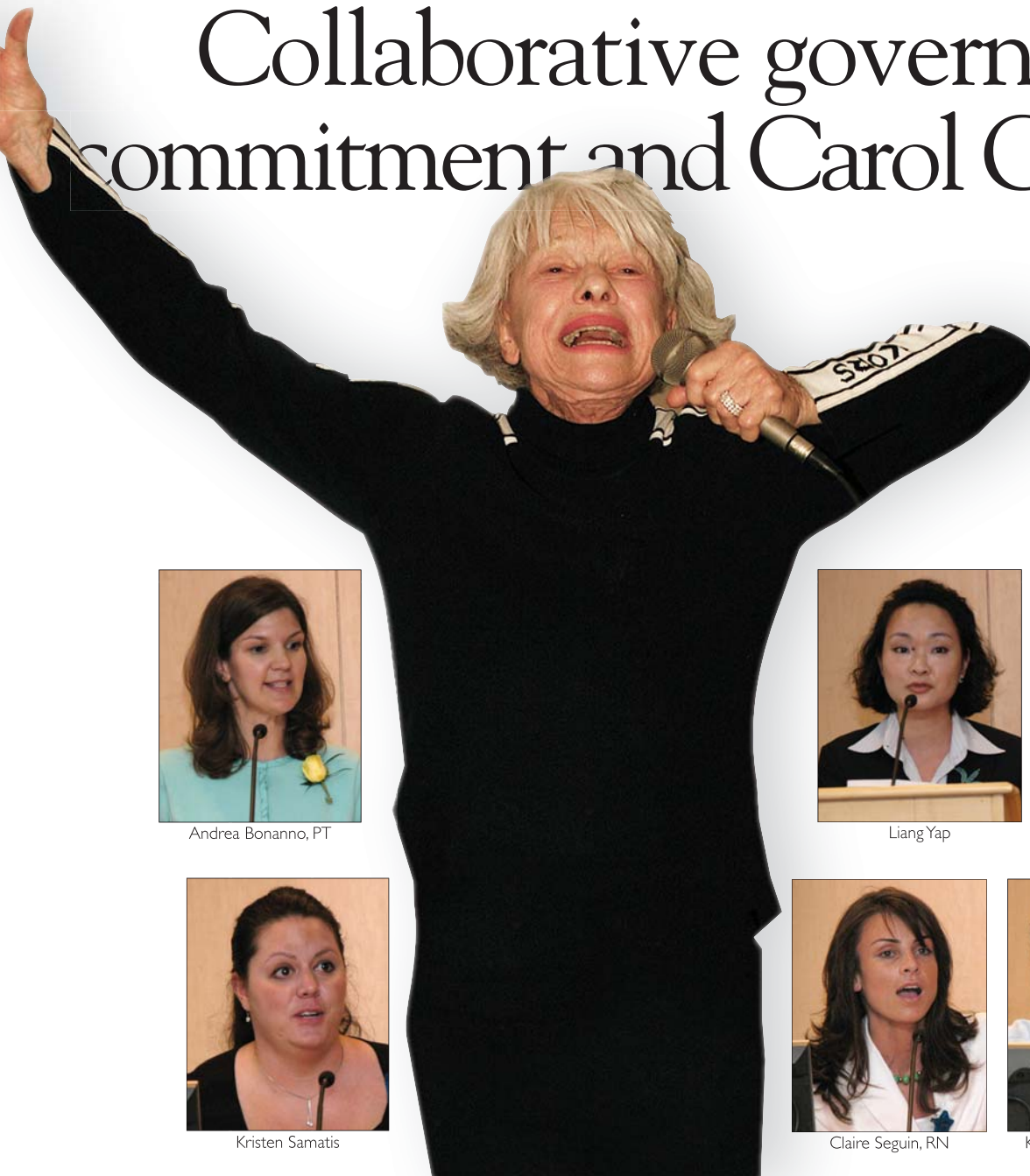


Caring

Headlines

July 19, 2007

Collaborative governance, commitment and Carol Channing



Sharon Brackett, RN



Andrea Bonanno, PT



Liang Yap



Victoria Morrison, RN



Kristen Samatis



Claire Seguin, RN



Kevin Babcock, RN, and Wendylee Baer, RN

The inimitable, Carol Channing, at this year's collaborative governance celebration
(See Jeanette Ives Erickson's column on page 2)

Celebrating ten years of collaborative governance



A decade ago we set out to create momentous change using nothing more than the powerful tools of knowledge and empowerment. On May 15, 1997, I told the first leaders and members of collaborative governance that their work was about to change. Because true synergy only occurs when there is collaboration, I knew we were headed for exciting outcomes. I knew participation in collaborative governance would give individuals the opportunity to interact with diverse groups of clinicians and support staff, with colleagues of different perspectives, and with professionals who wanted to create a better place for our patients, families and employees. I never doubted that clinicians within Patient Care Services would accept the challenge. You did, and you have done yourselves and MGH proud.

Just imagine what life would be like if we hadn't launched collaborative governance ten years ago.

Without the work of the Professional Development Committee, we would not have created and implemented our Clinical Recognition Program, the first-of-its kind, interdisciplinary, advancement program.

Without the work of the Patient Education Committee, clinicians would not have timely access to patient-education materials written in plain language and non-English translations. We would not be partnering with our patients to ensure they're making well-informed decisions about their care.

