Caring Headlines
December 17, 2009

Pediatric nurse brings hand-hygiene message to Cambodia

Pediatric nurse, Vira Kou, RN, recently completed a six-month, humanitarian-aid visit to the Khmer-Russian Friendship Hospital in Cambodia. (See story on page 4.)

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

2009 a virtual showcase of Excellence Every Day

I think perhaps our greatest accomplishment was the visible shift to a culture of Excellence Every Day. Under the leadership of Keith Perleberg, RN, and his team in the PCS Office of Quality & Safety, we turned a philosophy of perpetual preparedness into a daily reality.

It has become somewhat of a tradition for me to use this, my last column of the year, to reflect on the accomplishments we've achieved within Patient Care Services. It gets harder to do that every year as our accomplishments continue to grow, but the space on this page doesn't. I think perhaps our greatest accomplishment of 2009 was the visible shift to a culture of Excellence Every Day. Under the leadership of Keith Perleberg, RN, and his team in the PCS Office of Quality & Safety, we turned a philosophy of perpetual preparedness into a daily reality. With single-minded attention to what is best for our patients and families, our work culminated with one of the most successful Joint Commission visits in recent history.

Through the work of the STOP (Stop the Transmission of Pathogens) Task Force, hand hygiene champions, and every member of the Patient Care Services team, we achieved and maintained an outstanding record of hand-hygiene compliance. When this issue of *Caring Headlines* went to print, we were on track to achieve our first-ever 90/90 year.

Thanks to the generosity and support of Gil Minor, chairman of the Board and former CEO of Owen & Minor, we introduced the Gil Minor Nursing and Health Professions Scholarship. Intended to help increase the pipeline of diverse healthcare professionals at MGH, this initiative provided scholarships to five students, all currently enrolled in nursing programs.

Patient Care Services welcomed two new members to its leadership team: Gino Chisari, RN, our director of The Knight Nursing Center for Clinical & Professional Development; and Tom Elliott, RN, our director of PCS Financial Management Systems.

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

We saw a transformation of our clinical education, professional development, and annual required training with the implementation of HealthStream, an online learning system that allows staff to access educational materials from any computer, any time, day or night, to complete learning modules.

We were thrilled to learn that Susan Lee, RN, nurse scientist, was awarded a $900,000 grant by the Division of Nursing of the Bureau of Health Professions, Health Resources and Services Administration to fund her study, Re-Tooling for Evidence-Based Nursing Practice.

2009 ushered in our conversion to the Electronic Medication Administration Process for Patient Safety (EMAPPS), a system that electronically links the medication-administration process to prevent medication errors. Roll-out of this hospital-wide program began in March and required the collaboration and support of clinicians and departments throughout the hospital, including a hardware installation team, information systems analysts, clinicians, nursing coaches, pharmacists, and project leaders.

continued on next page

Looking back on this past year and the incredible advances we've made, I'm humbled to be part of this extraordinary team. Your passion, creativity, and enthusiasm never cease to inspire me... Thank-you for all you do to make our hospital a safe and welcoming place for our patients and families.

We welcomed some distinguished guests, including Ann Scott Blouin, RN, executive vice president for Accreditation and Certification at the Joint Commission, who spoke to us about the 'new vision' of the Joint Commission to partner with healthcare organizations to foster a culture of safety and high performance. Richard Bohmer, MBChB, author of, *Designing Care: Aligning the Nature and Management of Health Care*, shared his thoughts about the importance of understanding both business and clinical aspects of health care if we are to flourish in the future. Richard Bluni, RN, of the Studor Group, talked to us about the 'worthwhile work' we do, and the intrinsic connection between quality and safety and patient satisfaction.

In collaboration with the Massachusetts Down Syndrome Congress, and under the guidance of our director of Speech, Language & Swallowing Disorders and chair of the Council on Disabilities Awareness, Carmen Vega-Barachowitz, CCC-SLP, we sponsored the symposium, More Alike than Different. The conference focused on the unique gifts and talents of every individual and our commitment to ensure equal opportunities for people of all abilities.

Anticoagulation Management Services (AMS) hosted a conference to share quality and safety initiatives related to the care of anti-coagulated patients.

We christened our new Post Anesthesia Care Unit after its benefactors, Kathy Cullen, RN, and David Cullen, MD. The new unit on Ellison 3 is a state-of-the-art space equipped to meet ICU standards for maximum flexibility with overnight bays, ceiling lifts, and de-centralized workstations.

Our former director of Volunteer and Interpreter Services, Pat Rowell, shared this year's prestigious Bowditch Prize with chief information officer, Jim Noga, for their work in creating the Video Medical Interpreter Program.

We continue to foster partnerships with schools and universities to encourage and support future generations of caregivers. Patient Care Services welcomed 597 new employees in fiscal year 2009.

And I haven't even begun to talk about all the important work we're doing around fall-prevention, acute-care documentation, noise-reduction, clutter-reduction, elder care, advance care planning, health literacy, simulation, patient and family advisory councils, owning the patient experience, and so much more. Looking back on this past year and the incredible advances we've made, I'm humbled to be part of this extraordinary team. Your passion, creativity, and enthusiasm never cease to inspire me.

