Caring Headlines
June 10, 2010

MGH celebrates hand-hygiene success

See story on page 4

Physical and Occupational Therapy were among those recognized for outstanding performance in helping MGH achieve its first-ever 90/90 year in hand-hygiene compliance.

The newsletter for Patient Care Services
Massachusetts General Hospital

The MGH Fund

Supporting our hospital, supporting our patients

In recent years, a growing number of employees have made donations to the hospital as a show of support, an expression of gratitude, or in memory of a friend or colleague.

We're fortunate that the care we deliver, the work we do at MGH engenders confidence and trust in our patients and their families. Often grateful patients give back to the hospital in the form of donations that go to support valuable programs, research, and services. In a very real sense, these donations enable us to make a meaningful difference in the lives of our patients.

And it's not just patients and families who want to give something back. In recent years, a growing number of employees have made donations to the hospital as a show of support, an expression of gratitude, or in memory of a friend or colleague.

When donors contribute to MGH, sometimes they specify how and where they want their donations to be used. Sometimes, however, monetary gifts are received with no restrictions or requests for how the money should be applied. When this happens, the money is put into The MGH Fund. The MGH Fund is used at the discretion of hospital leadership to support any number of programs or initiatives based on current priorities.

Donations to The MGH Fund have supported many important programs over the years:

- In 2006, The MGH Fund supported the Yvonne L. Munn Nursing Research Program to promote evidence-based nursing practice and establish the nurse scientist and nurse researcher roles in advancing safe, high-quality, cost-effective care
- After the devastating earthquake in Haiti earlier this year, money from The MGH Fund helped establish the Haitian Relief Fund that provided meaningful support to employees affected by this tragedy. More than $175,000 was donated by MGH employees for their Haitian colleagues
- It was money from The MGH Fund that helped create the Be Fit Program, a fitness program for employees that encourages exercise, good nutrition, and a healthy lifestyle
- Clinical Innovation Awards enable caregivers to explore new ideas and implement new ways of improving care. One Clinical Innovation Award recently funded a project to improve communication between clinicians, patients, and families in the ICU

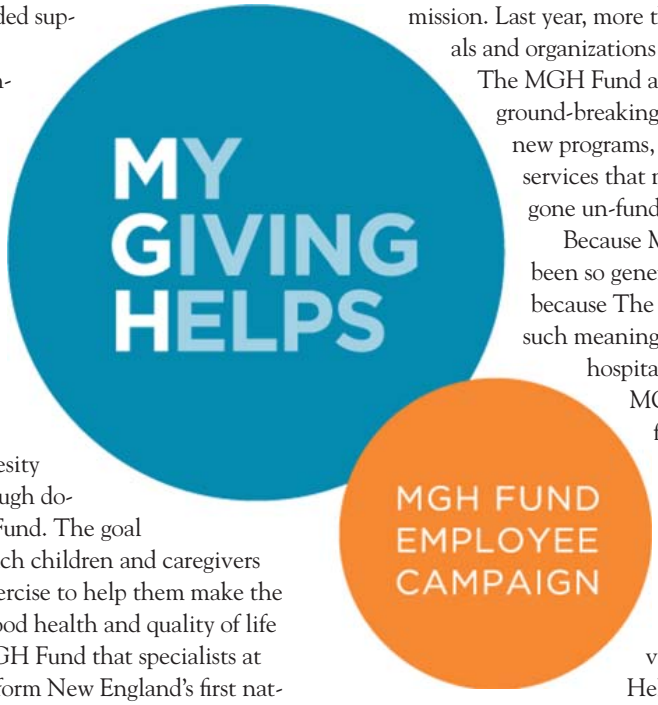
Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

continued on next page

setting. Another was used to gain understanding of the cardiovascular effects of chemotherapy on women with breast cancer

- The MGH Fund provided support for the Red Sox Foundation in establishing the Home Base Program, an initiative that helps men and women in the armed forces receive the medical and psychiatric care they need as they return from active duty in Iraq and Afghanistan
- An initiative geared at reducing childhood obesity was made possible through donations to The MGH Fund. The goal of the program is to teach children and caregivers about nutrition and exercise to help them make the connection between good health and quality of life
- It is because of The MGH Fund that specialists at MGH were able to perform New England's first natural orifice translumenal endoscopic surgery, a procedure by which the gallbladder is removed without an abdominal incision

Because MGH employees have been so generous in the past, and because The MGH Fund provides such meaningful support to our hospital and our patients, MGH is launching its first-ever MGH Fund employee giving campaign: My Giving Helps.



Whether supporting patient care, research, education, or community outreach, The MGH Fund has had a profound impact on our ability to advance our mission. Last year, more than 13,000 individuals and organizations donated directly to The MGH Fund allowing us to pursue ground-breaking research, implement new programs, and provide valuable services that might otherwise have gone un-funded.

Because MGH employees have been so generous in the past, and because The MGH Fund provides such meaningful support to our hospital and our patients, MGH is launching its first-ever MGH Fund employee giving campaign: My Giving Helps. For information about the campaign or to make a donation, visit the My Giving Helps MGH Fund Employee Campaign website at: http://intranet.massgeneral.org/give. With our help, the possibilities really are limitless.

