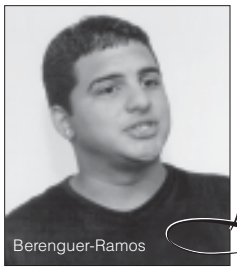
October 20, 2005

Caring HEADLINES

MGH celebrates Latino Heritage Month


Berenguer-Ramos

Like other businesses and communities across the country, MGH celebrated Latino Heritage Month from September 15 (the anniversary of independence for Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua) through October 13, 2005. A number of events and activities marked the occasion, be ginning with an educational session in O'Keeffe Auditorium, Friday, September 16th, with presentations by cancer survivor and Spanish-speaking Boston Red Sox announcer, Uri Berenguer-Ramos, and assistant professor, Marcela Del Carmen, MD. Other receptions and celebrations featured art exhibits by Hispanic employees, salsa dancing lessons, Latino food, and a sharing of the rich Latino culture and traditions.


Del Carmen

Inside:

MGH Patient Care Services

Working together to shape the future

The NICHE Program: improving the care of hospitalized elders

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

As many of you may recall, the NICHE Program is a multi-disciplinary initiative aimed at improving the care of hospitalized elders. Developed by The John A. Hartford Foundation Institute for Geriatric Nursing at New York University, NICHE strives to cultivate a new way of thinking in healthcare organizations to ensure high-quality, patient-centered care for all patients, 65 years old and older.

For the past two years, the NICHE Core Team, a multi-disciplinary team of clinicians, has been working to implement the NICHE Program here at MGH. Led by associate chief nurses, Debra Burke, RN, and Theresa Gallivan, RN, and staff specialist, Mary Ellen Heike, RN, the group began by developing a mission, vision, and guiding principles.

Phase I of their work focused on assessing existing knowledge and practices at MGH related to caring for older adults. This assessment will serve as a benchmark by which to measure our progress once we enter the implementation phase of the program.

To ensure a comprehensive assessment of existing knowledge and practices, the NICHE Core Team used a survey tool called the Geriatric Institutional Assessment Profile (GIAP). The survey was distributed to members of the interdisciplinary team in the inpatient setting, including nurses, therapists, social workers, speech pathologists, pharmacists, case managers, dieticians, chaplains, interpreters, and physicians. The survey contained questions such as:

- How would you rate the job your hospital has done educating staff about the care of older adults?
- How knowledgeable do you consider yourself about the basic principles surrounding the care of older adults?
- How much difficulty do you experience caring for older adults on your unit?

The GIAP survey was designed to measure perceptions as well as actual knowledge about the environment of care; the care experience of older adults; obstacles to care; and knowledge of geriatric syndromes. Of all disciplines surveyed, an overall response rate of 39% was achieved.

Another assessment in the form of an institutional inventory was conducted to:

- identify programs, services, and resources that exist to support the care of older adults
- identify gaps in care that need to be addressed
- identify ways for NICHE to build on existing programs as we move forward with implementation

The institutional inventory looked at policies and procedures, educational resources, and existing services, among other things, to assess our current level of success around communication, support, attitudes, legal considerations, fall-prevention, pain-management, and a number of other areas related to care of elderly patients.

Between the GIAP survey and the institutional inventory, we learned much about our existing knowledge, attitudes, and resources related to the care of older adults. The NICHE Core Team found that many of our current programs and initiatives will complement implementation of the NICHE Program. Our Patients at Risk for Injury Committee, the Optimum Care Committee, the MGH Senior Health primary care practice, a number of clinical pathways, geriatric-certified specialists in various disciplines, and the Psychiatric CNS Consult Service, are only a few of the services currently available at MGH.

Based on the information revealed by these assessments, the NICHE Core Team was able to identify opportunities to improve the services we provide. Opportunities for improvement exist in our physical environment: room size, lighting, bathroom design and assistive devices. Opportunities exist around staff education: medication-management, insurance coverage, educational programs specifically geared toward care of elderly patients.

As the NICHE initiative approaches the end of Phase I, The Core Team is looking at 'next steps' in our journey, including:

- developing a plan to promote gerontology certification for nurses and physical therapists
- applying for NICHE certification grant
- creating certification website through the Knight Center for Clinical & Professional Development
- creating opportunities to expand staff expertise in gerontology

The NICHE Core Team is currently considering priorities for Phase II, which may include a new name to better reflect the focus of their work.

