Caring Headlines
April 1, 2010

Let's talk safety

"A look at the evolution of safety at MGH"

Presenters (l-r): Karen Miguel, RN; Carol Camooso Markus, RN; Jeff Cooper; Ellen Kinnealey, RN: and Gregg Meyer, MD, at recent Patient Safety Awareness Week forum in O'Keeffe Auditorium.

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Licensure, credentialing, and certification

What do they mean, and why are they important?

Licensure, credentialing, and certification—all have to do with letting patients and the public know that clinicians are qualified to practice in a particular field or discipline, but there are subtle differences between the three.

Even among some healthcare professionals, the distinction between licensure, credentialing, and certification is not easily understood. All have to do with letting patients and the public know that clinicians are qualified to practice in a particular field or discipline, but there are subtle differences between the three. Licensure in a particular discipline, such as nursing or social work, signifies that a clinician possesses entry-level knowledge in that discipline—it is the minimum requirement necessary to practice in a health profession, and it in no way indicates whether a clinician has knowledge or expertise beyond that minimum. In most states, including Massachusetts, continuing education is required for license renewal.

Certification is a voluntary process. It signifies that a clinician has acquired knowledge, training, and experience over and above what is minimally required in a certain specialty within his or her discipline. Becoming certified involves successfully completing a written exam and demonstrating competency in certain pre-established standards. Each certifying body or agency sets the standards for certification within its own specialty. In nursing, for example, some of the many certifications available include:

- neuroscience nursing
- medical nursing
- cardiovascular nursing
- oncology nursing
- critical care nursing

Physical Therapy offers certification in:

- geriatrics
- pediatrics
- women's health
- neurology
- orthopedics

Occupational Therapy offers certification in

- gerontology
- hand and upper extremity rehabilitation
- mental health
- pediatrics
- physical rehabilitation

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

Many disciplines offer specialty certification. Studies show that certification increases job satisfaction, contributes to a sense of personal empowerment, and gives patients a heightened sense of confidence in their caregivers. Public awareness about certification is growing—more and more patients are requesting clinicians with specialized knowledge about their disease or prog-

continued on next page

nosis. Institutions that employ a large number of certified staff are highly sought after in a competitive marketplace.

At MGH, a growing number of clinicians are becoming certified every year. The Knight Nursing Center for Clinical & Professional Development offers preparation courses in some specialty areas, and financial support for certification and re-certification is available to nurses through the Demetri Souretis Fund. In addition to formal classes offered by the Knight Center, several unit-based certification programs have been initiated by staff in the Post Anesthesia Care Unit, the Endoscopy Unit, medical and oncology units, and elsewhere. Our *65Plus* program has developed a robust gerontology certification program to increase the number of nurses hospital-wide who are specially trained to care for our growing population of older adult patients.

The body of knowledge at the core of all healthcare professions is constantly changing and expanding. Specialty certification is one way to ensure that our practice keeps pace with the complex demands of patient care in a fast-paced teaching hospital like MGH.

Unlike certification, which is voluntary, credentialing is required by law and regulatory agencies to ensure that healthcare professionals are qualified to perform within the scope of practice of their given profession or discipline. Credentialing is an administrative process by which a practitioner's education, certification, training, experience, and record with the Board of Registration are examined as evidence that he or she is qualified to practice in a specific role.

At MGH, we're implementing some changes in the credentialing process for nurses in the expanded role (nurse practitioner, nurse midwife, nurse anesthetists, and psychiatric clinical nurse specialist) and physician assistants. Currently, credentialing applicants go through an approval process that involves the supervising physician, the chief of service, the credentialing coordinator, and the Health Professions Staff Committee, with final approval by the Nursing Executive Committee and me in my role as senior vice president for Patient Care and chief nurse.

Effective May 24, 2010, the final stages of the approval process will change: the Patient Care Services Executive Committee (not the Nursing Executive Committee) and I will review applications. If approved, they'll be sent to the Board of Trustees for final approval. (Some conditions apply for candidates requesting first assist and access to operating rooms.) If/when final approval is granted, candidates will receive a letter delineating their type of appointment and specific clinical privileges.

