

Caring

Headlines

May 22, 2008

Nurse Week 2008

Staff nurse, Mary Anne Malloy, RN, cares for patient, Francis Gitii, in the Jean M. Nardini, RN, Hemodialysis Unit.



Teams that work

In a *Caring Headlines* article a while ago, MGH Nursing was compared to a sculling team, where rowers work together in finely-synchronized fashion to win a race. If just one rower is out of sync, if just one employee is out of sync, the team and the patient can be in serious jeopardy.

Even before surprise guest, New England Patriots linebacker, Tedy Bruschi, made his entrance, a standing-room-only O’Keeffe Auditorium was charged with excitement. In her annual Nurse Week address on May 8, 2008, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, had imbued the crowd with a sense of pride that comes from knowing you’re part of a team—a premiere team of world-class caregivers.

Ives Erickson’s presentation, entitled, “Teams that work,” walked the audience through the many factors that make MGH the extraordinary institution it is today, and MGH nurses, simply the best! Too long to include in its entirety, following is a condensed version of Ives Erickson’s speech. And if the preceding paragraph didn’t tip you off, it has a lot to do with teamwork.

Good afternoon. Every year at this time, we come together to celebrate the profession of nursing and our contributions to patient care. We celebrate what we as individuals bring to health care, and what we—as a group—achieve together.

Every day at MGH, countless teams perform varied and vital activities. Some initiatives are service-based like medication-safety and noise-reduction. Others are unit-based like ethics rounds and pain-management. Others are hospital-wide: the Rapid Response Team and the IV Nursing Team. And others tap into resources to reach out to our surrounding communities. I think about the work we did with the victims of the devastating tsunami in Indonesia, hurricanes Katrina and Rita, and the many ways we extend ourselves to the community with efforts such as the HAVEN do-

mestic violence program, our annual gift-giving program during the holidays, and the flu clinics we staff throughout the city.

And that just scratches the surface. I cannot mention all our teams here today, but it’s important to pause and consider the impact of this important work.

The literature reinforces what we already know: individuals achieve more when they’re part of a team—especially in challenging, changing, and complex times. That being the case, teamwork is more critical today than ever before.

Webster defines teamwork as a cooperative or coordinated effort on the part of a group of people acting together as a team or in the interest of a common cause. While teams are, by definition, a group, not all groups are teams.

Great teams collaborate to achieve results that are bigger and better than individuals could achieve on their own. It’s what people *do* that makes them a team—not just coming together as a group.

At MGH, we have a culture that values collaboration. In an environment where teams work well together, people understand that thinking, planning, decision-making, and outcomes are better when achieved together.

In a *Caring Headlines* article a while ago, MGH Nursing was compared to a sculling team, where rowers work together in finely-synchronized fashion to win a race. If just one rower is out of sync, if just one employee is out of sync, the team and the patient can be in serious jeopardy. What a great image.

As many and varied as our MGH teams may be, they all share some common elements. Key characteristics make our teams stronger, more reliable, more efficient, and more effective. When we look at our teams, we see some of the same strategies used by sculling teams.

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Nurse Week Presentation (continued)

We are not tentative in our commitment. Our support is solid, our dedication undeniable. That's what I see each and every day at MGH.