In the United States, 60% of all hospitalized patients are over 65; 33% of inpatient admissions, and 40% of outpatients visits at MGH are patients over 65. And baby boomers are only just beginning to impact those statistics. As our population ages, improving the care of hospitalized elders is not a luxury, it's a necessity.

I look forward to sharing with you the future work of the NICHE Core Team.

More adaptive technology for blind and visually impaired individuals

In the October 6, 2005, issue of *Caring Headlines* we learned about some new adaptive technologies available for blind and visually impaired individuals. We learned about JAWS, Zoom Text, Voice Note, devices with speech-output capabilities, and closed circuit television to name a few.

Question: What adaptive technologies are available for employees at MGH?

Jeanette: Abby Losordo works in the Social Services Department along with her yellow lab, Velma. As an oncology resource specialist, she is responsible for arranging transportation, accommodations, and support for oncology outpatients. JAWS, a verbal output program, is installed on her office computer, which gives her access to Microsoft Word, Excel, PowerPoint, e-mail, LMR, and other departmental databases.

Question: What other adaptive technologies does Abby use in her day-to-day work?

Jeanette: Abby uses Voice Note, a small keyboard without a screen, to access her date book, calendar, and address book and to take notes at meetings. She uses DymoTape, a label-maker that prints in Braille to identify her files. A Kurzweil allows Abby to scan printed materials into her computer, which she can then access in JAWS (this technology does not work with hand-written documents).

Abby uses a hospital pager, but must go back to her desk and use the Partners Telephone Directory to hear her messages because voice-activated pagers are not yet available at MGH. But we're working on it.

Abby is considering a new note-taker called a Maestro. It's the size of a Palm Pilot but instead of a touch screen, it has raised buttons for easy tactile access. Instead of a Qwerty keyboard, the keys type in Braille.

Question: Is this technology available to patients and families?

Jeanette: In the Blum Patient & Family Learning Center, Taryn Pittman, RN, patient education specialist, reports they've outfitted a computer with a variety of assistive programs to make access to information easier for blind and visually impaired individuals. This includes:

- Zoom Text, a program that enlarges text for easier readability
- Dragon Naturally Speaking, a program that turns recorded speech into text
- a keyboard with oversized letters and numbers
- two new mouse options that incorporate tactile display functions for users with limited vision

The Blum Center has a TTY telephone available for use within the Center, and is in the process of installing Duxbury Braille Translator and a printer that can convert text to Braille.

The assistive technology project is the result of a collaborative effort between the MGH Council on Disabilities, Human Resources, and the Blum Patient & Family Learning Center.

Question: How can we obtain a TTY phone for patients?

Jeanette: Materials Management has a TTY telephone available for patient use.

The Kenneth B. Schwartz Center special symposium

"Beyond the white coat and johnny: what makes for a compassionate patient-caregiver relationship?"

facilitated by
veteran journalist, John Hockenberry

November 3, 2005
3:00–5:00pm
Boston Convention and Exhibition Center, South Boston

To be followed by a panel discussion
Symposium is free and open to the public.
RSVP to: 617-726-0512 or e-mail schwartzcenter@partners.org

The 10th annual Schwartz Center reception and dinner will follow.
Visit: www.theschwartzcenter.org for more information

Case Management presents

"East meets West: additional approaches to healing"

presented by: Regina Powers RN, MSN

Thursday, October 27, 2005
1:30–2:30pm, O'Keeffe Auditorium

Information on: acupuncture, massage therapy, yoga, and relaxation technique

Current trends In autism 2005

The 11th annual Current Trends In Autism conference:

October 28 and 29, 2005
Hilton Boston/Dedham

For information, or to register, go to www.ladders.org/programc.php or call 781-449-6074, x311

CEUs available

Spring semester sign-up

Northeastern University at MGH on-site graduate education
Sign-up for spring semester courses:

Monday, October 24, 2005
10:00am–2:00pm

Thursday, October 27
2:00–7:00pm
White Corridor

For information, e-mail Joanne Samuels, Northeastern University liaison at: j.samuels@neu.edu, or Miriam Greenspan, MGH liaison at: mgreenspan@partners.org

New nurse shares 'Aha!' moment in caring for medically complex patient

Kathleen Fahey is a clinician in the PCS Clinical Recognition Program

My name is Kathleen Fahey, and I have been a staff nurse on the Ellison 16 General Medical Unit for about one year. Every patient I've cared for in that year has helped me develop my practice and shape my philosophy of nursing. One patient in particular had a great influence on what I have come to value in my practice. I cared for Mr. M early in my career, when I was still orienting to the unit. The relationship I developed with him has shaped each and every patient interaction I've had to this day.