I hope this helps clarify some of the questions around licensure, credentialing, and certification. For more information, consult your nursing director or supervisor, or call Julie Goldman, RN, professional development manager, at 4-2295.

In this Issue

New Graduate in Critical Care Nursing Program

—by Gail Alexander, RN, professional development specialist

On March 4, 2010, the 16th class of the New Graduate in Critical Care Nursing Program was recognized for successfully completing the six-month program, bringing the total number of graduates to 146. Executive director of the Institute for Patient Care, Gaurdia Banister, RN, compared participants to Olympic athletes. "Olympians exude a professionalism that reflects pride in what they do. Nothing requires more professionalism than caring for critically ill patients and their families. Olympians are committed; they're highly motivated; they believe in themselves; and they work as a team."

(Photo provided by staff)

Standing (l-r): Fred Tarazi, RN; Darren LeBlanc, RN; Jennifer Roy, RN; Jenny Rusin, RN; Rebekah Bitar, RN; Christie McKee, RN; and Hannah Owens-Pike, RN. Seated: Christine Dunlap, RN; Jill Pallotta, RN; Katlyn Breton, RN; Jeff Silvia, RN; and program coordinator, Gail Alexander, RN.

New graduate, Katlyn Breton, RN, and her preceptor, Kate Roche, RN, read narratives recounting the care they provided transitioning a patient from aggressive treatment to comfort care. Said Breton, "The patient's daughter turned to me with tears in her eyes and said, 'Can you close the curtain. I want to listen to my dad's favorite song with him.' As I closed the shade, she put one headphone in her father's ear and one in her own. I realized then the unique nature of my profession. I was witnessing the purest form of love between a child and her father. No words could describe how I felt at that moment."

Roche recognized in Breton the qualities of an exemplary nurse: someone who is, "willing to embrace not only the complex and challenging clinical tasks, but the personal, human connections that make days like this at once heart-breaking and awe-inspiring." Under Roche's tutelage, Breton is developing her professional identity as a nurse.

Certificates of completion were given to:

- Rebekah Bitar, RN, Cardiac ICU
- Jenny Rusin, RN, Cardiac ICU
- Christie McKee, RN, Cardiac Surgical ICU
- Jeff Silvia, RN, Cardiac Surgical ICU
- Christine Dunlap, RN, Knight Center for Interventional Cardiovascular Therapy
- Fred Tarazi, RN, Medical ICU
- Jill Pallotta, RN, Medical ICU
- Katlyn Breton, RN, Medical ICU
- Jennifer Roy, RN, Neuroscience ICU
- Hannah Owens-Pike, RN, Neuroscience ICU
- Darren LeBlanc, RN, Post Anesthesia Care Unit

For more information about the New Graduate in Critical Care Nursing Program, visit: www.mghnursing.org, or call Gail Alexander, RN, at 6-0359.