In this Issue

Hand hygiene: a journey to excellence

On Wednesday, May 12, 2010, the MGH community came together to celebrate the hospital-wide success of sustaining hand-hygiene compliance rates of better than 90% before and after contact for the year 2009—our first-ever 90/90 year. Sponsored by the STOP Task Force and the Infection Control Unit, the event also marked the ten-year anniversary of the adoption of Cal Stat as a hand sanitizer at MGH (replacing soap and water).

In her opening remarks, infection control staff nurse and STOP Task Force project manager, Judy Tarselli, RN, observed, "We have been on an incredible journey. We've overcome challenges, worked together as a team, and reached a great milestone. Today is about celebrating hand hygiene champions, hospital leaders, and all the people who supported this work behind the scenes. We couldn't have done it without you."

Gifts and certificates of achievement were presented to champions, and a special video was shown chronicling their creative efforts to communicate the importance of good hand hygiene.

McGruff, the MGH Police & Security Crime Dog, made a surprise appearance replacing his 'Crime-fighting' hat with a '*Grime*-fighting' hat, greeting attendees with a squirt of Cal Stat.

The Hand Hygiene Program is one of the most successful quality and safety initiatives in the hospital. Studies show that as hand hygiene compliance has improved, certain healthcare-associated infections have seen record-breaking decreases. MGH recently recorded its lowest rate ever for healthcare-associated MRSA despite an almost three-fold increase in the number of patients presenting with known MRSA. And since the introduction of Cal Stat in 2000, MGH has seen a 97% decrease in cases of hand dermatitis among healthcare providers.

All units and role groups were recognized for their achievements. Physical and Occupational Therapy were recognized for consistent outstanding performance including best overall performance of any role group and maintaining a perfect 100/100 compliance rate for nearly one year

The Ellison 11 Cardiac Unit was recognized as the first unit to achieve an annual average compliance rate of 95/95 or better.

The Bigelow 7 Medical ICU was recognized for being the first adult care unit to achieve 100/100 for an entire quarter and for annual rates of 97/98 in 2009.

Bigelow 9 and Blake 10 achieved annual compliance rates of 90% after contact for four consecutive years.

Says STOP Task Force project manager, Heidi Schleicher, RN, "This is a three-way good-news story: it's good for our patients. It's good for our staff. And it's good for our hospital."

For more information, call 6-6330.

McGruff, the 'Grime-Fighting' Dog, with his hand-hygiene 'deputies'

Nurse practitioners: new patient- and family-centered care model

—by R. Gino Chisari, RN, director, The Knight Nursing Center for Clinical & Professional Development, and Julie Goldman, RN, professional development manager

MGH enjoys a reputation as one of the world's finest hospitals. That reputation is built on a cornerstone of exceptional care in all settings. As health care continues to change and evolve, we're seeing a shift in the role of the nurse practitioner, once the mainstay of the outpatient setting. Soon, MGH will welcome a number of new nurse practitioners to the inpatient setting, including Oncology, General Medicine, and certain intensive care units.

Nurse practitioners are integral members of the healthcare team, answering the need for sophisticated nursing expertise in many areas. Today, nurse practitioners are more knowledgeable, more involved, and in greater demand than at any other time in history. On May 10, 2010, MGH added a new chapter in the story of nurse practitioners when it launched the Critical Care Nurse Practitioner Program in the Surgical ICU and the Post Anesthesia Care Unit (PACU). Nurse practitioners are being oriented into the ICU setting in a program that partners the departments of Nursing, Critical Care Anesthesia, the MGH Institute for Health Professions, and The Knight Nursing Center for Clinical & Professional Development. Orientation is a 15-week, three-phase approach that utilizes preceptors from Critical Care Anesthesia and Nursing, additional faculty from Respiratory Care, and other members of the interdisciplinary team.

Nurse practitioner, Nancy Derosa, RN, confers with Perren Cobb, MD (left), and medical student, Brian Lawson, in the Ellison 4 Surgical ICU.

Says Susan Tully, RN, nursing director in the Surgical ICU, "Bringing nurse practitioners into the intensive care setting makes sense. We have three new nurse practitioners who are integrating beautifully into the flow of the unit. We already see collaboration, education, and teamwork among all members of the care team. I know their contributions will improve the quality of care in the SICU."

The idea of bringing nurse practitioners into the critical care setting was the brainchild of senior vice president for Patient Care, Jeanette Ives Erickson, RN, and chief of Critical Care, Perren Cobb, MD. Together, they formed a design team from Critical Care Anesthesia and Nursing to implement a new model of patient- and family-centered care. Under the new model, care is delivered in a manner that maximizes the expertise of nurse practitioners as they work in collaboration with physicians.

This is an exciting time in the evolution of this new model of care. For more information, contact Gino Chisari, RN, at 3-6530.

Linda Kelly Visiting Scholar in Women's Health Inaugural Program

—by Donna Perry, RN, professional development manager

Thanks to the generosity of Deborah M. Kelly (no relation to Linda Kelly), the inaugural Linda Kelly Visiting Scholar Program in Women's Health was held April 29, 2010. The program is named for MGH nursing leader, Linda Kelly, RN, who began working at MGH on an inpatient gynecological unit in 1983. In 2009, Kelly became an adult nurse practitioner, and since 1996 she has been the nursing director for Ambulatory Gynecology where she created the triage role for clinical access issues. Her collaborative style led to the implementation of new women's health programs including the Urogynecology Program, the integrated Male Infertility Program, and the nurse-practitioner-led Well Women Visit Program. She was instrumental in designing an electronic medical record specific to assistive reproductive technologies.

