

Caring

Headlines

November 15, 2007

Deborah Washington Nursing Spectrum Nurse of the Year!

Deborah Washington, RN,
director, PCS Diversity

Not long ago, we at MGH were the only ones who knew what a treasure we had in Deborah Washington, RN, director of Diversity for Patient Care Services. Now... the secret's out. Washington was named one of this year's recipients of *Nursing Spectrum's* national Nursing Excellence Awards. Nurses from around the country were nominated in six categories: Advancing and Leading the Profession; Clinical Care; Community Service; Management; Mentoring; and Teaching. Washington was recognized for her accomplishments in Advancing and Leading the Profession.

In 1995, Washington became the first director of Diversity for Patient Care Services and has led numerous initiatives to promote diversity and translate cultural competence into practice. Through her vision and commitment, diversity has become an integral part of the culture at MGH.

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Ananian shares insights on issues affecting care of obese patients

an interview with Lillian Ananian, RN

Obesity is a significant problem, both in terms of health consequences and the social bias that accompanies it. Currently, 97 million Americans are considered obese (having a body mass index of 30 or greater).

Shortly after my column, “Care with dignity: a look at the complex issue of obesity in America,” appeared in the October 18, 2007, issue of *Caring Headlines*, I was delighted to hear from medical intensive care clinical nurse specialist, Lillian Ananian, RN. Lillian is doing her dissertation on the behavior and attitude of nurses toward acutely ill, obese patients. Her research explores how bias, knowledge of obesity issues, assistive devices in the work environment, and personal experience influence nursing behaviors. I asked Lillian to share some her insights with us.

Jeanette: How significant is the problem of obesity?

Lillian: As you mentioned in your column, obesity is a significant problem, both in terms of health consequences and the social bias that accompanies it. Currently, 97 million Americans are considered obese (having a body mass index of 30 or greater).

Health risks can include higher morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and other respiratory problems, and certain cancers such as colon, breast, and prostate cancer. As you can see, these patients are at tremendous risk for chronic and acute health problems.

Jeanette: You mentioned social bias. Can you talk a little more about that?

Lillian: Persons of size are marginalized in our society. Discrimination has been documented (as early as



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

elementary schools, in the workplace, in housing, and among families. Studies have shown that parents may be less willing to pay for college if a child is obese, and persons of size are less likely to be hired when competing against a similarly qualified, non-obese applicant.

Jeanette: And this is true in health care, as well?

Lillian: Unfortunately, yes. Literature shows evidence of negative attitudes among nurses, physicians, medical students, dietitians, and psychologists. Bias has even been identified in physicians who specialize in treating obesity. Studies of nurses' attitudes reveal perceptions that patients of size are lazy, over-indulgent, and somehow responsible for their obesity, resulting in ambivalence toward their care.

Kelly Brownell, PhD, professor and chair of the department of Psychology at Yale University, and director of the Rudd Center for Food Policy and Obesity, is a recognized authority on the subject. Brownell defines bias as the inclination to form unreasoned judgments. As I thought about this definition, starting

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with ‘unreasoned,’ I realized that nurses (and other healthcare professionals) receive very little education in obesity science. As a result, we often assume that obesity results from a combination of overeating and lack of exercise. We now know that obesity is due to a very complex interplay of genetic and environmental factors, but we have yet to incorporate this understanding into clinical practice.

‘Judgments,’ the second part of Brownell’s definition, result from the mechanisms we use to apply meaning to situations. Attribution Theory points to one reason obesity bias occurs, suggesting we seek to understand a phenomenon by inferring its cause. Prejudice often results when we think the cause is within a person’s control. Given these beliefs, it becomes clear why we develop prejudicial attitudes toward patients of size.

Jeanette: How can we improve our care of this patient population?

Lillian: That’s an excellent question, and one I plan to investigate in great detail. Our attitudes, our knowledge around obesity, and the availability of assistive devices in the work environment all impact nursing care. It’s important to have a sensitive, respectful approach, keeping in mind how some individuals struggle with weight. It’s important to think about practice patterns. For instance, taking a patient’s weight during an outpatient visit. Embarrassment about how much a patient weighs, or the fear of weighing more than a

scale can accommodate can sabotage a nurse-patient relationship. If a patient doesn’t have heart failure, does he/she really need to be weighed? Maybe we should ask patients if they *want* to be weighed. As long as care isn’t compromised, we should consider alternatives that foster partnerships between patients and providers. This is so important in light of the numerous co-morbidities in this patient population.

As someone who works in the critical care environment, I realize how fortunate we are to have assistive devices available at our fingertips. Bedside slings and lifts offer tremendous support to nurses. But many hospitals lack this necessary equipment, and without it, nurses are in a position where they’re responsible for, but unable to meet, patients’ needs. This leads to ‘lose-lose’ situations, with nurses withdrawing from patients, and patients feeling more marginalized and disengaged than ever.

