

Headlines

Caring

November 19, 2009

Who says
physical therapy
can't be
fun?

MGH celebrates
Physical Therapy
Month

See story on
page 4



12-year-old, Ben Mayo, engages in a friendly game of Twister with physical therapist, Casey Hagan, PT (right), and Northeastern physical therapy student, Emily Bloom (upside-down), to help develop strength and stability during recent therapy session.

It takes a village: a focus on safety

*neighborhood-watch approach an effective
deterrent to crime*

I think it's important to remind ourselves that these events are extremely rare, that our response to them was swift and effective, and that for an organization of our size, our record of safety is exemplary.

It is a testament to the exceptional work of our Police & Security Department that MGH enjoys one of the lowest crime rates of any hospital or healthcare organization in the country. In the wake of two recent, highly publicized acts of violence perpetrated within our walls, I think it's important to remind ourselves that these events are extremely rare, that our response to them was swift and effective, and that for an organization of our size, our record of safety is exemplary.

I don't want to minimize the seriousness of these incidents. It's especially disturbing when violence occurs in a setting devoted to healing and helping people, and we continue to support and embrace our colleagues who were involved. Our thoughts and prayers go out to all those affected by these events—the loss of life is always tragic, no matter the circumstances.

To help put these events in perspective, I invited Bonnie Michelman, our director of Police & Security, and John Driscoll, assistant director, to speak to our Staff Nurse Advisory Council. I think the message they delivered to that group bears repeating. Bonnie called MGH a microcosm of our larger community, a miniature version of our diverse city, state, and nation. When looked at in this context, it's easy to appreciate how safe our environment really is compared to city, state, and national statistics for violent crime.



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

Bonnie commended our hospital community for the active role we take in keeping our environment safe. She compared our participation and willingness to get involved to the neighborhood-watch programs that so effectively protect communities across the country. Our vigilance and attention to our surroundings, our zero tolerance for any form of violence, and our record for reporting suspicious or potentially dangerous situations are real deterrents to serious crime. Just as we each play a part in customer service and patient satisfaction, we also play a key role in ensuring a safe environment for our patients and staff.

Truly, our Police & Security officers are unsung heroes. Their daily efforts are invisible as they work behind the scenes, around the clock, and in tandem with other departments to ensure safety in all settings. They use state-of-the-art technology and the latest tech-

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I have the utmost confidence in our Police & Security staff, and everyone at MGH should share that confidence. They are a committed team of professionals who take their responsibility to serve and protect very seriously, always balancing the safety of patients and staff with privacy, comfort, and trust.

niques and procedures to identify potentially volatile situations and diffuse them before they have a chance to escalate. I have the utmost confidence in our Police & Security staff, and everyone at MGH should share that confidence. They are a committed team of professionals who take their responsibility to serve and protect very seriously, always balancing the safety of patients and staff with privacy, comfort, and trust.

Members of our Police & Security team constantly patrol the grounds in and around MGH, on foot, on bicycles, and in cruisers. Their presence is visible and at the same time unobtrusive. They perform on-going risk-assessments to identify and eliminate vulnerabilities. ID card readers, surveillance cameras, protective escorts, and panic buttons in high-risk areas are all part of a comprehensive safety program. We have one of the most cutting-edge Police & Security dispatch centers in the country allowing officers to respond immediately to any potentially threatening situation.

John Driscoll reminds us that Police & Security respond to upwards of 265,000 calls for assistance every year. That those calls rarely result in serious events or harm is a record that defies comparison.

Bonnie and John agree that a large part of that success is due to the collaborative relationship Police & Security shares with employees in all departments. Our commitment to keeping patients safe and our willingness to work together to observe, anticipate, and problem-solve is the most effective crime-prevention tool

at our disposal. I've heard Bonnie say it again and again, and it's true—when it comes to safety, trust your gut instincts. It's better to err on the side of safety than let a potentially dangerous situation escalate.

Some warning signs that a situation could be leading to violence include:

- intimidating, harassing, bullying, belligerent, or otherwise inappropriate behavior
- statements showing a fascination with or approval of violence, weapons, or crime
- statement indicating desperation, extreme stress, or an inability to cope
- a history of conflict with others
- direct or veiled threats of harm
- substance abuse
- extreme changes in behavior
- possession of a weapon or the inappropriate reference to weapons, threats, or harm

Please remember to be vigilant in all settings and never take safety for granted. But remember, too, that we employ the best Police & Security team in the country. Their speed, professionalism, and effectiveness are unparalleled.

If you have any concerns about your safety or the safety of others, do not hesitate to contact Police & Security at 6-2121. I would also remind you that our Employee Assistance Program is available by calling 6-6976.

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PT Month showcases excellent practice and collegial spirit

—by Maura Ament, PT; Alissa Evangelista, PT; and Susan Sanella, PT

October is an important month for Physical Therapy. It's an opportunity to honor the profession for its many contributions and share vital knowledge with the community. This year, as part of the annual observance of Physical

Therapy Month, the department conducted its now-traditional fund-raising project, sponsored an educational booth in the Main Corridor, and held a recognition dinner to acknowledge the contributions of inpatient and outpatient physical therapists.

Below: physical therapist, Michael Orpin, PT, staffs informational booth in the Main Corridor as part of PT Month celebration.

This year's fund-raising event was a raffle offering Bruins and Patriots tickets, among other prizes. The raffle was so successful that a second one was held resulting in a total donation of \$3,000 to the Avon Cancer Center. Over the years, through its generous fund-raising efforts, Physical Therapy has raised tens of thousands of dollars to support centers and services in and around the MGH community.

