

April 6, 2006

# Caring

## HEADLINES

### Norman Knight Preceptor of Distinction Award

—by Rosalie Tyrrell, RN, professional development coordinator

#### Inside:

- Knight Preceptor of Distinction Award ..... 1
- Jeanette Ives Erickson ..... 2
  - Precepting
- Fielding the Issues ..... 3
  - Communication and Documentation Project
- CCRN Graduation ..... 4
- Clinical Narrative ..... 6
  - Marilyn Healey, RN
- Patient Education ..... 8
- Professional Achievements . 10
- Educational Offerings ..... 11
- Quality & Safety ..... 12
  - Reading Back Critical Values

On Thursday, March 9, 2006, the third annual Norman Knight Preceptor of Distinction Award was presented to Carol Corcoran, RN, a staff nurse on the 36-bed, Ellison 12 Neuroscience Unit.

In her opening remarks, senior vice president for Patient Care, Jeanette Ives Erickson, RN, acknowledged the generosity of Mr. Norman Knight, noted businessman, community leader, and philanthropist in funding this award and other important initiatives at

MGH. Mr. Knight spoke about the universality of skill, attitude, and passion that nurses show in caring for their patients. Said Knight, "It is a privilege to be able to associate with you, the heart and soul of the MGH community.

*continued on page 5*



Norman Knight Preceptor of Distinction Award recipient, Carol Corcoran, RN (center), accepts award from senior vice president for Patient Care, Jeanette Ives Erickson, RN, and award benefactor, Mr. Norman Knight

## Precepting: the important work of ushering new professionals into practice

Precepting, my topic for this week's column, relates to two stories in this issue of *Caring Headlines*: The Knight Preceptor of Distinction Award (cover story) and the New Graduate in Critical Care Program graduation story (on page 4).

Precepting can be described as a way of welcoming newcomers into an organization and creating a safe, comfortable environment in which they can learn and flourish. Precepting relies on a trusting relationship between an experienced clinician and a less-experienced member of the team. Precepting involves a special kind of partnership in which the goals and values of an organization can be shared; the professional practice model can be experienced in a meaningful way; and the basic organizational culture can be communicated, making newcomers feel supported and accepted in their new surroundings.

At the Norman Knight Preceptor of Distinction Award ceremony held recently, we were privileged to see Carol Corcoran, RN, a staff nurse on the Ellison 12 Neuroscience Unit, recognized for her impressive work as a preceptor. During the ceremony, Miriam

Greenspan, RN, clinical nurse specialist in The Knight Nursing Center for Clinical & Professional Development, shared some of her observations about the important role of precepting and the impact it has on the preceptor, the preceptee, and the organization.

Said Greenspan, health care "is rich with stories. They're stories that start, 'You won't believe what happened last night,' or, 'I'll never forget caring for Mrs. Smith for the first time.'

Many of these stories are rife with emotion, but they all describe the effect of experience and knowledge as they merge with practice to form intuition and expertise.

"These stories aren't always about life and death. Sometimes, examining a typical day or a typical shift uncovers what is truly special about our practice. Sometimes, what we take for granted provides the best learning experience for others. As we reflect on these exper-

iences, we're often surprised to see where the profession has taken us... and where we have taken the profession."

At the New Graduate Nurse in Critical Care Program graduation, we saw a class of new nurses accept certificates of completion signifying they're ready to practice in the critical care setting at MGH. Each of these new graduate nurses was paired with an experienced nurse (or two) who helped them transition from student to profes-

**Preceptors know when to teach, when to observe, when to step back, and when to step in... there is an ongoing balance between hands-on guidance and hands-off observation as the new clinician begins to practice with increased independence.**

sional in a controlled, supportive, and clinically challenging environment.

In clinical narratives written by participants, new graduate nurses spoke of taking risks, learning to 'listen,' advocating for patients and families, learning to prioritize, learning to think critically, and gaining an understanding of what it means to be present to patients. These are all lessons learned under the watchful eye of an experienced preceptor.



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

In discussions with staff about precepting, the same words are mentioned over and over: trust; respect; role model; coach; intuition; wisdom; a journey of growth and discovery. We need only look at the criteria for the Knight Preceptor of Distinction Award to see that preceptors:

- are caring and non-judgemental
- possess a spirit of inquiry
- are guided by knowledge
- are leaders
- value teamwork

I like the analogy that compares preceptors to guides, for that's exactly what they do—they guide new clinicians toward deeper understanding, more advanced capabilities, and a place of confidence. Preceptors know when to teach, when to observe, when to step back, and when to step in. In any precepting relationship, there is an ongoing balance between hands-on guidance and

hands-off observation as the new clinician begins to practice with increased independence. In many cases, the insight and guidance of a preceptor are what ultimately bring practice into focus for a new clinician.

We are indebted to all the experienced clinicians who give their time and expertise to serve as preceptors, selflessly ushering new clinicians into practice.

