

Caring

Headline

July 17, 2008

The Dedicated Inpatient-Unit Volunteer Pilot Program

*One of many process-improvement
initiatives currently under way
throughout the hospital*

*See Jeanette Ives Erickson's
column on page 2*

*Volunteer, Patricia Vieira, transports patient off the unit to
allow unit-based support staff more time to focus on
cleaning patients' rooms. Thank-you to White 7 nursing
director, Theresa Capodilupo's son, John, who generously
agreed to play 'the patient' in the photo at left.*

Process improvement: making the most of our time and money

The Process Improvement Program is a way to coordinate our efforts to eliminate waste in our processes; make the best use of existing resources; identify opportunities to improve systems; and support ongoing initiatives around quality, safety, service, and efficiency.

You don't have to be an efficiency expert to understand the relationship between effective systems and a safe, high-functioning, fiscally healthy organization. You might even say the *only* way to ensure optimal quality and efficiency at the lowest cost is through vigilant attention to systems and process improvement. That was the thinking behind the recently created Process Improvement Program, headed by Mary Cramer, program director, that brings together the talents and leadership of three key areas within the organization: quality and safety (led by Gregg Meyer, MD, senior vice president for the MGH Center for Quality & Safety); service (led by Nancy Gagliano, MD, vice president for Practice Improvement, and myself); and efficiency (led by Sally Mason-Boemer, senior vice president for Finance; and Jean Elrick, MD, senior vice president, Administration). The Process Improvement Program is a way to coordinate our efforts to eliminate waste in our processes; make the best use of existing resources; identify opportunities to improve systems; and support ongoing initiatives around quality, safety, service, and efficiency.

As you may be aware, Patient Care Services has a number of process-improvement initiatives under way focusing on capacity-management, noise-reduction, clutter control, and much more. Transforming Care at the Bedside (TCAB), the White 9 and White 10 research project sponsored by the Robert Wood Johnson



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

Foundation, the Institute for Healthcare Improvement, and the American Organization of Nurse Executives, encourages nurses and other team members to quickly identify, test, and implement new ideas based on observations at the bedside. The TCAB approach allows clinicians to spend more time with their patients and less time doing non-value-added tasks such as retrieving supplies from centrally located storage areas.

The Dedicated Inpatient-Unit Volunteer Pilot Program provides units with volunteers at certain hours of the day to help perform tasks that typically require unit-based support staff to leave the unit. By assisting with patient transport and tasks that can delay discharge, we ensure that patients rooms are cleaned and ready for incoming patients in a more timely fashion.

Earlier this month, we began piloting a program on five inpatient medical units to support a more rapid flow of patients from the Emergency Department to these high-census units. The program encourages a multi-disciplinary approach to entering discharge in-

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Just as the success of any organization relies on the participation and expertise of every employee, so too does process improvement require our collective involvement. Please feel free to forward any ideas you may have to George Reardon, director of PCS Systems Improvement, or Mary Cramer, program director, Process Improvement Program.

formation into CBEDS (the Coordinated Bed Efficiency Dashboard System) to ensure informed decision-making and a speedier admission process.

The 7th Floor Clutter-Management Pilot Program, a collaboration between PCS, Environmental Services, and Materials Management, provides ‘as-needed’ access to three frequently used items: precaution carts, patient recliners, and stretcher chairs. Staff call one telephone number to have these items delivered (within an hour) or picked up (within two hours) greatly reducing the amount of clutter on the 7th floor (of the Ellison, Bigelow, Blake, and White buildings).

Later this month, patient care units will receive a simple, easy-to-use, clutter-removal guide that includes pictures of commonly used pieces of equipment and corresponding telephone numbers for whom to call to have them removed. This not only supports a clutter-free environment, it helps get equipment back in circulation quicker for use by other clinicians.

As part of the new Process Improvement Program, eight MGH employees are participating in a special training program to add new tools to their existing knowledge base to enhance their ability to lead process-improvement initiatives throughout the hospital. Dan Kerls, senior project specialist, represented Patient Care Services in this training program.

These project facilitators are receiving extensive training in the techniques involved in process improvement, change management, and other concepts that focus on eliminating waste and maximizing value-added activities. Their training began in the classroom, progressed to participation in a ‘real’ process-improvement initiative, and culminates with their using that experience to lead a project on their own (with ongoing support from the Process Improvement Program).

In alignment with our mission, vision, and strategic goals, Dan’s process-improvement project will focus on the work flow of our unit service associates (USAs) by looking at the activities and demands that frequently pull them away from their primary responsibility of cleaning patients’ rooms. Due to start in September, this is the first of what I hope will be many projects under the new Process Improvement Program to reduce waste, improve efficiency, and increase satisfaction for patients and staff.

Just as the success of any organization relies on the participation and expertise of every employee, so too does process improvement require our collective involvement. Please feel free to forward any ideas you may have to me, George Reardon, director of PCS Systems Improvement, or Mary Cramer, program director, Process Improvement Program. Thank-you.

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• Mary Findeisen, RN			

TEAM USA committed to patient safety

—by Stephanie Cooper, educational development and project specialist

A recent TEAM USA training session entitled, “Handle with Care,” focused on Patient Care Services’ Strategic Goal #3, decreasing patient and staff injuries through the use of safe, patient-handling practices. Interactive stations were set up throughout the hospital to enhance learning. Jennifer deSa of Occupational Health Services demonstrated best practices in ergonomics, back safety, and safe lifting. Environmental Services manager, Allan Dolinski, answered questions about the correct way to use new trash compactors. My colleague, Tom Drake, and I used the simulation lab to review fall-prevention, with Tom acting as the patient while I led the training.

