April 5, 2001

Caring HEADLINES

Inside:

MGH nurse, Bettina Kolker, bids farewell to Nepal, the Peace Corps, and some very good friends

Dear friends and colleagues:

Hello again, after a lengthy interval! It is now the beginning of February, 2001, and very shortly I will be facing the end of my service in the Peace Corps, which concludes April 19th. I can hardly believe how swiftly the time has passed. These two years have brought much personal change and adventure, a bit of which I've been pleased to share with you. With so little time remaining, it seems as if there is so

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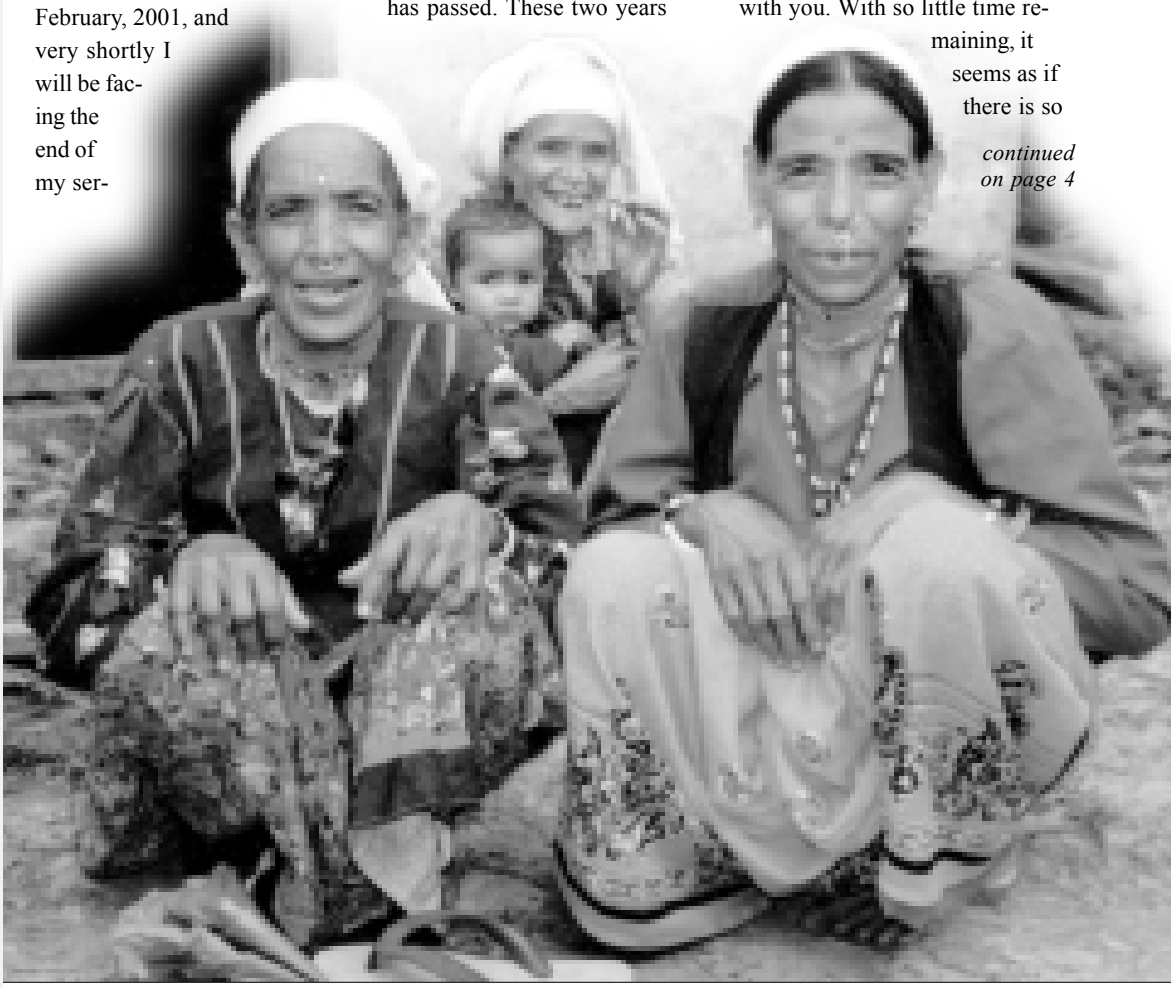

MGH Patient Care Services

Working together to shape the future

The nursing shortage: addressing the problem at the state level

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

On March 13, 2001, I had the opportunity to testify before the Massachusetts Joint Committee on Education, Arts and Humanities in support of a very important bill being sponsored by Senator Richard Moore. The bill, which calls for the creation of a Clara Barton Nursing Excellence Program, addresses the critical shortage of college graduates entering the nursing profession. The bill proposes that the commonwealth of Massachusetts establish a program to provide financial incentives to graduates of BORN-approved nursing programs who agree to work as nurses within the commonwealth at licensed healthcare facilities. A stipend of $25,000, payable over five years, would be awarded to those selected for the program.

Four key provisions of the bill include:

- Student-loan repayment assistance
- Signing bonuses
- Nursing mentoring incentives
- Institutional grants for mentoring and internships

In my testimony, I did my best to educate our state legislators and decision-makers about the urgency of the problem, and share some of my insight as chief nurse at MGH. I would like to share some of the highlights of my testimony with you.

I began by reminding the committee that by the year 2015, there will be 114,000 full-time nursing positions that we will be *unable to fill*. This shortage has come about because of an increased demand for healthcare services; a sharp decline in the number of young people selecting nursing as a chosen profession; an aging nursing workforce; the image of nursing as presented in the media; and the fact that nursing is predominantly (95%) a female-driven profession and many women opt for part-time employment in order to balance family commitments.

I assured them that 'quick-fix' strategies are not the solution. Only long-term strategies that realign systems, and recruit and *retain* nurses will have a meaningful impact on this shortage. I suggested strategies such as:

- demonstrating the value of nurses and nursing
- re-defining practice needs to better meet the challenges facing us today
- sharing decision-making
- positioning nursing to capture the interest and imagination of a new generation of graduates
- providing incentives to retain experienced nurses

I made it very clear that by supporting the Clara Barton Nursing Excellence Bill we are making an investment in the future—the future of healthcare, and the future of our commonwealth. Senator Moore's legislation acknowledges the complexity and long-range ramifications of a nursing shortage, and offers a multi-faceted, comprehensive approach to minimize and reverse the trend away from nursing.

