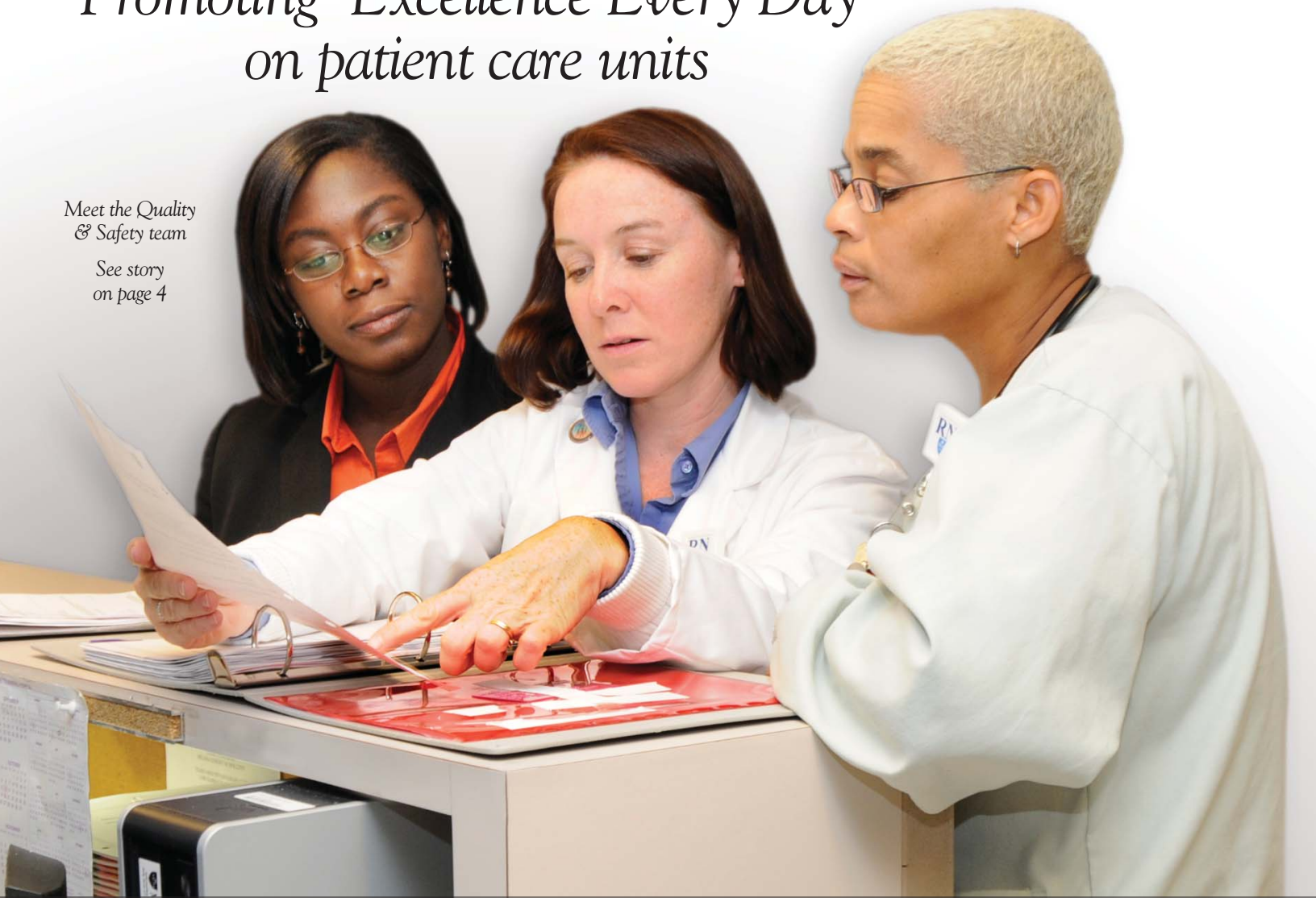
Caring Headlines
October 16, 2008

PCS Office of Quality & Safety

Promoting 'Excellence Every Day' on patient care units

Meet the Quality & Safety team

See story on page 4



Donna Lawson, RN (center), and Linda Akuamoah-Boateng (left) from the PCS Office of Quality & Safety, review chart with Phillips 22 staff nurse, Melanie Andrade, RN, to help reinforce knowledge and understanding of National Patient Safety Goals.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Seeking the patient's voice to improve the experience of care

We felt strongly that it was important to engage with patients, listen to what they have to say about the care they receive at MGH, and incorporate their thoughts into our decision-making.

