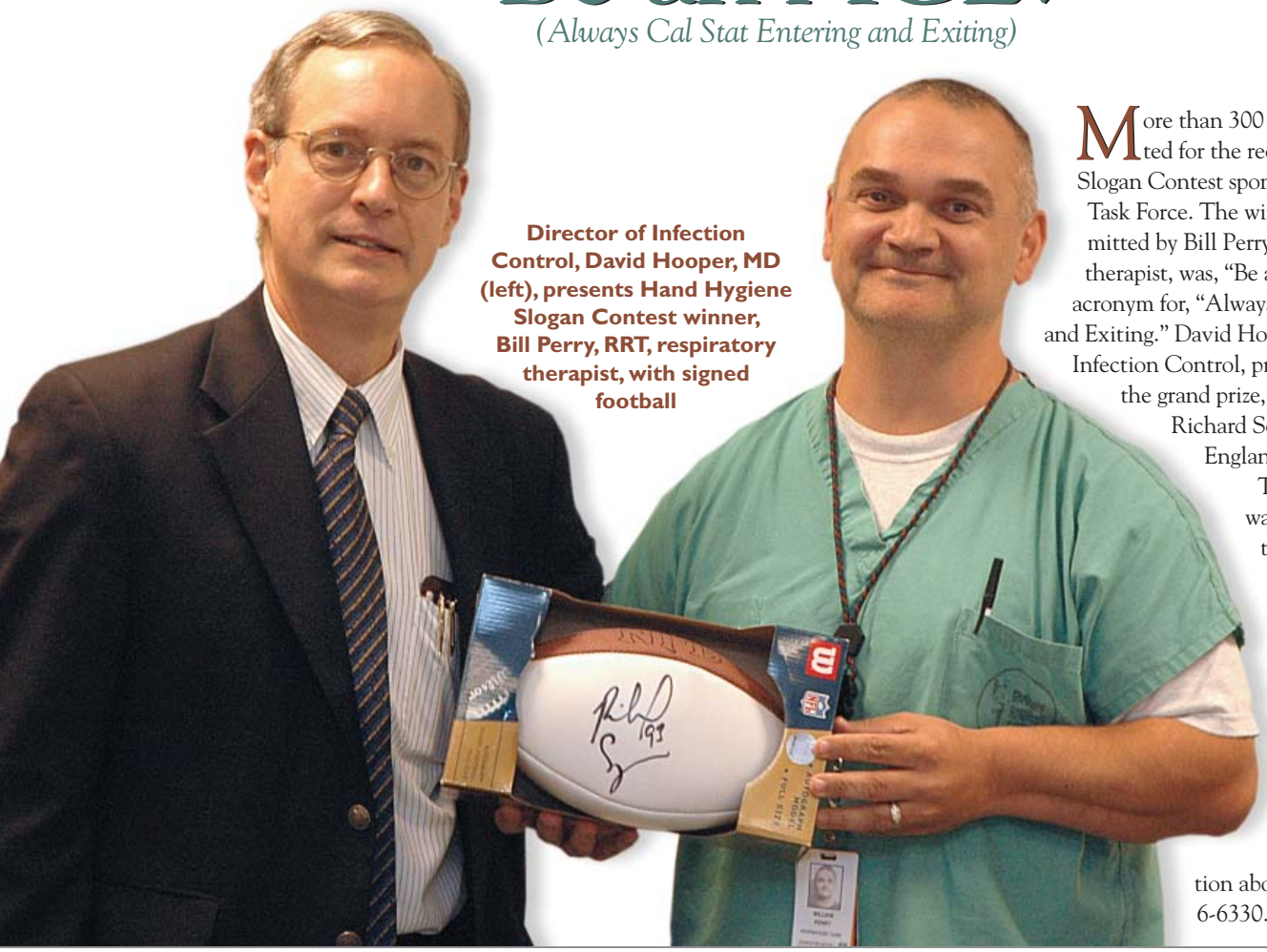
Headlines Caring
September 6, 2007

Hand Hygiene Slogan Contest And the winner is... "Be an ACE!"

(Always Cal Stat Entering and Exiting)



Director of Infection Control, David Hooper, MD (left), presents Hand Hygiene Slogan Contest winner, Bill Perry, RRT, respiratory therapist, with signed football

More than 300 entries were submitted for the recent Hand Hygiene Slogan Contest sponsored by the STOP Task Force. The winning entry, submitted by Bill Perry, RRT, respiratory therapist, was, "Be an ACE." ACE is an acronym for, "Always Cal Stat Entering and Exiting." David Hooper, MD, director of Infection Control, presented Perry with the grand prize, a football signed by Richard Seymour of the New England Patriots.

