July 6, 2006

Caring HEADLINES

Making a Difference Grant Program

—by Melanie Cassamas, project manager

On Tuesday, June 6, 2006, recipients of the 2006 Making a Difference grants had an opoprtunity to present posters describing their projects at a special reception in their honor. The reception and poster display gave recipients a chance to share their accomplishments and lessons learned while working on projects funded by the Making a Difference Grant Program. Recipients spent eight months working on pilot projects exploring innovative ways to enhance services to the MGH community. Many of the projects will be rolled out, assessed, and advance beyond the pilot phase to other areas of the hospital.

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One of many Making a Difference Grant recipients, child life specialist, Heather Peach, CCLS, discusses her project, "Teen Oncology Support Group," with MGH president, Peter Slavin, MD

(Photo provided by staff)

Inside:

MGH Patient Care Services

Working together to shape the future

The MGH Chaplaincy: a 'full-service' inter-faith team

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

Not that long ago, hospital-based chaplaincies were considered 'full-service' if they offered Catholic and Jewish services in their chapels (if they *had* chapels) and inpatient visits by a priest or a rabbi. I'm happy to say we've come a long way since those days.

The MGH Chaplaincy is truly an inter-faith team specially trained to respond to the spiritual needs of all patients, family members, and staff regardless of their religious affiliation or whether they consider themselves affiliated with a formal religion or not.

In talking about patients' rights, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) states that, "A mere list of rights cannot guarantee those rights. Rather, a hospital shows its support of rights by how its staff interacts with patients and involves them in decisions about their care, treatment, and services. These standards focus on how the hospital respects the culture and rights of patients during those interactions. This begins with respecting their right to care, treatment, and services."

Among the specific elements listed:

- Each patient has the right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected
- The hospital supports the right of each patient to personal dignity
- The hospital accommodates the right to pastoral and other spiritual services for patients

At MGH, pastoral care is available in many forms, but it's always designed to help individuals identify their spiritual needs through dialogue about their values and what's important to them as they cope with an illness or the illness of a loved one. Spiritual interventions cut across religious boundaries to address the broad range of spiritual beliefs held by people from all backgrounds. The goal of every spiritual intervention is to listen, question, and learn. I believe the success of our Chaplaincy program is a result of the openness of our chaplains in providing for the diverse spiritual needs of the entire MGH community.

The Chaplaincy offers a clinical pastoral education program for healthcare professionals to help clinicians gain spiritual insight into the care and treatment of patients. Fellowships are available (see page 4).

MGH Chapel Services

Services held in the MGH Chapel on Ellison 1 unless otherwise noted

Interfaith services
- Interfaith prayer services, Monday–Friday at 12:15pm

Buddhist services
- Meditation sittings every Wednesday at 5:30pm

Jewish services
- Shabbat service, every Friday at 11:00am

Muslim prayers
- Prayers held in the Masjid, located on Founders 1, 24 hours a day, 7 days a week. Friday prayers are held in the Thier Conference Room from 1:00–2:00pm

Roman Catholic services
- Mass is held at 4:00pm daily, including weekends

All are welcome

Chaplains are available to offer consultation and counsel on spiritual, emotional, and ethical matters in a supportive and non-judgmental way. One-to-one bedside visits can be arranged, or services (interfaith and tradition-specific) are available in the MGH Chapel on a regular basis. The Chapel is open for prayer, meditation, and reflection 24 hours a day, seven days a week. The in-house television channel 16 broadcasts worship services held in the Chapel and plays meditative music throughout the day.

Employees should request a chaplain whenever:
- a patient or family member requests to see a chaplain
- someone wants to receive a sacrament
- someone is facing a difficult decision and wants to incorporate a faith perspective into his/her decision-making process
- someone's religious faith is his/her primary resource in time of crisis
- support would help someone dealing with illness or questions such as, "Why is this happening to me?" or "What is the meaning behind my illness?"
- patients, family members, or staff express or experience spiritual distress

In an emergency, patients and staff can page a chaplain directly by calling 617-724-5700 and entering the appropriate pager number:
- Buddhist (3-0464)
- Jewish (2-7306)
- Roman Catholic (2-7301)
- Protestant and other faiths (2-7303)

Call 617-365-7427 to request a Muslim chaplain. In non-emergency situations during regular business hours, call the MGH Chaplaincy Office at 617-726-2220 for information or to request a chaplain.

Patient Care Services welcomes new director of MGH Chaplaincy

On Thursday, June 8, 2006, Patient Care Services officially welcomed Michael McElhinny, MDiv, to his new role as director of the MGH Chaplaincy. McElhinny, a respected oncology chaplain at MGH since 1998 and former Macaluso Excellence in Clinical Practice Award recipient, is an authority on spirituality and patient care. Scores of friends and colleagues attended the reception to welcome him and wish him well.

In her remarks, senior vice president for Patient Care, Jeanette Ives Erickson, RN, noted that she and McElhinny are both from Maine. She shared some information about their home state, including the fact that the state motto is: "Dirigo," which means, "I lead."

She shared quotes from some of Maine's most notable leaders, including, Harriet Beecher Stowe, Henry Wadsworth Longfellow, and humanitarian, Dorothea Dix, observing that McElhinny exhibits many of the same qualities that made them respected leaders.

Said Ives Erickson, "Congratulations on assuming your new role. We look forward to working with you as you chart the future of spiritual care at MGH."

Said Marianne Ditomassi, RN, executive director for Patient Care Services Operations and former interim director of the Chaplaincy, "During the past two years as interim director, I was fortunate to see first-hand the incredible work our chaplains do every day in addressing the spiritual needs of our patients, families, and staff. During that time, I witnessed Mike's quiet strength, leadership, commitment, and the respect he's earned from his colleagues in the Chaplaincy and the MGH community.

Said McElhinny, "I am humbled to be director of Chaplaincy, and I am hopeful because of all of you. I believe in the MGH family, and I feel privileged to work with you. I thank Jeanette, Marianne, and Ann [Daniels] for their generous support. I promise to be the best chaplain I can be, to listen to your spiritual needs and respond to them the best way I know how."

(Photos by Abram Bekker)

Photos clockwise from top left: Mike McElhinny, MDiv, with director of Social Services, Ann Daniels, LICSW; McElhinny chats with colleagues at reception in his honor in the Trustees Room; and McElhinny with some members of of the Chaplaincy staff

Clinical Pastoral Education for Healthcare Professionals

—by Reverend Angelika Zollfrank, CPE supervisor

On Thursday, May 25, 2006, six Kenneth B. Schwartz fellows and two Spiritual Caregiver fellows graduated from the Clinical Pastoral Education (CPE) Program for Healthcare Professionals at a special service in the MGH Chapel. Three nurses, two physicians, a nurse practitioner, a speech-language pathologist, and a social worker celebrated their similarities and unique differences in a joyous and moving atmosphere.

As part of the service, participants shared some of their most meaningful learning experiences of the five-month program, which offers introductions to a variety of religious beliefs. Said Tracey Freeman, RN, "I now find truer meaning in every day and every thing. I try to see it in every one, as well. My calling is stronger than ever. As I stand on holy firm ground, I can care for myself as well as others."

The goal of the Clinical Pastoral Education Program for Healthcare Professionals is to create a training situation that allows clinicians to integrate their patients' and their own spirituality into clinical practice. The program combines skill-development through case presentations with personal and professional growth. The discipline and experience of caregivers and the clinical context are always taken into account. Says social worker, Beilah Ross, LICSW, "I now know how to present options for people regarding their concept of God when their original concept is putting them at spiritual risk."

Says Mariette Murphy, MD, "The Clinical Pastoral Education experience profoundly impacted my professional presence by connecting me with the hospital through a community of compassionate caregivers and grounding me with them in the embrace of spiritual life."

"The true value of my experience in CPE," says Todd Pearson, MD, "transcends technique or understanding spirituality on an intellectual level. The true value has been in shifting my way of 'being' with patients and families. CPE helped me cultivate my capacity to create a safe, trusting space where a compassionate and caring relationship can occur, where human connections can occur, and where patients and families can share their beliefs, hopes, and fears."

The next Clinical Pastoral Education Program for Healthcare Providers is scheduled for January 8–May 24, 2007. For more information about the CPE Program, the Kenneth B. Schwartz Fellowship in Pastoral Care, the Spiritual Caregiver Fellowship, or to receive an application, please call Reverend Angelika Zollfrank at 617-724-3227. Applications are due by September 1, 2006.

Above: CPE graduates, Tracey Freeman, RN (left), and Beilah Ross, LICSW, speak at ceremony in the MGH Chapel. At right: Kennis Furuya Bishop performs expressive dance as fellow graduates look on

The Tracheostomy Quality Team

Question: I've heard clinicians talk about a Tracheostomy Quality Team. What is that?

Jeanette: The Tracheostomy Quality Team (TQT) is a multi-disciplinary group comprised of clinicians from Nursing, Respiratory Care, and Speech, Language & Swallowing Disorders. It was established as a quality initiative of the Surgical Clinical Performance Management (CPM) team. The mission is to assist clinicians caring for patients with tracheostomy tubes by acting as an educational resource and making recommendations for care.

Question: Who is on the Tracheostomy Quality Team?

Jeanette: Clinical nurse specialists, Susan Gavaghan, RN, and Marian Jeffries, RN; respiratory therapist, Neila Altobelli, RRT; and speech-language pathologist, June Williams, SLP. All clinicians on the team have extensive experience working directly with tracheostomized patients.

Question: What would a typical visit from the Tracheostomy Quality Team look like?

