

Caring

Headlines

December 20, 2007

Our journey to Magnet re-designation

Clinical educator, Sheila Golden-Baker, RN, presents, "Magnet Re-Designation," at December 12, 2007, OA/PCA/USA Connections. In the foreground are the 15 volumes of Magnet evidence submitted to the ANCC .



See Magnet update
on page 15

2007: another impressive year for Patient Care Services

It gives me great joy and satisfaction to look back on our work together and see the extraordinary contributions we made to patient care, education, research, and the diverse communities we serve.

It hardly seems possible that another year has passed — especially when you consider all we accomplished in 2007. It gives me great joy and satisfaction to look back on our work together and see the extraordinary contributions we made to patient care, education, research, and the diverse communities we serve. Our impact is visible in every setting and service, every unit and department. It would be impossible to list all our many achievements over the past year, but let me highlight just a few.

Perhaps most recently, we were notified by the American Nurses Credentialing Center that the evidence we submitted for Magnet re-designation was accepted without revision. We now move on to the second phase of the re-designation process, the site visit, scheduled for early 2008. This is an enormous accomplishment, one that reflects the commitment and dedication of the entire hospital.

2007 brought some new faces to the PCSEC leadership team with the addition of Gaurdia Banister, RN, director of The Institute for Patient Care; Keith Perleberg, RN, director of the PCS Office of Quality & Safety; and Dottie Jones, RN, the director of The Yvonne L. Munn Center for Nursing Research. And we successfully recruited many new leaders into all disciplines throughout Patient Care Services.

Thanks to the vision and generosity of benefactor, Mr. Norman Knight, we saw the opening of The Norman Knight Nursing Center for Clinical & Professional Development in its new location on Founders 3.

We saw a re-vamping of our Professional Practice Model as described in the April 5, 2007, issue of *Caring Headlines*.



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

Our own Deborah Washington, RN, director of PCS Diversity was recognized by *Nursing Spectrum* as the recipient of their national Nursing Excellence Award for Advancing and Leading the Profession.

Barbara Moscovitz, LICSW, program director for MGH Senior HealthWISE, received this year's Schwartz Center Compassionate Caregiver Award, the first social worker to receive that prestigious honor.

Diane Carroll, RN, nurse researcher, and I had the privilege of being inducted into the American Academy of Nursing, once again, a strong reflection of your achievements and good work.

Ever committed to student outreach, recruitment, and educating future generations of caregivers, we continued to foster partnerships with local schools and universities. In 2007, we placed almost 2,000 students in clinical learning situations throughout the hospital.

Overall, we welcomed 927 new employees into Patient Care Services in fiscal year 2007.

continued on next page

We continue to focus on key initiatives such as capacity-management, hand hygiene, fall-reduction, documentation, advance directives, smoking-cessation, and so much more. I've run out of space, but I have literally just scratched the surface. Our list of achievements goes on and on.

We expanded educational opportunities for support staff with the launching of Team USA interactive training sessions, the "Journey from Job to Career" presentation, and open-forum dialogues where I had an opportunity to speak with more than 400 unit service associates, operations associates, and patient care associates.

MGH was selected by the American Organization of Nurse Executives and the Robert Wood Johnson Foundation to participate in the Transforming Care at the Bedside project to improve the delivery of care on medical-surgical units.

We shared our knowledge and influence through a number of programs and conferences, including the Interdisciplinary Ethics Resource Program that attracted more than 120 clinicians and students from local schools and hospitals, and the Advanced Trauma Care for Nurses program.

Physical Therapy is expanding its reach with the soon-to-open sports medicine center and outpatient surgical clinic in Foxborough, part of the Patriot Place complex near Gillette Stadium.

Interpreter Services introduced two important new options for patients with limited English proficiency: Interpreter Phone on a Pole (I-POP) and Video Medical Interpreting (VMI), both of which are having a positive impact on our ability to provide timely, high-quality, interpreter services.

Through Chaplaincy Rounds and other venues, MGH chaplains shared knowledge and information about how religious and spiritual issues affect the well-being of patients, families, and staff.

Despite torrential rains, the annual multi-disciplinary Children's Health Fair went off without a hitch welcoming more than 2,500 children from schools throughout the region.

The Blake 11 Psychiatric Unit, in collaboration with the Benson-Henry Mind Body Institute, provided training to staff in the use of relaxation techniques to help improve the patient experience.

Our pediatric and neonatal intensive care units re-located to new space designed with input from staff to reflect the many lessons patients and families have taught us about how best to meet their specialized needs.

We are intimately involved in the planning and design of the Building for the Third Century, ensuring that safety and patient care drive all decisions related to construction.

We continue to focus on key initiatives such as capacity-management, hand hygiene, fall-reduction, documentation, advance directives, smoking-cessation, and so much more. I've run out of space, but I have literally just scratched the surface. Our list of achievements goes on and on.

As 2008 brings new challenges and opportunities, we will continue to explore new ways to improve patient care and expand our work around education, research, and community service. We are a formidable team, and we still have much to accomplish. I look forward to resuming our work in the new year. Have a safe and restful holiday.

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Center for Global Health kicks off seminar series

— by Roy Ahn, SD, senior administrative manager

The newly created MGH Center for Global Health (CGH) launched its inaugural global health seminar series this fall. On November 1, 2007, Paul Farmer, MD, co-founder of the renowned health and social justice non-profit organization,

Partners in Health, kicked off the series with a presentation in the Ether Dome entitled, “Global health equity: community-based care, implementation challenges, and the role of American teaching hospitals.” On November 15th in O’Keeffe Auditorium, Kevin Bales, PhD, president of Free the Slaves, a Washington, DC-based human rights organization, provided an overview of the history of human trafficking and modern-day slavery around the world. Both seminars were attended by employees from a wide range of departments from Anesthesia to Social Services.

As part of the new global health seminar series, Kevin Bales, PhD, president of human-rights organization, Free the Slaves, addresses gathering in O’Keeffe Auditorium (top). Paul Farmer, MD, co-founder of Partners in Health, speaks to standing-room-only crowd in the Ether Dome.

