

# Caring

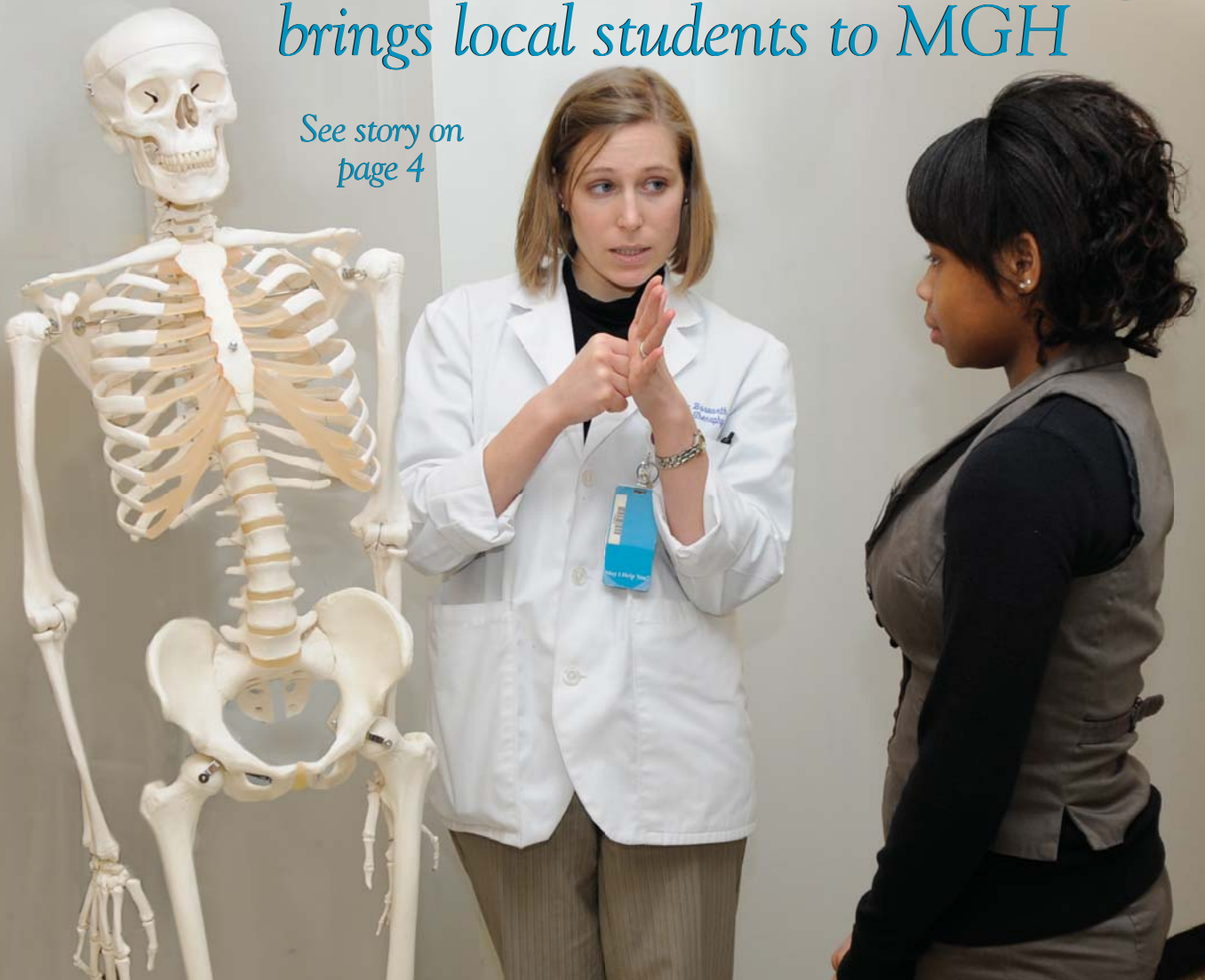
Headlines

February 18, 2010

## Job Shadow Day

*brings local students to MGH*

*See story on  
page 4*



Physical therapist, Julie Bosworth, PT (center), explains the mechanics of shoulder rotation to 16-year-old, Kennedy Academy student, RonAsia Rouse, during their Job Shadow experience, February 2, 2010.

# CMS comes to MGH

*'Excellence Every Day' takes center stage for unannounced visit*

Hospitals that participate in the Medicare program are required to comply with all requirements governing the program, and CMS can, at any time, conduct an inspection to ensure hospitals are in compliance.

