

Caring

HEADLINES

October 21, 2004

Inside:

Celebrating Clinical Practice ..	1
Jeanette Ives Erickson	2
• Latino Heritage Month	
Fielding the Issues	3
• Services for Deaf and Hard-Of-Hearing Patients	
• POE Downtime	
Humanitarian Aid	6
• Grace Deveney, RN	
• Katie Fallon, RN	
Exemplar	8
• Jennifer O'Neill, RN	
Janet Ballantine Oncology Volunteer Award	9
Greene Recognized for Outstanding Care	10
Oncology Nursing Career Development Award	10
Anticoagulation Management Services	11
Red-Card Changes	12
Quality	13
• Changes to the JCAHO On-Site Survery Process	
Nursing Sundial Re-Dedicated	14
Educational Offerings	15
IV Nursing	16
Nursing Diaries	16

Clinical Recognition Program

celebrating clinical practice

—by Trish Gibbons, RN, and Carmen Vega-Barachowitz, SLP

On September 28, 2004, a special dinner was held at the Holiday Inn to honor the 102 advanced clinicians and clinical scholars who have been recognized by the Clinical Recognition Program. This formal celebration of practice was a first since this journey began in 1997 under the leader-

ship of Jeanette Ives Erickson, RN, senior vice president for Patient Care. In talking to clinicians from the six disciplines within Patient Care Services, Ives Erickson identified a need for a recognition program and charged the Professional Development Committee, a multi-disciplinary group within collaborative governance,

to develop a program that would recognize and reward clinicians for excellence in clinical practice. The initiative was led by Barbara Cashavelly, RN, then a staff nurse; Patricia English, RRT, respiratory therapist; and Kristen Parlman, PT, physical therapist; with Carol Camooso Markus, RN, and Mary

continued on page 4



Sharon Brackett, RN (left) and Donna Miller, LICSW (right) are recognized at Clinical Recognition Program celebration dinner

MGH Patient Care Services

Working together to shape the future

MGH celebrates Latino Heritage Month and the contributions of our Latino colleagues

As many of you know, September 15th–October 15th marked this year's celebration of Latino Heritage Month. MGH celebrated the occasion with a number of events including a Latin American film series, a Latin American food and music festival, and a special presentation by Andres Torres, director of the Mauricio Gaton Institute for Latino Community Development and Public Policy.

Dr. Torres spoke in depth about the issues and challenges affecting the Latino community. He stressed the great diversity of beliefs and traditions that exists within the Latino population, but noted that Latinos share the same language and many of the same customs. He shared statistics that reflect a growing Latino population nation-wide as well as locally, and that growth is expected to continue. However, despite the growing population, the number of Latinos who attend college, own their own homes, or earn an annual income of more than \$15,000 is disproportionately small. Another alarming statistic shows Latino students achieving the lowest percentage of passing grades on the state's MCAS exams (standardized education-

al tests). Of particular concern is the fact that a high percentage of students drop out of school before the ninth grade with only 40% actually going on to graduate from high school.

These are unacceptable statistics, not just for the Latino community, but for everyone. We need to ask ourselves why this is happening and what can we do about it.

As healthcare providers, we are concerned with the health, safety, and dignity of every person under our care and

need to ask ourselves: Is the MGH environment accessible to all patients? Does our signage meet the needs of international, blind, or illiterate patients? Does our front-desk staff have the ability to answer questions in other languages? Are our patient-education materials available in all languages? Are we doing enough to recruit and retain clinicians and support staff of other cultures who speak other languages?

We must strive to employ a workforce that mirrors the racial, cultur-

**28 Latino/Hispanic nurses
are currently employed at MGH
(1% of the nursing workforce).**

**The turnover rate for Latino nurses
at MGH this past year was 0%.**

every person in our employ. And our concern is not influenced by what language a person speaks, where she was born, or whether or not he has a Social Security number.

Recently, the Patient Care Services leadership team attended a retreat to explore ways to create a care-delivery system that is patient- and family-centered and meets the needs of *all* patients. We realized that we need to look at the work we do through a new lens. We

al, and ethnic diversity of our patient population. Increasing minority representation in the healthcare arena is a priority. We must commit to mentor minority clinicians and support staff within the organization and actively recruit from outside.

I'm happy to report that we've had some significant recruitment and retention successes in terms of expanding the diversity of our workforce. For instance:



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

- In Nursing, we've tried to attract Latino nurses by advertising in *El Mundo* to promote our Nursing Career Expos
- This past spring, we hosted 18 Latino and Hispanic nursing students as part of the National Youth Leadership Forum
- Most of our Spanish-speaking patients are seen by speech-language pathologists in our Chelsea Health Center. To better meet the needs of this population, the administrative assistant in Chelsea speaks Spanish, and all bulletin boards post key information in Spanish as well as English. Every effort is made to ensure that Spanish-speaking patients are seen by a Spanish-speaking clinician, and many members of the staff have taken classes in Spanish to facilitate their ability to communicate with patients and families.
- In Physical and Occupational Therapy, seven staff members are fluent in Spanish
- Many units have identified the need for bi- or multi-lingual staff and have sponsored unit-based language classes to help educate clinicians

We are doing many positive things; we are continuing to learn and educate others; and our commitment to diversity remains a top priority. But we can do more. Dr. Torres, our gifted Latino community, and all caregivers committed to ensuring the highest quality care for our patients demand we do more. Let's challenge ourselves to find new ways to make our Latino patients, families, and staff feel welcome, to make *all* patients, families, and staff feel welcome.

We are committed to making MGH an accessible, patient- and family-centered hospital. We can do more. We will do more.

Enhancing communication for deaf and hard-of-hearing patients

Medical Interpreter Services recently enhanced its services for deaf and hard-of-hearing patients and their families. These changes make it easier for providers to access the resources they need to care for deaf and hard-of-hearing patients and their family members.

Question: How can I be sure I'm communicating effectively with my deaf and hard-of-hearing patients?

Jeanette: Deaf, deaf-blind, and hard-of-hearing patients have different ways of communicating. It's important for you to know each of your patient's preferred method of communication. Patients may communicate in American Sign Language, Signed English, or in the case of deaf-blind patients, tactile or close-vision interpreting. Some patients may need CART (Communication Access Real-time Translation), the instant translation of spoken words into text using a stenotype machine, notebook computer and realtime software). Sometimes it is a family member who needs an interpreter, rather than the patient.

Question: How do I request these services for my patients?

Jeanette: All requests are made through the Medical Interpreters Office.

- During office hours (Monday–Friday from 7:00am–12:00am; weekends from 10:00am–10:00pm) call 617-726-6966
- Download a request form from: www.massgeneral.org/interpreters

(no spaces), and fax it to: 617-726-3253. Try to make your request as far in advance as possible.

- After hours and on holidays, page the language coordinator at 617-724-5700, pager #3-0009

Question: Can I request an interpreter for a parent or family member even if the patient is not deaf or hard of hearing?

Jeanette: Absolutely.

Question: Do we have staff interpreters at MGH who provide services for deaf and hard-of-hearing patients?

Jeanette: In November, the MGH Medical Interpreters Office will add a medical interpreter for the deaf and hard of hearing, and we will continue to contract these services through the Massachusetts Commission for the Deaf and Hard of Hearing.

Question: How can I call or receive calls from my deaf and hard-of-hearing patients?

Jeanette: If your patient has a TTY phone, you can use a relay operator to contact him or her. Dial 711 to reach the relay operator (from inside the hospital dial 9-711). Patients can call you the same way. The relay operator will read/

type what you and your patient say to each other.

Question: How can I help a deaf or hard-of-hearing inpatient keep in touch with family and friends?

Jeanette: Offer your patient a TTY machine for his/her room. TTY machines are available for patients at their bedside to make and receive calls. They can be requested from Materials Management by calling 6-9144 at any time.

Question: How can deaf or hard-of-hearing patients request interpreter services?

Jeanette: The Medical Interpreters Office will soon have a working TTY number so patients can directly request services or help with hospital needs. That number will be 617-724-0354.

Question: How can deaf or hard-of-hearing outpatients or visitors make calls?

A: There are TTY pay phones near the main entrances of the hospital.

Question: How can I learn more about these services?

Jeanette: The Medical Interpreters website has information about these services at: www.massgeneral.org/interpreters (no spaces, no hyphens).

POE: unscheduled downtime

Question: What happens if Provider Order Entry (POE) is unavailable for any reason?

Jeanette: If for any reason POE became unavailable, providers would not be able to write new orders, change or discontinue existing orders, or enter discharge documentation using POE. On the rare occasions that this might happen, there is a backup system in place to ensure uninterrupted processing of medical orders. Staff would access existing orders from the POE failsafe computer on their unit.

Question: What should you do if POE is down on all computers?

Jeanette: Inform the Help Desk by calling 6-5085.

Question: Who decides when to go to a paper-order system?

Jeanette: In the event of prolonged POE downtime, the decision to go to a paper-order system is made by the chief nurse, chief medical officer, or administrator-on-call. Refer to the POE Unscheduled Downtime Manual available on your unit for the policy statement and instructions.

The POE Unscheduled Downtime Manual contains everything you need to know when converting to a paper-order system (including

forms, doctor's order sheets, etc.)

Look for the failsafe computer on your unit (it's the one with the bright blue sticker on it). The sticker contains instructions about the use of the failsafe computer, which is plugged into an emergency power source and attached to a local printer. The failsafe computer receives and stores a complete record of all active orders for every patient on inpatient care units. Orders are stored on the computer's hard drive, and the computer is updated every six minutes.

The failsafe computer allows you to access and print all orders that were written before the system went down. It will *not* allow you to write orders. Critical or urgent patient situations may require orders to be written on paper. This decision can be made by staff caring for the patient and may occur before the hospital-wide decision is announced.

Question: What happens when POE becomes available again?

Jeanette: When POE becomes available again, follow the instructions in the "Recovery" section of the POE Unscheduled Downtime Manual.

CRP Celebration dinner

continued from front cover

Ellin Smith, RN, in the role of coach. The Professional Development Committee identified the Dreyfus Model of Skill Acquisition as the foundation for the PCS Clinical Recognition Program, incorporating the work of Dr. Patricia Benner. Clinical narratives provided the structure and process for articulating the highly skilled practice of clinicians.

In 2001, after the Professional Development Committee completed its work, the first Clinical Recognition Steering Committee was established to devise a plan for implementation, oversight, and evaluation of the program. The committee developed criteria

for the content of portfolios, the process for review, the plan for education, and the mechanisms for reward. At this time, a logo was designed symbolizing the caring practice, professional pride, and commitment to collaboration in the care of patients and families at MGH.

In May of 2002, the first Review Board was established and clinicians began submitting portfolios for review. Keynote speaker for the event, Ives Erickson reflected on the development and evolution of this program in a presentation she called, "A Tale of Olympic Proportions." Using the virtues of the 12 Olympic gods and

goddesses who dwelt on Mount Olympus, she described the importance of all the many facets of mentoring.

Acknowledging the importance of clinical work, Ives Erickson called the names of each of the 72 advanced clinicians. She acknowledged their acquisition of in-depth knowledge related to the care of a particular patient population and their appreciation for the many factors that influence care. Advanced clinicians consider not just the possibilities (what could happen), but the probabilities (what is most likely to happen) given the prevailing clinical and organizational factors. Instinctively, advanced clinicians use information to continually tailor the care they provide to ensure the

best possible outcomes for their patients. Advanced clinicians value the contributions of peers and colleagues in other disciplines and routinely consult with, and serve as resources to, others.

Calling the names of the 30 clinical scholars, Ives Erickson characterized clinical-scholar practice as demonstrating 'exquisite foresight' in planning patient care. Clinical scholars are experts in their areas of specialization and are adept at negotiating conflict and collaborating with others. These clinicians are reflective by nature and readily integrate new perspectives and knowledge into their practice. Clinical scholars respond intuitively to patient needs and comfortably engage in clinically sound risk-taking.

They welcome new perspectives and seek out opportunities to share knowledge and insights with colleagues. Skilled at creative problem-solving and working with others, they routinely lead efforts to strengthen the many organizational systems that support patient care.

Ives Erickson congratulated all 102 clinicians and noted their achievement as a significant professional milestone. Said Ives Erickson, "Through the Clinical Recognition Program, your intellect, commitment and perseverance have been supported by your preceptors, faculty, and clinical leadership. This extraordinary teamwork has allowed you to expand your knowledge and skill to a new

continued on next page



CRP Celebration

continued from page 4

level of professional competence, and I thank you for your excellent work.”

Ives Erickson went on to thank Trish Gibbons, RN, associate chief nurse, and Carmen Vega-Barachowitz, SLP, director of Speech-Language Pathology, for their invaluable leadership in shepherding the Clinical Recognition Program since its inception; and Mary Ellin Smith, RN, professional development coordinator, for her ‘behind-the-scenes’ work and dedication to this initiative. Said Ives Erickson, “Thank-you for making this program the great success that it is.”