Nancy Fugate Woods, RN, professor, Family & Child Nursing and dean emeritus at the University of Washington School of Nursing, the inaugural Linda Kelly visiting scholar

Nancy Fugate Woods, RN, professor, Family & Child Nursing and dean emeritus at the University of Washington School of Nursing, was the inaugural Linda Kelly visiting scholar. Since the late 1970s, Woods has led a program of research in women's health that has resulted in improved understanding of menstrual-cycle symptoms and transition to menopause, including endocrine, social, and personal factors that influence symptoms and approaches to symptom-management.

Woods' visit included a full day of events designed to advance knowledge of women's health issues. Her first presentation at interdisciplinary women's health grand rounds was, "From the Menopausal Transition to Healthy Aging: What We are Learning from Longitudinal Studies." Woods visited the inpatient obstetrical units where she engaged staff in dialogue around current research on women's health.

At a nursing research luncheon, members of the Nursing Doctoral Forum, the Nursing Research Committee, and women's health staff had an opportunity to dialogue about advances in nursing research in the area of women's health.

The day culminated in the inaugural Linda Kelly Lecture with a capacity crowd in O'Keeffe Auditorium as Woods presented: "To Use Hormone Therapy or Not? Is this the Right Question? Providing Decision Support for Mid-Life Women." Woods highlighted the progression of knowledge around hormone-replacement therapy for post-menopausal women and how best to support women in making those decisions.

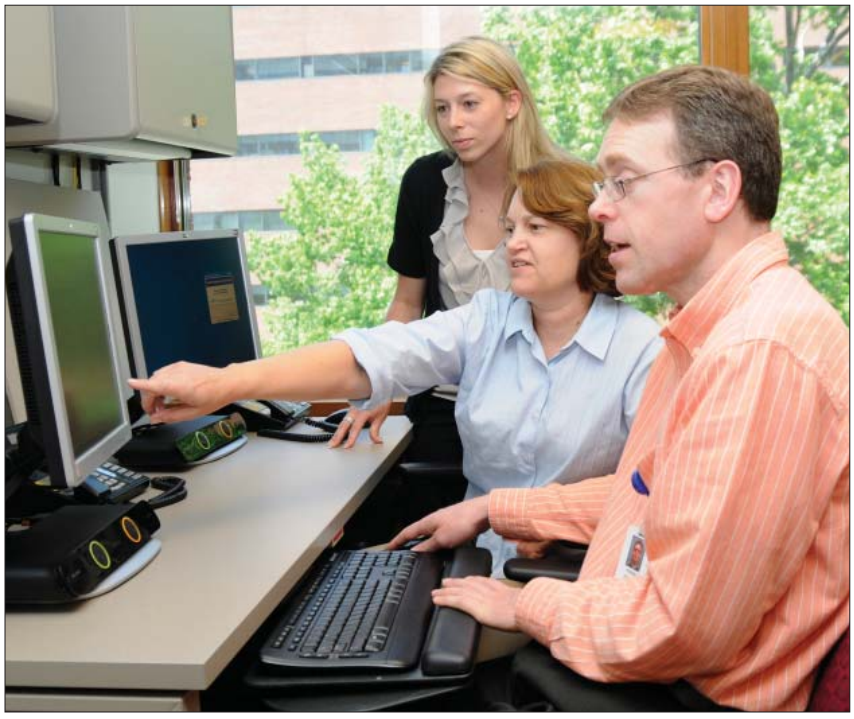
Woods' visit helped advance knowledge while at the same time celebrate the contributions of nursing colleague, Linda Kelly, RN.

Acute Care Documentation Project

a collaborative MGH-BWH effort

—submitted by the ACD Steering Committee

The Acute Care Documentation (ACD) project, a joint MGH-BWH initiative to automate inpatient documentation, uses MetaVision, a sophisticated clinical information system, to manage the information currently housed in the familiar green and gray books. The project is well under way with a number of authoring teams, comprised of content coordinators, information systems builders, and clinical subject-matter experts, working together to identify, validate, and establish the content that will become the basis for electronic inpatient documentation.



In the Burr 3 Training Room, Steve Joyce, RN, ACD clinical lead; Cathy Glynn, RN, ACD IS analyst (center); and Lindsey M'Sadoques, ACD IS analyst, confer about the ACD build-in process.

Designing the end-user documentation screens is an iterative process. Authoring teams review input gathered at last summer's ACD accelerated-design sessions, work with clinicians to validate the information, and make adjustments as needed. Once content is agreed upon, data elements are created in the MetaVision system allowing builders to construct screens based on feedback from the group. The screens are reviewed and modified until all parties are satisfied, then usability testing is performed by a separate usability team to ensure screens are fluid and efficient.

Finally, the proposed screen design is presented to the ACD Joint Content Committee for approval. The Joint Content Committee is comprised of representatives from both hospitals, including ACD business owners, project managers, clinical coordinators, and clinical informaticians. This group has the authority to approve the proposed screens or make suggestions for modification. They act as a decision-making body in the event that authoring teams are unable to come to consensus on a particular topic.