I'd be willing to bet that three weeks ago, many of you had never even heard of a CMS survey. And there's a reason for that. Prior to February 2, 2010, it had been 35 years since MGH had been the site of a CMS inspection. So who is CMS, and what's all the fuss about? CMS stands for Centers for Medicare and Medicaid Services; they operate under the Federal Department of Health & Human Services. Hospitals that participate in the Medicare program are required to comply with all requirements governing the program, and CMS can, at any time, conduct an inspection to ensure hospitals are in compliance.

CMS surveys are conducted for one of two reasons: to validate the findings of the Joint Commission accreditation process, or 'for cause,' which means a survey was requested in response to allegations of non-compliance. The MGH survey was a validation survey. All validation surveys are unannounced; hospitals are selected randomly to get a broad sampling of facilities across the country. And surveyors have free range of the hospital to investigate where and how they see fit.

The MGH survey team consisted of 16 members (nurses, physicians, life-safety engineers, and nutritionists) who visited units and departments throughout the hospital reviewing medical records, examining policies and procedures, and carefully scrutinizing the physical environment. As most of you know, their inspection



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

was methodical, focused, and comprehensive. Over the course of two weeks, surveyors visited patient care areas on the main campus as well as MGH-affiliated satellite facilities. They were interested in our practices related to:

- pain assessment and re-assessment documentation
- suicide-risk assessment
- restraint utilization, documentation, and re-assessment
- universal protocol
- discharge planning and orders
- process-improvement efforts
- medication labeling and storage (e.g., expiration dates, refrigerator logs. etc.)
- medication administration
- code calls
- patient identification and privacy
- nursing documentation
- integrated medical record

*continued on next page*

- cleanliness of the physical environment
- fire safety
- quality assurance and performance-improvement
- infection control
- security
- patients' rights and responsibilities

And that's the short list.

But this is precisely the kind of scrutiny that Excellence Every Day prepares us for. A by-product of providing the best possible care to our patients every

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But this is precisely the kind of scrutiny that Excellence Every Day prepares us for. A by-product of providing the best possible care to our patients every moment of every day is that we're perpetually ready for the kind of rigorous examination one would expect from a regulatory agency.

moment of every day is that we're perpetually ready for the kind of rigorous examination one would expect from a regulatory agency.

For the duration of the survey, escorts from various departments throughout the hospital accompanied surveyors as they observed our clinical practice and inspected the condition of our physical environment.

One escort reported that a family member in the Medical Intensive Care Unit told surveyors that his loved one's care, "had been phenomenal." Another escort heard a patient tell a surveyor, "I've been a patient at MGH many times, and they always take good care of me. They always make sure I'm comfortable."

At daily briefings we heard from escorts that staff throughout the hospital were gracious and professional in responding to surveyors' questions and requests for information—even reminding surveyors to perform hand hygiene when entering and leaving patients' rooms.

I know I speak for myself, Peter Slavin, MD, and our entire executive team, when I say how proud we are of the way MGH staff conducted themselves during this grueling, two-week inspection. It's one thing to provide exceptional care in the course of a 'typical' day; it's quite another to be at your best under the watchful eye of a regulatory surveyor. Once again, our team was equal to the challenge, meeting and exceeding expectations.

Thank-you for your commitment to our patients and families, and for the part you play in sustaining a culture of Excellence Every Day.

#### Update

I'm pleased to announce that Kate Roche, RN, has accepted the position of clinical nurse specialist for the White 8 General Medicine Unit.

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# Job Shadow Day

## local high-school students come to MGH

—by Tracy Stanley, senior program manager, Center for Community Health Improvement

*“We had a great morning. Narimene was very motivated to learn, professional, and friendly. She asked lots of great questions, and I think she’ll be great in any area of healthcare she decides to pursue.”*

—Roxanne Guerriero, RN, nurse practitioner

**Below left:** East Boston High School student, Kevin Castillo, observes physical therapist, Jessica Riggs, PT (right) and physical therapy student, Jessica Mills, as they work with patient, Pat Johnson, on the treadmill.

**Below right:** physical therapist, Julie Bosworth, PT, instructs patient, Jack Chafin, in core stabilization exercises to improve balance while standing. Student, RonAsia Rouse, observes.

