

# Caring

Headlines

November 6, 2008

## Pastoral Care Week

*See story on page 5 and clinical narrative on page 8*



Father Martin Okwir fields questions at the Pastoral Care Week information table in the Main Corridor; October 27, 2008. Rabbi Ben Lanckton and Reverend Ann Haywood are also pictured.

# Flu shots: another opportunity to showcase ‘Excellence every day’

As healthcare professionals, it's our responsibility to know the facts, to conduct our practice based on evidence and scientific findings, and to share that knowledge with our patients and colleagues.

To get a flu shot, or not to get a flu shot. That is the question on the minds of many individuals working in health care and healthcare-related settings. Despite compelling evidence that flu shots are safe and effective at preventing the spread of the flu virus, many people remain undecided about whether to receive the vaccine. Much of this indecision stems from myths and misunderstandings that persist despite first-hand knowledge and experience with flu outbreaks in the past. As healthcare professionals, it's our responsibility to know the facts, to conduct our practice based on evidence and scientific findings, and to share that knowledge with our patients and colleagues.

Perhaps the most prevalent myth about flu shots is that they can cause people to get the flu. This is not the case. *Flu shots cannot cause the flu*—they don't contain the live virus, so they cannot cause infection. After receiving the vaccine, people may experience mild symptoms such as muscle pain, runny nose, or achiness, but that's just a sign that your body is processing or responding to the vaccine, and that's a good thing. As with any vaccination, adverse events such as allergic reactions may occur, but this is rare.



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

Another common misconception is that the flu is not a serious illness. The Centers for Disease Control (CDC) report an annual flu-related death rate of approximately 36,000 people in the United States alone. Getting the flu is serious. It can lead to pneumonia and be especially dangerous for young children, the elderly, and people with heart or respiratory disorders. The flu virus can cause fever, chills, fatigue, coughing, sore throat, headaches, and muscle aches. And because the flu is a viral infection, it cannot be treated with antibiotics. Antibiotics are not a substitute for flu vaccine.

Some people think the flu vaccine doesn't work. Studies show that flu shots are effective 70–90% of the time (this figure varies from year to year because the flu virus changes and evolves as it spreads). But regardless of the year, getting the flu vaccine is the best protection against the flu.

*continued on next page*

I know you share my concern that for every healthcare provider who contracts the flu, our ability to care for patients is compromised. When you combine an increase in patient volume with a shortage of healthcare providers due to the flu, the need for healthcare professionals to be vaccinated is indisputable.

From our perspective as healthcare professionals, perhaps the most important reason to get a flu shot is our patients. Recent studies show documented cases of healthcare-associated transmission of influenza to patients and family members. This has prompted the CDC and Joint Commission to make the reduction of influenza transmission by healthcare personnel a top priority and to implement standards for vaccination of healthcare personnel.

I know you share my concern that for every healthcare provider who contracts the flu, our ability to care for patients is compromised. Last year, hospitals across the country reported serious staffing shortages at the height of the flu epidemic, and MGH was no different. Flu outbreaks result in a critical shortage of beds in both general medical and intensive care units. When you combine an increase in patient volume with a shortage of healthcare providers due to the flu, the need for healthcare professionals to be vaccinated is indisputable.

The department of Occupational Health has kicked off its annual prevent-the-flu campaign with flu-shot clinics open to all staff, employees, and volunteers. For those unable to make it to a clinic on the main campus or at one of the MGH health centers, you can schedule an appointment with Occupational Health (6-2217). Walk-in service is also available on Thursdays from 10:30am–5:00pm at Charles River Plaza (165 Cambridge Street, Suite 404). In order to be vaccinated,

you must bring your MGH identification badge. For those with latex allergies, a latex-free vaccine is available (be sure to call in advance to ensure a latex-free vaccine is on hand).

In recent years, well below 50% of healthcare workers in the United States have received the flu vaccine. When this issue of *Caring Headlines* went to print, approximately 6,000 MGH employees (30%) had received the vaccine. I know we can do better than that.

Like all of you, I want us to do everything we can to ensure our patients, co-workers, and families are safe. This flu season, remember to:

- wash and disinfect your hands before and after patient contact
- cover your mouth and nose with a tissue when coughing or sneezing
- avoid touching your eyes, nose, or mouth
- if you suspect you or a family member has the flu, call or go to the doctor right away

But the best thing we can do to protect ourselves and others from getting the flu is to get the flu vaccine. Do it for yourself, and do it for the people you care about.

#### Update

I am pleased to announce that Christine Grady McKee, RN, has accepted the clinical nurse specialist position for Ellison 7 and White 7.

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# Un gran éxito en MGH: Latino Heritage Month 2008

—by Karin Hobrecker, translation specialist, Interpreter Services

A spirit of inter-disciplinary collaboration marked this year's observance of Latino Heritage Month, which included a Nursing Grand Rounds presentation by Latino nurses, Claribel Díaz, RN, and Yulhader Revere, RN, on "Safe Patient Hand-Offs."

The MGH Multicultural Affairs Office and the MGH Disparities Solutions Center sponsored the documentary film, *Becoming American*, followed by a panel discussion with Dr. Byron García of MGH Psychiatry and Dr. Enrique Caballero, director of the Latino Diabetes Initiative at the Joslin Diabetes Center.

The Association of Multicultural Members of Partners hosted guest speaker José Massó, producer and host of the WBUR radio program "¡Con Salsa!" and co-founder of the La-

tino Leadership Institute. In a session that attracted a standing-room-only crowd, Massó gave a touching and humorous account of his arrival in the United States as a young Latino.