This collaborative, iterative approach to application-design allows a multi-disciplinary team to create a single electronic record according to evidence-based content and sound informatics principles.

For more information on about the Acute Care Documentation Project, contact: Ann McDermott, RN, ACD project manager, at 3-6983, or Sally Millar, RN, director, Patient Care Services Informatics, at 6-3104.

ICU nurse learns sometimes courage comes in small packages

My name is Anastasia Tsiantoulas, and I am a nurse in the Blake 12 Neuroscience ICU. My practice has been impacted by many patients and families over the years, but one stands out in my mind. Mr. N, was a 34-year-old father and husband visiting Boston from out of state. He had come to spend Thanksgiving with his family when he found himself in the wrong place at the wrong time.

Mr. N, was a 34-year-old father and husband visiting Boston from out of state. He had come to spend Thanksgiving with his family when he found himself in the wrong place at the wrong time.

We were told that Mr. N had been shot in the head Thanksgiving morning some time after midnight while a passenger in his cousin's car. Specifically, he had been shot through the left eye, and the bullet was lodged in the base of his skull where it would have to remain. He sustained multiple facial and skull fractures. Mr. N would have to endure numerous surgeries: to treat the edema around the brain and prevent brain death; to remove the many fragments of the bullet that had dispersed in the brain tissue; to remove his eye and have a prosthetic placed; to have the eye socket reconstructed; and to repair facial fractures. He would also need a tracheotomy and feeding tube for his long-term care needs.

Mr. N's initial prognosis was very poor. His family was prepared for the worst. They showed great understanding. I was impressed by their demeanor from the start.

More details of the situation surfaced in the weeks that followed. Mrs. N shared most of the story. She and her husband and daughter had just arrived in Boston by bus to spend Thanksgiving with their family. The 'younger crowd' had wanted to go out dancing at a local club, so she and her husband tagged along. Afterward, in the parking lot, eight people crowded into their small car, some sitting on laps, others squeezed in side-by-side. Mrs. N was on her husband's lap in the front seat when two men approached the car with guns drawn and opened fire. Mrs. N recalled her husband forcing her head down and protecting her with his own body.

Anastasia Tsiantoulas, RN, Blake 12 Neuro ICU

"That bullet in his brain was meant for me," she said.

Several other members of the family were hurt, some requiring hospital care. Mr. N sustained the most serious injury, but they all acknowledged how 'lucky' they were.

Mr N's cousin had been driving the car and was now in the ICU with a collapsed lung and chest tubes. He had recognized the assailants and was overcome with guilt at what had happened. For all these reasons, our care of Mr. N required extensive family support. We worked with the team in the ICU that was taking care of Mr. N's cousin to coordinate a visit between the two men. It took a long time, but eventually, we pulled it off.

continued on next page

Mr. N's 8-year-old daughter was devastated when she learned her father was in the hospital and might not survive. Emotional support was a priority for the whole family, but most important to me, was this 8-year-old girl whose life had just been turned upside-down in a city far away from home. Having a son her age gave me insight into how to approach her and what her level of understanding might be.

We started by having her come to the hospital, but not into the ICU. She sat in the waiting room with some coloring books and games and played with other members of her family. I would come out and visit and give her updates on her dad's progress. I put her in charge of filling out the "Get to know me" poster and decorating it however she liked. She looked forward to our "meetings." She even asked to speak with me alone in the serenity room. She was mature beyond her years.

She knew she'd have to return home soon. She had already missed a week of school. She voiced her concern that something bad might happen if she left. Her family and the entire nursing staff assured her that her dad would be well cared for while she was in school. I told her she could call me and we could have our meetings over the phone; a nurse would always be available to tell her how her dad was doing. This alleviated a lot of her worry. After she left, she called the first few days, but the calls stopped after a while.

When I asked her mother why she wasn't calling, she said, "She knows he's okay." I took that as a sign of trust—this little lady felt comfortable enough not to worry. I was relieved.

Mr. N's daughter returned after a couple of weeks to visit. Our routine continued, but this time she asked when she could actually see her father. Mr. N had stabilized. He was healing well, his pain and sedation were under control, and his facial swelling had dramatically decreased. Mrs. N thought he looked more like himself.

I knew that in order to keep this trusting relationship going, I needed to give this little girl a concrete answer. We decided on Sunday afternoon.

On Friday, we drew pictures of the ICU so she would be prepared for what the room looked like. On Saturday, we talked about all the noises and beeps she'd hear and what all the machines were for. On Sunday, she anxiously waited to see her father. She smiled from ear to ear in the waiting room with her mom and several other family members at her side. Everyone was nervous about how she would react. I really believe we (the family and the nurses) were more nervous than she was!

She had come bearing smiles and balloons! She took my hand and said, "Let's go."

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As we approached the room, her hand squeezed mine. I reminded her that she could turn back at any time. I wanted her to know it was okay to change her mind. But there was no way this little girl wasn't going to see her father.

As we stepped into the room, an alarm went off.

She jumped back, momentarily startled, then said, "Is that the IV-pump alarm or the ventilator?"

