March 15, 2001

Caring HEADLINES

Caregivers pull together to support grieving family

There's a special kind of grief that takes hold when you learn that someone you love is going to die. Family and friends of Rosario Lopez, a 36-year-old Honduran woman who died two days after being struck by a motor vehicle, know that grief well.

Lopez was brought to the ED early on the morning of Wednesday, January 3, 2001. She suffered a damaged spleen and the injury that would ultimately take her life, severe trauma to the head and brain. Kathy Burns, RN, trauma

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Clockwise from front left are: Rebecca Murphy LICSW; Kathy Burns, RN; Ruben Peralta, MD; Linda Bracey, RN; Suzanne O'Connor, RN; and Nancy Leventhal, LCSW

Inside:

MGH Patient Care Services
Working together to shape the future

The break-out sessions

more on the PCS executive management retreat

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

You may recall that the title of my last column was Victor Hugo's famous quote, "Nothing in the world is so powerful as an idea whose time has come." One of the purposes of our PCS executive management retreat was to provide a forum for new ideas as we continue to hone our strategic plan; as we continue to try to create the most supportive environment possible for our patients and employees.

The broad questions of the day were, "What can we do better? What systems, structures, or initiatives do we need to put in place to ensure that every employee feels valued and supported, and every patient receives the best possible care?" They may seem like simple questions, but the answers are complex and impacted by ongoing changes in internal and external, social, political and financial factors.

To address these questions in a constructive and meaningful way, a large portion of the day was dedicated to break-out sessions. Participants were assigned to specific groups and asked to brainstorm about particular topics. The goal was to generate ideas and discuss ways to identify and achieve key organizational priorities. Much work went into planning these sessions beforehand, and much time has been spent compiling and reviewing the ideas generated in these sessions. Right now, it's important to remember that these are *ideas*! Teams are currently being formed to more fully develop these ideas into actions, but I thought you would be interested in seeing our work at this preliminary stage.

Following are some of the ideas generated to advance our key organizational priorities:

Priority: Implement strategies that promote staff diversity and integrate the delivery of culturally competent care

Ideas:

- Redouble efforts to tutor and mentor staff from diverse backgrounds
- Increase awareness about diversity initiatives already under way
- Secure technology needed for translating 'key phrases'
- Have Diversity Committee members sit on other collaborative governance committees to enhance communication
- Provide coaching to build skills in managing a diverse workforce

Priority: Create centers of excellence in cardiovascular care, patient and employee safety, clinical and professional development, and research and evaluation

Ideas:

- Convene a task force to define the scope, mission, vision, values, criteria, and evaluation tools needed to create 'centers of excellence'
- Create a demonstration model to pilot 'centers'
- Benchmark

Priority: Maximize retention and recruitment strategies to maintain appropriate and effective staffing in all settings and positions

Ideas:

- Conduct focus groups to identify what is important to staff and leadership
- Promote and provide flexible scheduling
- Communicate with staff who have left MGH letting them know they would be welcome to return
- Send copies of *Caring Headlines* to staff who have left
- Survey staff who have returned to MGH to see why they came back (see page 8)

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Nurse managers (l-r) Maryfran Hughes, RN; Ann Kennedy, RN; and Janet Dauphinee Quigley, RN, during break-out session

Jeanette Ives Erickson

continued from previous page

- Share models where retention and recruitment efforts have been successful

Priority: Implement a professional advancement program

Ideas:

- Ensure that staff and management have a consistent understanding of professional advancement program
- Ensure that program criteria are objective (vs. subjective)
- Recognize that program may entail a shift from recognizing 'years of experience' to recognizing 'clinical expertise or clinical excellence'

Priority: Adapt practice models and support structures to facilitate patient access to care and enhance care delivery

Ideas:

- Improve interdisciplinary documentation processes; develop easy access to patient information across practice settings
- Utilize support staff in practice model
- Maintain flexible budgets to support variations in length of orientation
- Maintain flexibility based on acuity and staff experience

Priority: Provide a practice environment that supports and promotes quality and safety for patients and staff

Ideas:

- Implement a performance-improvement initiative to educate staff in the area of quality and safety (tools, common language, etc.)
- Communicate successes and 'lessons learned'

David Romagnoli, MS, RRT, NHA, senior project specialist, with members of his break-out group

Carmen Vega-Barachowitz, SLP-CCC, MS, director, Speech-Language Pathology (front), and nurse manager, Colleen Snydeman

- Create a central area to coordinate all performance-improvement projects

Priority: Set management performance objectives and provide professional development opportunities to achieve them

Ideas:

- Identify what managers are 'proud to be accountable for'
- Obtain timely feedback from exit interviews
- Obtain consensus on what is important to measure

Priority: Leadership development

Ideas:

- Provide coaches/mentors for leadership
- Create formal and informal mechanisms to share ideas, problems, best practices
- Create more formal mechanisms to allow staff to move into leadership positions

Priority: The role of project managers

Ideas:

- Have regular meetings for all project managers to keep informed about what everyone is working on
- Develop a tracking tool to monitor status of all projects
- Develop better systems to disseminate information

It's hard to believe, but the ideas presented here represent just the tip of the iceberg. We have a lot of work ahead of us, but we are up to the challenge. I look forward to keeping you informed as our ideas transform into new programs, new systems, new initiatives, and new ways of achieving our goals.

Updates

- Marita Headley, RN, has accepted the position of unit nurse leader in Radiation Oncology. She will begin in early April.
- Nancy Goode, PT, returns to MGH and will assume the role of interim inpatient service coordinator for Physical Therapy, taking over for Sue Riley, PT, who is stepping down to return to full-time clinical work.

Caregivers support family

continued from front cover

nurse coordinator, remembers, "She was extremely agitated upon arrival, and her condition deteriorated rapidly. She became unresponsive in a matter of hours and never regained consciousness." After x-rays and a CT-scan, Lopez was taken to the operating room.

ED charge coordinator, Joyce Donovan-Robles, was able to notify family members, and soon Lopez's children, sister, and close friends began to arrive at MGH. Psychiatric clinical nurse specialist, Mary Jo Cappuccilli, RN, was first on the scene to comfort the family. She called Linda Bracey, RN, OR nurse liaison, who escorted Lopez's loved ones to a private waiting room inside the Gray Family Waiting Area. Says Bracey, "Rosario was in surgery for a long time. I informed her family of her condition and assured them I'd keep them informed throughout the day."

Lopez's family was distraught at hearing the news. Recalls Bracey, "They were told that it was serious, that there was a chance she could die. They were stunned. They couldn't accept the possibility that Rosario might die. They cried and sobbed openly."

The waiting room became crowded with friends and members of Lopez's community who had come to lend support. News from the OR was not encouraging, and Lopez's children, Wilmer, 16, Brenda, 14, and Elizabeth, 2, became more despondent with every report. Lopez's sister, Maria, was inconsolable.

Nancy Newman, LICSW, emergency department social worker, was called in to help comfort the family. Says Newman, "No matter how much social work training you have, it's never easy to talk to children when you know their mother is going to die. I let them know we were available to help in any way, and I encouraged them to talk about their feelings. Clearly, they were upset and in shock. It's a very delicate thing to support a grieving family and not rob them of hope."

As the day wore on, emotions deepened. ED social worker, Nancy Leventhal, LCSW, was paged by a volunteer in the Gray Family Waiting Area. "I walked in to such a scene," recalls Leventhal. "Children were on the floor, sobbing and screaming. The family was hysterical. The baby, Elizabeth, was crying just because everyone around her was crying. I picked her up and held her. She didn't speak any English, so I just consoled her in my arms. I held her for a long time as I spoke to other members of the family."

Lopez came out of the OR at approximately 5:00pm after more than five hours in surgery. Surgery had revealed extensive swelling in her head and her brain was herniating on both sides. Surgeons were able to stop the bleeding temporarily, but the outlook was grave. Lopez was taken to the Surgical Intensive Care Unit on Ellison 4.

Before escorting the family to the SICU, Leventhal called Suzanne O'Connor, RN, psychiatric clinical nurse specialist. "Says Leventhal, "This family was overcome by grief and fear. I knew I needed help."

O'Connor came to the waiting room and together with Leventhal, they tried to prepare the family for what they would see in the SICU. "Your mom's head will be bandaged… she won't be able to speak… but you can talk to her, touch her…"

En route to the SICU, they stopped in the MGH Chapel, where the whole family prayed. Says O'Connor, "Praying together, they seemed to draw strength from one another, and from God."

In the SICU, trauma surgeon, Ruben Peralta, MD, visited the family. Himself a native of the Dominican Republic, he was able to speak to them in Spanish and, says O'Connor, "He formed an immediate bond with them. They hugged, they held each other, Ruben cried with them. Just his presence seemed to comfort them."

Says Peralta, "I don't know if it was the human factor, or the Latin factor, but I felt a very strong connection to this family. It was very hard for me to see them in such pain."

O'Connor describes what happened next as an extraordinary coincidence… or an act of divine intervention. Wilmer and Brenda, Lopez's two older children, had been troubled by not knowing the circumstances of the accident —was it a hit-and-run, was the driver drunk?— they were confused and angry.

O'Connor left the SICU briefly to return to the ED. While there, she overheard a man talking about an accident he had witnessed that morning. He said he'd heard that, sadly, the woman would probably not survive. O'Connor realized he had witnessed the accident that brought Rosario Lopez to MGH.

Says O'Connor, "I knew I had to get him to the SICU. He had all the answers this family so desperately needed. He came with me to the SICU. He was so great with the kids. He told them it had been an accident, that the driver of the truck was suffering terribly with his own grief. He hugged them. He dispelled their worst fears. This was such a valuable intervention. The Lopezes thanked him profusely. And I think this was a turning point for them. They were able to grieve differently after speaking to him; they focused more on Rosario and what was going on in the here and now. "

Thursday morning brought no change in Lopez's condition. Social worker, Rebecca Murphy, LICSW, spent all day Thursday with the family making sure they had everything they needed, keeping them informed. She helped Maria make calls to Honduras to inform their family there about her sister's condition. There were a number of meetings throughout the day with family and caregivers. Says Murphy, "Nurses in the SICU were great. They really understood how much this family needed

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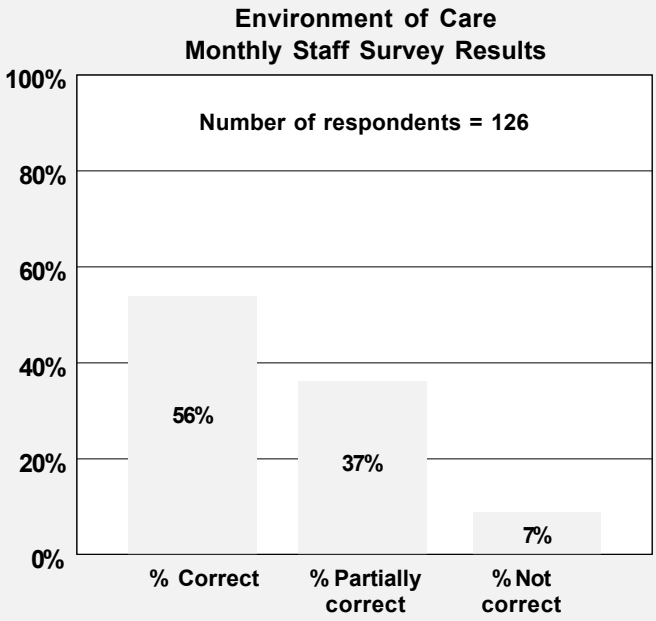
Environment of Care Survey Question

Function: General Safety

Question: Are safety checks or audits being performed on inpatient units, and are the results recorded?

Answer:

- JCAHO mandates that hazard surveillance inspections be conducted on a monthly basis on all inpatient units.
- Issues identified as non-compliant are documented on the environmental rounds data-collection tool, and these findings are reported monthly to the unit-based leadership team.
- Environmental areas focused on during surveillance activities include: fire safety, hazardous materials/wastes, security, emergency preparedness, and medical equipment.



Tips about general safety

1) Unit staff conduct monthly safety inspections to identify and eliminate environmental hazards and minimize potential risks.

2) Environmental rounds support patient and staff safety, for example, by ensuring that hallways are not cluttered and that fire extinguishers and medical equipment are routinely inspected.

3) The EOC handbook, available on every unit, details the units' EOC management plans

Caregivers support family

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to be with Rosario. They were very accommodating, encouraging them to stay at the bedside for as long they wanted."

At one of the family meetings, recalls Murphy, "Brenda, who had been glued to her mother's side all day, looked at us and said, 'I just want to thank you all for taking such good care of my mother.' I think we all had to hold back tears at that point."

As Thursday night approached, the realization that Lopez was going to die settled over the family. Maria, who previously had not allowed her own young children to go into Lopez's room, brought them in to see her one last time.

Thursday night, Peralta said an emotional good-bye to the family, sensing it was now just a matter of time.

Early on the morning of January 5th, staff nurse, Eileen Coran, RN, was in Lopez's room, along with Maria, Brenda, Wilmer and a few close friends. The cardiac monitor indicated that Lopez's heart was slowing as she slipped into ventricular fibrillation. Says Coran, "I told Maria that it was time, that Rosario was passing on to heaven. I knew they were devoutly religious, so I tried to use language I'd heard them use, to make it as easy as possible for them." They all cried and held each other as Lopez peacefully passed away.

"Unfortunately," says Coran, "we see these situations a lot. Sometimes all we can do is support the family the best we can, and make sure they have everything they need at a very difficult time."

Says Murphy, "This was a sad and emotional case. I'm glad we were able to provide this family with the support and comfort they needed. This was an extraordinary team effort by so many caregivers. This was teamwork at its best."

O'Connor is still in touch with Maria, Wilmer, Brenda, and Elizabeth. She reports that the family is doing well. They still struggle with the sudden loss of their mother (and sister), but their devotion to their faith and to each other helps them to cope.

Says O'Connor, "Rosario's children know that their mother brought them to America to have a chance for a better life. They know this was her special gift to them, and they cherish that gift dearly."

Being there to share bad times forges strong bond with adolescent patient

Kathie Pazola, RN
staff nurse, Ellison 18

My name is Kathie Pazola, and I am a staff nurse on the Ellison 18, adolescent pediatric unit.

Sometimes, when you first care for a patient, you're not sure if you'll develop a bond. You wonder if your style will mesh with his or hers. It's always a bit of a mystery how relationships develop. I felt this when I first cared for Mary Beth.

Mary Beth was a high-school freshman who lived with her mother in Boston. Her father lived in China. She and her mom had come to this country a few years earlier. It wasn't uncommon for Mary Beth to assume an adult role at times for she spoke English and her mother did not. She was a good student who loved movies and *The Cheesecake Factory*.

In the summer of 2000, Mary Beth developed headaches and changes in her vision. Tests revealed a large malignant tumor. She started emergent radiation to save her vision, and then was admitted to our unit for chemotherapy. That was when I first began taking care of her. Mary Beth was quiet and self-contained. Her mother, in a culturally protective stance, did not want 'cancer' discussed with Mary Beth. We therefore didn't know how she felt about all she was going through. We also had to teach Mary Beth about the side effects of chemotherapy, how to recognize complications, when to come to the hospital, all without really delving into her diagnosis. She accepted our teaching, asking very few questions.

It was difficult to 'read' Mary Beth. She didn't openly express herself, and she asked for very little. Every chemotherapy round was rough for her. She vomited excessively, then developed abdominal pain, followed by unrelenting headaches. It was a cycle I became very familiar with. It was a challenge to help her feel better. Despite trying many medications, there were times when nothing helped except the passage of time. I often felt helpless caring for Mary Beth—she seemed so vulnerable. Yet the amazing thing about her was her strength of character, her quiet dignity, her ability to tolerate the rough days. I admired her for that. I was in awe of her beautiful, serene spirit. I found myself feeling more 'connected' to her each time she came, even though she spoke very little.

Mary Beth and her mother had a coping ritual that I witnessed so often in the evening. In the dark, her mom would get on her bed and gently apply pressure to different areas of her body while whispering in Chinese. I respected this ritual, and I tried not to intrude. I acknowledged her mom's efforts to comfort Mary Beth. And I felt her mom needed to know she was helping.

Sometimes Mary Beth cried when she felt so physically bad. I decided that in addition to advocating for medications and interventions, I would let her know that I was there 'with her' in the deepest sense. Nursing presence has become the cornerstone of my practice. When all else fails, being present to share the pain, the sadness, the nausea can help. Sometimes, I'd kneel next to Mary Beth, get close to her face, and try to convey my caring and empathy. Not with words. Just by being there. She seemed comforted by this and would lean in to me. It became our ritual while her mother slept.

The week before Christmas, Mary Beth was having chemotherapy and her usual rough time. I was emptying her basin and trying to soothe her when she reached under her pillow and gave me a little package. It was a silk scarf from China. She smiled at me and said, "Just a little gift because you're so good to me."

I was touched for Mary Beth never put her feelings into words. I gratefully accepted her gift and felt privileged that she would think of me in the midst of her cancer crisis. Adolescents are beautiful people.

Mary Beth and I grew in our relationship. I would joke with her about how self-sufficient she was, about how little she let me do for her. After that, she began to call for me more often and let me do more for her. This was a big step for her. I believe it reflected a growing trust and comfort level. She felt empowered.

Mary Beth amazed me again when her *'Make a Wish'* wish was to bring her aunt here from China for a visit. Many adolescents in her situation request

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Exemplar

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more material things. Mary Beth was so selfless with her wish. Her aunt came for a visit and Mary Beth and her mom enjoyed sightseeing around Boston with her.

But this story takes a sad turn. On her most recent admission, Mary Beth complained of leg pain and weakness. Tests revealed metastatic disease. Once again, she began radiation. Her chemotherapy regimen also changed. She gave me a very knowing look when I acknowledged how hard it must be to have a new problem, so unplanned and unwanted.

Since that time, Mary Beth has returned to China to spend time with her father. She will receive radiation and chemotherapy there. I don't know if, or when, she will return. I feel sad for her unfulfilled dreams. I worry for her mother. I do know that if she returns, my goal will be to truly be present for her and her mother during whatever challenges lie ahead. It will be my honor, my privilege.

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

This powerful narrative draws us in, in many ways. Cultural considerations prevent Kathie from discussing Mary Beth's diagnosis openly with her, or exploring her reaction to it. Sometimes respecting values and beliefs that are different from our own can be challenging. But despite not being able to talk with Mary Beth about her illness, Kathie provides strong support and education without violating Mary Beth's mother's trust.

Mary Beth is a quiet, reserved adolescent. Perhaps there is not the usual verbal repartee you might expect between a teenager and her nurse. But Mary Beth experiences Kathie's presence and we see that… actions *do* speak louder than words. When Mary Beth 'leans in' to Kathie during these extraordinarily intimate moments, we know it's because she feels safe and protected in Kathie's 'presence.'

What a beautiful story. Thank-you, Kathie.

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

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

She came back... and we're glad she did!

No one expects a job to be a lifelong commitment. After all, diversity of life and work experience is an asset in any professional setting. A certain amount of 'turnover' is… expected! Still, it's nice when competent, responsible, valuable employees return to the fold after venturing out to experience professional life elsewhere.

Caitlin Hemeon, RN, came back to MGH recently. She had worked for three years on the Bigelow 7 GYN-Oncology unit right out of college. In March of 2000, she felt like she needed a change. Says Hemeon, "I wanted to try either maternity or pediatric nursing. And I live on the cape (Cape Cod), so I thought it would be nice to work closer to home.

Nurse manager, Judy Newell, RN, in an effort to keep Hemeon at MGH, arranged for Caitlin to spend a day observing the Ellison 17 pediatric unit. Although Hemeon liked what she saw, the appeal of working closer to home won out.

Hemeon took a job at a small, local hospital working in a 14-bed maternity unit. She was close to home, and the pay was equitable. But when asked if she liked the change, Hemeon responds with a resounding, "*No!"*

Caitlin Hemeon, RN, staff nurse, Ellison 17

Says Hemeon, "I thought it was going to be great. But there was very little flexibility, and everything was based on seniority. I worked permanent nights, and it would've taken years to get a day shift. There was no rotation among staff; everyone worked eight-hour shifts, so you never even met anyone who worked days. I hardly knew my nurse manager at all. And I was the youngest nurse on my unit by twenty years!"

Also, the shift from working with a medically complex patient population to working with healthy adult women on a maternity unit didn't fulfill Hemeon. "I didn't feel like I was making a difference anymore," she says. "It wasn't as professionally challenging. Maybe it would be different here (at MGH) where you see more difficult pregnancies and more complex cases. But there, I never really had a chance to get to know my patients."

Hemeon no longer cared about the long commute or working close to home—she wanted to come back to MGH. So she called her former nurse manager. Says Hemeon, "Judy Newell is great! She wasn't mad that I had left. I told her I was unhappy, and she basically said, 'When can you start?' And not only that, I was two months pregnant at the time, and she was totally fine with that."

Says Newell, "Caitlin has so much to offer; she is an exceptional nurse. When she called and told me she wanted to come back, I knew I had to do everything I could to make that happen. Caitlin is one of those nurses who plays out the values of MGH at the bedside every day. When we talk about retaining the best and the brightest—this is who we're talking about!"

After returning to MGH in August, five months after she left, Hemeon is now a staff nurse on the Ellison 17 pediatric unit. She is eight and a half months pregnant, she works three 12-hour shifts a week… and she loves it.

Communicating nursing research through poster presentations

This workshop, co-sponsored by The Center for Clinical & Professional Development and The Nursing Research Committee, will provide tips on how to produce posters that illustrate research-based practice or display original research projects.

Day will include poster-design and writing; categories of posters; and hands-on experience with production using common computer software.

Space is limited. Basic knowledge of Windows is recommended

April 6, 2001
1:00–4:00pm
Burr Conference Room

3.3 Contact hours

For more information call The Center for Clinical & Professional Development at 6-3111

Nursing Research Day is May 9, 2001

Nursing Grand Rounds

Our gay and lesbian clients: the concept of family in relation to health care

—by Suzelle Saint-Eloi, RN, clinical educator, The Center for Clinical & Professional Development

On February 15, 2001, social workers, Charles McCorkle, LICSW, MSW, and Sandra McLaughlin, LICSW, MSW, presented, "Our gay and lesbian clients: the concept of family in relation to health care," at Nursing Grand Rounds.

McCorkle and McLaughlin described their roles at MGH and their work with HIV-positive gay and lesbian clients in the community. McCorkle stressed the importance of performing a thorough assessment of all patients. He noted that as members of the 'dominant culture,' caregivers often make assumptions about patients that can inadvertently inhibit honest communication. It is important to create an environment where people safe and comfortable to 'open up' about their feelings. He observed that, "Patients pick up so much from our actions, posture, and tone of voice."

McCorkle asked attendees, if, "there is a comfort level in disclosing our own sexual orientation?" He reminded us that the assumptions we make about families are very different from what we actually know about the constructs of family life. Said McCorkle, "Just a little shift in language can open the doors to needed information about our clients and their health care."

McLaughlin focused on some common assumptions about the gay and lesbian population. She advised clinicians that testing for HIV is not the most essential aspect of care for all clients. Assessments should be comprehensive, addressing issues of domestic violence and other health risks. According to statistics compiled through the MGH HAVEN Program, domestic violence is as prevalent among gay couples as it is among heterosexual couples. She observed that the HAVEN Program is an excellent resource for caregivers and clients addressing domestic violence issues.

McLaughlin discussed the importance of informing gay and lesbian clients about the most affordable and comprehensive health plans. She recommended consulting with representatives from the Chaplaincy when discussing issues pertaining to loss. Said McLaughlin, "As healthcare providers we are in a unique position to impact the level of care that our gay and lesbian clients receive."

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.

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.** *Caring Headlines* cannot guarantee the inclusion of any article.

Articles/ideas may be submitted by telephone: 617.724.1746
by fax: 617.726.4133
or by e-mail: ssabia @partners.org

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April 5, 2001

When/Where	Description	Contact Hours
March 26 7:30am–3:45pm St. Elizabeth's Medical Center	**2001: The Cutting Edge** This program, sponsored by the ICU Consortium will include, "New Management Strategies for Thoraco-abdominal Aneurysm Repair Patients," "Post Operative Complications in the Neurological Patient," "CT Update," and "Endovascular Grafting." To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
March 26 8:00am–4:30pm O'Keeffe Auditorium	**Think "A Head": Neuroscience for Non-Neuro Specialty Areas** This program is designed for nurses with minimal expertise in nursing patients with neurological conditions. Neurological assessment, seizure, and emergency concerns in general care areas will be emphasized. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
March 28 8:00am–4:30pm Training Department Charles River Plaza	**Preceptor Development Program: Level I** Program is geared toward MGH staff nurses and advanced practice nurses who have served, or are interested in serving, as clinical preceptors for new graduates, experienced nurses, student nurses or international guests. Participants explore the roles of educator, role model, facilitator and clinical coach as well as partner in planning and guiding clinical experiences. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	7
March 30 8:00am–4:30pm O'Keeffe Auditorium	**Nursing: A Clinical Update (2nd annual MGH School of Nursing Alumnae Program)** A variety of topics will be presented including an update on dementia, hormone-replacement therapy, pain-management, diversity and cultural competency, and adapting to a changing environment. Register through the Alumnae Office at 726-3144. Fee: $40.	TBA
April 2 8:00am–4:00pm VBK601	**Emergency Nurses (EN) CARE Training Session** This 8-hour training program will prepare emergency nurses and EMTs to present EN CARE programs in their communities. The goal is to reduce preventable injuries and death by educating the public around safety awareness and healthful lifestyles. $50 for non-MGH employees. Pre-registration is required. For more information, or to register, call The Center for Clinical & Professional Development at 726-3111.	TBA
April 2 8:00am–4:30pm O'Keeffe Auditorium	**Selected Topics in Cultural Competency: Diversity Within Cultures: Implications for Health Care** This program will provide a forum for clinicians to augment their knowledge of information related to specific aspects of culture, such as race, ethnicity, religion or spirituality, end-of-life care, and sexual orientation. Case presentations will include discussions about mores and cultural practices among Asians, Haitian woman, and Muslims. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	7.8
April 5 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 5 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 session will focus on: "Interpreter Services: Everything you Need to Know," presented by Lulu Sanchez, manager, Interpreter Services. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
April 6 8:00am–4:00pm O'Keeffe Auditorium	**OB Emergencies: Assuring Appropriate Outcomes through Nursing Care & Risk Management** Program is designed to improve nurses' ability to provide high quality care during obstetrical emergencies. Topics will include complications of pregnancy, nursing assessment during labor and birth, professional liability, risk-management strategies, and more. For more information, call The Center for Clinical & Professional Development at 726-3111.	TBA
April 6 12:00–4:00pm Founders 643	**Communicating Nursing Research Through Poster Presentations** This program will assist clinicians with developing an effective research poster presentation. An interactive approach to learning, including a review of basic MS PowerPoint techniques, will be covered. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	TBA
April 10 7:30–8:30am Patient Family Learning Center	**On-Line Patient Education: Tips to Ensure Success** This program is geared toward clinicians who have basic Internet navigational skills. The goal is to give staff the tools to find quality patient-education materials to enhance clinical practice and discharge teaching. For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2

When/Where	Description	Contact Hours
April 11 5:30–7:00pm O'Keeffe Auditorium	**Advanced Practice Nurse Millennium Series** This new series provides an opportunity for advanced practice nurses from throughout MGH to network and attend clinical, management and professional development presentations for continuing education. This session will focus on: "Radiology Update: a Dialogue about Exam Selection and Clinical Indications." For more information, call The Center for Clinical & Professional Development at 726-3111.	1.2
April 11 8:00am–4:00pm VBK6	**CVVH Core Program** This program is designed for ICU nurses and echmo-therapists, to provide a theoretical basis for practice using continuous venous-venous hemodialysis. Participants must pick up and complete a pre-reading packet prior to attending. Packets may be picked up in FND645. Pre-registration is required. To register, or for more information, call The Center for Clinical & Professional Development at 726-3111.	6.3
April 11 1:30–2:30pm Bigelow 4 Amphitheater	**PCA/OA/USA Connections** Continuing education session offered for patient care associates, operations associates, and unit service associates. This session is entitled, "Care of the Elderly Patient." Pre-registration is not required. For more information, call The Center for Clinical & Professional Development at 726-3111.	- - -
April 12 8:00–4:30pm Training Department Charles River Plaza	**Patient Teaching: A Fun and Creative Approach** This interactive program is designed to stimulate your creative thinking about how to effectively teach your patients. For more information about this session call The Center for Clinical & Professional Development at 726-3111.	TBA
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 19 10:00–11:30am O'Keeffe Auditorium	**Social Services Grand Rounds** "Bosnians' History, Adjustments, Needs," presented by Dr. Adnan Zubcevic, MGH-Chelsea Health Center. All staff are welcome. For more information, call 724-9115.	CEUs for social workers only

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ww.hrm.harvard.edu

MGH to institute new 10:00am discharge target time

Responding to the need for increased access to MGH for patients admitted through the Emergency Department or transferred from other hospitals, the MGH Capacity Management Team has identified enhanced discharge-planning as a strategy to alleviate discharge delays thereby freeing up beds for patients needing emergent care at MGH.

Soon, all MGH patients and families will receive a written discharge planning guide upon admittance, as part of the new, "There's No Place Like Home" initiative, sponsored by James Mongan, MD, president of MGH; Peter Slavin, MD, president of the MGPO; Jeanette Ives Erickson, RN, senior vice president for Patient Care Services, and Brit Nicholson, MD, chief medical officer.

Not *quite* as easy as clicking your ruby slippers together, the "There's No Place Like Home" initiative is nonetheless simple and straightforward. Written guidelines inform patients of all events and activities that must take place in order to ensure a smooth, timely discharge, with 10:00am as the target discharge time for every patient. The initiative assumes that:

- discharge planning is the responsibility of the *entire* healthcare team
- discharge planning begins as soon as the 'decision to admit' is made
- discharge planning is reinforced during the nursing assessment
- 10:00am is the standard discharge target time (with the understanding that patients may be discharged later or earlier depending on their individual healthcare needs)

In order for this initiative to succeed, leadership is asking for the cooperation of all caregivers in reinforcing the 10:00am discharge time to all patients. Another key factor will be clinician's ability to complete all necessary tests and rounds, secure written orders, and ensure that all transportation arrangements have been made in a timely fashion.

Other initiatives under consideration to help alleviate discharge delays include:

- investigating current transportation support provided by Case Management, and exploring the possibility of expanding the scope of those services
- creating a system to provide timely feedback to units regarding the nature and cause of (discharge) delays
- entering discharge time into the PATCOM system within 15 minutes of actual discharge to ensure accurate accounting of bed availability
- identifying strategies to address clinical, service-specific, discharge delays

Specific information about the "There's No Place Like Home" initiative will be released in the coming weeks.

Caring HEADLINES
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