

February 15, 2007

Caring

H E A D L I N E S

Pet Therapy Program celebrates four-year anniversary (That's 28 in dog years!)

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MGH Pet Therapy Program participants: Pooches (back row): Tally (left) and Odessa; (front row; l-r): Ella, Sammy, and Gus. Humans (l-r): Lois Cheston, Barbara Evans, Coleen Caster, RN (back), Maggie Grzecki (front), and Jane Hodge.

The Benson-Henry Institute for Mind Body Medicine at MGH

As some of you may know, this past December, MGH became the new home of The Benson-Henry Institute for Mind Body Medicine. This is wonderful news for MGH patients and staff.

The Benson-Henry Institute for Mind Body Medicine (BHI) is a world leader in the study, advancement, and clinical practice of mind-body medicine. For more than 30 years, the Institute has dedicated itself to the scientific application of mind-body medicine to help individuals manage

the negative effects of stress. The work of the Institute is based on an approach to self-care that involves achieving a state of deep, physical relaxation. This state, called the relaxation response by founder, Herbert Benson, MD, physically alters the way the body responds to stress. Dr. Benson has dedicated his career to exploring and documenting the positive physiological changes associated with relaxation. Some of those changes include lower blood pressure, decreased heart rate, increased moti-

vation, and an improved outlook on life in general.

MGH has long been an advocate for innovative therapies with our Therapeutic Touch program, pet therapy, music therapy, art therapy, yoga classes, and the soon-to-be-open Knight Reflection Room (in Founders 301). Our new partnership with The Benson-Henry Institute for Mind Body Medicine will help advance our holistic approach to patient care and strengthen our ability to care for ourselves and others in these hectic, stressful times.



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

The primary location of the Benson-Henry Institute is 824 Boylston Street in Chestnut Hill, but the Institute will soon have space on the main campus. Individual and group sessions are available, and all services are

billable to accepted insurance providers when referred by a primary care physician. Most third-party payers cover the Institute's programs.

Some of the treatment and wellness programs offered by the Institute include:

- Medical Symptom Reduction Program—to treat general stress-related conditions, including pain, insomnia, asthma, allergies, GI disorders, autoimmune diseases, anxiety and depression
 - Cardiac Wellness Program—to improve heart health of patients with hypertension, lipid disorders, diabetes, arrhythmias, and/or heart disease. The Benson-Henry Institute is working in collaboration with the MGH Cardiovascular Disease and Prevention Center
 - Mind-Body Program for Perimenopause/Menopause—to relieve hot flashes, in-
- continued on next page*



Stress-reduction session in the Clinics Lower Amphitheater, sponsored by the MGH Be Fit Program and The Benson-Henry Institute for Mind Body Medicine at MGH

(Photo by Michelle Rose)

Hand Hygiene

Question: Has our hand-hygiene performance improved since we implemented our hand-hygiene initiative a few years ago?

Jeanette: Our hand-hygiene performance has steadily improved over the past five years both before and after patient contact. Recent results indicate hand-hygiene compliance is 55% before contact and 78% after contact with the patient or the patient's environment. But our goal is 100%, and I believe that with the commitment of staff we will soon achieve this goal.

Question: Is Cal Stat really more effective than hand-washing with soap and water?

Jeanette: Many published reports say that alcohol-based hand disinfectants are more effective in preventing the spread of micro-organisms than hand-washing with soap and water.

Question: For the purposes of this initiative, what is considered, "the patient's immediate environment"?

Jeanette: The patient's immediate environment applies to any equipment or environmental surfaces surrounding the patient, such as bedside tables, IV pumps, overhead tables, bed rails, monitors, blood pressure cuffs, and other items in

the immediate area of the patient.

Question: What should you do if you see a clinician going in to a patient's room without first using Cal Stat?

Jeanette: Staff should feel empowered to remind co-workers to use Cal Stat, because it's the right thing to do for our patients.

Question: What is being done to educate patients about our approach to hand hygiene?

Jeanette: A new educational video entitled, *Clean Hands are Healthy Hands*, featuring MGH staff has just been

produced and is available on the patient-education TV channel. The video was produced in English and Spanish to help educate patients and families about hand hygiene and encourage them to participate in the program. Posters describing how to access the video will be placed in patients' rooms so they and their families can watch it at their convenience.

Question: Are our efforts related to hand hygiene affecting patient outcomes?

Jeanette: The hospital's rates of MRSA- and VRE-acquired infections have steadily declined over the past three years, so there is every reason

to believe our efforts *are* making a difference.

Question: How can we go about getting additional Cal Stat dispensers on our unit?

Jeanette: If you need more Cal Stat dispensers, your operations coordinator should work with the department of Buildings & Grounds to have additional dispensers mounted in easily accessible locations. Research shows that staff are more likely to use Cal Stat when dispensers are readily available.

For more information about hand hygiene, speak with your manager or the infection control practitioner assigned to your unit.

Jeanette Ives Erickson

continued from previous page

somnia and other related symptoms, and improve overall mid-life health

- Mind-Body Program for Infertility—to relieve distress and maximize chances for a successful pregnancy
- Mind-Body Program for Cancer—to manage side-effects of chemotherapy and radiation and reduce physical symptoms associated with cancer
- Lighten Up Weight Management Program—a medically supervised weight-management program that

promotes healthier eating habits, increased energy, and sustained weight-loss

- Kids in the Zone—a mind-body program for kids with stress-related health problems (the program is geared toward kids and their parents)
- Calm Mother, Happy Child—a program that helps restore calm in a mother's life while teaching her ways to nurture happy, healthy children
- Mindful Eating—a mind-body approach to promote a healthier

diet and weight-loss through consults with a dietician

- The Healing Power of Yoga

In January, the Institute, in collaboration with the MGH Be Fit Program, offered daily, 30-minute, stress-reduction sessions for staff in the Clinics Lower Amphitheater. Each session, facilitated by a BHI staff member, offered instruction and guidance in a number of relaxation exercises, including meditation, muscle relaxation, repetitive prayer, controlled breathing, and guided imagery. Sessions were so popular, they will continue to be offered throughout the month

of February (two sessions on Tuesdays and Fridays beginning at noon and 12:35pm).

BHI staff are working closely with the Be Fit Program to train staff on relaxation techniques so participants of the Be Fit Program can benefit from our partnership with The Benson-Henry Institute.

BHI staff are also training psychiatric nurses to incorporate relaxation-response techniques, mindfulness, and cognitive strategies into their practice with patients on the Psychiatric Unit. These interventions help reduce anxiety and support healthy coping mechanisms. As an added bonus, these relaxation

techniques can be used by nurses to help rejuvenate themselves and deal with the stress that accompanies complex patient interactions.

Research continues to validate the benefits and effectiveness of a mind-body approach to health and wellness. We're fortunate to be able to offer the services of The Benson-Henry Institute for Mind Body Medicine to our patients and staff.

For more information about The Benson-Henry Institute for Mind Body Medicine at MGH, contact Joy Rosen, executive director, at 617-726-9570, or visit their website at: www.mbmi.org.

Pet Therapy Program has tongues and tails wagging!

—by Mandi Coakley, RN, staff specialist

The MGH Pet Therapy Program celebrated its fourth anniversary this month with more than 8,500 recorded patient visits since its inception in 2003. Currently, ten inpatient units schedule pet-therapy visits each week, keeping

the ten volunteers and 11 dogs enrolled in the program very busy. The Pet Therapy Program, co-managed by the Volunteer and Nursing departments, wouldn't be possible without the dedicated and generous volunteers who share their pets with the MGH community every week.

All pet-therapy animals go through an intensive screening process to ensure they have the appropriate temperament and discipline to participate in the program.

Says pet-therapy volunteer, Jane Hodge, about her Italian greyhound, "Odessa's whole personality changes as soon as she enters the hospital. It's as if

she knows she's here to help people. She greets everyone; and she seems to have a sixth sense about patients—when they want a little extra attention and when they want to be left alone."

Plans are under way to expand the program in the spring to include more units and more pet-therapy teams. Research is being conducted to explore the effect of pet-therapy visits on patients, volunteers, and caregivers.

For more information about the Pet Therapy Program, contact the Volunteer Department at 617-726-8540.



Below left: volunteer, Maggie Grzecki, and her Bouvier de Flander, Gus, brighten the afternoon of a patient on Ellison 11

In other photos: Italian greyhound, Odessa, causes a stir as she and her human, Jane Hodge, make their way from the Volunteer Department to the Gray Family Waiting Area



KnowledgeLink: a time-saving, easy-to-use, on-line resource for clinicians

—by Judy Gullage, RN, and Muffie Martin, RN

What is KnowledgeLink? KnowledgeLink connects clinicians to an intranet resource for context-specific information about medications, diseases, and labs. Thanks to Saverio Maviglia, MD, clinicians can now research symptoms, access patient-education materials, review a medication, or change a diagnostic or therapeutic plan without having to switch applications. As you view an order in Provider Or-

der Entry (POE), you'll see an icon at the bottom of the screen; this icon is the KnowledgeLink (see figure below).

If you click on the

KnowledgeLink icon when a medication is highlighted, it will bring you to the Micromedex DrugPoint summary for that drug. On the left of

the screen will be a number of other links to related topics. Whenever you're in KnowledgeLink, you'll see a list of related resources on the left of the screen that you can access without re-entering the search term. You can initiate a new search by typing in a new topic in the 'New Search' box at the top of the

KnowledgeLink screen. You can restrict your search to patient-education resources, such as CareNotes, by checking the 'Patient Information' box and clicking Search.

If you highlight an order that's not a medication, or click on the KnowledgeLink icon when nothing is highlighted, you'll be brought to the KnowledgeLink home page where you can initiate a search for a specific disease, medication, or lab. To do this:

- type in the disease, medication, or lab you're looking for in the Search field
- click on the drop-down menu and select disease, medication, or lab, as appropriate
- click Search

For more information about KnowledgeLink, contact Judy Gullage, RN, at 6-1409.



Status	Order	Order Date
Active		01/04/07 09:03 AM
Active	DOCUSATE SODIUM (COLACE) 100 MG PO BID	01/03/07 08:44 AM
Active	ESOMEPRAZOLE (NEXIUM) 20 MG PO Daily <DI>	01/03/07 04:11 PM
Active	LANSOPRAZOLE INJ (PREVACID IV) 30 MG IV Daily	01/03/07 03:37 PM
Active	Maintain IV access at all times	01/03/07 02:32 PM
Active	Admit to Bigelow 9 Respiratory Acute Care Unit	01/03/07 02:32 PM
Active	BISACODYL (DULCOLAX) 5 MG PO Daily	01/03/07 02:32 PM
Active	RANITIDINE HCL 150 MG PO BID <RD>	01/03/07 02:32 PM
Active	ESOMEPRAZOLE (NEXIUM) Variable 40 MG Daily x2 DAYS, Then 60 MG Daily x1 DAYS PO <DI> <DDI> <IOvr>	01/03/07 02:32 PM
Active	DOCUSATE SODIUM (COLACE) SlidingScale SlidingScale PO TID	01/03/07 02:32 PM
Active	MAGNESIUM HYDROXIDE (MOM) 60 ML PO Daily	01/03/07 02:32 PM
Active	DIAZEPAM (VALIUM) 5 MG PO QID <DDI>	01/03/07 02:32 PM
Active	HYDROMORPHONE HCL 0.25-5 Mgr/Hr IV in D5W continuous PRN-<R>	01/03/07 02:32 PM
Active	Change to LORAZEPAM (ATIVAN) Variable 0.5 MG Q2H x2 DAYS, Then 1 MG Q8H x2 DAYS PO FROM LORAZEPAM (ATIVAN) 0.5 MG PO TID	01/03/07 01:46 PM
Active	ERYTHROMYCIN 0 MG PO Q6H <DI> <DDI> <IOvr>	01/03/07 01:45 PM
Active	DIGOXIN 0 MCG PO Q12H <DI> <DDI> <IOvr>	01/03/07 01:45 PM

Call for Nominations

Brian M. McEachern
Extraordinary Care Award

The Brian M. McEachern Extraordinary Care Award recognizes staff whose passion and tenacity exceed the expectations of patients, families, and colleagues by demonstrating extraordinary acts of compassionate care and service. Recipient receives \$1,500.

About the award:

- MGH staff across all role groups within Patient Care Services are eligible
- Nominees should be able to demonstrate behaviors that exemplify extraordinary and compassionate patient care and service through advocacy and empowerment
- Nomination forms can be obtained on patient care units, in the Volunteer Office on Clinics 1, the Bigelow 10 Nursing Administration Office, and the Cox and Yawkey Cancer Resource Rooms
- Nominations must be received by February 28, 2007

For more information, call Julie Goldman, RN at 617-724-2295

Ash Wednesday

February 21, 2007
MGH Chapel

- Roman Catholic mass: 11:00am and 4:00pm
- Ecumenical service at 12:15pm
- Ashes will be distributed in the Chapel between 9:00am and 5:00pm

All Chapel services are broadcast on the in-house television system (channel 16)

Ashes will also be distributed at:

- Charlestown Navy Yard
- Charlestown Health Center
- Chelsea Health Center
- Revere Health Center
- Schrafft Center

For more information, call the MGH chaplaincy at 617-726-2220

Radiation oncology nurse empowers spouse to make informed end-of-life decisions

Sheila Brown is a clinical scholar

My name is Sheila Brown, and I am a radiation oncology staff nurse. In the course of my career, I've cared for patients of all ages. I've found that caring for elderly patients can present a number of challenges. Sometimes, when one spouse is terminally ill, the other spouse may have to assume a different role than what he/she is used to. Making decisions can be difficult for a spouse whose husband is usually the primary decision-maker. It's not uncommon for elderly women to feel uncomfortable asking questions of medical personnel. Empowering patients, helping them play an active role in decision-making, helping them communicate with caregivers, ensures a more positive outcome for patients and families.

'Mr. Gray' was an 85-year-old gentleman who presented with recurrent left-shoulder, squamous-cell (scaly) carcinoma. In October of 2004, Mr. Gray found a small, red area of crusty skin. A biopsy revealed it was squamous-cell carcinoma of the skin. He underwent an excision and skin graft in November, 2004. In the following months, he developed a recurrent condition near the skin graft and along the edge

of his left clavicle. This was re-excised. No pharmaceutical treatment had been given postoperatively due to his many medical issues. He was being observed until his admission to MGH for falls and failure to thrive.

During his hospitalization, Mr. Gray developed a recurrence in the medial aspect of his left clavicle. The lesion was tender to the touch. He had non-purulent drainage, but no frank bleeding. He was treated and released. But Mr. Gray was not able to return home after his hospitalization. He was discharged to a nursing facility close to his home.

Mr. Gray had been coming to MGH four times a week for hypofractionated palliative radiation treatments. The hope was to alleviate his pain.

I met this lovely elderly couple when Mr. Gray came for his first appointment in Radiation Oncology. On first meeting John and Mary, I couldn't help noticing how devoted they were to each other. Mary was by his side every day during his treatments. While John was receiving his treatment, I had a chance to talk with Mary. She spoke of how wonderful their 60-year marriage was. John was a wonderful husband and father to

their two daughters.

"All he cares about is his family," said Mary. "He always puts us first. I don't know what to do. I don't know if it would be better to take him home or keep him in the nursing facility. He won't tell me what he wants."

I could see that Mary was preparing herself for John's impending death. As the first two weeks went by, I could see that John was failing. He had lost more weight and wasn't able to talk even in his usual whisper. He lost interest in eating and was sleeping more and more.

Mary seemed torn about whether to take him home or keep him at the nursing facility. She struggled with what to do. I sensed she'd feel guilty if she didn't take him home, so I asked her about it. She agreed this was true. I thought, how can I help empower Mary so she's comfortable asking the questions she needs to ask in order to make the important decisions she needs to make.

My goal in communicating with Mary was not only to empower her, but to enlighten her about the alternatives that were available to her. Another goal was to help her clarify what she needed to say at meetings with the care team. I had to be careful not to let my own

bias intrude in the conversation; and I had to respect Mary's judgments.

Mary said that John was well cared for at the nursing facility, and she didn't want them to think she was ungrateful. We talked about this. As I listened, I came to understand how hard it was for Mary to speak her mind and ask for what she wanted.

We discussed all the possibilities. I told her I knew that whatever decisions she made would be in John's best interest. I helped her clarify her own thoughts about what she thought the pros and cons would be of taking John home or keeping him in the nursing facility. I mentioned that she was able to walk to the nursing facility from her home, making it easy for her to be with John every day. I told her she could bring pictures of the family to make his room more homey and comfortable. On the other hand, she might be able to get 24-hour coverage to help

her lift and bathe John at home. I felt by empowering Mary to ask the questions she needed to ask, she'd be able to make the best possible decision for her and John. She said she felt ready to discuss it with the case manager.

I support hospice care and people choosing to die at home, but I had my concerns about Mary taking John home. John was very tall, and Mary was a tiny woman. She had no family members who could give her consistent help at home, and she said she wasn't comfortable having a stranger in her house all day. My biggest concern was helping Mary make the right decision without feeling guilty. John was going to die soon, and I knew guilt would make the grieving process even more difficult for her.

Mary was going to talk with the case manager at the nursing facility. She said she'd call me when she got home.

When she called, her



Sheila Brown, RN
staff nurse, Radiation Oncology

continued on next page

Clinical Narrative

continued from previous page

voice sounded clear and calm. She sounded as if she'd made a decision. She told me she'd talked with the hospice nurse and the case manager at the nursing facility. She was able to ask her questions and felt she got good answers. After the meeting, she went into John's room. She said he seemed so comfortable. He was pain-free. His hair was combed, and he was clean.

She said, "I think I'm going to leave things as they are."

John didn't come back to finish his radiation treatments. He and

Mary, along with the physician and I, decided it wasn't in John's best interest to continue. John was increasingly tired, sleeping more every day. He was having more and more difficulty swallowing. I kept in touch with Mary by telephone. She kept me posted on John's status.

One morning, she called to tell me John had died the night before. He slipped into a coma; he seemed comfortable and free from pain. The family was at the bedside and had a chance to say good-bye. Mary shared some stories with me of

their life together. She was grateful they had so many years together. Before hanging up, she said, "I'm so glad I decided to keep him in the nursing facility. I went every day and sat with him. I read to him and talked about the wonderful life we had together. Even though John wasn't able to talk, I felt he could hear me."

I've had a few conversations with Mary since John's death. She still misses him, but overall is doing well. She says her life has changed but she's coping.

She says, "I still have my memories."

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

"As I listened, I came to understand..." These words of Sheila's are at the heart of expert nursing practice. Sheila listened to Mrs. Gray. She understood her doubts, her concerns, her trepidations; she expertly guided Mrs. Gray to a place where she could make the best decision for Mr. Gray and for herself.

Sheila deftly helped Mrs. Gray explore her own feelings and understand the consequences of each decision she was

facing. Sheila made it clear she knew Mrs. Gray was only thinking of Mr. Gray's well-being and best interests. For the rest of her life, Mrs. Gray will have the comfort of knowing she did everything possible for her husband. And that is an enormous comfort, indeed.

This narrative also speaks to the fact that nursing care doesn't stop when the patient and family leave the hospital. Sheila kept in touch with Mrs. Gray throughout Mr. Gray's stay in the nursing facility, and even after Mr. Gray died. What a wonderful narrative.

Thank-you, Sheila.

Clinical Recognition Program

Clinicians recognized
November, 2006–January, 2007

Advanced Clinicians

- Sheila Preece, RN, Emergency Department
- Hirlanda Linse, RN, Psychiatry
- Janet Umphlett, RN, Radiation Oncology
- Alison Walsh, RN, Cardio-Thoracic Unit
- Lorraine Walsh, RN, Endoscopy Unit
- Kathleen Egan, RN, GCRC
- Gail Carson-Fernandes, RN, Surgery
- Jeanne Savoy Elliott, RN, Cardiac Care
- Marilyn Brier, LICSW, Social Services

Clinical Scholars

- Jeanne Giovino, RN, Post Anesthesia Care Unit
- Ann Quealy, RN, Anticoagulation Management Service
- Carol Shea, RN, Endoscopy Unit
- Ines Luciani-McGillivray, RN, Emergency Department

MGH is committed to improving hand hygiene

Fingernail Policy:

Background:

Evidence suggests that long and artificial fingernails aid in the transmission of infections by healthcare workers.

Definitions:

Artificial nails: Any material applied to the nail for the purpose of strengthening (excluding clear liquid nail hardener) or lengthening including but not limited to: wraps, acrylics, tips, tapes, and appliques other than those made of nail polish
Nail jewelry: Nail-piercing jewelry of any kind

Employees affected:

- Direct patient-care providers
- Employees who handle or prepare medications
- Employees who handle blood, body fluids, or tissues, who have patient contact
- Employees who handle or re-process equipment or instruments
- Food service workers

Policy:

- Artificial nails as defined above may not be worn
- Nail jewelry may not be worn
- Natural nails must be well-maintained, clean, and short (no longer than 1/4 inch long)
- If nail polish is worn, clear polish is preferred to allow better visualization of the under-nail area, contributing to more effective hand hygiene. Nail polish must be maintained regularly to ensure it is not cracked, chipped, or scratched



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

IV Team hosts New England Infusion Nurses Society

—by Deb Guthrie, RN, IV nurse

On January 16, 2007, Florence Nightingale came alive for members of the IV Nursing Team and the New England chapter of the Infusion Nurses Society (INS).

Janet Mulligan, RN,

manager of the IV Nursing Team, and Mary McCormick-Gendzel, RN, IV staff nurse and program chair of the New England chapter of INS, planned a unique program to honor and celebrate IV Nurses Day, which is observed every year on January 25th.

The theme of this year's celebration was, *Lifting Spirits, Touching Lives*, and indeed, spirits were lifted and lives touched during this unique and riveting program.

A light supper was provided for the scores of nurses who attended the one-woman performance

of, *Florence Nightingale: a Medical Revolutionary*, written by Paul Langford and performed by Kathleen Duckett, RN. The story was told in a series of flashbacks as Nightingale was observed sharing treasured memories and experiences with her personal nurse. Duckett, in the persona of Nightingale, told vivid stories of human suffering, the English political climate, and the primitive health-care practices used by soldiers during the Crimean War.

The performance was a tribute and a testament to how one nurse can make a difference. Flo-

rence Nightingale revolutionized data-collection and data-analysis to help ensure better care for soldiers. Today, nurses still pioneer the way to ensure best practices and the best possible, evidenced-based care for patients.

The evening was a living reminder of the caring and compassionate practice that spawned the nursing profession; and for many in attendance, it was also a reminder of what it means to be a nurse today.

For information about the IV Nursing Team, contact Deb Guthrie, RN, at 6-3631.



Kathleen Duckett, RN, as Florence Nightingale at special IV Nurse Day celebration

(Photo by Abram Bekker)

Domestic violence education and support group

The Employee Assistance Program is offering a confidential, ten-week education and support group for women employees who have been affected by domestic violence. The group is free and confidential and open to all women employees of the Partners HealthCare System

The first meeting will be held Thursday, March 1, 2007, from 4:30–6:00pm. For information and location, contact Donna at 617-726-6976 or 866-724-4EAP

Caring HEADLINES

Back issues of *Caring Headlines* are available on-line at the Patient Care Services website: <http://pcs.mgh.harvard.edu/>

For assistance in searching back issues, contact Jess Beaham, at 6-3193

Hausman Fund helps advance PCS diversity agenda

—by Georgia Peirce, director
PCS Promotional Communications and Publicity

Six years ago, Margareta Hausman was rushed to the Emergency Department at MGH where she was later diagnosed with ovarian cancer.

Like many cancer patients, Hausman became a regular visitor to MGH, returning frequently for exams, treatment, and follow-up care. During one visit, Hausman made an auspicious observation: cancer is colorblind. It strikes people of all races, backgrounds, religions, and socio-economic levels. She saw the great diversity of patients in hallways and waiting rooms. And she saw something else, too. Most of the caregivers treating this multi-cultural population looked just like her — they were white.

“I was given the best possible care at MGH, and today I’m in excellent health. I’m an MGH fan for life,” says Hausman. “My nurses and doctors were highly skilled and incredibly compassionate. They became my extended family.”

But Hausman wondered if there was something she could do to help increase the diversity of the workforce at MGH.

“We all find comfort in familiar surroundings and interacting with people who look like us,” she says, “especially when we’re sick and feeling vulnerable.”

Hausman and her husband had an idea as to how they could help make a difference. They made a generous donation to the MGH department of Nursing, enabling the hospital to establish the Hausman Fund to Advance

Diversity in the Nursing Workforce. The fund supports programs that promote the education and recruitment of a diverse nursing workforce to better meet the needs of the MGH patient population and the diverse communities we serve.

The Hausman Fund supports:

- The Hausman Nursing Fellowship. This program provides an opportunity for senior nursing students to experience nursing first-hand at MGH. Working with a minority nurse preceptor, Hausman fellows will function in a number of roles within the department of Nursing, designed to inform their future practice. Fellows who successfully complete the program may be invited to join the MGH nursing staff.
- The Hausman Fund for Foreign-Born Nurses. This program was created to help foreign-born employees (who work 20 hours or more per week) who are committed to pursuing a nursing career at MGH. The fund offers financial support for education and

training required by certain nursing-degree programs

- Hausman Nursing Scholarships. These scholarships will be available to qualified applicants who are currently taking prerequisite courses or are enrolled in an accredited nursing program. Recipients will be asked to commit to work at MGH for a specified period of time after they graduate. Specific criteria are still being developed.

As MGH continues to treat more and more patients from diverse backgrounds, our ability to recruit and retain a diverse workforce enhances our ability to provide meaningful, high-quality care to all patients. Says senior vice president for Patient Care, Jeanette Ives Erickson, RN, “We are indebted to the Hausmans for their generous support in helping us advance our diversity agenda.”

For more information about Hausman-Fund supported programs, contact Deborah Washington, RN, director, PCS Diversity Program, at 4-7469.

*The Employee Assistance Program
Work-Life Lunchtime Seminar Series*

Family Matters: Coming Together for Alzheimer’s

A diagnosis of Alzheimer’s disease can be a frightening and disorienting moment in the life of a family. The Employee Assistance Program (EAP) and the MGH Geriatric Medicine Unit present the film, *Family Matters: Coming Together for Alzheimer’s*. Discussion to follow.

**February 15, 2007
Thier Conference Room
12:00–1:00pm**

For more information, contact the Employee Assistance Program (EAP) at 726-6976 or www.eap.partners.org

Published by:

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

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Submission of Articles

Written contributions should be submitted directly to Susan Sabia **as far in advance as possible**. *Caring Headlines* cannot guarantee the inclusion of any article.

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

Next Publication Date:

March 1, 2007



Adladiss presents

Joanna Adladiss, OTR/L, occupational therapist, presented, "Splinting," at Tufts University, November 27, 2006.

Macauley appointed

Kelly Macauley, PT, physical therapist, was appointed secretary, Northern Metro District of the American Physical Therapy Association in December, 2006.

Chang presents

Lin-Ti Chang, RN, presented, "Care of Blunt Cardiac Trauma," at the 20th Anniversary Ceremony of Emergency Medicine & International Conference on Trauma Care, at the 2nd Affiliated Hospital Zhejiang University School of Medicine, Hangzhou, China, December 9, 2006.

Cashavelly, Duran, and Hooper present

Barbara Cashavelly, RN; Jennifer Duran; and Sally Hooper, LICSW, presented, "The Development and Integration of a Patient Education Steering Committee in an Academic Cancer Center," at the Cancer Patient Education Network Annual Conference in St. Louis, October 27, 2006.

Larkin a panelist

Mary Larkin, RN, manager, Clinical Research Operations, MGH Diabetes Center, participated in a panel discussion, "Ideal Practice Environments and Nursing Practice Models: The State of the State," on behalf of the Massachusetts Organization of Nurse Executive, Management of Practice Committee, in Burlington, December 8, 2006.

Endoscopy nurses certified

Judy Corbett, RN; Marie Flood, RN; June Guarente, RN; Janet King, RN; Breida McGlame, RN; Carol Perrone, RN; and Patricia Tammaro, RN, Endoscopy Unit, became certified as gastroenterology registered nurses by the Society of Gastroenterology Nurses and Associates, in October, 2006.

Lipshires certified

Karen Lipshires, RN, Adult Infusion Unit, became certified in Nursing Informatics by the American Nurses Credentialing Center in December, 2006.

Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Splinting Principles," at Tufts University, November 20, 2006, and, "Evaluation of the Upper Extremity," November 27, 2006.

Cameron-Calef certified

Janice Cameron-Calef, RN, Phillips 21, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center in December, 2006.

Nurses present

Mary McAdams, RN; Laura Sumner, RN; Gail Alexander, RN; and Dorothy Jones, RN, of The Knight Nursing Center for Clinical & Professional Development, presented their poster, "Evaluating the Drug Dosage Calculation Guide on the Registered Nurses' Achievement Scores and Multi-Step Calculations on an Orientation Medication Assessment," at the 33rd Annual Professional Nurse Educator Group Conference, in Burlington, Vermont, October 26-29, 2006.

Brush certified

Kathryn Brush, RN, Surgical Intensive Care Unit, became certified as a critical care clinical nurse specialist by the American Association of Critical Care Nurses, in November, 2006.

Egan publishes

Marie Egan, RN, Operating Room, authored the article, "Clinical Dashboards' Impact on Workflow, Quality Care, and Patient Safety," in *Critical Care Nursing Quarterly*, September 29, 2006.

Adladiss and Russo certified

Occupational therapists, Joanna Adladiss, OTR/L, and Katherine Russo, OTR/L, became certified hand therapists by the Hand Therapy Certification Commission, December 14, 2006.

Steib presents

Elisabeth Steib, RN, Pediatric Pulmonary and Allergy Unit, presented, "Strategies for Managing Food Allergies in School," at the Food Allergies: a Brighter Future conference of the Food Allergy and Anaphylaxis Network, in Boston, October 14, 2006.

Nurses publish

Sharon Bouvier, RN; Virginia Capasso, RN; Cheryl Codner, RN; Erin Cox, RN; and Gregory Nuzzo-Meuller, RN, authored the article, "Peripheral Arterial Sheath Removal Program: a Performance-Improvement Initiative," in the *Journal of Vascular Nursing*, December, 2006.

Clinicians collaborate on palliative care article

Adele Keeley, RN; and J. Andrews Billings, MD, in collaboration with Joel Bauman, MD; Alex Cist, MD; Edward Coakley, RN; Constance Dahlin, RN; Paul Montgomery; B. Taylor Thompson, MD; Marilyn Wise, LICSW; and the MGH palliative care nurse champions, authored the article, "Merging cultures: palliative care specialists in the medical intensive care unit," in *Critical Care Medicine*, November, 2006.