She remembered everything we had talked about. I was so impressed. She let go of my hand and walked up to her father. She started talking to him as if it were a typical two-way conversation. She talked about school and the weather. After a moment, she turned to her mother and me and asked us to step out. There were tears running down her cheeks. I made sure Mr. N and his daughter were okay. I pulled a chair up beside the bed so she could sit beside him. Then we stepped outside. We watched through the glass door as she sat down, held his hand, and talked to him. We couldn't hear what she was saying, but we could see her crying.

After a few minutes, she stood and kissed her father on the cheek. We all walked back to the waiting room, and she told the family how good her dad looked.

Mr. N did very well. His daughter continued to come to town to visit on weekends. When he was better, he transferred to a general-care unit until his discharge to a rehabilitation facility in his home state. Mr. N and his wife came to see us before they left. She was glad he was going to be closer to home so their family could be together again.

I learned so much from this family. Perhaps most of all, I learned what true courage looks like—from an 8-year-old little princess.

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

Anastasia understood the trauma this family suffered. She carefully tailored her interventions to meet the needs of each family member, and she was especially cognizant of the impact Mr. N's injury had on his daughter. Anastasia's use of age-appropriate communication, drawing, honesty, and one-on-one 'meetings' helped indoctrinate this little girl to the scary setting of the ICU. I think both Mr. N and his daughter benefitted from Anastasia's very insightful care.

Thank-you, Anastasia.

The Mary Forshay Scholarship to Support ALS Care

—by Julie Goldman, RN, professional development manager

On May 11, 2010, Donna Hoffman, RN, staff nurse in the Respiratory Acute Care Unit, became the first recipient of the Mary Forshay Scholarship to Support ALS Care. Hoffman was recognized for her passion, caring, and sensitivity in the care of ALS patients.

Forshay's husband, Robert, and family established the scholarship in Forshay's memory to recognize compassionate care of ALS patients and promote education in ALS care. Forshay was a nurse for more than 30 years; she was a passionate advocate for patients and families. During her illness, Forshay was cared for by Hoffman in the Respiratory Acute Care Unit. Her family and friends felt that offering a scholarship to help a nurse attend the ALS Association's National Conference would be a fitting tribute and at the same time advance the care of ALS patients.

Forshay scholarship recipient, Donna Hoffman, RN (center), with Robert Forshay and Mary Lou Kelleher, RN

Hoffman has been a nurse for many years. As far back as she can remember, nursing has been her passion. She practiced in a variety of settings including acute care, case management, and rehabilitation before coming to MGH in 2002. While caring for a home-care patient with respiratory complications, Hoffman saw the impact of respiratory illness, the challenges faced by patients, and their courage. They were the reason she shifted her focus to pulmonary rehabilitation nursing.

Mary Lou Kelleher, RN, clinical nurse specialist and Forshay family friend remarked, "As a family, we always felt good when Donna was working. She collaborated with us and always made us feel welcome to be with our Mary. Selecting her as the first recipient of this award was an easy choice. Going forward there will be a more formal nomination and selection process."

Said Hoffman, "Mary had a tremendous spirit. She knew what to expect because she had cared for her own mother. I was impressed by her courage, bravery, and dignity. I feel honored to be the first recipient of the Mary Forshay Scholarship and welcome the opportunity to attend the National ALS Conference, to learn and share that knowledge with my colleagues, patients, and families."

For more information about the Mary Forshay Scholarship, call Julie Goldman, RN, at 4-2295.

Gillette Center for Breast Cancers 2010 Memorial Service

—by Julie Berrett, LICSW; Corinne Holbrook, LICSW; Jean O'Toole, PT; and Nancy Schaeffer, RN

On May 10, 2010, a special memorial service was held in O'Keeffe Auditorium to honor the lives of past patients of the Gillette Center for Breast Cancers. More than a hundred people attended the service, including family members, friends, and clinical and support staff of the Gillette Center. The service was planned by representatives from Social Services, Nursing, Administrative Support, the Chaplaincy, Research, and Physical Therapy.

Nancy Schaeffer, RN, nurse practitioner, opened the service with a moving introduction describing the privilege of caring for the men and women who come to the Gillette Center and entrust us with their care. She thanked families for the opportunity to accompany them on such a private journey.

Beverly Moy, MD, echoed those sentiments in her remarks, "Reflections on Caring for Our Patients." She shared some of her own experiences and expressed gratitude for the honor of being allowed to partner with patients and families during the most difficult times of their lives.

The names of the deceased were read aloud, and families were given long-stemmed roses donated by the Ladies Visiting Committee. Photographs of patients were displayed in a memorial slide show followed by inspirational readings and a blessing by oncology chaplain, Katrina Scott. A reception after the service gave friends and family members a chance to reconnect with caregivers.

> "We are not alone; beyond the differences that separate us, we share one common humanity and thus belong to each other. The mystery of life is that we discover this human togetherness not when we are powerful and strong, but when we are vulnerable and weak."
>
> —Henri J. M. Nouwen
> Dutch writer and spiritual leader

Said one member of the planning committee, "The service was an opportunity to celebrate the lives and legacies of our patients. There's so little we can do to ease the pain of loss, but coming together and acknowledging the lives of these individuals is healing for families and staff alike. We plan to hold this service annually in hopes that one day, there will be no more names to read."

For more information about the memorial service, contact Julie Berrett, LICSW, oncology social worker, at 617-643-2355.

Staff Perceptions of the Professional Practice Environment Survey

The survey was developed to obtain feedback from staff about the environment of practice at MGH. We know that to enhance the quality of care, it is important that staff feel supported in their professional practice.

Question: What is the purpose of the Staff Perceptions of the Professional Practice Environment Survey?

Jeanette: The survey was developed to obtain feedback from staff about the environment of practice at MGH. We know that to enhance the quality of care, it is important that staff feel supported in their professional practice. The Patient Care Services leadership team uses the information to design projects that will improve the practice environment for clinicians.

Question: Who receives the survey?

Jeanette: The survey is e-mailed to all direct-care providers throughout Patient Care Services. Hearing from you is very important. I'm hoping for the highest response rate ever this year.

Question: Is anything different this year?

Jeanette: This year, we're augmenting the survey with additional psychometric scales to give us more in-depth information about clinicians' job satisfaction. In 2006, we introduced the on-line version of the survey, which was very popular, so this year, the survey will be administered on-line only.

Question: Does my participation really count?

Jeanette: Absolutely. This survey is a way for me to hear directly from you about how we're doing in creating an environment where you feel supported in your practice. Many changes have occurred based on feedback from this survey. I hope you'll take the time to complete and return it.

Question: What about confidentiality?

Jeanette: The survey is voluntary, and all answers are completely confidential. Each survey contains a randomly generated ID number, which is used by The Yvonne L. Munn Center for Nursing Research. The only purpose the number serves is to allow clinicians to complete the survey on-line over multiple sessions, and to prevent multiple surveys from being submitted by one person. Neither the ID number nor survey answers are shared with anyone in Patient Care Services. *Survey responses are not linked to any individual.*

Question: Who sees the results?

Jeanette: Results are viewed at three organizational levels: my executive team (PCSEC), discipline-specific leadership (nursing, social work, chaplains and the therapies) and leadership on each patient care unit. At each level there should be discussion about what the survey tells us and how we can use the information to improve our practice environment. This is a very real opportunity to ensure that MGH remains the employer of choice for disciplines within Patient Care Services.

For more information, call 3-0431.

Raising public awareness about medical interpreters

Question: I understand the Department of Public Health recently launched a public-awareness campaign promoting medical interpreter services.

Jeanette: Yes. On May 6, 2010, the Massachusetts Department of Public Health launched a campaign to inform Limited English Proficient (LEP) patients of their right to a medical interpreter at no cost, particularly in emergency departments.

One out of every five residents in Massachusetts speaks a language other than English, and 40% of those only at a very basic level. Inaccurate communication can contribute to adverse health outcomes. Access to information in a patient's preferred language is a fundamental component of any successful clinician-patient relationship.

Question: Is the campaign being conducted in English?

Jeanette: The campaign has been translated into the languages most commonly requested by emergency departments: Spanish, Portuguese, Mandarin, Haitian Creole, Vietnamese, Arabic, and Russian.

Question: What are the objectives of the campaign?

Jeanette: I'm happy to say that MGH is in alignment with the Department of Public Health's objectives, which include:

- Encouraging and supporting patient autonomy and confidentiality:
  - At MGH, there are signs at all main entrances informing patients of their right to a medical interpreter free of charge
  - Language cards written in English and the patient's language explain their right to a medical interpreter and how to acquire one
  - Using a medical interpreter enables patients to make informed decisions about their care and keep their care confidential by not having to rely on a family member to interpret for them
- Decreasing medical errors due to the inaccuracy of untrained interpreters:
  - The availability of trained, highly skilled medical interpreters is a priority at MGH
  - We have an on-call team of interpreters trained in American Sign Language
  - Video Medical Interpreting, used frequently in the ED and ICUs, is expanding into outpatient practices and inpatient units
  - Medical Interpreter Services offers informational sessions at new nurse orientation, new resident and fellow orientation, and at the IHP to a variety of disciplines. Leadership of the department rounds on inpatient units to strengthen collaborative relationships and encourage the use of medical interpreters
- Increasing positive health outcomes through direct patient-provider communication:
  - Written translations of patient-education materials, discharge and after-care instructions, and consent forms are available in outpatient, inpatient, and research areas
  - Medical interpreters engage in continuous education to sharpen skills and stay abreast of issues related to culturally competent care

For more information about the public-awareness campaign to promote medical-interpreter services, contact Anabela Nunes, manager, Meedical Interpreter Services, at 6-6966.

Professional Achievements

Bryand certified

Mark Bryand, RN, became certified by the the American Case Management Association in March, 2010.

Farrell certified

Eileen Farrell, RN, became certified by the the American Case Management Association in March, 2010.

Lanckton honored

Rabbi Ben Lanckton, received the Rabbinic Leadership Award from The Jewish Theological Seminary, at the 2010 Boston Dinner of Ideas, April 13, 2010.

Washington recognized

Deborah Washington, RN, director of Diversity, received the Liberating Vision Award from the Greater Boston Chapter of the National Council of Negro Women, at their Women of Courage and Conviction Banquet, March 27, 2010.

Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, presented, "Managing Pain, Strategies for Success," and, "Adjuvant Pain Therapies," at the Annual meeting of the Massachusetts Society of Perianesthesia Nurses, in Worcester, March 13, 2010.

Carroll presents

Diane Carroll, RN, nurse researcher, presented, "Technological Advances: Setting the Standard for Nursing Practice," at the 10th Annual Spring Meeting on Cardiovascular Nursing, Council of Cardiovascular Nurses and Allied Professionals, European Society of Cardiology in Geneva, Switzerland, March 13, 2010.

Carroll and Jones present

Diane Carroll, RN, nurse researcher, and Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research, presented, "Nursing Research in a Clinical Setting: Infrastructure and Implementation," at the 22nd Annual Scientific Sessions, Celebrating Diversity in Nursing Science, in Providence, March 25, 2010.

Lee presents

Susan Lee, RN, nurse scientist, presented, "A Concept Synthesis of Geropalliative Care," at the Eastern Nursing Research Society, in Providence, March 25, 2010.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Sensation and Sensibility," at the Boston School for Occupational Therapy at Tufts University, March 15, 2010.

Dunlea presents

Kristina Dunlea, PT, physical therapist, presented, "Preventing Home Injuries: Medical and Physical Therapy Advice," at the Sharon Adult Center and Council on Aging, in Sharon, March 26, 2010.

Norton presents

Beth-Ann Norton, RN, nurse practitioner, MGH Crohn's and Colitis Center, presented, "Care of the Patient with Inflammatory Bowel Disease: a Nursing Perspective," at The New England Society of Gastroenterology Nurses and Associates, in Burlington, March 27, 2010.

Hultman, Rinehart and Jackson present

Todd Hultman, RN, Todd Rinehart, LICSW, and Vicki Jackson, MD, presented, "Working with Families in Crisis: a Strength-Based Approach," at the Annual Conference of the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association, March 6, 2010.

Therapists present

Ann Jampel, PT, clinical education coordinator; Mary Knab, PT, physical therapy specialist; and Michael Sullivan, PT, director of Physical and Occupational Therapy, presented, "Capturing Practice Knowledge in Clinical Practice Through Narrative Inquiry: Clinical Narratives as a Tool for Exploring and Fostering Professional Development and Critical Reflection," at the Combined Sections Meeting of the American Physical Therapy Association, in San Diego, February 19, 2010.

Nippins presents

Matthew Nippins, PT, physical therapist, presented, "The Cardiopulmonary Physical Therapist as a Career Choice," at the Northeastern University Physical Therapy Club, March 22, 2010.

Klein presents

Aimee Klein, PT, physical therapist, presented, "Health Care Provider and Payer Costs and Cost Trends," at the Massachusetts American Physical Therapy Association Meeting, March 19, 2010.

Stefancyk presents

Amanda Stefancyk, RN, nursing director, presented, "From Good Care to Great Care: Nurses on the Front Line," at the 2nd Annual Christine Cameron Symposium on Evidence-Based Practice and Quality Care, in Woburn, April 16, 2010.

Olson and Zachazewski present

Gayle Olson, wellness coordinator, and James Zachazewski, PT, physical therapist, presented, "Injury Prevention in Young Athletes," for the Boston Cannons, at the Bourne Middle School, March 13, 2010; at the Forekicks Center, in Norfolk, March 18th; and at Medford High School, March 20th.

Zachazewski presents

James Zachazewski, PT, physical therapist, presented, "Management of Sports Injuries—What Youth League Coach Needs to Know," at the Norfolk Youth Lacrosse Association, in Norfolk, March 18, 2010; and at the Medford Youth Lacrosse Association, March 20, 2010.

Inter-Disciplinary Team presents poster

Diane Carroll, RN; Ann Hurley, RN; John Dykes; and Blackford Middleton, MD, presented their poster, "Validation of Icons to Communicate Fall Risk and Tailored Interventions to Prevent Patient Falls," at the 22nd Annual Scientific Sessions, Celebrating Diversity in Nursing Science, in Providence, March 25, 2010.

Hemingway and Goostray present poster

Maureen Hemingway, RN, and Alan Goostray, RN, presented their poster, "Transformations in Technology," at the Association of Operating Room Nurses Congress, in Denver, March 13-18, 2010.

Scarborough, Zachazewski present poster

Physical therapists, Donna Scarborough, PT, and James Zachazewski, PT, presented their poster, "Assessment of Leg Control During a Visual Task: a Feasibility Study," at the Orthopaedic Research Society, in New Orleans, March 5-9, 2010.

Knight team presents poster

Mary McAdams, RN; Tom Drake; Sheila Golden-Baker, RN; and, Mary O'Brien, RN, of The Norman Knight Nursing Center for Clinical & Professional Development, presented their poster, "Educating Subject Matter Experts on How to Convert Traditional Instructor-Led Presentations to On-line Learning Events," at the Northeast Organization of Nurse Educators, in Burlington, April 9, 2010.