As you know, one of our 2008 strategic goals, seeking the patient's voice to improve the experience of care, involved members of the Patient Care Services executive team conducting one-on-one interviews with patients and families. We felt strongly that it was important to engage with patients, listen to what they have to say about the care they receive at MGH, and incorporate their thoughts into our decision-making. The initiative took the form of random interviews conducted on all inpatient units using a simple, two-question format: What are we doing that's working well? And what can we do better?

We began interviewing patients and families in June and continued throughout the summer. After each interview, we noted the salient points of the conversation, and all comments were entered into a database to help identify common themes and ideas. The feedback we received helped inform discussion at our recent PCS strategic planning retreat and reinforces our understanding that there are some things we do very well and some things we need to do better.

Hearing directly from patients is the most reliable way to assess the effectiveness of our care and services. We appreciate their candor and willingness to help us in this way. The best thing we can do to honor their trust is to take their comments to heart and keep their needs and expectations at the forefront of our work. With that in mind, I'd like to share some of the feedback we received during our interviews with patients and families.

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

It was gratifying to read through the comments and see so many positive statements about staff, their attitude, their professionalism, and their compassion. The overwhelming consensus is that you're doing a great job, and patients notice and appreciate your efforts. Some comments worth repeating include:

- The entire team made me feel safe.
- I felt respect, kindness, and empathy.
- The care I received was beyond good... it was suburb. I'd never go anywhere else.
- Staff was supportive, calming, and reassuring.
- I was treated with respect and dignity.

continued on next page

- Staff showed great warmth and humanity. People get well from kindness.
- From the moment I walked through the door, I found a positive and welcoming environment.
- I observed a strong team approach across disciplines and settings.
- Staff was caring, efficient, and capable.
- MGH has become a second family to me.
- I experienced a wonderful sense of family and community. I was treated with respect, and people listened to me.

Take a moment and think about what these patients and family members are telling us. What many of us think of as 'business as usual'—kindness, compassion, respect, safety—is what resonates with patients the most. People are willing to overlook minor inconveniences and interruptions when they feel cared for, important, respected.

Other themes that emerged had to do with patient education and communication.

- I really felt like the left hand knew what the right hand was doing. That's not the way it is everywhere.
- I appreciated being kept informed when there was a delay or a change in scheduling.
- I was given excellent information on how to manage my pain at home.
- Everyone was very patient and took the time to explain things to me.
- I could tell there was a high level of communication among team members, and between team members and me.

It's tempting to think that patients only see and hear what happens at their bedside. But they're members of the team, just like we are. When the team is performing well, they know it. When the team is a little off, they know that, too.

The most frequently cited shortcomings identified in our interviews had to do with responsiveness, wait times, and noise.

- I'd like to see a little more rapid response to the call bell.
- We experienced long delays in being transported to a unit.
- There was a lot of noise at night. I was constantly awakened by people asking the same questions.
- I could hear someone wearing high heels 'clicking' down the hall.
- We waited in Pre-Admission. We waited in Admissions. We waited for surgery.

We've implemented a number of noise-reduction initiatives and products including earplugs and television headphones, and noise-reduction will remain a high priority as we refine our goals for the future.

We're all aware of the challenges we face related to capacity-management, and we're actively seeking solutions. As long as we continue to offer the highest quality care, we will continue to attract a high volume of patients. To a certain degree, waiting and delays may always be part of our reality. But what I'm hearing is that we can still meet patients' expectations by continuing to communicate openly and honestly, by keeping patients informed at every stage of their hospitalization, and by treating them with dignity and respect.

