

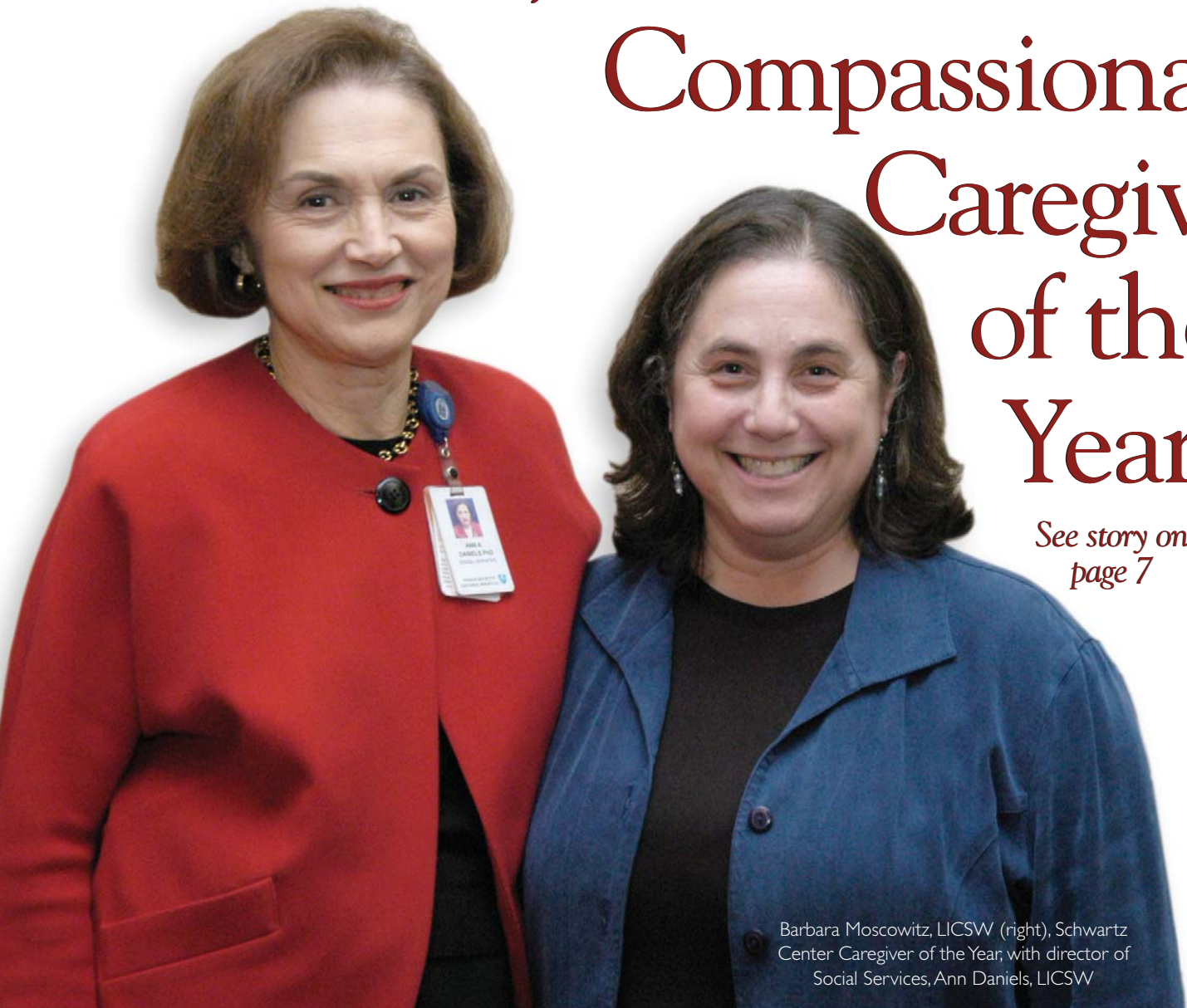
Caring

Headlines

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

Florence Nightingale: founder of modern nursing and healthcare visionary

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



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

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.