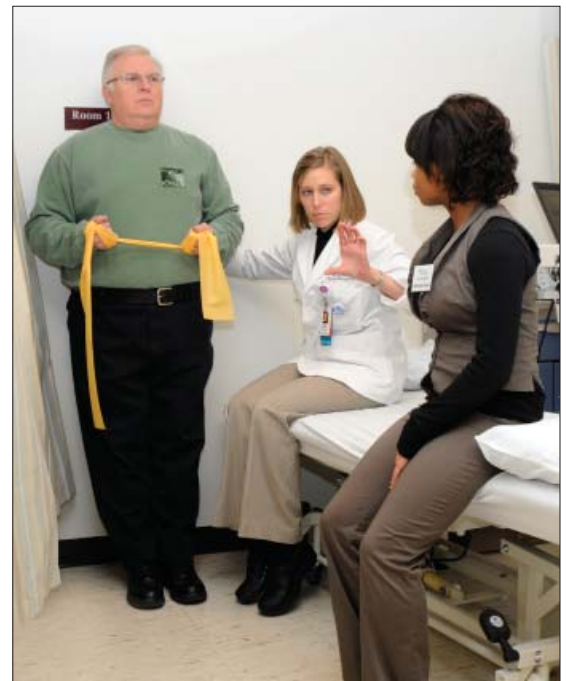
The fact that Punxsutawney Phil saw his shadow, predicting six more weeks of winter, didn’t curb the enthusiasm of students and MGH ‘hosts’ participating in this year’s Job Shadow Day held February 2, 2010 (otherwise known as Groundhog

Day). The MGH Center for Community Health Improvement Youth Programs in partnership with the Boston Private Industry Council invited students from East Boston High School, Edward M. Kennedy Academy for Health Careers (formerly Health Careers Academy), and The Engineering School to participate.

Some of life’s greatest lessons are learned outside the classroom. Job Shadow Day gives students an opportunity to observe, explore, and gain hands-on experience in a real-world healthcare setting. Students spent the morning with their hosts going on rounds, meeting patients, and getting a glimpse of some cutting-edge healthcare technology.

Job Shadow Day exemplifies our mission to collaborate with the community to enhance our responsiveness to patients and families of diverse cultural and socioeconomic backgrounds.

For more information about the Job Shadow program, contact the MGH Center for Community Health Improvement at 6-8197.





# Dynamic nurse-OA relationships transcend technology

—by Christine Marmen, educational development and project specialist

**I**mproving the patient, family, and employee experience through improved communication is central to our strategic goal for 2010. Enhancing teamwork through considerate, respectful interactions can help build patient confidence. As communication and workflow technologies evolve, it's important to cultivate partnerships that benefit patients while at the same time contribute to our own sense of well-being and workplace satisfaction.

On patient care units, numerous opportunities exist for nurses and operations associates (OAs) to work together to ensure a positive experience for patients and families. While nurses are clinically focused, OAs have insight into specialized technology (such as CBEDS and EMAR), customer service, and creative solutions to operational issues. This can make for a dynamic partnership in a complex, fast-paced, patient-care environment.

Says Christine O'Neill, operations associate on the Bigelow 11 Medical Unit, "Appreciation

of one another's roles and responsibilities can make even the most challenging days more gratifying. Having a mutual understanding of each other's needs and challenges has a direct impact on patient care and safety."

Open communication fosters collaboration. Consulting the resource nurse about a pending admission allows the team to take appropriate action to prepare for a patient's arrival. Transcribing treatment orders gives the OA a greater understanding of the needs of the patient and the demands on the nurse's time.

Says Bigelow 11 staff nurse, Christina Dhimitri, RN, "Having an involved OA like Christine makes the day so much smoother and makes patients so much happier. The unit functions more efficiently when she's working."

Nurses and OAs who have an interest in, and the ability to, look at a situation through the other's eyes enjoy a greater level of teamwork. And a unit that operates with a high level of teamwork is a unit that provides seamless, highly coordinated care to patients and families.

OAs who triage calls and anticipate the needs of nurses are an enormous asset to a unit. Nurses can devote more time to patient care when there is a competent, caring presence at the front desk.

The patient care environment has benefitted greatly from technological advances, both clinical and operational. But it's the strength of human relationships that drives excellence in patient care. We're fortunate to have such dedicated teams of nurses and OAs who appreciate the importance of teamwork.

For information about educational and professional-development offerings, call the Knight Nursing Center for Clinical & Professional Development at 6-3111.

Bigelow 11 resource nurse, Christina Dhimitri, RN (left) and operations associate, Christine O'Neill, confer about the arrival of a new patient.



(Photo by Christine Marmen)

# CICU nurse grateful for the privilege of standing with patients

Kathy had asked the surgeon if I could scrub in and watch the surgery. I was overwhelmed with excitement. Not only was CD finally going to get a heart, but I was going to see it first-hand.

**M**y name is Jenny Rusin, and I am a new graduate nurse. Sitting in orientation back in August, I thought the next six months would feel like a lifetime. Now, with only a few weeks left, I can't believe how fast the time went by. At first, the idea of writing a narrative about one experience that 'defines my profession' seemed daunting. Would I write about my patient who arrested (while I almost did the same); would I write about my induced-hypothermia patient who eventually woke up clear-headed and was able to spend a few more days with his family; or would I write about my elderly, confused patient whose arterial groin site opened unexpectedly—twice. I've had so many incredible experiences, and I learned something new with each one. When I thought more about the topic of this narrative, it came to me.

CD was a 34-year-old woman with a rare type of familial cardiomyopathy. She was at the top of the list for a heart transplant, and Ellison 9, the Cardiac Intensive Care Unit (CICU) had been her home for three long months. I knew as soon as I met CD, she was a fighter. She was always so hopeful and confident. As the time dragged on, I'll admit, I began to feel that her deteriorating condition might require another means of intervention, one she made clear she didn't want.



Jenny Rusin, RN, new graduate nurse

I came in to work one Tuesday morning, and saw that CD was my only patient. That was odd. When I looked closer, I realized that the other nurses seemed happier than usual for the 7:00am shift-change. The charge nurse soon told me what all the fuss was about.

"The doctor just went in to CD's room and told her to call her parents. They have a heart."

I couldn't believe the day had finally come. I shifted into organization mode; I wanted to make sure everything was in order so the procedure wouldn't be delayed. When I went into her room, it was like hugging a friend I hadn't seen in years—I didn't want to get her overly excited, but neither of us could contain our joy. My preceptor, Kathy, and I began to get her chart ready. We made sure all consent forms were in place, put her IV pumps on her bed for easy transport, and got sign-offs on all her pre-op orders. Kathy had asked the surgeon if I could scrub in and watch the surgery. I was

*continued on next page*

I remembered thinking that in an ICU, everything would be about meticulous care, close monitoring, and quick reactions. I'm so proud to work in an environment that offers not only exquisite critical care, but the privilege of standing with patients as they go through their most vulnerable times.

overwhelmed with excitement. Not only was CD finally going to get a heart, but I was going to see it firsthand.

Once CD's family arrived, the chaplain came in to say a blessing before she was taken to the OR. CD's family was extremely close, and they were a source of great support for her. As you can imagine, the blessing got very emotional. It was hard for me to hold it together. We said good-bye to the family at the elevator.

When we got inside, CD looked at me and said, "I'm so glad there will be a familiar face down there."

I tried to imagine what it must have felt like for her. Happiness at getting what she had been waiting for for so long; concern about major open-heart surgery; and gratitude to the person who had decided to be an organ donor who was essentially saving her life.

I didn't know what to expect in the OR. We brought her in, and the team was ready to go. CD, in true form, cracked jokes the whole time. We waited for close to two hours. Not knowing any better, I just assumed it was taking a while to transfer the heart to MGH. One of the OR nurses informed me that they'd be putting her under in just a moment.

Then the phone in the OR rang. I could tell by the look on the nurse's face that something was wrong. The heart had been denied. It was deemed inadequate for transplant. My heart sank. I looked at CD. I'll never forget how stoic she was. The nurses left the room, and I was alone with CD. I had no idea what to say. I went to the table and took her hand. She started to cry. For the first time, it seemed CD had given up hope. Overcome with emotion, I tried to hold back my own tears.

At that moment, I realized my nursing priority had shifted. No longer did I have to worry about consent forms, or NPOs, or whether her chlorhexidine had been appropriately swished and swallowed. The need was no longer for her physical heart, but for her emotional one. I brought CD back to the CICU. The nurses and doctors applauded her return the same as they had applauded her departure.

This experience helped me grow as a nurse in a way I never could have through books or observations. I remembered thinking that in an ICU, everything would be about meticulous care, close monitoring, and quick

reactions. I'm so proud to work in an environment that offers not only exquisite critical care, but the privilege of standing with patients as they go through their most vulnerable times.

Due to her worsening heart condition, a few weeks after CD's cancelled surgery, she was scheduled to be fitted for an LVAD (left-ventricular assist device). This was supposed to happen on a Tuesday, and when I came in Wednesday morning after a couple of days off, I was surprised to see that CD's name wasn't on the board. I asked the charge nurse how the LVAD surgery had gone.

As it turned out, CD got a call just hours before she would have received her LVAD. A heart had become available. As much as I believe in the wonders of modern medicine, this was like a miracle. Never before had I felt such happiness for another person.

I could not be more grateful to be starting my nursing career in my dream job. I know how lucky I am to be surrounded with support. I started orientation worrying about titrating pressors. I've impressed myself with the confidence I've gained, and I owe a lot of that to the example set by the nurses I'm proud to call colleagues. I look forward to being able to make even the slightest impact on the lives of my patients. The CICU is obviously an intense place to practice, but I hope if I continue to put my patients first, I'll be successful in my journey toward becoming a confident, knowledgeable, caring, cardiac nurse.

**Comments by Jeanette Ives Erickson, RN,  
senior vice president for Patient Care**

Every story of nursing presence is powerful, and this one is no exception. Jenny's presence both on the unit and in the OR was a comfort to CD—a familiar face, a caring companion, a new clinician who understood what CD had been through. For Jenny, it was a lesson in how quickly things can change. For CD, it was a hand to hold at a moment of utter disappointment. I have no doubt that Jenny will look back on this experience long after she becomes a seasoned nurse and recall the difference she made in CD's life.

Thank-you, Jenny.

# Go Red for Women

*a show of support for women's heart health*

—by Jackie Mulgrew, PT, physical therapist

**F**ebruary 5, 2010 marked National Go Red for Women Day, sponsored by the American Heart Association. Millions of Americans wore red to raise awareness and show their commitment to the fight against heart disease in women. In support of this national campaign, staff in Physical and Occupational Therapy as well as many other departments at MGH wore red as a show of solidarity. Go Red for Women Day reminds us that heart disease is the number-one killer of women in the United States. The wearing of red among clinicians in PT and OT spurred many questions about the sanguine fashion choice, giving staff an opportunity to inform and educate patients and visitors about the importance of heart health.

Several events were held in observance of Go Red for Women. Physical therapists from the inpatient Cardiac Physical Therapy Team staffed an inter-disciplinary heart-failure awareness booth in the White Lobby on February 18th. Therapists provided information to visitors on the importance of physical activity and exercise in preventing and treating heart failure.

In keeping with the red theme, PT & OT sponsored a blood drive in February, setting a goal to donate 70 units of blood. PT and OT would like to thank all who participated and urge everyone to 'exercise' good heart health.

For more information about the MGH Heart Center, visit: <http://www.massgeneral.org/heartcenter>.

Physical and occupational therapists wear red and form the shape of a heart to show their support for raising awareness about heart health. This was one of many expressions of support seen throughout the hospital on Friday, February 5, 2010, National Go Red for Women Day.



(Photo by Sam Riley)



# An outpouring of support for our Haitian friends and colleagues

*More than 450 MGH employees are of Haitian descent; 197 of them work within Patient Care Services. Many of our patient care associates, unit service associates, operations associates, nurses, and therapists had family in Haiti when the earthquake struck on January 12, 2010. As I walked through the hospital in the hours and days after the earthquake, I was struck by the concern and support staff showed for their Haitian colleagues. We truly are a family. Never is that more apparent than when we come together and care for one another in the face of adversity.*

**Question:** What kind of support are we providing to staff with connections to Haiti?

**Jeanette:** Communication to family members in Haiti was one of the most immediate challenges facing staff after the earthquake. MGH quickly arranged for more than 70 international phone lines to be set up throughout the hospital. Every area in Patient Care Services had/has a phone for staff to use free of charge to contact family in Haiti. And the Employee Access Center on Bulfinch 1 has made its telephones and computers available to staff.

In times of crisis, emotional support is critical. Staff were encouraged to take advantage of services offered through the MGH Chaplaincy and the Employee Assistance Program. Chaplains are available 24 hours a day, seven days a week for staff, patients, and family members. To request a chaplain, call 6-2220. Catholic masses are held every day at 4:00pm, and interfaith prayer services are held Monday through Friday at 12:15pm. To reach the Employee Assistance Program, call 6-6976.

**Question:** Many of my co-workers send money to their families in Haiti. Now, they need support more than ever. Is there anything we can do to help?

**Jeanette:** MGH has created a grant to offer financial assistance to MGH employees most affected by the earthquake. The grant program is funded by the MGH Haitian Relief Fund, which was established by the Development

Office to fund relief efforts for both MGH and community organizations in Haiti. A portion of the fund will provide support to MGH employees whose families were impacted.

Grant money can be used for:

- travel to and from Haiti
- costs associated with relocating family members from Haiti (airfare, immigration, legal fees, etc.)
- costs associated with assisting families in Haiti (food, shelter, etc.)
- funeral expenses

To apply for grant money, employees must have been impacted by the Haitian disaster and be able to describe their need for funds. Applicants must have been employed at MGH for a minimum of six months and work at least 20 hours per week.

Employees must complete a Haiti Grant Program application form, (available in Human Resources offices on the Main Campus, in the Employee Access Center, at Blossom Court, on White 14, and on the 7th floor of Building 149 in Charlestown). Those who don't have access to these locations or need assistance with the application process should contact their supervisor.

The grant program was made possible solely through the generosity of the MGH community, which to date has donated more than \$123,000 (to the MGH Haitian Relief Fund). For more information about the MGH Haitian Relief Fund, visit <https://www2.massgeneral.org/donate/haiti/>, or call your HR representative.

The effects of this devastating earthquake will be felt long into the future. I know we can count on our incredible MGH family to support our Haitian friends and colleagues for as long as the need remains.

# Announcements

## Educational Resource Information Day

MGH Training and Workforce Development is hosting an information booth

Wednesday, March 3, 2010  
12:00–1:30pm  
East Garden Dining Room

Come learn about upcoming educational opportunities, including: the Steps to Success Series; Career Development Series; citizenship classes; college fair; Spanish at MGH; Support Service Employee Grant; tuition assistance; and college preparation services.

All are welcome.

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

## Name that Application!

The new acute-care documentation (ACD) application is in need of a name.

Jointly developed by MGH and BWH, the ACD program will computerize inpatient documentation (flowsheets, notes, patient assessments, and care plans) to enhance safety, efficiency, and accuracy; the application will be accessible via CAS.

The ACD team is looking for a name for this new application. The naming contest is open to all MGH/BWH employees; it will run through February 28, 2010.

Entries should be no more than six characters long.

E-mail entries to:  
NameThatApp@partners.org  
for a chance to win a New England Patriots football signed by Logan Mankins or a \$100 gift card. Selection will be made by March 31, 2010

For more information, contact Michele Cullen, ACD project manager at 6-6874.

## Research Nurse Roundtable

“Working with a Multi-Generational Workforce: what We Can Learn from Each Other”

Tuesday, February 23, 2010  
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.

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.

## Nominate a Patient Safety Star

Do you know an employee who has demonstrated excellence in patient safety? Think about nominating him or her as one of our first MGH Patient Safety Stars

On March 9, 2010, in honor of National Patient Safety Awareness Week (March 8–12), MGH is sponsoring the first annual Patient Safety Appreciation Breakfast

50 Patient Safety Stars who have exhibited exemplary attention to patient safety will be honored.

MGH president, Peter Slavin, MD, and senior vice president for the MGH Center for Quality & Safety, Gregg Meyer, MD, will attend.

To nominate an employee, complete a simple nomination form on-line.

Nominations should be received by 5:00pm, February 19th.

For more information, call Millie LeBlanc, patient safety specialist, at 6-8031.

## Taking the First Step

MGH Training and Workforce Development is hosting Taking the First Step: Strategies to get on a Successful Career Path

March 18, 2010  
12:00–1:00pm  
Satter Conference Room  
Yawkey 2-210

This seminar will help employees identify barriers that may be preventing them from returning to school and provide information on how to get on a successful career path. Topics such as: goal-setting, managing priorities, and staying motivated will be addressed.

For more information, call John Coco at 4-3368

## Patient Safety Awareness Week

March 8–13, 2010

Monday–Friday  
Patient safety posters will be on display throughout the MGH community.

Tuesday and Wednesday  
Booths promoting patient safety will be set up in the White, Yawkey, and WACC lobbies. Visitors can enter a raffle for a chance to win a copy of, *You, the Smart Patient*, by Michael Rozien, MD and Mehmet Oz, MD.

Staff who filed a safety report in 2009 will be eligible to win prizes in a random drawing.

Thursday  
“The History of Safety at MGH; a Lot has Happened Since Ether!” presented by Jeff Cooper, director of the MGH Center for Simulation and a panel of experts in patient safety

O’Keeffe Auditorium  
3:00–5:00pm

All are welcome

For more information, call the Center for Quality & Safety at 6-9282

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For more information, call:  
617-724-1746

### Next Publication

March 4, 2010

# Educational Offerings – 2010

February

**24**

Workforce Dynamics:  
Skills for Success

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

February

**26**

PCA Educational Series

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

March

**1**

Oncology Nursing Concepts

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

March

**3**

Achieving Excellence in Evidence-  
Based Nursing Practice

Founders 311  
11:00am–12:00pm  
Contact hours: 1

March

**4**

Intermediate Arrhythmia  
Haber Conference Room  
8:00–11:30am  
Contact hours: 3.5

March

**4**

Pacing Concepts  
Haber Conference Room  
12:15–4:30pm  
Contact hours: 3.75

March

**8, 10, 22,  
24, 29 & 31**

Greater Boston ICU Consortium  
Core Program  
Simches Conference Room 3-120  
7:30am–4:30pm  
Contact hours: TBA

March

**10**

Code Blue: Simulated Cardiac  
Arrest for the Experienced Nurse  
POB 448  
7:00–11:00am  
Contact hours: 2.25

March

**10**

Nursing Research Committee's  
Journal Club  
Bulfinch 222  
4:00–5:00pm  
Contact hours: 1

March

**10**

A Nursing Director's Guide to  
Evidence-Based Practice  
Founders 311  
10:00–11:00am and  
11:00am–12:00pm  
Contact hours: TBA

March

**12**

Pediatric Simulation Program  
Founders 325  
12:30–2:30pm  
Contact hours: 2

March

**15 & 22**

ACLS Provider Course  
Day 1: 8:00am–4:00pm  
O'Keefe Auditorium  
Day 2: 8:00am–3:00pm  
Thier Conference Room  
No contact hours

March

**17**

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

March

**17**

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

March

**17**

Starting a Journal Club to  
Promote Evidence-Based  
Nursing Practice  
Founders 311  
11:00am–12:00pm  
Contact hours: 1

March

**18**

BLS/CPR Certification for  
Healthcare Providers  
Founders 325  
8:00am–12:30pm  
No contact hours

*Beginning April 1, 2010, educational offerings will be found on the  
Knight Nursing Center website ([http://www2.massgeneral.org/PCS/ccpd/cpd\\_sum.asp](http://www2.massgeneral.org/PCS/ccpd/cpd_sum.asp))  
and in the e-newsletter distributed weekly by the Center.  
For more information, call 6-3111.*

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

# A Note of Thanks

Dear Dr. Gottlieb, Dr. Slavin, and Chief Nurse Ives Erickson,

I am a nurse at MGH. I'm writing to thank MGH and Partners HealthCare for all they've done to support the Haiti earthquake relief efforts.

I am from Haiti. Three days before the earthquake, I returned from a mission to Hopital Sacre Coeur about eight hours north of Port au Prince as part of the CRUDEM (Center for the Rural Development of Milot, Haiti) organization. While there, we had an opportunity to provide classes and workshops to the nursing and auxiliary staff at the hospital. We provided education on patient assessment, infection control, maternal and newborn assessment, as well as some common pediatric issues. We certified five BLS trainers who then certified 15 students in BLS/CPR.

I want to personally let you and Chief Nurse Ives Erickson know how proud and honored I am to be a part of this great organization. Your commitment to helping those affected by the earthquake both in Haiti and throughout the Partners HealthCare system is so appreciated by the Haitian community.

Thank-you for supporting Partners in Health, donating supplies, providing employees with access to services and communication, and for the countless other ways you reached out to the Haitian community in the aftermath of this tragedy. My brother-in-law, who is also an MGH employee, was unable to contact his brother and sister in the immediate aftermath—he was greatly relieved to be able to call Haiti through the phone lines MGH made available.

On behalf of the Haitian employees of MGH, Partners HealthCare, and the people of Haiti who are benefiting from your generosity, thank-you, thank-you, thank-you.

Printed anonymously at the request of the sender



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