Mr. M was a forty-something-year-old man admitted to our unit with end-stage liver disease. His illness was progressing, and he had come to the unit, essentially, to wait for a liver transplant. It was a long and tedious wait for him and his family. Mr. M was a loving husband and the proud father of a college-age daughter. His life up to this point had been relatively normal. He had been able to work and care for his family. So the challenges he would face during his hospital stay would be emotional as well as physical.

Like all other new graduates, I was new to nursing. I was very focused on the tasks at hand. It was all I could do to get everything done, and it was nearly impossible to look beyond the basics. This all changed for me one day while I was caring for Mr. M.

I had helped Mr. M to the bathroom as I had done many times before. This time, though, Mr. M was so weak he was unable to clean himself independently. Without giving it a second thought I began to help him clean up. All of a sudden (it seemed to me), Mr. M began sobbing. Tears were streaming down his cheeks.

He kept saying, "I'm so sorry! I'm so sorry you have to do this!"

I was stunned.

Despite my utter surprise, I managed to reassure Mr. M. I told him he had absolutely nothing to be sorry for. I reminded him that none of this was his fault and that's what I was there for. I tried to make Mr. M see that we were a team. I was there to help him do the things he could do, and fill in when there were things he couldn't do for himself. I told him we would get through this together. He seemed to relax a bit, and I helped him back to bed.

The whole time I was trying to reassure him, thoughts were running through my head. How could I not have seen what a difficult time he was having? Everything I had learned to that point should have told me that a man at this stage in life would be very distressed to need help caring for himself. I had completely missed what was going on with this patient. I realized that by focusing so intently on the tasks of nursing, I had completely forgotten about 'the person' I was treating.

In reflection, I've come to realize that this is one of the most important elements of practice. Understanding what the experience means to the patient is so important. I was one of Mr. M's primary nurses during his long stay on my unit. He was the first patient I really felt like I knew. In caring for Mr. M for an extended hospitalization, my clinical skills became more familiar, and I felt I was able to focus more on the person before me. It was then I realized how much you miss without that piece. It's impossible to provide quality care without looking at the person as a whole.

Kathleen Fahey, RN
staff nurse, Ellison 16 Medical Unit

I understand now why nursing is referred to as both an art and a science. Clinical skills are clearly an essential component of nursing, but that's just the beginning. Everything we learn in school is the science of nursing. It's just the foundation. It's when we begin to practice that we realize the art of nursing.

Mr. M did get a new liver. The night that phone call came was a moment in my nursing career that I will treasure. To this day, I think of that moment when I'm feeling discouraged. Mr. M is doing very well. He visited the unit months after his transplant. He approached me in the hall with a smile from ear to ear. I hardly recognized him without the jaundice and distended abdomen.

He just kept saying over and over, "You guys never gave up on me. Throughout it all, you never gave up."

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

In this narrative, Kathleen describes that moment in her career that Patricia Benner describes as, "seeing the patient through the tubes."

Skill acquisition occurs in stages. As a new nurse, Kathleen was comfortable managing the technical aspects of Mr. M's care. That comfort performing 'tasks' became second-nature, allowing her to advance to the next stage: recognizing and attending to Mr. M as a person. Kathleen was present for him, she was empathetic in her care, tailoring her actions to support him at a time when he felt most vulnerable. Kathleen came to understand what the experience of illness meant to Mr. M at that moment in time.

This is a wonderful narrative for new and veteran clinicians alike.

Thank-you, Kathleen.