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Physical Therapy (continued)

On October 5, 2009, Physical Therapy, along with the Blum Patient & Family Learning Center, hosted an educational booth offering tips on exercise and proper footwear. The theme of the booth, "On the Move: Tips for Safely Starting an Exercise Program," was a topic of great interest to passers-by. More than 300 visitors stopped to ask questions, pick up hand-outs, and learn how to select proper athletic footwear. Inpatient and outpatient physical therapists staffed the booth and gave out pedometers to help raise awareness about the importance of physical activity.

The goal of the booth was to encourage people to start an exercise program, specifically walking. Educational materials included information on the benefits of exercise and the components of a proper exercise program: stretching, warming up, and cooling down. People were encouraged to monitor the intensity of their activity and track their progress using an exercise log. Different types of athletic

shoes were on display, which gave therapists an opportunity to talk about features that should be considered when buying shoes. It's important to be aware of foot type when choosing footwear. Not all shoes are right for all people. Therapists shared their knowledge and insights, and visitors gained awareness about how best to increase their activity level and start an exercise program on their own.

The final event of Physical Therapy Month was the annual recognition dinner. Five therapists shared stories about the personal and professional journeys that brought them to MGH. Maura Ament, PT; Martin Boehm, PT; Elizabeth Cole, PT; Jennifer Podesky, PT; and Ann Visor, PT, spoke about topics such as, "The ten things I've learned at MGH," and

"The importance of mentorship in Physical Therapy."

October was a busy and exciting time for Physical Therapy. For more information about the services provided by the MGH Physical Therapy Department, call 6-2961.

Opposite page: Hagan uses Wii Fitness program to work on Ben's balance; and below, an obstacle course to work on agility and dual-tasking skills.

Below right (l-r): Joy Bostrom, PT; Marie Creech, PT; and Katie Dexheimer, PT, field questions at educational booth.

Different types of athletic



Respiratory Care celebrates 62 years of service

—submitted by the Respiratory Care Department

October 25, 2009, marked the beginning of National Respiratory Care Week, an opportunity to recognize and celebrate the many contributions respiratory therapists make to patient care, education and research. Now in its 62nd year, the department counts more than 85 registered therapists among its ranks.

Respiratory therapists provide the highest quality respiratory care to patients and families, and are strongly committed to patient safety and comfort. This year, Respiratory Care, Nursing, Radiology, and Materials Management came together to craft a strategy to ensure high-risk patients are safely transported from patient-care units to test areas throughout the hospital.

The group developed a communication tool that alerts Radiology when a patient with special needs is scheduled. Certain high-risk patients are now accompanied by a licensed clinician who can monitor and respond quickly to their needs.

Says respiratory therapist, Neila Altobelli, RRT, “It was gratifying to see how every department put the needs of the patient first and worked together to solve the problems that arose during this change in practice.”

This past year, a major focus of Respiratory Care was trying to prevent pneumonia in mechanically ventilated patients. Evidence suggested that a few specific steps, such as maintaining the endotracheal tube cuff at a certain pressure and keeping the head of the bed elevated, could result in fewer ventilator-associated pneumonias. A new ventilator flow sheet was developed that includes each of these steps when assessing mechanically-ventilated patients.

Whether teaching patients how to manage their illnesses and equipment, training new-graduate therapists in the latest evidence-based techniques, or attending lectures and conferences to educate ourselves, learning and teaching are part of the respiratory-care culture at MGH. Respiratory therapists are frequently asked to provide bedside training or formal presen-

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Respiratory therapists staff educational booth in the Main Corridor during Respiratory Care Week, October 25–30, 2009.



(Photos of booth by Paul Batista)

Respiratory Care (continued)

Below: respiratory therapists field questions at educational booth.

Bottom left: respiratory therapist, Robert Scannell, RRT, with patient, Constance Zetes.

Bottom right: respiratory therapist, Iryna Pechkouskaya, RRT with patient, Francis Lonigan.

tations to clinicians in other disciplines. Nancy Davis, RRT, certified AARC asthma educator and co-chair of the Patient Education Committee, regularly provides in-service training to respiratory therapists and nurses to keep them up to date on the latest medications and devices used to treat asthma.

Says Robert Kacmarek, RRT, director of Respiratory Care Services, "The continuing education of our staff, clinicians from other disciplines, and of course our patients, is a primary mission of the department."

Advancing the research around patient safety is another focus of the department. Each year, respiratory therapists publish numerous peer-reviewed papers on various aspects of respiratory care. At this year's

American Association for Respiratory Care annual meeting, Ernie Chou, RRT, will present a case study on a particularly complex, mechanically ventilated patient. At the annual Society of Critical Care Medicine meeting, Andrew Marchese, re-

search assistant, will present his work on the ability of ICU ventilators to provide non-invasive ventilation. And at the American Burn Association's annual meeting, Daniel Fisher, RRT, will present data on the application of proportional assist ventilation to patients with serious burn injuries.

Teamwork is a basic tenet of all departments within Patient Care Services. Caregivers from all disciplines are focused on providing a safe environment for patients. Collaboration with Biomedical Engineering allows Respiratory Care to employ central alarms for every mechanical ventilator. Our Electronic Medication Administration Process for Patient Safety (EMAPPS) project brings together nurses, pharmacists, respiratory therapists, and others in an effort to create a safer medication-administration process using bar-code scanning technology. And our Acute Care Documentation (ACD) project brought representatives from all disciplines together to design the bedside electronic documentation system of the future.

As we celebrate our 62nd year as a department, we take pride in our achievements and are equally proud of the many collaborative relationships we have established throughout the MGH community. Our colleagues' expertise and insight continue to be invaluable assets as we strive to be the best we can be.

For more information about the services offered by Respiratory Care, call Deb Duffy at 4-4493.



(Photos of patients by Mary Slavin-Simmons, RRT)

Vega-Barachowitz receives 2009 Ernesto González Award

—by Maureen Larkin, Human Resources

At a ceremony, October 23, 2009, Carmen Vega-Barachowitz, CCC-SLP, director of Speech, Language, Swallowing Disorders & Reading Disabilities, accepted the Ernesto González Award for Outstanding Contributions to the Latino Community. Calling Dr. González a “role model” and an “inspiration,” Vega-Barachowitz said, “When I hear him speak, I walk out thinking, ‘I’m ready to make a difference.’”

And make a difference, she has. In her nomination letter, senior vice president for Patient Care, Jeanette Ives Erickson, RN, wrote, “By generously and consistently extending herself, Carmen has paved the way for an improved understanding of the Latino culture throughout MGH, created a more culturally competent hospital staff, contributed to a more culturally sensitive environment of care for patients and families, and helped to recruit and retain exceptional Latino staff members ensuring that our workforce reflects our patient population and the communities we serve.”

Accepting the award, Vega-Barachowitz, a native of Puerto Rico, spoke about the connection Latinos feel to one another, both here at MGH and in the greater community. She spoke of shared values and family ties.

“As soon as I know someone speaks Spanish,” she said, “I ask where they’re from. But really, it doesn’t matter where they’re from. The connection is there.”

Vega-Barachowitz praised González for his perseverance, courage, honesty, and inner strength. She recognized each of her fellow nominees saying they all exhibit similar qualities.

Said Vega-Barachowitz, “Doctor Gonzalez paved the way for us. My job—our job—is to pave the way for others.”

Said González, “As I grow old and this award grows old, my name will become a distant memory. But the deeds and commitment of each González award recipient will go on forever.”

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(Photo by Paul Batista)

The Gil Minor Nursing and Health Professions Scholarship

—by Julie Goldman, RN, professional development manager

Thanks to the vision and generosity of Gil Minor, chairman of the board and former CEO of Owen and Minor, one of the nation's leading distributors of medical supplies, on October 6, 2009, the Gil Minor Nursing and Health Professions Scholarship was awarded to five deserving MGH employees. The scholarship, intended to help increase the pipeline of diverse healthcare professionals at MGH, provided five \$4,000 scholarships to: Van Abreu, RN, staff nurse in the Post Anesthesia Care Unit; Devona Bailey, patient care associate for the Central Resource Team; Ana

Back row (l-r): nursing director; Scott Ciesielski, RN; Frantz Edouard; Devona Bailey; and Bailey's grandmother.
Front row: Van Abreu, RN; nursing director; Maureen Schnider, RN; and Nida Lam, RN.



(Photo by Paul Batista)

Duarte, RN, staff nurse in the Post Anesthesia Care Unit; Franz Edouard, patient care associate in the Blake 12 Neuro ICU; and Nida Lam, RN, Ellison 16 Medical Unit.

The Gil Minor scholarship is part of an expanding effort at MGH to increase the number of employees who reflect the diverse communities we serve. All recipients had strong portfolios and are currently enrolled in nursing programs. When asked why they chose nursing, the overriding response was a desire to help others. As part of their portfolios, candidates shared stories about their personal journeys.

Said Bailey, "I was fortunate enough to live in a home where support from my family was always present."

Said Duarte, "I feel a responsibility to bridge as many cultural gaps as possible."

Edouard wrote, "I want to provide reassurance to patients and families. I want to be a caring, compassionate advocate."

Abreu shared, "I'm able to serve in a variety of capacities, and I'm proud of the roles I play that illustrate my commitment to my patients."

Lam observed, "Since working at MGH, I have strengthened my ability to communicate with patients and expanded my understanding of the influences of culture and social surroundings on health behaviors."

A small reception was attended by family, friends, members of the selection committee, and nursing directors.

For more information about the Gil Minor Nursing and Health Professions Scholarship, contact Julie Goldman, professional development manager, at 4-2295.

There's more to physical therapy than treating impairments

Angelo remained at MGH for two months. I followed him for balance and gait-training. I tried a number of approaches to provide effective treatment, but difficulties arose due to his fluctuating mental status.

My name is Vanessa Arone, and I am a staff physical therapist. In physical therapy school, we're taught to assess impairments, identify functional limitations, and provide treatment to improve mobility. Some thoughts about this model come to mind when I think about a patient I treated recently named, 'Angelo.'

Angelo was a 90-year-old man who was admitted to MGH after being found unconscious in his bathroom. A work-up revealed he'd had a myocardial infarction and suffered bilateral subdural hematomas. Because of these two diagnoses, Angelo's treatment options conflicted. The medical team wanted to initiate anticoagulants for the myocardial infarction; but that's contraindicated in the presence of subdural hematomas. To complicate matters further, Angelo also suffered from Alzheimer's disease. Physical therapy was consulted to assess safe mobility.

The initial evaluation was difficult. Angelo was able to respond to some commands, but, 'Open your eyes,' wasn't one of them. He was given to outbursts of tangential speech, saying nonsensical things such as, "Yahooo! Move the red ones, take the blues ones over there."

Angelo had limited range of motion and gait. I anticipated he might also have impairments in sensation, muscle performance, and balance, but it was difficult to assess because of his inability to respond to requests.