Jeanette: The team rounds twice a week on non-intensive care units. The patient's nurse and respiratory therapist are included in the visit. Together, they determine if the patient is ready for cuff deflation, speaking, swallowing-assessment, and/or decanulation. The outcome of the visit is a care plan designed to meet the specific needs of each individual patient.

Question: Does the team visit all patients in the hospital who have a tracheostomy?

Jeanette: No, the team doesn't round on patients who still require mechanical ventilation because they're usually not ready to advance to cuff deflation, speaking, swallowing, and/or decanulation. They also don't round on patients in specialized units such as the Respiratory Acute Care Unit (RACU) or intensive care units.

Question: How can the Tracheostomy Quality Team be consulted?

Jeanette: The Tracheostomy Quality Team is not a consult service that evaluates, makes recommendations, or cares for patients. The team is a resource that supports and educates providers already caring for patients. They aren't available on a consult basis. The goal is to visit appropriate patients at least once during their hospital stay.

MGH is committed to improving hand hygiene

Stop the Transmission of Pathogens
Infection Control Unit
Clinics 131
726-2036

Skin Problems?

- Proper hand hygiene can be painful when skin is irritated, injured, inflamed, or infected, but clean hands are all the more important when you have skin problems for health and safety reasons
- Skin problems put you and your patients at greater risk of infection
- Chapped, rough, or broken skin can provide more places for germs to congregate, placing you at greater risk of infection from others
- Damaged skin places others at greater risk because it harbors more organisms than healthy skin and sheds more easily, increasing the potential for infection to spread
- Skin problems should be reported immediately to Occupational Health Services at 6-2217
- Skin problems can be seasonal (especially in winter months) and can occur year round. They should be addressed as soon as they occur. Occupational health specialists can help determine the cause of skin problems, recommend ways to resolve them, and promote hand hygiene that meets the needs of you and your patients

Northeastern at MGH

Fall Semester, 2006

"Theory Development and Health Care Research" (4 credits)
Instructor: TBA
Time: Monday, 5:00–8:00pm
First Class: Monday, September 11, 2006
Last Class: Monday, December 4, 2006
Out of pocket expense: $2,480
Key number: 68789

"Heath Care Systems and Professional Role Development" (3 credits)
Instructor: Joanne G. Samuels, RN
Time: Thursday, 5:00–7:30pm
First Class: Thursday, September 7, 2006
Last Class: Thursday, December 7, 2006
Out of pocket expense: $1,860
Key number: Currently not assigned

Courses offered on site at MGH

New students:
- Complete special student application
- Obtain official transcripts
- $50 fee
- Copy of nursing license

Submit paperwork to room 123 in Behrakis Building at Northeastern after July 17, 2006

Returning students:
- Enroll through myneu.com after July 17th

For more information, call 4-3506

Sometimes we teach our patients; sometimes our patients teach us

Lisa Duncombe is an entry-level clinician in the PCS Clinical Recognition Program

My name is Lisa Duncombe, and I am an inpatient physical therapist.

I first met 'Manuel' in November of 2005 when he was admitted for an autologous stem cell transplant (SCT) due to a diagnosis of diffuse large B-cell lymphoma. Manuel spoke primarily Spanish and was my first bone-marrow-transplant (BMT) patient who required an interpreter. I was hesitant when I entered his room, uncertain as to how I'd work with an interpreter to complete the teaching I do with all my patients in respect to exercise parameters and platelet precautions. Manuel was different from most of my other patients. From our very first meeting, he was always willing to participate in therapy with a big grin on his face. He wasn't concerned about being independent in his exercise program. He made it clear from the start that he'd only participate under my supervision.

During his hospitalization, Manuel received total-body irradiation and chemotherapy prior to his transplant. This protocol has many side-effects including severe mucositis, nausea, vomiting, and diarrhea. Due to low red and white blood-cell counts, patients frequently feel fatigued and sick and defer physical therapy for another day. Manuel experienced these side-effects, he was even receiving nutrients intravenously, but he never refused therapy. In fact, he jumped out of bed to get on the bicycle every time he saw me. I knew he must have felt terrible; I was surprised every time to see him participate as much as he could.

Through the interpreter, I learned about Manuel's Puerto Rican culture and the food and hobbies he enjoyed. We compared slang sayings. In America, when we feel good, we say, "I feel like a million bucks." In Puerto Rico, they say, "I feel like a coconut." We had a good laugh about that. I was impressed with Manuel's drive, perseverance, and determination to continue to participate in physical therapy.

Over time, Manuel's blood count came up and he was discharged home. I frequently asked the doctors how he was doing and was sad when I learned he had relapsed and was being re-admitted to Ellison 14, this time for an allogenic stem cell transplant.

At our initial examination, Manuel again greeted me with a big smile. I decided to introduce him to his first-ever walk on a treadmill. Just like last time, he enthusiastically jumped out of bed every time I walked into the room, ready to go, facing each new situation with a smile and a desire to complete the task before him.