- 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

“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?”
—Florence Nightingale

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 Algeri, 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 Catherization Lab

In this Issue

Schwartz Center Compassionate Caregiver Award.....	1	Health Literacy.....	10
Jeanette Ives Erickson.....	2	RN Residency Program.....	12
• Florence Nightingale: Founder of Modern Nursing		Fielding the Issues.....	13
National Physical Therapy Month.....	4	• Documentation and Communication	
Ron Greene Retires.....	6	Announcements.....	14
Clinical Narrative.....	8	Educational Offerings.....	15
• Diana Czulada, PT		Hand Hygiene.....	16

Celebrating National Physical Therapy Month

— by Matthew Travers, PT, and Amy Hanson, PT

Staffing the Physical Therapy educational booth in the Main Corridor are (l-r): Jean Jonah, PT; Matthew Gallagher, PT; and Amy Hanson, PT.

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 out-

reach 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

continued on next page



Physical Therapy (continued)

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.

Below: kicking off the Spare Change Challenge at this year's annual PT reception, physical therapist, Kristin Parlman, PT, tries her hand at the Spare Change Coin Toss.

Below right: speakers at this year's PT reception (clockwise from top right): Michael Sullivan, PT, director, Physical and Occupational Therapy; Robert Dorman, PT, inpatient clinical specialist; Aaron Moore, PT, senior therapist at MGH West; and Hillary Kocoloski, PT, inpatient staff therapist.

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.”

Below: holding court at farewell reception in his honor, Ron Greene, RN, chats with friends and colleagues in a packed Thier Conference Room.

Below right: Greene gives parting comments as MaryFran Hughes, RN, Emergency Department nursing director, looks on.



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.



(Photo by Michael Fein)

Physical therapist employs specialized process of elimination to determine root cause

Jon was 32 years old... He was training for a marathon... He reported sporadic episodes of back pain and a history of recurrent ankle sprains in the past, but no other major injuries.

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



Diana Czulada, PT, physical therapist

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.

continued on next page

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.

I looked more closely at his back. We looked at active lumbar motions, but I was unable to reproduce his pain. We did tests for neural irritability, but all were negative. When I tested sensation, I noted marked hypersensitivity to light touch and vibration over a one inch square patch of skin just inferior to the right lateral malleolus. All reflexes and strength (including peroneals) in his lower extremities were normal and pain-free. I felt sure Jon's pain wasn't coming from his back or peroneals but was puzzled by the hypersensitivity.

I looked at the lower leg and ankle. Jon appeared to have some structural differences side to side. These findings were consistent with Jon's report of recurrent ankle sprains over the years, but they hadn't given me a clear answer as to why he was experiencing pain.

I looked at peripheral nerve pathologies. I palpated the fibular head where I knew the peroneal nerve was located. I was able to provoke a localized 'nervy' sensation, which did not reproduce his specific symptoms. All peripheral nerve tension tests came up negative.

I still didn't know the etiology of his symptoms. I felt I had successfully ruled out the back, injury to the peroneal nerve, and injury to the peroneal muscles. Jon's complaint seemed neural in origin to me, but I wasn't able to find the nerve or site of entrapment. Jon was grateful for my candor and the thoroughness of the evaluation, but I could tell he was frustrated. I recommended he begin icing the area to decrease the neural irritability, taught him some stretches to work on his gastrocnemius length, and I returned to my text books. I found that the sural nerve is in the area of irritation (running just inferior to the lateral malleolus). Now, I had to figure out why this was happening. I decided to seek advice from my colleague, Aimee Klein, PT.

We discussed two possible causes of what appeared to be sural nerve irritation in his right foot: decreased mobility in the subtalar joint perpetuating nerve entrapment, and/or decreased length of the gastrocnemius muscles leading to sural nerve entrapment. Aimee and I agreed that the best thing for Jon would be to get him out of the boot to promote motion in his subtalar joint. I e-mailed him that afternoon to instruct him to stop wearing the boot during the day and suggested he try sandals to avoid pain. He agreed, and arrived two days later for his follow-up appointment in 'flip-flops.'