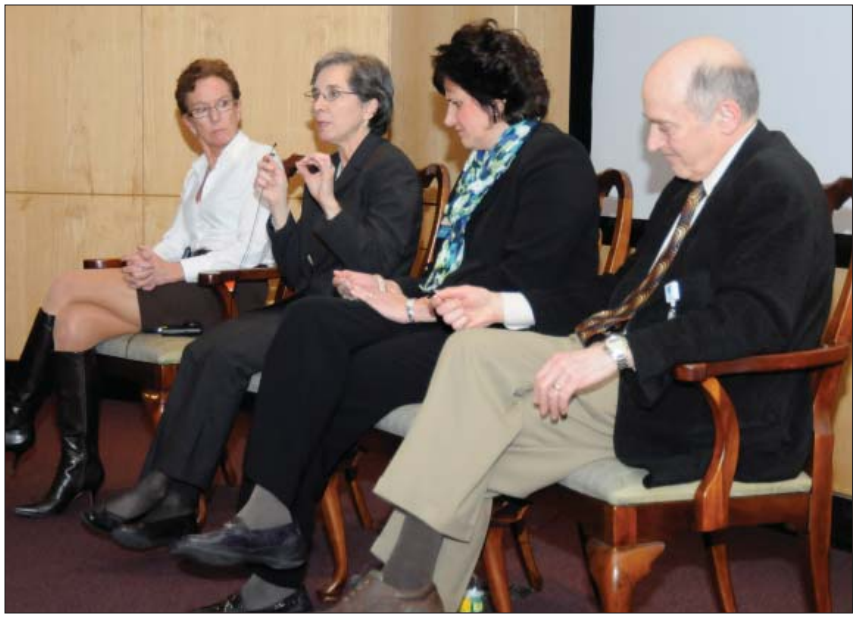
Patient Safety Awareness Week

a lot has happened since ether

—by Lela Holden, patient safety officer

On Thursday, March 11, 2010, a distinguished group of MGH clinicians came together in O'Keeffe Auditorium to share their recollections of advances in patient safety over the past four decades. Presenters, Nathaniel Sims, MD; Ellen Kinnealey, RN: Karen Miguel, RN; Carol Camooso Markus, RN; and Jeff Cooper, shared stories of their personal involvement with various safety improvements and innovations over the years.

Sims, who presented via pre-recorded video, recounted the advances in medications for cardiac-surgery patients that came in the early 1980s, but pumps at that time were 'heavy and dumb.' Sims helped design smaller pumps that came with calculators to help determine safe drug doses. Kinnealey, a nurse in Biomedical Engineering, was a key player in the development of the first clinician-based drug library that contained high and low limits for high-risk medications. She worked closely with staff of the Surgical Intensive Care Unit to trial these 'smart' pumps.



Presenters at the National Patient Safety Awareness Week forum (l-r): Ellen Kinnealey, RN: Carol Camooso Markus, RN; Karen Miguel, RN; and Jeff Cooper,

Miguel, patient safety officer in the Imaging Department, noted that progress is made by 'ordinary' people doing extraordinary things. She recalled staff being concerned about needle sticks in the early 90s. Miguel co-chaired the Products Review Subcommittee as they helped design and test a new protected needle. MGH was the first hospital to use the Sims Portext Needle Pro, now standard-issue across the country.

Markus, staff specialist in the Office of Quality & Safety, described the development of the professional practice model that produced collaborative governance in 2003 and the champion model that was so successfully employed in securing Magnet designation, hand-hygiene compliance, and most recently, Excellence Every Day Joint Commission preparedness.

Cooper, executive director of the Center for Medical Simulation, talked about errors in operating rooms in the early 70s. He and colleagues wrote one of the first papers on the topic in 1978. Cooper was part of the team that brought major safety improvements to equipment used by anesthesiologists. He encouraged clinicians to speak up when that 'inner voice' tells you something's wrong. Errors happen when people don't bring those concerns forward.

Individual presentations were followed by a panel discussion, led by Gregg Meyer, MD, senior vice president for The Center of Quality & Safety. Panelists agreed that safety challenges continue, but MGH has a history of listening when clinicians speak to advocate for safe patient care.

For more information about safety initiatives at MGH, call the PCS Office of Quality & Safety at 3-0140.

New nurse learns that every day in the PACU is an opportunity to learn

I'd heard stories of patients waking up in a violent state, but I had never experienced it first hand... I quickly realized that given his level of agitation, it was probably best to leave him alone for the moment.

My name is Darren LeBlanc, and I am a recent graduate of the New Graduate in Critical Care Nursing Program. I've worked in the new Post-Anesthesia Care Unit (PACU) for the past four months. One day recently, when my preceptor was out sick, I was assigned to work with another experienced nurse, Diane. Diane told me that our first patient was a 45-year-old, Italian man named, 'Marco,' who was a husband and father of three. Marco was scheduled to arrive in the PACU following surgery for rectal adenocarcinoma and a liver biopsy to determine if his cancer had spread.

Marco arrived on the unit in the early afternoon, accompanied by members of the surgical and anesthesia teams. Like most post-operative patients, he was asleep. The anesthesia resident gave Diane and me some background about Marco and asked if either of us spoke French or Italian because Marco spoke both those languages; she didn't know if he spoke English. I do speak a little French. The resident explained that Marco had never had surgery before and had been very anxious in the weeks leading up to the operation. Though his surgery had been uneventful, it became apparent as we attached him to the monitors that his post-operative course might not be so smooth.

Darren LeBlanc, RN, Cullen Post Anesthesia Care Unit

Marco was on his side in a semi-fetal position, his oxygen mask was down around his chin, and he was lying on his IV line. Attaching his heart-monitor leads while he was in this position was a challenge. He began to moan. I tried to replace his oxygen mask, but Marco became agitated and pushed my hand away. I tried again, but he became more agitated and aggressively waved his arms while shouting in an Italian accent, "Leave me alone! Let me sleep!" The team caring for Marco understood that this situation could turn volatile; we needed to tread lightly and not exacerbate the situation. I'd heard stories of patients waking up in a violent state, but I had never experienced it first hand. I wanted to get his oxygen mask back on, but quickly realized that given his level of agitation and the fact that his oxygen saturation was stable at 99-100%, it was probably best to leave him alone for the moment.

continued on next page

When it was time for Marco to be transferred to his room on Ellison 7, he asked if I was coming to the unit with him. When I told him I had to stay in the PACU, he seemed disappointed... He thanked me repeatedly, and it felt good.

After getting report from the anesthesia resident, I joined the other nurses who were discussing how best to handle Marco's behavior. Trying to interject some humor into the situation, I told them not to worry; I was the 'patient whisperer.' I went back to Marco's room hoping I could calm him down. Marco was moaning. I went to the head of the stretcher and asked if he was in pain. He was. I asked him to open his eyes and look at me. When I got his attention, I asked him to rate his pain on a scale of 0-10. He said it was 10 and told me to leave him alone. I asked Diane to get some dilaudid from the Omnicell so I could try to manage his pain. I took another set of vital signs while Diane was gone.

When she returned, I tried to access Marco's IV line, but he was lying on it so I couldn't reach the port. I tried to gently move his arm as I explained what I was doing, but he yelled, "No! Leave me alone!" Not knowing what Marco was capable of, I was concerned that if I continued to prod him, he might become even more agitated. I needed him to understand that I was trying to help control his pain, so I carefully continued my efforts. I told him in a soothing voice that I could only help if he worked with me. I told him I had medication that would help his pain but I needed to move his arm to get to the IV. Still moaning, he rolled over, and I was able to give him his first dose of dilaudid. Finally, I felt as if I'd gotten through to him.

Despite the dilaudid, Marco still reported pain. I put my hand on his shoulder and told him it would take a little while for the medication to work. I stayed close by and continued to check his stoma and abdominal dressings, and monitor his vital signs and respiratory rate. When I checked the orders again, I saw that the doctor had ordered 15mg of Toradol. I wasn't sure if it was safe to give Toradol with dilaudid, so I checked with Diane, and she assured me it was safe. One thing I realize as a new nurse is that you don't know what you don't know, so if I'm not sure about something, I always ask.

For the rest of his stay in the PACU, I cared for Marco, continued to monitor his pain, gave him moist swabs to moisten his mouth, and re-positioned him when he slid down on the stretcher. Marco alternated between sleeping and waking with some periods of sleep apnea. He still reported some pain, but I explained that the medication was slowing down his breathing so I had to be careful not to give him too much. He understood. I used other interventions to help manage his pain, such as changing his blankets, and re-positioning him. I was happy that despite his continued pain, he was clearly much more comfortable than when he first arrived. I was also happy that I had gained his trust and made him realize that my goal was to make him comfortable and keep him safe. As soon as I explained that I wanted to help him, he had become more cooperative. He began to apologize for 'bothering' me when he asked for assistance with re-positioning or for a mouth swab. I assured him I was happy to help.

