

# Caring

Headlines

August 2, 2007

## MGH volunteers



*Serving the hospital  
community... beyond all  
expectations*

— by Paul Bartush, assistant director, Volunteer  
& Interpreter Services

**O**n July 27, 2007, MGH celebrated the contributions of its volunteer workforce with its annual Volunteer Recognition Luncheon under the Bulfinch tent. Director of Volunteer & Interpreter Services, Pat Rowell, and assistant director, Paul Bartush, welcomed staff, hospital administrators, special guests, and volunteer honorees and their families to this always 'feel-good' event. Said Bartush, "MGH volunteers provide a valuable service to patients and staff, allowing clinicians to focus on their important duties and adding to the welcoming atmosphere of the hospital. Volunteers can be found in every setting and venue, from greeting patients when they first come in to escorting them to their transportation after discharge. They help ease the worried minds of countless patients, family members, and friends."

Jeanette Ives Erickson, RN, senior vice president for Patient Care, addressed the gathering, saying, "Nobel prize-winning playwright, George Bernard Shaw, said of volunteerism, 'I am of the opinion that my life belongs to the whole community and as long as I live, it is my privilege to do for it whatever I can. I want to be thoroughly used up

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In their recognizable pink jackets, MGH volunteers, Sandeep Kalola (left) and Anthony Moreschi, escort a patient and family member to their car after discharge.

# Quality, safety, and exemplary patient care

We are continually enmeshed in the work of improving systems, monitoring performance, updating technology, and evaluating all aspects of care to keep our patients safe.

**T**oday, like every other day at MGH, thousands of clinicians and support staff came to work, cared for patients, did their jobs, and put their considerable talents to use improving the experience of care for our patients. Quality and safety are never far from our minds — they are cornerstones of the exemplary care we provide. We are continually enmeshed in the work of improving systems, monitoring performance, updating technology, and evaluating all aspects of care to keep our patients safe. We are guided in this work by our professional codes; the MGH mission statement; Patient Care Services' vision, values, and guiding principles; regulatory agencies; and our own high standards of care and service.

Recently, to ensure our patients receive optimal pain-management, some changes were made to the flowsheet used to document certain aspects of care and monitor changes in a patient's status. Because it's vital to perform regular pain checks and record pain scores at prescribed intervals, the revised flowsheet highlights the columns used to record the time and score of pain-re-assessments. Earlier versions of this highlighted flowsheet were used on a number of units with great success; revised flowsheets will be available throughout the hospital this month.

A health care proxy, or advance directive, is a document signed by patients informing caregivers of the name of their healthcare agent in the event they become unable to make decisions on their own. It's our policy to inform all adult patients of their right to com-



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

plete an advance directive and give them the opportunity to do this if they've not already done so. To ensure all patients are informed of this important right and have an opportunity to complete an advance directive if they wish, we have revised our advance directive questionnaire to prompt caregivers to assist patients in completing an advance directive and place it in the patient's medical record. Weekly audits are being conducted, and as of July 15, 2007, 100% of patients' records surveyed contained either a completed advance directive questionnaire or a completed advance directive. These audits help us evaluate systems and improve processes to support high-quality care.

Medication security is another area where we're working to improve systems. To ensure timely delivery of medications to unit-based medication storage areas and to reinforce security along certain legs of the delivery process, a change has been made to the job description of patient care associates (PCAs) allowing them limited access to medication storage areas under certain, narrowly prescribed conditions. To avoid confusion and delays (on some units) associated with removing medications from pneumatic tubes, PCAs

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are now empowered to deliver meds they remove from pneumatic tubes directly to medication storage areas.

There has also been a change in our approach to IV medication storage. After piloting a new storage option on several units and listening to feedback from staff, a team from Nursing and Materials Management is working to replace open IV storage carts with glass-enclosed, locking storage carts for all IV medication solutions.

To ensure the stability of medications requiring refrigeration, Nursing and Pharmacy have collaborated to develop guidelines for monitoring the temperature of Omnicell refrigerators. Under the new guidelines, primary Omnicell refrigerators containing narcotics and vaccines must be checked *twice* a day. Secondary Omnicell refrigerators not containing narcotics or vaccines and outpatient Omnicell refrigerators must be checked once a day. In all cases, if the temperature falls outside the acceptable range, the pharmacist should be paged, and his/her name should be documented on the Omnicell temperature log. These new guidelines have already generated improvement in the accuracy and consistency of Omnicell refrigerator temperatures.

Efforts to meet our own high standard of 100% hand-hygiene compliance before and after contact with the patient's environment continue to garner significant improvement. Notably, Physical and Occupational Therapy have achieved 100% compliance rates both before and after contact. While national VRE rates climbed, MGH saw a leveling or decrease

in VRE rates for the first half of 2007. Hand hygiene is an important part of quality care. We continue to share best practices, and *Caring Headlines* has just embarked on a new hand hygiene campaign (see back cover).

It's fitting that we're focusing on these important issues as we work to develop the new PCS Office of Quality & Safety. On the horizon is the Joint Commission laboratory survey, which will probably occur some time this fall. Though primarily interested in the laboratory setting, surveyors will be looking at some practices and procedures within Patient Care Services, including: point-of-care-testing; transfusions; specimen-collection; critical values; order read-back; two-patient identifiers; communication and documentation of test results; and quality control, to name a few.

Health care is serious business. Lives hang in the balance. Attention to quality and safety is our highest priority, our biggest challenge, and our greatest opportunity. Thank-you for giving the best you have every day, and for making MGH a safe and welcoming place for our patients.

#### Update

I'm pleased to announce that Stacy Hutton Johnson, RN, has assumed the position of nursing director for the Bigelow 11 General Medical Unit.

Deborah D'Avolio, RN, has accepted the position of geriatric specialist for Patient Care Services. She starts this month and will work closely with staff to advance our interdisciplinary *65plus* initiative to improve the care of older adult patients.

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# MGH volunteers make big splash at state recruitment fair

— by Paul Bartush, assistant director, Volunteer & Interpreter Services

**Below:** assistant director, Volunteer & Interpreter Services, Paul Bartush, and staff assistant, Joanna McCann, staff information table at volunteer recruitment fair at the State House.

A recent initiative implemented by Governor Deval Patrick allows state employees to receive up to eight hours of paid time off in return for volunteering their time at a non-profit organization. The program is being heralded by non-profit organizations and state employees alike as a great opportunity to give back to the com-

munity in a meaningful way. The governor hopes to enlist 1,000 state employees to donate their time over the course of one year.

On Wednesday, July 11, 2007, staff of the MGH Volunteer Department, along with approximately 30 other non-profit organizations from across the state, attended a volunteer recruitment fair at the State House to speak with state employees about volunteer opportunities in the area. Assistant director of Volunteer & Interpreter Services, Paul Bartush, and staff

assistant, Joanna McCann, welcomed questions from state employees about the kinds of services they could expect to participate in as part of the new initiative. Bartush and McCann offered informational packets to attendees, and by the end of the four-hour event, all 350 packets had been taken by interested state employees.

Says Bartush, "Our phones have been very busy since the fair with state employees calling to inquire about and sign up for volunteer orientation." Because state employees are only allowed to donate eight hours a month through this new program (not quite meeting the minimum weekly requirement for MGH volunteers), the Volunteer Department will train state employees to substitute for MGH volunteers who are absent or to fill positions currently vacant. This will provide state employees with a diverse array of opportunities to volunteer at MGH and help the Volunteer Department fill any daily vacancies, making the program stronger.

For information about the state-run volunteer program, or to check out volunteer opportunities at MGH, contact the Volunteer Office at 6-8540.



## Volunteer Recognition Event (continued from front cover)

“Your acts of kindness have a profound effect on people’s lives and on the success and future of our hospital. Thank-you for your selfless generosity. It is an honor to work with you.”

— Jeanette Ives Erickson, RN

**At right:** Senior vice president for Patient Care, Jeanette Ives Erickson, RN (left), and Edward Lawrence, chairman of the MGH Board of Trustees, present the Trustees Award for extraordinary efforts to work collaboratively with volunteers to Kelley Grealish, RN (right), and Cheryl Ryan, RN, who accepted on behalf of the Same Day Surgical Unit.

when I die, for the harder I work, the more I live. Life is no ‘brief candle’ to me. It is a sort of splendid torch, which I have got hold of for the moment, and I want to make it burn as brightly as possible before handing it over to future generations.”

Said Ives Erickson, “Every day, I meet volunteers of all ages, from all backgrounds and experiences, who have made a commitment to share themselves with MGH. Your acts of kindness have a profound effect on people’s lives and on the success and future of our hospital. Thank-you for your selfless generosity. It is an honor to work with you.”

Edward Lawrence, chairman of the MGH Board of Trustees, in his remarks, noted that there was a 9% increase in time donated over last year, a 67% increase in participation of college students, and a 32% increase in time donated on inpatient units.

Lawrence and Ives Erickson presented the awards to this year’s honorees. The Outstanding Youth Award, which recognizes high-school students who donate their time, went to Samuel Dorson, of Patient Transportation.

The Maeve Blackman Award, which recognizes volunteers interested in entering medical school, went to Romeena Lee.

The Jessie Harding Award is named for an original member of the messenger service that began at MGH on December 8, 1941, in response to the attack on Pearl Harbor. Harding was a volunteer in that service for 16 years. The Harding Award acknowledges volunteers who contribute to MGH in a special way. This year’s recipient, Elaine Kwiecien, contributed 1,165 hours of service in the Patient & Family Learning Center, as a teacher’s assistant in Training & Workforce Development’s ESL program, and in the MGH Volunteer Department.

The Trustee’s Award is given annually to an MGH department or staff member in recogni-

tion of their extraordinary efforts to work collaboratively with the Volunteer Department.

This year’s Trustee’s Award went to the staff of the Same Day Surgical Unit (SDSU) for their continued collaboration with MGH volunteers and for the dedication of the new SDSU Discharge Service. SDSU staff nurses, Kelley Grealish, RN, and Cheryl Ryan, RN, assumed leadership of the day-to-day management and development of the program and showed how on-going departmental collaboration can help bring a program to its fullest potential.

Service awards went to:

- Priscilla Farias-Monge, Radiation Oncology
- Cari Hook, Gray Family Waiting Area
- Bill Launch, Discharge
- Anthony Moreschi, Discharge
- Frank Norton, Gray Family Waiting Area
- Betsy Quinn, Chaplaincy
- Betsy Ryder, Wayfinding
- Joanne Scoppettuolo, Central Information Desk
- Bill Terranova, Radiation Oncology
- Chanta Toeum, Bone Marrow Transplant Unit
- Nate Rosenberg, Patient & Family Learning Center
- Marilyn Yaremchuk, Avon Breast Center

For information about volunteer opportunities, contact the MGH Volunteer Office at 6-8540.



# Health professions passionate about patient education

— by Carolyn Bartlett, RN; Jen Roy; Katherine Reilly Lopez, RN; Mary Wyszynski, RN; and Taryn Pittman, RN (for the PCS Patient Education Committee)

Members of the Patient Education Committee recently interviewed clinicians from disciplines within and outside of Patient Care Services to learn about the strategies they employ to meet their patient's educational needs.

Patient education is a passion at MGH. Teaching such a diverse patient population with such a wide variety of ailments and diseases requires creativity and flexibility. Members of the PCS Patient Education Committee recently interviewed clinicians from disciplines within and outside of Patient Care Services to learn about the strategies they employ to meet their patient's educational needs.

In answer to the question, "What educational resources do you use in your department?" Many clinicians said the Internet. Some departments develop their own education materials or purchase materials to augment their teaching resources. Caroline Green, RD, dietitian says, "We purchase many of our nutrition materials such as educational pamphlets for diabetic patients from The American Dietetic Association."

Says Audrey Kurash Cohen, SLP, speech-language pathologist, "We use websites like the National Institute on Deafness and other Communication Disorders and the National Aphasia Association. We also refer patients and families to the Blum Patient & Family Learning Center, which is staffed by full-time patient educators and volunteers who help patients access health information from reputable websites and from the MGH intranet."

When asked what their greatest challenges are in terms of patient education, clinicians spoke about the difficulty of addressing patients' needs when their length of stay is so short. "Time is the biggest obstacle," says clinical social worker, Marilyn Wise, LICSW. "Even though MGH is resource-rich, many patients are only here for a short amount of time, making it difficult to meet their needs in the time available."

Physical therapist, Cheryl Brunelle, PT, agrees saying, "Ensuring that patients understand all relevant

information can be challenging when time spent with them is limited. We try to include supportive technology and individualized patient-education materials, including videos, modifiable written documents, and digital images."

When asked to identify their greatest educational need, discharge-planning and identifying patients' learning styles were among the most frequent responses. Respiratory therapist, Neila Altobelli, RRT, says, "Respiratory therapists assess each patient's learning needs and their ability to correctly use equipment. The greatest challenges in our patient population are ensuring patients know how to use their inhalers correctly, and making sure they understand their medications and disease process. Respiratory therapists collaborate with nurses on the unit to ensure a comprehensive education plan is implemented."

Cohen stresses the importance of writing educational materials in plain language so they're easier for patients to understand.

Julie Park, OTR/L, neonatal occupational therapist, emphasizes discharge planning and teaching as key areas of focus. Says Park, "Developmental parenting education, including the handling of fragile babies and reading babies' signals, are areas of concern. Identifying patients' readiness to learn and their level of motivation are very important."

Green observes, "Staff need to stay up to date on what's required for various patient populations and diagnoses. For example, dietitians provide nutritional education to patients with head and neck injuries, celiac and liver disease, burns, and cancer, to name only a few diagnoses. Every patient and every diagnosis comes with its own set of needs."

What do clinicians find most rewarding about patient education? Wise says patients are interested in knowing about healthcare proxies and power of

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For more information about strategies to improve patient education, contact Taryn Pittman, RN, at 4-3822.

attorney. “It’s rewarding to put people in touch with the resources they need, such as help with housing and finances.”

Says Park, “When parents follow through with recommendations that help them interact with and care for their child... that’s rewarding.”

Brunelle recalls helping a patient who had lymphedema. She educated the woman about her disease, and was heartened when the patient followed the recommendations, which reduced her long-standing edema and resulted in an improved quality of life.

Green says, “It’s rewarding to have an engaged, energetic learner who asks questions. It’s gratifying to see those patients implement the recommended dietary changes and maintain their dietary regimens.”

Says Cohen, “The most rewarding part is helping patients and families better understand their disorders.

Losing the ability to eat, drink, or communicate is devastating. It’s gratifying to provide guidance and information to help them improve.”

Altobelli finds it most rewarding to see patients who are able to manage their disease at home, so they don’t have to come back to the hospital all the time.

All these clinicians have something in common: they all employ these important rules of patient education:

- Assess your patients’ knowledge base
- Assess their readiness to learn
- Assess their preferred learning style/technique
- Get feedback during and after teaching
- Follow up to make sure patients understand what they’ve been taught

For more information about strategies to improve patient education, contact Taryn Pittman, RN, at 4-3822.

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## Federal grant to fund RN Residency Program

— by Ed Coakley, RN, program director/coordinator

The purpose of the mentored residency program is to gain knowledge and competence in geriatrics and palliative care and to test new nursing care models for the future.

**B**aby boomers are aging. And as they age, they’re changing the social fabric of our culture. Seventy-six million ‘boomers,’ people born between 1946 and 1964, turned 60 last year. In the next 30 years, the number of people over the age of 62 is projected to double from 40 to 80 million, while the population of working-age adults will increase by just 13%. Implications for individuals, labor markets, government, employer-provided retirement and health-insurance programs, and the overall economy are profound. At MGH, these changes will influence the nature of our patient population and our workforce. Our patients are getting older, and our workforce is becoming multi-generational.

In 2001, Jeanette Ives Erickson, RN, senior vice president for Patient Care, invited me to take a journey. My mission, if I chose to accept it, was to look into the future and imagine what nursing would look like in the year 2020; and more importantly, identify new roles for nursing, new care-delivery processes, and new technologies for the future.

What I envisioned was the RN Residency Program: Transitioning to Geriatrics and Palliative Care.

MGH has been awarded a grant from the US Department of Health and Human Services, Health Resources and Services Administration, Division of Nursing to begin an innovative RN Residency Program. The purpose of the nine-month, mentored residency program is to gain knowledge and competence in geriatrics and palliative care and to test new nursing care models for the future.

This is a unique opportunity to practice nursing as an RN preceptor (need to be 45 or older; currently employed at MGH working 24 or more hours per week; working in an acute care unit; identified by nursing director as proficient or expert; possessing emerging qualities of a mentor) or an RN resident (working 32 or more hours per week; interested in geriatrics and palliative-care; have a two-year commitment to employment at MGH; recommended by nursing director).

For more information, contact Ed Coakley, RN, program director/coordinator, at 6-6152.



# Caring for complex patient, a rich and memorable experience for entry-level physical therapist

I worked with Joe nearly every day for seven months and felt lost when he passed away... Joe was more than a patient — he was part of my life.

**M**y name is Terri West, and I am an inpatient physical therapist. I first met 'Joe' on September 14, 2006. Seven months later, to the day, he passed away. I still find myself thinking about him; I see strangers who remind me of him, or I do a double take on the subway. I've dreamt of him being strong enough to get out of bed; being able to stand and walk. I worked with Joe nearly every day for seven months and felt lost when he passed away. I had nothing to guide my morning routine. I didn't have to plan my schedule around his dialysis or biopsies or coordinate with Occupational Therapy or Speech Pathology, or call the unit every day to see what his schedule was. Joe was more than a patient — he was part of my life.

Joe was a 59-year-old man with a history of ischemic cardiomyopathy. He was divorced, had two children, loved pizza and the Patriots. He loved to watch movies and play with the latest gadgets (his portable DVD player was a favorite). Joe was a bike courier, he loved his boss, loved to go camping and be outdoors. And he was high on the list to receive a heart transplant when I met him.

Joe had received a Heartmate II left-ventricular assist device (LVAD) a few weeks prior to our first meeting. Though I had gone to an LVAD lecture on one of my first days at MGH, I had never seen one in practice and was nervous to have Joe entrusted to my care. Flow rate? Automatic versus fixed? Changing over to batteries? System check? Actually, I was



Terri West, PT, entry-level clinician,  
inpatient physical therapist

terrified. But the support, guidance, and resources my colleagues provided was incredible. Jackie Mulgrew, my clinical specialist, was there to answer all my questions and supported and assisted me with all the clinical decisions I faced in treating Joe, my first LVAD patient.

Joe underwent heart-transplant surgery in October of 2006. I remember walking by his room in the Cardiac Surgical ICU a few days before he transferred to the Blake 6 Transplant Unit. He smiled at me (which was a very rare occurrence). I was given the opportunity to continue working with Joe to ensure continuity of care and to gain experience working with patients with heart transplants.

Needless to say, Jackie was there to provide support and clinical guidance as I cared for Joe, my first heart-transplant patient.

Joe's post-operative course was complicated by nec-

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rotizing pancreatitis, sepsis, respiratory distress requiring a tracheotomy, acute renal failure requiring CVVH and hemodialysis, and in the end, chronic graft rejection. Joe's medical condition waxed and waned. He transferred from the Cardiac Surgical ICU to Blake 6 to the Cardiac Surgical CIU and back to Blake 6. During his last month, it seemed as though he was doing better, and there was talk of transferring him to a rehabilitation facility. Through all his ups and downs, my PT clinical specialist and I discussed his complex needs to ensure we made the best decisions and provided the most appropriate interventions for his status at every juncture. And I adapted my plan of care accordingly.

What I haven't yet described is Joe's personality. He was severely depressed and refused therapy more times than I can estimate. Joe suffered from severe anxiety: he was afraid to be alone, afraid of death, but also afraid of getting better and leaving the security of the ICU. Joe had an extremely flat affect; it was difficult to start a conversation with him. He would come back with one-word answers if he answered at

Joe required more than the coordination of services — he needed a collaboration of people, people who took the time to get to know him and consider all the factors that made him who he was. My time with Joe taught me that great care isn't just about providing appropriate interventions, it's about providing interventions with compassion and not being afraid to connect emotionally with your patient.

all, or he'd shrug and say 'Okay' to anything I'd say. He was hard of hearing, which greatly impacted communication and added to his overall frustration. Joe had been abused as a child (strapped to a bed and left for hours at a time) which I only found out on the day we attempted to use a tilt table with him. Joe was estranged from his family and refused to allow them to visit. It was extremely hard to get to know him, and even harder to earn his trust.

Though Joe's care and treatment presented many challenges, there was support everywhere I turned and guidance whenever I needed it. The most challenging aspect of Joe's care was adapting to, and providing for,

his social and emotional needs, including end-of-life issues, discharge issues, fluctuating motivation, and past traumatic experiences. These are things you discuss in Physical Therapy training but can't begin to fathom until you encounter them up close and personal.

Joe required more than the coordination of services — PT, OT, Nursing, Speech Pathology, Psychiatry, Social Services, Wound Care, Renal, Heart Failure — he needed a collaboration of people, people who took the time to get to know him and consider all the factors that made him who he was. My time with Joe taught me that great care isn't just about providing appropriate interventions, it's about providing interventions with compassion and not being afraid to connect emotionally with your patient. You learn to work with the individual, not the condition.

When Joe finally advanced to a normal diet, his nurses and doctors brought him pizza from the cafeteria or Italian food from his favorite restaurant. They brought in movies for his portable DVD player. The nurse practitioner and heart doctor decorated his room for Christmas and Valentine's Day.

In the time I've worked at MGH, I've learned how to reach out to my PT clinical specialist for support. I've learned to work with the entire interdisciplinary team. I've learned it's okay not to feel as if you need to know everything before you start working with a patient. I've learned that in most cases, you *don't* know everything before you start working with a patient. There are layers you have to work through, co-morbidities you have to consider, personal histories you learn about, and personalities you come to know. There are relationships you have to build so you can treat your patient as a whole.

And I've learned that when you work with someone five days a week for seven months, they really do become part of your life forever.

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

It's wonderful to hear from entry-level clinicians. It reminds us of the excitement, anxiety, and anticipation we felt as new practitioners, and it reinforces the important role experienced clinicians play at a world-class teaching hospital like MGH. Every patient gives us insight into the true nature of our work, and Joe certainly did that for Terri. Because of Joe and the expert guidance Terri received from her PT clinical specialist, every patient Terri cares for will benefit from this experience.

Thank-you, Terri.

# Staff of White 7 are pretty in pink!

On July 8, 2003, Brenda Pignone, RN, White 7 staff nurse, was diagnosed with invasive, ductal carcinoma of the right breast. She underwent surgery, re-construction, and chemotherapy. This year, Pignone celebrated four years of survivorship. On July 8, 2007, staff on White 7, where Pignone has worked for 26 years, celebrated the milestone by wearing pink. Says Pignone, "I walked into report and the entire staff was wearing pink scrubs. Surgeons wore pink breast-cancer ribbons. The support, care, and love I felt from my colleagues was phenomenal. I can't thank them enough for their encouragement."

Says White 7 clinical nurse specialist, Ann Martin, RN, "This is a great example of the kindness and compassion that go into our care every day. One of our male nurses showed his support by wearing a pink, rubber bracelet. All role groups participated. It was quite a sight."

Pignone has made it her mission to help other survivors see that life goes on. She speaks openly about her experience and what it takes to stay healthy. Caring for her family and working have helped keep Pignone focused. Says Martin, "We're very lucky to have her."

This year, Pignone celebrated four years of survivorship. On July 8, 2007, staff on White 7, where Pignone has worked for 26 years, celebrated the milestone by wearing pink. Says Pignone, "I walked into report and the entire staff was wearing pink scrubs."



(Photo provided by staff)

# Let the spirit move you!

— by Katrina Scott, MDiv, oncology chaplain

**T**hanks to the support of the Network for Patients and Families, the MGH Cancer Resource Room, and the MGH Chaplaincy, on June 7, 2007, brightly colored flags began flying in some of the MGH oncology settings. In celebra-

tion of National Cancer Survivors Day, oncology patients, families, and staff set their 'blessings on the breeze' with colorful, hand-crafted spirit flags modeled after traditional Tibetan prayer flags (often seen at base camp during climbing expeditions on Mt. Everest). The belief is that as flags containing personal messages of strength and healing fly on high, they carry wishes and blessings to all beings and infuse positive energy into the universe.

Patients and families continue to give creative voice to their well-wishes on inpatient and outpatient units alike. Currently, more than 400 spirit flags are

sending hope and energy into the MGH cancer community. A rainbow of colors reflect the colors of the five natural elements: blue (sky), white (water), red (fire), green (wind), and yellow (earth).

For more information, or to craft your own spirit flag, contact Katrina Scott, MDiv, oncology chaplain, at 6-4225.



The belief is that as flags containing messages of strength and healing fly on high, they carry wishes and blessings to all beings and infuse positive energy into the universe.





# The Carol A. Ghiloni, RN, Oncology Nursing Fellowship

— by Mandi Coakley, RN, staff specialist

**N**ow in its seventh year, the Carol A. Ghiloni, RN, Oncology Nursing Fellowship Program sponsored two student nurse oncology fellows this summer for an intensive, ten-week, hands-on learning experience. The fellowship gives student nurses an opportunity to learn about the various roles nurses play and the different career opportunities available to them upon graduation. This year's fellows, Hilary Sands, a student at Worcester State College, and Candice LaValley, a student at the University of Massachusetts,

Amherst, began their fellowship on inpatient oncology units. For the first five weeks, Kaitlin Chesnulevich, RN,

precepted Sands on the Ellison 14 Oncology Unit, and Peg Baldwin, RN, precepted LaValley on the Bigelow 7 Gynecological Oncology Unit. Both Sands and LaValley had an opportunity to observe nursing practice in Radiation Oncology and outpatient infusion units, attend Schwartz Center rounds, HOPES programs, spend time in the Blood Transfusion Service, Interventional Radiology, and attend other events offered by the MGH Cancer Center.

Margaret Barton-Burke, RN, assistant professor of Nursing at the University of Massachusetts, Amherst, was this year's faculty oncology fellow. Barton-Burke rotated through many of the specialty areas in the Oncology setting observing new techniques, procedures, and medications. Her area of interest is genetics.

The Carol A. Ghiloni, RN, Oncology Fellowship receives funding from Johnson & Johnson and the Hahnemann Hospital Foundation. For more information, contact Mandi Coakley, RN, at 6-5334.



**Above:** Margaret Barton-Burke, RN (right), this year's faculty oncology fellow, confers with Ellison 14 staff nurses (l-r): Caitlin Callahan, RN; Tina Cruz, RN; and Kathryn Sweeney, RN

**At right:** this year's Carol A. Ghiloni, RN, Oncology Nursing fellows, Hilary Sands (right) and Candice LaValley, with young patient, Luca Gregoire and his father, Serge.



(Photo by Elizabeth Johnson, RN)



# Professional Achievements

## Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Repetitive Stress Injuries in the Upper Extremity," at Tufts University, August 20, 2007.

## Kane certified

Courtney Kane, RN, White 10 Medical Unit was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in May, 2007.

## Carroll and Rankin publish

Diane Carroll, RN; and Sally Rankin, RN, authored the article, "Mending Hearts," in the June, 2007, *Advance for Nurses*.

## Chirgwin certified

Tina Chirgwin, RN, White 8 Medical Unit, was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in June, 2007.

## Steiner presents

Linda Steiner, PT, physical therapist, presented the "Train the Trainer Program," at the Arthritis Foundation Exercise Program, in Portland, Oregon, June 23-24, 2007.

## Krikorian certified

Jean Krikorian, RN, White 10 Medical Unit was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in May, 2007.

## DiTavi certified

Elizabeth DiTavi, RN, Obstetrics and Gynecology, was certified in Oncology Nursing by the Oncology Nursing Certification Corporation in May, 2007.

## Desrosiers certified

Kristen Desrosiers, RN, White 9 Medical Unit, was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in June, 2007.

## Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at the University of Wisconsin Hospital and Clinics, in Madison, Wisconsin, May 19-20, 2007.

## Lizotte certified

Amy Lizotte, RN, Bigelow 11 Medical Unit was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in June, 2007.

## Fong certified

Jennifer Fong, RN, White 10 Medical Unit was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in May, 2007.

## Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Combined Injuries of the Upper Extremity," and "Dynamic Splinting Lab," at Tufts University, June 13, and June 25, 2007.

## McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, presented, "Increased Intracranial Pressure: Assessment and Management," at the Neuroscience 2007 conference at the Cape Cod Hospital, in Hyannis, June 7, 2007.

## Neveu certified

Jennifer Neveu, PT, physical therapist, was certified as a specialist in Geriatrics by the American Board of Physical Therapy Specialties in June, 2007.

## Horrigan certified

Emily Horrigan, RN, was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in June, 2007.

## Capasso and Larkin present

Virginia Capasso, RN, clinical nurse specialist, and Mary Larkin, RN, clinical research manager, presented, "Psychological Insulin Resistance: Measuring Barriers to Insulin Use," at the American Diabetes Association, Scientific Session, in Chicago, June 23, 2007.

## Rounds certified

Alicia Rounds, RN, was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in June, 2007.

## Sheff certified

Emily Sheff, RN, White 10 Medical Unit, was certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in May, 2007.

## Nurses present at Simmons College

Ellen Robinson, RN; Suzanne Hitchcock-Bryan, RN; Elizabeth Tracey, RN; Martie Carnie, Margaret Hill, RN; and Nancy Lee, RN, presented, "Clinical Trials and Nursing: a Dialogue on Patient Education, Access, and Ethics," at Simmons College, May 22, 2007.

## Hession and King present

Endoscopy nurses, Sandra Hession, RN, and Janet King, RN, presented, "Colonic and Antroduodenal Motility: the Role and Responsibilities of Clinical Nurses," at the 33rd annual course of the Society of Gastroenterology Nurses and Associates, in Baltimore, May 23, 2007.

## Savidge certified

Edgar Savidge, PT, physical therapist, was certified as a board specialist by the American Board of Physical Therapy Specialties in June, 2007.

## Carroll, Cooper, and Rankin publish

Diane Carroll, RN; Bruce Cooper, and Sally Rankin, RN; authored the article, "The Effects of a Collaborative Peer Advisor/Advanced Practice Nurse Intervention," in the *Journal of Cardiovascular Nursing*, in June, 2007.

## Smith certified

Emily Smith, PT, physical therapist, was certified as a board specialist in Geriatrics by the American Board of Physical Therapy Specialties in June 25, 2007.

## Krupnick and Quinn present

Susan Krupnick, RN, clinical nurse specialist, and Thomas Quinn, RN, project director, MGH Cares About Pain Relief, presented, "Building Partnerships to Address Pain Management in Persons with Addictive Illness," at the annual meeting of the Alliance of State Pain Initiatives in Boston, June 22, 2007.

## Nurses publish

Pat Reid Ponte, RN; Greer Glazer, RN; Emma Dann, RN; Kathleen McCollum; Anne Gross, RN; Rosalie Tyrrell, RN; Patricia Branowicki, RN; Patricia Noga, RN; Marion Winfrey, RN; Mary Cooley, RN; Suzelle Saint-Eloi, RN; Carolyn Hayes, RN; Patrice Nocoals, RN; and Deborah Washington, RN, authored the article, "The Power of Professional Nursing Practice: an Essential Element of Patient- and Family-Centered Care," in the *Online Journal of Issues in Nursing*, in January, 2007.

## Nurses present in Japan

Jeanette Ives Erickson, RN; Sheila Burke, RN; Lin-Ti Chang, RN; Katherine Fallon, RN; Angelleen Peters-Lewis, RN; and Donna Perry, RN, presented, "Global Nursing Partnerships for Dealing with the Unexpected: Creativity, Culture, and Collaboration," at the International Council of Nurses in Japan, August 21, 2007, representing their work and the work of Grace Deveney, RN; Marianne Ditomassi, RN; Sukaina Ghazi Matter, RN; and Karen Holland, RN.

## Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, authored the article, "Lessons from Mrs. Tandy: Learning to Live with Chronic Pain," in the e-journal, *Topics in Advanced Practice Nursing*, in June 26, 2007.

## Conversations with Caregivers: an Eldercare Series

Sponsored by the MGH Geriatric Medicine Unit for staff, patients, families, and friends of the MGH Community

Tuesday, August 14  
Homecare to Long-Term Care: Understanding Resources

Tuesday, August 28  
Caring for Yourself while Caring for Another

Tuesday, September 11  
Juggling Caregiving and Work

All sessions held in the Blum Patient & Family Learning Center (attendance is free)  
5:15–6:30pm

Refreshments will be served  
For more information, call:  
617-726-4612

## Treadwell Library celebrates 160th anniversary

Treadwell Library will celebrate its 160th birthday this month (the birth month of John Goodhue Treadwell in 1805) with an exhibit that will run through August 15, 2007.

Test your knowledge of MGH history using modern technology, enjoy vintage photographs from the early years of MGH, and learn about John Goodhue Treadwell and the bequest that resulted in the library that bears his name.

For more information, call 617-726-8601, or e-mail [TreadwellQ&A@partners.org](mailto:TreadwellQ&A@partners.org)

## RN Residency Program at MGH

MGH has been awarded a grant from the US Department of Health and Human Services, Health Resources and Services Administration Division of Nursing to conduct an innovative RN Residency Program, which will provide nurses with an opportunity to improve their care to older patients.

The RN Residency Program, a nine-month, mentored residency, will help nurses gain competence in geriatric and palliative care. The three-year grant provides a unique opportunity for nurse preceptors and nurse residents.

Nurse preceptors will be registered nurses:

- age 45 or older
- currently employed at MGH working 24 or more hours per week
- working in an acute care unit
- identified by nursing director as proficient or expert
- possessing emerging qualities of mentors:
  - effective communication skills
  - respect, patience, good listening skills
  - trustworthiness in working relationships
  - positive attitude, enthusiasm, optimism
  - belief in the value and potential of others

Nurse residents will be registered nurses:

- currently employed at MGH working 24 hours per week (but not more than 32)
- interested in geriatrics and palliative-care specialties
- who have a two-year commitment to employment at MGH,
- recommended by nursing director

Information sessions are scheduled

For more information about the RN Residency Program, contact Ed Coakley, RN, project director and coordinator, at 6-6152.

## Clinical Pastoral Education fellowships for healthcare providers

The Kenneth B. Schwartz Center and the Nursing Service are offering fellowships for the 2008 MGH Clinical Pastoral Education Program for Healthcare Providers.