The goal of the contest was to identify a slogan that could be used by MGH employees to remind each other to use good hand hygiene. So remember: "Be an ACE!" and encourage others to be an ACE, too.

For more information about hand hygiene, call 6-6330.

The newsletter for Patient Care Services
Massachusetts General Hospital

An interview with Gaurdia Banister

I feel honored and blessed, not only to be the first person to lead the new Institute, but the first African American woman to assume this prestigious position. I feel a sense of pride for women of color who aspire to leadership positions.

As announced in the August 16, 2007, issue of *Caring Headlines*, Gaurdia Banister, RN, has accepted the position of director for Patient Care Services' Institute for Patient Care. I've had many opportunities to meet and speak with Gaurdia, and I know she'll be a wonderful addition to our leadership team. To help facilitate Gaurdia's introduction to the MGH community, I want to share the following interview with our new director of The Institute for Patient Care.

Jeanette: Gaurdia, what made you decide to bring your considerable talents to MGH?

Gaurdia: I chose MGH because of the people. I was thrilled to have an opportunity to work closely with you [Jeanette], with members of the Institute, and the entire Patient Care Services team. I've spent my career trying to ensure that patients and families receive the best care possible and that caregivers feel empowered and appreciated. Clearly, these values are integral to how MGH views patient care, and that resonates with me.

Jeanette: What are your initial impressions of MGH and Patient Care Services?

Gaurdia: I've been thoroughly impressed with what I've seen so far. Staff have welcomed me with open arms; everyone has made it quite clear that they're here to support and assist me. I'm energized by the enthusiasm, commitment, and passion my new colleagues have for excellence in patient care. They are driven to do their best, and I'm thrilled to be joining this high-achieving team.

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

Jeanette: How do you feel about being the first person to lead our new Institute for Patient Care?

Gaurdia: I feel honored and blessed, not only to be the first person to lead the new Institute, but the first African American woman to assume this prestigious position. I feel a sense of pride for women of color who aspire to leadership positions. I hope I can be a role model for women who feel they can't reach new heights. I'm living proof of the possibilities.

Jeanette: Can you tell us a little about your work in Washington DC?

Gaurdia: For the past seven years, I was senior vice president for Patient Care Services at Providence Hospital in Washington, DC. Providence Hospital is a faith-based, community hospital serving many under-

continued on next page

I left my job, re-located to a new city, found a new home, and basically left everything that was familiar to me. While this has been perhaps one of the most stressful times in my life, it has also been a great opportunity for growth, re-evaluation of what's important in life, and tremendous change. I believe the best is yet to come.

and un-insured people in Washington's metropolitan area. One of the projects I'm most proud of is a program that assisted disadvantaged high-school students to become registered nurses. Our first student graduated in May, and there are 35 more in the pipeline. This program not only provides hope for a better life, it helps young women and men realize their dream of becoming a nurse.

I was also involved in developing the Committee on Impaired Nurses, a program that addresses the needs of nurses with substance-abuse and psychiatric issues. I feel strongly that it's important to give back to the community.

Jeanette: What excites you most about the work ahead?

Gaurdia: What excites me is the opportunity to work closely with talented, passionate colleagues to enhance clinical excellence in patient care. As we all know, the healthcare system in not perfect. There are countless opportunities for improvement. I'm committed to working with the MGH community and The Institute for Patient Care to find solutions.

Jeanette: Is there anything you want your new colleagues to know as you embark on this journey?

Gaurdia: In order to accept this wonderful opportunity, I've made some major life changes. I left my job, re-located to a new city, found a new home, and basically left everything that was familiar to me. While this has been perhaps one of the most stressful times in my life, it has also been a great opportunity for growth, re-evaluation of what's important in life, and tremendous change. I believe the best is yet to come.

Jeanette: I couldn't agree more. I know I speak for all of Patient Care Services when I say, welcome, we look forward to working with you.