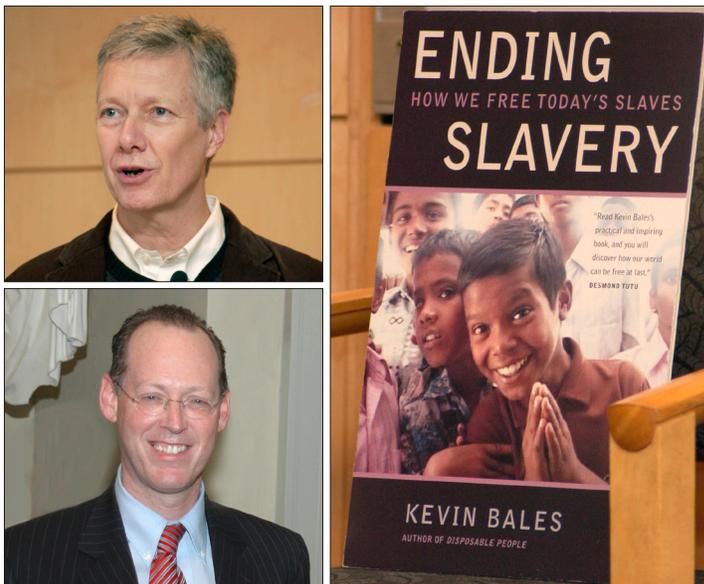
The seminar series is intended to bring world experts on global health to MGH and provide a forum for employees to ask, “How can I learn more about global health, and what can I do to help?” The seminars, which will resume in January and run through the spring, will cover myriad topics, such as health and human rights, international humanitarian emergency response, and HIV/AIDS.

Says Thomas Burke, MD, director of the MGH Center for Global Health, “The seminars emphasize the priorities and challenges associated with making positive change in health across populations.” He stresses the need to raise public awareness about poverty, lack of education, and other social inequities that contribute to poor health of vulnerable populations.

The seminar series is one of many ways the CGH is responding to the demand for information about global health. An internal survey in 2006 found that nearly 200 MGH employees engaged in some type of global-health work. Burke envisions the Center for Global Health creating a ‘connective tissue and space’ for global-health work throughout MGH — facilitating collaboration and innovation within and outside the hospital.

The seminar series resumes January 10, 2008, at 5:00pm, in O’Keeffe Auditorium, with a panel of experts on international humanitarian emergencies, including Frederick ‘Skip’ Burkle, MD, director, Asia-Pacific Center for Biosecurity, Disaster & Conflict Research at the University of Hawaii. Future speakers will include Charlie MacCormack, CEO and president, Save the Children; Bianca Jagger, women’s rights and environmental activist; and Bruce Walker, MD, professor of Medicine, Harvard Medical School, and director of the Partners AIDS Research Center.

For more information on upcoming seminars or to learn more about the Center for Global Health, please contact Roy Ahn at rahn@partners.org.



(Photos by Abram Bekker)

MGH volunteers go above and beyond all expectations

— by Kathy Clair-Hayes, LICSW, volunteer coordinator,
and Meghan Fitzgibbons, project specialist, Volunteer Department

In the MGH volunteer community, the first week in December is known as Pin Week. This is a week set aside to recognize the efforts of volunteers and honor specific milestones in their careers. It's the 'Ether Day' of the Volunteer Department. This year, the department celebrated the accomplishments of more than 150 individuals who together have given more than 112,000 hours of service to the MGH community. One of those honored was Lois Cheston, who recently received her 10,000-hour pin.

When asked what she likes most about volunteering, Cheston said she enjoys her time on the pediatric units and in the Gray Family Waiting Area. As a pet therapy volunteer, Cheston and her dog, Ella, are often seen on the pediatric units. "There was one child," recalls Cheston, "who literally had not smiled in weeks, and Ella got her to smile. Driving home from the hospital that afternoon, I felt so fortunate to have witnessed such a special moment."

One draw for many volunteers is the ability to interact with a wide variety of patients and families. Jim Gillespie, a long-time volunteer on the Cancer Center Infusion Unit, received his 8,000-hour pin. Says Gillespie of his volunteering experience, "I look forward to helping every week. Patients and families are so appreciative. I love bringing a smile to someone's face when they're having a tough day."

The MGH Volunteer Department supports 1,200 volunteers. More than 650 serve weekly shifts. Many serve as patient escorts at the discharge desk. Volunteers work in the Same Day Surgical Unit, the Emergency Department, the Gray Family Waiting Area, the Cancer Center, Pediatrics, the Newborn & Family Unit, and the Psychiatric Unit. Volunteers visit patients with the book cart; some serve as Eucharistic ministers via a collaborative effort with Chaplaincy. No matter where volunteers are, they help staff create a more welcoming and caring experience for patients and families.

MGH volunteers are students, working adults, and retirees. They contribute their time unselfishly. Some are considering careers in nursing or medicine. Others have been a patient or family member and want to give something back. As Pat Rowell, director of the Volunteer Department says, "It's taking the words 'being a good neighbor' and putting them into action with care and compassion, demonstrating once again that MGH volunteers go beyond all expectations!"

For more information about the MGH Volunteer Department, call 6-8540.



(Photo by Abram Bekker)

Wayne Newell, volunteer program manager, congratulates Lois Cheston and her dog, Ella, on receiving her 10,000-hour service pin.

Nursing Research Committee Journal Club

— by Martha Root, RN, staff nurse

At the Nursing Research Committee Journal Club meeting in July, 2007, Lisa Kennedy Sheldon, RN, presented her research, “Difficult Communication in Nursing.” The article was published in the *Journal of Nursing Scholarship*, in 2006, the outcome of informal discussions held at a hospital in New Hampshire during its application for Magnet recognition. The discussions prompted qualitative research using focus groups on nursing units to formally capture nurses’ experiences.

Babington’s research provided rich data describing how mothers make decisions about what to feed their infants. Dominican mothers reported feeling hindered by America’s emphasis on fatty foods and children watching so much television. Through focus groups, mothers shared their beliefs about children’s ideal size and weight.

Five themes emerged including: diagnoses and clinical situations, emotions of patients and families, emotions of nurses, nurse-physician-patient communication, and coping behaviors of nurses related to difficult communication. Kennedy’s research has significant implications for everyone involved in health care.

In September, Nancy Hoffart, RN presented her research regarding the cooperative education program at Northeastern University. Co-op faculty participated in the research and co-authored the article, “Outcomes of Cooperative Education in a Baccalaureate Program

in Nursing,” which was published in *Nursing Education Perspectives* in 2006. A retrospective analysis compared nurse managers and students’ responses on an open-ended questionnaire about students’ activities during cooperative education. A total of 455 sessions were studied with the duration of co-op participation varying from nine to 21 months. Several nursing activities were identified and compared. The most common activities reported by both groups were routine care/procedures and assessment/evaluation. The two groups were consistent in their rating of most- and least-common learning outcomes experienced by students. Results changed only slightly as students progressed through the co-op program. Northeastern has the only local co-operative education program, and the benefits have been found to be valuable to employers and students alike.