Vanessa Arone, PT, physical therapist

Since Angelo was unable to provide a social history, I called his son, who lived downstairs from him. His son said he'd never seen Angelo fall, and that he was able to get around independently without devices. I questioned this because of some bruising and scabs on Angelo's legs. But there was no one else who could verify Angelo's baseline condition. During the initial evaluation, Angelo required assistance to move due to some unsteadiness and cognitive issues. This acute decompensation was initially attributed to the subdural hematoma, but there was no change in his performance after a few days. Understanding his baseline ability as explained by his son, I thought Angelo would start to return to his baseline level with continued intervention and as his subdural hematoma continued to heal. Unfortunately, that was not the case.

Angelo remained at MGH for two months. I followed him for balance and gait-training. I tried a number of approaches to provide effective treatment, but difficulties arose due to his fluctuating mental status. He didn't respond to formal commands, but he did re-

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Angelo taught me that as a physical therapist and member of a multi-disciplinary team, there is more to my practice than just assessing impairments, identifying functional limitations, and providing treatment to improve mobility. I realize the importance of advocating for patients, especially those who are unable to speak for themselves.

spond to less formal communication such as, “Let’s go,” or, “Time to get up.” Changing the way I communicated with him helped improve his interaction with me.

To engage Angelo, I used automatic functional activities that don’t require specific cueing. One technique that proved effective was having him push a cart up and down the hall. His son had told me that Angelo had worked on a loading dock where he pushed and pulled bins every day (this is where his repetitive statements, “Bring the red ones over, no the blue,” came from). I devised and tried different treatments to engage Angelo—stacking boxes, playing catch, stepping over objects, and gait-training while carrying objects. Depending on the day, his performance would vary. Some days he would do well and follow commands and other days he would ‘shoo’ me away. It was difficult to assess his progress because of his impaired cognition and inability to consistently comply with interventions.

During Angelo’s hospitalization, I wondered if there would be any carry-over of his improvement if I wasn’t able to consistently engage him. Despite knowing the progressive nature of dementia, I wondered if implicit learning could be achieved with repetition. Research is inconclusive about the effects of exercise in dementia patients. This prompted me to seek guidance from my clinical specialist. We decided that optimizing Angelo’s environment to promote compliance and participation in physical therapy should be the first step.

I wondered if we could create a structured environment in which he could thrive with decreased agitation and improved function. Despite some improvement in mobility, it was unsafe for him to return home due to cognitive deficits such as problem-solving, poor memory, and an inability to recognize objects. Prior to admission, he had lived with his wife, who also suffered from dementia. It was unlikely his wife would be able to provide the assistance he would need. Given his psycho-social and multiple discharge issues, Angelo was transferred to Team Five. During this time, I felt like one of the few ‘constants’ in his life.

I wondered if there was another role I could play in his care. Soon, I realized there was. I began looking at the healthcare team and Angelo’s environment as variables. In addition to the one-to-one treatment time I spent with Angelo, I began working with the nurses and patient care associates to advise them about the best way to approach him. I wanted him to be able to mobilize in a safe environment and manage his agitation. Variability in his mental status continued. I often

found him sleeping during the day and noticed he was receiving anti-psychotics at night because he was awake. Working with his nurses and patient care associates, we helped change his sleep-wake cycle using window shades. We implemented a toileting schedule to minimize accidents. I initiated a discussion with the team about his disposition. I felt strongly that a structured dementia unit would be most effective for managing his behavior while allowing him to thrive. I expressed concerns about the side-effects of the anti-psychotic medications and whether they were making him too somnolent.

Eventually, medications were altered so he was alert and awake without significant agitation. The toileting schedule was effective, but unfortunately didn’t eliminate his attempts to get out of bed. Bed and chair alarms were used, and nurses were able to re-direct him by taking him for walks in the hallway. He was able to ambulate with supervision.

Angelo’s mobility gains had begun to plateau. I realized I had challenged his balance and gait to the best of my ability. I recognized my limitations and sought the advice of my clinical specialist. We decided that future treatment would depend on his environment after discharge. The next step, which was difficult for me, was to discharge him from physical therapy.

Angelo taught me that as a physical therapist and member of a multi-disciplinary team, there is more to my practice than just assessing impairments, identifying functional limitations, and providing treatment to improve mobility. I realize the importance of advocating for patients, especially those who are unable to speak for themselves. After treating Angelo, I began to look, not just at the patient, but at the patients’ environment and other caregivers, and to consider ways to optimize care in collaboration with all disciplines.

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

Vanessa was unfazed by Angelo’s age, dementia, complex medical history, and social circumstances. Her only thought was to help him achieve the highest level of functioning he could attain. She did that, and more. She became his advocate ensuring that all members of the team ‘knew him’ and knew how to approach him to optimize his care. What a wonderful example of teamwork, leadership, and patient-centered care.

Thank-you, Vanessa.

Chaplaincy celebrates Pastoral Care Week

—by Reverend Daphne B. Noyes, staff chaplain

With the theme, “Many faiths, one purpose: caring for the spirit at MGH,” Chaplaincy staff celebrated Pastoral Care Week with a series of events designed to highlight the ways chaplains advance the mission of the hospital through patient- and-family-centered spiritual care.

Posters in the Main Corridor showcased different aspects of the Chaplaincy department. An educational booth gave visitors an opportunity to learn about the many different religious traditions around the world. A video monitor displayed pictures of the many spirit flags created by cancer patients, families, and staff, and a video about the services offered by the Chaplaincy. Perhaps the biggest attraction was the prayer tree. Visitors were invited to write a prayer on a ribbon and tie it to a branch of the tree. By the end of the day, the tree was in full bloom with prayers of the MGH community.

For the second year in a row, the Thier Conference Room was transformed into a tranquil haven with a 24-foot, meditation labyrinth. Soothing music and candlelight encouraged relaxation for those who came to walk the labyrinth.