Influenza vaccination update

—by Janet Madigan, RN, project manager

The Influenza Vaccine Program was rolled out in the Provider Order Entry (POE) system on October 18, 2005, to give patients the ability to get an influenza (flu) vaccine while hospitalized. The program is a preventative measure and a safety net for patients unable to obtain flu vaccine in other settings. The Influenza Vaccine Program, similar to the Pneumovax Program that's been in place since May, has its own screen in POE that appears when the first provider (physician, resident, nurse practitioner, or physician assistant) signs on to write orders for the day. The screen appears for patients 50 years old and older.

Because flu susceptibility is seasonal, the Influenza Vaccine Program will run through March 31, 2006. The POE screen has a pre-selected order for the influenza vaccine. Providers have the option of accepting the order, declining the order, or deferring the decision for up to five days. On the sixth day, a decision to accept or decline the order must be made. When vaccine is ordered, the nurse will screen the patient for eligibility using the revised Influenza Vaccination Screening and Administration Form (#84511) and give the patient a copy of the Flu Vaccine Information Sheet (#84512; English or #84513; Spanish) for review. The screening form is also documentation of administration of the vaccine. The original is placed in the medical record; the copy is given to the patient for his/her records.

Upon discharge, a prompt will appear on the Discharge Screen for the nurse to document whether the vaccine was given or not during this hospitalization. This documentation will carry over to the Post Hospital Care Plan, the Patient Care Referral, the Face Sheet, and the Discharge Note. If the vaccine is given or declined because of prior vaccination or adverse reaction, the POE screen will not appear on subsequent admissions during that flu season.

The program is being rolled out with an eligibility age of 50 years old or older, however, if the CDC changes the age recommendation during the flu season, the eligibility age at MGH will change to comply with their recommendation. Physicians may place an order directly into the POE system for high-risk patients under the age of 50. Nurses must follow the same screening and documentation procedures for those patients.

For more information about the Influenza Vaccine Program, contact Janet Madigan, RN, project manager, at 6-3109.

MGH is committed to improving hand hygiene

Stop the Transmission of Pathogens
Infection Control Unit
Clinics 131
726-2036

Don't contaminate the environment with used gloves

- Gloves should not be worn in public areas (main hallways, elevators, stairways, etc.) unless you are:
  - actively transporting a patient, specimen, or used equipment that requires the use of gloves
  - cleaning or performing maintenance work that requires gloves
- When gloves must be worn in public areas, use a clean, un-gloved hand (or an assistant) to open doors, push elevator buttons, etc.
- Don't discard used gloves where others may come into accidental contact with them or where they will create rubbish. Use the closest appropriate waste container.

Never wash gloves

- Washing gloves can weaken the glove material and flush germs into or out of microscopic holes in the gloves.

There can be a greater risk of infection when gloves are used improperly or as a substitute for hand hygiene.

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

Next Publication Date:
November 3, 2005

New documentation education handbook

—by Amanda Coakley, RN, staff specialist

The Nursing Documentation Committee will be distributing the new Documentation Education Handbook next month. These handbooks will replace the current documentation education packets on inpatient units and serve as a guide for all documentation guidelines and forms. The Documentation Education Handbook is a reference to support staff in complying with departmental documentation standards. It contains sample forms, information sheets, guidelines, questions and answers, and explanations about each form.

Some forms, such as the Nursing Admission Assessment Form, have been revised to include Leap Frog recommendations. Leap Frog is a national group of more than 170 companies and organizations that's working to help improve the quality, safety, and affordability of health care. As a member of the Leap Frog consortium, MGH provides them with information on a number of initiatives, including skin break-down, falls, risk for aspiration, risk for venous thromboembolism, smoking cessation, and cognitive assessment.

Other changes in documentation outlined in the new handbook include:

- the introduction of the Treatment Record for operations staff to transcribe non-medication orders
- the Patient Care Flow Sheet now incorporates data previously collected on other forms and provides a place for this data to be documented together
- the expectation that a transfer note will be documented in the progress note each time a patient travels/transfers off the unit. The note will include the patient's condition (i.e., stable, unsteady on feet, and time of travel/transfer)
- new expectations regarding the handling and documentation of critical results. These results can be communicated directly to a licensed caregiver or to the operations associate who documents the result in the Critical Result Log then reports the results immediately to the licensed caregiver. If that licensed caregiver is a registered nurse, the nurse should document the critical result and the action taken in the patient's progress note

Educational sessions have been scheduled to ensure that staff understand all changes reflected in the new book (see box below).