### Updates

Please join me in welcoming Hyangsook (Sook) Choi, RN, to Patient Care Services. Sook is a staff specialist for PCS Management Systems.

I'm pleased to announce that Lauren Kattany, RN, has joined the White 8 patient care team as the new clinical nurse specialist, effective immediately.

And Roberta Cross has accepted the position of operations coordinator for Bigelow 14 and the IV Team.

Welcome all.

## The Communication and Documentation Project

*Question:* What is the Communication and Documentation Project?

*Jeanette:* The Nursing Communication and Documentation Project is an initiative to design nursing communication and documentation systems that effectively capture patients' stories, identify patients' unique needs, and facilitate the plan of care. The goal is to:

- enable nurses to know the patient, develop the plan of care, and communicate it to other clinicians
- provide continuity of care and communication to enhance nursing practice
- improve patient safety and enhance quality of care
- apply technology to design processes as appropriate
- identify workforce-transformation and change-management strategies
- increase patient, nursing, and multi-disciplinary satisfaction

*Question:* Why is MGH embarking on this project?

*Jeanette:* The process for communicating and documenting clinical information related to nursing varies from unit to unit. We want to make it easier to gain an understanding, from a nursing perspective, of patients'

problems, progress, and plan of care. Initiatives are under way to automate clinical documentation. The goal is to one day have all clinical information entered, stored, and accessed electronically. Prior to automating documentation systems, we're examining manual processes to ensure that nursing practice drives the design of electronic documentation systems.

*Question:* Who's involved in the project?

*Jeanette:* The project is focusing on nursing communication and documentation on inpatient units, specifically, the General Medical Unit on White 8 and the Vascular Surgical Unit on Bigelow 14. The team will develop recommendations for implementation across all patient care units. The project team is comprised of staff nurses, nurse

managers, clinical nurse specialists, clinical scholars, advanced clinicians, and representatives from The Knight Nursing Center for Clinical & Professional Development and collaborative governance.

*Question:* What's the timeline?

*Jeanette:* The first phase of the project began on February 6, 2006, and concluded on March 24th. A detailed assessment was conducted in the first three weeks. The remainder of time was spent developing recommendations. At the completion of this phase, a 'road map' will be developed outlining specific activities for the next 12-18 months.

*Question:* What is the future vision for nursing communication and documentation?

*Jeanette:* A set of guiding principles was developed by the Steering Committee and Project Team (see box on this page). All plans and recommendations will be based on these principles.

*Question:* Where do you foresee opportunities for improvement?

*Jeanette:* The project team has identified areas of focus they feel will yield the greatest improvement. They are: developing the nursing plan of care; communicating clinical information (including change of shift report); accountability; patient assignments; and documenting Nursing's unique contribution to patient outcomes.

*Question:* What's the next step?

*Jeanette:* Recommendations were finalized last month and presented to the Steering Committee. The project team will begin working on implementation plans this month.

*Question:* How can I get involved?

*Jeanette:* If you'd like to participate in this important work, please contact your unit manager; or project managers, Rosemary O'Malley, RN, (at 6-9663), or Mandi Coakley, RN, (at 6-5334).

### Guiding Principles

- At MGH, nurses 'know the patient's story' from the patient and family's perspective
- Nursing practice drives the design of systems and processes
- Nursing communication and documentation supports efficient and effective work flow and facilitates excellent nursing practice
- Nurses have confidence that their documentation reflects their practice
- Nursing documentation reflects care over time
- Nursing documentation recommendations support family-centered care
- Nursing documentation supports the delivery of safe patient care across all units and departments
- The patient care planning and delivery model is inter-disciplinary
- Standards of Nursing Communication and Documentation support evidence-based nursing and best practices
- Manual documentation processes are standardized in preparation for automation
- Data elements that drive excellent nursing care at MGH are defined and standardized
- Data is entered once and used many times
- Nursing Communication and Documentation Project recommendations will be implemented by the end of 2007

### MESAC Update

Did you know you can link directly to the IV Push Policy from the MESAC website?

Click your 'Start' button and scroll up to 'Partners Applications.' Highlight 'Clinical References' and click MESAC. From the MESAC website you can link directly to a variety of resources to help you provide safe and effective care to your patients. When you check out the MESAC website, use the 'Feedback' option to let us know how we can make the site more helpful to you.

## New Graduate in Critical Care Program graduation

—by Laura Mylott, RN, manager and faculty, New Graduate in Critical Care Program

On Friday, March 17, 2006, the newest class of graduates was recognized for completing the intensive MGH-IHP New Graduate Nurse in Critical Care Program. The integration of these new professionals into critical care nursing brings the total number of graduates to 91.

Carolyn Anderson, RN, nurse manager of the Cardiac Surgical Intensive Care Unit (CSICU); and Miriam Greenspan, RN, and Laura Mylott, RN, faculty for the program, spoke about the rigorous and demanding challenges, the invaluable support and expertise of the preceptors, and the generosity of the clinicians who teach in the program.

Representing the graduating class, Meryn Boraski, RN, read her narrative describing the nursing care she provided to a 42-year-old woman who had had a left ventricular assist device (LVAD) placed. Boraski's narrative talked about discerning clinical priorities, thinking critically, and acting in a setting of uncertainty. She spoke of how she developed a relationship with the patient and her family. By listening to their stories, she quickly came to 'know' them. This knowledge enhanced her ability to advocate for, coach,

and develop an individualized plan of care for the patient and her husband. Boraski described the challenges she overcame in becoming technically proficient and socialized to the culture of critical care. She emphasized the importance of having committed and knowledgeable preceptors.

She told of how she thrived under the expert guidance of preceptors, Darleen Crisileo, RN, and Eileen Scondras, RN.

Crisileo spoke about the importance of a committed partnership between a new graduate nurse and a preceptor and offered insight into the challenges of crafting

meaningful learning experiences. Scondras offered her perspective on precepting, comparing it to gardening, noting the care and nurturing required to be successful in both undertakings. Crisileo and Scondras both commented on the supportive environment in the Cardiac SICU and thanked nursing leadership for their support.

This year's graduates were: Erin Pappas, RN; Lindsay Pemberton, RN; Carrie Ann Holland, RN;

Janelle Morse, RN; Erica Santos, RN; Meryn Boraski, RN; Jaclyn Smith, RN; Andrew Burns, RN; Kate Sommsich, RN; Jennifer Brown, RN; Jillian Villani, RN; Nikki Neumann, RN; Rob Kipfer, RN; and Kara Micherone, RN.

For more information, contact the nurse manager or CNS in any of the ICUs, or call Laura Mylott at 4-7468. For application information, contact Sarah Welch in Human Resources at 6-5593.



Members of the New Graduate in Critical Care Program graduating class; and above (l-r): Jeanette Ives Erickson, RN; Laura Mylott, RN; Miriam Greenspan, RN; Darleen Crisileo, RN; Eileen Scondras, RN; Meryn Boraski, RN; and Carolyn Anderson, RN

## Preceptor of Distinction

*continued from front cover*

“A preceptor of distinction,” said Ives Erickson, “creates a safe environment where trust and wisdom can be discovered by both the preceptor and the preceptee. By example, a preceptor encourages a journey of growth and discovery, and role-models excellence in patient- and fam-

ily-focused care.”

A preceptor of distinction:

- is caring and non-judgmental
- possesses a spirit of inquiry
- is guided by knowledge
- is a leader
- values teamwork

Ives Erickson thanked the Review Board for

their hard work and commitment in

selecting the recipient following a review of six extraordinary portfolios. Said Ives Erickson, “Just as Florence Nightingale charted a course for the nurses who came after her, today’s nominees, through their role as nurse preceptors, are charting a course for the nurses of tomorrow.”

Reading from a letter written by Ann Kennedy, RN, nurse manager, and Jean Fahey, RN, clinical nurse specialist, Ives Erickson called Corcoran a star. “Carol is receptive and poised as she listens

to the concerns of patients and their families. Right from the beginning, she embraced the preceptor role.”

Danielle Winslow, RN, the new graduate nurse who was precepted by Corcoran, wrote in her letter of nomination, “With her hand on my shoulder, Carol said she knew I’d make an incredible nurse. She told me if I needed her for anything—big or small—all I had to do was ask. No question was silly. She said she was looking forward to our learning from one another over the next two months.”

Clinical nurse specialist, Miriam Greenspan, RN, shared some of her thoughts on the power of the clinical narrative. She reminded attendees that, “Nursing is rich with stories, many of which are rife with the emotion of the moment. These stories describe the effect of experience and knowledge as they merge with practice to form intuition and expertise.”

Corcoran read her narrative, entitled: “Precepting: Responsibility, Risk and Reward,” and engaged in a dialogue with Greenspan to ‘unbundle’ the narrative, identifying key aspects of the preceptor role.

Greenspan pointed to Corcoran’s extraordinary ability to assist a new graduate nurse in her transition to confident staff nurse through, “role-modeling, coaching, prepping, and reflection.”

Corcoran shared the pride she felt when she read the words Winslow had written: “I made a promise to myself to try to build a rapport with each of my patients the way Carol does. I’ve seen the difference it has made in the lives of many patients and families.”

Ives Erickson thanked Corcoran and Greenspan for demonstrating what it means to truly be a preceptor of distinction.



Clockwise from top left are: Ives Erickson and Corcoran; Danielle Winslow, RN; Corcoran and Greenspan; and Mr. Knight

## Experience, encouragement, and patient education contribute to positive outcome

*Marilyn Healey is an advanced clinician*

**M**y name is Marilyn Healey, and I am a staff nurse on the White 7 Surgical/Trauma Unit.

When I arrived for my day shift, one of my patients was Mrs. L, a 44-year-old woman who'd had a bowel resection for diverticulitis the day before. In this type of surgery, a piece of the bowel is removed and the two ends are connected. Patients often have a nasogastric tube placed post-operatively to drain air and fluid and prevent distention and nausea. The tubes are usually removed in two or three days when normal peristalsis (intestinal motility) returns.

