

November 2, 2006

Caring

HEADLINES

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Pastoral Care Week at MGH

The MGH Chaplaincy is dedicated to meeting the spiritual needs of patients, families, and staff, with chaplains available 24 hours a day, seven days a week, to provide spiritual care. In celebration of the many spiritual and religious traditions within the MGH community, the Chaplaincy observed

—submitted by the MGH Chaplaincy

Pastoral Care Week on October 24, 2006, with an information table in the Main Lobby displaying spiritual literature and symbols of faith.

On October 25, chaplains and pastoral educators attended a seminar presented by Dr. John McDargh, associate professor in Theology at

Boston College, entitled “The Healing Power of Our Stories.”

On October 26, the annual Blessing of the Hands was held outside the MGH Chapel, affirming the many tasks our hands perform to provide comfort and care to others. For more information about the MGH Chaplaincy, call 617-726-2220.



Members of the MGH Chaplaincy staff information booth in the Main Lobby during Pastoral Care Week

The Center for Innovations in Care Delivery: a cornerstone of The Institute for Patient Care



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

Over the past few months in a number of forums, I've spoken about the new Institute for Patient Care, its mission, and the programs it comprises (see diagram below). The philosophy of the Institute is based on the core competencies articulated by the Institute of Medicine (IOM) in 2002:

- Provide patient- and family-centered care; identify, respect and care about patients'

differences, values, preferences, and needs; relieve pain and suffering; coordinate continuous care; listen to, inform, communicate with, and educate patients; share decision-making; and advocate for disease-prevention, wellness, and healthy lifestyles

- Work in inter-disciplinary teams; cooperate, collaborate, communicate, and integrate care
- Employ evidence-based practice; integrate

research into clinical expertise and patients' values for optimum care

- Employ quality-improvement measures; identify errors and hazards; understand and implement basic safety principles; continually understand and measure quality of care; and design and test interventions to change systems with the objective of improving quality
- Use informatics; com-

municate, mitigate error, manage knowledge, and support decision-making using information technology

In this column, I'd like

to focus on The Center for Innovations in Care Delivery, the newest component of The Institute for Patient Care.

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Goals for the Institute:

- Foster an environment of clinical inquiry and experiential learning
- Promote team learning to optimize safe, effective, culturally-competent patient care; create an environment that promotes safety for patients, families, and staff
- Participate in the development and evaluation of organizational initiatives
- Support the development of a diverse current and future workforce

Programs/Initiatives

- Collaborative Governance
- Clinical Recognition Program
- Credentialing
- Ethics
- Organizational Evaluation
- Culturally Competent Care Curriculum
- Leadership Development
- Visitor Program
- Simulation
- Awards/Recognition
- Workforce Development

Goals (continued):

- Enhance the relevance of research as it relates to public health
- Support research that advances care that is safe, effective, and evidenced-based
- Provide leadership for innovations in learning for staff, patients, and families
- Develop, implement, and evaluate programmatic initiatives that impact staff-development and organizational effectiveness
- Make innovations visible through internal and external publications and presentations

Jeanette Ives Erickson

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The mission of The Center for Innovations in Care Delivery is to match interdisciplinary education and research with opportunities to impact care delivery. The intent is to bring teams together to identify opportunities; evaluate the impact of proposed changes; and construct and implement innovations to improve the delivery of care.

We have been fortunate in nursing to have the Yvonne L. Munn Center for Nursing Research to advance our research agenda and the

Knight Nursing Center to promote nursing education. My vision for The Center for Innovations in Care Delivery is to bring inter-disciplinary research and professional-development opportunities to all disciplines within Patient Care Services.

I'm happy to announce that Barbara Blakeney, RN, former president of the American Nurses Association, has agreed to help us in this work. She joins our team as innovations specialist for The Center for

Innovations in Care Delivery.

Barbara has spent the past four years talking with and listening to nurses and healthcare professionals across the country. She brings a first-hand understanding of the issues and obstacles affecting patient care and staff-satisfaction. She's built a national network of contacts in a broad range of professions from health care, to law, to architecture, to financial planning. She's an expert at bringing people together to solve problems. And that's what The Center for Innovations in Care Delivery is all about.

As we launch the new Center, we will be introducing a new role to Patient Care Services: that of site miner. This is a role that has proven effective in other industries, and we hope to capitalize on its success. A site miner is an experienced clinician who networks with other clinicians to identify unexplored opportunities to solve problems, enhance professional practice, improve care, and promote patient and staff safety.

Think of a site miner the same as you'd think of any other miner—someone who 'prospects' through raw materials

looking for hidden treasures; with the right tools and support, he or she transforms that raw material into something precious and valuable.

We will be looking for site miners who:

- have a proven ability to think outside the box
- have strong communication skills
- embrace change
- are familiar with the complex environment of an academic medical center
- are skilled at developing effective interdisciplinary relationships and alliances
- are comfortable when faced with uncertainty or ambiguity

The Center for Innovations in Care Delivery has received a sizable donation (one million dollars) from a donor who wishes to remain anonymous. Thanks to this generous contribution, we will be able to bring clinicians from all disciplines together to think, explore, invent, and create better ways of doing business, better ways of caring for our patients.

The Institute for Patient Care, with all the programs and centers it encompasses, gives us the collaborative infrastructure we need to leverage our talents and resources to meet the challenges of the future. These are exciting times. I hope you're as proud and eager as I am to be part of this ground-breaking work.

Blakeney joins PCS team as innovations specialist

Barbara Blakeney, RN, joins the Patient Care Services team as innovations specialist in The Center for Innovations in Care Delivery. Blakeney brings considerable expertise in ergonomics and staff safety and will work with staff and leadership throughout Patient Care Services to improve the application of technology, workforce safety, and the practice environment.

Blakeney is the immediate past-president of the American Nurses Association, where she served as chair of the Board of Directors, chair of the House of Delegates, chief spokesperson for the Association, and rep-

resentative to the International Council of Nurses. Blakeney has served as principal public health nurse for Homeless Services and Addiction Services for Public Health Nursing, and director of Clinical Services with the Long Island Shelter System of the Boston Public Health Commission. She was a member of the Institute of Medicine's Quarantine Stations at Ports of Entry Committee; the Centers for Education and Research in Therapeutics Steering Committee; the US delegation at the 2003 World Health Assembly; the Nursing Advisory Committee of the Joint Commission on

Accreditation of Healthcare Organizations, and she has worked as an adult nurse practitioner for Boston's Department of Health and Hospitals.

Blakeney has published and presented extensively. She is the recipient of many prestigious honors, including the Pearl McIver Public Health Award and the College of Nursing Alumni Award from the University of Massachusetts. She has been listed among the top 100 most powerful people in American health care. A Massachusetts native, Blakeney earned



Barbara Blakeney, RN
innovations specialist

her master's degree in Nursing from the University of Massachusetts.

Blakeney will play an integral part in advancing the mission of The Institute for Patient Care and The Center for Innovations in Care Delivery. Please welcome Barbara Blakeney to Patient Care Services and this exciting new position.

Brian M. McEachern Extraordinary Care Award

—by Julie Goldman, RN, professional development coordinator

On Wednesday, September 27, 2006, the third annual Brian M. McEachern Extraordinary Care Award was presented to Maria Lavadinho, RN, staff nurse on the White 11 General Medical Unit, and Maria Avola, patient care associate in the Blake 7 Medical ICU. The Award was established to recognize extraordinary care and patient advocacy.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, welcomed family, friends, and colleagues to the event saying, “We’re here to pay tribute to Brian McEachern, a quiet hero, an ordinary man who performed extraordinary deeds during the course of his thirty-one-year career as a Boston firefighter.”

Lavadinho was nominated by two colleagues whom she precepted, Jodie Freed, RN, and Kate Barber, RN. In their letter of nomination, they wrote, “Maria taught us invaluable assessment and decision-making skills which we’ll carry with us throughout our nursing careers.”

Susan Morash, RN, nurse manager for White 11, wrote, “I’ve been extremely impressed with Maria’s kind, caring and supportive attitude toward patients and staff. She is a conscientious

professional who doesn’t give up when faced with difficult situations.”

Avola was nominated by staff nurse, Tracy Durkin, RN. Nurse manager, Adele Keeley, RN, said of Avola, “Maria is well known in the MICU as a caring advocate for patients, families, and staff. She always approaches patients with the utmost respect and attention to their individual needs.”

Both recipients were recognized because they give their best in every situation and make connections with people in demanding, fast-paced, settings, qualities McEachern brought to his work as a firefighter. Avola continues to advance her

career. She recently completed all her prerequisites and will soon start classes to become a registered nurse.

Mary Manning and Denis DiMarzio, longtime friends and members of the award selection committee, shared some of their personal memories of McEachern, bringing his invincible spirit and giving nature to life for those in attendance.

Ives Erickson shared a story about patient advocacy, emphasizing the importance of knowing the patient, knowing how the patient defines quality of life, and respecting the patient’s values. She challenged clinicians to

ask, Who is the person lying in this bed or visiting our hospital? How do we care for this person in a way that is meaningful and preserves his rights and dignity? Said Ives Erickson, “When clinicians assess the unique elements of a situation and decide on a plan of care that’s physically, emotionally, spiritually,

and culturally in line with the patient’s values, that’s patient advocacy.”

Ives Erickson thanked all MGH clinicians who honor the memory of Brian McEachern with their extraordinary care and patient advocacy. For more information about the Brian M. McEachern Extraordinary Care Award, call 4-2295.

Call for Proposals

**The Yvonne L. Munn, RN,
Nursing Research Awards**

Staff are invited to 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
under “Funding Sources”

For more information, contact
Virginia Capasso, RN, at 617-726-3836



McEachern Award recipients, Maria Lavadinho, RN (left), and Maria Avola, patient care associate, with friends and McEachern family members at the recent award ceremony

(Photo by Paul Batista)

Special project ensures warm hugs for sweet souls

When staff assistant, Linda Devaux, started crocheting blankets for children in the Pediatric Intensive Care Unit (PICU) about a year ago, she had no idea it would become the cherished tradition it is today. It started when her youngest child, a

daughter, went off to college leaving Devaux with a serious case of empty-nest syndrome. To fill the time, she started to crochet, a craft her grandfather had taught her many years before.

Says Devaux, "I think I came up with the idea because I've had some difficult times in my life—times when I had to rely on the generosity and kindness of others. This was something I could do to give back."

As Devaux fills a big shopping bag full of finished blankets and heads off to the PICU, she says, "All parents want to comfort their children. And I think wrapping your child in a soft, warm blanket is as comforting for the parent as it is for the child."

After months of financing this project on her own, Devaux was encouraged to seek funding from the MGH Ladies Visiting Committee, which she did over the summer. In September, Devaux was informed that she'd been approved for a \$600 grant, which she estimates will pay for approximately 20 more blankets.

PICU nurse manager, Brenda Miller, RN, looks forward to these very special deliveries. Says Miller, "The blankets Linda makes for the children are a great contribution to their care. Each one is unique in color and design, and they instantly create a warmer, more personal atmosphere in the room. Because each blanket is a gift, it becomes a familiar belonging for the child and family, and that's very comforting."

The beautiful, hand-crafted blankets have become something of a conversation piece in the PICU. It's not uncommon for doctors, therapists, and visitors to notice one on a bed and comment on how it transforms the space into something so much softer and more inviting.

Devaux recalls one occasion when she was delivering a batch of blankets to the PICU. A nurse came running over and asked for a blanket right there on the spot. Devaux gave it to her, and she disappeared quickly to give it to her patient. "I knew right then this was a project I wanted to continue."

Devaux admits... it's not all selfless. She gets something out of it, too. "Working with yarn can be very therapeutic," she says. "I've been known to doze off in the middle of a row, it's so relaxing."



Above: staff assistant, Linda Devaux, crochets blanket for her next delivery to the Pediatric Intensive Care Unit

At right: PICU staff nurse, Erin Pappas, RN (left), and nurse manager, Brenda Miller, RN, are present as 7-year-old, Jeremy, receives his own special blanket from Devaux



Ramadan: sharing this important Muslim holy month with the MGH community

—by *Firdosh Pathan, RPh, PCS Diversity Committee*

In the spirit of unity and community-building, the Patient Care Services Diversity Steering Committee, Chaplaincy, Human Resources, and MGH Muslim staff members organized an Iftar (a breaking of the fast during the holy month of Ramadan) on October 12, 2006, in the Thier Conference Room. For the past six years, the MGH community has come together with Muslim patients, family, staff, and friends to celebrate Ramadan. This year, senior vice president for Human Resources, Jeff Davis, attended along with Diversity Committee members and many others in the MGH community.

Ramadan is a special month for more than 1.2 billion Muslims around the world. Ramadan is the ninth month of the Islamic lunar calendar. This year, it began at sundown on September 23rd. During Ramadan, healthy Muslim adults and children fast from dawn until sunset. They abstain from eating or drinking during daylight hours. Earthly pleasures such as smoking and sexual relations are forbidden during fasting. At the end of the day, the fast is broken with prayer

and a meal called the Iftar.

Ramadan is the month during which the initial verses of the Muslim's holy book, the Quran, were revealed to the Prophet Muhammad (peace be upon him) from God (Allah, in the Arabic language) delivered by the Angel, Gabriel. Muslims were commanded to fast (Siam in Arabic) in the Quran, Chapter 2, Verse 183: "O' you who believe: prescribed unto you is fasting as

it was prescribed to those before you that you may be aware of God."

Ramadan is a time of sacrifice, to accept fewer of our physical needs and do more to satisfy our spiritual needs. Abstaining from food, drink, and earthly pleasures teaches us self-restraint. During Ramadan, Muslims perform good deeds such as offering more prayers, being more charitable,

giving up bad habits, improving family relations, visiting one another, and helping the poor and sick. Elderly and expectant mothers may choose to abstain from these rituals. The elderly may observe the holiday by feeding a person in need every day. Expectant mothers can observe the fasting tradition at another time of the year.

Muslims generally celebrate Ramadan with family members in their home countries, but many Muslims at MGH are away from their families during this month. Muslims here have the opportunity to break fast in the

community prayer room (Masjid), which helps build a sense of brother- and sisterhood, bringing people closer to each other and the Creator. This helps achieve a sense of peace, unity, and harmony.

Muslim staff and patients report that having a community Iftar, a breaking of the fast, makes them feel part of the MGH family. Muslim patients, families and staff were "appreciative of this wonderful gesture of organizing Iftar at MGH."

The fasting tradition helps Muslims acquire self-control, discipline, generosity, and God-consciousness by elimi-

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Sharing the bounty..



Ramadan

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nating impurities from the body. Fasting is an 'invisible' act. Only God

and the person who is fasting know he/she is fasting. It teaches us to be sincere in our actions. When you fast, you feel the pain and suffering of those who are poor and

without food. This teaches us to be less selfish and self-centered.

Ramadan is a 'training month' for Muslims to be better Muslims. It is a time for inner reflection

and devotion to God. It is a time of renewal, of setting priorities to be better Muslims, people, and neighbors. It is a time to make a new start with God, to be faithful

in our prayers and actions, to spend more time reading and reflecting on the Quran, to be thankful, charitable, and help the poor and needy.

Because Ramadan is a lunar month, it begins approximately 11 days earlier each year. At the end of the holy month, Muslims celebrate Eid-ul-Fitr, the festival of fast-breaking, which took place on October 22nd this year (based on the sighting of the moon). On this occasion, Muslims wish each other, "Eid Mubarak," which means Happy Eid. Muslim children receive gifts during the Eid.

Muslims follow the Islamic religion, the religion revealed to Muhammad, peace be upon him, who Muslims believe was the last messenger. Islam enforces the religion of Allah on earth that was revealed through prophets and messengers: Adam, Nooh (Noah), Ibrahim (Abraham), Yakoub (Jacob), Youssef (Joseph), Iss-haq (Isaac), Moussa (Moses), Haroon (Aaron), Yahia (John the Baptist), Issa (Jesus) and Muhammad, peace be upon them all.

For more information about Ramadan, the Muslim culture, or the Islamic religion, e-mail Firdosh Pathan, or teid@partners.org.

Members of the MGH Muslim community, the PCS Diversity Committee, friends, and family come together in the Thier Conference Room to break fast and celebrate Ramadan



Respiratory therapist thinks outside the box to provide highest quality care

Susan LaGambina is an advanced clinician

My name is Susan LaGambina. In my role as primary respiratory therapist in the Bigelow 9 Respiratory Acute Care Unit (RACU), I come across many unusual situations related to patient care and respiratory needs. One patient who comes to mind is John, a 35-year-old man who had been intubated and on a ventilator for about three weeks. He was suffering from malnutrition as a result of peritonitis, muscle weakness due to sepsis, and an enlarged heart that was pumping at only 16% of normal function. John was very anxious. When the RACU was consulted on his care, it was noted that he had failed extubation (removal of his endotracheal tube) because of his inability to manage his own respiratory secretions, which he'd aspirated leading to pneumonia and respiratory failure. After being re-intubated, he was transferred to the RACU to await tracheostomy-tube placement and weaning from the ventilator.

On the day of his admission, I was participating in rounds with the attending physician, pulmonary fellow, nurse practitioner, and the nurse caring for John. We were impressed that he could breathe spontaneously

without any assistance from the ventilator, with tidal volumes of 600–800ml (normal is 500ml). I collected additional measures of his breathing capacity and, although they weren't perfect, they weren't that bad. We continued with our assessment of John and decided to let him continue to breathe on his own to see how he'd do. When I came in to work the next day, the night therapist reported that John had continued to do well during the night and his tidal volume had continued to be acceptable; he had no signs of respiratory distress; and his vital signs were stable. This led me to the conclusion that John's only remaining issue was his ability to manage his respiratory secretions.

Because he was weak, John could not take a deep enough breath to cough effectively, even though he needed no support from a ventilator. This was particularly noteworthy because he'd been breathing through an endotracheal tube for nearly 24 hours without assistance. Once again, at rounds, everyone was impressed that John had been so successful breathing on his own overnight. We had a lengthy discussion about extubation, but we knew there were many hurdles to over-

come before we could successfully remove the breathing tube:

- Could we help him clear his secretions?
- If he needed rest, could we provide non-invasive ventilation with a face mask?
- Would this put him at additional risk for aspiration pneumonia?
- Would this put him at risk for another intubation?

But we also needed to consider the potential benefits of extubating him:

- We would avoid a tracheostomy (minor surgery, but still surgery)
- We would avoid the potential loss of his voice due to the tracheostomy tube
- We could potentially return his ability to eat, even if just a little
- And perhaps most important, we would save him from the emotional anguish of having a tracheostomy, which he was desperate to avoid

After careful thought, we felt we could extubate John and avoid a tracheostomy. I discussed it with the attending physician, assuring him that we could manage John's breathing and respiratory secretions without the endotracheal tube. He agreed to allow me to extubate him.



Susan LaGambina, RRT
respiratory therapist

I knew I was up to the challenge, and I knew my colleagues were, too.

This was a group effort on the part of respiratory therapists, nurses, physical therapists, and everyone involved with John's care. At team meetings, I brought up my hopes and concerns and together, we developed a plan:

- Pulmonary toilet—respiratory therapists would use the Mechanical Inexpensive Suctionator (MIE), a cough machine, as often as needed to help him cough
- Postural drainage—respiratory therapists, physical therapists, and nurses would work together to help bring up his secretions
- Mask ventilation—we would use BiPAP (a breathing machine attached to a face mask) to rest his muscles if there were any signs of respiratory failure
- Arterial blood gasses—we would monitor his breathing by measuring his blood gasses as needed

● And most important, we would provide a lot of encouragement.

This was going to be a group effort between the team and John's family to successfully avoid tracheostomy.

The team was hesitant, myself included. But I extubated him, and we worked hard to avoid re-intubation. John received MIE at least five times a shift. We did postural drainage three times a day with the help of his nurse and physical therapist. The physical therapist added a 'vest,' (another device to help aid the removal of airway secretions). Nurses encouraged John to take deep breaths and cough to prevent aspirations. In hopes of continuing with our plan, I put typed notes in his chart outlining the routine for airway clearance. I sent e-mails to the respiratory staff explaining John's unique needs and requirements.

But we still had a problem. John's arms were

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

Clinical Narrative

continued from previous page

weak. He couldn't lift the oral suctioning catheter to his mouth, which meant every time he needed to be suctioned, he needed help. John's mother and father were in his room a lot, but they couldn't help 24 hours a day, seven days a week. His mother, especially,

was concerned, and she expressed her anxiety to me. As much as we needed to help John, we needed to address his parents' concerns as well. They were devoted to their son and wanted to learn everything they could to help him succeed in getting well.

I showed John's parents how to use the suction catheter to help keep his mouth clear. Every night when his mom left, she was concerned about what would happen if no one was in the room when he needed to be suctioned. When I realized this was an issue, I brought an idea forward at multidisciplinary rounds. I thought one of the occupational therapists might be able to help me with an idea that would allow John to suction his own mouth. We needed something that would be able to hold the catheter close to his mouth so John would only have to lift his head slightly to suction his secretions. I suggested using some sort of pole or extension attached to the catheter, but none of the extensions we tried worked.

I had another thought, which gave the occupational therapist an idea. She suggested using the ventilator arm to hold the catheter in place. In other words, the adjustable arm of the ventilator could be adapted to hold the catheter to John's mouth allowing him to suction his secretions with just a turn of his head.

We went into John's room, attached the ventilator arm to the corner of the table (instead of the ventilator) and it worked perfectly. John was able to suction himself without assistance.

I'm happy to report that John remained extubated with no new pneumonias, and his respir-

atory function gradually improved. By taking out the endotracheal tube and aggressively working to avoid replacing it, John's voice returned, allowing him to express his own fears and anxieties with no barriers. With the help of Speech, Language & Swallowing Disorders, John was soon able to eat and drink again, including frappes (which members of the team took turns getting for him. His favorite was chocolate). And perhaps best of all, our efforts kept John from having to have surgery. When he left for rehabilitation, he could move his arms, he'd been weaned from oxygen, and he could say good-bye in his own voice.

A few months later, John's mom came to the hospital and asked if I was working. When I came to the waiting area, she was grinning from ear to ear. She was so happy and wanted to tell me that John was home and able to walk, talk, and eat. He was working part-time again, and there was significant improvement in his cardiac status. She wanted me to know how well he was doing. Just as she was telling me this, much to

my surprise, John came around the corner, gave me a big hug, and thanked me in person. Needless to say, I was touched.

Whenever I have a tough day, I think of John and remember what a good and caring team can accomplish together.

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

Extubating a patient is never attempted lightly. Acting on John's mother's concerns about her son's ability to suction himself, Susan and members of the team carefully reviewed John's case and developed a plan. Their plan was creative and collaborative, and empowered John to participate in his own care. Interdisciplinary communication was key to their success, with Susan putting typed notes in John's chart to keep the team informed. Equally important, the team took into consideration John's emotional well-being in all decisions about his care. Working as a team enriched not only John's experience, but that of his family and the team.

Thank-you, Susan.

Call for Nominations

Norman Knight Preceptor of Distinction Award

Nominations are now being accepted for the Norman Knight Preceptor of Distinction Award, which recognizes clinical staff nurses who consistently demonstrate excellence in educating, precepting, mentoring, and coaching fellow nurses. Nominees are nurses who demonstrate commitment to the preceptor role, seek opportunities to enhance their own knowledge and skills, and work to create a responsive and respectful practice environment

Nurses may nominate nurse colleagues whom they know to be strong educators, preceptors, mentors, and coaches. Nomination forms will be available on all inpatient units, in The Knight Nursing Center for Clinical & Professional Development (located on Founders 3 effective October 1st), or upon request by e-mail

Nominations must be received by November 10, 2006

The Norman Knight Preceptor of Distinction Award ceremony will be held March 8, 2007. Recipient will receive a certificate and professional-development award in the form of tuition for a nursing course or a program of study with a clinical nurse specialist

For more information, call Rosalie Tyrrell, RN, at 724-3019

MGH Institute of Health Professions

Information Sessions

Saturday, November 11, 2006, 10:00am–12:00pm

Thursday, December 14, 2006, 6:00–8:00pm

Saturday, February 24, 2007, 10:00am–12:00pm

Thursday, May 17, 2007, 6:00–8:00pm

For more information, visit: www.mghihp.edu/admissions/infosessions.html

Ojimba retires from MGH

On Wednesday, October 11, 2006, in the Trustees Room, family, friends, and colleagues of MGH chaplain, Felix Ojimba, came together to celebrate his recent elevation to Monsignor by Pope Benedict XVI and bid him farewell as he prepares to leave MGH at the end of the month. Ojimba will devote his time to medical missions in sub-Saharan Africa, a region devastated by poverty, war, hunger, and disease.

Ojimba spoke about the importance of learning from pa-



Felix Ojimba
chaplain

(Photo by Abram Bekker)

tients, family, and staff, and commended the hospital for its efforts to move toward inclusiveness and multi-culturalism.

Mahoney named Outstanding Worker

Four MGH employees were recognized with the Outstanding Worker Award from Operation ABLE (Ability Based on Long Experience) a non-profit organization that promotes the employment of individuals, 45 years old and older who represent diverse occupations, race, ethnicity, and economic status. Barbara Mahoney, RN, nursing resource coordinator, was one of the MGH recipients honored at a special ceremony hosted by ABLE on October 11, 2006.

The Outstanding Worker Award recognizes individuals who go the extra mile, take time to train and mentor others, have a wealth of knowledge, and are expert problem-solvers.

Says staff specialist, Nancy McCarthy, RN, "The best gift Barbara brings to the workplace is her vast knowledge and expertise of nursing and nursing operations. She has 35 years of nursing experience. You can't replace wisdom like that. Barbara is a resource for everyone. When a new nurse starts working, everyone tells him or her to meet with Barbara first because she knows it all."

Jim Moore of Buildings & Grounds, John Donovan of Materials Management, and Walter Guralnick, MD, of Oral and Maxillofacial Surgery, were also honored.



Barbara Mahoney, RN
nursing resource coordinator

Tully named *Nursing Spectrum's* Nurse of the Year

Susan Tully, RN, nurse manager of the Surgical Intensive Care Unit, has been selected Nurse of the Year by the national *Nursing Spectrum* magazine in the category of Excellence in Nursing Management. Tully and the recipients in five other categories: Clinical Care; Advancing and Strengthening the Profession; Teaching; Community Service; and Mentoring, were honored at the national *Nursing Spectrum* Nurse of the Year Award ceremony, October 30, 2006, at the Ritz Carlton in Chicago. They will be featured on the cover of the November 6, 2006, issue of *Nursing Spectrum*, which will have a national circulation of 1.2 million.

Earlier this year, Tully and three other MGH nurses were nominated and recognized at the New England regional *Nursing Spectrum's* 2006 Excellence Awards: The Stars of New England. Other MGH nurses nominated were:

- Jean Stewart, RN, staff nurse, White 6 Orthopaedics, nominated for excellence in clinical care
- Diane Carroll, RN, clinical nurse specialist, Cardiac Care Unit, nominated for significant contributions in education and professional development
- Adele Keeley, RN, nurse manager, Medical ICU, nominated for her efforts in advancing and strengthening the nursing profession

Tully and Stewart were the New England recipients in their categories, and their nominations were forwarded for national consideration.

Tully was originally nominated by the staff of the Surgical ICU. In their letter of nomination, they described her as highly skilled at managing conflict and identifying creative solutions to the challenges inherent in such a complex healthcare setting. Six years ago, Tully led an initiative to combine two surgical ICUs with distinct patient populations, staffs, and cultures. These two units now exist as one with a unified, patient- and team-oriented culture that has staff looking forward to coming to work every day. Tully encourages staff to make decisions, delegate responsibilities appropriately, and take sound clinical risks.

Congratulations to Susan Tully on being selected *Nursing Spectrum's* Nurse Manager of the Year.



Susan Tully, RN
nurse manager

(Photo by Abram Bekker)

65Plus: Tailoring care for today's older adults

—by Mary Ellen Heike, RN, staff specialist

It's a busy time for 65Plus, formerly known as NICHE. 65Plus is an interdisciplinary team of clinicians working together to enhance hospital programs as we prepare for a growing population of older adults. 65Plus is actively engaged in activities to help us enhance our clinical knowledge and skills and enable us to provide safe, high-quality care to older patients and their families.

Sara Mahoney, RN, of the Ellison 21 Medical Unit, is the first MGH staff nurse to become certified in Gerontology by the American Nurses Credentialing Center (ANCC). Gerontology certification is one way to enhance knowledge and validate personal expertise in caring for older adults. Mahoney is the first of many MGH nurses pursuing certification in this field. Mahoney is currently enrolled in the Adult/Geriatric Nurse Practitioner program at the University of Massachusetts, Boston.

Geriatric nurse, Barbara Roberge, RN, is one of nine recipients of a Robert Wood Johnson Foundation grant for her Interdisciplinary Nursing Quality Research Initiative (INQRI) program. The goal of INQRI is to explore the link between nursing care and

patient outcomes in the acute-care setting. Roberge's study, the Nursing Ambulatory to Hospital Transition program, seeks to determine whether a model of preventative nursing communication between ambulatory and hospital nurses will improve patient outcomes. She'll examine how nurses use knowledge to enhance judgment and alter a patient's risk factors during hospitalization. Roberge is a nurse practitioner in the Geriatric Medical Unit.

Clinical social worker, Barbara Moscovitz, LICSW, is the creator and executive producer of *Family Matters: Com-*

ing Together for Alzheimer's, a documentary film and accompanying resource journal intended to introduce newly diagnosed families to the world of Alzheimer's. *Family Matters* won the 2006 Freddie Award, the 2006 National Health Information Award, and 39th Annual Worldfest Houston International Film Festival (REMI) award. One of the goals of 65Plus is to explore ways to integrate the message of the film into clinical practice and patient and family support. Moscovitz is the social worker in the Geriatric Medical Unit.

As the population

ages, understanding and accommodating the needs of older patients, visitors, and employees is a primary concern. As new buildings are constructed on the main campus, the safety of all who come through our doors is the top priority. The physical environment of hospitalized older adults is a prime consideration as older patients are less able to adapt to changes in their environment. This puts them at greater risk for injury due to falls and physical and mental decline.

Physical therapist, Andrea Bonanno, PT, and clinical nurse specialist, Marion Phipps, RN, two 65Plus committee members, sit on the Building 2 Design Committee. Led by associate chief nurses, Theresa Gallivan, RN, and

Jackie Somerville, RN, 65Plus committee members recently met with Building 2 architects to review important design elements specific to the comfort and safety of older adults. Guided by evidence-based practice, the group reviewed lighting, color, flooring materials, bathroom design, signage, and many other issues to help reduce the potential risk of harm or falling. 65Plus has created a special document that's being used by the Building 2 Committee and other groups within the hospital to help support the re-design of patient care areas in a way that is safe and welcoming for older adults.

For more information about the work of 65Plus, formerly NICHE, contact Mary Ellen Heike, RN, at 4-8044.



65Plus members (l-r): Barbara Roberge, RN; Sara Mahoney, RN; Andrea Bonanno, PT; Marion Phipps, RN; and Barbara Moscovitz, LICSW

Janet Ballantine Oncology Volunteer Award

—by Julie Goldman, RN, professional development coordinator

On October 2, 2006, in the Satter Conference Room, friends, colleagues, and family members gathered for the annual presentation of the Janet Ballantine Oncology Volunteer Award. This year's recipient was Lynn Cetrulo, a volunteer in the Yawkey 8 Outpatient Infusion Unit.

Every year, we honor a volunteer in memory of Janet Ballantine, a committed volunteer who gave countless hours of service to MGH before succumbing to breast

cancer in 2002. With a friend and fellow cancer patient, Ballantine co-founded *Friends with Hope*, a foundation that donated \$60,000 to MGH to support breast-cancer research.

Recognizing the important role MGH staff, and especially volunteers, played in supporting Ballantine and her family during her illness, her family established the Janet Ballantine Oncology Volunteer Award.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN, reminded attendees that

every day MGH volunteers give generously of their time and themselves. She used words like dedication, commitment, devotion, compassion, enthusiasm and caring to describe the work that they do. Coincidentally, those are the same words used to describe the nomination criteria for the Ballantine Award. They also describe this year's deserving recipient, Lynn Cetrulo.

Cetrulo has been a volunteer at MGH since November of 1997. During that time she has worked in the outpatient Infusion Center first on Blake 2, now on Yawkey 8. Cetrulo says she became a volunteer to, "give something back to MGH for the amazing care she received when she was a patient here."

The Employee Assistance Program Working and Breastfeeding

presented by Germaine Lamberge, RN

Hear all the basics about breastfeeding, pumping, problem-solving, and enjoy a tour of the MGH Mother's Corner

Thursday, November 9, 2006
12:00–1:00pm; VBK 401

For more information, call 726-6976

Infusion unit staff nurse, Clare Swan, RN, nominated Cetrulo saying, "I have known Lynn for six years. From the beginning it was clear she was quietly confident in ministering to others and more than considerate of patients' comfort and well-being. In addition to her strong interpersonal skills and natural sincerity, Lynn's wonderful sense of humor has a calming effect on patients and staff."

In her letter to the committee, Cetrulo wrote, "Many patients come to MGH on the same day of the week or month. I have an opportunity to

get to know them, provide physical comfort to them while they undergo chemotherapy treatment. Whether it's engaging in conversation or giving them a blanket, it's equally satisfying to me. At the end of the day it's the pleasure of giving that's so rewarding. Making a small difference on any given day is what makes volunteering uniquely satisfying."

On behalf of their family, Ballantine's son, Matt, thanked Cetrulo, all the committed MGH volunteers, and the MGH community for continuing to honor his mother's memory.



Yawkey 8 Outpatient Infusion Unit volunteer, Lynn Cetrulo, accepts Ballantine Award from senior vice president, Jeanette Ives Erickson, RN, as members of the Ballantine family look on



(Photo by Abram Bekker)

American Heart Association guidelines: some new practice changes

Every five years, the American Heart Association (AHA) issues revised guidelines for basic life support (BLS) and advanced cardiac life support (ACLS). The Code and Emergency Response Committee has reviewed the latest guidelines, and is in the process of implementing changes throughout the hospital. An informational packet entitled, "New Practices Changes," has been distributed to MGH nurses and unit leadership detailing information about the new standards.

All MGH nurses are required to review the packet.

Question: What areas of the hospital are impacted by these changes?

Jeanette: The new AHA guidelines have been incorporated into current BLS and ACLS classes. Last month, the software on all Phillips Heartstart XL bi-phasic defibrillators was upgraded. Code carts have been updated to reflect the new guidelines. The new reference manual shows cart contents in color to allow staff to see what has changed without violating the integrity of the cart.

Question: What are the new requirements for staff?

Jeanette: Every MGH nurse is required to review the educational packet, "New Practice Changes," and the new BLS and ACLS guidelines. Packets should be reviewed at your earliest convenience. See unit leadership for additional copies, if needed.

Question: What are the major changes?

Jeanette: There are a number of changes. The major changes have to do with simplifying CPR by eliminating differences in techniques for different ages, and increasing the number of uninterrupted chest compressions. There's an emphasis on delivering effective chest compressions; using a universal compression-to-ventilation ratio for single rescuers; one-second breaths for all rescuers, and a new one-shock scenario for defibrillation.

Question: Are there any other changes that impact healthcare providers?

Jeanette: Other changes detailed in the packet are related to compressions, airway/ventilation, foreign-body airway obstruction, choking, age definitions, and EMS activation for out-of-hos-

pital arrests. Packets should be reviewed at your earliest opportunity. See your nurse manager for additional copies.

Question: Have ACLS treatments changed?

Jeanette: Changes in ACLS treatment of cardiac arrest are designed to minimize interruptions in chest compressions for rhythm checks, pulse checks, and ACLS therapies. There is a new pulseless arrest algorithm, treatment of bradycardia and tachycardia, use of advanced airways, preferred routes of administration for medications, and a post-arrest hypothermia option.

Question: Do the new guidelines say anything about warning signs that could help prevent cardio-pulmonary arrest?

Jeanette: Recent literature highlights the benefits of recognizing pre-arrest warning signs as a way of preventing or minimizing cardio-pulmonary arrest. Nurses should seek appropriate resources if patients exhibit any of the following signs or symptoms:

- Hypotension or hypertension
- Respiratory distress
- Mental status changes
- Arrhythmia
- Seizure
- Bleeding
- Any concerning/unexpected change in condition

For more information about the changes to the AHA guidelines, call 6-3333.

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

Next Publication Date:

November 16, 2006

Call for Abstracts Nursing Research Day 2007

Categories:

- Encore presentations (posters presented at conferences since May, 2006)
- Original research
- Research utilization
- Performance improvement

Some restrictions apply

For more information, or to submit an abstract, go to the Nursing Research Committee website at:
www.mghnursingresearchcommittee.org

Abstracts must be received by January 31, 2007



Hannon publishes

Operating room nurse, Cecile Hannon, RN, published her narrative, "Let us Pray Together," in *Tea and Toast for the Perioperative Nurse's Spirit*, AORN Publications, 2006.

Madigan and Nelson present

Janet Madigan, RN, and Karen Nelson, RN, presented, "Patients First Initiative," at the Tennessee Hospital Association and Tennessee Organization of Nurse Executives CNO Summit, in Nashville, July 28, 2006.

Pazola presents, publishes

Kathie Pazola, RN, pediatric staff nurse, presented an exemplar to a nursing class at the Massachusetts College of Pharmacy, in Boston, in July, 2006.
She also published the article, "Learning to Dance with Sarah," in the May 8, 2006, *Nursing Spectrum*.

Clinicians receive grant

Virginia Capasso, RN; Ellen Mahoney, RN; Michael T. Watkins, MD; and Anna Yarislavsky, PhD, received a \$5,000 grant from the Association for the Advancement of Wound Care, to conduct a pilot study, "Pre-Clinical Markers of Impending Pressure Ulcer Formation."

Peterson presents

Gayle Peterson, RN, Phillips 21 staff nurse, presented, "Collaborative Governance at MGH," to the Massachusetts Magnet Networking Group at the Beth Israel Deaconess Medical Center in September, 2006.

Physical therapists publish

Physical therapists, Janet Callahan, PT; Kristen Parlman, PT; and Elise Townsend, PT, published their article, "Perspective: Impact of III STEP Conference on Clinical Practice," in the *Journal of Neurologic Physical Therapy*, September, 2006.

Mulgrew and Squadrito present

Physical therapists, Jacqueline Mulgrew, PT, and Alison Squadrito, PT, presented, "Management of the Acute Care Patient," at Educational Resources, Inc., in Richmond, Virginia, September 8-9, 2006.

Ojimba recognized

MGH chaplain, Felix Ojimba received the Recognition for Excellence in Pastoral Care award from the Health Care Ministry, Archdiocese of Boston, for ten years of dedicated pastoral service to MGH, on September 21, 2006.

Parlman appointed

Kristen Parlman, PT, physical therapist, was appointed member of the Neurology Section Awards Committee of the American Physical Therapy Association, in Alexandria, Virginia, in August, 2006.

Kerls presents

Daniel Kerls, OTR/L, senior project specialist, co-presented, "Ergonomics," at the American Society for Healthcare Central Service Professionals in Uncasville, Connecticut, September 25-27, 2006.

Samatis presents

Kristen Samatis, CHES, health educator, presented her poster, "Disability Access Center within a Consumer Health Library Setting," at the Patient and Family Learning Center: Health Care Education Association, in Atlanta, September 20-23, 2006.

Capasso presents

Virginia Capasso, RN, presented, "Update on Wound Dressings—Gels, Foams, Films, and Fabrics," at the New England Society for Vascular Surgery in Boston, September 22-24, 2006.
Capasso also presented, "Challenges of a Biometric Pilot," at the Institute for Nursing Health Care Leadership Research Collaborative Colloquium in Boston on September 19th.

Morash publishes

Nurse manager, Susan Morash, RN, wrote the chapter, "Non-Events and Avoiding Reality," in *The Negotiator's Fieldbook*, published by the American Bar Association, Section of Dispute Resolution, first edition, 2006.

Santangelo, Carmody, certified

Medical nurses, Rita Santangelo, RN, and Christina Carmody, RN, were certified in Medical-Surgical Nursing by the Medical Surgical Certification Board, in September, 2006.

Madigan presents

Janet Madigan, RN, presented, "Nurse Staffing: Legislated Ratios/Regulation or Health Professional Initiatives," at the Quadramed Users Group Conference: Power Your Healthcare Vision to New Heights, in Denver, September 12, 2006.

The 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

Educational Offerings

November 2, 2006

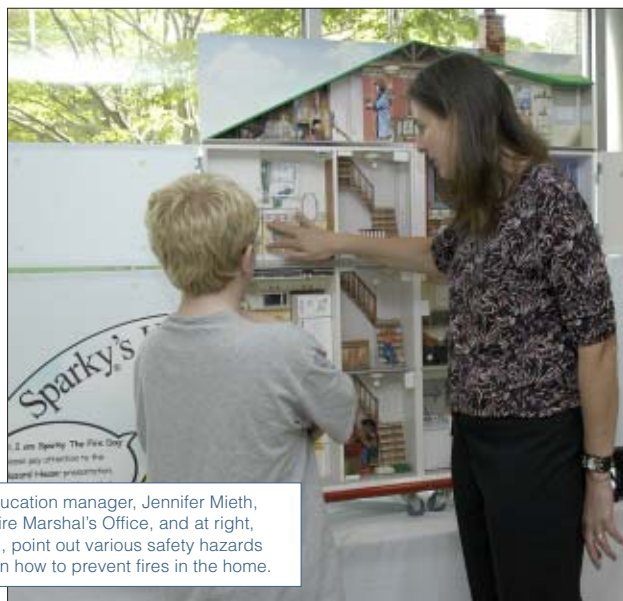
When	Description	Contact Hours
November 10 and 20 8:00am–5:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	---
November 10 12:00–1:00pm	Pain and Symptom Management at End of Life: Facts, Ethics, and Patient Care Sweet Conference Room	---
November 13 8:00am–12:00pm	The Essence of Patient Education Thier Conference Room	TBA
November 14 11:00am–12:00pm	Chaplaincy Grand Rounds “Parenting at a Challenging Time.” Gray Building, 4th floor	---
November 15 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
November 15 8:00am–12:30pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Training Department, Charles River Plaza	---
November 16 12:00–4:00pm	Basic Respiratory Nursing Care Sweet Conference Room	---
November 16 8:00am–4:30pm	Workforce Dynamics: Skills for Success Training Department, Charles River Plaza	TBA
November 16 1:30–2:30pm	Nursing Grand Rounds “How to Write a Research Abstract.” O’Keeffe Auditorium	1.2
November 20 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
November 20 8:00am–4:30pm	A Diabetic Odyssey O’Keeffe Auditorium	TBA
November 21 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK401 (No BLS card given)	---
November 22 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
November 27 8:00am–4:00pm	Assessment and Management of Patients at Risk for Injury O’Keeffe Auditorium	TBA
November 29 8:00am–4:30pm	Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other Training Department, Charles River Plaza	7.2
December 1 8:00am–4:30pm	Intermediate Respiratory Care O’Keeffe Auditorium	TBA
December 7 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK401	---
December 7 7:00am–12:00pm	CVVH Core Program Training Department, Charles River Plaza	6.3
December 7 and 14 8:00am–4:00pm	Oncology Nursing Society Chemotherapy-Biotherapy Course Yawkey 2220	16.8 for completing both days
December 18 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
December 13 8:00am–2:30pm	New Graduate Nurse Development Seminar I 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>.

MGH celebrates Burn Prevention Week



At left, public education manager, Jennifer Mieth, from the State Fire Marshal's Office, and at right, Nancy Giese, RN, point out various safety hazards and provide tips on how to prevent fires in the home.



During Burn Prevention Week the MGH Prevention Committee teamed with the State Fire Marshal's Office to present an interactive exhibit reminding people of safety hazards in the home. Almost 70% of all fires occur in the home and can be prevented.

Caring

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