Caring Headlines

January 24, 2008

The Norman Knight Clinical Support Excellence Award

See story on page 4

At the Norman Knight Clinical Support Excellence Award ceremony in O'Keeffe Auditorium, award recipient, Edna Gavin (center), is pictured with (l-r): nursing director, Tony Digiovine, RN; associate chief nurse, Jackie Somerville, RN; award benefactor, Mr. Norman Knight; and senior vice president for Patient Care, Jeanette Ives Erickson, RN.

The newsletter for Patient Care Services
Massachusetts General Hospital

Tracking nursing-sensitive indicators to improve patient care

Beginning this month and continuing on a quarterly basis, each inpatient unit will receive a one-page, unit-specific 'snapshot' of nursing-sensitive performance indicators for their unit.

In our never-ending quest to improve patient care and the systems that support that care, The Patient Care Services Office of Quality & Safety, in collaboration with PCS Financial Management Systems and the Magnet Re-Designation Core Team, are rolling out a new tool to help track unit-specific, nursing-sensitive, performance indicators. At a time when consumers, payers, and the entire healthcare community are looking for greater transparency and accountability, documenting our work and analyzing outcomes take on added importance.

A number of state and national agencies already collect, measure, and report on nursing-sensitive indicators. The National Quality Forum (NQF); the National Database of Nursing Quality Indicators (NDNQI); the Patients First initiative; Centers for Medicare and Medicaid (CMS); and the American Nurses Association (ANA) are some of the organizations that recognize the important link between nursing-sensitive indicators and our ability to monitor systems and improve care.

Beginning this month and continuing on a quarterly basis, each inpatient unit will receive a one-page, unit-specific 'snapshot' of nursing-sensitive performance indicators for their unit. Data will be drawn from existing reporting mechanisms, such as our electronic safety reporting system, our hand-hygiene reporting system, our annual Staff Perceptions of the Professional Practice Environment Survey, and a variety of other sources. The nursing-sensitive indicators we'll be measuring will include:

- Patient fall rate
- Patient fall (with injury) rate
- Pressure ulcer incidence
- Satisfaction with overall care
- Satisfaction with pain-management
- Infection rate (MRSA)
- Infection rate (VRE)
- Infection rate (C. diff)
- Infection rate (line-related)
- Hand hygiene (pre- and post-contact)
- Staff nurse satisfaction

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

Each quarterly snapshot will contain unit-specific performance data, the time frame during which the data was obtained, benchmarking criteria, and an ex-

continued on next page

planation of how the benchmark was obtained. Also included will be an overview of each unit's staffing profile, including turnover rate, vacancy rate, staff nurses' educational level, and the percentage of staff nurses certified by a national organization.

This quarterly snapshot will be a helpful tool as we prepare for our February Magnet re-designation site visit and as we continue to look for opportunities to improve systems and increase patient satisfaction. It will be important to engage as many people as possible (patients, families, and staff from all disciplines) in this initiative as we add to our understanding of how nursing impacts patient care.

I would like to enlist your help in making these quarterly snapshots part of your own personal and unit-based improvement efforts. Post forms where staff will see them. Familiarize yourself with the data. Ask yourself what we can learn from this information. Share your thoughts with colleagues and staff from other disciplines and role groups. Together, we can use this information to craft better solutions, improve systems, and continue to raise the bar on quality care and service.

ouRNumbers

Patient Care Unit

Staff Nurse Profile

Staff Nurse Measure	Actual Unit Performance	Timeframe	Benchmark	Notes
Turnover		Fiscal Year 2007	4.0%	[illegible]
Vacancy Rate		As of 1/2/08	4.1%	[illegible]
% Educated at BSN or Higher		Fiscal Year End 2007	50.4%	[illegible]
% Certified		Fiscal Year End 2007	23.2%	[illegible]