Public radio personality, Ellen Kushner, host of *Sound & Spirit*, brought her unique commentary to a special presentation entitled, “The Human Family.” Audience members were transfixed as Kushner led them through the mysteries of conception and birth to afterlife, using music from the Jewish, Buddhist, Muslim, Hindu, Shona, Native American, and Christian traditions.

In what has become an annual ritual, hundreds of caregiver came to the MGH Chapel for the Blessing of the Hands, to give thanks for the many tasks they perform to bring comfort and healing to others.

For more information about the services provided by the MGH Chaplaincy, caring for the spirit at MGH, call 6-2220.

Photos (clockwise from top left): chaplain, Daphne Noyes, adds ribbon to prayer tree; chaplain, Katrina Scott, MDiv, with patient; guest speaker, Ellen Kushner; chaplain, Ann Haywood-Baxter, MDiv, with patient and family member; the meditation labyrinth; chaplains, Patricia Keeler, RN, and Talal Eid, staff educational booth in Main Corridor.



(Some photos provided by staff)

MGH chaplains: making a difference

—submitted by members of the MGH Chaplaincy

Asking, “What is important to you at this moment?” helps cross ethnic, cultural, and socio-economic barriers. And sometimes the answer is surprising.

A beloved staff member on one of our units dies. Co-workers aren’t sure what to do with their grief. We guide them in planning a memorial service in celebration of their colleague’s life. This time of remembrance helps bring healing and peace to staff. As chaplains at MGH, we make a difference when we:

- pray for patients, families, and staff who write requests in the chapel prayer book
- help meet faith-specific needs, such as coordinating the construction of a sukkah (temporary booth) for the Jewish holiday of Sukkot
- meet with a patient who has transitioned to palliative care

We provide spiritual care to premature babies, their families, and the staff who care for them. We frequently respond to calls and e-mails from colleagues in remote locations requesting pastoral care for patients or families receiving treatment at MGH. We reassure the community back home that the patient’s spiritual needs are being met.

More than 50 Eucharistic ministers volunteer their services to visit units and offer patients the Holy Eucharist and a comforting prayer. Their devotion and generosity support the work of staff chaplains by helping fulfill the sacramental needs of hundreds of patients every week.

Distressed about a patient’s situation, a nurse feels isolated. MGH chaplains spend time with her, listen and acknowledge her concerns, and let her know there is a steady presence available to support her.

Asking, “What is important to you at this moment?” helps cross ethnic, cultural, and socio-economic barriers. And sometimes the answer is surprising. Mr. J responded, “I want to die a married man.” One of our chaplains officiated at his wedding. Marriage renewed his sense of worth and brought a much-needed family reconciliation. Two weeks later, the same chaplain officiated at Mr. J’s funeral, a reminder that the potential for growth during the dying process is a precious gift.

A woman asks a chaplain to visit her critically ill mother. Offering the Sacrament of the Sick, praying, and talking about the patient’s life brings both mother and daughter a sense of peace and comfort.

One chaplain collaborates with Social Services to offer an informal support group to the families and friends of cardiac surgical patients. Weekly gatherings provide an opportunity for families to relieve stress by sharing stories and hearing about the experiences of others. Family members return to their loved ones’ bedsides refreshed and relaxed.

Chaplains of all faiths bring comfort to patients and coordinate interfaith activities for the MGH community. Muslim and Jewish chaplains work together in activities around common goals and peace. Muslims in the MGH community are grateful to have the Masjid for daily prayers.

For more information about the services available through the MGH Chaplaincy, call 6-2220.

KnowledgeLink: bringing patient-education materials to the point of care

KnowledgeLink is used to initiate queries into various web-based medical resources. Queries are context-sensitive, so the information obtained relates to the function currently being performed by the clinician.

Question: I've heard a lot of people talking about KnowledgeLink. What is it?

Jeanette: KnowledgeLink is a computer application developed by Partners Clinical Informatics Research & Development Department. It was developed in the belief that information technology should anticipate clinicians' needs and be available at the point of care.

Question: How does it work?

Jeanette: KnowledgeLink is used to initiate queries into various web-based medical resources. Queries are generated based on the clinician's current activity within the application. For instance, in Order Entry, the KnowledgeLink button could display information about dosing, indications, warnings, pregnancy effects, or toxicology for the medicine currently being prescribed. The same button in the Problem List could initiate a literature search to review diagnostic or therapeutic guidelines, natural history, or epidemiology of a selected disease. Queries are context-sensitive, so the information obtained relates to the function currently being performed by the clinician.

Question: Where can I find KnowledgeLink?

Jeanette: KnowledgeLink for patient-education materials is accessible in CAS, eMAR, and Partners Handbook.

Question: Can I use it to retrieve patient education materials?

Jeanette: Yes. KnowledgeLink now provides access to patient-education information. It can be used to query various web-based patient-education resources such as MicroMedex, CareNotes, DrugNotes, and other Partners-approved websites. It provides access to patient-education materials in the context of specific medications, diseases and labs.

Question: How do I access patient-education materials?

Jeanette:

- Click on the KnowledgeLink icon
- Type in the search term
- Choose context (Meds, Labs, or Disease) from the drop down menu
- Click the Patient Info box, then click Search
- Respond to the following prompts accordingly

Question: What if I can't find what I am looking for in KnowledgeLink?

Jeanette: Contact the Blum Patient & Family Learning Center, Monday–Friday; 9:00am–5:00pm; at 4-7352. Blum Center staff will perform the search for you and deliver the patient-education materials to your unit.