Clinical Recognition Program

The following clinicians were recognized June 1–August 1, 2007:

Advanced Clinicians:
- Kristin O'Donnell, RN, Cardiology
- David Scholl, RN, GI Unit
- Melissa Caron, SLP, Speech, Language & Swallowing Disorders and Reading Disabilities, Chelsea and Revere health centers
- Hope Kuo, RN, Medicine
- Liz Warren, RN, Pediatrics
- Helen Conforti, RRT, Respiratory Care
- Lorraine Drapek, RN, Oncology

Clinical Scholars:
- Margaret Munson, RN, IV Therapy
- Denise Dreher, RN, IV Therapy
- Celine Mani, RN, Pediatrics

In this Issue

(Cover photo by Paul Batista)

A 'Magnetic' attraction to nursing research

— by Kelli Anspach, RN, staff nurse, Ellison 11

Recently, the American Nurses Credentialing Center (ANCC) sponsored a national essay contest to capture in writing the qualities of excellence that characterize a Magnet hospital. MGH staff nurse, Kelli Anspach, RN, at the urging of Cathy Griffith, RN, coach of the PCS Nursing Research Committee, submitted an essay and was selected one of five winners of the 2007 ANCC Magnet Essay Contest. Below is Anspach's prize-winning essay.

Kelli Anspach, RN, staff nurse
Ellison 11 Cardiac Unit

Never have I met so many inspiring, intelligent women. My first thought was: I'm in over my head... My fears were quickly allayed by the warm, encouraging atmosphere and the positive feedback I received from other members.

I have been a nurse at MGH for two and a half years. In that time, my nursing practice has developed and grown through the tremendous support and opportunities available to me. Last year, during my annual performance review with my nurse manager, we were discussing my goals for the upcoming year. I told her I wanted to become more involved, and she recommended I join a collaborative governance committee. I submitted an application and attended an eight-hour collaborative governance orientation session, which described the many facets of the organization. I felt drawn to the Nursing Research Committee.

In nursing school, I despised my Nursing Research class, but as a professional I've learned the value of evidence-based practice and the importance of sharing that information with others. I felt the Nursing Research Committee would help give me new insight into research and be a challenging opportunity for me professionally.

During my first Nursing Research Committee meeting, I was immediately impressed by the caliber of members. Some are doctorally prepared nurses, many have a master's degree in Nursing, some are clinical nurse specialists, some are conducting their own research, and several are staff nurses. Never have I met so many inspiring, intelligent women. My first thought was: I'm in over my head. I really didn't know much about the committee, and I was afraid I wouldn't have much to offer. My fears were quickly allayed by the warm, encouraging atmosphere and the positive feedback I received from other members.

The Nursing Research Committee has three sub-committees each focusing on a major aspect of nursing research at MGH: the Nursing Research Expo (a two-day event highlighting original nursing research); the "Did You Know?" poster campaign (evidence-based informational posters share best practices related to bedside nursing issues); and the Nursing Research Journal Club. My nurse manager supported my participation by ensuring coverage so I could leave the unit to attend meetings. She was even willing to give me an additional hour off to attend sub-committee meetings. Soon, I felt comfortable contributing and even presenting to the committee. I had the opportunity to present a poster, attend a luncheon with the chief nurse of MGH, and have high tea with a featured nurse researcher during Nurse Week.

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Non-emergent ambulance arrivals to use Cox entrance

For information about non-emergent ambulance arrivals moving to the Cox entrance, contact Angela Marquez, at pager 1-5167.

Effective immediately, due to construction at the main entrance of the hospital, non-emergent ambulance arrivals will use the Cox entrance on Blossom Street from 6:00am–10:00pm every day. At night (10:00pm–6:00am) non-emergent ambulances will use the White ramp, and emergency arrivals will continue to use the White ramp at all times.

Entering via the Cox Building allows emergency medical staff to avoid congestion on the White ramp and in the Emergency Department. Close to inpatient units, the Cox entrance offers 12 parking spaces for non-emergent ambulances on North Charles and Blossom streets. The ambulance area on the White ramp accommodates eight ambulances at a time.

Emergency medical and MGH staff will triage patients to ensure optimal patient safety and appropriate access to and from the hospital.

To help minimize traffic on the White ramp and optimize parking at the Cox entrance, a new position has been created: ambulance operations coordinator. This person will be stationed outside the Cox Lobby, Monday through Friday, 10:00am–6:00pm, working closely with Police, Security & Outside Services to manage ambulance traffic, communicate with emergency medical staff, and monitor volume.

For more information about non-emergent ambulance arrivals moving to the Cox entrance, contact Angela Marquez, administrative fellow, at pager 1-5167.

Magnet Essay Contest (continued)

I feel fortunate to practice in a Magnet hospital that values professional development and supports my membership in the Nursing Research Committee.

I feel honored and lucky to be a part of such an accomplished group, and I enjoy getting away from bedside nursing occasionally and feeling like I'm truly part of a professional organization.

