Caring Headlines
December 4, 2008

4th annual Visiting Scholar Program

See story on page 4

Visiting scholar, Barbara Mackoff, EdD, consulting psychologist, educator, and author, delivers her, "Every Nurse is a Leader," message at recent program sponsored by Medical Nursing and The Norman Knight Nursing Center for Clinical & Professional Development

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Responsiveness in care-delivery: how do we measure up?

We routinely perform interventions based on patients' perceptions of pain, discomfort, hunger, and a variety of other needs. But for patients to be completely satisfied... we need to start thinking about ***time*** as an important factor in their care.

How often have we walked into a bank, store, or municipal office, conducted our business, and left with a negative feeling about the experience because we were made to wait an unreasonable amount of time? We successfully transacted our business, but the experience was marred by *our perception* that service was not provided in a timely fashion. That's what we're talking about when we talk about responsiveness in health care—our patients' perception that care or services were provided in a timely fashion.

If we are truly committed to providing patient- and family-centered care, then responsiveness is an element of our practice we need to focus on. We routinely perform interventions based on patients' perceptions of pain, discomfort, hunger, and a variety of other needs. But for patients to be completely satisfied with their experience at MGH, we need to start thinking about *time* as an important factor in their care.

We know that patients and families dealing with illness can have an exaggerated sense of time—minutes can seem like hours—it's a normal human response. Anything we can do to minimize a patient's perception that he or she is waiting a long time for care or assistance will have a positive impact on that patient's experience. And research has shown that a high level of responsiveness contributes to positive patient outcomes including fewer falls and fewer hospital-acquired pressure ulcers.

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

National research studies and surveys conducted right here at MGH tell us that the promptness with which call buttons are answered has a significant impact on patients' perceptions of their care experience. At MGH, we asked patients (a random sampling of recently discharged patients) two questions about the timeliness of assistance they received during their hospitalization:

- During your hospital stay, when you pressed the call button, how often did you receive help as soon as you wanted it?
- How often did you receive help in getting to the bathroom or using the bedpan as soon as you wanted?

continued on next page

One thing we can do is stop thinking about meeting patients' needs as something that's 'responsive.' What if we took a proactive approach and tried to anticipate the needs of our patients before they reach for the call button? What if every person who goes into a patient's room assumes responsibility for making sure the patient has everything he or she needs?

Of patients surveyed, 60% responded "Always" to these questions. If you're like me, you don't think 60% is an acceptable success rate for questions about our responsiveness.

So what do we do about it?

One thing we can do is stop thinking about meeting patients' needs as something that's 'responsive.' What if we took a proactive approach and tried to anticipate the needs of our patients before they reach for the call button? What if every person who goes into a patient's room assumes responsibility for making sure the patient has everything he or she needs? We have an inter-disciplinary care model. That means that every discipline, every role group, shares responsibility for providing excellent care. Nurses, physicians, therapists, unit service associates, operations associates, patient care associates, social workers, interpreters, chaplains—we all work together to meet the needs of our patients.

I'd like to share the results of a national study conducted by the Studor Group that I think could have a profound influence on the future of care-delivery. The study, published in the September, 2006, issue of the *American Journal of Nursing*, analyzed data from 27 units in 14 hospitals across the country. The study found that employing a protocol of hourly rounding in patients' rooms reduced the frequency of call-button use, increased patients' satisfaction with care, and reduced the number of falls on those units included in the study.

For the purposes of the Studor Group study, hourly rounding consisted of a proactive model of care in which nurses and other staff worked together to check on patients every hour to determine their needs. Each visit to the patient's room consisted of specific questions designed to help staff identify immediate needs and anticipate future requests. Questions ranged from issues such as pain-assessment to bathroom needs, medication, comfort, accessibility to phone and reading materials, etc.

As you might expect, call-button use decreased by 38%, patient falls by 50%, and pressure ulcers by 14%. Nurses who participated in the study reported fewer interruptions, increased productivity, and improved time-management and organizational abilities during their shifts.

When call buttons were used, researchers from the Studor Group recommended a three-tiered response:

- answer the call button within a specific, pre-defined period of time
- communicate the request to the appropriate person to respond and let the patient know what the response will be and when it will occur
- follow through on the request

When I think about what we can do to improve responsiveness, I keep coming back to 'shared responsibility.' If every person who goes into a patient's room asks, "Is there anything else I can do for you before I leave?" how far would that go to improve patient satisfaction, improve the overall patient experience, and demonstrate our commitment to patient-centered care?