New visitor guidelines implemented to help reduce spread of the flu

Because flu spreads quickly, and patients represent an especially vulnerable population, MGH has implemented some changes to our visitation guidelines to help reduce exposure to the flu and keep the hospital environment as safe as possible.

Question: With seasonal and H1N1 flu so widespread this year, are we doing anything to help minimize the effect on patients and families?

Jeanette: We're all hearing about the increasing number of people across the country who are reporting flu-like symptoms. Most of these cases are H1N1 influenza. Because flu spreads quickly, and patients represent an especially vulnerable population, MGH has implemented some changes to our visitation guidelines to help reduce exposure to the flu and keep the hospital environment as safe as possible.

Question: What kind of changes?

Jeanette: On November 9, 2009, the following guidelines went into effect:

- Children 18 years old and under should not come to the hospital unless they are patients
- Only immediate family members (spouses, parents, adult children, partners, or caretakers) should visit patients. Other family members and friends are encouraged to send cards or keep in touch by phone or on-line
- Individuals with flu-like symptoms (fever, cough, or respiratory symptoms) will not be permitted onto patient care units
- People who have been in contact with someone with flu-like symptoms in the past 48 hours may be carrying the flu and should not visit the hospital
- In some instances, the number of visitors allowed in a patient's room or on a particular unit may need to be limited to minimize the risk of spreading the flu

Question: What should I do if I start feeling sick and think I might have the flu?

Jeanette: If you develop a fever of more than 100°F and a cough, sore throat, or muscle aches, stay home. For influenza-type illness, you will need to remain out of work for seven days or 24 hours after resolution of symptoms, whichever is longer.

Question: What's the best way to keep from getting the flu?

Jeanette: While vaccination offers the best protection against the flu, there are other steps you can take:

- Avoid close contact with people who are sick, and keep your distance from others if you're sick
- Keep your hands away from your eyes, nose, and mouth
- If you're sick, stay home
- Cover your mouth and nose with a tissue when coughing or sneezing. Throw the tissue away, and clean your hands. If a tissue is not available, cough or sneeze into your upper sleeve
- Practice effective hand hygiene by using an alcohol-based hand sanitizer or washing hands with soap and water for at least 15 seconds
- Use disinfectants to clean frequently touched surfaces, such as phones and keyboards

For more information call Occupational Health Services at 6-2217.

Vega-Barachowitz named one of ASHA's 2009 diversity champions

Vega-Barachowitz's commitment to, and involvement in, diversity issues at MGH is long-standing and impressive... "Literally, millions of patients and families and the extended healthcare community will benefit from this work."

Carmen Vega-Barachowitz, CCC-SLP, director of Speech, Language, Swallowing Disorders & Reading Disabilities, is having a big month. In addition to being this year's recipient of the Ernesto González Award for Outstanding Contributions to the Latino Community (see article on page 8), she has been named one of this year's American Speech Language and Hearing Association's (ASHA) diversity champions. Diversity champions are ASHA members who have made significant contributions to advance multi-cultural infusion in the profession, have demonstrated respect and value for differing backgrounds and points of view, and whose achievements address the impact of culture and language on Speech-Language Pathology and related fields.

Vega-Barachowitz's commitment to, and involvement in, diversity issues at MGH is long-standing and impressive. In his letter of nomination, Alex Johnson, provost and vice president for Academic Affairs at the MGH Institute of Health Professions, wrote, "Carmen has demonstrated sustained leadership in the area of multicultural issues and infusion over many years of service. She is the leader of one of the largest Speech Language Pathology programs in the country and has helped develop programs for bi-lingual patients, recruit a diverse and multi-lingual staff, and is constantly revising programs to meet patient needs. Carmen co-leads a task force that addresses the needs of persons with disability in accessing health care. She has



Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language, Swallowing Disorders & Reading Disabilities

reached out beyond the walls of the hospital to include faculty and students in training and is committed to making the needs of people with disabilities an organizational priority.

"In her leadership of the disability awareness task force, Carmen's work will engender the investment of millions of dollars to improve access, attitudes, and communication. Literally, millions of patients and families and the extended healthcare community will benefit from this work."

Vega-Barachowitz is indeed a champion. Patient Care Services congratulates her on being recognized for her important work around diversity and disability-awareness.

For information on the services provided by Speech, Language, Swallowing Disorders & Reading Disabilities or the Council on Disabilities Awareness, call 4-0762.

Professional Achievements

Patch certified

Colleen Patch, RN, cardiac staff nurse, became certified as a family nurse practitioner by the American Nurses Credentialing Center in August, 2009.

Carroll appointed

Diane Carroll, RN, nurse researcher, was appointed to the Nominating Committee of the Council of Cardiovascular Nursing and Allied Health Professionals of the European Society of Cardiology, on August 31, 2009.

Conwell certified

Laura Conwell, RN, cardiac staff nurse, became certified as a family nurse practitioner by the American Nurses Credentialing Center in August, 2009.

O'Neil-Smith certified

Meaghan O'Neil-Smith, RN, cardiac staff nurse, became certified as a family nurse practitioner by the American Nurses Credentialing Center in August, 2009.

Beninato presents

Marianne Beninato, PT, physical therapist, presented, "The Accuracy of Individual Berg Balance Scale Items for Classifying People with Chronic Stroke According to Fall History," in the *Journal of Physical Therapy*, September, 2009.

Inter-disciplinary team publishes

Social workers, Julie Berrett-Abebe, LICSW, and Corinne Holbrook, LICSW; physical therapist, Jean O'Toole, PT, and Tara Russell, authored the article, "Breast Cancer and Lymphedema: what You Need to Know" in the September-October 2009, *Coping Magazine*.