We begin the new year with renewed energy and commitment. I look forward to working with you on our strategic plan for 2010, which I'll talk more about in my next column. In the meantime, thank-you for all you do to make our hospital a safe and welcoming place for our patients and families.

Have a wonderful holiday.

In this Issue

Nurse returns to homeland on humanitarian mission

—by Vira Kou, RN, staff nurse, Ellison 18 Pediatric Unit

My name is Vira Kou, and I am a pediatric nurse. I've worked on the Ellison 18 Pediatric Unit for more than eight years, and last December I had the opportunity to volunteer for six months with the Cambodian Health Committee (CHC) in Phnom Penh, the capitol of Cambodia.

I was born in Cambodia near the end of the Khmer Rouge regime. My parents escaped the atrocities of the Khmer Rouge and immigrated to the United States when I was 2 years old. Prior to immigrating, I lived with my parents in refugee camps in Thailand and the Philippines. People from all over the world volunteered at those camps; they sacrificed personal comforts and economic gain to help others. Some say humanitarian aid in developing countries is futile, but I know different. I have seen how humanitarian aid can impact those in need.

CHC is a non-governmental organization that works to reduce the incidence of tuberculosis and HIV in Cambodia. One of their mission sites is the Khmer-Russian Friendship Hospital, a government-subsidized hospital in Phnom Penh. I was told there was a need for improved patient care at the hospital—many of the nurses had no formal schooling. It wasn't uncommon for nurses to ask patients for money or ignore them altogether. I was told that some of the corruption had improved, but basic nursing care was still lacking.

continued on next page

Below: Cambodian children wash their hands with water from the sink Kou installed (right)
Opposite page: Kou with patient in the Pulmonary Ward of the Khmer-Russian Friendship Hospital in Phnom Penh.

I spent my first month trying to understand the hospital system, which was complicated by politics, corruption, and a poor economy. Patients couldn't afford expensive, private hospitals. Because most patients were poor, caring for them wasn't profitable. To make matters worse, HIV and TB carry a great stigma in Cambodia, so many healthcare workers refused to care for patients suffering from HIV or TB. Less educated nurses ended up caring for these patients.

Nurses get paid very little so there is a great shortage. The Pulmonary Ward was divided into four sections, each with 30 beds. Only two nurses worked in each section during the day and only one in the afternoon and night. Nurses rotated 12-hour shifts from midnight to noon and noon to midnight. Recently, there has been some improvement with four nurses working in the morning and two in the afternoon and night. Government hospitals are slowly realizing how important adequate nursing coverage is.

Medical supplies are woefully insufficient. Hospitals have a difficult time obtaining even the most basic supplies, such as soap and gloves. As difficult as some of these things were to understand, I learned to work around the things I couldn't change.

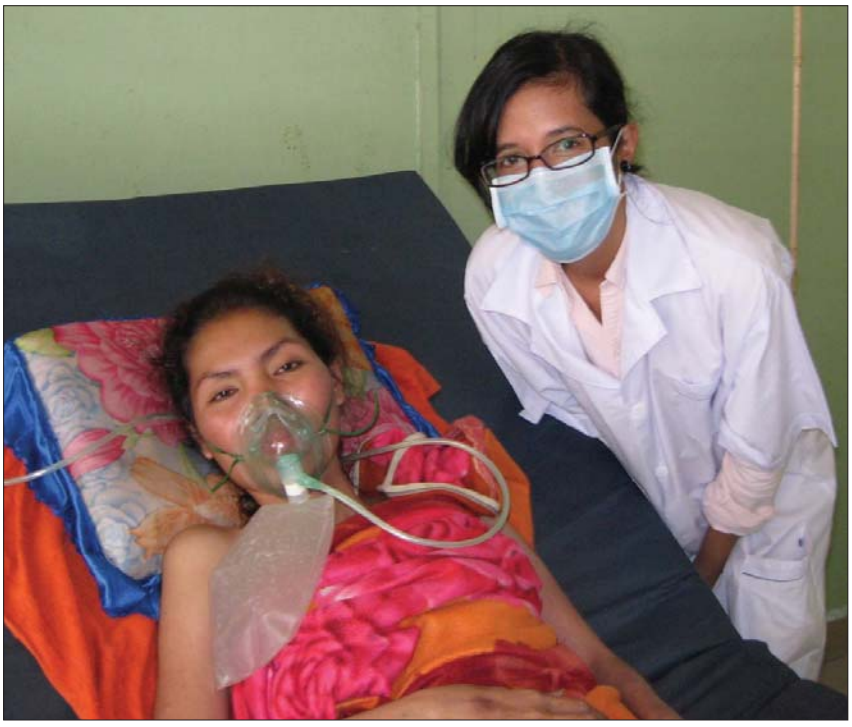
I spent the next few months teaching and trying to improve the management of nursing care for some of the most neglected patients in Cambodia. My days in the Pulmonary Ward involved following up with doctors on the plans for the more complex patients. I involved the nurses in this process, developing new documentation sheets, improving medication distribution, improving hygiene and sanitation, conducting training sessions, and providing one-on-one education in basic nursing skills. The addition of new nurses who had attended nursing school helped improve patient care. My main objective was to help nurses develop good nursing skills and practices, and help them see how vital their work is to good patient outcomes.