If anyone has other ideas related to improving responsiveness, I welcome your thoughts and suggestions.

In this Issue

4th annual Visiting Scholar Program

"Every nurse is a leader"

—By Sara Macchiano, RN, and Sharon Zisk, RN

In recognition of the specialized practice of general medical nurses, the 4th annual Visiting Scholar Program sponsored by Medical Nursing and The Norman Knight Nursing Center for Clinical & Professional Development was held November 10, 2008. Visiting scholar, Barbara Mackoff, EdD, a consulting psychologist, educator, and author with a focus on developing innovative responses to the challenges facing nursing, shared her "Every Nurse is a Leader" message in various forums throughout the hospital. Said Mackoff, "Within each of us there is the potential to be a leader; at MGH, opportunities for leadership abound."

Mackoff joined medical nurses in a roundtable discussion about nurse engagement versus nurse retention. The session ended with participants sharing their wishes for the next generation of nurses, a concept Mackoff called 'generativity.' Generativity refers to the gratification derived from developing others and contributing to the next generation. It is one of the ten signature behaviors identified by Mackoff in her Nurse Manager Engagement study.

Panelists in the "Nurses as Leaders" session (l-r): Stephanie Prisco, RN, Phillips House 20; Kimberly Seleyman, RN, White 11; Emily Ann Calkins, RN, Bigelow 11; Colleen Doherty, RN, White 10; and Lin Wu, RN, White 9

In Mackoff's morning presentation, "Nurses as Leaders: an Interactive Presentation," a panel of general medical nurses shared some of their experiences as leaders. Participants included: Emily Ann Calkins, RN; Colleen Doherty, RN; Stephanie Prisco, RN; Kimberly Seleyman, RN; and Lin Wu, RN.

Following a networking lunch with the Medical Nursing Practice Committee, the Visiting Scholar Program re-convened with, "Leadership as a Habit of Mind: the Inner Work of the Nurse." Senior vice president for Patient Care, Jeanette Ives Erickson, RN, welcomed attendees and participated in the session that featured narratives that reflected on personal development and 'high-point experiences.' Staff nurses, Margaret Bartlett, RN; Mary Findeison, RN; and Kristen Hylan, RN, provided the staff-nurse perspective while Ives Erickson; associate chief nurse, Theresa Gallivan, RN; nursing director, Amanda Stefancyk, RN; nursing director, Sara Macchiano, RN; and clinical nurse specialist, Patricia Fitzgerald, RN, provided the management perspective. Mackoff commented on each narrative in this engaging, interactive presentation.

In the final presentation of the day, Mackoff presented her research, "Why do Nurse Managers Stay: Creating a Model of Nurse Manager Engagement."

Posters highlighting medical nursing practice were displayed in the Main Corridor throughout the day.

For more information on medical nursing at MGH, call Sara Macchiano at 6-6384.

Midwifery celebrates key milestones

—by Dana Cvrk, Marie Henderson, CNM, and Amelia Henning, CNM

Certified nurse midwives have been an integral part of the MGH Vincent Obstetrics Service since its inception in 1994. Beginning as a small practice with two maternal-fetal medicine specialists, two OB/GYN physicians, and two nurse midwives in 1994, the service has grown to include five maternal-fetal medicine specialists, 24 OB/GYN physicians, and 15 certified nurse midwives serving 3,500 women. Certified nurse midwives, advanced practice nurses usually with a master's degree in Nursing, Public Health, Science, or Midwifery, attend 1/3 of the Vincent OB Service's deliveries every year.

Nurse midwives at MGH provide prenatal care in all outpatient settings (Yawkey, MGH West, and the three MGH health centers), manage labor and attend deliveries on Blake 14, and triage patients in the outpatient and inpatient labor and delivery triage units.

Mayor Tom Menino with certified nurse midwives, including director of MGH Nurse Midwifery Program, Marie Henderson, CNM (third from left), and assistant director, Bobbie Curtis, CNM (right).

Nearly every pregnant patient at MGH encounters a nurse midwife, and 1/3 choose a nurse midwife for attentive care throughout childbirth.