Overall, I think our patients are telling us, "Keep up the good work, and never stop striving to do better." As one patient said in his interview, "Staff here are like angels. They're *awesome*!"

I couldn't agree more.

Take a moment and think about what these patients and family members are telling us. What many of us think of as 'business as usual'—kindness, compassion, respect, safety—is what resonates with patients the most.

In this Issue

Meet the staff of of Quality

—by Amy Norrman, staff assistant,

The PCS Office of Quality & Safety is responsible for engaging patients, families, and staff in shared accountability for meeting the six aims put forth by the Institute of Medicine—to provide care that is safe, effective, patient-centered, timely, efficient, and equitable. The Office of Quality & Safety has identified the following areas of focus for 2009:

- Ensure 'Excellence Every Day,' perpetual compliance readiness
- Support quality measurement, performance-improvement, and dissemination of quality and safety indicators outcomes
- Provide unit- and discipline-based project support
- Translate the impact of safety reporting on practice
- Provide consistent communication and education around National Patient Safety Goals, quality indicators, serious reportable events, and their impact on reimbursement
- Re-shape the structure and processes of the PCS Quality Committee to ensure positive outcomes
- Develop a PCS Office of Quality & Safety Advisory Council
- Initiate Executive Quality & Safety Walk Rounds

Linda Akuamoah-Boateng

Linda Akuamoah-Boateng joined the Office of Quality & Safety in August, 2008, as a senior project specialist. She has been involved in several projects including the ACD Medication Management Project. Akuamoah-Boateng is an active participant in several performance-improvement initiatives within Patient Care Services. A trained physical therapist from the European School of Physiotheraphy in Amsterdam, Akuamoah-Boateng brings a wealth of clinical, international, and multi-cultural experience so valuable in working with diverse patient populations and role groups.

Carol Camooso Markus, RN

Carol Camooso Markus, RN, is a staff specialist and expert consultant. She is an invaluable resource to staff and hospital leadership in interpreting compliance standards and National Patient Safety Goals. Markus is the driving force behind our educational and preparatory efforts to ensure clinical readiness for the Joint Commission survey. In her 29 years at MGH, Markus has held many positions, including staff nurse, nurse educator, nurse manager, and project-manager. Her vast array of experience, institutional memory, and knowledge make her an indispensable asset to the Office of Quality & Safety.

Donna Lawson, RN

Donna Lawson, RN, who came to MGH as a staff nurse in 1991, is the nurse clinician in charge of Practice Improvement for the Office of Quality & Safety. As a per-diem staff nurse on Bigelow 11, she is a source of first-hand knowledge and understanding about how systems and processes work in the patient-care environment. She is a member of the Nursing Practice Committee and represents the Office of Quality & Safety on several task-force initiatives. Lawson coordinates auditing projects aimed at assessing our preparedness for Joint Commission surveys.

the PCS Office & Safety

Office of Quality & Safety

- Initiate a Safe Movement Task Force
- Clarify, optimize, and communicate the relationship between The MGH Center for Quality & Safety and the PCS Office of Quality & Safety

The February 21, 2008, issue of *Caring Headlines*, introduced Keith Perleberg, RN, as the new director of the PCS Office of Quality & Safety. We'd like to take this opportunity to introduce the rest of the team. For more information, call 643-0140.

Keith Perleberg, RN, director

Keith Perleberg, RN, director of the Office of Quality & Safety, has worked at MGH for 17 years. He was the nursing director for Phillips House 20 and Phillips House 21 for seven years prior to being named director in September, 2007. Perleberg is devoted to engaging patients, families, and staff in efforts to improve patient care. He co-led the hospital's journey toward Magnet re-designation. His years of experience as a staff nurse, nursing director, teacher, and public speaker are great assets in developing and achieving the goals of the Office of Quality & Safety.