Certainly great challenges lie ahead. But there are opportunities, as well. As we learn more about obesity and begin to meet these challenges, we will be helping a significant number of patients improve their health outlook. And as Jeanette said in her column on obesity, we’ll be helping caregivers break down that last bastion of prejudice to provide care with dignity to all patients.

Jeanette: Thank-you, Lillian. This is important work. I know your colleagues throughout Patient Care Services will want to support you. Please don’t hesitate to ask for help as you move forward with your research.

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Respiratory Care celebrates milestone anniversary

— prepared by Respiratory Care Services

Respiratory Care Services at MGH turned 60 years old this year. To mark the occasion, during National Respiratory Care Week, October 21-27, 2007, the department staffed a display booth in the Main Corridor highlighting some of the milestones in its evolution as a profession and as a department. The last 60 years have seen rapid devel-

opment in the technical and clinical aspects of the profession. First established as the Oxygen Therapy Department by HK Beecher, MD, in 1946, it was soon re-named the Respiratory Care Department.

In the early days, oxygen tents, the iron lung, and simple mechanical ventilators were used to support patients in respiratory distress. Today, microproces-

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Standing behind original MGH iron lung during this year's Respiratory Care Week celebration are respiratory therapists (l-r): Pam Brown-Early, RRT; Vincent Riggi, RRT; Christa Fournell, RRT; Le Tanya Taylor, RRT; and Deborah Chase, RRT

sor-controlled mechanical ventilators, extracorporeal membrane oxygenation (ECMO), and sophisticated oxygen and aerosol delivery systems are the standard. In 1959, 72 patients were mechanically ventilated outside the operating room. In 2007, more than 4,700 patients were mechanically ventilated with an average 83 patients receiving ventilatory support on a daily basis. Staffing has increased from three oxygen technicians in the early days to more than 80 respiratory therapists today.

Since 1988, infant, pediatric, and adult patients receiving ECMO have been managed by a team of MGH physicians and respiratory therapists. This year, as a result of a multi-disciplinary initiative, a respiratory therapist team was formed to manage patients on general care areas who have tracheostomies. The department has been instrumental in developing evidence-based procedures to improve delivery of aerosol

medications to patients with artificial airways. Focusing on patient and caregiver safety, mechanical ventilators are now used to provide ventilation during patient transport. These practices have been implemented in collaboration with other departments within Patient Care Services. With increasing demand for respiratory care services, respiratory therapists have become a critical part of the patient-care team within and outside intensive care units.

Dr. Henning Pontoppidan, one of the first medical directors of the department, says respiratory therapists are, “an incredible group of people who have accomplished amazing things.”

Says Neila Altobelli, RRT, a respiratory therapist at MGH for 29 years, “I have been privileged to work with such a progressive and well-respected group of people. Practicing alongside so many knowledgeable and dedicated respiratory therapists and other healthcare

Time line delineating 60 years of progress in respiratory care at MGH was displayed in Main Lobby during National Respiratory Care Week.

providers, I’ve been able to advance the quality of my clinical practice, routinely collaborating with other clinicians to benefit patients. I have always felt encouraged to become the best respiratory therapist I can be.”

The Respiratory Care Department is proud of its history and the enormous strides it has made over the past 60 years. Robert Kacmarek, RRT, director, and Dean Hess, RRT, assistant director, expect the next 60 years will see an even greater level of innovation in technology and higher standards of excellence in patient care. The Respiratory Care Department invites the entire MGH community to join in celebrating 60 years of service and achievement!



HAVEN celebrates ten-year anniversary with inspiration and improvisation

— by Bonnie Zimmer, LICSW, director of the HAVEN Program

This year, Social Services' domestic-violence advocacy program, HAVEN (Helping Abuse and Violence End Now), celebrates its ten-year anniversary. A central focus of the celebration is the launching of a new education and outreach campaign entitled, *Is Your Relationship Affecting Your Health?* Focusing on the health consequences of living with abuse, the campaign addresses the needs of victims and survivors as well as the needs of caregivers as we seek to improve the clinical response to domestic violence in the healthcare setting.

HAVEN has served more than 4,000 patients, employees, visitors, and family members whose lives have been impacted by intimate-partner abuse. Ac-

cording to its mission, "HAVEN works as part of the broader movement to end intimate-partner abuse by improving and enhancing our healthcare response to patients, employees, and community members who have been impacted by abuse."

To achieve its mission, HAVEN:

- provides welcoming, affirming, advocacy services to survivors beginning in dating years through later life
- is committed to maintaining a culturally diverse and linguistically supportive program
- provides training, education, and consultation to MGH and its surrounding communities
- fosters and maintains collaborative relationships with community partners
- evaluates the program's progress

HAVEN's new brochure, *Is Your Relationship Affecting Your Health?* features checklists, questionnaires,

helpful hints, and quotes from survivors. The brochure helps readers explore questions such as: "Is my relationship healthy... or not?" "How could my health be affected?" "What about my children?" and "Who is Affected?"

Another section entitled, "Are you a health-care provider?" offers information about the health impacts of intimate-partner abuse, tips for screening and responding to patients who disclose abuse, referring and consulting with the HAVEN

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Members of True Story Theater, an improvisational theater troupe, act out scenarios honoring survivors and caregivers.



Social Services (continued)

program and other programs offering services to survivors (Police, Security & Outside Services, and the Employee Assistance Program), and how to request staff training, which HAVEN offers throughout the hospital and health centers.

Giving voice to survivors' stories is a central goal at HAVEN. To help bring that goal to life, HAVEN invited True Story Theater, an improvisational theater troupe, to help celebrate its 10th anniversary. Troupe members listened to stories and comments offered by audience members and guests, then acted them out in poignant, sometimes gut-wrenching, ultimately uplifting vignettes. Liz Speakman, HAVEN advocate; Mary Lyons Hunter, unit chief of Mental Health at MGH Chelsea; and Matt Thomas, special investigator for Police, Security & Outside Services, shared their stories, and audience members had an opportunity to participate in re-enactments of abuse, hope, and healing.

HAVEN staff took advantage of the occasion to thank those who helped conceive the program ten years ago, those who have supported the program since its inception, and those who have been served by the program. HAVEN clients, former clients, volunteers, medical and social-work interns past and present, hos-

pital administrators, and clinicians spoke passionately about the critical role the program plays in protecting families from intimate-partner abuse and improving our response to patients, employees, and community members who have been impacted by domestic violence.

HAVEN has developed a list of 'dreams' it hopes to accomplish before its 20th anniversary:

- enhance programming to include serving the needs of children
- expand training and outreach program
- develop a sister program in Peru
- enhance mental health and legal services for clients
- expand teen programs and other prevention initiatives
- better integrate survivors' voices into all aspects of program
- establish better links with other violence-intervention programs
- enhance community partnerships
- offer new internship opportunities in Social Work, Medicine, Nursing, and other disciplines
- continue publishing research
- write book focusing on HAVEN's work with the Latina community

Program director, Bonnie Zimmer, LICSW (in purple jacket), with HAVEN staff at recent ten-year anniversary celebration.



(Photo by Sam Riley)

HAVEN Advisory Board members

- Debbie Burke, RN
- Karen Carlsson, MD
- Alasdair Conn, MD
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- Vincent Vindice
- Deb Wanzer, LICSW

Magnet re-designation: the forces of Magnetism

— by Suzanne Cassidy, senior project specialist

MGH submitted written evidence to the American Nurses Credentialing Center (ANCC) on October 26, 2007, as Phase I of our journey towards re-designation as a Magnet hospital. (Phase II will be a site visit). The ANCC has established 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 11: Nurses as teachers

Nurses are accountable for incorporating teaching into all aspects of their practice. Teaching is one activity that gives nurses a great deal of professional satisfaction.

The role of nurse as teacher is visible at every level of the Clinical Recognition Program and woven throughout the themes of practice. At the clinician level, nurses, “provide guidance to less experienced staff as preceptors or mentors.” At the advanced clinician level, nurses provide guidance but also, “act as resources to colleagues in relation to a particular patient population.” At the clinical scholar level, nurses are recognized as experts in an area of interest or specialization and focus peer-development on, “elevating the standard of practice as a whole.”

MGH partners with educational institutions to provide on-site and on-line educational programs. Nurses serve as lecturers, clinical instructors, and preceptors. Our Magnet evidence highlights more than 100 nurses in leadership and staff roles who serve as faculty in area nursing programs.

The role nurses play in patient- and family-education is critically important. Nurses are taught during

orientation and continuing education how to use patient-teaching tools, including on-line printed materials, the patient education television channel, and skill-based equipment needed to teach individual patients. Last year, the Patient Education Committee launched a website that serves as a central source of on-line patient-education resources at MGH (<http://www.mghpted.org>). The website includes MGH patient-education policies, links to patient-education databases and instructions on how to develop patient-education materials in common language.

Force 12: The image of nursing

Nurses are viewed as integral to the organization’s ability to provide patient- and family-centered care. Services provided by nurses are characterized as essential by other members of the healthcare team.

In 2007, Colleen Ryan, MD, nominated a group of MGH nurses to be featured in a Nurse Week tribute that appeared in *The Boston Globe*. Said Ryan:

“These four exceptional women are nurses in the burn operating room at Massachusetts General Hospital. Their patients see their thoroughness and kindness, their gentle calming ways prior to surgery. No matter what condition patients arrive in, they are treated with the utmost respect and professionalism. What isn’t seen is the total organization of staff and equipment, the careful positioning of the patient, the extensive dressings neatly applied after each case, the detailed drawings of each wound. When the disaster of the Rhode Island Station nightclub struck, these nurses and their colleagues worked tirelessly through many cases. There was never a complaint about time, a missing instrument, or a shortage of equipment. These nurses are unsung heroes who provide extraordinary care to people in desperate situations with grace, empathy and compassion.”

Every day, MGH nurses go beyond the call to provide patients and visitors with compassion, comfort,

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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

Working with colleagues in Patient Care Services, Washington co-designed the first culturally competent care curriculum at MGH, a program designed to raise awareness, instill understanding, and provide skills crucial to providing patient- and family-centered care to all who come through our doors.

Washington helped establish our African American Pinning Ceremony, held annually during Black History Month. The event celebrates the contributions black employees have made in creating a positive and open organizational culture.

Washington believes her most important strength is her ability to weave cultural competence into practice in a way that, “it isn’t an ‘add-on’ to what it means to be a competent nurse. It’s a skill, just like learning how to administer a medication.”

In 2006, Washington became a fellow in the inaugural class of the Health Research & Educational Trust (HRET) Cultural Competence Leadership Program. She embarked on a program of research, expanded her professional network, and partnered with other leading problem-solvers across the country in addressing questions of diversity. Upon graduation, she was recruited as a guest lecturer for the program.

Recently, Washington was selected to be a fellow in

the 2007 Robert Wood Johnson Executive Nurse Fellows Program. The three-year, advanced leadership program is designed for nurses in senior executive roles poised to lead and shape US health care in the future.

No small accomplishment, while doing all this, Washington was enrolled in the Doctoral Program at Boston College.

When Washington received regional recognition in *Nursing Spectrum* earlier this year, she was quoted as saying, “Cultural awareness is no longer optional as America’s population transitions to a majority-non-European base. We’re faced with a different patient population, so if we’re to remain relevant in terms of who we care for, we need to become culturally competent.”

Washington believes her most important strength is her ability to weave cultural competence into practice in a way that, “it isn’t an ‘add-on’ to what it means to be a competent nurse. It’s a skill, just like learning how to administer a medication.”

Reflecting on this honor, Washington observes, “2007 has been a remarkable year. The *Spectrum* Award, the Robert Wood Johnson Executive Nurse Fellowship, the deepening of our diversity program at MGH. But nothing tops the pleasure my friends and colleagues have expressed at all that is happening for me. I’m surrounded by their joy.”

Patient Care Services joins the rest of the MGH community in congratulating Deb Washington on this much-deserved honor.

Magnet Update (continued)

and reassurance at stressful times in their lives. Several department of Nursing employees have received Excellence in Action awards recognizing individuals and teams who have exemplified the principles of excellent service.

Patients and families have expressed their gratitude in letters, saying: “The physical and emotional aspects of dealing with patients and their families is overwhelming to me, but you all are effortless at it.” “All of them are truly competent individuals who take

great pride in their jobs and in the process, display exemplary performance. This translates into quality care for the patient.” “I left the hospital with a nice feeling knowing that such empathetic, caring, and kind-hearted people work at MGH.”

An environment that supports and fosters staff- and patient-education and promotes nursing are two more reasons why we are a Magnet hospital.

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

Compassion, advocacy, presence, smooth the road for end-of-life journey

Mrs. D's wound was the most challenging part of her care. The first time I took down her dressing, I couldn't believe the amount of drainage, sloughing tissue, and raw skin I saw.

My name is Jessica Smith, and I am a nurse on the Ellison 16 Medical Unit. During my first year on Ellison 16, I encountered many challenging situations. Mrs. D was a charming woman, about 60 years old. She was beautiful. From the pictures in her room, I could tell she prided herself on her appearance. Mrs. D presented with a large wound on her chest following radiation therapy for breast cancer. According to her husband, prior to admission she was walking and living relatively independently. She hated hospitals and resisted getting treatment for her wound for as long as she could. Mr. D was incredibly supportive, but insisted she come to MGH to be evaluated. They were one of the closest couples I've ever met.

After caring for Mrs. D for a few days, I signed up to be her primary nurse. Mrs. D had a complicated medical history that required frequent medication adjustments, lab draws, and care of a painful, complex wound. Mrs. D's wound was the most challenging part of her care. The first time I took down her dressing, I couldn't believe the amount of drainage, sloughing tissue, and raw skin I saw. There was a complete disconnect between this wound and Mrs. D's overall



Jessica Smith, RN
staff nurse, Ellison 16 Medical Unit

appearance. I think she had been trying to ignore her wound as a coping mechanism. It was a constant reminder of the extent of her worsening disease.

Despite Mrs. D's critical condition, she had a positive attitude. Every day she'd tell me, "I'm feeling great. I can't believe what a beautiful day it is." Mr. and Mrs. D's positive attitude made her declining condition difficult for me to accept. Adding to the emotional challenge was the fact that Mrs. D had told her husband she didn't want to discuss her prognosis or end-of-life issues. So Mrs. D remained a full code. I spent a lot of time with Mr. D explaining interventions, lab values, medications, and changes in the plan of care, which appeared to decrease his anxiety. He always seemed proud to report back to me when he felt he was feeding

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her the correct foods, or spoke with the doctors about a subject we had discussed.

