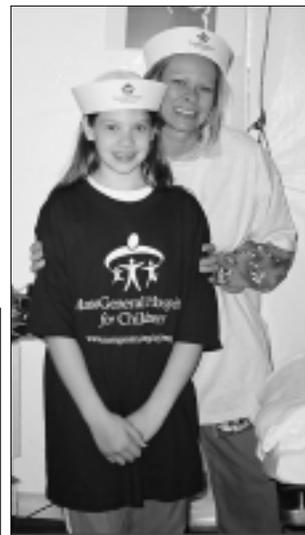
Carroll and Hamilton publish

Diane L. Carroll, RN, clinical nurse specialist, and Glenys Hamilton, RN, nurse researcher, published, "The effects of age on quality of life in implantable cardioverter defibrillator recipients," in the *Journal of Clinical Nursing*.

Tyrrell presents

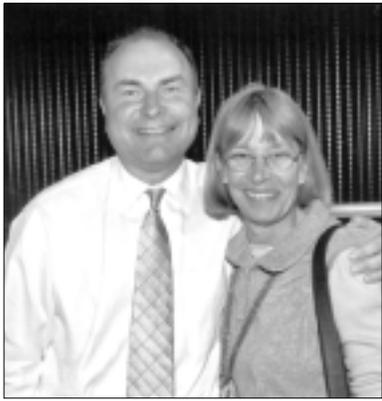
Rosalie Tyrrell, RN, professional development coordinator for The Center for Clinical & Professional Development, presented "Understanding and Leading a Multigenerational Workforce" at: The Boston Collaborative Learning Group on November 3, 2003; The Bay State Medical Center, in Springfield, Massachusetts, on December 3, 2003; The Celebration of Leadership in Practice Conference sponsored by Children's Hospital Medical Center, on January 26, and February 2, 2004; Spaulding Rehabilitation Hospital on March 17, 2004; Massachusetts Organization of Nurse Executives on April 28, 2004; and Mt. Auburn Hospital, Nurse Week Celebration in May, 2004.

MGH nurses



*Simply
the Best!*





setting the bar
for excellence
in patient care



May 27, 2004



Linda Kimball

Ellison 18 staff nurse and 'Jill-of-all-trades,' Linda Kimball, RN, spends some quality time with 12-year-old, Samantha Caban

Yvonne Munn Nursing Research Lecture and Awards

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therapy-disruption rates.

Mion concluded that long-term-care strategies for restraint-reduction proved to be safe and effective for most general care units, but not ICUs. Though there was no increase in falls or therapy disruption, further studies are warranted to examine restraint-reduction strategies in critical care areas.

But Mion still has questions she wants answered: What is the national benchmark for restraint use? What environmental, organizational, and administrative variables influence the rate of physical restraint? What are the contexts and consequences of patient-initiated therapy disruption? For the answers to these questions, we'll have to wait for the results of Mion's next research study.

Following Mion's presenta-

tion, Jeanette Ives Erickson, RN, senior vice president for Patient Care, presented the Yvonne Munn Research awards to this year's recipients. The first award went to the research team of:

- Barbara Guire, RN
- Monique Mitchell, RN
- Jennie Repper-DeLisi, RN
- Sue Kilroy, RN
- Laura Sumner, RN
- Mary Lussier-Cushing, RN
- Connie Cruz, RN
- Leslie, Wlodyka, RN
- Erin Kelleher, RN
- Joan Fitzmaurice, RN, mentor

The award will fund their study, "Recognition and Prevalence of Delerium in Patients who Fall While Hospitalized in the Acute-Care Setting."

The next award went to the research team of:

- Laura Sumner, RN
- Gail Alexander, RN
- Mary McAdams, RN
- Dorothy Jones, RN, mentor.