New handbooks will be available at the beginning of November. For more information about the new Documentation Education Handbook, contact Charlene Feilteau (6-9283); Mandi Coakely (6-5334); Joanne Empoliti (6-3254); or Rosemary O'Malley (6-9663).

Educational drop-in sessions

October 18th	7:00–9:00am	Admitting Conference Room (Bulfinch 104)
October 18th	1:30–3:30pm	Blake 7 Conference Room
October 19th	7:00–9:00am	Cox 640 Large Conference Room
October 19th	1:30–3:30pm	Cox 640 Large Conference Room
October 20th	7:00–9:00am	Bigelow 1030 Conference Room
October 20th	1:30–3:30pm	Cox 640 Large Conference Room
October 25th	7:00–9:00am	GRB 015 Conference Room A
October 25th	1:30–3:30pm	Blake 7 Conference Room
October 26th	7:00–9:00am	Admitting Conference Room (Bulfinch 104)
October 26th	1:30–3:30pm	TBD
October 27th	7:00–9:00am	Cox 640 Large Conference Room
October 27th	1:30–3:30pm	Cox 640 Large Conference Room

The Employee Assistance Program Work-Life Seminars

presents

"Working and Breastfeeding"

Presented by
Germaine Lamberge, RN, IBCLC
lactation consultant

Presentation will provide expectant mothers and nursing parents the basics on how to use breast pumpts and how to maintain a milk supply while working. Identifying and resolving potentail problems will be discussed.

Tuesday, November 8, 2005
12:00–1:00pm
VBK401

For more information, contact the Employee Assistance Program at 726-6976

PCS News and Information website

Patient Care Services has developed a News & Information website. The site includes links to articles in the news about PCS staff and programs; annual reports; video clips; photographs; information about upcoming events and educational offerings; and a link to current and back issues of *Caring Headlines*.

Visit the PCS News & Information website at: http://pcs.mgh.harvard.edu/News/News_Index.asp.

For information about the PCS News & Information website, contact Georgia Peirce at 4-9865

When/Where	Description	Contact Hours
October 28 12:00–1:00pm	**Schwartz Center Rounds** Walcott Conference Room	- - -
November 1 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	**CPR—Age-Specific Mannequin Demonstration of BLS Skills** VBK401 (No BLS card given)	- - -
November 2 7:30am–12:00pm	**Congenital Heart Disease** Haber Conference Room	4.5
November 3 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
November 3 1:30–2:30pm	**Nursing Grand Rounds** "Preventing Medication Errors." O'Keeffe Auditorium	1.2
November 4 and 14 8:00am–4:00pm	**Advanced Cardiac Life Support (ACLS)—Provider Course** Day 1: O'Keeffe Auditorium. Day 2: Thier Conference Room	- - -
November 4 8:00am–12:30pm	**Pediatric Advanced Life Support (PALS) Re-Certification Program** Training Department, Charles River Plaza	- - -
November 9 8:00am–2:30pm	**Mentor/New Graduate RN Development Seminar I** Training Department, Charles River Plaza	6.0 (mentors only)
November 9 1:30–2:30pm	**OA/PCA/USA Connections** "Materials Management." Bigelow 4 Amphitheater	- - -
November 9 11:00am–12:00pm	**Nursing Grand Rounds** Sweet Conference Room GRB 432	1.2
November 10 8:00am–2:00pm	**BLS Certification for Healthcare Providers** VBK601	- - -
November 16 4:00–5:00pm	**More than Just a Journal Club** Thier Conference Room	1.2
November 17 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
November 17 1:30–2:30pm	**Nursing Grand Rounds** "Caring for Victims of Sexual Assault." O'Keeffe Auditorium	1.2
November 18 8:00am–4:30pm	**Psychological Type & Personal Style: Maximizing Your Effectiveness** Training Department, Charles River Plaza	8.1
November 18 12:00–1:00pm	**Schwartz Center Rounds** Walcott Conference Room	- - -
November 18 TBA	**Ethics Program** O'Keeffe Auditorium	- - -
November 23 8:00am–2:30pm	**New Graduate Nurse Development Seminar II** Training Department, Charles River Plaza	5.4 (for mentors only)
November 28 8:00am–4:30pm	**Special Procedures/Diagnostic Tests: What You Need to Know** O'Keeffe Auditorium	TBA
December 1 7:30–11:00am/12:00–3:30pm	**CPR—American Heart Association BLS Re-Certification** VBK401	- - -
December 1 7:00am–12:00pm	**CVVH Core Program** Yawkey 2220	6.3
December 2 8:00–2:30pm	**Pre-ACLS Course** O'Keeffe Auditorium $100. (to register e-mail: ccatt@partners.org)	- - -

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.