After a few weeks, I came to work expecting our usual routine. But this morning was different. During report, I learned Mrs. D's blood pressure was trending down. She had received fluids overnight, but because of her low albumin, she was 'third-spacing,' a condition where fluids shift out of blood vessels into other spaces in the body. I prepared myself for a difficult 12-hour shift. When I entered Mrs. D's room, she didn't remember me, which was unusual. Her mental status was declining; she was talking gibberish, but answered a few of my questions. She still reported feeling 'wonderful' and batted her eyelashes like she did every morning.

I took her vital signs and got a blood-pressure reading of 60/40. I called the medical team. We had considered giving her albumin in the past but thought better of it because of its effect on blood pressure. However, this morning was different. My gut and the numbers told me today was going to be the end of the road. Decisions had to be made. Despite current knowledge regarding the transient effects of albumin, the team agreed it was time to use it. We needed to do something — anything — to get her pressure back up. I insisted Mrs. D be brought to the ICU if she was to remain a full code. I remember thinking I'd never been so insistent with the team before. The intern called Mr. D, who changed her code status to DNR/DNI. I spoke with him on the phone. He was upset. He said he'd be here in an hour. I spent that hour tending to Mrs. D's blood pressure and hanging albumin. I wanted her to hold on long enough to see her husband again. I bathed her, spoke with her about Mr. D, and put on her make-up. She loved her make-up.

As I checked new orders on the computer, I was paged to Mrs. D's room, which was strange because she never used the call bell. I asked the operations associate if Mrs. D had called. She said the patient in the other bed had called for her. I knew that was a bad sign. I ran to her room and found Mrs. D completely limp. She had knocked a cup off her table, which had alerted the patient in the next bed.

At first, I thought she had died. I felt for a pulse just as Mr. D came into the room. He asked what was happening. At that moment, she started having a seizure. Before I could say anything, Mr. D started crying and frantically saying good-bye to his wife, telling her he loved her. The team arrived. We managed her seizure

and subsequently started her on comfort care and a morphine drip. Mr. D never left her side. He was overwhelmed. I was overwhelmed.

Transitioning care to comfort measures was difficult for me because I'd been caring for her so intensively for weeks in hopes of getting her back home. She loved her home. We had discussed at length how much she wanted to return home with her husband. I tried to focus on Mr. D, explaining end-of-life and comfort care. He put a lot of trust in me; my word was very important to him. He told me he was glad I was with Mrs. D in her last lucid moments if it couldn't have been him.

Mr. D insisted on keeping the oxygen saturation probe on Mrs. D because it made him feel better knowing the numbers. He needed something measurable. He needed the numbers, even though they weren't reassuring, to let him know this situation was real.

Mr. D asked for privacy with his wife during this time. He called me into the room when the numbers started to go down. I turned off the monitor. We both knew it was time. He said his final good-byes. I stayed and supported him. We sat on the edge of the bed as he held her hand. Just the three of us, as it had been for weeks.

Mr. D told me about a fortune cookie Mrs. D had opened once. The fortune had read, "Take the journey." Since then, that phrase had been her motto for living. Now, Mr. D said he felt she was on a new journey. I agreed. Although, this was one of the most difficult days I spent on Ellison 16, I felt my interventions and personal interactions had made a difference. And I will never forget that feeling.

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

Sometimes we forget that new clinicians aren't just new to the clinical setting. Young clinicians may also have limited 'life experience,' especially when it comes to end-of-life situations. When Jessica started caring for Mrs. D, she was comfortable with her technical skills, but she also recognized Mrs. D's need to deny her illness. She understood Mr. D's need to be close to his wife and contribute to her care. Jessica was present for this couple, she advocated for them, she cared for them in precisely the way they each needed at every stage of Mrs. D's illness. Jessica's interventions showed great compassion and professional maturity.

Thank-you, Jessica.

Mr. D told me about a fortune cookie Mrs. D had opened once. The fortune had read, "Take the journey." Since then, that phrase had been her motto for living. Now, Mr. D said he felt she was on a new journey.

Dempsey retires to accolades from friends and colleagues

Ruth Dempsey, RN (right), with Jean Littlefield Shorey, a fellow nurse who came to MGH from Maine with Dempsey in the 1960s. They roomed together for many years.

To many in the MGH community, September 13, 2007, marked the end of an era — the era of Ruth Dempsey’s long and distinguished service to MGH. On September 13th, Ruth Dempsey, RN, former nursing director and professional development coordinator, was honored at a reception in the Trustees Room attended

by family, friends, colleagues, senior vice president for Patient Care, Jeanette Ives Erickson, RN; thoracic surgeon, John Wain, MD; associate chief nurse, Debra Burke, RN, and scores of other well-wishers.