One conversation with the CHC medical coordinator helped me focus on what needed to be done. He said, "We don't have a lot. But with what we do have, a lot more can be done."

Most patients on our ward had poor prognoses. I tried to help the medical team understand that no matter what the prognosis, every patient deserved to receive good care, be treated with dignity, and not be neglected. I introduced electric thermometers, because many of the nurses were having a hard time reading the ones they were using. When I first started, respiratory rates were barely being counted (on a pulmonary ward!) Now, they're being counted, and signs of distress are being caught earlier. I was able to show them how monitoring oxygen delivery, monitoring input and output, and counting IV drops impacts patient care.

With the help of Donna Perry, RN, professional development coordinator, I was able to obtain pulse oximeters from the United States. Nurses were very excited about this new technology. And they eagerly devoured nursing books donated by MGH.

I collaborated closely with head nurses so everyone would understand the changes I was implementing. The chief nurse of the hospital took great interest in the improvements in the Pulmonary Ward as nurses in other wards began expressing interest in acquiring more nursing education. I was excited to hear this because better nursing education can only mean better care.



This was a challenging undertaking, and at times, I questioned whether anything I did really benefited patients. But one of the CHC directors told me that many of the projects I initiated have really taken root. Another MGH nurse visited the hospital after I left and told me that all the healthcare workers were using the soap and sinks I had installed. They had really embraced hand hygiene.

I remember one of the newer nurses I worked with. One afternoon when I was preparing to leave for the day, I worried about a patient who was in critical condition. I wondered if anyone would take responsibility for making sure there was enough oxygen. This nurse told me not to worry—she was going to be on duty that night and would make sure there was enough oxygen. I left that evening elated that this nurse and others had been willing to take the initiative to learn and better themselves.

Looking back on the time I spent in Cambodia, I remember the many obstacles and challenges. But I like to focus on the positive things, like that nurse stepping up for her patient. It gives me hope for the future of nursing in Cambodia and for better health care in general.

Nurse's commitment to patient care leads to best practice on White 11

—submitted by nursing director, Susan Morash, RN and staff of the White 11 General Medical Unit

Can one person really make a difference? Staff nurse, Linda Anastasi, RN, thinks so, and many patients on the White 11 General Medical Unit are glad she does. Anastasi recently lent her considerable determination and creativity to a project designed to help patients who are unable to communicate verbally because of tracheotomies. She recognized the frustration and anxiety caused by this inability to communicate and the negative impact it can have on their care and treatment. So Anastasi set about finding a solution.

Says nursing director, Susan Morash, RN, "Linda is an inspiration to us all. She has proven through her work and devotion to her patients that one person can indeed make a difference."

With the assistance of Susan Wood, RN, clinical nurse specialist, Anastasi reviewed the literature and current research on the subject. She applied for an MGH Making a Difference grant and secured funding to purchase special communication boards (in English and Spanish). Communication boards containing pictures, icons, and letters make it possible for non-verbal patients to communicate their needs in a less stressful, safer, and more dignified manner. The boards were an instant hit with patients and families. When word started to spread about the boards, Anastasi was approached by colleagues from other units asking how they could get communication boards for their patients.

Recently, MGH was visited by a team of consultants who were surveying the hospital to identify opportunities to improve care for persons with disabilities. As they toured White 11, they noticed a poster describing Anastasi's communication boards and applauded the intervention as a best practice. Impressed

Linda Anastasi, RN, staff nurse, White 11 General Medical Unit

by Anastasi's commitment to patient care, they said they plan to share the idea as they tour hospitals across the country.

Today, Anastasi is fighting her own battle. Diagnosed with cancer, having undergone surgery and many rounds of chemotherapy, she is still a devoted nurse and advocate for her patients.

Says Anastasi, "Caring for my patients has given me the strength to cope with this challenge."

The love of her family and the support of her extended family on White 11 and throughout the MGH community have been a tremendous source of comfort.

Though Anastasi is not currently in the nursing rotation on White 11, her caring influence is felt on the unit and beyond. The communication boards she worked so hard to acquire are a daily reminder of her dedication to improve the hospital experience for all patients, including those with disabilities.

Says nursing director, Susan Morash, RN, "Linda is an inspiration to us all. She has proven through her work and devotion to her patients that one person can indeed make a difference."

A simple picture, a stolen hug, a treasured nursing moment

—by Jenny Sweet, RN, staff nurse, Blake 14 Labor & Delivery Unit

Jenny Sweet, RN, staff nurse, Blake 14 Labor & Delivery Unit

The old Chinese woman tottered to the ice machine. She stood, holding her plastic cup, trying to get the dispenser to work. When it failed to give water, she started to turn away. Her black, jaw-length hair was streaked with gray, her face wrinkled and sallow under the hospital lights. Her Chinese peasant jacket emphasized her frailness. I went over and guided her hand to the sensor and held it there until the cup filled with water. We exchanged a smile, then she went back to join her husband on the bench in the hallway. They had been sitting there when I arrived for work early that morning, and they had sat patiently all day while their daughter labored in the birthing room. I had passed them many times. When our eyes met, they would smile and bow their heads in respect. They spoke no English, and I spoke no Chinese, so smiles and nods were the only reassurance I could offer.

They had been sitting there when I arrived for work early that morning, and they had sat patiently all day while their daughter labored in the birthing room...They spoke no English, and I spoke no Chinese, so smiles and nods were the only reassurance I could offer.

Now, their daughter had been taken to the operating room after trying unsuccessfully for many hours to deliver her baby. The old Chinese woman had gone into the birthing room several times to offer support to her daughter and son-in-law, but the old Chinese man had sat, head down and stone-faced throughout the day. As I watched her return to the bench to give her husband the cup of water, their worry hung in the air. As the nurse in charge of the unit, my day had been unusually busy. I so wanted to sit with them for just a moment before my name was called again.

Instead, I adjusted my surgical cap, tied a mask over my face, and went back to the operating room. The baby was crying lustily as the nursery team swaddled her under the warming lights. The mood in the room was happy. I walked to the head of the OR table where husband and wife sat behind a curtain as her abdomen was being stitched. They happily focused on the digital camera and pictures he'd just taken of their new daughter. I congratulated them and reminded them that her parents were waiting anxiously to hear. The conflict was evident—he wanted to go to her parents, but he didn't want to leave his wife. And he was eager to hold his new daughter. Our eyes fell on the small digital camera. He asked me to take the camera and show her parents the pictures.

I trotted out, intent on my mission, and found the old couple sitting sadly on the bench. They stood as I approached. I showed them the camera. As they looked at the pictures of their chubby, pink granddaughter, the age and grayness swept from their faces replaced by utter joy and relief. Suddenly, they stood taller with tears streaming down their faces. I was stunned when they simultaneously grabbed and hugged me, then jumped back, horrified at their breach of Chinese etiquette.

But it was too late. I had felt their euphoria. Tears of my own spilled down my cheeks as I hugged them back. Our bond was set. A simple picture, a stolen moment had said it all.

Too often we become so immersed in our daily work that we forget to take the time to treasure these moments—these moments that truly define us.

PT comes to MGH to find therapist he was 'driven to be'

My name is Marty Boehm, and I'm a senior physical therapist practicing at the Patriot Place Health Care Center in Foxborough. I'm a big fan of music. If this narrative were a song, it would be probably be called, *The Prodigal PT.* (Never say never.) Prior to joining the Physical Therapy Department at MGH, I worked as a member of the PGA Sports Medicine Team from 1996 to 2007. This is similar to the physical therapists and athletic trainers who tend to injured members of the Boston Red Sox, the New England Patriots, and other professional sports teams. This line of work requires extensive travel, sometimes being away from home for 30 weeks a year, as much as four weeks at a time.

I'm a big fan of music. If this narrative were a song, it would be probably be called, *The Prodigal PT.* (Never say never.)

I remember a distinct moment of self-reflection during the Memorial Day weekend of 2004. It was a Saturday evening around 7:00. I was sitting on my bed at a hotel in Columbus, Ohio, setting my alarm for 5:00 the next morning. I had just enough time to grab a quick dinner with a friend before going to bed at 10:00. I started to feel sorry for myself. I thought of my friends back home who were all spending the weekend on Nantucket. I said to myself, "What are you doing?" I was going to bed at 10:00 on a Saturday night while the rest of America was celebrating the unofficial start of summer. I started to think about what had led me to that moment of self-reflection (and self-pity). I mean how bad could it have been—I had just lent my clinical skills to Tiger Woods and had a conversation with Jack Nicklaus earlier that day.

Marty Boehm, PT, senior physical therapist
Patriot Place Health Care Center

But something was missing.

I thought back to a time in Physical Therapy school at Boston University. It was just before graduation, and I was talking with friends about our plans for the future. I was a cocky 24-year-old (with much more hair) who had it all figured out. I planned to work for several years in an outpatient sports facility to get some experience and then open a private practice a few years down the road. If I got lucky, maybe I'd find my way into professional athletics. But I distinctly remember saying I would never (and I used the word *never*!) work in a hospital.

In pursuit of my destiny, I moved west. My first job, in 1993, was at the Kerlan-Jobe Orthopedic Clinic in Los Angeles. It was a physician-owned facility. The 'Jobe' of Kerlan-Jobe was the world-renowned orthopedist, Dr. Frank Jobe. His clinic handled the LA Dodgers, Angels, Raiders, and Lakers. I was sure I'd found my place. But the reality was: professional athletes

continued on next page

comprised only 1% of the practice and even less of my time. The bulk of the practice was workers compensation. By mid-1995, the practice was sold to a corporate conglomerate, and we soon became a very high-volume practice. I started to think there had to be something better.

