

Caring

January 17, 2002

HEADLINES

Inside:

An Interview with Director
of PCS Diversity **1, 4**

Jeanette Ives Erickson **2**
● Patient Care Services 2002

Fielding the Issues **3**
● Staff Perceptions of the
Professional Practice
Environment

Exemplar **6**
● Jennifer Dudziak, RN

Clinical Nurse Specialist **7**
● Leanne Espindle, RN

Professional Achievements .. **10**

Educational Offerings **11**

Resources **12**
● Accessing Patient Drug
Information Electronically

Director
of PCS
Diversity
program,
Deborah
Washington:

“We all
need to be
comfortable
talking about
diversity..”

Deborah Washington, RN, director of the Patient Care Services Diversity Program, speaks openly with *Caring Headlines* about our journey toward a more diverse workplace and a culture of inclusion at MGH. See interview on page 4. (Cover photo by Abram Bekker)

MGH Patient Care Services
Working together to shape the future

How will we practice in the new world: Patient Care Services 2002

A lot has happened to us in the past few months. As a nation, as a hospital community, as families, and as individuals, we are different from who we were before September 11th. As we came together to grieve and try to make sense of what happened on that tragic day, we were transformed.

Without consciously thinking about it, we reflected on what we do every day; we reevaluated what's important to us; we found out what really matters in our lives. And we all came to the same conclusion: what matters most are the people we love and the people whose lives we impact every day. And for us, that includes our patients and their families.

Operational Priorities

- Maximize retention and recruitment strategies (No lost opportunities.)
- Create a programmatic structure for leadership development to enhance and maximize current leadership initiatives.
- Implement strategies that promote staff diversity and integrate into practice the delivery of culturally-competent care.
- Provide a practice environment that supports and promotes the priorities of quality and safety for patients and staff.
- Adapt practice models and support structures to facilitate patient access to care and enhance care delivery.
- Improve systems and infrastructure.

Today, months later, as we embark on a new year, we move forward with renewed commitment. I see it on your faces, and I see it in the care that is delivered on every unit in this hospital and in every clinic, office and health center. Clinicians, support staff, and leadership throughout Patient Care Services are working harder than ever to make the lives of our patients and families more comfortable. There is great reward in what we do, and we must never forget that.

The Patient Care Services Operating Plan will guide our work in the upcoming months. The plan is driven by six strategic goals, six operational priorities, and 98 strategic initiatives. We have set an aggressive agenda for ourselves,

and by year's end we will have accomplished much.

The innovative and much anticipated PCS Clinical Recognition Program will be implemented in the coming months. The next issue of *Caring Headlines* will provide an overview of this program that formally recognizes nurses, occupational and physical therapists, respiratory therapists, speech-language pathologists, and social workers. The Clinical Recognition Program acknowledges that valuable contributions are made by staff at every level. The program allows clinicians to analyze their practice and seek recognition for the level of practice they've achieved (entry-level clinician, clinician, advanced clinician and clinical scholar). You'll be hearing a lot more about this program in the coming weeks.

We are in the process of hiring a nurse scientist to coordinate the work of the Yvonne L. Munn Nursing Research Program, housed within The Center for Clinical & Professional Development.

We are launching a new Leadership Development Program for staff at all levels—executive, manager and emerging leaders.



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

We are rolling out our Culturally Competent Care curriculum to more staff throughout Patient Care Services. This program helps staff reflect on, and clarify, their own view of the world, and provides an opportunity for an exchange of ideas and perspectives with colleagues and others.

We are continuing to develop systems that

support and improve the delivery of patient care, and we are adapting practice models and support structures to facilitate patients' access to care.

We are launching a new nursing image campaign that will market MGH Nursing as, "The only choice." The campaign will encompass

continued on next page

Strategic goals

- Enhance communication to promote employees' understanding of organizational imperatives and their involvement in clinical decisions impacting their practice.
- Promote and advance a professional practice model that is responsive to the essential requirements of the patients, the staff, and the organization.
- Assure appropriate allocation of resources and equitable, competitive salaries.
- Position nurses, therapists, social workers, and chaplains to have a strong voice in issues affecting patient care outcomes.
- Provide quality patient care within a cost-effective delivery system.
- Lead initiatives that foster diversity of staff and create culturally-competent care strategies supporting the local and international patients we serve.

Staff Perceptions of the Professional Practice Environment Survey

The Fielding the Issues section of Caring Headlines is an adjunct to Jeanette Ives Erickson's regular column. This section gives the senior vice president for Patient Care a forum in which to address current issues, questions, or concerns presented by staff at various meetings and venues throughout the hospital.

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

Jeanette: The survey was developed to provide an annual assessment of MGH's professional practice environment as perceived by clinical staff. I use the survey as a 'report card' to see how we're doing and to determine what changes need to be made

to improve the environment so that clinicians can provide the best possible care for patients and families.

Question: Who participates in the survey?