Selected Nursing Sensitive Indicator Performance

ANA Nursing Sensitive Indicators	Actual Unit Performance	Timeframe	Benchmark	Notes
Patient Fall Rate		Jul. - Sep. 2007	2.61	[illegible]
Patient Fall with Injury Rate		Jul. - Sep. 2007	0.53	[illegible]
Pressure Ulcer Incidence		September 2007	<3.35	[illegible]
Satisfaction w/ Overall Care		Oct. - Dec. 2007	60.0%	[illegible]
Satisfaction w/ Pain Mgmt.		Oct. - Dec. 2007	0.59	[illegible]
Infection Rate - MRSA		Jul. - Sep. 2007	<1.45	[illegible]
Infection Rate - VRE		Jul. - Sep. 2007	<0.47	[illegible]
Infection Rate - C. Diff		Jul. - Sep. 2007	<1.58	[illegible]
Infection Rate - Line Related		Jul. - Sep. 2007	<1.03	[illegible]
Hand Hygiene (Pre/Post Contact)		Oct. - Dec. 2007	90%/90%	[illegible]
Staff Nurse Satisfaction		January 2007	3.40	[illegible]

Nursing-Sensitive Indicators Unit-Based Snapshot

Initially, quarterly snapshots will be disseminated to inpatient units only with plans to expand to peri-operative areas, the Emergency Department, and other areas as we modify and customize the form to be more relevant to those settings. This is a work in progress. As you begin to use this tool, if you have thoughts or ideas about how to improve the form or suggestions about other nursing-sensitive indicators, please let your nursing director know.

For more information, or if you have questions about these new unit-based performance indicators, please contact Keith Perleberg, RN, director of the PCS Office of Quality & Safety, at 3-0140, or Eileen Flaherty, RN, director of PCS Financial Management Systems, at 3-4082.

I would like to enlist your help in making these quarterly snapshots part of your own personal and unit-based improvement efforts. Post forms where staff will see them. Familiarize yourself with the data. Ask yourself what we can learn from this information. Share your thoughts with colleagues and staff from other disciplines and role groups.

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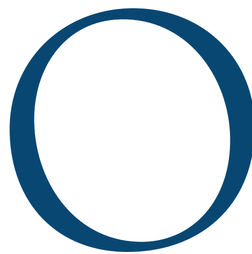
(Cover photo by Paul Batista)

The Norman Knight Clinical Support Excellence Award

—by Julie Goldman, RN, professional development coordinator

Nursing director, Tony DiGiovine, RN, spoke at length about Gavin's long career on the unit. "Edna is quiet and unassuming. She shuns attention. She may not have a lot to say, but when she speaks, people listen. Her perspective and insights are valuaed by everyone."



n January 3, 2008, in O'Keeffe Auditorium before a gathering of family, friends, and co-workers, the first annual Norman Knight Clinical Support Excellence Award was presented to Edna Gavin, patient care associate (PCA) on the Bigelow 13 Plastics/Burn Unit. Presiding over the event, Jeanette Ives Erickson, RN, senior vice president for Patient Care, acknowledged the generosity and friendship of Mr. Norman Knight, who has funded many important programs and awards at MGH and who made this inaugural award ceremony possible.

Ives Erickson urged attendees to come up with a way to acknowledge clinical support staff for the important contributions they make to patients, families, and the entire healthcare team. Said Ives Erickson, "Clinical support staff throughout the MGH community play an invaluable role in providing quality care. They are important members of our team and a critical factor in the success of this organization."

Jackie Somerville, RN, associate chief nurse, spoke about the importance of being a team player, citing the 2002 New England Patriots who refused to be introduced individually at the 2002 Super Bowl, insisting instead to be introduced as a team. She stressed the importance of having common goals and qualities such as good communication skills, the ability to listen, flexibility, and respect for others.

The Norman Knight Clinical Support Excellence Award was developed to recognize the invaluable role of clinical support staff. Criteria for selection are based on three attributes: patient advocacy, commitment to quality patient care, and compassionate care.

Gavin was nominated by nurses and a physician on Bigelow 13. The common themes in each of their letters were compassion, caring, and advocacy for patients, families, and peers. Carolyn Washington, operations coordinator, wrote, "When patients come back for an appointment, it's usually Edna they come back to see."

