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Ruth Sleeper family visits MGH
(See page 7)

Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN (second from right), welcomes Ruth Sleeper family members, (l-r): Susie Harvey, Mary Zagelmeier, Nancy Ruth Sleeper Kolbe, and Diane Gordon. In the background is the portrait of Ruth Sleeper that hangs in the Trustees’ reception area on Bullfinch 2.
On June 12, 2003, we officially completed the second and final phase of our magnet hospital application process by opening our doors and our practice to the magnet hospital survey team. This site visit was an opportunity for magnet surveyors to, 'clarify, amplify, and verify' the information we submitted to, 'clarify, amplify, and verify' the surveyors to, 'clarify, amplify, and verify' the surveyors to, 'clarify, amplify, and verify' the surveyors to. I cannot imagine a hospital more deserving of magnet recognition than MGH. We will be notified about the outcome of our application in September.

Not everyone was able to participate directly in the survey because time was short and there were so many wonderful things to showcase. I’d like to give you a brief overview of the site visit to give you an idea of the impression you made on our special guests.

During their three-day visit, magnet surveyors toured the hospital engaging any and all people they encountered in conversations about nursing at MGH; they visited patient-care units where they interviewed staff from all disciplines, as well as patients and families; they attended meetings and seminars and met with hospital administrators, board members, nursing leadership, physicians, and members of the community. Their singular mission was to gain understanding about the essence of nursing at MGH.

On Thursday, June 12th, at the end of their visit, surveyors met with interested staff in O’Keeffe Auditorium to share the impressions they formed over the course of their visit. One surveyor spoke about the many ‘magnet moments’ she had witnessed; about how often nurses made reference to, ‘my practice,’ and, ‘the science of nursing.’ She heard from the medical community that, ‘Nurses at MGH set the standard.’ She heard from hospital leadership that, ‘Nurses at MGH are involved in everything!’ She heard from our patients about, ‘the comfort you get from nurses at MGH—you know you’re in the hands of a pro.’

Surveyors shared a number of themes that emerged from their conversations with staff; themes like collaboration and teamwork. One physician commented that, ‘Collaboration between Nursing and Medicine is so powerful.’

Empowerment was another theme. One surveyor recalled a nurse saying, ‘Patient rounds don’t begin until the nurse gets there.’

Evidence of strong nursing leadership was visible throughout the institution. Associate chief nurses were described as, ‘the glue’ that keeps us all together. Nurse managers were highly regarded by staff for the guidance, support and encouragement they provide. Clinical nurse specialists and nurse practitioners were described as valued resources to nurses and others. Leadership was felt even at the staff-nurse level with participation in collaborative governance, precepting, professional associations, and special projects. Said one surveyor, ‘MGH nurses know you don’t have to leave the bedside to lead.’

When it comes to the spirit of inquiry, magnet surveyors saw that MGH nurses are encouraged to bring new ideas to the table, incorporate research into their care, and use evidence to drive their practice.

Talking about professional development, surveyors recalled one nurse saying, ‘We want for...

**Clinical Recognition Program**

**Clinicians recognized March–May 2003**

**Advanced Clinicians**
- Cheryl Codner, RN, Bigelow 14
- Theresa Morris, RN, Ellison 4, SICU
- Kristin Cote, RN, Bigelow 14
- Kathleen Reilly Lopez, RN, White/Ellison 7
- Nicola Gribbin, RN, Cox 2, Infusion Unit
- Audrey Kurash Cohen, SLP, speech language pathologist
- Gloria Moran, RN, Main Operating Room, Gray 3
- Kevin E. Strong, RRT, respiratory therapist
- Debra S. Christofi, RN, G1 Unit

**Clinical Scholars**
- Diana Grobman, RN, Ellison 3, Newborn Intensive Care Unit
- Lois Richards, RN, Blake 13/14
- Harriet Nugent, RN, Blake 13/14
- Elizabeth Johnson, RN, Ellison 14
- Deborah Bobola, RN, Ellison 3, Newborn Intensive Care Unit

As of May 31, 2003, 35 clinicians have been recognized as advanced clinicians; 16 clinicians have been recognized as clinical scholars.

Jeanette Ives Erickson, RN, MS
Senior Vice President for Patient Care and Chief Nurse

Page 2
North End Rehabilitation and Nursing Center

Answers provided by Justin Verge, executive director of the North End Rehabilitation and Nursing Center; and Maureen Banks Gould, president, Partners division of Skilled Nursing Facilities

Question: What services are provided by the North End Rehabilitation and Nursing Center?

Answer: The North End Rehabilitation and Nursing Center (NERNC) is a 140-bed facility located in the heart of the North End, (at the corner of Richmond and Fulton streets). NERNC has a 40-bed sub-acute Transitional Care Unit, a 40-bed Skilled Nursing Unit, and a 60-bed Long-Term Care Unit. The facility provides short-term nursing care and rehabilitation for patients following acute-care hospitalization at MGH, and long-term care for residents of the North End and surrounding areas. NERNC was established 18 years ago to meet the needs of elderly residents in the North End.

Question: Can you explain how NERNC is affiliated with MGH?

Answer: The affiliation established between the NERNC and MGH led to the establishment of the 40-bed Transitional Care Unit (TCU). The unit provides a continuum of care to MGH patients in need of continued skilled nursing care for (an average of) 15 days after discharge from MGH. The newly renovated unit provides a comfortable environment for patients to continue their recovery. Therapists, speech-language pathologists, interpreters, case managers, admission liaisons and materials management teams from Spaulding Rehab Hospital provide services for the North End TCU.

Question: What is so unique about the Transitional Care Unit at NERNC?

Answer: Patients benefit in a variety of ways. NERNC has a unique nursing-care delivery model. Direct bedside care is provided by a team comprised of a nurse practitioner, a licensed nurse, and certified nursing assistants. To accommodate higher acuity post-acute-care patients, NERNC employs highly skilled nurses and nurse practitioners to be at their bedside 24 hours a day, 7 days a week. All rehabilitation and therapy services are provided by Spaulding staff, who practice at NERNC every day. Many Spaulding staff members rotate to NERNC six months out of the year, others are permanently positioned at NERNC.

Care is supported by the presence of full-time TCU medical chief, Dr. Chuck Pu.

Question: Are there ways I can facilitate a patient’s transition from MGH to NERNC?

Answer: Encourage family members to visit the facility and meet with staff. Remind patients that NERNC’s clinical team remains in close contact with discharging physicians at MGH to ensure continuity of care. Let patients and families know that 12 private rooms are available, and each TCU room is equipped with a television and telephone. Assure patients and families that, despite construction associated with The Big Dig, NERNC is very accessible (only a short walk from the Green and Orange subway lines and bus stops). Parking is available on-site after 5:00pm and all day weekends. Validated, $1.00/hour parking is available nearby.

For more information about NERNC, call 617-726-9701.

Jeanette Ives Erickson
continued from previous page

nothing. There are ample opportunities for continuing education, reimbursement for educational advancement, and flexible scheduling. We have it all.’

Both surveyors spoke about the overwhelming commitment they saw on the part of nurses to do what’s best for the patient. They spoke of the innovation, creativity, enthusiasm and passion for nursing they witnessed at every turn. It was clear to surveyors that MGH had made a significant investment in nurses; and that we are seeing a return on that investment every day.

The magnet site visit validates what we already know; that patients at MGH receive incredible care; that families are an important part of that care; and that working together, all members of the healthcare team empower one another to provide the best possible care to our patients.

I would like to take this opportunity to thank so many people for their invaluable contributions in preparing us for this momentous undertaking.

I want to thank the four magnet workgroups (the Interdisciplinary Team Workgroup; the Professional Practice Workgroup; the Professional Development Workgroup; and the Knowledge Management Workgroup) the Writer’s Workgroup, and the support staff on Bigelow 10 for their important contributions early on in our journey.

I want to thank the MGH leadership team for their unwavering support of nursing.

A big thank-you to staff nurses who served as magnet champions, disseminating information back to the units.

Thanks to staff and leadership of all disciplines for giving your full support and participation to this process.

And thank you, especially, to the best nurses in the entire world for making it so easy to see how wonderful you are!

Update

On June 16, 2003, Deborah Colton assumed the position of vice president for External Affairs of the MGPO. In her new role, Deborah will work closely with Patient Care Services on a number of initiatives and will become a member of the Patient Care Services Executive Committee.
In an unusual and poetic gesture of appreciation, a former White 6 patient has named a star in honor of the unit that provided her with such memorable and compassionate care. The star is officially called, “Mass General White 6 Unit.”

Following discharge, the patient (who would like to remain anonymous) wrote of her caregivers: “I landed at Massachusetts General Hospital when my plane was diverted to Boston. I was alone, scared, depressed, and frustrated. Staff made me feel secure and cared for. To express my deep appreciation, I’ve named a star for them in the ‘Hero’ Constellation, the constellation for medical stars, loving strangers, and all those who care!”

Astronomy buffs may be interested to know that the star is one of more than 100,000 stars numerically designated in the SAO Star Catalogue. Its official number is 023435 Perseus, and it can be seen with the aid of a telescope on dark, starry nights.

Says nurse manager, Kathy Myers, RN, “The philosophy on White 6 has always been to put the patient at the center of the care plan. Our primary goal is to provide excellent care in a way that supports patients throughout their hospital experience. We have developed a unit-based patient-satisfaction survey that gives us ongoing feedback to ensure continuous improvement of the care we deliver. Having a star named in our honor makes me feel like we’re on the right track.”

In her most recent correspondence, the patient wrote, “Just a note to let you know that I am thinking of you. Your care and friendship have touched my heart. I feel lucky to have landed at MGH.”

Individuals who were mentioned in the dedication include:
- Wendylee Baer, RN
- Ivonny Niles, RN
- Maryanne Mantville, RN
- Louanne Desroches, RN
- Lenore Cariagara, RN
- Chris Ruel, RN
- Ana Andrade, RN
- Dr. Leonard Kaban
- Dr. Maria Troulis
- Dr. Melissa Lackey
- Dr. Daniel Richardson
- Dr. Joan Butterton
- Dr. Nancy McDermott
- Dr. Christian Rouleau
- Dr. Daniel Clark
- Allison Goddard, oral surgery assistant
- Katie Best, RN
- John Clark
- And all the staff on White 6

“It is not in the stars to hold our destiny, but in ourselves”

—William Shakespeare
Volunteer recognition event: a warm reception on a cool day

On Wednesday, June 4, 2003, members of the MGH community came together under the Bulfinch tent to recognize the numerous and varied contributions of the MGH volunteer workforce. Pat Rowell, director of Volunteer Services, welcomed a large gathering of volunteers, employees, visitors, and hospital leaders, Peter Slavin, MD, president; Jeanette Ives Erickson, RN, senior vice president for Patient Care Services; and Edward Lawrence, chairman of the Board of Trustees.

Before acknowledging award recipients, Rowell thanked members of her staff, Paul Bartush, program manager; Sam Roberts, coordinator; and Sara Kriynovich, administrative assistant, for their dedication and perseverance in supporting the work of the more than 1,200 volunteers who comprise the MGH volunteer workforce.

The Jesse Harding Award, an award that recognizes outstanding volunteer service, went to Carlos Villafuerte, a hospitality volunteer in the Bigelow 12 Chemotherapy Infusion Unit and in the Patient Discharge Service. Said Rowell, “Almost three years ago Carlos wrote on his volunteer application, ‘I want to help and serve patients and families in need.’ And he’s been doing just that ever since.”

The Trustees’ Award for extraordinary effort in involving and recognizing MGH volunteers went to Katie Binda, LICSW, oncology social worker and director of the MGH HOPES Program (Helping Our Patients and families through Education and Support). Binda was recognized for her efforts in implementing ‘Gentle Muses,’ a music therapy program that brings soothing harp music to several areas throughout the Cancer Center.

Other honorees included the Chang family (Feng, Ian, Lydia and Peter), who received a Special Recognition Award for their combined 879 hours of volunteer service, their willingness to give unselfishly to others, and the impact they’ve made on the MGH community with their kindness and presence. Another Special Recognition Award went to Kay Bander, Joanne Agababian, Karissa Chabner, Nancy Conner, Dominique Davenport, Geoffrey Grant, Karen MacDuffie, Kate Murray, and Kudzaishe Takavarasha for their ‘heroic’ efforts in training members of the Volunteer Department to meet compliance standards for the HIPAA patient privacy act.

Service awards were presented to Francis Fine, Elaine Grollman, Tony Kim, Marge Lanoix, Elizabeth Morey, Richard Paulson, and Jennifer Tang, but the appreciation of the entire MGH community goes out to all the volunteers who make such an important contribution to the mission of this hospital every day.
The Pro Tech Program, a partnership between MGH, East Boston High School, and the Private Industry Counsel, gives juniors and seniors from East Boston High School a chance to participate in a positive, structured work experience at MGH. Students in the program work and learn for 15 hours a week during the school year, and full-time during the summer.

The Pro Tech Program provides opportunities for students to work in various jobs and departments throughout the hospital, such as Nursing, Physical Therapy, and Pharmacy. Currently, there are 21 Pro Tech students at MGH; seven in the department of Nursing, and one in Physical Therapy.

After completing phase one of a competency-based training program, students in the department of Nursing, may assist with:

- maintaining the patient record
- creating admission packets
- distributing mail
- special projects in collaboration with the operation coordinator or nurse manager

Upon successful completion of phase-one, students may attend the second phase of training at the end of their junior year. Successful completion of phase-two training allows students to have more direct contact with patients under the supervision of a registered nurse. At this point, students may:

- assist with transferring, lifting or moving patients
- assist patients with filling out menus
- make unoccupied beds
- distribute and fill water pitchers

Pro Tech students in the department of Physical Therapy work under the direct supervision of a physical therapist to:

- assist with patient escort and reception
- maintain the environment and monitor equipment
- assist therapists in exercises and functional activity

An integral part of the Pro Tech Program is the monthly forum. Monthly forums were created to better meet students’ interests and learning needs, and provide an opportunity for students to share experiences. The May 27th monthly forum, presented by Trisha Flanagan, RN, clinical nurse specialist, and Francine Falvo, RN, focused on Emergency Nursing. Students were shown a power point presentation on the MGH Emergency Department followed by a hands-on demonstration of intubation, cardiac monitoring, and defibrillation.

Students were amazed at what happens during a typical day in the Emergency Department. Pro Tech student, Rayheimme Williams, who is currently working in Pediatric Cardiology said, “This forum gave me a deep gut feeling that nursing is the right choice for me. And the sky’s the limit. I want to be a nurse, not because we need more male nurses, but because I want to help people and be a catalyst for change in the day and times that we live in.”

For more information about the MGH Pro Tech Training Program, contact Galia Kagan, Pro Tech Partnership manager, at 4-8326 or Mary McAdams, RN, clinical educator, at 6-1607.
Remembering a great nursing leader: a visit from Ruth Sleeper’s family

—by Donna Perry, RN, professional development copordinator

Ruth Sleeper, RN, was a visionary leader in the areas of nursing practice, research, and education. Her influence was such that a building on Parkman Street on the main campus of MGH still bears her name; and her legacy lives on in the spirit of inquiry and excellence that drives MGH nurses today.

Recently, The Center for Clinical & Professional Development received word from a grand niece of Ruth Sleeper, former director of the MGH department of Nursing and School of Nursing from 1946–1966. She and her sisters were coming to Boston to celebrate their mother’s 75th birthday. Their mother, Nancy Ruth Sleeper Kolbe, is Ruth Sleeper’s niece.

On June 13, 2003, a reception was held for Sleeper family members, Nancy Ruth Sleeper Kolbe, and her three daughters, Diane Gordon, Susie Harvey, and Mary Zagelmeier. The reception was an opportunity for past and present staff to share memories and recollections of the late MGH nursing leader, and several MGH School of Nursing alumni were on hand to share their stories.

Staff nurse, Diane Smith, RN, graduated from nursing school the same year Ruth Sleeper retired from MGH. She recalled Sleeper’s advice to, “read something non-nursing, non-medical, every day. It’s important to maintain balance in your life and be a well-rounded citizen of the world.”

Honor Keegan, RN, staff specialist in the Office of Quality & Safety, recalled Sleeper as, “the embodiment of professional dignity. She never demanded anything of others that she didn’t demand of herself. She was a progressive, enlightened, forward thinker.”

Georgia Peirce of Public Affairs remembered Sleeper in connection with her work with the Visiting Nurses Association and a south shore hospice organization. She called Ruth Sleeper, “a strong presence and a wonderful, gracious person.”

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, presented the family with a special, framed remembrance. Family members from left to right are: Mary Zagelmeier, Diane Gordon, and Nancy Ruth Sleeper Kolbe.

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, presents the family of Ruth Sleeper with a special, framed remembrance. Family members from left to right are: Mary Zagelmeier, Diane Gordon, and Nancy Ruth Sleeper Kolbe.

Ruth Sleeper, RN
director of the MGH department of Nursing and School of Nursing
1946-1966

- Ruth Sleeper earned her nursing diploma from the MGH Training School for Nurses in 1922.
- She was the director of the MGH department of Nursing and School of Nursing from 1946 to 1966.
- She was the first president of the National League of Nursing and received four honorary doctorate degrees.
- In 1959, Ruth Sleeper was awarded the prestigious Florence Nightingale Award.
- Ruth Sleeper was a pioneer in nursing research, conducting many studies, “for the purpose of increasing educational opportunities for student nurses and improving care to patients.”
- Ruth Sleeper was a mentor before mentoring was fashionable.
- As a leader, Ruth Sleeper had the qualities of vision, foresight, imagination, independent thinking, enthusiasm, a tremendous capacity for hard work, and the courage to forge new paths.

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, presented the family of Ruth Sleeper with a special, framed remembrance. Family members from left to right are: Mary Zagelmeier, Diane Gordon, and Nancy Ruth Sleeper Kolbe.
Exemplar

Occupational therapist helps dying patient maximize her potential

My name is Elizabeth Gonski. I have been an occupational therapist for more than three years; I’ve worked in the acute inpatient setting at MGH for eight months. I was assigned to the Medical Oncology rotation when I first started at MGH.

Occupational Therapy’s role in cancer care is to optimize patients’ quality of life by enabling them to engage in ‘occupations’ and activities such as personal hygiene, study, work, and leisure activities.

I had the opportunity to work with ‘Robin,’ a 36-year-old woman and mother of three. She was married and had worked as a teacher’s assistant in a Boston school. Robin was diagnosed with non-Hodgkin’s lymphoma in June of 2002. She had undergone chemotherapy at a community hospital and was transferred to MGH after suffering a relapse. I was consulted to evaluate her functional performance and general strength and activity-tolerance so she would be able to receive a stem cell transplant.

After evaluating Robin, I found she was dependent in all activities of daily living and functional mobility. She had approximately five degrees of shoulder flexion; 130 degrees of elbow flexion; she could make loose fists and was unable to open her hands fully. She did not have the grasping strength to hold a washcloth or utensil. She was unable to feed herself or even use the call-bell to signal the nurse. Robin was extremely de-conditioned from her stay in the ICU and had steroid myopathy from the chemotherapy. She could answer simple questions about her family, but didn’t engage in open-ended conversation. She had a flat affect.

I explained my role as an occupational therapist and together with Robin and her sister we developed therapy goals.

Robin wanted to be able to feed herself, perform basic grooming tasks independently (wash her face and brush her teeth), and use the telephone to talk to her children and husband. Therapy was both compensatory and remediatory. Both approaches were used because Robin needed to feel she had some control and independence.

In order for Robin to achieve success, early on in our therapy I knew I would have to introduce adaptive equipment and make modifications to her environment. Safety and communication are always my primary concern, so one focus was to help Robin be able to call for the nurse independently. I arranged for Robin to use an adaptive call-bell that didn’t require the fine-motor control or finger strength a typical bell required. Robin was able to use this with proper positioning in bed.

We adapted her original call-bell so that she could have control over both the television and the call-bell. By lifting up the surface of the buttons, essentially making them larger, Robin could use the weight of her hand to press the buttons.

I used cylindrical foam to build up the handles of utensils to allow Robin to grasp them more easily. I modified her tray set-up so she would need elbow flexion only (not shoulder flexion) to bring food to her mouth. Robin became able to feed herself portions of meals and eventually entire meals.

I introduced other adaptive equipment, including a book stand to allow Robin to read (a meaningful leisure activity for her). We positioned the telephone so she could use it with only elbow flexion to speak to her husband and children. Robin’s sister was there for every session and was educated along with Robin’s nurses about positioning and adaptive equipment.

During our sessions we also worked on upper-extremity strengthening, coordination exercises, sitting balance, activity-tolerance, and cognition through therapeutic exercises and meaningful activities. Literature shows that when participating in meaningful and functional activities, patients achieve higher levels of motor control, range of motion, strength, and facilitate a quicker recovery. Robin worked on strength and fine-motor tasks as well as activity-tolerance and sitting-balance through activities such as playing cards, throwing and catching a ball (she was her daughter’s softball coach), tying shoes (she was a pre-school teaching assistant), sorting through photos of her family and friends, manipulating coins, and opening sugar packets for coffee.

As Robin progressed in her therapy, adaptive equipment was removed as she reached functional levels where she no longer needed it. She was able to see her progress and success. She was now able to sit at the edge of the bed with limited assistance. She could feed herself, perform her own grooming tasks, wash her upper body, put on and take off her johnny, and use the
had worsening ascites. Robin did not respond to therapy and independence, then return to MGH for a possible stem cell transplant.

Robin returned to MGH toward the end of January. She had made wonderful progress in rehab. She was walking with a walker, using the bathroom with minimal assistance, and performing all upper body activities of daily living.

OT was consulted again. At this point, I began to work on higher-level activities to continue to maximize her occupational function. At the same time, Robin was evaluated to see if she would be a candidate for stem cell transplant. Unfortunately, her liver function tests were high; there was suspicion of a tumor in her liver; and there was suspicion of a pleural effusion. Consequently, she stopped receiving exercises, but Robin wasn’t interested. Finally, she stopped responding to transfusions, and it was thought she had sepsis. With the doctor’s advice, Robin and her family decided on comfort measures only.

Even at this point, I felt occupational therapy had a role in maximizing Robin’s quality of life. I was reminded of an article I read once called, “Rehabilitation of Patients with Advanced Cancer,” in the August 15, 2001, Cancer journal. “All the work of the professional team... is to enable the dying person to live until he dies, at his own maximum potential performing to the limit of his physical and mental capacity with control and independence whenever possible.” I asked Robin if she’d be interested in making a collage of photographs that she could give to her family. She was very interested, so I asked her sister to bring in some photographs. Unfortunately, Robin did not live long enough to start this project. Her mother and family came in and we were asked not to wake Robin because it was difficult to keep her comfortable.

I was very fortunate to have worked with such an amazing woman. Although Robin did not survive, she was a true survivor, never giving up. I hope that my role as occupational therapist assisted Robin to truly live her life as fully and independently as possible throughout her struggle with cancer. Working with Robin was an incredible learning experience for me as an occupational therapist. I was given the opportunity to work with Robin as she came full circle. I worked with her as she persevered toward recovery, and as she prepared to leave life. I experienced how therapy and goals must change as the course of the patient’s journey changes.

Comments by Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse
Elizabeth’s narrative brings to light the unique contributions occupational therapists make in the care of patients, even at the end of life. When Robin is robbed of control and independence, Elizabeth’s skill and creativity help her reclaim her life and keep hope alive.

“All the work of the professional team... is to enable the dying person to live until he dies...” That’s exactly what Elizabeth did—she maximized Robin’s potential at every stage of illness with great compassion and understanding.

Thank-you, Elizabeth.
Recently, a number of staff nurses participated in two focus groups to discuss written communication practices related to, “Knowing Your Patient.” Golden Pen recipients (nurses who had been recognized for exemplary documentation practices) and nurse preceptors were surveyed to ascertain best practices in documentation in the clinical setting. Participants included staff from White 6, White 9, White 11, Ellison 6, Ellison 10, Ellison 11, Ellison 19, the PICU, Blake 12, the OR, and the SDSU.

Several themes emerged from these focus groups, one of which was the importance of written communication in medical records. It was felt that written communication is a crucial factor in providing individualized care and an important tool for interdisciplinary collaboration.

Verbal reporting between nurses changing shifts is an effective form of communication, but there is always the possibility of misinterpretation or omission of information. Written communication in patients’ medical records ensures accurate communication of assessment, plan of care, interventions, and evaluation, and it is available to all disciplines.

Participants in the focus groups stressed the importance of individualizing nursing care for every patient. Accurate documentation was another theme. A medical record should be a record of all care provided to patients during their hospitalization. Nurses related experiences with legal reviews of medical records in which they were asked to recall incidents that had occurred six to nine months earlier. Accurate documentation is needed to help recall events that happen so long ago.

Staff who exhibit exemplary documentation practices report that the importance of documentation was ingrained in them either in nursing school or through work experience.

Preceptors stress the importance of documentation throughout orientation of new employees. Preceptors felt the orientation period was a comfortable and appropriate time to give feedback to new staff about documentation practices.

When asked about educational offerings, participants responded that in-service training should occur on units 24/7. Participants in the two documentation focus groups encourage colleagues to show their value of nursing practice by accurately communicating what nurses do in patients’ medical records.

Below left: staff nurse, Dean Haspela, RN, participates in focus group on written communication. Right (l-r): Patricia Hanson, RN, Blake 12 ICU; Amy Levine, RN, SDSU; and Dawn McLaughlin, RN, PICU.
ABLE Award:
Celebrating Experience
—by Steve Taranto, Human Resources manager

Miriam ‘Mim’ Fern, MGH resource specialist for the department of Social Services, was one of 13 recipients of Operation ABLE’s Greater Boston Mature Worker Award for outstanding mature workers (age 50 and older). A special luncheon, emceed by Paula Lyons, consumer editor for WBZ, was held on Thursday, June 19, 2003, at the Radisson Hotel in Boston. Fern was joined by family, friends, and co-workers from Social Services and Human Resources.

Operation ABLE (Ability Based on Long Experience) is a private, non-profit organization that promotes employment and training opportunities for individuals who represent economically, racially, and occupationally diverse populations. The mission of the organization is to serve people aged 45 and older. Fern was nominated by Evelyn Bonander and Ann Daniels, director and clinical director (respectively) for the department of Social Services. She was nominated for her outstanding contributions to MGH over the past 36 years. Since hired to create the Patient Activity Center in 1967, Fern has demonstrated imagination, resourcefulness, creativity, and a capacity to enable her patients to be effective volunteers. Over the years, she has kept pace with the changes in the healthcare environment and has been tireless in developing new activities for her patients. Fern has given care, attention, understanding, and confidence to so many.

Her commitment, enthusiasm, and patient advocacy, which were honored at the Operation ABLE ceremony, will be greatly missed. At the age of 76, Fern has decided to retire.

Golden Pen Award recipients

In the new program that acknowledges staff nurses for exemplary documentation, the most recent Golden Pen recipients are:

NICU: Joanne Riley, Janet Bell
SICU: Ana Arce-Matos, Karen Griffin, Ericka Rogasky, and Julie Farrar
Ellison 7: Erin Higgins, Miguette St. Gerard, Nancy Ross, Maureen Boyce, Maureen Bonannp, Kassie Lopez, MaryLou Emanuelle
Ellison 11/Cardiac Access Unit: Colleen Baker, Kelly Keough
Ellison 12: Patricia Keane
Ellison19: David Miller, Leah Apphia
MICU: Katie Neville, Carloyn Bryant, Stacey Fabrizio, Jane Bryant
Blake 12: Anthony Villanueva, Darlene Loso, Kelly Ricard, Lisa Townsend, Teresa Van- der Boom, Lori Schatzl, Patricia Hanson, Meredith Pitz, Danielle Salgueiro, and Linda Lawton
Dialysis: Loretta Godfrey
Bigelow 11: Steven Grondell and Megan Knecht

White 7: Kassie Lopez, Sue Diehl, Sue LeRoux, Ann Hobart, Stephanie Deviney, Joanne Jefferies, Margaret Matthews, Sue Evangelista, Michelle Anderson, Sherry Goddard, Chelsea Morello
White 10: Molly McCormick
SDSU: Cheryl Ryan, Maureen Mullaney, Elizabeth, Ellen Walsh, Kelley, Carol Card, Janet Doherty, Maureen Daley

Once a month, one Golden Pen recipient is randomly selected from previous and current recipients to receive a $50 American Express gift certificate. This month, the gift certificate went to Erika Ehnstrom of Ellison 11/Cardiac Access Unit.
Capasso, Munro publish
Virginia Capasso, PhD, and Barbara Munro, PhD, co-authored the article, “The Cost and Efficacy of Two Wound Treatments” that appeared in AORN Journal, in May, 2003.

Capasso presents
Virginia Capasso, PhD, presented “Hastening Wound Healing,” for the Greater Boston Chapter of AACN, at the Newton Marriott Hotel, on March 25, 2003; and “Update on Wound Care,” at the Nursing Spectrum Expo, at the Burlington Marriott Hotel on March 26, 2003.

Capasso publishes
Virginia Capasso, PhD, co-authored two chapters in Primary Care: a Collaborative Practice (2nd Edition). She co-authored the chapter entitled, “Abdominal Aortic Aneurysm,” with E. Lynne Kelley, MD, and the chapter entitled, “Carotid Artery Disease,” with Jeff Dattilo, MD.

Nardini honored for excellence in volunteer leadership
Nurse manager, Jean Nardini, RN, received an award from the American Nephrology Nurses Association for excellence in volunteer leadership on May 4, 2003, in Chicago. She was recognized for her years of work at the local, regional, and national levels of ANNA.

Tyrrell presents
Rosalie Tyrrell, RN, professional development coordinator, presented, “Understanding and Leading a Multigenerational Workforce,” at the MONE leadership conference on April 16, 2003.
On May 9, she was a panelist for a discussion on, “Best Practices: Integrating Lessons Learned,” at the 37th Annual Human Resource & Labor Forum sponsored by the Massachusetts Hospital Association and the Massachusetts Healthcare Human Resource Association.

Capasso and Clark honored
Carolyn Catinazzo, LPN, of MGH Dermatology and Joan Clark, RN, formerly of MGH Dermatology, recently received the Khosrow Momtaz Award (for 2001 and 2002 respectively). Dr. Momtaz was a dermatologist who passed away in 2001. The award is given to caregivers who demonstrate a compassionate and caring approach to patient care.

MGH clinicians contribute to textbook
The following MGH staff contributed to the textbook, Primary Care: a Collaborative Practice (2nd Edition), which was published recently:
Karen Borden, NP (Medical Oncology);
Virginia Capasso, NP, (Vascular Surgery and MGH Wound Care Center);
Constance Dahlin, NP, (Palliative Care Service);
Jeffrey Dattilo, MD, (former Vascular fellow); E. Lynne Kelley (former Vascular fellow); Annabel Edwards (former Vascular fellow); Patricia Lowry, NP, (Pain Service); Jane Flanagan, NP, (Pre-Admission Testing Area); Patricia Flanagan, NP, (Emergency Department);
Denise DelJoseph Gauthier, NP, (Cardiology);
Maryjane Giacalone, NP, (Cardiology);
Eric Isselbacher, MD, (Cardiology);
Noreen Lahey, NP, (Neurology);
Claire McGowan, NP, (Pre-Admission Testing Area);
Denise Mullaney, NP, (Cardiology);
Jennifer Neves, NP, (Pre-Admission Testing Area);
Joseph Rampulla, NP, (Pre-Admission Testing Area);
Barbara Roberge, NP, (Senior Health Practice);
Debra Toran, NP, (GYN/Oncology);
and Randall Zisman, MD, (Cardiac Unit)

Catinazzo, Munro publish
Capasso, Munro publish

Catinazzo and Clark honored
Capasso, Munro publish

Capasso presents
Capasso publishes

Nardini honored for excellence in volunteer leadership

Tyrrell presents
Tyrrell presents

Capasso and Clark honored

MGH nurses receive research grant
Clinical nurse specialists, Colleen Gonzalez RN, Patti Fitzgerald, RN, and Diane Carroll, RN, and staff nurses, Jeanne Elliott, RN, and Heather Vallent RN, recently received a $500 AACN Clinical Inquiry Grant for their research project, “Visiting Preferences of Patients and Families.” The study examines patient’s preferences for visitors in the intensive care and general care units.

MGH nurses receive research grant
Clinical nurse specialists, Colleen Gonzalez RN, Patti Fitzgerald, RN, and Diane Carroll, RN, and staff nurses, Jeanne Elliott, RN, and Heather Vallent RN, recently received a $500 AACN Clinical Inquiry Grant for their research project, “Visiting Preferences of Patients and Families.” The study examines patient’s preferences for visitors in the intensive care and general care units.
The Pharmacy Nursing Performance Improvement Committee (PNPIC) was created in April, 2001, to provide a formal mechanism for communication and problem-solving around issues related to Nursing and Pharmacy. The committee brings representatives of both departments together on a regular basis to discuss, analyze, and make recommendations to ensure a safe, efficient, and effective drug-delivery system.

The PNPIC is co-chaired by a staff nurse and a staff pharmacist and includes representatives from all role groups involved in drug distribution. Using the collaborative governance model, coaches from Pharmacy and Nursing provide support to the committee.

Suzanne Algeri, RN, staff nurse on Ellison 9, and a member of PNPIC from the beginning, will assume co-chair responsibilities when Algeri steps down. Carr shares Algeri’s commitment to collaboration in continually working to improve the medication system.

Haffa will continue as co-chair of the PNPIC; Algeri will remain a member; and the current coaches will continue to support the work of the committee.

For more information or to voice concerns related to the drug-distribution system, please contact any member of the PNPIC. The committee meets on the fourth Thursday of each month.

### PNPIC Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne Algeri, RN</td>
<td>RN</td>
<td>6-5010</td>
</tr>
<tr>
<td>Scott Belknap, CPhT</td>
<td>RN</td>
<td>6-2509</td>
</tr>
<tr>
<td>Lisa Bouchard, RPh</td>
<td>RN</td>
<td>6-3571</td>
</tr>
<tr>
<td>Kathleen Carr, RN</td>
<td>RN</td>
<td>4-4910</td>
</tr>
<tr>
<td>Michelle Chan, RPh</td>
<td>RN</td>
<td>6-2231</td>
</tr>
<tr>
<td>Meg Clapp, RPh</td>
<td>RN</td>
<td>6-2513</td>
</tr>
<tr>
<td>Elizabeth Coe, RN</td>
<td>RN</td>
<td>6-6100</td>
</tr>
<tr>
<td>Diane Doherty, RN</td>
<td>RN</td>
<td>6-6106</td>
</tr>
<tr>
<td>Jan Duffy, RN</td>
<td>RN</td>
<td>6-3201</td>
</tr>
<tr>
<td>Alice Edmonds, RN</td>
<td>RN</td>
<td>4-4610</td>
</tr>
<tr>
<td>Stephanie Fuller, RN</td>
<td>RN</td>
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</tr>
<tr>
<td>Grace Good, CNS</td>
<td>RN</td>
<td>4-3277</td>
</tr>
<tr>
<td>Steve Haffa, RPh</td>
<td>RN</td>
<td>4-8427</td>
</tr>
<tr>
<td>Doris Halliday, RN</td>
<td>RN</td>
<td>4-4610</td>
</tr>
<tr>
<td>Marian Jeffries, CNS</td>
<td>RN</td>
<td>4-4031</td>
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<tr>
<td>Laurin Kenny, RPh</td>
<td>RN</td>
<td>6-3572</td>
</tr>
<tr>
<td>Loretta Marioni, RPh</td>
<td>RN</td>
<td>6-3571</td>
</tr>
<tr>
<td>Angela Merchant, RPh</td>
<td>RPh</td>
<td>6-3572</td>
</tr>
<tr>
<td>Ray Mitano, RPh</td>
<td>RPh</td>
<td>6-1704</td>
</tr>
<tr>
<td>Motuma Nataee, RPh</td>
<td>RPh</td>
<td>6-6508</td>
</tr>
<tr>
<td>George Reardon, RN</td>
<td>RN</td>
<td>6-5392</td>
</tr>
<tr>
<td>John Reilly, RN</td>
<td>RN</td>
<td>4-5910</td>
</tr>
<tr>
<td>Angela Solis, OA</td>
<td>OA</td>
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</tr>
<tr>
<td>Carolyn Washington, OC</td>
<td>OC</td>
<td>4-7275</td>
</tr>
<tr>
<td>Brenda Whelan, RN</td>
<td>RN</td>
<td>4-5100</td>
</tr>
</tbody>
</table>

### PNPIC Committee Members

- Suzanne Algeri, RN, outgoing chair, PNPIC
- Kathleen Carr, RN, incoming chair, PNPIC

Some of the improvements implemented under Algeri and Haffa’s leadership include:

- Two annual “Staff Satisfaction With the Medication System” surveys
- Implementation of improved labeling for intermittent intravenous medications
- Implementation of a customer-service line to improve response to missing medications
- Clarification and communication of medication-system standard operating procedures

Kathleen Carr, RN, staff nurse on Ellison 10, who has co-chaired the PNPIC along with Steve Haffa, RPh, since its inception, will be stepping down in July. Carr shares Algeri’s commitment to collaboration in continually working to improve the medication system.

Haffa will continue as co-chair of the PNPIC; Algeri will remain a member; and the current coaches will continue to support the work of the committee.

For more information or to voice concerns related to the drug-distribution system, please contact any member of the PNPIC. The committee meets on the fourth Thursday of each month.
Pain Management

JCAHO pain standards: assessing and managing patients’ pain

DURING THE UP-COMING Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit, surveyors will be looking for evidence of compliance with two new pain-related standards. Pain-management has always been an area of concern, and several pre-existing JCAHO standards focus on issues related to pain and pain-management.

This is the first in a series of articles in Caring Headlines that will discuss various aspects of the new JCAHO pain standards. This article focuses on the chapter dedicated to, “Patient Rights and Organizational Ethics.” The new standard states that, “Patients have the right to appropriate assessment and management of their pain.” This standard raises the profile of pain-management among all patient populations and settings. It prioritizes an important symptom that can go under-recognized, and therefore, under-treated. This standard is the foundation for all other standards that address pain.

The standard requires:
• initial assessment and regular reassessment of pain
• the education of all relevant providers in pain-assessment and pain-management
• the education of patients regarding pain and pain-management and their role in assessing and managing pain
• communicating in a culturally sensitive way that pain-management is an important part of patient care

In addition to new standards in the “Patient Rights and Organizational Ethics” chapter, pain is an issue in other standards related to patient rights. JCAHO surveyors will look for evidence of compliance with these and other standards through a review of policies, interviews with clinicians and patients, a review of patient-education materials, and clinical chart reviews. They will want to see evidence that:
• patients (and family members, when appropriate) are included in care decisions, including managing pain effectively
• all three standards that address advance-care planning and end-of-life care identify pain as a condition to be addressed

MGH has added new language to its patient rights statement to better reflect our commitment to pain-management. It now includes the line, “You have the right to expect evaluation and treatment of pain.” The Patient Rights and Responsibilities brochure for inpatients will be available in July; the outpatient brochure will be available in August.

The “Pledge to Patients” posters (see shaded box) first displayed in the hospital in 2000, have been reprinted and will be distributed shortly.

For more information, please contact Tom Quinn by e-mail at painrelief@partners.org or call 617-726-0746.

Our Pledge to Patients with Pain

• Your caregivers will listen to you about your pain and take it seriously
• Your pain will be carefully assessed
• We will provide you with the information you need to understand your pain and the ways it can be managed
• We will seek to prevent pain as well as treat it
• We will try to respond promptly to your reports of pain

Get REAL!

Have you ever thought about the impact MGH has on the environment? REAL (Raising Environmental Awareness League) is a newly formed environmental group seeking new members.

For more information, contact: peacecut@quik.com or rhorr@partners.org

Joint Commission Satellite Network Presentations

July 10th: “Medication Use: Preventing Errors”
August 14th: “Emergency Management: Creating and Implementing an Effective Plan”
September 18th: “Putting the Pieces Together: Self Assessment, Priority Focus Process, and Tracer Methodology”
October 16th: “Realizing the Vision: Effective Leadership”
November 13th: “Hospital-Wide Competency Assessment”
December 18th: “Performance Improvement: Achieving Results”

For information about these sessions, call 6-3111

Call for Nominations

The Marie C. Petrilli Oncology Nursing Award

Nominations are now being accepted for the Marie C. Petrilli Oncology Nursing Award. The award was created to recognize the high level of caring, compassion, and commitment reflected in the care of oncology patients at MGH. Any nurse who cares for patients with cancer is eligible to be nominated. Two nurses will be selected. Recipients will each receive $1,000.

Any employee, manager, physician, patient, or family member can nominate a nurse by completing a brief nomination form, available in all inpatient units, the Gray lobby information desk, in the MGH Cancer Center, and in the Cancer Resource Room on Cox 1.

A letter of support must accompany the nomination form. Nominations should be received no later than July 30, 2003.

For more information, call Julie Goldman, RN, at 617-724-2295.
## Educational Offerings

**July 3, 2003**

For detailed information about educational offerings, visit our web calendar at [http://pcs.mgh.harvard.edu](http://pcs.mgh.harvard.edu). To register, call (617) 726-3111.

For information about Risk Management Foundation programs, check the Internet at [http://www.hrm.harvard.edu](http://www.hrm.harvard.edu).

<table>
<thead>
<tr>
<th>When/Where</th>
<th>Description</th>
<th>Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 15</strong>&lt;br&gt;7:30–11:00am and 12:00–3:30pm</td>
<td><strong>CPR—American Heart Association BLS Re-Certification</strong>&lt;br&gt;VBK 401</td>
<td>- - -</td>
</tr>
<tr>
<td><strong>July 15, 17, 22, 24, 29, 31</strong>&lt;br&gt;7:30am–4:00pm</td>
<td><strong>Greater Boston ICU Consortium CORE Program</strong>&lt;br&gt;BIDMC</td>
<td>44.8 for completing all six days</td>
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<tr>
<td><strong>July 17</strong>&lt;br&gt;1:30–2:30pm</td>
<td><strong>Nursing Grand Rounds</strong>&lt;br&gt;“Pain Management: Equianalgesic Dosage Conversions.” O’Keeffe Auditorium</td>
<td>1.2</td>
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<tr>
<td><strong>July 23</strong>&lt;br&gt;8:00am–2:30pm</td>
<td><strong>New Graduate Nurse Development Seminar II</strong>&lt;br&gt;Training Department, Charles River Plaza</td>
<td>5.4 (for mentors only)</td>
</tr>
<tr>
<td><strong>July 25</strong>&lt;br&gt;8:00am–4:30pm</td>
<td><strong>Caregiver Skills</strong>&lt;br&gt;Training Department, Charles River Plaza</td>
<td>7.2</td>
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<tr>
<td><strong>July 28: 7:30am–4:30pm</strong>&lt;br&gt;<strong>July 29: 7:30am–4:30pm</strong></td>
<td><strong>Intra-Aortic Balloon Pump Workshop</strong>&lt;br&gt;Day 1: MAH. Day 2: (VBK607)</td>
<td>14.4 for completing both days</td>
</tr>
<tr>
<td><strong>August 7</strong>&lt;br&gt;7:30–11:00am and 12:00–3:30pm</td>
<td><strong>CPR—American Heart Association BLS Re-Certification</strong>&lt;br&gt;VBK 401</td>
<td>- - -</td>
</tr>
<tr>
<td><strong>August 7</strong>&lt;br&gt;1:30–2:30pm</td>
<td><strong>Nursing Grand Rounds</strong>&lt;br&gt;“Recognizing the Patient with Delirium.” O’Keeffe Auditorium</td>
<td>1.2</td>
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<tr>
<td><strong>August 11</strong>&lt;br&gt;8:00am–2:00pm</td>
<td><strong>BLS Certification for Healthcare Providers</strong>&lt;br&gt;VBK601</td>
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<tr>
<td><strong>August 13</strong>&lt;br&gt;8:00am–2:30pm</td>
<td><strong>New Graduate Nurse Development Seminar I</strong>&lt;br&gt;Training Department, Charles River Plaza</td>
<td>6.0 (for mentors only)</td>
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<td><strong>August 13</strong>&lt;br&gt;1:30–2:30pm</td>
<td><strong>OA/PCA/USA Connections</strong>&lt;br&gt;Bigelow 4 Amphitheater</td>
<td>- - -</td>
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<tr>
<td><strong>August 13</strong>&lt;br&gt;8:00–11:30am</td>
<td><strong>Intermediate Arrhythmias</strong>&lt;br&gt;Haber Conference Room</td>
<td>3.9</td>
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<tr>
<td><strong>August 13</strong>&lt;br&gt;12:15–4:30pm</td>
<td><strong>Pacing: Advanced Concepts</strong>&lt;br&gt;Haber Conference Room</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>August 14</strong>&lt;br&gt;1:30–2:30pm</td>
<td><strong>The Joint Commission Satellite Network presents:</strong>&lt;br&gt;“Emergency Management: Creating and Implementing an Effective Plan”&lt;br&gt;Haber Conference Room</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>August 19</strong>&lt;br&gt;7:30–11:00am and 12:00–3:30pm</td>
<td><strong>CPR—American Heart Association BLS Re-Certification</strong>&lt;br&gt;VBK 401</td>
<td>- - -</td>
</tr>
<tr>
<td><strong>August 19</strong>&lt;br&gt;8:00am–4:00pm</td>
<td><strong>Intermediate Respiratory Care</strong>&lt;br&gt;Bigelow 9 Conference Room</td>
<td>TBA</td>
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<tr>
<td><strong>August 21</strong>&lt;br&gt;8:00am–12:00pm (Adult)&lt;br&gt;10:00am–2:00pm (Pediatric)</td>
<td><strong>CPR—Age-Specific Mannequin Demonstration of BLS Skills</strong>&lt;br&gt;VBK 401 (No BLS card given)</td>
<td>- - -</td>
</tr>
<tr>
<td><strong>August 21</strong>&lt;br&gt;1:30–2:30pm</td>
<td><strong>Nursing Grand Rounds</strong>&lt;br&gt;O’Keeffe Auditorium</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>August 27</strong>&lt;br&gt;8:00am–2:30pm</td>
<td><strong>New Graduate Nurse Development Seminar II</strong>&lt;br&gt;Training Department, Charles River Plaza</td>
<td>5.4 (for mentors only)</td>
</tr>
<tr>
<td><strong>September 2</strong>&lt;br&gt;8:00am–4:30pm</td>
<td><strong>Chemotherapy Consortium Core Program</strong>&lt;br&gt;Wolff Auditorium, NEMC</td>
<td>TBA</td>
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<tr>
<td><strong>September 4</strong>&lt;br&gt;7:30–11:00am and 12:00–3:30pm</td>
<td><strong>CPR—American Heart Association BLS Re-Certification</strong>&lt;br&gt;VBK 401</td>
<td>- - -</td>
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</table>
The MGH department of Reading Disabilities recently graduated 36 students from its Reading Disabilities Language Training Program. Graduates completed an intensive practicum in the Orton Gillingham remedial reading technique and are now qualified to teach children and adults with dyslexia.

Above: Director of Reading Disabilities, Phyllis Meisel (left), presents graduate, Deb McGann, with her training certificate. Above left: Meisel is pictured with former graduate and guest speaker at this year’s graduation ceremony, Willie Gustavson (left) and Julie Bertram, a Reading Disabilities staff therapist. At left: Meisel with (l-r) Bertram; Carol Demmer, graduate; Susanne Flick, graduate; Leslie Sandler, graduate; Carol Romans, graduate; and Stephanie Edwards, administrative assistant.