Our goal was to ensure that unit service associates (USAs) understand the important part they play in keeping patients safe. Reducing and preventing falls is the responsibility of every individual who works at MGH regardless of

Unit service associate, Francisco Pizarro, demonstrates a fall-prevention intervention while senior training and development specialist, Tom Drake, plays the patient.

role. We learned that USAs already have a deep commitment to patient safety and do more to keep our patients safe than we were even aware.

In the simulation lab, one USA, Virginia, walked us through a typical experience cleaning a patient’s room.

After disinfecting her hands with Cal Stat, Virginia knocks on the patient’s door, greets the patient, and explains that she’s there to clean the room. As she scans the area, she notices the ‘Fall Precautions’ sign. To ensure the patient has as few obstacles in her path as possible, Virginia repositions a footstool to make the path to the bathroom more direct. She sets about straightening the patient’s belongings. As she works, she’s sure to ask the patient’s permission before moving or touching anything. She removes as much clutter as possible, making the area safer for the patient.

As Virginia moves about the room, she hears the bedside phone ring. She looks to make sure the phone is within the patient’s reach, moving it closer or handing it to the patient if necessary. She locks the wheels on the table so it won’t roll. A while later Virginia notices the patient attempting to get out of bed. She goes to her and asks her to wait while she calls for assistance. Using the nurse call light she signals for help and stays nearby until someone arrives.

Once the patient is safely back in bed, Virginia dry- and wet-mops the floor. She makes sure the call light is within the patient’s reach and reminds her to call the nurse if she needs help. She’s careful not to leave any excess fluid on the floor, then she places a ‘Wet Floor’ sign near the door. As she disinfects her hands with Cal Stat once more, Virginia cautions the nurse to be careful entering the room as the floor has just been washed.

“We can always count on you to help keep patients safe,” says the nurse.

“I’m just doing my job,” says Virginia.

It seems pretty clear that unit service associates are well aware of the important part they play in keeping patients safe.



(Photo provided by staff)

Celebrating the contributions of MGH volunteers

—by Paul Bartush, co-director, MGH Volunteer Department

On June 2, 2008, MGH held its annual volunteer recognition luncheon under the Bulfinch tent to celebrate the service and generosity of the scores of volunteers who give their time and talent in service to the hospital. Volunteer Department co-directors, Pat Rowell and Paul Bartush, welcomed staff, hospital administrators, special guests, volunteers, and their families to the event.

Said Bartush, “As I reflect on the contributions of the Volunteer Department and the volunteers themselves, I’m reminded that in times of need special individuals step forward and say, ‘I will help.’ The result is nothing less than astounding.”

MGH president, Peter Slavin, MD, praised the recent contributions of volunteers in assisting patients and visitors to navigate hospital grounds during construction. Slavin commended their efforts to improve the experience of patients and visitors.

Jeanette Ives Erickson, RN, senior vice president for Patient Care, presented this year’s awards along with Edward Lawrence, chairman of the MGH Board of Trustees. The Maeve Blackman Award, recognizing volunteers entering the medical field, was presented to Nicole Economides, a patient escort and volunteer in the Emergency and Volunteer Departments. Economides will enter Marymount University Nursing Program in the fall.

The Jessie Harding Award, named for an original member of the messenger service that began at MGH in 1941 in response to the attack on Pearl Harbor, acknowledges volunteers who contribute in a significant and special way. This year’s recipient, Peggy Scott, contributed 1,521 hours of service to the Main Lobby Greeter Program, the Gray Family Waiting Area, and the Yawkey 8 Infusion Unit.

The Trustees Award, which is given to an MGH department or staff member, recognizes extraordinary efforts to work collaboratively with the Volunteer Department. This year’s recipient was the Pediatric Neuromuscular Disorders Clinic, led by Brian Tseng, MD. The clinic partnered with the Volunteer Department to create the Appointment Buddy Program, pairing volunteers with pediatric patients and their families to escort them to and from their appointments.

These patients usually require a little extra care, so staff wanted to ensure that patients and families felt comfortable navigating the buildings at MGH. The program has been extremely successful thanks to the vision and compassion of the nurses, doctors, and staff of the clinic. Tseng, Cindy Kane, RN, and Laurie Bliss accepted the award, thanking all the



(L-r): Ives Erickson, Economides, and Lawrence

volunteers involved in the program.

For more information about volunteer opportunities, contact the MGH Volunteer Department at 6-8540.

Service award recipients:

- Andrea Alberg, Cancer Center
- Maryellen Collins, Appointment Buddy
- Kevin Currie, wayfinder
- David Drapeau, Blake 11
- Caroline Irungu, Newborn Unit, Emergency Radiology
- Sandra Gordon, Flower Shop
- Kieron Gyles, patient escort
- Karen Lambert, Volunteer Department
- Sheena Marquis, Ellison 17
- Patricia Signer, Ellison 18
- Matt Silverstein, Volunteer Department
- William Zadroga, Chaplaincy

The Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandi Coakley, RN, staff specialist

At right: Ghiloni fellows, Elyse Lavin (front right) and Megan O'Maley (center back) and Ghiloni faculty fellow, Susan DeSanto-Madeya, RN (center front), with (l-r): Liz Johnson, RN; Mandi Coakley, RN; and award namesake, Carol Ghiloni, RN.