I reviewed Mrs. L's record. She was described as depressed and nauseous. Related to mobility, the previous nurse had written, "Needs encouragement." I found Mrs. L curled up on her side, the nasogastric tube had been placed, intravenous fluids were running, and her curtain had been drawn separating her from her roommate. After introducing myself, I performed my assessment, checked vital signs, administered her meds, and assessed her pain control. Mrs. L was compliant and quiet. I told her I'd return with a plan for the day and assist her with her morning care.

She nodded. I knew we had a lot of work to do to help her progress and prevent complications.

I deal with this kind of diagnosis and surgery frequently on White 7. I know complications can arise that could mean the difference between a positive outcome versus a prolonged hospitalization and distress for the patient and family. I knew that without information and guidance Mrs. L could easily trend in the wrong direction. This is where nursing interventions and teaching make the difference.

I recognized immediately that Mrs. L had abdominal distention, pain, nausea, and lack of bowel sounds. She had an intestinal obstruction that was later confirmed by x-rays. Unfortunately, this is common after surgery when the bowel lacks motility. Gas and fluids become trapped. It can be caused by necessary pain medications, electrolyte disturbances, manipulation of the bowel during surgery, and other factors. Complications can be as minor as pain and nausea, or as severe as bowel perforation and death (with a multitude of other possibilities in between).

The nasogastric tube helps prevent intestinal obstructions, but another simple and effective inter-

vention is for the patient to walk frequently. The action of walking aids in the return of normal bowel peristalsis. It sounds easy, but when a patient is experiencing pain and is hooked up to various tubes and lines, it can be overwhelming.

Mrs. L had a complication we could easily address and hopefully resolve. At this point, she had stable vital signs. I knew she would require time, teaching, and motivation, so I prioritized my other tasks to allow me to fully address her needs.

I noticed that Mrs. L had a picture of a dog, which she told me with great enthusiasm. I made a note to schedule a pet therapy visit for her later in the day. I explained my assessment, telling her about her post-operative course, the obstruction, and the importance of her involvement in her care. Caregivers can only do so much; patients have to take an active role. Often, just knowing they have some control makes a difference in a patient's outlook. For her part, I needed her to start walking.

"It hurts," said Mrs. L. "I'm too weak. I'll faint."

I assured her, step by step, that I'd guide her; she could do it. She needed to trust my knowledge and experience. The first



Marilyn 'Mal' Healey, RN  
staff nurse, White 7

step was knowledge of basic body mechanics—how to get up with all those tubes and lines. I explained how to use her PCA (patient controlled analgesia) for effective pain control. I assured her the incision wouldn't open. I taught her how to sit on the bed to prevent vertigo (many post-op patients experience vertigo, which prevents them from trying to walk).

While assembling items for morning care, I noticed that Mrs. L had her own toiletries in the drawer. Knowing she couldn't shower, I offered to wash her hair. She was amazed that this could be done. Later, I heard her tell her husband on the phone, "I even got my hair washed!"

She seemed ready to try to walk. I wanted her attempt to be positive, so I consulted a physical therapist on the unit. She recommended a walker to ensure stability during her first attempt to get out of bed. I got a walker, and we went out into the hallway.

In addition to stability, the walker allowed Mrs. L to stop every few steps and rest. It supported her while she caught her breath and allowed her to keep going. Upon returning to her room, she announced, "That wasn't bad!"

I returned from lunch to find Mrs. L sitting up in bed, curtain back, talking to her roommate. She informed me that she'd enjoyed a pet therapy visit. Later, when her husband came, I encouraged them to walk together. My goal was for her to keep moving as much as possible.

Before leaving, I updated Mrs. L's record, reporting the progress we'd made in just one day. I knew with reinforcement of my plan of care, the obstruction could resolve and complications could be prevented. I requested a dietary consult to guide her in proper choices and maximize nutrition as she progressed from liquids to solids.

*continued on next page*

## Narrative

*continued from page 6*

I was off the next day. When I returned to work, I heard, "Hi, Mal," from the hallway. There she was. No nasogastric tube, good color in her cheeks, smiling and walking independently. She had progressed from resolution of her obstruction toward a successful discharge. Though I wasn't her nurse on her day of discharge, I was called to the nurses' station to say good-bye. A firm hug and a genuine 'Thank-you' and she was on her way.

I've been involved in many demanding situations making split-second decisions and interventions. In this instance, it was teaching and guidance that made the difference. It was rewarding to watch Mrs. L's progress unfold. It's nice to know after all these years as a

nurse that, in the majority of instances, it's nursing care that makes the real difference.

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

Mal's experience allowed her to see inconsistencies in Mrs. L's presentation. She immediately recognized the need for nursing intervention. Her ability to engage Mrs. L in her own treatment and encourage her continued participation prevented Mrs. L from experiencing complications.

Mal consulted a physical therapist to ensure Mrs. L's safety in attempting to get out of bed. She arranged a pet therapy visit and washed Mrs. L's hair to keep her attitude positive. And she incorporated patient teaching to round out her plan of holistic care.

Thank-you, Mal.

## Quick Hits to improve your writing!



A low-stress, high-yield class aimed at helping develop your writing style and eliminate some of the angst associated with writing

Offered by Susan Sabia, editor of *Caring Headlines*

Classes now scheduled for:

Monday, April 17, 11:00am–2:00pm  
 Tuesday, May 30, 11:00am–2:00pm  
 Monday, June 12th, 10:00-1:00pm  
 Wednesday, July 19, 12:00-3:00  
 Monday, August 14th, 10:00-1:00

All classes held in GRB-015  
 Conference Room A

Pre-registration is required. Call 4-7840

## On-Line Resources

The Staff Nurse Advisory Committee would like all clinicians to know about the following important on-line resources:

- MGH JCAHO website  
<http://intranet.massgeneral.org/jcaho/>
- Infection Control  
<http://infectioncontrol.massgeneral.org/icu/>
- HIPAA  
<http://intranet.massgeneral.org/hipaa/default.asp>
- Safety  
[http://intranet.massgeneral.org/ehs/ehs\\_home.htm](http://intranet.massgeneral.org/ehs/ehs_home.htm)
- HR Training  
[http://is.partners.org/hr/New\\_Web/mgh/mgh\\_training.htm](http://is.partners.org/hr/New_Web/mgh/mgh_training.htm)
- MSDS Sheets  
<http://www.msdsresource.com/login.php> (Login: MGH, Password: MGH)
- Clinical Policies & Procedures  
<http://healthcare.partners.org/mgh/policies/default.htm>
- Environmental Health and Safety  
[http://intranet.massgeneral.org/ehs/ehs\\_programs\\_safety.htm](http://intranet.massgeneral.org/ehs/ehs_programs_safety.htm)
- Compliance  
[http://healthcare.partners.org/mgh/policies/MGH\\_Compliance\\_HelpLine—Issues.htm](http://healthcare.partners.org/mgh/policies/MGH_Compliance_HelpLine—Issues.htm)
- JCAHO-CAMH  
 From the Start menu, go to Partners Applications, then go to Clinical References, then go to JCAHO-CAMH

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 the MGH Institute of Health Professions

present:

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**“Ethical Considerations in Access to Health Care”**

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John Goodson, MD  
 Associate professor of Medicine, Harvard Medical School  
 co-chair, Health Care for Massachusetts Campaign

Moderator: Ruth Purtilo, PhD  
 director and professor  
 MGH Institute of Health Professions Ethics Initiative

**Friday, April 14, 2006, 12:00–1:30pm**  
**MGH Ether Dome**

No pre-registration required  
 for more information, e-mail [erobinson1@partners.org](mailto:erobinson1@partners.org)

## JCAHO and patient education: what you need to know

—by Laura Sumner, RN; Cheryl Brunelle, PT; and Taryn Pittman, RN, of the Patient Education Committee

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is scheduled to visit MGH this year. JCAHO surveyors will be asking staff to talk about patient education and how we document patient teaching on the Interdisciplinary Patient-Family Teaching Record and the Post Hospital Patient Care Plan.

JCAHO surveyors will be using a 'tracer methodology,' an interactive, un-scripted, interview-based process to track patient care across the continuum from admission to discharge. The focus will be on how services are perceived from the patient's point of view and how well care is coordinated.

There are two types of tracers: patient tracers and system tracers. During the survey, patient care will be traced from admitting to clinical units or from service to service to get a snapshot of our overall performance in patient safety and patient care. Patient tracers follow patients and/or processes selected from the daily census listing and surgical or procedural schedules. A tracer could begin with a patient's arrival in the Emergency Department and end with his/her discharge from a

patient care unit. Or a surveyor could select a patient on a unit and trace his/her pathway through the hospital, visiting each area or department where the patient received care. Surveyors will read charts and interview patients, care providers, and possibly family members. Surveyors may question any member of the healthcare team.

The JCAHO standard for patient education says, "The patient receives education and training specific to the patient's needs and abilities and as appropriate to the care, treatment, and services provided." The rationale for this standard is: Patients must be given sufficient information to make decisions and take responsibility for self-management activities related to their needs. Patients and families are educated to improve individual outcomes by promoting healthy behavior and involving patients in their care, treatment, and service decisions. Learning styles vary, and the ability to learn can be affected by many factors, including individual preferences and readiness.

At MGH, patient-education needs and abilities are assessed at the time of admission. The Nursing Assessment Form,

which nurses complete by interviewing patients, is in the chart throughout a patient's stay. All disciplines involved in a patient's care have access to this form. The information can be used to plan effective, high-quality, patient-education interventions and help healthcare professionals meet JCAHO standards. The form prompts clini-

cians to initiate consults based on patients' responses:

- "What language do you speak?" If the patient's first language is not English, the clinician will be prompted to contact an interpreter
- "Do you have enough information about your current medications?" If not, the clinician will be prompted to refer to Drug Notes
- If the patient smokes, the clinician will be prompted to consult the Smoking Cessation Service

- "Do you have questions about your diet?" If yes, the clinician will be prompted to consult a dietitian
  - "What is your preferred learning style?" (written, verbal, visual, demonstration or other). Depending on the response, the clinician will be prompted to consider the Patient Education Video Channel, Care Notes, or call the Blum Patient & Family Learning Center
- continued on next page*

### Questions you can expect:

**Q:** Is your patient diabetic? What education have you provided?

**A:** Based on the patient's learning needs, written material was provided from CareNotes, and he was given the *Introduction to Diabetes* booklet. He was told about a series of diabetes videos available upon request on the patient-education television channel.

**Q:** Has smoking been assessed? Is it documented that you gave the patient information on smoking cessation?

**A:** Smoking cessation was noted on the Nursing Assessment Form (section 8.0) *A Guide for Hospital Patients Who Smoke* was provided from the MGH Quit Smoking Service (documented on the assessment form by checking the box: "Smoker Pamphlet Provided.") The patient viewed the video, *Quitting Smoking*, provided by the American Heart Association (documented on the Interdisciplinary Teaching Record.)

**Q:** How do you know the patient understands the information? Where is this documented?

**A:** Evaluation of patient teaching occurred in several ways and is documented on the Interdisciplinary Teaching Record under 'Response'

- The patient re-stated information, answered questions, and discussed information to verify understanding
- The patient demonstrated new skills after being taught

**Q:** How did you assess that your patient was ready to learn?

**A:** Readiness to Learn (RTL) is documented on the Interdisciplinary Teaching Record. I made sure the patient believed and understood his diagnosis; he was awake and alert enough to attend to the information; the patient made statements indicating knowledge of his illness

**Q:** How was patient education communicated from one point of care to another?

**A:** The Interdisciplinary Teaching Record serves as a communication tool where clinicians can see which specialties have been involved and what topics have been covered. The section labeled, 'Follow-up/Plan,' lets staff know if additional teaching is needed at the next point of care.



# MGH is committed to improving hand hygiene

## What is the correct procedure for washing hands?

- Have clean paper towels ready before you begin. (Don't touch the paper-towel dispenser *after* you wash your hands or you may re-contaminate them)
- Turn on the water and adjust the temperature. It should be warm, not hot. (Hot water can contribute to excessive dryness of your skin)
- Moisten hands, keeping your hands lower than your elbows so soil and germs go down the drain, not onto your sleeves, wristwatch, or forearms
- Dispense soap into one palm, then spread it onto both hands. Rub all surfaces of hands and fingers vigorously for at *least* 15 seconds (approximately the time it takes to sing the Alphabet Song or Yankee Doodle)
- Clean under fingernails. Moist debris under nails can provide a breeding ground for bacteria to grow
- Rinse hands well to remove all soap residue, keeping hands lower than wrists and elbows
- Pat hands dry with a paper towel. Avoid rubbing, as dry friction can abrade your skin
- Use the paper towel to turn off the water. This prevents re-contamination of your hands by the faucet
- Discard used paper towel in proper waste receptacle
- Apply Cal Stat to destroy remaining germs (do not do this before eating)



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

## JCAHO and Patient Education

*continued from previous page*

Throughout a patient's stay, clinicians continue to refer to the Nursing Assessment Form and assess patient-education needs and abilities.

As healthcare professionals working together as part of a multi-disciplinary team, we frequently coordinate patient education across disciplines. Physical and occupational therapists, for instance, discuss suggestions for patient education with nurses on the unit.

Plain language workshops are available at MGH for staff involved in creating patient-education materials. General patient-education materials should be formulated at a sixth-grade level to ensure broad understanding. The Blum Patient & Family Learning Center is a resource for staff when formulating patient-education materials.

At MGH, patient education is documented on the Interdis-

ciplinary Patient-Family Teaching Record. Clinicians document: to whom information is taught, the patient's readiness to learn, the patient's response, and any follow-up or future planning needs. The form is multi-disciplinary, allowing all disciplines to coordinate and follow through with the plan of care.

MGH clinicians do a great job educating patients and families. We need to be able to articulate to JCAHO surveyors how we meet patient-education needs and show evidence of patient teaching through clear, consistent documentation.

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- Patient Care Services, Diversity  
Deborah Washington, RN, MSN
- Physical Therapy  
Occupational Therapy  
Michael G. Sullivan, PT, MBA
- Police, Security & Outside Services  
Joe Crowley
- Reading Language Disorders  
Carolyn Horn, MEd
- Respiratory Care  
Ed Burns, RRT
- Social Services  
Ellen Forman, LICSW
- Speech, Language & Swallowing Disorders  
Carmen Vega-Barachowitz, MS, SLP
- Volunteer, Medical Interpreter, Ambassador  
and LVC Retail Services  
Pat Rowell

### Distribution

Please contact Ursula Hoehl at 726-9057 for questions 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 by e-mail: [ssabia@partners.org](mailto:ssabia@partners.org)  
For more information, call: 617-724-1746.

### Next Publication Date:

April 20, 2006



## **Klaimy certified**

Elizabeth Klaimy, RN, passed the Critical Care Registered Nurse exam in February, 2006.

## **Seitz presents**

Amee Seitz, PT, physical therapist, presented, "Hip Bursitis in Runners," at the American Physical Therapy Association Combined Sections Meeting, Sports Physical Therapy Section, in San Diego, February 1-4, 2006.

## **Burchill and Curley present**

Occupational therapists, Gae Burchill, OTR/L, and Suzanne Curley, OTR/L, presented, "Topics in Upper Extremity Rehabilitation II," at Tufts University, February 27, 2006.

## **Gundersen and Konner present**

Clinical social workers, Natascha Gundersen, LICSW, and Karon Konner, LICSW, presented, "Incident Stress and the Role of Mental Health," at the National Disaster Medical System: Disaster Medical Assistance Team Winter Training, in Crawford Notch, New Hampshire, March 1, 2006.

## **Brush and DeMoya publish**

Kathryn Brush, RN, clinical nurse specialist, SICU, and Marc DeMoya, MD, co-authored the article, "Trauma System Design," in *Critical Connections*, the monthly newsletter of the Society of Critical Care Medicine, in February, 2006.

## **Marcotte, Unsung Heroine**

Psychiatric nurse, Carol Marcotte, RN, received an award from the Commonwealth of Massachusetts Commission on the Status of Women as her community's "Unsung Heroine of 2006." A reception was held at the State House on March 3, 2006.

## **Tyksienski elected**

Carol Tyksienski, RN, clinical nurse specialist, Hemodialysis Unit, was elected to serve on the ESRD Network of New England Medical Review Board from January, 2006-December, 2007. The group ensures quality of care and patient safety for New England end-stage renal disease patients.

## **Goode appointed**

Nancy Goode, PT, physical therapist, has been appointed chairperson of the Nominating Committee of the American Physical Therapy Association of Massachusetts from January, 2006-December, 2006.

## **Brush joins APRN Task Force**

Kathryn Brush, RN, clinical nurse specialist, Surgical Intensive Care Unit, has become a member of the Advanced Practice Registered Nurse Task Force convened by the Massachusetts Board of Registered Nursing.

## **McCorkle appointed**

Charles McCorkle, LICSW, social worker, received an honorary appointment to clinical instructor in the Smith College School for Social Work, for the 2005-2006 school year.

## **Guthrie, practice reviewer**

IV therapy nurse, Debra Guthrie, RN, was named practice reviewer for the 2006 *Infusion Nursing Standards of Practice*, developed by the Infusion Nurses Society. The publication is a supplement to the January/February, 2006, *Journal of Infusion Nursing*.

## **Carroll and Rankin publish**

Diane L. Carroll, RN, clinical nurse specialist, and Sally H. Rankin, RN, co-authored the article, "The testing of nursing interventions in older unpartnered adults after myocardial infarction," in the *European Journal of Cardiovascular Nursing*, 2006.

## **Steiner presents**

Linda Steiner, PT, physical therapist, presented, "Experiences with an Early Pregnancy Educational Program," at the American Physical Therapy Association Combined Sections Meeting in San Diego, February 1-4, 2006.

## **Townsend presents**

Elise Townsend, PT, physical therapist, presented, "Neurocognitive Sequelae of Repaired Cyanotic Congenital Heart Disease (CHD)," at the American Physical Therapy Association, Combined Sections Meeting, in San Diego, February 1-4, 2006. She also presented, "Neurocognitive Function in School-Aged Children with Repaired Cyanotic Congenital Heart Defects (CHD)," at the MGH Scientific Advisory Committee (SAC) Annual Meeting in Boston, February 15, 2006.

## **The Employee Assistance Program**

### **Elder Care Monthly Discussion Group**

Caring for an aging loved one can be challenging on many levels. Understanding the diverse needs and resources available to this population can be stressful and overwhelming.

Join us for monthly meetings to discuss subjects such as: care coordination, family issues, legal issues, medical issues, grieving, loss, and caring for yourself

**Tuesdays from 12:00-1:00pm**  
**(next meeting, April 25th)**  
**Yawkey Conference Room 10-650**

For more information, please contact the Employee Assistance Program (EAP) at 726-6976.

## **The Employee Assistance Program**

### **Helping Kids Make Healthy Choices**

Young people face many pressures and decisions in today's complex world. When young people talk openly with parents or adults they trust, they tend to make better choices. Many parents need help initiating these important conversations.

Join Jeanne Blake of Blake Works and Paula Rauch, MD, of MGH Psychiatry to learn information, strategies, and skills that will help you raise kids who make smart choices.

**Thursday, May 18, 2006, from 12:00-1:00pm**  
**Thier Conference Room**

For more information, please contact the Employee Assistance Program (EAP) at 726-6976.

# Educational Offerings

April 3, 2006

When/Where	Description	Contact Hours
April 10 and 17 8:00am–4:00pm	<b>Oncology Nursing Society Chemotherapy-Biotherapy Course</b> Yawkey 2220	16.8 for completing both days
April 12 1:30–2:30pm	<b>OA/PCA/USA Connections</b> Bigelow 4 Amphitheater	---
April 13 8:00am–4:30pm	<b>Preceptor Development Program</b> Training Department, Charles River Plaza	7
April 13 11:00am–12:00pm	<b>Nursing Grand Rounds</b> “Lymphedema.” Haber Conference Room	1.2
April 17 1:00–2:30pm	<b>Natural Medicines: Helpful or Harmful?</b> FND626	1.8
April 19 8:00am–2:00pm	<b>BLS Certification for Healthcare Providers</b> VBK601	---
April 25 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
April 26 8:00am–4:30pm	<b>Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other</b> Training Department, Charles River Plaza	7.2
April 26 8:00am–2:30pm	<b>New Graduate Nurse Development Seminar II</b> Training Department, Charles River Plaza	5.4 (for mentors only)
April 27 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	<b>CPR—Age-Specific Mannequin Demonstration of BLS Skills</b> VBK401 (No BLS card given)	---
April 27 1:30–2:30pm	<b>Nursing Grand Rounds</b> “Pulmonary Hypertension.” O’Keeffe Auditorium	1.2
April 28 8:00am–4:30pm	<b>Caring for Compromised Obstetrical Patients</b> O’Keeffe Auditorium	TBA
May 1 8:30am–10:30pm	<b>BOATING: Assisting Patients and Families to Navigate Healthcare Decision-Making</b> O’Keeffe Auditorium	---
May 1, 2, 8, 9, 15, 16 7:30am–4:30pm	<b>Greater Boston ICU Consortium CORE Program</b> NWH	44.8 for completing all six days
May 3 4:00–5:00pm	<b>More than Just a Journal Club</b> Sweet Conference Room	1.2
May 3 1:30–2:30pm	<b>OA/PCA/USA Connections</b> Bigelow 4 Amphitheater	---
May 4 7:30–11:00am/12:00–3:30pm	<b>CPR—American Heart Association BLS Re-Certification</b> VBK401	---
May 4 8:00am–12:00pm	<b>CVVH Core Program</b> Training Department, Charles River Plaza	6.3
May 5 8:00am–4:15pm	<b>Advances in Anti-Coagulation</b> O’Keeffe Auditorium	TBA
May 5 8:00–10:00am	<b>On-Line Patient-Education Resources</b> FND626	2.4
May 10 8:00am–2:00pm	<b>New Graduate Nurse Development Seminar I</b> Training Department, Charles River Plaza	6.0 (for mentors only)

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>.

## National Patient Safety Goal: reading back critical values and test results

**A**t MGH, our highest priority is keeping patients safe. We accomplish this in many ways. We adhere to safety policies, we conduct various safety checks, and we take countless precautions to ensure patient safety. You've read about JCAHO's National Patient Safety Goals in previous issues of *Caring Headlines*. One safety goal that requires our attention is, "improving the effectiveness of communication among caregivers."

The goal says: "For verbal or telephone or-

—by Katie Farraher

ders or telephonic reporting of critical test results, you must verify the complete order or test result by having the person receiving the order or test result 'read back' the complete order or test result." Critical test results are defined by each individual healthcare organization and typically include 'stat' tests, 'panic value' reports, and other diagnostic test results that require urgent response.

The policy at MGH is that verbal orders are only taken in emergency

situations. If the situation warrants a verbal order, it may only be received by a registered nurse employed by MGH. The receiver of the order must *write down* the complete order (or enter it electronically) then *read it back*. The nurse must get confirmation from the person who gave the order that the order is correct.

When receiving a critical test result, the same process of writing down the result and reading it back must be followed. In most cases, operations associates

receive the call from the lab reporting a critical test result. At MGH, the policy is that the operations associate writes the result in a book kept at the front desk, then reads the order back to the individual calling from the lab. This ensures the accuracy of the information when it's passed on to the nurse or physician caring for the patient. If you receive a critical test result over the phone and are unsure of where to write it down, put the caller on hold, go to the

front desk and get the designated book from the operations associate.

You can find the policy on verbal or telephonic reporting of critical test results in the *MGH Clinical Policy and Procedure Manual*.

For more information on the policy for verbal or telephone orders and telephonic reporting of critical test results, contact Katie Farraher in the Office of Quality & Safety at 6-4709.

### C O R R E C T I O N

In the March 16, 2006, issue of *Caring Headlines*, Mindy Sherman was incorrectly identified as a nurse. We apologize for the error. Sherman is a pediatric emergency attending physician.

# Caring

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