Midwives approach birth, puberty, and menopause as normal events in a woman's life cycle. Midwifery emphasizes a woman's natural ability to experience birth with minimum intervention. Trained in full-scope, well-woman care, nurse midwives focus on wellness, sexual health, nutrition, breast-feeding, and exercise. Following birth, midwives counsel patients on contraceptive care and screen for post-partum depression. Nurse midwives use technology and interventions only as needed and are masters of 'watchful waiting,' particularly during the labor process. Though some births are attended by nurse midwives in birthing centers or home settings, 96% of nurse-midwifery-attended births in the United States are in the hospital setting. MGH nurse midwives deliver all babies in the hospital and are an integral part of the obstetrical team of physicians, nurses, anesthesiologists, and pediatricians.

The Massachusetts midwifery community marked two milestones this year. For the first time since midwifery became a formal practice in the Commonwealth, midwives gathered to celebrate 33 years of contributions to the care of Massachusetts women. And in May, Boston hosted the American College of Nurse Midwives (ACNM) 53rd annual meeting. The week-long conference attracted more than 1,500 midwives and healthcare professionals from across the country. Nationally recognized experts, including MGH maternal-fetal medicine specialists, Laura Riley, MD, and William Barth, MD, spoke at the conference. Mayor Thomas Menino kicked off the first Women's Health Expo, declaring May 24th Boston Nurse Midwifery Day. Menino thanked midwives for their contributions to the care of women in the city of Boston.

For more information about nurse midwifery at MGH, contact Marie Henderson, CNM, chief nurse midwife, at 6-2033.

Teamwork, perseverance grant Moroccan patient's last wish to return home

Elizabeth MacLellan, RN

Mr. O was a 70-year-old, retired, Moroccan police officer who had been living with his son prior to being hospitalized. His wife was ill and lived in Morocco. He didn't speak English but was fluent in Arabic, French, and Spanish. Mr. O had been in and out of ICUs with complications from his multiple medical problems—cardiac disease requiring bypass surgery, diabetes, renal failure, and liver cancer. Every time he recovered and was transferred to a rehabilitation facility or home, he would return to MGH a few days later with an exacerbation of his illness. I met Mr. O when he was admitted to White 9 following a long stay in the Medical Intensive Care Unit (MICU). At that point in time, Mr. O was unresponsive, and his sons were making the decisions about his care and treatment.

As I entered Mr. O's room, his two sons immediately stepped closer to their father in a protective stance. I introduced myself telling them I was a case manager, and they seemed suspicious, as if I were the one who was going to, 'throw their father out of the hospital.' I explained that I was there to advocate for their father and work with them to ensure a safe discharge for him. I could tell by their body language that I still needed to gain their trust.

The multi-disciplinary team met with Mr. O's family many times to discuss the goals of his treatment. We reviewed his prognosis and discussed how limited our treatment options were. While his family understood Mr. O's prognosis was poor, they wanted to do everything possible to keep him alive so he could return to Morocco to see his wife one last time. Returning Mr. O to Morocco seemed like an impossible goal—he was critically ill, didn't have any insurance coverage, would require an air ambulance (which would be exorbitantly expensive), and we would have to have assurance that a physician and hospital in Morocco would accept him before we could think about transferring him.

While his family understood Mr. O's prognosis was poor, they wanted to do everything possible to keep him alive so he could return to Morocco to see his wife one last time.

Elizabeth MacLellan, RN (left), and Christine Greenwood, RN, case managers

I explained to Mr. O's sons that transferring their father to Morocco in his current condition would be difficult to arrange, but I would discuss it with Case Management leadership and do everything I could to make their father's wish come true. They seemed to relax and become more comfortable knowing I was 'on their side.'

As I was in the process of working on Mr. O's discharge, I was also scheduled to leave for vacation. I knew I would have to rely on my case-manager colleague, Christine Greenwood, RN, to put my plans in

continued on next page

motion. As my departure approached, I brought Christine up to speed on the plans and arrangements I had made and hoped she would be able to grant Mr. O his dying wish to return home to Morocco.