One afternoon, Manuel and I were talking about his admissions and the experiences he'd had during his illness. I was curious how he was able to continue to do everything he was supposed to do with such optimism. It was simple, he said. He was participating in all the activities that would give him the best chance of beating his cancer.

I asked what kept him smiling despite everything he'd been through.

"I have faith," he said.

Faith. It's a small word defined as, "a confident belief in the truth, value, or trustworthiness of a person, idea, or thing." For Manuel, it was faith in his medical team, especially since he didn't understand much of what his doctors and nurses were saying. And faith in me, that I would do my best for him. What a responsibility. Patients put their faith in you as their therapist to impact their lives, their recovery, in a positive way.

Lisa Duncombe, PT
inpatient physical therapist

I have learned over the last eight months how wonderfully nerve-wracking that responsibility is. On the Oncology Unit, I see patients at their most vulnerable. They expect me to help them make gains or prevent declines in mobility, to help them continue to do the activities they want to do while in the hospital or upon discharge. Most patients want to go home upon discharge.

I am continually impressed by how much the interdisciplinary team values my opinion as we discuss the safest discharge disposition for each patient. I bring what Manuel taught me about faith into every situation. Patients going through radiation and chemotherapy continue to amaze me with their ability to give 100%.

Manuel was recently discharged following his second transplant. He had a huge smile on his face when he left. And though he didn't come right out and say it, I'm pretty sure I know what he was thinking: "I feel like a coconut!"

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

Lisa is an entry-level clinician, but already she's learned an important lesson: listen to your patients. There is truth and understanding in what they tell us. Every day patients exhibit grace and dignity as they seek meaning in their illness. They put faith in us, their caregivers, to give our all. And as Lisa so aptly observed, that's a "wonderfully nerve-wracking responsibility." I'm sure Manuel's story will inform Lisa's practice for a long time to come.

Thank-you, Lisa.

Caring Headlines

Back issues of *Caring Headlines* are available on-line at the Patient Care Services website: http://pcs.mgh.harvard.edu/

Making a Difference Program

continued from front cover

The Making a Difference Grant Program is funded jointly by MGH and the MGPO and managed by the Service Improvement Department. All employees and volunteers are eligible to apply. Recipients are awarded up to $5,000 to pilot a new idea to improve care and services for patients and families or work life for employees. Since its inception in 2001, the program has supported more than 100 projects, many of which continue to make an impact today.

The annual Making a Difference poster display will be held in the Main Corridor through July 7th. Stop by to see any of the posters listed on this page. For more information, call Melanie Cassamas at 6-1816.

- "Pediatric Epilepsy: an Education Program on Behalf of Children and their Families," Amy Morgan, PhD, Pediatric Epilepsy Program
- "Teen Oncology Support Group," Heather Peach and Suzanne Rose, RN, MGH Cancer Center
- "Individualized Education for Patients with Heart Failure," Susan Stengrevics, RN, Cardiology
- "The Sensory Room: a Therapeutic Respite," Tina Gulliver, RN, Inpatient Psychiatry
- "The Roger H. Sweet Patient and Family Learning Center," Claire Conlan, Peggy Carolan, Eileen McAdams, MGH Charlestown
- "Removing Communication Barriers for New Moms and their Nurses," Victoria Baldasarre, RN, Vincent Obstetrics
- "Patient Survey Results: Helping to Guide Resident Physicians," Blair Fosburgh, MD, Karen Bruynell, Internal Medicine Residency Program
- "Pagers Help Families Stay Connected," Stella Moody, Vincent Obstetrics
- "Communication Boards Help Facilitate Care and Reduce Anxiety," Susan Wood, RN, General Medicine Nursing
- "Creating Innovative Exercise Options for Children with Cystic Fibrosis," Denise Montalto, PT, Physical Therapy

Occupational therapist, Jessica McGuigan, OTR/L (left) and clinical nurse specialist, Tina Gulliver, RN (right), describe their project, "The Sensory Room: a Therapeutic Respite," to Victoria Baldasarre, RN

- "Helping Families and Providers Cope with the Loss of a Child," Pat O'Malley, MD, and the Pediatric End of Life Task Force
- "Looking to the Future: Advancement Opportunities for Front Line Staff," Rosemary Crowley, Practice Support Unit with the MGH Revere Health Center
- "An Unfailing Commitment to Preventing Infant Abduction," Phil Stewart, Joe Crowley, Lori Pugsley, RN, Police, Security & Outside Services, and the Vincent Obstetrics Service
- "Educational Program for Patients After Amputation of a Limb," Cheryl Brunelle, RN, Nursing
- "Operation Save a Life," Laurie Petrovick, Trauma Center, Surgery
- "Pediatric Orthopeadic Service Creates Videos for Patient Education," Erin Hart, NP, Maurice Albright, MD, Pediatric Orthopaedics
- "Nurturing Nurses: The Relaxation Response," Catherine Calder, RN
- "Therapeutic Activity Kits," Kate Barba, RN, Patti Fitzgerald, RN, Catherine Downing, RN, Nursing
- "An Underwater Adventure in the Same Day Surgical Unit," Pam Wrigley, RN, Same Day Surgical Unit
- "Helping Patients Self-Manage Heart Failure," Susan Lozzi, BSN; Dottie Noyes, NP, MGH Revere Health Center

Clockwise from Dr. Slavin are Kelly Macauley, PT senior physical therapist; Susan Stengrevics, RN, clinical nurse specialist; Kitty Craig-Comin, LICSW, social worker; and Aileen Tubridy, RN, nurse manager

Operations Excellence for Obstetrics

—submitted by the Vincent Obstetrical Service

Over the past six months, the Obstetrical Service under the auspices of the Capacity Management Committee has undertaken an operations excellence initiative in conjunction with an outside consulting team. The objective is to improve the patient experience and increase service capacity through operational improvements. To achieve this goal, more than 50 employees from all disciplines participated in meetings, planning sessions, and special projects. Staff is 100% committed to our goal of improving quality and increasing access to inpatient OB care.

The initiative is comprised of two distinct phases: diagnostic and implementation. The diagnostic phase took place from September–December, 2005. This intensive twelve-week period was used to analyze what we do well and determine how we could create a better obstetrical program. This phase was characterized by multidisciplinary collaboration and the wisdom and experience of staff and operations managers.

With births increasing at a rate of 10% per year and the number of Cesarean sections increasing as well, it was imperative that we review our systems with an emphasis on improving our ability to provide family-centered care. Many methods were used to review our program. Statistics were gathered from past years, and studies were performed to document activity and movement. After analyzing the data, the diagnostic team identified four goals for the implementation phase:

- Look for ways to decrease length of stay by altering interventions in the Labor & Delivery Unit and the postpartum care process
- Keep our promise to provide private, postpartum rooms
- Increase bed-capacity by using evidence-based practice for labor-and-delivery admissions
- Improve information-gathering and equipment availability so nurses can spend more time with patients

In March, 2006, we designed a plan to achieve these goals. Critical to our success was creating a sustainable strategic plan that had measurable results. Teams recognized that success would depend on our ability to sustain the plan well into the future. We examined patient flow and the environment, and we committed to analyzing clinical care and provider practice patterns.

Five teams were involved in implementation:

- The Triage and LDR Team, charged with improving patient flow by improving communication, turn-around time, and patient evaluation
- The Postpartum Team, charged with improv-

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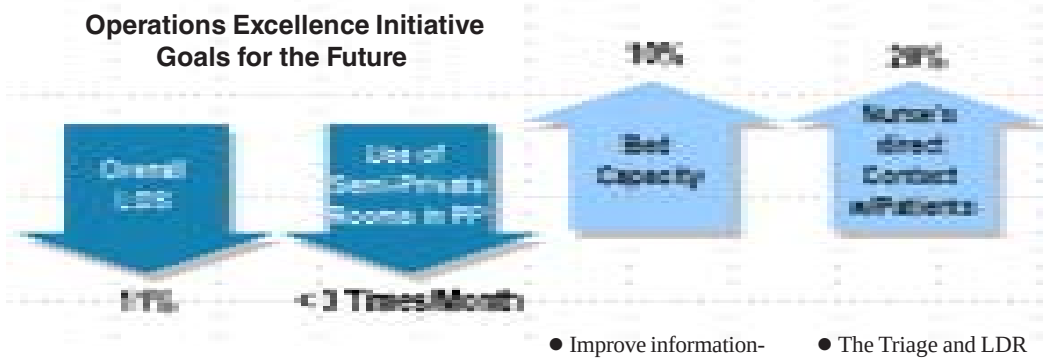

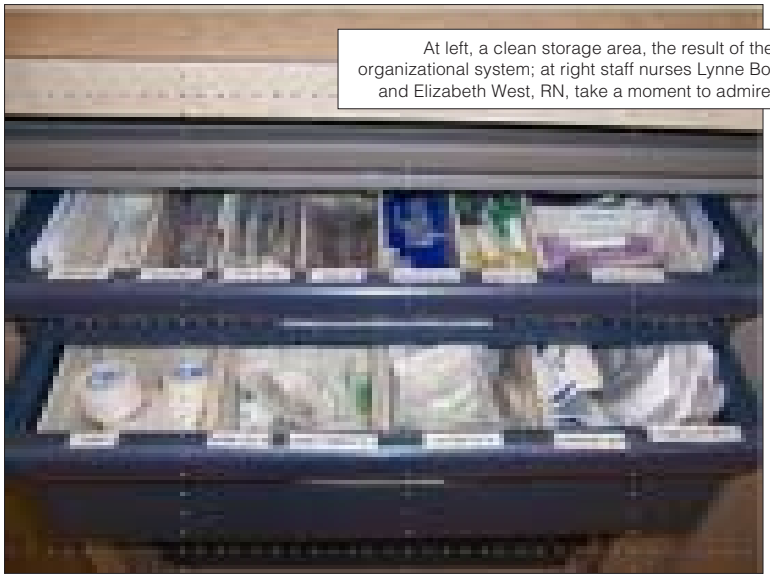

At left, a clean storage area, the result of the '5S' organizational system; at right staff nurses Lynne Bozzi, RN (left), and Elizabeth West, RN, take a moment to admire their work

(Photos provided by staff)

Operations Excellence for Obstetrics

continued from previous page

ing the discharge experience by tracking discharge activities, increasing discharge communication, and evaluating the Mother Baby Care Model for opportunities to provide care closer to the patient

- The Provider Practice Patterns Team, charged with evidence-based evaluation of five key practice patterns to create clinical care guidelines to ensure each patient is assessed using current standards of care
- The Forecasting Team, charged with determining what factors most affect our ability to predict when patients will present in labor
- The Metrics Team, charged with tracking the obstetrical care dashboard to monitor care and identify opportunities for improvement

Some of the projects selected for implementation include:

- providing pagers for unit service associates
- instituting a postpartum discharge dashboard
- reducing room turn-over time
- implementing the 5S organizational system (see below)
- improving our ability to forecast patient volume
- instituting a workshop on mother-baby care
- tracking key performance indicators
- creating guidelines of indicators for induction
- creating guidelines for methods of induction
- creating guidelines for diagnosing labor
- creating guidelines for diagnosing preeclampsia
- creating guidelines for preterm labor

The 5S organizational system is an abbreviation for: sort, simplify, sweep, standardize, and self-sustain. This interactive process is based on an understanding that our environment significantly impacts the care we provide. The arrival of our new patient furniture gave us the perfect opportunity to 'get organized.' Staff have truly embraced the process, streamlining utility rooms and materials, placing supplies closer to patients using care kits and new case-delivery carts, and maintaining work spaces that are free of clutter. Unit service associates have been most instrumental in this conversion.

Our operations excellence initiative has been a great success. We've implemented an expansive room turn-around program to increase capacity, and we've completed a number of initiatives to ensure that supplies are pre-packaged and ready for patient use. The Practice Pattern Team has completed a review of the literature and is currently creating guidelines to ensure a safe birth process. We plan to continue our performance-improvement program by displaying monthly data, communicating practice pattern changes in our *Vincent Gazette Newsletter*, and encouraging staff to make performance improvement an expectation of quality care for the Vincent Obstetrical Service. 'Simply the Best' is the only standard of care.

Improving the health of women through research

Call for Abstracts

An invitation to submit abstracts to the 3rd Annual Women's Health Research Celebration, October 4, 2006. Guest speaker: Dr. Vivian Pinn, director, Office of Research on Women's Health at NIH

The Women's Health Research Committee invites the MGH community to participate in the 3rd annual Women's Health Research Celebration. We are now accepting abstracts for clinical and basic science research topics addressing women's health care. This can include studies specific to the health concerns of women throughout the life span *or* studies that include the separate analysis of outcomes for women as part of the study population. Abstracts submitted to or presented at national or local meetings within the last year are eligible. Cash prizes for the six best abstracts will be awarded. All accepted posters will be displayed in the hospital the week of October 2, 2006.

Deadline for submission is Friday, July 14, 2006

Abstracts may be submitted on-line at http://intranet.massgeneral.org/whcc/abstractform.htm

For more information, call Mary Ellen Heike, RN, at 4-8044 or send e-mail

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Publisher

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

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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 by e-mail: ssabia@partners.org
For more information, call: 617-724-1746.

Next Publication Date:
July 20, 2006

Levine

Operating room nurse, Amy Levine, RN, was appointed nurse leader of Sigma Theta Tau's Gamma Epsilon Chapter in April, 2006.

Carroll receives Spirit Award

Diane L. Carroll, RN, clinical nurse specialist, received the Spirit Award from the Alpha Chi Chapter of Sigma Theta Tau International, in May, 2006. Carroll was also a finalist for the *New England Nursing Spectrum* Nursing Excellence Awards in May, 2006.

Freeley receives LaPlante Award

Marlene Freeley, RN, Occupational Health Services, received the Theresa LaPlante Award for Administrative Excellence by a Nurse, from the Theta-at-Large Chapter of Sigma Theta Tau International on May 6, 2006.

Endoscopy nurses recognized

Endoscopy nurses, Jane Harker, RN; Sandra Hession, RN; and Christopher Robbins, RN, were selected from a pool of 68 regions as Outstanding Region of the Year from The New England Society of Gastroenterology Nurses and Associates (NESGNA).