I saw Jon twice a week for the following four weeks to work on increasing mobility in his ankle, subtalar joint, and improving gastrocnemius muscle length and flexibility. After four weeks, he had gained joint mobility and was independent in his stretching program.

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 of the literature and said it made sense to hold off on 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**

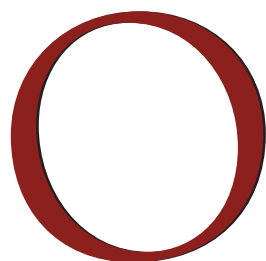
This narrative affords us a wonderful look into Diana's critical thinking as she worked to figure out the cause of Jon's pain. She didn't settle for what might have been the quickest, most obvious diagnosis; rather she let Jon's symptoms guide her examination. She took all factors into consideration. 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.

Raising awareness around health literacy

— by Maxine Glazer, RN; Elaine Grassa, RN; and Janet R. King, RN.

Staffing the Patient Education booth in the Main Lobby are (l-r): Taryn Pittman, RN; patient education specialist and manager of the Blum Patient & Family Learning Center; Janet King, RN, staff nurse, Endoscopy Unit; Sara Foy, health educator, Blum Center; and Elaine Grassa, RN, staff nurse, Vascular Unit.



On 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.

continued on next page



Carroll, Ives Erickson inducted into prestigious AAN

MGH president, Peter Slavin, MD, with inductees into the American Academy of Nursing, Diane Carroll, RN, nurse researcher in the Yvonne L. Munn Center for Nursing Research (left) and Jeanette Ives Erickson, RN, senior vice president for Patient Care. In his remarks, Slavin noted that induction into the AAN is one of the most prestigious honors in the nursing profession, comparing Carroll and Ives Erickson to two baseball greats being inducted into The Baseball Hall of Fame. The formal ceremony took place on Saturday, November 10, 2007, in Washington, DC.



Patient Education (continued)

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 clini-

cians. 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.

RN preceptors (front row, l-r): Betty Ann Burns Britton, RN; Sara Beth Asekoff, RN; Annie Borden, RN; Wendylee Baer, RN; and Pamela Enge, RN..

(second row): Linda Redd, RN; Noreen Mercier, RN; Maria Lavadinho, RN; and Ed Coakley, RN.

(back): Tom Lynch, RN; Anne Marie Thompson, RN; Laurel Tenney, RN; Susan Lee, RN; and Debora Cupp, RN.

Not pictured: Mary Lauriat, RN; Karen Zoeller, RN; Margie Boldt, RN; Connie Dahlin, RN; and Penny Ford-Carleton, RN



(Photo provided by staff)

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 reimbursible.

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 effectively 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.

Published by

Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

Publisher

Jeanette Ives Erickson, RN
senior vice president
for Patient Care

Managing Editor

Susan Sabia

Editorial Advisory Board

Chaplaincy
Michael McElhinny, MDiv

Editorial Support
Marianne Ditomassi, RN
Mary Ellen Smith, RN

Materials Management
Edward Raeke

Nutrition & Food Services
Martha Lynch, RD
Susan Doyle, RD

Office of Patient Advocacy
Sally Millar, RN

Office of Quality & Safety
Keith Perleberg, RN

Orthotics & Prosthetics
Mark Tlumacki

PCS Diversity
Deborah Washington, RN

Physical Therapy
Occupational Therapy
Michael Sullivan, PT

Police, Security & Outside Services
Joe Crowley

Public Affairs
Suzanne Kim

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

Speech, Language & Swallowing Disorders and Reading Disabilities
Carmen Vega-Barachowitz, SLP

Training and Support Staff
Stephanie Cooper
Tom Drake

The Institute for Patient Care
Gaurdia Banister, RN

Volunteer Services, Medical Interpreters, Ambassadors, and LVC Retail Services
Pat Rowell

Distribution

Ursula Hoehl, 617-726-9057

Submissions

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

Next Publication
December 20, 2007

Educational Offerings – 2007–2008

December

12

Nursing Grand Rounds
“Building Trust and Influence with Patients”