A slide show of impromptu shots taken during the evening was shown after dinner



(Photos by Paul Battista)

Clinicians recognized at Clinical Recognition Program celebration dinner

Advanced Clinicians Nursing

Theresa Adjan Vallen
Nancy Aguilar
Gail Alexander
Angela Altobelli
Elizabeth Andrews
Lori Appleman
Patricia Atkins
Kevin Babcock
Susan Bardzik
Sarah Buck
Diane Carter
Julianne Casieri
Debra Christofi
Cheryl Codner
Kristine Cote
Anne Coutinho
Erin Cox
Kathryn DeGenova
Eleanora DiTocco
Marie Doucet
Barbara Drowne
Ann Eastman
Susan Gage
Kristen Gallagher
Nicola Gribbin
Debra Guthrie
Jane Harker
Dean Haspela
Elizabeth Kelley

Karen Kelly
Deanna Kovalski
Barbara Levin
Cheryl Lippi
Kathleen Reilly Lopez
Ines Luciani-McGillivray
Patricia Lynch
Thomas Lynch
Regis MacDonald
Anne MacMillan
Fareeda Mahmoud
Gloria Moran
Theresa Morris
Annette Mullen
Sandra Muse
Esther O'Dette
Sandra Palladino-White
Wanda Ponte
Pamela Quinn
Ruthann Rockwell-Looper
Kristine Roy
Brenda Schwartz
Margaret Soriano
Michael Spiro
Clare Swan
Diane Thibault
Kathleen Tiberii
Donna Van Kleeck
Elizabeth Viano
Catherine Weaver
Denise Young

Clinical Scholars Nursing

Deborah Bobola
Sharon Brackett
Jane Bryant
Anita Carew
Chelby Cierpial
Diana Grobman
Sandra Hession
Elizabeth Johnson
Germaine Lambers
Julie-Ann MacGrath
Karen MacCormack
Dawn McLaughlin
Sally Morton
Paula Nelson
Harriet Nugent
Michelle O'Leary
Patricia Owens
Elena Pittel
Bernadette Reilly-Smorawski
Lois Richards
Donna Slicis
Jennifer Sweet
Debra Whitaker
Cuartor Wynne

Advanced Clinicians Occupational Therapy

Cara Ventresca

Physical Therapy

Cheryl Brunelle
Amea Seitz

Respiratory Therapy

Danielle Doucette
Steve Mason
Kevin Strong

Speech-Language Pathology

Audrey Cohen
Suzanne Danforth

Social Work

Berney Graham
Donna Miller
Alice Rotfort
Marilyn Wise

Clinical Scholars

Respiratory Therapy

Neila Altobelli
Patricia English
Robert Goulet

Social Work

Marie Elena Gioiella
Sandy McLaughlin
Carol McShaffrey

Diary of a novice humanitarian

—by Grace M Deveney, RN

On Friday, April 2, 2004, Grace Deveney, RN, staff nurse on Bigelow 11, and Katie Fallon, RN, staff nurse on Phillips House 20, became the first MGH nurses to receive the Thomas S. Durant, MD, Fellowship in Refugee Medicine. Within the last month, both nurses have departed for the Darfur region of Sudan, an area where more than 200,000 refugees are struggling for survival in one of the world's worst humanitarian crises. Below is Deveney's first correspondence since her departure.

After a great week of indoctrination in Dublin with an impromptu venture into Belfast with my Concern Worldwide colleagues, I sat in an airplane awaiting the real start to my adventure, the journey to Khartoum and eventually, Darfur. As the plane started its engines, I was proud of myself thinking how well I was doing on my own. I found my way around, made some new friends, and wasn't as homesick as I had expected to be. Granted, I had managed to talk to at least one family member each day, but really, I was making a go of it.

At the airport in Dublin, I noticed a young woman, about 20 years old, wearing traditional Sudanese dress, or at least I assumed it was traditional Sudanese dress. She seemed lost, for lack of a better word. And I thought how difficult it must be to come to the UK, or any part of the Western world, from a place like Sudan. Eventually, I boarded the plane and this young woman took the seat next to me. Our journey proceeded without much conversation since her English

was about as good as my Arabic, i.e., non-existent.

When the plane stopped in Amman to refuel, about three-fourths of the people disembarked and no one boarded. The cabin crew changed from primarily British to primarily Arab. When I looked around the semi-deserted cabin, I realized I was one of only two white people on the plane. It struck me as ironic that in the space of a few hours and without even leaving my seat, this Sudanese woman and I had changed places. Suddenly I was the minority—the one who seemed out of place. When the plane landed, the young woman smiled at me. I felt as if her smile reflected everything I had thought about her at the outset of our journey; and my nervous smile in return, everything she had thought about me.

As I stepped down the stairs and onto the tarmac I was blasted with an extraordinary heat. I got on a bus to the terminal and sat across from a very tall, young, back man. He smiled and I smiled back. The airport terminal was a moderately sized building

with signage in Arabic and English. My instructions from Concern Worldwide were to get a Non-Sudanese customs form and fill it out before going through customs. As I looked around the terminal, it reminded me of an unfinished basement, complete with fluorescent lighting. When I finished my form, I took a place in line. When it was my turn, I handed my passport to a very serious guard behind a Plexiglass partition. He ignored my passport at first to yell out an order to a guard standing nearby. There seemed to be an issue with the family in front of me; the father wasn't being allowed to pass.

The guard turned to me. Oh, God, I thought. He turned the pages of my passport slowly (really slowly), then looked at me. "Hoz arrh yd ding?" he said.

I thought for a moment. "Fine, thank-you. How are you doing?" I said.

"Fise, fise." He stamped my passport and handed it back to me. We exchanged smiles. That was good, I thought.

I retrieved my luggage, two enormous bags,

and made my way to the baggage search area. Apparently, each bag had to be searched and 'stickered' before I could leave the airport.

Did I mention it was hot? I mean, really hot! The heat and my heavy bags made it very difficult to walk. A guard in the baggage-check area had been watching my odd progress across the airport (by this time I was practically the only person left in the place) and although I smiled, he didn't. Oh, God, I thought, he's going to arrest me.

"Hi," I said.

He nodded and indicated that I should unzip my bag. He began rummaging through my things unenthusiastically then looked up and asked, "Arrz yd a gud girlz?"