The Nursing Journal Club Sub-Committee is organized and run by six members. Each month, we meet to 'mine for presenters.' We read recent articles on original nursing research that we feel would appeal to staff nurses. Ideally, the research has been conducted within the last three years, is original, and is applicable to bedside nursing practice. If we agree the article meets our criteria, we contact the nurse researcher and extend an invitation to present at an upcoming Journal Club meeting. We've had presenters speak on a variety of topics such as, Communication in Nursing, Vascular Nursing, and Chronic Skin Wounds, to name a few.

Our last Journal Club meeting attracted more than 25 staff nurses, a physician, two nurse managers, and three nursing students. (Participants from a nearby VA hospital joined us via teleconference.)

We've had excellent feedback from nurses who feel the Journal Club helps advance evidence-based nursing, and I personally have learned a great deal. Not only have I been involved with advertising, public speaking, and professional networking, I've benefited from exposure to invaluable nursing research. I plan to stay involved in this area of nursing research by sharing these research findings with my fellow nurses. And I've been inspired to set a personal goal to conduct my own original research in the future. I feel fortunate to practice in a Magnet hospital that values professional development and supports my membership in the Nursing Research Committee.

Davidson receives 2007 Ben Corrao Clanon Award

— by Mary Ellin Smith, RN, professional development corrdinator

On Wednesday, August 8, 2007, staff of the Newborn Intensive Care Unit (NICU), senior vice president for Patient Care, Jeanette Ives Erickson, RN, Regina Corrao, and Jeff Clanon came together to recognize Susan Davidson, RN, as the 21st recipient of the Ben Corrao Clanon Memorial Scholarship Award. The Corrao Clanons established the scholarship in memory of their son, Ben, who was a patient in the NICU prior to his death on August 13, 1986, after one month of life. At that time, the Corrao Clanon's experience of primary nursing made such an impression, they created the award to recognize a NICU nurse whose practice exemplifies excellence in primary care nursing.

Award recipient, Susan Davidson, RN (right) with NICU nursing director, Peggy Settle, RN (left), Regina Corrao, and Jeff Clanon

In her remarks, Peggy Settle, RN, nursing director of the NICU, observed that the nomination and selection process for the Corrao Clanon Award is an opportunity for staff to discuss and evaluate their primary nursing practice and share experiences. Settle described Davidson as, "A superb choice. Her advocacy for her patients and their families exemplifies excellence in primary nursing."

In his moving and heartfelt remarks, Clanon described how much a part of their lives Ben is because of how present NICU nurses are in their thoughts. Corrao and Clanon thanked the NICU staff for all they do to support their patients and families.

In presenting the award, Ives Erickson described Davidson's efforts to ensure a mentally challenged woman was given an opportunity to show she could safely care for her newborn. Davidson never wavered in her advocacy of this patient.

Davidson, surrounded by her very proud family, thanked the Corrao Clanons for their generosity in funding the award and keeping Ben's spirit alive. She thanked her NICU colleagues and unit leadership for their continued support over the years.

Perleberg to lead PCS Office of Quality & Safety

"I am honored to be appointed by Jeanette as the new director of the Office of Quality & Safety. I hope to use the power of relationships to make quality and safety central to the experience of each patient, family, and staff member at MGH and beyond."

Effective September 24, 2007, Patient Care Services and the MGH community welcome Keith Perleberg, RN, formerly the nursing director for Phillips House 20 and 21 to his new role as director of the Patient Care Services Office of Quality & Safety. Perleberg has enjoyed a distinguished career as a nursing director since 2001. He is known for interdisciplinary teamwork and creating practice environments that promote patient- and family-centered care. Perleberg is a long-time advocate of patient and staff safety; he has sponsored unit-based, interdisciplinary ethics forums and supported peer-to-peer teaching programs.

Currently, Perleberg is co-chair of the Magnet Re-Designation Committee. He has worked on numerous committees and projects, including the TB Safety Task Force, the BSN Education Advisory Committee, Nurses Improving Care for Health System Elders (NICHE), the Physician Orientation Task Force, the Medication Reconciliation Project, and the Clinical Recognition Program.

Perleberg started at MGH as a staff nurse on the Psychiatry Unit in 1991. He served as chair of the Staff Nurse Advisory Committee from 1991–1994, and in 1993, assumed the role of interim nurse manager for the Psychiatry Unit.

Earlier in his career, Perleberg worked as an adjunct instructor for Psychiatry in the Paramedic Program at Northeastern University and as a part-time instructor of mental health nursing at Quincy College. He was an assistant head nurse in the Federal Medical Center in Rochester, Minnesota, and in addition to his many nursing credentials, Perleberg is an ordained Roman Catholic priest.