I emphasized the need to raise the bar on educational preparedness across the board with initiatives that provide incentives for bachelor-prepared nurses and support graduate-degree nursing programs. I suggested:

- making it easier to transfer nursing credits from two- to four-year schools
- providing more scholarships for minorities to attend four-year programs (versus two-year programs)

Preparedness includes knowledge of our professional practice environment. I stressed the need for research to identify ways to create a practice environment in which:

- nursing is viewed as an asset, not an expense
- working conditions appeal to clinicians of all ages
- staffing meets workload demand
- quality and safety are top priorities for patients and staff

I was quoted recently in the *Boston Business Journal* as saying, "It's a great time to be a nurse." I stand by that statement. Yes, there is an impending nursing shortage. But there is also a window of opportunity that is wide open! The focus of the nation is on the needs of the nursing profession. People are listening.

It absolutely is a great time to be a nurse. We make a difference in the lives of our patients and families more than any other professional discipline. Nursing is a noble profession, and it is up to us to raise public awareness about the challenges we are facing. It's up to us to restore the public's perception of the nursing profession.

Update

Susan Gavaghan, RN, CNS, is the new clinical nurse specialist for Bigelow 9. Most recently, Susan has worked as a staff nurse in the Cardiac Care Unit; she brings more than 20 years of nursing expertise to her new role.

Freeman receives first annual Orren Carrere Fox Award

Four years ago, Henry Fox and Elizabeth DeLana's son, Orren, was born prematurely and brought to the NICU for the first few weeks of his life. Based on the caring and compassionate care he received there, Fox and DeLana established The Orren Carrere Fox Award for Newborn Intensive Care Unit Caregivers. The award recognizes an individual whose practice, in the view of his or her colleagues, best represents the principles of family-centered care.

The first recipient of The Orren Carrere Fox Award, presented Friday, March 23, 2001, in the NICU Conference Room, was staff nurse, Tracey Freeman, RN. In presenting the award, NICU nurse manager, Margaret Settle, RN, acknowledged the wisdom of Fox and DeLana in opening the award up to all disciplines. Said Settle, "We all look to each other for learning, development and guidance." She thanked the family for this great opportunity to help us think about how we deliver care.

Accepting the award, Freeman said, "I work with such a talented group of nurses and caregivers. I really believe I would never have come this far without the help of my co-workers." She thanked Fox and DeLana for establishing this award to recognize family-centered care.

Goofing around before the ceremony!

(L-r): Elizabeth DeLana; Tracey Freeman, RN; Orren (4), Willy (6), and Henry Fox.

MGH poster presentation
AONE Conference, Long Beach

Presenting solutions

MGH nurses presented five posters at last month's annual AONE conference held in Long Beach, California. They were:

- "A model for multidisciplinary evaluation of the professional practice environment," presented by Joan Fitzmaurice, RN; Jeanette Ives Erickson, RN; and Marianne Ditomassi, RN.
- "Nursing workload: critical management information," presented by Sally Millar, RN; and Chris Graf, RN.
- "Health literacy and patient education: the role and responsibility of nursing," presented by Taryn Pittman, RN; and Ann Martin, RN.
- "Nurse manager collaboration: from crisis to strategic staffing," presented by Wally Moulaison, RN; and Chris Annese, RN.
- "Addressing the hospital nursing shortage through a partnership approach: the Boston model," presented by Leanne Espindle, RN; Lea Johnson, RN; and Dawn Tenney, RN.

Kolker bids farewell

continued from front cover

much more I could and want to do! I have become quite bonded with my community—every morning, walking to the health post I am greeted by a successive chorus of 'Namaste' starting along the trail and continuing through the entire bazaar. As any other nurse can say, I've had my share of success and sadness along the way. One of the challenges of overseas nursing is maintaining your own health. Recently, this proved a bit of a problem for me, costing several weeks of time away from post (most frustrating when there is so little time left!) All is well now and I'm hard at work to make my remaining days as productive as possible.

During monsoon last year, I designed and wrote a curriculum in Nepali on reproductive health and began teaching a class of eighth, ninth, and tenth grade girls at the local school. Many of these girls will soon be married and some, in fact, already are. At first, they were all very shy and shocked into speechlessness by the subject matter. Nowadays, they arrive at my health post almost daily in a laughing, chattering gaggle to say hello. They are fascinated by my maternity nursing textbook with its endless pictures of how we birth babies back home. I take great pleasure in working with them; so many young women arrive at the health post with a lengthy history of miscarriages, deceased babies, and countless prior pregnancies. It is my hope that the knowledge I share will help at least a few of my students to have healthier, happier lives.

With the support of my fellow staff, I have implemented a weekly ante-natal clinic day to improve the flow and efficiency of our maternity services. This has begun to prove quite successful. I'm particularly pleased, as presently, my co-worker, Hera, is away at a 45-day refresher training program. That leaves yours truly to conduct the clinic and provide all ante- and post-natal care.

At the request of my program officer, I've been spending time traveling around the district, assessing and evaluating potential new posts for incoming health volunteers. Locating new communities for Peace Corps volunteers has become increasingly challenging in Nepal. As in many other countries, political violence here is on the rise. While in Katmandu recently, I witnessed first-hand civil riots and city-wide mayhem triggered by friction between Nepal and India. This is especially distressing to a people known for their peacefulness and kind nature. Hopefully, it will be short-lived. My district, happily, has remained calm and pastoral.

As I prepare for the transition to post-Peace Corps life, I've been reflecting on the many different experiences I've had and the wonderful things I've learned from, and shared with, my Nepali friends, colleagues, and neighbors. Since coming to Nepal, I have:

- delivered babies by candlelight on an earthen floor
- immunized countless infants and children, hoping one more time that the re-usable needle will *still* penetrate the skin
- learned the efficacy of a wet-to-dry dressing on a gaping wound when normal saline and gauze are all you have to work with

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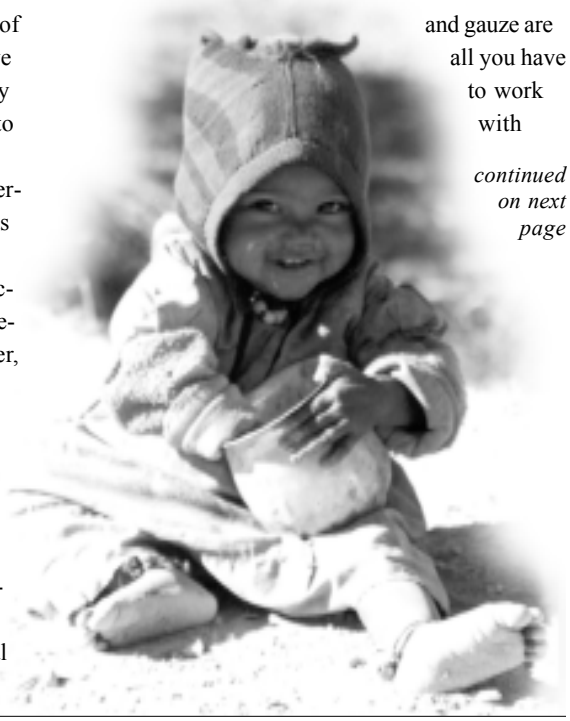

Running for fun and fund-raising: around the city and around the world!