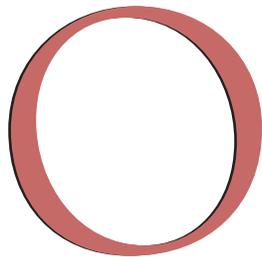
November’s Journal Club meeting focused on the Dominican Republic as Lynn Babington, RN, presented her research, “Comparing Child-Feeding Practices of Dominican Mothers,” which was published in the October, 2007, *Journal of Pediatric Nursing*. Babington’s research compared the feeding habits of mothers living in the Dominican Republic with those in Lawrence, Massachusetts. Striking cultural information was shared about life in the Dominican Republic where children are able to run around all day watched by other children. Babington’s research provided rich data describing how mothers make decisions about what to feed their infants. Dominican mothers reported feeling hindered by America’s emphasis on fatty foods and children watching so much television. Through focus groups, mothers shared their beliefs about children’s ideal size and weight. Babington’s research proved invaluable in her work as an administrator at a local inner-city health center.

For more information about the Nursing Research Committee Journal Club, visit their website at <http://mghnursingresearchcommittee.org>.

The Marie C. Petrilli Oncology Nursing Award

— by Julie Goldman, RN, professional development coordinator

The Petrilli Award was established by Al Petrilli and his brother, David, when they created the Marie C. Petrilli Memorial Cancer Research and Treatment Fund to raise money and awareness for cancer treatment and prevention.



Marie C. Petrilli Oncology Nursing Award.

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This year's recipients are experienced oncology nurses, highly respected by patients, families, and colleagues. Gonzales, a nurse for 25 years, has a special fondness for pediatric oncology patients. Howard Weinstein, MD, and Mary Huang, MD, nominated Gonzales for the award saying, "Mary Jo has a quiet grace and patience. She is kind, compassionate, and tireless in her efforts to care for patient and families, always coordinating care around life's demands. Mary Jo spends a lot of time and energy teaching children and their parents about cancer and treatment. Her interactions with children and families are consistently thorough, carefully considered, and unfailingly kind."

Killough was nominated by nursing director, Kathy Myers, RN, and clinical nurse specialist, Jill Pedro, RN, who wrote, "Kathleen is a competent, caring profes-

On November 19, 2007, at a restaurant in the North End, Mary Jo Gonzales, RN, staff nurse, Pediatric Hematology; and Kathleen Killough, RN, staff nurse on the Ellison 6 Orthopaedics Unit, received the 2007



Petrilli Award recipients, Mary Jo Gonzales, RN (left) and Kathleen Killough, RN

sional who is able to bring to her care a sensitive, holistic approach. She is realistic about the daily demands of caring for acutely ill patients and uses all her skills to ensure a smooth, uncomplicated flow of events."

Killough has wanted to be a nurse for as long as she can remember. She's been interested in oncology nursing since a personal experience in her own family. In her practice on Ellison 6, she loves having an opportunity to make a difficult situation as easy and comfortable as possible for patients and families.

In his comments, Petrilli, joined by his daughter and brother, thanked Gonzales and Killough for their contributions caring for cancer patients.

For more information about the Marie C. Petrilli Oncology Nursing Award, contact Julie Goldman, RN, professional development coordinator at 4-2295.

White 9, beneficiary of a quilt, a map, and a boatload of talent

— by Mary Billingham, operations associate, White 9

The young artists had little knowledge of hospitals, so staff described some common physical and sociological issues faced by patients: homelessness, addiction, chronic illness, etc. The artists were captivated.

It began as a simple idea to ‘spif up’ the appearance of the White 9 Medical Unit. In discussions as to the best way to accomplish this task, it was learned that staff on the unit represented 37 different countries, quite a diversity of cultures and backgrounds. Staff wondered if there was a way to combine this rich diversity with their plan to renovate the unit. Operations coordinator, Gerry Cronin, brought in a group of students from the Art Institute of Boston, and a unique collaboration was born.

Throughout the winter of 2006, staff and students talked about the link between identity, art, and the impact this project could have on patients and families.

The young artists had little knowledge of hospitals, so staff described some common physical and sociological issues faced by patients: homelessness, addiction, chronic illness, etc. The artists were captivated. Two weeks later, they returned with some ideas, one of which was, ‘The Tree of Life,’ a concept embraced by all staff.

In the spring, Cronin was impressed by a display of quilts he saw in the

Main Corridor. He approached the people staffing the display table, a group known as the ‘MGH Comforters,’ and asked if they’d consider collaborating with the art students on the White 9 project.

After some trepidation, the quilters agreed to participate and soon presented staff with a preliminary sketch of a quilt designed to represent The Tree of Life.

Artists, staff, and quilters worked together to ensure
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Clinical Recognition Program

The following clinicians were recognized by the Patient Care Services Clinical Recognition Program in 2007:

Advanced Clinicians:

- Van Abreu, RN, Cardiology
- Kelli Anspach, RN, Cardiology
- Sara Beth Asekoff, RN, Cardiac Intensive Care
- Immacula Benjamin, RN, Pediatrics
- Robyn Bigelow, RN, Oncology
- Marilyn Brier, LICSW, Social Work
- Melissa Caron, SLP, Speech, Language & Swallowing Disorders and Reading Disabilities, Chelsea and Revere Health Centers
- Tracey Carroll, RN, Cardiology
- Gail Carson-Fernandes, RN, Surgery
- Morgan Cole, PT, Physical Therapy
- Helen Conforti, RRT, Respiratory Care
- Kara Connor, RN, Orthopaedics
- Kelly Cruise, RN, Neurology
- Leslie DeLisle, RN, Medicine
- Lorraine Drapek, RN, Oncology

- Kathleen Egan, RN, GCRC
- Jeanne Savoy Elliott, RN, Cardiac Care
- Jacqueline Emond, RN, Oncology
- Hope Kuo, RN, Medicine
- Hirlanda Linse, RN, Psychiatry
- Cristina Matthews, RN, Neurology
- Robin Mirante, SLP, Speech, Language & Swallowing Disorders and Reading Disabilities
- Kristin O'Donnell, RN, Cardiology
- Sheila Preece, RN, Emergency Department
- Ashley Rokosz, RN, Orthopaedics
- Kathryn Sabo, RN, Medicine
- David Scholl, RN, GI Unit
- Tara Stadelman-Cohen, SLP Voice Center
- Donna Stamatis, RN, Radiation Oncology
- Patricia Tamaro, RN, GI Unit
- Janet Umphlett, RN, Radiation Oncology
- Alison Walsh, RN, Cardio-thoracic
- Lorraine Walsh, RN, GI Unit
- Liz Warren, RN, Pediatrics

Clinical Scholars:

- Jean Baker, RN, Newborn ICU
- Kathleen Boyle, RN, Medicine
- Marybeth Bronson, LICSW, Social Work
- Denise Dreher, RN, IV Therapy
- Donna Furlong, RN, Cardiac Surgery
- Diane Gay, RN, Cardiac Surgery
- Dinah Gilburd, LICSW, Social Services
- Jeanne Giovino, RN, PACU
- Deanna Kovalski, RN, Cardiology
- Ines Luciani-McGillivray, RN, Emergency Department
- Celine Mani, RN, Pediatrics
- Margaret Munson, RN, IV Therapy
- Ann Quealy, RN, AMS
- Carol Shea, RN, GI Unit
- Kelly Trecartin, RN, Cardiac Catheterization Lab
- Joy Williams, RN, Radiology

Diversity/Teamwork (continued)

Opposite page: staff of the White 9 Medical Unit pose before the world map they use to celebrate the many countries of origin represented by their diverse clinical and support staff.

At right: staff flank The Tree of Life quilt (complete with The Ties that Bind) presented to them by the quilting group, the MGH Comforters.



two themes were visible in the final product: The Tree of Life, symbolizing the daily work of staff on the unit; and 'The Ties that Bind,' symbolizing the teamwork and unity staff felt was so important to include.

In January, 2007, the MGH Comforters presented their quilt to White 9, surpassing all expectations. Visitors, staff, patients, and families pause as they walk by, admiring the vibrant colors and unique design.

Recently, White 9 added a world map to its new decor spotlighting the diversity and multi-culturalism of staff. Every month, they celebrate one person's county of origin with homemade posters and interesting information about the region.

A quote from Jesse Jackson graces the wall at the entrance to White 9. It reads: "We are not like a blanket — one piece of unbroken cloth, the same. We are more like a quilt — many patches, pieces, colors and sizes — all held together by a single thread."

Stop by White 9 any time to see this incredible feat of artistry and teamwork.

ED nurse provides family-centered care with skill and grace

An IV line had been placed, and I mentioned it might be a good idea to cover the site so she'd be less likely to pull it out. They were surprised by this. Mr. A touched my hand and said I must be heaven-sent — I knew exactly what they needed. I was comforted that they trusted me.

My name is Hilary Levinson, and I am a staff nurse in the Emergency Department (ED). It was a typical Monday. I was in the MAMP, or Major Multi-Purpose area of the ED. The intercom announced, “New patient to the MAMP.” Mrs. A came to the front desk accompanied by her husband and daughter-in-law. Mrs. A was an elderly woman with white hair, well groomed, wearing a clean pair of pants, top, and jacket. Her husband, on the other hand, looked tired, unshaven, and was wearing a shirt that had seen better days. He held his wife’s hand and spoke to her in a soft, endearing voice. Mrs. A looked frightened and didn’t speak. She had a flat affect and clutched her husband’s arm with all her might. I introduced myself. I knew I needed to assess this situation carefully and figure out the best approach to meet this patient and family’s needs. As I accompanied them to Room 14, I read Mrs. A’s ‘door sheet,’ the first piece of nursing documentation that accompanies patients to clinical areas in the ED.

I saw in Mrs. A’s medical history that she had hypertension and Alzheimer’s disease. Once I read this, I knew she was out of her comfort zone. Most Alzheimer’s patients don’t deal well with change. I looked to her husband and daughter-in-law for cues about how to lessen her stress. I was glad Mrs. A was in a room with a closed door. Rather than ask her to sit on the bed, I offered her a chair and knelt down to speak directly to her and her husband. Usually, a patient care associate



Hilary Levinson, RN, staff nurse, Emergency Department

comes into the room to help the patient undress. Mrs. A was too frightened to undress yet. I knew I needed to build trust between us first.

Mr. and Mrs. A confirmed that Mrs. A was suffering from Alzheimer’s disease and in the past six months her behavior had changed for the worse. She was becoming increasingly more forgetful and difficult to re-direct. She was wandering and her current medications weren’t helping. I confirmed her home medications and noted it on the Medication Reconciliation Sheet. Her behavior had reached a ‘point of no return’ three days ago, when Mr. A left her alone to run a brief errand. She was napping, and he had locked the doors to make sure she remained safely inside. Mrs. A awoke from her nap and unable to open any doors, broke a window and jumped to the ground, cutting her arm and bruising her chest and thigh. When Mr. A returned and found the house empty, he knew she was wandering. They live close to a major roadway, but thankfully, he found her about a mile from their home. Mr. A and the family realized something needed to be done.

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I told them how glad I was they had come in, and asked what made Mr. A come today versus three days ago. It had been a very difficult decision to make, but they realized Mrs. A needed more help than they could provide. I put a hand on their knees and acknowledged that I understood. I asked to see the bruises and cuts Mrs. A had sustained in her fall. Mrs. A looked to her husband for consent. There were abrasions, but they had done a good job of cleaning them. Her breath sounds were clear, slightly diminished on the left lower side, and painful to deep palpation. The ED attending physician came in. I introduced her to the family and gave her the details of their visit. We examined Mrs. A together knowing that grouping tasks would lessen her anxiety. After the exam, we conferred on the tetanus, chest X-ray, EKG (which needed to be done prior to the X-ray, since Mrs. A would need to undress for that), routine bloods, and a set of vital signs.

An IV line had been placed, and I mentioned it might be a good idea to cover the site so she'd be less likely to pull it out. They were surprised by this. Mr. A touched my hand and said I must be heaven-sent — I knew exactly what they needed. I was comforted that they trusted me.

Then I broached the difficult subject of where they should go from here. I asked Mr. A what he expected from this ED visit. He said he hoped Mrs. A would be able to go home but felt he couldn't care for her in her current state. I knew she would probably need medication adjustments, and most likely, placement in an Alzheimer's unit. I waited for the right time to suggest that Mr. A and his daughter-in-law speak to a case manager and a social worker. I explained that they would be helpful in discussing options for discharge and directing them to support services to help cope with this devastating, life-altering disease. They were grateful and agreed to meet with them.

As I left the room, Mrs. A's daughter-in-law followed me. She told me that about four weeks prior to this incident, Mrs. A had run out of one of her Alzheimer's medications. The medication was very expensive and no longer covered under their insurance. Mr. A didn't tell anyone until weeks later when Mrs. A began to wander more. Mrs. A was started on a less expensive medication, but it had only been a week and, quite possibly, levels were still not yet in her system. I listened, understood what she was saying, and appreciated the information. I asked if she'd be comfortable letting her father-in-law know that she'd shared this valuable piece of information with me. I wanted Mr. A to know he could tell us anything without fear of being judged.