This year's Ernesto González Award for Outstanding Service to the Latino Community was presented to Debra Aponte, interpreter at the MGH Charlestown HealthCare Center, and Alessandra Peccei, MD, obstetrician and gynecologist at the Chelsea and Revere HealthCare centers.

Aponte, "the face and heart of the health center to many clients," was recognized for her leadership in community outreach. Aponte's work with Spanish-speaking patients is described as thorough and holistic, playing a crucial role in the lives of Latino families. She is known for strengthening the center's recognition of health disparities and

the need for ongoing assessment of cultural competence.

Peccei was recognized for her success in building the outpatient gynecology practice in the Chelsea and Revere health centers with a patient care model that respects cultural preferences. Peccei is perceived by her clients as the 'family physician,' creating a welcoming environment that opens the door to health care for others in the community.

Aponte and Peccei both expressed honor and thanks at being named recipients of the Ernesto González Award. Each acknowledged the role their families, patients, and colleagues play in their success.

For more information about Latino Heritage Month activities at MGH, contact the Multicultural Affairs Office at 4-3832.



**Below** (l-r): Latino nurses, Claribel Díaz, RN, Yulhader Revere, RN, and Kathleen Meyers, RN, present at Nursing Grand Rounds.  
**At right:** interpreter, Debra Aponte, accepts award from Ernesto González, MD.



(Photos by Abram Bekker)

# MGH celebrates National Pastoral Care Week

—submitted by the MGH Chaplaincy

Since 1984, hospitals across the country have celebrated Pastoral Week Care as an annual event to recognize spiritual caregivers and the ministry they provide. During the week of October 27–31, 2008, Chaplaincy staff celebrated this year's theme, "Listening Presence," with a variety of offerings ranging from humble to humorous, pastoral to political. These events were Chaplaincy's way of giving thanks for the privilege of being a listening presence to patients, families, and staff throughout the MGH community.

Staff of the Chaplaincy are pictured with humorist, Jimmy Tingle (center back), following his appearance, October 29, 2008.

Highlights of the week included a performance by Jimmy Tingle, the popular Boston social and political humorist who gave the gift of laughter in his satirical show focusing on his, "Humor for Humanity" campaign. A display table in the Main Corridor staffed by Chaplaincy members offered information, literature, and symbols of various spiritual and religious traditions (and Hershey's kisses!) The labyrinth in the Thier Conference Room provided a much-needed space for 'time out' to listen and reflect. In meeting the spiritual and religious needs of patients, families, and staff of all faiths and traditions, the annual Blessing of the Hands was offered as affirmation for the many tasks our hands

perform to provide comfort and care to one another.

For more information about the Chaplaincy or National Pastoral Care Week, contact the MGH Chaplaincy at 6-2220. For information about pastoral education programs at MGH (see clinical narrative on page 8) contact Reverend Angelika Zollfrank, director of Clinical Pastoral Education, at 4-3227.



(Photo by Abram Bekker)

# Knowledge is power in preventing ovarian cancer

—by Wanda Ponte, RN, ovarian cancer survivor

September was Ovarian Cancer Awareness Month. To mark the occasion, Judy Shea, RN, a 24-year ovarian cancer survivor, and Wanda Ponte, RN, a six-year ovarian cancer survivor, staffed an ovarian cancer information booth in the Main Lobby on Wednesday, September 24, 2008. Says Ponte, “It’s so important to educate the public about signs and symptoms of this silent killer. In the United States alone, 26,000 women are diagnosed with ovarian cancer, and 15,000 of those who are diagnosed die from the disease each year.”

Wanda Ponte, RN (left), and Judy Shea, RN, staff ovarian cancer information booth in the Main Lobby during Ovarian Cancer Awareness Month.



(Photo by Abram Bekker)

Shea and Ponte know first-hand that symptoms of ovarian cancer can be subtle. Unfortunately, when it is diagnosed, it’s usually in an advanced stage. Recent research suggests that the combined symptoms of swollen abdomen, a bloated feeling, and urinary urgency may be a sign of ovarian cancer.

Shea and Ponte urge women to be their own best advocates. “Listen to your body. Talk to your doctor if you experience any new or unusual symptoms.” There is no early-detection test for ovarian cancer, but with research, they hope it will one day be as easy to detect as prostate cancer. If detected early, the five-year survival rate for women diagnosed with ovarian cancer is higher than 90%.

Ovarian cancer symptoms can include: bloating, a feeling of fullness in the pelvic or abdominal area, gas, frequent or urgent urination, indigestion, constipation, diarrhea, menstrual disorders, pain during intercourse, unusual fatigue, and back aches. If symptoms last more than two to three weeks, talk to your doctor. Women of every age are susceptible to ovarian cancer.

Says Ponte, “This isn’t about fear. This is about hope for a brighter and better future for women. We need to be proactive in getting the facts that could save our lives and the lives of the people we love. We can put an end to this disease that has already taken too many loved ones.”

For more information about ovarian cancer, contact Wanda Ponte at 4-4100, or visit the National Cancer Institute’s website at [www.cancer.gov](http://www.cancer.gov).

# Tiger Teams go on process-improvement, cost-savings safari

Over the past four months, Tiger Teams have been looking at practices related to non-salary expenses in an effort to increase efficiency and reduce unnecessary costs. To date, Tiger Teams have identified more than \$1 million in savings while at the same time streamlining operations, saving time, and supporting patient care. In addition to en-

hancing efficiency, many recommendations are environmentally friendly, saving trees, water, and other valuable resources. At the October 21, 2008, combined leadership meeting, Tiger Teams presented an overview of their progress.