In her remarks, Burke highlighted Dempsey’s 43-year career, which began in October of 1965. Said Burke, “Ruth was a pioneer. She graduated from the University of Maine in 1964 with a bachelor’s degree in Nursing. When the norm was to enter a diploma program, Ruth sensed that a committed career would require a college degree. And she was right.

“In 1970, Dr. Hermes Grillo asked her to be the head nurse for a new unit at MGH, the Thoracic Surgical Unit, then on Baker 10. She held that position for thirty years.

“Ruth made a mark on Nursing early in her career. She conducted nursing research long before nursing research was ‘fashionable.’ Ruth was a visionary leader, always looking for what was best for patients.

“Ruth’s staff nurses were encouraged to pursue advanced education and leadership positions. Many of her staff are here today as managers, directors, leaders of departments, and me, an associate chief nurse.

“Not only did she nurture and mentor us professionally, we were part of her family, and she was part of ours. It’s hard to put all Ruth’s accomplishments into brief remarks. She has been a great gift to MGH. We thank you, Ruth, for your passion for nursing, for the love and nurturing you showed to so many of us, for your incredible sense of humor and good nature, and for your impeccable leadership.”

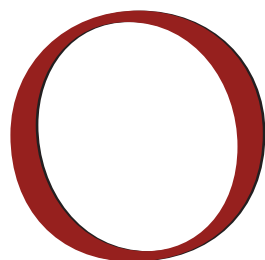
Patient Care Services joins the rest of the MGH community in wishing Ruth well in her retirement years.



(Photo provided by staff)

Team USA hits home run for infection control

— by Stephanie Cooper, training development specialist



October 14-20, 2007, was Infection Prevention and Control Week. To mark the occasion, MGH unit service associates assembled in Ruth Sleeper Hall for a refresher course on crucial skills to ensure they're doing everything possible to prevent the spread of infection.

Staff from The Norman Knight Nursing Center for Clinical & Professional Development, Biomedical Engineering, Infection Control, and Environmental Services provided interactive teaching stations focused on personal protective equipment, precaution signage, hand-washing, furniture- and equipment-cleaning, and contact precautions. Associates had an opportunity to see demonstrations, ask questions, and practice skills.

More than 55 unit service associates, Environmental Services employees, and operations coordinators par-

ticipated in the session, reporting that it was good to have a review of these important skills.

Collaboration among departments was an essential factor in the success of the program. Biomedical Engineering ensured that cleaning practices weren't harming expensive equipment; Infection Control identified potential hazards; and Environmental Services provided expertise around the use of chemical agents.

The commitment of all who attended was visible in the careful attention they paid and the quality of questions they asked.

Attendees had a chance to enter a raffle to win two tickets to a Patriots game. The winning ticket was drawn by George Reardon, director of Service Improvement, and went to Maria Lopes, unit service associate on the Blake 7 Medical Intensive Care Unit. Lopes plans to bring her son to the game, which will be played Thanksgiving weekend.

The TEAM USA Planning Committee is seeking feedback on how to improve future sessions and how to make it easier for employees to attend. Please channel ideas to Stephanie Cooper at 4-7841, or Tom Drake at 6-9148, or by e-mail.

Below: Environmental Services manager, Mark Barish, demonstrates the best way to clean a c-diff precaution room.

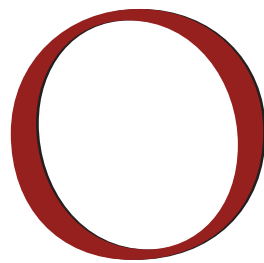
At right: Tom Drake presents raffle winner, Maria Lopes, unit service associate in the MICU, with two tickets to a Patriots game. Also pictured is operations coordinator, Jennifer Roy.



(Photo provided by staff)

Molly Catherine Tramontana Award for Outstanding Service and Patient Care

— by Julie Goldman, RN, professional development coordinator



In October 20, 2007, the first annual Molly Catherine Tramontana Award for Outstanding Service and Patient Care was presented to Labor & Delivery staff nurses, Susan Cahill, RN; Penelope Herman, RN; and Jennifer Bernard, RN. Mark and Jennifer Tramontana, who suffered a tragic fetal loss, together with family and friends raised \$60,000 to establish the Molly Catherine Tramontana Fund to support this annual award and bereavement education for nursing staff on the Labor & Delivery Unit.

Said Mark and Jennifer Tramontana, “We’ll never be able to show our appreciation for the care and support we received from Sue, Penny, and Jen. They each made an indelible impression on our lives, and we think of them whenever we think of Molly.”

The Tramontana family was touched by the compassionate care, patient advocacy, dedication, and emotional support they received during their hospital stay. To honor that care, they selected the inaugural recipients of the award themselves, three nurses who had cared for Tramontana.

Susan Cahill, RN, has been a nurse for 19 years. She started her nursing career at MGH in the Phillips House. She moved to Labor & Delivery in 2004 where she works, “with a fantastic team of nurses and doctors each and every day.”

Penelope (Pen) Herman, RN, chose nursing as a second career because, “it seemed like an exciting and rewarding field.” Throughout her nursing career, Obstetrics has been her passion, and she continues to share that passion with others.

Jennifer Bernard, RN, became a nurse because of her mother. “I remember thinking she had the most important job in the world. I’ll never forget driving to MGH as a student nurse, feeling awe that I was going to do my clinical internship here. Twelve years later, I still feel the same way.”

Said Mark and Jennifer Tramontana, “We’ll never be able to show our appreciation for the care and support we received from Sue, Penny, and Jen. They each made an indelible impression on our lives, and we think of them whenever we think of Molly. From the moment we arrived, they stayed with us, caring for us, caring for Molly, and caring for our families. Their compassion through this heartbreaking experience is what helped us get through every day.”

Said Susan Caffrey, RN, nursing director, “It was a privilege to honor these nurses who helped this family through such a heartbreaking event.”

For more information about this award, contact Julie Goldman, RN, at 4-2295.

MGH celebrates Pastoral Care Week with spiritual and educational events

— by Gina Murray, program manager, Chaplaincy

In support of the spiritual needs of patients, families, and staff, the MGH Chaplaincy observed Pastoral Care Week 2007 with a number of spiritual and educational offerings. On October 22, 2007, the Chaplaincy hosted a panel discussion entitled, “Empathy: Mind, Heart, and Soul,” for local chaplains and Clinical Pastoral Education students. On October 23rd, interfaith chaplains and volunteers staffed a booth in the Main Corridor displaying information,

literature, and symbols of the various spiritual and religious traditions that comprise the MGH community. On October 25th, the annual Blessing of the Hands took place at the MGH Chapel, an affirmation of the many tasks our hands perform to comfort and care for one another. The ceremony was expanded this year to include inpatient and outpatient units.

For more information on the many services provided by the MGH Chaplaincy, call 6-2220.



Members of the MGH Chaplaincy during this year's celebration of Pastoral Care Week.

Affordable lodging for patients and families

MGH leases space at two different facilities to help meet the need for temporary affordable lodging for patients and families... Both sites have limited shuttle service to and from the hospital to accommodate treatment schedules and visiting hours.

Question: Can you tell me about the temporary affordable lodging available for patients and families?

Jeanette: MGH leases space at two different facilities to help meet the need for temporary affordable lodging for patients and families. Beacon House is located at 19 Myrtle Street on Beacon Hill, and MGH at the Inn is located in the LaQuinta Inn in Somerville. Each facility has 22 rooms and one suite. Both sites have limited shuttle service to and from the hospital to accommodate treatment schedules and visiting hours. Both facilities are managed by Social Services.

Question: Who is eligible to stay at these facilities?

Jeanette: Patients in active treatment, either inpatient or outpatient, and their family members are eligible provided they live a minimum of 50 miles from the hospital. The facilities are not able to accommodate the needs of patients who may require assistance with daily living or don't have a permanent residence.

Question: What is the rate for these facilities?

Jeanette: In order to make lodging more affordable for patients and families, MGH subsidizes both facilities. A standard room is \$69 per night, a suite is \$118. Free outdoor parking is available at MGH at the Inn. No parking is available at Beacon House.

Question: How can I make a reservation?

Jeanette: Since reservations are based on room availability, patients or family members must call the facilities directly (Beacon House: 617-726-7679; MGH at the Inn: 617-724-2027). An MGH lodging facility manager is available at each site to assist patients and families with reservations and other issues throughout their stay. The office is staffed Monday – Friday, 8:30am – 5:00pm. For urgent housing needs from 5:00pm – 11:00pm, page the on-site social worker who can contact the on-call lodging coordinator for room availability.

Question: What if a family member needs a room after 11:00pm or there are no rooms available at either facility?

Jeanette: A list of affordable lodging options can be given to family members. The list provides information about a variety of housing alternatives including hotels in the area.

Question: How can I get more information about temporary lodging?

Jeanette: Ask the social worker on your unit or contact Social Services at 617-726-2640. Brochures are available in the Social Services office in the WACC Lobby, the White Lobby information desk, and the Gray Family Waiting Area. Information on MGH facilities and the Affordable Lodging List are accessible on the Social Services website at: <http://www.mghsocialwork.org/resources.html>.

First annual Care of the Patient with Vascular Disease Conference

— by Carol Ghiloni, RN, staff specialist

Clinical social worker, Mary Zwirner, LICSW (left), dialogues with former patient, Dick Horgan, and his wife, Marci, at Care of the Patient with Vascular Disease Conference.

On October 15 and 22, 2007, the MGH Vascular Center and The Norman Knight Nursing Center for Clinical & Professional Development co-sponsored the first annual Care of the Patient with Vascular Disease Conference, attracting a capacity

crowd in the Simches Conference Room. Among those in attendance were staff from Medical, Surgical, Neuroscience, Vascular, Cardiac and intensive care units as well as the Emergency Department, operating rooms, outpatient areas, and community health clinics. Some of the topics addressed during the two-day conference included: an overview of the vascular system,

common risk factors, deep-vein thrombosis, abdominal aortic aneurysms, cerebral circulation, carotid disease, stroke, venous disease, and peripheral arterial disease.