Jeanette: The survey is mailed to the homes of all direct-care providers throughout Patient Care Services. It will be mailed on January 28th this year, and responses are

due back by February 22nd. I hope you will all take a moment to complete the survey when you receive it. Your opinions are important and I rely heavily on your input.

Question: What does the survey measure?

Jeanette: The survey measures staff's perceptions of autonomy, control over practice, relationships with physi-

cians, communication, conflict-management, teamwork, internal work motivation, and cultural sensitivity. These eight organizational characteristics are widely considered influential in determining clinician satisfaction with the professional practice environment.

Question: I've noticed that there's a number on the return envelope. Are my answers kept confidential?

Jeanette: The number on the return envelope corresponds to the cost center of the responding clinician. It allows us to group data into meaningful categories. There is no way to link responses

to individual staff members. All individual responses are completely confidential.

Question: Who sees the results?

Jeanette: To ensure confidentiality and maintain the usefulness of the data, results are reported in aggregate. Analysis of the data is both qualitative and quantitative. The numbers tell a story and guide our interpretation of the data and the trends over time. This information helps us recognize areas that need improvement and gives us a way to evaluate whether or not new initiatives have been successful in improving practice.

Jeanette Ives Erickson

continued from previous page

other healthcare careers at MGH as well.

In addition to input from the Patient Care Services Executive Committee, the design of the 2002 PCS Strategic Operating Plan was driven by feedback from clinicians received through staff forums, unit rounds, committee meetings, and most importantly, responses received in the Staff Perceptions of the Professional Practice Environment Survey. The 4th annual Staff Perceptions Survey will be mailed to clinicians (at their homes) on January 28th. I urge all clinicians to take the time

to complete the survey and return it within the specified timeframe (by February 22nd). I use this survey as a measuring stick to assess how we're doing and to determine what changes need to be made to improve the environment so that clinicians can provide the best possible care for patients and families.

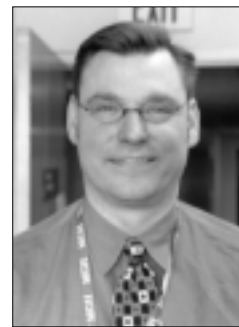
I know that as we go on with our work, the events of September 11th will never be far from our hearts and minds. It is a credit to all of you that we have been able to turn our feelings of loss and anger into motivation to do better.

It is with great sadness that I inform you that Patient Care Services has lost a great friend and colleague. Training coordinator, Anthony Kirvilaitis, died peacefully over the weekend after a long illness. Tony worked at MGH for 16 years. As a training coordinator in The Center for Clinical & Professional Development, he trained hundreds of support staff. We will miss his compassion, honesty, his commitment to patients and families, his coaching, patience, and sense of humor.

Tony was passionate about his commitment to creating a caring envi-

An untimely loss

ronment for patients and families. His contributions and great kindness should not be forgotten.



Tony Kirvilaitis

During his final weeks, I had the opportunity to visit with Tony, his family, and some of his colleagues and close friends. I'm proud to announce that a special

award will be established in Tony's honor. Two awards will be given each year to support staff who exhibit the values and characteristics that Tony lived by every day at MGH. Unit service associates, operations associates, OR assistants, unit assistants, patient service coordinators, ED admitting assistants, and patient care information associates will be eligible. The award will be called The Anthony Kirvilaitis Jr. Partnership in Caring Award. I hope that celebrating Tony's legacy in this way will keep his memory alive, and help all of us who knew him begin to heal.

An interview with Deborah Washington, RN, director of PCS Diversity

A little more than six years after becoming Patient Care Services' first director of Diversity, Deb Washington, RN, sat down with Caring Headlines and talked about her personal journey, the high points and challenges she's encountered, and the enormous faith she has in the people she works with.

Caring Headlines: When did you assume the position of director of Diversity for Patient Care Services?

Washington: I officially became the director of the PCS Diversity Program on November first, nineteen-ninety-five. It was interesting how it came about. I had been working with the existing Diversity Committee, and it was decided that the Diversity Program we were envisioning was going to need a point person, a leader. But I had no intention of applying for the position. I really lacked confidence that I could do the job. I remember Judy Newell, (nurse manager), who was also an active member of the Diversity Committee, suggested I apply. She came to see me several times and urged me to consider the opportunity. And Win Williams, the director of the Multi-Cultural Affairs Office, contacted me and encouraged me to apply, also. I got a lot of help

from a lot of people. Marianne Ditomassi helped me develop my resume. Everyone was extremely supportive. And the next thing I knew, I had the job!

Caring Headlines: At that time, did you have a specific strategy in mind, or goals you wanted to achieve?

Washington: I used the agenda that had been created by the original Diversity Committee as my guidepost (this was back before collaborative governance). It was a multi-ethnic, multi-racial group comprised of many role groups throughout the hospital. We had been charged with developing the goals, objectives, and strategies of our evolving Diversity Program: things like recruitment and retention of new staff (with particular attention to race and ethnicity); creating an environment that is responsive to the needs of our 'new' workforce; mentoring; leadership-development; increas-

ing the visibility of professionals of color; and increasing opportunities for advancement for minority staff.

Caring Headlines: What was the environment at MGH like back then, in terms of our awareness of diversity issues?

Washington: At that time, our diversity efforts were in their beginning stages: The MNRRC (The Minority Nurse Retention and Recruitment Committee), AMMP (Multi-Cultural Members of Partners). It was all about bringing people together to let the conversations about diversity begin. Our main focus at that time was hiring more people of color into professional roles.

Caring Headlines: What do you think your biggest challenge has been?

Washington: My biggest challenge has been helping people realize that the world of MGH has changed... significantly... since nineteen-ninety-five. It's been letting people

know that they have an outlet for their concerns.

In a way, I see myself as a 'gateway' for staff—I'm their link to the systems we have in place to address their grievances. I want staff to have confidence that they can go to their managers, or HR generalists, or the Employee Assistance Office, and know that they will be heard; that there is help. People need to know that their problems can be solved.

Caring Headlines: Has that been an easy message to convey?

Washington: It's all about risk-taking. People who haven't yet 'tested' the new world need to take a leap of faith and trust that their concerns will be taken seriously. People may not always get the solution they want, but they'll learn that someone is there to listen to them, to talk to them, and maybe guide them toward a solution they hadn't considered on their own.

It takes time to reinforce that kind of trust.

Caring Headlines: What, or who, has helped you most along the way?

Washington: If you don't have strong leadership to empower your position, you're just a figurehead. Jeanette's

(Jeanette Ives Erickson, senior vice president for Patient Care) leadership opened doors for me even before I was able to establish my own credibility and my own credentials. She created a place for diversity to thrive without undermining my presence and my ability. That is the art of good leadership.

Caring Headlines: A big part of your work has been educating staff about diversity issues. What, if anything, have you done to educate yourself during this journey?

Washington: This has been a great personal journey. The learning process for me comes from talking to, and interacting with, staff—going through that give-and-take with people as they sort through their own diversity issues.

It's so funny. The answers are always right there in people's experiences in life—they're right there! But not until we start sharing stories and trading perspectives do we get to that 'Aha!' moment where we can really appreciate the other person's experience. The answer was there the whole time... but two different people with two different perspectives were seeing two different things.

continued on next page

Interview with Deborah Washington

continued from previous page

Caring Headlines:
Is the environment at MGH different today than when you started as director of Diversity?

Washington: So many things are different:

The number of people of color who come forward to voice their grievances and concerns.

People are more interested in going to school, improving themselves, because there are more opportunities available.

There's a sense of celebration we have now about diversity.

There are numerous programs now related to diversity and culturally competent care.

Managers come forward to advocate for staff.

And just the way people care about what happens to each other.

Many things are different. It is so obvious to me that the world of MGH has changed. There really is a new culture.

Caring Headlines:
The pinning ceremony that happens annually now during Black History Month—that began during your tenure as director of Diversity. Can you tell us how the pinning ceremony came about and what the impact has been?

Washington: Recognizing and celebrating professionals is something we do a lot at MGH. And if you're part of the dominant culture, that's great, because the majority of professionals here are part of the dominant culture.

But what if you're a person of color? What does that say to people who aren't part of the dominant culture?

The pinning ceremony came about as a result of Ron Greene, another African American nurse leader, myself, and an informal group of employees talking about a way for African Americans to celebrate African Americans; where we (African Americans) decide what and who should be celebrated. It's a different way, perhaps, of looking at recognition. It's 'the community' that is being celebrated. That's why the pinning ceremony has included nurses, secretaries, patient care associates, dietitians, and African Americans from all departments and role groups.

Others who come to the ceremony come to witness and to learn, and we welcome that.

The pinning ceremony has helped reveal

some 'hidden treasures' at MGH—quiet, strong, 'unsung' individuals who've made countless contributions to the organization, but whose efforts have gone unrecognized.

Caring Headlines:
Your work often takes you outside the walls of MGH. Do you have a sense of how our diversity efforts compare to those of other organizations?

“There is still a lot to do. I don't have any illusions that we're going to reach a point where there are no more issues to address. But what I do have is faith in the people who work here, that no matter what those issues are, we'll deal with them, get by them, and be better off for our efforts.”

Washington: A question I get a lot when I travel outside of MGH is: “How do you get an organization so aligned behind a diversity initiative?” They've heard about us... and they're impressed. There is great interest in the issues we've encountered around diversity and how we've gone about solving them.

Caring Headlines:
Where do you think we are in our diversity journey?

Washington: I would say we're about mid-way. The reason I say mid-way is because all the voices are not yet part of the process. All the voices that need to be heard—the voice of the organization, the voice of the individual within the organization, and the voice of the patient—haven't come together yet in a consistent way. When they do, we'll have a solid

Caring Headlines:
Is there anything in particular you'd like staff and/or *Caring Headlines* readers to know?

Washington: I want people to know that diversity is not about being politically correct. It's not about tip-toeing around the important issues.

It would bother me tremendously if people felt they couldn't speak up and disagree. What an empty facade that would be. There will always be points of conflict and negotiation. That's healthy!

We need to keep our awareness growing, to include all facets of diversity: race, gender-orientation, generational issues, women's issues, these are all areas that need to be addressed.

Y'know what I love to hear? I love when employees come forward and say, “This is something I'd like to see. How can I help make it happen?”

There is still a lot to do. I don't have any illusions that we're going to reach a point where there are no more issues to address. But what I do have is faith in the people who work here, that no matter what those issues are, we'll deal with them, get by them, and be better off for our efforts.

Empathy and compassion guide nurse's care on Ellison 11

My name is Jennifer Dudziak, and I am a staff nurse on the Ellison 11 Medical Unit. Every day I enter the revolving doors here at MGH, I am presented with a new set of challenges and experiences different from the last. Little did I know that on November 20th I would have the opportunity to care for a very special person who was facing the most challenging crisis of his life.

In report I listened to words like, "tough," and "not very friendly," and quite honestly I was a little apprehensive to enter the room of this angry man. "Bob" is a man in his mid 40s who has spent the greater part of the last five years in the hospital. Diagnosed with cancer and AIDS he has endured more testing and operations than most of us will experience in a lifetime. Bob was admitted with a high fever and cough to rule out tuberculosis and had been assigned to the isolation room on the unit.

I entered the anteroom, gowned and gloved. I peeked through the

glass to see a frail man covered up to his chin in a mountain of blankets, shivering. I put on my respirator and entered the room. While I realize the importance of wearing the mask, there's something about it I hate. It creates one more barrier between the patient and me. Facial expressions, especially smiles, are hidden away. There is something so impersonal about caring for a patient on precautions. Being "locked away," as Bob called it, being approached by people protected by shields so they can't catch whatever infectious disease is suspected. All of these thoughts came to mind as I knocked gently on the door and entered the room.

The room was cool and the whir of the ventilation system was enough to drive anyone crazy. Bob barely stirred as I touched his arm with my gloved hand and introduced myself. It was quite apparent I was looking at a gravely ill man. Emaciated and weak, Bob reluctantly cooperated and allowed me to complete my assessment.

When breakfast arrived I made sure that I brought him his tray right away. Often, patients on precautions get overlooked as their trays wait in the anteroom getting cold. Bob didn't have much of an appetite, but he asked me for some extra jam for his toast. Although he didn't say anything, he seemed surprised when I returned a minute later with three different kinds of jam. A few minutes later, he called me in again. He needed to be washed and have his linens changed. As I washed him, I could see the disgust in his eyes. This was not something he wanted or something he did for attention.

As the morning wore on, I sensed that I was gaining Bob's trust and began to try to talk to him about his treatment. It was obvious from the beginning that Bob was beyond frustrated; he was losing all hope. He was fed up with hospitals, blood tests, doctors and nurses. He just wanted to go home. But he lay motionless in his bed, "a prisoner."

After lunch, I entered the anteroom and

looked in on Bob. He sat staring at his full lunch tray. I was wearing my usual attire that day, some silly scrub top with cartoon characters on it, my hair in a ponytail. I knocked on the anteroom door, surprising Bob, and gave him a silly wave and a smile. No mask, no gown, no gloves. Through the glass, I saw a hint of a smile. I motioned for him to *eat... eat... eat!* He responded by lifting his milk and taking a sip. I felt I had made a bit of progress.

I had been away for at least a half hour when I saw a commotion at the nurses' station. Three Security guards were outside of Bob's room! I immediately felt a surge of adrenaline and rushed to see what the problem was. Bob had called the local police from the phone in his room and threatened to commit suicide.

I was far from shocked, however, I was slightly disappointed that he hadn't confided in me. We had spoken earlier of his discouragement, but never to that degree.

As I entered Bob's room, the guards went on their way and I was once again alone with Bob. I sat close to him on the bed as I had earlier that morning. He sat on the edge of the bed, bent over, head down. He was so frail, so sick, so thin. I didn't know where to begin so I just sat. I sat in silence with him for a couple of minutes with my gloved hand atop his cold, bruised, hand. Finally, I said "Bob, why didn't you call me? I would have come right away."

He just repeated over and over, "I didn't know what to do. I just didn't know what to do."



Jennifer Dudziak, RN,
staff nurse, Ellison 11

continued on page 8

Operating Room CNS: shaping the future from the front lines

*M*y name is Leanne Espindle, and I am the clinical nurse specialist for the Operating Room. Because of the unique environment of the OR, nursing roles can, at first glance, seem very different from those on other nursing units. But when you look more closely, I can assure you that expert nursing, critical thinking, and solid nursing practice are the cornerstones of perioperative nursing as well.

Being the CNS for this unit is both challenging and satisfying. Traditionally, the OR has been a place cloaked in mystery. Its inhabitants move quickly and dress funny. Everything you see is unfamiliar. 'Opening the door' to the OR has been a priority for me and the OR management team.

Since perioperative nursing is no longer a clinical rotation in undergraduate nursing curriculums, it becomes essential to make the most of the one day of observation that students spend in the OR. Exposing students to

the OR and watching them learn from more experienced staff is among the most satisfying aspects of my job. I meet with clinical groups throughout the hospital and talk to students about what they are going to experience. I think it's helpful to discuss what they're going to see beforehand and acknowledge some of their fears up front. I

can use this information to help educate them and allay their concerns in a controlled environment. This leaves them free to enjoy the experience for what it is: a look at top-notch nursing in a non-traditional

—by *Leanne Espindle, RN*
clinical nurse specialist

environment, standing side-by-side with experienced professionals. I've had students tell me their experience in the OR was some of the best nursing they've ever seen!

MGH recently collaborated with Northeastern University to develop the Boston Perioperative Model. This partnership has been a very satisfying

experience for me as a CNS. In addition to the strong knowledge of nursing care and practice necessary to be an OR nurse, there is also a very distinct skill set required to work in the OR environment. The



Leanne Espindle, RN
clinical nurse specialist

Although keeping up with the learning needs of a very large staff is extremely challenging, I have a lot of support. The OR philosophy is based on a strong belief in education and professional development. This is clearly modeled by our leadership team and the entire team of veteran staff in the OR.

didactic content provided by the Northeastern University program combined with the real-time clinical component offered by MGH provides a unique educational opportunity for experienced nurses pursuing a new and exciting career in perioperative nursing.

As the perioperative CNS, I have had the unique opportunity to be involved in the start-up of the Boston Perioperative Model. As the program has matured, many of the recommendations for program improvements and curriculum changes have come from staff who have precepted students. It has been very rewarding to see front-line clinicians so involved in the training of new front-line clinicians.

Although keeping up with the learning needs of a very large staff (more than 200 FTEs) is

extremely challenging, I have a lot of support. The OR philosophy is based on a strong belief in education and professional development. This is clearly modeled by our leadership team and the entire team of veteran staff in the OR. We are fortunate to have staff members who are exclusively dedicated to orienting new staff. Orientation coordinators and staff development coordinators help me ensure that the unit meets its steep educational and orientation standards.

The future is sure to bring more challenges: the looming nursing shortage, incredible advances in technology, and the ethical dilemmas that get more complex with each passing year. There is no better place to watch all of this unfold than on the front lines in the Operating Room.

Exemplar

continued from page 6

When a person threatens to commit suicide, it is very serious, no matter how unrealistic the threat is. It didn't matter that Bob didn't even have the strength to lift a fork. His threat was real. I stayed with him for two hours, gowned and gloved from head to toe. As the beads of sweat began to form beneath my mask, I was finally able to begin to gain a better understanding of Bob. The bitterness and anger he had been displaying to the other nurses seemed almost justified.

Bob had come to grips with the fact that he was going to die. It was inevitable, and it was going to happen sooner than he had allowed himself to believe in past hospitalizations. He had already

refused any treatment for AIDS, and he was now beginning to refuse treatment altogether. We talked about this and what it meant, not only to him but to his family. After all, it was his 81-year-old mother who was "suffering the most," being forced to watch him wither away. He said he wanted to "go quick," so that his mom wouldn't have to watch him suffer. In fact, he was not afraid to die; he was more afraid of the pain he was causing others.

Shortly thereafter, Bob was seen by a physician who ordered that he be placed on one-to-one supervision, meaning someone would be with him at his bedside at all times for his own safety. I completely agreed. The physician pulled me aside and told me she felt it was necessary to put Bob in soft restraints so that he

would be incapable of physically hurting himself. A sense of anxiety came over me. Was I going to have to go back in that room and tie an already hopeless man down? What would happen to the relationship we had formed? I could not and would not do it. I told the physician how I felt, and together we discussed alternatives. I told her about my experience with Bob and the behavior he had been exhibiting for the last ten hours. I told her I didn't think restraints were the right therapeutic intervention for this patient. If the physician felt it was necessary to apply restraints, she was going to have to go into that room and put them on herself, because I could not bring myself to do it.

We entered the room, and I have to admit, I was starting to get emo-

tional, even angry. Thankfully, Bob was able to make a verbal contract with us, assuring us that he would not attempt to harm himself. It was that easy. The restraints were put away and I settled down.

Bob stayed for the rest of my shift under the watchful eye of a sitter. Before I left for the night, I stopped in one last time to say good-bye. I wouldn't be back for a few days, and I thought Bob would be moved to another unit by the time I returned. I asked the sitter to take a break so Bob and I could talk like we had earlier in the day. Bob asked if I would be back tomorrow, and I honestly felt a bit of sorrow when I said no. I could tell he was disappointed, but I knew I had made a difference that day. I put my arm around his shoulder and gave him a squeeze. He

looked at me and said, "Thank-you, Jennifer." As I left the room, I heard the thud of the heavy doors and turned and waved good-bye.

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

We all know that feeling when wearing a mask and gloves of being 'separated' from our patient. We know precautions are necessary, but still, it feels like a barrier. Jennifer was able to overcome that barrier with nothing more than the strength of her presence and the compassion she felt for Bob. An unmasked smile from the doorway, frequent little kindnesses, meaningful conversations, all let Bob know he had a friend, and an advocate in Jennifer.

When the physician suggested restraints following Bob's threat to commit suicide, Jennifer knew it would jeopardize the trust she had built, so she advocated for an alternative approach. It's entirely possible that Bob will never know how Jennifer intervened on his behalf that day. But he will always know that during his stay on Ellison 11, he received exceptional care from a kind, masked nurse.

Thank-you, Jennifer.

The Employee Assistance Program

presents

"Home-Buying"

Presented by

Robert Gray, senior mortgage originator,
Harvard Credit Union

Buying a house or condominium for the first time can be an overwhelming experience. This seminar will give you an overview of the financial aspects of the purchasing process. An explanation of the steps necessary to secure a mortgage and obtain pre-qualification status will be discussed.

March 14, 2002

12:00-1:00pm

Wellman Conference Room

For more information, call 726-6976.

Your Opinion Counts!

Staff Perceptions of the Professional Practice Environment Survey – 2002

This year's surveys will be mailed to all direct-care providers during the last week of January. If you don't receive your survey by February 4th, please call The Center for Clinical & Professional Development at 726-3111.

All individual responses are kept confidential. (See "Fielding the Issues" on page 3 of this issue of *Caring Headlines*).

**Please complete and return your survey
by February 22, 2002.**

Your voice is important!

For more information, call 726-3111

What does HIPAA mean to you?

Recently, the MGH Patient Confidentiality Committee conducted a survey in the form of a 'quiz' to see how much MGH employees know about HIPAA. Many employees were surprised to learn that the acronym stands for the "Health Insurance Portability and Accountability Act." HIPAA is the recently-passed regulation that protects a patient's right to confidentiality of his/her medical information.

The quiz was conducted during National Health Information Management Week this past November as part of a hospitalwide awareness campaign to educate staff about new patient confidentiality policies and guidelines.

Three employees were able to answer all of the quiz questions correctly earning themselves a variety of prizes. The three winners were Rita Devlin, RN, Ellison 7, Julia Fradera of Respiratory Care Services, and Jacob Ham, of MGH Psychiatry.

For more information about the MGH patient confidentiality campaign or to obtain a copy of the confidentiality quiz, visit the website at: <http://is.partners.org/hr/affiliates/mgh/privacy.html>.

Wanted!

Science Fair Judges (No science background necessary)

The MGH-Timilty Partnership is looking for volunteers to judge student projects at the annual science fair

**Fair will be held at the
James P. Timilty Middle School
in Roxbury, Massachusetts
9:00am-11:00am
February 11th-February 14th**

We're asking for two hours of your time and a desire to help kids develop an interest in science! Be a judge for one or more days.

Round-trip transportation will be available from the MGH Main Campus, departing at 8:30am and returning by 11:30am.

For more information, please contact the MGH-Timilty Partnership at (617) 724-3210
e-mail: timilty@partners.org

ARCH: Access to Resources for Community Health

A flexible learning opportunity for nurses. You decide where and when to meet with the instructor to learn how to search effectively for health information on-line.

Call 781-485-6477.
1.8 CEUs for registered nurses (1.5 hours)

Martin Luther King Day Observance

All employees are welcome to attend this special tribute to Martin Luther King, Jr.

Speakers will include:

- Mary Williams, staff nurse
- Jacqueline Dejean (will lead the group in singing: "Lift Every Voice")
- Dr. Robert Hughes, medical director of the Bulfinch Medical Group
- Johnnye Sampson-Sharp, operations associate
- Dr. Kate Treadway, internist
- Carmen Vega- Barachowitz, director, Speech Language Pathology
- Cathy Castronova, case manager
- Jacqueline Gross, Food & Nutrition Services
- Angeleen Peters-Lewis, nurse manager
- Jeff Davis, senior vice president, Human Resources

**Friday, January 18, 2002
8:00-9:00am
in the East Cafeteria**

The Employee Assistance Program

presents

"Eldercare Planning"

Presented by
Barbara Moscovitz, LICSW,
MGH Senior Health

Eldercare planning can be a stressful process. There are many considerations, including decisions concerning living arrangements, access to community resources and choices that satisfy both the elderly relative and the family caregivers.

This program will define available resources, particularly around types of care and living options; and how family members can work together with elderly relatives to find the assistance that best suits everyone's needs.

**February 14, 2002
12:00-1:00pm**

Wellman Conference Room

For more information, call 726-6976.

Published by:

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

Publisher

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

Managing Editor/Writer

Susan Sabia

Editorial Advisory Board

Chaplaincy
Mary Martha Thiel

Development & Public Affairs Liaison
Georgia Peirce

Editorial Support
Marianne Ditomassi, RN, MSN, MBA
Mary Ellin Smith, RN, MS

Materials Management
Edward Raeke

Nutrition & Food Services
Patrick Baldassarro
Martha Lynch, MS, RD, CNSD

Orthotics & Prosthetics
Eileen Mullen

Patient Care Services, Diversity
Deborah Washington, RN, MSN

Physical Therapy
Occupational Therapy
Michael G. Sullivan, PT, MBA

Police & Security
Joe Crowley

Reading Language Disorders
Carolyn Horn, MEd

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

Speech-Language Pathology
Carmen Vega-Barachowitz, MS, SLP

Volunteer, Medical Interpreter, Ambassador
and LVC Retail Services
Pat Rowell

Distribution

Please contact Ursula Hoehl at 726-9057 for all issues related to distribution

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

Next Publication Date:
February 7, 2002



Coakley presents on Therapeutic Touch

Amanda B. Coakley, RN, staff specialist, presented, "Therapeutic Touch: an Introduction to the Intervention," as part of the Risk Management Program at the Massachusetts Medical Society, on October 13, 2001. The program was sponsored by the Massachusetts Medical Society and its Committee on Women in Medicine.

Waithe appointed to Board of Registration in Nursing

Philip E. Waithe Jr., RN, clinical educator for The Center for Clinical and Professional Development, was appointed a member of the Board of Registration in Nursing for the commonwealth of Massachusetts, by acting governor, Jane Swift, on September 21, 2001. Under the provisions of Massachusetts law, Waithe's term will expire on January 28, 2004.

MGH Nursing—IHP abstract accepted

The abstract, "Creating a Learning Environment of Success for New Graduate Nurses," was accepted for Sigma Theta Tau's International Meeting in November, 2001. The authors are Scott Ciesielski, RN, BSN, Laura Mylott, RN, PhD, Trish Gibbons, RN, DNSc, Carol Picard, RN, PhD, and Deborah D'Avolio, RN, PhD(c) from the IHP.

Rowell represents MGH, US, at International Forum

In Toronto, Canada, October 3-4, 2001, Patricia Rowell, director of Volunteer, Interpreter, Information Ambassador, and General Store Services, represented MGH and the United States at an international forum that looked at the profession of volunteer administration. The main focus of the conference was, "to create a declaration on the role and contribution of administrators of volunteers."

Anastasi appointed president

In October of 2001, Michelle Anastasi, RN, BSN, MSN, clinical nursing supervisor, Bigelow 14, was appointed president of the Greater Boston Chapter of the American Association of Critical Care Nurses for 2002.

Gavaghan to present in Atlanta and Boston

Susan Gavaghan, RN, staff nurse, White 9, will present, "Critical Illness: the Response of Families and the Effect of Nursing Interventions," at the National Association of Clinical Nurse Specialists, March 14-16, 2002 in Atlanta, Georgia. Gavaghan will also present this paper at the Horizon's conference in Boston in April, 2002.

Newbury receives community award for volunteerism

Volunteer, Malcolm J. Newbury Jr., of the Blue Team, received a Community Award for consistent volunteerism and charitable attitude from Project Care and Concern, on October 19, 2001. Each week, Newbury brings newspapers to seniors residing at West Wind Court at Harbor Point. Without his help, home-bound elders would not receive these donated, much-appreciated papers. Newbury wants to help elders stay connected to the community. Since his retirement, he has made helping others a priority. Here at MGH, Newbury volunteers as part of the Patient Activity Center, delivering flowers and gifts to patients. He shares his time with patients at Spaulding Rehabilitation Hospital, playing cards as a mechanism to help patients cope with their illness. Newbury was honored by the Center Club of Boston in 1987 for teaching cards to people preparing for new jobs. Says operations coordinator, Beverley Cunningham, "Malcolm is a quiet man who is generous with his time, providing an invaluable service to patients at MGH and to people in his community."

Capasso publishes in On-Line Journal

Virginia Capasso, RN, PhD, clinical nurse specialist, Bigelow 14, published an abstract in STTI's On-Line Journal of Knowledge Synthesis for Nursing, on the MGH Vascular Home Care Program. The abstract was published in the fall of 2001.

D'Antonio appointed to Advisory Council

Nancy D'Antonio, RN, staff nurse, Blake 13 Newborn Unit, has been appointed to the Expertise Sub-Group of the Nursing Practice Advisory Panel, of the Board of Registration in Nursing, representing Obstetrics and Maternal-Child Nursing. She will serve from October, 2001, through October, 2002.

Pazola publishes in *Pediatric Oncology Nursing*

Ellison 18 staff nurse, Kathryn Pazola, RN, MSN, CPON, published her exemplar, "Sailing On," in the November-December 2001 issue of *The Journal of Pediatric Oncology Nursing*. The exemplar had appeared previously in the September 21, 2000, issue of *Caring Headlines*.

Tyrrell, French and Washington present at National Nursing Conference

Professional development coordinators, Rosalie Tyrrell, RN, MS, and Brian French, RN, MS, C, and director of PCS Diversity, Deborah Washington, RN, MSN, presented at the annual National Nursing Staff Development Organization (NNSDO) convention in Las Vegas, July 15-18, 2001. Tyrrell and French presented, "Fighting Fires Without Burning Bridges: Effective Strategies for Managing Conflict." Washington and French presented, "Diversity and Culturally-Competent Care: A Key Partnership to Promote Organizational Change."

Educational Offerings

January 17, 2002

When/Where	Description	Contact Hours
January 28: 7:30am–4:00pm January 29: 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1 at BWH; Day 2 at MGH (VBK6)	14.4 for completing both days
January 30 8:00am–12:00pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Wellman Conference Room	TBA
January 31 and February 1 8:00am–4:30pm	BLS Instructor Program VBK601	13.2 for completing both days
February 1 7:30–11:30am and 12:30–4:30pm	Pediatric Trauma–Part II Wellman Conference Room	TBA
February 4, 5, 6, 11, 12, 13 7:30am–4:00pm	Critical Care in the New Millennium: Core Program Locations vary. Call 6-3111 for information.	45.1 for completing all six days
February 4 8:00am–5:00pm February 15 8:00am–4:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room.	16.8 for completing both days
February 7 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
February 7 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
February 8 8:00–11:30am	Intermediate Arrhythmias O’Keeffe Auditorium	3.9
February 8 12:15–4:30pm	Pacing : Advanced Concepts O’Keeffe Auditorium	5.1
February 11 7:30am–4:00pm	Diversity in Child Bearing O’Keeffe Auditorium	5.1
February 13 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (contact hours for mentors only)
February 13 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
February 13 5:30–6:00pm networking 6:00–7:00pm presentation	Advanced Practice Nurse Millennium Series “Reimbursement Issues for the Advanced Practice Nurse.” O’Keeffe Auditorium	1.2
February 14 8:00am–4:30pm	Preceptor Development Program: Level II Training Department, Charles River Plaza	7.8
February 20 7:30–11:30am, 12:00–4:00pm	CPR—American Heart Association BLS Re-Certification for Healthcare Providers VBK 401	---
February 21 10:00–11:30am	Social Services Grand Rounds “Beyond ADHD: Assessment of the Distractible Adult,” O’Keeffe Auditorium	CEUs for social workers only
February 21 8:00am–4:30pm	Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other Training Department, Charles River Plaza	7.2
February 21 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2

For more information about any of the above-listed educational offerings, please call 726-3111.
For information about Risk Management Foundation educational programs, please check the Internet at <http://www.hrm.harvard.edu>

Finding patient drug information electronically when you need it: a guide for nurses

—by Taryn Pittman, RN, MSN, patient education specialist and The Patient Education Committee

You're working on a busy Med-Surg unit. It's 2:00pm, and you've just been told that Ms. Patterson in 18B will be discharged today on six different medications. Your first thought is, "I need to provide my patient with easy-to-read information about these medications before she is discharged." You know that resources are available on the computer, but tracking this information down seems daunting.

The following guidelines will help you access electronic resources quickly and easily. By following these steps you'll be able to put written drug information in your patient's hand, even in the middle of a busy discharge.

Resources on the Intranet

Intranet resources are those that are provided within a hospital system or network and can only be accessed from a computer terminal within

that network. Intranet resources are *not* available on the Internet for the general public.

Hospital Formulary

The hospital formulary is a list of approved medications available within MGH for practitioners to prescribe to their patients. To access a patient-education leaflet on a formulary drug:

- Click on "Start"
- Click on "Partners Applications"
- Click on "Clinical References"
- Click on "MGH Drug Formulary Look-Up"

- Click mouse inside search box to get a flashing cursor
- Type the name of the drug into the search box (e.g., Atenolol)
- Click on "Search"
- Click on "Atenolol" under Advanced Practice Nursing Drug Information
- Click on "Leaflet"
- Click on the printer icon to print the document

Micromedex DrugNotes Patient leaflets are available in English and Spanish for more than 2,000 drugs.

- Click on "Start"
- Click on "Partners Applications"
- Click on "Clinical References"
- Click on "CareNotes-DrugNotes" (MGH

staff have access to DrugNotes only.)

- Click mouse inside search box to get a flashing cursor
- Type the name of the drug into search box (e.g., Atenolol)
- Click on "Search"
- Click on "Atenolol" under Drug Leaflets
- Click on "English" or "Spanish" depending on the language needed
- Click on the printer icon to print the document

For more information or help accessing patient drug information electronically, contact Taryn Pittman, RN, patient education specialist in the Patient-Family Learning Center, at 4-7352.

Caring

HEADLINES

FND125
MGH
55 Fruit Street
Boston, MA 02114-2696