Caught off guard, I quickly answered, "Yes, I'm a very good girl."

Silence.

Then we both started laughing and our English-Arabic laughter bounced off the stark walls of the Khartoum Airport. He applied the necessary

stickers and waved me through.

Did I mention it was hot?

As I hoisted one of my bags over my shoulder, barely able to lift it, I heard a man's voice nearby. "No, no. Yd pet heir."

"No that's okay," I said. "I'm fine, really." I turned and saw the owner of the voice. It was actually two men with a cart, one pulling, the other walking alongside. The one walking had a limp and was wearing a maroon-colored, Hawaiian print shirt. He indicated to the other man that he should add my bags to the cart. And although I continued to protest, I was only too glad to let him take my bags and didn't much care if I ever got them back.

Finally he said. "Itz hoet."

I nodded enthusiastically. "Yes, very hot."

We chatted on the way out of the terminal. I told him it was my first

continued on page 14



Grace Deveney, RN,
Thomas S. Durant fellow

Farewell breakfast on Phillips House 20

It's hard to believe it was only six short months ago when Katie Fallon, RN, and Grace Deveney, RN, were named Thomas S. Durant fellows in Re-

fugee Medicine. Both have now been deployed to the Darfur region of Sudan where they will provide nursing care as part of a humanitarian effort coordinated by Concern Worldwide.

On Friday, September 23, 2004, a farewell breakfast and Durant fellowship fund-raising event was held on Phillips 20 to honor Fallon and give friends and co-workers a chance to say good-bye.

Staff of Phillips 20 wore specially designed, long-sleeved, red T-shirts imprinted with the words "Friends of Katie" arched over a peace sign. Red is Fallon's favorite color. Staff will wear the shirts every Thursday until Fallon's safe return.

Similarly, on Bigelow 11, Grace Deveney's co-workers are wearing orange bracelets signifying their support and

concern for their colleague as she fulfills her humanitarian fellowship and long-time dream.

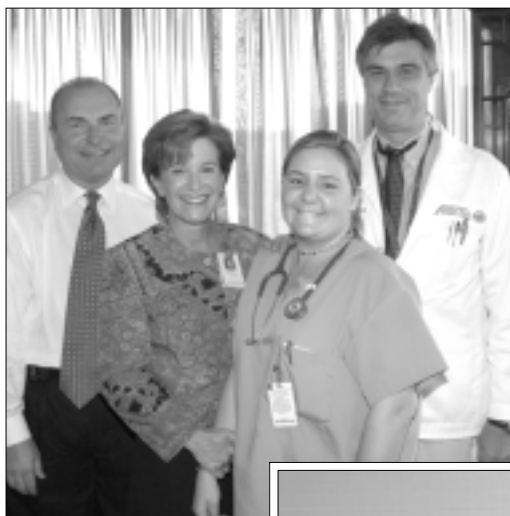
Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "We are so proud of Katie and Grace as they bring MGH nursing to parts of the world where

it is needed most. You will be in our hearts and minds as you perform this important work."

For more information about the Thomas S. Durant, MD, Fellowship in Refugee Medicine, visit: www.durantfellowship.org (no spaces, no hyphens).



Kate Fallon, RN,
Thomas S. Durant fellow



Above: Fallon with (l-r): Phillips House 20 nurse manager, Keith Perleberg, RN; senior vice president for Patient Care, Jeanette Ives Erickson, RN; and coordinator of the Durant fellowship, Larry Ronan, MD.

At right: Fallon with her sister, Jeanmarie Fallon, RN (front left) and fellow Phillips 20 staff members wearing their red 'Friends of Katie' T-shirts.



Nurse reflects on how personal life experience enriches professional practice

My name is Jennifer O'Neill, and I am a staff nurse on the White 12 Neuro-Medical Neuro-Surgical Unit. Reflecting back on my practice this past year was not an easy task for me. At first, returning home from a year of living and working abroad, I was excited to delve back into nursing as I knew it on the ever-challenging White 12. However, nearly immediately after my return, I was faced with the biggest challenge of my life—discovering that my father had a terminal illness. The shock was overwhelming, but I was determined to rise above it and deal with it the best way I could. It was very important to me as a nurse not to let my personal life interfere with my professional life.

As a nurse on a challenging and demanding unit, you can sometimes find yourself detached from certain situations. This detachment is a defense mechanism that allows us to survive the tough days and still return for more. We all have days in which we carry out excellent, safe nursing care but don't really connect with a patient or family. Then we have days in which we feel we've made a significant connection with a patient or family member that will impact their lives. One of my

goals as a nurse is to strive for the latter. But this past year, I wasn't always able to reach that goal because I felt I needed a layer of protection between my personal and professional lives.

One patient in particular helped me to break through that layer of protection and allowed me to be the kind of nurse I strive to be. That patient was Mr. R.

Mr. R was re-admitted to White 12 with complications due to a terminal brain tumor. He was a tall, young man with an air of loneliness to him. The illness had greatly impaired his cognition. It was difficult to determine his level of understanding as he was also expressively aphasic. But I will always remember his smile. It rose from cheek to cheek, brought a sparkle to his eye, and lit up his face. It seemed like the only way to reach him—making that smile grow wider and wider.

I took care of Mr. R one day as an efficient and thorough nurse, but I didn't make a real connection with him. When I returned to care for him the following day, I felt determined to make that connection. I never want to be the kind of nurse who just does the minimum amount of work to get by. Thinking about Mr. R's diagnosis, my goals for him were to

maintain his dignity and quality of life and allow him to carry out certain activities of daily living with my help.

On this day, I assisted the physical therapist in ambulating Mr. R down the hallway, IV, feeding pump, ventriculostomy, and all. Prior to this time, Mr. R had been confined to bed with very little social interaction. No one believed it when they saw him using a walker and walking to the nurses' station with just minimal assistance. I could see his smile grow wider, which brought a smile to my face, too. I invited him to sit at the nurses' station so he could interact with people or simply observe the goings-on. The number of people who approached with matching smiles was amazing. I felt that we as a staff were able to maintain some quality of life for this severely medically challenged young man.

My determination grew stronger the next day as we walked again to the nurses' station. Mr. R had been cleared to eat (by mouth) for the first time in a long time. That day, I helped Mr. R eat his lunch. He ate everything on his tray with great gusto and satisfaction. Eating lunch is something we take for granted most of the time. But this day, I felt fulfilled as a nurse that I was

able to bring about this level of satisfaction in Mr. R.