Mrs. A's daughter-in-law mentioned that although Mrs. A was well groomed today, Mr. A had been having difficulty tending to her personal hygiene. She thought he was embarrassed about this. I informed the ED resident and attending physician and asked if they thought a psychiatric evaluation

would help with her medications. They agreed, and a consult was obtained.

After all the clinical tasks were done, it was decided that Mrs. A needed to be admitted to a special-care facility, although direct admission from the ED would not be possible.

While waiting for a bed for Mrs. A, we took turns walking her around the ED. I've learned that sometimes you can cause more angst than good by re-directing patients back to reality rather than letting them think and talk as they please. As long as we keep them safe, that's the important thing. And that's what we did with Mrs. A. We provided a safe place for her and began the arduous task of caring for a confused Alzheimer's patient. Mrs. A wanted to go home. Mr. A and his family did their best to keep her in the exam room, but she needed to walk, so we let her walk. A while later, we were notified that Mrs. A's inpatient room was ready. The family thanked us for the care we provided, and I acknowledged how difficult this was for everyone, especially Mr. A. I thanked them for allowing me into their lives, however briefly.

This is one example of how nurses use diverse skills to provide the best possible care for patients. Mrs. A required a departure from the usual ED routine, collaboration with experts in discharge planning, and psychosocial support. I pride myself on providing high-quality, patient- and family-centered care, and collaborating with other disciplines and departments to develop appropriate care plans. Although I only see patients for a brief period of time, I strongly believe I impact each and every patient I care for.

Mrs. A was started on another medication and discharged three days later to a skilled nursing facility. Though I would love to have learned that Mrs. A had a rapid recovery, I know it's more likely that she'll remain a long-term resident in an Alzheimer's unit.

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

What a lovely narrative. Hilary showed great sensitivity and skill as she worked with Mrs. A and her family during this time of crisis. She recognized the need to create a calm, contained environment — not an easy feat in the hectic setting of the Emergency Department. Mrs. A's family recognized Hilary's skill and compassion, enabling them to disclose vital information they may not have shared with less trusted caregivers. In the midst of the bustling ED, Hilary's presence and expertise allowed this family to feel safe, accepted, and understood.

Thank-you, Hilary.

Nutrition Services in the Yawkey Infusion Unit

— by Jody Melone, food service manager, Yawkey Center

Members of the Yawkey nutrition team are (l-r): Monica Mars, Lucille John-Baptiste, Jody Melone, and Gorge Gallego

Since 2005, the Infusion Unit has been located on the 8th floor of the Yawkey Center for Outpatient Care. The unit, open from 8:00am–8:00pm, Monday through Saturday, sees approximately 130 patients a day. Helping patients feel as comfortable as possible during their visits is the goal of all caregivers. Staff and volunteers go above and

beyond to ensure patients feel at ease. Sometimes, a satisfying meal can make the difference in a patient's overall care experience. That's where Nutrition & Food Services of Yawkey comes in.

The Yawkey nutrition team consists of Lucille John-Baptiste, Monica Mars, and Jorge Gallego, who take the job of providing meals and refreshments to patients very seriously. Lunch consists of assorted sandwiches, salads, soup, fruit, and custard. And the unit is re-plenished several times a day with snacks and beverages. Staff and volunteers of the Infusion Unit are like an extended family to patients, and Nutrition & Food Services has made that family a little bigger.

Sometimes infusion treatments can affect a patient's taste buds causing unusual food cravings and special requests. The team tries to cater to every patient's needs. The Infusion Unit and Nutrition & Food Services have been working closely to improve the food choices available to patients, and to help make those choices healthier. The team will continue to look for opportunities to improve service and meet the nutritional needs and requests of patients in the Infusion Unit.

This is a wonderful example of how collaboration among services can dramatically improve patient care. For more information about nutrition services in the Infusion Unit, contact Jody Melone at 3-1034.



PT Department community-service project benefits Child Life Services

On behalf of the Physical Therapy Department, Matthew Nippins, PT, presents the proceeds from the PT Month fundraising event to Marilyn Gifford of Child Life Services. In this year's event, a spare-change challenge, inpatient and outpatient physical and occupational therapists across a variety of settings challenged each other to raise the most money by collecting spare change. Teams could 'sabotage' each other by putting bills of any denomination into other teams' jars, which counted against their total. When all was said and done, a record \$2,421.33 had been raised.



(Photo by Sam Riley)



(Photo provided by staff)

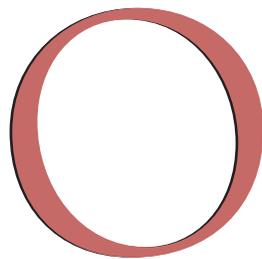
MGH caregivers provide flu vaccine to local community

This flu season, approximately 100 residents of Boston's Mattapan neighborhood received free flu vaccine during two clinics provided by MGH in partnership with Mattapan Community Health Center. MGH nurses took the lead in organizing the clinics, which were held November 10 and 16, 2007, while MGH Pharmacy provided the vaccine. Pictured (l-r) are: MGH caregivers: Nakela Cook, MD; Leigh Simmons, MD; Kathleen Kelly, RNP; Michelle Anderson, RN; and Danielle Hannigan, RN. Other volunteers included: Ann Lamontagne, RN, and Ruth Amadi-Nwogu. Special thanks to Lynda Cerrato for her efforts in organizing the clinics.

Comfort and Support after Loss Memorial Service

— by Leslie Kerzner, MD, associate medical director, Special Care Nursery

During the naming ceremony, Comfort and Support After Loss committee member hangs fabric ovals personalized by loved ones.



On November 4, 2007, the Comfort and Support after Loss Committee held its 16th annual MGH Pediatric, Neonatal and Obstetrics bereavement service. The service is dedicated to families who have lost an infant, child, adolescent, or suffered a miscarriage or stillbirth.

Fredda Zuckerman, LICSW, obstetrics social worker and chairperson of the event, moderated the service

with remarks by Howard Weinstein, MD, chief of Pediatric Hematology/Oncology; Susan Caffrey, RN, nursing director, Labor & Delivery; and Daphne Noyes, RN, staff nurse, Labor & Delivery. Several families shared stories, poems, and songs reflecting their journey through grief and bereavement.

Music was provided by Lorrie Kubicek, MGH music therapist, Bill Kubicek, and Kimberly Khare, whose voices resonated throughout the service. Many parents, families, and friends participated in the naming ceremony, receiving tulip bulbs and pewter hearts in memory of their children. Family members had an opportunity to hang personalized memorials, which will become part of the 2007 scrapbook. Photos capturing the past 16 years of the bereavement program were incorporated into a poignant slide-show presentation. Neonatal nurses provided child care for siblings during the service.