I saw an ad in the *PT Bulletin* for a physical therapist for the PGA tour. I was in the right place, as Dr. Jobe was also the medical director for the PGA. He put in a good word, and my wish for a career in professional athletics had come true. The prodigal PT left what I had come to call, "the real world" of our profession. No more workers comp. No more Medicare. No more endless chart notes—just golf and travel. My new job took me to some beautiful and exciting places. I was at the Augusta National Golf Club when Tiger won his first Master's event in 1997. I was the physical therapist for the United States Ryder Cup team that staged the ultimate comeback right here in Brookline in 1999. I was invited to dinners with famous golfers such as Jim Furyk and Davis Love III, and I met celebrities like Bill Murray, Nomar Garciaparra, and President George H. W. Bush. Life was good for many years.

Then came that Memorial Day weekend in 2004.

I had met a physical therapist named Bob Donatelli, a well published, well-read therapist who knew and practiced all the current evidence. He was the PT that deep down I wanted to be. It was then I realized I wasn't growing. I was getting these players better so they could compete in their next round of golf, but I wasn't growing as a therapist.

While treating Leonard Thompson, one of the Senior Tour golfers, he said to me, "Marty, when you're done with us, you'll be able to handle just about any patient who comes along."

"Leonard," I said, "I won't deny that you're in a bit of pain right now, but you're able to function. You can do what you need to do to hit the ball. In the real world (I actually said 'real world') physical therapists help people who can't function, people who can't lift their children, or go to work let alone swing a golf club. That's where the real challenge is."

I knew it was time to start my journey home. Between 2004 and 2007, I got certified in manual therapy, I got my transitional DPT, and I registered for the OCS exam. But something was still missing.

I knew I didn't want to go back for a 13th season on the tour. I felt lost. I certainly wasn't ready to start a practice of my own, and I didn't know any physical therapists in Boston even though I'd lived here for seven years. I went to the American Physical Therapy Association website and came across a familiar name. I decided to reach out to this person from my past. His name was Jim Zachazewski, and he had taught the first continuing education class I took back in 1994. I contacted 'Zach' for some advice on where to start looking and he was kind enough to meet with me. Fully expecting him to direct me to some private practice, he said, "Have you ever thought about working in a hospital?" (Refer to paragraph four on opposite page. Never say never.)

The word prodigal is defined as, "rashly or wastefully extravagant." Although I didn't live an extravagant lifestyle, I did feel I had squandered time. I had missed out on years of professional development and experience for the one-dimensional practice of working with pro golfers. I wouldn't change my life decisions, as those years on tour helped shape the person I am today. But the moral of the parable of the prodigal son is that we all have the opportunity to change. We can all change at any given time to become the person we're driven to be.

I had missed out on years of professional development and experience for the one-dimensional practice of working with pro golfers... But the moral of the parable of the prodigal son is that we all have the opportunity to change. We can all change at any given time to become the person we're driven to be.

My resume was given to Rebecca, and she took a chance on a guy who hadn't written an SOAP note in 12 years and had no idea what a Medicare certification was. Rebecca welcomed the prodigal PT to his new home. Aaron Moore drew the 'short straw' and became my preceptor. Diane Plante helped make my transition seamless. And here I am. The prodigal PT found a new beginning in the place he least expected to find himself.

But the PT I am now is not the PT I was then, and that's because of all my colleagues in Physical Therapy. Whether they know it or not, they've all had an influence on my practice. From developing leadership skills with Mike, Rebecca, and Zach, to problem-solving with Christine O'Donnell, to communication skills with Diana Czulada, to the life lessons of the tenacious and determined, Julie Bosworth, and the easy-going Jillian Vai.

Not a day goes by at MGH where a conversation doesn't start with the words, "I have this patient…" and one of my colleagues will bring new insight and direction to the conversation. We drive each other as much as we drive ourselves, and we do so because it's in the best interest of our patients. I would like to thank my colleagues (too many to mention by name) for leading us to these new insights and guiding us to where we are today.

Re-designing the RN Orientation Program

—by Gino Chisari, RN, director
The Norman Knight Nursing Center for Clinical & Professional Development

The new program is an expanded, six-day learning experience. Each day has a different patient- and family-centered focus geared toward helping nurses attain knowledge that can be applied to patient care under the supervision of a preceptor.

Beginning in January, 2010, The Norman Knight Nursing Center for Clinical & Professional Development, in collaboration with nursing directors, clinical nurse specialists, and others, will launch a new, re-designed RN Orientation Program. The Orientation Re-Design Task Force, co-chaired by nursing director, Ann Kennedy, RN, and professional development specialist, Laura Sumner, RN, took an 'outside-the-box' approach to creating a progressive pathway for mastering nursing competencies. The pathway is intended to help new nurses transition into professional practice and help experienced nurses new to MGH assimilate into our culture.

The re-designed RN Orientation Program creates a plan for professional development that focuses on individual needs. The process is seamless, flexible, user-friendly, and should be easily understood by all. The program, which will be carefully evaluated, promotes the core nursing competencies of:

- quality and safety
- patient- and family-centered care
- professional practice, the environment, and evidence-based practice
- nursing knowledge and critical thinking
- communication
- teamwork and collaboration
- leadership
- technology and skills

The new orientation program is an expanded, six-day learning experience. Each day has a different patient- and family-centered focus geared toward helping nurses attain knowledge that can be applied to patient care under the supervision of a preceptor. For experienced nurses, it's an opportunity to become immersed in our professional practice culture. Each portion of the new program uses case-studies involving "family."

"The Family" is a learning methodology that incorporates multiple patient-family scenarios to illustrate the complexities of patient care. The nurse orientee has an opportunity to apply critical thinking, reasoning skills, and care-planning strategies in selecting appropriate interventions. Each learning experience is based on a bio-psycho-social history of a particular family member. Families encompass the entire age continuum so each orientee experiences scenarios involving children through older adult patients.

The re-designed RN Orientation Program includes reference materials for the preceptor, nursing director, and clinical nurse specialist. Study time, skill practice time, and other activities are built into the program. I look forward to your feedback as our new nursing colleagues are oriented through the new program.

For more information about the RN Orientation Program, call the Knight Center at 6-3111.

Blum Center celebrates 10th anniversary

—by Jennifer Searl, health educator

The Maxwell & Eleanor Blum Patient and Family Learning Center celebrated its 10th anniversary, November 5, 2009, with an open house for staff, patients, and families. An estimated 200 people stopped by the Center to enjoy refreshments and commemorate this important milestone.

Taryn Pittman, RN, patient education specialist and manager of the Blum Center, welcomed attendees and introduced special guests Betty Ann Blum, daughter of Maxwell & Eleanor; Jeanette Ives Erickson, RN, senior vice president for Patient Care; and Gaurdia Banister, RN, executive director of The Institute for Patient Care. Pittman gave an overview of the many services offered by the Blum Center, including some new initiatives. In addition to helping patients and families find health information, the Blum Center supports clinical staff around patient education and partners with the Stoeckle Center around shared decision-making. New programs for patients and families include monthly book talks and open houses.

Betty Ann Blum, daughter of Maxwell & Eleanor Blum, speaks at anniversary ceremony.

Banister presented the results of a recent survey that showed the impact of the Blum Center on MGH patients and families. Of patients surveyed, 97% said they learned more about their illness or condition; 89% said the information helped them better communicate with healthcare providers; and 85% said they became more involved with treatment decisions.

Ives Erickson recounted her first meeting with Maxwell and Eleanor Blum and extolled their dedication and generosity to MGH. She read a statement from James Mongan, MD, Partners CEO, who expressed his appreciation to the Blum family for their ongoing support and philanthropy.

Blum shared that her parents truly loved MGH and applauded the dedication of, "the amazing staff who carry out the legacy of their philosophy."

Blum Center staff include: Taryn Pittman, RN, patient education specialist and manager; Judy Gullage, RN, patient education nurse; Jen Searl, health educator, and Christine Greipp, health education research coordinator. For more information, call the Blum Center at 4-7352.

Diversity, understanding, and the holidays

—by Deborah Washington, RN, director, PCS Diversity

If there's one time of year when diversity is experienced most intensely, it's the holiday season. People take their personal beliefs and holiday traditions very seriously. As an organization committed to creating a welcoming environment to people of all cultures and backgrounds, we try not to let any single ideology overshadow any other. That single thought was the impetus behind our annual practice of hanging posters depicting the many holidays that occur at (or around) this time of year. We called it, 'Honoring Traditions' because that's what we set out to do—identify and honor the many different traditions that people observe around the world and right here at MGH. As you can imagine, deciding which traditions to include was a daunting task as there are as many belief systems as there are people in the world. No two individuals share exactly the same religious beliefs, spiritual outlook, or philosophical perspectives. And we're a richer community for the diversity of thoughts and ideas we share.

Whether by intention or not, we were all drawn to health care for a reason. In that respect, we are like-minded people. We're all committed to providing the best possible care to patients and families. We're all driven to be the best in our respective disciplines and professions. And in that respect, our like-mindedness is inclusive, desirable, even enviable. It is when like-mindedness becomes *exclusive* that it is harmful and must be eschewed. People want to feel 'a part of' not 'apart from.'

Our Honoring Traditions posters began as an effort to make people feel included, to educate ourselves and others about different practices and beliefs. The time between Thanksgiving and New Year's has become a time of reflection. Since 2007, civic leaders in Boston have deemed it a 'season of peace,' calling for a reduction in crime and gang violence. It is appropriate that between our national day of thanksgiving and the dawn of a new year, we turn our attention to thoughts of peace and unity. That's why we chose this time of year to honor diverse traditions.

Much thought was put into selecting and designing our holiday posters. Every effort was made to be fair, respectful, and inclusive. Over the years, we have received much feedback and many constructive comments—as with any creative endeavor, you can't please everyone. We will continue to incorporate the feedback we receive as we consider ways to update posters to better reflect the beliefs of the MGH community. But I think the most important message is: even if we may find fault with the rendering of any one poster, we can still appreciate the spirit of harmony they were intended to convey.

I'm reminded of the Mayflower voyagers who came as strangers to an unfamiliar land, whose unexpected arrival thrust the lives of the natives into turmoil. It's ironic that we now find ourselves in the role of the natives, struggling to cope with the arrival of modern-day newcomers.

