

Caring

Headlines

May 1, 2008

Clinical Leadership Collaborative for Diversity in Nursing

—by Gaurdia Banister, RN, executive director,
The Institute for Patient Care



On Tuesday, March 4, 2008, at the University of Massachusetts, Boston, the first of two orientation sessions took place for the newly established Clinical Leadership Collaborative (CLC) for Diversity in Nursing. Excitement and anticipation were palpable among the nurses and students attending this program designed to change the face of nursing and healthcare leaders of the future.

According to the Sullivan Commission's 2004 report, African Americans, Latino Americans, and Native Americans comprise 25% of the US population but only 9% of the nation's nurses. The need to increase diversity in the healthcare workforce has been identified as a key factor in reducing healthcare disparities. The Institute of Medicine's 2004 report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, called national attention to this issue.

The IOM report noted that, "Increasing racial and ethnic diversity among health

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Students, Silvianna Ngueya (left) and Denise DePina, listen intently during reception in their honor at the University of Massachusetts, Boston, kicking off the Clinical Leadership Collaborative for Diversity in Nursing.

Magnet designation just as sweet the second time around



We had been notified by the American Nurses Credentialing Center to expect the call at 2:15pm on Tuesday, April 15, 2008. Marianne Ditomassi, RN, executive director for PCS Operations and several other key participants in our Magnet re-designation efforts had stopped by to hear the news. A palpable sense of

anticipation filled my office. When the phone rang, Brenda Kelly, RN, chairperson of the Commission on Magnet Recognition, informed us over the speaker phone that our application for Magnet re-designation had been approved and our Magnet status extended through 2012. The room erupted in applause.

It was a thrilling moment and brought back memories of a that first phone call in September of 2003. But I can say in all honesty... it was just as sweet the second time around.

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Seconds after receiving news from Brenda Kelly, RN, chairperson of the Commission on Magnet Recognition, that MGH had retained its status as a Magnet hospital, senior vice president for Patient Care, Jeanette Ives Erickson, RN (second from right), members of her leadership team, and members of the Magnet Re-Designation Steering Committee, break into applause.



Every member of the MGH community should be very proud. This is an honor that is not given lightly. Magnet designation is the highest recognition bestowed by the American Nurses Association, and it reflects the exceptional practice and commitment of every individual in every role and discipline at MGH.

Every member of the MGH community should be very proud. This is an honor that is not given lightly. Magnet designation is the highest recognition bestowed by the American Nurses Association, and it reflects the exceptional practice and commitment of every individual in every role and discipline at MGH. Make no mistake—this was a team effort.

When MGH became the first hospital in Massachusetts to be recognized as a Magnet hospital in 2003, fewer than 1% of all hospitals in the United States had been granted Magnet status (MGH was 58th in the country to be recognized). Now, five years later, 30% of hospitals applying for re-designation are being denied. That gives you a sense of the high standards and rigorous application process required to earn this distinction.

After a comprehensive review of more than 2,500 pages of written evidence and an intensive, three-day site visit during which surveyors visited clinical settings and practice areas, and interviewed patients, families, staff, and hospital leadership, we were told by surveyors that they were extremely impressed by what they saw. From our inter-disciplinary practice, to our focus on quality and safety, to the care delivered at the bedside, they saw the depth of our commitment to our patients and families.

As many of you know, the term, Magnet hospital, grew out of a study conducted by the American Academy of Nursing in the early 1980s to identify the characteristics of a professional-practice setting that would

attract and retain highly qualified nurses. Some of the characteristics identified include: quality of nursing leadership; professional models of care; attention to quality-improvement; autonomy of practice; strong inter-disciplinary relationships; and opportunity for professional growth and development. We have worked hard to ensure that these and other Magnet standards are deeply embedded in our culture and in our professional practice model.

I've always known I work with the greatest nurses in the world. I've always known that we support, and are supported by, the greatest team of clinicians and support staff anywhere. It is gratifying to know that our renewed Magnet designation shouts that message to the world.

Since the moment we received word from Brenda Kelly, I have been inundated with well-wishes from friends and colleagues throughout the hospital and the community with sentiments like: "It's wonderful to see the efforts of our nursing staff professionally acknowledged and publicly praised with this important recognition." Or, "This honor brings great distinction to our institution." I would be remiss if I didn't pass those accolades along to those who deserve them most—the nurses, clinicians, and support staff, whose tireless contributions are the very cornerstone of our success. To you, to the members of the Magnet Re-Designation Steering Committee, and to the entire MGH community, I say thank-you and congratulations.

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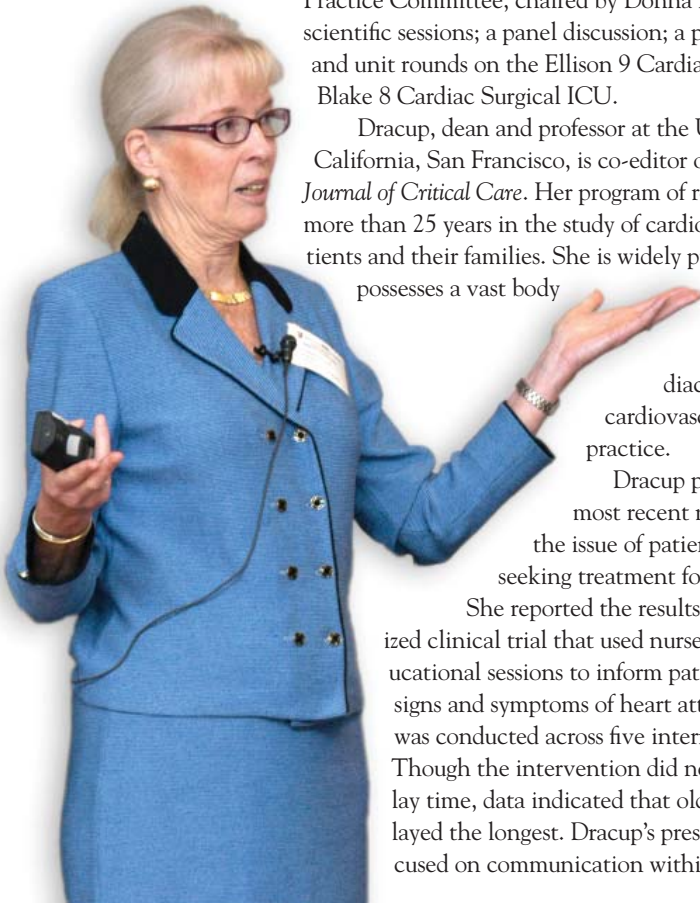
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(Cover photo provided by staff)

Third annual Visiting Scholar for Cardiac Nursing Program

—by Diane L. Carroll, RN, Yvonne L. Munn nurse researcher

Visiting cardiac nursing scholar, Kathleen Dracup, RN, presents her research on patients delaying treatment for heart attack.



In recognition of the unique contributions cardiac nurses make, the department of Nursing welcomed Kathleen Dracup, RN, to MGH as the third visiting cardiac nursing scholar, April 7 and 8, 2008. Her two-day visit focused on cardiac nursing practice and multi-disciplinary teams. Activities included discussions with the Cardiac Practice Committee, chaired by Donna Lawrence, RN; scientific sessions; a panel discussion; a poster review; and unit rounds on the Ellison 9 Cardiac ICU and the Blake 8 Cardiac Surgical ICU.

Dracup, dean and professor at the University of California, San Francisco, is co-editor of the *American Journal of Critical Care*. Her program of research spans more than 25 years in the study of cardiovascular patients and their families. She is widely published and possesses a vast body of knowledge related to cardiac patients and cardiovascular nursing practice.

Dracup presented her most recent research on the issue of patients delaying seeking treatment for heart attack. She reported the results of a randomized clinical trial that used nurse-patient educational sessions to inform patients about signs and symptoms of heart attack. The study was conducted across five international sites. Though the intervention did not reduce delay time, data indicated that older women delayed the longest. Dracup's presentation focused on communication within the multi-

disciplinary team to enhance patient safety, collaboration, and patient outcomes. Dracup shared information about team-building interventions and strategies used in a project in San Francisco. During unit-based rounds and in nurse-to-nurse hand-offs, communication was a major focus of the multi-disciplinary team.

A well-attended, multi-disciplinary panel discussion focused on a heart-failure patient with multiple challenges. Panelists included: Cathy Gonczarek, RN, cardiac nurse practitioner; Noreen O'Malley-Simmler, RN, and Courtney Ide, RN, cardiac nurses; Mary Lusier-Cushing, RN, psychiatric clinical nurse specialist; Katherine Craig-Comin, LICSW, social worker; and Kelly Macauley, PT, physical therapist. Panelists shared the challenges they faced caring for this patient, and moderator, Vivian Donahue, RN, clinical nurse specialist, posed questions designed to tap into Dracup's knowledge of self-care management, coping, social support, and end-of-life care.

More than 25 posters were displayed during a session outside O'Keefe Auditorium. Posters highlighted the innovative clinical practice in The Knight Center for Interventional Cardiovascular Therapy, the Electrophysiology Laboratory, the CSICU, CICU, the Cardiac Step Down Units, the Cardiac Interventional Unit, and the Cardiac Operating Room.

The Cardiac Nursing Visiting Scholar Program is an opportunity for nurses and colleagues from all disciplines to learn from experts in cardiac care. Patient care is increasingly more inter-disciplinary as we strive to enhance safety, quality, and customer service. Dracup's visit was an enriching experience for clinical staff throughout MGH.

For information about the Cardiac Nursing Visiting Scholar Program, call Sioban Haldeman, at 4-1375.

professionals is important because evidence indicates that diversity is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health professions' students, among many other benefits."

Embracing diversity means recognizing, accepting, and respecting that each individual is unique with different ethnicities, races, gender, sexual orientation, socio-economic status, age, physical ability, religious beliefs, political beliefs, and many other traits and ideologies. As the IOM report goes on to say, diversity is about understanding and moving beyond simple tolerance to celebrate the rich dimensions that define and describe each individual. Our director of PCS Diversity, Deborah Washington, RN, and her team have been trailblazers in this area.

In the summer of 2007, the Partners Chief Nurse Council under the leadership of senior vice president for Patient Care, Jeanette Ives Erickson, RN, created the Clinical Leadership Collaborative for Diversity in Nursing. Partners HealthCare and the University of Massachusetts College of Nursing and Health Sciences joined forces

to support the leadership-development of 18 diverse nursing students. Students with proven academic excellence and a commitment to improve the health of their

communities were recommended for the program based on their potential to become future leaders in nursing and health care. Students in the program receive a scholarship and are ensured clinical rotations at hospitals within the Partners network. Upon graduation, students are expected to practice as registered nurses in a Partner's facility.

The CLC program partners students with diverse nurse mentors/leaders from various Partners institutions. Mentors provide support and guidance to students in effectively managing any issues (racial, ethnic, clinical, or cultural) that may arise. Nurse mentors from MGH who are participating in the program include:

- Emmanuela Fabien, RN, White 10
- Phillip Waithe, RN, Knight Nursing Center
- Diana Darby, RN, White 6
- Joy Williams, RN, Radiology
- Carly Jean-Francois, RN, Ellison 18
- Evelyn Shakes, RN, Endoscopy
- Sheridan St. Jour, RN, White 13
- Michelle Anderson, RN, White 7
- Leah Gordon-Rowe, RN, Infusion Center
- Yulhader Revere, RN, White 6
- Audrey Jasey, Ellison 16
- Barbara Badio, White 10

The program strives to prepare future nurses through role-modeling and the imparting of wisdom from nurse mentors in a collaborative, educational environment. The hope is for diverse students to feel nurtured and supported as they transition from student to clinical nurse.

For more information about the CLC program or to become a mentor, contact Gaurdia Banister, RN, executive director of The Institute for Patient Care at 4-1266.

Below are scenes from the reception held at the University of Massachusetts, Boston, to welcome the inaugural class of CLC students. Directly below, senior vice president for Patient Care, Jeanette Ives Erickson, RN (left), and dean of the College of Nursing and Health Sciences, Greer Glazer, RN, welcome student, Solomon Mugati.



(Photos provided by staff)

Friendly visitor program a win-win situation

—by Anne Bouchard, CCLS, child life specialist,
and Kathy Clair-Hayes, LICSW, coordinator for training and quality, Volunteer Services

Denise Duhamel is a 30-year-old quadriplegic patient who has had many lengthy hospitalizations at MGH. Due to her condition, she is unable to ambulate and as a result, spends a lot of time by herself. A confident and positive person, Duhamel is anxious to try and experience new things. Recently, she engaged in a therapeutic art session in which a modified paintbrush was crafted to fit her mouth-stick enabling her to paint. Her expressive masterpieces now adorn the walls of her hospital room.

Child life specialist, Ann Bouchard, CCLS, has spent many hours with Duhamel trying to help 'normalize' the hospital experience for her, providing diversional materials and emotional support. Child life specialists typically focus on pediatric patients, but they consult throughout the hospital to assess the appropriateness of care for many non-pediatric patients, too.

Says Bouchard, "During our visits, Denise expresses her feelings about her extended hospitalizations and what it's like to be quadriplegic. We share stories, have lunch together, and enjoy each other's company. I always leave Denise's room smiling. She validates the power of the human spirit."

In an effort to alleviate some of the boredom and solitude of long hospital stays, Volunteer Services recently initiated a friendly visitor program for Duhamel. An e-mail was sent to volunteers letting them know that Duhamel would be receptive to visitors if anyone was interested. Within an hour more than 20 volunteers responded. Over the next few weeks, volunteers visited Duhamel regularly giving her and themselves something to look forward to.

Says Duhamel, "They help me get through the day. It can get lonely. There are only so many things you can do inside these four walls."

Woo Joo Noh is a nurse from Korea. She volunteers at MGH while trying to learn English. For Noh, Duhamel has been a 'great tutor,' helping her improve her English.

Abdi Ali is a high-school student from East Boston who came to the United States from a refugee camp in Africa. Ali says Duhamel helps him with his homework. When she learned he was a poet, she asked to hear his award-winning poem.

Lucy Harrison learned that Duhamel was a huge *Harry Potter* fan. It's difficult for Duhamel to read traditionally bound books because they don't lie flat, so Lucy created a spiral-bound *Harry Potter* book especially for Duhamel.

Volunteer, Bob Thibodeau, says, "I've never met anyone like Denise. I'm amazed at how many things we have in common. We both love cats, sports, history. We never run out of things to talk about."

Volunteers were impressed by Duhamel's 'can-do' spirit and great sense of humor. They started out trying to make Duhamel's days a little brighter and found that their own days were brightened just by spending time with her.

Duhamel's words of wisdom: "Never give up. Work with what you've got. Don't be afraid of something new. And you'll learn to adapt to any situation."

Words to live by.

Patient, Denise Duhamel, with (l-r): volunteer; Robert Thibodeau; child life intern, Jamie Rossi; volunteer; Woo Joo Noh; child life specialist, Anne Bouchard; and volunteer; Abdi Ali.



(Photo by Abram Bekker)

MGH celebrates National Donate Life Month

—by John Murphy, RN, nursing director

Below (l-r): staff nurses, Kristen Vacanti, RN; and Shirley Prescod, RN, join NEOB representative, Annie Lindahl, at this year's Donate Life display in the Main Corridor.

Recently, MGH teamed up with the New England Organ Bank (NEOB) and Blue Hills Regional Technical School (BHRTS) to plan this year's Donate Life celebration. Every year, MGH observes Donate Life Month during the month of April by disseminating information to staff and vis-

itors throughout the MGH community. This year's theme, chosen by the Organ and Tissue Steering Committee, led by senior vice president for Surgical and Anesthesia Services, Ann Prestipino, was, "How Teens Perceive Organ Donation."

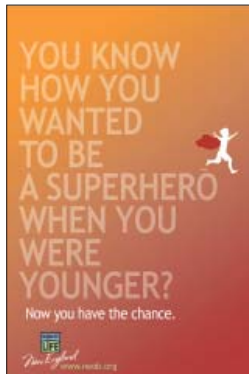
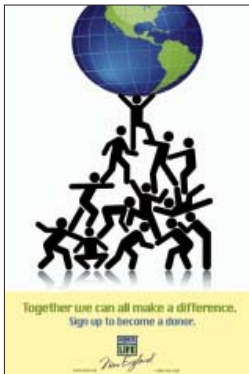
Juniors and seniors in the Design and Visual Communications Program at BHRTS learned about the benefits of organ donation through a presentation at their school. Students were asked to explore the benefits of organ donation and communicate their message in posters that would help inform and encourage the public to become organ donors.

Teacher, Joann Murphy, discussed considerations such as how to communicate with and understand their target audience. Students watched an episode of the TV show, *Extreme Makeover*, which revealed the dramatic impact of organ donation on one family's lives.

Regina Swanton of the NEOB observed, "The posters were quite amazing. I was completely impressed by the professional work these students had done. I showed them to others in my organization, and they were stunned to learn they were created by high school students."

Posters were displayed in the Main Corridor of MGH in April, (Donate Life Month). MGH and the NEOB are grateful for the creative expression these students showed in communicating the importance of organ donation and the importance of letting your organ-donation wishes be known by family and loved ones.

For more information about organ donation, contact nursing director, John Murphy, RN, or visit the NEOB website at: www.neob.org.



High-quality care is highest priority for case management specialist

When I first met Jan, she reminded me of a little girl — she looked tired, frightened, and small. She was receiving Heparin intravenously, she had two bowel

stomas, and the VAC dressing completely covered her tiny abdomen.

My name is Laurene Dynan, and I am a case manager. 'Jan' is a 21-year-old woman who was diagnosed with Crohn's disease when she was 12. She underwent her first surgery at age 14 and had a sigmoid colostomy at 16 due to a non-healing rectal fistula. Jan underwent two subsequent surgeries for bowel adhesions. Recently, she was admitted to a local hospital for a surgical revision and four days later was transferred to MGH for management of a bowel leak. Shortly after her admission to MGH, Jan was taken emergently to the operating room; she now has two stomas (artificially created openings); an ileostomy (a passage from the small intestine through the abdominal wall) and the original colostomy that connects to her remaining bowel.

After surgery, Jan developed acute respiratory distress and was transferred to the Surgical Intensive Care Unit (SICU) for treatment of a pulmonary blood clot and pneumonia. Her wound began to drain, so a vacuum-assisted wound closure (VAC) dressing was applied. Once she was able to breath on her own, she stabilized and was transferred from the SICU to a surgical care unit.

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Laurene Dynan, RN, case management specialist

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Jan told me she lived with her father's parents. Her mother had left when she was very young, and her father was in and out of her life. Her grandparents rarely visited her in the hospital because of the distance from their home to Boston. I was told prior to meeting Jan that her mother had been in to visit her, and that her father had created a scene during that visit.

I introduced myself to Jan and told her I was a case manager. She started to cry. I wanted to hold her, she was so young and fragile. We talked about her grandparents, her mom, dad, and cousins. It seemed important to her that her father be involved with her care when she returned home. I got the sense that her father was more attentive to her when she was ill, and that he wasn't always dependable. Jan's grandparents speak only Portuguese, but Jan and her father are able to speak, read, and write in English. Jan has completed

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her GED (high-school general equivalency degree) and worked as a cook in a local nursing home. But because of her illness, she is currently unemployed and totally dependent on her family.

As a case manager for the past 12 years, I've seen many patients who've had to deal with a myriad of challenges before they could be safely discharged. Jan's discharge plan included caring for two stomas, a VAC dressing, and Coumadin dosing. That's a lot for a young person to manage on her own. Jan is an expert in caring for her colostomy, but she had no idea how to manage two stomas.

In order for me to meet all of Jan's discharge needs, I met with her nurses, her social worker, her doctors, and the entero-stomal nurse. We talked about the need for Jan to continue to have both stomas until her body had a chance to recover from surgery. Once her care team had a better understanding of her discharge and teaching needs, we met with Jan. We explained her discharge plan and home-care needs. Her nurses began Coumadin teaching, and the entero-stomal nurse continued to work with Jan on her stoma home-care teaching.

I began to work on a plan to transition Jan home with her family. We asked Jan's permission to call her grandparents to arrange a family meeting. They came in the following day, and with the help of a Portuguese interpreter we explained Jan's home-care needs, follow-up care, and confirmed they had a good understanding of her care. Jan seemed to relax after this meeting. She had played an active role in the decision-making and began to realize that she could go home with the support of her family, home skilled nursing visits, and pre-arranged follow-up care with her surgeons and primary care physician.

Preparing Jan for discharge included arranging for skilled nursing care at home, health insurance approval, and delivery of the special equipment she would need to perform proper wound care at home. She would also need to be in contact with her primary care physician regarding her Coumadin management. One challenge was explaining to the medical equipment company that she needed supplies for two stomas. I provided the company with the necessary information to cover the costs under her health insurance. Approval from the insurance company required detailed information about her diagnosis and surgeries, which I also provided.

On the day Jan was to be discharged, her father never showed up. Unfortunately, this is typical of the relationship she has with her father—he comes and goes and is never responsible for her care. Jan was in tears and in a panic. I was able to reach her father at the number he had provided during the family meeting, and he confirmed that he would not be picking her up. He had promised to give Jan a ride home, but he had no car, and it became clear he wouldn't be able to make good on that promise. He also informed me that her grandparents could not drive into Boston alone.

We're fortunate to be able to draw on so many resources at MGH to provide safe and timely discharge. Jan agreed to go home via ambulance with arrangements for a home-care nurse to meet her at her house. Because the travel time was unknown, nurses replaced the VAC dressing on her abdominal wound with a wet-to-dry dressing. I faxed Jan's prescriptions to her local pharmacy to allow her grandparents time to pick up her medications before Jan arrived home. Later that day, I confirmed that she arrived safely and that the home-care nurse was able to place a new VAC dressing.

I called Jan a week later to see how she was doing. She sounded in control. We talked for several minutes about her abdominal wound, her follow-up appointment with her PCP, and her hope to have the colostomy closed in a few months at her local hospital.

When I first met Jan and read her chart, I thought for sure she would be discharged to a rehab facility. That would have been easy. But Jan was mobile and strong enough to return home. Coordinating her transition home took a team effort. We all did our part to get Jan home safely.

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

Reading this narrative, it's clear that teamwork and compassion drove Laurene's care of Jan and her family. Despite the complexity of Jan's discharge plan and her many specialized needs, Laurene's focus was always on Jan's safety and emotional well-being. This narrative is a wonderful example of a case manager using her experience, her knowledge of hospital and community systems, and her strong relationships with colleagues in other disciplines to advocate for the patient.

Thank-you, Laurene.

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Teaming up to improve mental-health care

—by Jennifer Repper-Delisi, RN; Lauren Kattany, RN; Christina Gulliver, RN; and Sara Macchiano, RN

At the heart of our professional practice is an unwavering focus on our patients and families. Working with clinicians from many disciplines, we ensure that patients' healthcare needs are identified, understood, and met in a timely and respectful manner. Clinical nurse specialists (CNSs) are in a privileged position to facilitate this process. Often, we're asked to address the most complex patient problems. Collaboration among CNS colleagues is especially important on those occasions when patients' needs may cross specialties. We pool our knowledge and skills to develop standards of care, educational programs, and resources to assist nurses and other clinicians in delivering the highest possible quality of care.

Patients experiencing suicidal thoughts require our careful attention. It might surprise you to learn that hospital patients are at three times higher risk for suicide than the general population. Patients at risk include those with chronic illness, those receiving traumatic information, those with co-existing psychiatric illnesses, and those admitted following a suicide attempt. Patients contemplating suicide are typically in extreme emotional pain; they feel alone, desperate, and helpless. Our goal is to form a trusting therapeutic connection, infuse hope, and protect patients from self-destructive impulses.

Suicide risk-management can be challenging on general care units where there may be limited environmental safeguards and limited specialized knowledge of urgent mental-health needs. Caring for potentially suicidal patients requires frequent face-to-face assessment, visual surveillance, and increased attention to room safety.

In an effort to address these challenges, Lauren Kattany, RN, medical CNS; Jen Repper-DeLisi, RN, psychiatric CNS; Christina Gulliver, RN, psychiatric CNS; Sara Macchiano, RN, nursing director; and clinicians from other disciplines came together to look at ways to improve the care of suicidal patients on non-psychiatric inpatient units.

Taking into account new Joint Commission standards (care of suicidal patients is one of the top 20 patient safety goals for 2008), the group examined current practice, developed new resources for



(L-r): Christina Gulliver, RN; Jennifer Repper-Delisi, RN; and Lauren Kattany, RN (Sara Macchiano, RN, not pictured)

clinicians, and revised the hospital's policy on the care of suicidal patients.

The following enhancements occurred as a result of the collaborative efforts of this group:

- The Care of the Suicidal Patient Policy now includes procedures for managing an emergency, creating a safe environment, questions to assess suicide risk, improved communication among healthcare providers, guidelines for decision-making, and important contacts and resources
- A Nursing Problem/Outcome/Intervention Sheet was created to translate policy guidelines into bedside interventions
- The POE order set for suicide precautions is being amended to provide easy clarification of orders/interventions and allow seamless communication to clinicians and support staff
- A training program has been developed for nurses, physicians, and patient care associates describing their roles and important considerations for managing patients on suicide precautions. These interventions are being adapted for operations associates and unit service associates

We want to acknowledge Theresa Gallivan, RN; Christopher Coley, MD; Anthony Weiss, MD; Andrew Karson, MD; Grace Good, RN; Karen Tanklow, LICSW; and past members of the Patients at Risk Committee, for their many contributions to the success of this process.

For more information about the care of patients at risk for suicide, call Christina Gulliver, RN, at 6-7705.

Same Day Surgical Unit goes green (and Styrofoam free!)

— by Carol Card, RN, Same Day Surgical Unit

Staff of the Same Day Surgical Unit 'get their green on' to show support for St. Patrick's Day and for their unit-based efforts to recycle and protect the environment.

Last year, on our way to the Association of Operating Room Nurses convention, Susan Gill, RN, and I came across several articles about global warming. The article that concerned us most had to do with Styrofoam and how styrene can break down and be absorbed in our bodies. Specifically, the article said, "The single-molecule form of polystyrene migrates into your food and beverages from polystyrene food containers. Just in case you're tempted to think this problem doesn't apply to you—perhaps because you haven't grown a third

ear—think again. An EPA study of fat biopsies from human subjects found styrene residue in 100% of the samples tested."

When we came back from the conference, we approached our nursing director, Janet Dauphinee Quigley, RN, and requested to change from Styrofoam to paper cups in our lounge. She agreed. And we have now effectively eliminated Styrofoam from our lounge area.

Shortly after implementing this change, we learned about a hospital-wide recycling committee headed by Dawn Tenney, RN, associate chief nurse, and Bill Banchiere, director of Environmental Services. We

asked to represent the Same Day Surgical Unit. Jane Wardrobe, our operations coordinator, Susan Gill, and I are now members of the committee along with representatives from the Main Operating Room and the Post Anesthesia Care Unit.

We have initiated a plastics recycling program, as well, which started on March 17, 2008, (St. Patrick's Day). The interest and support for these initiatives has been overwhelming and it seems to have sparked renewed interest in other recycling efforts. Our paper recycling bins used to need emptying only occasionally; now they have to be emptied every day.

We've installed a recycling bulletin board where we post clippings and articles about recycling initiatives. And we're very happy to be sharing in MGH's commitment to be kind to the environment.



Chaplaincy celebrates contributions of Eucharistic ministers

—by Thomas Mahoney, chaplain

Multi-disciplinary Training in Spiritual Care

Fellowships are available for the winter 2009 Clinical Pastoral Education Program.

The program is open to clinicians from any discipline who work directly with patients/families.

The winter program runs from January 12–May 18, 2009. Group sessions are held on Mondays from 8:30am–5:00pm. Additional hours are negotiated for the clinical component.

Six Kenneth B. Schwartz fellowships in Pastoral Care will be awarded to doctors, nurses, social workers, or other professionals who interact directly with patients and families.

Two Spiritual Caregiver fellowships are available. Applicants for these fellowships must be registered nurses in the department of Nursing, in direct-caregiver roles, and have a minimum of two years of nursing experience.

For more information, contact the Chaplaincy at 6-4774.

Applications are due by September 2, 2008.

On Thursday, April 10, 2008, members of the Chaplaincy came together with friends and families in the MGH Chapel for a special commissioning service for volunteers who serve as ministers of the Eucharist. These volunteers

bring Holy Communion to Roman Catholic patients and families. Almost 40 volunteers have been sponsored by their home parishes to participate in this ministry.

Says Eucharistic Ministry program manager, Gina Murray, “These volunteers are terrific. We’re grateful for their dedication to patients. Volunteer hours have steadily risen over the past year, showing how committed they are. It makes such a difference for patients and families.”

Theological advisor, Father Celestino Pascual, adds, “Holding a formal ceremony honors the way these women and men use their gifts to reach out to others. They are truly examples of Christian living.”



Eucharistic ministers and members of the MGH Chaplaincy gather for photo after commissioning service.

Chaplaincy director, Michael McElhinny, MDiv, notes that some volunteers have been here for decades, providing inspiration and encouragement to others. “Many come on Christmas and Easter, forging time with family and friends to make sure our patients have the comfort of the Eucharist on these important days.”

Eucharistic ministers, Kelly Clark and Jim Leo, spoke about their experiences. Clark said she considers the ministry a great privilege. Several patients have moved her deeply by their expressions of gratitude and appreciation. Said Leo, “We experience the miracle and mystery of God’s presence among us as we encounter patients.”

Chaplains vested in liturgical attire of their individual traditions offered blessings to the volunteers. Each volunteer received a certificate signed by Cardinal Sean O’Malley, Murray, Pascual, and McElhinny, and a pin officially designating them as ‘extraordinary ministers’ of the Eucharist.

Several volunteers expressed gratitude at being

able to come together with others involved in the ministry. Honoring and supporting patients’ spiritual needs is an important part of patient-centered care. The celebration was an opportunity to reflect on the impact this program has on so many and express the gratitude of the MGH community for the support of our extraordinary ministers of the Eucharist.

About patient and family advisory councils

Question: Does MGH have any patient and/or family advisory groups?

Jeanette: Yes. We currently have three patient and family advisory councils. The MassGeneral Hospital for Children established the first Patient and Family Advisory Council in 1999, followed by the MGH Cancer Center in 2001, and the MGH Heart Center in 2007.

Question: Who are members of these advisory councils?

Jeanette: Patient and family advisory councils are comprised of patients, families, hospital leaders, and staff, who together, address issues impacting the care experience at MGH.

Question: Why were they created?

Jeanette: It is so important to include patients and families in our efforts to enhance the experience of care. Patient and family advisory councils are a way of bringing patients and families into discussions about care, customer service, and hospital systems in both the inpatient and outpatient settings.

Question: What role do patients and families play on these councils?

Jeanette: Patients and families work side-by-side with nurses, doctors, and other clinicians to provide their perspective on programs and activities.

Question: How have advisory-council members participated in the past?

Jeanette: Patient and family advisory committees have had input into the recent Magnet re-designation process, the Documentation and Communication Retreat, and presentations at conferences for patient- and family-centered care. Following are some specific contributions made by patient and family advisory councils.

The MGH Cancer Center

- Contributed to patient-education initiatives including the *Cancer Center Patient Guide* and the new chemotherapy DVD for patients and families
- Provided orientation to hematology-oncology fellows, new staff, and support staff to share the experience of living with cancer
- Provided input into the design of the oncology units in the Yawkey Center and the Building for the Third Century
- Provided input into workshops in the HOPES Program including Advance Care Planning

MassGeneral Hospital for Children

- Provided staff education in family-centered work rounds to promote family-centered care and improve patient satisfaction
- Contributed to educational materials for families and helped create the *ABCs of Hospitalization*
- Helped revise the mission statement and guiding principles for the MassGeneral Hospital for Children in 2000

The MGH Heart Center

- Contributed to the re-design of the patient-care pathway in Cardiac Surgery
- Helped increase awareness and access to the MGH Office of Patient Advocacy
- Recommended improvements to the Patient Experience Survey

For more information about patient and family advisory councils, contact:

- Katie Binda, LICSW, at 6-5839 (MGH Cancer Center)
- Mary Lou Kelleher, RN, at 4-5720, (MassGeneral Hospital for Children)
- Lin-Ti Chang, RN, at 3-2995, (MGH Heart Center)

Announcements

"The Role of Academic Medical Centers in Improving Community Health"

The MGH Community Benefit Program invites you to celebrate our renewed commitment to community health. MGH president, Peter Slavin, MD, welcomes keynote speaker; David Satcher, MD, former US Surgeon General, who will talk about, "The Role of Academic Medical Centers in Improving Community Health." Governor Deval Patrick is an invited guest.

Tuesday, June 3, 2008
12:00–1:30pm
Under the Bulfinch Tent

For more information contact Alys Myers at: amyers6@partners.org.

Boston Health and Fitness Expo

Partners HealthCare, NBC News, and CW 56 are joining together to present the second annual Boston Health and Fitness Expo.

June 21 and 22, 2008
10:00am–5:00pm
Hynes Convention Center

The Expo will feature free medical tests and health screenings, presentations by MGH experts, a showcase of MGH Centers of Excellence, celebrity guest appearances, healthy cooking demonstrations, and much more.

Volunteers are needed to help make this year's expo a success. To volunteer, contact Amanda Westerling at 617-643-2366.

For more information, visit www.bostonhealthexpo.com.



EAP Work-Life Seminars

"Keeping Your Kids Safe"
May 28, 2008
12:00–1:00pm
Thier Conference Room

Be an informed parent. Join John Driscoll, assistant director, MGH Police, Security & Outside Services to learn preventative measures and strategies to ensure your kids grow up in a safe, secure environment.

Employee Eldercare Monthly Discussion Group

May 6, 2008
12:00–1:00pm
Yawkey 10-650

Facilitator: Janet T. Loughlin, LICSW; speaker: Barbara Moscovitz, LICSW, geriatric social worker. Come discuss issues relevant to elder care.

For more information, call 6-6976.

Police, Security & Outside Services celebrates 40 years of service

Police & Security has come a long way since 1968. The department will celebrate its 40th anniversary of proprietary service to MGH with display tables and an information booth on the main campus and at the Charlestown Navy Yard.

May 12 and 13, 2008
Main Corridor (on campus)
Central Lobby (CNY)

On May 13th, information booths will be available at the Chelsea and Revere health centers.

Consult with members of Police & Security staff, ask questions, and receive information about the services and opportunities offered by Police, Security & Outside Services.

For information, call 6-2121

Nurse Recognition Week

Sunday, May 4, 2008
Staff Nurse Breakfast
7:00–9:00am
Trustees Room

Monday, May 5, 2008
"Magnet Hospitals: the Inside Story"
co-presented by Margaret McClure, RN, professor, New York University, and Muriel Poulin, RN, professor Emeritus, Boston University
1:30–2:30pm
O'Keefe Auditorium

Tuesday, May 6, 2008
"Celebrating Nursing: a Legacy of Healing and Hope"
co-presented by Diane Carlson Evans, RN, and Mary "Edie" Meeks RN, of the Vietnam Women's Memorial Foundation
2:00–3:00pm
O'Keefe Auditorium

Wednesday, May 7, 2008
Nursing Research Scientific Sessions
10:00–11:30am
O'Keefe Auditorium

Annual Yvonne L. Munn Nursing Research Lecture, presentation of Munn Nursing Research Awards, and dedication of The Yvonne L. Munn Center for Nursing Research
1:30–3:30pm
O'Keefe Auditorium

Thursday, May 8, 2008
Staff Nurse Breakfast
7:00–9:00am
Trustees Room

"Teams that Work"
presented by Jeanette Ives Erickson, RN, chief nurse
1:30–2:30pm
O'Keefe Auditorium

Friday, May 9, 2008
MGH Nursing Research Fair
10:00am–2:00pm
Bulfinch Tent

For more information about Nurse Week presentations and activities, call 6-3100.

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

Next Publication

May 22, 2008

Educational Offerings – 2008

May

**7, 8, 12, 13,
27 & 28**

Greater Boston ICU Consortium
Core Program

BWH
7:30am–4:30pm
Contact hours:TBA

May

8, 14 & 28

Safety Issues Affecting You and
Your Family

Learn about travel safety, ID theft,
and child safety. Sponsored by
Police, Security & Outside Services

Yawkey 10-660
May 8th: 10:00–11:00am
May 14th: 1:00–2:00pm
May 22nd: 4:00–5:00pm
For information, call 4-3838

May

12

Diabetic Odyssey

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

May

13

BLS/CPR Re-Certification

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

May

13

Chaplaincy Grand Rounds:

Yawkey 2-220
11:00am–12:30pm
No contact hours

May

14

New Graduate RN
Development Seminar I

Charles River Plaza
8:00am–12:00pm
Contact hours:TBA

May

14

Simulated Bedside Emergencies
for New Nurses

POB 448
7:00am–2:30pm
Contact hours:TBA

May

14

Nursing Research Committee's
Journal Club

Yawkey 2-210
4:00–5:00pm
Contact hours: 1

May

14

Nursing Grand Rounds

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

May

14

OAP/PCA/USA Connections

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

May

15

CVVH Review and
Troubleshooting for the
Experienced CVVH Provider

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

May

16

PALS Re-Certification

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

May

16

Intermediate Respiratory Care

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

May

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

May

20

BLS/CPR Re-Certification

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

May

21

On-Line Electronic Resources for
Patient Education

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

May

22

Preceptor Development: Learning
to Teach, Teaching to Learn

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

May

22

Oncology Nursing Concepts

Yawkey 2-220
8:00am–4:00pm
Contact hours:TBA

May

22

Nursing Grand Rounds

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

May

27

Intra-Aortic Balloon Pump

Day 1: CSEMC
Day 2: Founders 325
7:30am–4:30pm
Contact hours:TBA

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

First annual National Healthcare Decisions Day

—by Cynthia LaSala, RN; Sharon Brackett, RN; and Taryn Pittman, RN

Staffing the Healthcare Decisions Day information table are (l-r): Sharon Brackett, RN; Sue Warchal, RN; Angelica Tringale, RN; Cathy Weaver, RN; and Erin Emanuelsen, RN.

On April 16, 2008, the PCS Ethics in Clinical Practice (EICP) and Patient Education committees co-sponsored the inaugural National Healthcare Decisions Day observance at MGH with an information table in the Main Corridor. MGH joined more

than 322 state and local organizations and 72 national organizations in an initiative to spotlight the importance of advance healthcare decision-making. The goal of National Healthcare Decisions Day is to encourage patients to think about and formally express their healthcare wishes and remind healthcare providers to respect and honor those wishes.

For the last four years the EICP and Patient Education committees have co-sponsored an annual advance-directive table providing counseling and informational to staff, visitors, patients, and the general public about the importance of completing a written advance directive. This year's observance coincided with the first National Healthcare Decisions Day, and MGH clinicians certified in Respecting Choices Advance Care Planning were on hand to answer questions and counsel visitors on important elements of advance-care planning.

Committee members hope the initiative will inspire people to have thoughtful conversations about their healthcare decisions, appoint willing and informed healthcare agents, and complete reliable advance directives to make their wishes known. For more information about advance-care planning, contact Cynthia LaSala, RN, at 3-0481; Taryn Pittman, RN, at 4-3822; or Sharon Brackett, RN, at 6-2314.

For more information about National Healthcare Decisions Day, visit: www.nhdd.org.



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