When it was time for Marco to be transferred to his room on Ellison 7, he asked if I was coming to the unit with him. When I told him I had to stay in the PACU, he seemed disappointed. I told him it had been nice meeting him and taking care of him. I told him to take care of himself and I hoped he had a comfortable night. He thanked me repeatedly, and it felt good.

Experiences like this are why I love nursing, and they happen every day in the PACU. I find it so rewarding to meet patients who are frightened, worried, or in pain, and spend a little time with them, let them know I genuinely care, and see their conditions change before my eyes. It makes a big difference to me, but what's more rewarding, is that it makes a big difference to them.

Although I am relatively inexperienced in providing nursing care and administering medications, I feel my greatest strength lies in my genuine desire to give the best possible care and comfort to patients—a desire I believe is quickly communicated in my actions and manner. I look forward to gaining more experience in the technical aspects of nursing—experience that when combined with my desire to heal and comfort, will lead to a successful nursing career.

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

Perhaps the wisest thing Darren said in this narrative was that as a new nurse, you don't know what you don't know. Always seek the expertise of a more experienced clinician. Which is exactly what Darren did as he cared for Marco in what could have been a volatile situation. With his compassion, honesty, steadfast vigilance, and personal ease, Darren earned Marco's trust. Who knows—with his persistent yet gentle bedside manner, maybe Darren really is the 'patient whisperer.'

Thank-you, Darren.

The healing power of words

Question: I've heard people talk about 'key words' and 'scripting.' What does that mean?

Jeanette: As clinicians, the words we use can have a profound affect on patients and families. In stressful times, using the right words can mean the difference between a positive or negative experience. In the complex setting of patient care, sometimes a few kind words can go a long way toward helping *and* healing.

Scripting is when you're given a written text with the exact words to say in a particular situation. Scripting leaves nothing to the imagination, doesn't allow for natural conversation, and can come across as forced or insincere.

Key words, on the other hand, are reminders of the topics you want to discuss, but in your own words, at the appropriate time, and in the appropriate way. Using key words allows you to show empathy and respect while at the same time ensuring you remember the key topics you want to cover.

Key words also help make our concern for the patient's comfort and safety more visible.

Question: Can you give me an example of key words?

Jeanette: If you're rounding, and you enter a patient's room, some key words might be: privacy, safety, hand hygiene, or comfort. With those key words in mind, you might say something like, "I'm closing your curtain in case you'd like some privacy."

"I'm just going to double-check your wrist-band. We take safety very seriously."

"It's important that caregivers disinfect their hands before coming into contact with you or the things in your room. This helps prevent the spread of infection."

"Are you comfortable? Can I help re-position you while I'm here?"

"Is there anything else I can help you with?"

Question: Why are key words important?

Jeanette: In addition to reminding you of the tasks you want to perform, key words reinforce in the patient's mind our commitment to safety and a positive patient experience. Eye contact, a smile, or a gentle touch can make a big difference for a patient who's scared, uncertain, or lonely.

Question: Should we use key words every time we enter a patient's room?