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

December

12

OA/PCA/USA Connections
“Magnet Re-Designation”

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

December

17

Diabetic Odyssey

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

December

18

Ovid/Medline: Searching for
Journal Articles

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

December

20

Psychological Type & Personal
Style: Maximizing your
Effectiveness

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

December

26

New Graduate RN
Development Seminar II

Training Department
8:00am – 12:00pm
Contact hours: 3.7
(for mentors only)

December

27

Nursing Grand Rounds

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

January

7

CPR Re-Certification

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

January

7

Management of the High-Acuity
Trauma Patient

O’Keeffe Auditorium
8:00am – 4:30pm
Contact hours: 6.5

January

8

BLS Certification for Healthcare
Providers

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

January

8

Ovid/Medline: Searching for
Journal Articles

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

January

8

Simulated Bedside Emergencies
for the New Nurse

POB 448
7:00am – 2:30pm
Contact hours: TBA

January

9

New Graduate RN
Development Seminar I

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

January

9

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse

POB 448
7:00 – 11:00am
Contact hours: TBA

January

9

OA/PCA/USA Connections

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

January

11

Basic Respiratory Nursing Care

Bigelow Amphitheater
12:00 – 4:00pm
No contact hours

January

14

BLS Heartsaver Certification

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

January

14

PALS Instructor Class

Training Department
Charles River Plaza
8:00am – 4:30pm
No contact hours

January

16

Nursing Grand Rounds

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

January

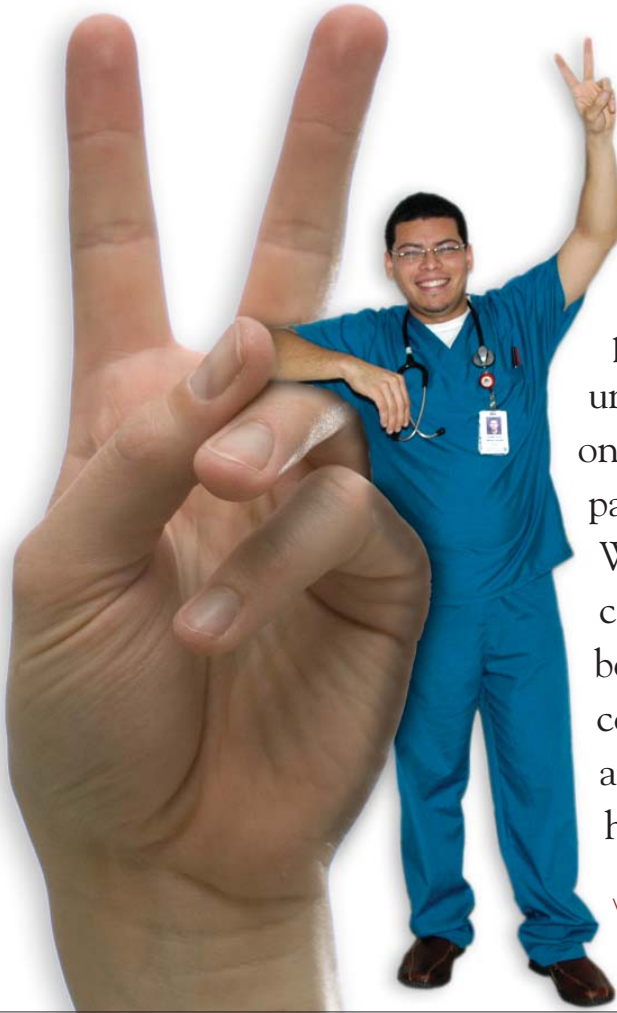
17

Workforce Dynamics:
Skills for Success

Training Department
Charles River Plaza
8:00am – 4:30pm
Contact hours: 6.5

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.

White 11 Medical Unit hand
hygiene champion, Leonel
Jimenez, RN

Caring
Headlines
December 6, 2007

Returns only to:
Bigelow 10 Nursing Office,
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA

