

Caring

Headlines

January 3, 2008

MGH mourns the loss of Katie Brush, RN, cherished friend and nursing leader



It is always hard to lose one of our own. It's especially hard when the one we've lost was as warm and funny and bright and kind as Katie Brush was. Kathryn Ann 'Katie' Brush, RN, clinical nurse specialist in the Surgical Intensive Care Unit, died peacefully, December 23, 2007, after a brief illness. Her sudden passing left a pall over the MGH community; but the memory of her full and giving life is a comfort to all who knew her.

Brush, a nurse for 25 years and a ten-year veteran of MGH, left her mark on the hospital, the community, and indeed, the international landscape of critical care nursing. A pioneer in modern patient-safety initiatives, she was among the first members of the Patient Safety Improvement Corps, a national partnership formed in 2003 between the Agency for Healthcare Research and Quality and the national Department of Veteran Affairs.

Brush was co-chair of the MGH Critical Care Committee and was instrumental in developing the New Graduate Critical Care Nurse Program, a rigorous, six-month, preceptor-

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Magnet re-designation site visit set for February

In order to maintain Magnet status, hospitals are required to re-apply every four years to ensure they still meet the high standards set by the ANCC.

As I'm sure you all recall as vividly as I do, on September 4, 2003, MGH became the first hospital in Massachusetts to receive Magnet-hospital designation, the highest honor bestowed by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association. In order to maintain Magnet status, hospitals are required to re-apply every four years to ensure they still meet the high standards set by the ANCC. Thanks to the hard work of clinicians and support staff throughout Patient Care Services (under the guidance of the Magnet Re-Designation Steering Committee, led by Marianne Ditomassi, RN, executive director for PCS Operations, and Bessie Manley, RN, nursing director, Phillips House 22) we are poised to achieve this goal for the second consecutive time.

We have already submitted our written evidence (15 volumes!) which was accepted without revision, and our Magnet site visit is set for February 20-22, 2008. Following the site visit, Magnet appraisers (four official appraisers and one appraiser fellow) will file a report with the Magnet Recognition Program, and we will be notified of their decision after they review the report at their next meeting.

While here, appraisers will speak with clinicians, hospital leadership, members of the Board of Trustees, patients, families and others in a variety of settings and forums. They may speak with any member of the MGH community in their efforts to learn about our programs, systems, vision, values, and practice. All em-



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

ployees should speak freely about our work and accomplishments. This is an opportunity to blow our own horn about the important contributions we all make to patient care. It's our chance to show appraisers how we personify the 14 forces of Magnetism:

- Quality of leadership— We are visionary leaders exemplifying advocacy and support for patients, families, and staff
- Organizational structure— Our organizational structures are proactive and responsive to change
- Management style— Our leaders create an environment for staff-participation and recognition for the uniqueness of the individual
- Personnel policies and programs— Personnel policies and guidelines are created with staff involvement, and significant administrative and clinical advancement opportunities exist
- Professional models of care — Our patient care delivery model is inter-disciplinary and honors the individual patient, respecting choices, culture, social context and specific needs

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I want to thank everyone who has worked so hard in our journey to Magnet designation... and now re-designation. While granted by the American Nurses Association, Magnet designation is a reflection of the excellence of the entire organization, not just nursing.

- Quality of care—Positive patient outcomes are achieved by the partnership of leadership and staff supporting quality of care as a priority
- Quality improvement—We actively participate in many initiatives that improve the quality of patient care delivered within the organization
- Consultation and resources—Our organization provides consultants and experts to advance practice
- Autonomy—Autonomous care is built on knowledge, competence, and professional expertise
- Community and the hospital—The community we serve is embedded in the mission and values of our hospital
- Clinicians as teachers—We incorporate teaching in all aspects of our practice
- Professional image—We are viewed as integral to providing quality patient- and family-centered care
- Inter-disciplinary relationships—Mutual respect and collaboration are modeled among disciplines which creates strong and positive inter-disciplinary relationships
- Professional development—Our organization is committed to the professional development of clinicians and support staff

Research shows that Magnet hospitals enjoy higher patient- and staff-satisfaction scores; lower mortality and morbidity rates; shorter lengths of stays; improved patient outcomes; and a strong, multi-disciplinary approach to family-centered care. It's important in this age of informed consumers to let the public know we are committed to quality and safety; we value autonomy, collaboration, professional development, and life-

long learning. And Magnet designation does just that. It says we are the hospital of choice for patients and staff. It says we are committed to excellence.

I want to thank everyone who has worked so hard in our journey to Magnet designation... and now re-designation. While granted by the American Nurses Association, Magnet designation is a reflection of the excellence of the entire organization, not just nursing.

The January 10, 2008, Nursing Grand Rounds will feature a re-cap of our, "Road to Magnet Re-designation." The session, held from 1:30–2:30pm in O'Keeffe Auditorium, will provide an overview of the Magnet re-designation process including background, critical success factors, current structure and resources, and an overview of the forces of Magnetism.

For more information, visit the Magnet website at: www.massgeneral.org/pcs/magnet/magnet.asp or call Suzanne Cassidy at 6-0368.

Updates

I am pleased to announce that Judith Catalan, RN, will assume the position of nursing director for the Cardiac Surgical Intensive Care Unit effective January 7, 2008.

Kathryn Hall, RN, will assume the position of nursing director for the General Clinical Research Center effective January 14, 2008.

Sylvia Kimball Perry, RN, will assume the position of nursing director for the Phillips House 20 and 21 general medical units effective February 4, 2008.

Marion 'Bunny' Freehan, RN, has accepted the position of nursing director for the GI Endoscopy units effective January 14, 2008.

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ship designed to give new graduate nurses an expanded knowledge base, develop critical-care skills, and advance clinical decision-making.

One of Brush's greatest passions was her involvement with humanitarian relief work and her participation on the International Medical-Surgical Response Team. Deployed on more than one occasion in the aftermath of devastating natural disasters, when she traveled to Iran in 2003 following a 6.6-magnitude earthquake that destroyed the city of Bam, Brush became one of the first Americans to set foot on Iranian soil in more than 25 years.

Through her participation in Harvard Medical International's Institute for Nursing Healthcare Leadership Program, Brush consulted to the Hospital de Universitario San Vicenter de Paul in Medellin, Colombia, to develop a department of Nursing Education, introduce standards of nursing competency and practice, and create models for nurse preceptors and clinical educators.

In 2002, Brush became the 30th critical care nurse in the world to be inducted into the American College of Critical Care Medicine. She was a member of numerous national organizations. Her list of publications and presentations is impressive on subjects ranging from, "Trauma Assessment and Resuscitation," to "Strategies for Responding to the Training Needs of Nurses in the Cardiac/Neurosurgical ICU."

It would be impossible to enumerate all of Brush's many achievements and contributions. But perhaps her commitment to critical care nursing and patient-centered care are most eloquently captured in her own

words. Following are excerpts from an article written by Brush in the July 18, 2002, *Caring Headlines*, entitled, "The role of the CNS in the fight against nosocomial infection."

My role as clinical nurse specialist is frequently about trouble-shooting and facilitating. I look for obstacles to excellence in patient care and facilitate ways to remove them... Generally, the more complex a problem is, the more complex and collaborative the solution needs to be.

One example of the nature of my work is the battle against nosocomial infection (infections acquired in the hospital). Nosocomial infections present an obstacle to excellent care... I was asked to join a multi-disciplinary task force whose mission was to review the literature, benchmark practice locally and nationally, and make recommendations for obtaining cultures in critically ill patients. We completed our review and made recommendations about frequency of cultures, skin preparation, and the elimination of some practices altogether. From this work, ICU Culturing Guidelines were adapted into critical-care practice... This multi-disciplinary change in practice resulted in a reduction in the number of cultures sent for critically ill patients...

Overuse of antibiotics and the development of multi-drug-resistant organisms (MDROs) is well documented in the literature. In the spring of 2001, we were faced with a growing number of nosoco-

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Below left: Brush observes precepting team in the SICU.
Below right: Brush stands behind Sue Briggs, MD, supervising medical officer of the International Medical-Surgical Response Team upon their return from deployment.



mial MDRO infections (methicillin-resistant staphylococcus aureus, vancomycin-resistant enterococci, clostridium difficile), and a rising rate of line-related bacteremias.

We began decreasing MDROs by examining our own practice around hand-disinfection, managing patients, and sharing equipment... We had been using Cal Stat, but now realized we needed dispensers at every location where a clinician would be upon entering or leaving a patient's room...

We developed a culture of constructive confrontation when colleagues didn't comply with infection-control practices... We challenged each discipline to be compliant with proper hand-disinfection and glove precautions. When educational needs arose they were addressed immediately. When products needed to be changed or obtained, they were...

We have created a culture in the SICU where management of infection-control is everyone's responsibility. We are always looking for ways to improve, and we strive daily to maintain our gains. I may have championed many of these initiatives, but the credit goes to the members of the SICU team, especially nurses and the Anesthesia/Critical Care staff. Patient-care outcomes are achieved by hard work and collaborative practice. I believe I work with the greatest team of healthcare professionals and non-professionals anywhere.

Below left: Brush with Burn Unit staff nurse, Bob Droste, RN, during one IMSuRT deployment.

Below right: Brush relaxes at the home of friend and co-worker, Leandra McLean, RN.



(Photos provided by staff)

News of Brush's passing was met with an outpouring of support and sympathy from the entire MGH community. Says senior vice president for Patient Care, Jeanette Ives Erickson, RN, "There is no understanding this tragic loss. We must remember Katie through the many lessons she taught us, the warmth and humor she showed us, and the unrelenting commitment she possessed that drove her to be the best nurse she could be. She will be missed."

Gregg Meyer, MD, senior vice president for Quality & Safety, observed, "Katie was a real leader in terms of translating large patient-safety efforts into improvements at the bedside."

Brush's untimely death reminds us that life is fragile, unpredictable. Her expert practice and countless contributions remind us that one person can make a difference in the lives of many. Critical care nursing at MGH and around the world will long benefit from the legacy of our dear friend and colleague, Katie Brush.

Brush's family has requested that donations be made to The Norman Knight Nursing Center for Clinical & Professional Development (c/o The MGH Development Office, 165 Cambridge Street, Suite 600, Boston MA, 02114-2792).

The E. Louise Berke Fund and other updates in gerontology nursing

— by Mary Ellen Heike, RN, and Deborah D'Avolio RN

With a vision for the future and an understanding that the care needs of older adults increase significantly with age, Mr. Berke has established a fund in honor of his late mother.

Retired executive, Mr. Steven Berke, is no stranger to MGH. He volunteers several days a week in the Infusion Unit and has strong ties to MGH Nursing and Dr. Peter Gross who cared for his late mother, E. Louise Berke. With a vision for the future and an understanding that the care needs of older adults increase significantly with age, Mr. Berke has established a fund in honor of his late mother.

The E. Louise Berke Gerontology Certification Fund will support nurses in advancing their practice in gerontology nursing. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, was honored that Mr. Berke chose to recognize the contributions of nurses in providing the highest quality care to our patients. Said Ives Erickson, "Mr. Berke is making an investment, not just in nurses, but in the future of health care."

Through the support of the Berke Fund, registered nurses within the department of Nursing will be reimbursed for the cost of gerontology certification and recertification exams. Nurses can apply for reimbursement after paying for and taking the exam. Reimbursement forms can be obtained on the Patient Care Services website under Professional Certification for Nursing. For more information about the Berke Fund, contact Kelly Staples at 726-9055.

65Plus is an inter-disciplinary approach to improving the care of older adult patients. As a member of the Hartford Institute for Geriatric Nursing's NICHE program, 65Plus promotes a new way of thinking about high-quality, patient-centered care for patients 65 years old and older. The goal of 65Plus is to improve knowledge, attitudes, and practices regarding the care of older adults; enhance evidence-based, age-specific practice; improve the health-care experience for older adult patients and their families; and support clinicians caring for older adult patients.

Geriatric specialist, Deborah D'Avolio, RN, recently joined the department of Nursing to manage the 65Plus initiative to improve the care of older adult patients. In reflecting on her initial time at MGH, D'Avolio says, "It has been a wonderful four months and an honor and a privilege to assume the role of gerontological nurse. I've found staff highly motivated to learn the principles and strategies of gerontological care. The inter-disciplinary commitment to advance the care of older adults is exciting and



Deborah D'Avolio, RN
geriatric specialist

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impressive. I look forward to collaborating with patients, families, and healthcare practitioners to facilitate system-wide advancements in the care of older adults in the hospital and through the transition of care across settings.”

To further advance nursing practice in gerontology, the 65Plus Committee is sponsoring its first clinical conference, Best Practices in Acute Care for Older Adults, to be held January 25, and February 11, 2008 in O’Keeffe Auditorium. The conference, which supports preparation for the ANCC gerontology certification exam, will be open to all nurses interested in caring for older adults. For more information about the conference or gerontology certification, contact Deb D’AvolioRN, geriatric specialist at 643-4873.

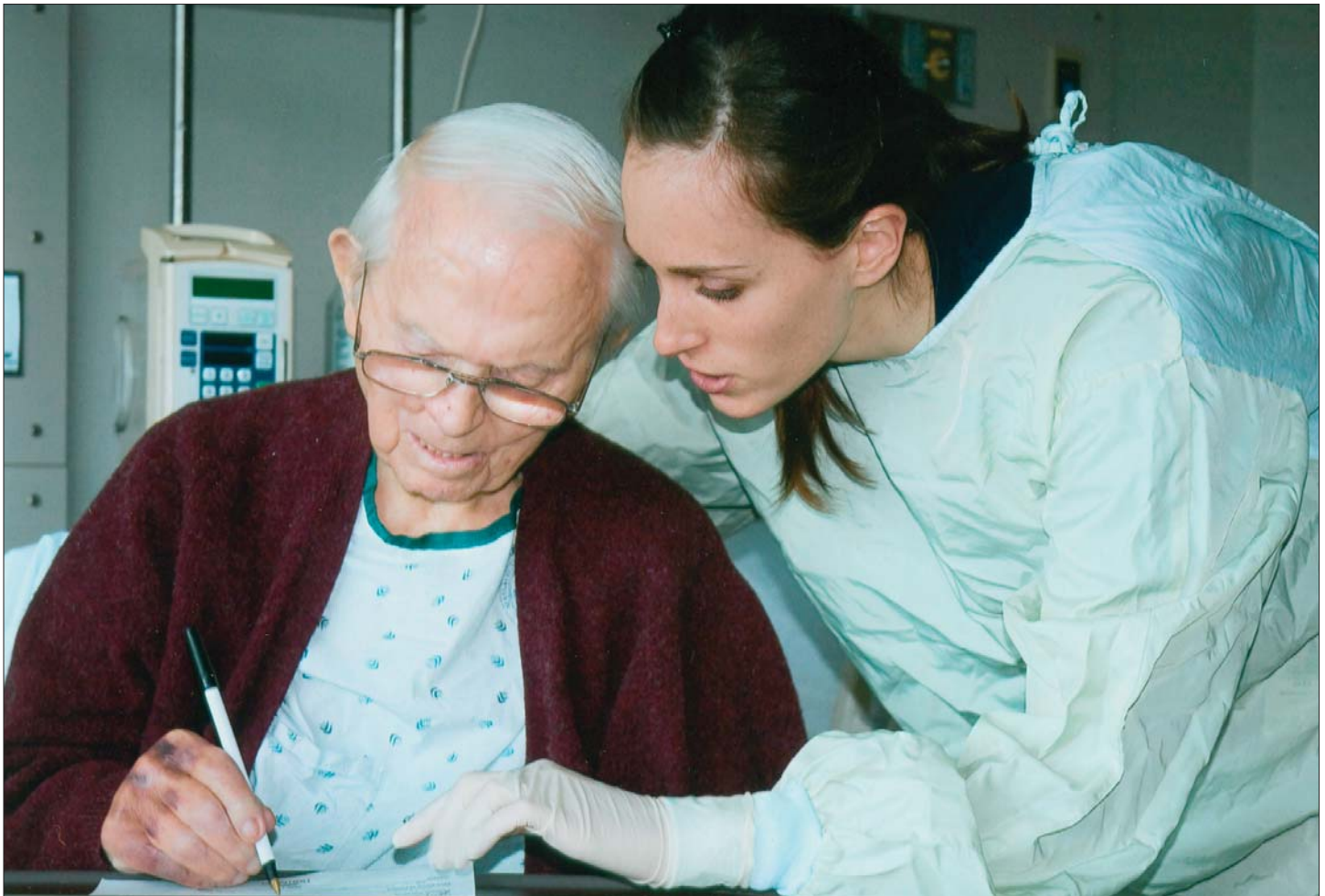
For more information about the 65Plus program, contact Mel Heike, RN, at 4-8044.

Sara Mahoney, RN, staff nurse on the Phillips House 21 Medical Unit, was the first MGH staff nurse to be certified in Gerontology Nursing. Mahoney is seen below with patient, Francis Morrissey.