It's great when you can combine two of your passions into one momentous event and at the same time bring joy and pride to so many people. That's what a number of MGH employees will be doing when they combine their love of running with their passion to help others as they embark on an ambitious trek to raise money for a cause that is near and dear to their hearts.

Once again, the MGH Marathon Team will be running the Boston Marathon to raise money to support the Pediatric Oncology Program. More than 50 runners have been training and preparing for the April 16th, 26.2-mile, historic run from Hopkinton to Boston. Patients, families and spectators are invited to gather at the 20-mile mark to cheer the runners on and share in the spirit of the occasion.

Three other MGH employees, respiratory therapists, David Peckham, RRT, Annie Desrosiers, RRT, and MICU staff nurse, Laura Baeringer, RN, will be participating in the Kona Island Marathon in Hawaii on June 24, 2001, on behalf of the American Stroke Association (ASA). The ASA uses marathons and other events as a means to raise awareness about strokes and their debilitating effects, and to raise money to support research, education, and advocacy.

All runners, who are required to raise a minimum amount in order to compete, appreciate the support and encouragement of the MGH community. For more information about these upcoming events, please call the *Caring Headlines* story desk at 724-1746.

Kolker

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- treated (and survived) acute mountain sickness while stranded with my party overnight on a Tibetan pass at 15,000 feet
- learned to start IVs without a tourniquet of any kind
- thrilled to the sound of a fetal heartbeat, no matter how many times I've heard it before
- been sprinkled with cow urine as an act of purification after delivering an infant
- shared love, laughter, dance and celebration with the local women at Hindu festivals
- learned to harvest wheat by hand
- delivered my neighbor's calf (don't ask!)
- been showered with affection and food at every mother's group I've attended ("No, seriously, I can't eat another bite! Well… okay…")
- gained tolerance, tranquility, acceptance, patience, thankfulness, generosity, and appreciation

I've had a unique chance to step back in time, where the cell phone and fax do not exist; where the soil of terraced fields is still turned with wooden plows drawn by oxen; the food you eat comes straight from the earth; and the animals roam freely to graze, the tinkle of their bells like chimes in the wind. The hills are richly peaceful and quiet, the laughter of children and the mournful bellow of water buffalo gently floating up from the homesteads in the valley below. The Hymals fade into rose-tinted glory with each setting sun and the clear night sky is brimming with stars.

It will be hard to say good-bye to this amazing land and its people. Like many Peace Corps volunteers and nurses before me, I feel I have received far more than I gave. Nepal has deepened my understanding of what it means to be a nurse (and a human being) and strengthened my commitment to becoming a better one. I thank you for sharing part of the journey with me and I look forward to greeting you in the halls of MGH when I return.

Peace.

Bettina J. Kolker

EAP Work-Life Seminars

"Eldercare Fair"

As the senior population continues to grow, more individuals and families are impacted by the challenges of caring for elder relatives. This fair will provide information on a variety of services available to elders and their families.

Representatives from several local agencies will be on hand to answer questions.

Thursday, April 12, 2001
11:30–1:30pm
Wellman Conference Room

For more information, call the Employee Assistance Program at 726-6976

Special Event!

Dame Cicely Saunders to speak at Shriners

Dame Cicely Saunders, founder of the modern hospice movement, will be the featured speaker at a special event co-sponsored by the MGH Institute of Health Professions, The MGH Center for Clinical & Professional Development, The Harvard Medical School Center for Palliative Care, Hospice of the North Shore, and the NE AIDS Education and Training Center.

Friday, April 20, 2001
5:00–6:00pm
Shriners Auditorium

reception to follow
in the Wellman Conference Room

For more information, call the IHP at 726-3163

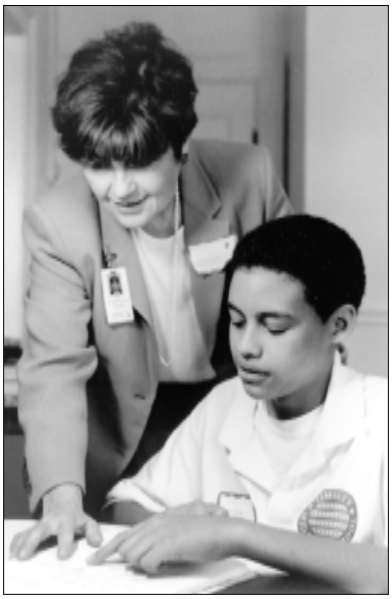
Timilty students wow spectators once again with annual science fair

Students of the James P. Timilty Middle School brought 'show and tell' to a new level of sophistication at this year's MGH-Timilty Partnership's annual science fair, held Friday, March 9, 2001, in the Central Lobby (and Charlestown Navy Yard). For two hours, 34 well informed seventh and eighth graders filled the corridor with posters, projects, props, and the sound of genuine youthful knowledge and enthusiasm. The MGH-Timilty Partnership would like to thank the many MGH employees from all departments for their time, energy, and willingness to mentor these future scientists with their school science projects.

Photos (top to bottom): MGH president, Dr. James Mongan (second from left), and (l-r) Daniel Fortin, Dr. Harry Orf (Molecular Biology), Raymond Mayo, Wendy Chao (Molecular Biology), Sherraine Rodney, and Latiqua Braxton pose for television cameras on site to cover the fair; 8th grader, Sherraine Rodney, explains her project, "Do antibacterial cleaning products work better than isopropanol at killing bacteria?"; 7th grader, Nathan Chan, talks about, "What colors crickets like"; and 7th grader, Jean Paul Morais, discusses, "Which soda has the most caffeine".

Job Shadow Day

The MGH-Timilty Partnership presents



May 22, 2001

The MGH-Timilty Partnership is currently seeking employees to act as hosts for seventh-graders participating in this year's city-wide Job Shadow Day. Volunteers are asked to spend a half day sharing their work environment with a student, imparting insight into what it's like to work in an adult work setting. If you would like to host a student, please call Wanda Velazquez at 724-3210, or send e-mail to timilty@partners.org.

Call for Nominations!

2001 Oncology Nursing Career Development Award

This annual award, instituted in 1989, funded by the Friends of the MGH Cancer Center and administered by the Cancer Affairs Nursing Subcommittee, recognizes a professional staff nurse for meritorious practice. The award provides financial assistance for continuing education to help further the recipient's professional goals. Acutely aware of the critical role of oncology nurses in the management of cancer patients, the Friends are pleased to be able to recognize an outstanding individual in the field, and engender a broader understanding of the nurse's role in cancer care as well as encourage others similarly engaged in this life-giving work.

Nominees must be registered MGH staff nurses working in either the inpatient or outpatient setting. Nominees must:

- provide direct patient care
- demonstrate consistent excellence in delivering care to cancer patients
- serve as a role model to others in the profession
- demonstrate commitment to professional development.

Only completed nominations will be considered.
Nominations should be submitted no later than May 4, 2001.

Nomination packets may be obtained from Joan Gallagher, RN, by calling 6-2551.

Call for Nominations!

The Stephanie M. Macaluso, RN, Expertise in Clinical Practice Awards

The purpose of The Stephanie M. Macaluso, RN, Expertise in Clinical Practice award is to recognize direct-care providers throughout Patient Care Services whose practice exemplifies the expert application of the values reflected in our vision. Nominations are now being accepted for the recipients who will be honored in June, 2001. Nurses, occupational therapists, physical therapists, respiratory therapists, speech-language pathologists, social workers and chaplains are eligible.

Nomination and Selection Process:

- Direct-care providers may nominate one another. Nurse managers, directors, clinical leadership and health professionals, patients and families may nominate a direct-care provider.
- Those nominating may do so by completing a brief form which will be located in each patient care area, in Department offices, and at the Gray Lobby information desk.
- Nominations are due by April 20, 2001.
- Nominees will receive a letter informing them of their nomination and requesting that they submit a professional portfolio. Written materials on resume-writing, writing a clinical narrative, and endorsement letters will be enclosed.
- A review board, chaired by Jeanette Ives Erickson, and including previous award recipients, administrators and MGH volunteers will select award recipients.
- Recipients will be announced during the second week of June, 2001.

Awards and related activities:

Award recipients will receive $1,500 to be used toward an educational conference of their choosing. They will be acknowledged at a reception for peers and family, and their names will be added to the plaque honoring Stephanie M. Macaluso, RN, Expertise in Clinical Practice Award recipients. Recipients will receive a crystal award from Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and Chief Nurse.

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

Teamwork, innovation, and perseverence allow patient to return to independent living

Tricia Cincotta, OTR/L
occupational therapist

My name is Tricia Cincotta and I have been an occupational therapist at MGH for five years. Since coming to MGH I have worked in many settings including cardiopulmonary, trauma, neurology, pediatrics, and orthopaedics. It was in the Cardiac ICU that I met a patient who would challenge me as a therapist and make a great impression on me as a person. At this time in health care there are many important trends including team- and interdisciplinary collaboration. Jack's case is a great example of a rare, challenging situation in which interdisciplinary care was the center and driving force that enabled this patient to return home. Had it not been for his strong, highly skilled, highly involved primary care team the outcome of Jack's case might have been very different.

I was in the Cardiac ICU one day when I was approached by a nurse about an Occupational Therapy (OT) order a doctor had just written. They asked if I could come right in and assist with the patient. It was then that I met Jack. Jack was a 69-year-old man who had just been implanted with a left ventricular assistive device or LVAD. Jack had a history of severe coronary artery disease, had had a coronary-artery bypass graft, and implantation of a defibrillator. His advanced heart failure and ineligibility for a transplant precipitated implantation of the LVAD system. An LVAD is a pump that is implanted to assist the heart in pumping; it is often used for patients in advanced heart failure while awaiting a heart transplant. The LVAD has a cable that comes out of the abdomen (the drive line) and connects to a small pocket-sized controller that runs the system and detects any problems. The LVAD can be run by a main power source connected to an electrical outlet or by battery packs, which allow the patient to be more mobile.

The nurse informed me that the team wanted a strapping device to be fabricated that would support Jack's drive line preventing gravity from pulling it down, which was keeping the entry site from healing. Historically, OT has not had hands-on experience with LVAD systems, as they are typically used short-term until a patient receives a transplant. But after a long discussion with the nurse, and Jack, and Jack's son, I came up with a strapping method to support the drive line that worked well and was easy for nurses to manage.

The next day I came back to complete a full OT evaluation. Jack was not currently a transplant candidate, and the plan was for him to go home with his LVAD system. Initially, I began a treatment program of gentle strengthening for his upper extremities with emphasis on his hands, as he was experiencing weakness in both his hands. Jack was going to need full strength in his hands and improved fine motor control to allow him to manipulate the cable connectors on the LVAD system at home. Jack and I began increasing his participation in simple activities of daily living, like brushing his teeth, washing in the morning, and getting dressed.

As Jack began to heal from his surgery and get his strength and endurance back, the nursing staff on Ellison 8 began the task of teaching Jack the necessary procedures for managing his LVAD for his eventual discharge home. After several weeks of training, it became apparent that Jack suffered from memory issues that made it difficult for nurses to instruct him. After years of decreased heart function, patients sometimes experience changes in their cognitive abilities that impact skills such as memory-retention, problem-solving, insight, and new learning.

It was then that Jack's primary nurses and I began working on a different approach to try to teach Jack. OTs are highly trained and skilled in activity-analysis, breaking down tasks into concrete steps. This break-down of tasks allows patients to learn in a manner specific to their individual learning needs. For Jack, this meant designing a simple booklet. Jack, his nurses, and I went through each step of handling the LVAD and made simple checklists for each task that were clear and meaningful to Jack. Every time he began a task with the LVAD he was to take out his booklet, proceed step by step, and complete the task the same way every time. Verbal cueing and repeated assistance were key to his learning. This allowed him to retain the information and develop appropriate problem-solving skills so that he would

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Celebrating Occupational Therapy Month

—by Carol Mahony, OTR/L, MS, CHT
occupational therapist and clinical service coordinator

Like many health professions, Occupational Therapy is multi-faceted, specializing in several areas of expertise. The Occupational Therapy (OT) Department at MGH employs 25 therapists all with varying levels of experience, which creates a rich atmosphere for creativity, teaching and learning.

OTs evaluate patients' physical and psycho-social performance. They analyze and break down the different barriers to functionality, make recommendations, and intervene to dissolve or decrease those barriers. The main goal is to increase patients' independence in their own sphere of life activities.

At MGH, we have an outpatient pediatric specialist who evaluates children 3-18 years old. She meets with the parents and discusses any difficulties the child may be having at home or in school. Is the child clumsy, uncomfortable when touched, sensitive to certain textures, sounds, or tastes? Does the child have difficulty manipulating small objects, writing, holding a pencil, feeding herself? Is the child ambulatory? Hemiparetic? Does the child have increased or low muscle tone? Is he easily overwhelmed? The OT addresses these issues and works with the parents and the child to encourage the child to develop with more ease and independence.

OT has a specialized presence in the Neonatal Intensive Care Unit (NICU). Here the OT looks at normal development, gently stimulates the baby to encourage normal reflexes and normal responses to stimuli. She educates the parents on the best and most comfortable developmental interactions with their child.

There are nine occupational therapists who specialize in hand and upper extremity therapy. Eight of these therapists are board certified hand therapists (the ninth will be eligible for certification this fall). Hand and upper extremity therapists treat post-surgical trauma patients, providing wound care, protective splinting, edema control, scar-management, therapeutic exercises, and manual-therapy techniques to improve the patient's use of the injured extremity. OTs provide psycho-social support and seek additional support for patients as needed. The OT hand service works closely with MGH

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Exemplar

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be able to perform these tasks on his own at home. I continued to work with Jack and his nurses on the appropriate techniques needed to increase his retention of information. His nurses were now participating in cognitive retraining, a treatment method OTs use with patients who have cognitive issues.

Our program addressed tasks like changing batteries, changing from a main power source to batteries and back again, performing system checks, and learning to use the pump manually in case of an emergency. On a daily basis, Jack developed independent problem-solving skills and, most importantly, gained confidence in his own judgement.

After months of collaborative effort and medical care, a discharge date was set for Jack. He would go home dependent on this advanced technology and it was my job to determine how this would impact his activities of daily living. Up to this point our primary OT focus was on allowing Jack to be independent with the LVAD during regular everyday tasks like showering, dressing, going into the community, and enjoying time with his family. Jack had been completing many of these tasks for some time, but we now had to explore any possible difficulties that might come up at home. We analyzed Jack's house and addressed all his routine tasks. Jack was finally ready for discharge and returned home in November, right around Thanksgiving. He has had no problems with his LVAD, and is enjoying being at home with his family.

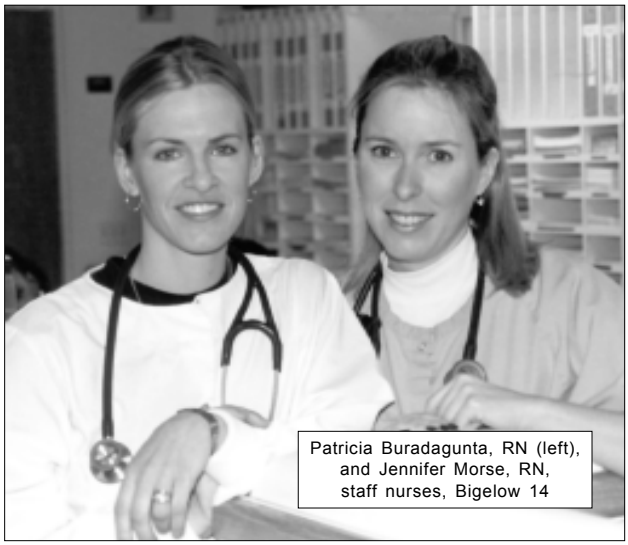
This experience with Jack has shown me how much a strong primary team can accomplish when they work together closely, teaching each other new ways to do things, and working to meet the special needs and goals of each patient. I achieved a great deal of professional satisfaction from being involved with this case that was so unique, so challenging, and eventually, so successful.

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

Tricia is right, there's nothing as powerful as clinicians pooling their expertise to meet the needs of a patient. Her ability to craft a strapping method for the LVAD is evidence of her skill and also of her willingness to explore uncharted territory. This is characteristic of experienced clinicians who are confident in their abilities. When Jack's nurse asked Tricia for assistance, she got more than a simple OT consult; she got Tricia's extensive knowledge of working with patients with short-term memory loss. And together they developed and implemented a plan that allowed Jack to become independent in his care.

We are indeed stronger when we work together. Thank-you, Tricia.

Back on Bigelow 14... and loving it!



Patricia Buradagunta, RN (left), and Jennifer Morse, RN, staff nurses, Bigelow 14

Patricia Buradagunta, RN, and Jennifer Morse, RN, met in nursing school. They had all their clinical rotations together and became fast friends. Morse had worked at MGH as a student nurse and signed on full-time after she graduated. Buradagunta came to MGH shortly thereafter, in April of 1995. They both worked on the Bigelow 14 Vascular Surgical Unit.

Morse became involved with the MGH Vascular Home Care Program, and found that she really enjoyed the home-care aspect of nursing. After a few years, she felt like she wanted a change, so she left MGH to do home-care nursing full time with a local agency.

Shortly afterward, in the summer of 2000, Buradagunta was feeling a little 'burned out,' and thought that a home-care position closer to home might be just what she needed. Says Buradagunta, "I thought it would be the ideal situation—no night shifts; Monday through Friday, eight in the morning to four in the afternoon; I'd be out driving around, making my own schedule. The pay was similar. It sounded very attractive."

Says Morse, "We both left on good terms with Deb (Burke), our nurse manager. She was very supportive of our decision to leave. She understood why we wanted to try this new experience, and she offered to let us stay on on a per-diem basis, which was great."

Morse and Buradagunta worked as home care nurses for several months. But their enthusiasm soon waned. Says Buradagunta, "It wasn't just one thing… it was everything. I was doing a lot of paperwork on my own time. Management was not well organized. The atmosphere wasn't professional. But the biggest thing was… I didn't feel fulfilled by my practice anymore. The focus of my work wasn't patient care, it was efficiency and reimbursement. I like to spend time with my patients, and there was real pressure to see as many patients as possible."

Morse agrees. "I was driving a hundred miles a day. There was overwhelming paperwork, poor communication, and little support from leadership. There were never any discussions about quality of care. I saw a huge difference between the MGH home care program and what I was doing now. After about four months, I really began to get discouraged."

But Morse told herself she'd give it six months. Says Morse, "Six months after signing on, almost to the day, I left!"

Morse and Buradagunta called nurse manager, Debra Burke, RN, to see if there were any openings on Bigelow 14. Says Buradagunta, "Deb is the best manager. She was so happy to have me back. And that really made me feel like she valued me as a nurse!"

Says Morse, "I am so happy to be back feeling like I'm making a difference again." Morse recalls visiting a family friend at MGH during her brief hiatus from Bigelow 14. "Just being here, walking the halls, seeing the nurses, there was such a 'pull' to come back!"

Says Buradagunta, "I don't regret leaving at all, because it gave me a much better perspective of what's out there. But I have to say, I feel very happy and fulfilled to be back. It is so rewarding to be part of this team."

"I know it sounds corny," says Morse, "but I love my job, and I feel comfortable telling anyone that this is a great place to work!"

"The impact of religion on end-of-life decisions"

The MGH Ethics Task Force presents a special forum, which will include a panel discussion with:

Dr. David Todres, moderator
Rev. Mary Martha Thiel, Protestant chaplain
Michael McElhinny, Catholic chaplain
Rabbi Susan Harris, Jewish chaplain
Imam Talal Eid, Muslim chaplain

Refreshments will be served

Wednesday, April 11, 2001
4:30–6:00pm
Walcott Conference Rooms

For more information, call 726-6125

Health professions' Computerized Encounter Project reaches major milestone

The Ambulatory Health Professions' billing (AHPB) project has reached a major milestone. On Monday, March 12, 2001, Occupational Therapy 'went live' at the Revere HealthCare Center. This event marks full implementation of the core AHPB product at all ambulatory rehabilitation practice sites. What this means for Physical Therapy, Occupational Therapy, and Speech-Language Pathology, is a complete conversion from a paper-based encounter process to a new computer-based system.

The Revere installation is the last to be completed of all the rehabilitation service sites that include the main campus, Charlestown, Revere, and Chelsea health centers, and MGH West in Waltham. First started in March of 1999, and winner of a 2000 Partners in Excellence Award, the Ambulatory Health Professions Billing system is a computerized program that automates the patient's entire encounter process from the point of first-service contact to completion of care. The new system restores clinical care hours by re-defining workflow, eliminating redundant business processes, promoting information continuity, managing insurance compliance, and enhancing revenue collections. David Romagnoli, MS, RRT, NHA, senior project specialist for Patient Care Services and architect of the system, says, "The benefits of this product go far beyond its original expectations. We are now rich in information and have moved beyond gut feeling and hand-counting methodologies to data-driven decision-making."

So often, managers, in the absence of immediate, electronic data, use operational assumptions to guide their business decisions. Today we have more concrete, readily accessible data to enhance our decision-making accuracy. We often hear the words, "We think…" Today, we have the ability to move beyond 'we think' to 'we know.'

As a result of this new technology, we now have the ability to know:

- the distribution of visits by payor type and referral source (e.g., physician practice)
- which visits, up to 14 days in advance of an appointment, are missing referral or critical authorization information
- the number of visits released to billing while missing unobtainable referral information
- more about the actual care we are providing
- procedure variability among providers for like diagnostic codes
- visit distributions per patients' episodes of care

Paper encounter-form processing is now a thing of the past in the health professions; it has been replaced with a computerized system. Support staff manage referral information while provider staff manage clinical information. Encounters now contain 100% of required information before being passed along to Revenue Control, and the longest possible delay in sending is seven days. This 'watchdog' methodology has made rejects in Revenue Control almost non-existent while enhancing our efforts in revenue enhancement. Each site manages its encounter and referral process separately. In the event that assistance is needed from staff at the main campus, a centralized approach is available and allows for shared support.

Marie Brownrigg, PT, healthcare center clinical specialist for Physical Therapy says, "The health professions' billing application is an asset to our practice. It allows an accurate and timely billing process, saves time, and provides an accurate record of the type and time of treatment intervention. But my favorite part of the new system is its ability to alert us when a Medicare certification is coming due." The Medicare component Brownrigg mentions is presently being piloted and will help improve our compliance with Medicare regulations.

Improvements continue to be made that go beyond the realm of the health professions. Enhancements to manage Medicare certifications will be deployed in the coming weeks. Changes in revenue control systems will soon enable us to send bills electronically as we do with our inpatient systems. This enhancement alone will eliminate the need to keypunch more than 40,000 patient bills annually.

Call for Nominations!

Family Centered Care Award

It is time once again to recognize the exceptional caregivers of the MassGeneral Hospital *for* Children who best exemplify our mission in providing care to children and their families.

Any employee of the MassGeneral Hospital *for* Children may be nominated. Nominations may be put forth by any interested party—employee, patient, family member, or visitor.

To nominate someone, simply write a brief letter stating why you believe that person deserves to be recognized with a Family Centered Care Award.

Submit nominations to:
Judy Newell, RN, Ellison 17
No later than April 13, 2001

For more information,
call Judy Newell at 4-5820

Advanced practice nursing: collaboration among CNSs and nurse practitioners

—by Sioban M. Haldeman, RN, MS
Lillian Ananian, RN, MS
Lynne Chevoya, RN
Denise Gauthier, RN, MS
Kathleen Keenan, RN, MS
Patricia Lowry, RN, MS
Mimi O'Donnell, RN, MS
Ellen Robinson, RN, PhD
Brenda Schwartz, RN, BS
Marisa Shea, RN, BS
Maura Sullivan-Borah, RN, MS
Catharine Wetzel, RN, MS

Sample Curriculum:

- A Review of Coronary Artery Disease: Past, Present and Future Therapy
- Noninvasive Cardiac Procedures
- Interpreting Cardiac Catheterization Results
- Diagnosis of Myocardial Ischemia and Infarction: EKG Interpretation and Blood Test Interpretation
- Common Bedside Emergencies for Cardiac Patients
- Nursing Assessment of Patients Receiving Cardiac Medications
- Care of the Cardiac Surgical Patients.

Advanced practice nurses (APNs) share a common goal to educate and assist the clinical integration of new staff nurses into the practice setting. On Ellison 11, clinical nurse specialists (CNSs) and nurse practitioners (NPs), with the support of the nurse manager and expert staff nurses, work together effectively to achieve this goal. The Cardiac Access Unit (CAU) is an inpatient unit dedicated to the care of patients undergoing cardiac procedures, such as cardiac catheterization, balloon angioplasty, or stent insertion for patients with coronary artery disease. The unit is unique in that nurse practitioners, in conjunction with the attending cardiologist, manage the medical care of our patients.

The unit handles a high volume of patients who are usually in the hospital for relatively short lengths of stay. Through effective communication among staff nurses, CNSs, NPs, physicians, case manager, physical therapists, nutritionists, nurse manager, and other consulting caregivers, patients receive excellent care.

The development of a Cardiac Nursing Orientation Education Program has evolved over time through the collaborative efforts of many individuals. Unit-based clinical nurse specialists and nurse practitioners for Ellison 11 played a leadership role in planning and implementing a day-long specialty orientation program for new nurses on the unit. The need for this program was identified through discussions between CNSs and new staff nurses who came to the unit with varying levels of cardiac nursing expertise. Several new staff expressed difficulty in gaining increased cardiac nursing expertise in the CAU's fast-paced environment. The nurse practitioner group validated these observations, and it became clear that a solution was needed. The CNSs convened an educational planning group that included expert staff nurses, nurse practitioners, and our nurse manager to discuss a proposal we had developed to address these educational needs.

The initial proposal was implemented as a half-day program in February of 2000. We believed that scheduling the program four to six months after participants had completed unit orientation would be most beneficial. This would allow new orientees a chance to focus on the organization of care for their patients and clarify the cardiac concepts they wanted to understand better. The program included speakers who had expertise in various aspects of Cardiac Nursing. Evaluations from this program led our group to expand the curriculum. This year's program was a full day of presentations on different aspects of Cardiac Nursing with time allotted for discussion about individual adjustment to the role of staff nurse on the CAU.

Collaborative efforts such as this enhance the transition of staff nurses new to MGH. NPs (from the CAU and Cardiology), CNSs (including the cardiac surgical CNS) and expert staff nurses willingly and enthusiastically share their expertise in

continued on next page

(L-r): Brenda Schwartz, RN, BS; Mimi O'Donnell, RN, MS; Catharine Wetzel, RN, MS; Patricia Lowry, RN, MS; and Ellen Robinson, RN, PhD

Occupational Therapy

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hand surgeons, fellows, and residents.

OT hand therapists treat crush injuries, snow-blower injuries, table-saw injuries, and multiple types of trauma. They evaluate patients who experience 'over-use symptoms' from performing repetitive tasks such as typing or other forms of repetitive motion. OTs make recommendations about how to adapt work stations, posture, and work habits. Musician therapy is another specialty area. Musicians come in with their musical instruments and therapists help adapt hand placement or make external adaptations to the instrument itself to alleviate over-use symptoms.

We have a skilled group of OTs who provide coverage to all inpatient units, rotating through Neurology, Orthopaedics, Pediatrics, Medical, Surgical, and the ICUs. OTs evaluate patients, determine their medical status, functional status and overall condition. Will they be safe at home; are they good candidates for rehabilitation; can they return to their prior vocations or living situations; will they benefit from adaptive equipment, which will allow them to return home; or will they function more independently in an assisted living situation?

The inpatient/outpatient adult burn program is a well established therapy program that treats patients in the bacteria controlled nursing unit (BCNU) as inpatients on Bigelow 13 and in the OT outpatient program after they're discharged. OTs treat patients for edema control, active range of motion (AROM) and passive range of motion (PROM) to avoid joint contractures, and splinting for positioning. As patients improve, and wounds and grafts heal, OTs focus on rehabilitation of the affected areas, addressing scar-management, soft-tissue mobilization, AROM, PROM, strengthening, and psycho-social issues.

OTs treats neurologically impaired clients in the outpatient setting. We see patients who have sustained head injuries, brain tumors, amyotrophic lateral sclerosis (ALS), cerebral vascular accidents (CVAs), and Parkinson's disease. We focus on the patient's functional level and assist with increasing their independence at performing community tasks, memory issues, upper-extremity function, splinting, and cognitive issues.

Join the Occupational Therapy Department and the MGH community in celebrating National OT Month with two different educational displays in the Central Lobby. On April 4th we will present information on arthritis; on April 18th we will present information on ergonomics and home safety.

For more information about the services and programs provided by the Occupational Therapy Department at MGH, please call 4-0147.

CNSs

continued from previous page

this educational initiative.

The ability of the unit to support this program was clear from the initial proposal through development and implementation of the program. Nurse manager, Lillian Ananian, RN, ensured the success of this program by supporting staff nurses' attendance and speaker participation. Feedback from participants was very positive. One staff nurse wrote, "This program was extremely helpful. It answered many of my questions. Thank you!"

We look forward to offering this program again. The success of an educational program such as this requires the dedication and support of all role groups. Our goal is to enhance the transition of new staff to the unit. Our plan is to repeat the program twice a year, as needed, based on the number and experience of newly hired staff nurses. The continued success of the program will depend on the value placed on collaboration among NPs, CNSs, expert staff nurses, and the nurse manager. We believe that role-modeling collaboration on the unit in initiatives such as this really makes a difference for our new nurses.

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or by e-mail: ssabia @partners.org

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When/Where	Description	Contact Hours
April 17 8:00–11:15am Haber Conference Room	**Intermediate Arrhythmias** This 4-hour program is designed for the nurse who wants to expand his/her knowledge of arrhythmias. The program focuses on atrial arrhythmias junctional arrhythmias and heart blocks, and prepares staff to take the level B arrhythmia exam. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.9
April 17 12:00–4:30pm Haber Conference Room	**Pacing and Beyond** This new and exciting workshop will discuss indications for initiating therapy, fundamentals of the pacemaker system, pacer implantation, international codes/modes of pacing and nursing care. Rhythm-strip analysis will focus on normal functioning and basic trouble-shooting. The session will conclude with a discussion of current and future technology. For more information, call The Center for Clinical & Professional Development at 726-3111.	5.1
April 18 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
April 18, 8:00am–12:00pm April 20 (Exam) 8:00–10:00am Bigelow 4 Amphitheatre	**Transfusion Therapy Course (Lecture & Exam)** For ICU nurses only. Pre-registration is required. For information, call Sue Pauley at 6-3632; to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
April 19 8:00am–4:30pm Training Department Charles River Plaza	**Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other** Program will provide a forum for staff to learn about the impact of culture in our lives and interactions with patients, families and co-workers. Topics include understanding and defining the importance of culture; the principles of cultural competency; understanding the dynamics of difference; the culture of Western bio-medicine; and the appropriate use of language services. A variety of interactive exercises will help to illustrate the concepts presented. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.2
April 19 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. This presentation will focus on, "End-of-Life Issues in Diverse Cultures," presented by Mike McElhinny, oncology chaplain. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
April 20 8:00am–4:30pm O'Keeffe Auditorium	**Cancer Nursing: Anchoring our Practice to Knowledge** This program will provide information to support the care of patients with a variety of cancer diagnoses, treatments, technologies, and new integrative therapies. Nursing strategies and challenges will be explored. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
April 20 8:00am–4:30pm Training Department Charles River Plaza	**Career Development: Your Bridge to the Future** In this program, participants will identify personal goals, wishes and values; assess knowledge, skills and abilities; and identify trends and options for career development. Working individually and in small groups, participants will begin to build their bridges to the future. For more information, call The Center for Clinical & Professional Development at 726-3111.	7.5
April 23: 7:30am–4:00pm at St. Elizabeth's Medical Center April 24: 8:00am–4:00pm at MGH (VBK6)	**Intra-Aortic Balloon Pump Workshop** This two-day workshop sponsored by the ICU Educational Consortium is for ICU nurses only. The program will provide a foundation for practice in the care of critically ill patients requiring balloon-pump therapy. Day one hosted by and ICU Consortium hospital; day two held at MGH for MGH staff. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	14.4 for completing both days
April 23 8:00am–3:30pm Bigelow 13 Conference Room	**Management of the Burn Patient** This conference will assist nurses and therapist with the development of their practice related to the care of thermally injured patients. Topics will include the epidemiology and patho-physiology of burn injury; wound management; surgical treatment strategies; rehabilitation; psycho-social issues; and burn prevention. Registration is limited to 15. For more information, call The Center for Clinical & Professional Development at 726-3111.	6.9

When/Where	Description	Contact Hours
April 24 and 25 8:00am–4:30pm VBK601	**Core Curriculum for Neonatal Nurses** This two-day conference will discuss clinical topics related to the care of premature and full-term infants. Topics will include specific needs of premature infants and potential complications; full-term infants with sepsis and neonatal depression; and diagnoses requiring surgical interventions in newborns. For more information, call The Center for Clinical & Professional Development at 726-3111.	8.7 hours for each day
April 24 8:45am–12:45pm Clinics Three Upper Amphitheatre	**Congenital Heart Disease: a Review of Defects, Repairs, and Management** This four-hour session is designed for nurses who work with neonatal and pediatric patients diagnosed with CHD, or for nurses interested in learning more about heart disease in children. Topics will include anatomy and physiology of the heart, cyanotic and acyanotic heart defects, open and closed heart surgical repairs, temporary pacing, and post-operative management. For more information, call The Center for Clinical & Professional Development at 726-3111.	4.5
April 30 8:00am–4:30pm O'Keeffe Auditorium	**Care of the Respiratory-Compromised Patient** This respiratory program is geared for clinicians on general units who care for mechanically ventilated and tracheostomized patients. It is also appropriate for clinicians who would like an update or review. Topics will include mechanical ventilation, tracheotomy and other airways, weaning strategies, nutritional needs, discharge planning, therapy needs and nursing care. For more information or to register, call The Center for Clinical & Professional Development at 726-3111.	7.8 (for RNs) .6 (for SLPs) Certificate of attendance for RRTs,OTs and PTs
April 30, May 1, 2, 7, 8, 9 7:30am–4:00pm St. Elizabeth's Medical Center	**Critical Care in the New Millennium: Core Program** For ICU nurses only. This program provides a foundation for practice in the care of critically ill patients. Pick up curriculum books and location directions from the Center for Clinical & Professional Development on Founders 6 before attending program. For more information, call The Center for Clinical & Professional Development at 726-3111.	45.1 for completing all six days
May 1 8:00am–4:30pm VBK 601	**Obstetrics Update** This workshop will expand nurses' knowledge of normal pregnancy in areas of physiological changes, breast-feeding, fetal heart monitoring, and assessment, patho-physiology, and nursing care of patients experiencing complications. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	TBA
May 3 7:45am, 1:00pm, 4:00pm VBK 401	**CPR—American Heart Association BLS Re-Training** Registration is required by 12:00 noon of the day *prior* to class. For information, or to register, call The Center for Clinical & Professional Development at 726-3111.	- - -
May 3 7:00–11:00pm VBK 601	**Congenital Heart Disease: a Review of Defects, Repairs, and Management** This four-hour session is designed for nurses who work with neonatal and pediatric patients diagnosed with CHD, or for nurses interested in learning more about heart disease in children. Topics will include anatomy and physiology of the heart, cyanotic and acyanotic heart defects, open and closed heart surgical repairs, temporary pacing, and post-operative management. For more information, call The Center for Clinical & Professional Development at 726-3111.	4.5
May 3 1:30–2:30pm O'Keeffe Auditorium	**Nursing Grand Rounds** Nursing Grand Rounds are held on the first and third Thursdays of each month. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	1.2
May 4 8:00–11:00am 12:00–3:00pm O'Keeffe Auditorium	**A Different Kind of Care** Part of a four-part program sponsored by the Ethics in Clinical Practice Committee, the Palliative Care Department, and The Center for Clinical & Professional Development. This session introduces the evolution of palliative care in the American healthcare system and emphasizes the holistic approach to care. A discussion of all aspects of care (including spiritual) will be presented. Program will include both lecture and discussion, as well as a video of the highly acclaimed Bill Moyers PBS series. For more information, call The Center for Clinical & Professional Development at 726-3111.	3.6
May 9 8:00–12:00pm VBK 601	**Pediatric Advanced Life Support (PALS) Re-Certification Program** Open to all participants whose 2-year PALS certification will expire before October, 2001. Limited to 25 people; registration is on a first-come, first-served basis. Fee: $80 for Partners nurses, therapists, residents; $110 for all others. For more information, call 726-8287. To register, call The Center for Clinical & Professional Development at 726-3111.	---

Scenes from the new Bigelow 12 Cancer Infusion Unit

Patient service coordinator, Edna Vicente, and operations coordinator, James Greer

Bigelow 12 nurses (l-r): Claudette Jacob, RN; Karen Ward, RN; Rose Marujo, RN; and Kristen Fernandes, RN, at new nurses' station

Formerly the Neuro Intensive Care Unit, and more recently a 'swing space' for other units being renovated, Bigelow 12 has now been converted into an adult oncology infusion unit adding 14 chair/stretcher infusion sites to our outpatient infusion accommodations. Thanks to a collaborative effort between Patient Care Services, The Planning Office, and Building & Grounds, the unit will be opening in the next few weeks.

Bigelow 12 nurses (l-r): Kristen Kinsella, RN; Carol Gurski, RN; Caroline Cook, RN; Kara Olivier, RN; Emily Storey, RN; Sandra Mendez, patient care associate; and Mary McDonough, RN, nurse manager

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