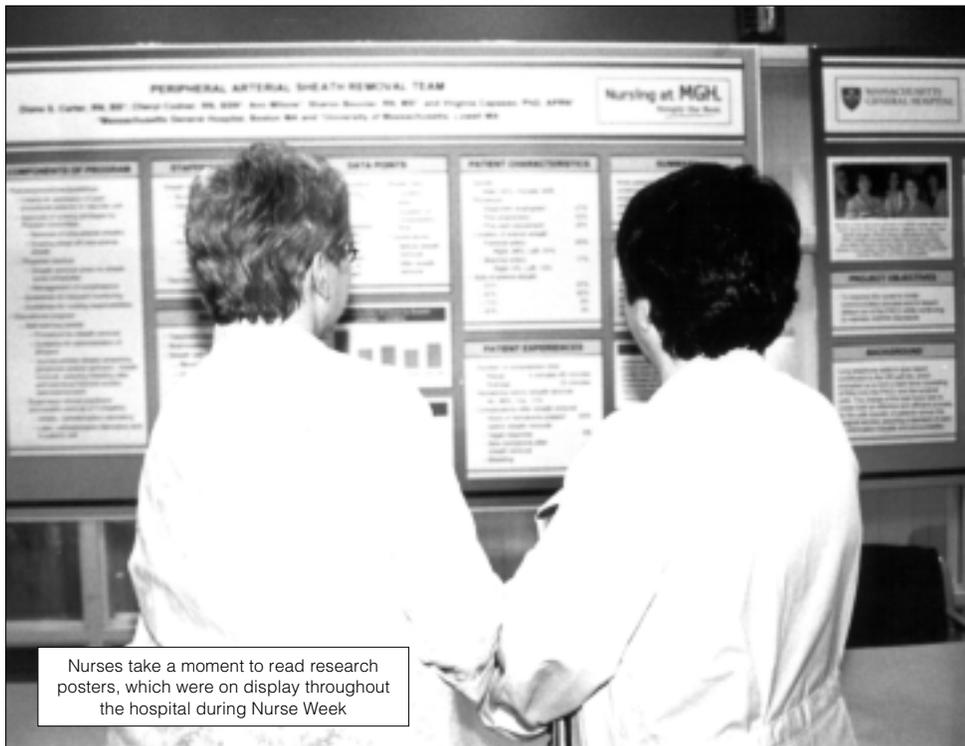
Their study will focus on, "Evaluating the Drug Dosage Calculation Guide on the Registered Nurses' Achievement Scores and Multi-Step Calculations on an Orientation Medication Assessment."

The third Munn research award went to:

- MaryLou Kelleher, RN
- Ellen Robinson, RN, mentor

This study asks the question, "Family-Centered Care at Massachusetts General Hospital for Children: How are We Doing and Just How Important is It?"

In closing, Ives Erickson thanked all the award recipients, past and present, for advancing the nursing research agenda at MGH. Yvonne Munn was unable to attend the event this year, but, said Ives Erickson, "I think she'd agree—nursing research is alive and well at MGH."



Nurses take a moment to read research posters, which were on display throughout the hospital during Nurse Week

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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.

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Next Publication Date:

June 17, 2004



May 27, 2004



Peg Hickey

Operating room scrub nurse,
Margaret (Peg) Hickey, RN, assists
in neuro-surgical procedure

Educational Offerings

May 27, 2004

When/Where	Description	Contact Hours
June 9 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
June 9 1:30–2:30pm	OA/PCA/USA Connections “Emergency Preparedness.” Bigelow 4 Amphitheater	---
June 9 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
June 9 12:15–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
June 9 11:00am–12:00pm	Nursing Grand Rounds “Child Abuse.” Sweet Conference Room GRB 432	1.2
June 10 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
June 14 8:00am–4:30pm	The Surgical Patient: The Challenge of the First 24 Hours O’Keeffe Auditorium	TBA
June 16 5:30–6:00pm networking 6:00–7:00pm presentation	Advanced Practice Nurse Series “Type II Diabetes: the Growing Epidemic.” O’Keeffe Auditorium	1.2
June 16 and 23 7:30am–4:30pm	Pediatric Advanced Life Support (PALS) Certification Program Day 1: Holiday Inn Day 2: Wellman Conference Room	---
June 17 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
June 18 8:00am–4:30pm	Preceptor Development Program Training Department, Charles River Plaza	7
June 22 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
June 23 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
June 24 1:30–2:30pm	Nursing Grand Rounds “Patient Safety.” O’Keeffe Auditorium	1.2
July 1 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
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	---

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>.

May 27, 2004



Nancy Desjardins

Ambulatory care nurse, Nancy Desjardins, RN, of the Bulfinch Medical Group, performs ear lavage for patient, Florence Stanley

Caring
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