Change in nursing certification reimbursement

Effective January 1, 2008, registered nurses’ requests for reimbursement for certification exams should be sent to Kelly Staples in the PCS Management Systems Office on Bigelow 10. Registered nurses in the department of Nursing are reimbursed for the cost of professional and specialty certifications offered by nationally recognized professional nursing organizations. Reimbursement for these exams will come from either the Demetri Souretis Fund or the E. Louise Berke Fund for Gerontological Nursing.

In order to receive reimbursement, nurses should complete a request for reimbursement and provide evidence that they’ve taken and paid for the exam. Request forms can be obtained from the Patient Care Services website. For more information, contact Kelly Staples at 6-9055.



(Photo by Abram Bekker)

Entry-level therapist achieves new level of clinical decision-making

MGH has given me many opportunities to grow as a clinician, expand my knowledge base, and evaluate my thought process as a clinical decision-maker.

My name is Joan Bowsher, and I came to MGH in April, 2007. In the last four months, MGH has given me many opportunities to grow as a clinician, expand my knowledge base, and evaluate my thought process as a clinical decision-maker. Following is an example of how my thought process has evolved in the area of discharge-planning.

‘Tom’ is a 61-year-old man who was admitted to the Massachusetts Eye and Ear Infirmary (MEEI) for elective surgery to remove a recurrent facial abscess which was beginning to interfere with his speech and swallowing. The surgery involved a fibula flap with a temporary drain placement in his left lower extremity. Because of this, Tom was on weight-bearing restrictions for several days. He was referred to Physical Therapy to assess the safety of his returning home. (MGH provides physical therapy services for the MEEI.)

According to Tom’s chart, he lived alone in a second-floor apartment and was self-employed as a cabinetmaker. He was independent in his activities of daily living without assistive devices and was fully functional with essentially no past medical history. A social work note reported that he ‘played soccer.’ Upon ini-



Joan Bowsher, PT, physical therapist

tial evaluation, Tom was hemodynamically stable and using a walker with supervision to go to the bathroom. His balance and strength were good and it seemed as though he would be able to return home once his drain was removed, weight-bearing restrictions were lifted, and he could negotiate the two flights of stairs to his apartment. While developing my assessment and plan of care for Tom, I began to consider my experience over the last four months.

Before coming to MGH, I worked in an acute rehabilitation facility. During that time, I developed a clinical approach to evaluating and treating patients in acute rehab. When I started working at MGH, I realized I’d need to modify my approach to more effectively evaluate, treat, and discharge-plan for patients in the acute care setting.

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I persisted.
I asked more
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Even though
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how he played on
a semi-professional
soccer team and
participated in
tournaments across
the country.

In acute care, in addition to increased acuity, not all patients have a differential diagnosis to assess and treat. So part of my role is to bring any undiagnosed findings or unknown issues I notice to the attention of the team so effective treatment and discharge plans can be implemented. The length of stay is typically shorter in acute care, so there are fewer opportunities to gather information about the patient's personality, social situation, personal interests, or activities prior to hospitalization. It's beneficial to get as much of this information during each session with the patient.

I was initially assigned to the Respiratory Acute Care Unit (RACU), where the length of stay is a bit longer than other units; approximately half the patients have tracheostomies and/or are on ventilators. I set about educating myself about their medical issues, abilities, and limitations. I conducted a thorough chart review, assessing patients' current functional level compared to functional levels prior to hospitalization.

In acute rehab, I gathered as much information as I could about a patient's prior functional level, but I often kept long-term goals at achieving the patient's safest functional level for discharge. But the *safest* functional level wasn't always the same as the *prior* functional level.

I didn't challenge myself to look 'down the road,' assuming the home therapist would refer patients for more therapy as needed. Since coming to MGH, I've learned the importance of including a plan for returning patients to their prior functional level, rather than just to a level where they can return home safely. This includes taking into consideration all their limitations, abilities, medical issues, social supports, and the patient's own goals and motivation. This gives patients a more defined picture of the rehab process and their potential to impact their own outcomes. It's empowering to the patient.

When thinking about Tom's plan of care in my 'old' thought process, I would have stopped at ensuring he was safe enough in his mobility to return home. Within a couple of days, his weight-bearing restrictions would be lifted, and he'd be able to safely navigate the stairs and ambulate independently. He didn't require any assistive devices or home PT, and his large supportive family would be available to assist him with anything he needed when he got home.

With my new way of thinking, however, I attempted to dig a little deeper.

I asked Tom if he played soccer and he said, "Yes," essentially ending the conversation. I persisted. I asked more questions about his soccer-playing. Even though

Tom's speech was extremely garbled from his recent surgery, there was no mistaking his passion when he began telling me how he played on a semi-professional soccer team and participated in tournaments across the country. In fact, his team was currently in Washington and would be going to Las Vegas next week. I realized I couldn't let Tom go home without some guidance as to how he could get back to the game he loved. He needed to go to outpatient sports therapy so a therapist could assist him in returning to his prior level of athletic ability. Because I took the time to investigate Tom's prior level of functioning, I was able to more effectively educate him about what PT could offer him between the time he returned home and when he returned to the soccer field. And I was able to share this information with his medical team, as they were unaware of Tom's level of athleticism.

The end result is that Tom received a more complete plan of care, not only from me, but from the whole medical team. Tom was extremely appreciative to have the opportunity to receive professional physical therapy when it came time to start training for competitive soccer again.

I was glad to have contributed to guiding Tom's plan of care and helping him return to his active lifestyle. Tom will likely return to his prior functional level more safely and more quickly because of my intervention. I'll keep this example in mind as I engage in discharge planning for my future patients at MGH.

Shortly after Tom was discharged, we received a note complete with a primitive self-portrait of himself 'heading' a soccer ball. The note said, "Thank-you all. You made the worst experience of my life into a tolerable one. If anyone ever asks me if there is any goodness or kindness left in the world, I will say, 'Yes, it's on the 11th floor of the Mass Eye and Ear.' You sure scored a goal for me!"