Keeley receives *Spectrum* Award

Adele Keeley, RN, nurse manager, Medical Intensive Care Unit, received the *New England Nursing Spectrum* Nursing Excellence Award for Leading and Advancing the Profession in May, 2006.

Levine receives President's Award

Operating room nurse, Amy Levine, RN, received the President's Award at the Annual Massachusetts AORN Awards and Recognition Banquet on May 16, 2006.

Parlman receives Excellence Award

Kristin Parlman, PT, physical therapist, received the Clinical Excellence in Neurologic Physical Therapy Award, from the American Board of Physical Therapy Specialties in San Diego.

Stewart receives *Spectrum* Award

Jean Stewart, RN, staff nurse, Orthopedics, received the *New England Nursing Spectrum* Nursing Excellence Award for Clinical Practice in May, 2006.

Tully receives *Spectrum* Award

Susan Tully, RN, nurse manager, Surgical Intensive Care Unit, received the *New England Nursing Spectrum* Nursing Excellence Award for Management in May, 2006.

O'Malley receives Excellence Award

Operating room nurse, Catherine O'Malley, RN, received the Excellence in Perioperative Nursing Award at the Annual Massachusetts AORN Awards and Recognition Banquet on May 16, 2006.

Harker and King to serve

Endoscopy staff nurse, Jane Harker, RN, was elected to the Nominations and Elections Committee of the Society of Gastroenterology Nurses and Associates; Janet King, RN, will serve as co-facilitator of the Manometry Electronic Special Interest Group for 2006–2007.

Stieb appointed

Elisabeth Stieb, RN, of the Pediatric Pulmonary and Allergy Asthma Center was appointed as a member of the National Board of Directors of the Asthma and Allergy Foundation of America in May, 2006. She was also appointed Program Committee member of the Food Allergy and Anaphylaxis Network.

Johnson appointed

Elizabeth Johnson, RN, clinical nurse specialist, Oncology/Hematology, was appointed chapter president of the Boston Oncology Nursing Society for 2006.

Ojimba becomes Monsignor

Reverend Monsignor Felix Ojimba, Roman Catholic chaplain, was elevated to Monsignor at a ceremony at the Cathedral of the Holy Cross in Boston on May 7, 2006.

Parlman appointed

Kristin Parlman, PT, physical therapist, was appointed Nominating Committee chair for the American Physical Therapy Association Neurology Section Stroke Special Interest Group in Alexandria, Virginia, in May, 2006.

Bonnell and Chandler present

Social workers, Linda Bonnell, LICSW, and Stacy Chandler, LICSW, presented, "Living with Cancer: an Overview of Social Work with Gastrointestinal Oncology Patients," at the 22nd annual AOSW Conference in Minneapolis, May 3–6, 2006.

Ananian and Voltero present

Endoscopy nurses, Lillian Ananian, RN, and Marjorie Voltero, RN, presented, "Introduction of the Nurse Triage Role for Inpatient Endoscopy Patients," at the 33rd Annual Society of Gastroenterology Nurses and Associates Course in San Antonio, Texas, May 19–24, 2006.

Alterman, Binda, Clair-Hayes, and Cashavelly present

Social workers, Katie Binda, LICSW, and Kathy Clair-Hayes, LICSW; nurse manager, Barbara Cashavelly, RN; and administrative director, Elizabeth Alterman, presented, "Meeting the Needs of Support Staff in a Patient- and Family-Centered Oncology Center," at the 22nd annual AOSW Conference, in Minneapolis, May 3–6, 2006.

Continued on next page

Fleming presents

Deirdre Fleming, RN, presented, "Making Sense Out of Shoulder Pain," at the National Association of Orthopedic Nurses Annual Congress, May 20–24, 2006.

Hart presents

Erin Hart, RN, Orthopedics, presented, "Another Day in the Pedi-Orthopedic Clinic: Common Diagnoses and Management," at the National Association of Orthopedic Nurses Annual Congress, May 20–24, 2006.

Johnson presents

Elizabeth Johnson, RN, clinical nurse specialist, Oncology/Hematology, presented, "Bone Marrow Transplant for Acute Lymphoblastic Leukemia," at the Infusion Nurses Society Annual Meeting, in Reno, Nevada, on May 7, 2006.

King presents

Janet King, RN, presented, "Motility and pH Procedures: the Nursing Prospective," at the 33rd Annual Society of Gastroenterology Nurses and Associates Course in San Antonio, Texas, May 19–24, 2006.

Oertel presents

Lynn Oertel, RN, clinical nurse specialist, Anticoagulation Management Services, presented, "A Prospective Look at Anticoagulaion Therapy: from the Inpatient to the Outpatient Setting," at the National Conference for Nurse Practitioners and Acute Care Clinicians, in Philadelphia on May 18, 2006.

Harker and Robbins present

Endoscopy nurses, Jane Harker, RN, and Christopher Robbins, RN, presented, "The DAVE GI Nursing Project: an Innovative Way to Share Information," at the 33rd Annual Society of Gastroenterology Nurses and Associates Course in San Antonio, Texas, May 19–24, 2006.

Konner appointed

Karon M. Konner, LICSW, was appointed as a member of FEMA's National Disaster Medical System Behavioral Health Working Group on May 16, 2006.

Clair-Hayes presents

Social worker, Kathy Clair-Hayes, LICSW, presented, "Take Good Care Packs: Therapeutic Backpacks for Families Living with Cancer," at the 22nd annual AOSW Conference in Minneapolis, May 3–6, 2006.

Corbett presents

Endoscopy nurse, Judy Corbett, RN, presented, "Video Capsule Endoscopy: Bridging the Gap," at the 33rd Annual Society of Gastroenterology Nurses and Associates Course in San Antonio, Texas, May 19–24, 2006.

Dorrwachter and Frieberg present

Janet Dorrwachter, RN, and Andrew Frieberg, MD, presented, "Spectrum of Care for the Total Hip Arthroplasty Patient," at the National Association of Orthopedic Nurses Annual Congress, May 20–24, 2006.

Empoliti presents

Joanne Empoliti, RN, clinical nurse specialist in Orthopedics, presented, "Make No Bones About it, Patient Safety is Important," at the National Association of Orthopedic Nurses Annual Congress, May 20–24, 2006.

Doherty presents

Regina Doherty, OTR/L, occupational therapist, presented, "Ethics Education in the Occupational Therapy Curricula: Advancing Moral Reasoning Through Effective Pedagogical Content," at the Doctoral Leadership Colloquium of the Boston School of Occupational Therapy, Tufts University, May 10, 2006.

Good publishes

Grace Good, RN, nurse practitioner, Medical Service, authored the article, "Sick to Death," in the *Journal of Clinical Ethics*, Spring, 2006.

Levin presents

Barbara Levin, RN, Orthopedics, presented, "Unleashing the Leadership Within," at the National Association of Orthopedic Nurses, Annual Congress, May 20–24, 2006.

Gavaghan and Jeffries publish

Susan R. Gavaghan, RN, clinical nurse specialist, and Marian Jeffries, RN, clinical nurse specialist, co-authored the article, "Your Patients Receiving Noninvasive Positive Pressure Ventilation," in the *Nursing 2006 Photo Guide*, May 2006.

Heike publishes

Mary Ellen Heike, RN, wrote the article, "A Woman's Guide to Primary Care, Guía de Atención Primaria Papa La Mujer," in the Neustra Salud, (Our Health), section in the Spanish newspaper, *El Planeta*, May 17, 2006.

Gavaghan and Jeffries publish

Clinical nurse specialists, Marian Jeffries, RN, and Susan Gavaghan, RN, co-authored the article, "Care of the Adult Patient Receiving Continuous Positive Pressure Ventilation or Noninvasive Positive Pressure Ventilation," in the May issue of *Nursing 2006*.

McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, Neuroscience Intensive Care Unit, presented, "Hyperglycemia and the Effects on the Neuroscience Patient," at the American Association of Neuroscience Nurses Annual Conference in San Diego, April 23, 2006.

Educational Offerings

When/Where	Description	Contact Hours
July 18 11:00am–12:30pm	**Chaplaincy Grand Rounds** "Constructing Faith: a Developmental Perspective." Sweet Conference Room	- - -
July 19 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	**CPR—Age-Specific Mannequin Demonstration of BLS Skills** VBK401 (No BLS card given)	- - -
July 19 11:00am–12:00pm	**Nursing Grand Rounds** "Patient Education Survey." Haber Conference Room	1.2
July 20 12:00–4:00pm	**Basic Respiratory Nursing Care** Sweet Conference Room	- - -
July 24 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
July 24 and 25 7:30am–4:30pm	**Intra-Aortic Balloon Pump Workshop** Day 1: BWH; Day 2: VBK401	14.4 for completing both days
July 25 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
July 26 8:00am–2:00pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
July 27 1:30–2:30pm	**Nursing Grand Rounds** O'Keeffe Auditorium	1.2
August 3 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
August 7 and 14 8:00am–4:00pm	**Oncology Nursing Society Chemotherapy-Biotherapy Course** Yawkey 2220	16.8 for completing both days
August 9 8:00am–2:00pm	**New Graduate Nurse Development Seminar I** Training Department, Charles River Plaza	6.0 (for mentors only)
August 9 8:00–11:30am	**Intermediate Arrhythmias** Haber Conference Room	3.9
August 9 12:15–4:30pm	**Pacing Concepts** Haber Conference Room	4.5
August 9 1:30–2:30pm	**OA/PCA/USA Connections** Bigelow 4 Amphitheater	- - -
August 16 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -

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