A reception was held in the East Garden Dining Room immediately following the service, where families had a chance to re-connect with caregivers and meet and talk with other families. The 1998–2002 memorial quilts were displayed in the Ellison Corridor, and several scrapbooks from past years were available for viewing.

Members of the Comfort and Support After Loss Team include: Fredda Zuckerman, LICSW; Kathryn Beauchamp, RN; Natalie Cusato, LICSW; Ann Haywood-Baxter, MDiv; Genevieve Gonzales, LICSW; Heidi Jupp, RN; Leslie Kerzner, MD; Irene Lee, LICSW; Elyse Levin-Russman, LICSW; Janet Madden, RN; Joyce McIntyre, RN; Brenda Miller, RN; Kristen Nuttall, RN; Heather Peach, CCLS; Elizabeth Place, RN; Lisa Scheck, LICSW; and Eileen White.

For more information about the Comfort and Support After Loss Program, contact Kathryn Beauchamp at 4-3888.



(Photo by Michelle Rose)

Magnet re-designation: the forces of Magnetism

— by Suzanne Cassidy, senior project specialist

Recently, MGH submitted written evidence to the American Nurses Credentialing Center (ANCC) as Phase I of the journey to Magnet re-designation comes to a close. (Phase II will be a site visit). The ANCC has established 14 'Forces of Magnetism,' or characteristics of exemplary nursing practice that define what it means to be a Magnet hospital. In a series of articles that began in June, *Caring Headlines* is highlighting each of the forces of magnetism.

Force 13: Interdisciplinary relationships

Mutual respect and collaboration are modeled among disciplines, which creates strong interdisciplinary relationships.

There is no better example of interdisciplinary collaboration than the planning and design of the Building for the Third Century (B3C), which began in 2005. The new facility, scheduled for completion in 2011, will connect to both The Yawkey Center for Outpatient Care and the main hospital. It will provide up to 150 private rooms and be home to Emergency Services, expanded imaging and surgical services, Radiation Oncology, and a new central sterile processing center.

Several interdisciplinary groups were formed representing specialty areas, such as the Emergency Department and Radiation Oncology, to work with architects to describe operations and space requirements so floor plans could be developed. Specific patient-population needs were outlined, and five workgroups were created (Neuro Acute, Neuro ICU, Oncology/Medicine, Epilepsy, and Oncology/Pharmacy) to complete detailed design-planning. Membership was chosen to ensure that clinicians' expertise and departmental needs were taken into consideration. The process included designing patient rooms, interaction zones, space for family and staff, and space for support services.

Several members visited hospitals in Chicago and Phoenix to educate themselves in the design process. Once detailed recommendations were made, mock-ups of patients' rooms were created for the acute-care unit and the ICU and shown to staff for feedback. Based on this input, architects and programmers are finalizing specifications for the 150 inpatient rooms.

Force 14: Professional development

The organization is committed to the professional development of nurses and other members of the healthcare team.

MGH supports professional development in many ways. From July, 2006, to June, 2007, The Norman Knight Nursing Center for Clinical & Professional Development offered 123 programs with a total attendance of 2,881. In addition to continuing-education programs, MGH offers in-service education, ranging from unit-based reviews to hospital-wide training (such as with the new Sigma Spectrum infusion pumps).

Advanced education is encouraged and supported through the hospital's tuition-reimbursement program. Employees who work more than 20 hours a week and are enrolled in eligible degree or certificate programs can obtain financial assistance. Monetary support is also provided for attendance at professional conferences and seminars outside the organization.

Educational opportunities exist in a number of specialty areas. The Ethics Committee presents curriculum for clinical staff within Patient Care Services through unit-based ethics rounds, now occurring on nine patient care units, and through interdisciplinary conferences held in collaboration with outside institutions, such as the Harvard School of Medicine.

Strong interdisciplinary relationships that support excellent patient care and professional growth and development are two more reasons we are a Magnet hospital.

For more information, contact Suzanne Cassidy, senior project specialist, at 6-0368.

The 14 forces of Magnetism

- 1) Quality of nursing leadership
- 2) Organizational structure
- 3) Management style
- 4) Personnel policies and programs
- 5) Professional models of care
- 6) Quality of care
- 7) Quality improvement
- 8) Consultation and resources
- 9) Autonomy
- 10) Community and the healthcare organization
- 11) Nurses as teachers
- 12) The image of nursing

13) Interdisciplinary relationships

14) Professional development

Professional Achievements

Harmon Mahony presents

Carol Harmon Mahony, OTR/L, occupational therapist, presented, "Fracture Management," at Tufts University, September 24, 2007.

Mulligan appointed

Janet Mulligan, RN, nursing director, IV Therapy Team, was appointed, Advisory Board member for the Association for Vascular Access, October 1, 2007.

Quinn appointed

Thomas Quinn, RN, clinical nurse specialist, MGH Cares About Pain Relief, was appointed a member of the Board of Directors of the Connecticut Coalition to Improve End-of-Life Care, in September, 2007.

Bridge presents

Elizabeth Bridge, OTR/L, occupational therapist, presented, "Interactive Reasoning in Occupational Therapy," at Tufts University, September 24, 2007.

Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at Holy Cross Hospital in Silver Spring, Maryland, September 7-8, 2007.

Carroll and Riegel publish

Diane Carroll, RN, nurse researcher, and Barbara Riegel, RN, authored the chapter, "The Impact of Cardiac Disease on Psychological State," in *Cardiac Nursing: a Companion to Braunwald's Heart Disease*, by Debra Moser and Barbara Riegel.

Michel publishes

Theresa Michel, PT, physical therapist, co-authored the pocket guide, "Exercise in Type II Diabetes Patients," under the Physical Fitness for Special Populations section, of the APTA PSFP Pocket Guides, in September, 2007.

Walsh and Zander publish

Kathleen Walsh, RN, case manager, and Karen Zander, RN, authored the book, *ED Case Management*, in August, 2007.

Clair-Hayes consults

Katherine Clair-Hayes, LICSW, Take Good Care Program, Social Services, consulted on writing, "Coping with Grief and Loss: a Guide to Healing," published by Harvard Health Publications, 2007.

IV nurses publish

Debra Guthrie, RN; Denise Dreher, RN; and Margaret Munson, RN, of the IV Therapy Team, authored the article, "What You Need to Know About PICCs, Part II," in *Nursing* 2007, September, 2007.

Kaufmann certified

April Kaufmann, RN, Ellison 19, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in September, 2007.