Speaking at the award ceremony, Bigelow 13 nursing director, Tony DiGiovine, RN, spoke at length about Gavin's long career on the unit and the friendship and mutual respect they have long shared. Said DiGiovine, "It is truly an honor to introduce Ms. Edna Gavin, an extraordinary person and a terrific member of the Bigelow 13 team... In the morning, as I walk from my office to the nurses' station, I often hear Edna in patients' rooms, reassuring, coaxing, sometimes cajoling, sometimes pushing patients harder than they want to be pushed. She always knows just how hard to press—for every patient is different... Edna is quiet and unassuming. She shuns attention. She may not have a lot to say, but when she speaks, people listen. Her perspective and insights are valued by everyone on the unit."

When asked what keeps her at MGH, Gavin responded, "I love my position on Bigelow 13. I love the patients and families. I love the people I work with. And I love feeling needed."

Other nominees for the Norman Knight Clinical Support Excellence Award were: David Carino, PT aide; Leonard Charbonneau, PCA; Michelle Estacio, PCA; Sinara Gaquin, PCA; Joyce Henry, PCA; Oliver Jose, PCA; Fatbarda Plaku, PCA; Lee Salkovitz, PCA; Kelly Tuxbury, PCA; and Peter Wu, PCA.

For more information about the Norman Knight Clinical Support Excellence Award, contact Julie Goldman, RN, at 4-2295.

Preparing for the Magnet re-designation site visit

—by Suzanne Cassidy, senior project specialist

On October 26, 2007, MGH submitted written evidence to the American Nurses Credentialing Center (ANCC) completing Phase I of the journey toward Magnet re-designation. Phase II will be a site visit by Magnet appraisers. On February 20-22, 2008, four Magnet appraisers and one appraiser fellow will visit MGH to see how our evidence is disseminated and enculturated into practice.

Staff nurses serving as Magnet ambassadors and champions will play an important role in preparing for the visit. Using educational materials, talking papers, games, and other resources, they'll provide staff with an opportunity to participate in the planning and become better informed about Magnet designation.

A number of activities are scheduled throughout January and February to help the MGH community prepare for the visit:

- Two Nursing Grand Rounds, on January 10 and February 7, 2008, from 1:30–2:30pm in O'Keeffe Auditorium, will provide staff with background information about the Magnet program, the re-designation process, an overview of the 14 forces of Magnetism, and examples from our written evidence.
- Display tables will be set up in the Main Corridor on February 7 and February 19, 2008, from 10:00am–8:00pm. MGH staff will be on hand to answer questions for patients, families, staff, and visitors about Magnet designation. Written materials will be available with more information about the re-designation process.
- Magnet evidence is currently on display in the Blum Patient & Family Learning Center on the first floor of the White Building, Monday–Friday from 9:30am–6:30pm, and in the clinical nursing supervisors' office on Bigelow 1406 any time. Magnet evidence can be accessed on-line from the MGH Magnet website at: http://www.massgeneral.org/pcs/Magnet/Magnet.asp.

Members of the Magnet Core Team (Marianne Ditomassi, RN; Bessie Manley, RN; Sheila Golden-Baker, RN; Suzanne Cassidy, and Denise Little, RN,) are conducting a series of presentations with clinical, administrative, and support departments throughout the hospital to familiarize staff with the Magnet re-designation process and what can be done to help prepare for the site visit. Associate chief nurses and nursing directors will conduct a series of mock site visits to prepare nursing staff for questions they may be asked by Magnet appraisers.

Staff nurses serving as Magnet ambassadors and champions will play an important role in preparing for the visit. Using educational materials, talking papers, games, and other resources, they'll provide staff with an opportunity to participate in the planning and become better informed about Magnet designation.

Please visit the Magnet website and review the information describing our Magnet re-designation efforts. The page can be accessed from the Patient Care Services website at http://www.massgeneral.org/pcs/Magnet/Magnet.asp.

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

Open visitation a healing intervention in the CICU

I began to talk to Mr. C about his family. He told me he and his wife had been married for 27 years... From the passion in his voice, I could hear how much he loved and cherished his wife.

My name is Jeanne Elliott, and I am a nurse on the Ellison 9 Cardiac Intensive Care Unit (CICU). Mr. C is a 58-year-old man who had been taken to the Emergency Department of a community hospital with complaints of back and chest pain. Mr. C had reported not being able to walk in an upright position for more than a day. He was treated with aspirin, nitroglycerin, and morphine, the standard 'cocktail' for routine chest pain. After several hours, a CT scan revealed a descending aortic aneurysm, and he was quickly transferred to MGH for further evaluation and possible surgical intervention.

After being admitted through our Emergency Department, Mr. C arrived in the CICU late on a Friday night. I introduced myself, told him I'd be his nurse for the night, and that I'd been a nurse in the CICU for almost five years. Mr. C was accompanied by his wife. He was tachycardic and hypertensive. I knew I needed to decrease his blood pressure and heart rate because of the extent of his aneurysm, so I called the resident and voiced my concerns. As I was attending to Mr. C's hemodynamics, I noticed he was fidgety and having difficulty lying still. I assessed his level of discomfort, which he rated 3 on a scale of 0-10. I quickly asked another nurse to bring me morphine, a drug often used to treat and alleviate pain. But even as we alleviated his pain, I knew there was something more.

Jeanne Elliott, RN staff nurse
Ellison 9 Cardiac Intensive Care Unit

Throughout the night, my colleagues saw I needed to spend time with Mr. C and his family. I'm fortunate to work with a group of nurses who support and enable one another to provide whatever care is necessary in any situation. Often, verbal communication isn't even necessary, as before I even ask for help, someone is doing something for my patient. This was one of those nights.

I began to talk to Mr. C about his family. He told me he and his wife had been married for 27 years. This was the second marriage for both of them, and his relationship with Mrs. C was very different than any other he'd ever had. Though they were a blended family, both with children from previous marriages, it was the best family he could have hoped for. From the passion in his voice, I could hear how much he loved and cherished his wife.

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In my ten years at MGH, I have learned that family presencing can have an immense impact on patient outcomes. I value and appreciate family presencing as an essential nursing intervention. I have taken an active role in the CICU to advocate for family presencing and encourage it whenever possible.

During my conversation with Mr. C, I continued to adjust his intravenous medications. I knew he had to be as stable as possible, in case he needed surgery. It was going to be a challenge to stabilize Mr. C and meet his emotional needs. But it was a challenge I was determined to overcome. In order to maximize the medication, I needed to make sure Mr. C's needs were met, including his emotional need for his wife's presence.

Mrs. C waited patiently in the waiting room, desperately wanting to be with her husband. I asked Mr. C if he'd like to see his wife while my colleagues and I got him settled into bed. He eagerly agreed. It was easy to see Mr. C needed his best friend and confidant. Open visitation in the CICU is strongly encouraged. Time and time again, we see the comfort generated by the presence of family members.

When Mrs. C came into the room, the look on Mr. C's face was amazing. He started to cry. She stroked his head. She told him she was there and wouldn't leave until the nurse 'made her go.' I immediately told her about our open visiting policy, and that she could stay as long as she and her husband wanted her to be there.

When the overnight resident came in to examine Mr. C, he asked Mrs. C to wait outside while he performed his assessment. Mr. C became agitated and began to panic. Despite the medication, Mr. C's blood pressure and heart rate increased to dangerous levels. I immediately told the resident I thought it would be in Mr. C's best interest if Mrs. C stayed in the room. While continuing to titrate the medication, I assured Mr. C that his wife could stay. He smiled and held his hand out to her. She stood quietly by him and stroked his hair. I knew it was exactly what Mr. C needed.

Neither Mr. nor Mrs. C had eaten anything all day. I rushed to find them some food, because it was now 3:00am, and the main kitchen was closed. I located some soup and made a peanut-butter-and-jelly sandwich for them. But by the time I got back to their room, Mr. C was sound asleep. Mrs. C said the only reason he was finally able to sleep was because he knew she was in the room.

As I chatted with Mrs. C and completed my nursing data-set, I learned that Mr. C was a heavy drinker, something he hadn't shared with physicians at either hospital. Mrs. C said he drank up to three 'stiff' drinks a day. He never got drunk, but he enjoyed having a few drinks throughout the evening. I knew if Mr. C began to withdraw from alcohol before his surgery, it could be deadly. I spoke to the resident, sharing the conversation I'd had with Mrs. C. He said it was a great 'pick-up.' We ordered ativan, a common drug given to those going through withdrawal from alcohol.