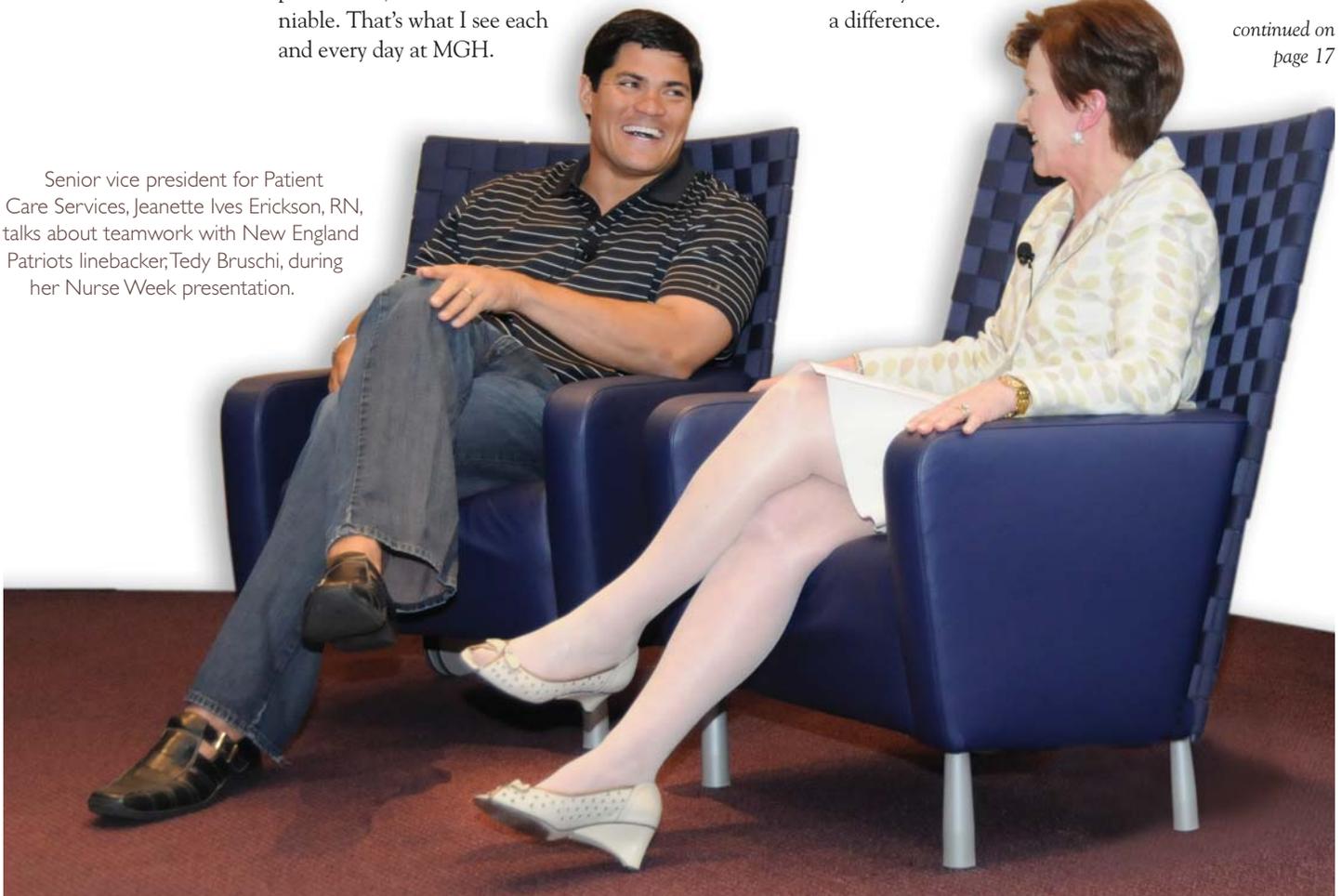
Sculling and nursing teams are both made up of talented, hard-working, committed people. For me, the thing that separates the best from all the rest is commitment. Often, people mistake emotion for commitment. But true commitment is not an emotion; it is a characteristic, a quality, that allows us to reach our goals. A solid team is comprised of people committed to its goals through good, bad, and difficult times.

Adversity fosters commitment, and commitment fosters hard work. Commitment doesn't depend on gifts or abilities. When we commit to using our talents and inner strength, we find we have something valuable to offer. Everyone brings something of value to the team.

How important is commitment? I believe MGH nurses value loyalty and follow-through. When things get tough, we stand firm. We don't compromise our values. We don't quit. We are committed to the unit, the department, the service; we are committed to the team, to MGH.

We are not tentative in our commitment. Our support is solid, our dedication undeniable. That's what I see each and every day at MGH.

Senior vice president for Patient Care Services, Jeanette Ives Erickson, RN, talks about teamwork with New England Patriots linebacker, Tedy Bruschi, during her Nurse Week presentation.



I see you being *committed to one another*. When I look at our team, I see how we're there for each other. What does that say about what we believe? About what we value? MGH clinicians makes it clear there is no 'I' in team. We let one another know: "You can count on me. I've got your back. We're in this together."

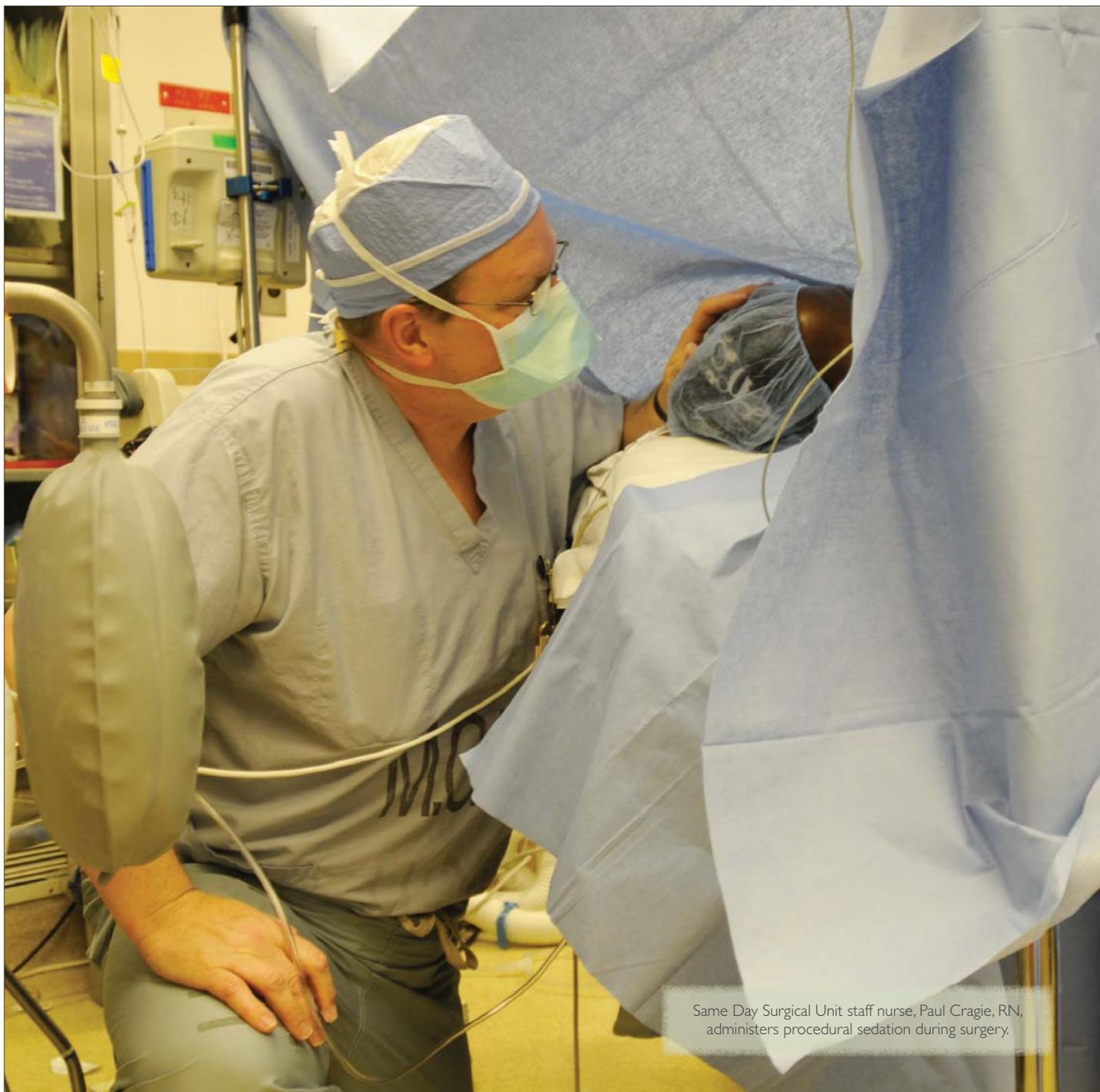
I see you being *committed to our mission*. At MGH, our practice is dedicated to our mission, which states: "Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment; we advance care through innovative research and education; and we improve the health and well-being of the diverse communities we serve."

I encourage you to think about our mission in light of our discussion about teams and teamwork. The MGH Credo and Boundaries Statement takes it a step further: "Teamwork and clear communication are essential to providing exceptional care."

Each of us comes to work with an inherent need for purpose, meaning, and direction. And at the end of each day—we make a difference.

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Perioperative Nursing



Same Day Surgical Unit staff nurse, Paul Cragie, RN, administers procedural sedation during surgery.

Magnet hospitals: the inside story

McClure and Poulin agreed that though the original Magnet study focused on recruitment and retention, the program naturally evolved to encompass quality and safety.

Nurse Week events kicked off on Monday, May 5, 2008, with an inside look at the origins of the Magnet-hospital phenomenon that began in the early 1980s with the publication of a study commissioned by the American Academy of Nursing, entitled, *Magnet Hospitals: Attraction and Retention of Professional Nurses*. Guests, Margaret McClure, RN, and Muriel Poulin, RN, authors of the landmark study, shared that they never imagined the study would lead to the prestigious designation it has become today. Said McClure, “We just wanted to learn why some hospitals were able to attract and retain quality nurses while others weren’t. Our work evolved into a proposal for what is now the Magnet Program.”

McClure and Poulin described a ‘grass-roots’ research project conducted with no formal funding and limited resources but with a passion and commitment that compelled the four authors (McClure, Poulin,

Margaret Sovie, RN, and Mable Wandelt, RN) to persevere at a time when qualitative research was not as highly regarded as it is today.

Poulin attributes the Magnet Program’s staying power to the fact that it focuses on the role of the staff nurse and the care of the patient. Said Poulin, “We kept patient care ever at the forefront, and that is still what drives the program today.”

McClure and Poulin agreed that though the original Magnet study focused on recruitment and retention, the program naturally evolved to encompass quality and safety. Said McClure, “The ability to be happy in your workplace has everything to do with being able to take pride in what you do. And in that respect, quality and retention go hand in hand.”

McClure and Poulin stressed that the 14 forces of Magnetism continue to be objective, reliable, and applicable to all clinical settings regardless of size, location, or clinical specialty.

Senior vice president for Patient Care, Jeanette Ives Erickson, RN (right) with Nurse Week guests, Muriel Poulin, RN (left), and Margaret McClure, RN, authors of, *Magnet Hospitals: Attraction and Retention of Professional Nurses*, the original Magnet hospital study in 1983.



The Vietnam Women's Memorial: triumph over tragedy

To say there wasn't a dry eye in the house following Tuesday, May 6th's Nurse Week presentation, "Celebrating Nursing: a Legacy of Healing and Hope," seems the height of understatement. Speakers, Diane Carlson Evans, RN, founder and president of the Vietnam Women's Memorial Foundation, and Mary 'Edie' Meeks, RN, Vietnam Women's Memorial Foundation board member, received a standing ovation following their poignant and provocative presentation chronicling their journey from Vietnam Army nurses to advocates for the creation of the Vietnam Women's Memorial on the mall in Washington, DC.

Vietnam Army nurses, Mary 'Edie' Meeks, RN (left), and Diane Carlson Evans, RN



Meeks began by telling about how her friendship with Carlson Evans was forged during a rocket attack as the two of them huddled together under a cot in the small 'hooch' (hut) they shared in Vietnam. She talked about her childhood and her alternating desire to become a nurse or a Roller Derby star. When nursing won out, she enrolled in nursing school with the mission of caring for patients' physical, emotional, and spiritual well-being ever on her mind.

In 1968, in the shadow of the Vietnam war and amid a very vocal anti-war sentiment, Meeks signed up to become an Army nurse and go to Vietnam. She told of her training in Texas and her stint in a Saigon field hospital where she cared for American soldiers and Viet Cong prisoners alike (and the ethical dilemmas that raised). She recalled individual soldiers and their fates, some who survived, many who didn't.

Upon her return, like so many other returning veterans, Meeks did not speak about her war experiences. Because of the political climate, soldiers were not welcomed as heroes but scorned

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Watching a video of the unveiling of the Vietnam Women's Memorial are (l-r): Marianne Ditomassi, RN; Meeks; Carlson Evans; staff nurse, Michael Grasso, RN (see story on page 8); and Ives Erickson.



Remembering the unrecognized, unheralded service of the nurses with whom she served, Carlson Evans was moved to begin the long, arduous, and often confrontational battle to secure a place on the mall where the women of the Vietnam War could be memorialized.

and derided for participating in what many perceived as an unjust war. Meeks told of a special bond of solidarity that Vietnam nurses shared and how that bond helped inform the creation of the Vietnam Women's Memorial.

Said Meeks, "I'm proud of my profession and my service to this country. Whether on the battlefield, in hospitals, or in clinics, we protect and defend our patients. Our actions have led to a new level of dignity, education, and respect for nurses."

Picking up where Meeks left off, Carlson Evans spoke about the 'silence of service' following the war and the fact that nurses, too, need to heal. She reminded attendees that nurses were not drafted in the Vietnam era. Every nurse who served in Vietnam volunteered to go. Yet despite the invaluable

contributions made by nurses during the war, they were deemed 'not worthy' to have a memorial on the mall in Washington, DC. Remembering the unrecognized, unheralded service of the nurses with whom she served, Carlson Evans was moved to begin the long, arduous, and often confrontational battle to secure a place on the mall where the women of the Vietnam War could be memorialized.

Encountering a 'twisted bureaucratic' approval system and obstacles ranging from indifference to outright hostility, the journey to create the memorial was wrought with adversity. But on Veteran's Day, 1993, before a crowd of more than 25,000 people who had travelled from across the country, the Vietnam Women's Memorial was officially dedicated.

Carlson Evans quoted former Chairman of the Joint Chiefs of Staff, Admiral William Crowe, who, on the occasion of the dedication said, "Perhaps the most enduring aspect of this memorial will be its impact on the future. It says something profound about what vigorous, courageous and determined individuals can do in times of crisis... Hopefully, it will inspire women to dream, to strive, to challenge adversity, and not be intimidated by peril. What a magnificent legacy for the women who served during the Vietnam War to leave to our great republic. This moving monument finally completes the Vietnam circle by honoring the spirit and achievements of the women who participated in that effort. But more important, it will serve as a shining beacon for future generations of American women."

In closing, Carlson Evans saluted the men and women who carry on the proud tradition of nursing, saying, "It always has been and always will be how much we care about each other that will help us triumph over tragedy."



©1993, Vietnam Women's Memorial Foundation, Inc. Glenna Goodacre, Sculptor

Celebrating nurses in the military

On Tuesday, May 6, 2008, a special luncheon was held with Nurse Week speakers and Vietnam veterans, Diane Carlson Evans, RN, and Mary 'Edie' Meeks, RN, to recognize MGH nurses who serve in the military. Hosted by senior vice president for Patient Care, Jeanette Ives Erickson, RN; MGH president, Peter Slavin, MD; and chairman and CEO of the MGPO, David Torchiana, MD, the luncheon drew scores of MGH/military nurses, including Major Michael Grasso, RN, Emergency Department staff nurse, who spoke at the event. Following are excerpts from his remarks.

Major Michael Grasso,
RN staff nurse in the
Emergency Department



It is an honor and a privilege to be here with you today. I want to say that my remarks are my own and represent my own retrospective assessment. Despite anyone's stand on the war in Iraq, some amazing medical care is being delivered to airmen, sailors, Marines, contractors, Iraqis, and insurgents.

I served in Iraq from October, 2006, to September, 2007, with the 399th Combat Support Hospital (CSH). I was part of a unit that served three geographical areas: Mosul, Tikrit and Al Asad. My official duty was as patient administrator and medical regulator for the 399th CSH in Mosul and Al Asad. I honestly believe I could not have performed as well as I did had I not worked in the Emergency Department and earlier in the Neuro ICU here at MGH. My day-to-day job was to assess the medical needs of patients. With the aid of the deputy chief of Clinical Services, I coordinated all flights out of the CSH via helicopter and fixed-wing aircraft. Ultimately, I was responsible for safe-guarding the medical records of patients in the CSH and accountable for the movement of patients evacuated using military aircraft.

Preparation for this endeavor started in June, 2006, when I received training in all facets of the areas of operations we would encounter in Iraq: language, tactical, weapons, etc. I read many manuals and attended a course at Fort Sam Houston given by veterans who had served in Iraq. They were able to impart valuable information to me and my team about the finer points of evacuating patients from the Iraqi theater of operations.

During my service in Iraq (in Tikrit, Mosul and Al Asad) we saw nearly 30,000 outpatients, 1,500 admissions; 1,100 patients were transported via fixed-winged evacuation and 1,000 via helicopter MedEvac. More importantly, the 399th CSH was seen as a refuge for all patients and all types of injuries that occurred in the desert.

The take-away lesson is that Iraq is a dangerous place. Those of us who serve need to resolve financial, family, employment, and other concerns before being deployed. I have no regrets other than I wish I hadn't seen so many young men and women die in action... coalition forces and Iraqis alike.

My official duty was as patient administrator and medical regulator for the 399th CSH in Mosul and Al Asad. I honestly believe I could not have performed as well as I did had I not worked in the Emergency Department and earlier in the Neuro ICU here at MGH.

Research Day

Scientific Sessions

Lynda Tyer-Viola, RN, presents her research on, "Depression and Fatigue in HIV-Positive Pregnant Women: a Case Study,"

Research Day kicked off with two information-packed presentations during the morning's scientific sessions. Staff nurses, Kelly Trecartin, RN, and Nicole Spano-Niedermeier, RN, presented the results of their study, which they conducted under the mentorship of nurse researcher, Diane Carroll, RN, entitled, "The Effects of Two Types of Informational Reports in the Anxiety Levels of Families Waiting during Invasive Cardiac Procedures." Using a pre- and post-test measurement tool, Trecartin and Spano-Niedermeier compared the physiological responses of families who received standard care; standard care plus informational reports half-way through a procedure; and standard care, half-way informational reports, and a post-procedure visit to the patient. After measuring 151 family members, research showed that anxiety levels could be positively impacted by half-way informational reports and a visit to the patient following invasive cardiac procedures.

Yvonne L. Munn post-doctoral fellow, Lynda Tyer-Viola, RN, whose research study, "Depression and Fatigue in HIV-Positive Pregnant Women: a Case Study," is not yet fully populated, focused her remarks on a single patient enrolled in the study. Her study asks the question: "Is there change in depression and fatigue symptoms over time in HIV-positive pregnant women?" Data was collected by asking two brief, general-well-being questions at specific intervals, twice (in person) during pregnancy, and six times (over the telephone) following delivery. Tyer-Viola observed that continuous assessment of emotional well-being and ability to function physically should be considered a 'vital sign' during pregnancy; and women who suffer from chronic illness just want to feel the same joy that other women experience during pregnancy.

Kelly Trecartin, RN (left), and Nicole Spano-Niedermeier, RN, present their research on, "The Effects of Two Types of Informational Reports in the Anxiety Levels of Families Waiting during Invasive Cardiac Procedures."



The Yvonne L. Munn Nursing Research Lecture:

Sleep deprivation in acute care: priority or after-thought

On Wednesday, May 7th, the 2008 Yvonne L. Munn Nursing Research Lecture was presented by professor and associate dean for Scholarly Affairs at Yale University School of Nursing, Nancy Redeker, RN. Her presentation, "Sleep deprivation in acute care: priority or afterthought," looked at the factors that affect sleep in the context of enhancing health and wellness. Her study found that characteristics of sleep vary greatly in the hospital setting, including a variety of sleep disorders, such as: central sleep apnea, Cheyne-Stokes disorder, insomnia, and obstructive sleep disorder. Using a Mini Motionlogger Actigraph to monitor patients following cardiac surgery, Redeker found a high degree of sleep fragmentation throughout hospitalization. She noted that any sleep study should seek to measure patients' sleep patterns 24 hours a day, not just at night.

In cumulative studies over the years, Redeker has looked at sleep variables and influences including the hospital environment (general unit versus ICU), age, gender, baseline health status, disease/illness, etc. A number of environmental issues that arose had to do with noise, including call bells, visitors, paging systems, alarms, and staff talking, which was perceived to be a primary source of annoyance to patients.

Nocturnal interventions such as bathing, administering medications, or just checking on the patient were found to be a consistent factor in fragmented sleep patterns. Said Redeker, "If we're so concerned with patient care, why aren't we letting out patients sleep? Are all these nocturnal interventions really necessary?"

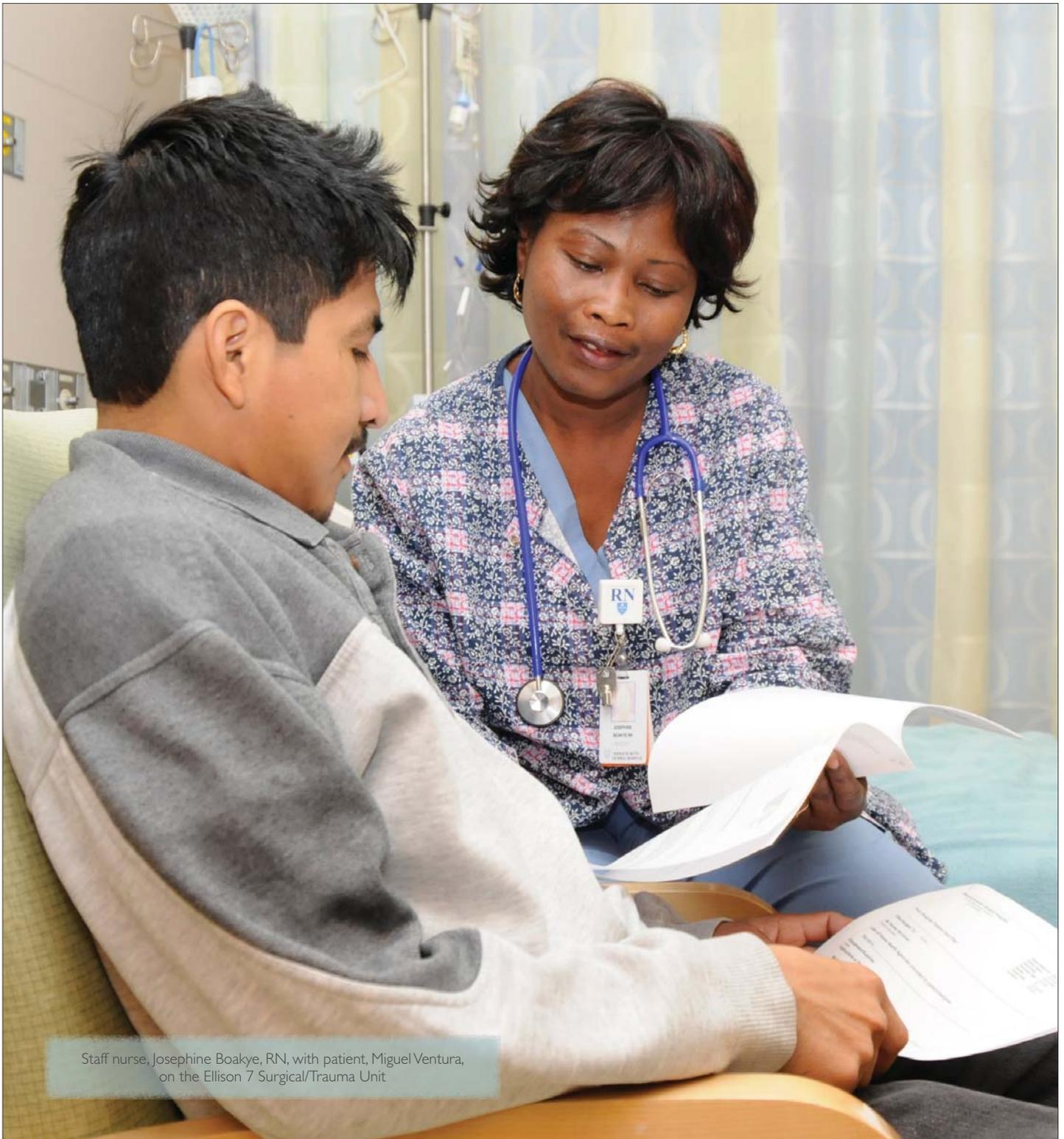
Some remedial measures such as ear plugs, white noise, scheduled quiet times, music, massage, and guided imagery were found to be helpful. But, said Redeker, "What we really need to do to improve sleep in the acute-care setting is to anticipate and address patients' needs before they go to sleep, consider sleep factors when designing patient care units, and support efforts to promote sleep on a unit-by-unit basis.

Nocturnal interventions... were found to be a consistent factor in fragmented sleep patterns. Said Redeker, "If we're so concerned with patient care, why aren't we letting out patients sleep?"



Nancy Redeker, RN, professor and associate dean for Scholarly Affairs at Yale University School of Nursing, gives 2008 Yvonne L. Munn Nursing Research Lecture.

Surgical Nursing



Staff nurse, Josephine Boakye, RN, with patient, Miguel Ventura, on the Ellison 7 Surgical/Trauma Unit



Dedication of The Yvonne L. Munn Center for Nursing Research

Following the Yvonne L. Munn Nursing Research Lecture and presentation of the 2008 Munn research awards on Wednesday, May 7th, a special ceremony was held to formally dedicate The Yvonne L. Munn Center for Nursing Research (located on the 4th floor of the Professional Office Building on Cambridge Street). Pictured above (l-r) are: senior vice president for Patient Care, Jeanette Ives Erickson, RN; Yvonne Munn, RN; MGH president, Peter Slavin, MD; director of the Munn Center, Dottie Jones, RN; executive director of The Institute for Patient Care, Gaurdia Banister, RN; and special guest speaker, Terry Fulmer, RN, national nursing leader and researcher.

The Yvonne L. Munn nursing research awards and dedication of The Yvonne L. Munn Center for Nursing Research

Following the Yvonne L. Munn Nursing Research Lecture, director of The Munn Center for Nursing Research, Dottie Jones, RN, presented the 2008 Yvonne L. Munn nursing research awards to: Chelby Cierpial, RN; Mary Larkin, RN; Catherine Griffith, RN; Diane Carroll, RN; Carolyn Paul, Ellen Mahoney, RN; and Virginia Capasso, RN, for their study on, "Research Utilization in Nursing Practice at MGH: a Comparative Study of Barriers and Facilitators."

A second grant went to: Loren Winters, RN; Jane Flanagan, RN; Karleen Habin, RN; Barbara Cashavelly, RN; and Dottie Jones, RN, for their study on, "Patient Experience of Adherence to Endocrine-Based Oral Chemotherapy 'Drug Holidays' in Women with Breast Cancer." Christina Gulliver, RN, and Patricia Martin, RN, received a grant to fund their study on, "The Effects of Sensory Interventions on an Inpatient Psychiatric Unit: a Pilot Study." And Anne Gavigan, RN, Carolyn Cain, RN, and Diane Carroll, RN, received funding for their study on, "The Effects of a Preparatory Informational Session Prior to a Cardiovascular Procedure."

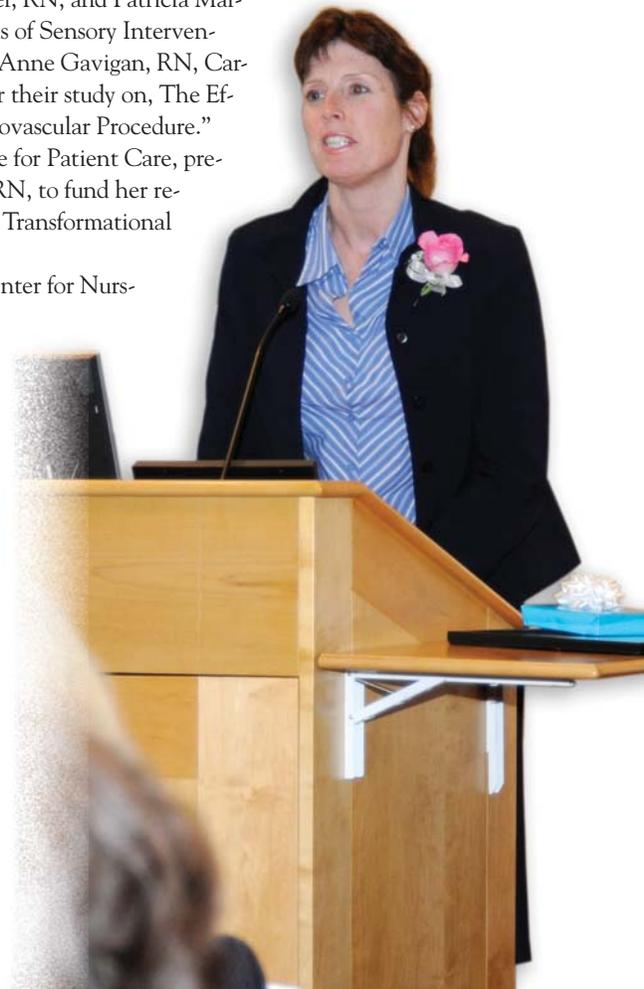
Gaurdia Banister, RN, executive director of The Institute for Patient Care, presented the Munn post-doctoral fellowship to Donna Perry, RN, to fund her research on, "Humanitarian Global Health Care Practice as a Transformational Experience."

In prelude to the dedication of The Yvonne L. Munn Center for Nursing Research, introductory remarks were offered by Jones; MGH president Peter Slavin, MD; senior vice president for Patient Care, Jeanette Ives Erickson, RN; and special guest, nationally renowned nursing leader, Terry Fulmer, RN. Said Fulmer, "Have you noticed that there's a parallel between nursing research on the national level and Mrs. Munn's influence on nursing research in general? It seems as though the NIH 'followed' Mrs. Munn, since the National Institute for Nursing Research came well after Mrs. Munn's interest in nursing research. I'm very happy to be part of this dedication ceremony today. Mrs. Munn, you are the exemplar of envisioning and realizing a dream. We're all fortunate to have felt the palpable realization of your dream come true."

An emotional Mrs. Munn took the podium. "I'm in awe," she said, blinking back tears. "I'm touched by how you've internalized the 'whys' of your profession. I know our future is in good hands. Dedicating this nursing research center is thrilling. I look forward to watching it grow, and grow, and grow. Thank-you, from the bottom of my heart."

Professional development coordinator and associate nurse scientist, Donna Perry, RN, receives the Yvonne L. Munn Post-Doctoral Fellowship award.

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Neuroscience Nursing



Staff nurse, Mary Cutting, RN, with patient on the White 12 Neuroscience Unit

Psychiatric Nursing



Staff nurse, Emilia Revolorio, RN, with patient
on the Blake 11 Psychiatric Unit



MGH Nursing Research Fair and Expo

Throughout Nurse Week, nursing research posters were on display along many of the first-floor corridors. On Friday, May 9, 2008, the MGH Nursing Research Committee sponsored the annual Nursing Research Fair under the Bulfinch Tent, attracting hundreds of visitors and hopefully many future nurse researchers.



For members of the MGH nursing team, our mission is more than words on a piece of paper. It is the expression of our personal and professional values—it's something we believe in. It's something we live by.

That being said, how well do we understand our mission, and are we carrying it out in the work we do at the bedside? That brings me to something else I see every day.

I see you being *committed to our patients*. As you know, capacity-management is an on-going challenge in today's healthcare environment. We have launched many initiatives in recent years to facilitate timely, efficient, patient flow and increased capacity.

We did it well yesterday. We are doing it well today. And we will do it well again, tomorrow. The delivery of care is an opportunity to excel. We deliver care to all patients as if they were our only patient. One patient at a time.

The Post Anesthesia Care Unit (PACU) was challenged by limited physical space. To address this, staff in the PACU and the Same Day Surgical PACU teamed up to improve patient flow, service, and safety. They now share responsibility for strategically triaging and placing patients in the appropriate PACU, enhancing safety, efficiency, and effectiveness. Nurses from both areas meet daily to discuss ways they can work together to optimize recovery and bed-capacity.

Another team came together in 2006 to address the needs of a complex patient population: general medical patients who present with psycho-social issues that complicate their lives and their care while at MGH. Team 5, a multi-disciplinary group of clinicians, is not assigned to a particular unit or location. They provide specialized care for this patient population wherever they may be throughout the hospital.

Serving patients is why we exist. Our research and educational programs play a vital role in supporting and advancing patient care. We are a patient-centered organization. The delivery of safe, high-quality care in an environment that supports clinical practice is our mantra. Which brings me to something else I observe at MGH.

I see you being *committed to resolving conflict*. A Spanish proverb reminds us, "It takes two to quarrel, but only one to end it." Take a group of highly-educated, highly dedicated nurses, put them in a fast-paced, high-pressure environment that requires constant interaction, and there's bound to be conflict. I would argue that that's a *good* thing when handled with dignity and respect.

Conflict implies an exchange of viewpoints, a passion to do the right thing. It means we're thinking critically and advocating for our patients. Again, that's a very good thing.

We have high standards and an *unwavering commitment to our patients*. The higher the bar, the more intense the zeal. We address issues quickly, collaboratively, and with the patient always at the center. We do this because we know we're better when we work together.

The Pharmacy-Nursing Performance Improvement Committee, co-led by Kathy Carr, RN, staff nurse in the Cardiac ICU, and Steve Haffa, pharmacist, addresses clinical and safety issues as they relate to medication-administration. We collaborate not only within Nursing, but with all disciplines to ensure every patient receives optimal, integrated care.

When I walk through the corridors of MGH, I see you being *committed to the details*. As Humphrey Davy, a British chemist, once observed, "Life is made up, not of great sacrifices or duties, but of little things, in which smiles and kindnesses and small obligations given habitually are what win and preserve the heart and secure comfort."

We did it well yesterday. We are doing it well today. And we will do it well again, tomorrow. The delivery of care is an opportunity to excel. We deliver care to all patients as if they were our only patient. One patient at a time.

Imagine for a moment the countless and critical details that need to be addressed in designing and building a new patient care unit, as members of the Pediatric ICU inter-disciplinary team did in collaboration with the MGH Planning Office to design the new Pediatric Intensive Care Unit. Together, they pulled it off.

continued on next page

Look at our journey to Magnet re-designation. Just think of the details included in the 2,600-page written evidence we submitted as part of our application—page after page chronicling your exquisite practice.

As we celebrate teamwork, it's clear to me that you are an *exceptional* team. Your focus, compassion, and commitment make us admire and respect MGH nurses. It starts with each of you individually and gets better with all of you collectively.

We are blessed with a robust support network that facilitates the critical relationship between patients and clinicians.

Said Bruschi, "I still remember my first day back. I had my stroke in February and played in my first game the following October. I'll tell you... everyone at MGH can hang their hats on that success.

That was a team effort!"

TEAM USA, a new educational series, is designed to provide unit service associates and operating room associates with key information to help them keep patient-care areas clean and safe for patients, families, and staff. This is a powerful illustration of commitment. What this tells us is that every member of the team understands that when it comes to our patients, there are no breaks, no rest periods, no time-outs. Every action of every team member every day supports patient care. Anything less is not an option. Together... we are capable of great things.

I have attempted to demonstrate today why I think we are an impres-

sive team, why we are a Magnet hospital, and why you are *simply the best*. But don't take my word for it. As always, the best measure of our success comes from our patients. So let's ask an MGH patient to join us, shall we?

The patient I've invited to join us shares a number of similarities with me. We both come from Italian families. We both took our current jobs in 1996. He is 6'1". Okay, I'm only 5'1", but that's pretty close!

At this point, Ives Erickson introduced MGH patient and New England Patriots linebacker, Tedy Bruschi. Bruschi entered the auditorium to thunderous applause then took a seat alongside Ives Erickson for a brief interview.

When asked about his experiences at MGH, Bruschi spoke about the exceptional care he received and how important it was that he and his wife were included in all the decision-making. And yes, he spoke about teamwork.

Said Bruschi, "I still remember my first day back. I had my stroke in February and played in my first game the following October. I'll tell you... everyone at MGH can hang their hats on that success. *That was a team effort!"*

When asked if he had a message for MGH nurses, Bruschi replied, "If I had a gigantic billboard, I'd hold it over my head with the words, 'Thank-you!' spelled out in big letters. I could not have done it without you."

So, would Tedy Bruschi ever think about leaving New England? "Are you kidding?" he said. "With the kind of care I get at MGH, why would I ever want to leave. Right now, I can feel the love in this room. Thank-you so much for all you do."

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Next Publication

June 19, 2008

Pediatric Nursing



Pediatric staff nurse, Janice Erlandson, RN, shows 18-year-old, Kyle Santos, how to use an incentive spirometer to measure lung pressure following surgery.

Infusion Nursing



Staff nurse, Denise O'Donovan, RN, shares a moment and a smile with patient, Mark Sylvester, in the Yawkey 8 Infusion Unit

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