Keith Perleberg, RN, new director
PCS Office of Quality & Safety

Says Perleberg, "I am honored and privileged to be appointed by Jeanette Ives Erickson as the new director of the Office of Quality & Safety. I hope to use the power of relationships, both internal and external, to make quality and safety central to the experience of each patient, family, and staff member at MGH and beyond."

Patient Care Services welcomes Perleberg to his new role supporting the MGH community in its commitment to ensure a safe environment for all.

Caring inquiry by health-center nurse leads to life-altering event for 'John'

I work with several specialty doctors in an ambulatory-care setting... I love my job. It challenges me every day.

My name is Debbie Mahoney, and I'm a nurse team leader in the Specialties Department at the MGH Revere Health Center. I work with several specialty doctors in an ambulatory-care setting. One minute I can be assisting the dermatologist, and one minute I can be working with our podiatrist or getting a triage call from a renal, neurology, or surgical patient. I can be educating a dermatology patient on skin care when another patient will walk in to speak to me about her medication. I love my job. It challenges me every day.

Staff and patients always ask how I stay focused on the task at hand with all the 'organized chaos' going on around me.

My priority is always the patient I'm caring for at the time. As each situation presents itself, I do a quick assessment of what has to be done immediately, and non-urgent matters are addressed as the day goes on. But even the best laid plans have a way of falling by the wayside when you sense a patient needs you.

Like my patient, 'John.'

Debra Mahoney, RN, nurse team leader
Specialties Department, Revere Health Center

I didn't know John that well, though I had seen him many times as he worked around the health center. We must have passed each other a hundred times.

One day, I got up the courage to ask him a question.

I stepped into his work area and said quietly, "I hope you don't mind my asking, but are you seeing a doctor for the rash on your nose?"

He began to tell me his story.

He said he had seen a dermatologist for several years and had been prescribed many topical creams and oral medications, none of which helped clear or relieve the pain of the large red sores that severely distorted his nose.

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It's not always obvious when a patient or family member needs us; sometimes we just sense something's 'not right.' I'm so grateful John allowed me to share this experience with him.

He spoke very earnestly about how devastated he was that people stared at him. Children were sometimes afraid of him and this made him very depressed and self-conscious.

I listened as he shared some of the negative comments and names he'd been called over the years by children and sometimes adults.

"They look at me like I'm some kind of monster," he said.

My heart went out to this larger-than-life, gentle man who was so obviously hurt by this medical disfigurement.

John told me he'd basically resigned himself to living with this condition for the rest of his life. He'd "just deal with it."

I told him how sorry I was that he was hurt and overwhelmed by this problem. I informed him that there were several treatment options available that could significantly improve his appearance and virtually eliminate the pain and anguish he was feeling.

I asked if he'd allow me to discuss his case with the dermatologist I worked with, and he agreed.

I took advantage of the opportunity to tell John he should also have the dermatologist check a mole on his forearm. I booked him an appointment with the dermatologist.

The mole (thank goodness) turned out to be benign.

John was referred to an MGH dermatology surgeon for a consult on a surgical procedure called, rhinophyma, which uses electro-surgery to basically burn away damaged skin and re-shape the nose.

I'm delighted to say that several months after his surgery, John is very happy with the way he looks. He is as handsome as ever and glowing with confidence and a non-stop smile.

John will need to take medication for the rest of his life to keep the condition under control, but his appearance will continue to heal and improve.

John's problem may have been visible on the outside, but he also needed help and support with the struggle going on inside.

I can't help but think about all our patients, from the very sick to those who just need a helping hand or an encouraging word.

Our patients often deal with multiple medical problems. They may have just found out they have cancer, diabetes, or renal failure. Others may have had a stroke or some other neurological problem such as Parkinson's disease. A family member may need surgery or chemotherapy.

It's not always obvious when a patient or family member needs us; sometimes we just sense something's 'not right.'

Someone might be uncharacteristically quiet or agitated or sad. Just taking a minute to say, "How are you today?" can mean the world to them.

I'm so grateful John allowed me to share this experience with him.

It's a gift that patients allow me to participate in their care.

Debbie,

I read the story you wrote, and it brought tears to my eyes. It's beautifully written. I can't thank you enough for everything you did. Not only do I smile when I look in the mirrow now, but I get a warm feeling whenever I think of you or hear your name.

You truly are a special person... Thanks again for everything.

"John"

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

John was not Debbie's patient. But because of Debbie's caring and empathic nature, because of her knowledge and skill, she felt comfortable approaching him. This interaction was not without risk. But Debbie asked permission to be involved, and John trusted that her interest came from a place of concern. This is a wonderful example of a compassionate intervention that led to a life-altering solution for 'John.' It just took one person paying attention and caring enough to get involved.

Thank-you, Debbie.

Separating myth from fact around glove use

— submitted by the Office of Infection Control

Since the mid-1980s, the use of gloves by healthcare workers has increased significantly. Standard precautions — an approach to patient care intended to protect clinicians from exposure to blood and bodily fluids and prevent the spread of infection — require gloves to be worn during activities where contact with blood or other infectious materials might be expected. Standard precautions also require gloves to be removed and hand hygiene performed once a task is completed.

Gloves should not be considered a substitute for hand hygiene. Gloves alone do not prevent the spread of germs from patient to patient. Appropriate glove use protects patients and healthcare providers alike.

An unintended consequence of standard precautions has been the overuse of gloves by clinicians and support staff. There is a common misconception that gloves are required for patient contact even when there's little or no risk of contact with blood or bodily fluids. Generally, patients may be touched with clean, ungloved hands. Transporters don't need to wear gloves when moving patients on stretchers or in wheelchairs, including patients on contact precautions. Specimens contained in closed bags and carriers may also be transported without gloves. Transporters should carry a pair of gloves with them in case the need for added protection arises.

Gloves should not be considered a substitute for hand hygiene. Gloves alone do not prevent the spread of germs from patient to patient. It's essential to understand that gloves do not eliminate the need for hand hygiene both before and after glove use. Appropriate glove use protects patients and healthcare providers alike.

Tips for proper glove use

- Don't wear gloves in public areas
- Don't routinely wear gloves to transport patients. If gloves must be worn for patient care during transport, limit contact with environmental surfaces to a single 'clean' team member
- Remove gloves carefully and discard them in the nearest appropriate receptacle
- Practice hand hygiene before putting on gloves and immediately after removing them

For more information about the appropriate use of gloves, call Infection Control at 6-2036.

Standardized language for documentation of nutrition care

— by Sue Doyle, senior manager, Patient Food Services

In an effort to improve the quality and consistency of patient care, the Clinical Nutrition Services of the department of Nutrition & Food Services recently implemented the documentation guidelines set forth by the American Dietetic Association. For each patient requiring nutrition care, a registered dietitian determines the nutrition diagnosis, establishes measurable goals, decides on specific interventions, and provides recommendations.

Not surprisingly, the nutrition care process begins with the nutrition assessment. Data is collected and verified in order to identify nutrition-related problems and a nutrition diagnosis. The new guidelines provide a list of nutrition diagnoses that is clear, concise, and not susceptible to variations in interpretation. It contains three components: the problem, the etiology, and signs or symptoms. This standardized format ensures consistency among nutrition caregivers and a level of objectivity not seen in previous documentation.

The new guidelines provide a list of nutrition diagnoses that is clear, concise, and not susceptible to variations in interpretation. This standardized format ensures consistency among nutrition caregivers and a level of objectivity not seen in previous documentation.

Goals and outcomes identified by dietitians are stated in measurable terms. These outcomes are specific and realistic to the current admission as opposed to an 'ideal' long-term goal.

The intervention section of the documentation describes what dietitians do for patients. This includes specific actions intended to achieve desired goals. Other caregivers can refer to the intervention section to understand dietitians' action plans for patients.

The recommendation section outlines actions that should be implemented by other healthcare professionals. This may include suggestions to physicians for enteral formulations, medications, or requests for nurses to take daily weights, etc.

All nutritional documentation in the longitudinal medical record (LMR) looks the same. The components of each note are outlined in a standardized fashion and are clearly labeled. All healthcare professionals outside Nutrition & Food Services should be able to find the 'reader-friendly information they need in the documentation. These notes are also available for review in the clinical application suite (CAS).

For more information about the standardized nutrition documentation, contact Martha Lynch, RD, senior manager, Clinical Nutrition at 6-2587.

Wireless Internet access for MGH patients and guests

Regardless of the circumstances, when someone is hospitalized, staying in touch with family, friends, or the office, is a top priority. And more and more, that means having access to the Internet.

In response to numerous requests from patients and families, MGH has implemented a program whereby wireless Internet access will be available to patients and guests from patients' rooms. Regardless of the circumstances, when someone is hospitalized, staying in touch with family, friends, the office, or other work-related contacts is a top priority. And more and more, that means having access to the Internet. Effective this fall, wireless Internet access will be available to patients and guests who bring their own laptop computers to the hospital.