Below: Johnson leads fellows in educational session on the Medical Oncology-Bone Marrow Transplant Unit.

The Carol A. Ghiloni Oncology Nursing Fellowship, offered this summer for the eighth consecutive year, gives two student nurses a ten-week educational experience at MGH in the Oncology Nursing Service. The program enables fellows to learn about oncology nursing and the variety of roles that exist within the specialty. It's also an opportunity to gain insight into career opportunities available to them upon graduation.

This year's fellows, Elyse Lavin, a nursing student at Worcester State College, and Megan O'Maley, a nursing student at Boston College, were paired with preceptors on two inpatient oncology units. For

the first five weeks, Lavin worked with preceptor, Katie Murphy, RN, on the Ellison 14 Medical Oncology-Bone Marrow Transplant Unit, while O'Maley was precepted on the Bigelow 7 Gynecological Oncology Unit by Julie Cronin, RN. Half-way through the program, they switched to get a sense of nursing practice on both medical and surgical oncology units.

Lavin and O'Maley observed practice in Radiation Oncology, the Infusion Unit, and outpatient centers in the Yawkey Building. They attended Schwartz Center Rounds, learned about the HOPES programs, spent time in the Blood Transfusion Service, Interventional Radiology, and took advantage of



many other learning opportunities offered by the Cancer Center.

Susan DeSanto-Madeya, RN, this year's oncology nursing faculty fellow, is an assistant professor of Nursing at the University of Massachusetts, Boston. DeSanto-Madeya rotated through a number of specialty areas focusing on new and updated information related to cancer prevention, treatment, and interventions. She has extended her fellowship into the academic year where she plans to integrate the knowledge gained during her fellowship into the curriculum she'll be teaching when she returns to the classroom.

Funding for the 2008 Carol A. Ghiloni Oncology Nursing Fellowship was made possible through educational grants from Johnson & Johnson and the Hahnemann Hospital Foundation. For more information, contact Mandi Coakley, RN, at 6-5334.



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

—by Kathleen Larrivee, RN, clinical educator

On June 2, 2008, staff and friends of the Phillips 21 Medical Unit gathered to celebrate the 9th annual Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy. In 2000, MGH and the Cronin and Raphael

families established the award to recognize extraordinary care provided by staff of Phillips House 21. Each year, a selection committee is asked to choose the recipient after reviewing letters of nomination and support from peers, colleagues, patients, and families.

Associate chief nurse, Theresa Gallivan, RN, spoke about the selection process in her remarks. “Criteria for selection of the recipient are

based on two attributes: patient advocacy and empowerment. Patient advocacy can be seen as giving voice to the needs of another when they’re most vulnerable. Empowerment involves providing whatever someone needs—encouragement, resources, coaching—to make their voice heard. Both attributes form the cornerstone of patient- and family-centered care. Both attributes were highly valued by Paul and Ellen. This award recognizes a clinical or support staff person who consistently demonstrates excellence in identifying and meeting the needs of patients and families.”

“This year’s recipient, operations associate, Susan Pierce-Chana, a long-time MGH employee, has been a member of the Phillips 21 care team for more than 13 years. The fact that she is a three-time nominee for the award speaks to how

committed she is to patient advocacy and empowerment. Pierce-Chana was joined by family members as she accepted the award. In her remarks, she thanked her colleagues, acknowledging the tremendous continued support she receives from them. She noted the willingness of all staff to work together to meet patients’ needs.

For more information about the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, call The Norman Knight Nursing Center for Clinical & Professional Development at 6-3111.



Top right: recipient, Susan Pierce-Chana, operations associate, accepts award from associate chief nurse, Theresa Gallivan, RN.



(Photos by Paul Batista)

Bottom right: Pierce-Chana, with colleagues from the Phillips 21 General Medical Unit.

RACU nurse recalls important lesson from ‘Father P’

When I arrived at work on Sunday, I learned that Mr. M, a patient on our unit, had suffered several cerebro vascular accidents, or strokes, and although he was only in his 60s, there was, unfortunately, no chance he would recover.

My name is Mary Findeisen, and I am a part-time nurse on the Respiratory Acute Care Unit (RACU). I rarely work two consecutive days. But one particular weekend, to help a colleague, I worked back-to-back Sunday and Monday shifts. No matter how old or experienced you are, there are always lessons to be learned in life and death.

When I arrived at work on Sunday, I learned that Mr. M, a patient on our unit, had suffered several cerebro vascular accidents, or strokes, and although he was only in his 60s, there was, unfortunately, no chance he would recover. Mr. M’s family had made the decision to withdraw care the following day to give the family a chance to visit. Though it meant changing my schedule, I offered to come in the next day to care for Mr. M.

On Monday morning, I received report. The family was planning to withdraw care later in the day, still waiting for family members to arrive from out of state. Mr. M’s wife had spent the night. The nurse caring for Mr. M overnight had encouraged Mrs. M to sleep next to her husband one last time. As I entered the room, I noted Mr. M’s breathing was in rhythm with the ventilator on which he was totally dependent for every breath. Mrs. M nestled next to him caressing his face.