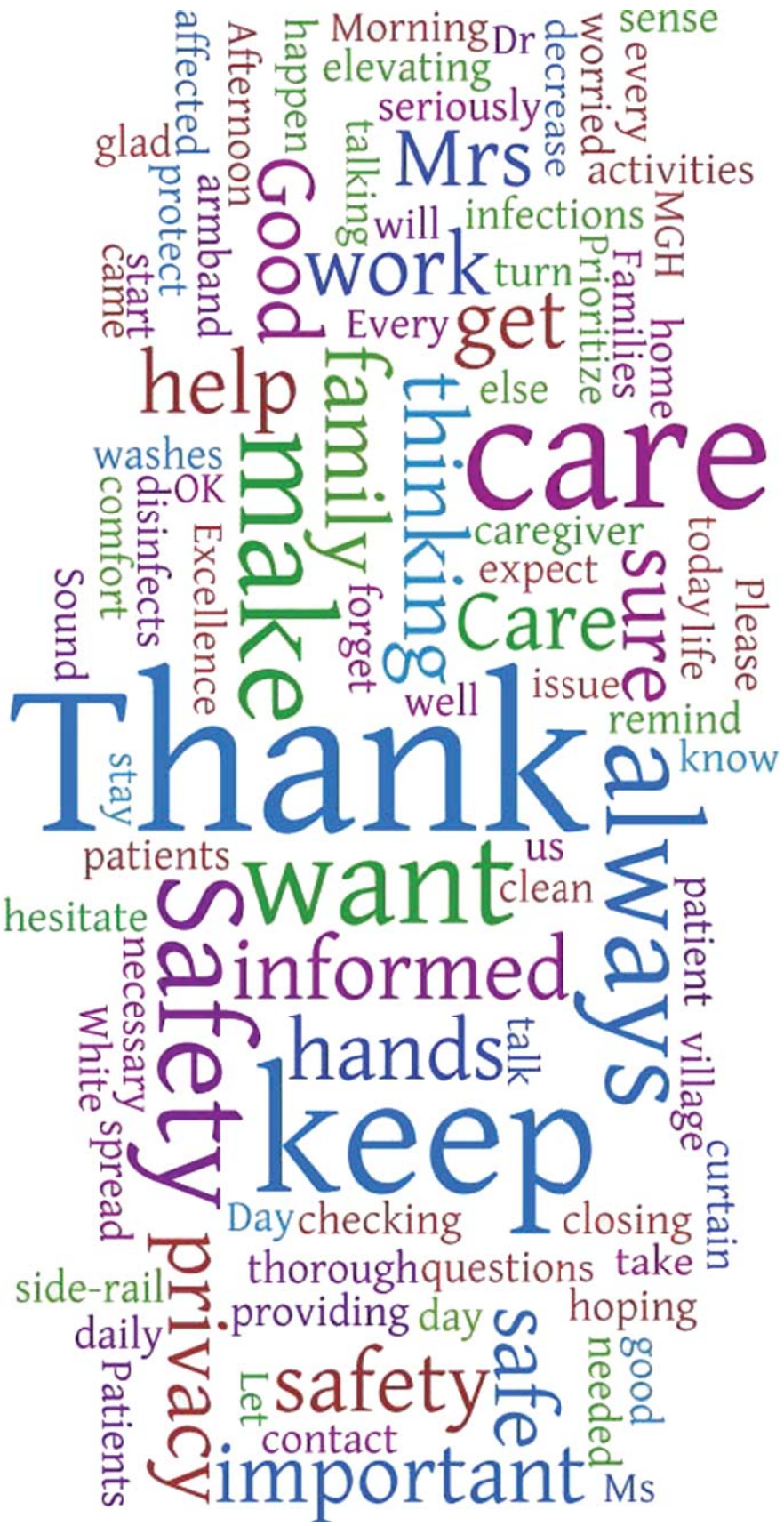
Jeanette: As I mentioned, you never want your interactions with patients to sound rehearsed or insincere. As you start to use key words, they'll become a natural part of your conversations. It never hurts to remind patients of the truly remarkable care we deliver every day. We're proud of the care we provide; we want our interactions with patients to reflect that.

Question: Is there a list of key words we should be using?

Jeanette: Certainly the 7-Ps are a good place to start (Person, Plan, Priorities, Personal hygiene, Pain-management, Position, and Presence). But you should feel free to come up with your own list of key words that would be helpful to you on your unit, in your specialty, with your patients. See the 'Wordle' on the opposite page for ideas, or call the Office of Service Improvement at 4-2838.

A Wordle

A Wordle™ is a visual representation of frequently-used words and phrases that allows the viewer to appreciate the relationship between words and the unity of thoughts and ideas. A Wordle™ is at once an artistic rendering and a reminder of the power of words. The Wordle™ at right is a collection of words staff might find useful as they provide excellent care every day.



Announcements

Be Fit
Lunchtime Seminars

Join advanced personal trainer, Mike Bento of The Clubs at Charles River Park, for a one-hour, lunchtime Be Fit seminar. Topics vary

Next session:
April 15, 2010
12:00–1:00pm
Bigelow 4 Amphitheater

For more information, call 6-2900.

MGH College Fair

Employees are invited to the 2010 MGH College Fair

April 28, 2010
12:00pm – 3:00pm
under the Bulfinch Tent

Explore careers in health care, healthcare administration, healthcare policy, and business management. The fair is an opportunity to compare undergraduate, graduate, and certificate programs.

Some of the colleges and universities scheduled to attend include:

Boston University
Bunker Hill Community College
Cambridge College
Curry College
Harvard Extension School
Mass Bay Community College
Massasoit Community
Mass College of Pharmacy
MGH Institute of Health Professions
Northeastern University
North Shore Community College
Regis College
Roxbury Community College
Suffolk University
UMass, Lowell
University of Phoenix

No registration required. Sponsored by Training and Workforce Development.

For more information, call John Coco at 4-3368.

Holy Week 2010 and Passover 5770

Roman Catholic, Ecumenical, and Passover services will be offered throughout the week.

All services will be held in the MGH Chapel on Ellison 1

All are welcome

For a complete listing of times and services, call the MGH Chaplaincy at 6-2220.

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.

Eldercare
monthly discussion group

Join facilitators, Janet T. Loughlin, LICSW, Partners EAP, and Barbara Moscowitz, 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:
April 6, 2010
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.

Ethics Forum:
a discussion series for the MGH community

Friday, April 9, 2010
12:00–1:00pm
Sweet Conference Room
Gray-Bigelow 432
Brown Bag Lunch
"Improving the Quality of Care at the End of Life: the Case for Video Decision Aids"
keynote speaker:
Angelo Volandes, MD
moderator: Dr. Alex Cist, Optimal Care Committee
Sponsored by the MGH Ethics Taskforce. For more information e-mail Jennifer Hood

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.

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

Next Publication
April 15, 2010

"We pity the Foley"

Sharing best practices to improve patient care

Urinary tract infections are one of the most common hospital-acquired infections, accounting for approximately 40% of health-care-related infections nationwide. Of those, 80% are attributable to in-dwelling urethral Foley catheters.

In December, a clinical challenge was issued to find a way to reduce the number of urinary tract infections related to Foley catheter use. As part of the Sandbox Innovation Challenge, 12 teams comprised of nurses, physicians, and others, brainstormed ways to safely reduce the use of in-dwelling Foleys as a means to prevent urinary tract infections. On March 11, 2010, in the East Garden Dining Room, teams presented their proposed solutions along with an explanation of how their solutions could be implemented successfully throughout the hospital.

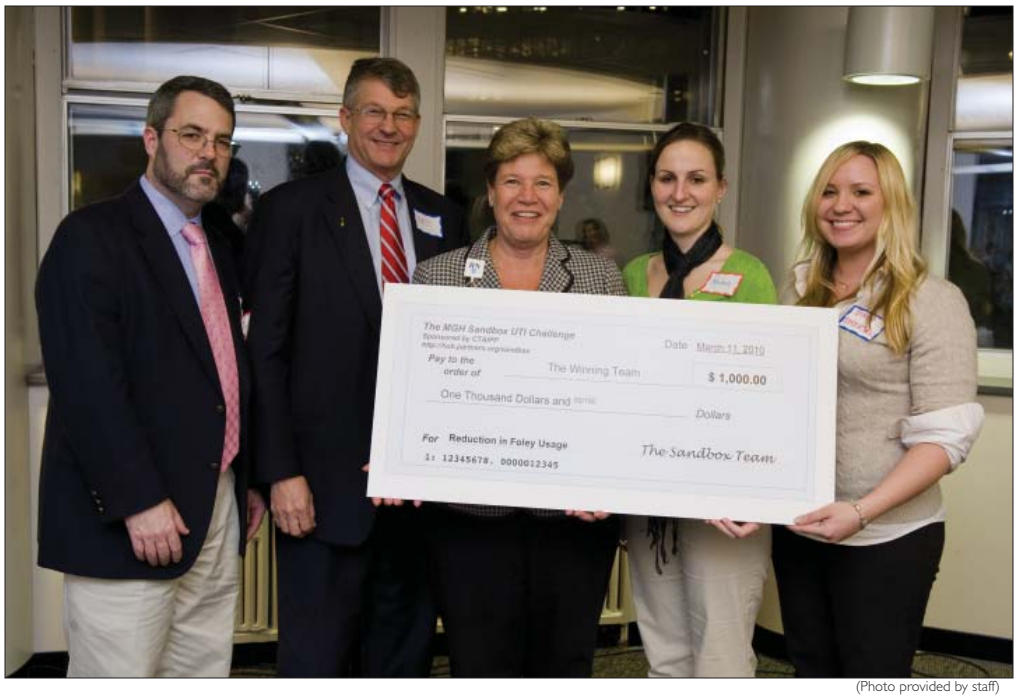
With their winning solution, affectionately called, "We Pity the Foley," White 11 nurses, Susan Wood, RN; Michele Allen, RN; Stacy Strezsak, RN; and Susan Morash, RN, reported a 49% reduction in Foley usage on their unit.

Said Christiana Iyasere, MD, associate director of the Innovation Support Center. "By celebrating and acknowledging every proposed solution, the hospital community gained a better understanding of Foley utilization and ways to prevent urinary tract infections."

Congratulations to the team on White 11 and to all the Sandbox teams who shared their thoughts and ideas to improve patient care.

For more information about the Sandbox UTI Challenge, go to http://hub.partners.org/sandbox, or contact Christiana Iyasere at ciyasere@partners.org.

(L-r): Warren Sandberg, MD, anesthesiologist; Brit Nicholson, MD, senior vice president for Medicine; Dawn Tenney, RN, associate chief nurse; and staff nurses, Michele Allen, RN; and Stacy Strezsak, RN.



(Photo provided by staff)

Educational offerings can now be found on the Knight Nursing Center for Clincial & Professional Development website http://www2.massgeneral.org/PCS/ccpd/cpd_sum.asp For more information, call 6-3111.

Lunchtime seminars offer health and fitness tips

On Tuesday, March 23, 2010, as part of the MGH Be Fit program, advanced personal trainer, Mike Bento of The Clubs at Charles River Park, presented a one-hour, lunchtime seminar entitled, "High-intensity exercise for health and body-fat reduction." The session, held in Yawkey 10-650, provided an overview of a training regimen for runners that focuses on brief, high-intensity sprinting punctuated by intervals of rest and recovery. Varying the length and duration of the sprint and recovery periods can have a noticeable impact on your fitness level and ability to reduce body fat.

Bento endorses an alternative method for improving health and fitness called high-intensity interval training.

Bento endorses this alternative method, which he calls high-intensity interval training. According to Bento, some relatively minor changes in your workout can lead to speedier progress and less time at the gym.

The seminar was part of a new series sponsored by the Clubs at Charles River Park designed to help educate employees about health and fitness. Due to popular demand, the first session, "Are you getting the most out of your workouts?" will be repeated April 15th in the Bigelow 4 Amphitheater at noon.

For more information about monthly, lunchtime Be Fit sessions, e-mail Mike Bento at mbento@partners.org.

At left, advanced personal trainer, Mike Bento of The Clubs at Charles River Park, presents lunchtime Be Fit seminar.

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