Headlines

Caring December 6, 2007

Moscowitz, Schwartz Center Compassionate Caregiver of the Year

See story on page 7

Barbara Moscowitz, LICSW (right), Schwartz Center Caregiver of the Year, with director of Social Services, Ann Daniels, LICSW

The newsletter for Patient Care Services Massachusetts General Hospital
I was privileged recently to receive a first-edition copy of Florence Nightingale’s Notes on Nursing, a gift from the Patient Care Services Executive Committee on the occasion of my induction into the American Academy of Nursing. It is a gift I will treasure. As I thumbed through the pages of this time-honored manifesto, the first significant book on nursing written more than a century ago (1859), I was struck by the extraordinary foresight Nightingale possessed in her observations of current reality and in her ability to anticipate future needs and trends.

Many of the issues we face today were as pressing in the nineteenth century as they are today. On infection, Nightingale wrote, “Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs. Wise and humane management of the patient is the best safeguard against infection.”

She may even have weighed in on staffing practices when she wrote, “It is as impossible in a book to teach a person in charge of sick how to manage, as it is to teach her how to nurse. Circumstances must vary with each different case. But it is possible to press upon her to think for herself: now what does happen during my absence?”

I think of the strategic goals we identified for 2008:

- **Strategic Goal #1: Through the patient’s eyes**
  Seek the patient’s voice to improve the experience of care

- **Strategic Goal #2: Follow the evidence**
  Achieve and sustain evidence-based quality indicators

- **Strategic Goal #3: Handle with care**
  Decrease patient and staff injuries through the use of safe patient-handling practices

- **Strategic Goal #4: Lean & Clean**
  Provide a clean and clutter-free environment for patients and staff

- **Strategic Goal #5: Team PCS**
  Enhance teamwork to achieve excellence in care delivery

Florence Nightingale addressed many of these same concerns in her writing. About clutter and cleanliness, she wrote, “No ventilation can freshen a room or ward where the most scrupulous cleanliness is not observed... Without cleanliness, you cannot have all the effect of ventilation; without ventilation, you can have no thorough cleanliness. Very few people... have any idea of the exquisite cleanliness required in the sick-room.”

We strive for 100% hand-hygiene compliance. Nightingale wrote, “Every nurse ought to be careful to wash her hands very frequently during the day. If her face, too, so much the better.”

continued on next page
Jeanette Ives Erickson (continued)

In patient-satisfaction surveys, we frequently hear from patients that noise is a factor in their hospital experience. Nightingale observed, “Unnecessary noise, then, is the most cruel absence of care which can be inflicted either on the sick or well... Unnecessary (although slight) noise injures a sick person much more than necessary noise (of a much greater amount)... A good nurse will always make sure that no door or window in her patient's room shall rattle or creak; that no blind or curtain shall, by any change of wind through the open window, be made to flap — especially will she be careful of all this before she leaves her patients for the night. If you wait till your patients tell you, or remind you of these things, where is the use of their having a nurse?”

Barbara Montgomery Dossey tells us in, Florence Nightingale: Mystic, Visionary, Healer, that Nightingale was a passionate believer in data-collection and evidence-based practice. She was the first to design standardized forms to collect uniform, consistent information about patients believing that analysis of data could help identify the best treatments for certain illnesses. She believed that data-collection and statistics could help improve public health, drive public safety, and advance the emerging medical professions.

Florence Nightingale was a nursing pioneer and a healthcare legend. Her every thought and action revolved around what was best for the patient. The concerns she had then remain our concerns today. It's nice to know that putting patients first is a principle that has endured for generations. And in our trusted hands, rest assured it will endure for many more...

Update

I'm happy to announce that Suzanne Algieri, RN, has accepted the position of nursing director for the White 12 Neuroscience Unit effective immediately.

Clinical Recognition Program

The following clinicians were recognized August 1–November 1, 2007.

Advanced Clinicians:
- Kelli Anspach, RN, Cardiology
- Sara Beth Asekoff, RN, Cardiac Intensive Care
- Immacula Benjamin, RN, Pediatrics
- Morgan Cole, PT, Physical Therapy
- Kelly Cruise, RN, Neurology
- Leslie DeLisle, RN, Medical
- Cristina Matthews, RN, Neurology
- Robin Mirante, SLP, Speech, Language Pathology & Swallowing Disorders
- Ashley Rokosz, RN, Orthopaedics

Clinical Scholars:
- Donna Furlong, RN, Cardiac Surgery
- Diane Gay, RN, Cardiac Surgery
- Dinah Gilburd, LICSW, Social Services
- Deanna Kovalski, RN, Cardiology
- Kelly Trecartin, RN, Cardiac Catheterization Lab

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National Physical Therapy Month is celebrated every October as a way of increasing awareness about who physical therapists are and what we do. This year, the MGH Physical Therapy Department took advantage of the occasion to show continued dedication to their patients, their profession, and the MGH community through educational presentations, a community outreach project, and our annual recognition reception. This year’s PT Month theme was, “The Science of Healing, The Art of Caring.”

Physical therapists kicked off the celebration with an evening reception under the Bullfinch tent in late September. The event was an opportunity for staff from the main campus, the MGH Sports Center, and the health centers (MGH West, Bunker Hill, Revere, and Chelsea) to spend time with colleagues, reflect on the past year, and acknowledge individual and group accomplishments.

Michael Sullivan, PT, director, Physical and Occupational Therapy, addressed the gathering, recognizing staff for their ongoing commitment and the invaluable contributions they make to patient care. In his remarks, Sullivan noted that quality and safety are areas all healthcare providers will be asked to focus on in the coming months and years. He cited the six Aims for Improvement put forth by the Institute of Medicine’s, Crossing the Quality Chasm: a New Health System for the 21st Century, which include: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

As has become tradition, three therapists were invited to share their professional journeys with the group. Each had a unique story, but the common thread was the impact physical therapists have on the lives of their patients. Robert Dorman, PT, inpatient clinical specialist, began his journey as a patient during adolescence. It was his first-hand, positive experience with physical therapy that led him to the profession. Aaron Moore, PT, senior therapist at MGH West, reminded colleagues that physical-therapy interventions can have a profound impact on patients and...
families, even when therapists themselves may not be aware of the difference they’re making. Hillary Kocoloski, PT, inpatient staff therapist, shared her love of the unique opportunities physical therapists have to impact patients’ lives. Her motivation is keeping the patients’ needs first and celebrating their successes.

This year’s spare change challenge, a community-service fund-raising project, also a tradition in the department, went to benefit MGH Child Life Services. Inpatient and outpatient physical and occupational therapists across a variety of settings challenged each other to raise money to help Child Life Services continue their important work. During the month-long competition, staff was encouraged to drop spare change into their team’s jar, and at the end of the month the team with the most money won. To make the competition more interesting, teams could ‘sabotage’ one another by putting bills of any denomination into other teams’ jars, which counted as a negative against their total. After much collecting (and sabotaging) a record total of $2,421.33 had been raised. The money was used in part for the inpatient pediatric playrooms on the main campus. The Chelsea Health Center donated its portion to the local Reading is Fun program.

In keeping with the goal of PT Month to educate the community about the profession, on October 12, 2007, physical therapists staffed an informational booth in the Main Corridor. This was a chance for members of the MGH community to talk with therapists about how to start an exercise program, how to maintain an exercise program, and how physical therapy can help manage some of the aches and pains that might prevent people from exercising. Therapists had an opportunity to educate visitors about the unique role physical therapy plays in managing and preventing obesity. Informational materials were available, including exercise logs to help individuals keep track of their daily activity and progress.

This year’s Physical Therapy Month celebration accomplished exactly what it set out to do. Each activity and event spotlighted the contributions physical therapists make in caring for patients, families, and the community. Physical Therapy’s vision of providing the best care for each patient, educating and giving back to the community, and facilitating professional growth, is making a difference.

For more information about the important work of the Physical Therapy Department, call 4-8579.
Greene bids farewell to ‘home under the dome’

“I can’t believe he’s leaving.” That was the most frequently uttered sentiment at the farewell reception for Ron Greene, RN, staff nurse, Emergency Department, on Monday, November 5, 2007. A 38-year veteran of MGH, an active participant in diversity initiatives throughout his long career, and one of the most charismatic individuals you’re ever likely to meet, Greene leaves a legacy of unity, commitment, and humor that will long be remembered.

Associate chief nurse, Theresa Gallivan, RN; director of PCS Diversity, Deborah Washington, RN; nursing director, MaryFran Hughes, RN; and Robert Hughes, MD, shared stories of their long friendship and professional interactions with Greene. Gallivan relayed the sentiments of senior vice president for Patient Care, Jeanette Ives Erickson, RN, who was unable to attend. “Ron, thank-you for your commitment to patient care, your commitment to clinical and professional development, your commitment to diversity and cultural sensitivity, but especially, for your leadership, clinical expertise, and friendship over the years. Thank-you for giving our important work together great meaning.”

An emotional Greene reflected on milestones in his career, spoke about the importance of his family and friends, and thanked the many colleagues who’d made a difference in his life and in his career at MGH. When he left the podium, people were still saying, “I can’t believe he’s leaving.”

When Greene made the decision to retire, he decided to organize a reunion of people who had worked in the ED over the years. More than 90 people came from as far away as New York and Connecticut. Says Greene, “The excitement, the laughter, the fun... it was fabulous. It reminded me of an article I’d read many years ago by Kanitha Bingham in an MGH publication. It was entitled, ‘I Found a Home under the Dome.’ Little did I realize that all these years later, I’d know exactly what she meant. The MGH community has been my family for more than half my life, and it will always be part of me. I, too, found a home under the dome.”
Schwartz Center names Moscowitz Compassionate Caregiver of the Year

On November 1, 2007, at an intimate dinner at the Boston Convention and Exhibition Center attended by 1,800 people, The Kenneth B. Schwartz Center verified what many in the MGH community already knew when it presented Barbara Moscowitz, LICSW, with its prestigious Compassionate Caregiver of the Year Award. Moscowitz, program director for MGH Senior HealthWISE, a program geared toward improving the health and well-being of older adults through educational lectures, workshops, programs, and health screenings, is an expert in the care and treatment of patients with dementia and Alzheimer's disease.

There was no shortage of colleagues, patients, and family members eager to nominate Moscowitz. One letter of support observed: “Barbara helped us understand my mom's illness. She took the time to explain, in plain terms, how difficult it feels to lose your grip on reality. She helped me understand that my mother needed to live in a place without judgement, and taught me that the smallest acts of kindness would go a long way. At Barbara's suggestion, I would bring old photos, and my mother and I would pore over them, laughing at the memories of what was. Barbara provided hope for us and taught me a most valuable lesson — that living in the moment is a rare and wondrous thing.”

Andrea Stidsen, LICSW, director of the Employee Assistance Program, wrote: “Barbara is an incredible resource to the MGH community. Her warmth, her compassion, her ability to make others feel listened to and validated, along with the many other contributions she makes to the field of geriatric care are all reasons I highly recommend her for this honor. I can't think of anyone who deserves it more.”

In her application portfolio, Moscowitz wrote: “My passion for my professional life is to provide the same support, respect, and presence to patients and families as I would wish for myself or someone I love. As I meet with colleagues over and over who are leaving their professional worlds to return home to care for family, I am committed to recognizing their unique circumstances and providing them with the support and resources they need.”

Patient Care Services joins the rest of the MGH community in congratulating Barbara Moscowitz on this well-deserved recognition.

Danny Nunn, SLP, speech-language pathologist, was one of four other finalists in the state to be nominated for the award.

At right: Barbara Moscowitz, LICSW, program director for MGH Senior HealthWISE, accepts ninth annual Compassionate Caregiver of the Year Award.
Physical therapist employs specialized process of elimination to determine root cause

My name is Diana Czulada, and I am a physical therapist. I remember going into the LMR (Longitudinal Medical Record) to look up background information on a patient who was coming in for an evaluation. ‘Jon’ had been seen by an orthopaedic doctor for pain along the lateral aspect of his right ankle. The physician referred him to MGH with a diagnosis of peroneal tendonitis and had instructed him to wear an Aircast boot because he was so uncomfortable in shoes.

I went to the waiting room to meet Jon and saw a very tall (6’11”) young man in an Aircast boot and suit. I introduced myself and walked him back to the treatment area. He had no visible gait deviation or hint of pain with ambulation.

I started with his history. Jon was 32 years old. He had played soccer and basketball in college. He was training for a marathon. He worked at a large company, which required sitting at a desk most of the time. He reported sporadic episodes of back pain and a history of recurrent ankle sprains in the past, but no other major injuries.

His pain had started insidiously a month before. He described a shooting pain that traveled down the lateral border of the right foot. He had started wearing sandals as the pressure of regular shoes provoked his symptoms. He reported a slight swelling in the area when he first noticed the pain, but it had diminished. The most problematic part of Jon’s condition was that he was unable to wear a shoe because of the pressure on the affected area, and he had been forced to curtail his marathon training. Jon’s goals were to be able to wear a shoe without pain, to be able to jog again, and to learn what was causing this intense pain.

I started by looking at Jon’s alignment then proceeded to the functional exam. I could tell he had a hypomobile (tight) body type. He stood with a wide base of support with most of his weight on the lateral aspects of his feet. When walking, he pushed quickly on his toes early in the terminal stance phase. All walking, jogging, and jumping were pain-free with shoes off.

I wondered if the pain was being caused by his lumbar spine (disc pathology). I wondered if the hypersensitivity was indicative of peripheral nerve entrapment. Lateral ankle sprain was unlikely due to his high functional level and absence of pain with mobility.

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I couldn’t believe it. It seemed I might have been right about the sural nerve being the offending structure.

I had gone the mechanical route, but when treating the mechanical causes of pain didn’t make a meaningful change in Jon’s presentation, I referred him to someone who could search for answers in another scope of practice.

Despite the fact that he had resumed wearing shoes and even jogging, his hypersensitivity was still easily provoked with light touch. I questioned whether I was really impacting Jon’s condition by addressing the biomechanical impairments. I was beginning to think it would be necessary to consult a specialist to look for a non-mechanical cause outside my scope of practice. His biomechanical impairments were improving, but his improved mobility wasn’t decreasing his pain.

I went to Aimee again. We examined Jon together and discussed the mechanical changes we had achieved and my concern over the lack of improvement in his symptoms. She agreed something non-mechanical may be causing his hypersensitivity. We spoke to the referring physician and recommended Jon see an orthopaedic foot specialist.

I e-mailed the specialist who would be seeing Jon to give him his background. He asked me to get in touch with him after the evaluation to discuss his thoughts, which I did. He felt it could be a benign sural nerve schwannoma (a kind of tumor), and referred Jon to an oncologist.

I couldn’t believe it. It seemed I was right about the sural nerve being the offending structure. I had gone the mechanical route, but when treating the mechanical causes of pain didn’t make a meaningful change in Jon’s presentation, I referred him to someone who could search for answers in another scope of practice. Now, I had to look up sural nerve schwannoma and see how it was treated.

I got in touch with Jon and reiterated what his doctor had told me. I reported what I’d found in my search for additional physical therapy at this time. He was grateful for my diligence and promised to keep me updated.

Jon and I are still in touch. He is currently scheduled for surgery to excise the schwannoma, and he was pleased to report that he has begun running again.

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

This narrative affords us a wonderful look into Diana’s critical thinking as she worked to figure out the cause of Jon’s pain. She didn’t settle for what might have been the quickest, most obvious diagnosis; rather she let Jon’s symptoms guide her examination. She took all factors into consideration. She sought consultation from experts, and her skilled assessment allowed Jon to be correctly diagnosed by the appropriate specialist. What a wonderful example of teamwork and perseverance.

Thank-you, Diana.
n October 25, 2007, the Patient Education Committee celebrated health literacy month by staffing an educational booth in the Main Lobby highlighting the theme, Communication: the Key to Good Health Care. Collaborating with medical interpreters and the Blum Patient & Family Learning Center, they displayed a variety of materials. Employees and visitors had an opportunity to speak with members of the Patient Education Committee and ask questions about health literacy.

Many questions centered around the work of medical interpreters providing non-English speaking patients with communication during meetings with caregivers. Staff should request an interpreter when obtaining consent for a procedure, having a family meeting, or talking patients through a medical test. Languages offered by MGH interpreters include Spanish, French, French Creole, Italian, Portuguese, Chinese, Vietnamese, Cambodian, Arabic, Russian and American Sign Language. Other languages are offered through off-site interpreters and can be arranged through the Interpreter Services Office. Often, interpreters are available on short notice, but appointments should be scheduled 24 – 48 hours in advance if possible.

Many inpatient units now have access to Interpreter Phones on a Pole, or iPOPs. This is a device that assists medical translations via conference calls on a speakerphone. The iPOP can be rolled into a patient’s room for bedside use. Simply plug the phone into the patient’s phone jack, call the number on the phone, state your location and the language being requested. In seconds, you’ll be connected to an interpreter.

Point-to-Talk booklets are another way to communicate with non-English speaking patients. They contain commonly used words and phrases. A patient can point to a word or phrase in her own language, and the caregiver can read the corresponding phrase in English. Point-to-Talk booklets are available in 19 languages and can be obtained free of charge through Interpreter Services.

The Sorenson Video Relay Service is available for hearing-impaired patients. This is a free service that enables individuals to conduct video-relay calls through a certified American Sign Language (ASL) interpreter via a high speed Internet connection. Hearing-impaired users see an ASL interpreter on their screen; they sign to the interpreter who then relays the message to a hearing user via a standard phone line.

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Hearing individuals can place video relay calls to any hearing-impaired person by calling 1-866-327-8877. The Sorenson Video Relay Service is available in the Blum Patient & Family Learning Center, Monday–Friday from 9:30am–6:30pm.

Also on view at the Patient Education booth was a kit provided by the American Medical Association called, “Health Literacy and Patient Safety: Help Patients Understand.” The kit contains materials that help increase awareness of health literacy, provide approaches for improvement of verbal and written communication between clinicians and patients, and includes an instructional video and a manual for clinicians. A sample kit is available in The Blum Patient & Family Learning Center.

New technologies are emerging all the time. As practitioners we need to stay abreast of these advancements. MGH offers numerous services to provide optimal communication between clinicians, patients, and families. Communication is the Key to Good Health Care.

To contact the MGH Interpreter Service call 6-6966, Monday–Friday, 7:00am to 12:00am, and weekends, 8:00am–10:00pm.

To contact the Blum Patient & Family Learning Center, call 4-7352, Monday–Friday, 9:30am–6:30pm.
RN Residency Program focuses on geriatric and palliative care
— by Ed Coakley, RN, project director; RN Residency Program

“A journey of a thousand miles begins with the first step.”
— Chinese sage, Lao Tzu

Recently, 15 MGH nurse sages took their first steps in a career-renewing journey. They became preceptors in the RN Residency Program: Transitioning to Geriatrics and Palliative Care. The RN Residency Program, a combination of interactive classroom learning and mentored clinical experience over a nine-month period, was designed to strengthen geriatric and palliative care nursing at MGH. RN residents will be coached in addressing the needs of elder patients with short hospital stays; considering strategies to admit elders to the same unit for increased continuity; assessing function, continence, mobility, and cognition upon admission; and focusing on the root causes of delirium, so the overall hospital experience for elder patients is improved.

Ed Coakley, RN, project director, advised RN preceptors to remember the various paths that had led them to this program and to forge new paths that inspire hope and confidence. This advice will help them coach young RN residents who will begin the program in January.

Coakley is assisted in this project by, Susan Lee, RN; Connie Dahlin, RN; and Penny Ford-Carleton, RN, mentors who have significant experience in geriatric and palliative care. All were involved in designing the curriculum, developing educational modules, and planning for innovative interventions. Coakley and his team are tapping into many existing resources at MGH, such as the Psychiatric Nursing Consultation Program, MGH Senior Health, the Geriatric Medical Unit, and the Emergency Department.

RN residents have been challenged to engage in reflective as well as evidence-based practice with the goal of approaching patients in an intentional way. Lee, who is coordinating the geriatric curriculum, observes, “We’ve spent a lot of time on delirium because it is a distressing syndrome to patients, families, and nurses, and it has been shown to increase morbidity, length of stay, and mortality. As we looked at the latest evidence, it became clear that nursing interventions alone can reduce the incidence of delirium by half.” Lee emphasized that simple interventions, such as putting on a patient’s eyeglasses or hearing aids, early ambulation, toileting, and oral nutrition are important interventions in delirium-prevention.

Coakley is currently recruiting nurses who have an interest in geriatric and palliative care nursing who have been practicing for two to five years. For more information, contact Ed Coakley at 6-6152 or by e-mail.
Q&As

The Documentation and Communication Project

**Question:** Can you give me an update on the department of Nursing’s Documentation and Communication Project?

**Jeanette:** The Doc-Com Project, as it has come to be called, started in February, 2006, when we hired a consulting firm to work with the Documentation and Communication Team. The goal was to improve and standardize the way patient information is communicated among nurses and documented in the medical record. The Doc-Com Team has continued to work on strategies for improvement and, in September, 2006, began implementing changes in documentation and communication practices on patient care units. Some of the changes include: the introduction of the nursing dataset, tracking patient problems, interventions, and outcomes, and problem-oriented charting. Implementation of these changes was completed on all inpatient units in October, 2007.

**Question:** Why is this important?

**Jeanette:** It’s important for nurses to know the patient’s story from the patient and family’s perspective as they use this information to optimize patient outcomes. Also, standardizing documentation and communication practices helps us prepare to automate the documentation process.

**Question:** When will nursing documentation be automated at MGH?

**Jeanette:** An interdisciplinary team is working on a plan to automate acute care documentation. There is a plan under way to automate patient care flow sheets on three units as part of a pilot program. And the Electronic Medication Administration Process Project will automate medication administration records, slated for implementation in 2009.

**Question:** What’s next in the Doc-Com Project?

**Jeanette:** The next phase involves auditing Doc-Com guiding principles. Once units have been audited for compliance and data is gathered, a plan will be developed to address areas of concern. Data will be shared with nursing directors and clinical nurse specialists to help address unit-specific issues.

**Question:** Do you foresee any changes in nursing documentation down the road?

**Jeanette:** As we look to the future, thorough, reliable nursing documentation will become even more important as changes are made to the reimbursement system. Similar to our colleagues in Medicine, Physical Therapy, and Occupational Therapy, nursing care and interventions associated with certain patient outcomes will one day be reimbursable. But the most important reason to maintain high standards in documentation and communication is to ensure the best possible care for patients and families. For more information about the Doc-Com Project, contact Mandi Coakley, RN, at 6-5334.
21st annual Scientific Poster Symposium on Alzheimer's Disease
January 9, 2008
9:00am–12:00pm
Thier Conference Room
The event is an opportunity to share research findings and learn what other researchers are doing. For more information, contact Liang Yap at 6-3987.

Call For Proposals
Yvonne L. Munn Nursing Research Awards
Proposals are due by January 15, 2007
Guidelines for proposal preparation are available at: www.mghnursingresearchcommittee.org under: “Resources.”
For more information, contact Virginia Capasso, RN, at pager: #2-5650 or by e-mail.

Call for Abstracts Nursing Research Expo 2008
The MGH Nursing Research Committee is calling for poster abstracts for Nursing Research Expo 2008.
Categories include: Original Research, Research Utilization, and Performance-Improvement.
For more information contact Victoria Morrison, RN; Cathy Griffith, RN; Laura Naismith, RN; or your clinical nurse specialist.
To submit an abstract, visit the Nursing Research Committee website at: www.mghnursingresearchcommittee.org.
Deadline for submission is February 1, 2008.

Make your practice visible: submit a clinical narrative
Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in Caring Headlines. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

MGH Backup Childcare Center
The MGH Backup Childcare Center has changed its opening time to 6:45am to accommodate early-morning shifts. The program is expanding to serve infants effective immediately, accepting babies 12 months old, and hopefully younger babies in the future as staffing allows.
For more information, go to: www.massgeneral.org/childcareservices or call: 4-7100.

Holiday Resource Table
This is a time of year when people juggle many conflicting demands. Learn how to manage stress, set realistic goals, take better care of yourself, and enjoy the holiday season. Visit the EAP’s Holiday Resource Table for information and resources.
Tuesday, December 11, 2007
CNY Building 149 Atrium Lobby
12:30 – 1:30pm
Wednesday, December 19, 2007
WACC Lobby
2:00 – 3:30pm
For more information contact the EAP at 726-6976 or visit: www.eap.partners.org.

The MGH Blood Donor Center
The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:
Tuesday, Wednesday, Thursday,
7:30am – 5:30pm
Friday, 8:30am – 4:30pm
(closed Monday)
Platelet donations:
Monday, Tuesday, Wednesday, Thursday,
7:30am – 5:00pm
Friday, 8:30am – 3:00pm
Appointments are available
Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

MGH Outfitters to open in December
The LVC Retail Shops is pleased to announce the addition of MGH Outfitters to the hospital shopping experience. MGH Outfitters will offer scrubs, footwear, stethoscopes, and other supplies geared to the medical community.
White Swan, Barco, Dansko, Merrell, and Littman are some of the brands to look for.
MGH Outfitters is located on the first floor of the Warren Building not far from The MGH General Store.
Scheduled to open in December, shop hours will be 8:30am–7:30pm Monday through Friday
10:00am–6:00pm, weekends and holidays.
For more information call 643-5335.

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### Educational Offerings – 2007–2008

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For more information about educational offerings, go to: http://mghnursing.org, or call 6-3111
Hand hygiene a source of pride on White 11

Leonel Jimenez wants you to know…

The entire staff of the White 11 Medical Unit has made hand hygiene a priority. We use a team approach to ensure compliance. Nurses, patient care associates, operations associates, and unit service associates give friendly reminders to one another and visitors to Cal Stat before and after patient contact. We take great pride in the fact that White 11 has had one of the highest hand-hygiene compliance rates in the entire hospital, with 94% before and after patient contact last quarter. We continue to strive for 100%. We know our patients are the real winners in the challenge to improve hospital-wide hand-hygiene compliance.