

Caring

HEADLINES

May 6, 2004

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MGH ProTech students participate in National Youth Leadership Forum

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ProTech student, Melissa Diaz (right), primes IV tubing under the watchful eye of White 11 staff nurse, Maura Hines, RN.

MGH Patient Care Services
Working together to shape the future

Springtime: a time to reflect on the important work and accomplishments of our clinicians

I wonder if administrators at other hospitals feel as proud and fortunate in their jobs as I do in mine. When I think of all the wonderful outcomes and accomplishments of clinicians at MGH, I'm filled with a sense of pride and respect. I can't imagine working with a more talented, committed, or caring group of professionals.

Think of how many people are touched by your knowledge, skill, and compassion every day. Think of the impact your collective accomplishments have made in the past year.

Last summer, members of our Medical-Surgical Response Team (IMSuRT) and Boston's Disaster Medical Assistance Team (DMAT) came together on the grounds of the Bedford VA Hospital for a three-day training drill that simulated a major medical disaster. Clinicians from Patient Care Services had an opportunity to hone their emergency-preparedness skills in a 'real-time' disaster situation. Their training paid off when, six months later, they were deployed to Bam, Iran, to care for survivors of one of the worst earthquakes in recent history. The team spent nearly two weeks working out of a portable field hospital under extreme and

austere conditions. The team's presence in Iran, not only saved lives, it forged relationships with the people of Iran, a country that has long been estranged from the United States.

Also this year, in a hospital-wide undertaking, MGH became the first Magnet Hospital in Massachusetts. Much hard work went into preparing for the Magnet review process, including the invaluable work of our Magnet champions, 177 staff nurses who, in a seamless and coordinated effort, communicated the Magnet message to every unit and setting in the hospital. All clinicians played a pivotal part in the Magnet site visit, articulating our practice philosophy, values, and commitment to providing the safest, highest quality care to our patients.

You played a key role in the success of our JCAHO accreditation visit this past September, and are vital contributors to the development and implementation of our strategic plan.

I'm thrilled to see so many MGH clinicians becoming involved in humanitarian outreach, both independently and through MGH-sponsored programs. Recent trips to Haiti and Cuba brought much-needed medical care, supplies, and equipment to some of the most impoverished areas of

the world. And on Friday, April 2, 2004, two MGH staff nurses became the first nurses to receive the Thomas S. Durant, MD, Fellowship in Refugee Medicine. The fellowship will allow these nurses to share their knowledge and skill with under-served populations in developing nations.

A number of interdisciplinary programs and initiatives have been implemented to help educate patients, families, clinicians, and the general public on issues related to patient care and safety. The Hand Hygiene Initiative is one such program where practice was changed to incorporate hand-washing with an alcohol-based solution before and after patient contact to minimize the risk of nosocomial (hospital-acquired) infections.

The Patient Literacy Program was implemented to help clinicians recognize, assess, and design care plans to meet the needs of patients who are unable to read.

In the Emergency Department, staff developed an educational forum called Skills Day as a way to share their expertise with colleagues and peers. Sharing knowledge and experience contributes to continuity of care and adds another level of assurance to patient safety.



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

A new program pairs medical students with staff nurses for an interactive job-shadowing experience. The program provides an opportunity for nurses and physicians to gain understanding of one another's disciplines and develops a strong basis for communication and collaboration.

The Pet Therapy Program, a collaborative effort between Nursing and Volunteer Services, is an enormous success among patients and staff. Clinicians report an increased level of relaxation and emotional well-being in patients after pet visits. And handlers report that pet therapy dogs have a positive effect on just about everyone they come into contact with!

On a daily basis, PCS clinicians bring local, state, and national recognition to our hospital—with the awards you receive; the books and articles you write; the research you conduct; and the influence you exert on entities within and outside of health

care. Interdisciplinary teams from Patient Care Services have coordinated conferences on Disparities in Healthcare, Disabilities, Diversity in Childbearing, and many other important topics. Clinicians from all disciplines participate in student outreach programs including Job Shadow Day, the SummerWorks Program, the ProTech Program, our Timilty Partnership, and most recently, the National Youth Leadership Forum. There is a focused effort by all staff to improve care and ensure quality and safety in every patient interaction. Programs like the Health-WISE Lecture Series, the Clinical Pastoral Education Program, Pain Relief Champions, and so many others strive to improve the quality of life and the quality of care for our patients and the community. Your participation in collaborative governance helps make us all better clinicians and better caregivers.