John Murphy, RN

John Murphy, RN, is the most recent addition to the Quality & Safety team. An experienced staff specialist and expert consultant, Murphy served as nursing director for the Blake 12 Neuroscience Intensive Care Unit since 2001. In his more than 20 years of nursing, Murphy has been a member of many quality-related teams, developing a "strong sense of how everything we do directly impacts the patient and family." Murphy is devoted to supporting individuals and teams in their efforts to provide patients with the highest quality of care.

Amy Norrman

Amy Norrman is the staff assistant in the Office of Quality & Safety. She provides administrative and project support to staff members to advance departmental initiatives. Norrman has held assistant positions with several non-profit organizations and interned at the State House for Senator Brian Joyce. Prior to joining the Office of Quality & Safety in April, 2007, Norrman worked at a Boston-based philanthropic group. Her experience interacting with a wide array of clients and customers informs her work in the Office of Quality & Safety as we reach out to patients, families and staff.

Mary Ann Walsh, RN

Mary Ann Walsh, RN, is the staff specialist in charge of Systems Improvement. In her 18 years at MGH, Walsh has forged lasting relationships with clinicians in all disciplines and departments. In her clinical and administrative experience she has held a number of positions across the healthcare continuum enabling her to garner a wealth of knowledge about clinical processes. Most recently, Walsh has worked with the labs overseeing point-of-care testing to reduce the occurrence of mis-labeled specimens.

New-graduate therapist faces 'ultimate challenge' and emerges with confidence

I had the ultimate challenge—examining, evaluating, diagnosing, and treating a fellow therapist. And not just any therapist... a therapist who knew how to do my job better than I did.

My name is Nicole Angueira, and I am a physical therapist. Mr. V is a 47-year-old husband, father, brother, and friend. Mr. V is also a physical therapist. As a phsycial therapist, Mr. V has worked hard to help individuals plagued with orthopaedic injuries. He has shared his vast knowledge with future therapists as a clinical education coordinator. Mr. V is an avid sports fan and loves the Boston Celtics. If you got to know Mr. V, you'd soon learn that the most important of all his interests is his love of music. He thinks of himself as a musician who loves to play the guitar and entertain with his voice.

I first met Mr. V during my year-long Physical Therapy internship. I was a new grad, newly-licensed, and I had the ultimate challenge—examining, evaluating, diagnosing, and treating a fellow therapist. And not just any therapist, a therapist who was a mentor to my classmates. A therapist who knew how to do my job better than I did. A therapist who told me during our first encounter, "Life as I know it is over."

Nicole Angueira, PT, physical therapist

Mr. V had been at work when he suffered an acute, Type A, aortic dissection (a tear in the wall of the aorta that forces the layers of the aorta apart). This can be fatal, but Mr. V was brought emergently to the operating room, and the dissection was successfully repaired. But his trauma was not over. His post-operative course was complicated by an embolic stroke that resulted in impaired speech and impaired muscle performance and motor control on his left side. He could no longer raise his left arm or tap his left foot. He couldn't articulate the words to his favorite songs. Mr. V's care became even more complex when he suffered complications necessitating a second surgery on his chest. This resulted in Mr. V being put on strict sternal pre-

continued on next page

cautions. With left-sided weakness, Mr. V was forced to rely on his right side to compensate for his deficits. But now his ability to compensate was limited as no force could be applied to his right arm for fear of wound-dehiscence and risk to his sternum.

I admit, it was daunting to be responsible for Mr. V's physical-therapy care. He had a complicated medical condition, and every time he moved, I feared I was forgetting something. I was afraid I wasn't helping him progress appropriately following his stroke. I was afraid I might be limiting his long-term prognosis and potentially preventing him from returning to his music.

As a new therapist, it's hard to see 'the big picture.' It was easier for me to group him into categories to help me sort through his impairments and limitations. But through talking, experimenting, and learning, I got to see who Mr. V was as a person, not just as a patient.

Given all these factors, I was certain Mr. V wouldn't trust me. After all, I was 'only an intern.' I felt I didn't have the knowledge or hands-on skill to treat a fellow therapist. I was sure he'd notice all my mistakes. Little did I know, the best way to gain someone's trust is to actually say, "I don't know," and seek the guidance of a more experienced practitioner. Through consultation with my clinical specialist, I was able to identify Mr. V's abnormal movement patterns and adjust them accordingly. Mr. V was incredibly grateful that I sought an 'expert opinion' in my decision-making and plan of care. I truly believe he respected me more because I had the presence of mind to ask for help.

I worked with Mr. V throughout his prolonged, acute-care, hospital course, treating him directly and providing him with exercises he could do with his wife and children.

"Before I leave here," Mr. V told me one day, "I'll stand up on my own and walk down the hall with your help."

I wondered if that was going to be possible. I encouraged Mr. V to continue the exercise program I had established for him, and together we continued to work on functional tasks such getting from a sitting to a standing position and ambulating.

Two weeks later, we were approaching Mr. V's discharge date, and it was time to put his prophecy to the test. Standing by his side and guarding him, I watched as Mr. V safely and appropriately stood up from his chair without my assistance. He then began to slowly ambulate down the hall with minimal assistance from me, a task that, in the past, had required the assistance of two people. We were met by cheers from the nursing staff, who had watched Mr. V struggle so valiantly (both physically and emotionally) throughout his hospital stay. The joy on his face was indescribable, and I knew I had made a difference. Mr. V had set a goal for himself, and he had achieved it. Despite my initial hesitation, he had succeeded.

When I first met Mr. V, I didn't see any of the wonderful qualities I just described. I saw a 'cardiac patient' who unfortunately became a 'neuro patient' after his stroke, and an 'ortho patient' due to his strict sternal precautions. I think this is common for new clinicians. As a new therapist, it's hard to see 'the big picture.' It was easier for me to group him into categories to help me sort through his impairments and limitations. But through talking, experimenting, and learning, I got to see who Mr. V was as a person, not just as a patient. I can see how the person can get lost within the organized chaos of a hospital stay. But I now believe and feel strongly that my job as a care-provider is to take care of the *person*; to balance his physical-therapy impairments with the functional outcomes he desires, to help him accurately see the progress he's made (which might at times seem minute). My job is to help him realize he hasn't lost the person he was, and his life is as worth living as it was before his injury.

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

What a wonderful story. What Nicole may have lacked in confidence, she more than made up for in judgement, skill, compassion, and understanding. Mr. V, himself a teacher, appreciated Nicole's honesty and willingness to seek out a clinical expert (a teacher). Correctly identifying and adjusting his abnormal movement patterns, Nicole gave Mr. V hope. And hope is essential to recovery.

I know this experience of getting to know Mr. V as a person 'not just as a patient,' will inform Nicole's practice as she continues to grow and develop as a therapist.

Thank-you, Nicole.

MGH sets high goals to help minimize spread of influenza

—by Andrew Gottlieb, director, Occupational Health Services

As flu season approaches, Occupational Health Services would like to remind staff of the importance of getting vaccinated. Annual flu vaccination is the most effective method of preventing influenza-virus infection and its complications. The theme of this year's flu-vaccine program, "Do it for Them," reminds us that flu vaccine is recommended for healthcare workers to reduce the potential for transmitting influenza to patients, co-workers, family members, and friends.

The employee flu vaccine program was extremely successful last season with a 70.4% vaccination rate for direct-care providers (the national average was 42% as reported by the Center for Disease Control and Prevention, CDC). Although our direct-care-provider vaccination rate exceeded the national average, there was significant variability across settings (ranging from 23% to 97%).

White 10 flu champion, Christina Carmody, RN (right), gives flu shot to staff nurse, Ellen Cellini, RN, as part of the employee flu vaccine program.

The White 10 Medical Unit successfully created a culture of flu vaccination for all employees. Nursing director, Amanda Stefancyk, RN, and unit flu champions, Courtney Kane, RN; Heather Fealtman, RN; and Christina Carmody, RN, were instrumental in achieving a precedent-setting vaccination rate of 97%.

Kane found that being well informed about the vaccine was key. "Not many people knew the vaccine didn't contain live virus, so it was impossible for it to cause the flu," said Kane. She was able to dispel the myth that flu vaccine 'makes people sick' and inform them that any illness immediately after the vaccine is most likely a coincidence. Fealtman observed that setting a goal to vaccinate 100% of staff created a sense of excitement, which made staff more receptive to receiving the vaccine. Flu champions made vaccine accessible to all staff by alternating the role of the resource nurse and offering the vaccine on all shifts.

White 10 achieved a high vaccination rate by providing education, motivation, and access to flu vaccination. Their success was directly attributable to the efforts of these nurses to address deeply entrenched beliefs about flu vaccination in a positive way.

The MGH Flu Vaccine Campaign will run from Friday, October 24 through Sunday, November 2, 2008. The CDC recommends all healthcare workers be vaccinated against the flu. The best time to receive vaccine is between now and the end of November.

Flu-vaccine goals for this season are 80% for direct-care providers and an overall hospital rate of 60%. Receiving flu vaccine is essential in our efforts to protect patients, families, friends, and co-workers. Please, "Do it for Them."

For more information about the MGH Flu Vaccine Program, call 4-3905.

Learn more about the Center for Connected Health

Question: What is the Center for Connected Health, and when was it established?

Jeanette: The Center for Connected Health, established in 1995, was created to provide patients outside the country with medical expertise. It was a way to use technology to serve populations beyond the walls of MGH.

In its first years, this early 'second-opinion' program was used primarily by patients outside the United States seeking consults from MGH specialists. In subsequent years and as Internet use became more widespread, the service was expanded to include the United States. As of 2001, almost all consults are conducted via the Internet and the Partners On-line Specialty Consultation (POSC) service.

Question: How does it work?

Jeanette: Patients looking for second opinions or other treatment options register, along with their local physician, on to the Center's website. They present their clinical histories, case materials, and the issues they're concerned about. Typically, consults are sought for serious illnesses or unique or complex medical conditions. The Center reviews the case with an expert in the field and a thorough response is offered to the patient and his/her clinician.

Staff at the Center understand that patients and families are anxious for feedback and try to provide a response as quickly as possible, typically within one week.

Question: What other services do they provide?

Jeanette: The Center for Connected Health is a leader in developing strategies to help better manage patient care outside the hospital setting. The Center collaborates with Partners HomeCare to monitor heart-failure patients after discharge. The Connected Cardiac Care Program places telemonitoring devices in patients' homes and provides training on how to use them. Vital signs are transmitted via phone lines or the Internet to a nurse who can identify warning signs that may indicate an intervention is necessary. Nurses call patients weekly to see how they're doing. If there's a problem, it is addressed promptly and professionally. This program has enabled many patients to live independent lives and enjoy greater patient and family satisfaction.

This same technology has been adapted to help monitor and educate diabetes patients; it has helped many patients control their diet and blood sugar levels.

Question: Will the Center be expanding its services?

Jeanette: The Center is exploring other connected-health opportunities. There is a growing role for nurses in this field. The Center for Connected Health is developing programs to manage hypertension, weight-control, other chronic conditions, as well as mental health and dermatology. In the words of Center director, Joe Kvedar, MD, "Nurses are key to making these programs work. Using readily available consumer technologies and connected-health resources, nurses help patients remain independent and enjoy a healthier life."

Question: How can I contact the Center for Connected Health?

Jeanette: For more information, contact the Center for Connected Health at 1-888-456-5003, or go to: www.connected-health.org.

Announcements

Symposium on geriatric care

65*plus* and The Norman Knight Nursing Center for Clinical & Professional Development present:
the second annual
Best Practices in Acute Care for Older Adults

This two-day program brings together experts to discuss patient-centered and evidence-based care of older adults. All clinicians are welcome; recommended for those interested in geriatric certification.

Friday, October 31, 2008, and
Monday, November 17, 2008
8:00am–4:00pm
O'Keeffe Auditorium

For more information, call 643-4873.

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

Facilitator:
Janet Loughlin, LICSW
Speaker:
Barbara Moscowitz, LICSW, geriatric social worker

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

Staff Perceptions of the Professional Practice Environment Survey

By now, clinicians within Patient Care Services should have received the Staff Perceptions of the Professional Practice Environment Survey.

The survey gives clinicians a chance to voice their support and/or concerns about aspects of the professional practice environment.
Every voice is important.
All information is reported.

Please make it a priority to respond.

For more information, call Susan Lee, RN, at 4-3534.

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.mghnursingresearch committee.org

The deadline for abstracts is January 15, 2009.

Respiratory Care salutes their partners

Celebrate Respiratory Care Week
October 19–25, 2008

Take in our pictorial display in the Main Corridor

Visit our display table Wednesday, October 22, 2008. Meet some of our staff, ask questions, and hear more about our role on the patient care team.

Business Suits and Accessories Drive

The MGH Domestic Violence Working Group is sponsoring a Business Suits and Accessories Drive.
All donations go to an organization dedicated to increasing the employability of economically disadvantaged women and survivors of domestic violence.

Wednesday, October 29, 2008
Central Lobby
6:00am–7:00pm

Please give: women's suits, (new or nearly new), blouses, slacks, handbags, briefcases, wallets, scarves, unopened hosiery packages, costume jewelry, and new or 'gently worn' shoes.

All clothing must be dry-cleaned and on hangers. Please do not donate casual clothing, jeans, sneakers, coats, or clothing in trash bags. Receipts will be provided.

Liz A. Hart, founder and executive director of Tailored For Success, will speak about her non-profit organization.

Wednesday, October 22, 2008
Thier Conference Room
11:30am–1:00pm

For more information, call Police, Security & Outside Services, at 6-2121.

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For more information, call: 617-724-1746

Next Publication
November 6, 2008

Educational Offerings – 2008

October 20

Ovid/Medline: Searching for Journal Articles

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

October 20 & 27

Second Annual Vascular Conference

Simches Conference Room 3110
8:00am–4:30pm
Contact hours: TBA

October 21

BLS/CPR Re-Certification

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

October 23

Nursing Grand Rounds
hosted by Case Management

"Thinking outside the box: a practical framework for cross-cultural care"
presented by Alexander Green, MD

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

October 23 & 24

Oncology Nursing Society Chemotherapy Biotherapy Course

Yawkey 2-220
8:00am–4:30pm
Contact hours: TBA

October 23

Preceptor Development: Learning to Teach, Teaching to Learn

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

October 27 & 28

Advanced Trauma Care for Nurses

Day 1: O'Keeffe Auditorium
7:00am–4:15pm

Day 2: Bigelow 4 Amphitheater
9:00am–7:00pm

Contact hours: TBA

October 23

CPR Mannequin Demonstration

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

October 28 & 29

PALS Certification

Simches Research Building
Day 1: 7:45am–5:00pm
Day 2: 7:45am–3:00pm
No contact hours

October 29

BLS/CPR Re-Certification

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

October 29

Pediatric Simulation Program

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

October 29

OASIS Program
"Telephone Customer Service"

Founders 334
10:00–11:30am
No contact hours

October 31 & November 17

Best Practices in Acute Care for Older Adults

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

November 3

BLS/CPR Re-Certification

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

November 3 & 17

ACLS Provider Course

Day 1: 8:00am–4:30pm
O'Keeffe Auditorium

Day 2: 8:00am–3:00pm
Thier Conference Room
No contact hours

November 4

BLS/CPR Certification for Healthcare Providers

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

November 5

PALS Re-Certification

Burr 6 Conference Room
8:00am–4:00pm
No contact hours

November 5

Simulated Bedside Emergencies for New Nurses

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

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

Greater Boston ICU Consortium Core Program

Carney Hospital
7:30am–4:30pm
Contact hours: TBA

November 6

CVVH Review and Troubleshooting for the Experienced CVVH Provider

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

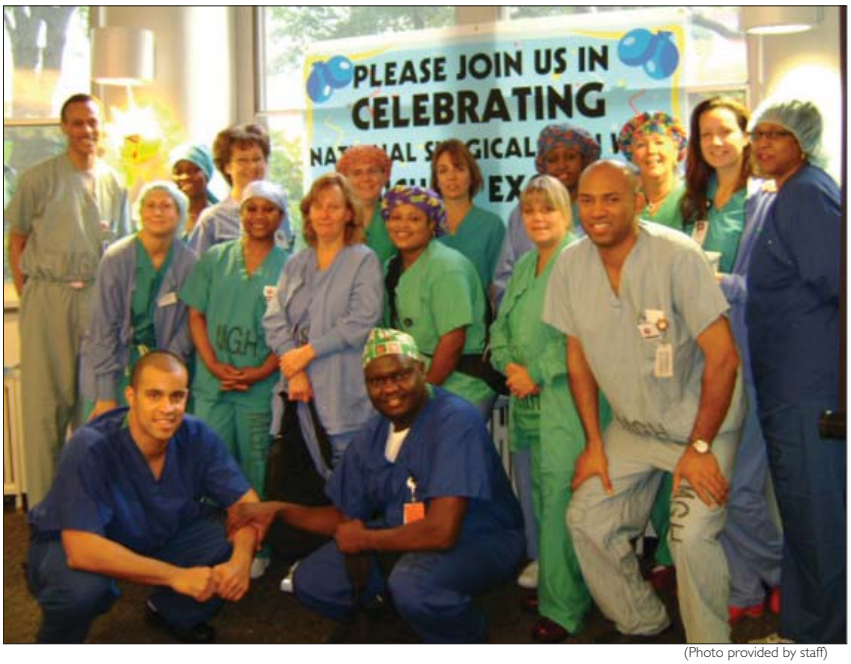
For more information about educational offerings, go to: http//mghnursing.org, or call 6-3111

Celebrating National Surgical Technologist Week

—by Erin O'Shea, ST, and Cathy Rodolosi, ST

In celebration of National Surgical Technologist Week, September 21–27, 2008, the Peri-Operative Nursing Service held a special breakfast on Thursday September 25, to honor surgical technologists who work in the Same Day Surgical Unit, the Main Operating Room, and Labor & Delivery. Surgical technologists are an integral part of the surgical team, working closely with surgeons and peri-operative nurses to ensure operative procedures are preformed under optimal conditions. Some of their responsibilities include creating and maintaining a sterile field, knowledge of anatomy and physiology, and ensuring supplies and equipment are available when needed.

Surgical technologists from the Same Day Surgical Unit and Main Operating Room gather to celebrate National Surgical Technologist Week at MGH.



(Photo provided by staff)

Under the direction of Dawn Tenney, RN, associate chief nurse, the Surgical Technologist Committee was created to provide a forum for communication, continuity, and continued education and support. A major undertaking of the Surgical Technologist Committee, chaired by Richard Bycek, CST, and co-chaired by Cathy Rodolosi, ST, was the development of the Surgical Technologist Clinical Ladder. As surgical technologists move from novice to expert this program formally recognizes their advanced skills and knowledge.

Surgical technologists must complete extensive training through a state-accredited program that includes classroom study and clinical experience. In the near future, surgical technologists will be required to sit for a state certification exam. MGH provides a study guide for surgical technologists and reimbursement when they pass the certification exam.

MGH enjoys clinical affiliations with a number of local and regional schools whereby students are precepted by experienced surgical technologists at MGH. The surgical technologist role is a rapidly growing allied-health profession. We value and appreciate the commitment and experience of our surgical technologists and congratulate them for their ongoing success.

For more information about the role of surgical technologists at MGH, contact Amy Levine, RN, at 6-2851.

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