

Caring

July 15, 2004

HEADLINES

Bonander retires as executive director of Social Services

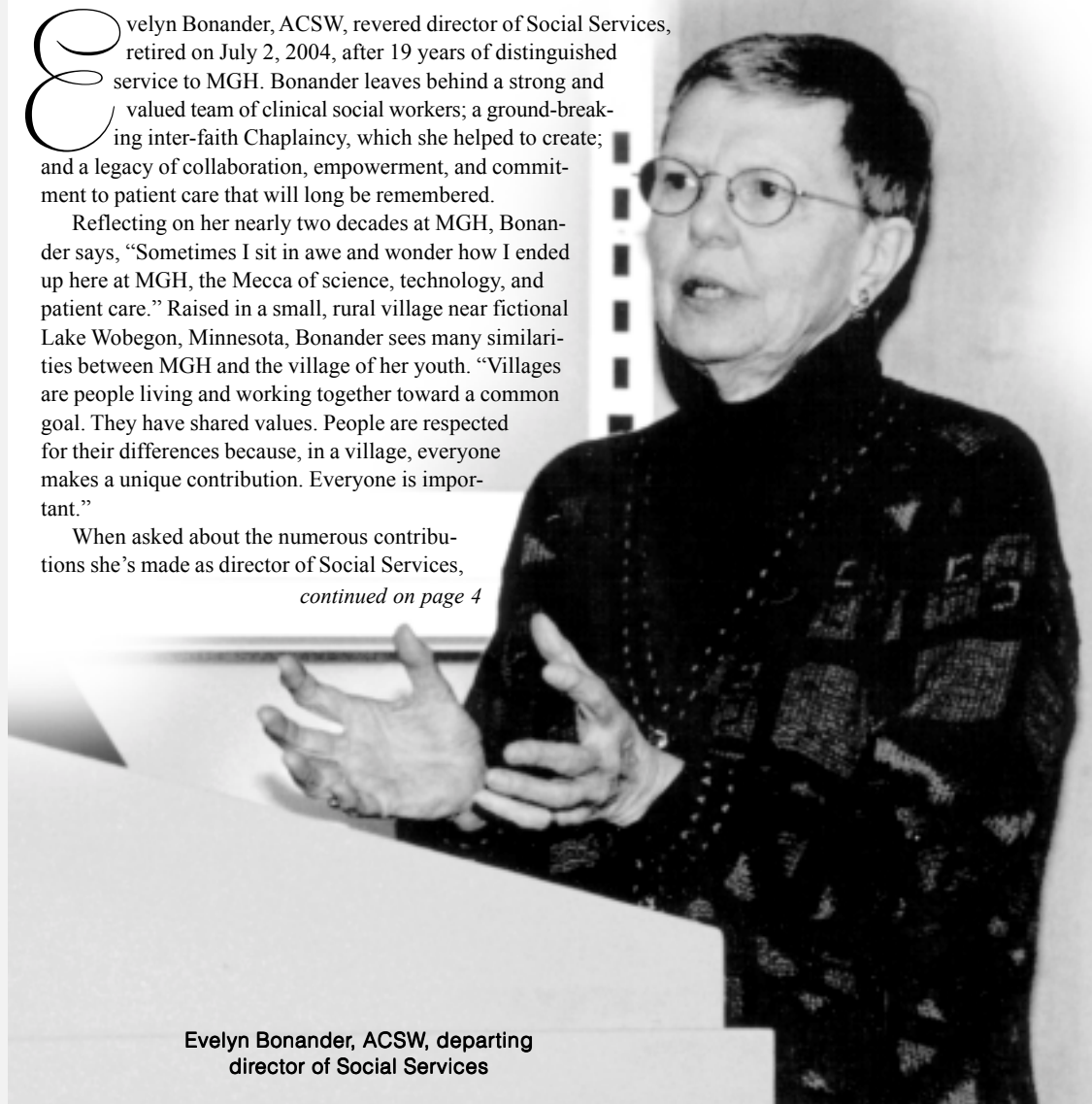
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Evelyn Bonander, ACSW, revered director of Social Services, retired on July 2, 2004, after 19 years of distinguished service to MGH. Bonander leaves behind a strong and valued team of clinical social workers; a ground-breaking inter-faith Chaplaincy, which she helped to create; and a legacy of collaboration, empowerment, and commitment to patient care that will long be remembered.

Reflecting on her nearly two decades at MGH, Bonander says, "Sometimes I sit in awe and wonder how I ended up here at MGH, the Mecca of science, technology, and patient care." Raised in a small, rural village near fictional Lake Wobegon, Minnesota, Bonander sees many similarities between MGH and the village of her youth. "Villages are people living and working together toward a common goal. They have shared values. People are respected for their differences because, in a village, everyone makes a unique contribution. Everyone is important."

When asked about the numerous contributions she's made as director of Social Services,
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Evelyn Bonander, ACSW, departing director of Social Services

Information, communication key to 'business as usual' during DNC



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

This will be my last opportunity to communicate with you via *Caring Headlines* about the Democratic National Convention, which is going to be held at the Fleet Center in Boston the week of July 26–29, 2004. I cannot overstate the importance of staying well informed about the many changes that will be occurring before and during the event. Public transportation, parking, driving in and around the city, and pedestrian traffic will all be impacted. We need to

remember that the precautions being taken by city and state officials are necessary to ensure the safety of every person living in, visiting, or commuting to and from Boston during the convention. Knowing what changes are in effect and adhering to temporary restrictions will make day-to-day operations more manageable, and will support a spirit of cooperation with the city of Boston.

Communication among and between staff and managers will also

be key. Delays in public transportation can be expected as a result of the great influx of people to the city. Being flexible, planning ahead, and keeping one another informed will help units and departments run smoothly. Listening to traffic reports on the radio and checking our DNC information website at www.massgeneral.org/dnc (no spaces) will give you access to the most up-to-date information.

Employees are encouraged to use public transportation as their primary source of transportation during the convention. Those taking public transportation should be aware that the MBTA will be running additional trains and buses to accommodate the heavier volume of passengers. Commuters are encouraged to buy tickets, tokens and passes ahead of time to help alleviate delays. All baggage, brief cases, backpacks, and boxes may be subject to inspection, so traveling light is advisable.

Because some public transportation services may change and schedules may be revised on short notice, commuters are encouraged to check the MBTA website at www.mbta.com for updates. Signage at T stations and bus stops will

direct passengers to the appropriate locations to make connections and meet shuttles. MBTA staff and volunteers will be available at key locations to answer questions and direct passengers.

The following information may be helpful to commuters:

Public Transportation

North Station will be closed during the Democratic National Convention, so trains coming from north of Boston will stop at stations north of the city where shuttle buses and/or subway trains will provide connecting service. Trains south of Boston should not be affected by the closure of North Station and will run on regular schedules.

Commuter rail passes or tickets are required to access connecting services. One-way fares range from \$3.25 to \$6.00; 12-ride tickets range from \$39.00 to \$72.00.

MGH is accessible by taking the subway to the Charles Street-MGH T Station on the Red Line, which is currently operating out of a temporary station at the base of the Longfellow Bridge. From South Station, take an inbound train three stops on the Red Line to the Charles Street-MGH T Station.

Orange and Green Line service will not stop at North Station. The nearest station on the Orange and Green lines will be Haymarket, which is just a short walk to and from the hospital. A Partners shuttle bus will be available at Haymarket to bring passengers who cannot walk the distance to the main campus.

Those who travel on the Rockport, Newburyport, or Lowell commuter rail lines, will transfer to buses at various points on their route that will take

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Call for Nominations

Marie C. Petrilli Oncology Nursing Award

Nominations are now being accepted for the Marie C. Petrilli Oncology Nursing Award, an award that recognizes the high level of caring, compassion, and commitment reflected in the nursing care of oncology patients at MGH. Any MGH nurse who cares for patients with cancer is eligible. Two nurses will be selected; recipients will receive \$1000 each.

Employees, managers, physicians, patients and family members may nominate a nurse by completing a brief nomination form, which is available on all inpatient units, at the Gray and Cancer Center information desks, and in the Cox 1 Cancer Resource Room. A letter of support must accompany the nomination form.

Nominations should be received by July 29, 2004. For more information, call Julie Goldman, RN, at 724-2295.

Jeanette Ives Erickson

continued from previous page

them to South Station. From South Station, take an inbound train three stops on the Red Line to the Charles Street-MGH T Station. Commuter boat service at Lovejoy Wharf will be closed from July 23rd to July 30th. No changes in service are expected on the Blue Line, which stops at Bowdoin Station, just a few blocks from MGH on Cambridge Street. A subway token costs \$1.25 and is good for one one-way subway ride. Bus fares range from .90 to \$3.75 depending on the route.

Most bus routes will remain unchanged except for those closest to the Fleet Center. Partners Transportation will continue to provide shuttle service for all existing routes. Pick-up locations will not change except for the North Station location. Alternate pick-up locations will be announced once they are finalized.

Roadways

All interstate, highway, and street closures will occur at the same time every evening. Route 93 will not be closed for the entire

day during the convention. It will be closed in both directions only in the evenings from July 26th through July 29th.

During the time that road closures are in effect, all Route-93 southbound on-ramps between Reading and exit 20 (Mass Pike) in Boston will be closed. All Route-93 northbound on-ramps between Braintree and exit 30 in Medford will also be closed.

Route 90 (the Massachusetts Turnpike) will be open to traffic in both directions. There will be one restricted eastbound lane from the Western Avenue Exit to the intersection of Route 93 at South Station. Access to this lane will be restricted to ambulances, police vehicles, and MBTA buses.

The Storrow Drive-Leverett Circle connector to Route 93 north and south will be closed every evening when Route 93 is closed. Storrow Drive westbound will be open; Storrow Drive eastbound will close at Western Avenue. State police are encouraging drivers to seek alternatives to Storrow Drive eastbound. Eastbound traffic at Leverett Circle will be directed to the McGrath O'Brien Highway or Martha Road, which could cause major delays on Storrow Drive eastbound.

Memorial Drive westbound will be open. Memorial Drive eastbound will be closed at the BU Bridge. State police are encouraging drivers to seek alternative routes.

The McGrath O'Brien Highway westbound will be open. The McGrath O'Brien Highway eastbound will be closed at the intersection with Land Boulevard (near the Museum of Science).

Alternate driving routes are being developed by local and state authorities, and maps will be distributed prior to the start of the convention.

Pedestrian access to streets near the hospital will continue, however, extra travel time should be allotted to offset potential delays due to crowds.

Parking

Employees who park in the Nashua Street Orange Lot and the Fleet Center underground garage will be asked to park in the Yawkey Center underground garage from July 6th–August 9th.

The hospital will remain open and operational throughout convention week. However, because of the anticipated increase in traffic, managers may want to: examine staffing needs closely and schedule accordingly; adjust schedules so that shift changes occur by 3:00pm (before convention activities begin and road closures take effect.)

schedule ambulatory patients so they can depart MGH by 3:00; re-schedule routine, elective, or annual examinations for another time

As the DNC Committee releases more information, we will keep you informed via e-mail, staff meetings, and updates in the *MGH Hotline*. If you have pressing questions, contact your manager or supervisor. For updates about travel to and from the hospital during the convention, check the DNC information website at www.massgeneral.org/dnc (no spaces).

Call for Nominations

Janet Ballantine Oncology Volunteer Award

Nominations are now being accepted for the Janet Ballantine Oncology Volunteer Award, which recognizes volunteers who extend themselves to make cancer care easier and more personalized for patients and families. Any MGH volunteer who cares for oncology patients is eligible.

One volunteer will be selected; the recipient will receive \$500.

Patients, family members, employees, managers, physicians, and other volunteers may nominate a volunteer by completing a brief nomination form, which is available on inpatient units, the Gray and Cancer Center information desks, and in the Cox 1 Cancer Resource Room.

Nominations should be received by August 4, 2004. For more information, call Julie Goldman, RN, at 724-2295.

Caring HEADLINES

Back issues of *Caring Headlines* are available (and searchable) on-line.

Go to the Patient Care Services website at: <http://pcs.mgh.harvard.edu/> and click on 'Caring Headlines'

For assistance in searching back issues, contact Jess Beaham, web developer, at 6-3193

Bonander Retires

continued from front cover

Bonander is quick to deflect credit, saying, "Most of the time, they weren't my ideas. My role was listening to staff, hearing what they needed to improve patient care, identifying solutions, and helping to make that happen."

'Helping to make that happen' are key words in describing Bonander's many accomplishments. When she arrived in 1985, discharge planning was the mainstay of inpatient social workers. As health care evolved and the need for more clinical input into discharge planning became apparent, Bonander helped shepherd the transition to a case management model. "It was the right thing to do," she says. "Now social workers do what they do best, and case managers do what they do best."

An avid history buff, Bonander has kept the guiding principals of

"For as long as I can remember, you've been there for the Chaplaincy as our guide, advocate, provider, and sustainer. We can't thank you enough. May you find excitement, fulfillment, joy, and peace in all your new self-care projects... especially fly-fishing!"

—Felix Ojimba, chaplain

consumption is another matter. Bonander interprets that as 'being present' for the epidemic of the times. That's why, under her leadership, social workers have become an integral part of programs focusing on domestic violence, HIV care, cancer survivorship, child protection, care of the elderly, and caring for survivors of trauma, illness, and death.

"All of these programs," says Bonander, "are the result of staff knocking on my door and saying, 'We need this,' or 'We need that,' based on what they were seeing at the bedside or in the community."

In the early 90s, when Bonander assumed leadership of the MGH Chaplaincy, she spearheaded an effort to hire clergy who reported directly to MGH instead of the Boston archdiocese as they had prior to that time. "I felt strongly," she says, "that we needed clergy to be employed by the hospital so we could start building an inter-faith chaplaincy that mirrored the religious faiths and preferences of our patients. I'm very proud of the Chaplaincy Department. Today, we have a trained inter-faith chaplaincy that ministers to all patients."

Also in the early 90s, Bonander and colleagues recognized a need to establish a program where troub-



Bonander addresses gathering at her farewell reception

(Photo by Paul Batistia)

led employees could seek assistance and support. Again, 'helping to make things happen,' Bonander was instrumental in creating the Employee Assistance Program (EAP) and continued to contribute to their advisory management team right up until she retired.

The programs and services that came into being under Bonander's directorship speak volumes about her wisdom, vision, and leadership. The HAVEN Program, the Coordinated Care Program, the Family Connection-Kids Express Program, the Child Protection Consultation Team, the HOPES Program, the Cancer Resource Room, the Community Resource Center, the Friends of the MGH Cancer Center, creating a social work presence at the Revere Health Center, affordable lodging for low-income patients and families, and the on-campus Masjid (a place of worship for Muslim patients and staff) are only a few of the achievements to which Bonander can lay claim.

When asked who her greatest influences at MGH have been, she acknowledges former MGH president Robert Buchanan, MD, who hired her in 1985; Yvonne Munn, RN, former director of MGH Nursing with whom she still maintains a close friendship; current MGH president, Peter Slavin, MD, to whom she reported for 'two momentous years' during the transition to case management; George Baker, MD, former chief medical officer; and Jeanette Ives Erickson, RN, senior vice president for Patient Care, who, says Bonander, has been a great

"Evelyn, you've always had a special place in your heart for Chaplaincy, and we've loved your leadership! May your future include fly-fishing, reading, travel, Sabbath moments, and blessings beyond anything you can ask or imagine now."

—Reverend Linda J. Knight, chaplain

supporter of social work and has the uncanny ability of bringing disciplines together to work collaboratively while at the same time respecting their unique differences and contributions.

Continued on next page

“Amazing things happened in the Chaplaincy under Evelyn’s administration. The department grew to be the best staffed Chaplaincy in Boston. Chaplains came to represent the religious and ethnic diversity of the entire hospital community. Most visionary, Evelyn supported the creation of our cutting-edge Clinical Pastoral Education program for healthcare providers so that spiritual care could be integrated into patient care throughout the organization in new and creative ways. The results have been more far-reaching than anyone could have imagined.”

—Reverend Mary Martha Thiel, chaplain

What does she consider her greatest achievement? “Oh,” says Bonander, giving it a lot of thought. “I think I’m most proud of our growing clinical expertise

do what’s right for patients, knowing that I’ll back them.”

On Wednesday, June 23, 2004, a farewell reception was held for Bonander under the Bulfinch tent. Throngs of friends and colleagues attended. Ives Erickson, who emceed the festivities, paid tribute to Bonander by reading a list of words her co-workers had used to describe her. Words such as: gracious, compassionate, wise, present, leader, optimistic, reflective, advocate, caring, balanced, collegial, integrity, conscientious, fun,

“What I’ll remember most about Evelyn is her warmth and unflagging support. She was a mentor who always encouraged me to follow my interests, take on new challenges, and like a good parent, allowed me to fail. She was supportive of my efforts to balance work and family; she allowed flexibility whenever possible while holding the line when necessary. It’s that kind of nurturing that breeds loyalty in staff, and for which I am truly grateful.”

—Ellen Forman, LICSW, social worker

and the fact that social workers are available on-site fifteen hours a day, seven days a week.” After thinking some more, “I’m proud of the fact that social workers feel able to lead, that they feel empowered to make decisions to

and... true north. “All these words,” said Ives Erickson, “describe Evelyn perfectly, which is why our hospital is richer for her presence and influence.”

“Evelyn is deeply committed to doing the best possible job for every patient. She has gone above and beyond the call of duty to collaborate with colleagues to meet the needs of underserved patients such as new immigrants, refugees, and high-risk new mothers. She has made a tremendous difference in the lives of many, and she will be missed by patients and colleagues alike.”

—Joan Quinlan, director, MGH Community Benefit Program

MGH president, Peter Slavin, MD, opened by saying, “I’m honored to be here today to celebrate the career of an outstanding and much-loved member of the MGH community. Evelyn has been a steady hand at the helm of Social Services for nearly twenty years. Her presence is calm and reassuring, her demeanor kind, easy going, and accessible. Her compassionate work has touched people in many ways. Evelyn, thank-you for giving so much of yourself. MGH is a better place today because of your vision and leadership.”

Ann Daniels, LICSW, interim director of Social Services upon Bonander’s retirement, shared some personal reflections. “When Evelyn first came to MGH, she met individually with every member of the Social Services department, in their office, to learn firsthand who they were, what they did, and what they saw as the needs

“Evelyn interviewed me thirteen years ago, and I felt her warmth and interest in my role and the hospital at that time and since then. She has always worked collaboratively with my department and showed empathy and deep appreciation for our functions, needs, and challenges. She is part of the wonderful fabric that makes MGH so personal and so special.”

—Bonnie Michelman, director, Police & Security

of their service and the department. This early approach, emphasizing participation and collaboration, has characterized her leadership style. In the past nineteen years, Evelyn and I have worked closely during challenging times and exciting times. Evelyn is a dedicated leader, colleague, and friend.”

Speaking on behalf of the MGH Chaplaincy, Michael McElhinny, MDiv, said, “Evelyn, you provided the immediate supervision for Sheila Hammond and Mary Martha Thiel as they re-built an inter-faith chaplaincy program. You showed real

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Bonander, receiving Partners in Excellence Award, is pictured with MGH president, Peter Slavin, MD (left), and Partners president and CEO, James Mongan, MD.

In fast-paced, high-tech PICU, care and caring are still the best interventions

My name is Sarah Buck, and I am a staff nurse in the Pediatric Intensive Care Unit.

Robert was born at midnight on a Friday in June at a community hospital. For the first few hours of his life he looked and acted well. His parents were thrilled with their seemingly healthy son, even though he had arrived six weeks earlier than expected. When Robert was several hours old, his nurses noticed he was becoming increasingly dusky around the lips and that his face had characteristics of a child with Down's syndrome. Due to the high incidence of cardiac disease in children with Down's syndrome, Robert was transported to the Pediatric Intensive Care Unit at MGH by our neonatal transport team.

I met Robert at 7:00 Saturday morning. He had been quietly sleeping for a few hours, requiring only a half liter of oxygen. Report from the night nurse led me to believe that Robert was stable and possibly not even in need of intensive care. My first thoughts, therefore, were for Robert's parents who must surely be reeling from having Robert taken from them so quickly after birth and having to absorb the diagnosis of

heart disease and the possibility of Down's syndrome. Our unit's family-centered care philosophy led me to feel my greater job might be with Robert's parents that day rather than with Robert.

I gave Robert a bath and wrapped him in a new quilt in preparation for his parents' arrival. He was seen first by one of our pediatric cardiologists who performed an echocardiogram and quickly diagnosed pulmonary hypertension and a large ASD, a hole between the upper chambers of Robert's heart. This was not good news.

Robert's parents arrived by late morning looking exhausted and worried. The first thing his mother wanted to know after I introduced myself was what signs there were to indicate that Robert had Down's syndrome. While it was difficult to be the bearer of bad news, I knew my honesty would help establish the trust needed to work with her and her husband on behalf of their sick baby. I told her that nothing could be confirmed until his diagnostic blood work came back on Tuesday. I shared with her that his flat-bridged nose, almond-shaped eyes, hand creases, and neck folds were all characteristic of children with Down's syn-

drome. I put Robert in her arms and she wept as we sat together. We talked about her feelings of loss and sadness and how ill-prepared she felt to care for and love her new son. Robert's dad was quiet. While Down's syndrome was in the forefront of her mind, the possibility that Robert had cardiac disease was becoming increasingly worrisome in my mind.

Within half an hour of their arrival, Robert started to have de-saturations on the monitor and began to demonstrate pursed-lip breathing. It looked like he was trying to make kisses, but I knew this was a sign of respiratory distress. I felt guilty taking him away from his parents again, but I knew he was in trouble. I alerted the physicians about his deteriorating state and within a short time, Robert was intubated to control his oxygenation, and a number of invasive lines were placed in his tiny body so we could monitor his blood pressure, fluid status, and provide access for medications he needed to stabilize his heart and lungs. Robert's parents were informed that there was a chance he could die that night, but we were doing everything possible to save his life.

When Robert was stabilized, the attending



Sarah Buck, RN
staff nurse, PICU

physician, the cardiologist, and I met at length with Robert's parents to educate them about his condition and support them through this journey. They raised concerns about managing a child with life-long special medical and developmental needs. They were concerned about their ability to care for their other son, Sean, if Robert was going to be chronically ill. And they were afraid they were going to make wrong decisions under such enormous stress.

We were able to answer most of their questions, though there were still many unknowns. They called their out-of-town families, who were loving and supportive both on the phone and when they arrived at MGH. Robert survived the night but was critically unstable when I returned the next day. He had been given multiple cardiac drugs to help his heart function and he was requiring maximum ventilator support.

Throughout the day, Robert continued to fail, and it soon became clear that his only option was ECMO (extracorporeal membrane oxygenation). This is a fairly extreme surgical intervention that acts as a lung bypass. It's often used as a last resort to save children with heart and lung disease, and sometimes it's not offered to children whose quality of life is not optimal. When Robert's parents were approached with this option, they questioned whether it was the best option for a child with Down's syndrome. They knew he would die without it.

I quickly realized we might be facing ethical or legal issues if they decided against ECMO. The physicians and I decided we should consult the Ethics Committee to help us counsel this family. We were very professional; we kept our personal feelings to ourselves despite some disagreements. Time was of the essence if we were

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Provider Order Entry enhancements

Question: I understand there have been some enhancements to the Provider Order Entry system. What's changed?

Jeanette: On June 29, 2004, Provider Order Entry (POE) Discharge Documentation became available for viewing and printing from 'Results' in the Clinical Application Suite (CAS).

The goal of this enhancement is to allow staff to view and print discharge forms that are created in POE (face sheets, patient referrals, nursing instructions, and all health professions instructions in the Results application).

Question: How does it work?

Jeanette: Discharge orders and instructions can now be viewed in Results. Historical discharge orders and instructions are also included. This allows easy access to discharge data after patients have been discharged. This information is available in both the CAS and web versions of Results.

Question: How do you access it?

Jeanette: From the Big Board tab in CAS, click on D/C to view all discharge reports; or from the Reports tab, click on Discharge Reports to view all discharge reports.

Question: Can I print just my own discipline's instructions?

Jeanette: An individual discipline's instructions cannot be printed alone. That is, if you wanted to

print nursing instructions, any other completed instructions for that patient (e.g., physical therapy) will print, as well.

Question: Who can I talk to if I have more questions?

Jeanette: If you have any questions or problems, contact the Help Desk at 6-5085, or use the Feedback option in CAS. Order Entry and Results staff will be available to assist you.

Exemplar

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going to save Robert's life, but the attending physician graciously allowed Robert's parents every last second to gather all the information they needed to make their decision.

Robert was put on ECMO late Sunday afternoon. He remained on ECMO for ten days. His parents and older brother drove an hour every day to sit vigil at their baby's bedside. Each day they fell more and more in love with him. Those of us on Robert's team of primary nurses did our best to keep his parents informed of his progress both in person and by telephone during the night. They were as happy to hear how precious he was to us as he began to move his fingers and toes as they were to hear what the changes in his ventilator settings were that day. They met count-

less members of the ICU team: nurses, doctors, respiratory therapists, social workers, chaplains, case managers, physical therapists, all of whom worked with one goal—getting Robert home to the waiting arms of his parents.

As well as caring for Robert's medical needs, I was able to help his parents sort out who his caregivers were and what kind of long-term care he would need at home. Robert underwent many surgeries, tests, and procedures during the three months he was in the PICU. He touched my heart, and every day his parents reassured us that the right decision had been made.

After Robert had been home for a month or so, I received a letter from his mother that said: "I know we'll see you again, but I had to write to at least attempt to express my gratitude. You've become such a part of our lives and have

been so important to Robert. Thank-you for your tremendous care and caring. I think about that first day he was in the PICU. As hard as it was to walk out at the end of our visit, as much as I did not want to leave him, I was reassured knowing you'd be with him—even though we had just met. Throughout all of this I've been comforted by the thought that regardless of what happened, Robert has been loved, well loved."

Robert's story is important to me because I was able to help a family through an enormous crisis. Robert's mother and I worked well together from the beginning, and she always trusted the staff and me to do what was in her son's best interests. Robert does have Down's syndrome and is now more than a year old. He is thriving at home; he is followed by speech and physical therapists and still comes to MGH for

follow-up appointments. His mother and I keep in touch by e-mail, and she sends monthly photos so I can keep up with his progress. Robert's family has done an incredible job of embracing a child with special needs, and I'm glad I was able to help with that process.

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

What a wonderful narrative. Though the first three months of Robert's life were filled with fear and uncertainty, he was cared for, and cared about,

by Sarah and the entire PICU team. Not only did Sarah see to Robert's critical medical needs, she was quick to address the ethical issues that arose, as well. She didn't shy away from the difficult questions. She anticipated and managed Robert's deteriorating cardiac status, and she educated Robert's family about Down's syndrome and what to expect in the future. Sarah's caring, non-judgmental support helped this family bond even in the face of numerous medical crises and challenges.

Thank-you, Sarah.

Have you reached Critical MASS?

Critical MASS, a state-wide coalition to end health disparities in Massachusetts, has launched a new website:

www.enddisparities.org

Please visit the site for information, or to submit ideas about programs that target health disparities

CNS drives home message that drunk driving kills

—by Trisha Flanagan, RN, clinical nurse specialist

The four-door sedan with its hood crumpled against a telephone pole didn't particularly impress them. Neither did the wailing sirens of police cruisers and fire trucks. The high school students—about 580 of them—watched from sidewalks as firefighters used hydraulic tools to pop open car doors, cut supports, and peel back the roof. It was more exciting than algebra class, but it wasn't going to make them think long and hard about safe driving.

The sight of the victims themselves, with blood and bruises, one pale, unmoving body, hit closer to home. Students watched as the injured were treated by EMTs and transported into waiting ambulances. But they knew the victims were just actors, and they still didn't get the message.

What really got them—what made their eyes widen and brought them to the tips of their toes to see what was happening—were the screams of an anguished mother who approached the wreck crying, "Emily! Emily! Let me see my daughter! She needs me!"

They watched as the woman fell to her knees and was half-led, half-carried away by police officers. That's when it

hit them that this was more than an exercise in acting and emergency response services. That's when they realized how drunk driving can affect the people they love.

If current drinking and driving trends continue, two out of every five Americans can expect to be involved in an alcohol-related car crash during their lifetime. Some may be drunk drivers themselves; others may be passengers of drunk drivers; still others will be unlucky enough to cross the path of a vehicle operated by a drunk driver.

MGH Emergency Department nurses and pediatric residents re-

cently collaborated with school and public safety officials from the town of Winthrop to stage an injury-prevention program that featured a simulated 'real-time' drunk-driving crash.

As the clinical nurse specialist for the Emergency Department and chair of the MGH Injury Prevention Committee, my role was to coordinate the event and ensure proper emphasis of the message we wanted to convey. During the months prior to the simulation, I worked with officials from Winthrop High School, the Winthrop fire and police departments, Boston Medflight, and Cataldo Ambulance

Service. The school had staged a similar event several years ago, but this was to be on a larger scale and with a more formal follow-up afterward.

Once the date was set, we worked on logistics and assigning responsibilities, such as obtaining a wrecked vehicle, contacting the

local media, posting flyers to let people know a drill was in progress, scripting roles, and deciding on appropriate injuries for the student actors.

We determined in advance where the students and the rescue vehicles would be positioned. Parking a 42-foot-

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Trisha Flanagan, RN
ED clinical nurse specialist



Winthrop firefighters and Cataldo Ambulance paramedics remove student actor from wrecked vehicle during injury-prevention crash simulation.

(Photos provided by Flanagan)



(L-r): A Winthrop High School teacher; MGH physician, Melissa Stockwell, MD; and MGH nurses, Karen Celentano, RN, and Ines Luciani-McGillivray, RN, discuss simulation and injury-prevention strategies with Winthrop High School students.

CNS: Driving Home Message

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long, 10-foot-high ladder truck in the wrong location would have obstructed the students' view, so we used artistic license and the firefighters parked farther away than they would have for a real response.

It was challenging to choreograph two police cruisers, two ambulances, a fire engine, a ladder truck, and a helicopter with nearly 600 students in attendance.

When the simulation ended and the Medflight helicopter had departed, students assembled in the football field grouped by homeroom. Each of the MGH nurses and pediatric residents paired with a teacher to lead a discussion group.

Knowing that this post-simulation dialogue was going to be the best opportunity to deliver our injury-prevention message, I prepared an outline for discus-

sion groups. It began with the statement that while what they had just witnessed was graphic and frightening, it was nowhere near as disturbing as the real thing. I encouraged the nurses and physicians to share insights from their own clinical experiences.

The first questions we got were pragmatic and technical: "Would the dead person really be covered and left on the side of the road?" "Why do firefighters have to remove the roof of the car?" "Why don't they just pull the victims out and go right to the hospital?"

But soon the conversation turned to the questions we had formulated to trigger introspection, including:

- Has anyone you know been involved in an alcohol-related car crash?
- How does alcohol affect your ability to drive?

- How does someone become one of these statistics?
- How can you avoid becoming a statistic?

Students were encouraged to explore answers and strategies with the assistance of their teachers and the MGH team. Having nurses and physicians on hand who have cared for trauma patients and who could share actual clinical anecdotes went a long way toward validating our message.

With continued support from the Emergency Department and the Pediatric Service, we plan to offer this program to other schools.

Participants in the simulation included ED staff nurses, Karen Celentano, RN; and Ines Luciani-McGillivray, RN; pediatric chief resident, Melissa Stockwell, MD; and pediatric residents, Parag Amin, MD; Craig Canapari, MD; Vandana Madhavan, MD; Michael-Alice Moga, MD; Kerry Pound, MD; and Jill Simon, MD.

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible.**

Caring Headlines cannot guarantee the inclusion of any article.

Articles/ideas should be submitted in writing by fax: 617-726-8594 or e-mail: ssabia@partners.org

For more information, call: 617-724-1746.

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August 5, 2004



Peterson receives Cronin Raphael Award for Patient Advocacy

—by Julie Goldman, RN, professional development coordinator

On June 23, 2004, in a small ceremony on Phillips House 21, staff nurse, Gayle Peterson, RN, received the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy. The award was established in 1999 to recognize the contributions of clinical and/or support staff on Phillips 21 who consistently demonstrate excellence in identifying and addressing the individual needs of patients and their families.

The award honors the memory of Paul W. Cronin and Ellen S. Raphael, who were patients on Phillips 21 and died

within months of each other in 1997. The ceremony was attended by staff, family, friends, and members of the Cronin and Raphael families.

Peterson was nominated by three of her colleagues, all of who mentioned countless examples of, “Gayle’s diligent advocacy for patients.” Letters in support of her nomination echoed a commitment to being an, “outstanding human being, clinician, and patient advocate.”

Peterson has been a nurse at MGH since 1979 and has worked on Phillips 21 since it opened in 1990. In her role as an expert clinician and en-

thusiastic supporter and developer of others with less experience, she has continuously strived to advocate for patients and empower patients and their families in a partnership of care.

As Ellen Robinson, RN, clinical nurse specialist, said, “Gayle is tremendously committed to the patients and families she cares for. She frequently plays the role of advocate, ensuring that the voice of the patient is heard. Her years of experience, her tactful yet forthright nature, her ability to articulate the tough questions, her compassion and insight allow her contributions



Gayle Peterson, RN

to be heard, valued and acted upon. She recognizes the value of a team and works within that context always. She is discerning in terms of the needs of patients and families, and her integrity is refreshing in that she raises the

ethical questions that some only ponder silently.”

For more information about the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, contact Julie Goldman in The Center for Clinical & Professional Development at 4-2295.



Phillips 21 nurse manager, Keith Perleberg, RN, and associate chief nurse, Theresa Gallivan, RN, present Peterson with award

Employee Assistance Program presents Training for Managers and Supervisors

Learn how the Employee Assistance Program can help with behavioral health, mental health, and substance-abuse concerns. Join us for a presentation that will include case studies and discussion. Participants will be given tools to help with time-management, stress-reduction, and staying focused on work.

**Thursday, July 22, 2004
12:00–1:30pm**

Sweet Conference Room GRB 4

For more information, contact the EAP at 726-6976.

Educational Offerings

July 15, 2004

When/Where	Description	Contact Hours
August 5 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
August 11 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
August 11 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater. "Infection Control."	---
August 11 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
August 11 12:15–4:30pm	Pacing: Advanced Concepts Haber Conference Room	4.5
August 11 11:00am–12:00pm	Nursing Grand Rounds "Delirium." Sweet Conference Room GRB 432	1.2
August 19 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
August 23 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
August 24 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
August 25 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
August 26 1:30–2:30pm	Nursing Grand Rounds "Patient Safety." O'Keefe Auditorium	1.2
September 2 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
September 7 8:00am–4:30pm	Chemotherapy Consortium Core Program Wolff Auditorium, NEMC	TBA
September 8 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
September 8 1:30–2:30pm	OA/PCA/USA Connections "Handling difficult patient situations." Bigelow 4 Amphitheater	---
September 8 4:00–5:00pm	More than Just a Journal Club Walcott Conference Room	---
September 8 11:00am–12:00pm	Nursing Grand Rounds "Biotechnology and Caring Philosophies and Practices." Sweet Conference Room, GRB 432	1.2
September 14 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
September 14, 15, 20, 21, 27, 28 7:30am–4:30pm	Greater Boston ICU Consortium CORE Program BWH	44.8 for completing all six days
September 15 8:00am–4:30pm	CCRN Review Day I Haber Conference Room	TBA
September 15 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
September 16 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---

For detailed information about educational offerings, visit our web calendar at <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>.

Bonander Retires

continued from page 5

"I sometimes just sit back and listen to Evelyn. The comments she makes reflect the vast experience she has accumulated over her years of practice as a social worker. She always seems to cut to the heart of the topic, reflecting the wisdom of someone who has been there."

—Bob Kacmarek, RRT
director, Respiratory Care Services

care and interest in each and every member of the Chaplaincy, and we are most grateful. I look forward to seeing you in the future so you can share with us your newly gained insights into the spirituality of fly-fishing!"

Andrea Stidsen and Jensie Shipley made brief presentations on behalf of the Employee Assistance Program and the Friends of the MGH Cancer Center, respectively, be-

"Every once in a while you meet someone who grasps the big picture while never overlooking the smallest detail. Evelyn Bonander is such a person. She has amazing people skills. She is irreplaceable. Which is why the Friends of the MGH Cancer Center are so indebted to her and have put her on their Board. Thanks, Evelyn, for everything."

—Patty Jenkins
former president, Friends
of the MGH Cancer Center



fore turning the podium over to Bonander.

Bonander reflected on her time at MGH with great pride and fondness. She thanked the gathering, saying, "I am so grateful for the opportunity to have worked here. I still have to pinch myself when I think of how that little girl from Lake Wobegon wound up here at MGH, the most incredible hospital in the world."

"Evelyn role-models that quiet, solid confidence that comes with being an expert in one's field. Her passion for patients, social work, and MGH is clear.

She recognizes that in pursuing balance she enhances her own effectiveness and that of those around her.

At a recent PCS retreat, after an intense, demanding first day, Evelyn invited me to join her for a brisk, morning, nature walk. I tried to pretend this was something I might normally enjoy, but I think Evelyn figured me out pretty quickly given my contribution to the conversation when it turned to things like rock formations and vegetation. But the walk was great—just a few moments of time spent with a colleague doing something other than work—it was time well spent."

—Theresa Gallivan, RN,
associate chief nurse

Photos (top-bottom; left-right): Bonander with Ev Malkin; Renee Bigaud-Young and Nancy Bloomstein; Bonnie Zimmer, director of the HAVEN program; Pam Burton, former business manager, and Ann Daniels, interim director of Social Services.

Caring

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