All laptops must be inspected and approved by a Partners HealthCare Information Systems (PHIS) technician before access is allowed, and there are several safety issues to keep in mind when using a laptop in a patient's room:

- Patients, family members, and guests wishing to use a laptop to access wireless Internet should check with the patient's nurse first to make sure it won't interfere with the patient's care
- Patients may use laptops in their beds or at the bedside if:
  - the laptop and its accessories have been inspected and approved by a PHIS technician, and any restrictions, precautions, or recommended adjustments have been followed
  - the patient has no exposed intra-cardiac leads (such as pacemaker wires)
  - the laptop is used only on a solid surface such as a bedside table or tray provided specially for laptop use, not on patients' laps or directly on beds

Note that MGH provides instructions for accessing wireless Internet (which may vary according to individual computers); but the hospital does not provide assistance or troubleshooting in the event a laptop fails to function or make a connection.

In an environment where safety and wellness are primary concerns, the following strategies are encouraged:

- Place your laptop on a sturdy, solid surface. If you're in bed, position the mattress so you're slightly reclined and adjust the screen so you're looking straight ahead. Try to keep your chin tucked as opposed to bending forward. Do not place the laptop directly on your lap.
- Keep your wrists straight when typing. Adjust the table or bed so the keyboard is level with your elbows.
- Maintain a comfortable viewing distance, approximately 18–30 inches from the screen.
- Place a pillow under your arms for support while typing.
- Take frequent breaks. Stretch, walk, or look away from the computer at least every half hour.

For more information about wireless access to the Internet from patients' rooms, call PCS Information Systems at 6-3116.

Hand hygiene champions making a difference

Diane, Jean, Gwen, and the staff of White 6 want you to know…

As hand hygiene champions our mission is to advance the quality of patient care and reduce infection by improving hand-hygiene practices on our unit. We promote good hand hygiene to reduce the transmission of micro-organisms to patients and staff. Good hand hygiene is the first line of defense against the spread of many illnesses. We believe we have a responsibility to educate ourselves and others so we can provide the best and safest care to our patients. Our goal is to improve our patients' health... and health potential.
Remember to Cal Stat before and after contact
with the patient's environment.

White 6 Orthopaedic Unit hand hygiene champions (l-r): Diane Doherty, RN; Jean Stewart, RN; and unit service associate, Gwen Lakes

Announcements

Conversations with Caregivers: an Eldercare Series

Sponsored by the MGH Geriatric Medicine Unit for staff, patients, families, and friends of the MGH Community

Tuesday, September 11
Juggling Caregiving and Work

All sessions held in the Blum Patient & Family Learning Center

(attendance is free)
5:15–6:30pm

Refreshments will be served
For more information, call: 617-726-4612

Submit a clinical narrative

Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

The MGH Blood Donor Center

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

Tuesday, Wednesday, Thursday, 7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

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

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

RN Residency Program at MGH

MGH has been awarded a grant from the US Department of Health and Human Services, Health Resources and Services Administration Division of Nursing to conduct an innovative RN Residency Program, which will provide nurses with an opportunity to improve their care to older patients.

The RN Residency Program, a nine-month, mentored residency, will help nurses gain competence in geriatric and palliative care. The three-year grant provides a unique opportunity for nurse preceptors and nurse residents.

Nurse preceptors will be registered nurses:

- age 45 or older
- currently employed at MGH working 24 or more hours per week
- working in an acute care unit
- identified by nursing director as proficient or expert
- possessing emerging qualities of mentors:
  - effective communication skills
  - respect, patience, good listening skills
  - trustworthiness in working relationships
  - positive attitude, enthusiasm, optimism
  - belief in the value and potential of others

Nurse residents will be registered nurses:

- currently employed at MGH working 32 or more hours per week
- interested in geriatrics and palliative-care specialties
- who have a two-year commitment to employment at MGH,
- recommended by nursing director

Information sessions are scheduled

For more information about the RN Residency Program, contact Ed Coakley, RN, project director and coordinator, at 6-6152.

Correction

In the August 16, 2007, issue of *Caring Headlines*, in the photograph accompanying the article, "The journey from job to career," operations coordinator, Ingrid Beckles, was incorrectly identified as Human Resources program manager, Helen Witherspoon. With apologies to Ingrid and Helen, the *Caring* Editorial Board (and especially editor, Susan Sabia) regret this unfortunate error.