Christine Greenwood, RN

Mr. O's condition continued to deteriorate after Elizabeth left. The window of opportunity to accommodate his request was narrowing. My first priority was to determine if a physician and hospital in Morocco would accept Mr. O. I arranged for the medical resident and an interpreter to have a conference call with the medical team at Sarah Hospital in Morocco. And we were all thrilled to learn that they would be willing to take Mr. O. I updated the team in Morocco on Mr. O's condition and notified Eileen Hughes in Case Management that she could arrange for the air ambulance.

Mr. O remained acutely ill, and the possibility of his dying during transfer was very real... After the family meeting, I reviewed all the materials necessary for transfer, spoke with all the members of the team, and updated my notes—Beth would be returning from vacation soon, and she would be walking into a plan that was very different from the one she had initiated.

Mr. O would be returning to Morocco in less than a week and there was still much to do. The air ambulance company had forms for the family to sign, passports needed to be faxed, the interpreter needed to translate his discharge summary into French, X-ray files needed to be transferred to a CD, Pharmacy needed to provide a supply of medications, and Mr. O's tube feed would have to be sent with him.

We met with Mr. O's family again to review the plan and address his code status during the trip home. Mr. O remained acutely ill, and the possibility of his dying during transfer was very real. Mr. O's son appreciated how ill his father was, but insisted that he remain a full code. After the family meeting, I reviewed all the materials necessary for transfer, spoke with all the members of the team, and updated my notes—Beth would be returning from vacation soon, and she would be walking into a plan that was very different from the one she had initiated.

Elizabeth MacLellan

When I returned from vacation, I was thrilled to learn that through excellent teamwork and coordination, Mr. O would be able to return to Morocco. I worked hard to finalize the plan as the discharge date approached. Mr. O was to transfer from MGH via air ambulance at 8:00pm the following night, which would get him home at 4:00am Morocco time. He would be met by a physician and ambulance crew then transferred to a hospital.

The day before discharge Mr. O grew more and more short of breath, resulting in acute respiratory distress. The medical team, respiratory therapist, nurses, and I quickly re-grouped. The decision was made, with the agreement of the family and the air ambulance crew, to dialyze Mr. O the following morning then electively intubate him for transfer. The flight team arranged to have a respiratory crew on board for the flight.

Mr. O was taken to the MICU the following morning for intubation. I went to the MICU to touch base with the MICU case manager as I was intimately involved with the discharge plan, and I wanted to make sure everything went smoothly. It did.

Mr. O's sons were very grateful I was there to see them off as they took their father home. Mr. O was successfully transferred that afternoon. He returned to a hospital in Morocco and was reunited with his wife one last time.

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

This narrative reflects one of our central values—teamwork and collaboration in providing the best possible care to our patients. Coordinating an international transfer of a critically ill patient is wrought with challenges, but Chris, Beth, and the entire inter-disciplinary team remained focused on Mr. O's needs in trying to help him achieve his goal. Effective communication and a willingness to go beyond basic expectations enabled the team to manage Mr. O's care despite his rapidly changing condition.

Thank-you, Chris and Beth.

Professional Achievements

Amatangelo honored

Mary Amatangelo, RN, nurse practitioner, received the Outstanding Nursing Leadership in Stroke Award, for the State of Massachusetts from the American Heart and Stroke Association, in Framingham, September 12, 2008.

Capasso presents

Virginia Capasso, RN, presented, "Skin Ulcer Management," at Harvard Medical School's Primary Care Course, October 20, 2008.

Mulligan presents

Janet Mulligan, RN, nursing director, presented, "Strategies for Implementing New Technology for PICC Services," at the 22nd annual Scientific Meeting of the Association for Vascular Access, in Savannah, September 10, 2008.

Lee and Manley publish

Susan Lee, RN, nurse scientist, and Bessie Manley, RN, nursing director, co-authored the article, "Nurse Director Rounds to Ensure Service Quality," in the *Journal of Nursing Administration*, in October, 2008.

Carroll presents

Diane Carroll, RN, presented, "Comparison of Nurses and Patient Care Assistants' Views about Fall Prevention in Acute Care Hospitals," at the Council for the Advancement of Nursing Science, in Washington, DC, October 2, 2008.

Parlman appointed

Kristen Parlman, PT, physical therapist, was appointed neurology section representative at the American Physical Therapy Association Consensus Conference, Entry-Level Educational Guidelines for Neurology, in Alexandria, Virginia, in October, 2008.

Perry presents

Donna Perry, RN, associate nurse scientist, presented, "Nursing from a Higher Viewpoint: Context, Ideals, and Transformation," at The Combined 12th International Philosophy of Nursing Conference and 15th New England Nursing Knowledge Conference, September 25, 2008.

Brown presents

Carol Brown, RN, nurse practitioner, presented, "Cardiac Arrhythmias and 12-Lead ECG Interpretation," at the University of Massachusetts, Boston, September 30, 2008.

Nurses present

Virginia Capasso, RN, Susan Croteau, RN, and Sharon Kelly-Sammon, RN, presented, "Communicating Research Findings to Facilitate Integration into Clinical Practice," at the Defining Excellence: Magnet, 2008 American Nurses Credentialing Center's National Magnet Conference in Salt Lake City, October 17, 2008.

Goldsmith contributes audio chapter

Tessa Goldsmith, CCC-SLP, assistant director, Speech, Language, & Swallowing Disorders and Reading Disabilities, contributed the audio chapter, "Observations on Cancer Treatment and Rehabilitation," in *Audio-Digest Otolaryngology*, for the Audio-Digest Foundation, in October, 2008.

Researchers present

Laurel Radwin, RN, nurse researcher; Howard Cabral; and Gail Wilkes, RN, presented, "Relationships Between Patient-Centered Nursing Care and Desired Outcomes in the Context of the Healthcare System," at the Council for the Advancement of Nursing Science meeting in Washington, DC, October 3, 2008.

Lipshires presents

Karen Lipshires, RN, Hematology/Oncology Unit, presented her poster, "Let's Look at what Really Happened: Staff Participation in Case Reviews," at the Defining Excellence: Magnet, 2008 American Nurses Credentialing Center's National Magnet Conference in Salt Lake City, October 15–17, 2008.

Nurses present poster

Susan Croteau, RN, and Sharon Kelly-Sammon, RN, presented their poster, "The Making of a Did You Know? Poster," at the American Nurses Credentialing Center's Magnet Conference, in Salt Lake City, October 15–17, 2008.

Johnson appointed

Elizabeth Johnson, RN, clinical nurse specialist, was appointed a member, of the Test Development Team for the Advanced Oncology Nursing Certification Examination, Oncology Nursing Certification Corporation, at the annual meeting for Test Development for Oncology Nurse Practitioners and Oncology Clinical Nurse Specialists, in Pittsburgh, October 16–18, 2008.

French presents

Brian French, RN, simulation program manager, presented, "Bernard Lonergan's Generalized Empirical Method: a Potential Unifying Structure for Nursing Knowledge Development," at Nursing Science: Knowledge Development for the Good of Persons and Society, at The Combined 12th International Philosophy of Nursing Conference and 15th New England Nursing Knowledge Conference, September 26, 2008.

French also served as an expert panelist for, "Simulation in Nursing: The Past, Present and Frontier," at the Massachusetts Association of Registered Nurses Conference, Clinical Simulation: The Future of Nursing Practice and Education, October 17, 2008.

Nurses present

Anne-Marie Barron, RN, clinical nurse specialist; Amanda Coakley, RN, staff specialist; Rona Earl, RN, staff nurse; Ellen Fitzgerald, RN nursing director; Dorothy Jones, RN, director, Yvonne L. Munn Center for Nursing Research; Mirta Leyva-Coffey, RN, staff nurse; Ellen Mahoney, RN, senior nurse scientist; Ann O'Sullivan, RN, East Boston Neighborhood Health; Jacqueline Somerville, RN, associate chief nurse; and Laura Phelps, RN, staff nurse, presented their poster, "Integrating Therapeutic Touch in Nursing Practice on an Inpatient Oncology and Bone Marrow Transplant Unit," at the 2008 National State of the Science Congress, sponsored by the Council for the Advancement of Nursing Science, in Washington, DC, October 3, 2008.

Nursing leaders present

Jeanette Ives Erickson, RN, senior vice president for Patient Care; Linda Aiken, RN; and Lauren Arnold, RN, presented, "Research and Development Pilot Study: Applying Forces of Magnetism to Strategic Planning for New Hospital Development," at the Defining Excellence: Magnet, 2008 American Nurses Credentialing Center's National Magnet Conference in Salt Lake City October 16, 2008.