Mrs. C thought it would be helpful for Mr. C to see a priest, so I called the Chaplaincy, and within an hour a priest was at Mr. C's bedside. This had a calming effect as Mr. and Mrs. C and the priest prayed together.

The nursing data-set is an important discovery tool. In this case, it helped identify, and allowed us to minimize, Mr. C's delirium tremors, keeping him stable enough to go to surgery for his aneurysm repair.

Three days into his stay at MGH, Mr. C was taken to surgery to have his aneurysm repaired. Keeping Mr. C hemodynamically stable was our highest priority, and having Mrs. C at his side was our most powerful intervention. Open visitation allowed Mrs. C to stay with Mr. C throughout his hospital stay.

At the end of my shift, I made sure the next nurse knew what we had done and understood the importance of Mrs. C's presence. Getting to know patients and families as individuals allows us to tailor our care to meet their individual needs. Mr. and Mrs. C's culture of intimacy, sharing, and support was evident as I cared for them. I knew that being able to maintain that relationship would be important for both of them.

Being a nurse can be challenging. We have to look not only at what's going to keep our patients alive, but what's going to keep them comfortable, physically and mentally. We need to care for, respect, and value patients and their families. In my ten years at MGH, I have learned that family presencing can have an immense impact on patient outcomes. I value and appreciate family presencing as an essential nursing intervention. I have taken an active role in the CICU to advocate for family presencing and encourage it whenever possible.

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

This narrative speaks to the importance of the nursing data-set and the power of open visitation in addition to all the other nursing interventions Jeanne performed. Through her diligence and compassion, Jeanne was able to learn of Mr. C's drinking habits, which allowed him to be treated safely and appropriately.

Jeanne recognized the vital role Mrs. C played in her husband's comfort and recovery and encouraged her participation in his care. Jeanne's ability to be present and empathic and share these important findings with the team contributed to Mr. C's positive outcomes.

Thank-you, Jeanne.

New 'artists' in residence: multi-cultural nurses at MGH

—by Olako Agburu, administrative fellow

"Nursing is an art, and if it is to be made an art, it requires an exclusive devotion..."
—Florence Nightingale

Below: members of the Multi-Cultural Nursing Committee Latino Nurse Day Planning Group (l-r): Noelia Goytizolo; Claribell Diaz, RN; Kathleen Myers, RN; Yulhader Revere, RN; and Paula Restrepo, RN. **Opposite page:** celebrating Latino Nurse Day

Nursing at MGH is an art and a science. In its art form, nursing is an expression of care and compassion. In its scientific form, nursing uses evidence-based results to shape patient outcomes. As society's image of nursing changes, and new generations of nurses emerge, what will happen to the art of nursing? How will the face of nursing look in ten, twenty years?

According to the National Sample Survey on Registered Nurses, "Today's nurses do not mirror the population. As of 2004, Latinos account for only 1.8% of the total number of nurses in the country, while Latinos represent 13.7% of the total population." At MGH, Latino nurses account for 1% of all registered nurses.

(Photos by Rod Harris)

The Multi-Cultural Nursing Committee at MGH is comprised of nurses and administrators actively engaged in community outreach. The group provides mentorship and support to multi-cultural nurses, fostering the professional growth, recruitment, and retention of diverse nursing candidates. Perhaps most significantly, the Multi-Cultural Nursing Committee helps candidates navigate the obstacles encountered by clinicians educated in other countries as they try to become nurses at MGH.

Through shared experiences and mentoring, members of the MGH Multi-Cultural Nursing Committee have reached out to students in the Boston community. These nurses provide insight into the world of nursing as foreign-born residents and inform others about how best to gain licensure in the United States. As people from other countries continue to immigrate to America, and with the nursing shortage in full swing, the demand for bilingual healthcare workers is growing.

Claribell Diaz, RN, staff nurse, White 6 Orthopaedics Unit, stresses the importance of family support while undergoing challenges to navigate the US educational and licensure system. Yulhader Revere, RN, notes the importance of gaining the trust of patients who may be intimidated or fearful of the US health-

continued on next page

Professional Achievements (continued)

Badio certified

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

Cellini certified

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

Nurses publish

Marian Jeffries, RN; Rechelle Townsend, RN; and Emily Horrigan, RN, authored the article, "Combating Lung Cancer," in *Nursing 2007*, in December, 2007.