Folger appointed

Abby Folger, PT, physical therapist, was appointed to the Membership Committee of the Massachusetts Chapter of the American Physical Therapy Association, in October, 2007.

Tyer-Viola publishes

Lynda Tyer-Viola, RN, clinical nurse specialist, Obstetrics, authored the article, "Obstetrical Nurses Attitudes and Care Intentions Regarding HIV-Positive Pregnant Women," in the *Journal of Obstetrics and Gynecology and Neonatal Nursing*, in September, 2007.

Caregivers featured

Ellen Robinson, RN, clinical nurse specialist; Gayle Peterson, RN, staff nurse; Susan Warchal, RN, staff nurse; and, Katrina Scott, MDiv, chaplain, were featured in *The Boston Globe* article, "Integrating Healthcare Ethics into Everyday Practice," by Janet Cromer, RN, September 11, 2007.

Curley presents

Suzanne Curley, OTR/L, occupational therapist, presented, "Professionalism," at the Tufts School of Occupational Therapy, in September, 2007.

Jones honored

Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research, received the Rose and George Doval Education Award at the annual Celebration of Nursing Excellence at New York University, November 1, 2007.

Tenney presents

Dawn Tenney, RN, associate chief nurse, Perioperative Services, presented, "Transforming the Practice and Work Environment for Perioperative Nurses," at the OR Managers meeting in San Diego, October 5, 2007.

Price Orencole presents

Mary Price Orencole, RN, Cardiac Resynchronization Therapy Program, presented, "The Cost Effectiveness of Remote Monitoring for Patients with Heart Failure," at The Heart Failure Society of America's annual meeting in Washington, DC, September, 2007.

McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, Neuroscience Intensive Care Unit, presented, "Donation After Cardiac Death: Changing the Environment of Care," and "Hyperglycemia and Implications for the Neuroscience Patient," at Emory Hospital in Atlanta, Georgia, September 8, 2007.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Case-Based Workshop: Skin-Ulcer Management," at the Primary Care Internal Medicine: Principles and Practice Conference, sponsored by Harvard Medical School, October 1, 2007. Capasso, also presented, "Taking the First Steps . . . Toward Your First RN Job," at the Raytheon Center, Northeastern University, October 16, 2007.

Macauley presents

Kelly Macauley, PT, physical therapist, presented, "APTA: Working for You," at North Shore Community College, October 17, 2007.

Horrigan certified

Emily Horrigan, RN, staff nurse on the Ellison 19 Medical Unit, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in September, 2007.

Rounds certified

Alicia Rounds, RN, staff nurse on the Ellison 19 Medical Unit, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in September, 2007.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, co-authored the article, "Diagnosis and Treatment of Low Back Pain: a Joint Clinical Practice Guideline from the American College of Physicians and American Pain Society," in the *Annals of Internal Medicine*.

McKenna Guanci publishes

Mary McKenna Guanci, RN, clinical nurse specialist, Neuroscience Intensive Care Unit, co-authored the article, "Acute Stroke Review," in the *Journal of Neuroscience Nursing*, in October, 2007.

Rinehart and Billings present

Todd Rinehart, LICSW, social worker, and Andrew Billings, MD, presented, "Family Goal-Setting in the ICU Setting," at the Practical Aspects of Palliative Care course at Harvard Medical School, October 13, 2007.

Steiner presents

Linda Steiner, PT, physical therapist, presented her poster, "Partnership for Service Learning: Building Bridges Between Elder Communities, Academic Institutions, and National Organizations," at the Community Engagement Conference for the Coalition of Urban and Metropolitan Universities, in Baltimore, Maryland, October 20-22, 2007.

Are you taking full advantage of the MGH benefits program?

Question: I just submitted my benefit selections for open enrollment. When do they take effect?

Jeanette: Open enrollment is an excellent opportunity to review your current benefits and make any changes appropriate for you and your family. The changes to your benefit selections will take effect on January 1, 2008.

Question: The open enrollment newsletter mentioned some benefits I wasn't aware of. Are there other benefits I should know about?

Jeanette: MGH offers a wide range of benefits that helps employees balance work and life responsibilities, such as:

- **Perks:** The MGH Perks Program offers discounts on movie and theater tickets and other local and national products and services. Perks information is e-mailed weekly with details on the latest offerings.
- **The Clubs at Charles River Park** – All benefits-eligible employees can join The Clubs at Charles River Park at a lower, hospital-subsidized rate. Membership gives employees access to pools (indoor and outdoor), fitness classes, cardiovascular and strength-training equipment, and time with a personal trainer. For information, call 6-2900.
- **Nutrition & Food Services (NFS):** NFS offers a variety of baked goods and full meals that can be pre-ordered and picked up to take home. NFS also offers a Platinum card that allows employees to purchase meals without cash to make the check-out process faster. Purchases are deducted from the employee's paycheck. For information, call 6-2520.

- **Stress-reduction sessions:** Free stress-reduction sessions are offered each week to MGH employees. Sessions are presented by the Be Fit program in conjunction with the Benson-Henry Institute for Mind Body Medicine.
- **The Warren Library:** The Warren Library provides reading materials, videotapes, audio books, magazines, and games to patients and employees. Employees can pay a nominal fee to become a member of the library and check out materials. For information, call 6-2253.
- **The Photo Lab:** The MGH Photo Lab offers a variety of photographic services, including picture framing, poster printing, and personalized calendars. The lab is located in the Bulfinch Basement, Room 045. For information, call 6-2237.
- **Pet insurance:** MGH offers pet insurance through Veterinary Pet Insurance, a national pet insurer. Coverage includes diagnostic tests, prescriptions, treatments, hospitalization, office visits, X-rays, lab fees, and surgical procedures.
- **Commuter Services:** MGH offers incentives to participate in a number of commuting options, including Guaranteed Ride Home. Employees who take the bus, subway, commuter rail, car-pool, van-pool, bike, or walk to work can receive a free ride home in the event of an emergency or unscheduled overtime. Commuter Services offers ride-matching, van-pool and car-pool subsidies, subway and commuter-rail subsidies, and a Cycling and Walking to Work Rewards program. For information, call 4-6588.

For more information about any of these benefits programs, contact your HR generalist.

MGH offers a wide range of benefits that help employees balance work and life responsibilities, such as: stress-reduction sessions, the Clubs at Charles River Park, the Photo Lab, and many more.

Announcements

Holiday Songfest

The MGH Chaplaincy invites you to its annual holiday songfest.

Thursday, December 20, 2007
12:00–1:00pm
Main Corridor

For more information,
call 6-2220

Call For Proposals

Yvonne L. Munn Nursing
Research Awards

Proposals are due by
January 15, 2007

Guidelines for proposal
preparation are available at: www.mghnursingresearchcommittee.org
under, "Resources."

