

Caring

January 18, 2007

HEADLINES

OA/PCA/USA Connections: focusing on CBEDS and hand hygiene

*an informed support staff is an effective
support staff*

Inside:

OA/PCA/USA Connections 1

Jeanette Ives Erickson 2

- PT/OT Strategic Plan

Fielding the Issues 3

- Interpreter Services

Clinical Narrative 6

- Brenda Pignone, RN

Nutrition & Food 7

- A Resolution for Good Health

Contact Precautions *Plus* 8

Journal Club 9

- Ellen Mahoney, RN

MGH Heart Center 10

Educational Offerings 11

MGH Bids Farewell
to Lee Niles, RN 12



O'Malley



Kerls



Cooper

In a dual-topic session of the OA/PCA/USA Connections series, staff specialist, Rosemary O'Malley, RN, shared the new MGH Hand Hygiene video with scores of eager support staff. Senior project specialist, Dan Kerls, and training development specialist, Stephanie Cooper, updated the group on the roll-out of CBEDS (the hospital's new electronic capacity-management program) and answered some frequently asked questions.

In tight employment market, PT/OT focuses on recruitment, retention, and systems-improvement

Currently, our departments of Physical and Occupational Therapy are experiencing a high vacancy rate among direct-care providers. As is the case with many health-care professions, there is a marked shortage of students entering physical and occupational therapy programs. And as you probably know, the demand for physical- and occupational-therapy services is growing. On a local and national level, all of these factors threaten to impact our ability to provide high-quality care.

To address this potentially troubling convergence of situations, we're embarking on a

multi-faceted recruitment and retention strategy. The goal is to attract career-oriented therapists, provide incentives for long-term employment at MGH, and streamline our care-delivery systems to improve the hospital experience for patients and clinicians alike.

We've already begun working with Human Resources to update and re-craft our Physical and Occupational Therapy websites in an attempt to appeal to therapists just entering the workforce. Our on-line presence now highlights the rich clinical life at MGH, the robust research environment, and the countless professional opportunities available at our hospital. Following is an

example of what new therapists will see when accessing our PT and OT websites: "MGH therapists share a spirit of inquiry, critical thinking, and innovation that's nothing short of inspiring. Our therapists encounter many rare, complex, and demanding cases. They meet these challenges with the latest in advanced technology and research and with the support of clinical specialists dedicated to their clinical and professional advancement. Our continuing-education programs and the breadth and depth of our experience provide therapists with rich opportunities for professional development throughout their careers."

We have heard from therapists in the Staff Perceptions of the Professional Practice Environment Survey and other forums that they enjoy working at MGH, they love spending time with patients, and they relish the collegial relationships they have with their co-workers. But there's an underlying sense of frustration. There's a feeling that systems could be improved, the care-delivery model streamlined, allowing them to spend more time at the bedside and less time dealing with manual documentation and administrative issues.



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

We have heard this feedback, and we are taking action to respond. We have already begun a comprehensive search for a rehabilitation-specific, electronic documentation system that will meet our current and future needs. We're exploring new technology around paging systems, scheduling and billing systems, and electronic documentation systems specifically designed for a non-unit-based workforce. And we are considering and implementing a number of

interim solutions until a permanent solution can be identified. Our short- and long-term goals are to create a seamless, efficient documentation and communication system that will significantly improve the lives of our patients and staff.

As Michael Sullivan, PT, our director of Physical and Occupational Therapy, remarked recently, "If every one of our therapists could see just one more patient every day, that would be

continued on next page

Scope of Practice Occupational Therapy

Occupational Therapy uses purposeful activity or therapeutic interventions to help patients improve function during home, school, work, or leisure activities despite physical impairments or limitations. In addition to functional outcomes, occupational therapy promotes wellness, enhances development, and prevents injuries and/or disability. Occupational Therapy assessment includes activity-analysis and the administration and interpretation of standardized and non-standardized tests and measurements. It is directed toward those affected by or at risk for: physical disabilities, cognitive disabilities, psychosocial dysfunctions, mental illness, developmental or learning disorders, maladaptive behaviors, and other disorders or conditions. Occupational Therapy serves all age groups from neonatal to geriatric.

Scope of Practice Physical Therapy

Physical Therapy Services provides physical therapy examinations, evaluation (assessment/re-assessment), and intervention to patients with a wide variety of diagnoses and diseases including orthopaedic, neurological, medical, surgical, cardiac, pulmonary, solid-organ and bone-marrow-transplant, multi-system, and developmental disorders. Patients range in age from neonatal to geriatric. Services include consultation on patients regarding the need for physical therapy intervention, primary care, and patient- and family-education.

Interpreter Services: continuing to meet the needs of a diverse patient population

Question: What resources are available at MGH to meet the needs of patients for whom English is not their primary language?

Jeanette: The Interpreter Services Office is responsible for meeting the language needs of our non-English speaking patients. Medical interpreters are available to MGH clinicians seven days a week, 24 hours a day. Our team of staff interpreters is qualified to interpret in 13 languages, and a dedicated group of on-call interpreters is available to interpret in 38 different languages.

Question: Some staff on my unit speak other languages. Do we still need a medical interpreter?

Jeanette: Yes. It is required by law that all patients have access to trained interpreters at the time of care so they can make fully informed decisions about their care. Clinicians need to make accurate assessments about the care they provide, and medical interpreters are an important part of that process for non-English-speaking patients. Medical interpreters are specially trained to work in clinical environments. As key members of the health-care team, they must be engaged to ensure quality care for all non-English-speaking patients and families.

Question: Is it difficult to get an interpreter when one is needed?

Jeanette: Interpreter Services has a reliable process for scheduling and deploying staff to care-delivery areas. They monitor schedules and delays and modify their resources as needed. Interpreter Services responds to more than 300 requests per day. Like any service we provide, we're better able to meet the need when the need is identified early. If you know your patient requires a medical interpreter for an assessment or intervention, contact Interpreter Services as soon as the need is identified.

Question: With an increasingly diverse patient population, do we have enough interpreters?

Jeanette: Availability of interpreters should never

be an issue. Interpreter Services provides service seven days a week, 24 hours a day. Interpreter Services contracts with Pacific Interpreters, an outside agency that provides interpreters via telephone when volume is high or when interpreters for specific languages are not readily available. Pacific Interpreters maintains strict competency standards that meet MGH requirements. They have been our partner for many years, providing high-quality service to our patients.

Question: As our capacity grows, will we be able to respond to the growing need for medical interpreters?

Jeanette: We have been actively preparing to meet needs of the future. Interpreter Services will be re-locating to the Grey-Bigelow basement, allowing us to hire addi-

tional staff and accommodate seven video-conferencing booths. The availability of this new technology on the main campus will allow us to use the resources of medical interpreters much more efficiently. Pilot programs using this technology have been very successful, and I'm excited that staff will soon have better access to it.

Question: How can I request a medical interpreter?

Jeanette: To request an interpreter, call Interpreter Services at: 6-6366, Monday through Friday from 7:00am to midnight; Saturday and Sunday 8:00 am to 10:00pm.

At all other times, for a Spanish interpreter call 4-5700, pager #3-0001; for other languages, including American Sign Language, call 4-5700, pager #3-0009.

Jeanette Ives Erickson

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a significant improvement—it would mean sixty more patients receiving care every day.”

Even amidst the looming shortage of physical and occupational therapists, we are responding to the growing rehabilitative needs of an increasingly aging patient population. The opening of MGH West in Waltham, the MGH Sports Medicine Center, and other MGH practices

opening in Foxboro, Danvers, and Building 3C will only add to the demand. We are committed to meeting the needs of our patients, and we are actively engaged in a strategic process to ensure we do just that. With smart, targeted recruitment and retention efforts and a focused systems-improvement initiative, we will continue to provide the highest quality care to all our patients.

Update

Steven Jurkowski has accepted the position of senior business analyst for Patient Care Services Financial Management Systems.

Melissa Cacace has accepted the position of project specialist for Capacity Management to support our strategic-planning initiatives.

Maria Winne, RN, has accepted the position of nurse manager for the Bigelow 9 Respiratory Acute Care Unit.

Wanted: job shadow hosts

Meet the workforce of the future!

You're invited to participate in the 12th annual Groundhog Job Shadow Day

Friday, February 2

Welcome a high-school student to observe your work day.

Job Shadow Day is a great opportunity to increase students' awareness about careers in health care and help them learn first-hand about the skills and education necessary to succeed in a specific job or career

For more information, call 4-8326 or e-mail: gwise@partners.org

Kirvilaitis awards evoke pride, emotion, and fond memories

—by Stephanie Cooper, training and development specialist

So powerful is Tony Kirvilaitis' legacy, that still today, thoughts of his time as training coordinator at MGH evoke strong feelings of pride, integrity, and respect. It was in that spirit that two long-time members of the MGH community were recognized on Thursday, January 4, 2007, for the invaluable support they provide in enhancing the patient and family experience. Ann Marie O'Donnell, operations associate for the

Central Resource Team, and Mary Billingham, operations associate for the White 9 Medical Unit, were the 2006 recipients of the Anthony Kirvilaitis Jr., Partnership in Caring Awards.

The Kirvilaitis Awards were created in 2002 and named for their first recipient, Anthony Kirvilaitis Jr. The award is given annually to recognize support staff (operations associates, unit service associates, operating room assistants, unit assist-

ants, patient service coordinators, ED admitting assistants, patient care information associates, and information desk



associates) who demonstrate reliability, responsiveness, assurance, collaboration, flexibility, creativity, and support in their daily work.

Both of this year's recipients began their

careers at MGH more than two decades ago and each has served in a variety of roles. Both received glowing letters of support from their managers and colleagues.

continued on next page



At left: Members of the Kirvilaitis family attend ceremony in O'Keeffe Auditorium

Above left: Mike McElhinny, MDiv, director of the MGH Chaplaincy, addresses the gathering

Above : Jeanette Ives Erickson, RN, senior vice president for Patient Care presents award to Mary Billingham, operations associate, White 9. For information about The Anthony Kirvilaitis, Jr. Partnership in Caring Award, call 617-726-9148

Kirvilaitis Awards

continued from previous page

Of Ann Marie O'Donnell, Maureen Schnider, RN, nurse manager for the Central Resource Team, wrote, "Ann Marie consistently demonstrates flexibility, resourcefulness and energy that make her highly sought after by patient care units and a strong role model for others."

In his letter of nomination for Mary Billingham, Gerard Cronin, operations coordinator for White 9 wrote, "Mary has raised the bar for everyone on the unit, clinical and support staff alike. You can't help noticing the example she sets every day when she stops what she's doing to immediately respond to the request of a patient."

In her opening remarks, senior vice president for Patient Care,

Jeanette Ives Erickson, RN, welcomed attendees, including friends and colleagues of the recipients, members of the MGH community, and members of the Kirvilaitis family. She compared Kirvilaitis' strengths to a book she'd read entitled *Coach*, saying, "Tony taught us the power of vision and hard work. He taught us that together we're better because we learn from the people we encounter every day at MGH."

This year's speaker, Michael McElhinny, MDiv, director of the MGH Chaplaincy, spoke about recognizing 'diamonds,' recalling a conversation he'd had with Kirvilaitis in which Kirvilaitis referred to our vital support staff as, "diamonds who don't

yet know they're diamonds." McElhinny closed saying, "MGH support staff are Tony's diamonds, and he and they will never be forgotten."

Ives Erickson acknowledged all the Kirvilaitis Award nominees for the important role they play in the success of our hospital then presented the awards to this year's recipients. Accepting her award, Billingham said, "The MGH community, patients, traditions, and expectations for the future have been a gift to my life."

Always a moving and emotional event, this year's celebration of the Kirvilaitis awards and Tony's inspiring legacy was no exception.

For more information about the Anthony Kirvilaitis, Jr. Partnership in Caring Award, contact Tom Drake at 617-726-9148.

Perry named associate director, Durant Fellowship Program



Donna Perry, RN, has been named associate director for the Thomas S. Durant, MD, Fellowship in Refugee Medicine Program, expanding her current role as professional development coordinator for the MGH International Nurse Consultant Program.

Perry has been an integral part of our global, humanitarian relief efforts since coming to MGH in 2000. She is a member of the Steering Committee for the Institute for Nursing Healthcare Leadership (INHL), leading our work with the INHL in educating current and future nursing leaders around the world. She is co-chair of Americans and Cubans Building Community through Exchanges, Support and Outreach, (ACCESO), a humanitarian non-governmental organization.

Perry is an associate nurse scientist in The Yvonne L. Munn Center for Nursing Research. Her research involves developing a theoretical framework she calls 'transcendent pluralism,' focusing on improving inter-cultural relations by fostering human dignity. She presented her research on transcendent pluralism at the Durant seminar, December 15, 2006.

In May, Perry will travel with a team of MGH nurses to the International Council of Nursing Conference in Yokohama, Japan, to present, "Global Nursing Partnerships for Dealing with the Unexpected: Creativity, Culture, and Collaboration."

In her new role as associate director, Perry will act as fellowship advisor and oversee recruitment, mentorship, and fund-raising efforts. For more information about the Thomas S. Durant, MD, Fellowship in Refugee Medicine, call Larry Ronan, MD, at 4-3874, or visit the fellowship website at: www.durantfellowship.org.

EAP Work-Life Seminars

Elder Care Monthly Discussion Group

Caring for an aging loved one can be challenging. At these monthly meetings we discuss: care coordination, family issues, legal, estate, and medical issues, grieving loss, and caring for yourself.

Tuesday, January 30, 2007, 12:00–1:00pm, Yawkey 10-650

presented by Janet T. Loughlin, LICSW, and Barbara Moscovitz, LICSW

Understanding Your Credit Report

Learn how to obtain, read, understand, and dispute information on your credit report. Learn what's in a FICO score and how to build your credit history. Discover how your credit score can affect your ability to get a good interest rate, a good job, an apartment, or car insurance.

Thursday, January 18, 2007, Thier Conference Room, 12:00–1:00pm

presented by Amy Perry, consumer finance educator, Consumer Credit Counseling Services (CCCS)

For more information, call 617-726-6976

Staff nurse provides individualized care; shares practice via unit-based program

Brenda Pignone is an advanced clinician

My name is Brenda Pignone, and I am a staff nurse on the White 7 Surgical-Trauma Unit.

Ms. M was a 74-year-old woman who was admitted to White 7 after being thrown from a wheelchair in the Paris airport while waiting for a flight to the United States. Ms. M had been visiting her only daughter who lives in Paris. Ms. M was able to board her flight but quickly became dizzy, light-headed, and pale and developed nausea and vomiting. EMTs were present when her flight landed, and she was brought to MGH.

Ms. M was stabilized in the Emergency Department and admitted to White 7 about four hours after arriving at MGH. She was sent for an abdominal CT-scan prior to admission and the scan was negative. When Ms. M arrived on the unit, her blood pressure was 96/40, her pulse was 105, respiratory rate 14, and her temperature was 97.4. Her oxygen saturation was 96% on room air. As I conducted her nursing assessment, Ms. M revealed that she had been taking Coumadin because she'd had a mitral-valve replacement. I plac-

ed Ms. M on a cardiac monitor and performed continuous oxygen-saturation checks due to her low blood pressure and slight tachycardia. I assessed her IV to make sure I had a patent line. I made sure labs had been drawn in the Emergency Department and found her coagulation values to be abnormally high and her potassium and magnesium levels to be low. During the next hour, Ms. M's heart rate rose to 120 and her blood pressure remained between 90-96/48-50. Her heart rhythm became irregular, and she said she felt as if she were having 'palpitations.' I performed a 12-lead EKG, and it revealed she had gone into atrial fibrillation. When a patient goes into A-fibrillation, the normal regular rhythm of the heart is lost and the heartbeat is erratic. Knowing one of the main complications of A-fibrillation is an increased chance of stroke (because it causes turbulent flow in the heart chambers and can cause small clots to form), I notified the resident who was covering. The resident ordered IV loproressor, two liters of oxygen by nasal cannula, and magnesium and potassium replacement.

Ms. M's heart rhythm quickly returned to normal sinus, and her rate slowed to about 90. I was still concerned about her low blood pressure and hematocrit level, which when re-checked, came back at 24.0. Her coagulation levels were beginning to return to normal. I spoke with the resident again and pushed to have Ms. M re-scanned as she was still at high risk for bleeding given the trauma she had suffered and her coagulation levels not yet normal. The resident ordered a stat repeat CT-scan and it revealed a large pelvic collection likely representing a hyper-acute hemorrhage. This scan was compared to the previous scan. Doctors believed the increase in bleeding was minimal and that Ms. M should be closely monitored. Another scan was ordered for the following morning. I made sure the scan was scheduled.

Ms. M's chest x-ray was clear, but I continued to monitor her oxygen and breathing status and encouraged her to use her incentive spirometer and gave her frequent chest physical therapy. Ms. M received two units of blood, and I assessed her vital signs throughout

the transfusions. Four hours later, her hematocrit level was 35.0.

The following morning, I accompanied Ms. M to her CT-scan as she said she was very anxious. Tests showed resolution of the pelvic hematoma. Her heart rhythm remained in normal sinus range, and her electrolytes and coagulation values were normal. She was weaned off oxygen. I asked the residents to write an order for physical therapy to help her ambulate. I spoke with the physical therapist about the previous day's events, and she gave Ms. M some exercises she could do in bed to assist her in ambulating with minimal assistance.

That afternoon, I met with the case manager on the unit. I asked her to call Ms. M's daughter in Paris to discuss her mother's plans for discharge. Ms. M's daughter was already on her way to the United States. When she arrived, I encouraged Ms.

M and her daughter to complete a health care proxy which they did.

After Ms. M's acute phase had resolved, she began to talk about the traumatic incident she'd been through. Because of my experience with and certification in critical incident stress-management, I knew it was important for Ms. M to hear about how traumatic incidents can affect our bodies. I told her and her daughter how stress can produce chemicals in the body that can distort vision and hearing, slow digestion, tense muscles, and elevate blood sugars. I told them that when Ms. M returned home, she might see changes in her appetite, feel fatigued, and perhaps not be able to concentrate. I gave her the handout we created on self-care to minimize the effects of stress. The handout included suggestions such as staying hydrated; not drinking alcohol; writing in a journal

continued on next page



Brenda Pignone, RN
staff nurse, White 7

A resolution for good health

—by *Melanie Pearsall, RD, registered dietician*

It's that time of year when many of us set priorities for the coming year. We focus on the future. We consider ways we might improve our lives. For many people, concerns about weight and health are renewed as we begin to think about diet and exercise habits.

One place to start might be making an appointment with your primary care physician (PCP) for a thorough examination, especially if consi-

dering a new exercise program. This will give you a good assessment of your current health status, which is an important factor in determining what changes you should make (or not make). Your PCP is invested in helping you maintain good health and can be a good source of motivation.

Assess your readiness for change, your level of motivation, your support systems. You are your own best health expert. Are there situations in your life that would pre-

sent obstacles? Can these obstacles be overcome? Is support available from family, friends, or co-workers? What is your prime motivator—a recent change in health status, such as a diabetes or high-blood-pressure diagnosis?

It doesn't matter what your motivation is, as long as you're motivated. Often, writing down the answers to these questions can help you sort out your feelings and set reasonable expectations for the future.

Resolutions to lose weight, eat better, or start exercising are usually not new. Many of us have tried it before with varying degrees of success. Think about this—in the past, when you've tried to embark on a healthier lifestyle, what has helped you be successful? Are there patterns of behavior that have derailed your efforts time after time? Has a particular person helped (or hindered) your success? The answers to these questions can help keep you from making the same mistakes over and over.

A registered dietitian can help you formulate a plan of care specific to your needs and realistic for your lifestyle. At MGH, our care plans are based on recognized standards of care for Medical Nutrition Therapy. Our care plans are individualized to meet your healthcare needs and your personal goals.

Give yourself the gift of good health this new year. For more information about nutrition and good health, contact Melanie Pearsall, RD, at 6-2779, or visit the Be Fit website at: <http://intranet.massgeneral.org/befit/>.

Clinical Narrative

continued from previous page

nal; getting plenty of sleep, and talking to family, friends, and perhaps a counselor about her experience. I assured her that these reactions were a normal response to stress from trauma. She said the handout was extremely helpful to her and she could see that her 'anxiety' was a normal reaction after what she'd been through.

Because Ms. M lived alone, and her daughter would only be able to stay for a week, Ms. M was going to require a number of home services including, nursing and physical therapy to manage her activities of daily living. I spoke with the Visiting Nurses Association that would be caring for Mrs. M to ensure that her care would be hand-

ed appropriately at home.

After Ms. M was discharged, staff received a wonderful letter from her daughter expressing her gratitude at how skilled and professional the nursing staff of White 7 had been in caring for her mother, especially while she was so far away.

Because of Ms. M's cardiac arrhythmia and my experience interpreting EKGs, I've developed an 'EKG of the Week' program. I post an EKG rhythm strip on the staff bulletin board, and nurses on the unit have a chance to interpret the EKG. At the end of the week, I reveal the correct answer. I put all the correct answers in an envelope and draw one. That person wins a book of gift certificates to Coffee Central.

There's a tremendous amount of learning, teaching, and communication involved in being able to interpret EKGs and the impact they have on assessing patients. The EKG of the Week program was fun, and I think staff on White 7 are better prepared and better educated on how to interpret EKGs as a result. It was clear from the feedback I received that the program benefited staff, but more importantly, it benefits the patients we care for every day.

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

This is a wonderful, instructive narrative. Beyond the excellent clinical care Brenda provided,

because of her certification in critical-incident stress-management, she was able to provide another layer of care and comfort. She prepared Ms. M for what to expect in the aftermath of a traumatic event, minimizing her anxiety and empowering her to participate in her own recovery. She refers to a handout that she and her colleagues created to help patients manage stress—a proactive intervention based on years of experience. Perhaps the most intriguing aspect of this narrative is the creative, 'fun' program Brenda invented to help educate staff about EKG interpretation. Imagine if we were all that creative.

Thank-you, Brenda.

MGH Institute of Health Professions

Information Session:
February 24, 2007, 10:00am–12:00pm

Advanced Practice Nursing Options for RNs
RN to MS; Nurse Practitioner Certification
for nurses with bachelor's degrees

For more information go to: www.mghihp.edu/admissions/infosessions.html

Infection Control introduces change to Contact Precautions *Plus*

—submitted by Paula Wright, RN, director, Infection Control

In September of 2005, the MGH Infection Control Unit introduced a new category of isolation precautions known as Contact Precautions *Plus* for patients with *C. difficile*-associated diarrhea. Contact Precautions *Plus* differed from regular contact precautions in two ways. One was that staff were required to *wash and dry hands* after contact with the patient or the environment *before* they disinfected with Cal Stat. The other was a process called the ‘two-step drench method’ using the standard, hospital-approved disinfectant, Virex.

Implementation of these new steps, however, didn’t result in a reduction of *C. difficile*-associated diarrhea. So the Infection Control Unit and the Infection Control Committee have introduced a change to the Contact Precautions *Plus* protocol. Effective immediately, a bleach-based product, Clorox germicidal detergent and disinfectant, will be used for routine cleaning of inpatient rooms for patients on Contact Precautions *Plus*. The product has already been rolled out on inpatient units along with unit-based education for nurses and unit service associates (USAs).

Precaution signs have been re-designed and ordered for patient care units. The new sign is the same bright yellow with the word ‘*PLUS*’ highlighted in red. Signs alert USAs that rooms should be cleaned with the new product.

The complete policy for Contact Precautions *Plus* can be found on the Infection Control Unit website (<http://infectioncontrol.massgeneral.org/icu/>). For more information about precautions for *C. difficile*-associated diarrhea, call Infection Control at 6-2036.

Contact Precautions *Plus* signs may be ordered from Standard Register (Form #84636).

MGH is committed to improving hand hygiene

Hand-washing: Patients and visitors should be encouraged to wash their hands with soap and water as needed

Cal Stat: Patients and visitors may use Cal Stat when disinfection is appropriate

Visitors should be encouraged to use Cal Stat when assisting with patient care, visiting a patient on precautions, or visiting more than one patient

Sanidex ALC wipes: Patients who are unable to wash their hands due to location or condition may use Sanidex ALC wipes for hand hygiene (Sanidex ALC wipes do not provide the same level of disinfection as Cal Stat when used for hand hygiene)

Sanidex ALC wipes are considered no more effective than hand-washing with plain soap and water due to their inability to saturate all areas of hands and fingers for 15 seconds or more

Employees may not use Sanidex ALC wipes as a substitute for hand-washing or Cal Stat.



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

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 in past or current relationships.

Weekly discussions will help members understand the impact of domestic violence while promoting individual strength and healing. 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

Durant Fellowship Call for applications

In 2001, MGH established the Thomas S. Durant, MD, Fellowship in Refugee Medicine to support healthcare professionals deliver care, services, and hope to people in countries ravaged by war, disease, drought, poverty or politics. The duration of the fellowship, breadth of experience, and follow-up activities are determined in large part by the fellows, as well as current available assignments and needs

To apply for a Durant fellowship, submit by February 1, 2007:

- a one-page, single-spaced essay explaining your interest in refugee medicine, what you hope to accomplish and learn through the experience, and how it could fit with your career goals
- your current curriculum vitae
- two letters of recommendation

Applications should be directed to:
Laurence J. Ronan, MD
director, Thomas S. Durant, MD Fellowship in Refugee Medicine

Final candidates will be invited for interviews with the Durant Fellowship Selection Committee. The 2008 Durant fellow will be selected by April 1, 2007.

Nursing Research Journal Club welcomes Ellen Mahoney, RN

—by Elise Gettings, RN

On Wednesday, November 8, 2006, the Nursing Research Journal Club welcomed Ellen Mahoney, RN, senior nurse scientist in the Yvonne L. Munn Center for Nursing Research. Mahoney presented her recently published research, entitled, “Challenges to intervention implementation; lessons learned in the Bathing Persons with Alzheimer’s Disease at Home Study,” to an audience that included guests from Boston Medical Center and Beth Israel Deaconess Medical Center. Mahoney has published other articles on managing the behavior of persons with dementia and has developed a distinguished program of research in this area. Sharing her findings from this study, she emphasized the importance of

identifying caring dyads to keep caregivers from reaching a crisis point when caring for family members affected by Alzheimer’s. Mahoney suggested supportive techniques for facilitating the bathing process, offering poignant personal experiences and lessons she’s learned from working with this population.

The next Journal Club meeting will be held January 10, 2007, at 4:00pm in the Satter Conference Room, featuring Diane Carroll, RN, Yvonne L. Munn nurse researcher in the MGH Institute for Patient Care, who will present her recently published original research, “Quality of life in implanted cardioverter defibrillator recip-

ients: the impact of a device shock.”

The Nursing Research Committee hosts bi-monthly meetings of the Journal Club spotlighting nurse researchers presenting their published research. For more information, visit our website at <http://mghnursingresearchcommittee.org>.



Members of the Nursing Research Journal Club listen as Ellen Mahoney, RN, senior nurse scientist (above) presents her research

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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:

February 1, 2007



MGH Heart Center 'goes red' to raise awareness about women and heart disease

Heart disease is the number-one cause of death among women in America. To help raise awareness about this women's health issue, the MGH Heart Center chose February, American Heart Month, to present a number of activities to educate staff and the public about the risks of heart disease and provide information on how to prevent it.

In February, the MGH Heart Center will launch The Women's Heart Health Program, specifically geared toward preventing heart disease in women. The program will focus on all aspects of heart care from prevention to early detection, to treatment in women of all ages. Says Kate Traynor, RN, program director for the CV Disease Prevention Center-MGH Heart Center, "The program will bring excellent clinicians together to focus on managing the unique challenges of heart disease in women and help us better understand the barriers to attaining the best possible outcomes."

"The program is designed to tailor care to women in a convenient, friendly environment," says cardiologist, Malissa Wood, MD. Wood, along with Jennifer Walker, MD, and Traynor helped create this comprehensive program.

The MGH Heart Center supports the American Heart Association's Go Red for Women campaign to raise awareness and support research and education about women and heart disease. Friday, February 2, 2007, is National Wear Red Day; MGH employees are encouraged to wear red in support of this important initiative. A week-long series of events is planned for February 5-9, including free health screenings, a 'lunch and learn' presentation, and a healthy cooking demonstration.

The MGH Heart Cen-

ter is the official hospital partner for the Sister-to-Sister Heart Screening Event to be held at the Prudential Center, February 16th, featuring free screenings for cholesterol, blood glucose, and high blood pressure. For more information about the Sister-to-Sister Heart Screening Event, go to their website at: <http://www.sistertosister.org/cities/boston.shtml>.

For more information about the MGH Heart Center or any of the women's heart health activities, contact Kathleen Gallen, RN, intake nurse, at 617-643-2293.

Maintaining compassionate care: strategies to prepare families and caregivers for ethical dilemmas in times of uncertainty

February 8, 2007, 4:00pm
Henry Knox Sherill Lecture: "Professional responsibility: the clinician's role in end-of-life decision-making,"
J. Andrew Billings, MD

February 9, 2007, all-day conference
Keynote address: "How Sick is Too Sick? How Disabled is Too Disabled?"
Dr. Kristi Kirschner, Rehabilitation Institute of Chicago,

For information, e-mail epipes@partners.org, or erobinson1@partners.org

Sessions held at the MGH Institute for Health Professions in Charlestown

Conference is sponsored by the MGH IHP Ethics Initiative, the PCS Institute for Patient Care, and the PCS Ethics in Clinical Practice Committee; supported by the Kenneth B. Schwartz Center



Staff nurse, Emily Handler, RN, works with patient, Judith Smith, in the MGH Heart Center gym

Educational Offerings

January 18, 2007

<i>When</i>	<i>Description</i>	<i>Contact Hours</i>
January 29 and 30 7:30am–4:30pm	Intra-Aortic Balloon Pump Workshop Day 1: NEMC; Day 2: FND325	14.4 for completing both days
January 31 8:00am–12:00pm	BLS Certification–Heartsaver FND325	---
February 2 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification FND325	---
February 3 (Saturday) 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills FND325 (No BLS card given)	---
February 5 8:00am–2:00pm	BLS Certification for Healthcare Providers FND325	---
February 6 and 7 8:00am–4:00pm	Oncology Nursing Society Chemotherapy-Biotherapy Course Yawkey 2220	16.8 for completing both days
February 6 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification FND325	---
February 8 8:00am–4:30pm	Workforce Dynamics: Skills for Success Training Department, Charles River Plaza	TBA
February 8 2:00–3:00pm	Ovid-Medline: Searching for Journal Articles FND334	TBA
February 12 and 26 8:00am–3:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Thier Conference Room	---
February 14 8:00am–2:00pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
February 14 8:00–11:30am	Intermediate Arrhythmias Yawkey 10-660	3.9
February 14 12:15–4:30pm	Pacing Concepts Yawkey 10-660	4.5
February 14 11:00am–12:00pm	Nursing Grand Rounds Haber Conference Room	1.2
February 14 1:30–2:30pm	OA/PCA/USA Connections “JCAHO: a debriefing.” Bigelow 4 Amphitheater	---
February 15 8:00am–12:00pm	CVVH Core Program Yawkey 2210	---
February 22 1:30–2:30pm	Nursing Grand Rounds “Do the ‘Write’ Thing: Simple Steps to Writing and Getting Published.” O’Keeffe Auditorium	1.2
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	5.4 (for mentors only)
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	44.8 for completing all six days

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

MGH bids farewell to veteran nurse and diversity pioneer

—submitted by Ron Greene, RN

The MGH community was saddened recently to learn of the passing of long-time nurse, friend, and forerunner of the Minority Nurse Retention and Recruitment Committee, Aletha (Lee) Niles, RN. Niles started her career at MGH as a private-duty nurse while raising four children. Later becoming a staff nurse in Cardiology, she agreed to participate in a research project that was to take approximately 12 months — it lasted 15 years.

Niles became a mammography nurse, which involved educating patients about mammograms, conducting follow-up interviews, and

working closely with Daniel Kopans, MD, of Radiology, and Martha Kail, RN, the head nurse in Radiology at the time. Niles' role soon expanded to interventional nurse where she worked with patients who were having needle-guided biopsies both pre- and post-operatively. As Radiology

other black nurses were approached by Human Resources to help recruit other black nurses to work at MGH. Under her leadership, The Minority Nurse Task Force was established. The task force held regular meetings and made presentations to hospital administrators, the Board of

When I come to the end of the road
And the sun has set for me
I want no rites in a gloom-filled room.
Why cry for a soul set free?

—Unknown

expanded, creating a 'holding area' for patients before and after surgery, Niles assumed responsibility for this new care-delivery area.

In the early 1990s Niles and a handful of

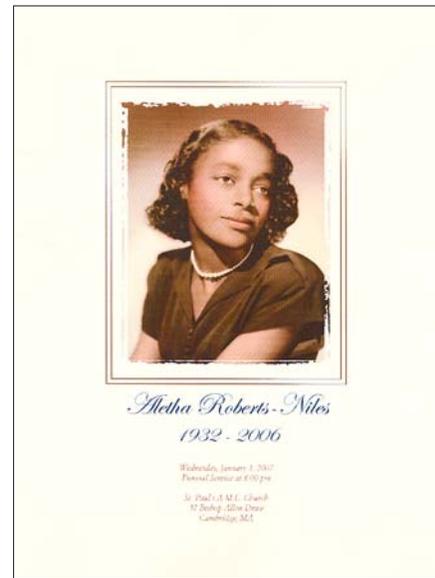
Directors, and various other committees. Members attended recruitment fairs, National Black Nurses Association conventions, and soon chang-

ed its name to The Minority Nurse Retention and Recruitment Committee. Niles' strong leadership skills, knowledge of the organization, and personal contacts made her a formidable presence in the MGH community.

Niles enjoyed working with young people of color from all roles and

departments and encouraged them to return to school and re-apply for positions at MGH.

Said one long-time colleague, "Lee was a person of great dignity and grace. She was a powerful presence at MGH, and she will be missed by those who were fortunate enough to have known her."



Caring

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