One highlight of the conference was the session entitled, “The Patient-Family Perspective,” an interview with former patient, Dick Horgan, and his wife, Marci.

Many attendees said it was the best conference they’d ever attended; others said they’re already looking forward to next year’s conference, slated for October, 2008. For more information about the conference, contact Carol Ghiloni, RN, at 4-5420.



21st annual Scientific Poster Symposium on Alzheimer's Disease

January 9, 2008
9:00am–12:00pm
Thier Conference Room
The event is an opportunity to share research findings and learn what other researchers are doing. For more information, contact Info Liang Yap at 6-3987

Conversations with Caregivers

An Eldercare Series
co-sponsored by the MGH Geriatric Medicine Unit and Partners Employee Assistance Program
“Caring for Caregivers”
presented by
Janet T. Loughlin, LICSW, Partners Employee Assistance Program
Tuesday, November 27, 2007
5:15–6:30pm
Blum Patient and Family Learning Center
For more information call
617-724-7324

The MGH Blood Donor Center

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

MGH Backup Childcare Center

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

Make your practice visible: submit a clinical narrative

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

Global health seminar

The MGH Center for Global Health is launching its global health seminar series. Seminars are designed to introduce salient global health topics and build a shared community around improving health in international, resource-poor areas.

“Global Implications of Human Trafficking and Modern Day Slavery”
presented by Kevin Bales, president, *Free the Slaves*, and author of *Disposable People: New Slavery in the Global Economy*
Thursday, November 15, 2007
5:00 – 6:30pm
O’Keeffe Auditorium
Seminars are free and open to the MGH community
For more information, contact Roy Ahn at rahn@partners.org

Call For Proposals

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

Symposium on Trichotillomania and other Body-Focused Repetitive Behaviors

December 2, 2007
12:00 – 5:00pm
O’Keeffe Auditorium
This is a free conference. Conference will include discussions of cognitive-behavioral and medicinal treatments, genetic and neurobiologic aspects of the disorders, treatment of children and adolescents, and the history of TTM research at MGH. For information or to register, send e-mail to: bfrdandtrich@gmail.com

Call for Nominations

The Norman Knight Nurse Preceptor of Distinction Award recognizes a clinical staff nurse who consistently demonstrates excellence in educating, mentoring and coaching nurses.

Nurses may be nominated by nurse colleagues familiar with the nominee’s practice.

Nomination forms are available on inpatient units and in The Center for Clinical & Professional Development on Founders 3.

Nominations are due by November 20, 2007.

For more information, call Julie Goldman, RN, at 4-2295

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

Next Publication

December 6, 2007

Educational Offerings – 2007

November

16&30

End-of-Life Nursing Education Curriculum

Founders 325
8:00am – 4:00pm
Contact hours: 7 (for each day)

November

19

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

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

November

20

Ovid/Medline: Searching for Journal Articles

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

November

21

Oncology Nursing Concepts

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

November

28

New Graduate RN Development Seminar II

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

November

29

Preceptor Development: Learning to Teach, Teaching to Learn

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

November

30

Basic Respiratory Nursing Care

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

November

30

Promoting Women's Health: the Role of the Nurse

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

December

3

BLS Certification for Healthcare Providers

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

December

3

Intermediate Respiratory Care

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

December

4

CPR Re-Certification

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

December

4&5

Oncology Nursing Society
Chemotherapy Biotherapy Course

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

December

5

Intermediate Arrhythmia

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

December

5

Pacing Concepts

Yawkey 10-660
12:15 – 4:30pm
Contact hours: 3.75

December

12

Nursing Grand Rounds
"Building Trust and Influence with Patients"

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

December

12

OA/PCA/USA Connections
"Magnet Re-Designation"

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

December

17

Diabetic Odyssey

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

December

18

Ovid/Medline: Searching for Journal Articles

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

December

20

Psychological Type & Personal Style: Maximizing your Effectiveness

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

December

26

New Graduate RN Development Seminar II

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

For more information about educational offerings, go to: <http://mghnursing.org>, or call 6-3111

Homer Simpson encourages Cal-Statting on Ellison 6. Doh!

Jill, Erin, Angela, and Kathie want you to know...

The Ellison 6 Orthopaedics Unit has achieved a 90/90 hand-hygiene compliance rate consistently over the past few months. We've engaged in friendly competition with White 6 to encourage participation. We do this to provide the best possible care to our patients. And to show hand hygiene can be fun, we have a life-sized cut-out of Homer Simpson on the wall reminding people to Cal Stat.



Ellison 6 hand hygiene champions (clockwise from back left): Jill Pedro, RN; Erin Salisbury, RN; Angela Haynes, RN; and Kathie Myers, RN

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