For more information, contact
Virginia Capasso, RN,
at pager: #2-5650
or by e-mail.

MGH Outfitters now Open

The LVC Retail Shops is pleased to announce the addition of MGH Outfitters to the hospital shopping experience. MGH Outfitters will offer scrubs, footwear, stethoscopes, and other supplies geared to the medical community.

Look for White Swan, Barco, Dansko, Merrell, and Littman brand names.

MGH Outfitters is located on the first floor of the Warren Building not far from The MGH General Store.

Shop hours are:
8:30am–7:30pm
Monday through Friday

10:00am–6:00pm, weekends
and holidays.

For more information
call 643-5335.

MGH Backup Childcare Center

The MGH Backup Childcare Center has changed its opening time to 6:45am to accommodate early-morning shifts. The program is expanding to serve infants effective immediately, accepting babies 12 months old, and hopefully younger babies in the future as staffing allows.

For more information, go
to: www.massgeneral.org/childcareservices,
or call: 4-7100.

Call for Nominations

The Stephanie M. Macaluso, RN,
Excellence In Clinical Practice
Award

The Macaluso Award recognizes direct-care providers throughout Patient Care Services whose practice exemplifies expert application of the values reflected in our vision.

Nominations are now being accepted for recipients who will be selected in March, 2008.

Staff nurses, occupational therapists, physical therapists, respiratory therapists, speech-language pathologists, social workers, and chaplains who spend 50% or more of their time in direct-care roles are eligible.

Recipients will receive \$1,500 to be used toward a professional conference or course of their choosing. They will be acknowledged at a reception, and their names will be added to the plaque honoring Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award recipients.

Nominations are due by
January 14, 2008

For more information,
contact Mary Ellin Smith, RN,
at 4-5801.

MGH Nursing Research Committee Journal Club

Patti Dykes, RN, will present
"Development and Psychometric
Evaluation of the Impact of Health
Information Technology
(I-HIT) Scale

January 9, 2008
4:00–5:00pm
Yawkey 2210

The MGH Blood Donor Center

The MGH Blood Donor Center in the lobby of the Gray-Jackson Building is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am – 5:30pm
Friday, 8:30am – 4:30pm

Platelet donations:

Monday, Tuesday, Wednesday,
Thursday,
7:30am – 5:00pm
Friday, 8:30am – 3:00pm

Call 6-8177 to schedule
an appointment.

Call for Abstracts Nursing Research Expo 2008

The MGH Nursing Research Committee is calling for poster abstracts for Nursing Research Expo 2008.

Categories include: Original Research, Research Utilization, and Performance-Improvement.

For more information contact Victoria Morrison, RN; Cathy Griffith, RN; Laura Naismith, RN; or your clinical nurse specialist.

To submit an abstract, visit the Nursing Research Committee website at:
www.mghnursingresearchcommittee.org.

Deadline for submission is
February 1, 2008.

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All stories should be submitted
to: ssabia@partners.org
For more information, call:
617-724-1746

Next Publication

January 3, 2008

Educational Offerings – 2007-2008

December

26

New Graduate RN Development Seminar II

Training Department
8:00am – 12:00pm
Contact hours: 3.7
(for mentors only)

December

27

Nursing Grand Rounds

Haber Conference Room
11:00am – 12:00pm
Contact hours: 1

January

7

CPR Re-Certification

Founders 325
7:30 – 10:30am and 12:00 – 3:00pm
No contact hours

January

7

Management of the High-Acuity Trauma Patient

O'Keefe Auditorium
8:00am – 4:30pm
Contact hours: 6.5

January

8

BLS Certification for Healthcare Providers

Founders 325
8:00am – 12:30pm
No contact hours

January

8

Ovid/Medline: Searching for Journal Articles

Founders 334
11:00am – 12:00pm
Contact hours: 1

January

8

Simulated Bedside Emergencies for the New Nurse

POB 448
7:00am – 2:30pm
Contact hours: TBA

January

9

New Graduate RN Development Seminar I

Training Department
Charles River Plaza
8:00am – 12:00pm
Contact hours: 3.6
(for mentors only)

January

9

Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

POB 448
7:00 – 11:00am
Contact hours: TBA

January

9

OA/PCA/USA Connections

Bigelow 4 Amphitheater
1:30 – 2:30pm
No contact hours

January

11

Basic Respiratory Nursing Care

Bigelow Amphitheater
12:00 – 4:00pm
No contact hours

January

**11, 14, 18,
22, 28,**

and February

1

Greater Boston ICU Consortium Core Program

BMC
7:30am – 4:30pm
Contact hours: TBA

January

14

BLS Heartsaver Certification

Founders 325
8:00am – 12:30pm
No contact hours

January

14

PALS Instructor Class

Training Department
Charles River Plaza
8:00am – 4:30pm
No contact hours

January

16

Nursing Grand Rounds

Haber Conference Room
11:00am – 12:00pm
Contact hours: 1

January

17

Workforce Dynamics: Skills for Success

Training Department
Charles River Plaza
8:00am – 4:30pm
Contact hours: 6.5

January

17

Oncology Nursing Concepts

Yawkey 2220
8:00am – 4:00pm
Contact hours: TBA

January

17

Management of Patients with Complex Renal Dysfunction

Yawkey 4810
8:00am – 4:30pm
Contact hours: TBA

January

23

New Graduate RN Development Seminar II

Training Department
Charles River Plaza
8:00am – 12:00pm
Contact hours: 3.7
(for mentors only)

January

23

Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

POB 448
7:00 – 11:00am
Contact hours: TBA

For more information about educational offerings, go to: <http://mghnursing.org>, or call 6-3111

MGH Outfitters: a new shopping experience for the MGH community



(Photo by Paul Batista)

MGH president, Peter Slavin, MD, and senior vice president for Patient Care, Jeanette Ives Erickson, RN (second from right), celebrate the opening of MGH Outfitters, the new retail store on the first floor of the Warren Building, with (l-r): Kathy Rehm, vice chairperson, Ladies Visiting Committee (obstructed by pole); JoAnne Ellison, director, LVC Retail Shops; Pat Rowell, director, Volunteers, Interpreter, Information Desk Services and Liaison to LVC Retail Shops; and Jennifer Augustin, supervisor of MGH Outfitters.

The new store will offer scrubs, footwear, stethoscopes, and other supplies geared to the medical community. Look for White Swan, Barco, Dansko, Merrell, and Littman brands.

For more information, call 643-5335.

Caring
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December 20, 2007

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