Clair-Hayes presents

Katherine Clair-Hayes, LICSW, Volunteer Department, presented, "Advancing Your Message: Increasing Your Visibility Using Plain Language Techniques," at the annual conference of the Association for Hospital Volunteer Resource Personnel, in Phoenix, August 28, 2009.

Riposa presents

Palmie Riposa, RN, staff nurse, Anticoagulation Management Services, presented, "Dawn AC Role in AMS Nurse Management of Bridging Patients," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Corneau presents

Rachel Corneau, RN, staff nurse, Anticoagulation Management Services, presented, "A Quality Improvement Tool for Assessment of INRs 5.0 or Greater," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Giger presents

Corin Giger, RN, staff nurse, Anticoagulation Management Services, presented, "Effective Communication Strategies for Patient Care Using Tools in Dawn AC," at the third Dawn AC North American User Group Meeting in Boston, September 25, 2009.

Harmon Mahony presents

Carol Harmon Mahony, OTR/L, occupational therapist, presented, "Contemporary Perspectives of Hand Fractures and Dislocations," at the 31st annual meeting of the American Society of Hand Surgeons and American Society of Hand Therapists, in San Francisco, September 4, 2009.

Jeffries and Gavaghan present

Marian Jeffries, RN, thoracic clinical nurse specialist, and Susan Gavaghan, RN, RACU clinical nurse specialist, presented, "Tracheostomy Quality Team Initiative: Developing a Tracheostomy Care Algorithm to Improve the Continuity of Care," at the Respiratory Nursing Society Conference, in Boston, September 18-21, 2009.

Moulaison presents

Walter Moulaison, RN, nursing director, Anticoagulation Management Services, presented, "Risk Class Assessment/Risk Stratification and Developing a Nursing Workload Measurement System," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Evaluation of the Upper Extremity," at Tufts University in Medford, September 28, 2009.

Oertel presents

Lynn Oertel, RN, clinical nurse specialist, Anticoagulation Management Services, presented, "Overview and History of AMS at MGH," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Nerve Dysfunction Association with Upper Limb Fractures," at the 31st annual meeting of the American Society of Hand Surgeons and American Society of Hand Therapists, in San Francisco, September 1, 2009.

Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at the Provena Health Institute and Therapy Center in Aurora, Illinois, September 11-12, 2009.

Bartush presents

Paul Bartush, director, Volunteer, Interpreter & Information Associates, presented, "Beyond the Basics: a Strategic Approach to Advancing Volunteer Services," at the Annual Conference of the Association of Healthcare Volunteer Resource Personnel, in Phoenix, August 28-29, 2009.

Bartush also presented, "Positive Solutions to the Economic Impact in our Volunteer Departments," at the same venue.

Olson presents

Gayle Olson, wellness coordinator, Physical Therapy Services, presented, "Proper Care of Sports Injuries for Special-Needs Children," at the New England Revolution Soccer Camp, in Foxboro, August 28, 2009.

Olson also presented, "Getting Old is for the Birds," at the Walpole Council on Aging, in Walpole, September 15, 2009.

Dreher presents

Denise Dreher, RN, of the IV Team, presented, "Venous Access Devices," at the Nantucket Cottage Hospital in Nantucket, September 14, 2009.

O'Neil presents

Jennifer O'Neil, RN, staff nurse, Anticoagulation Management Services, presented, "Effective Communication Strategies Within the Hospital Community Using Tools in Dawn AC," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Seliverstov presents

Irina Seliverstov, RN, staff nurse, Anticoagulation Management Services, presented, "Dawn AC Role in AMS Nurse Management of Induction Patients," at the third Dawn AC North American User Group Meeting, in Boston, September 25, 2009.

Olson and Zachzewski present

Gayle Olson, and James Zachzewski, PT, physical therapist, presented, "What's the imPACT Concussion Testing all About?" at the fall meeting of athletic directors of the Hockomock League, in Wrentham, September 4, 2009.

They presented the same talk to physical education nurses and teachers at Foxboro High School, September 3rd; and to athletes and parents at Foxboro High School, September 9, 2009.

Clinical Recognition Program

Clinicians recognized August-October, 2009

Advanced Clinicians:

- Holley Engel, RN, Neuroscience
- Elizabeth Henderson, RN, Emergency Department
- Anne Thompson, RN, Cardiology
- Jocelyn Walla, LICSW, Social Services

Clinical Scholars:

- Kathleen Egan, RN, Clinical Research
- Marissa Nolan, RN, Transplant
- Rachel Corneau, RN, Anticoagulation Management Service

Announcements

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.

Research Nurse Roundtable

Tuesday, November 24, 2009
12:15 – 1:15pm
Garrod/Mendel Conference Room
Simches Research Building

The Research Nurse Roundtable provides a forum for nurses who work in clinical research to discuss issues common to their practice.

The Roundtable meets once a month and is led by experienced research nurses in collaboration with the MGH Clinical Research Program Education Unit.

Registration is required.
Please register at:
<http://hub.partners.org/catalog>

For more information about the Research Nurse Roundtable, contact Linda Pitler, RN, at 3-0686.

Sponsored by the MGH Clinical Research Program.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Call for Abstracts Nursing Research Expo 2010

Do you have data that could be presented via a poster? The PCS Nursing Research Committee will be offering classes in abstract-writing. Look for information in future issues of *Caring Headlines*.

Prepare now to submit your abstract to display a poster during the 2010 Nursing Research Expo

Categories:

- Original Research
- Research Utilization
- Performance Improvement

For ideas on getting started, contact your clinical nurse specialist. Co-chairs of the Nursing Research Expo Sub-Committee (Laura Naismith, RN, or Teresa Vanderboom, RN) can also offer assistance.

For abstract templates and exemplars, visit the Nursing Research Committee website at:

www2.massgeneral.org/pcs/The_Institute_for_Patient_Care/NR/abt_research.asp

(Note corrected website)

The deadline for submission of abstracts is January 15, 2010.

Eldercare

monthly discussion group

Join facilitators, Janet T. Loughlin, LICSW, Partners EAP, and Barbara Moscovitz, LICSW, geriatric social worker for the Eldercare monthly discussion group, sponsored by the Employee Assistance Program. Come and discuss subjects relevant to eldercare.

Next session:
November 10, 2009
12:00–1:00pm

Doerr Conference Room
Yawkey 10-650

Old friends and new members are welcome
Feel free to bring your lunch
For more information, call 6-6976 or visit www.eap.partners.org

Invitation to registered nurses winter/spring 2010 Program

The RN Residency: Transitioning to Geriatrics and Palliative Care Program is now accepting applications for the winter/spring 2010 sessions.

The RN Residency Program provides registered nurses an opportunity to learn and apply current, evidence-based geriatric and palliative nursing knowledge and innovative patient-care delivery models. A combination of didactic teaching and clinical experience, the program aims to strengthen the nursing workforce and improve the quality of nursing care to older adults and their families.

All registered nurses interested in geriatrics and palliative care are invited to apply.

January 19–21, 2010
(plus one day per month through June, 2010)
Classes held at
Simches Research Center

For more information, call Ed Coakley, RN, at 4-7677

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Submissions

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

Next Publication

December 3, 2009

Educational Offerings – 2009

November

19

Nursing Care for Respiratory
Compromised Patients
Bigelow Amphitheater
12:00–4:00pm
Contact hours:TBA

November

20

PCA Preceptor Course
Founders 325
1:00–3:00pm
No contact hours

November

24

PCA Educational Series
Founders 325
1:30–2:30pm
No contact hours

November

30

BLS/CPR Re-Certification
Founders 325
7:30–10:30am and 12:00–3:00pm
No contact hours

December

1&2

PALS Certification
Simches Conference Room 3-120
Day 1: 7:45am–4:00pm
Day 2: 7:45am–3:00pm
No contact hours

December

2

BLS/CPR Certification
Founders 325
7:30am–2:00pm
No contact hours

December

7&8

Oncology Nursing Society
Chemotherapy Biotherapy
Course
Day 1:Yawkey 2-220
Day 2:Yawkey 4-820
8:00am–4:30pm
Contact hours:TBA

December

8

New Graduate RN
Development Program
Founders 311
8:00am–4:30pm
Contact hours:TBA

December

9

Code Blue: Simulated Cardiac
Arrest for the Experienced Nurse
POB 448
7:00–11:00am
Contact hours:TBA

December

9

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

December

14

Cancer-Related Emergencies: a
Symposium for Nurses
O'Keeffe Auditorium
8:00am–4:30pm
Contact hours:TBA

December

14

BLS/CPR Re-Certification
Founders 325
7:30am–3:00pm
No contact hours

December

15

Pediatric Simulation Program
Founders 335
12:30–2:30pm
Contact hours:TBA

December

15

Simulated Critical-Care
Emergencies
POB 448
7:00–11:00am
Contact hours:TBA

December

17

Preceptor Development: Learning
to Teach, Teaching to Learn
Charles River Plaza
8:00am–4:30pm
Contact hours: 6.5

December

17

Intermediate Arrhythmia
Simches Conference Room 3-120
8:00–11:30am
Contact hours: 3.5

December

17

Pacing Concepts
Simches Conference Room 3-120
12:15–4:30pm
Contact hours: 3.75

December

18

PCA Educational Series
Founders 325
1:30–2:30pm
No contact hours

December

21

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

December

24

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

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

2010 Jeremy Knowles Nurse Preceptor Fellowship

—by Mary Ellin Smith, RN, professional development coordinator

Jane Miller, RN, staff nurse in the Yawkey 8 Infusion Unit, and Pamela Quinn, RN, staff nurse in the Acute Psychiatric Service (APS) in the Emergency Department, have been named the 2010 Jeremy Knowles nurse preceptor fellows.

Miller, a graduate of Rhode Island College, is currently a student at Simmons College in the Adult Nurse Practitioner Program.

In her letter of recommendation, Mimi Bartholomay, RN, clinical nurse specialist, wrote, "Jane's comprehensive view of the cancer experience not only enables her to excel in her practice, but makes her an extraordinary mentor and teacher to experienced and novice nurses alike."

Quinn, an advanced clinician and graduate of the College of New Rochelle, has spent her entire career in psychiatric nursing. In her letter of support, Patricia Mian, RN, psychiatric clinical nurse

specialist, wrote, "Pam is able to take a staff nurse with little or no psychiatric experience and help him or her become competent to work in the Acute Psychiatric Service. She creates a safe environment in which to educate and motivate new nurses."

The Jeremy Knowles Nurse Preceptor Fellowship was established to recognize and honor exceptional nurse preceptors who exhibit the qualities of scientific inquiry, knowledge, teamwork, compassion

and leadership. These preceptors are distinguished for their excellence in educating and inspiring new nurses in their clinical and professional development. Recipients receive financial support for activities to promote their own educational and professional development as clinicians, preceptors, and mentors.

The first Jeremy Knowles nurse preceptor fellow, Kerri Tyman, RN, staff nurse in the Blake 7 Medical Intensive Care Unit, will complete her fellowship in January, 2010.

For more information about the Jeremy Knowles Nurse Preceptor Fellowship, contact Mary Ellin Smith, RN, at 4-5801.



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