New precaution category for *Clostridium difficile*-associated diarrhea

—by Paula Wright, RN, director, Infection Control Unit

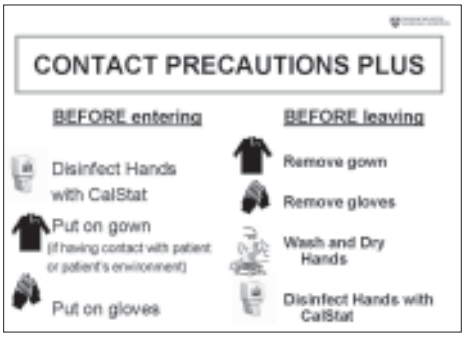
Clostridium difficile (*C. diff*) is a spore-forming organism that can contaminate and survive in the environment. *C. diff* spores can be transferred to patients via the hands of anyone who has touched a contaminated surface or item.

C. diff spores are not easily killed by alcohol, so hand-washing after contact to physically remove spores, followed by an alcohol-based hand-hygiene product, such as Cal Stat, has been recommended. The CDC currently encourages hospitals to consider moving to hand-washing followed by use of an alcohol hand rub for *C. diff*-associated diarrhea. To reduce the transmission of *C. diff* spores, the Infection Control Unit has adopted this approach and introduced a new category of isolation precautions for patients with *C. difficile*-associated diarrhea. The new category is called, Contact Precautions *Plus*. Two components of this new category differentiate it from Contact Precautions:

- Staff must *wash and dry hands* after contact with a patient or the environment before disinfecting with Cal Stat. This differs from Contact Precautions and the general hand-hygiene policy where routine use of Cal Stat alone before and after patient contact is required (and hand-washing before Cal Stat is required only when hands are visibly soiled).
- Contact Precautions *Plus* includes a new two-step 'drench method' for cleaning frequently touched surfaces in patients' rooms. The new cleaning method will be performed by cleaning staff after patient discharge *and* when a patient is taken off precautions but remains in the room.

The complete policy for Contact Precautions *Plus* is available on the Infection Control website: http://infectioncontrol.massgeneral.org/icu/ (no spaces, no hyphens). For more information about Contact Precautions *Plus* call Infection Control at 6-2036.

Contact Precautions *Plus* signs may be ordered from Standard Register (# 84636).



Kidney care at MGH: working together

—by Laurie Biel, RN, Peritoneal Dialysis Unit and Center for Renal Education

Kidney disease affects people across the age continuum. It occurs for many reasons and in varying degrees. According to The National Kidney Foundation, 20 million Americans (one in nine adults) have chronic kidney disease (CKD) and another 20 million are at increased risk. Early identification can help slow the progression of kidney disease. People most at risk are those with diabetes, high blood pressure, and a family history of kidney disease. An increased risk for kidney disease has been identified in African Americans, Hispanics, Pacific Islanders, Native Americans, and senior citizens.

MGH provides comprehensive, multi-disciplinary care for a large population of patients with kidney disease. Newly diagnosed patients enter the Nephrology Division for kidney care in a variety of ways: referral from primary care, for follow-up after an acute hospitalization, when dialysis becomes necessary, or when a transplanted kidney no longer functions. Through comprehensive nephrology care at MGH, staff of the Nephrology Division provide patients with the complete care they need to optimize clinical outcomes.

For more information, visit the Nephrology website at: http://receptor.mgh.harvard. edu/index.html.

Kidney Care Day at MGH

Meet representatives from the Center for Renal Education, Renal Associates, Hemodialysis, Peritoneal Dialysis, Transplant Unit, Pediatric Nephrology, Nutrition & Food Services, and Social Services

Thursday, October 20, 2005
9:00am-1:00pm, Main Corridor

Caring HEADLINES

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