Rapid Response Team changes name to Central Resource Nursing Team

Question: What is the Central Resource Nursing Team?

Jeanette: The Central Resource Nursing Team is a group of experienced nurses who support adult general care and certain step-down units to help manage fluctuations in volume and acuity. Their office is located in Bigelow 1406 and their services are available 24 hours a day, 365 days a year.

Question: How do we contact the Central Resource Nursing Team?

Jeanette: The Central Resource Nursing Team is deployed by the clinical nursing supervisors. You can page the nursing supervisor at 2-5101 or call the Central Resource Nursing Team Office at 6-6718 to request assistance. Try to call as soon as a need is identified so they can plan and allot their resources accordingly. You can request help at any time of the day or night.

Question: If we don't need physical help, can we call with questions?

Jeanette: The Central Resource Nursing Team has experience in a variety of clinical areas and can serve as a resource for information and clinical expertise.

Question: What is the scope of their practice?

Jeanette: The Central Resource Nursing Team can provide assistance in a number of ways:

General help with patient care
The Central Resource Nursing Team can provide assistance with medication administration, lab draws, dressing changes, clinical assessment, ADL assistance, and the admission process.

Emergency response
The Central Resource Nursing Team can assist in the care of patients experiencing acute mental or physical changes or care for other patients while unit staff manage emergent situations. The intent is to support the care team, including helping less experienced staff learn and develop confidence in handling these clinical events.

Safe transport of patients
The Central Resource Nursing Team can assist with the transport of patients requiring skilled monitoring or intervention to testing and interventional sites throughout the hospital.

Question: How quickly can I expect the Central Resource Nursing Team to respond to my request for assistance?

Jeanette: Though there may be times when all nurses are being utilized, every request is acted upon in a timely fashion. Typically, a nurse from the Central Resource Nursing Team will call the unit making the request, speak with the caller about their specific need, and expedite the process of providing the appropriate service.

Though every effort is made to respond quickly to requests for assistance, there may be times during peak activity when the team is unable to respond immediately. Please be patient and know that your request will be answered in the quickest, safest way possible.

For more information about the Central Resource Nursing Team, call 6-6718.

Announcements

Call For Nominations

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

The Stephanie M. Macaluso, RN, Excellence in Clinical Practice award recognizes direct-care providers throughout Patient Care Services whose practice exemplifies the expert application of values reflected in our vision. Nominations are now being accepted for recipients who will be named in March, 2009. Staff nurses, occupational therapists, physical therapists, respiratory therapists, speech-language pathologists, social workers and chaplains are eligible.

- To nominate a direct caregiver, complete a nomination form, which can be found in patient care areas, department offices, and in the Gray Lobby
- Nominations are due by January 12, 2009. Nominees will be notified of their nomination and invited to submit a portfolio for consideration
- The review board is comprised of previous award recipients, administrators, and MGH volunteers

Recipients will receive $1,000 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.

For more information or assistance with the nomination process, contact Mary Ellin Smith, RN, professional development coordinator, at 4-5801.

Call for Abstracts

Nursing Research Expo 2009

Submit your abstract to display a poster during Nursing Research Expo 2009

Categories:

- Original research
- Research utilization
- Performance-improvement

For more information, contact Laura Naismith, RN; Teresa Vanderboom, RN; or your clinical nurse specialist.

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

The deadline for abstracts is January 15, 2009.

MGH unveils new Intranet

The MGH Public Affairs Office officially launched the re-designed MGH Intranet, a useful resource for the hospital community.

Available at http://intranet.massgeneral.org, the site features an easy-to-navigate format and timely content, including links to employee resources, events, news, and more. Updates will be posted regularly; staff are encouraged to check the site for the latest employee information.

For more information or to share feedback about the new site, contact Therese O'Neill at 4-2753.

Holiday Songfest

The MGH Chaplaincy invites you to join them in a Holiday Songfest

Thursday, December 18, 2008
12:00–1:00pm
In the Main Corridor
All are welcome
For more information, call 6-2220

Elder care discussion group

Elder care monthly discussion groups are sponsored by the Employee Assistance Program.

Next session:
December 9, 2008
12:00–1:00pm
Yawkey 7-980

All are welcome. Bring a lunch.
For more information, call 6-6976.

Rapid Response Nursing Team

Name change

Effective immediately, the Rapid Response Nursing Team is changing its name to the Central Resource Nursing Team.

The name change is to avoid confusion with the hospital-wide Rapid Response Team, which will be introduced In January, 2009. The new Rapid Response Team will function as part of our overall Emergency Response.

The Central Resource Nursing Team (CRNT) will continue to provide access to nursing support for increased workload, patient transports, and emergency situations. Staff can access the Central Resource Nursing Team through the Clinical Nursing Supervisor (pager 2-5101), the CRT Office (6-6718) or the page operator.

For more information, call 6-3201

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For more information, call: 617-724-1746

Next Publication
December 18, 2008

Educational Offerings – 2008

December 9

Chaplaincy Grand Rounds

Yawkey 2-220
11:00am–12:00pm
No contact hours

December 10

Nursing Grand Rounds

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

December 10

OA/PCA/USA Connections

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

December 12

Managing Medical Emergencies Related to Cancer

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

December 15

Diabetic Odyssey

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

December 17

Intermediate Arrhythmia

Simches Conference Room 3120
8:00–11:30am
Contact hours: 3.5

December 17

Pacing Concepts

Simches Conference Room 3120
12:15–4:30pm
Contact hours: 3.75

December 18 & 19

Oncology Nursing Society Chemotherapy Biotherapy Course

Yawkey 2-220
8:00am–4:30pm
Contact hours: TBA

December 18

Workforce Dynamics: Skills for Success

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

December 23

CPR Mannequin Demonstration

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

January 5 & 6

Intra-Aortic Balloon Pump

Day 1: NEMC
Day 2: Founders 311
7:30am–4:30pm
Contact hours: TBA

January 6

BLS/CPR Certification for Healthcare Providers

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

January 9

PALS Instructor Class

Simches Conference Room 3120
7:30am–4:00pm
No contact hours

January 9

Assessment and Management of Psychiatric Problems in Patients at Risk

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

January 9, 13, 14, 22, 27, 28

Greater Boston ICU Consortium Core Program

MAH
7:30am–4:30pm
Contact hours: TBA

January 12

BLS/CPR Re-Certification

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

January 14

Nursing Grand Rounds

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

January 14

OA/PCA/USA Connections

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

January 14

Nursing Research Committee's Journal Club

Yawkey 2-210
4:00–5:00pm
Contact hours: 1

January 20

Ovid/Medline: Searching for Journal Articles

Founders 334
10:00am–2:00pm
Contact hours: 2

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

Remembering Nancy Jenner, RN, beloved IV therapy nurse

—a personal remembrance by Denise Dreher, RN

Nancy was known as the most resourceful one, or MRO, as we liked to call her. The title was a reflection of her many talents.

It was standing room only in the MGH Chapel, Friday, November 7, 2008, for the celebration of the life and career of Nancy M. Jenner, RN. It was also Nancy's birthday. Associate chief nurse, Jackie Somerville, RN, called the service, "a blending of Nancy's two families," a chance for Nancy's relatives and friends to meet her MGH friends and colleagues.

You may not recognize Nancy by name, but you knew her. She was the IV Team matriarch in her trademark red scrub jacket. Nancy was a mentor, teacher, leader, colleague, and very dear friend. In her 40 years at MGH, she touched the lives of countless patients and staff. She was a great educator. And she could *always* find a vein. It was reassuring to see her at the helm. She inspired us to succeed.

Nancy was one of the first nurses at MGH to use PICC lines, beginning with our cystic fibrosis patient population. She was one of only a few IV nurses to participate in the Intra-Operative Autotransfusion (IAT) program, which involved the processing and re-infusion of salvaged blood from the surgical field. It was a round-the-clock commitment that kept her on call much of the time.

(Photo provided by staff)

Nancy Jenner, RN, veteran IV nurse

Nancy was known as the most resourceful one, or MRO, as we liked to call her. The title was a reflection of her many talents. She could organize the day shift staff and workload, solve any clinical problem, and find anything in the hospital and get it to the IV Office.

At the close of the service, Nancy's brother, Ronny, was presented with her 40-year service pin. Accepting the pin, he said, "You can tell a good life by the quality of your friends. Looking around this room today, I can tell Nancy had a good life."

Thank-you, Nancy, for everything.

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