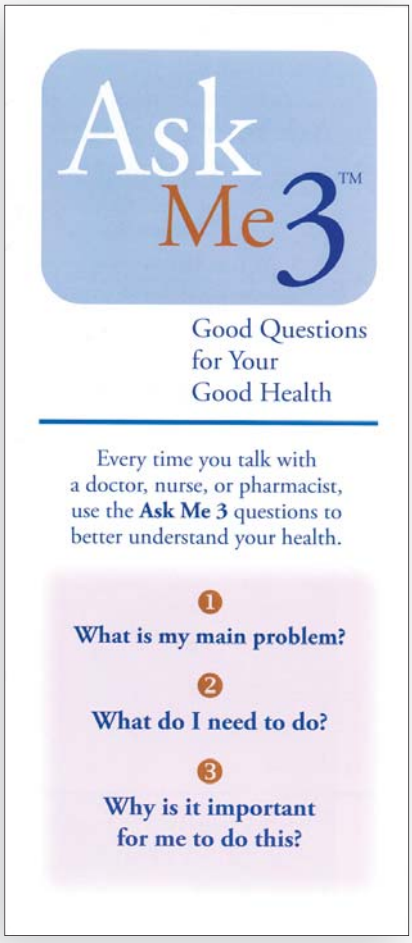
Regardless of our religion or heritage, our goal is to make everyone feel welcome in the New World.

Ask Me 3: Good Questions for Your Good Health

—by Sarah Ballard Molway, RN; Joan Gallagher, RN; and Katie Russo, OTR/L
for the Patient Education Committee

What is my main problem? What do I need to do? Why is it important for me to do this? "Ask me 3" is a campaign developed by the partnership for Clear Health Communications at the National Patient Safety Foundation to encourage communication between healthcare providers and patients. Medical terms are so familiar to healthcare providers that we sometimes forget how complex they can seem to patients and families. Advice and instructions can be overwhelming, and that alone can prevent patients from complying with care plans and treatment. The goal of Ask me 3 is to lessen the gap in health literacy by improving communication between patients and providers. Encouraging patients to ask *three* basic questions can help simplify the process, give patients a sense of control and confidence, and enhance patient-provider rapport. Studies show that patients who understand their health instructions have better health outcomes.

Health literacy is defined as, "the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions." Being able to ask questions and advocate for yourself in a complex healthcare system is essential. *Ask Me 3: Good Questions for Your Good Health* is a guide intended to help patients do just that. The brochure is free, downloadable, and available in many languages. It's written in simple language and addresses many of the root concerns related to health literacy and understanding.



Ask Me 3 can be used in conjunction with other strategies such as the teach-back method and using the most appropriate format to communicate health information (written, verbal, visual, or demonstration) to ensure patients understand. The most powerful tool is creating a safe and welcoming environment for patients and families. Patients may need to be encouraged to ask questions. It's important to keep a dialogue going from appointment to appointment.

In June, the Patient Education Committee piloted the *Ask Me 3* brochure in the outpatient Occupational Therapy Department. Patients received an *Ask Me 3* brochure at their initial evaluation and, with therapists' guidance, incorporated the concepts into future appointments and therapy sessions. Occupational therapists received positive feedback with patients reporting they felt less nervous and better prepared for appointments.

In the coming months, *Ask Me 3* brochures will be used in both Occupational Therapy and Physical Therapy outpatient settings. The Patient Education Committee will continue to work with departments throughout the MGH community to implement the Ask Me 3 approach. Ask Me 3 is a simple but effective method to improve patient-provider communication across the healthcare continuum. For more information about Ask Me 3, contact Taryn Pittman at 4-3822, or visit the National Patient Safety Foundation website at: www.npsf.org/askme3.

Announcements

Invitation to registered nurses

winter/spring 2010 Program

The RN Residency: Transitioning to Geriatrics and Palliative Care Program is now accepting applications for the winter/spring 2010 sessions.

The RN Residency Program provides registered nurses an opportunity to learn and apply current, evidence-based geriatric and palliative nursing knowledge and innovative patient-care delivery models. A combination of didactic teaching and clinical experience, the program aims to strengthen the nursing workforce and improve the quality of nursing care to older adults and their families.

All registered nurses interested in geriatrics and palliative care are invited to apply.

January 19–21, 2010
(plus one day per month through June, 2010)
Classes held at
Simches Research Center

For more information,
call Ed Coakley, RN, at 4-7677

Holiday Songfest

The MGH Chaplaincy invites you to join in its annual holiday songfest

Thursday, December 17, 2009
12:00–1:00pm
in the Main Corridor
Holiday attire is encouraged
Special prize for "best dressed"

All are welcome

Call for Abstracts

Nursing Research Expo 2010

Do you have data that could be presented via a poster? The PCS Nursing Research Committee will be offering classes in abstract-writing. Look for information in future issues of *Caring Headlines*.

Prepare now to submit your abstract to display a poster during the 2010 Nursing Research Expo

Categories:
- Original Research
- Research Utilization
- Performance Improvement

For ideas on getting started, contact your clinical nurse specialist. Co-chairs of the Nursing Research Expo Sub-Committee (Laura Naismith, RN, or Teresa Vanderboom, RN) can also offer assistance.

For abstract templates and exemplars, visit the Nursing Research Committee website at:

www2.massgeneral.org/pcs/The_Institute_for_Patient_Care/NR/abt_research.asp

(Note corrected website)

The deadline for submission of abstracts is January 15, 2010.

Holiday services

Chanukah services:
Friday, December 11, 11:00am
Friday, December 18, 11:00am
Candle-lighting will take place at 4:00pm each evening of Chanukah

Christmas services:
Christmas Day Christian service will be held on Friday, December 25th at 12:15pm.

Roman Catholic masses:
4:00pm on Thursday, December 24th, (vigil Christmas mass)
Friday, December 25th
Thursday, December 31st (vigil mass)
Friday, January 1, 2010

The MGH Chapel is open to those of all faiths and spiritualities including our friends and colleagues who recently celebrated Ramadan, the Hindu festival of Diwali, and those who will soon celebrate the African American festival of Kwanzaa.

For more information, call the MGH Chaplaincy at 6-2220

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.

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

Publisher
Jeanette Ives Erickson, RN
senior vice president for Patient Care

Managing Editor
Susan Sabia

Editorial Advisory Board
Chaplaincy
Michael McElhinny, MDiv

Editorial Support
Marianne Ditomassi, RN
Mary Ellin Smith, RN

Materials Management
Edward Raeke

Nutrition & Food Services
Martha Lynch, RD
Susan Doyle, RD

Office of Patient Advocacy
Sally Millar, RN

Office of Quality & Safety
Keith Perleberg, RN

Orthotics & Prosthetics
Mark Tlumacki

PCS Diversity
Deborah Washington, RN

Physical Therapy
Occupational Therapy
Michael Sullivan, PT

Police, Security & Outside Services
Joe Crowley

Public Affairs
Suzanne Kim

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

Speech, Language & Swallowing Disorders and Reading Disabilities
Carmen Vega-Barachowitz, SLP

Training and Support Staff
Stephanie Cooper
Tom Drake

The Institute for Patient Care
Gaurdia Banister, RN

Volunteer Services, Medical Interpreters, Ambassadors, and LVC Retail Services
Paul Bartush

Distribution
Ursula Hoehl, 617-726-9057

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

Next Publication
January 7, 2010

Educational Offerings – 2009–2010

December 21

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 4

Oncology Nursing Concepts

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

January 5

BLS/CPR Certification for Healthcare Providers

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

January 5

Pediatric Simulation Program

Founders 335
12:30–2:30pm
Contact hours: TBA

January 6

PALS Instructor Class

Thier Conference Room
8:00am–4:30pm
No contact hours

January 6, 8, 14, 15, 27 & 28

Boston ICU Consortium
Continuing Education
Pharmacology Update

BWH
8:00am–4:30pm
Contact hours: TBA

January 7

Intermediate Arrhythmia

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

January 13

Simulated Bedside Emergencies for New Nurses

POB 419
7:00am–2:30pm
Contact hours: TBA

January 14

BLS/CPR Re-Certification

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

January 15

Management of Patients with Complex Renal Dysfunction

Founders 311
8:00am–4:30pm
Contact hours: TBA

January 20

BLS/CPR Re-Certification

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

January 20

Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

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

January 21

BLS/CPR Certification for Healthcare Providers

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

January 22

PALS Re-Certification

Simches Conference Room 3-110
7:45am–4:00pm
No contact hours

January 22

PCA Educational Series

Founders 325
1:30–2:30pm
No contact hours

January 25

Assessment and Management of Psychiatric Problems in Patients at Risk

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

January 25 & 26

Intra-Aortic Balloon Pump

Day 1: BMC
Day 2: Founders 311
8:00am–4:30pm
Contact hours: TBA

January 29

Heart Failure: Guidelines for General Care Nurses

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

February 1

BLS Heartsaver Certification

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

February 1 & 8

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

EMAPPS rolled out hospital-wide

This electronic medication-administration system is a safer, more efficient method of administering and documenting medications.

On October 20, 2009, the eight-month, hospital-wide implementation of the Electronic Medication Administration Process for Patient Safety (EMAPPS) on inpatient units was completed. This electronic medication-administration system is a safer, more efficient method of administering and documenting medications. Using bar-coded medications, patient wristbands, and clinician identification badges, EMAPPS electronically links the medication administration process to prevent medication-related errors.

Said Jeanette Ives Erickson, RN, senior vice president for Patient Care, "This major safety initiative, led by a dedicated and talented team, will have a profound impact on our work. Our medication processes will be safer; our staff members will be safer; and most importantly, our patients will be safer."

The roll-out, which began in March, 2009, and encompassed approximately 900 beds, required the collaboration and support of employees and departments throughout the hospital. Participants had occasion to celebrate their achievement at a special reception on November 6th under the Bulfinch Tent.

The system will continue to be enhanced to meet the needs of patients and staff as they are identified. For more information about EMAPPS, contact Rosemary O'Malley, RN, staff specialist, at 6-9663.

Caring Headlines
December 17, 2009
Returns only to:
Bigelow 10 Nursing Office,
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA