

Carling

HEADLINES

March 18, 2004

Carol Ghiloni: celebrating a remarkable career

Oncology student nursing fellowship to bear her name

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(Photo by Jess Beahm)

Carol Ghiloni, RN
nurse manager

You may well have wondered what the commotion was with all those people clamoring to get into the Trustees Room on Thursday, March 4, 2004. It was a celebration to honor the career of Carol Ghiloni, RN, one of MGH's most cherished nurse managers, who is retiring after 41 years of service.

Hundreds of friends and family members attended the reception along with hospital leadership and staff and colleagues, past and present. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, emceed the event that included gift-giving, tributes, and testimonials from MGH president, Peter Slavin, MD; clinical director of the MGH Cancer Center, Bruce Chabner, MD; associate chief nurse, Jackie Somer-

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MGH Patient Care Services

Working together to shape the future

Quality, safety, and the patient-care experience at MGH

As most of you know, *Crossing the Quality Chasm: a New Health System for the 21st Century*, released by the Institute of Medicine, has had an enormous impact on healthcare organizations across the country. MGH has adopted the six goals for achieving a sound healthcare environment cited in the book as a framework for our work around quality and safety. Those goals include establishing an environment for care that is:

- safe—avoiding injuries to patients from the care that is intended to help them
- effective—providing services based on scientific knowledge to all who could benefit from it, and refraining from providing services to those not likely to benefit from it (avoiding under-use and over-use)
- patient-centered—providing care that is respectful of, and responsive to, individual patient preferences, needs, and values, and ensuring that patient values guide

- all clinical decisions
- timely—reducing the wait time and sometimes harmful delays for those who receive and those who give care
- efficient—avoiding a waste of equipment, supplies, ideas, and energy
- equitable—providing care that doesn't vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and/or socio-economic status

For the purposes of this column, I'd like to focus on the goal related to patient-centered care. This goal speaks directly to how our patients experience the care we provide and to the systems we have in place that either fail or succeed in

meeting the needs of our patients.

We know from past patient-satisfaction surveys that our ability to provide patient-centered care has more of an impact on patient satisfaction than any other single factor. We also know that some patient populations value certain aspects of care more than others. For example, adult patients report that physical comfort, emotional support, and respect for values, preferences, and needs are what's most important to them. Pediatric patients

report that emotional support, information and communication, coordination of care, and respect for values, preferences, and needs are most important to them.

Patients' *perceptions* of care need to be taken into account as we craft our quality and safety initiatives. Patients' perceptions of care are as important as the actual programs, services, and technological interventions we

provide. Take for instance pain management—patients are the only ones in a position to judge the quality of their pain management.

We all know from our interactions at the bedside that a patient's experience, or more precisely, his perception of his experience, can affect his behavior and ultimately his outcome. Higher morbidity and mortality rates accompany systems and processes that don't support patient-centered care.

A review of several sources of information (including patient-satisfaction surveys, staff perception surveys, letters, meetings, and communications that come to us through

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

The Patient

Service

Technology

Patient-centered care is supported by a strong base of service and technology

Jeanette Ives Erickson

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the Office of Patient Advocacy and other sources) gives us a good picture of where we stand in terms of delivering patient-centered care.

Data tells us that clinicians go to great lengths to provide high-quality care to everyone. Data tells us that the majority of patient complaints are the result of miscommunication. Data tells us that patients are more sophisticated than ever before and expect more from their healthcare providers. There is a growing need for interpreters. Staff report a high level of satisfaction in the workplace but want to ensure they remain on the cutting edge of new technology, new interventions, and new scientific discoveries.

Because of the growing demand for healthcare services, hospitals are challenged to improve systems and com-

munication, decrease wait times, coordinate increasingly complex care, and maintain the highest standards of quality and safety.

At MGH, we've implemented a number of initiatives designed to support communication, coordination, and promote patient-centered care. The Safety in Motion Initiative, the Cancer Center Patient and Family Advisory Council, regionalization of medical teams, Pet Therapy, and the OR Nurse Liaison Program are just a few examples of the many programs and services we've introduced.

Ensuring that patient-centeredness is at the core of our thinking requires looking at care through a different lens—the lens of our patients. The Institute of Healthcare Improvement offers these guidelines as we begin to articulate a

new vision for patient care:

- Never separate a patient and family unless the patient requests it
- Never deny a patient and family information unless the patient requests it
- Patients and caregivers jointly define goals for illness-management
- Patients and families partner with healthcare professionals to set policies, design programs, and establish priorities for continuous improvement
- Patients and families should be faculty for health professions and employees

Patient-centered care will be an ongoing focus as we continue to listen to and learn from our patients. In my next column, I want to introduce you to Susan Edgman-Levitan, executive director of the John D. Stoeckle Center for Primary Care Innovation. Susan has a lot to share with us about creating a patient- and family-centered culture.

Update

I would like to announce the appointment of Lynn B. Oertel, ANP-C, to the position of clinical nurse specialist for Anticoagulation Management Services (AMS).

Georgia Peirce, formerly director of Media Relations, has joined Patient Care Services to support our work around quality and safety, diversity, and special projects related to making our work more visible in the media.



Brian McGovern, MD

Memorial service planned in observance of the anniversary of Dr. Brian McGovern's death

**April 8, 2004
11:00am
MGH Chapel**

The MGH Chapel will be available all day for EP staff and others. Harp music will be played throughout the day.

At 11:00am a prayer service will be held in the chapel. All are welcome.

The Blum Patient & Family Learning Center will be available to staff on April 8th.

Representatives from the Employee Assistance Program and Social Services will be on hand to support employees during the day. Only EP and Arrhythmia staff will be admitted to the Blum Center during the morning hours.

(Lunch will be served at 12:00pm for EP and Arrhythmia staff in the Blum Center)

No elective cases will be scheduled in the EP Lab that day. An on-call team will be available for emergencies. No outpatient cases have been scheduled for the day.

Clinical Recognition Program

**Clinicians recognized
December 2003–March 1, 2004**

Advanced Clinician

- Clare Swan, RN, Blake 2 Infusion Unit
- Diane Carter, RN, Bigelow 14
- Eleanora DiTocco, RN, Same Day Surgical Unit

Clinical Scholar

- Germaine Lambergs, RN, Blake 13/14
- Paula Nelson, RN, Blake 13/14
- Dawn McLaughlin, RN, Pediatric Intensive Care Unit
- Karen MacCormack, RN, Newborn Intensive Care Unit
- Sandra McLaughlin, LICSW, Social Services

Ghiloni Bids Farewell to MGH

continued from front cover

ville, RN; and clinical nurse specialist, Elizabeth Johnson, RN. All of the speakers shared anecdotes telling of Ghiloni's passion for oncology nursing, her commitment to excellence in patient care, and her love of teaching and nurturing new nurses.

Ives Erickson set the stage for their comments by acknowledging a number of Ghiloni's accomplishments, which she called, 'the touchstones' of Ghiloni's impressive career.

Touchstone #1: Ghiloni's vision and advocacy as seen through her work to develop a clinical oncology specialty, which resulted in what is today a 26-bed Oncology/Bone Marrow Transplant Unit noted for its high-quality patient- and family-focused care.

Touchstone #2: Ghiloni's creation of an environment in which 'care for the caregiver' was a priority. Ghiloni recognized the

importance of caring for staff who cared for our oncology patients. She sought resources in pastoral care, Social Services, and MGH's Employee Assistance Program to help staff cope with emotionally taxing experiences. Today, these support systems exist in both ad-hoc and pre-planned programs.

Touchstone #3: Ghiloni's commitment to quality and safety long before it was 'fashionable.' Ghiloni has always been proactive in creating a safe environment for patients and staff alike. She required staff to participate in in-service training prior to any new cancer regimen or protocol being implemented.

Touchstone #4: Ghiloni's influence inside and outside the walls of MGH. Ghiloni and her staff have received numerous accolades, scholarships, fellowships, and awards;

they have organized and participated in various events to raise awareness and funds for oncology patients; under Ghiloni's leadership, her staff have conducted research, presented papers and posters, and participated in many professional activities and organizations.

Touchstone #5: Ghiloni's keen management and leadership skills coupled with a value for teamwork. As a manager and leader, Ghiloni has always been respected by her staff for her fairness. She has been attentive to their personal and professional lives—always ready to support them. Whenever MGH is visited by a regulatory agency, Ghiloni's unit is the 'go-to' unit.

Touchstone #6: Ghiloni's mentorship. She has served as a role model and mentor for nurses who are currently working in staff and leadership positions at MGH, the Dana-Farber Cancer Institute, and facilities across the Partners HealthCare System. Many of these nurses

started as graduate nurses on Baker 5, Founders 5 and 6, and Ellison 14. Ghiloni has mentored the nursing and medical staffs at MGH. Her establishment of collaborative rounds has contributed to positive patient outcomes, the result of strong collaborative practice and good communication.

Touchstone #7: Ghiloni's commitment to family. From the time Ghiloni started as assistant head nurse on Baker 5, her family, particularly her mother, played a very important role. In the early 70s, many nurses were recruited from colleges and universities across the country. The Ghiloni family welcomed staff into their home and extended their hospitality at Sunday dinners and holiday celebrations. Often meals were prepared and sent to the hospital for staff who were working. Mrs. Ghiloni (Carol's mother) prepared an annual Italian feast just for staff. Nursing supervisor, Peg Ramage, recalls one holiday celebration:



Ghiloni and a few hundred of her closest friends at reception in her honor.

Continued on next page

"The dinner table extended the length of the living room, dining room, and into the kitchen. The meal lasted for hours, interrupted by sporting events on television, board games, and card games. When more relatives arrived and gathered around the dining room table, more food was served and the meal continued."

Touchstone # 8: Ghiloni's commitment to life-long learning. After Ghiloni graduated from Catherine Laboure, she pursued a bachelor of Science degree in Psychology from Emmanuel College, a bachelor of Science degree in Nursing from Salem State College, and a master of Science degree in Nursing from Salem State College. Her commitment to education and professional development has extended to her staff. Ghiloni has always encouraged staff to pursue formal and continuing education.

As Ghiloni leaves MGH after a career rife with professional achievements, it is fitting that the oncology student nursing fellowship be named in her honor. Ghiloni will be actively involved in crafting the Carol A. Ghiloni Oncology Student Nursing Fellowship. The fellowship will support two student nurses and a faculty member each year in a fellowship program designed to give student nurses an opportunity to learn more about oncology nursing. The program includes a 10-week, paid, precepted experience where student nurses can observe, participate, and learn about this specialty in a number of clinical oncology settings.

In closing, said Ives Erickson, "I'd like to ask you to join me in a toast to Carol Ghiloni for forty-one years of commitment, leadership, and friendship to MGH."



**Carol Ghiloni, RN,
MSN, OCN
MGH nurse
1962–2004**

Carol Ghiloni began her career at MGH in September of 1962, one week after graduating from the Catherine Laboure School of Nursing. She started as a staff nurse on Baker 5. After two years she became assistant head nurse and one year later, head nurse. She didn't apply for the position, she was promoted on merit. When Baker 5 grew to two separate units, Ghiloni applied for the manager position of the 16-bed unit that included the first four designated oncology beds at MGH.

By the late 80s, it became clear that a designated Oncology/Bone Marrow Transplant Unit was needed. The unit was temporarily housed in the (then) Phillips House until construction of the Ellison Building was completed. Ghiloni and her committed staff worked collaboratively with leadership to develop a clinical oncology specialty. She was instrumental in establishing what is today a busy, 26-bed Oncology-Bone Marrow Transplant Unit noted for its high-



Carol Ghiloni, RN (1962)

quality patient care.

Ghiloni is an active member of the Boston Oncology Nursing Society (BONS) and has held several leadership positions in the organization since its inception. In 2000, she received the BONS Distinguished Member Award.

Ghiloni received a bachelor of Science degree in Psychology from Emmanuel College, a bachelor of Science degree in Nursing from Salem State College, and a master of Science degree in Nursing from Salem State College. Her greatest accomplishments include the development of the Oncology Program at

MGH and the development and mentoring of staff who have assumed nursing leadership positions at MGH and many other institutions.

Upon Ghiloni's retirement, the Oncology Student Nursing Fellowship Program will be named in her honor in recognition of her life-long devotion to oncology nursing and her tireless efforts in recruiting and mentoring staff.

Ghiloni plans to take the summer off, travel, and acquaint herself for the first time with a life of leisure. If we're lucky, she may return to MGH and explore some part-time employment opportunities in the fall.

National Youth Leadership Forum comes to MGH

The MGH department of Nursing has been proactive in exploring innovative ways to stem a local and national nursing shortage. Perhaps one of the most visible programs designed to help attract new nurses is the National Youth Leadership Forum (NYLF), a country-wide effort that empowers students to make well-informed decisions about future career choices. Recently, MGH hosted nearly 200 students from the NYLF in an intensive, four-day job-shadowing experience that exposed these academically advanced students to many and varied career opportunities available in nursing.

The visit, coordinated by staff specialist, Lauren Holm, RN, pair-



Mary McKinley, RN (striped shirt),
with student on Blake 11

ed students with staff nurses from throughout the hospital for unit-based learning experiences. Staff nurses from more than 25 clinical settings, both inpatient and outpatient, participated. Some students have already been accepted to nursing and pre-med programs

and were exploring specialty areas of particular interest to them. Many reported that their visit to MGH solidified their decision to pursue a career in health care.

In addition to unit-based job-shadowing experiences, the visit included a panel discussion moderated by professional development coordinator, Mary Ellin Smith, RN. Panelists, many of whom were



new graduates themselves, spoke about why they decided to become a nurse, what they looked for in a nursing program, what was important to them as they transitioned to their first nursing position, and what strategies were helpful in fulfilling their desire to become a nurse.

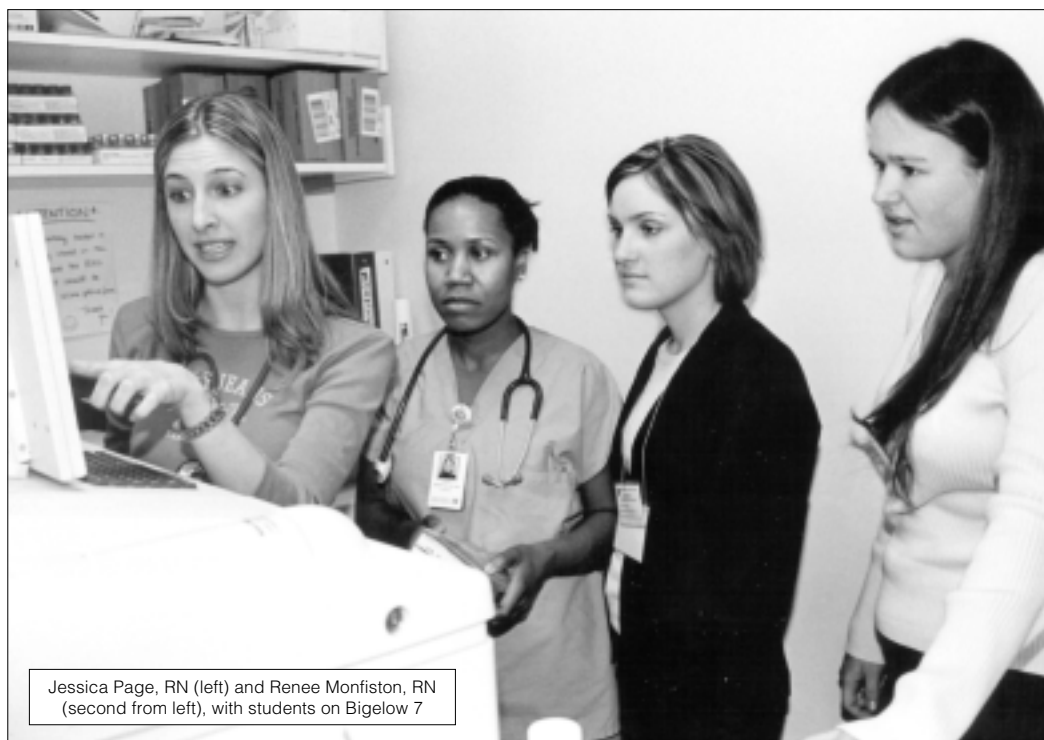
Steve Tartanto, Human Resources manager, was on hand to answer questions and establish relationships with students in preparation for future employment inquiries.

Marianne Ditomassi, RN, executive director of PCS Operations, gave a presentation entitled, "Faces of Nursing in the Media."

Away from MGH, the forum offered lectures, workshops, seminars, and introductory meetings with prospective nursing schools. Nurse manager, Marita Prater, RN, was invited to be the keynote speaker at one of the off-site seminars.

The National Youth Leadership Forum's foray into nursing was a pilot program this year in Massachusetts. If successful, and there's every reason to believe that it was, it will become an annual occurrence and expand to include other cities across the country.

For more information about the National Youth Leadership Forum, contact Lauren Holm at 6-0368.



Jessica Page, RN (left) and Renee Monfiston, RN
(second from left), with students on Bigelow 7

At right: staff nurse, Erin Holmes, RN, with students on Blake 6.

Middle: staff nurse, Jessica Anderson, RN (holding flashlight), with patient, Peggy Sloane, and student on White 12

Below: staff nurse, Kathy Shea, RN (left), with student in the Ellison 2 Radiology Department



Staff who participated in National Youth Leadership Forum visit

Elizabeth DiTavi, RN	Sean McGarvey, RN
Renee Monfiston, RN	Michelle Primo, RN
Corrina Lee, RN	Darleen Crisileo, RN
Jessica Page, RN	Jackie Baty, RN
Kristen Eutizzi, RN	Jen Connors, RN
Elizabeth Tivnan, RN	Nichole Kawa, RN
Margaret Driscoll, RN	Cindy Rappa, RN
Chanda Plong, RN	Tania DeMarco, RN
Stefanie Michael, RN	Cathie Mackinaw, RN
Catherine Downing, RN	Cindy Moreira, RN
Ana Gomes-Dacosta, RN	Laura Thorley, RN
Ashling Barr, RN	Caitlin Callahan, RN
Beth Coe, RN	Jacki Davis, RN
Becky Johnston, RN	Linda Choute, RN
Merry Dance, RN	Erin Callaghan, RN
Greg Nuzzo Mueller, RN	Amanda Taylor, RN
Heidi Jupp, RN	Karen Parsons, RN
Marjorie Voltero, RN	Patricia Favazza, RN
Tanya Medvedeff, RN	Tara Williamson, RN
Erin Holmes, RN	Karen Handzo, RN
Amy Tomkins, RN	Janice Erlandson, RN
Nicole Kenvin, RN	Patricia Scott, RN
Alan Wold, RN	Kiki Benjamin, RN
Kelly Trecartin, RN	Lisa Tufts, RN
Sharon Bossie, RN	Daisy Powers, RN
Vivian Donahue, RN	Karen DaRocha, RN
Mary McKinley, RN	Jennifer Doherty
Joanne Parhialia, RN	Callahan, RN
Janet Olofson, RN	Lauren Shea, RN
Christine Jordan, RN	Nicole Bennett, RN
Natalya Carney, RN	Beth Donnely, RN
Jenny White, RN	Brenda Fletcher, RN
Courtney Donovan	Molly O'Neill, RN
Jones, RN	Shannon Dacunha, RN
Amy Stoney, RN	Kate Newman, RN
Sue Pundt, RN	Kathleen Twoomey, RN
Janet Kleimola, RN	Jamie MacIntyre, RN
Margaret Mary Finley, RN	Lisa Califano, RN
Jeanne Griffin NP	Deb Osbourne, RN
Heather Aliotta NP	Chris Runey, RN
Pat Powell RN	Kristen Wilson, RN
Erika Barrett, NP	Robin Leone, RN
Gina Kolak NP	Katie O'Meara, RN
Mary Artery NP	Jessica Gray, RN
Gwenn Mitchell LPN	Mary Page, RN
Liz Yung NP	Molly Weinman, RN
Dana Sullivan RN	Anastasia Michaelidis,
Katie Mannix, RN	RN
Kathy Shea, RN	Sue Morgan, RN
Joy Williams, RN	Cheryl Gomes, RN
Maryalyce Romano, RN	Bernadette Warren, RN
Robin Herrman, RN	Amy Levine, RN
Kathy Sheehan, RN	Kim Strazullo, RN
Adela Amador, RN	Jim Barone, RN
Maureen Boyce, RN	Lori Pyburn, RN
Kathy Selleck, RN	Jamie Lopes, RN
Karen Orband, RN	Julie Piotrowski, RN
Lois Masters, RN	Kristin St Pierre, RN
Andy Dinardo, RN	Sheila Arsenault, RN

Speech-language pathologist helps 'locked-in' patient regain ability to communicate

My name is Audrey Kurash Cohen, and I have been a speech-language pathologist for 15 years, three and half, here at MGH. I first met 'John' in September of 2002. John had just suffered a bilateral medullary (brainstem) CVA (cerebrovascular accident) and as a result was in a 'locked-in' state. Because of the motor pathways in the brainstem, patients who suffer this type of stroke are left with no ability to move their body except for some limited eye and/or eyelid movement; nor are they able to breathe on their own. Despite profound motor impairment, this type of stroke completely spares all higher cognitive processes, including thinking, understanding, and remembering. The term, 'locked-in' refers to the fact that patients can think in the same way they did before, but they have limited means by which to communicate their thoughts to the people around them.

Speech-Language Pathology was consulted by the Neurology team two days after John was admitted to MGH. I met John in the Neuro Intensive Care Unit where he was intubated and mechanically ventilated. Although he had already

been diagnosed as locked-in and some ability to communicate via eye movement had been noted, there didn't appear to be a consistent system being used by team members. One caregiver used eyes up/down while others used eyes open/closed to signal 'yes' or 'no.' I thought this must have been terribly confusing for John.

I wasn't sure if John's family was communicating with him, and I wanted to make sure they were fully aware of his intact cognitive processes despite his limited ability to communicate. I knew that in the next several days a decision was going to have to be made as to whether to discontinue life-support or perform a tracheostomy and G-tube insertion, as it was unlikely that John would ever be able to breathe or swallow again on his own.

I thought it was imperative to document John's ability to understand and communicate his needs so he could be involved in this difficult decision. I went to see John with one of our new SLPs whom I was supervising. She wasn't sure how to approach this case and requested my assistance. We worked hard at establishing a communication system with John and asked him

to indicate which he preferred—closing his eyes or looking up and down. He indicated that he would prefer to open and close his eyes, although several days later it became clear that looking up and down was easier for him. Both methods were complicated by the fact that John had nystagmus, a non-voluntary bobbing of the eyes. It took great concentration to discern between a purposeful eye movement and a non-volitional one. But it was so exciting to determine that John was oriented to where he was; he knew the date, season, President, etc.

Once we felt we had established a system and confirmed it by asking known yes/no questions, we set about trying to determine if John could read. This would allow him to use a communication board to further assist with making his wishes known. We were able to determine that he could read single words and scan through three words written vertically. But because John had no lateral eye movement, he couldn't scan across a full page of text. We felt that a system of single-word choices could be developed for John.

After this session, I went out to speak with John's partner, Mike,

and his brother. As I told them what John was able to do, they became very emotional, knowing that he could understand, was oriented, and could read! I wanted to make sure they had this information, because I knew they were anxious to know what his abilities were.

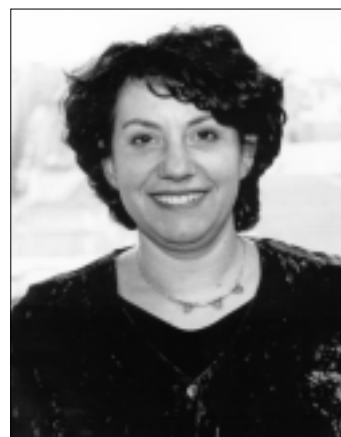
It was in these initial days that John's family and the Neurology team discussed John's care and future needs. Mike and the doctors were able to discuss key issues with John and the decision was made to continue with life support, place a trach, and insert a G-tube. When I saw Mike after the first weekend, he told me how relieved he was that he had been able to explain everything to John; he felt much better knowing that John understood what was going on around him.

I saw that Mike was constantly by John's side, and in these early days he had many hours

of waiting outside the ICU while staff took care of John. I asked Mike to write down some personal information about John to help me get to know him better. I learned that John was an architect, he had a great sense of humor, and he and Mike had many pets at home. John and his life partner, Mike, were from Washington state and had been visiting John's family and just attended a family wedding. I made several cards with names of John's friends, family members, pets, and caregivers. This would give John a way to choose a topic and allow for faster communication.

At the same time, I began to teach John to 'spell' by choosing a letter of the alphabet (by signaling with his eyes) as I said each letter out loud. I was thrilled that he was able to do this, as I felt it would give him more control over the communication process.

continued on next page



Audrey Kurash Cohen, CCC-SLP
speech-language pathologist

Exemplar

continued from page 8

I wondered about what thoughts and fears he must have as he lay there. How frustrating it must be to have something on your mind and not have the person in the room ask you the one thing you want to talk about.

A short time later, John was moved from the ICU to a patient care unit as his care became less critical. I worried that his new caregivers would be unable to communicate with him. I was concerned because this syndrome is rare and I wanted to make sure his nurses realized what he was capable of and how he could communicate. I wanted to make sure he could communicate basic concepts such as pain and discomfort.

I began talking with his nurses, the social worker, and therapists. I showed them how to communicate with John and offered to demonstrate the communication system we had developed. I encouraged staff to constantly ask John if there was something he needed to tell us, and showed them how to use yes/no questions and our 'spelling' system. John had a wonderful team of nurses who really got to know him and were dedicated to giving him the best possible care. We spent time discussing what was helpful to each of us in our interactions with John.

As the days passed, Mike was hungry for any information on locked-in syndrome. I provided him with written information from the Internet and encouraged him to use the Blum Patient & Family Learning Center if he wanted to do some research on his own.

I began to discuss John's future need for an alternative communication system. I mentioned the possibility of providing him with a computer that could be activated by the slightest body movement. John had begun to re-gain control of some eyebrow movement, and he was able to move his jaw slightly from side to side.

Soon, the discussion turned to discharge planning and rehabilitation. John and Mike both wanted to return home to Washington. I contacted a speech-language pathologist at the hospital where John was going to be transferred. I wanted to make personal contact and share John's personal and clinical information to ensure a smooth transfer.

Shortly before John was discharged, I was asked by the nurse manager to participate in an educational session with some nursing students who were doing a clinical rotation on the unit. Several of them had the opportunity to work with John. They learned how to communicate with him and were very interested in learning more about his syndrome. The nurse manager, John's

primary nurse, and I spent time explaining his neurologic disorder, his impairments, and the many personal and emotional issues given his physical condition.

One week after discharge I received an e-mail from Mike. They had made it home okay. Mike relayed that John had sat up in a chair several times and a computer system was being developed for him. I wrote back that I looked forward to the day when John would write me an e-mail himself!

Working with John was a draining, invigorating, challenging, and rewarding experience.

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

We can only imagine how John must have felt after experiencing the CVA that left him paralyzed and locked in with a fully functioning mind — fear, confusion, frustration, and no way to express it.

Audrey's presence brought hope and comfort. Her knowledge and understanding gave John the ability to communicate with his family and caregivers and allowed him to fully participate in the decision-making process. Audrey worked with staff to ensure continuity of care when he was transferred out of the ICU. Thanks in large part to Audrey, John may very well send her that e-mail one of these days.

Thank-you, Audrey.

Safety Reminder

Emergency phone numbers

Code/Stat	6-3333
Police & Security	
Main Campus	6-2121
Satellite Areas	6-5400
Buildings & Grounds	6-2422
Safety Office	6-2425
(or contact page operator)	
Occupational Health	6-2217
Interpreter Services	6-6966

In the event of a fire RACE

R — Rescue

Remove anyone in the area who may be in danger of being hurt by flames or smoke.

A — Alarm

Pull fire alarm, then call 6-3333 and be prepared to give your location for a Code Red.

C — Confine

Close all doors and windows to keep fire from spreading.

E — Extinguish/Evacuate

Try to put fire out, but be prepared to leave the area if ordered by manager or supervisor.

Code Designations

Code Blue	Cardiac Arrest or Medical Alert
Code Red	Fire
Code Pink	Infant Abduction

MGH employees can find this information on their orange emergency badges, which they should carry with them at all times.

HealthWISE lecture focuses on 'hearty matters'

On Tuesday, March 2, 2004, Kathleen Traynor, RN, program director for the MGH

Cardiac Rehabilitation Center, presented, "Hearty Matters: How to Care for the Health of your Heart," at the March HealthWISE

lecture in the Walcott Conference Room.

Traynor spoke about contributing factors, prevention, and treatment of cardiovascular disease, the number one cause of death among Americans today. She explained that heart disease and stroke, though they occur in different locations, are caused by the same thing — blocked or clogged arteries. Early warning signs that heart disease could be developing include: sleeplessness, aches and pains, and loss of energy.

The three biggest factors contributing to heart disease are smoking, high cholesterol, and high blood pressure. But, said Traynor, diet and exercise play a very important part in maintaining good heart health. She recommended a half hour of exercise at least three to four times a week (which will also help prevent osteoporosis) and a healthy diet including lots of fruits and vegetables as well as foods that are low in fat.

Traynor passed out a Coronary Disease Risk Prediction Score Sheet that allowed attendees to assess their level of risk. Score sheets measured indicators such as age, cholesterol level, percentage of 'good' cholesterol, blood pressure, and whether or not smoking or diabetes was a factor. Unfortunately, said Traynor, the risk of heart disease is one of

those things that increases as we grow older.

The Senior HealthWISE Lecture Series was created to promote health and wellness among older adults in the local community. HealthWISE staff conduct weekly health and wellness clinics for residents of The Amy Lowell House, The Blackstone House, and The Beacon House and sponsor health screenings and educational programs free of charge for older adults in the community. HealthWISE offers free membership to the MGH Senior Supper Club and free monthly exercise workshops at the Charles River Park Health & Fitness Club.

For information on the HealthWISE program and upcoming presentations, contact Lindy Wilks at 724-6756 or e-mail: lwilks@partners.org.



Above: Kate Traynor, RN, program director for the MGH Cardiac Rehabilitation Center, uses a model of a heart in her presentation, "Hearty Matters: How to Care for the Health of your Heart," at a recent HealthWISE lecture in the Walcott Conference Room.

At right: An audience of local seniors attends HealthWISE lecture. Attendance at lectures has more than doubled since they began over a year ago.



MGH Cares About Pain Relief

presents:

The Annual Pain Relief Champions Course

A wide range of pain-related topics will be discussed. Participants will gain knowledge and skill in pain assessment and management and be prepared to be agents for improved care in their own work settings.

Part 1: Monday, April 26, 2004

Wellman Conference Room

7:30am–4:30pm

Part 2: Tuesday, May 18, 2004

Walcott Conference Room

7:30am–4:30pm

(Attendance on both days is encouraged)

Nursing contact hours and CMEs available

Clinicians from all disciplines are welcome

For more information, contact Tom Quinn at 726-0746,
PainRelief@Partners.org, or <http://www.massgeneral.org/painrelief/>

Get REAL!

REAL (Raising Environmental Awareness League) is a newly formed environmental group at MGH seeking new members.

For more information, e-mail:
peaceout@quik.com or rhorr@partners.org

Colorectal Cancer Awareness Day

Take a moment to learn about early detection and prevention of colorectal cancer

Wednesday, March 24, 2004

10:00am–2:00pm

Main Corridor

For more information, call 617-724-9432

MGH CHAPLAINCY

Holy Week–2004

Services will be held in the MGH Chapel

Saturday, April 3 4:00pm	Roman Catholic Vigil Mass for Palm Sunday. Palms will be distributed.
Palm Sunday, April 4 4:00pm	Roman Catholic Mass. Palms will be distributed in the morning on inpatient units and at the 4:00pm Mass in the chapel.
Monday, April 5	12:15pm—Ecumenical Service
Tuesday, April 6	4:00pm—Roman Catholic Mass will take place as regularly scheduled
Wednesday, April 7 12:15; 4:00pm	
Thursday, April 8 Holy (Maundy) Thursday 12:15; 4:00pm	12:15pm—Ecumenical prayers for Holy (Maundy) Thursday 4:00pm—Roman Catholic Mass for Holy Thursday Mass of the Last Supper
Friday, April 9 Good Friday 12:00–3:00pm 4:00pm	12:00–3:00pm—Ecumenical Good Friday Service. Staff, patients, and families are free to come and go during the service. 4:00pm—Roman Catholic Service; Passion of the Lord and Holy Communion.
Saturday, April 10 Holy Saturday 7:00pm	Roman Catholic Easter Vigil Mass. Participation at this Mass fulfills the Sunday obligation. There will be no 4:00pm Mass.
Easter Sunday, April 11 1:00 pm 4:00pm	1:00pm—Ecumenical Easter Service with Communion 4:00pm—Easter Sunday Roman Catholic Mass.

Patients, families, and staff are invited to attend any and all of the above services. For more information, contact the Chaplaincy at (617)-726-2220.

The Employee Assistance Program
presents

Working and Breast-Feeding

presented by
Germaine Lamberge, RN

This presentation will provide expectant and nursing parents with basic information on how to use breast pumps and continue nursing while working. Session will include a tour of the MGH Mother's Corner.

Tuesday, April 20, 2004

12:00–1:00pm

VBK 401

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

The Employee Assistance Program
presents

Training for Managers and Supervisors

If you spend 80% of your time dealing with 20% of your employees, you might benefit from this training. 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.

Tuesday, May 4, 2004

3:30–5:00pm

Burr Conference Room 5

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

Plain language enthusiasts meet for lunch

*An interview with Elizabeth Schneider, director of Treadwell Library
—by Debbie Essig, LICSW, and Audrey Kurash Cohen, CCC-SLP
of the Patient Education Committee*

Once a month, you'll find a diverse group of MGH employees at Treadwell Library for the Plain Language Working Group lunch sessions. These are people from throughout the hospital interested in the plain language concept that's having such an impact on MGH. Recently, Debbie Essig and Audrey Kurash Cohen, from the Patient Education Committee, met with Beth Schneider, director of the Treadwell Library, to learn more about this monthly gathering.

Question: What do you mean by plain language?

Schneider: Plain language means clear and effective communication. It uses established guidelines for organizing, writing, and presenting information so the reader understands the message on the 'first read.' It's also called easy-to-read language. Patients can't take care of their health if they don't understand what we're telling them. Plain language shouldn't be considered 'dumbing down.' Most people, regardless of their education, want health information that's easy to read.

Since early 2003, we have offered several two-day plain language training

sessions led by the Clear Language Group. Attendees learn the principles and techniques of plain language and spend time practicing them. Thanks in large part to these sessions, plain language is emerging as an institution-wide tool used for writing patient-education materials, clinical research protocols, and consent forms. I would like to see plain language used in all MGH internal communications. Clear communication saves time and money.

Question: What is the Plain Language Working Group?

Schneider: The group is



Beth Schneider, director, Treadwell Library

Beth Schneider was recently awarded a Partners in Excellence Award for leadership and innovation for bringing plain language awareness to MGH. Schneider introduced plain language training to the hospital and continues to coordinate the program. She spearheads the monthly, lunchtime, Plain Language Working

Group and offers expertise to anyone interested in learning more about plain language. For information on the Working Group or plain language training sessions, please contact Schneider at 4-2791 or e-mail: eschneider1@partners.org.

made up of people from all over MGH who write and want feedback on their work. An average of eight to ten people attend, have their work reviewed by peers, and exchange ideas.

Question: How did the group start?

Schneider: After the first plain language training

session, attendees wanted to keep the momentum going and practice what they had learned. They found the cross-disciplinary make-up of the group helpful because people from other work areas brought new insight and questions to the discussion. I thought a lunchtime working session would be an appropriate role for the library—a place for people to get together, learn, and exchange ideas.

Question: Does a person need to go to Plain Language training first?

Schneider: It is encouraged but not mandatory. You must have an interest in writing easy-to-read materials, and it's helpful to be aware of the principles of plain language. Most people who come have attended at least one training session.

Question: Can people come and just listen?

Schneider: Some people come to listen or help
continued on next page



Debbie Essig, LICSW (right), and Audrey Kurash Cohen, MS, SLP (left), interview Elizabeth Schneider, director of Treadwell Library

Plain Language

continued from previous page

their colleagues; not everyone is actively working on a document. We review the materials people bring, point out things that work, and suggest ways to improve the document using guidelines from the plain language training.

Question: When does the Working Group meet and how do I sign up for the distribution list?

Schneider: Drop-in sessions are held on the third Thursday of the month from noon to 1:00pm in the Treadwell Library conference room (feel free to bring a

lunch). If you'd like to be added to the distribution list, e-mail me at eschneider1@partners.org. (If you attended a plain language training session, you're already on the distribution list.)

Question: Are any other groups at MGH involved?

Schneider: Well, of course, you and Sally Hooper of the Cancer Resource Room, and Taryn Pitman, of the Blum Patient & Family Learning Center are active in plain language efforts. The Patient Education Committee organized a Health Literacy Day fair in October where information on plain language was available. The Interpreters Office is another center of interest in plain language. Karin

Hobrecker and her colleagues are doing excellent work there. Nutrition & Food Services, Social Services, and Research Management have also sent people to training sessions.

Question: Will there be another introductory plain language training session?

Schneider: We hope to offer another introductory course in the summer, and there is a Level 2 (advanced) course scheduled for later this month.

I suggested that lunchtime working sessions be held here at the library because I thought it was an appropriate role for the library, a place for people to get together, learn together, and exchange ideas.

Susan and Arthur Durante Award for Exemplary Care and Service with Cancer Patients

The Durante Award recognizes (non-physician) clinicians, support staff, and leadership whose work with cancer patients reflects compassion and caring, exemplary performance, and outstanding work.

Two recipients are chosen; each receives \$1000 to be used to promote their personal relaxation/respice.

Nomination forms are available on patient care units, at Cancer Center information desks, and in the Cancer Resource Room on Cox 1.

Completed nomination forms are due by Friday, April 9, 2004.

For more information or assistance with the nomination process, contact Julie Goldman at (617) 724-2295, or e-mail: jgoldman2@partners.org

Getting Started in a Nursing Career

The Nursing Career Ladder Initiative at MGH is hosting a Getting Started in a Nursing Career workshop.

**Thursday, April 15, 2004
11:30am-12:30pm
in the Ether Dome**

The session will answer many of the questions young people have when considering a career in nursing. Speakers will provide insight into the nursing profession, career opportunities, entry points for nurses, licensing and educational requirements, and information to help you determine if nursing is the right career for you.

The session is open to all MGH employees. For more information, contact Training & Workforce Development at 6-2230, or call Julie Goldman, RN, in The Center for Clinical & Professional Development at 4-2295.

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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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CNS teamwork: another example of collaboration

—by Patricia M. Connors, RNC, MS

This is the second article I've written for *Caring Headlines* on the unique collaboration that exists among clinical nurse specialists at MGH. The following example of this continued collaboration keeps coming back to me.

Generally speaking, obstetrical patients tends to be healthy, with serious comorbid disease relatively rare. Thirty-year old, Mrs. G, was one of those in the minority when she presented to the Vincent Obstetrical Unit at 32 weeks gestation with preeclampsia. Since careful monitoring for signs of increasing severity is the standard of care, Mrs. G needed to be hospitalized. A paraplegic due to progressive spinal muscular atrophy, Mrs. G had been wheelchair-bound since the age of 12. Her upper-body strength had diminished further during her pregnancy resulting in an inability to move or re-

position herself. And Mrs. G also suffered from chronic pain, depression, sleep apnea, anxiety, GERD, diabetes mellitus, pancreatitis, retinopathy, asthma, ulcerative colitis, and obesity (she was 5' 1" inch tall and weighed 282 pounds).

Since delivery was not imminent, Mrs. G was admitted to the antenatal unit on Ellison 13. It became obvious that she was dependent on her husband for most of her activities of daily living (dressing, bathing, and transferring from the bed to the wheelchair and the commode). She wanted only her husband to help with her transfers. Staff appeared relieved that Mr. G was present to help care for his wife. Many nurses on the unit had never cared for a patient with mobility issues (or it had been years since they had). In so many ways, Mrs. G was not the profile of our 'typical' obstetrical pa-

tient and the staff exhibited some apprehension about planning and delivering her care while awaiting the birth of her baby.

My immediate concerns were:

- staff's ability to safely care for Mrs. G due to inexperience and reliance on Mr. G
- the ability to safely and expeditiously transfer Mrs. G from Ellison 13 to Blake 14 should she go into labor, rupture her membranes, or experience worsening preeclampsia
- the possibility of reinforcing Mrs. G's anxiety by not providing a confident and experienced staff
- being able to support staff so they could feel confident and knowledgeable in caring for Mrs. G

Enter Jill Pedro, RN (Ellison 6); Jean Fahey, RN, and Marion Phipps, RN (Ellison 12). The speed and efficiency with which an assessment of Mrs. G's physical condition was performed was truly impressive. They assessed her needs, requested essential equipment, and formulated a plan of care. Within a few hours, staff had the appropriate Bariatric bed, Hoyer lift, and Airpal Ez-lift mattress complete with a demonstration and instructions.



Patricia M. Connors, RN
clinical nurse specialist

The Airpal mattress facilitated transfer from bed to stretcher should there be an emergent need for Mrs. G to be brought to the Labor and Delivery Unit. Time is of the essence during an obstetrical emergency, and it was of utmost importance that we be able to get Mrs. G onto a stretcher without causing harm to her or staff. Mr. and Mrs. G were apprised of the plan and asked to contribute. The exchange of ideas between staff and Mr. and Mrs. G proved to be constructive and also helped establish a rapport between patient, family, and caregivers.

Mrs. G expressed her appreciation many times

for our efforts to make her hospital stay as comfortable as possible. She was a frightened woman who was anxious about the well-being of her baby and about being totally dependent on strangers for her most basic needs—needs that an able-bodied person takes for granted. With a plan of care in place and inservices scheduled on the use of specialized equipment, staff became noticeably more confident in caring for Mrs. G.

Thank-you to Jill, Jean, and Marion for responding so quickly with your expertise and to the staff of Ellison 13 for adapting so well to a challenging situation.

The Employee Assistance Program Work-Life Lunchtime Seminar Series presents "Nourishing your Newborn"

Presented by Germaine Lambers, RN

Session is geared toward expectant parents, new parents, or employees considering having children. Will include a tour of the Mother's Corner at MGH.

**Tuesday, March 23, 2004
12:00–1:00pm
VBK 401**

For information, contact the EAP at 726-6976.

Educational Offerings available on-line

The Center for Clinical & Professional Development lists educational offerings on-line at: <http://pcs.mgh.harvard.edu>

For more information, or to register for any program, call the Center at 6-3111.

Educational Offerings

March 18, 2004

When/Where	Description	Contact Hours
March 26 8:00am–4:30pm	Substance Abuse and Withdrawal in the Acute Care Setting O’Keeffe Auditorium	
March 29 and 30 8:00am–4:30pm	BLS Instructor Program VBK601	---
April 1 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
April 2 8:00am–4:30pm	Nursing: a Clinical Update—MGH School of Nursing Alumni Program O’Keeffe Auditorium	TBA
April 8 8:00am–4:30pm	Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other Training Department, Charles River Plaza	7.2
April 8 5:00–5:30pm networking 5:30–6:30pm presentation	Advanced Practice Nurse “Alcohol Withdrawal.” Haber Conference Room	1.2
April 12 8:00am–4:30pm	Diversity in Childbearing O’Keeffe Auditorium	7.8
April 13 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
April 14 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
April 14 1:30–2:30pm	OA/PCA/USA Connections “I Speak Another Language; Can I Interpret?” Bigelow 4 Amphitheater	---
April 14 8:00–11:30am	Intermediate Arrhythmias Haber Conference Room	3.9
April 14 12:30–4:30pm	Pacing:AdvancedConcepts HaberConferenceRoom	4.5
April 14 11:00am–12:00pm	Nursing Grand Rounds “Organ and Tissue Donation.” Sweet Conference Room GRB 432	1.2
April 15 1:00–2:30pm	The Joint Commission Satellite Network presents: “Infection Control: Reducing Risk and Preparing for Emerging Pathogens.” Haber Conference Room	---
April 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)	---
April 16 8:00am–4:30pm	Heart Failure: Management Strategies O’Keeffe Auditorium	TBA
April 20 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
April 21 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
April 21 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Clinics 262	1.8
April 22 1:30–2:30pm	Nursing Grand Rounds “Quality Improvement Update and Case Review.” O’Keeffe Auditorium	1.2

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>.

Reading Disabilities Unit and the Orton-Gillingham approach

Question: What services are provided by the Reading Disabilities Unit (RDU)?

Jeanette: The Reading Disabilities Unit here at MGH provides a number of services including:

- consultation and diagnosis for children and adults with written-language learning difficulties (reading, writing, spelling)
- therapy for children and adults with reading, writing, and spelling difficulties
- an Orton-Gillingham training program for correcting written-language disabilities
- referrals for children and adults to be tutored in their community by MGH-trained therapists

- assistance to parents and schools in understanding the needs of dyslexic children

Question: What is dyslexia?

Jeanette: The International Dyslexia Association defines dyslexia as “a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in

reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.”

Question: How is dyslexia diagnosed?

Jeanette: A series of tests is given, usually by a psychologist to determine if an individual is reading, writing, and spelling up to his/her ability. One indication of dyslexia is difficulty with phonemic awareness or the awareness of sounds in words.

Question: How is dyslexia treated?

Jeanette: Patients are treated using the Orton-Gillingham approach to reading and word comprehension. They are typically tutored by a

therapist 1-3 times a week.

Question: What is Orton-Gillingham?

Jeanette: The Orton-Gillingham approach is phonetic, sequential and multi-sensory. By using phonics and multi-sensory strategies, patients learn to decode words by sounding them out and spell (encode) by putting letters to sounds. Sound-symbol associations are taught, building from simple to complex. Visual, auditory, and kinesthetic pathways are employed to reinforce new learning in the brain: the patient sees, hears, and writes. Most of the tutoring is done in a one-to-one situation, with therapists designing programs according to individuals' strengths and weaknesses. Patients receive therapy for reading, comprehension, spelling, and writ-

ing difficulties. Students gain confidence because they are never asked to read or spell a word unless they've been taught how. Once they learn letters, they learn to break words into syllables, roots, prefixes, and suffixes. They practice what they've learned by reading aloud. This develops fluency and makes reading smoother.

Question: Does the RDU have a training course in Orton-Gillingham?

Jeanette: Yes. The RDU offers an Orton-Gillingham training course for teachers and others. The course includes 50 hours of training seminars and 100-200 hours of supervised practicum. Some of the training is conducted in area schools. Graduates of the course use their Orton-Gillingham training in schools and private tutoring.

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