Caring Headlines
May 7, 2009

New technology brings new options for care

See Orthotics story on page 9

Orthotics clinical manager, Mark Tlumacki, CO (right), and orthotics technician, Antonio Lugo, demonstrate new cranial re-shaping scanning technology.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Protecting our patients; protecting our environment of care

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

By now, healthcare professionals and the general public alike understand that National Patient Safety Goals and standards put forth by the Joint Commission are intended to protect patients and families. Some goals and standards apply to specific units or settings, others impact the entire organization. None is more far-reaching than those related to the environment of care. High-quality care requires constant vigilance to maintain a clean, safe environment in every unit, setting, service, and practice area.

One of the most basic elements affecting the environment of care is clutter. And we all play a part in ensuring that our respective areas are clutter-free. If you're like me, you think of MGH as your home away from home and want it to be as safe and inviting as possible. That's why we pick up trash when we see it, call Environmental Services (6-2445) when there's a spill, and comply with Joint Commission standards related to environmental concerns.

One of the most basic elements affecting the environment of care is clutter. And we all play a part in ensuring that our respective areas are clutter-free.

Caring for patients often involves a variety of supplies, equipment, and biomedical devices. It's important to store and maintain these items with the utmost care. Some things to think about in terms of supplies and equipment include:

- Supplies should be safely stored in appropriate bins, shelves, or designated areas
- Equipment should be cleaned in between patient use
- Supplies should remain sanitary and uncontaminated
- Any medical equipment that malfunctions should be tagged with a yellow repair tag and Biomedical Engineering should be notified
- Supplies should not be stored directly under a sink (with the exception of cleaning chemicals)
- Supplies should not be stored directly on the floor or in their original cardboard shipping boxes
- Clean Supply Room doors should be closed at all times
- Linen should be covered at all times and kept off the floor
- Linen chutes should be kept closed and locked at all times

Oxygen cylinders come with their own set of storage guidelines:

- Oxygen cylinders should always be kept in designated locations—clean cylinders separate from dirty cylinders
- Cylinders should not be laid on the ground or left free-standing. In patients' rooms, they should be in approved holding devices

continued on next page

- Single-patient-use procedure should be followed with all oxygen cylinders—cylinders are returned to the Dirty Utility Room after every patient use; Materials Management cleans and re-fills cylinders and puts them back in circulation

Proper storage and handling of medications is another prime concern in keeping patients safe:

- Medications should be kept secure at all times under the constant eye of a healthcare professional, in a locked cart, container, or room
- Medications should not be left unattended or accessible to unauthorized personnel
- Medication Room doors should be closed and locked at all times
- Needles and syringes should be stored in the Clean Supply Room or Medication Room
- IV carts should be kept closed and locked at all times and not left in hallways, unattended, or in unsecured locations

One reason a clean, clutter-free environment is so important is fire safety. In the event of a fire, we need to be able to access fire extinguishers, alarms, and gas shut-off valves quickly and easily. We need to ensure that our fire doors and overhead sprinklers are in good working order, and that corridors, lobbies, stairwells, and emergency exits are free of obstacles that would prevent the safe evacuation of patients, staff, and visitors. Some things to keep in mind in terms of fire safety:

- Assume all hallway doors are fire doors and make sure nothing is within three feet of them (so they can be automatically closed in the event of an emergency)
- Keep corridors, stairwells, and emergency exits free of obstruction
- Items in storage must be at least 18 inches below sprinkler heads to ensure free flow of water
- Remember the fire-safety acronym, RACE:
  - R= Remove. Remove anyone in danger
  - A= Alarm. Pull the fire alarm, then call 6-3333 and state the location for a Code Red
  - C= Confine. Close all doors and windows
  - E= Extinguish/Evacuate. Extinguish the fire and leave the area if so ordered

With common sense, pride in our workplace, and an active understanding of our policies and procedures, we can all contribute to an environment of care that is clean, safe, and clutter-free. For information related to the environment of care, contact David Cohen or Linda Akuamoah-Boateng.

With common sense, pride in our workplace, and an active understanding of our policies and procedures, we can all contribute to an environment of care that is clean, safe, and clutter-free. For more information about any of our policies related to the environment of care, contact David Cohen, Clinical Support Services, at 6-0664, or Linda Akuamoah-Boateng, Office of Quality & Safety, at 3-2886.

In this Issue

Bowditch Prize shared by Rowell and Noga

The Bowditch Prize was established in 2000 to recognize individuals who have made a significant contribution to improving patient care while reducing costs. In what many in Patient Care Services believe was an inspired choice, the Bowditch Prize Committee selected director of Volunteer and Interpreter Services, Pat Rowell, and chief information officer, Jim Noga, to receive the 2009 Nathaniel Bowditch Prize for their work in creating the Video Medical Interpreter Program.

The Video Medical Interpreter (VMI) Program has had a profound impact on the quality of care for non-English-speaking patients while at the same time significantly reducing costs. VMI allows Spanish-speaking interpreters to be available via video in patients' rooms the moment the need for an interpreter is identified.

(Photo by Paul Batista)

Bowditch Prize recipients, Pat Rowell, director of Volunteer and Interpreter Services, and Jim Noga, chief information officer (right), with chairman of the Bowditch Prize Committee, Andrew Warshaw, MD.

The program has been overwhelmingly well-received by caregivers in all disciplines as it:

- gives patients with limited English proficiency the same level of service as English-speaking patients
- allows patients to have a qualified interpreter at the bedside without having another person in the room, providing a greater sense of privacy
- ensures timely interpretation
- minimizes the amount of time spent arranging for, or waiting for, an interpreter, which can delay other tests and appointments
- increases the productivity of interpreters by allowing them to see many more patients per hour than they would by going to the bedside
- allows practitioners in all disciplines to be more efficient in their assessment, treatment, and care by eliminating the need to wait for an interpreter to arrive

The department estimates an 80% increase in efficiency using video medical interpreting, and the program has engendered a high level of patient and staff satisfaction.

Said Rowell, "Receiving the Bowditch Prize represents the culmination of a fabulous collaboration with staff from Medical Interpreter Services, Information Technology, and clinical providers at the bedside."

Said Andrew Warshaw, MD, chairman of the Bowditch Prize Committee and chief of the MGH department of Surgery, "It's always a difficult decision with so much good work happening throughout the hospital. We're thrilled to recognize Pat and Jim and their respective teams with the Bowditch Prize."

Brian M. McEachern Extraordinary Care Award

—by Julie Goldman, RN, professional development manager

Honoring the memory of a courageous public servant by creating an award for extraordinary care seems a fitting gesture—healthcare providers and firefighters are both committed to serving and protecting others. On Thursday, April 9, 2009, the Brian M. McEachern Extraordinary Care Award was presented to this year's recipient, Grace Good, RN, nurse practitioner and leader of Team 5, the team that provides care to general medical patients with significant care needs and psycho-social challenges. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, called McEachern a 'quiet hero,' an ordinary man who performed extraordinary deeds during the course of his 31-year career as a Boston firefighter.

McEachern Award recipient, Grace Good, RN (center back), with senior vice president for Patient Care, Jeanette Ives Erickson, RN (third from left), and McEachern friends and family members.

Mary Manning and retired fire commissioner, Paul Christian, both family friends and members of the selection committee, shared memories and stories recalling McEachern's life, achievements, and caring nature. Christian noted that McEachern served at a time when firefighters didn't have access to the improved equipment and air-filtration devices available today.

Introducing Good, Ives Erickson noted that she has worked as a staff nurse, head nurse, and clinical nurse specialist in her 38-year career at MGH.

Good was nominated by associate chief nurse, Theresa Gallivan, RN, who wrote, "Grace is an extraordinary person and clinician who epitomizes caregiving at its best. She has a passion for nursing with a particular interest in caring for the most disenfranchised patients, those who seem to continuously cycle into and out of the healthcare system."

Good's Team 5 colleagues, Rebecca Brendel, MD; Gerald Kassels, MD; Larry Ronan, MD; Nancy Kelly, RN; and Karon Konner, LICSW, wrote in their letter of support, "Grace is a committed patient advocate. She knows no limits when it comes to devising and implementing creative solutions to help patients and their families achieve the goals most important to them. Her consistent manner and drive to improve her own abilities in the interest of empowering her patients has had extraordinary results for many of the patients cared for by Team Five."

Ives Erickson thanked Good for her extraordinary care and expressed her appreciation to all clinicians who honor the memory of Brian McEachern with the care, compassion, and advocacy they provide.

For more information about the Brian M. McEachern Extraordinary Care Award, contact Julie Goldman, RN, professional development coordinator, at 4-2295.

4th annual Visiting Scholar for Cardiac Nursing Program

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

In recognition of the unique contributions of cardiac nurses, on April 2 and 3, 2009, the department of Nursing welcomed Margo A. Halm, RN, to MGH as the fourth cardiac nursing visiting scholar. Her two-day visit focused on nursing practice and the role of families in the care of patients. Activities included a discussion with the Cardiac Practice Committee, chaired by Leann Otis, RN; scientific sessions; a panel discussion; a poster session; and rounds on the cardiac care units.

Visiting scholar, Margo A. Halm, RN, director of Quality & Research at United Hospital in St. Paul, Minnesota, talks about caregiver burden following cardiac surgery in her April 3, 2009, presentation.

Halm, director of Quality & Research at United Hospital in St. Paul, Minnesota, writes a regular column for the *American Journal of Critical Care*. Her research encompasses cardiac surgical caregivers and complementary therapies. She is widely published and possesses a breadth of knowledge of cardiac patients, their families, and cardiovascular nursing practice.

Halm presented her most recent research on caregiver burden following cardiac surgery. She explained that caregiver burden remains constant in the first year after surgery for male and female caregivers, but male caregivers have significantly higher burden and more positive outcomes than their female counterparts. Caregivers 'at risk' for poor outcomes were those whose significant others had worse health statuses, were anxious or stressed, and lacked competence in caregiving. Halm's presentation focused on family presence during resuscitation and included videos of family members who had been present when their loved one was resuscitated.

A well-attended panel discussion brought together panelists, J. Patrick Birkemose, RN, who discussed hypothermia as an intervention for sudden death survivors; Melissa Gentile, RN, who talked about ultrafiltration for heart failure patients; Kathleen Schultz, RN, who spoke about left ventricular assist devices; Erika Ehnstrom-Carr, who described the Quality Program for the sheath team; and Angelica Tringale, RN, who described the new cardiac surgery pathway developed in collaboration with the Heart Center Patient-Family Advisory Council. Clinical nurse specialist, Vivian Donahue, RN, posed questions to help draw out Halm's knowledge on evidenced-based patient care.

Posters were displayed outside O'Keeffe Auditorium highlighting the innovative clinical practice in The Knight Center for Interventional Cardiovascular Therapy, the Electrophysiology Laboratory, and all the various cardiac care settings.

The Visiting Scholar for Cardiac Nursing Program provides an opportunity for nurses and colleagues from other disciplines to reflect on their practice. The focus on family as caregiver offered a fruitful area for discussion. For more information about the Visiting Scholar for Cardiac Nursing Program, contact Sioban Haldeman, RN, at 4-1375.

April is National Donate Life Month

—by John Murphy, RN, staff specialist

During the month of April, National Donate Life Month, staff from MGH and the New England Organ Bank came together to raise awareness about the importance of organ and tissue donation. Information booths in the Main Corridor on April 7 and 28, 2009, highlighted recent changes to Massachusetts law making it easier for people to become donors.

Currently, more than 100,000 people in the United States are awaiting transplants. More than 600 are younger than 5 years old. Information about organ donation specific to Massachusetts is available in The Blum Center for Patient & Family Education.

New England Organ Bank MGH coordinator, Wendy Valerius, says, "The easiest way to become a donor is to sign up when you renew your driver's license or go to the DMV website to sign up on-line. One of the biggest obstacles to donation is that families don't know their loved ones' wishes. Declaring your decision to donate on your driver's license serves as documentation of your wish to donate."

One donor can save or help as many as 50 people. Donated lungs, hearts, livers, and kidneys can be life-saving gifts. Bone, tissue, and cornea donations can significantly improve the lives of recipients.

Since January, 2008, 58 MGH tissue donors and 16 organ donors resulted in transplants for 48 patients. Thanks to the generosity of donors and donor families, the lives of these recipients are forever altered.

Visit the Blum Center for more information on how to become an organ or tissue donor, or call 4-3822.

Representatives from MGH and the New England Organ Bank staff information booth in the Main Corridor during National Donate Life Month.

Perinatal opiate addiction and withdrawal

—by Clare Cole, RN, perinatal clinical nurse specialist

The Perinatal Substance Abuse Group is an inter-disciplinary team committed to caring for women who have problems with substance abuse and newborns who develop withdrawal symptoms.

Opiate addiction during pregnancy is a growing problem. Most infants born to mothers dependent on opioids or opiate derivatives (Her oin, Oxycontin, Methadone, Subutex) experience symptoms of withdrawal. Nurses play a vital role in ensuring these mothers and their newborns receive supportive, evidence-based care. They help coordinate care for mom and baby and help mom navigate a complex hospital stay.

Opiate detoxification is not recommended during pregnancy, and women are usually treated with Methadone or Subutex. These women often have chaotic lives and can be dealing with issues such as abuse, psychiatric illness, poor economic situations, legal involvement, or homelessness. Getting to prenatal appointments can be difficult, and outpatient nurses help keep patients connected and create a positive, non-judgmental environment. They provide much-needed support and education around pregnancy and what to expect after delivery. Addicted moms-to-be tend to feel tremendous guilt and often feel they're being judged by others. They may be at different stages of addiction recovery, so understanding each stage is essential.

When babies of addicted moms are born, they're observed for symptoms of withdrawal, called neonatal abstinence syndrome (NAS), which can include fussiness, twitching, hyperactivity, diarrhea, sweating, disorganized sucking, and respiratory distress. Infants are treated with morphine and sometimes phenobarbital. It can take days or weeks to withdraw safely.

Nurses keep the room quiet and lights low to help decrease external stimuli. They swaddle babies to make them feel secure. It can be challenging to feed these babies as they tend to gulp down formula quickly then spit it up. They're fussy, cry frequently, and need a lot of cuddling. Nurses help parents understand the withdrawal process and encourage them to be involved in their baby's care.

Clare Cole, RN,
perinatal clinical nurse specialist

State law requires that physical dependence on an addictive drug at birth be reported to the Massachusetts Department of Children and Families, previously known as the Department of Social Services. This includes both Subutex and Methadone. Most mothers find this very upsetting and need a lot of emotional support. Some patients may not have discussed their addiction with family members, so patient confidentiality is imperative.

The Perinatal Substance Abuse Group is an inter-disciplinary team committed to caring for women who have problems with substance abuse and newborns who develop withdrawal symptoms. Effective, comprehensive care of drug-addicted women has been shown to improve maternal and neonatal outcomes. We are developing a plan to help screen and identify women who suffer from substance abuse, educate staff to develop a greater understanding of addiction, and develop more educational resources for patients.

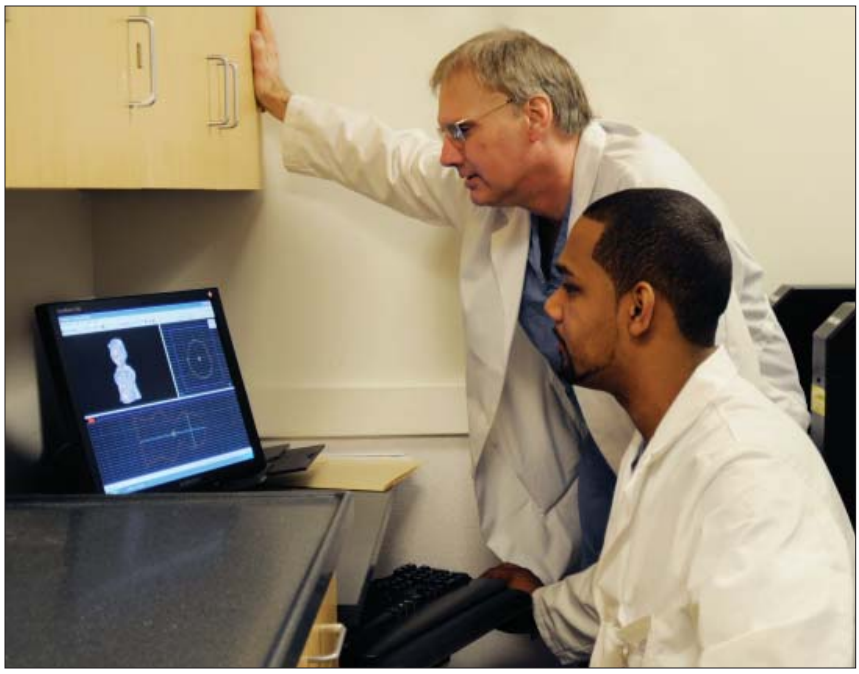
For more information about perinatal substance abuse, contact Clare Cole, RN, at 4-3925.

New technology brings new treatment options for babies with cranial malformation

In 1992, when the American Academy of Pediatrics began recommending that babies sleep on their backs to prevent sudden infant death syndrome, they probably didn't anticipate that it would give rise to another pediatric health issue—an increase in asymmetric skull formation among newborns. Because babies' bones are still developing, their skulls are susceptible to deformation by the pressure applied to the back of their heads as they sleep on their backs. Weak neck muscles, the position of the baby in utero, and premature and multiple birth can also contribute to cranial malformation.

As an orthotist, Mark Tlumacki was thrilled to learn of a new technology that had become available to help treat the growing number of patients presenting with cranial plagiocephaly (malformation of the skull). And on Tuesday, March 24, 2009, he was able to use that technology, a sophisticated, laser-mapping, scanning system, for the first time to treat a patient at MGH.

Traditional treatment for cranial plagiocephaly has included repositioning, physical therapy, and placing infants on their stomachs while awake ('tummy time'). In some cases, plaster casts were prescribed requiring babies to sit through a messy casting process. The new, non-invasive, laser technology saves babies the discomfort of manual casting with a quick, easy, head scan.



Orthotics clinical manager, Mark Tlumacki, CO (back), and orthotics technician, Antonio Lugo, review data acquired from scanner.

The scan produces a digital image of the baby's head that's used to create a foam-lined helmet that gently re-shapes the baby's head over time. The software allows clinicians to track the effectiveness of the intervention throughout the course of treatment.

Says Tlumacki, "Working closely with Elizabeth Shannon, RN, pediatric nurse practitioner, we identified the need for cranial re-shaping capabilities and obtained the most patient-friendly system available. It's an excellent tool in terms of the speed of the scan and the detail and accuracy of the software in measuring and tracking results. It's a great addition to our department. We're now able to treat this patient population with state-of-the-art technology, something our entire team is really excited about."

For more information about this new cranial remolding treatment or any of the services provided by MGH Orthotics, call 6-2950.

A blessing by any other name is just as sweet...

Reverend Ann Haywood-Baxter, MDiv,
pediatric chaplain

My name is Ann Haywood-Baxter, and I am a pediatric chaplain. I first met Hannah and her parents in the Newborn Intensive Care Unit (NICU) when Hannah was three days old. Hannah was born prematurely and needed the support of a ventilator. I had learned about her and her family during NICU discharge planning rounds when the attending physician predicted Hannah would need to stay at MGH for at least four more weeks. The social worker pointed out that Hannah was this family's first child. I introduced myself to Hannah and her parents to see if there was anything I could do to be of spiritual support.

As Hannah's parents spoke of their spiritual backgrounds, their hopes for their newborn, I offered non-judgmental, spiritual listening and explained some of the ways I could be of spiritual support.

In my initial conversation with Hannah's parents I learned they were not affiliated with a specific religion, and her maternal grandparents were devout in their religious practices. I wondered if this was a source of tension in the family. As Hannah's parents spoke of their spiritual backgrounds, their hopes for their newborn, and their worries about what their hospital stay might entail, I offered non-judgmental, spiritual listening and explained some of the ways I could be of spiritual support. I told them that sometimes parents ask me to keep their baby in my thoughts and prayers. Other times, they asked me to pray aloud at the bedside. And sometimes families just enjoy a friendly visit from a non-medical clinician to bear witness to the journey they're on. My goal was to gather information, provide the family with information about spiritual resources, and collaborate with them to develop a spiritual care plan. I wanted to build a relationship of trust and create an environment in which these parents could honestly communicate their spiritual needs to me. When I asked how I could be of support, Hannah's parents said they wanted to discuss it as a couple and meet with me the following week.

Hannah's condition continued to improve. She was extubated and transferred to the Special Care Nursery, where our second meeting occurred. When I inquired how I could be of spiritual support, her parents explained, "We want to do something to acknowledge the birth of our daughter. We would like some kind of blessing, but we aren't religious." As I listened,

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I learned the maternal grandparents had expressed a hope that Hannah be raised in their religious community, and this was becoming a topic of contention. Hannah's parents wondered if there were a spiritual ritual that embraced both the religion of Hannah's maternal grandparents and their own spirituality. I provided non-judgmental listening and when necessary, I asked questions to better understand the spiritual needs of this family. I explained to Hannah's parents that we could collaborate and create a ritual blessing that fit their specific needs.

Following this meeting, I prepared three sample blessings for Hannah's parents to review. The first blessing was a priestly blessing from the Judeo-Christian tradition, the second was a prayer explicitly addressed to God, and the third made no direct reference to God at all. I wrote a note to Hannah's parents asking them to read the blessings and decide which one best fit with their beliefs.

The next day, I followed up with them. Hannah was in her mother's arms and quite content as she snuggled close to mom. I spoke gentle words of love to Hannah, reminding her who I was. I then spoke with her parents. I explained that after giving our previous conversation some thought, I was concerned that by trying to please everyone, they might end up pleasing no one. Hannah's parents appreciated my honesty and agreed. They spoke of similar concerns, and as I listened, I learned more about the beliefs this couple held.

Hannah's mother became tearful and explained that part of her was unsettled at the thought of doing a ritual of blessing at the bedside. "It makes me afraid that this is it, and Hannah might die," she said.

She explained that she had grown up practicing her parent's religion and although she didn't currently practice, she felt something bad would happen if she disregarded the beliefs of her parents. As I watched the tears of this new mother and observed the tender love this couple had for one another and their baby, I said, "The love you offer your child is an act of blessing. As you hold her and nurture her you are offering a blessing."

As I watched the tears of this new mother and observed the tender love this couple had for one another and their baby, I said, "The love you offer your child is an act of blessing. As you hold her and nurture her you are offering a blessing."

This resonated deeply with Hannah's parents. They nodded in agreement, and I sensed our conversation had led us to a sacred moment. As I offered gentle words of affirmation, they appeared relieved and more confident that they were already working together to parent their new baby during this time of waiting and wondering. Together, we decided that Hannah's parents would call me if they wanted to talk further about a blessing. In the meantime, I would visit from time to time as I rounded in the Special Care Nursery.

The day before Hannah's discharge, her mom called me to request a blessing for the following day. She reminded me they "didn't want anything too religious," and they wanted "a blessing to celebrate going home."

The next day, I went to the Special Care Nursery and spoke with Hannah's parents as she slept. They said they wanted to proceed with the blessing, and I invited them to stand with me at Hannah's bedside. I asked them to join hands and placed my hand on theirs. "May these hands be blessed with continued love," I said. "May these hands be gentle, strong, and wise. May these hands be a blessing to Hannah each day." I placed my hand on Hannah and said, "We are so thankful for Hannah and all that she already means to us. We await in anticipation all that she will become. Today we remember Hannah's beginning here at MGH, and we are appreciative of the care that has been offered to her and her family in this place. Now, as she prepares to go home for the first time, may safety surround her on her travels. Hannah, may love and peace reside with you. May joy be your close companion. May the blessings of life surround you always. Amen."

Hannah's parents wiped tears from their eyes and thanked me for my contribution to their daughter's care. I gave them a copy of the blessing to help them remember this special day. This ritual created a sacred space for this family to reflect on and give thanks for the care Hannah had received at MGH. As their chaplain, I affirmed their love for their daughter and offered each of them my blessing as they journeyed forth.

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

This narrative is a lesson in non-judgmental listening, resourcefulness, and diplomacy. What a wonderful solution Ann found for this family's delicate dilemma. She cut right to the crux of the matter, recognizing that the love of her family was Hannah's true blessing. And translating that sentiment into 'non-denominational' language was Ann's gift to this family. What a special memory she helped to create with her invocation.

Thank-you, Ann.

New Graduate in Critical Care Nursing Program

—by Gail Alexander, RN, clinical educator

On April 16, 2009, 16 new graduate nurses joined the ranks of the 135 New Graduate in Critical Care Nursing Program alumnae at a special celebration in their honor. Gaurdia Banister, RN, executive director of The Institute for Patient Care, spoke about the goals of the program: to provide an environment where nurses feel supported, are able to meet the needs and expectations of their patients and families, and can function as part of an interdisciplinary team. She recognized the contributions of nursing leadership, preceptors, and the multi-disciplinary faculty and congratulated participants on their achievement. Said Banister, "Purposely create a desire in your heart and mind to keep learning, keep growing, and keep contributing to nursing and health care."

New graduate, Ana Duarte's, narrative was read describing her care of a complex post-surgical patient in the PACU. Duarte's preceptor, Diane Herald, RN reflected on Duarte's use of touch, presence, and advocacy, and reiterated the importance of creating an environment that supports practice amid the hustle and bustle of the PACU.

Gail Alexander, RN, program coordinator, commended the graduates on their commitment and hard work. The following nurses received certificates:

Massachusetts General Hospital
- Caitlin Archer, RN, Cardiac ICU
- Jen DePalo, RN, Cardiac ICU
- Ashley Kleinkauf, RN, Cardiac Surgical ICU
- Rebecca Green, RN, Medical ICU
- Stephanie Politano, RN, Medical ICU
- Meghan Burke, RN, Neuroscience ICU
- Katelyn Sparks, RN, Neuroscience ICU
- Ana Duarte, RN, Post Anesthesia Care Unit
- Jocelyn Brown, RN, Surgical ICU
- Elizabeth Welch, RN, Surgical ICU

North Shore Medical Center, Salem
- Sarah Skinner, RN, Cardiac Surgical Unit
- Nicole Curry, RN, ICU
- Laura Morrison, RN, ICU
- Kathleen Van Vorst, RN, ICU

North Shore Medical Center, Lynn
- Erin Civiello, RN, ICU

Newton Wellesley Hospital
- Michele Falvey, RN, ICU

For more information about the New Graduate in Critical Care Nursing Program, visit The Norman Knight Nursing Center for Clinical & Professional Development website at: www.mghnursing.org, or contact Gail Alexander at 6-0359. For application information, call David Pattison in Human Resources at 6-5593.

(Photo provided by staff)

Program coordinator, Gail Alexander, RN(right), with graduates of New Graduate in Critical Care Nursing Program, front row (l-r): Stephanie Politano, Cailtin Archer, Katelyn Sparks, and Jennifer DePalo. Back row: Laura Morrison, Nicole Curry, Kathleen VanVorst, Meghan Burke, Elizabeth Welch, Jocelyn Brown, Sarah Skinner, and Ashley Kleinkauf. Not pictured: Erin Civiello, Ana Duarte, Michele Falvey, and Rebecca Green.

Nursing Research Committee Journal Club

—by Martha Root, RN, for the Nursing Research Committee Journal Club

The March 11, 2009, session of the Nursing Research Committee Journal Club featured the research of Inge Corless, RN, professor at the MGH Institute of Health Professions, who shared a three-part presentation. Corless discussed her article, "Fatigue in HIV/AIDS," published in *Applied Nursing Research*, in 2008. She talked about research funding opportunities and shared strategies for building a research team. Her study compared fatigue in patients with and without co-morbidities at 18 international clinical and community sites and the impact of demographics and the number of co-morbiditities and symptoms. The relationship between multiple co-morbidities and fatigue has not been explored extensively.

Data on 1,218 individuals was collected using self-reported demographic and co-morbidity information. The study found that an increased number of co-morbidities was associated with an increase in fatigue, and patients reported increased fatigue as the number of symptoms increased.

Corless reviewed options for research funding, including the NIH, the National Cancer Institute, the National Institute of Nursing Research, the National Center of Complimentary and Alternative Medicine, and the National Center on Minority Health and Health Disparities. In terms of building a research team, Corless suggested making use of student projects, interdisciplinary collaboration, mentorships, and expanding research programs.

The next Journal Club session will be held Wednesday, May 13, at 4:00pm in Yawkey 2-210. Jennifer Repper-Delisi, RN, of the Psychiatric Clinical Nurse Specialist Consult Service will present.

Inge Corless, RN, professor at the MGH Institute of Health Professions (right) presents at Nursing Research Committee Journal Club session in March.

(Photos by Abram Bekker)

Announcing a practice change in heparin administration

Using smart-pump technology to enhance patient safety

Question: I've heard that we're changing the administration of heparin boluses from multi-dose vials to smart pumps. Why is that?

Jeanette: We want to ensure that we administer high-risk medications, such as heparin, in the safest way possible. Anticoagulants are associated with the highest frequency of medication errors, and heparin has the highest reported error rate in that drug class. Most heparin errors occur during administration at the bedside. National Patient Safety Goal #3 stresses the importance of safe medication administration, and one way to ensure safety in heparin bolus dosing is the use of unit-specific dosing methods such as smart pumps.

Question: How does it work? How do you bolus with smart pumps?

Jeanette: The ability to bolus has been added to the smart pump library and is currently being used on general care and intensive care units. A major and very important safety feature is that the dosing limit has been built in to the smart-pump technology. This dosing limit adds an extra layer of safety for the patient.

Question: When will this change in practice for heparin-administration start?

Jeanette: The launch date for the new initiative is scheduled for June 1, 2009. Members of the Clinical Nurse Specialist group in collaboration with The Knight Nursing Center for Clinical & Professional Development have developed a self-learning HealthStream module that will also be available June 1st. As with all new policies and procedures, it is a professional expectation that nurses complete the self-learning HealthStream module before administering heparin with smart pumps. Nursing directors and clinical nurse specialists are available for additional information on how to prepare for this change in practice.

Question: Are resources available as we transition to this new practice?

Jeanette: Nursing directors and clinical nurse specialists are always available to answer questions and assist with practice issues. If issues or difficulties do arise, please use the on-line safety reporting system to bring your concerns to the attention of our Office of Quality & Safety. Include as much detail as possible so issues can be resolved, and measures put in place to keep issues from re-occurring.

Understanding the Joint Commission

An opportunity to showcase the exceptional care we provide

Question: Does the Joint Commission survey happen every year? Is it mandatory?

Jeanette: No. Healthcare organizations voluntarily pursue accreditation by the Joint Commission. Accreditation is granted in three-year intervals (except laboratory accreditation, which is every two years. Disease-specific care certification, primary stroke center certification, and healthcare staffing services certification are also granted every two years.)

Question: The Joint Commission used to announce their visits. Why has that changed?

Jeanette: The Joint Commission began conducting unannounced surveys in January of 2006 to get a more realistic sense of day-to-day hospital operations.

Question: What does the survey process look like?

Jeanette: During their visit, Joint Commission surveyors select patients at random using the patient's medical record as a road map to trace the care he or she receives. They talk to doctors, nurses, and others who interact with the patient. They observe clinicians providing care and speak to patients. They try to get a complete picture of the care patients receive as they move from setting to setting throughout the hospital. This is where our Excellence Every Day philosophy comes into play. This is our opportunity to showcase the exceptional care we deliver to every patient at every moment of every day.

Question: Who are the surveyors?

Jeanette: Joint Commission surveyors are highly trained experts—doctors, nurses, hospital administrators, laboratory technicians, and other healthcare professionals.

Question: What do standards focus on?

Jeanette: The Joint Commission's standards focus on patient safety and quality of care. They are updated regularly to reflect ever-changing advances in health care and medicine. More than 250 Joint Commission standards address everything from patients' rights and education to infection-control, medication-management, and the prevention of medical errors. They look at how the hospital verifies that its clinicians are qualified and competent, how it prepares for emergencies, how it collects data on its performance, and how it uses that data to improve care.

Question: How long after the survey before a decision is made about accreditation?

Jeanette: The Joint Commission renders accreditation decisions anywhere from two weeks to two months after the survey. If surveyors identify areas that require improvement, the hospital will be required to address those problem areas. For more information about the Joint Commission, call the PCS Office of Quality & Safety at 3-0140.

Professional Achievements

McCormick-Gendzel appointed

Mary McCormick-Gendzel, RN, clinical instructor, IV Therapy Team, was appointed president of the New England Chapter of the Infusion Nurses Society, in Waltham, March 10, 2009.

Ananian presents

Lillian Ananian, RN, clinical nurse specialist, presented her poster, "Care of the Adult Nasoenteral Tube-Fed Patient: Evidence-Based Practice in Action," at the Eastern Nursing Research Society Conference in Boston, March 20, 2009.

Lowe presents

Occupational therapist, Colleen Lowe, OTR/L, presented, "Sensation and Sensibility," at Tufts University, March 23, 2009.

Millar presents

Sally Millar, RN, director, Patient Advocacy/PCS Informatics, presented, "Medication Reconciliation: the MGH Story," at the New England Nursing Informatics Consortium, in Wellesley, February 26, 2009.

Lee and Manley present

Bessie Manley, RN, nursing director, Phillips House 22, and Susan Lee, RN, nurse scientist, presented their poster, "Generating Evidence from Practice: Nurse Director Rounds," at the Eastern Nursing Research Society Conference in Boston, March 20, 2009.

Dahlin recognized

Constance Dahlin, RN, nurse practitioner, Palliative Care Services, received the 2009 Member Appreciation Certificate at the Annual Assembly of the Hospice and Palliative Nurses Association in Austin, Texas, March 27, 2009.

Carroll and Mahoney present

Diane Carroll, RN, nurse researcher; and Ellen Mahoney, RN, senior nurse scientist, presented their poster, "Recovery After a Cardiovascular Event for Older Patients and Spouses," at the Eastern Nursing Research Society Conference in Boston, March 20, 2009.

Blakeney a 'Living Legend'

Barbara Blakeney, RN, innovation specialist, The Center for Innovations in Care Delivery, was the recipient of the 2009 Living Legends in Massachusetts Nursing Award from The Massachusetts Association of Registered Nurses, in Dedham, April 3, 2009.

Tyrrell presents

Professional development coordinator, Rosalie Tyrrell, RN, presented, "Understanding and Leading a Multi-Generational Workforce," at the 10th annual Building Strategies for Success Conference of the Case Management Society of New England, in Randolph, March 11, 2009.

Nurses present

Cynthia McDonough, RN, staff nurse; Charlene O'Connor, RN, clinical nurse specialist; and Lisa Morrissey, RN, nursing director, Main Operating Room, presented their poster, "Developing a Comprehensive, Inclusive Perioperative Educational Program for the Main Operating Room," at the National Congress of the Association of Perioperaive Registered Nurses in Chicago, March 16, 2009.

Nurses present

Susan Lee, RN; Edward Coakley, RN; Constance Dahlin, RN; and Penny Ford Carleton, RN, presented their poster, "An Evidence-Based RN Residency in Geropalliative Care," at the Eastern Nursing Research Society Conference in Boston, March 20, 2009.

Cardella and Ranford present

Occupational therapists, Jennifer Cardella, OTR/L, and Jessica Ranford, OTR/L, presented, "A Function-Based Approach to Cognitive-Perceptual Assessment: the A-ONE," at Tufts University, March 26, 2009.

Nurses present

Christine Fitzgerald, RN, staff nurse; Susan Sargent, RN, clinical service coordinator; Janie Plunkett, RN, staff nurse; Maureen Hemingway, RN, staff nurse; and, Sandra Silvestri, RN, staff nurse, Main Operating Room, presented their poster, "Two Way Kidney Exchange: Nursing Commitment to Provide Advanced Planning, Coordination and Collaboration in Order to Achieve Quality Patient Outcomes," at the National Congress of the Association of Perioperaive Registered Nurses, in Chicago, March 16, 2009.

Inter-disciplinary team presents

Social worker, Todd Rinehart, LICSW; Vicki Jackson, MD, Palliative Care Services; and Todd Hultman, RN, nurse practitioner, Palliative Care Services, presented, "An Interdisciplinary Approach to Supporting Patients and Families in Emotional Distress," at the annual Conference of the American Academy of Hospice and Palliative Medicine & Hospice and Palliative Nurses Association, in Austin, Texas, March 29, 2009.

Najjar presents

Physical therapist, Theresa Najjar, PT, presented her poster, "Caregiver Perspective of Quality of PT Services at an On-Campus Neurologic Clinic," at the Combined Sections Meeting of the American Physical Therapy Association, in Las Vegas, February 11, 2009.

Inter-disciplinary team presents

Diane Carroll, RN; Patricia Dykes, RN; Ann Hurley, RN; Stuart Lipsitz; Angela Benoit; Ruslana Tsurikova; Blackford Middleton, MD; and, Kerry McColgan presented their poster, "Professional Caregivers' Perceptions of Fall Risk Communication and Interventions to Prevent Falls in Acute Care Hospitals," at the Eastern Nursing Research Society Conference in Boston, March 19–21, 2009.

Orencole presents

Mary Orencole, RN, nurse practitioner for the Cardiac Arrhythmia Service, presented, "The History and Pathophysiology of Atrial Fibrillation," at the third annual Allied Health Symposium for Atrial Fibrillation in Boston, January 15, 2009.

Professional Achievements (continued)

Serinsky presents

Sharon Serinsky, OTR/L, occupational therapist, presented, "Helping Pre-Schoolers with Sensory Processing," at the Beacon Hill Nursery School, March 26, 2009.

Mulligan appointed

Janet Mulligan, RN, nursing director, IV Therapy Team, was appointed, president-elect of the Massachusetts Chapter of the Infusion Nurses Society, in Waltham, March 10, 2009.

Callen and McKinley recognized

Margaret Callen, RN, and Mary McKinley, RN, psychiatric staff nurses, received the Susan M. Dasilva Award for Excellence in Psychiatric Nursing Care at MGH, March 3, 2009.

Coakley recognized

Ed Coakley, RN, project director, The Center for Innovations in Care Delivery, was the recipient of the 2009 Mary A. Manning Mentoring Award from The Massachusetts Association of Registered Nurses, in Dedham, April 3, 2009.

Mulgrew and Squadrito present

Physical therapists, Jackie Mulgrew, PT, and Alison Squadrito, PT, presented, "Management of the Acute Care Patient," at New England Sinai Hospital, in Stoughton, February 28–March 1, 2009, and at Englewood Hospital in Englewood, New Jersey, March 14–15, 2009.

Chernaik recognized

Hemodialysis Unit staff nurse, Margaret Chernaik, RN, received the Career Mobility Scholarship from the American Nephrology Nurses Association in San Diego, April 26, 2009.

Jones recognized

Dorothy Jones, RN, director of The Yvonne L. Munn Center for Nursing Research, was the recipient of the 2009 Excellence in Nursing Research Award from The Massachusetts Association of Registered Nurses, in Dedham, April 3, 2009.

Vanderboom presents

Teresa Vanderboom, RN, nurse practitioner, Radiology/Neuroradiology, presented her poster, "The Effects of a Music Intervention on Patients Undergoing Cerebral Angiography for the First Time: Preliminary Results of a Pilot Study," at the Eastern Nursing Research Society Conference in Boston, March 21, 2009.

Dahlin appointed

Constance Dahlin, RN, nurse practitioner, Palliative Care Services, was appointed a fellow of the Hospice and Palliative Nurses Association, in Pittsburgh, April 1, 2009.

O'Connor-Wise presents

Physician assistant, Colleen O'Connor-Wise, of the Cardiac Arrhythmia Service, presented, "Pharmacological Options for the Treatment of Atrial Fibrillation," at the third annual Allied Health Symposium for Atrial Fibrillation in Boston, January 15, 2009.

Olson presents

Gayle Olson, wellness coordinator at the Foxboro Health Care Center, presented, "Injury Care at Your Fingertips," at the Manual Therapy Techniques for Athletic Trainers, District 5 National Athletic Trainers Association Convention, in Omaha, March 26–31, 2009.

Nurses present

Patricia Arcari, RN, of the Benson Henry Institute; Susan Lee, RN, nurse scientist; and Edward Coakley, RN, project director, presented their poster, "Mind Body Nursing Strategies to Strengthen Resilience Among New Nurses" at the Eastern Nursing Research Society Conference in Boston, March 20, 2009.

Inter-disciplinary team presents

Diane Carroll, RN; Lisa Columbo, RN, Patricia Dykes, RN; Ann Hurley, RN; Stuart Lipsitz; Blackford Middleton, MD; Lyubov Sitnikov; and, Ruslana Tsurikova, presented their poster, "Development and Testing of the Nurse and Assistant Self-Efficacy for Preventing Falls Scales," at the Eastern Nursing Research Society Conference in, Boston, March 19–21, 2009.

Inter-disciplinary team presents

Barbara Lakatos, RN; Virginia Capasso, RN; Monique Mitchell, RN, Susan Kilroy, RN; Mary Lussier-Cushing, RN; Laura Sumner, RN; Jennifer Repper-Delisi, RN; Erin Kelleher, RN; Leslie Delisle, RN; Constance Cruz, RN; and Theodore Stern, MD, presented their poster, "Falls in the General Hospital: an Association with Delirium, Advanced Age, and Specific Surgical Procedures," at the 21st annual Scientific Sessions, Eastern Nursing Research Society, Conference in Boston, March 20, 2009.

OR staff nurses present

Main OR staff nurses, Jane Ouellette, RN, Melissa Wilson, RN, and Nicole Nichols, RN, presented their poster, "Emergent Patient Care in the Operating Room," at the National Congress of the Association of Perioperaive Registered Nurses, in Chicago, March 16, 2009. Their poster received the Ribbon of Excellence Award.

Clinical Recognition Program

The following clinicians were recognized between January 1 and April 1, 2009

Advanced Clinicians:

- Monica Staples, RN, Medicine
- Ann Magee, RN, Cardiac Surgery
- Gretchen Kelly, RN, MGH West
- Susan Barisano, RN, Post Anesthesia Care Unit
- Meaghan Costello, PT, Physical Therapy
- Aaron Moore, PT, Physical Therapy
- Maryellen Lewis, RN, Radiation Oncology
- June Williams, SLP, Speech Language Pathology & Swallowing Disorders
- Jennifer Kurtz, RN, Cardiac Surgical Intensive Care Unit
- Teri-Ann Aylward, RN, Oncology/ Bone Marrow Transplant
- Julie Burke, OTR/L, Occupational Therapy,
- Jessica Driscoll, RN, Oncology/Bone Marrow Transplant

Clinical Scholars:

- Susan O'Donnell, RN, Oncology/ Bone Marrow Transplant
- Mary Zwirner, LICSW, Social Work

Announcements

Elder care discussion group

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

Next session:
May 12, 2009
12:00–1:00pm
Yawkey 7-980

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

Clinical pastoral education fellowships for healthcare providers

The Kenneth B. Schwartz Center and the department of Nursing are offering fellowships for the 2010 MGH Clinical Pastoral Education Program for Healthcare Providers

Open to clinicians from any discipline who work directly with patients and families or staff who wish to integrate spiritual caregiving into their professional practice.

The Clinical Pastoral Education Program for Healthcare Providers is a part-time program with group sessions on Mondays from 8:30am–5:00pm. Additional hours are negotiated for the clinical component.

Deadline for application is September 1, 2009.

For more information, call Angelika Zollfrank at 4-3227.

Save the Date

Boston Health & Fitness Expo

Partners HealthCare and Channel 7 NBC/CW present the third annual Boston Health & Fitness Expo

June 27 and 28, 2009
10:00am–5:00pm
Hynes Convention Center

More than 70,000 adults and children are expected to attend the Expo, which is free to the public.

For more information, visit: www.bostonhealthexpo.com.

Games for Health Conference

Registration now open for the 2009 Games for Health Conference

June 11–12, 2009
Hyatt Harborside Hotel

Event will include more than 40 sessions covering a wide range of 'exergaming' and health games, including health training and disease-management. Pre-conference sessions held on June 10th will focus on individuals with physical disabilities and virtual worlds in health games. Games and game technologies that emerge from Games for Health Conference help individuals achieve better health outcomes, empower patients to manage chronic diseases, and hone the skills of providers to deliver better care.

The Games for Health 2009 conference is hosted in partnership with the Robert Wood Johnson Foundation's Pioneer Portfolio.

For more information visit: www.gamesforhealth.org.

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.

Support Service Employee Grant

Applications available

Looking for financial assistance as you pursue your academic goals? Applications for the Support Service Employee Grant are now available. The grant is open to eligible, non-exempt employees in clinical, technical, service, and clerical positions.

Applications are due by June 12, 2009. For more information, go to: http://is.partners.org/hr/New_Web/mgh/mgh_training.htm, or call 4-3368.

Sponsored by MGH Training & Workforce Development

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
May 28, 2009

Educational Offerings – 2009

May
11
BLS/CPR Re-Certification

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

May
12
Chaplaincy Grand Rounds

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

May
13
Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

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

May
13
Nursing Grand Rounds

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

May
13
Nursing Research Committee's Journal Club

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

May
15
PALS Re-Certification

Simches Conference Room 3-110
7:45am–4:00pm
No contact hours

May
18
Assessment and Management of Psychiatric Problems in Patients at Risk

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

May
18
Oncology Nursing Concepts

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

May
19
BLS/CPR Re-Certification

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

May
19
Ovid/Medline: Searching for Journal Articles

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

May
20
Psychological Type & Personal Style: Maximizing your Effectiveness

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

May
27
Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

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

May
28
Nursing Grand Rounds

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

May
29
PCA Educational Series

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

June
2
Code Blue: Simulated Cardiac Arrest for the Experienced Nurse

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

June
3
BLS/CPR Certification for Healthcare Providers

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

June
3
Simulated Bedside Emergencies for New Nurses

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

June
3
Pediatric Simulation Program

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

June
5
BLS/CPR Re-Certification

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

June
5
Cancer-Related Emergencies: a Symposium for Nurses

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

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

An update from *65Plus*

tailoring care for today's older patients

—by Deborah D'Avolio, RN, and Mary Ellen Heike, RN

How many patients on your daily assignment are over age 65? Do you have the specialized knowledge to adequately assess the needs of older patients? Do you know what resources are in place to help you? The number of older adults in the United States is rapidly increasing. At MGH, older adults comprise 41% of the inpatient population. Having the skills and knowledge to meet the needs of this growing population is an important part of our clinical practice.

The complexities of geriatric care are well documented. Falls, pressure ulcers, disruption in sleep and eating patterns, and medication reactions can lead to preventable conditions, such as delirium, incontinence, and reduced mobility, which in turn can contribute to a decline in the health and well-being of older patients.

In 2004, Patient Care Services developed an inter-disciplinary approach to the care of older patients called *65Plus*. Part of the NICHE (Nurses Improving the Care of HealthSystem Elders) Program, the goal of *65Plus* is to improve knowledge, attitudes and practices regarding the care of older adults; enhance evidence-based, age-specific practice; improve the healthcare experience for older patients and their families; and support clinicians caring for older patients.

Led by geriatric specialist, Deborah D'Avolio, RN, *65Plus* has implemented a number of initiatives to meet the special needs of older patients. These initiatives promote organizational approaches to improve the care of older adults through education, practice, and policy. For example, realizing indwelling urinary catheters are a common cause of nosocomial infections and knowing older adults are at increased risk for complications, a *65Plus* sub-committee developed a Urinary Catheter Guideline/Algorithm and updated existing urinary procedures to help guide practice.

65Plus helps nurses meet the specialized needs of older patients by providing gerontologic education and certification support. This past fall, *65Plus* partnered with The Norman Knight Nursing Center for Clinical & Professional Development to offer the second annual Best Practices in Acute Care for Older Adults Conference. The conference provides healthcare providers with competency and gerontological expertise and prepares nurses for the ANCC Gerontological Nurse Certification exam. Through the support of The E. Louise Berke Gerontology Certification Fund, nurses in the department of Nursing are now reimbursed for the cost of gerontology certification exams.

65Plus offers a PCA geriatric competency module for newly hired patient care associates. The New RN Orientation Task Force approved the addition of a geriatric core competency for new nurse orientees, as well.

D'Avolio has helped develop several unit-based programs. Partnering with nursing director, Susan Gordon, RN, and clinical nurse specialist, Jacqui Collins, RN, the Ellison 16 Medical Unit became the first unit to implement evidence-based geriatric care. A unit-based, staff-nurse steering committee was formed, and several nurses attended the Best Practices and annual NICHE conferences to develop their knowledge in geriatric care and now serve as geriatric resources. Other Ellison 16 projects include monthly geriatric education, the development of an activity cart, and Grand Rounds presentations. Gordon feels strongly that *65Plus* has contributed to a reduction in restraint use and improved patient satisfaction.

D'Avolio and Gordon have developed a program to teach geriatric assessment on other units, called Geriatric Rounds to Evaluate, Assess, and Teach (GREAT). It is currently being implemented on several inpatient units.

As the population of older patients continues to grow, *65Plus* remains focused on its mission to promote an institutional environment that improves the care of older adults. For more information, contact Deb D'Avolio at 3-4873.

Caring Headlines
May 7, 2009
Returns only to:
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MGH, 55 Fruit Street
Boston, MA 02114-2696

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