Mello presents

Jennifer Mello, CCC-SLP, speech-language pathologist, presented her poster, "Fiberoptic Swallowing Evaluation in Acute Burn Patients," at The American Speech-Language and Hearing Association 2007 annual convention, November 16, 2007.

Ayre presents

Angela Ayre, CF-SLP, speech-language pathologist, presented her poster, "Predictors of English Reading Skills in Spanish-Speaking English-Language Learners," at the American Speech-Language and Hearing Association 2007 annual convention, November 15, 2007.

Nurses publish

Catherine Griffith, RN; Mary Larkin, RN; Chelby Cierpial, RN; Elise Gettings, RN; and, Virginia Capasso, RN, published, "Creating More than Just a Journal Club: how to Start and Sustain a Forum for Nursing Research," in *American Nurse Today*, in November, 2007.

Nurses publish

Mary Larkin, RN; Catherine Griffith, RN; Virginia Capasso, RN; Chelby Cierpial, RN; Elise Gettings, RN; Kathleen Walsh, RN; and, Catherine O'Malley, RN, authored, "Promoting Research Utilization Using a Conceptual Framework," in the *Journal of Nursing Administration*, in November, 2007.

Nurses publish

Diane Carroll, RN; Fukouka Yoshimi, RN; and Sally Rankin, RN, authored the article, "Systematic Bias in Self-Reported Annual Household Incomes Among Unpartnered Elderly Cardiac Patients," in *Applied Nursing Research*, November, 2007.

Nurses publish

Cynthia LaSala, RN; Patricia Connors, RN; Jill Taylor Pedro, RN; and Marion Phipps, RN, authored the article, "The Role of the Clinical Nurse Specialist in Promoting Evidence-Based Practice and Effecting Positive Patient Outcomes," in the November/December, 2007, issue of *The Journal of Continuing Education In Nursing*.

Nurses publish

Mary Lussier-Cushing, RN; Jennifer Repper-Delisi, RN; Monique T. Mitchell, RN; Barbara Lakatos, RN; Fareeda Mahmoud, RN; and Robin Lipkis-Orlando, RN, authored the article, "Is Your Medical-Surgical Patient Withdrawing from Alcohol?" in The October, 2007, issue of *Nursing 2007*.

Costigan certified

Elizabeth Costigan, RN, staff nurse, became certified as an oncology nurse, by the Oncology Certification Corporation, Oncology Nursing Society, in November, 2007.

Lally certified

Patricia Lally, RN, staff nurse, became certified as a gastroenterology nurse by the American Board of Certification for Gastroenterology Nurses, in October, 2007.

Markt certified

Denise Markt, RN, staff nurse, became certified as an oncology nurse, by the Oncology Certification Corporation, Oncology Nursing Society, in November, 2007.

Riposa certified

Palmie Riposa, RN, staff nurse, became cerified as an anticoagulation care provider by the National Certification Board for Anticoagulation Providers, in November, 2007.

Multi-Cultural Nursing (continued)

care system. Paula Restrepo, RN, of the Ellison 4 Surgical ICU, says: "I was a Cardiac ICU nurse in Colombia, and wanted to practice at MGH in the same capacity. I love MGH because of the excellent care delivered here, the wonderful leadership, and the supportive teamwork. I feel respected for who I am in my work environment."

Since 2003, the Multi-Cultural Nursing Committee has made presentations at numerous conferences, including the National Association of Hispanic Nurses (NAHN) and the National Association of Orthopaedic Nurses (NAON). At each conference, the group has been recognized for its important contributions and accomplishments. The committee is preparing for the NAHN conference, which will be held in Boston in July, 2008.

For more information about the Multi-Cultural Nursing Committee, contact Claribell Diaz, Olako Agburu, or Kathy Myers by e-mail.

Announcements

Conversations with Caregivers

An eldercare series sponsored by the MGH Geriatric Medicine Unit

For staff, patients, families, and friends of the MGH community

"An Open Conversation"
Questions and concerns about elder resources and challenges faced by parents, spouses, and family

Tuesday, January 29, 2008
5:15 – 6:30pm
Blum Patient & Family Learning Center

facilitated by:
Barbara Moscowitz, LICSW
MGH Geriatric Medicine Unit

Seating is limited.
For more information, call 617-724-7324.

Peri-Anesthesia Nurse Awareness Week

February 4–10, 2008

Maureen McLaughlin, RN, past president of the Massachusetts Chapter of the American Society of Peri-Anesthesia Nurses will present,

"Medication Safety in the Peri-Anesthesia Setting"

February 7, 2008
9:00–10:00am
Potts Conference Room
Bigelow 856

For more information, call Teresa MacDonald, RN, at 6-6658.

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 for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

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 mghnursingresearch committee.org.

Deadline for submission is February 1, 2008.

Job Shadow Hosts Needed

Meet the workforce of the future!

We are looking for employees to participate in the 13th annual Groundhog Job Shadow Day Friday, February 1, 2008, by inviting a high school student to spend a few hours with you or your staff.

Job Shadow Day is a great opportunity to increase a young person's awareness about careers in health care and help them learn first-hand about the skills and education necessary to succeed.

For more information, or to sign up to be a Job Shadow host, call Galia Wise at 4-8326.

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.

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

Next Publication
February 7, 2008

Educational Offerings – 2008

January **17**

Management of Patients with Complex Renal Dysfunction

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

January **30**

On-Line Electronic Resources for Patient Education

Founders 334
9:00am – 12:00pm
Contact hours: 2.7

January **30**

Pediatric Simulation Program

Founders 335
12:30 – 2:30pm
Contact hours: TBA

February **1**

BLS/CPR Re-Certification

Founders 335
7:30 –10:30am and 12:00–3:00pm
No contact hours

February **4**

BLS/CPR Certification for Healthcare Providers

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

February **4**

ACLS Instructor Course

O'Keeffe Auditorium
8:00am – 3:00pm
No contact hours

February **5**

BLS/CPR Re-Certification

Founders 335
7:30 –10:30am
No contact hours

February **8 & 22**

Pain Relief Champion: State of Art & Science

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

February **11**

Best Practice in Acute Care for Older Adults (Day 2)

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

February **12**

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

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

February **12**

Ovid/Medline: Searching for Journal Articles

Founders 334
10:00am – 12:00pm
Contact hours: 2

February **12**

Chaplaincy Grand Rounds: "Interfaith Perspectives on Environmental Issues"

Yawkey 2-220
11:00am – 12:00pm
No contact hours

February **13**

New Graduate RN Development Seminar I

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

February **13**

Nursing Grand Rounds

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

February **13**

OA/PCA/USA Connections

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

February **13**

Simulated Critical-Care Emergencies

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

February **21**

Preceptor Development: Learning to Teach, Teaching to Learn

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

February **21**

CVVH Review for the Experienced CVVH Provider

Founders 311
8:00am – 2:00pm
or 4:00–10:00pm
No contact hours

February **22**

Pain Relief Champion: State of the Art and Science

O'Keeffe Auditorium
8:00am – 4:30pm
No contact hours

February **27**

New Graduate RN Development Seminar II

Charles River Plaza
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

'Family' reunion on Ellison 13

—by Margaret C Wilson, RN, and Victoria Hubachek, RN

(Photo provided by staff)

In 2004, Christine McCullough and Melissa Squires were roommates on the Ellison 13 Obstetrical Unit in the high-risk ante-partum service. They were both assigned to bed rest for eight weeks, and during their hospitalization, they became friends, sharing stories and getting to know each other. It was always a pleasure to go into their room and see how they encouraged and supported one another. They participated in many of our unit-based activities, such as Thursday-afternoon tea parties, massage-therapy sessions, and knitting and needle-point classes. McCullough had a little girl, Molly, and Squires had a son, Tucker. On December 17, 2007, McCullough and Squires returned to Ellison 13 for a visit along with their now 3-year-old children.

McCullough and Squires became great friends while at MGH, and that friendship continues to this day. They meet every month for lunch with their kids and catch up on old times.

MGH is a great place to form lasting relationships—both personal and professional.

(L-r): Margaret (Margo) Wilson, RN; Christine Higgins RN; Christine McCullough; Owen McCullough; Chase Squires; Denise Saia, RN; and Melissa Squires.

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