Healthcare Proxy Forms available in English, Spanish, and Portuguese

Massachusetts healthcare proxy forms can be ordered in English, Spanish, and Portuguese from Standard Register. They can be found on the Patient Care Services website in English, Spanish, large-print English, and 11 other languages, including: Portuguese, Arabic, traditional Chinese, French, Greek, Haitian, Creole, Italian, Khmer, Russian and Vietnamese.

MGH vs. BWH Blood Donor Challenge

The annual MGH vs. BWH blood donor challenge will run from August 20–September 7, 2007, to boost blood donations during this typically low-blood-supply period. Currently, Massachusetts is experiencing a state-wide shortage of blood, which affects us dramatically as the largest blood transfuser in the country. The MGH Blood Donor Center, located in the Gray Lobby, will be offering a number of incentives during the challenge, including special foods, gift certificates, raffles, and more. To make an appointment to give blood, call 6-8171.

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

Next Publication
September 20, 2007

Educational Offerings – 2007

September 14&24

ACLS Provider Course

Day 1: 8:00am – 4:30pm
O'Keeffe Auditorium

Day 2: 8:00am – 3:00pm
Thier Conference Room
No contact hours

September 17

CPR Mannequin Demonstration

Founders 325
Adults: 8:00am and 12:00pm
Pediatrics: 10:00am and 2:00pm
No BLS card given
No contact hours

September 19

Oncology Nursing Concepts: Advancing Clinical Practice

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

September 19

Phase I Wound-Care Education Program

Charles River Plaza
8:00am – 4:00pm
Contact hours: 6.6

September 20

Psychological Type & Personal Style: Maximizing your Effectiveness

Charles River Plaza
8:00am – 4:30pm
Contact hours: TBA

September 20

CVVH Core Program

Yawkey 2210
8:00am – 12:00pm
No contact hours

September 25

Ovid/Medline: Searching for Journal Articles

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

September 26

New Graduate RN Development Seminar II

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

September 27

Nursing Grand Rounds

O'Keeffe Auditorium
1:30 – 2:30pm
Contact hours: 1

September 28

Basic Respiratory Nursing Care

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

October 1

CPR Re-Certification

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

October 1

Obstetrical Excellence: Focus on Patient Safety, Teamwork and Collaboration

O'Keeffe Auditorium
8:00am – 4:30pm
Contact hours: TBA

October 2&3

Oncology Nursing Society Chemotherapy Biotherapy Course

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

October 2

BLS Certification for Healthcare Providers

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

October 3

Cardiac/Vascular Nursing Certification Preparation Course

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

October 9

CPR Mannequin Demonstration

Founders 325
Adults: 8:00am and 12:00pm
Pediatrics: 10:00am and 2:00pm
No BLS card given
No contact hours

October 10

New Graduate RN Development Seminar I

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

October 10

Nursing Grand Rounds
"Quality Improvement and TPS"

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

October 10

OA/PCA/USA Connections
"Disaster Preparedness"

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

October 12&29

ACLS Provider Course

Day 1: 8:00am – 3:00pm
O'Keeffe Auditorium

Day 2: 8:00am – 3:00pm
Thier Conference Room
No contact hours

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

Transforming Care at the Bedside

TCAB is a joint effort by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement to improve the delivery of care on medical-surgical units.

Question: I've been hearing about something called, TCAB. What is that?

Jeanette: TCAB stands for Transforming Care at the Bedside. It is a joint effort by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement to improve the delivery of care on medical-surgical units.

Question: How are these improvements achieved?

Jeanette: Clinicians at the bedside generate innovative ideas to promote safe, reliable, patient-centered care. There's an emphasis on teamwork and vitality. Staff design, test, implement, and evaluate proposed solutions over short periods of time to get a sense of what works and what doesn't.

Question: Is it true that MGH was selected to serve as a national pilot site?

Jeanette: Yes. MGH is one of 68 hospitals across the country selected to participate in the Transforming Care at the Bedside pilot program. Work is being coordinated by General Medical Nursing and The Center for Innovations in Care Delivery.

Question: What patient care units will participate in TCAB?

Jeanette: Each hospital chooses a medical-surgical unit to use the TCAB process for promoting change and a second, comparable unit to act as a control group. White 10 General Medicine has been identified as the TCAB unit, and White 9 General Medicine will serve as the control group.

For more information about the TCAB pilot program, contact Amanda Stefancyk, RN, at 4-0559.

Caring Headlines
September 6, 2007

Returns only to:
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