Throughout the day, many of my colleagues, including the neurology resident following Mr. M’s care, our nurse practitioner, and others inquired about whether we would be withdrawing care?



Mary Findeisen, RN, staff nurse, RACU

“Once all the family members have had a chance to visit,” I said.

A short time later, I was approached by a palliative care physician who offered some recommendations to alleviate any distress Mr. M might experience when care was withdrawn.

As I proceeded with my assessment of Mr. M, I also assessed Mrs. M’s needs. She was a petite woman with a hearing deficit that required two hearing aids. Even with the hearing aids, I noted she responded best when she could see the speaker’s face and read their lips. Mrs. M was exhausted. Her husband’s hospitalization over the last two months was taking its toll. I offered her some juice and suggested she might like to take a shower. She looked at me quizzically, saying she didn’t want to go back to her hotel. I explained that she could shower on the unit, gathered some toiletries, and showed her to the shower room. Mrs. M returned to her husband’s room a short time later looking a little more refreshed.

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As a nurse, I have cared for many patients at the end of life. I feel comfortable in my ability to tend to the needs of, not only of the patient, but the family.

In caring for Mr. M, I addressed not only his needs but the needs of his family members as they visited. I had the privilege of witnessing the love that abounded in this family, Mr. and Mrs. M's two sons, a daughter, an 'adopted' daughter, grandchildren, and Mrs. M's mother. They all spoke of Mr. M's loving nature and lust for life. I encouraged them to reminisce about his life. They spoke of the activities he enjoyed, the practical jokes he played. They laughed and cried, and all the while Mr. M was the center of their attention. Each family member took a turn sitting on his bed and speaking quietly to him.

Still, throughout the day, the prospect of withdrawing care loomed in the minds of staff and family members.

I focused on ensuring that family needs were met. I ordered a condolence meal and asked the social worker and palliative care team to meet with the family. I wanted to be sure the family's spiritual needs were being met, so I asked if they'd like to see a chaplain. Mrs. M said they would—no special denomination, just someone to say a prayer with them.

I called the Chaplaincy, and a short time later, Father Pascual returned my call. I told him that Mr. M's family had decided to withdraw care and would like him to come by to say a prayer.

Father P (as we call him) quickly said, "Oh, Mary. We don't withdraw care, we provide care."

A bit surprised, I said, "No Father, I mean we're withdrawing the ventilator later today."

"Yes," he said, "we're providing a different type of care."

Then it hit me.

Father P was right.

We were providing a different kind of care. Though it wasn't going to save Mr. M's life; it was the best care we could provide to him and his family. It was family-centered care that addressed their physiological, psychological, and spiritual needs.

At about 5:30pm with two hours to go in my shift, Mrs. M turned to me and said, "It's time."

The RACU fellow came in and spoke with the family. They decided to use a trach mask to ensure Mr. M's comfort, and he was given a narcotic analgesic. I encouraged the family to continue to talk with Mr. M.

I asked for their help in assessing his comfort level. They knew him better than anyone, and I wanted

them to feel they had some control in the situation. I watched how they were coping so I could provide care consistent with their perception of Mr. M's needs. I continued to encourage them to provide comfort measures such as a wet face cloth to his forehead, a mouth swab, and ointment for his lips. For the next hour and 45 minutes, Mr. M's family and I cared for him together.

At 7:00, the nurse who would be caring for Mr. M that evening arrived. I quietly went in to check on Mr. M. The family was gathered around his bed. Mr. M's breathing was not labored. There was a sense of peace in the room. I touched Mrs. M's shoulder, whispered that I'd be leaving shortly, and asked if she needed anything.

"Thank-you," she said, reaching for my hand as if to comfort me. I touched Mr. M's shoulder and said a few words to him. I thanked the family for giving me the opportunity to care for their father.

A few minutes later, quietly and without distress, Mr. M drew in a deep breath and slowly exhaled. With his loving family by his side, Mr. M passed away.

I left the room with a mix of emotions.

I felt privileged to have had the opportunity to care for Mr. M and his family.

It was gratifying to be able to assist this family during a difficult and stressful time in their lives. I felt I had the nursing knowledge and skill to provide holistic care. But most of all, I am indebted to Father P for the powerful lesson I learned that day. It really is all in your perspective. We didn't withdraw care from Mr. M. We provided the right care at the right time when he and his family needed it most.

Thank-you, Father P, for a lesson learned.

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

When Mary entered Mr. M's life, she didn't go alone. She brought her skill, experience, presence, and perhaps most important, her relationships with countless expert resources throughout the hospital. She used her knowledge and experience to anticipate and meet the needs of Mr. M and his family. When Father P reminded Mary that 'withdrawing care' really meant providing a different kind of care, I think Mary had known that all along. But hearing the words crystalized that meaning for her. We are all indebted to Father P for reminding us that when cure is not possible, care always is.

Thank-you, Mary.

It was gratifying to be able to assist this family during a difficult and stressful time in their lives. But most of all, I am indebted to Father P for the powerful lesson I learned that day. It really is all in your perspective. We didn't withdraw care from Mr. M. We provided the right care at the right time when he and his family needed it most.

Professional Achievements

Mulgrew and Squadrito present

Physical therapists, Jackie Mulgrew, PT, and Alison Squadrito, PT, presented, "Management of the Acute Care Patient," at WellStar Health System in Atlanta, May 30–31, 2008.

Harker and Robbins present

Jane Harker, RN, and Christopher Robbins, RN, Gastrointestinal Unit, presented, "Therapeutic EUS: Making a Difference in our Patients' Well-Being," at the Society of Gastroenterology Nurses and Associates 35th annual course in Salt Lake City, May 16–21, 2008.

Nursing leaders publish

Jeanette Ives Erickson, RN, senior vice president for Patient Care Services, Marianne Ditomassi, RN, executive director, PCS Operations, and Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research, authored the article, "Interdisciplinary Institute for Patient Care: Advancing Clinical Excellence," in the *Journal of Nursing Administration*, in June, 2008.

Nurses present poster

Catherine Mannix, RN, Radiation Oncology; Mimi Bartholomay, RN, Hematology/Oncology; Margaret Barton-Burke, RN, The Yvonne L. Munn Center for Nursing Research; Mary-Elizabeth Bilodeau, RN, Burns/Plastics; Robin Delaney, RN, Radiation Oncology; Carol Doherty, RN, Radiation Oncology; and, Maryellen Lewis, RN, Radiation Oncology, presented their poster, "A Feasibility Study of Low-Cost Patient-Administered Skin Care Intervention Among Head and Neck Cancer Patients Receiving Chemo-Radiation," at the annual congress of the Oncology Nursing Society in Philadelphia, May 15, 2008.

Silvius presents

Ellen Silvius, RN, Endoscopy, presented, "Chronic Pediatric Constipation," at the Society of Gastroenterology Nurses and Associates 35th annual course in Salt Lake City, May 19, 2008.

Nurses present

June Guarente, RN, Emergency Services, and endoscopy nurses, Sandra Hession, RN, and Janet King, RN, presented, "Motility—The Power of Propulsion: how Nurses Can Make a Difference," at the Society of Gastroenterology Nurses and Associates 35th annual course in Salt Lake City, May 17, 2008.

Pedro presents

Jill Pedro, RN, clinical nurse specialist, Orthopaedics, presented, "Improving Staff Satisfaction and Ability to Identify Delirium in the Postoperative Orthopaedic Patient," and "Scientific Abstracts," at the 28th annual congress of the National Association of Orthopaedic Nurses, in San Jose, California, May 19 and 21, 2008.

Levin presents

Barbara Levin, RN, Orthopaedics and Neuroscience Service, presented, "Getting Tangled in Charlotte's Web: Patient Safety," and "Effective Education Using Non-Traditional Approaches," at the National Association of Orthopaedic Nurses Convention, in San Jose, California, May 21, 2008.

Levin also presented, "Generational and Cultural Gaps in Nursing and Communication Differences," and "Patient Safety: Medical Mishaps and Mistakes," at the Massachusetts Nurses Association in Canton, in May.

Tsang certified

Kitman Tsang, RN, staff nurse, White 11 General Medical Unit, was certified as a medical-surgical nurse by the American Nurses Credentialing Center, in June, 2008.

Inter-Disciplinary team presents poster

Maureen Aversa, RN; Ruth Bryan, RN; Scott Ciesielski, RN; Daniel Dolan; Judith Lynch, RN; Teresa MacDonald, RN; and, Edward George, MD, presented their poster, "POD Pilot Project: a Collaborative Approach to Optimize Patient Care," at the 27th national conference of the American Society of PeriAnesthesia Nurses, in Dallas, May 7, 2008.

D'Avolio presents poster

Deborah D'Avolio, RN, geriatric specialist, presented her poster, "Factors Influencing Inner City Older Adults' Non-Urgent Emergency Department Visits," at the Eastern Nursing Research Society, in Philadelphia, March 29, 2008.

Nunn presents

Danny Nunn, CCC-SLP, speech-language, pathologist, presented: "Speech, Language and Swallow Therapy in Tracheostomy Patients and Patients Dependent on Mechanical Ventilation"; "Practical Considerations for Cuff Deflation and Use of Speaking Valve in ICU Patients"; "Which Patients Should be Receiving Speech, Language and Swallow Evaluation in the ICU Setting"; and, "Fiber Optic Endoscopic Evaluation of Swallowing in ICU Setting: SLP Findings." Nunn was also the moderator of the panel discussion, "Mechanical Ventilation: What a Speech Pathologist Should Know, Parameters of Evaluation for Tracheostomy Patients Dependent on Mechanical Ventilation," at the XIII Brazilian Symposium of Intensive and Critical Care Medicine, in Salvador, Bahia/ Brazil, May 6–10, 2008.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Work Related Musculoskeletal Disorder," at Tufts University, June 2, 2008.

Skolnick presents

Janet Skolnick, OTR/L, occupational therapist, presented, "Arthritis and Dupuytren's Contracture," at Tufts University, May 21, 2008.

Schiro appointed

Arlene Schiro, RN, Pulmonary and Critical Care Unit, was appointed, chair of the Pulmonary Hypertension Resource Network, and member of the Board of Directors of the Pulmonary Hypertension Association, at the 8th International Pulmonary Hypertension Symposium, in Houston, June 18–22, 2008.

Nurses publish

Anne-Marie Barron, RN; Amanda Coakley, RN; Ellen Fitzgerald, RN; and, Ellen Mahoney, RN, authored the article, "Promoting the Integration of Therapeutic Touch in Nursing Practice on an Inpatient Oncology and Bone Marrow Transplant Unit," in the June, 2008, *International Journal for Human Caring*.

Nursing poster takes 2nd place

Monique Mitchell, RN; Jill Pedro, RN; Joanne Empoliti, RN; Fareeda Mahmoud, RN; Mary Lussier-Cushing, RN; Barbara Lakatos, RN; Robin Lipkis-Orlando, RN; and, Jennifer Repper-Delisi, RN, presented their poster, "Improving Staff Satisfaction and Ability to Identify Delirium on an Orthopaedic Service," at the 28th annual congress of the National Association of Orthopaedic Nurses, in San Jose, California, May 19, 2008. The poster won second place in the research category.

Professional Achievements (continued)

Cole certified

Morgan Cole, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Ament certified

Maura Ament, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Boehm certified

Martin Boehm, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Inter-disciplinary team publishes

Ann Hurley, RN; Jeffrey Rothschild, MD; Mary Lou Moore, RN; Colleen Snyderman, RN; Patricia Dykes, RN; and Sofronia Fotakis, LICSW, authored the article, "A Model of Recovering Medical Errors in the Coronary Care Unit," in the May/June 2008, *Heart & Lung*.

Radwin presents

Laurel Radwin, RN, nurse researcher, The Yvonne L. Munn Center for Nursing Research, presented, "A Conceptual Framework for Patient-Centered Cancer Nursing Care," at the Outcomes Research Seminar at the Dana Farber/Harvard Cancer Center, on May 27, 2008.

Radwin also presented, "Patient-Centered Nursing Care and Desired Health Outcomes," to the Advanced Health Services Research Seminar, at the Boston University School of Public Health, on June 11, 2008.

Nippins certified

Matthew Nippins, PT, physical therapist, was certified as a cardiovascular and pulmonary clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Yang certified

Theodore Yang, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Nurses present

Hannah Lyons, RN, Annette Bisanz, RN, and Myra Woolery, RN, presented "The Challenges of Constipation in the Oncology Patient," at the 33rd Annual Oncology Nursing Society Congress, in Philadelphia, May 18, 2008.

Johnson presents

Elizabeth Johnson, RN, clinical nurse specialist, Gynecology/Oncology, presented her poster, "An Integrated Education Program to Support Evidence-Based Oncology Nursing Practice," at the Oncology Nursing Society Annual Congress, in Philadelphia, May 15-18, 2008.

Cancer team publishes

Myra Woolery, RN; Annette Bisanz, RN; Hannah Lyons, RN; Lindsay Gaido, RN; Mary Yenulevich, RN; Stephanie Fulton; and Susan McMillan, RN, authored the article, "Putting Evidence into Practice: Evidence-Based Interventions for the Prevention and Management of Constipation in Patients with Cancer," in the *Clinical Journal of Oncology Nursing*, in April 2008.

Carroll presents

Diane Carroll, RN, nurse researcher, presented the keynote address, "Research Opportunities in Pulmonary Hypertension for Nurses and Allied Professionals," at the Eighth International Pulmonary Hypertension Conference, Pulmonary Hypertension Association, in Houston, June 19, 2008.

Caster and Johnson present

Elizabeth Johnson, RN, clinical nurse specialist, Gynecology/Oncology, and Coleen Caster, RN, nursing director, Gynecology, presented, "Growing Pearls: Promoting Unit-Based Quality Improvement in Nursing Through Communication, Negotiation, and Critical Thinking," at the Oncology Nursing Society Annual Congress, in Philadelphia, May 15-18, 2008.

Ciesielski and Morrissey present

Lisa Morrissey, RN, nursing director, Operating Rooms, Blake 4 and Gray 4, and Scott Ciesielski, RN, nursing director, PACU, presented their poster, "Clinical Dashboards: Transforming Nursing Practice and Work Environments," at The Center for American Nurses Lead Summit, in Washington, DC, June 23-24, 2008.

Townsend presents

Elise Townsend, PT, physical therapist, presented her poster, "The Effects of Aquatic Aerobic Exercise on Endurance, Functional Mobility and Participation in a Child with Cerebral Palsy: a Single Subject Design," at the American Physical Therapy Association National Meeting, in San Antonio in June, 2008.

Gillen certified

Colleen Gillen, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Akladiss presents

Joanna Akladiss, OTR/L, occupational therapist, presented, "Dynamic Splinting Lab," at Tufts University on June 18, 2008.

Hagan certified

Jon Hagan, PT, physical therapist, was certified as a neurological clinical specialist by the American Board of Physical Therapy Specialties in June, 2008.

Manley presents

Bessie Manley, RN, nursing director, General Medicine, Phillips House 22, presented, "Offering the Best to Everyone in Every Moment: How to Manage a Premier Inpatient Surgical Unit," at the 8th annual conference of Active Communications International, in Atlanta, May 7-9, 2008.

Inter-disciplinary team publishes

Mary E. Larkin, RN; Virginia Capasso, RN; Chien-Lin Chen; Ellen Mahoney, RN; Barbara Hazard, RN; Enrico Cagliero, MD; and David M. Nathan, MD, authored the article, "Measuring Psychological Insulin Resistance: Barriers to Insulin Use," in the May/June, 2008, *Diabetes Educator*.

B3C continues with construction of slurry wall

Question: What should we expect to see this summer in relation to construction of the new building?

Jeanette: With construction of the Building for the Third Century (B3C) in full swing, beginning with construction of the slurry wall (see article on opposite page), efforts are being put in place to ensure that travel between buildings is safe and accessible for all. The perimeter of the B3C construction site (Fruit Street and the White ramp) will be active with construction workers, trucks, and equipment, so staff will be working hard to support travel along the Yawkey Path for staff and patients.

Question: Where is the Yawkey Path?

Jeanette: The Yawkey Path is the North Grove Street sidewalk and canopy that flows into the back of the Fruit Street garage and provides a covered pathway between the garage and the Yawkey Building.

Question: Will pedestrians be allowed to walk on Fruit Street?

Jeanette: Unfortunately, no. For safety reasons, pedestrian travel along Fruit Street will not be allowed during construction.

Question: How will patients go from building to building during this time?

Jeanette: Patients are encouraged to use the campus loop bus. Staff and volunteers are available to provide wheelchair escorts and/or to walk patients to their destinations. This is coordinated through a recently implemented cell-phone communication project.

Question: How can we access these services for patients?

Jeanette: Information-desk staff at all the main lobbies (White/Main 6-2281; Wang 6-2700; Yawkey 3-1133; Gray 4-7724; and Cox 4-2927) will be able to call for an escort or the loop bus.

Question: What about rainy days?

Jeanette: Umbrellas are available at all information desks for staff and patients. It's as simple as picking up an umbrella as you leave one building and dropping it off at the information desk when you arrive at your destination.

For more information about modifications being made to accommodate construction, call 3-3993.

With construction of the Building for the Third Century (B3C) in full swing, efforts are being put in place to ensure that travel between buildings is safe and accessible for all.

Riiiiight. What's a slurry wall?

Now that demolition of the Clinics, Tilton, and Vincent Burnham Kennedy buildings has been completed, construction of the Building for the Third Century (B3C), moves into a new phase—construction of the slurry wall.

Figures below show the stages of construction of the slurry wall.

A slurry wall is a concrete wall that establishes the perimeter of the excavation area for the underground floors, essentially creating the lower, outer walls of the

new building. Construction crews have already prepared the site for this phase, which will continue through December.

The first step is to dig 41 trenches, each approximately 20 feet wide, 2½ feet thick, and 100 feet deep around the perimeter of the site. In the center of the site, workers will build steel structures to fit inside the trenches.

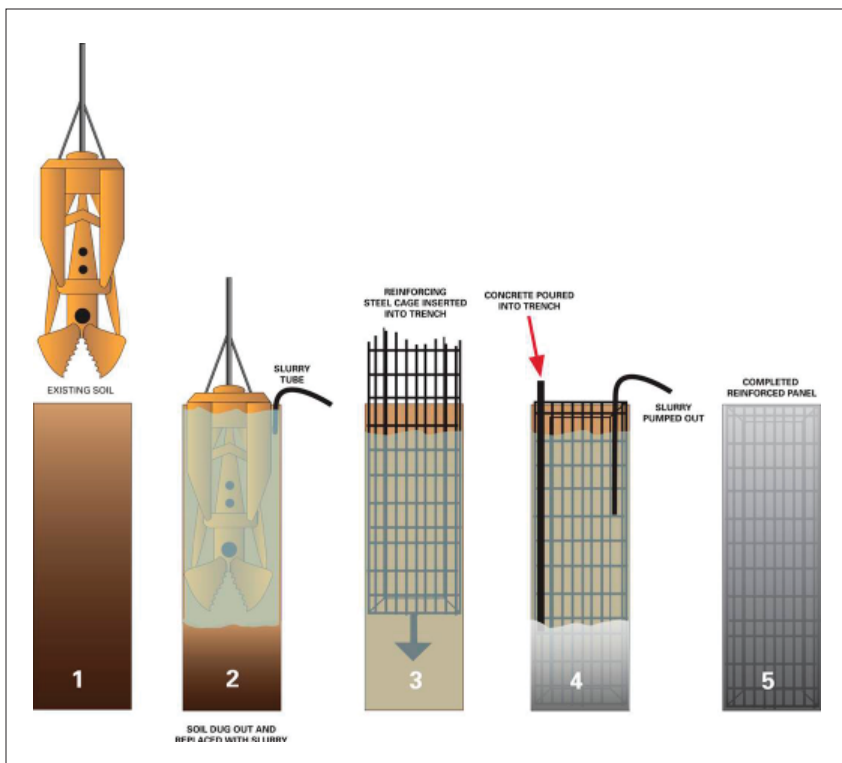
As each trench is dug, it will be filled with slurry, a heavy liquid resembling a thick, brown milk shake. Filling the trenches with slurry prevents them from collapsing during excavation.

After the trenches are dug and filled with slurry, large reinforced steel structures will be hoisted by crane and vertically inserted into each trench. Once the steel structures are in place, concrete is poured into the trenches, displacing the slurry. This process continues until all wall sections are installed.

Vibrations and noise from ongoing construction may be noticeable throughout construction of the B3C. All precautions are being taken to minimize noise and optimize safe pedestrian travel, and equipment and supplies should be transported in a manner that protects them from dust or moisture such as in plastic bags or in bins. Large pieces of equipment should be covered during transport or wiped down with disinfectant after traveling outside.

Clinicians should assess the appropriateness of patients being transported outside to and from other buildings, in particular the Yawkey Center. Some patients may require special masks, precautions, or assistance. The Infection Control Immunocompromised Host Policy can help guide these decisions.

Please report any construction-related concerns to Buildings and Grounds at 6-2422. For more information, visit: www.massgeneral.org/building3c.



Announcements

Clinical Pastoral Education Fellowships for Healthcare Providers

The Kenneth B. Schwartz Center and the department of Nursing are offering fellowships for the 2009 MGH

Clinical Pastoral Education Program for Healthcare Providers

Open to clinicians from any discipline who work directly with patients and families or staff who wish to integrate spiritual caregiving into their professional practice

The Clinical Pastoral Education Program for Healthcare Providers is a part-time program with group sessions on Mondays from 8:30am–5:00pm (additional hours negotiated for the clinical component).

Applications are due by September 2, 2008.

For more information, call the MGH Chaplaincy at 726-4774, or Reverend Angelika Zollfrank at 724-43227.

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.

Backup Childcare Center

August Vacation Club

The Backup Childcare Center will offer August Vacation Club August 18–29, 2008

Club hours: 7:00am–5:45pm

\$275.00 for 5-day week
Individual days: \$60.00 per child

The program is geared toward 6–12 year-olds.

Activities for the week include: plaster fun time, reading, crafts, miniature golf, moon bounce, a trip to the Franklin Park Zoo, swimming, a 'Codzilla' speed-boat trip, and a cook out at the center.

The Backup Center provides care for younger children, aged 15 months–5 years old.

For more information, call 617-724-7100.

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.

Safe Patient Handling Equipment Fair

Sponsored by The Norman Knight Nursing Center for Clinical & Professional Development and MGH Occupational Health Services

The fair will feature hands-on demonstrations of in-house equipment for keeping staff and patients safe, such as:

ceiling lifts, portable lifts, lateral transfer devices, motorized stretchers and beds, bariatric equipment, and adjustable bathroom equipment.

Wednesday, July 23, 2008
11:00am–5:30pm
Under the Bulfinch Tent

Snacks and door prizes

For more information, call 6-6548

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

Next Publication
August 21, 2008

Educational Offerings – 2008

July

24

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

July

29

BLS/CPR Re-Certification
Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

July

30

On-Line Electronic Resources for
Patient Education
Founders 334
9:00am–12:00pm
Contact hours: 2.7

July

31

BLS/CPR Certification for
Healthcare Providers
Founders 325
8:00am–12:30pm
No contact hours

July

31

APHON Pediatric Chemotherapy
and Biotherapy Provider Course
Yawkey 2-220
8:00am–4:00pm
No contact hours

August

1

BLS/CPR Certification for
Healthcare Providers
Founders 325
8:00am–12:30pm
No contact hours

August

4

BLS/CPR Re-Certification
Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

August

4

APHON Pediatric Chemotherapy
and Biotherapy Provider Course
Yawkey 2-220
8:00am–4:00pm
No contact hours

August

5

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse
POB 448
7:00–11:00am
Contact hours: TBA

August

6

Pediatric Simulation Program
Founders 335
12:30–2:30pm
Contact hours: TBA

August

7

Ovid/Medline: Searching for
Journal Articles
Founders 334
10:00–12:00am
Contact hours: 2

August

11

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

August

12

New Graduate RN
Development Program
Founders 311
8:00am–4:30pm
Contact hours: TBA

August

13

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

August

13

OA/PCA/USA Connections
Bigelow 4 Amphitheater
1:30–2:30pm
No contact hours

August

14

CVVH Review and
Troubleshooting for the
Experienced CVVH Provider
Yawkey 4-810
8:00am–4:00pm
No contact hours

August

15

Basic Respiratory Nursing Care
Bigelow Amphitheater
12:00–4:00pm
No contact hours

August

15

PALS Re-Certification
Burr 6 Conference Room
8:00am–4:00pm
No contact hours

August

19

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

August

20

Intermediate Arrhythmia
Simches Conference Room 3120
8:00–11:30am
Contact hours: 3.5

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

Nursing Research Journal Club spring sessions

—submitted by the Nursing Research Committee

For information
about the Nursing
Research Committee's
More than Just a Journal
Club, call The Yvonne
L. Munn Center for
Nursing Reserach
at 3-0431.

The Nursing Research Committee's More than Just a Journal Club had an information-packed spring season with presentations by Linda Andrist, RN, and Laurel Radwin, RN. In March, in a session co-sponsored by the MGH Women's Health Coordinating Council, Andrist presented her research from *Conception* entitled "Women's and providers' attitudes toward menstrual suppression with extended use of oral contraceptives." She explained that most female participants in her study were interested in suppressing menstruation. Andrist noted that while 81% of women's health practitioners in the study had heard of menstrual suppression, 73% of female participants had not, indicating a 'disconnect' in the communication between the two groups. Women's health practitioners shared their ex-

periences prescribing menstrual suppression to patients, greatly enriching the discussion.

In May, Radwin presented her research study entitled, "Individualized nursing care: an empirically generated definition," published in 2002 in the *International Nursing Review*. Radwin identified characteristics of nursing practice whereby each patient is treated as a unique person in order to develop a definition of individualized nursing care. During her presentation she shared vignettes from patient and nurse interviews she had conducted for the study. A lively discussion took place following the presentation where attendees contributed their own examples of individualized nursing care.

For more information about the Nursing Research Committee's More than Just a Journal Club, call The Yvonne L. Munn Center for Nursing Reserach at 3-0431.

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