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

What an interesting perspective. An experienced clinician, Joan describes what it's like to come to a practice community where standards and expectations differ from her previous practice setting. Joan quickly adapted her thought process and decision-making approach to fit the needs of the acute-care setting. Because she took the time to 'dig a little deeper' and look down the road,' Tom's plan of care was more thorough, and his return to his prior level of functioning, enhanced.

Thank-you, Joan.

Implementing a unit-based journal club

— by Maureen Heavey, RN, staff nurse; Wendy Renda, RN, staff nurse; and Cynthia Ann LaSala, RN, clinical nurse specialist, Phillips 21

Journal clubs have traditionally been developed as a method of promoting knowledge-acquisition, critical thinking, evidence-based practice, and an understanding of the research process. Unit-based journal clubs provide staff with a forum for discussing clinical-practice issues and research findings to inform practice and improve patient outcomes. Competing demands, patient acuity, and staffing issues often present a challenge to implementing a journal club at the unit level. Access to relevant articles and difficulty in understanding the research language are also barriers to nursing research and research-utilization. Evidence-based practice includes searching the literature for answers to questions related to specific patient problems, evaluating the validity of the research, its relevance and application to practice, decision-making, implementing and evaluating change.

Factors that help ensure a successful journal club include promoting interest and participation; selecting articles relevant to practice; identifying someone to facilitate meetings; and scheduling meetings at convenient times and locations. The support of unit leadership is essential. The clinical nurse specialist (CNS) plays a critical role in promoting educational activities that stimulate clinical inquiry. Education is empowering. Acting as role model, coach, and mentor, CNSs assist staff in developing skills to identify researchable problems. They create opportunities (patient-care conferences, clinical rounds, quality-improvement activities, etc.), to discuss and access resources (systematic reviews, abstracts, clinical-practice guidelines, librarian services, etc.) to inform staff and plant the seeds of inquiry.

In May, 2008, Maureen Heavey, RN, staff nurse on Phillips 21, attended a nursing conference entitled, "All Nurses Can Do, Research, and Publish." Inspired by the knowledge she gained, Heavey approached another staff nurse, Wendy Renda, RN, to discuss the possibility of initiating a unit-based journal club. Heavey and Renda wanted to create an opportunity for them-

selves and their peers to discuss current literature in a relaxing, fun, professional environment. Their goal was to try to bridge current practice on the unit to evidence-based practice through the exploration of research and non-research-based articles. The Phillips 21 nursing director was very supportive and made sure adequate staffing was available to implement this project.

Since July, five one-hour, monthly, journal-club meetings have been held at 8:00pm on the first Friday of each month. A second journal club is being piloted on the day shift at 12:00pm. Articles are posted prior to meetings for nurses to review. An e-mail reminder is sent out to encourage participation, and refreshments are provided as added incentive. Some of the topics discussed include cardiovascular disease, smoking, hormone-therapy, intrathecal analgesic therapy in patients with cancer pain, advance directives, temporal-artery temperature measurement, cellular oncology therapies, and transforming care at the bedside. Highlights of the discussion are summarized and e-mailed to all nurses following each meeting, and copies of the summaries and articles are filed in a binder to allow staff who were unable to attend to review the information.

An 'Ideas' section of the binder gives nurses a place to provide feedback for future topics or other potential projects. E-mail provides another forum for staff to communicate and share feedback about the meetings and/or the literature reviewed. CNSs provide mentoring and consultation. The goal is to expand the level of staff participation; enhance team-building through communication and information-sharing; promote a better understanding of the literature; and improve practice through knowledge. And if our experience inspires others to develop journal clubs, so much the better.

For more information on how to develop and implement a unit-based journal club, or to attend a meeting of the Phillips 21 journal club, call Cindy LaSala at 3-0481. January's topics will include family reversal of DNR/DNI at the end of life and the ethical challenges that presents.

Changing the culture of learning on the adolescent Pediatric Unit

—by staff nurses, Karen McDonough, RN, and Kathie Pazola, RN

Staff nurses, Karen McDonough, RN, and Kathie Pazola, RN, decided to try to change the culture of learning on the adolescent Pediatric Unit by initiating patient care conferences for evening and night staff.

When an ethical dilemma arose with one of Karen McDonough's primary patients, she needed to discuss the complex issues surrounding her patient's care with staff. McDonough was working the evening shift. Most workshops, grand rounds, and team meetings are held during the day. But as we all know, learning and collaboration don't stop at 4:00pm.

Staff nurses, Karen McDonough, RN, and Kathie Pazola, RN, decided to try to change the culture of learning on the adolescent Pediatric Unit by initiating patient care conferences for evening and night staff.

In planning the conferences, McDonough and Pazola gave thought to the work patterns on the unit. They decided mid-week, 9:00pm, was the best time to hold them. Patient care conferences can last from a half hour to an hour. To help garner momentum, they post signs well in advance to let staff know what topics will be presented. McDonough and Pazola enlisted the support of their operations associate, who fields phone calls during patient care conferences to minimize interruptions. Patient care associates are available to answer patient call lights, and McDonough or Pazola will step out if issues arise during conferences.

To date, more than ten patient care conferences have been held. Topics have ranged from case studies, to reports from professional conferences attended by staff, to didactic lectures. Recently, Anne Foncesca, RN, presented, "Caring for the Autistic Child," com-



Pediatric staff nurses, Karen McDonough, RN and Kathie Pazola, RN,

plete with articles and hand-outs. Sandra Pugsley, RN, presented, "Boundary Issues," after attending the Care of the Hospitalized Child national conference. Staff from the other pediatric unit are welcome to attend. An interdisciplinary patient care conference was recently held, led by McDonough, to discuss approaches to pain relief in neurologically complex patients.