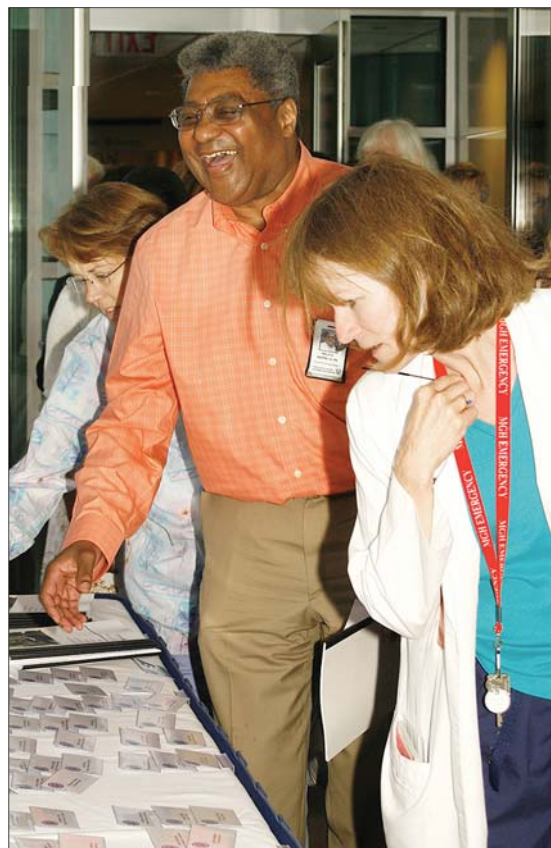
Without the work of the Nursing Practice Committee, we would not have a robust mechanism to translate evidence-based practice into policies, procedures, guidelines, and standards. We would not have the right

tools and the right technology in the right place at the right time.

Think of the impact the Ethics in Clinical Practice Committee has had in addressing complex issues, particularly those related to end-of-life care. They have championed our implementation of advance-directive initiatives and advance care planning.

The PCS Quality Committee was influential in cre-

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(Photos by Rod Harris)

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ating the culture of quality and safety we now embrace. Their tireless efforts have provided us with an early warning system for identifying patterns and practices that require our collective energies and attention.

Without the work of the Nursing Research Committee, research would not be an integral part of our nursing practice. This committee fueled the spirit of inquiry with their famous, "Did you know?" posters, the Nursing Research Journal Club, and what has become a multi-day Nursing Research Expo.

The PCS Diversity Committee has advanced our diversity agenda, raising awareness about diversity issues, exploring the challenges of healthcare disparities, and partnering with The Norman Knight Nursing Center for Clinical & Professional Development to offer educational programs on cultural competence. Without the important work of the Diversity Committee, we would not be providing the kind of care that is as meaningful and culturally sensitive as it is today.

The Staff Nurse Advisory Committee meets monthly to ensure open, two-way communication between staff and leadership. Without the voices and participation of these staff nurses, we would not have our nursing image campaign; we would not be addressing emerging issues in as timely a fashion as we're able to with their input and guidance. Because of the impressive work of the Staff Nurse Advisory Committee, we now have two more advisory committees, one in Social Services and one in Physical and Occupational Therapy.

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Above left: Carol Channing and senior vice president for Patient Care, Jeanette Ives Erickson, RN.
At left: clinical educator, Phil Waithe, RN; Bettyann Burns-Britton, RN, (left); and Joyce McIntyre, RN, pick up their name tags.
At right: Carol Channing visits with associate chief nurse, Deb Burke, RN (left), and nursing director, Judy Newell, RN.

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(Cover photo of Carol Channing by Rod Harris)

I want to
thank you for
your vision,
partnership,
creativity,
critical thinking,
commitment,
and ownership
of collaborative
governance. But
most of all, I want
to thank you for
your exquisite
practice.

At Collaborative Governance Grand Rounds, on Thursday, June 28, 2007, we heard representatives from each of these committees talk about their respective outcomes and achievements. It was wonderful to hear staff speak with such pride, enthusiasm, and passion.

Phillips House 21 staff nurse, Claire Seguin, RN, reflected on her work with the Nursing Practice Committee, saying, "As a staff nurse I've found it interesting to see how policies and procedures are shaped by research and accrediting organizations such as the Joint Commission.

"I wanted to bring this information back to staff. With the support of our unit leadership, I initiated Practice Update lunches where I shared pertinent practice news with the nursing staff at lunch. Because I couldn't reach all shifts this way, I sent e-mails to staff members who weren't able to attend.

"I appreciate the opportunity to participate in collaborative governance, and I look forward to the work we are planning for the future."

Liang Yap, coordinator of the Massachusetts Alzheimer's Disease Research Center at MGH, in her remarks, said, "As members of the PCS Diversity Committee, our discussions have centered on a variety of pressing issues, from providing a supportive and welcoming work environment for foreign-born nurses, to reaching out to those who are homeless, to framing a working definition of what 'disparities in health care' really means. Our committee strives to balance the need to respond to the

unique cultural and spiritual beliefs of our patients and families with what makes us all alike — our humanity."

At the reception following grand rounds, we were delighted when our friend and supporter, Mr. Norman Knight, arrived with long-time friend Carol Channing, and her husband, producer, Harry Kullijian. Ms. Channing is the newest fan of collaborative governance!

Collaborative governance shifts clinical decision-making from administrators to clinicians at the bedside. By empowering staff, we enable clinicians to use their knowledge, experience, and commitment to provide the best possible care to our patients and families.

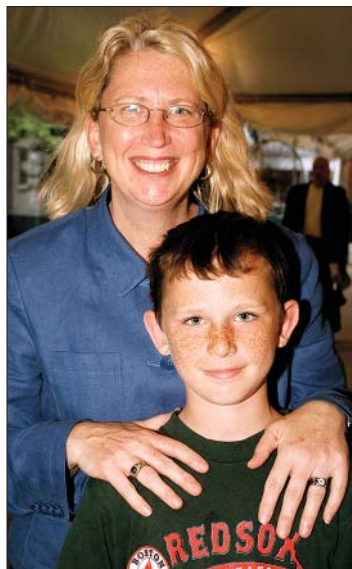
Collaborative governance is just what the name implies — a partnership, a process that requires input and support from all participants. The work of collaborative governance has had a transforming influence on the culture of MGH and on the way we deliver care.

This quote from Florence Nightingale's, *Notes on Nursing*, sums up what collaborative governance means: "Let us always be open to acknowledge, respect, and learn from great leaders in any field or discipline.

Let us always be able to translate the work of any leader to move forward ideas and substantive knowledge for the betterment of humanity. For, indeed, great progress is largely contingent upon thoughtful reflection, dialogue, and the creative use of worthwhile ideas."

I want to thank you for your vision, partnership, creativity, critical thinking, commitment, and ownership of collaborative governance. But most of all, I want to thank you for your exquisite practice.

These first ten years are just the beginning. Imagine what we'll be talking about at grand rounds in 2017!



(Photos by Rod Harris)

Top right: staff assistant, Karla Valentin, and simulation program manager; Brian French, RN.

Bottom left: executive director for PCS Operations, Marianne Ditomassi, RN, with son, Jack.

Bottom right: associate chief nurse, Dawn Tenney, RN (left), and nursing director, Donna Jenkins, RN

English for speakers of other languages: a win-win-win situation

— by Stephanie Cooper, training and development specialist

Passing thunder showers didn't dampen the spirits of those who filled the Bulfinch tent for the 12th annual Workplace Education Program celebration of achievement, Friday, June 22, 2007. Students, family members, instructors, and managers joined representatives from Jewish Vocational Services (JVS) the MGH community, and the city of Boston in recognizing the courage, hard work, and determination of the 110 adult learners who successfully completed another year of the English for Speakers of Other Languages Program.

Jerry Rubin, president and CEO of Jewish Vocational Services, congratulated MGH for, "setting the standard for how healthcare institutions can invest in front-line employees who are so important to patient care." He called the program a, "three-way victory for students, patients, and MGH." The hospital has collaborated with JVS since 1995 to coordinate this successful program that has become a model for similar programs around the country.

Following welcoming remarks by Carlyene Prince-Erickson, director of Employee Education and Leadership Development, representatives from each class read personal essays about their native countries, jobs, families, and friends. All expressed pride and gratitude for the opportunity to learn to communicate in English.

Following the readings, certificates of completion were presented to members of each class, with special recognition going to Suhai Zhang, of Social Services; Huynh Tran, lab assistant; and Hernan Alvarez of Environmental Services, for their perfect attendance over the nine-month program. Participants, who hail from 15 different countries, balance their classes and studies with family life, household responsibilities, and often, more than one job.

Keynote speaker, Boston city councilor at large, Felix Arroyo, himself an immigrant from Puerto Rico, expressed admiration for the dedication of the students. Said Arroyo, "It takes courage and determination to come to a new country, begin a new life, and face the unknown equipped with nothing more than hope and the will to succeed. You have filled me with hope once again." Arroyo, who is the first Boston city councilor of Latino descent, called MGH and JVS heroes for recognizing the value and importance of all employees. He described this commitment as the definition of respect, and the program a model for any organization that employs immigrants.

Senior vice president of Human Resources, Jeff Davis, joined Prince-Erickson, and Arroyo on stage to congratulate students and present certificates. In closing, lead instructor, Beth Butterfoss, expressed special thanks to those who supported the students during the year, including family members, managers, volunteers (Elaine Kwiecien and Manuela Anders; the Planning and Evaluation team; teachers, Diana Crane and Dara Mendelsohn) MGH administration; and all others without whose help the success of the program would not be possible.

For more information about the MGH English for Speakers of Other Languages Program contact Beth Butterfoss at 6-2388.

Blake II unit service associate, Lucina Dossantos, accepts her certificate of completion, from (l-r): Jeff Davis, senior vice president for Human Resources; Carlyene Prince-Erickson, director, Employee Education and Leadership Development; and Boston city councilor, Felix Arroyo.



(Photo by Abram Bekker)

Lyttle receives Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

— by Julie Goldman, RN, professional development coordinator

Established in 1999, the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy recognizes the contributions of clinical and/or support staff on Phillips House 21 who consistently demonstrate excellence in addressing the individual needs of patients and families. This year's recipient, Molly Lyttle, RN, was recognized June 11, 2007, on Phillips 21 among friends, family, colleagues, and members of the Cronin and Raphael families.

In his opening remarks, Keith Perleberg, RN, nursing director, said, "Today is a day of remembrance and

celebration as we mark the anniversary of this award and of Paul and Ellen's passing. Many memories and contributions comprise the legacy that Paul and Ellen left behind; certainly this award is a cherished part of that legacy."

Lyttle was nominated by colleague, Sara Mahoney, RN, who said of Lyttle, "On a daily basis, Molly demonstrates her commitment to excellent patient care and advocacy for her patients." Letters of support echoed those sentiments, commenting on Lyttle's compassionate presence and outstanding clinical skills. "She sets an exceptional example for all." "She is a peaceful intermediary between staff and family." "She shows an unwavering commitment to her patients with kind and compassionate care." "Molly is known as a gentle, caring, and nurturing soul."

Staff nurse, Lisa Internicola, RN, shared that, "Molly's leadership, commitment to advocating for patients, and creativity are great assets to Phillips 21. She is forever in search of better ways to care for complicated patients. She is dedicated and sensitive. She empowers herself and others and is a pleasure to work with."

Lyttle worked as a travel nurse on Phillips House 21 before becoming a staff nurse in 2003. Perleberg says, "Molly is an excellent clinician who uses critical thinking to make sound decisions in her care of complex medical patients. She has been a wonderful asset to the unit."

For more information about the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, contact Julie Goldman, RN, professional development coordinator, at 4-2295.

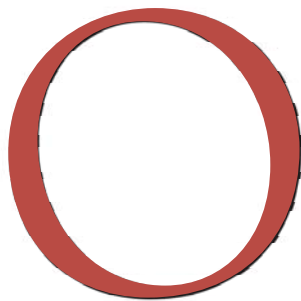
Award recipient, Molly Lyttle, RN (center) with Ives Erickson, Perleberg, Gallivan, and members of the Raphael and Cronin families.



(Photo provided by staff)

Magnet re-designation the forces of magnetism

— by Suzanne Cassidy, senior project specialist



In October 31, 2007, MGH will submit evidence to the American Nurses Credentialing Center (ANCC) to become re-designated as a Magnet hospital. The ANCC has estab-

lished 14 'Forces of Magnetism,' or characteristics of exemplary nursing practice that define what it means to be a Magnet hospital. In a series of articles that began in June, *Caring Headlines* is highlighting each of the forces of magnetism.

