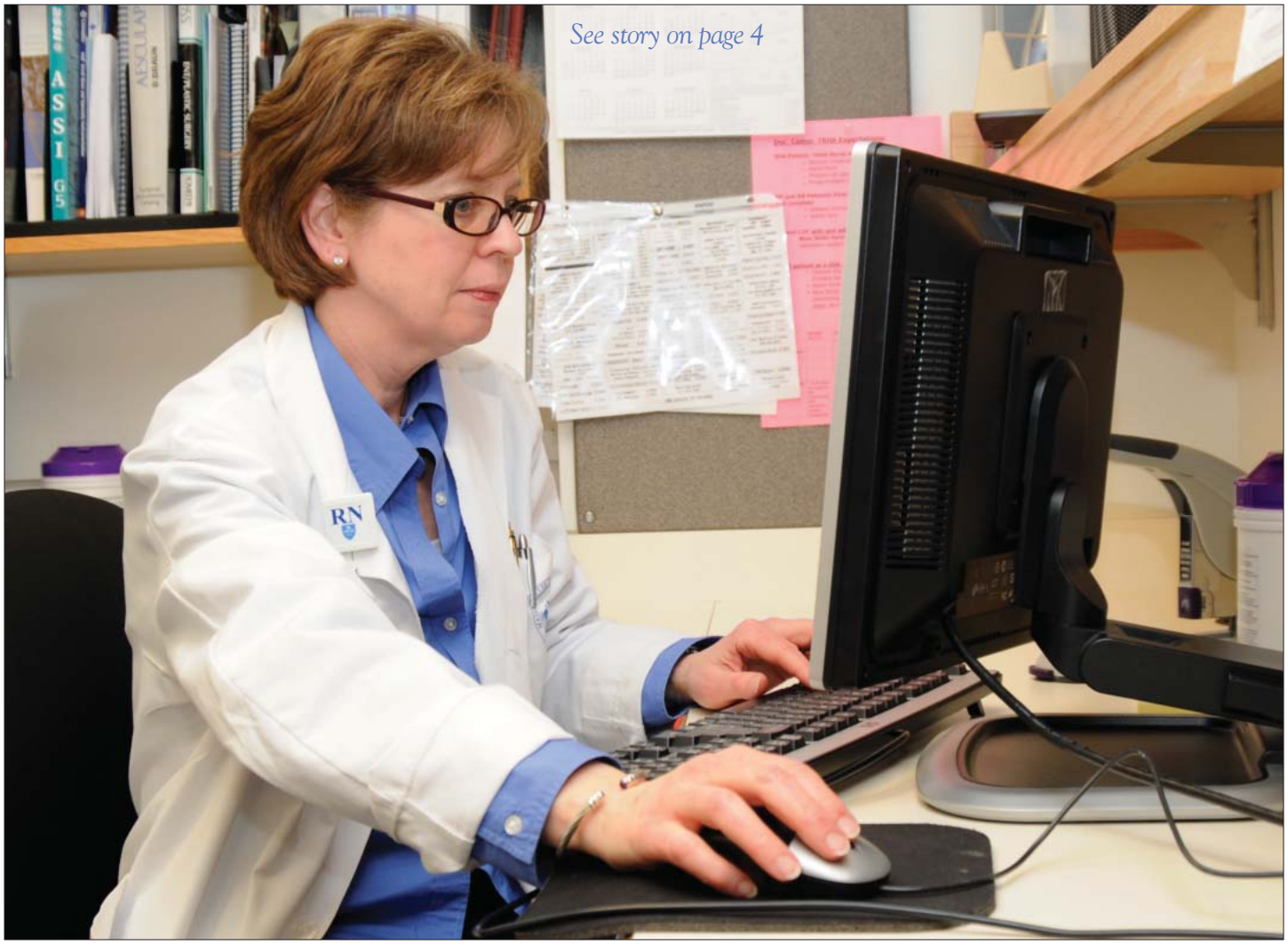
Caring Headlines
January 22, 2009

HealthStream on-line education: coming to a computer near you

See story on page 4



Interim clinical nurse specialist, Cheryl Ryan, RN, accesses HealthStream, the Internet-based learning system that brings required training, continuing education, professional-development courses, and much more to your computer screen.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

The power of apology

responsibility vs. recrimination: what's a healthcare organization to do?

In hospitals and medical facilities across the country, healthcare professionals are debating the merits of offering an apology in situations where unexpected events result in harm or negative outcomes for patients. It's a delicate and complex issue. Legal, social, safety, and financial ramifications enter into any discussion about medical errors or adverse events (both preventable and un-preventable). And those issues are important. But, really, at the heart of the apology debate is one basic question: What is the right thing to do?

But, really, at the heart of the apology debate is one basic question: What is the right thing to do? So often, that question can be answered by simply putting ourselves in the other person's position.

For me, when I think about the mission, values, and guiding principles of this hospital, the answer to that question is clear. Our relationship with our patients is sacred. And that relationship is based on trust. We didn't choose careers in health care to protect ourselves, we chose health care to protect patients. And one of the cornerstones of patient care is honesty. Patients have a right to know what is being done to them and for them. When what we do, intentionally or unintentionally, results in harm, patients have a right to know. And we have a responsibility to tell them.

So often, the question, "What is the right thing to do?" can be answered by simply putting ourselves in the other person's position. If I were lying in a hospital bed and been harmed in some way by the treatment I was receiving, I would want to know immediately, and I would want someone to say, "I'm so sorry this happened. It shouldn't have happened. We're going to do everything we can to make sure it doesn't happen again. I apologize."

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

I know some people think apologizing is a sign of weakness. On the contrary, when offered sincerely, an apology can strengthen our bond with patients and families. Silence after an adverse event can breed fear, suspicion, and resentment. A genuine apology reassures patients that nothing secretive is going on, that we're taking responsibility (not culpability) for the situation, and that we're honoring our relationship with them by being honest and forthcoming. Explaining what happened, expressing remorse, and assuming responsibility can go a long way toward defusing a potentially volatile situation.

Patients aren't the only ones who benefit from a culture in which apologizing is encouraged after adverse events. It's not uncommon for caregivers to feel a sense of guilt or shame when a patient is harmed, especially when human error is involved. This causes some individuals to isolate themselves from their co-workers, withdraw emotionally, or leave their professions al-

continued on next page

We can't let fear of litigation overshadow our responsibility to do the right thing. We can't let fear of blame or financial consequences erode the trust we work so hard to establish. Perhaps it's time to stop thinking of apologies as an impediment to quality care and start thinking of them as a normal, human response to adverse events.

together. The absence of organizational support, open communication, and "permission" to apologize can affect a clinician's ability to perform effectively.

Just as clinicians develop skill at delivering bad news or having sensitive, intimate conversations with patients, so too must we develop skill at apologizing. Because the subject has been 'taboo' in health care for so long, it's not surprising that caregivers feel uncomfortable at the prospect of offering an apology.

Lucian Leape, MD, adjunct professor of Health Policy at the Harvard School of Public Health has a theory. Says Leape, "Anyone who's ever given or received an apology knows the words, 'I'm sorry,' can have a healing effect. For a patient harmed by a medical error, an apology from caregivers can ease profound feelings of shock, grief, anxiety, hurt, and anger. An apology can shore up the foundation of any doctor-patient relationship: trust. Yet too often, doctors and their institutions don't express regret, or even explain what went wrong."

Leape offers the following advice to clinicians on how to respond to patients following an adverse event:

- Acknowledge the event
- Express regret
- Take steps to minimize further harm
- Explain what happens next
- Commit to finding out why the event happened
- Follow up with feedback about what you learned

Many people associate apologies with accusations of malpractice and lawsuits. In fact, the opposite may be true. A number of hospitals across the country have implemented apology initiatives and are seeing a *reduction* in lawsuits. The University of Michigan Health System reports a savings of $2 million per year in litigation costs as a result of its apology initiative.

As with any relevant communication with patients and families, any discussion, explanation, expression of remorse, or apology should be entered in the patient's medical record. Appropriate documentation is in the best interest of the patient and the healthcare provider.

We can't let fear of litigation overshadow our responsibility to do the right thing. We can't let fear of blame or financial consequences erode the trust we work so hard to establish. Perhaps it's time to stop thinking of apologies as an impediment to quality care and start thinking of them as a normal, human response to adverse events. Isn't that what patients want? Isn't it what they deserve?

As I said, this is a topic being debated in hospitals and clinics across the country. I'm interested to know how you feel on the subject. Please feel free to contact me with your thoughts and ideas.

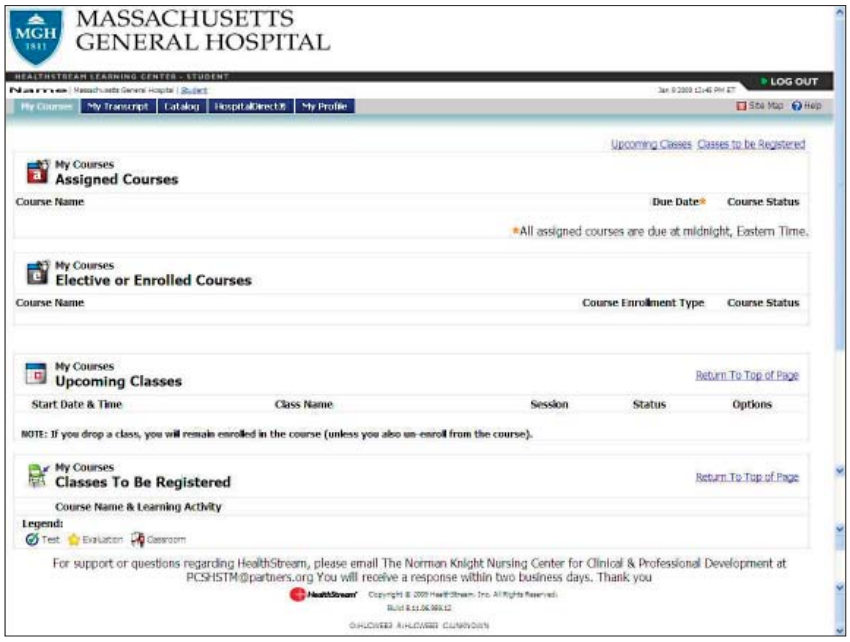
In this Issue

HealthStream ushers in tide of change

—by Thomas Drake, senior educational development and project specialist

On January 21, 2009, The Norman Knight Nursing Center for Clinical & Professional Development launched HealthStream, a new on-line learning system for staff. Effective immediately, nurses within Patient Care Services can log on to HealthStream at any time, from any computer, to complete on-line professional-development courses, required training, and annual competencies. HealthStream provides free access to continuing-education programs approved by the American Nurses Credentialing Center (ANCC). All programs taken through HealthStream are recorded on a personal transcript that can be used for licensure requirements. In the future, HealthStream will offer on-line registration for programs offered by the Knight Nursing Center.

In keeping with an environmentally friendly philosophy, effective February 21, 2009, hard-copy packets for required training and competencies will no longer be available for nurses within Patient Care Services. Nurses who have a performance review date of February 21st or later will complete their required training and competencies on-line through HealthStream.



HealthStream has been piloted in several areas in the hospital, and response has been overwhelmingly positive. Katie Fauvel, RN, staff nurse, says, "HealthStream is an excellent way for nurses to stay up to date with required annual training. It's quick, easy, and convenient."

Staff nurse, Julie Ann Cronin, RN, summed up her experience saying, "HealthStream is extremely user-friendly and easy to navigate. The slides are informative and helpful in completing post-tests. It uses less paper, which supports our attempt to 'go green.' It's definitely a welcome change."

Another HealthStream user noted that the on-line tutorials provide a great review of materials that nurses may not come in contact with on a daily basis.

Nursing director, Scott Ciesielski, RN, says, "Staff nurses found HealthStream to be a very intuitive application. From a director's perspective, the program eases the work of balancing compliance with required training. The reporting capabilities are a great tool."

Benefits of HealthStream include:

- easy access to on-line continuing education programs that offer free contact hours approved by the ANCC
- the ability to access on-line education anywhere, any time
- electronic transcript of annual required training, competency assessment materials, and contact hours
- interactive courses

To access HealthStream, go to the Start Menu and select Partners Applications, Utilities, HealthStream, then follow the log-in instructions.

For more information, contact Thomas Drake, senior educational development and project specialist, at 6-9148, or Mary McAdams, RN, clinical educator, at 6-1607.

Christmas spirit meant to be shared

—submitted by Claire Cronin, operations manager, Radiation Oncology

Thanks to the kindness of patient services coordinator, Paul Chase, one MGH patient and her family enjoyed a special Christmas this year far from their home and loved ones. Receiving daily outpatient therapy at the Burr Proton Center, patient, Roseanne Murphy, was unable to return home to New York for the holidays. Unfamiliar with the local landscape, Murphy stopped at the reception desk on Christmas Eve to ask for a recommendation. She mentioned to Chase that she and her family were staying at a hotel in Somerville and were looking for a restaurant for Christmas Day. After chatting for a few minutes, Chase, who lives in Somerville, invited the Murphys to his home for Christmas dinner. He was having a full house, but knew there would be plenty of food and plenty of room for the Murphys.

Said Chase, "Sometimes it's funny when you invite people you hardly know to your house, but we had a great time. They stayed for hours, we talked and laughed, it was like we had known each other for years. As it turned out, their visit made my Christmas."

Said operations manager, Claire Cronin, "Paul told me he had such a good time, he plans to invite another family home with him next year. We have a special employee in Paul. He's worked as a patient services coordinator for almost thirty years. He's one of the most dedicated employees I know. We're lucky to have him as part of the Radiation Oncology team."

Judging from the flowers they sent to Chase following their visit, The Murphys would probably agree with that.

Below: patient services coordinator, Paul Chase at the Burr Proton Center reception desk. **Below right:** the Murphys celebrate Christmas with Chase and his family.

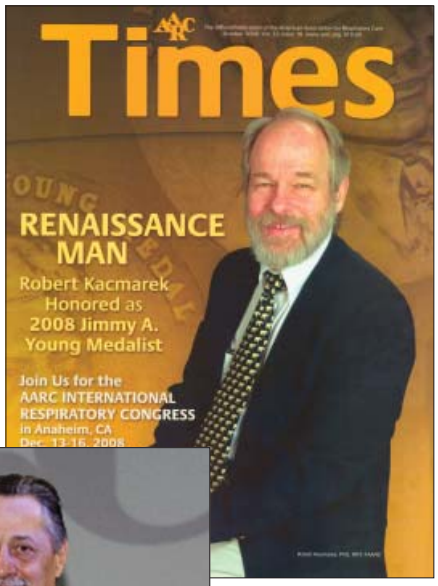
(Photo provided by Chase)

Kacmarek awarded Jimmy A. Young Medal

Director of Respiratory Care, Robert Kacmarek, RRT, received the prestigious Jimmy A. Young Medal from the American Association for Respiratory Care (AARC) last month at the 54th International Respiratory Congress in Anaheim, California. The Jimmy A. Young Medal, AARC's highest honor, is awarded each year to an individual who has exceeded expectations for meritorious service and advanced the profession of Respiratory Care.

For more than 40 years, Kacmarek has led the way in respiratory-care education, management, and research, and played an integral role in the development of clinical simulation registry exams for the National Board for Respiratory Care.

Kacmarek has worked with organizations such as the American College of Chest Physicians and the American Heart Association, and sat on US Food and Drug Administration panels on anesthesia and respiratory care equipment. He's received 15 grants to further his own respiratory-care research and has been honored with numerous awards, including the AARC's Fellow of the American Association for Respiratory Care and the Best Teacher Award from Pulmonary Medicine Fellows at MGH.



In the October, 2008, issue of *AARC Times*, Kacmarek spoke about his contributions in the area of research, saying, "I hope this body of work provides an example, a model that others will emulate... I hope it shows that as a respiratory therapist, you can contribute as much as anyone else to the scientific basis of respiratory critical care... I am not sure I can measure up to the achievements of Jimmy Young, but I will, for the rest of my carer, do everything possible to demonstrate that I am deserving of this highest of AARC honors."

Said John Walton, RRT, executive vice president of Resurrection Health Care and CEO of Resurrection Senior Services in Chicago, "Bob personally trained hundreds of students and became what is surely one of the most prolific and best known authors of RC articles and books over the past four decades."

Patient Care Services and the entire MGH community congratulate Bob Kacmarek on receiving this prestigious honor.

(Photo provided by staff)

Jimmy A. Young Medal recipient, Robert Kacmarek, RRT (center), with AARC president, Toni Rodriguez, RRT (left), and AARC executive director, Sam Giordano, RRT.

Doctor of Nursing Practice

new clinical doctorate degree for advanced practice nurses

—by John Shaw, MGH Institute of Health Professions

After twelve years as a midwife in the Obstetrics and Gynecology Service at MGH, Amy Smith, RN, realized she wanted to share her skill and experience through teaching. She decided to return to school to earn a doctor of Nursing Practice (DNP), the new clinical doctorate degree for advanced practice nurses. The American Association of Colleges of Nursing has declared that advanced-practice nursing education will shift from a master's to a doctoral level by 2015.

A mother of two who commutes from Kennebunkport, Maine, Smith is one of six MGH nurses currently studying part-time in the MGH Institute of Health Professions' DNP program. Since enrolling, she has helped develop simulation scenarios, lectured on obstetrical issues, and taught History of Nursing Ideas.

Nancy Kelly, RN, geriatric nurse practitioner for Team 5, has used her DNP studies to learn more about leadership and systems issues in clinical settings. Mimi O'Donnell, RN, 36-year MGH veteran who's worked in Nuclear Cardiology for the past three years, intends to use her DNP degree to become a nurse educator.

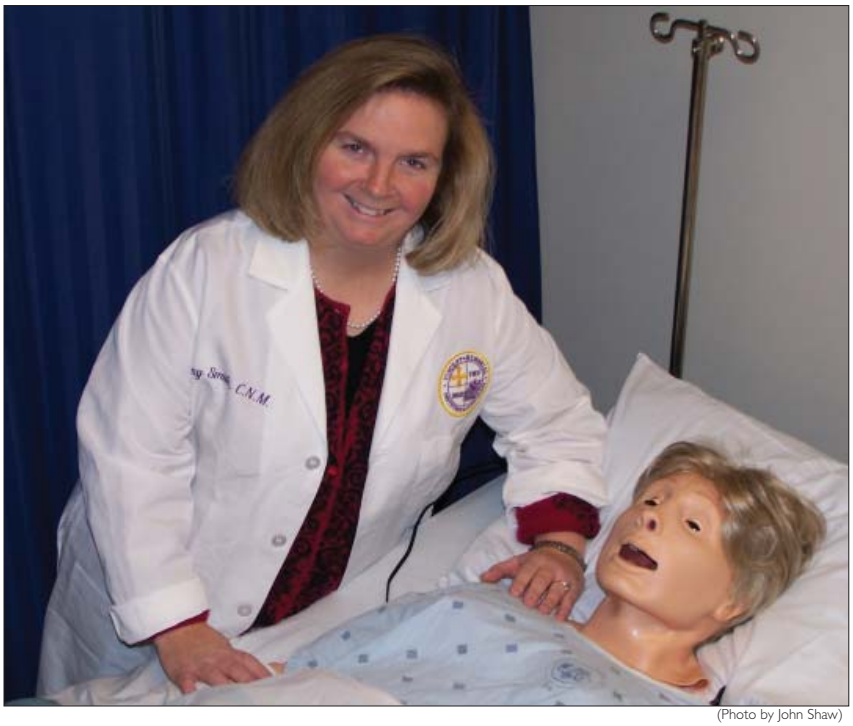
Linda Andrist, RN, professor and assistant director for doctoral studies in the Graduate Programs in Nursing, says Smith, Kelly, and O'Donnell are typical of the nearly 30 DNP students who've entered the program—juggling home and professional life with part-time graduate studies. Says Andrist, "Our students are very committed. They're conducting innovative projects that will impact advanced practice nursing and health-care delivery."

The Institute is accepting both master's-prepared and bachelor's-prepared nurses as it has added an RN-to-DNP option beginning in September.

Said senior vice president for Patient Care, Jeanette Ives Erickson, RN, "Introducing the DNP program was a visionary move. It will help us build the clinical faculty we so desperately need to respond to the nursing shortage."

Smith agrees. "People who enter the DNP program now are at the forefront of determining the role they'll play in the future of nursing." Smith is the first DNP student at the Institute to benefit from the Nurse Faculty Loan Program, which provides up to 85% loan forgiveness for nurses who become full-time nursing faculty and teach for a minimum of three years.

The MGH Institute's DNP application deadline is March 1, 2009. For more information e-mail dnp@mghihp.edu, or visit www.mghihp.edu/nursing/postprofessional/dnp.



Midwife, Amy Smith, RN, in the MGH Institute of Health Professions' simulation lab as part of the Doctor of Nursing Practice (DNP) degree program at the IHP.

(Photo by John Shaw)

Preceptor fosters sensitivity and compassion in new-graduate nurse

Mr. 'Lyons' was a 72-year-old man who lived in a group home for individuals with mental illness. He had a history of chronic obstructive pulmonary disease (COPD) and diabetes.

My name is Kerri Tyman, and I am a nurse in the Medical Intensive Care Unit (MICU). My greatest challenge has been trying to balance the science and technology of medicine with the art of compassionate nursing care. This tension between the art and science of nursing is illustrated in a recent experience I had precepting a new graduate nurse.

In August, 2008, I began working with Stephanie. My plan for her first few weeks was to focus on patient safety and basic nursing care. We began by reviewing the Policy & Procedure Manual, checking patients' IV tubing, and practicing how to dispense medication from the automated medication machine. By week two, we were ready to care for our first patient together.

Mr. 'Lyons' was a 72-year-old man who lived in a group home for individuals with mental illness. He had a history of chronic obstructive pulmonary disease (COPD) and diabetes. Mr. Lyons came to the MICU after being found unresponsive at home with rhythmic, seizure-like movements of his extremities. Due to decreased mental status and increased respiratory rate, a breathing tube had been inserted. A head CT ruled out a stroke, and an EEG showed no seizure activity.

Stephanie and I met Mr. Lyons on his seventh day in the MICU. I had requested to care for a 'stable' patient, a patient with a heart rate and blood pressure within normal limits whose clinical course was improving. As we walked into Mr. Lyons' room, Stephanie paused in front of Mr. Lyons' ventilator and furrowed her brow. I assured her that by the end of her orientation, understanding mechanical modes of ventilation would be second nature to her. For now, her focus was on the patient, making sure he got mouth care, and turning him every two hours. The goal for the first half of new-graduate-nurse orientation is to teach basic nursing care for critically ill patients. One of the most important roles of an ICU nurse is to protect patients from hospital-acquired injuries. Meticulous oral care and re-positioning significantly decrease the risk of developing ventilator-associated pneumonias and skin ulcers. By mid-day, Stephanie was accomplishing her goal of recording vital signs and completing mouth care and turns on schedule.

Kerri Tyman, RN,
Medical Intensive Care Unit

While coaching Stephanie through her basic nursing tasks, I noticed that Mr. Lyons' respiratory rate was slowly increasing. He seemed to be laboring harder on inspiration, his nostrils flaring slightly. Over the next few hours, Mr. Lyons coughed more and required in-

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creased suctioning to help clear his lungs. He became diaphoretic and spiked a temperature. As Stephanie and I worked to send blood, sputum, and urine cultures to the lab, it became clear that Mr. Lyons was no longer the 'stable' patient he had been earlier in the day. I began to wonder if I could be an effective preceptor while caring for Mr. Lyons' escalating medical needs. I worried that his acute status might overwhelm Stephanie. I was concerned she might be distracted by the science of an acutely septic patient and forget the importance of her basic skills. Despite my uncertainty, I requested to care for Mr. Lyons the following day.

After receiving report the next morning, Stephanie and I sat and talked about what our goals were for the day. We agreed she would continue to focus on hourly vital signs, mouth care, and turns while learning how to conduct a total-body physical assessment, including listening to lung and bowel sounds. Again, I emphasized that Mr. Lyons was a complicated patient with complex medical issues, but assured her we would work as a team. I explained that I would handle all Mr. Lyons' critical-care needs so she could focus on the foundations of nursing care.

We discussed our concerns. Over the past 24 hours, Mr. Lyons had required increased ventilator support, additional antibiotics, and medication to support his blood pressure. He wasn't receiving any pain medication or sedation as most mechanically ventilated patients do, and he was barely opening his eyes or moving his extremities. Though he never grimaced or seemed uncomfortable, his poor mental status was perplexing given the earlier tests that had confirmed he had suffered neither a stroke nor a seizure.

Stephanie and I learned that Mr. Lyons had a court-appointed guardian who made decisions about his medical care. By the end of our second day caring for Mr. Lyons, only one person had called to inquire about him. He'd had no visitors. While I continued to titrate Mr. Lyons' blood-pressure medication and work with the respiratory therapists to adjust his ventilator settings, Stephanie became more comfortable cleaning his mouth and re-positioning him. In our post-shift conference, Stephanie and I wondered if Mr. Lyons had any family; if he liked to be called Charles or Charlie; what, if any, assistance he needed at his group home. Since Mr. Lyons couldn't speak for himself and appeared to have minimal social supports, Stephanie and I felt we also needed to be Mr. Lyons' advocates.

In the past, I would have shied away from caring for such an ill patient this early in a nurse's orientation. But I realized that despite my initial fear that Stephanie would become overwhelmed, the opposite was happening. Stephanie was becoming more comfortable with her assessment and nursing skills and had developed an ease about interacting with Mr. Lyons.

In the past, I would have shied away from caring for such an ill patient this early in a nurse's orientation. But I realized that despite my initial fear that Stephanie would become overwhelmed, the opposite was happening.

Once, after turning Mr. Lyons, she noted, "I don't think he likes lying on his right side. See how his belly moves when he breathes? Can we re-position him?"

Stephanie's observation and suggestion were correct. I could see that despite the unpredictable nature of Mr. Lyons' clinical course, Stephanie was learning the most important aspects of critical-care nursing: sensitivity and compassion. Instructing a new nurse on the technical details of nursing: IV catheter-insertion, delivering medications via a feeding tube, traveling with a patient to MRI, is a preceptor's easiest job. Fostering sensitivity and compassion is a preceptor's greatest reward.

As Stephanie prepared to do a final round of oral care toward the end of our shift, the operations associate asked if Mr. Lyons could have a visitor. I agreed and watched as Stephanie interacted with a woman who introduced herself as 'Helene,' one of Mr. Lyons' caregivers at the group home. Stephanie gave Helene an update on Mr. Lyons' status and asked about his home life. Helene said Mr. Lyons liked to be called Charlie, and he was, "your stereotypical grumpy old man," cranky and lovable at the same time. Charlie's favorite things were coffee, pasta, and cigarettes, and he walked with a cane. He had been estranged from his family for many years.

After Helene's visit, Stephanie and I gave report to the evening nurse. I provided her with the technical details of Mr. Lyons' day, while Stephanie described his lung and bowel sounds, told her Mr. Lyons preferred to lie on his left side, and he'd wrinkle his brow when she cleaned his mouth. Stephanie finished with, "Oh, and call him Charlie. He likes to be called Charlie." I smiled. In her first two weeks of orientation, Stephanie had become proficient at several basic nursing skills, but what impressed me most was her ability to become Charlie's voice.

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

Balancing the responsibilities of precepting and delivering patient care is challenging even when caring for a stable patient. An acutely ill patient in an ICU setting presents even greater challenges. Kerri's ability to do both speaks to the knowledge and skill of both Kerri and her preceptee. Together, they provided sensitive, compassionate care while getting to know Charlie and advocating for his needs.

This is a wonderful narrative that spotlights the need to nurture and develop the next generation of nurses, and to do so in all care settings.

Thank-you Kerri, and congratulations on being selected the first Knowles nurse preceptor fellow.

Tiger Teams take bite out of wasteful spending

—by Jennifer Daniel, RN, and Georgia Peirce

Tiger Teams have identified numerous ways to increase efficiency while reducing costs—changes that have resulted in more than $1 million in savings.

Over the past several months, seven Tiger Teams have evaluated many of our systems and operations and introduced initiatives as part of Patient Care Services' Innovation and Efficiency campaign. Tiger Teams examined a variety of practices related to goods and services—from how we use laundry, linens, and clinical supplies to how we order blood products, beds, vacuum-assisted closure (VAC) devices, forms, and office supplies. They looked at opportunities to substitute items of equal value with lower-cost options. In six weeks, Tiger Teams have identified numerous ways to increase efficiency while reducing costs—changes that have resulted in more than $1 million in savings.

In the coming weeks, you may notice some patient-care items (toothpaste, razors, etc.) have changed to non-brand name products. The Clinical Products Tiger Team identified a number of personal-care items that could be replaced with equal-value products for a lower cost. Changes in toothpaste and razors alone will result in a savings of more than $25,000 a year. The Nursing Practice Committee reviewed all recommendations and agreed the changes made good practice and economic sense.

Did you know that every time a ceiling lift sling is laundered it costs $10? MGH is committed to installing ceiling lifts in all patients' rooms, so the Laundry & Linen Tiger Team negotiated with our current vendor to reduce the price to $3 per wash. This will result in a savings of $120,000 per year.

The Forms & Office Supplies Tiger Team explored the need to use color on some of our widely used forms. By changing from color to black-and-white on Progress Notes, Patient Care Flow Sheets, and Procedural Consent forms, $13,000 in annual savings was identified. They also discovered two tabs in the Medical Record Binder were no longer necessary and recommended removing them resulting in an annual savings of $12,000.

Another success involves the use of specialized beds in the Burn Unit. Traditionally, the Burn Unit has rented special ICU beds at a cost of $280,000 per year. With the help of the Rental Bed & VAC Tiger Team, the unit has discovered a way to acquire ICU beds without having to pay a rental fee. Because other ICUs are currently using capital funds to purchase new beds, some of the 'old' beds will be recycled through the Burn Unit.

Through the hard work and innovation of our Tiger Teams, Patient Care Services has been able to implement numerous positive changes in a relatively short period of time. These changes could not have been successful without the enthusiastic support of staff throughout the hospital. As always, any ideas that help enhance quality and safety, reduce waste, and promote efficiency are welcome. Please share your and suggestions with Jennifer Daniel, RN, at 6-6152.

Do you understand your Cash Balance Retirement Plan?

Helping to save for the future

Question: Does MGH have a pension plan?

Jeanette: MGH has a Cash Balance Retirement Plan in which employees become vested after completing 1,000 hours of service in three consecutive years.

Question: I thought vesting occurred after five years of service. Has that changed?

Jeanette: A federal change brought about a decrease in the number of years required for vesting. Beginning October 1, 2008, employees are vested after 1,000 hours of service in three consecutive years. The change doesn't affect employees who are already vested, but it's good news for those who have three or four years of service.

Question: How do I enroll in the Plan?

Jeanette: No action is required to enroll. Employees are automatically enrolled upon meeting the service requirement.

Question: Do I need to contribute to the Plan?

Jeanette: No. The hospital credits your account with an amount based on your age, annual pay, and length of service. The amount ranges from 5%–15% of pay. The Plan rewards life experience and years of service to MGH.

Question: Does my account earn interest?

Jeanette: Yes, the current minimum interest is guaranteed to be at least 6.5% per year.

Question: How do I receive the funds in my account?

Jeanette: Once you're vested, you're entitled to the balance of money in your account. You can receive part or all of the money in an immediate payment upon your retirement or departure from MGH. Any monies not disbursed immediately will be used to provide a monthly benefit, also known as an annuity.

Question: If you've had a break in service to MGH, how do you know if you're enrolled in the Plan?

Jeanette: It would depend on the length of service before the break as well as the duration of the break. You would need to call your Human Resources generalist to determine your status in the Plan.

Question: Can you tell me about the 403b program?

Jeanette: The 403b plan, also known as the tax-sheltered annuity, is different from the Cash Balance Retirement Plan. Employees who elect to participate in a 403b have pre-tax dollars withheld from their paychecks to purchase mutual funds. It's a wonderful way for employees to augment their retirement savings, and any employee can participate. There is no service or minimum-hour requirement.

Question: How can I get more information about the Cash Balance Retirement Plan and the 403b program?

Jeanette: Your Human Resources generalist can give you information about the Plan and our 403b vendors. They can also put you in touch with benefits specialists who can provide you with individualized information. Or you can call 6-8133.

Professional Achievements

Levin presents

Orthopaedics staff nurse, Barbara Levin, RN, presented, "Patient Safety," and "How to Grow Your Own Staff," at the Advance Magazine Job Fair, October 10, 2008.

O'Laughlin certified

General Medicine staff nurse, Michelle O'Laughlin, RN, became certified in Medical-Surgical Nursing by the Academy of Medical Surgical Nursing, in November, 2008.

MacDonald and Roth certified

NICU staff nurses, Theresa MacDonald, RN, and Linda Roth, RN, became certified lactation consultants by the International Board of Lactation Consultant Examiners in October, 2008.

Brown and Stucke certified

Endoscopy staff nurses, Maureen Brown, RN, and Catherine Stucke, RN, became certified in Gastroenterology, by the American Board of Certification for Gastroenteroscopy Nursing, in October, 2008.

Jones honored

Dorothy Jones, RN, director, Yvonne L. Munn Center for Nursing Research, received the NANDA-International 2008 Mentor Award, at the NANDA (North American Nursing Diagnosis Association) International Biennial Conference, Capturing the Expert Knowledge of Nursing, November 13–15, 2008.

McHale and Nagle present

Clinical nurse specialists, Jeanne McHale, RN, and Beth Nagle, RN, presented, "Debriefing: a Reflective Process to Enhance Clinical Practice," at The Future of Nursing Practice and Education Conference, sponsored by the Massachusetts Association of Registered Nurses, October 17, 2008.

Inter-disciplinary team publishes

Katrina Scott, MDiv; Mary Martha Thiel, MDiv; and Constance Dahlin, RN, clinical director, Palliative Care Services, authored the article, "The National Agenda for Quality Palliative Care: the Essential Elements of Spirituality in End-of-life Care," in the Autumn/Winter, 2008, *Chaplaincy Today*.

Caron Ghiringhelli presents

Melissa Caron Ghiringhelli, CCC-SLP, speech-language pathologist, presented, "Group Intervention Strategies for the Development of Reading Foundations," at the 2008 National Convention of the American Speech-Language Hearing Association in Chicago, November 21, 2008.

Dahlin presents

Constance Dahlin, RN, clinical director, Palliative Care Service, presented, "Collaborative Practice in Palliative Care" and "American Nursing Roles in Hospice and Palliative Care," at the 2nd National Congress of Palliative Care Organizations in The Netherlands, November 12–14, 2008.

Inter-disciplinary team presents

Grace Good, RN, nurse practitioner, General Medicine; Karon Konner, LICSW, Social Services; and Rebecca Brendel, MD, presented, "Management of the Behaviorally Challenging Medical Inpatient," at the American College of Nurse Practitioners, 2008 National Clinical Conference, in Nashville, October 30, 2008.

Vega-Barachowitz presents

Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language, & Swallowing Disorders and Reading Disabilities, presented, "Leadership Skills for Managing Professional Transitions Mentoring Throughout the Journey from Junior to Senior Clinician," at the 2008 National Convention of the American Speech-Language Hearing Association, in Chicago, November 19, 2008.

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Inter-disciplinary team presents

Grace Good, RN, nurse practitioner; Karon Konner, LICSW, Social Services; and Rebecca Brendel, MD, presented their poster, "Team 5 at the Massachusetts General Hospital: Caring for the Psychosocially Complex, Long Length-of-Stay, Medical Inpatient," at the Academy of Psychosomatic Medicine, 2008 Annual Conference, in Miami, November 20, 2008.

Guanci presents

Mary Guanci, RN, clinical nurse specialist, Neurology, presented, "Stroke's Triple H: Hemicraniectomy, Hypothermia, and Hyperglycemic Control," at the 3rd Annual Boston Chapter of Neuroscience Nurses Association Conference, October 23, 2008.

Guanci also presented, "Exploring Family Communication Techniques in the Presence of Brain Death," at the Region 1 Conference on Organ Donation, in Framingham, November 19, 2008.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "The Slippery Slope from Acute to Chronic Wounds"; "Location, Location, Location: Differentiating the Etiology of Leg Ulcers"; "Solving the Puzzle of Topical Wound Treatments: General Principles and Dressing Selection"; and, "Wound Care Challenges: Assessment, Cleansing, Treatment and Documentation," at the Clinical Challenges and Impact of Vascular Disease Conference at the Maine Medical Center in Portland, Maine, November 14, 2008.

Capasso also presented, "An Update on Wound Care," at the Division of Continuing Education, William F. Connell School of Nursing at Boston College, November 6, 2008.

Neurology team presents

Mary Guanci, RN, clinical nurse specialist, Neurology; Shannon Perry, RN, staff nurse, Neurology; Berney Graham, LICSW, Social Services; Kevin Duschay, MD; and, Diane Sweeney, LICSW, presented a role-playing scenario on best and worst practices, in, "Approaching the Family About Organ Donation at the End of Life," at the Region 1 Conference on Organ Donation in Framingham, November 19, 2008.

Nurses present

Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research; Marian Jeffries, RN, clinical nurse specialist; Vivian Donahue, RN, clinical nurse specialist; Sioban Haldeman, RN, clinical nurse specialist; Erin Cox, RN, clinical nurse specialist; and the MGH Clinical Nurse Specialist Research Task Force, presented, "A Symposium: Development, Implementation and Evaluation of Clinical Initiatives Designed to Advance the Use of Standardized Nursing Language, (NANDA, NIC, and NOC), in Electronic Documentation Systems," at the NANDA (North American Nursing Diagnosis Association) International Biennial Conference, Capturing the Expert Knowledge of Nursing in Miami, November 13–15, 2008.

PCS Clinical Recognition Program

The following clinicians were recognized October 1 – December 1, 2008

Advanced Clinicians:

- Barbara Kenney, RN, Cardiology
- Karen Kwiatanowski, RN, Surgery
- Katharina Ikeus, RN, Surgery
- Laurie Lynch, RN, Peri-operative
- Jean Kracher, RN, Radiation-Oncology
- Martha Root, RN, Psychiatry
- Carol Wicker, RN, Medicine
- Anne-Marie Nelson, RN, Medicine
- Elaine Grassa, RN, Medicine
- Gloriosa Fenol, RN, Neurology
- Shannon DaCunha, RN, Medicine
- Elizabeth Larson, RN, Cardiology
- Sandra Murphy, RN, Cardiology

Clinical Scholars:

- Jean Stewart, RN, Orthopaedics
- Amy McCarthy, RN, Orthopaedics
- Betsy Lang, LICSW, Social Services

Professional Achievements (continued)

Akladiss appointed

Joanna Akladiss, OTR/L, occupational therapist, was appointed a member of the Editorial Advisory Board for Today for *OT Magazine*, in San Jose, in October, 2008.

Team presents poster

Diane Carroll, RN; Patricia Dykes, RN; Ann Hurley, RN; Angela Benoit; Lana Tsurikova; and Kerry McColgan, presented their poster, "Translating Fall Risk Status into Interventions to Prevent Patient Falls," at the Annual Meeting of the American Academy of Nursing in Scottsdale, Arizona, November 6–8, 2008.

Nurses present poster

Amanda Coakley, RN, staff specialist; Jacqueline Somerville, RN, associate chief nurse; and Rosemary O'Malley, RN, staff specialist, presented their poster, "Implementing a Problem-Oriented Nursing Documentation System in an Academic Hospital," at the NANDA (North American Nursing Diagnosis Association) International Biennial Conference, Capturing the Expert Knowledge of Nursing in Miami, November 13–15, 2008.

Oertel contributing editor

Lynn Oertel, RN, clinical nurse specialist, was a contributing editor on, "Oral Anticoagulation Patient Self-Testing: Consensus Guidelines for Practical Implementation," in *Managed Care*, 2008.

Inter-disciplinary team publishes

Constance Dahlin, RN, nurse practitioner, Palliative Care Service; Todd Hultman, MD; and Elizabeth Keene Reder authored, "Improving Psychological and Psychiatric Aspects of Palliative Care: The National Consensus Project and The National Quality Forum Preferred Practices for Palliative and Hospice Care," in *Omega-The Journal of Death and Dying*, November, 2008.

Neveu appointed

Jennifer Neveu, PT, physical therapist, was appointed chair of the Nominating Committee for 2009 for the American Physical Therapy Association of New Hampshire, in November, 2008.

Nippins appointed

Matthew Nippins, PT, physical therapist, was appointed abstract reviewer for the PT/RT section of the North American Cystic Fibrosis Conference in Orlando, Florida, October 23, 2008.

Carroll appointed

Diane Carroll, RN, nurse researcher, was appointed to the Council of Cardiovascular Nurses and Allied Professionals' Education Committee for the 2008–2012 term by the European Society of Cardiology, in December, 2008.

Garlick appointed

Martha Garlick, PT, physical therapist, was appointed Federal Affairs liaison for the American Physical Therapy Association of Massachusetts, November 1, 2008–December 31, 2010.

Bartush appointed

Paul Bartush, co-director, Volunteer, Interpreter, Information Ambassador & General Store Services, was appointed, chair of the Education Committee for the Massachusetts Association of Directors of Healthcare Volunteer Services for 2008–2009, on December 11, 2008.

Team publishes

JoAnn David-Kasdan, RN; Joel Weissman; Eric Schneider, MD; Saul Weingart; Arnold Epstein; Sandra Feibelmann; Catherine Annas, MD; Nancy Ridley; Leslie Kirle; and Constantine Gatsonis, authored, "Comparing Patient-Reported Hospital Adverse Events with Medical Record Review: do Patients Know Something that Hospitals don't?" in the *Annals of Internal Medicine*, July, 2008.

Folger certified

Abby Folger, PT, physical therapist, became certified in Advanced Cardiovascular Life Support by the American Heart Association, November 17, 2008.

Peterson elected

June Peterson, RN, clinical educator, became president-elect of the National Nursing Staff Development Organization for the Northeast Organization of Nurse Educators Chapter in June, 2008.

Parlman appointed

Kristin Parlman, PT, physical therapist, was appointed, manuscript reviewer, for the *Journal of Neurologic Physical Therapy*, of the American Physical Therapy Association, Neurology Section, in Alexandria, Virginia, in September, 2008.

Capasso and Fitzgeral appointed

Virginia Capasso, RN, co-director, MGH Wound Care Center, and Patricia Fitzgerald, RN, clinical nurse specialist, General Medicine, were appointed to an Advisory Board for US Nursing and Health Profession journals for Elsevier Publishers, in December, 2008.

Nurse researchers receive prestigious grant

Sioban Haldeman, RN; Erin Cox, RN; Vivian Donahue, RN; Marian Jeffries, RN; Dorothy Jones, RN; and the MGH Clinical Nurse Specialist Research Task Force, were awarded the 2007–2008 NANDA-International Foundation Grant, for their research proposal, "Effect of a CNS-Coached Teaching-Learning Intervention on Staff Nurses' Documentation of Problem-Identification, Nursing Interventions, and Patient Outcomes Related to Anxiety and Acute Pain in an Academic Medical Center," at the NANDA (North American Nursing Diagnosis Association) International Biennial Conference, Capturing the Expert Knowledge of Nursing in Miami, November 13–15, 2008.

Akladiss presents

Joanna Akladiss, OTR/L, occupational therapist, presented, "Splinting the Upper Extremity," at Tufts University, November 18 and 24, 2008.

Bridge and Ranford present

Elizabeth Bridge, OTR/L, and Jessica Ranford, OTR/L, occupational therapists, presented, "Evidence-Based Practice in Occupational Therapy," at Tufts University, December 12, 2008.

Gillen and Jacavage present

Physical therapists, Colleen Gillen, PT, and Jessica Jacavage, PT, presented, "Use of Wii in Rehabilitation," at the 2008 CIMIT Innovations Congress, October 28, 2008.

Levin presents

Barbara Levin, RN, Orthopaedics and Neuroscience, presented, "Untangling Charlotte's Web — Patient Safety Initiatives," at the Nebraska Hospital Association Conference, in Lincoln, Nebraska, October 29, 2008.

Levin also presented, "Patient Safety Initiatives," at MASSPRO Patient Safety and Prevention Services in Woburn, November 6, 2008.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "A Case Study to Hand Therapists from the United States," at the American Society of Hand Therapists Annual Conference, October 26, 2008.

Bartush presents

Paul Bartush, co-director, Volunteer, Interpreter, Information Ambassadors and General Store Services, presented, "Beyond the Basics: a Strategic Approach to Advancing Volunteer Services," at the fall education meeting for the Massachusetts Association of Directors of Healthcare Volunteer Services, December 11, 2008.

Announcements

Hand hygiene video available

A patient-friendly video has been produced to help educate patients, families, and visitors about the MGH Hand Hygiene Program. Produced by the STOP (Stop Transmission of Pathogens) Task Force, the video is available on Channel 31 in English and Spanish. Over the next few months, posters will be placed in patients' rooms with instructions on how to access the video.

For more information, contact Judy Tarselli, RN, at 6-6330.

Norman Knight Visiting Scholar Program

On Tuesday March 31, 2009, Judy Murphy, RN, vice president, Information Services for Aurora Health Care in Milwaukee, will visit MGH as the 2009 Norman Knight visiting scholar. A nationally recognized expert on system methodologies, automated clinical documentation, and technology supporting evidence-based practice, Murphy will meet with staff and present at grand rounds:

"The Copernican Shift: the Patient as the Center of the Universe"

2:00–3:00pm
O'Keeffe Auditorium
Reception to follow

For more information, contact Mary Ellin Smith, RN, at 4-5801.

Brian M. McEachern Extraordinary Care Award

Nominations are now being accepted for the Brian M. McEachern Extraordinary Care Award. The award recognizes staff within Patient Care Services whose passion and tenacity exceed the expectations of patients, families, and colleagues with extraordinary acts of care and service.

Recipient will receive $1,000 and be acknowledged at a reception in his/her honor.

Nominations are due by February 3, 2009.

For more information, call Julie Goldman, RN, at 4-2295.

Celebrate the legacy of Martin Luther King, Jr.

Partners HealthCare, MGH, and the Disparities Solutions Center invite you to attend A Celebration of the Legacy of Martin Luther King, Jr."

January 28, 2009
3:00–4:00pm
Simches Research Center
Conference Room 3-110

This year's speaker will be Harvard Law professor and author, Charles J. Ogletree, JD, senior adviser to President-Elect Barack Obama during the 2008 presidential campaign.

A reception will follow. Admission will be on a first-come, first-served basis. Please bring your Partners/MGH ID badge for building access.

For more information, call 4-3963.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday, 7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday, 7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

"More Alike than Different"

This symposium will present best practices for healthcare professionals partnering with families of individuals with cognitive disabilities with a special focus on Down syndrome.

Keynote speaker, Jose Florez, MD, assistant professor, Center for Human Genetic Research

Tuesday, January 27, 2009
9:00am–2:00pm
O'Keeffe Auditorium

Sponsored by MGH in collaboration with the Massachusetts Down Syndrome Congress
To register, visit http://mdsc.kintera.org/morealikethandifferent2009 or www.mdsc.org, or call 800-664-MDSC.

Nursing CEUs

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

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For more information, call: 617-724-1746

Next Publication
February 5, 2009

Educational Offerings – 2009

January
29
Preceptor Development: Learning to Teach, Teaching to Learn

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

January
29
Management of Patients with Complex Renal Dysfunction

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

January
30
PALS Re-Certification

Simches Conference Room 3110
8:00am – 4:00pm
No contact hours

February
2
BLS/CPR Re-Certification

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

February
2 & 9
ACLS Provider Course

Day 1: 8:00am – 4:30pm
O'Keeffe Auditorium
Day 2: 8:00am – 3:00pm
Thier Conference Room
No contact hours

February
4
Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

POB 448
11:00am – 3:00pm
Contact hours: TBA

February
6
On-Line Electronic Resources for Patient Education

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

February
9
BLS/CPR Re-Certification

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

February
10
New Graduate RN Development Program

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

February
10
BLS/CPR Certification for Healthcare Providers

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

February
11
Simulated Bedside Emergencies for New Nurses

POB 419
7:00am – 2:30pm
Contact hours: TBA

February
11
Nursing Grand Rounds

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

February
11
OA/PCA/USA Connections

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

February
18
Pediatric Simulation Program

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

February
23 & 24
Oncology Nursing Society Chemotherapy Biotherapy Course

Day 1: Yawkey 2-220
Day 2: Yawkey 4-820
8:00am – 4:30pm
Contact hours: TBA

February
24
PCA Educational Series

Founders 325
1:30 – 2:30pm
No contact hours

February
25
Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

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

February
26
Psychological Type & Personal Style: Maximizing your Effectiveness

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

February
26
Nursing Grand Rounds

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

February
27
Intermediate Arrhythmia

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

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

The Jeremy Knowles Nurse Preceptor Fellowship

—by Mary Ellin Smith, RN, professional development coordinator

Kerri Tyman, RN, staff nurse in the Medical Intensive Care Unit has been awarded the first Jeremy Knowles Nurse Preceptor Fellowship (see clinical narrative on page 8).

The Jeremy Knowles Nurse Preceptor Fellowship was created last year in honor of Dr. Jeremy Knowles, a world renowned chemist and former dean of the Faculty of Arts and Science at Harvard University. In 2006, Knowles was a patient in the Medical ICU at MGH. After he recovered and was preparing to retire, he was asked by the Board of Directors at Corning to name a charity to which a gift would be given in his honor. His family reminded him of the attentiveness, compassion, and support they had received from nurses during his hospitalization at MGH. He asked that the gift be used to fund a program that would help develop the skill and knowledge of the next generation of nurses. The first recipient would be a critical care nurse, and thereafter nurses in all clinical areas would be eligible. Sadly, Knowles died on May 4, 2008, before the fruits of his gift were realized. But his commitment to teaching continues with the Jeremy Knowles Nurse Preceptor Fellowship.

Kerri Tyman, RN, staff nurse in the Medical Intensive Care Unit has been awarded the first Jeremy Knowles Nurse Preceptor Fellowship (see clinical narrative on page 8).

A graduate of Georgetown University and the University of Massachusetts, Tyman has practiced in the MICU for five years. Upon receiving the fellowship, Tyman expressed gratitude to the Knowles family and to Corning for their generous gift. Said Tyman, "As a 2004 graduate of the New Graduate in Critical Care Nursing Program, I'm excited to have the opportunity to teach new nurses and mentor preceptors. During the fellowship, I plan to take a graduate-level class in Palliative Care and develop a curriculum for preceptors and new graduate nurses on caring for patients and families dealing with end-of-life issues. I'd like to participate in an exchange program with other hospitals to share the MGH New Graduate in Critical Care Nursing Program and explore other teaching models for nurses."

For more information on the fellowship, contact Mary Ellin Smith, RN, at 4-5801.

Caring Headlines
January 22, 2009
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