Patient care conferences have been enthusiastically received by staff, and the positive feedback has contributed to increased camaraderie on the unit. Everyone has an opportunity to discuss, learn, and share. Patient care conferences for evening and night staff tap into a part of our professional practice model once reserved for the day shift. In addition to improving care by sharing valuable information, patient care conferences support the 14 forces of Magnetism that make us a Magnet hospital.

For more information about night and evening patient care conferences, e-mail Karen McDonough or Kathie Pazola.

Professional Achievements

Coakley appointed

Edward Coakley, RN, director emeritus, The Center for Innovations in Care Delivery, was appointed to the CIMIT and Partners Network Weaver Innovative Learning Network, in November, 2007.

Akladiss, Russo, present

Occupational therapists, Joanna Akladiss, OTR/L, and Katherine Russo, OTR/L, presented, "Splint Lab," at Tufts University, November 19, 2007, and November 26, 2007.

King elected

Janet King, RN, Endoscopy Unit, was elected a member of the Board of Directors for the New England Society of Gastroenterology Nurses and Associates for the 2007–2010 term.

Robbins elected

Christopher Robbins, RN, Endoscopy Unit, was elected treasurer of the New England Society of Gastroenterology Nurses and Associates for the 2007–2010 term.

Growney presents

Marion Growney, RN, Radiology, presented, "Treatment of Compression Fractures and Metastatic Spine Lesions," at the Boston Oncology Nurses Society meeting, November 14, 2007.

Brier pinned

Marilyn Brier, LICSW, social worker, Genito-Urinary Oncology and Proton Beam Radiation Center, received the superior patient care pin, from the Cancer Center for Superior Patient Care in the Cancer Center clinical setting.

Jenkins, Stefancyk accepted to AONE fellowship class

Donna Jenkins, RN, nursing director, Thoracic Surgery, and Amanda Stefancyk, RN, nursing director, White 10 Medicine Unit, were accepted into the American Organization of Nurse Executives' 2007 Nurse Manager Fellowship Class, in November, 2007.

Russo presents

Occupational therapist, Katherine Russo, OTR/L, presented, "Evaluation of the Hand/Upper Extremity," at Tufts University, November 5, 2007.

Maramaldi presents

Peter Maramaldi, LICSW, social worker, presented, "Cancer Screening Barriers for Community-Based Hispanic and Caucasian Elders," at the 53rd annual conference of the Council of Social Work Education in San Francisco in October, 2007.

Coakley presents

Edward Coakley, RN, director emeritus, The Center for Innovations in Care Delivery, presented his multi-site study, "Life/Work Planning Processes in Nurses 50 Years of Age and Older at MGH and Two Other Sites," at the Biennial Convention of Sigma Theta Tau, in Baltimore, November 6, 2007.

Endoscopy nurses present

Debra Christofi, RN; Jane Harker, RN; and Ellen Silvius, RN, presented, "Nursing Considerations in Endoscopic Ultrasonography," at the Endoscopic Ultrasonography LIVE-2007 course, November 9–10, 2007.

Doherty presents

Occupational therapist, Regina Doherty, OTR/L, presented, "Ethics Education in the Entry-Level Occupational Therapy Curricula: a Pilot Study," at the Massachusetts Occupational Therapy Association annual conference, October 19, 2007.

Mult-disciplinary team presents

Karon Konner, LICSW; Grace Good, RN; Jennifer Repper-DeLisi, RN; Theodore Stern, MD; and Rebecca Brendel, MD, presented, "Medical and Psychiatric Management of the Behaviorally Challenging Medical Inpatient: an Interdisciplinary Approach," at the Academy of Psychosomatic Medicine's 54th annual meeting in Amelia Island, Florida, November 16, 2007.

Quinn presents

Thomas Quinn, RN, clinical nurse specialist, Pain Relief, presented, "Opioid Safety," at the 5th annual Detroit Medical Center Pain Awareness Symposium, November 16, 2007.

Fabien certified

Emmanuela Fabien, RN, staff nurse, became certified as a medical-surgical nurse by the Academy of Medical-Surgical Nurses, in November, 2007.

Harker coordinates Endoscopy class

Jane Harker, RN, Gastrointestinal Unit, co-directed the course, "Sedation and Monitoring: an Advanced Endoscopy Series Course," at the American Society of Gastrointestinal Endoscopy meeting in Chicago, November 30–December 1, 2007.

Orencole presents

Mary Orencole, RN, Cardiac Resynchronization Therapy Program, presented, "The Cost Effectiveness of Remote Monitoring for Patients with Heart Failure," at the Heart Failure Society of America's annual meeting in Washington, DC, in September, 2007.

Speech pathologists present

Tessa Goldsmith, CCC-SLP; Audrey Cohen, CCC-SLP; Paige Nalipinski, CCC-SLP; and Carmen Vega-Barachowitz, CCC-SLP, speech-language pathologists, presented, "Validation and Implementation of the MGH Swallowing Screening Tool," at the American Speech-Language and Hearing Association 2007 annual convention, November 16, 2007.

Goldsmith presents

Tessa Goldsmith, CCC-SLP, speech-language pathologist, presented, "Management of Swallowing and Voice in Patients with Head and Neck Cancer," at the Baylor All Saints Medical Center in Fort Worth, Texas, October 3 and 5, 2007. Goldsmith also presented, "The Impact of Lymphedema on Swallowing Function in Patients with Head and Neck Cancer," at the Truman Medical Center Lakewood, in Kansas City, Missouri, October 20, 2007.

Mann presents

Caitlin Mann, RN, presented her poster, "Parental Perceptions of Longitudinal Outcomes Research," at the Sigma Theta Tau International 39th biennial convention in Baltimore, November 5, 2007.

Vanderboom presents

Teresa Vanderboom, RN, Radiology/Neuroradiology, presented, "Interventional Neuroradiology: an Overview of Stroke Prevention and Treatment Procedures," at the Neuroscience Nursing: Innovations Across the Continuum Conference, November 14, 2007.

Ashland, Hersh present

Jean Ashland, CCC-SLP and Cheryl Hersh, CCC-SLP, speech-language pathologists, presented their poster, "SLP's Role in Management of Pediatric Dysphagia and Laryngeal Clefts," at the American Speech-Language and Hearing Association 2007 annual convention, November 16, 2007.

Multi-disciplinary team presents

June Williams, CCC-SLP, speech-language pathologist; Neila Altobelli, RRT, respiratory therapist; Sue Gavaghan, RN; and Marian Jeffries, RN, presented their poster, "Establishing a Multi-Disciplinary Tracheostomy Quality Team in the Acute Setting," at the American Speech-Language and Hearing Association 2007 annual convention, November 15, 2007.

Orencole Presents

Mary Orencole RN, Cardiac Resynchronization Therapy Program, and medical team presented their poster, "Severe Left Ventricular Dilation is Associated with Lack of Long-Term Clinical Response to Cardiac Resynchronization Therapy," at the American Heart Association Scientific Sessions, in Orlando, Florida and at Euroecho, in November, 2007. They also presented, "Assessment of Mechanical Dyssynchrony During Dobutamine Infusion May Improve Identification of Responders to Cardiac Resynchronization Therapy," at Euroecho.

Addressing the issue of noise in patients' rooms

Question: I've heard from some of my patients that noise is sometimes an issue when they're trying to rest. Between bedside alarms and sharing a room, it can get noisy. Are we addressing this in any way?

Jeanette: We are. Two pilot programs are currently in the works. One involves earplugs. We're evaluating a variety of earplugs and have found a type we think will work well for patients. They are convenient for use at night to minimize noise from alarms, neighboring televisions, and conversations. They're not intended to block out all sound, but they should provide enough of a barrier to enable patients to rest more comfortably.

Another strategy involves disposable headphones and pillow speakers. We have obtained new pillow speakers equipped with headphone jacks that allow patients to listen to television through headphones. We are looking into disposable headphones (or patients may use their own headphones). We hope this will help minimize a lot of the noise patients experience in the overnight hours.

Question: What do you hope to gain from these pilot programs?

Jeanette: Our noise-reduction initiatives are the direct result of feedback from patients. Patients have reported difficulty resting due to noise from roommates, visitors, and televisions. We're hoping to find a comfortable, effective solution that's readily available to patients so their hospital stays are more comfortable and their overall experience is more restful and healing.

Question: What will happen after the pilot?

Jeanette: With what we learn from the pilot, we plan to make the most effective earplugs and headphones available on all inpatient units throughout the hospital.

Question: Related to noise-reduction, I've heard there's a new law related to hearing screenings for newborns? Is this something we'll be implementing?

Jeanette: The US Senate passed legislation that seeks to improve the screening of newborns for 29 disorders, including hearing loss. The House of Representatives is expected to consider similar legislation early next year.

The Newborn Screening Saves Lives Act (S-1858) was introduced by Senators Dodd, Hatch, Clinton, and Kennedy. The bill would educate parents and health-care providers about newborn health screening, improve follow-up care for infants who fail screenings, and authorize funding for states to expand their newborn screening programs. It would provide grants and incentives to help states implement screenings for all 29 disorders. Hearing is one of the disorders for which most states require screening of newborns.

At MGH we have screened newborns for hearing loss for more than ten years, even before it was a requirement in the state of Massachusetts. Newborns with hearing loss can be identified sooner so appropriate interventions can be performed.

Two pilot programs are currently in the works. One involves earplugs. Another involves disposable headphones and pillow speakers.

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.

Save the date “Save that line”

“Save that Line” is the theme of this year’s National IV Nurse Day celebration. IV nurses will staff an educational display table with information on short peripheral IV catheters and peripherally inserted central catheters.

January 23 and 25, 2008
10:00am–2:00pm
and 4:00–6:00pm
by the East Garden Dining Room

Stop by to review and update information, check out the new peripheral IV for power injections, participate in skills labs, confer with the IV team, and meet “Peter PICC.”

For more information, call 6-3631.

Healthcare speakers wanted

The MGH-East Boston High School Speaker’s Bureau is looking for volunteers to speak to East Boston High School students interested in careers in health care.

Speakers have an opportunity to engage, motivate, and inform students about career opportunities, discuss topics in the healthcare field, and “tell their story.”

For more information, contact Dan Correia at 4-6424.

Call for Nominations

The Stephanie M. Macaluso, RN, Excellence In Clinical Practice Award recognizes direct-care providers throughout Patient Care Services whose practice exemplifies expert application of the values reflected in our vision.

Nominations are now being accepted for recipients who will be selected in March, 2008.

Staff nurses, occupational therapists, physical therapists, respiratory therapists, speech-language pathologists, social workers, and chaplains who spend 50% or more of their time in direct-care roles are eligible.

Recipients will receive \$1,500 to be used toward a professional conference or course of their choosing. They will be acknowledged at a reception, and their names will be added to the plaque honoring Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award recipients.

Nominations are due by January 14, 2008

For more information, contact Mary Ellin Smith, RN, at 4-5801.

Call For Proposals

Yvonne L. Munn Nursing Research Awards

Proposals are due by January 15, 2008

Guidelines for proposal preparation are available at: www.mghnursingresearchcommittee.org under, “Resources.”

For more information, contact Virginia Capasso, RN, at pager: #2-5650 or by e-mail.

Call for nominations

The Brian M. McEachern Extraordinary Care Award recognizes staff within Patient Care Services whose passion and tenacity exceed the expectations of patients, families, and colleagues by demonstrating extraordinary acts of compassionate care and service.

Award recipient will receive \$1,000.

Nominations are due by January 22, 2008.

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

Call for Abstracts Nursing Research Expo 2008

The MGH Nursing Research Committee is calling for poster abstracts for Nursing Research Expo 2008.