Clinical Recognition Program

The following clinicians were recognized March 1– May 1, 2010

Advanced Clinicians:

- Sharon Maginnis, RN, General Clinical Research Center
- Kathleen Grinke, RN, General Clinical Research Center
- Claire Paras, RN, Phillips House 22
- Carol Doherty, RN, Radiation Oncology
- Janet Skolnick, OTR/L, Occupational Therapy
- Alissa Evangelista, PT, Physical Therapy
- Carol Card, RN, Same Day Surgical Unit
- Lisa Scheck, LICSW, Social Work
- Theresa Vachon, RN, Neuro ICU
- Elizabeth Favulli, RN, Infusion Unit

Clinical Scholar:

- Linda Cohoon, RN, Cardiology

Announcements

Lunchtime Seminars

presented by
The Clubs at Charles River Park

Join advanced personal trainer, Mike Bento for a 30-minute lunchtime seminar.

June 14, 2010
12:00–1:00pm
Bigelow 4 Amphitheater

Back by popular demand:
"A Golf Fitness Program for Hip and Shoulder Rotation"

For information, call 6-2900.

Support Service Employee Grant

The Support Service Employee Grant Program is part of the MGH effort to recruit and retain a skilled workforce. The program is open to eligible non-exempt employees working in clinical, technical, service, and clerical positions who want to improve their skills and advance within the MGH community.

Applicants must be employed at MGH for a minimum of two years and meet additional eligibility requirements.

To download an application, visit the HR website at: http://is.partners.org/hr/New_Web/mgh/mgh_training.htm or call John Coco at 4-3368.

Deadline for application is Friday, June 11, 2010

Correction

In the May 27, 2010, Nurse Week issue of *Caring Headlines*, nurses, Jennifer Garrity, RN, and Denise Lauria, RN, were misidentified. The caption on page 3 should have read, "Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN (right), speaks with MGH nurses recently back from deployment in Haiti (l-r): Denise Lauria, RN, Operating Rooms; Jennifer Garrity, RN, Pediatric ICU; and Joseph Roche, RN, Surigcal ICU."

Caring Headlines apologizes for this error.

They're Your Parents, Too!

The MGH Geriatric Medicine Unit invites you to an evening dedicated to family caregivers.

Session will focus on the book, *They're Your Parents, Too! How Siblings Can Survive Their Parents' Aging Without Driving Each Other Crazy*, the first book to explore how siblings deal with eldercare—and each other. Author, Francine Russo, will talk about your relationship to your siblings, your parents and yourself as you deal with eldercare and all the issues it raises. She will suggest ways to communicate and win support when siblings are in different places, emotionally and geographically.

Thursday, June 17, 2010
O'Keeffe Auditorium
5:30-6:00pm: reception
6:00-7:15pm program moderated by
Barbara Moscowitz, LICSW

For more information, call 617-726-4612

Free Summer Help

TheSummer Jobs Program may be the solution to your vacation-scheduling problem. Students spend 25 hours per week at the work site, July 8–August 20th. The program is funded through Human Resources; the only requirement is a commitment to provide a meaningful work experience in a supportive environment.

Note: we are looking for department participation only, not students. This resource is available through the MGH Center for Community Health Improvement.

For more information, call Galia K. Wise at 4-8326.

Pathways of Healing

Mind-Body-Spirit
Continuing Education Program
presented by
the MGH Nurses' Alumnae Association

September 24, 2010
8:30am–4:00pm
O'Keeffe Auditorium

Speakers
Dr. Herbert Benson, director, MGH Mind-Body Institute;
Amanda Coakley, RN, staff specialist

$30.00 for MGHNAA members and MGH employees
$40.00 for all others
Register by September 17, 2010
www.mghsonalumnae.org

6 Contact Hours

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For more information, call: 617-724-1746

Next Publication
July 1, 2010

Donnelly recognized by colleagues as mentor of distinction

—by Liz Johnson, RN

Staff and friends of Bigelow 7 gathered on April 19, 2010, to celebrate the memory of colleague, Pat McGrail, RN, with the presentation of the third annual Patricia A. McGrail Nurse Mentor of Distinction Award to Ann Donnelly, RN. Made possible by a grant from the McGrail family, the Nurse Mentor of Distinction Award was created to recognize an MGH inpatient gynecology staff nurse who consistently demonstrates interest and talent in being a caring mentor to novice nurses, students, and colleagues. McGrail was a resource nurse on Bigelow 7 for many years; the award is a way of honoring her memory and inspiring others to follow her example. Previous recipients were: Melissa DeLisle, RN (in 2008), and Peg Baldwin, RN, (in 2009).

Said Donnelly "I was drawn to oncology nursing because it's dealing with people in crisis. It's fulfilling to help guide patients through the process. Oncology practice is challenging and rewarding because you're actively involved on so many levels."

Donnelly received a baccalaureate degree in Biology from St. Anselm's College and pursued her nursing education at Simmons College. She recently became credentialed as an adult nurse practitioner and will continue her career in the Gosnell Center for Gastro-Intestinal Cancer at the MGH Cancer Center. Donnelly made significant contributions on Bigelow 7 as a staff nurse, resource nurse, and mentor, providing excellent nursing care to women with acute gynecological problems.

For more information about the Patricia A. McGrail Nurse Mentor of Distinction Award, contact Liz Johnson, RN, oncology clinical nurse specialist, at 4-4118.

(Photo provided by staff)

McGrail Award recipient, Ann Donnelly, RN (center) with associate chief nurse, Debra Burke, RN (left) and 2009 recipient, Peg Baldwin, RN.

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