Fellowship is open to clinicians who work directly with patients and families and who wish to integrate spiritual caregiving into their professional practice.

Deadline for application is September 1, 2007.

For more information, call the Chaplaincy at 726-4774.

## HAZMAT Team looking for a few good volunteers

The HAZMAT Response Team was established to protect MGH employees and the hospital from contamination during large-scale disasters. The HAZMAT Team is trained to decontaminate a large influx of victims during a mass-casualty or industrial-accident situation. Clinical and non-clinical team members ensure patients arriving on campus are decontaminated before receiving treatment.

HAZMAT volunteers comprise three teams that rotate on-call every three months. Team members are trained to respond to hazardous-materials incidents in healthcare settings. Preparation involves 24 hours of training with a private institute and eight hours of specialized MGH training.

To learn more about the HAZMAT Response Team, contact Jacky Nally at 617-726-5353.

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### Submissions

All stories should be submitted to: [ssabia@partners.org](mailto:ssabia@partners.org)  
For more information, call:  
617-724-1746

### Next Publication

August 16, 2007

# Educational Offerings – 2007

August

8

New Graduate RN  
Development Seminar I

Training Department  
Charles River Plaza  
8:00am – 2:00pm  
Contact hours: TBA  
(for mentors only)

August

8

Oncology Nursing Society  
Chemotherapy Biotherapy  
Course

Yawkey 2220  
8:00am – 4:00pm  
Contact hours: TBA

August

8

Nursing Grand Rounds

Haber Conference Room  
11:00 – 12:00pm  
Contact hours: 1

August

8

OA/PCA/USA Connections  
"Service Matters"

Bigelow 4 Amphitheater  
1:30 – 2:30pm  
No contact hours

August

21

CPR Re-Certification

Founders 325  
7:30 – 10:30am and 12:00 – 3:00pm  
No contact hours

August

21

Ovid/Medline: Searching for  
Journal Articles

Founders 334  
11:00am – 12:00pm  
Contact hours: 1

August

22

New Graduate RN  
Development Seminar II

Training Department  
Charles River Plaza  
8:00am – 12:00pm  
Contact hours: 3.6  
(for mentors only)

August

23

Nursing Grand Rounds

O'Keeffe Auditorium  
1:30 – 2:30pm  
Contact hours: 1

August

29

Intermediate Arrhythmia

Yawkey 10-660  
8:00 – 11:45am  
Contact hours: 3.5

August

29

Pacing Concepts

Yawkey 10-660  
12:15 – 4:30pm  
No contact hours

August

29

BLS Instructor Program

Founders 325  
8:00am – 4:30pm  
No contact hours

September

5

CPR Re-Certification

Founders 325  
7:30 – 10:30am and 12:00 – 3:00pm  
No contact hours

September

6

BLS Certification for Healthcare  
Providers

Founders 325  
8:00am – 12:30pm  
No contact hours

September

7

Neuroscience Nursing  
Certification Course

O'Keeffe Auditorium  
8:00am – 4:30pm  
Contact hours TBA

September

10

Building Relationships in the  
Diverse Hospital Community:  
Understanding our Patients,  
Ourselves, and Each Other

Founders 325  
8:00am – 4:30pm  
Contact hours: 6.8

September

10

BLS Heartsaver Certification

Founders 325  
8:00am – 12:30pm  
No contact hours

September

11

CPR Re-Certification

Founders 325  
7:30 – 10:30am and 12:00 – 3:00pm  
No contact hours

September

12

Phase I Wound-Care Education  
Program

Training Department  
Charles River Plaza  
8:00am – 4:30pm  
Contact hours: 6.6

September

12

New Graduate RN  
Development Seminar I

Training Department  
Charles River Plaza  
8:00am – 2:00pm  
Contact hours: 3.7  
(for mentors only)

September

12

Nursing Grand Rounds

Haber Conference Room  
11:00 – 12:00pm  
Contact hours: 1

For more information about educational offerings, go to: <http://mghnursing.org>, or call 6-3111

# When it comes to hand hygiene

*Kristen and Sarah want you to know...*

“Since becoming part of the Hand Hygiene Program, we’ve developed a greater appreciation for the importance of hand hygiene in preventing the spread of infection. As hand hygiene champions on the White 9 Medical Unit, we have the privilege of attending hand hygiene luncheons and contributing to *Champion Update*, the hand hygiene newsletter.

“White 9 has made great strides toward achieving 100% compliance and we continue to improve. Some of our strategies include: having a hand-hygiene bulletin board in the staff lounge, providing Coffee Central incentives (with reminders on the back to reinforce good hand hygiene), and weekly ‘blast e-mails’ containing excerpts from the most recent *Champion Update*. The posters above the Cal Stat dispensers are changed every month to keep the message fresh in everyone’s minds. Our latest strategy was entering the hand hygiene slogan contest. We think we’ve got a good one. Wish us luck!”



White 9 hand hygiene champions, Kristen Desrosiers, RN (left), and Sarah Milley, RN

**Caring**  
Headlines  
August 2, 2007

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