The IV Supplies and Set Team recommended changing from primary IV tubing (three ports and a pinch clamp) to standard tubing (two ports and no pinch clamp). They also recommended using one brand of filters instead of two. These changes resulted in a hospital-wide savings of \$313,000.

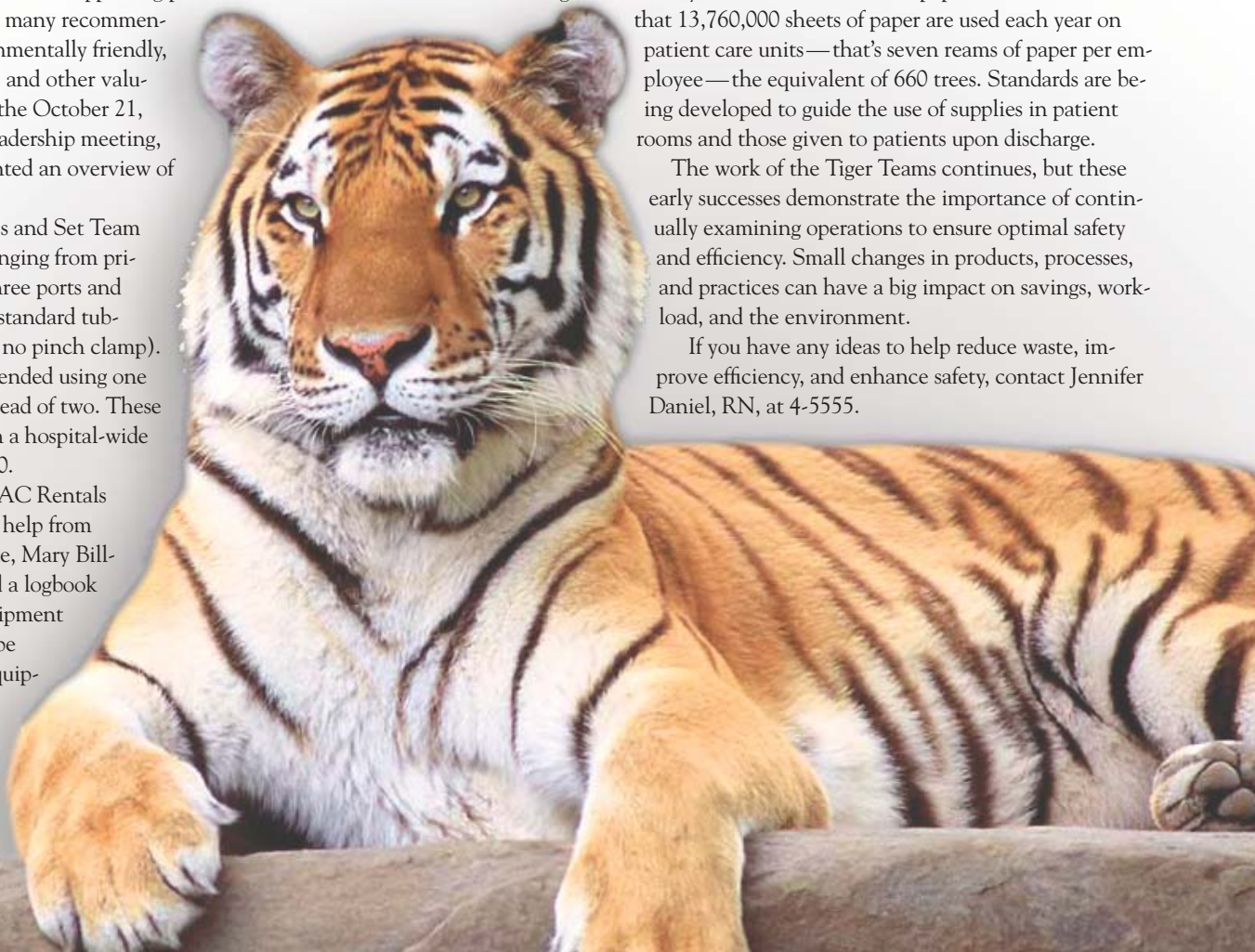
The Bed and VAC Rentals Team, with a little help from operations associate, Mary Billingham, developed a logbook to track rental equipment so companies can be contacted when equipment is ready to be returned. This eliminates unnecessary late fees and charges associated

with keeping equipment after it's no longer needed. The idea served as a prototype for logbooks that have now been distributed to all patient care units. This initiative could save tens of thousands of dollars per year and significantly reduce hallway clutter.

Opportunities for savings were also identified by the Laundry & Linen, Forms & Office Supplies, and Clinical Supplies Tiger Teams. Unit service associates identified practices where clean linens were being unnecessarily re-washed. A review of paper utilization revealed that 13,760,000 sheets of paper are used each year on patient care units—that's seven reams of paper per employee—the equivalent of 660 trees. Standards are being developed to guide the use of supplies in patient rooms and those given to patients upon discharge.

The work of the Tiger Teams continues, but these early successes demonstrate the importance of continually examining operations to ensure optimal safety and efficiency. Small changes in products, processes, and practices can have a big impact on savings, workload, and the environment.

If you have any ideas to help reduce waste, improve efficiency, and enhance safety, contact Jennifer Daniel, RN, at 4-5555.



# Spiritual care allows medical nurse to connect on ‘deeper level’

When I thought back to moments in my career when I felt deep satisfaction, I discovered they were during instances when I was able to connect with patients on a deeper level.

**M**y name is Heather Ann Carlson, and I am a staff nurse on the Bigelow 11 Medical Unit. I am also an alumna of the Clinical Pastoral Education (CPE) Program for Healthcare Providers, one of several CPE programs offered at MGH. In CPE for Healthcare Providers, participants have an opportunity to explore spiritual care with the goal of being able to address this aspect of patient care more knowledgeably and skillfully.

I sought out CPE in an attempt to find more fulfillment in my nursing career. I wasn't really sure what I was looking for. When I thought back to moments in my career when I felt deep satisfaction, I discovered they were during instances when I was able to connect with patients on a deeper level. Before CPE, I would probably not have described those instances as moments of spiritual care. But through the CPE program I have come to realize these moments were just that: moments when I made a connection with patients using both my head and my heart. My experience with clinical pastoral education has encouraged me to en-



Heather Ann Carlson, RN  
staff nurse, Bigelow 11

gage in new ways, to reflect more on the care I provide, and it has revitalized my clinical practice. I cherish these spiritual moments whenever they occur. I'd like to share one such moment in this narrative.

The day I met 'Frances,' I didn't have a patient assignment because I was the resource nurse that day. Frances' nurse was a new graduate. She was feeling a bit overwhelmed with her assignment, so I asked if I could help. I was told that Frances had had abdominal surgery which had left her with an opening in her intestine. Her bowel movements were being re-directed through this stoma, requiring her to wear a colostomy bag at all times. Frances' colostomy bag had been ill-fit-

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ting, leaking, and causing problems. The new graduate nurse asked if I could try to fix it.

I knocked on the door and found Frances sitting on the edge of the bed eating lunch despite the fact that her hospital gown and bed sheets were stained with stool leaking from her colostomy bag. I introduced myself and asked if I could help her. Frances nodded as she pushed away her tray of food and smiled at me. Then she lowered her head and started to cry. She didn't say anything, just wept uncontrollably. As a nurse, my first instinct is to try to fix things. But standing there with Frances, seeing her cry, I realized this wasn't a moment for fixing things, it was a moment to simply be with her.

I moved some of the bed linens and made room to sit next to her on the bed. I rubbed her back, sat in silence with her, and allowed her to cry. I fought back my initial impulse to say, "It's okay. Don't cry." I knew from my CPE experience that it was essential to be present. As she cried, we simply sat with her feelings of frustration, anger, sadness, and shame. The most important thing I did as her nurse in that moment was be at her side and hold her sorrow with her for a little while. Frances eventually sighed, looked up at me, and apologized for crying.

"You have nothing to apologize for," I told her.

She explained how frustrating it had been and how embarrassed she felt. I listened to her with empathy. My heart went out to her. Once she had released her emotions, I knew I could ask if I could help her clean up and get her colostomy bag in order.

I spent an hour with Frances, cleaning her and applying a new dressing. I wanted to make sure it would stay intact and work properly this time. Frances' tension began to ease, and we joked as I asked her to lie in various positions so I could tape the bag to her skin. Before I left, I helped Frances into a reclining chair and moved it closer to the window so she could see out. We looked at each other, proud of our accomplishment. There she was—the reclining position was working for her and the colostomy bag remained intact. We were in a great mood.

She smiled at me and said, "I feel like Cleopatra."

I smiled back, joking that I'd be sure to send the men with the grapes and palm leaves to her room.

As I walked away, I realized that Frances had gone from sadness, humiliation, and weeping with a stranger, to smiling, laughing, and saying she felt like a queen. My encounter with Frances showed me that as a nurse I was able to care for her emotionally and spiritually as well as address her numerous physical needs. With the help of my CPE group I further reflected on this encounter and came to better appreciate the tender, spiritual moments that can be part in my everyday nursing care. As a nurse, I strive to see the person behind the illness and the spirit of the patient in the midst of a busy day. In whatever I do as a nurse, compassionate care comes first. For me, this is the essence of caring for my patients' and for my own spirit. It seems impossible to describe my experience in the CPE program with words. I can't do it justice. What I can say is that I'm amazed at how sacred a bed bath can be, how grace can be felt in the touch of a hand during a simple conversation, and how God's presence is really everywhere. My encounter with Frances that day is an example of that.

I encourage my colleagues and other clinicians to consider applying to the Clinical Pastoral Education Program. It has helped deepen both my personal and my professional life.

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

Such a simple act. Such a powerful intervention. Heather's quiet presence, as a nurse, as a woman, as a fellow human being was a catalyst for healing in this wonderful story. We all want to say or do something to make our patients feel better. But sometimes, just creating a safe, respectful space is all that's required. A single moment of compassionate silence gave Frances the opportunity she needed to collect herself, accept the presence of a caring clinician, and make the decision to carry on... like a queen. How fortunate that Frances' nurse asked Heather to look in on her at that moment.

Thank-you, Heather.

I knew from my CPE experience that it was essential to be present. As she cried we simply sat with her feelings of frustration, anger, sadness, and shame. The most important thing I did as her nurse in that moment was be at her side and hold her sorrow with her for a little while.

# Unraveling the mystery: diagnosing malaria in young children

—by Kathryn A. Beauchamp, RN, pediatric critical care  
clinical nurse specialist

Although endemic malaria has been eliminated in the United States, approximately 1,500 cases are diagnosed each year in this country in people who have traveled to areas with malaria transmission.

In the past year, two young children have been admitted to the Pediatric Intensive Care Unit (PICU) on Bigelow 6 with symptoms of malaria. Because the PICU sees patients with a vast array of diagnoses, our population includes patients from every pediatric specialty and subspecialty. Though staff care for children with many different diagnoses, there are still occasions when unusual or unexpected diagnoses send us searching for information. Every member of the PICU team needs to know what they're dealing with, how to treat it, and how to access information necessary to keep patients and families informed about their care plans.

Worldwide, an estimated 300–500 million cases of malaria are recorded each year, and more than one million people die from the disease. Although endemic malaria has been eliminated in the United States, approximately 1,500 cases are diagnosed each year in this country in people who have traveled to areas with malaria transmission. According to the Centers for Dis-



Kathryn Beauchamp, RN, pediatric critical care  
clinical nurse specialist

ease Control (CDC), travelers to Central and South America, Haiti, the Dominican Republic, Africa, Asia, Eastern Europe and the South Pacific may be at risk of contacting malaria (see map on opposite page).

Last fall, a 5-year-old boy was admitted to the PICU after experiencing a two-minute seizure, with loss of consciousness, during an overnight flight from Nigeria to the United States. The boy had been on a month-long visit to his grandparents in Nigeria and had developed high fevers and headaches two days before returning home. His mother brought him to a family doctor in Nigeria, who prescribed antibiotics and Tylenol. Upon arrival at Logan Airport, the boy was transferred to the MGH Emergency Department, where his neurological symptoms had returned to normal. However,

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Education should include information on prophylactic treatment with an anti-malarial drug and mosquito-bite prevention.

he had a fever of 104.8, and an examination of his skin revealed a number of small, excoriated lesions on both arms and legs.

Malaria is caused by one of four parasites: *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium oval* and *Plasmodium malariae*. Malaria caused by *P. falciparum* is the most dangerous form with an incubation period ranging from nine to 14 days after being infected (usually by mosquito-bite). The other three parasites have incubation periods of anywhere from 12 days to many months and are rarely fatal. Following an infectious bite, the parasite enters the red blood cells where it travels to small blood vessels in the organs. If untreated *P. falciparum* can cause cerebral malaria or severe malaria and death. To determine the severity of malaria, the number of parasite 'forms' is counted in the red blood cells and these are reported as a percentage of parasite load (parasitemia).

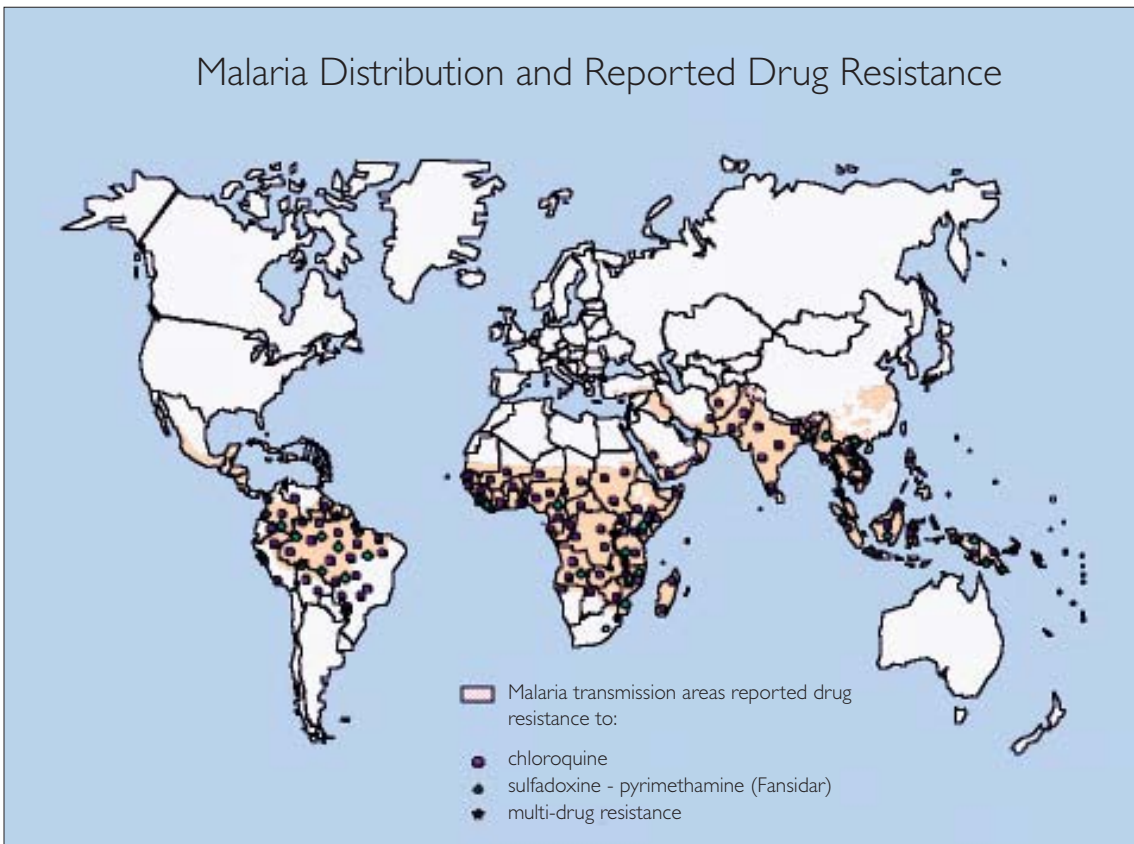
When a diagnosis of malaria is suspected, reviewing the patient's travel history is critical. Putting the pieces

of this child's history together—recent travel to Nigeria, headaches, high fevers, and seizure activity—made the diagnosis of malaria a high probability. Blood samples were sent for parasites and the diagnosis was confirmed when the results showed a *P. falciparum* parasitemia (parasite load) of 10%, classifying this as a severe case of malaria.

PICU staff obtained an Infectious Disease consultation and due to the possible diagnosis of cerebral malaria, the CDC was contacted to discuss starting the boy on intravenous (IV) quinidine therapy. Because intravenous administration of quinidine can cause cardiac arrhythmias, the boy required continuous hemodynamic monitoring and frequent 12-lead EKG tracings. Fortunately, he tolerated this therapy well, without side effects, and was switched to oral quinine when the parasite load fell below 1%. Less than four days after being admitted to the PICU, the boy was discharged home with continued follow-up with his family pediatrician.

Educating patients and families who will be traveling to areas where malaria is endemic gives them the essential information they need to protect themselves against mosquito bites and contracting malaria. Infants, children, and former residents of endemic regions are at risk. Education should include information on prophylactic treatment with an anti-malarial drug and mosquito-bite prevention. For more information on preventing malaria in infants and children, visit the CDC Travelers Health website at: <http://wwwn.cdc.gov/travel>.

Malaria Distribution and Reported Drug Resistance



# Professional Achievements

## Amatangelo recognized

Mary Amatangelo, RN, was named Outstanding Nurse Leader by the American Heart Association/American Stroke Association, September 12, 2008.

## Townsend presents

Elise Townsend, PT, physical therapist, presented, "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.

## Nurses present

Jill Pedro, RN; Kathleen Myers, RN; and Joanne Empoliti, RN, presented their poster, "Improving Staff Satisfaction and Ability to Identify Delirium on an Orthopaedic Service," at the National Association of Hispanic Nurses, 33rd Annual Conference, Shaping Healthcare Across Communities, in Boston, July 15–18, 2008.

## Team presents on Life-Sustaining Treatment

Ellen Robinson, RN; Keith Perleberg, RN; Sara-Beth Asekoff, RN; Jan Cameron-Calef, RN; Bettyann Burns Britton, RN; Marguerite Hamel-Nardozi, LICSW; Katherine Craig-Comin, LICSW; Susan Sweetser, LICSW; and Lisa Davies, RN, presented, "Surrogate Demands for Life-Sustaining Treatment: Voices of Professional Caregivers," at the Yale International Nursing Ethics Conference, at Yale University, July 17–19, 2008.

## Team presents on Ethical Decision-Making

Ellen Robinson, RN; Judith Sullivan, RN; Mary Zwirner, LICSW; Colleen Snyderman, RN; Colleen Gonzalez, RN; Marion Phipps, RN; Vivian Donahue, RN; Maria Winne, RN; Sharon Brackett, RN; and Susan Gavaghan, RN, presented, "A Proposed Model to Guide Clinical and Ethical Decision-Making about Cardiopulmonary Resuscitation: a Continuum of Wellness to Dying," at the Yale International Nursing Ethics Conference, at Yale University, on July 17–19, 2008.

## Curley presents

Suzanne Curley, OTR/L, occupational therapist, presented, "Professionalism," at Tufts University, September 29, 2008.

## Fillo certified

Katherine Fillo, RN, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, on August 14, 2008.

## Bourque certified

Rachael Bourque, RN, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in September, 2008.

## Hanson appointed

Amy Hanson, PT, physical therapist, was appointed transitional doctor of Physical Therapy, MGH Institute of Health Professions, in September, 2008.

## Macauley appointed

Kelly Macauley, PT, physical therapist, was appointed adjunct faculty member, Bay State College, from September through December, 2008.

## Bolton presents

Rachel Bolton, RN, presented, "Beam Me Up," a presentation on pediatrics and proton therapy, and, "Nursing Care for Children Receiving Proton Beam Treatment," at the Annual Meeting of the American Society for Therapeutic Radiology and Oncology, at the Boston Convention and Exhibition Center, September 22, 2008.

## Arnstein presents

Paul Arnstein, RN, presented, "Balancing Analgesic Efficacy with Safety and Tolerability in the Older Adult Patient," at the American Society for Pain Management Nursing Annual Conference in Tucson, September 4, 2008. Arnstein also presented, "Laws and Policies Affecting People with Pain," at Tufts University, September 10, 2008, and, "Best Practices in Chronic Opioid Therapy," at the New England Pharmacists Annual Convention, in Uncasville, Connecticut, September 19, 2008.

## Chase publishes

Barbara Chase, RN, authored the chapter, "Diabetes in Adults and Children," in *Teaching Strategies for Health Education*, September, 2008.

## Pittman publishes

Taryn Pittman, RN, authored the chapter, "Teaching Tools," in *Teaching Strategies for Health Education and Health Promotion: Working with Patients, Families, and Communities*, in September, 2008.

## Settle publishes

Peggy Doyle Settle, RN, authored the chapter, "Nursing Ethics and Advanced Practice: Neonatal Issues," in *Nursing Ethics and Professional Responsibility in Advanced Practice*, 2009.

## Team publishes

James Zachazewski, PT, physical therapist, David Magee, and William Quillen published the book, *Pathology and Intervention in Musculoskeletal Rehabilitation*, in September, 2008.

## Michel publishes

Theresa Michel, PT, physical therapist, authored the article, "Understanding Type II Diabetes: Prevention and Management—the Physical Therapy Perspective," in *PT Magazine*, September, 2008.

## Occupational therapists present

Occupational therapists, Elizabeth Bridge, OTR/L; Jessica Ranford, OTR/L; Logan Monahan, OTR/L; and Laura White, OTR/L, presented, "Interactive Reasoning in Occupational Therapy," at Tufts University, September 22, 2008.

## Inter-Disciplinary team presents

Mary Susan Convery, LICSW; Diane Doyle, RN; Keith Latal, RN; Susan Block, MD; Karen Fasciano, PsyD; and Glenn Saxe, MD, presented, "The Death of a Young Adult: the Effect on the Patient, Family, and Provider," to the Harvard Medical School Center for Palliative Care, at the Dana Farber Cancer Institute, September 12, 2008.

## Cimadoro presents

Lilian Dayan Cimadoro, PT, physical therapist, presented, "Stroke: Evaluation and Treatment," at the Foundation San Andrea, in Mendoza, Argentina, September 8–17, 2008.

## Mulgrew interviewed

Jackie Mulgrew, PT, physical therapist, was interviewed on "Use of Interactive Games in Physical Therapy" on National Public Radio, August 11, 2008

## Mahony presents

Carol Harmon Mahony, OTR/L, occupational therapist, presented, "Fracture Management," at Tufts University, September 22, 2008.

## Johnson presents

Elizabeth Johnson, RN, presented "Trajectory to Leadership: Oncology Nursing and Beyond," at the Special Interest Group Leaders' Workshop, at the Oncology Nursing Society, in Pittsburgh, July 26, 2008.

## Mulgrew presents

Jackie Mulgrew, PT, physical therapist, presented, "Management of the Acute Care Patient," at DePaul University Physical Therapy, in Norfolk, Virginia, September 6–7, 2008.

## Mulligan presents

Janet Mulligan, RN, presented, "Implementing High-Tech Vascular Access Technology for your PICC Service," at the 22nd annual Scientific Conference for the Association for Vascular Access, in Savannah, Georgia, September 9, 2008.

## Zawacki presents

Walter Zawacki, RN, presented his electronic poster, "Wound Dehiscence or Failure to Heal Following Venous Access Port Placement in Patients on Bevacizumab (Avastin®) Therapy," at the Cardiovascular and Interventional Radiologic Society of Europe annual meeting, in Copenhagen, September 13–17, 2008.

# Sharing our practice and expertise with international nurse visitors

Patient Care Services has hosted international nurse colleagues for many years. Last year 131 international nurse visitors came to MGH as part of 29 different educational programs.

**Question:** Last week a nurse from South Korea shadowed one of my colleagues. Do many international nurses come to observe at MGH?

**Jeanette:** Patient Care Services has hosted international nurse colleagues for many years. Last year 131 international nurse visitors came to MGH as part of 29 different educational programs. These visitors came from as far away as China, Singapore, South Korea, Belgium, and Thailand.

**Question:** Are visiting nurses allowed to practice hands-on skills during their visits?

**Jeanette:** All international nurse visitors to MGH come on an observational basis. Visitors cannot participate in direct patient care due to Massachusetts licensure and liability issues.

**Question:** What do visiting nurses do during their time here?

**Jeanette:** Visits are comprised of three types of educational experiences within a wide variety of clinical sub-specialties. Visits include: (a) clinical observation on patient care units, (b) direct consultations with nursing leaders around specialty topics such as qual-

ity and safety, and (c) didactic instruction. Last year, 22 nursing leaders from the Korean Nurses Association asked us to arrange a full day of classes around topics related to professional development.

**Question:** How are the visits planned?

**Answer:** Nurse visitors complete an application process in which they describe their professional roles and learning objectives. Each visit is individually planned through The Institute for Patient Care so nurse visitors can meet their own learning objectives. All visitors must sign a confidentiality statement and receive a temporary ID badge. Nurses who observe patient care in a clinical area must also submit health documentation.

**Question:** Do international nurse visitors find the program helpful?

**Jeanette:** Nurses who visit MGH from around the world have told us they find the experience very enlightening; they gain valuable knowledge they can apply to their own hospitals. And MGH nurses find the opportunity to network with international nurse colleagues enjoyable and enriching. For more information, call The Institute for Patient Care at 6-1345.

# Announcements

## Perioperative Nurse Week

In celebration of Perioperative Nurse Week (November 9–15) the perioperative nursing staff of the Main Operating Room and Same Day Surgical Unit will present information tables, posters, and interactive displays to showcase their practice.

Monday–Thursday  
8:00am–4:00pm  
Main Lobby

On November 12, 2008, Nursing Grand Rounds (Portrait of Perioperative Nursing) will be presented by staff of the Main Operating Room.

For more information, contact Charlene O'Connor at 3-0779.

## Excellence Every Day intranet site now live

To help managers and supervisors promote quality and safety, the Joint Commission Communications Subcommittee has launched an internal website to help promote, "Excellence Every Day." The site offers information about current National Patient Safety Goals and Joint Commission standards.

A virtual toolbox includes materials managers can use to present key information to staff. Though geared toward managers and supervisors, anyone can access the site to learn about National Patient Safety Goals.

To visit the site, go to: <http://intranet.massgeneral.org/excellenceeveryday/>

Click on "Raffle" for a chance to win two tickets to the Patriots game, December 21, 2008, at 1:00pm. Tickets include access to a pre-game tailgate party. Only one entry per person received by December 12th will be considered.

## Elder care discussion group

Elder care monthly discussion groups are sponsored by the Employee Assistance Program.

Next session:  
November 11, 2008  
12:00–1:00pm  
Yawkey 7-980

All are welcome. Bring a lunch. For more information, call 6-6976.

## 2008 United Way Campaign

The 2008 United Way Campaign is under way with the theme, "Now More than Ever." Employees who donate will receive a special "I Gave to the United Way" pin and be eligible to win prizes. Anyone spotted wearing the pin may receive an instant prize. Look for rolling rallies and United Way treats in food-service areas. To make a pledge online, visit <http://intranet.massgeneral.org/unitedway>. Pledge boxes are also available throughout the hospital.

## Transforming Care at MGH

The *American Journal of Nursing* has launched a monthly column entitled, "Transforming Care at the Bedside," by Amanda L. Stefancyk, RN, nursing director, White 10 General Medical Unit. The column chronicles the unit's experiences participating in Transforming Care at the Bedside (TCAB), a national study sponsored by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement. A copy of the journal is available at Treadwell Library or visit the library's website (eJournals link) at <http://www.massgeneral.org/library/default.asp>.

## Call for Abstracts

### Nursing Research Expo 2009

Submit your abstract to display a poster during Nursing Research Expo 2009

Categories:

- Original research
- Research utilization
- Performance-improvement

For more information, contact Laura Naismith, RN; Teresa Vanderboom, RN; or your clinical nurse specialist.

To submit an abstract, visit the Nursing Research Committee website at: [www.mghnursingresearchcommittee.org](http://www.mghnursingresearchcommittee.org)

The deadline for abstracts is January 15, 2009.

## Patient Empowerment through Health Conference

### Literacy: a Quality and Safety Issue

Friday, November 14, 2008  
8:00am–4:00pm  
O'Keefe Auditorium

Speaker:  
Bob Dickerson, RRT,  
performance improvement specialist,  
Iowa Health System

Program will focus on:

- Health literacy principles
- Overcoming health literacy challenges
- Practices to improve communication and patient understanding
- MGH patients' perspectives
- How to implement a patient empowerment campaign

MGH employees: no fee  
Partner's employees: \$50  
Non-Partner's employees: \$100

For more information, call 4-3822.

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### Submissions

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For more information, call: 617-724-1746

### Next Publication

November 20, 2008

# Educational Offerings – 2008

November

**5, 6, 12, 13,  
19, and 20**

Greater Boston ICU Consortium  
Core Program

Healey Library UMass Boston  
7:30am–4:30pm  
Contact hours:TBA

November

**11**

New Graduate RN  
Development Program

Founders 311  
8:00am–4:30pm  
Contact hours:TBA

November

**11**

Chaplaincy Grand Rounds:

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

November

**12**

Nursing Research Committee's  
Journal Club

Yawkey 7-980  
4:00–5:00pm  
Contact hours: 1

November

**14**

Patient Empowerment through  
Health Literacy

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

November

**18**

BLS Heartsaver Certification

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

November

**18**

Code Blue: Simulated Cardiac  
Arrest for the Experienced Nurse

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

November

**19**

Pediatric Simulation Program

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

November

**20**

Psychological Type & Personal  
Style: Maximizing your  
Effectiveness

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

November

**20**

Oncology Nursing Concepts

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

November

**22**

CPR Mannequin Demonstration

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

November

**24**

Creating a Healing and  
Therapeutic Environment

Simches Conference Room 3110  
8:00am and 4:00pm  
Contact hours:TBA

November

**26**

On-Line Electronic Resources for  
Patient Education

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

December

**1**

BLS/CPR Re-Certification

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

December

**1**

Management of the High-Acuity  
Trauma Patient

O'Keeffe Auditorium  
8:00am–4:30pm  
Contact hours: 6.5

December

**2**

BLS/CPR Certification for  
Healthcare Providers

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

December

**2**

Ovid/Medline: Searching for  
Journal Articles

Founders 334  
9:00–11:00am  
Contact hours: 2

December

**3**

Simulated Bedside Emergencies  
for New Nurses

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

December

**3&4**

PALS Certification

Charles River Plaza  
Day 1: 8:00am–5:00pm  
Day 2: 7:45am–3:00pm  
No contact hours

December

**5**

How do I Know when I Need IRB  
Approval? Plus: Writing Research  
Poster Abstracts

Blake 8 Conference Room  
12:00–1:00pm  
Contact hours:TBA

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

# Loop bus switches to on-call patient shuttle

MGH Transportation is offering this new service to better meet patients' needs in traveling to and from nearby MGH locations.

**B**eginning Monday, November 3, 2008, MGH Transportation is introducing a new program called Patient Shuttle On Call, offering personalized shuttle-bus transportation to and from many nearby MGH locations. The program runs Monday through Friday, from 8:00am to 4:00pm, replacing the route once covered by the MGH loop bus.

To access the new on-call patient shuttle, patients can go to the information desks located in the Cox, Gray, or Yawkey lobbies and ask an information associate to call for the shuttle bus. The bus will drive patients from these hospital lobbies directly to the MGH building where their appointment is scheduled.

For return trips, staff at the various MGH practices will call for the shuttle to pick up patients and return them to the MGH lobby from which they originated.

Common locations include:

- 50 Staniford Street (Weight Center and Dermatology)
- 101 and 151 Merrimac Street (Orthopaedics)
- 25 New Chardon Street (Cardiac Rehabilitation)
- 1 Bowdoin Square (Psychology Assessment Center and Voice Center)
- 165 and 175 Cambridge Street (MGH Senior Health and Sports Medicine, with access to the back entrance of Charles River Plaza on O'Connell Way)

MGH Transportation is offering this new service to better meet patients' needs in traveling to and from nearby MGH locations. Recent issues related to traffic, construction, and detours made it impossible for the loop bus to maintain a timely schedule.

For more information, contact Mike Stone, manager, MGH Information Desk Associates, at 4-6596, or Tracey Curley, supervisor, Outside Transportation, at 6-3204.



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