Force 3: Management style

The organization and nursing leaders employ a participative management style, incorporating feedback from staff at all levels of the organization. Feedback is encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

Force #3 is exemplified at MGH through the Staff Perceptions of the Professional Practice Environment Survey, which is distributed every 18 months to all staff within Patient Care Services. The survey provides data about the practice environment from staff's perspective and helps generate ideas for change. This feedback is highly valued and has been the impetus for several improvement initiatives including educational programs for conflict-management and culturally competent care, task forces to address equipment and supply issues, and improved communications.

In addition to long-standing communication strategies, such as clinical and grand rounds, collaborative governance, and staff meetings, Jeanette Ives Erickson, RN, senior vice president for Patient Care, recently launched a series of forums for staff within Patient Care Services. These one-hour sessions provide open dialogue between Ives Erickson and staff about key initiatives and concerns. This is another example of the visibility and accessibility of nursing leadership at MGH.

Force 4: Personnel policies and programs

Salaries and benefits are competitive. Rotating shifts are minimized, and creative and flexible staffing models are used. Personnel policies are created with staff involvement; and significant administrative and clinical promotional opportunities exist.

At MGH, Force #4 is visible in our staffing decisions and patient-care assignments, which are based on patient need (current volume, anticipated turn-over, projected admissions, patient-acuity, and nursing care requirements) and staffing requirements (skill level, experience, work schedules, availability, minimum staffing requirements, and reasonableness). This 'flexible-budget' approach promotes the matching of the appropriate nurse with the appropriate patient and allows for shift-to-shift changes based on fluctuating demand.

As articulated in the hospital's mission statement, MGH is committed to educating leaders in health care. Supporting career-development for employees enables the organization to attract and retain a highly skilled and diverse workforce. There are a number of ways in which the Nursing Service and the hospital support employees interested in pursuing careers in nursing and nursing-support fields. "Choosing a Career in Nursing," a page on the Patient Care Services website, provides a list of resources for those interested in advancing their careers. The site provides links to nationally recognized resources such as the American Association of Colleges of Nursing, Johnson & Johnson's Discover Nursing, and the Massachusetts Center for Nursing. It provides information about local, on-site, and on-line nursing programs and financial resources available to staff. The MGH Nursing Service has a robust job-shadowing program available to employees, community groups, and individuals interested in learning about the nursing profession.

A management style that encourages staff feedback and policies that support and respond to patient needs are two characteristics that make MGH a Magnet hospital.

For more information, contact Suzanne Cassidy, senior project specialist, at 6-0368.

The 14 Forces of Magnetism

- 1) Quality of nursing leadership
- 2) Organizational structure
- 3) Management style**
- 4) Personnel policies and programs**
- 5) Professional models of care
- 6) Quality of care
- 7) Quality improvement
- 8) Consultation and Resources
- 9) Autonomy
- 10) Community and the healthcare organization
- 11) Nurses as teachers
- 12) The image of nursing
- 13) Interdisciplinary relationships
- 14) Professional development

White 6 nurse learns: a little perseverance is a big part of patient care



Kara Connor, RN, staff nurse,
White 6 Orthopaedics Unit

Although Mr. G
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to be discharged
the same day
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to White 6 that
evening for pain-
management.

My name is Kara Connor, and I am a nurse on the White 6 Orthopaedics Unit. I met Mr. G when he came to MGH from another country for a shoulder arthroscopy. Mr. G owned his own business and led a very busy life. He had planned to fly to MGH, have surgery, and fly home the following day. He admitted the travel schedule seemed a bit extreme, but he'd been told MGH was 'the best' and that's exactly what he was looking for.

Mr. G was a healthy man with no significant past medical history. He admitted to a hectic lifestyle, but he exercised regularly and was 'religious' about maintaining a low-fat diet. He was married to a very supportive wife. He had three sons who were all away at college. Although Mr. G was scheduled to be discharged the same day as his surgery, he was admitted to White 6 that evening for pain-management.

When I first met Mr. G, he was in a great deal of pain. He was receiving morphine by PCA (patient controlled analgesia), but was reporting a pain level of 10/10. I asked him to describe the kind of pain he was experiencing, and he said it was a 'burning' pain and the morphine wasn't helping. His frustration was obvious from his facial expression and body language. I suggested that certain pain medications can make you drowsy but not adequately relieve your pain. Mr. G said that was exactly how he was feeling. After much consultation with Mr. G, his physician, and the Pain Service; Mr. G was started on Dilaudid by PCA. He had a great response to the dilaudid and soon rated his pain at 4/10. Once his pain was under control, he

mentioned how surprised he was that the surgery was as painful as it was. He said he needed to be discharged in the morning because he and his wife had to catch a plane. I reminded him we needed to focus on controlling his pain and transitioning him to oral pain medication before he could be discharged, and that might not fit with his travel plans. Mr. G agreed, and I said good-night as my shift ended.

The next day when I arrived at work, I was surprised to see Mr. G already off the PCA and receiving Percocet. When I entered his room, he was out of bed, talking on the telephone. He denied having any pain, but his facial expressions indicated otherwise. Mr. G wanted to know if he could be discharged before 10:00am. I told him it would be possible as long as his pain was well managed, and he said it was. As the morning progressed, I began to notice that Mr. G looked slightly pale. When I approached him with his pre-discharge, patient-education materials, he was not only pale but diaphoretic. When I asked how he was feeling, he said he felt fine, he was just anxious to be discharged. His attending physician and resident entered the room and asked how he was feeling. Again, he said he felt fine. I interjected that he looked pale and diaphoretic. Mr. G, a bit annoyed, said he was just anxious because he had a plane to catch. The physicians accepted this explanation. They told Mr. G to have a safe flight home and they'd see him at his follow-up appointment. Mr. G asked me to proceed with the discharge paperwork. I told him it wasn't my desire to delay his discharge, but I was concerned that although he said he was 'hot' from anxiety, his face was pale, and his sweaty skin wasn't warm, but rather, cool. He got more agitated and said he could leave without the paperwork. I reminded Mr. G that the reason he'd

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About a month later, I received a beautiful painting of a beach with a rainbow and an angel looking down from above. A letter from Mr. G thanked me for convincing him to stay in bed that morning, as I probably saved his life. The picture reminded him of me because he believed I had been his guardian angel that day.

come all the way to MGH was to get the best care possible.

He smiled and said, "Boy, you did your homework."

Mr. G allowed me to take his vital signs, which showed his heart rate was 110, and his blood pressure was 90/40. All other vital signs were stable, with oxygen saturation at 96% on room air, respiratory rate 20 with no sign of a fever. He said he wasn't experiencing any chest pain or shortness of breath, and he denied having any pain at that time. When I mentioned that his heart rate was elevated from 76 to 110, he again said he was nervous about missing his flight. I asked him to return to bed and allow me a few more moments to notify his physician of his status. He agreed but said to hurry. The resident I spoke with was the same resident who had just seen Mr. G. He agreed that Mr. G was probably just anxious and said it was okay to discharge him.

I suggested to the resident that we draw a quick CBC and check his blood count before sending him on a plane out of the country. I explained that I'd cared for Mr. G the night before and he just 'didn't look right' to me this morning. He agreed.

When I returned to the room, expecting to have to convince Mr. G to have his blood drawn, I was greeted by a lovely woman who introduced herself as Mrs. G. She was curious as to why her husband was lying in bed, not dressed and ready for discharge. After getting Mr. G's permission to speak to his wife about his care, I told her about the morning's events leading up to the blood draw. Mrs. G assured me that whatever we needed to do, we should do, and they would wait until the blood results came back. Mr. G rolled his eyes but agreed to let me draw his blood.

A while later, Mrs. G came out to the desk and said she agreed that her husband didn't 'look right' to her either. I went back to the room to check on him and noticed his respiratory rate had increased, and he appeared to be short of breath. When I asked him about it, Mr. G admitted feeling a little short of breath. I re-checked his oxygen saturation and it was in the 80s. His heart rate had jumped to 140. When I asked him to take a deep breath to try to bump up his oxygen, he said his chest hurt when he did. I immediately notified the resident of Mr. G's new symptoms and status. In anticipation of the resident's arrival, I gathered oxygen supplies and an EKG machine, raised the head of his bed, and encouraged Mr. G to take slow deep breaths. I obtained another set of vital signs. It was only a few minutes before the resident arrived, and by then Mr. G was clearly in respiratory distress. I placed Mr. G on a non re-breather oxygen mask, obtained an EKG, and

gathered the appropriate equipment so the resident could obtain an arterial blood gas. Mr. G's oxygen saturation never recovered, even with the mask in place. He continued in respiratory distress. His wife became hysterical. I led Mrs. G out of the room and assured her that we'd do everything possible to figure out what was going on with her husband, and she needed to try to stay calm. I asked one of my colleagues to take Mrs. G to the lounge and sit with her, so I could remain available to Mr. G. In the next few minutes Mr. G's color went from pale to ashen, his oxygen saturation remained low, and soon he was rushed off the unit to the ICU.

Later that day, the resident called to thank me for being so attentive to Mr. G's condition. He praised my assessment skills and perseverance and said he believed if Mr. G had left the hospital when he wanted to that morning, he would have been in 'big trouble.' I asked about Mr. G's condition, and he said Mr. G had bilateral pulmonary embolisms and had been intubated in the ICU.

Time passed, and although I never actually saw or spoke with Mr. G after that day, I followed his progress through the residents. Mr. G recovered and was eventually discharged several weeks later. About a month later, I received a package on White 6. Inside was a beautiful painting of a beach with a rainbow and an angel looking down from above. A letter from Mr. G thanked me for convincing him to stay in bed that morning, as I probably saved his life. The picture reminded him of me because he believed I had been his guardian angel that day.

The picture hangs in my home, where it reminds me every day why I chose to be a nurse.

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

Mr. G is a charismatic, successful man who was used to getting his way. In this case, 'his way' was to leave the hospital as soon as possible after surgery. Kara's way was to keep him safe. The subtleties of this narrative are beautiful. Kara didn't get into a power struggle with Mr. G. She never told him he couldn't go home. She constantly monitored his symptoms and vital signs. She built trust by expertly managing his pain, which also allowed her to establish a relationship with Mrs. G. She persistently advocated for tests that would help clarify Mr. G's deteriorating status. Kara risked being wrong and upsetting Mr. G and other members of the team in order to ensure Mr. G's safety. That took courage, confidence, and caring. What a wonderful story.

Thank-you, Kara.

How long has it been since we've talked about parking?

This new program was implemented in direct response to feedback from the Staff Nurse Advisory Committee. We greatly appreciate the hard work of our friends in Parking & Commuter Services.

Question: I work evenings and was wondering if it's possible to enter the front garages earlier than 2:30?

Jeanette: I hear this question a lot. Unfortunately, we don't have the space to allow staff to enter the front garages earlier than 2:30. The garages are consistently full in the afternoons, and if we allowed staff to enter earlier, patients and visitors wouldn't be able to park. You may recall that the entry time used to be 3:30, but when the Yawkey Center opened, we were able to change the time to 2:30. And we're prohibited by the city of Boston from allowing MGH employees to park in the Yawkey garage, as it was a condition of our approval to build the Yawkey Center.

Question: I've heard there's been a change so staff parking in the Bubble lot no longer have to move their cars in the evening.

Jeanette: MGH Parking & Commuter Services has negotiated a new program with management of the Garden Garage (also known as the Lomasney or Bubble lot) to allow employees to stay past 6:00pm, effective immediately at no additional cost. Employees enrolled in the Value Card program who work past 6:00pm as part of their rotating shift or overtime no longer have to move their cars to the front garage before 6:00pm to avoid additional charges. Employees can continue to use their Value Cards; the only difference is that employees do not have to pay an additional charge upon exiting after 6:00pm. This option is for employees whose shifts end at 7:00pm (or occasional use only). This option is not available for non-work-related activities. Employees who routinely stay past 6:00pm may be assigned other parking options. Overnight parking is not permitted; any charges incurred for overnight stays will be charged to the employee. Employees who use this Value Card option for anything other than scheduled work shifts will be subject to loss of parking privileges.

This new program was implemented in direct response to feedback from the Staff Nurse Advisory Committee. And we greatly appreciate the hard work of our friends in Parking & Commuter Services.

Question: I work nights and park in the front garages. Occasionally my nursing director asks me to work a few extra hours. Where should I park?

Jeanette: Parking & Commuter Services and Patient Care Services have implemented a plan to address situations like this. If you're asked to stay late, your nursing director or unit leadership should e-mail Romulus St. Brice, James Hunt, and Janice M. Burke in the Parking Office and give them your name and unit number. They should 'cc' you on the e-mail so the Parking Office can send you a response. Print the response and bring it to the Parking Office prior to leaving and they will facilitate your exit from the garage.

Question: I've been on a waiting list for parking for a long time. How can I find out where I am on the list?

Jeanette: Call Parking & Commuter Services at 6-8886. Soon, a website will be available where you can check your status on-line.

Question: I take the subway to work. But when I come in for doctor appointments, I drive. Why do I get questioned when I park in the front garages?

Jeanette: MGH surveys parkers to ensure only patients and visitors are using the garages. Anyone using the garages may be asked why they're parking. Officials check the patient registry to verify medical appointments. (This access is limited to non-clinical information to protect patients' privacy.) Garages are available for staff with medical appointments. After your appointment you should re-locate your car if you plan to stay and work.

Question: Do all lots and garages have waiting lists?

Jeanette: Day-time parking is available in the Charlestown Navy Yard Garage. Currently, all other day-time lots are wait-listed. Parking in the front garages is available for staff working evenings, nights, and weekends. Night and weekend parking is free for MGH staff.

MGH nurses present at Nursing Research Journal Club

— By Martha Root, RN, staff nurse

In January, the Nursing Research Committee's Journal Club hosted Diane Carroll, RN, Yvonne L. Munn nurse researcher, who presented her original research on the impact of implanted cardioverter defibrillators, or ICDs. Her article, entitled "Quality of Life in Implanted Cardioverter Defibrillator Recipients: the Impact of Device Shock," co-authored by Glenys Hamilton, RN, was published in the May/June, 2005, *Heart and Lung*.

The hypothesis for the study was that ICDs may place patients at risk for sub-optimal physical and mental health because of the fear of receiving a shock. The study compared the quality of life of those who had received a shock with those who hadn't during the first year of implantation. Results showed that patients who received a shock experienced more anxiety, fatigue, and psychological distress than those who didn't. They also experienced feelings of panic in anticipation of subsequent shocks. Carroll and Hamilton concluded that adjustment to ICDs occurs over time if recipients don't receive a shock. Recipients who are shocked require ongoing psychological monitoring and support to avoid negative responses and enhance quality of life.

In March, Katherine Rosa, RN, presented her original research, which was conducted at the

MGH Wound Care Center and published in *Nursing Science Quarterly*, entitled, "A Process Model of Healing and Personal Transformation in Persons with Chronic Skin Wounds."

Rosa worked with subjects living with chronic skin wounds. She listened to their life stories and asked them to draw pictures representing their most important relationships. Rosa analyzed these renderings using Margaret Newman's Theory of Health as Expanding Consciousness to identify patterns. She shared her analyses with subjects helping them see meaning in their lives related to healing and recovery. Most patients gained deeper self-awareness and some experienced accelerated wound-healing.

In May, Virginia Capasso, RN, and co-researchers, Cheryl Codner, RN, and Gregory Nuzzo-Mueller, MDiv, presented their research conducted on the Vascular Surgical Unit. Their article, "Peripheral Arterial Sheath Removal Program: a Performance Improvement Initiative," was published in the *Journal of Vascular Nursing*, in December of 2006.

Capasso explained the purpose of the study and the educational program that has been developed to train staff nurses on how to remove sheaths. Nuzzo-Mueller described his experience performing the procedure, focusing on patient care and reassurance following the procedure. He described how he looked for 'landmarks' at the intersection of the artery and the sheath and how he observed patients' emotions and made a connection with each one individually. Codner shared the characteristics of the patient population and revealed there was a low rate of complications associated with sheath-removal in this study, showing that sheath-removal can be performed safely and effectively on the unit by trained staff nurses.

For more information about the Nursing Research Journal Club, visit their website at <http://mghnursingresearchcommittee.org>.

Below (l-r): Cheryl Codner, RN, Virginia Capasso, RN, and Gregory Nuzzo-Mueller, RN, present at the May meeting of the Nursing Research Committee's Journal Club.



(Photo provided by staff)

Duffy joins Yvonne L. Munn Center for Nursing Research

Duffy joins
the Yvonne L.
Munn Center for
Nursing Research
as a senior nurse
scientist.

Patient Care Services welcomes Dr. Mary Duffy, RN, to the Yvonne L. Munn Center for Nursing Research. Duffy, recently retired from her position as professor and director of the Center for Nursing Research at the Boston College William F. Connell School of Nursing, joins the Munn Center as a senior nurse scientist.

Duffy has held a variety of faculty roles, including assistant dean of the Undergraduate Curriculum and faculty member at the University of Texas, Austin; and professor in the Graduate Program at The University of Texas Health Science Center in Houston. She has been the director of the Division of Baccalaureate and Higher Degree Programs with the National League for Nursing.

Duffy is a fellow in the American Academy of Nursing, and has an impressive list of national and international publications. Over the years, Duffy has

been involved with many projects at MGH, including helping to develop and test the Staff Perception of the Professional Practice Environment Survey.

As senior nurse scientist, Duffy will work with members of the MGH research community; she will continue to work on staff-perception data, and help advance the nursing research agenda at MGH.

Duffy can be reached by calling the Yvonne L. Munn Center for Nursing Research, located in the Professional Office Building (POB4), at 3-0431. Welcome Dr. Duffy.



(Photo by Abram Bekker)
Dr. Mary Duffy, RN
senior nurse scientist

The Acute Care Documentation Project: charting a course to a safer future

At right, Sally Millar, RN, director, Patient Care Services Information Systems (left), and Chris Schiffliti, corporate manager, MGH Clinical Systems.

Below, members of the Acute Care Documentation Project Working Group evaluate prospective vendors.

The Acute Care Documentation Project is an initiative to automate inpatient documentation (flowsheets, notes, patient assessments, and care plans) to improve safety, efficiency, and accuracy throughout the hospital. Having an automated system facilitates communication among clinicians and streamlines documentation by providing an integrated electronic system by which to enter and view patient

information.

The Acute Care Documentation Working Group has been meeting since February to evaluate and select an appropriate vendor.

Please join us for an informal vendor demonstration/question-and-answer session, August 1, 2007, (location to be announced) between 10:00am and 8:00pm. Watch for posters and e-mail communications in the coming weeks.

For more information about the Acute Care Documentation Project and how it will help improve documentation and communication, contact Michele Cullen, project manager at mcullen1@partners.org.



(Photos by Michelle Rose)

Professional Achievements

Chandler spotlighted

Stacy Chandler, LICSW, clinical social worker, was spotlighted in *The Boston Globe* article, "Working Your Way Through Cancer," May 20, 2007.

Peirce presents

Georgia Peirce, director, PCS promotional communications and publicity, presented, "A Culture of Safety: it's a Great Time to be a Librarian in Health Care," at the Massachusetts Health Sciences Library Network annual meeting, in Waltham, April 27, 2007.

Lee and Peterson present

Gayle Peterson, RN, medical staff nurse, and Susan Lee, RN, clinical nurse specialist, presented, "Nursing Nirvana: Building a Cutting-Edge Work Environment Through Partnerships," at the Center for American Nurses LEAD Summit, in San Antonio, Texas, May 18, 2007.

Robinson a panelist

Ellen Robinson, RN, clinical nurse specialist in Ethics, participated as a panelist in, "Clinical Trials and Nursing: a Dialogue on Patient Education, Access and Ethics," sponsored by the Boston Oncology Nursing Society, The Dana Farber/Harvard Cancer Center, and Simmons College, at Simmons College, in Boston, May 22, 2007.

Beauchamp publishes

Kathryn A. Beauchamp, RN, clinical nurse specialist and PALS coordinator, edited the chapter, "Safety and Transitioning Patients," and wrote, "Discharge of the Pediatric Patient," for the *AAACN Procedure Manual for Pediatric Acute and Critical Care*, in April, 2007.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Advances in Wound Care: What Really Works?" at The Updates and Advances in Vascular and Endovascular Surgery conference, sponsored by the MGH Division of Vascular and Endovascular Surgery, here in Boston in May, 2007.

Winne publishes

Maria Winne, RN, nursing director, Respiratory Acute Care Unit, wrote the article, "Nurses' Perceptions of Working with Students in the Clinical Setting," in the May/June, 2007, *Nurse Educator Journal*.

Flanders certified

Staff nurse, Hilary Flanders, RN, was certified as a clinical transport coordinator by the American Nurses Credentialing Center, in May, 2007.

Galley-Reilley certified

Jayne Galley-Reilley, RN, extra thoracic transplant coordinator, was certified as a clinical transport coordinator by the American Board for Transplant Certification, May 5, 2007.

O'Donnell certified

Kristin O'Donnell, RN, was certified in Cardiac Vascular Nursing, by the American Nurses Credentialing Center, in May, 2007.

Quinn certified

Thomas E. Quinn, RN, project director, MGH Cares About Pain Relief, became certified as a hospice and palliative nurse by the National Board for Certification of Hospice and Palliative Nurses, in March, 2007.

Lee presents

Susan Lee, RN, clinical nurse specialist, presented, "From Concept to Institutional Change: Collaborative Governance Members Make a Difference," at the Center for American Nurses LEAD Summit, in San Antonio, Texas, May 18, 2007.

Carroll presents

Diane Carroll, RN, nurse researcher, and Sally Rankin, RN, University of California, presented their poster, "Collaborative Intervention Improves Adherence in Cardiac Elders," at the Eastern Nursing Research Society's 19th annual Scientific Sessions, in Providence, April, 2007.

Carroll appointed

Diane Carroll, RN, nurse researcher, was appointed visiting scholar at Boston College in June, 2007.

Michel appointed

Theresa Michel, PT, physical therapist, was appointed adviser for the APTA Public Relations Department to develop a display on Exercise for Type II Diabetes at Rockefeller Plaza in New York City, June, 2007.

Robbins appointed

Christopher Robbins, RN, was appointed a member of the Board of Directors for the New England Society of Gastroenterology Nurses and Associates for 2007.

Imam Talal Eid appointed

Imam Talal Eid, ThD, was the first Muslim cleric appointed by President Bush to the US Commission on International Religious Freedom, in Washington, DC, May 14, 2007.

Capasso, Christensen, and Henry present

Virginia Capasso, RN; Cynthia Christensen, RN; and Lillian Henry, RN, presented, "Alternatives to Caring for Home-Bound Vascular Patients," at the Society for Vascular Nursing convention, in Baltimore, June 8, 2007.

Harker presents

Jane Harker, RN, Endoscopy, presented, "ERCP: Up the Duct Without a Paddle," at the 33rd annual course of the Society of Gastroenterology Nurses and Associates, in Baltimore May 22, 2007.

Growney presents

Marion Growney, RN, Interventional Neuroradiology, presented, "Minimally Invasive Spine Surgery: Treatment of Acute Compression Fractures in the Elderly," at the Nurse Practitioner Associates for Continuing Education meeting in North Falmouth, June 26, 2007.

Harker appointed

Jane Harker, RN, was named president of the New England Society of Gastroenterology Nurses and Associates for 2007.

Gavaghan presents

Susan Gavaghan, RN, clinical nurse specialist, presented her poster, "Re-admission Rates after Discharge from the Respiratory Acute Care Unit," at the Nursing 2007 Symposium, in Orlando, Florida, April 18, 2007.

Millar receives Partnership Award

Sally Millar, RN, director, Office of Patient Advocacy and Patient Care Information Systems, received the MONE Partnership Award, at the Massachusetts Organization of Nurse Executives meeting in Newport, Rhode Island, June 7, 2007.

Dorman appointed

Robert Dorman, PT, physical therapist, was appointed a member of the Geriatric Care Panel, by the Agency for Healthcare Research and Quality, in Hartford, Connecticut, in March, 2007.

Empoliti and Myers present

Joanne Empoliti, RN, and Kathleen Myers, RN, presented, "Safe Hand-Offs of Patients: a JCAHO National Safety Goal," at the Annual Congress of the National Association of Orthopaedic Nurses, in St. Louis, May 22, 2007.

Lucas presents

Michele Lucas, LICSW, neuro-oncology social worker, presented her poster, "The Evolution of the Support Group: Creating Ways to Offer Emotional Support to Patients Despite their Geographic and Time Constraints," at the Association of Oncology Social Work Conference in Portland, Oregon, May 3, 2007. The poster was voted Best Poster at the conference.

Announcements

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.

Conversations with Caregivers: an Eldercare Series

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

Tuesday, July 24
Memory Loss: Causes and Treatments

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

Tuesday, August 28
Caring for Yourself while Caring for Another

Tuesday, September 11
Juggling Caregiving and Work

All sessions held in the Blum Patient & Family Learning Center (attendance is free)

5:15–6:30pm

Refreshments will be served

For more information, call:
617-726-4612

RN Residency Program at MGH

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

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

Nurse preceptors will be registered nurses:

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

Nurse residents will be registered nurses:

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

Information sessions are scheduled

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

Clinical Pastoral Education fellowships for healthcare providers

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

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

Deadline for application is September 1, 2007.

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

Nominations now being accepted for McGovern Clinical Excellence Award

In 2004, the Massachusetts General Physicians Organization (MGPO) created an award to honor the memory of Brian A. McGovern, MD, a dedicated and beloved MGH physician.

Ideal candidates:

- spend much of their time focused on patient care and are viewed by colleagues as the 'go-to' person for their clinical acumen, skill, and responsiveness
- are compassionate and make the extra effort to ensure patient needs are met, whether through direct care or the accurate and timely delivery of other services
- are often the 'unsung hero' whose contributions make our community a better place to work and receive care.

To nominate a physician, go to: <http://is.partners.org/mgponline/mcgovernaward/>.

Nominations are due by Friday, July 20, 2007, and must be submitted on-line.

For more information, contact Cary Shaw at 617-643-3985.

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

Next Publication

August 2, 2007

Educational Offerings – 2007

August

8

New Graduate RN
Development Seminar I

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

August

8

Oncology Nursing Society
Chemotherapy/Biotherapy
Course

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

August

8

Nursing Grand Rounds

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

August

8

OA/PCA/USA Connections
"Service Matters"

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

August

21

CPR Re-Certification

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

August

21

Ovid/Medline: Searching for
Journal Articles

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

August

22

New Graduate RN
Development Seminar II

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

August

23

Nursing Grand Rounds

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

August

29

Intermediate Arrhythmia

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

August

29

Pacing Concepts

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

August

29

BLS Instructor Program

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

September

5

CPR Re-Certification

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

September

6

BLS Certification for Healthcare
Providers

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

September

7

Neuroscience Nursing
Certification Course

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

September

10

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

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

September

10

BLS Heartsaver Certification

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

September

11

CPR Re-Certification

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

September

12

Phase I Wound-Care Education
Program

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

September

12

New Graduate RN
Development Seminar I

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

September

12

Nursing Grand Rounds

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

Carroll, Ives Erickson, join ranks of prestigious AAN

The American Academy of Nursing (AAN) has announced the names of nursing leaders who will be inducted into the AAN at their annual meeting in Washington, DC, November 10, 2007. MGH is honored to have two nursing leaders

among the inductees: Dianne Carroll, RN, nurse scientist in the Yvonne L. Munn Center for Nursing Research; and Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse. The Academy is comprised of top nursing executives, policy-makers, scholars, researchers, and practitioners, and induction into the Academy is a great achievement.

Both Carroll and Ives Erickson have made significant contributions to nursing, nationally and internationally. Carroll, an accomplished researcher, has received numerous grants and awards; she has presented her research findings around the world; she is widely published; and she holds a number of key nursing positions, including chair of the Partners HealthCare Human Research Committee, fellow with the European Society of Cardiology Cardiovascular Nurses and the American Heart Association; and she is on the editorial boards of several cardiovascular nursing publications, including the *Journal of Cardiovascular Nursing* and *Clinical Pathways in Cardiology*.

Ives Erickson's vision, leadership, and achievements have had global impact. An inaugural fellow in the Robert Wood Johnson Executive Nurse Fellows Pro-



Jeannette Ives Erickson, RN
senior vice president
for Patient Care



Diane Carroll, RN
nurse researcher, Yvonne L. Munn
Center for Nursing Research

It is a well
deserved honor
for Carroll and
Ives Erickson
to join so
distinguished a
field of nursing
leaders.

gram, she has received countless awards, held numerous leadership positions, including assistant professor at the MGH Institute for Health Professions, senior nurse consultant for Project HOPE and USAID, and she led the effort to make MGH the first Magnet hospital in Massachusetts. Ives Erickson was recently invited to serve on the National Advisory Council on Nurse Education and Practice by the US Secretary of Health & Human Services. She is a tireless advocate for nurses everywhere as she seeks to bring understanding to the complex issues impacting health care in the United States and in the global community.

The American Academy of Nursing was established in 1973 under the auspices of the American Nurses Association to provide leadership to the nursing community and help shape the future of healthcare policy and practice. It is a well deserved honor for Carroll and Ives Erickson to join so distinguished a field of nursing leaders.

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