My third day with Mr. R was even more special. His 83-year-old father came in for a visit. Because Mr. R was unable to say more than a few words, his father asked me a lot of questions. I felt proud to update him on some of Mr. R's recent accomplishments. I wanted Mr. R's father to know that with his diagnosis, he might not continue to make such progress, but he could still derive enjoyment from his daily activities. I informed his father that it was now safe for Mr. R to eat with some assistance. I left the room so they could renew that special connection between father and son. I listened outside the door for a moment as the elder Mr. R talked to his son about the Red Sox and the array of food on his lunch tray.

I know that no matter how hard you try to prevent it, your professional life will always be affected by your own life experiences. That's what

makes us the people we are. Nurses are taught to always maintain a person's quality of life. I believe that in doing that, we also enrich our own. This and other experiences have shown me we can never give up on the human connection.

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

Clinicians have countless interventions at their disposal in caring for patients, but often the most powerful intervention is the therapeutic use of self. Caring for Mr. R could have been an immobilizing challenge for Jennifer given her own father's recent diagnosis. But she made a conscious decision to rise above her own pain, step out from behind her 'layer of protection,' and give Mr. R the best nursing care she could. Jennifer made a real connection with Mr. R and his father, and everyone involved gained from the experience.

Thank-you, Jennifer.



Jennifer O'Neill
staff nurse, White 12

Janet Ballantine Oncology Volunteer Award

—by Julie Goldman, RN, professional development coordinator

On October 7, 2004, in the Haber Conference Room, the second annual Janet Ballantine Oncology Volunteer Award was presented to Lynn Duff, who volunteers on the Blake 2 Infusion Unit.

The award was established by Janet's husband, Daniel (who works at MGH), and family members in 2003 to honor Janet's memory. The Ballantine family recognized the important role MGH staff, and especially volunteers, played during Janet's illness and

hospitalization at MGH. The award recognizes the contributions of volunteers who consistently demonstrate caring, compassion, and a commitment to the volunteer role.

Duff was nominated by her colleagues in the Blake 2 Infusion Unit who wrote, "Lynn is respectful of patients' needs and has developed a sixth sense about tending to those needs without infringing on their privacy. She is quietly at the patient's side remembering important little things about them over

the course of their treatment. She remembers the little things that mean the world to them."

Pat Rowell, director of Volunteer Services, knows Duff as, "a caring and dedicated person, whose presence brightens the days of our cancer patients and other patients being discharged from the hospital. Every day, volunteers make an amazing difference in the lives of our patients, families, and staff. They choose to volunteer for a variety of reasons—some reasons are known to us while

others are known only to them. Wherever you find our volunteers, you can be sure that the patient's experience is softened and time is passing a bit more quickly as patients and volunteers connect."

Ten years ago, Duff was diagnosed and treated for cancer. Said Duff, "I know my experience would have been easier if I had had someone there to hold my hand; if I'd had someone who'd been through it before me to say, 'It's going to be all right.' After completing her treatment, Duff wanted to make some life changes and volunteering was at the top of her list. Says Duff, "I know I found what I was looking for in the

Blake 2 Infusion Unit at MGH."

All MGH volunteers who support oncology patients are eligible for the Janet Ballantine Oncology Volunteer Award. Candidates can be nominated by a patient, family member, employee, manager, physician, or volunteer.

Others nominated this year were Charles McCarthy and Lynn Cetrulo.

For more information about the Janet Ballantine Oncology Volunteer Award, contact Julie Goldman, RN, in The Center for Clinical & Professional Development at 724-2295.



At left: At second annual Janet Ballantine Oncology Volunteer Award ceremony, award recipient, Lynn Duff (fourth from right) is pictured with (l-r): Julie Goldman, RN, award coordinator; Daniel Ballantine; Pat Rowell, director, Volunteer Services; Dan Ballantine; Karen Ballantine; Mathew Ballantine; and Jeanette Ives Erickson, RN, senior vice president for Patient Care

Greene recognized for outstanding care to patient and family

Recently, a special recognition ceremony and fund-raiser was held at the Oakley Country Club in Belmont to celebrate the life of former MGH patient, Gregory Hintlian, and to raise money in his memory to carry on the legacy of care he received while he was here.

Case manager, Ron Greene, RN, who was involved with Hintlian's care, was a special invited guest. Says Greene, "I got to know Mr. Hintlian and his family very well during his stay at MGH. I attended his funeral and have stayed



Ron Greene, RN
case manager

in touch with the family over the past year."

At the fund-raiser, Mrs. Hintlian spoke of Greene as, "an outstanding caregiver who truly worked with the family. Without Ronnie, we

would have been lost. He gave us hope and the chance to have Greg home with us for more than a year. Ronnie, thank-you for being who you are."

The money raised was donated to the MGH Emergency Department to purchase equipment for critically ill patients. Alistaire Conn, MD, accepted on behalf of the hospital.

Says Greene, "Being a case manager has given me the opportunity to do what I truly love, which is to help, advocate for, and be that 'voice in the night' for my patients."

The Patient Education Committee
presents:

Healthy Behaviors: Coaching your Patient to Success

Featuring keynote speaker,
James Prochaska, PhD, author of *Changing
for Good* and *The Transtheoretical Approach*

Professionals in the fields of
addiction, decision-making, weight-control,
smoking-cessation, and exercise will
report on their experiences

Come learn how people make
decisions to change

**November 5, 2004
8:00am-4:30pm
O'Keefe Auditorium**

7.5 Contact Hours

Pre-registration is required.

For more information, call the Center
for Clinical & Professional Development
at 726-3111

Oncology Nursing Career Development Award

On September 30, 2004, Laura Ryan, RN, resource nurse in the Bigelow 12 Infusion Unit, became the 19th recipient of the Oncology Nursing Career Development Award. The award, funded by the Friends of the MGH Cancer Center, recognizes a professional staff nurse for meritorious practice and provides financial assistance to attend a continuing education program. Ryan was nominated by a Bigelow 12 nurse whom she had precepted. In a letter of support, clinical nurse specialist, Susan Finn, RN, wrote, "We are fortunate to be witness to Laura's unconditional acceptance of patients and staff. She approaches each patient with an understanding of the difficulties of their illness. She makes each staff member, patient, and visitor feel as if she has known and cared for them forever in the most genuine way."

Ryan was presented with the award and a commemorative plaque at a special luncheon for family, friends, and colleagues. The plaque will hang in the lobby of the Cancer Center on Cox 1.

Other nominees included: Patricia McMannus, RN, of the NE Proton Center; Michelle Knowles, RN, of Ellison 14 (when she was nominated); and Andrea Hansen, RN, of Phillips 21.



Award recipient, Laura Ryan, RN (right), with (l-r): Joan Gallagher, RN, chair of the Cancer Nursing Committee; Judy Feingold, president of the Friends of the MGH Cancer Center; and Jackie Somerville, RN, associate chief nurse.

(Photo provided by Oncology Nursing Committee)

New and improved Anticoagulation Management Services

—by Lynn Oertel, RN, clinical nurse specialist

The old ATU, commonly known as the 'Coumadin Clinic,' no longer exists.

The new name, Anticoagulation Management Services (AMS), reflects the expansion of the unit toward a full-service disease-management program and the collaborative relationships it's building with the MGH community.

Anticoagulation Management Services continues to be a comprehensive program for the monitoring, management, and education of more than 3,300 patients who

have complex medical and post-surgical problems requiring anticoagulant therapy. Diagnoses include venous thromboembolism, stroke, atrial fibrillation, cardiac, oncological conditions, and hematologic coagulopathies. Patients are referred to the AMS maintenance program from outpatient and inpatient settings.

A major hospital initiative to improve the quality of care for anticoagulant patients has led to the implementation of new pathways to bridge the gap between hospital discharge and

outpatient-maintenance programs. In the past few months, you may have seen nurses from Anticoagulation Management Services on inpatient units. AMS nurses partner with staff nurses, physicians, case managers, pharmacists, and interpreters to provide safe, high-quality care through the coordination of seamless transitions. And AMS nurses provide daily monitoring, assessment, and dosing for patients at home in collaboration with home-care agencies.

Working to provide integrated services, AMS

workflow processes have been redesigned and the unit is actively working with Information Systems to create a state-of-the-art information system to support the new practice. To recognize the extraordinary efforts of staff, a celebration breakfast was held as part of the MGH Summer Fun Program. Says Dr. Hughes, AMS medical director, "I'm thrilled with the accomplishments staff has achieved. Their diligent efforts have exceeded expectations for clinical performance."

To formally recognize their efforts, AMS leadership presented staff with a plaque, which reads, in part: "In recognition of outstanding performance in the de-

sign of a new way of working, exploration and discovery, the innovation and adventure, the hard questions, and the brilliant ideas."

For a consultation, or to make a referral to AMS, call pager #3-0103 or search 'Anticoag' in the Partner's Telephone Directory. AMS nurses are available seven days a week from 8:00am – 4:30pm. AMS referral forms and more information can be found on-line at: <http://ccmu.massgeneral.org/pathways> (no spaces, no hyphens). From the Pathways Menu, click on Anticoagulation Management Services. The AMS home page contains direct links to many resources related to their clinical services.



Staff and leadership of AMS are (seated, l-r): Wally Moulaison, Palmie Riposa, Annette Levitt, and Robert Hughes. Standing (l-r): Lynn Oertel, Mary Dugan, Barbara Mahoney, Irina Seliverstov, Jennifer Chase, Corin Murphy, Ann Quealy, Sheila Bly. Not pictured: Elaine Hylek and Meghan Caprio.

Red-card account-number change goes live November 1st

As part of the Patient Administrative Cycle Enhancement (PACE) project, beginning November 1, 2004, staff processing red cards will notice an account number on the bottom of the card. This new number, preceded by the abbreviation, "ACCT NO," is for administrative purposes only in order to be able to link related services. It does *not* replace the patient's medical record number.

Says Bessie Manley, RN, nurse manager in the Pre-Admission Testing Area, "An account number on the red card makes it easier to track patient visits in the system. This change does not impact our current processes. Red cards are valid for one visit only and should be appropriately disposed of when the patient is discharged."

Some frequently asked questions

Question: What is the purpose of PACE?

Answer: The goal of PACE is to improve patients' administrative experience through enhanced processes and technology.

Question: What is the new account number used for?

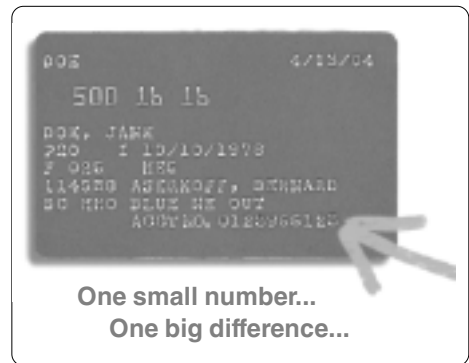
Answer: All charges for a specific date of service and/or admission will be associated with the same account number.

Question: Where will I see the account number?

Answer: The account number will appear on the bottom of the red card and will be captured on requisitions and documents stamped with the red card. Remember, the account number is different from and does *not* replace a patient's medical record number.

Question: What will change with the implementation of account numbers on the red card?

Answer: You will need to ensure that requisitions and documents stamped with the red card capture the account number. Discard the red card upon discharge. Red cards can no longer be reused.



Question: When will I see the Account Number on the red card?

Answer: Account number implementation will

start November 1, 2004.

For more information, contact: paceproject@partners.org (no spaces, no hyphens).

MGH celebrates Respiratory Care Week

Lung Health for Life

Please join Respiratory Care Services in celebrating Respiratory Care Week. Good lung health is a personal choice we hope everyone will make. For respiratory therapists, good lung health is a career choice.

The week of October 24–30, 2004

This week-long celebration, sponsored by the American Association for Respiratory Care (AARC), has been observed for more than 20 years. Now, the Wednesday of Respiratory Care Week (October 27, 2004) has been designated Lung Health Day in order to bring lung-health awareness to the public.

On Lung Health Day, members of the MGH Respiratory Care Department will staff a booth in the Main Corridor. A variety of respiratory-care equipment, old and new, will be on display, and respiratory therapists will provide lung-function screening. Come by and have your lung function tested!

At MGH, we are fortunate to have a team of talented and dedicated respiratory therapists. Respiratory Care Week might be a good time to thank the respiratory therapist on your unit for helping our patients breathe easier.

For more information, call 4-4493.

Celebrating Ramadan

In the spirit of unity and friendship, the PCS Diversity Committee, the MGH Chaplaincy, and Muslim staff invite you to Iftar, the breaking of fast during the Holy month of Ramadan. All Muslim patients, family members, staff, and friends are welcome.

Wednesday, October 27, 2004

5:15–7:30pm

Wellman Conference Room

For more information, contact Firdosh Pathan at 6-2503, or Lulu Sanchez at 4-0989

The 10th annual Current Trends in Autism Conference

Hear the most up-to-date, scientifically sound information in the field of autism and pervasive developmental disorders. This information is relevant to parents and professionals concerned about children, adolescents, and adults whose diagnosis falls along the autism spectrum

October 29–31, 2004

**Sheraton Ferncroft Resort
Danvers, MA**

For more information or on-line registration go to: www.ladders.org/current.php or call: (617)414-7012

Changes to the JCAHO on-site accreditation survey process

We all understand what it means when we hear the phrase, "Jay-Co is coming." On January 1, 2004, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) site visit became a whole new ball game. This year, JCAHO introduced several key changes designed to dramatically shift the focus of accreditation.

First, on-site surveys will no longer be announced or pre-scheduled; we will not receive advance notification that, "Jay-Co is coming." The next visit to MGH will occur some time in 2006.

Second, over the past several years, there has been a fundamental shift in the JCAHO evaluation process: the emphasis has moved from examining policies, procedures, and paperwork, to a more intensive review of actual care delivery. Surveyors will now focus on gaining a better understanding of actual practice—how we work and the processes and systems we have in place to support that work.

JCAHO surveyors now use a 'tracer methodology,' following the hospital ex-

perience of a current patient throughout the various disciplines involved in his/her care. This approach provides JCAHO with a means of examining the processes and systems a hospital has in place to support patient care. Surveyors will spend less time hearing formal presentations by MGH managers, and more time observing and talking to front-line staff—the individuals actually delivering and supporting patient care.

How does the tracer methodology actually work? Essentially, the survey begins off-site, as JCAHO reviews the hospital's self-assessment of how JCAHO standards are met, along with other hospital-specific information (such as the types of cases seen most frequently and quality information posted on national websites). This will guide the surveyors' on-site evaluation. They will review patient census, select several open charts (most likely the richer, more complex cases), which will determine what systems and services they subsequently explore. The actual agenda will be flexible.

The tracing process could take surveyors to the Emergency Department, where they may examine how blood work is handled, sent to the lab, and communicated back to the clinical decision-maker. Surveyors

may visit Radiology to review how studies are ordered, conducted, interpreted, and reported. If the patient they are following goes to the OR, so too will surveyors to examine systems in place to ensure that the correct procedure is performed on the correct patient at the correct site. Surveyors could go to the PACU, the labs, patient-care units, examining systems for obtaining consults with Cardiology, Pharmacy, Interpreter Services, or Dietary. Anything connected to, or potentially connected to, patient care will be subject to examination by surveyors, including interviews with patients themselves.

Anyone surveyors encounter who is involved in the delivery of care may be asked to discuss his/her practice. The goal of surveyors is to learn all they can about *how* work is performed, and they do that by going directly to the source—the people doing the work.

MGH can expect its next on-site JCAHO survey some time in 2006. You will hear more about the new JCAHO review approach and how it will involve you and your colleagues.

This is a new column in Caring Headlines. Because quality and safety are such a vital focus of our daily work, Caring Headlines will carry a regular column offering insight into patient-safety issues, trends, research, and stories in the news. Please read and share this information with your colleagues, and feel free to suggest ideas for future topics. For more information about this column, contact Georgia Peirce at 4-9865.

Published by:

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

Publisher

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

Managing Editor

Susan Sabia

Editorial Advisory Board

Chaplaincy
Reverend Priscilla Denham

Development & Public Affairs Liaison
Victoria Brady

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

Materials Management
Edward Raeke

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

Office of Patient Advocacy
Sally Millar, RN, MBA

Orthotics & Prosthetics
Mark Tlumacki

Patient Care Services, Diversity
Deborah Washington, RN, MSN

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

Police & Security
Joe Crowley

Reading Language Disorders
Carolyn Horn, MEd

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

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

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

Distribution

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

Submission of Articles

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

Articles/ideas should be submitted in writing by fax: 617-726-8594 or e-mail: ssabia@partners.org. For more information, call: 617-724-1746.

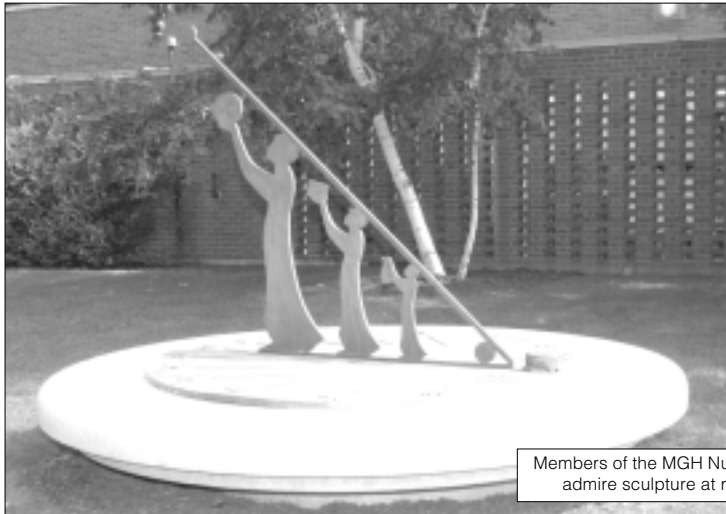
Next Publication Date:

November 18, 2004



Nursing sundial sculpture re-dedicated

On Friday, September 24, 2004, the nursing sundial sculpture was re-dedicated in its permanent location on the lawn of the Treadwell Library. The bronze sundial depicting the past, present, and future of nursing was a gift from the MGH Alumnae Association during this year's Nurse Week celebration. The sculpture was created by Nancy Schön, the internationally acclaimed artist best known for the "Make Way for Ducklings" statues in the Boston Public Gardens.



Members of the MGH Nursing Alumnae Association admire sculpture at re-dedication ceremony.



Diane Smith, RN, president of the MGH Nursing Alumnae Association (left) and Jeanette Ives Erickson, RN (right), with sculptress, Nancy Schön



Diary of a novice humanitarian

continued from page 6

time in Sudan, actually my first time in Africa. He asked what kind of work I would be doing, and for some reason I felt uncomfortable telling him. But there was no getting around it.

"I'm a humanitarian worker with Concern Worldwide. It's an Irish group."

"Yd Iresh?" he asked.

"No, I'm American." I'm going to Darfur."

Once we were outside, I looked for the Concern Worldwide driver. I walked along with the man with the limp, who asked if I had a ride. I said I thought I did. Several taxi drivers were

closing in when I heard one of them say, "Grece?"

"Grace?" I said.

"Yd arr Grece?"

"Yes, I'm Grace!" I said pointing to myself.

He held up a hat with a Concern Worldwide logo on the front. I could have kissed him. I thanked the man with the limp and the man with the cart, got my luggage, and happily followed my driver to his car.

As I jumped in the front seat of a non-descript, white, four-door car, the driver handed me an envelope with my name on it. It was a message from the Concern

Sudan office letting me know I could call when I was ready to come to the office the next day, and a driver would pick me up. Wonderful! I had connected with everyone I needed to connect with. The driver informed me it was only a short ride to the hotel. I settled in to enjoy the scenery but there were only dark, bumpy roads and a good many drivers who could have used a refresher course in Drivers Ed.

"Thz iz iot."

"Wonderful! This is great!" I said. We were in front of a rather dilapidated building in a row of dilapidated buildings. The driver struggled with my bags and was eventually joined in the effort by a member of the

hotel staff. They mumbled something to each other in Arabic, which I assumed was related to the ridiculous size of my bags.

My recollection of the hotel lobby is sketchy, though I was surprised to find it crowded with people, more specifically, men. Men with long, white robes and pillbox hats, some in pants and dress shirts, but no women. And I was pretty sure every pair of eyes was on me. So I didn't linger but moved straight to the reception desk. The man at the desk was pleasant, but cool. He assured me everything had been set up by the Concern Sudan office, and said I'd be staying in

room 515. He helped me with my bags. (thank God!) As we rode up in the elevator together he said, "Yor fist teme to Khartoum?"

"Yes, it's my first time in Africa." He became very animated and told me the history of the city as he let me into my room and put down my bags. I explained that I would have to tip him in the morning as I didn't have any money. He said not to worry. He went into the bathroom, checked that the water and lights worked, kissed me on both cheeks, and welcomed me to Africa. When he left, I closed the door behind him, fastened the chain, and sighed.

Welcome to Africa.

Educational Offerings

October 21, 2004

When/Where	Description	Contact Hours
October 29 12:00–3:30pm	Basic Respiratory Care Ellison 19 Conference Room (1919)	---
November 2 8:00am–12:00pm	BLS Certification–Heartsaver VBK 601	---
November 3, 4, 8, 12, 15, 19 7:30am–4:30pm	Greater Boston ICU Consortium CORE Program Days 1, 2, 3, 6 Wellman Conference Room. Days 4, 5, O’Keeffe Auditorium	44.8 for completing all six days
November 3 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Researching the Literature on Herbs and Dietary Supplements Founders 626	1.8
November 4 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
November 5 8:00am–4:00pm	Healthy Behaviors: Coaching Your Patient to Success O’Keeffe Auditorium	---
November 8, 12 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
November 8 7:00–11:am and 12:00–4:00pm	Congenital Heart Disease Burr 5 Conference Room	4.5
November 10 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
November 10 1:30–2:30pm	OA/PCA/USA Connections “Personal Safety: Services Offered by Police & Security.” Bigelow 4 Amphitheater	---
November 10 11:00am–12:00pm	Nursing Grand Rounds “Case Management.” Sweet Conference Room GRB 432	1.2
November 10 7:00am–12:00pm	CVVH Core Program Habber Conference Room	6.3
November 11 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
November 15 and 17 7:00am–4:30pm (both days)	Pediatric Advanced Life Support (PALS) Certification Program Wellman Conference Room (both days)	---
November 16 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
November 16 8:00am–4:00pm	Intermediate Respiratory Care Respiratory Care Conference Room, Ellison 401	TBA
November 17 1:30–2:30pm	USA Educational Series Bigelow 4 Amphitheater	---
November 18 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
November 18 1:30–2:30pm	Nursing Grand Rounds “Perioperative Nursing.” O’Keeffe Auditorium	1.2
November 18 8:00am–4:30pm	Preceptor Development Program Training Department, Charles River Plaza	7
November 22 8:00am–12:00pm	BLS Certification–Heartsaver VBK 601	---

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>.

IV Nursing Frequently asked questions

Question: What is a PICC?

Answer: PICC stands for Peripherally Inserted Central Catheter. It is a long catheter inserted into a vein in the upper arm that extends to a central location. A chest x-ray is performed after a PICC is inserted to confirm that the catheter has reached the desired location.

Question: Why is a PICC ordered?

Answer: PICCs are ordered for patients of all ages who require long-term IV therapies, including IV antibiotics, IV nutrition, or IV chemotherapy given in the hospital, at home, or in skilled nursing facilities.

Question: Should blood be drawn from a PICC?

Answer: It is not recommended that blood be drawn from a PICC. Potential complications such as infection and line occlusion are greatly increased, and there is a possibility of inaccurate lab results. An exception to this practice would be for a patient who has no other possible venous access. A clinical nursing procedure has been written for such a situation.

Question: Can a staff nurse discontinue a PICC?

Answer: Ideally, an IV nurse should discontinue PICCs to ensure continuity, but discontinuing a PICC does fall within a staff nurse's scope of practice.

*For more information, contact the
IV Nursing Office at 6-3631*

Nursing Diaries to air November 7th

Last spring videographer, Richard Kahn, and his camera 'shadowed' several MGH nurses as they cared for patients.

The goal was to capture an insider's view of nursing through the eyes of nurses themselves.

The result of that work is the one-hour premier of *Nursing Diaries*, set to air on the Discovery Health Channel, Sunday, November 7, 2004, at 10:00pm.

Kahn spent several months with nurses in the Cardiac Surgical, Neonatal, and Surgical ICUs to identify compelling and representative story lines. Over time, powerful stories emerged. The challenge was to convey through a visual medium the professional practice and critical thinking of nurses that fre-

quently remain unspoken.

This first episode will feature three story lines from MGH. In one, Lindsay Coull, RN, and Jen Connors, RN, manage a complex case in the Cardiac Surgical ICU. A second features Diana Grobman, RN, as she helps a family in crisis in the Neonatal ICU. The third story follows preceptor, Jenn Albert, RN, and new graduate, Meagan Plummer, RN, in the Surgical ICU as part of the New Graduate Critical Care Nurse Program.

Two additional one-hour segments were taped at New York Presbyterian Children's Hospital and NY Presbyterian.

Tune in November 7th and see your MGH colleagues at work.

Caring

HEADLINES

Send returns only to Bigelow 10
Nursing Office, MGH
55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston MA