Categories include: Original Research, Research Utilization, and Performance-Improvement.

For more information contact Victoria Morrison, RN; Cathy Griffith, RN; Laura Naismith, RN; or your clinical nurse specialist.

To submit an abstract, visit the Nursing Research Committee website at:

www.mghnursingresearchcommittee.org

Deadline for submission is February 1, 2008.

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Submissions

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

Next Publication

January 24, 2008

Educational Offerings – 2008

January

9

New Graduate RN
Development Seminar I

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

January

9

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse

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

January

9

OA/PCA/USA Connections

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

January

11

Basic Respiratory Nursing Care

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

January

11, 14, 18,
22, 28,

and February

1

Greater Boston ICU Consortium
Core Program

BMC
7:30am – 4:30pm
Contact hours: TBA

January

14

BLS Heartsaver Certification

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

January

14

PALS Instructor Class

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

January

16

Nursing Grand Rounds

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

January

17

Workforce Dynamics:
Skills for Success

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

January

17

Oncology Nursing Concepts

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

January

17

Management of Patients with
Complex Renal Dysfunction

Yawkey 4810
8:00am – 4:30pm
Contact hours: TBA

January

23

New Graduate RN
Development Seminar II

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

January

23

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse

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

January

23

Simulated Critical-Care
Emergencies

POB 448
1:00am – 3:00pm
Contact hours: TBA

January

24

Nursing Grand Rounds

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

January

24

CPR Re-Certification

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

January

25

Best Practice in Acute Care for
Older Adults

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

January

25

PALS Re-Certification

Burr 6 Conference Room
7:45am – 4:00pm
No contact hours

January

25

CPR Mannequin Demonstration

Founders 325
Adults: 8:00am and 12:00pm
Pediatrics: 10:00am and 2:00pm
No BLS card given
No contact hours

January

25

Intra-Aortic Balloon Pump

Day 1: CSEMC
Day 2: Founders 311
7:30am – 4:30pm
Contact hours: TBA

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

STAFF NOTICE MAGNET RECOGNITION PROGRAM® SITE VISIT

- MGH has applied to the American Nurses Credentialing Center (ANCC) for the prestigious Magnet designation. The Magnet designation recognizes excellence in nursing services.
- You have an opportunity to participate in the evaluation process and are encouraged to do so. ANCC appraisers will be coming to MGH, **February 20, 21, 22, 2008**, for a site visit.
 - You may talk with the appraisal team when they arrive, or you may fax or e-mail comments to the Magnet Program Office. **All phone comments to the Magnet Program Office must be followed up in writing.** YOUR COMMENTS ARE CONFIDENTIAL AND NEVER SHARED WITH ANYONE IN AT MGH. IF YOU CHOOSE, YOUR COMMENTS MAY BE ANONYMOUS, BUT MUST BE IN WRITING.
- YOUR COMMENTS MUST BE RECEIVED BY **FEBRUARY 11, 2008**.
PHONE: 866-588-3301 (TOLL FREE)
FAX: 301-628-5217
E-MAIL: MAGNET@ANA.ORG
WRITE: AMERICAN NURSES CREDENTIALING CENTER
MAGNET RECOGNITION PROGRAM
8515 GEORGIA AVENUE, SUITE 400
SILVER SPRING, MARYLAND 20910-3492
- MGH has submitted written documentation for the appraisal team to review. That information is available to you for review at or in:
 - Blum Patient & Family Learning Center: White Building, Rm. 110 (Mondays – Fridays; 9:30am – 6:30pm)
 - Clinical Nursing Supervisors Office, Bigelow Building, Rm. 1406 (24 hours/day)
Phone #: 617-726-6718
To page: dial 617-726-2000; pager #s 25101, 25213, or 25205

NOTICE TO REGISTERED NURSE STAFF

- IN ADDITION, A STAFF NURSE SURVEY IS LOCATED ON THE MAGNET WEBSITE: <http://www.nursecredentialing.org/MAGNET/snsurvey.html>

Although you are not required to identify the organization in which you work, doing so will provide the appraisal team with valuable information that can be considered in the evaluation. If you do choose to indicate your organization, rest assured your comments are received anonymously and the Magnet Program Office has no way of identifying you. (To ensure complete anonymity, complete the survey from a home computer)

PUBLIC NOTICE MAGNET RECOGNITION PROGRAM® SITE VISIT

- Massachusetts General Hospital has applied to the American Nurses Credentialing Center (ANCC) for the prestigious designation of Magnet. The Magnet designation recognizes excellence in nursing services.
- Patients, family members, staff, and interested parties who would like to provide comments are encouraged to do so. Anyone may send comments via e-mail, fax, and direct mail. **All phone comments to the Magnet Program Office must be followed up in writing.**

YOUR COMMENTS ARE CONFIDENTIAL AND NEVER SHARED WITH THE FACILITY. IF YOU CHOOSE, YOUR COMMENTS MAY BE ANONYMOUS, BUT MUST BE IN WRITING.

- YOUR COMMENTS MUST BE RECEIVED BY **February 11, 2008**.
Address: AMERICAN NURSES CREDENTIALING CENTER (ANCC)
MAGNET RECOGNITION PROGRAM OFFICE
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910-3492
Fax: 301-628-5217
E-Mail: magnet@ana.org
Phone: 866-588-3301 (toll free)
- Massachusetts General Hospital has submitted information for the appraisers to review. That information is available, twenty-four hours a day, to you for review at or in:
 - Blum Patient & Family Learning Center: White Building, Rm. 110 (Mondays – Fridays, 9:30am – 6:30pm)
 - Clinical Nursing Supervisors Office, Bigelow Building, Rm. 1406 (24 hours/day) Phone #: 617-726-6718
To page: dial 617-726-2000; pager #s 25101, 25213, or 25205



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