Blood: there's life in every drop

The MGH Blood Donor Center is open for whole blood donations:

Tuesday, Wednesday, Thursday,
7:30am-5:30pm
Friday, 8:30am-4:30pm
(closed Monday)

Platelet donations:
Monday, Tuesday, Wednesday,
Thursday,
7:30am-5:00pm
Friday, 8:30am-3:00pm
(and by appointment)

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

Educational Offerings

February 15, 2007

<i>When</i>	<i>Description</i>	<i>Contact Hours</i>
February 22 1:30–2:30pm	Nursing Grand Rounds “Do the ‘Write’ Thing: Simple Steps to Writing and Getting Published.” O’Keeffe Auditorium	1
February 23 8:00am–4:30pm	Pediatric Advanced Life Support (PALS) Instructor Class Training Department, Charles River Plaza	---
February 28 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	TBA
March 2 8:00am–4:30pm	Assessment and Management of Patients at Risk for Injury O’Keeffe Auditorium	TBA
March 7, 12, 14, 19, 21, and 26 7:30am–4:30pm	Greater Boston ICU Consortium CORE Program Mount Auburn Hospital	TBA
March 7 8:00am–4:30pm	Phase I Wound-Care Education Program Training Department, Charles River Plaza	TBA
March 9 and 26 8:00am–3:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	TBA
March 12 7:30–10:30am/12:00–3:00pm	CPR—American Heart Association BLS Re-Certification FND 325	---
March 13 8:00am–12:30pm	BLS Certification for Healthcare Providers FND 325	---
March 14 8:00am–4:30pm	Phase I Wound-Care Education Program Training Department, Charles River Plaza	TBA
March 14 8:00am–2:00pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	TBA
March 14 11:00am–12:00pm	Nursing Grand Rounds O’Keeffe Auditorium	1
March 14 1:30–2:30pm	OA/PCA/USA Connections “Understanding Diabetes.” Bigelow 4 Amphitheater	---
March 14 4:00–5:00pm	Nursing Research Committee Journal Club Yawkey 2210	1
March 15 and 16 8:00am–4:30pm	Pain Relief Champion Day Day 1: Yawkey 2210; Day 2: Yawkey 10-660	TBA
March 20 11:00am–12:00pm	Ovid/Medline: Searching for Journal Articles FND 334	---
March 20 and 27 8:00am–4:00pm	Medical-Surgical Nursing Certification Prep Course Yawkey 10-660	TBA
March 21 8:00am–4:30pm	Oncology Nursing Concepts: Advancing Clinical Practice Yawkey 2220	6.2
March 22 1:30–2:30pm	Nursing Grand Rounds O’Keeffe Auditorium	1
March 22 8:00am–4:30pm	Preceptor Development Program Training Department, Charles River Plaza	TBA
March 26 8:00am–4:30pm	Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other FND 325	6.8

For detailed information about educational offerings, visit our web calendar at <http://pcs.mgh.harvard.edu>. To register, call (617)726-3111.
For information about Risk Management Foundation programs, check the Internet at <http://www.hrm.harvard.edu>.

Chaplaincy offers annual Service for Peace

—by Reverend Ann Haywood-Baxter

On Thursday, January 25, 2007, in the MGH Chapel, members of the Chaplaincy offered their annual Service for Peace, an interfaith prayer service combining spiritual readings, songs, silent reflection, and the musical accompaniment of pianist, Jeff Brody. In the spirit of unity, chaplains representing different faiths and cultural backgrounds recited the words, "May there be peace on Earth," in eight languages (Arabic, German, Greek, Haitian Creole, Hebrew, Luo, Tagalog, and English). Building on the Buddhist tradition of ringing a bell to help focus your thoughts, each chaplain struck a chime as they said the words aloud.

Chaplaincy staff assistant, Rachel Kingsbury, Father Martin Okwir,

Imam Talal Eid, Rabbi Ben Lanckton, and Buddhist practitioner, Suzanne Hudson, offered various symbols of peace, including a light, a bell, and a branch of peace.

The service concluded with attendees joining together to recite the

words:

May there be peace in creation.

May nations learn war no more.

May there be peace in our hearts.

To contact the MGH Chaplaincy or to request a chaplain, call 6-2220.



At left: chaplain, Martin Okwir, strikes a chime as he makes a plea for peace along with his fellow chaplains

Below: Members of the MGH Chaplaincy at this year's annual Service for Peace



Caring

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