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Inpatient medical team regionalization

Question: What does 'regionalization' of house staff mean?

Jeanette: In the past, although attempts were made to assign medical patients to 'primary' units, in practice, a number of house staff teams admitted and cared for patients on any given unit. A collaborative effort among Nursing, Medicine, Case Management, Admitting, and the

Emergency Department resulted in the March 1, 2004, implementation of a new model whereby each general medical unit is covered by one dedicated house staff team. This is what we mean when we refer to regionalization of house staff.

Question: How does this new model affect patient care?

Jeanette: Having all of a team's patients on one 'home unit' significantly enhances interdisciplinary care planning, minimizes delays in communication and interventions, facilitates discharge preparation, and results in an overall improvement in patient care and satisfaction.

Question: How does regionalization impact staff satisfaction?

Jeanette: Regionalization promotes strong collegial relationships

among nurses, medical teams, case managers, and other members of the healthcare team. As teams work together on a regular basis, mutual expectations become clearer, opportunities to improve processes are more easily identified, and solutions are more efficiently implemented.

Question: What are some examples of improvements in processes?

Jeanette: Nurse managers and senior residents on the medical units, acting on feedback from staff nurses and house staff, now meet on a regular basis to review the way daily patient rounds

are conducted. Not only is it essential that team members participate in the development of a patient's plan of care, but rounds provide an invaluable opportunity for learning and sharing information.

The interdisciplinary communication that occurs during rounds regarding a patient's care allows more time for the education of house staff and students at other times of the day.

Managers and residents are developing orientation guides to help facilitate the entry of new interns and residents rotating to the team.

Jeanette Ives Erickson

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A new book by Barbara Ravage entitled, *Burn Unit*, captures the healing work and heroism of staff on our own Burn Unit. One testimonial on the book jacket reads, "A book about good healers and medicine at its best, of selfless crusaders, teamwork, and passionate patient-centered care, *Burn Unit* is unforgettable."

At this year's National Disaster Medical Systems (NDMS) Conference, attended by more than 2,600 DMAT team members from across the United States, Marie LeBlanc, RN, nurse manager for White 7 and Ellison 7, received the IMSuRT Volunteer of the Year Award; and Brenda Whelan, RN, staff nurse in the Surgical Intensive Care Unit, received the Burn Team

Volunteer of the Year Award.

When I think of all the contributions you make, I am truly filled with wonder. I can't imagine working with a more talented, committed, or caring group of people.

Updates

I'm pleased to announce that Susan Strengevics, RN, has accepted the position of clinical nurse specialist for the Ellison 10 Cardiac Arrhythmia Step-Down Unit.

Donna Jenkins RN, nurse manager for Phillips House 22, will expand her scope of leadership to include Ellison 19.

Patti Fitzgerald, RN, has accepted the position of clinical nurse specialist on Bigelow 11 where she will job-share the role with Kate Barba, RN.

Coming Soon: New Code and Emergency Documentation Form

The Code and Emergency Response Committee has developed a code and emergency documentation form to enhance our ability to document cardio-pulmonary-arrest events and provide meaningful data regarding the outcomes of those events. The form has undergone an extensive approval process and is now ready for implementation.

This month, all areas of the hospital will receive packets describing updates to the policy and instructions on how to

use the new form. Forms will be placed on code carts beginning June 1, 2004.

Code and emergency documentation forms will be used in the event of a cardio-pulmonary arrest or other bedside emergency requiring such documentation. Two copies will be kept in the white binder on the code cart. The nurse caring for the patient will be responsible for ensuring that documentation is completed. The medical senior resident, service resident, or physician in charge of the event will review the form after the event and sign it, thereby

endorsing the medications and interventions that occurred during the code or emergency.

The white form will be placed in the patient's medical record. The reverse side of the yellow copy will be filled out by the clinical nursing supervisor and forwarded to the Office of Quality and Safety. The Office of Quality and Safety will collate data from the forms and generate reports that will be used to analyze outcomes.

For more information on code and emergency documentation forms, call Colleen Snyderman, RN, at 724-4920.

Pro-Tech students participate in National Youth Leadership Forum

The National Youth Leadership Forum (NYLF) is a program designed to help young people make well-informed choices about future careers by exposing them to professional work experiences during their junior and senior years in high school. This was the first year the NYLF offered a forum on Nursing, and MGH Human Resources sponsored the participation of four MGH ProTech students: Melissa Diaz, Carla Casaletto, Gloria Castro, and Alicia DeStefano.

All four students had some degree of interest in healthcare careers prior to participating in the program, but their experience being mentored by nurses in a variety of settings solidified their intention to choose nursing as a future profession.

Says Diaz, "It was an experience I'll never forget. I learned about all the different areas and settings where nurses practice; I saw all the different things they do; I saw how different life can be for a seventeen-year-old girl with HIV. I

met other students from all over the country. If possible, my interest in going to nursing school grew even stronger because of this program."

Says Castro, "I never realized how much nurses know! I have so much respect for them now."

Casaletto agrees. "I think they should open the National Youth Leadership Forum to younger students, too. By senior year, a lot of students already know what they want to do. Having an opportunity to learn about nursing sooner

could influence a lot of kids."

DeStefano wasn't entirely sure she wanted to be a nurse before participating in the program. After completing the program, not only was she convinced she wanted to be a nurse, she had chosen a specialty! She's considering gerontology or practicing in a nursing

home. Says DeStefano, "Learning about the NP role and research opportunities was very appealing. I like the idea that nurses are patient advocates."

For more information about the ProTech Program or the National Youth Leadership Forum, contact Galia Kagan Wise at 4-8326.



ProTech student, Carla Casaletto (left), reviews patient file with Linda Santos, RN, in the Avon Breast Center.



ProTech student, Alicia DeStefano, records blood results in the Transplant Clinic on Blake 6.



White 9 staff nurse, Deborah Zapolski, RN (left), explains cardiac monitor to ProTech student, Gloria Castro.

Advance directives: a priority for Ethics in Clinical Practice and Patient Education committees

—by Gayle Peterson, RN, staff nurse, Phillips 21, and member of the Ethics in Clinical Practice Committee and Advance Directives Task Force

Over the past several years, the Ethics in Clinical Practice and Patient Education committees have joined forces to address the education of patients, clinicians, employees, and visitors on the importance of advance directives. Discussions at monthly meetings of the Ethics in Clinical Practice Committee (EICPC), in collaboration with the Patient Education Committee (PEC), culminated in a number of activities geared at informing people about the need for advance directives. Some of the activities coordinated by the committees have been featured in previous issues of *Caring Headlines*, including three annual Advance Directives Booths in the White Lobby; an educational skit for professional staff entitled, “Advance Directives: True Life Stories;” a program for community elders offered as part of the Senior Healthwise Program; and feature stories in the *Fruit Street Physician* empha-

sizing the importance of education and counseling on advance directives.

These activities fueled the enthusiasm of the

EICPC and the PEC and led to the formation of the Advance Directives Task Force. This multidisciplinary group led by Sharon Brackett, RN, co-

chair of the EICPC, set out to identify existing obstacles to patient- and family-education about advance directives. The group examined empirical literature, hospital quality-improvement data, and anecdotal clinical experiences in preparation for fielding a team of experts that would be able to educate patients, families, and colleagues about advance directives. A proposal to develop a program to help educate clinicians was submitted to Trish Gibbons, RN, associate chief nurse for The Center for Clinical & Professional Development, and Jeanette Ives Erickson, RN, senior vice president for Patient Care, who supported this staff-development initiative.

Two members of the Advance Directives Task Force are attending a national Advance Care Planning Program in LaCrosse, Wisconsin, with an eye toward bringing the program to MGH later this year. In November, the Advance Directives Task Force, in collaboration with The Center for Clinical & Professional Development, will host an Advance Care Planning Program to prepare 35 interdisciplinary professionals to be experts in advance directives. Alexandra Cist, MD, physician and committee liaison to the medical community, will assist in recruiting physicians to participate in the program and become champions of advance directives at MGH.

The Ethics in Clinical Practice and Patient Education committees are very excited about this collaborative initiative and the benefits it will bring to MGH patients and families. For more information, contact Sharon Brackett (at 4-5100), Ellen Robinson (at 4-1765), Gayle Peterson (at 4-6110), or Theresa Cantanno-Evans (at 4-0997).



Above (l-r): Judy Pagliarulo, RN; Barbara Kenney, RN; and Theresa Cantanno Evans, RN, and (below): Gayle Peterson, RN; Regina Holdstock, RPh; and Sharon Brackett, RN, staff advance directive booth in the Main Corridor.



Emotional coincidence spotlights healing power of nursing and narratives

In 1998, the Professional Development Committee asked clinicians throughout Patient Care Services to write clinical narratives to assist them in their efforts to develop a clinical recognition program. Barbara Cashavelly, RN, co-chair of the committee, wrote a narrative chronicling her care of Amanda Edwards, a 21-year-old college student who had been diagnosed with leukemia. The narrative was a wonderful example of expert practice and would certainly have found its way into *Caring Headlines*. But because Amanda's mother, Stephanie, was an MGH employee, Cashavelly requested that it not be published out of respect for her.

In 1999, Cashavelly agreed to let her narrative be used in a new book, *Clinical Practice Development: Using Novice to Expert Theory*, as an example of expert nursing practice. At the time, she thought it was highly unlikely that Amanda's mom would ever see it. Because the book also referenced the work of the Professional Development Committee, Jeanette Ives Erickson, RN, senior vice president for Patient Care, gave copies of the book to each member of the Pro-

fessional Development Committee. Through a series of meetings and interactions, one copy of the book passed hands a number of times and ended up on the desk of Phyllis Meisel, director of Reading Disabilities. One day, Stephanie, the office manager for Reading Disabilities, was in Meisel's office and noticed the book. She picked it up and started flipping pages when it fell open to the page containing Cashavelly's narrative. As Stephanie read, she realized that the narrative was telling the story of her own daughter. She was moved to tears as she read about Cashavelly's care of Amanda.

Says Stephanie, "I was shocked when I happened upon the book and narrative. I had a visceral reaction, reading this story about my beloved Amanda. I made a copy of the article to read at my desk, but I had to put it away and take it home where I could read it in the privacy of my own room. I read

and re-read the story many times. I knew I wanted to share my feelings with Barbara.

"I contacted her and we met one day for coffee. We talked about her time with Amanda. I felt like I was being given a gift from Amanda by way of Barbara—something I never expected to happen again—a conversation with my daughter. Amanda was a wonderful writer. She always kept a journal and had started a new one shortly after her diagnosis. Reading Barbara's narrative was, for me, like reading another page in Amanda's journal."

Says Cashavelly,

"When Stephanie contacted me, my heart filled with mixed emotions and fond memories—memories of a special 21-year-old patient, her challenges with leukemia, the difficult conversation we had at the end of her life, and saying good-bye to her.

"I had never shared the conversation I had with Amanda with her mom. I thought it would cause her pain and sadness. Occasionally, when I would see Stephanie in the halls, memories of that conversation would come back to me. Never did I imagine this narrative would fall into her hands five years later... very close to the anniversary of Amanda's death.

"I have to believe this happened for a reason. Being able to share this experience with Aman-

da's mom was a gift to her and also to me."

Barbara Cashavelly's narrative on caring for Amanda

(Printed with permission from Stephanie Edwards)

My name is Barbara Cashavelly, and I am a nurse on the Ellison 14 Oncology-Bone Marrow Transplant Unit. Working as an oncology nurse can be challenging, demanding and very fulfilling. People often ask me, "How can you care for cancer patients? It must be so depressing."

Working with oncology patients is rewarding and satisfying. The cancer experience brings fear, uncertainty, and life challenges for patients and their families. The darkness of the unknown can affect a patient's

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Cashavelly (right) and Edwards

Exemplar

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strength and sense of self. It can also have a transforming effect on the soul, not only for the patient, but for the nurse as well.

Two months ago, I met a 21-year-old college student who was admitted to the Bone Marrow Transplant Unit for a bone marrow transplant. Her name was Amanda. She was a senior at Wake Forest University and had been diagnosed with leukemia in March. This was quite a shock to her as she thought she'd just had a 'bad cold' for two weeks. When she went to the infirmary, they did blood tests and discovered her nightmare—she had leukemia.

Initially, Amanda went to another facility for treatment, but the leukemia didn't go into remission despite three courses of chemotherapy. She was referred to MGH as a 'last chance effort.'

When I first met Amanda, there was a real connection between us. She was bright and articulate. She was easy to work with each day. We enjoyed each other's company and had some common interests (talk radio's Dr. Laura, for instance). I was amazed at how Amanda dealt with her disease and treatment 'head on.' She wrote in her journal every day and signed each entry: "IWSL" (I will survive leukemia). I shared many experiences

with Amanda, but two were very special to me. First, was the day she told me she wanted to take a bath. She was very sick that day. She was neutropenic, she had terrible mouth sores, her strength was down, and she was receiving numerous IV drugs and antibiotics. She required a great deal of assistance from her nurses. Her only wish was to sit in a "nice hot tub bath." This wasn't going to be easy. First of all, where was I going to find a tub? And second, how would I get her in and out of it safely? But instinct told me I had to try my best to give her this one thing. I knew it would be one of her last wishes.

I called the Labor & Delivery Unit. They told me they had a room with a Jacuzzi that wasn't being used. They said Amanda would be more than welcome to use it. She was so excited. I took Amanda to Labor & Delivery along with her mom. We filled the tub with wonderful, warm water. With her mom's help, we assisted Amanda into the tub. She was delighted! She had the biggest smile on her face. She said it was "absolutely glorious." Amanda sat in the tub for about an hour. She thanked me a thousand times that day. It was very satisfying for me to know I had made such a difference in her care.

The other experience I spoke of was when Amanda was informed that her treatment wasn't

working and she was going to die. This was one of the most difficult and heartfelt experiences of my career. After being told by the bone marrow team (including myself), Amanda was devastated. She didn't want to speak to anyone. I told her to let me know when she was ready to talk. Just as I was about to leave at the end of my shift, her mom came to get me and said Amanda wanted to talk to me. I went into her room. It was just the two of us. Through our tears, we talked for more than an hour. She asked many questions. One of her questions was, "What would you do if it were you?" She desperately needed help to make this decision. Should she 'give up' and go home with hospice? We talked about how this wasn't fair for a 21-year-old girl, what it was like to die, what it would be like in heaven, how she believed she would be an angel and take care of people after her death.

Amanda asked me to give her an entire syringe of morphine. She said, "Let's get it over with! Please!"

I told her I wouldn't give her the entire syringe of morphine. But I would keep her comfortable and help her with any questions. I assured her that I would be there for her.

I had never before been asked by a patient to, "get it over with." The request was distressing to me, but it reflected Amanda's strength and courage.

The next day, Amanda decided to go home with hospice. I visited her at home. The minute I saw her in her room surrounded by her family with the cat curled up on her bed, I knew she had made the right decision. She looked peaceful and comfortable. She was so happy to see me and thankful for my help. Amanda died five days later, surrounded by all the things she cherished. I will always remember Amanda, and she will always have a special place in my heart. I realize I did make a difference in her care. This 21-year-old college student taught me about strength and courage, and caring for her helped me become a better nurse and a better person.

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

This is not only a beautiful story and a compelling narrative, it's a wonderful example of the power and timelessness of story-telling.

Risk-taking, advocacy, and the ability to be present to patients in times of crisis are hallmarks of expert practice. And Barbara is an expert. Her care and advocacy extended to Stephanie, even after Amanda's death. The difficult conversation she had with Amanda at the end of her life, though poignant, was revealed to Stephanie in a way that brought her comfort. What a beautiful story.

Thank-you, Barbara.

MGH Support Service Employees Grant Program

The MGH Support Service Employees Grant Program is accepting applications from service employees seeking to improve their skills and advance their careers. This competitive grant program is available to all non-exempt, benefit-eligible employees who have worked at the MGH for a minimum of two years and are in good performance standing.

Applications are available at the Training & Workforce Development Office, Human Resources offices on White 14, 75 Blossom Court, and 149 Charlestown Navy Yard, 7th Floor. The deadline for submitting applications is June 11, 2004, for financial assistance for fall, 2004, and spring, 2005. Applicants for the grant program are encouraged to attend a series of career-development workshops on opportunities in health care at MGH, being held April-June.

For more information, contact Lidia Rosado at 724-3368 or Helen Witherspoon at 726-1700; or visit: <http://is.partners.org/hr/affiliates/mgh/>

Evidence-based, collaborative practice in the CNS role

—by Mary McKenna Guanci, RN,
neuroscience clinical nurse specialist

Nursing questions at the bedside really do have the ability to change practice. This has never been more evident than in the recent development of oral care guidelines. Guidelines were drafted in response to questions like, “How can we help prevent ventilator-acquired pneumonia?” “How can we minimize a patient’s risk for aspiration?” “What are the best ways to perform oral care?”

One of the roles of a clinical nurse specialist (CNS) is to enhance patient care using an evidence-based practice model. From nurses’ questions and bedside observations, it became clear there was a need to develop oral care guidelines. When changes in practice are necessary, certain steps contribute to a seamless implementation of those changes.

The first step in developing guidelines is identifying the clinical problem and determining its priority for practice change.

Mentoring is an important part of the CNS role, so I enlisted the assistance of University of Massachusetts master’s candidate, Eric Watson. Eric was interested in the CNS role and the process of practice change. Together we took the question of oral care

guidelines to the Nursing Practice Committee for validation. There was consensus among committee members that this was a hospital-wide patient need. The impact of good oral care on the prevention of ventilator-acquired pneumonia and other conditions was recognized by the committee. Many questions were generated concerning best-practice approaches. A presentation by Tessa Goldsmith, SLP, speech language pathologist, confirmed the need for a comprehensive and collaborative approach to oral care.

The second step in developing guidelines is a literature search to evaluate existing evidence to support the change

Good oral care prevents bacterial colonization in the mouth. Before bacteria can colonize they must adhere to oropharyngeal tissue. The most common means of acquiring nosocomial pneumonia is aspiration of oropharyngeal secretions. Nosocomial pneumonia ranks second in morbidity and first in mortality

among nosocomial infections in the United States. Ventilator-acquired pneumonia contributes to increased lengths of stay in intensive care units by five to seven days and adds billions of dollars to the overall cost of health care. Whether intubated or dysphagic (unable to swallow) due to stroke, reducing the number of microorganisms in the mouth can reduce the risk of bacteria spreading to the lungs. Many research articles have been published supporting the need for oral care guidelines to prevent ventilator-acquired pneumonia. These findings were incorporated into the new guidelines.

Collaboration is an important part of implementing any practice change.

It’s important to identify other disciplines who will be instrumental in supporting the new practice. Speech Language Pathology was instrumental in creating the oral care guidelines. Speech language pathologists identified a need to address the oral care of our patients and are major stakeholders in the implementation process. Careful review by disciplines that have expertise in the area of practice under consideration is invaluable.

Information about daily oral assessment was incorporated to assist nurses in their evaluation of patients’ needs. Pharmacists, infection control practitioners, nurse managers, nursing supervisors, and staff

nurses all help communicate the practice change. Clinical specialists play an important role in implementing practice changes in patient care areas. Physician groups are introduced at the unit level. Evaluation of new guidelines is ongoing. As you can see, nurse-driven, collaborative, evidence-based practice really is possible.

An overview of the new oral care guidelines

Purpose:

To ensure appropriate, effective oral care is administered to all patients at risk for developing nosocomial pneumonia or ventilator-associated pneumonia.

Risk factors

- Endotracheal tube
- Tracheostomy
- Dysphagia
- NGT/G-tube
- NPO and/or dry mouth

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Mary McKenna Guanci, RN (center), with nurse manager, John Murphy, RN; and speech-language pathologist, Audrey Kurash Cohen, SLP

Clinical Nurse Specialist

continued from previous page

- Decreased LOC or decreased mental status
 - Mechanical ventilation
 - Oxygen therapy
 - Any potential for aspiration
 - Severe dysarthria
- Important considerations:*
- A soft toothbrush is the most effective way to control dental plaque. Bacteria commonly associated with nosocomial pneumonia are found in dental plaque and can become a problem within 48 hours.
 - Foam swabs are ineffective for cleaning teeth and controlling plaque.
 - Lemon glycerin swabs are not effective for cleaning or moisturizing the mouth and should not be used. In fact, lemon glycerin is harmful. It reduces the oral pH to below the normal level. Acidic saliva irritates oral mucus, decalcifies teeth, increases dryness of the mouth, and increases the risk of dental decay.
 - Alcohol-based mouth rinses have a drying effect on mucus and should be avoided. Water or saline should be used for rinsing.
 - Chlorhexidine (Peridex) is a non-alcohol mouth rinse that reduces plaque and may reduce the risk of nosocomial pneumonia.

Practice policy:

- Patients will have a mouth assessment every two-four hours or more frequently if deemed necessary by the nurse. Assessment is best completed with a flashlight and tongue depressor.
- Patients will have oral care every two-four hours to ensure teeth are free of plaque and to clean and moisten oral membranes and lips.

on any patient who has a known chlorhexidine allergy or sensitivity.

- If using oral Nystatin, do not administer within two hours of (before or after) using chlorhexidine.
- Continue this oral-care routine until patients are extubated and able to brush their own teeth and manage their own secretions.

Documentation:

Document oral care on the flow sheet or progress notes.

For more information on oral care guidelines, call Mary Guanci at 4-7242.

- Patients' teeth will be brushed at least every shift using Sage toothette swabs unless it is contra-indicated or could cause harm (i.e., bleeding, gingivitis, low platelets).
- Lemon glycerin swabs will not be used to moisten mouth.
- Chlorhexidine (Peridex) will be used twice a day for oral care. A physician's order must be obtained prior to using Peridex. Do not add any flavorings, mouthwash, or medications to the chlorhexidine. Do not initiate this protocol

On-line updates for the Clinical Recognition Program

For up-to-date information and changes regarding the submission process and preparation for the Clinical Recognition Program, visit the new Update section on the Clinical Recognition Program website.

Go to: <http://pcs.mgh.harvard.edu>; click on Clinical Recognition Program; click on Program Updates

Summer Jobs Programs

two Community Benefit youth-employment programs may be the solution to your vacation coverage this summer.

SummerWorks

A career-exploration, summer-internship program for graduating eighth-graders from the Timilty Middle School in Roxbury. Now in its sixth year, SummerWorks combines weekly interactive workshops with hands-on work experience. Students spend 23 hours per week at the worksite.

For information, call 617-445-5712.

Jobs for Youth (J4Y)

For more than a decade, MGH has provided Boston-area youth with part-time (25 hours per week) employment. Jobs for Youth links SummerWorks alumni and students from East Boston High School to dynamic job opportunities at MGH. The program combines professional-development workshops with real work experience to help students make informed career decisions.

For information, call 4-8326.

The Summer Jobs program is a school partnership initiative through the MGH Community Benefit Program

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Collaboration: the key to quality patient care

—by Karen Lipshires, RN,
member of the Quality Committee

Labels on IV medications—who decides what information is included? Patty, from the Surgical Intensive Care Unit, says she'd like to see information about the patient. Diane, from Blake 12, feels it's important to indicate whether the bag contains the total daily dose or a single dose for the day. Ann, from Bigelow 14, wants information on the label to be re-organized.

These are exactly the kind of comments the Quality Committee loves to hear. Committee members listen to 'what's wrong' and explore ways to improve systems to support safe patient care. Recently, changes were made to IV labels to promote greater patient safety. Changes were based on recommendations from nurses and collaborative governance committees (including the Practice Committee, the Quality Committee, and others). The Pharmacy Nursing Performance Improvement Committee (PNPIC), co-chaired by Steve Haffa, RPh, and Kathy Carr, RN, developed a new format for IV labels that allows both Nursing and Pharmacy to include information they consider necessary for safe medication administration.

This change reflects a new way of thinking

about providing safe patient care. Not long ago, we assumed that if practitioners were careful, smart, and thoughtful, they wouldn't make mistakes. But mistakes can happen in every industry and every setting despite measures taken to prevent them. Certainly, health care professionals should be careful, vigilant, and held responsible for their actions, but assigning blame for errors does little to make systems safer or prevent someone else from making the same mistake. (Institute of Medicine, *To Err is Human: Building a Safer Health System*). The best way to prevent accidents is to change systems, not individuals.

The Quality Committee identifies opportunities to improve systems to improve patient care and link key stakeholders with performance-improvement initiatives. Members of the committee develop knowledge and skill at using the quality-improvement process. The committee works closely with Joan Fitzmaurice, RN, director of Quality & Safety. Committee co-chairs, Anne Eastman, RN, and Pat Wright, RN, represent Patient Care Services on the state-mandated Patient Care Assessment Committee that monitors

quality at MGH. The Quality Committee uses the quality-improvement process and analysis of hospital-wide adverse events to identify high-risk or problem-prone aspects of care in clinical settings. Systems analysis and improvement recommendations are referred to appropriate work groups for action and/or implementation.

The Quality Committee serves as an expert resource to many groups. This year, members continued to work on improving medication ad-

ministration, procurement of new and safer bedside commodes, infection-control surveillance, and the Hand Hygiene Improvement Initiative. The Quality Committee worked in collaboration with the Nursing Practice Committee regarding transfusion practices, occupational-health issues, and care of the bariatric patient.

If you identify a safety concern regarding systems or equipment, please contact the Quality Committee by e-mail (listed as PCS Quality Committee in the Outlook directory). For more information about the Quality Committee or collaborative governance visit the website: http://pcs.mgh.harvard.edu/CCPD/cpd_govern.asp.

Quality on-line

To learn more about quality, visit these websites:

QualityHealthcare

<http://www.qualityhealthcare.org>

Agency of Healthcare Research and Quality

<http://www.ahrq.gov/>

Institute for Safe Medication Practices

<http://www.ismp.org/>

Harvard Risk Management Foundation

<http://www.rmhf.harvard.edu>



Karen Lipshires, RN (left), and Ann Eastman, RN, affix re-designed IV label on Bigelow 14

Educational Offerings

May 6, 2004

When/Where	Description	Contact Hours
May 14 and 17 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
May 14 7:30am–12:30pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Wellman Conference Room	---
May 17 8:00–4:30pm	Cancer Nursing: Caring Through Evidence-Based Practice O’Keeffe Auditorium	TBA
May 18 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Clinics 262	1.8
May 19 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
May 19 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
May 20 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
May 20 8:00am–4:30pm	Workforce Dynamics: Skills for Success Training Department, Charles River Plaza	TBA
May 24 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
May 25 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)	---
May 25 8:00am–4:00pm	Intermediate Respiratory Care Respiratory Care Conference Room, Ellison 401	TBA
May 26 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
May 27 1:30–2:30pm	Nursing Grand Rounds “Health Literacy.” O’Keeffe Auditorium	1.2
June 1 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)	---
June 1 8:00am–4:30pm	Bio-Therapy Program NEMC Wolff Auditorium	TBA
June 3 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
June 4 8:00–4:30pm	Hypertensive Disorders in Pregnancy O’Keeffe Auditorium	TBA
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

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>.

Blum Patient and Family Learning Center celebrates five-year anniversary

On Friday, April 2, 2004, MGH employees came together in the Maxwell & Eleanor Blum Patient and Family Learning Center (PFLC) to celebrate the fifth anniversary of this invaluable resource. MGH president, Peter Slavin, MD; senior vice president for Patient Care, Jeanette Ives Erickson, RN; patient education specialist and learning center manager, Taryn Pittman, RN; and Eleanor Blum all were in attendance. After brief comments by invited guests, including PFLC volunteer, Joseph Terrell, the reception culminated with the cutting of a cake by Maxwell and Eleanor's daughter, Betty Ann Blum.



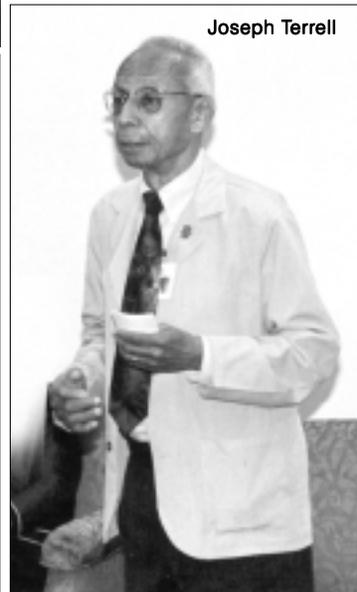
Eleanor Blum and Taryn Pittman



Peter Slavin



Betty Ann Blum cuts cake



Joseph Terrell

Caring

HEADLINES

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