

December 7, 2006

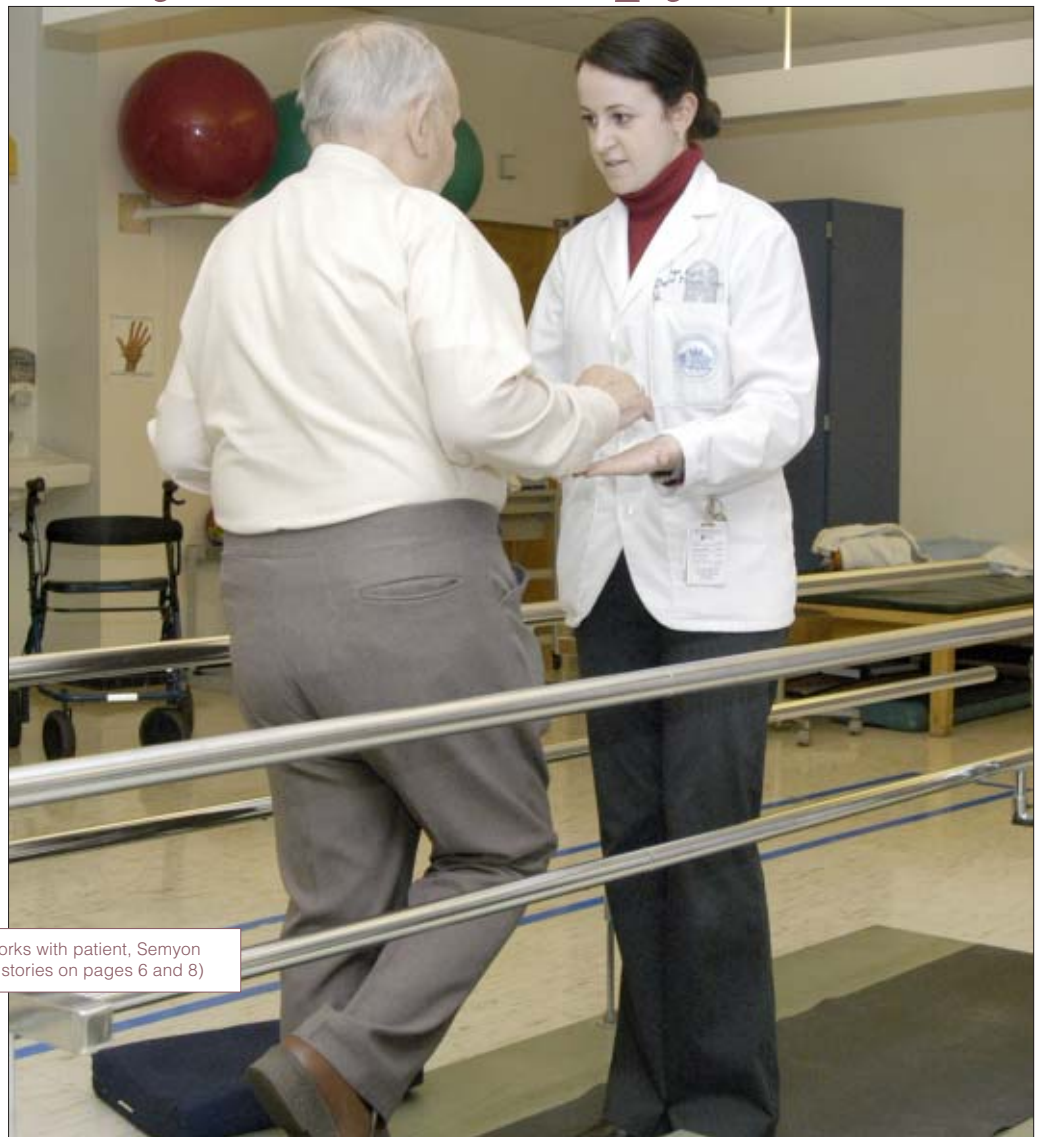
Caring

HEADLINES

MGH celebrates National Physical Therapy Month

Inside:

Physical Therapy Month	1
Jeanette Ives Erickson	2
• Patients First	
Fielding the Issues	3
• Smoking Cessation	
Respiratory Care Week	4
Coordinated Care Clinic	5
Clinical Narrative	8
• Alison Squadrito, PT	
Pain Partnerships	10
Quality & Safety	11
• New Laboratory Changes	
Professional Achievements .	12
Making a Difference Grants .	14
Educational Offerings	15



Physical therapist, Zoya Reznik, PT, works with patient, Semyon Koltov, to resolve balance issues (See stories on pages 6 and 8)

MGH Patient Care Services
Working together to shape the future

Patients First: an update

The Patients First initiative was launched in January of 2005. MGH, along with all other acute-care hospitals in the state, pledged to adhere to the following tenets of quality and safety:

- Committing to provide staffing that meets patient needs
- Promoting a safe and supportive working environment for all those who provide care and an environment in which patient safety is the top priority
- Providing the public with the hospital performance measures they need to make informed decisions about their care
- Tackling the chronic problem of shortages of nurses and other care-giving professionals by building a plentiful and committed workforce through hospital-based initiatives and strategic partnerships
- Educating the public about what hospitals are doing to ensure and improve patient care

Starting in January, the staffing plans for every patient-care unit in the state have been posted on www.patientsfirstma.org. Massachusetts is the first state in the nation to voluntarily post this information for public access. Starting in January of 2007, the public will be able to access actual staff-

ing information for fiscal year 2006 as well as an explanation if there's a variance of +/- 5 %.

The next phase of the initiative will be the public reporting of three common nursing-sensitive indicators. A special workgroup, convened by the MHA and MONE and chaired by Joyce Clifford, RN, president and founder of the Institute for Nursing Healthcare Leadership, recommended that the measures be selected from a sub-set of the 15 National Quality Forum's (NQF) National Voluntary Consensus Standards for Nursing-Sensitive Care (see *Caring Headlines*

measures for pressure-ulcer prevalence, patient falls, and patient falls that result in injury. Data-collection began in October, 2006, with public reporting scheduled for June, 2007

- To demonstrate leadership in improving the quality and safety of patient care and to prepare for adoption of the measures by the Hospital Quality Alliance, hospitals are asked to voluntarily collect and report (beyond what is called for in the Patients First pledge) the NQF measures for ICU central-line-associated blood

Transparency and accountability are important factors in ensuring safe, high-quality, patient care—the kind of care our patients expect. MGH is committed to Patients First and will continue to take the lead in implementing this historic, first-in-the-nation initiative.

February 16, 2006). Six measures were tested by 76 acute-care and specialty hospitals from March through May of this year, and in September, the workgroup made the following recommendations, which we endorse:

- To fulfill the Patients First NQF pledge, hospitals are asked to publicly report the NQF

stream infections and ICU ventilator-associated pneumonia infections. Data-collection for public release to begin in January, 2007, with public reporting scheduled for the first quarter of 2008.

A fourth NQF nursing-sensitive indicator, nursing care hours per patient day, is reported as part of the posted staffing plans.



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

The Patients First initiative has generated national interest, and in September, I had the opportunity to speak at The Patients First Experience: The Platform for Transparency, Staffing and Quality conference here in Boston. The conference attracted a national and regional audience interested in learning how this initiative was developed and its impact on quality and safety in our hospitals. The keynote address, "Changes in the Nursing Labor Market, Workforce, and Implications for Quality," was delivered by Peter Buerhaus, RN, Valere Potter professor of Nursing and senior associate dean for Research at Vanderbilt University School of Nursing. Dr. Buerhaus shared the results of his latest research study that shows job satisfaction among nurses is rising (currently at an 80% approval rating) and when hospitals pay attention to employee's concerns about patient safety

and working conditions, job satisfaction is even higher. He credited the Patients First initiative for putting the state of Massachusetts "further along than most states" in creating transparency and increasing job satisfaction.

There were a number of other presentations and workshops related to Patients First. I participated on the Developing Staffing Plans for State-wide Implementation panel, along with nurse leaders from Vermont, Maine, and Rhode Island. We each spoke about the impact of posting staffing plans in our respective states, voluntary posting in Massachusetts versus regulatory requirements in the other states. Since MGH was a participant in the development and piloting of public staffing plans, I was able to speak about the challenges we faced in converting our staffing metric (hours per worked index: HPWI) to the metric used in the staffing

continued on next page

The MGH Smoking Cessation Program

Questions have been raised about the Smoking Cessation Program and how we can provide the greatest assistance to our patients and be in compliance with regulations at the same time. The first phase of the Smoking Cessation Program is addressed in this column; the second phase has to do with electronic support for this program and will be discussed in a future issue of Caring Headlines.

Question: How do I complete the Nursing Assessment in a way that will meet JCAHO requirements for smoking cessation?

Jeanette: Two steps are required to complete the process:

- Give each patient admitted to MGH a copy of the *Guide for Hospital Patients Who Smoke*. The guide provides information on options for treating nicotine-withdrawal, obtaining assistance with smoking cessation, and may be of

help to patients or family members who smoke. Document this step on the Nursing Assessment Form.

- Also document on the Nursing Assessment Form whether the patient has smoked or used tobacco within the past 12 months

Note: If you don't document this step, you have not met the requirement.

Question: What else can I do to assist patients who smoke?

Jeanette: Some things you can do include:

- discuss with your patient ways we can help make them comfortable if they experience nicotine-withdrawal. Suggestions are outlined in the *Guide for Hospital Patients Who Smoke*. Encourage patients to let you know if they have symptoms
- Contact the Tobacco Treatment Service at 6-7443. A trained counselor will visit the patient to discuss the need for nicotine-replacement therapy or assistance in quitting smoking. This phone number is also printed

on the Nursing Assessment Form

- Nurses may request a smoking cessation consult without a physician's order

Question: If I think a patient smokes, but I'm not sure, should I guess when completing the smoking section of the Nursing Assessment Form?

Jeanette: No. If you're not sure if a patient has smoked within the past 12 months, the answer should be, "No."

Question: If a patient smokes but is currently unable to communicate, how can I counsel them?

Jeanette: If the patient has presented with an altered mental status and you cannot communicate with her when you complete the Nursing Assessment Form, be sure that a *Guide for Hospital Patients Who Smoke* is made available to her family. Patients may require nicotine replacement therapy to assist with nicotine-withdrawal symptoms. They may want to speak with a counselor as they recover. Having the information available may help promote communication between patient and caregiver. Then document that you've made the guide available to the patient.

Question: If a patient who smokes is terminally ill and receiving comfort measures only, should he be counseled to stop

smoking and encouraged to see a smoking counselor?

Jeanette: That is a judgment call. The JCAHO doesn't require that terminally ill patients receive counseling for smoking cessation, but comfort measures only must be documented in the medical record.

Question: If patients have a Limitation of Life Sustaining Treatment order but are not receiving comfort measures only, should they be offered counseling to quit smoking?

Jeanette: Yes, those patients should be offered counseling.

Question: What services are provided by the Tobacco Treatment Service?

Jeanette: The Tobacco Treatment Service has trained counselors who can help patients determine their commitment to quit smoking, assist during the process, and for patients who aren't ready to quit, advise patients and caregivers on how to address symptoms of nicotine withdrawal during a hospital stay. Currently, counselors are available Monday through Friday and make every effort to see patients prior to discharge.

To contact the MGH Tobacco Treatment Service call 6-7443. Other relevant information can be found in the *Guide for Hospital Patients Who Smoke*.

Jeanette Ives Erickson

continued from previous page

plans (worked hours per patient day: WHPPD). I shared that MGH nurses feel empowered making day-to-day staffing decisions and developing our flexible staffing model that utilizes a large percentage of part-time staff, flexible work hours, self-scheduling, and creative utilization of older staff.

In an article published in the September *Journal of Nursing Administration* entitled, "Nurse Staffing, Nursing Inten-

sity, Staff Mix, and Direct Nursing Care Costs Across Massachusetts Hospitals," John Welton, PhD, Edward Halloran, RN, and Lynn Unruh, RN, examined nurse distribution, intensity of care, skill-mix, and costs per patient using the Patients First staffing data reported by Massachusetts hospitals. Their conclusion that patient-care decisions are best determined by case mix, complexity of care required, and the size of the

care unit supports our acuity-based, flexible staffing model and the variance in staffing within and between community hospitals and academic medical centers.

Transparency and accountability are important factors in ensuring safe, high-quality, patient care—the kind of care our patients expect. MGH is committed to Patients First and will continue to take the lead in implementing this historic, first-in-the-nation initiative.

Celebrating Respiratory Care Week at MGH

—submitted by the staff of Respiratory Care Services

Respiratory therapists play an important role in the care of more than 35 million Americans living with chronic lung disease and a multitude of other children and adults across the spectrum of health care. In observing the 25th annual Respiratory Care Week, we recognize and celebrate MGH respiratory therapists as skilled clinicians and valuable members of our patient-care team.

Respiratory Care Week began October 22, 2006, with a poster presentation in the Main Corridor featuring photographs of respiratory therapists engaged in

patient-care activities throughout the hospital. The display included comments shared by physicians describing the professional and collegial relationships they share with members of the respiratory care team.

Staff of Respiratory Care Services created the display to highlight the contributions respiratory therapists make to MGH, local, national, and international communities.

October 25th was National Lung Health Day.



patient-care activities throughout the hospital. The display included healthy human lung samples and samples of lungs affected by various diseases. Respiratory therapists were on hand to explain various techniques for using inhalers to deliver medications directly to the lungs and answer questions for patients, employees, and visitors.

The BiPAP machine (a ventilation support system that employs a mask to assist patients to breathe), and the Mechanical Inexsufflator, a cough-assist device, were on display. Several nursing and respiratory therapy students eagerly sought out information about these life-saving devices. The week's activities culminated with a special luncheon and dinner provided by the department.

For more information about the services provided by the department of Respiratory Care, call 4-4493.



Above, respiratory therapists staff educational booth in the Main Corridor. Below (l-r) are respiratory therapists, Joseph Kratochvil, RRT; Susan LaGambina, RRT; Leslie Smith, RRT; and Vincent Riggi, RRT

Coordinated Care Clinic to help children with multiple health challenges

—by Sandra Clancy, family advisor

The MassGeneral Hospital for Children recently launched its new outpatient Coordinated Care Clinic for pediatric patients. The Coordinated Care Clinic provides comprehensive, integrated, and coordinated care to patients with medically complex health issues. Members of the clinic staff organize all aspects of care, helping families navigate more smoothly through the healthcare system. The clinic care team fa-

cilitates communication between families, primary care physicians, specialists, therapists, and other healthcare providers. To make the process of moving through the system as easy and stress-free as possible, staff often arrange for specialists and other health professionals to meet and examine children in the clinic. The goal is to provide complete and seamless care that meets each child's individual healthcare needs.

The clinic team is

comprised of a nurse practitioner, three pediatricians, and a family advisor who acts as a resource and support person for patients and families. The Coordinated Care Clinic is located on the sixth floor of the Yawkey Center for Outpatient Care, and patients are seen Monday through Thursday, from 9:00am to 12:00pm.

For more information about the Coordinated Care Clinic, or to schedule an appointment, call 617-643-0606.

Clinical Recognition Program

Advanced clinicians and clinical scholars recognized September–November 2006

Advanced Clinicians:

- Kelly Macauley, PT, Physical Therapy
- Janet Doherty, RN, Same Day Surgical Unit
- Ellen Silvius, RN, Endoscopy
- Jennifer Mathisen, RN, Medical Intensive Care Unit
- Brenda Pignone, RN, Surgery

Clinical Scholars:

- Sheila Brown, RN, Radiation Therapy
- Kathleen Carr, RN, Coronary Care
- Elyse Levin-Russman, LICSW, Social Services



Coordinated Care Clinic team (l-r): Marjorie Curran, MD; Mark Robel, NP; Sandra Clancy, family advisor; Carl Seashore, MD; and Shannon Scott-Vernaglia, MD

Physical Therapy

MGH celebrates National Physical Therapy Month

—by Morgan Cole, PT, and Susan Sannella Fleming, PT

Every October, the MGH community celebrates National Physical Therapy Month. Throughout the month, Physical Therapy Services demonstrates its ongoing commitment to patients, the community, and the physical therapy profession by providing educational presentations, participating in a community-service project, and holding its annual recognition reception. The theme of this year's Physical

Therapy Month celebration was, "Moving Yourself to Better Health," and it was incorporated into all PT Month activities.

The festivities started early with the annual recognition

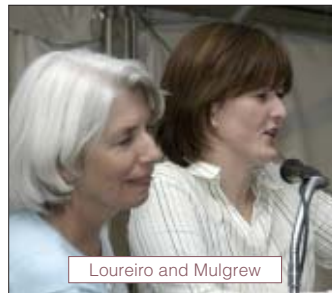
reception on September 26, 2006. The occasion was an opportunity to celebrate the accomplishments and dedication of all members of Physical Therapy Services over the past

year. Staff received copies of the Physical Therapy Annual Report, showcasing the many contributions and achievements of individuals and groups within the department, including

professional certifications, presentations, and publications. Director of Physical & Occupational Therapy Services, Michael Sullivan, PT, praised the group saying, "Think about what you do because it truly is extraordinary. From the moment you get here until the moment you leave, you care for other people. You chose a selfless profession, be-



Combining fun and physical therapy at the recognition reception



Loureiro and Mulgrew



Dayan-Cimadoro



Moore



Staff physical therapist, Lesia Wilson, PT, with patient, E. Saravia



Physical therapist, Poonam Pardasaney, PT, with patient, Allen Cail

cause you yourselves are selfless individuals.”

Three members of the PT staff reflected on their individual professional journeys. While their areas of clinical practice and years of experience were diverse, each speaker’s passion for the physical therapy profession was evident. Melanie Struzzi, PT, described her experience developing professional association networks throughout her career. Patricia (Ann) Chastain, PT, said that for her, “Physical therapy became the perfect profession combining both body and spirit.” Lilian

Dayan-Cimadoro, PT, reflected on her experience, saying, “What a wonderful journey—from practice based on theory or personal preference to using scientific evidence in daily practice.”

Mary Ellin Smith, RN, professional development coordinator and co-chair of the Clinical Recognition Review Board, spoke about the quality of clinical narratives written by physical therapists. “Through your narratives, you have inspired, educated, and informed. While your narratives provide insight into your practice, your recognition mo-

del provides insight into how to develop clinicians. Words like, consider, recognize, anticipate, and intuit describe the unfolding knowledge and skill that develop as you advance in your practice.”

A friendly putt-off served as a preview to the golf challenge fund-raiser, and a lively ‘on-your-person’ scavenger hunt rounded out the festivities.

Because education is a key component of physical therapy, on October 18th Physical Therapy Services hosted, “Move Yourself to Better Fitness,”

an information booth in the Main Corridor where physical therapists were on hand to answer questions about fitness and sports-related programs. Information was disseminated (along with golf tees), and a putting competition brought scores of staff and visitors to the Bulfinch tent. The MGH Revere HealthCare Center provided information about backpack safety and exercise.

The now traditional community-service project, this year the golf challenge fund-raiser, brought in a

grand total of \$1,393 for the MGH Social Services Discretionary Fund.

Physical Therapy Month was an opportunity to celebrate the unique contributions of physical therapists to the care of patients and the communities we serve. Physical Therapy Services is committed to excellent patient care, fitness-promotion, public education, and professional development.

For more information about the services provided by the MGH department of Physical Therapy, call 6-2961.



Chastain



Struzzi



Sullivan



Physical therapists provide information on exercise at educational booth in the Main Corridor



Above: staff and visitors take part in golf challenge

At right: captains of the winning golf teams and event co-chairs show scoreboard (l-r): Ann Viser, Garth Savidge (co-chair), Jen Miraglia, and Andrea Milgram (co-chair); Team captain, Terri West, not pictured



Expert assessment, diagnosis and treatment maximize patient's safety and independence

My name is Alison Squadrito, and I am a clinical specialist in the MGH department of Physical Therapy. Almost half of all adults report dizziness or vertigo to their physicians at some point in their lives. It has been estimated that for 85% of those patients, vestibular system dysfunction contributes to their symptoms. The vestibular system provides the brain with information about coordinated head, body, and eye movements that allow individuals to effectively maintain their balance during daily activities. If the vestibular system is not functioning well, patients may complain of dizziness, vertigo (a sense of spinning), or imbalance. Physical therapists play an important role in the diagnosis and treatment of these individuals.

We know that more and more patients are presenting with vestibular dysfunction, and we need to ensure that MGH physical therapists are able to provide this population with the highest quality of care. To meet this goal, three physical therapy clinical specialists, Lilian Dayan-Cimadoro, Kristin Parلمان, and I, pursued advanced training and certification in vestibular rehabilitation.

The following case provides an example of physical therapy examination and intervention for a patient with vestibular dysfunction.

Mary is a 74-year-old woman who was admitted to the Observation Unit after falling down several steps. A head CT and several spinal X-rays ruled out any serious injuries. Her physician consulted Physical Therapy to evaluate her function and help determine if it was safe for her to return home.

Mary had had brain surgery for an aneurysm in 1992 and reported experiencing some dizziness since that surgery. Despite that, she had been independent and able to walk in the community with a cane. Over the past winter she began having increased difficulty managing at home and suffered several falls. Mary's falls occurred in situations where she was less able to rely on her vision to maintain her balance (such as in dim light or when turning her head) or when she was attempting to do two things at once (such as walking and carrying a drink). Understandably, she was becoming concerned about falling and frustrated that she was losing her independence.

Mary was reporting some dizziness and, giv-

en her history, it was easy to believe this was nothing new. Suspecting that the dizziness might be contributing to her imbalance and recent falls, I asked Mary to tell me more about it. I pressed her to be very specific, because certain details can reveal a tremendous amount about the etiology of the condition and guide appropriate interventions.

After further questioning, it became clear that Mary's current symptoms were, in fact, not usual for her. While she normally felt 'dizzy' or 'off,' she now had brief episodes of vertigo and nausea that were triggered by rolling over in bed or sitting up. There are several possible causes of dizziness in patients who have fallen, but I was becoming increasingly convinced that Mary might be experiencing benign paroxysmal positional vertigo, or BPPV. This is a disorder in which small crystals of calcium carbonate are loosened from the hair cells of the inner ear and begin floating freely in the canals in the inner ear. When the head is in certain positions, these displaced crystals send false signals to the brain resulting in vertigo and abnormal jerking eye movements known as nystagmus. The displacement of the



Alison Squadrito, PT
physical therapy clinical specialist

crystals can be caused by a natural degeneration of the inner ear or by a blow to the head, as Mary had experienced when she fell.

A physical examination would tell us more. Mary was anxious to have the vertigo resolved and was willing to go through any testing that would help determine the cause of this disabling symptom.

I assessed Mary's ability to transfer from her bed to the chair and analyzed her gait and balance. Her function was clearly far from her baseline; she was unable to remain standing without assistance and had delayed and ineffective balance reactions. I put Mary through a series of tests to see if she had any problems that would indicate a central nervous system (brain and spinal cord) dysfunction or potential involvement of the peripheral vestibular nerve leading to the equilibrium system in the ear. The examination tested

her coordination, sensation, strength and control, eye movements, and ability to maintain a focused gaze during head movements. The tests showed no impaired function of her central or peripheral vestibular systems. With those systems ruled out, it became more likely that Mary was suffering from BPPV.

The next step was to perform more selective tests for BPPV. The Hallpike-Dix test involves an examiner moving a patient into a position that triggers nystagmus and vertigo. It is used to diagnose BPPV and, as expected, Mary tested positive. The position of her head and the direction of the nystagmus during the test told me which of the semi-circular canals in Mary's inner ear was affected. With this information, I was able to take her through a series of movements designed to re-locate the abnormal, free-floating, calcium crystals in her inner ear

continued on next page

Some portions of this text may have been altered to make the story more understandable to non-clinicians.

Clinical Narrative

continued from previous page

away from their present location to a location that would no longer cause her to have symptoms. Despite the nausea and vomiting that accompanied the severe vertigo she experienced during the procedure, Mary was happy to continue with the hope that it would

help her. Because of the severity of her symptoms, we agreed that I would return the next morning to finish the test and determine the effect of the treatment. I discussed my findings and plan with Mary's physician and we agreed that Mary should stay the night. We plan-

ned to re-assess her function and ability to return home first thing in the morning.

The success rate of this treatment is as high as 90-95%, so I was hopeful that Mary would be feeling better in the morning. When I returned, she was thrilled to tell me she'd experienced no vertigo since I had worked with her the previous day. She was able to roll

and sit up without difficulty and was extremely grateful that the treatment had helped her regain her function. I was excited about the success of the treatment and the fact that Mary felt better. But I still wasn't convinced she'd be able to return home. Despite the fact that we'd dealt with her BPPV, Mary had had trouble with her balance and fallen many times prior to this admission. More than half of the people affected by BPPV also experience imbalance, and it doesn't necessarily resolve at the same time the vertigo does, particularly in older adults.

Mary was able to walk straight down the hallway independently with an improved gait pattern. But when I challenged her with situations she would encounter at home, she was unable to maintain her balance. For example, when she tried to walk while carrying a glass of water, a task she performs frequently at home, she quickly lost her balance. Together, we decided it would not be safe for her to return home alone without the support of the VNA or community services to help her perform her activities of daily living. As she had no new medical issues since her aneurysm that would have caused the decline she had experienced in her function, I believed she had the potential to improve with ongoing therapy. In addition to the BPPV, it

seemed likely that the winter weather had played a part in her decreased level of activity contributing to her overall impaired function.

Mary fully agreed with the plan to transfer her to a rehabilitation hospital, and the case manager began to arrange her discharge. My assessment of Mary's dizziness allowed me to provide the appropriate treatment to manage her acute vestibular dysfunction, and recognize the need for ongoing physical therapy to maximize her safety and independence once it had resolved.

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

Often, elders dismiss their symptoms as side-effects of 'old age' and fail to seek the medical attention they require. Alison and her colleagues didn't allow that to happen to Mary. Upon hearing Mary's history and performing a thorough assessment and examination, Alison set about treating Mary's BPPV and her associated imbalance. This narrative shows the importance of investigating the cause of every fall and engaging the patient in the treatment and decision-making process related to her own care. Alison's interventions probably helped prevent Mary from falling again, and added to Mary's understanding of her own health and medical needs.

Thank-you, Alison.



Reznik and Koltov use parallel bars to work on balance issues

Pain partnerships

A collaborative patient-education project between the Pre-Admissions Testing Area and the Post Anesthesia Care Unit

—by Susan Croteau, RN, staff nurse

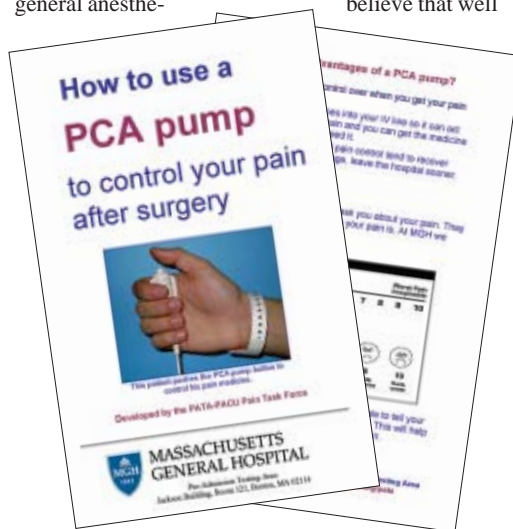
Controlling pain is a collaborative effort between care providers and patients. In 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) implemented pain-management standards recognizing a patient's right to pain relief. Pain is now considered a fifth vital sign, evaluated along with pulse, blood pressure, temperature, and respiration. Pain is assessed using a visual analog scale with a range of numbers and pictures from 0-10. The American Society for PeriAnesthesia Nurses encourages the documentation of pain levels as well as pain-management education as a standard of care in the peri-operative setting.

As a nurse in the Post Anesthesia Care Unit (PACU) for many years, I know one of the most challenging aspects of nursing care is controlling patients' pain after surgery. My experience was that patients didn't know a lot about pain-management and often had unrealistic expectations after major surgery. Most patients are given a patient controlled analgesia (PCA) device to manage their pain. This is a hand-held pump that gives

patients some control of their pain medication. PCAs are used in many areas of the hospital to deliver safe and effective pain-management intravenously. Post-surgical patients are given PCAs while in the PACU. Unfortunately, comprehension is an issue for patients recovering from general anesthe-

ling their pain. PATA educates about 60 patients per day on how to prepare for a safe and successful hospital experience.

My goal was to formally educate patients on post-operative pain-control so they'd have a better understanding of what to expect after surgery. I believe that well



sia. Tired and in pain, they often have trouble understanding instructions. Many patients also worry about giving themselves pain medication. As a result, patients and nurses can feel frustrated about how pain is managed.

When I took a position in the Pre-Admission Testing Area (PATA), I saw a great opportunity to educate patients on what to expect post-operatively as far as control-

ing their pain. PATA educates about 60 patients per day on how to prepare for a safe and successful hospital experience.

Most patients receive PCAs in the post-operative setting and continue to use them after they're transferred to a unit. Working with nurses in both units, we formed the PATA-PACU Task Force to better meet the pain-management needs of our patients.

The first step in this

collaborative initiative was investigating the current practices of both units. Informal focus groups were used to document current practice, bring the voice of the patient forward, and brainstorm about ways to improve nursing practice. A review of the literature supported pre-surgical education as a way to foster the use of PCAs and better prepare patients about the need for pain-management. The task force proposed three educational initiatives:

- Create a patient-education PCA pamphlet
- Bring PCA pumps to the Pre-Admission Testing Area for patient education
- Prepare PATA nurses to make and document this practice change

PATA nurses accepted the proposals and collaborated with PACU staff to develop and refine the PCA pamphlet. With the assistance of Karin Hobercker of Interpreter Services, the pamphlet was completed in simple, easy-to-understand language.

The pamphlet, *How to use a PCA pump to control your pain after surgery*, focuses on the PCA device and the importance of adequate pain-control. It answers frequently asked questions, such as, What is a PCA? How does it work? How often should I press the button? Can I accidentally overdose? Can I become addicted? The pamphlet explains that only patients should activate the PCA device, and

it includes a picture of the pain scale.

To evaluate the effectiveness of this change in practice, PACU staff compared the responses of patients who received pre-operative patient education on PCAs with those who didn't. Data was collected for 30 days then reviewed and evaluated by the PATA-PACU Task Force. In addition to feedback from patients, PACU staff felt the pamphlets effectively prepared patients for what to expect post-operatively.

With the help of the pamphlet, *How to use a PCA pump to control your pain after surgery*, nurses in the Pre-Admission Testing Area are educating patients on the use of PCAs and encouraging them to take a proactive role in controlling their pain. As a result of this initiative, patients can establish realistic, achievable, pain-relief goals in partnership with their caregivers.

Nurses form partnerships with patients every day to control pain. *How to use a PCA pump to control your pain after surgery* is available to clinicians on all patient care units. Nurses can use this tool to better inform patients about pain-management and promote positive clinical outcomes.

For more information about the PATA-PACU Task Force, call 6-3383. *How to use a PCA pump to control your pain after surgery* can be ordered from Standard Register (item #84756).

New laboratory changes

—by Katie Farraher, senior project specialist, Office of Quality & Safety

The Hematology and Chemistry labs have seen some significant changes recently. The MGH Core Laboratory is now fully operational on Gray 5, and thanks to a multi-year construction project, the MGH Hematology Laboratory and Chemistry Laboratories are now located together in a newly renovated space on Gray 5. The Core Lab was created to improve customer service and incorporate the use of automated testing technologies. A rapid-response component is being developed to improve turn-around times for a wide variety of critically important tests.

New requisition forms have been rolled out to support the new configuration. Forms were re-designed with input from

Nursing to improve the accuracy of ordering and the drawing of specimens. The tube types for all tests are clearly indicated on the requisition form to help reduce errors such as collecting blood in the wrong tube. There is now one routine chemistry requisition form (#84927) and one chemistry blood gas/stat lab requisition form (#70051). The chemistry stat menu has been expanded to include blood gases, electrolytes, and critical immuno-diagnostic tests, including troponin T and HCG. The expansion of stat test availability was made possible by adding several sections of chemistry to a new cluster of pneumatic tubes for use when rapid turn-around is needed. These tubes have separate numbers that should be used to send specimens whenever

rapid turn-around is needed. Updated instructions are in place at every pneumatic tube station.

In the near future, there will be one routine core laboratory requisition form that permits the combined ordering of all testing in the Core Lab including chemistry, immuno-diagnostics, hematology, and coagulation. The labs are working with Nursing to develop a rapid-response requisition form that will permit a wide variety of critical tests to be ordered from the Core Lab rapid response area to improve turn-around time.

The Core Lab has a new telephone number: 6-2345. This number can be dialed to reach either the chemistry or hematology sections of the lab. If you'd like a tour of the new lab, drop by Gray 5 any time.

December Vacation Club

December 26–29, 2006

MGH Backup Childcare Center

(Closed Monday, December 25th for the Christmas holiday)

Camp Hours: 7:30am–5:45pm

Cost: \$225 for 4-day week/individual days: \$60 per child

Reservations can be made over the phone or in person

Program is designed for 6–12 year-olds

Activities will include:

a puppet-making workshop with the Gerwick Puppets; cooking; Disney on Ice at the TD Banknorth Center; a magic show with Steve Lechner

The Backup Childcare Center will provide care and appropriate activities for younger children (aged 15 months–5 years). A non-refundable pre-payment is required

For more information, call 617-724-7100

MGH Institute of Health Professions

Information Session

December 14, 2006, 6:00–8:00pm

Advanced Practice Nursing Options for RNs
RN to MS; Nurse Practitioner Certification
for nurses with bachelor's degrees
For more information go to: www.mghihp.edu/admissions/infosessions.html

MGH Chaplaincy holiday songfest

The MGH Chaplaincy invites patients, staff, and visitors to its annual holiday songfest. The only requirements are a holiday spirit and a song in your heart!

Thursday, December 21, 2006

12:00–1:00pm

in the Main Corridor

Come and join in the fun
All are welcome!

Northeastern at MGH

Register now

Classes start January 8, 2007

Spring courses for the Masters/CNS program

Pharmacology: Mondays 6:00–8:00pm

(2 semester hours)

Pathophysiology: Thursdays 5:00–7:30pm

(3 semester hours)

Classes held at MGH

For more information, call Julie Goldman, RN,
at 4-2295

Call for Proposals

The Yvonne L. Munn, RN,
Nursing Research Awards

Submit research proposals for the annual Yvonne L. Munn, RN, Nursing Research Awards to be presented during Nurse Recognition Week, May 6-11, 2007

Proposals are due January 16, 2007

Guidelines are available at:

www.mghnursingresearchcommittee.org

For more information, call 617-726-3836

Ryan appointed to Board of Directors

Laura Ryan, RN, Hematology-Oncology, was appointed to the Board of Directors for the New England Coalition of Cancer Survivorship in October, 2006.

McCarthy certified

Christine McCarthy, RN, Medical Intensive Care Unit, received the Critical Care RN certification from the American Association of Critical Care Nurses in October, 2006.

Ojimba publishes

Reverend Monsignor Felix Ojimba published the article, "The Ndo Flock of Birds: a Model for Group Support and Care," in *Vision*, November, 2006.

Mulligan appointed to Publications Committee

Janet Mulligan, RN, nurse manager of the IV Therapy Team, was appointed to the Publications Committee, for the Association for Vascular Access at the INS National Convention, in Indianapolis, in September, 2006.

Peterson appointed to Human Rights Commission

Gayle Peterson, RN, staff nurse and co-chair of the PCS Ethics Committee, was appointed to the City of Melrose Human Rights Commission in October, 2006.

Arnstein presents

Paul Arnstein, RN, clinical nurse specialist for Pain Relief, presented, "The Nurse's Role as Catalyst for Patient Comfort and Satisfaction," at the northeast regional chapter meeting of the American Society of Perioperative Nurses in Rochester, New York, October 20, 2006.

Arnstein also presented, "State Pain Initiative Approach to Promoting Optimal Pain Control," at the New Hampshire Hospice and Palliative Care Organization's annual Pain and Beyond Conference in Manchester, New Hampshire, October 18, 2006.

Macauley presents

Kelly Macauley, PT, physical therapist, presented, "APTA: Working for You," at the North Shore Community College in Danvers, October 30, 2006.

Levin presents

Barbara Levin, RN, Orthopaedics-Trauma, presented, "When the Call Bell Rings: Appreciating Generational and Cultural Differences in Communication," at the National Gerontological Nursing Conference in Cincinnati in October, 2006.

Harmon-Mahony presents

Carol Harmon-Mahony, OTR/L, occupational therapist, presented, "Fracture Management," at Tufts University in September, 2006, and, "Wrist Injuries," in October, 2006.

Keeley presents

Adele Keeley, RN, nurse manager, Medical ICU, presented the Robert Wood Johnson Foundation study, "Merging Palliative Care in the Critical Care Setting," at the Institute for Family-Centered Care in Dearborn, Michigan in October, 2006.

Keeley and Morash present

Adele Keeley, RN, nurse manager, Medical ICU, and Susan Morash, RN, nurse manager of the White 11 Medical Unit, presented, "Conflict-Resolution Skills in the Healthcare Setting," at the University of Massachusetts, Boston, conference on Dispute Resolution in November 2, 2006.

Madigan moderates, presents

Janet Madigan, RN, project manager, was a panel moderator for, "The Nurse of Tomorrow: Shaping the Future of Nursing," at The Patients First Experience: a National Model—Transparency, Staffing and Safety, in Boston, September 22–29, 2006. Madigan also presented, "Implementing Advocacy Strategies: The Massachusetts Response to Nurse Staffing Legislation," at the Illinois Hospital Association's, Working Together: Illinois Nurse Staffing Laws and You Conference, in Chicago, October 11, 2006.

Oertel presents

Lynn Oertel, RN, Anticoagulation Management Services, presented, "Blood Clots," at the Blood Clots: Now What? seminar, sponsored by the National Alliance for Thrombosis and Thrombophilia, in Quincy, October 21, 2006.

Quinn presents

Thomas Quinn, RN, presented, "Acute Pain Management for the Opioid-Tolerant Patient," at the Acute Pain: Anytime, Anywhere Solutions Conference, sponsored by the Pain and Care Team of Green Bay, Wisconsin, in October, 2006.

Doherty presents

Regina Doherty, OTR/L, occupational therapist, presented, "A Practical Approach to Promoting Evidence-Based Practice in the Clinical Setting," at the Massachusetts Occupational Therapy Association Annual Conference in Westwood, October 27, 2006.

Keeley appointed to Board of Directors and faculty

Adele Keeley, RN, nurse manager, Medical ICU, has been named to the Board of Directors for the MGH School of Nursing Alumnae Association, 2007–2009. Keeley was also appointed faculty member for the Institute for Family-Centered Care, in Bethesda, Maryland.

Levin presents

Barbara Levin, RN, Orthopaedics-Trauma, presented the Orthopaedic Nurses Certification Review Course, "Orthopaedic Complications, Musculoskeletal Tumors, Pediatric and Neuromuscular Orthopaedics," and, "The Legal Eye-Opener," at the National Association of Orthopaedic Nurses National Conference in Boston in May. Levin also presented, "Unleashing Your Leadership," and, "Nurse Protect Thyself: Communication Pitfalls in the Healthcare Industry," at the Massachusetts Nurses Association in Canton in May. She presented, "Improving Patient Safety: Celebrating Successes," at the Massachusetts Nurses Association in June, and "The Fascinating World of Forensic Sciences," at Hingham High School in June.

Professional Achievements

continued from previous page

Steiner presents

Linda Steiner, PT, physical therapist, presented, "Managing Incontinence in the Home-Care Setting," at the South Shore Homecare Rehabilitation Center in Randolph, Massachusetts, October 3, 2006.

Johnson named oncology fellow

Elizabeth Johnson, RN, clinical nurse specialist, Inpatient Oncology/Hematology, has been named, Oncology Nursing Society Leadership Development Institute fellow for 2007. She attended the November, 2006, Institute.

Carroll and Rankin present

Diane Carroll, RN, clinical nurse specialist, and Sally Rankin, RN, of the University of California, presented their poster, "Collaborative Intervention Improves Adherence in Cardiac Elders," at the National State of the Science Congress in Washington, DC, October 12-14, 2006.

Service of remembrance for victims of domestic violence

The MGH Chaplaincy, the HAVEN Program, the Employee Assistance Program, and Police, Security & Outside Services invite you to attend a service of remembrance for those impacted by domestic violence

**Friday, December 15, 2006
12:00 – 12:30pm
in the MGH Chapel**

Through music, readings, and reflection you will have the opportunity to mourn losses and envision peace in our homes and in our world

A light lunch will be served

Plante presents

Diane Plante, PT, physical therapist, presented, "Temporomandibular Joint Disorders – Evaluation and Treatment," at the Harvard Dental School in Cambridge, October 26, 2006.

Michel presents

Theresa Michel, PT, physical therapist, presented the, "Look: AHEAD Study," an NIH-funded grant, to diabetic subjects in Boston, October 5, 2006.

Holiday Resource Table

**Thursday, December 21, 2006
2:00-3:30pm
WACC Lobby**

This is a time of year that many look forward to and enjoy. It can also be a time of conflicting demands and stressors. The Employment Assistance Program will provide suggestions on how to manage stress, set realistic goals, take better care of ourselves, and enjoy the holiday season.

For more information, call 6-6976

Blood: there's life in every drop

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building

The MGH Blood Donor Center is open for whole blood donations:
Tuesday, Wednesday, Thursday,
7:30am-5:30pm
Friday, 8:30am-4:30pm
(closed Monday)

Platelet donations:
Monday, Tuesday, Wednesday, Thursday,
7:30am-5:00pm
Friday, 8:30am-3:00pm

Appointments are available for blood or platelet donations

Call the MGH Blood Donor Center to schedule an appointment
6-8177

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

Michael McElhinny, MDiv

Editorial Support

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

Materials Management

Edward Raeke

Nutrition & Food Services

Martha Lynch, MS, RD, CNSD
Susan Doyle, MS, RD, LDN

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 & Outside Services

Joe Crowley

Public Affairs

Suzanne Kim

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

Next Publication Date:

December 21, 2006



2007 Making a Difference grants: improving service, improving satisfaction

—by *Melanie Cassamas, project manager, Service Improvement*

MGH continues to be committed to service improvement, funding the 2007 Making A Difference Grant Program for \$75,000. Response has been strong with applicants submitting proposals for projects requesting more than \$200,000 in funding.

The grant review team had the difficult task of deciding which projects to fund, based primarily on the impact a proposal would have on service and its potential to be replicated throughout the institution. Early last month, funds were awarded to implement 22 new projects.

The Making A Difference Grant Program began in 2001 to mine, encourage, and support innovative service ideas throughout MGH. Over the past six years, the program has funded more than 125 projects brought forward by employees from all areas of the hospital, each contributing to the improvement of the patient, family, and employee experience.

The program is one of several offered by the

department of Service Improvement to help build a culture of service at MGH. The mission of Service Improvement is to promote excellence by assisting MGH departments and practices with leadership- and workforce-development and systems- and process-improvement.

Some of the projects funded this year include:

- The Ventilator Family Education Booklet; Susan Gavaghan

- Coping and Distraction Resources to the Rescue; Ashley Laliberte
- Is Your Relationship Affecting Your Health; Bonnie Zimmer
- Artwork on a Medical Unit: the Effect on Patient and Staff Satisfaction; Gerry Cronin
- The Solitude Room; Mary Guanci
- Remembrance Gift; Melissa Thurston
- Measuring Pitchers for Heart Failure Patients; Susan Stengrevics

- Family/Friend Locator Program; John Murphy
- The Bigelow 9 Recreational Activities Collection; Danielle Dumas
- Diabetic Education Bedside Model; Marian Jeffries
- Your Health Care Folder for Adult Medicine Patients; Eileen McAdams
- LAPTOP: Laptop Accessibility Provided to Oncology Patients; Mimi Bartholomay
- Comfortable Inpatient Waiting for Radiation Treatment; Carey Palmquist
- Relaxation Channel for MGH Closed Circuit TV; Shelly Bazes

- A Model Family Bereavement Program in the MICU; Connie Dahlin
- Sensory Room/Area in the Acute Psychiatry Service; Colleen Desmond
- Diabetes Blood Glucose Workstation; Elizabeth Belcher
- Meeting Patient Education Needs through Popular Technology; Sally Hooper and team

For more information about the MGH Making a Difference Grant program or the work of the Service Improvement Department, please contact Melanie Cassamas at 6-1816.



MGH president, Peter Slavin, MD, views poster presentation of Making a Difference grants for 2006, shown above with Heather Peach, child life specialist

Educational Offerings

December 7, 2006

When	Description	Contact Hours
December 18 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)	---
December 21 1:30–2:30pm	Nursing Grand Rounds “Anaphylaxis.” O’Keeffe Auditorium	1.2
December 27 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
January 8 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification FND325	---
January 9 8:00am–2:00pm	BLS Certification for Healthcare Providers FND325	---
January 10 8:00am–2:00pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
January 10 11:00am–12:00pm	Nursing Grand Rounds Haber Conference Room	1.2
January 10 1:30–2:30pm	OA/PCA/USA Connections Bigelow 4 Amphitheater	---
January 11 8:00am–4:30pm	Psychological Type & Personal Style: Maximizing Your Effectiveness Training Department, Charles River Plaza	8.1
January 16 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification FND325	---
January 17 8:00–4:00pm	Oncology Nursing Concepts: Advancing Clinical Practice Yawkey 2200	TBA
January 24 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
January 24 and 31 8:00am–4:30pm	Phase II: Wound Care Education Training Department, Charles River Plaza	TBA
January 25 8:00am–12:30pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Training Department, Charles River Plaza	---
January 25 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1.2
January 25 12:00–4:00pm	Basic Respiratory Nursing Care Bigelow Amphitheatre	---
January 29 and 30 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: NEMC; Day 2: FND325	14.4 for completing both days
January 31 8:00am–12:00pm	BLS Certification—Heartsaver FND325	---
February 2 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification FND325	---
February 3 (Saturday) 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills FND325 (No BLS card given)	---
February 5 8:00am–2:00pm	BLS Certification for Healthcare Providers FND325	---

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>.

The MGH Tobacco Treatment Service

Under the current standard, all patients should be asked if they've used tobacco products in the past 12 months. If they have, the Tobacco Treatment Service should be notified (6-7443) for a consult

In the smoke-free environment of the hospital, The Tobacco Treatment Service can help patients avoid nicotine withdrawal

Every patient who has smoked in the past 12 months should be given a copy of the *Guide for Hospital Patients Who Smoke* (Standard Register form #84772). A copy of the guide is placed at every patient's bedside when the room is cleaned

Helping patients to quit smoking is part of the excellent care all clinicians provide at MGH.

Make your practice visible Document your work

For more information, or to request a quit-smoking consult, call 6-7443

MGH is committed to improving hand hygiene

MGH follows CDC guidelines for:

- Hand-hygiene practice
- Hand-hygiene education
- Monitoring for improvement
- Selection of hand-hygiene products
- Providing feedback to the workforce
- Established fingernail policy
- Focused assessment of hand hygiene when outbreaks occur



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

What is hand hygiene?

Disinfecting hands *plus* washing hands *plus* performing proper skin care constitutes good hand hygiene.

Hand-washing is one of the most important actions you can take to clean your hands and reduce the spread of germs... but as healthcare workers, you must do even more.

Healthcare workers must disinfect hands to stop the spread of pathogens (germs that cause disease) and moisturize hands to help keep their skin healthy and intact.

For more information about hand hygiene, contact your nurse manager, operations coordinator, or infection control practitioner, or call Infection Control directly at 6-2036



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

