

Caring

Headlines

February 4, 2010

Crisis in Haiti

brings out the best in MGH

See story on
page 2



MGH clinicians (l-r): Jennifer Garrity, Nora Sheehan, Remold Audate, Marjorie Anne Curran, Paul Firth, Karen Zoeller, and Elizabeth Quinby gather at airport before being deployed to the USNS Comfort in the aftermath of the earthquake that devastated parts of Haiti.

As a nation struggles to survive, MGH mobilizes to help

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

Below: MGH chaplain, Gabriel Michel, at special service to support those affected by crisis in Haiti.
Below right: volunteers arrive at field hospital erected to provide care to the injured.

Not since 9/11, the tsunami that struck southeast Asia, or hurricane Katrina has a national tragedy so dominated the world's attention. On January 12, 2010, a 7.0-magnitude earthquake struck the small island nation of Haiti, killing tens, possibly hundreds of thousands and injuring thousands more. Port-au-Prince, Haiti's capital city, was a scene of mass devastation as homes and government buildings fell, hospitals collapsed, and most, if not all local healthcare workers per-

ished in the ruins. Efforts to bring aid to the island were hampered by little or no access to communication or transportation. The fear of infection, starvation, and disease quickly became a reality as many more died while waiting for critical supplies to arrive. In some ways, the earthquake in Haiti may be the worst disaster in modern times simply because of the number of survivors requiring immediate care.

Hours after this catastrophic event, MGH was hard at work orchestrating a response. Everyone wanted to help. My phone rang off the hook with people wanting to know—what could they do; how could they get involved—many offering to go to Haiti that very day. I

continued on next page



(Photo by Michelle Rose)



(Photo provided by staff)

Mindful that many of our employees had family in Haiti, and others were *in* Haiti when the earthquake hit (either on vacation or working with health organizations in the area), we quickly put systems in place to support staff trying to connect with loved ones in affected areas.

heard the concern in their voices; I felt their anger and frustration. I've seen this side of MGH many times before—people coming together to help with no regard for their own personal needs or plans. It never ceases to amaze me.

As governments around the world worked to overcome logistical obstacles to get medical personnel on the ground in Haiti, MGH was already hard at work. Mindful that many of our employees have family in Haiti, and others were *in* Haiti when the earthquake hit (either on vacation or working with health organizations in the area), we quickly put systems in place to support staff trying to connect with loved ones. International phone lines were activated. Dedicated phone lines and Internet connections were made available for extended hours in the Employee Access Center.

MGH chaplains held special Roman Catholic and inter-faith services to pray for those affected by the earthquake. The chapel was offered as a quiet place for people to pray and reflect; chaplains and members of

the Employee Assistance Program (EAP) were available for counseling and emotional support. MGH chaplain, Gabriel Michel, a native of Haiti, was especially helpful, offering himself as a resource to Haitian employees and others in those difficult hours after the earthquake. A list of MGH employees with connections to Haiti was placed at the entrance to the chapel so friends and colleagues could pray for them. Medical interpreters were mobilized to support patients and staff trying to make sense of stories in the news and sporadic information coming from Haiti. And in response to an outpouring of requests from the MGH community, a Haitian Relief Fund was established through the Development Office to support efforts on the ground in Haiti.

In the earliest hours after the quake, travel to and from Haiti was impossible. We knew members of our staff who have been trained to work with DMAT (the federal Disaster Medical Assistance Team) and

continued on next page

Curt Audin, RN (right), Emergency Department staff nurse, tends to young boy in aftermath of the earthquake.



(Photo provided by staff)

IMSuRT (the International Medical-Surgical Response Team) would be deployed as soon as transportation became possible. In addition to the DMAT and IMSuRT teams, we worked closely with Project HOPE and the US Navy to help staff the USNS Comfort. We have committed to a ten-mission deployment to the Comfort, with each deployment lasting up to three weeks and involving clinicians from various disciplines rotating in as needed. And we're working with Partners in Health, the BWH-affiliated program that has operated hospitals in Haiti for many years to help meet their staffing needs.

So many clinicians volunteered to go to Haiti, we had to temporarily curtail requests from staff to ensure patient-care needs were met here at home. As always, I was so proud of staff who stepped up to cover shifts while our colleagues put themselves in harm's way. I know the burden it creates for staff and their families. I know the sacrifice it requires. Just as important as the caregivers who go to Haiti are those who stay behind and pick up additional shifts so their colleagues can do this critical, life-saving work.

Below: MGH nurse, Grace Deveney, RN (center), organizes contingent of nurses at field hospital in Haiti. **At right:** patients wait to be seen by a caregiver.



Though communication with Haiti has been challenging, we've heard from some of our colleagues with reports of austere conditions, severe shortages of drugs and medical supplies, and in some cases, heart-breaking stories of suffering and death.

One report told of patients with complex fractures, de-gloving injuries, broken femurs, and a patient-nurse ratio of 40:1. Others spoke about the 'creative' methods they're using to care for critically injured patients with limited resources. All of these stories paint a picture of great desperation and great courage.

Language barriers have not helped. We're hearing that communication in the make-shift operating rooms consists of a combination of Spanish, Creole, French, English, and sign language.

Fortunately, there have been some happy stories, too. As reported on NPR, our own Dr. Anne Goodman stayed by a pregnant woman's side until she safely de-

continued on next page



(Photos provided by staff)

livered a healthy baby boy, stepping away only long enough to check on the safety of her team members. And there are other stories of success, survival, and resilience. Hopefully, as the days go by and more aid arrives, the good-news stories will outnumber the bad.

In the meantime, we will continue to do all we can to support the people of Haiti, our Haitian employees here at MGH, and our brave clinicians as they return from the harrowing site of this terrible disaster.

At press time, the MGH Haitian Relief Fund had received more than \$60,000 in donations. I thank you for

your generosity in these uncertain times. I know your kindness is appreciated by our friends in Haiti as well as those here at home.

Nothing can ease the pain we feel as this devastated nation struggles to recover. But it is a privilege and a comfort to be part of this MGH community that cares so deeply about patients and is willing to go to such great lengths to help.

Below: obstetrician, Anne Goodman, MD, delivers baby in field hospital erected in a Haitian schoolyard. **Below right:** father holds his new baby boy.



(Above photos by John Poole of National Public Radio)

In this Issue

Crisis in Haiti.....	1	Clinical Narrative.....	8	Announcements.....	14
Jeanette Ives Erickson.....	2	• Holley Engel, RN		Educational Offerings.....	15
• MGH Mobilizes to Help Haiti		Talking with Children about		Nursing Research Journal Club	
Pet Therapy Celebrates		Events In the News.....	10	• Therapeutic Touch.....	16
Milestone Anniversary.....	6	Fielding the Issues.....	11		
EMAPPS Coaches.....	7	• Re-Designing Collaborative Governance			
		Professional Achievements.....	12		

Pet Therapy turns 7 years old this month

(That's 49 in dog years!)

—by Paul Bartush, director, Volunteer and Interpreter Services and Information Ambassadors

Even before there was a pet therapy program at MGH, animals were a big part of the volunteer experience. Patients frequently regaled volunteers with stories about their pets, and volunteers with pets of their own long hoped for a pet therapy program here at the hospital. In 2002, the Volunteer Department and nursing leadership began exploring the possibility of introducing four-legged friends into the complex, fast-paced world of MGH— and the rest, as they say, is history.

This month, the MGH Pet Therapy Program, managed by the Volunteer Department and the department of Nursing, turns 7 years old. The program boasts more than 20,500 visits conducted by a core team of 11 volunteers and their pet partners.

Bobbi Evans, one of the original volunteers, says, “Nothing has changed! It’s still as exciting to visit patients with my dog as it was the day the program was launched.”

Lois Cheston, who joined the program in 2004, adds, “Dogs make everyone smile. It takes ten minutes to get from the front en-

trance to the Volunteer Department because everyone wants to pet your dog.”

After hearing from staff that the Pet Therapy program was having a positive impact on patients, staff specialist, Mandi Coakley, RN, decided to conduct a research study entitled, *The Response of a Pet Therapy Visit on Patients*. Data was collected by staff in the Clinical Research Center. The study measured pain level, energy, mood, and vital signs before and after pet therapy visits, and open-ended questions were asked so patients could describe their experience.

Patients who received pet-therapy interventions reported decreased pain and an increase in energy level and improved mood after visits. There was no significant change in vital signs, but patients reported that visits were, “calming,” and, “good therapy.” Others said, “It cheered me up,” or, “It was a breath of fresh air.”

This research was reported in the article, “Creating a Therapeutic and Healing Environment,” published in the August, 2009, *Complementary Therapies in Clinical Practice*.

“The Pet Therapy program has been a huge asset to patients and staff alike,” says nursing director, Sharon Bouvier, RN. “Staff enjoy it as much as patients. It lifts their spirits and provides common ground for people to talk about their pets and life experiences. It’s one of the most successful programs I’ve seen.”

Currently, 17 inpatient units and two outpatient waiting areas participate in the program, accounting for approximately 90 pet-therapy visits each week.

For more information about the Pet Therapy Program, call Wayne Newell at 4-1753, or Mandi Coakley at 6-5334.



MGH pet therapy volunteers and their dogs

A day in the life of an EMAPPS coach

—by Trish Meyer, RN; Ellen Kinnealey, RN; and Susan Kilroy, RN

A team of clinical nurse specialists, nursing directors, and staff nurses from different specialties and with varying levels of computer expertise came together with one thing in common—a desire to learn as much as we could about EMAR so we could share that knowledge with our peers throughout the hospital.

We are Trish Meyer, Ellen Kinnealey, and Susan Kilroy, three of the more than 40 nurse coaches who helped roll out the Electronic Medication Administration Process for Patient Safety (EMAPPS). Now that the inpatient roll-out is complete, we'd like to share what, 'a day in the life of a coach' was like for many of us.

Back in February, 2009, a very diverse group of nurses was assembled to help support our transition to EMAPPS. A team of clinical nurse specialists, nursing directors, and staff nurses from different specialties and with varying levels of computer expertise came together with one thing in common—a desire to learn as much as we could about EMAR so we could share that knowledge with our peers throughout the hospital.

We were all apprehensive but anxious to accept the challenge. For three weeks, we listened to presentations, consulted manuals, learned the lingo, and practiced various scenarios, awaiting roll-out day.

The early days of roll-out were daunting as we struggled to learn together and uncover 'glitches' in the system. This gave us empathy for staff as they tried to adapt to this new practice. We became known as the 'the purple coats,' and our mantra was, "Care for patients first, then scan, administer, and sign." Frustration soon turned into competence and a belief that this new system truly would elevate our quality of care and provide a safer environment for patients.

The end of each two-week, roll-out period was bitter-sweet as we were sorry not to be needed anymore but happy staff had mastered EMAPPS. And it was



(L-r): Susan Kilroy, RN; Ellen Kinnealey, RN; and Trish Meyer, RN

nice to be joined by nurses who became coaches after having had a positive experience with the roll-out on their units.

It seems like a long time since our first roll-out on White 6 and Blake 13, and at the same time, the past nine months have flown by. We learned a lot, laughed a lot, and became good friends. We enjoyed working collaboratively with Information Systems, Pharmacy, the hardware specialists, the CNS and management teams, nurses, and respiratory therapists. It was truly an inspiration to see amazing and compassionate caregivers throughout the hospital; it makes us proud to count ourselves as part of the MGH family.

Being an EMAPPS coach meant being part teacher, part cheerleader, and part psychologist. It was illuminating to see how much *everyone* brought to the table. Our hats are off to our peers throughout MGH whose dedication, intelligence, compassion, and tenacity carried them through the trials and tribulations of this momentous practice change. And a special thanks to project specialist (and a great manager and unifier) Rosemary O'Malley, RN, for her support and guidance.

For more information about EMAPPS, call Rosemary O'Malley at 6-9663.

Intuition, experience, and quick thinking contribute to positive outcome

But one patient recently reminded me how important my work as a nurse can be, and how experience and quick thinking can change a patient's life forever.

My name is Holley Engel, and I have been a nurse for nine years. Working on a busy neuroscience unit, I never really think about the impact I have on patients' lives. I do what I do because I enjoy it. But one patient recently reminded me how important my work as a nurse can be, and how experience and quick thinking can change a patient's life forever.

LW is a 48-year-old woman who came to MGH after having a seizure at home. Three days prior to admission she reported a severe headache on the left side of her head. Upon admission, a head CT revealed a left transverse sinus thrombosis and temporal lobe hemorrhage. Transverse sinus thrombosis is a blood clot that forms in one of the large veins leading from the head. The occlusion causes hemorrhage and swelling in the brain that can result in increased intracranial pressure, which is what had caused LW's headache.

LW was treated in the Neuro ICU and didn't require surgery, but she did develop expressive aphasia, characterized by impaired spontaneous speech that's non-fluent, slow, and requires great effort. She was able to follow commands and move her arms and legs with slight right-sided weakness, and her pupils were equal and reactive. She remained in the ICU for a week and then transferred to Ellison 12.

I became LW's nurse the following morning about 12 hours after she arrived on our unit. The nursing



Holley Engel, RN, staff nurse, Blake 12 Neuroscience ICU (formerly, Ellison 12 Neuroscience Unit)

note I received indicated that LW was stable. Before going to see patients, I like to review the morning lab results and any orders written by the doctor. This gives me an idea of how the patient spent the last eight hours and allows me to bring any concerns I might have to the doctor's attention during morning rounds.

I noted that LW's blood levels were within therapeutic range for the heparin she was receiving, but her sodium level was significantly low at 131. (Normal is 135-145). This concerned me because sodium levels directly affect the osmotic shift of water in and out of brain cells. I remembered a poster I'd seen at a conference that described a 28-year-old woman who had died after running the Boston Marathon. The cause of death was hyponatremic encephalopathy. She had apparently drunk too much water, which caused the sodium level to drop in her blood but not in her cells. In an attempt to find a balance, the body flooded the cells with water, causing them to swell. Unfortunately, her brain couldn't tolerate the swelling because of the confined space inside the skull. The woman collapsed dur-

continued on next page

ing the race and fell into a coma. I never forgot that poster.

When I went in to examine LW, I found her somnolent and responsive only to noxious stimuli, very different from what I had expected after reading her chart. She had limited eye opening and made no attempt to speak. She wasn't able to follow commands as had been previously reported, and she had a sluggish left pupil. Her left arm and leg had withdrawal movements, but her right side was extended. Her vital signs were stable, and she was oxygenating okay on room air.

My intuition and experience told me her decreased responsiveness and sluggish pupil were something I needed to take seriously. I checked her chart for prior episodes of decreased responsiveness. Finding nothing, I paged the neurology resident on call.

After speaking with the doctor, I re-tested her sodium level. Her previous sodium level had been taken six hours earlier, and with this change in her neuro status, we decided to check her blood for IV heparin, too. I knew that hyponatremia could affect alertness and cause seizures and brainstem herniation. When the resident arrived, I explained that her neuro exam had revealed changes from what was previously reported. I was concerned she might have swelling in her brain. The resident wasn't familiar with this patient, but he knew I was an experienced neuro nurse respected for my knowledge by other members of the team.

He ordered a head CT, and I accompanied LW to Radiology (it's our policy to escort unstable patients when traveling off the unit). Upon returning from Radiology, I repeated my neuro exam. She remained drowsy, and I noted that her left pupil was now fixed and dilated. I knew this was a sign of the beginning of brainstem herniation. I paged the neuro resident again and we immediately discontinued her IV heparin. Since we hadn't seen the results of the CT scan, we weren't sure if her brain was swelling or if she had a new bleed.

My adrenaline was pumping; I knew LW was really sick. Within minutes the junior and senior residents were at the bedside, and we began administering Mannitol, an IV osmotic solution that reduces swelling by pulling water out of the cells. I had given Mannitol to patients before, so I was familiar with how it was administered. I think the doctors sensed my confidence because we all calmly worked together with them frequently asking for my feedback on the situation.

Soon after, we received the lab repeat on LW's sodium level, which was now even lower at 126. This confirmed that LW was having brain herniation or

swelling. We immediately began infusing 3% sodium chloride, a hypertonic solution to replenish her electrolytes.

The CT scan showed herniation secondary to edema rather than a re-bleed. LW was taken emergently to the operating room for a left hemicraniectomy and decompression, where part of the skull is removed to relieve the pressure and allow room for the swelling.

The whole thing happened so fast, but when all was said and done, I knew that had it not been for my immediate assessment and rapid intervention (including the quick response of the residents), this patient might not have survived.

Three days later LW returned to Ellison 12 from the ICU. She had tolerated surgery well. She wasn't assigned to me, but I had to see how she was doing. When I walked into her room, I was thrilled to see her awake and sitting up in bed talking. She looked so vibrant—nothing like how I remembered her. I introduced myself and told her I had taken care of her the day she was rushed into surgery. She didn't remember anything from that day and joked about her 'shaved head.' I told her how great it was to see her awake and talking, and she thanked me for taking care of her (even though she didn't remember!)

We sat and talked awhile, because I'd never had a chance to talk to her before. She was a high school English teacher and had two teenage girls. She planned to take the rest of the year off to get therapy for her aphasia. Our conversation was interrupted when her husband and sister arrived.

It brought a smile to my face to know LW was going to be okay and that I had contributed to that outcome. I was proud to be a nurse that day. I knew that my experience had allowed me to recognize subtle changes in LW's neuro status and collaborate with other disciplines while keeping the patient at the center of our efforts.

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

In this narrative, theoretical and experiential learning came together in Holley's quick assessment and intervention on LW's behalf. Holley trusted her judgment, based on years of experience (and one very auspicious research poster), and was able to anticipate what LW needed. Holley's knowledge, skill, and confidence in guiding the team's response may well have saved LW's life.

Thank-you, Holley.

The whole thing happened so fast, but when all was said and done, I knew that had it not been for my immediate assessment and rapid intervention (including the quick response of the residents), this patient might not have survived... I was proud to be a nurse that day.

Talking with children about upsetting events in the news

—by Paula K. Rauch, MD, of the MGH Psychiatry Department

Recent coverage of the earthquake in Haiti and other events in the news can present a challenge for parents trying to shield their children from disturbing thoughts and images. Most children benefit from adhering to regular routines, including daily schedules and normal expectations for schoolwork. The following guidelines, prepared by Paula Rauch, MD, psychiatrist, may help you navigate difficult news stories with your children:

- Children take emotional cues from adults. If we're calm, usually they'll feel secure, but it's important to talk to your child about his specific concerns
- Television images can be upsetting. Turn off the TV around young children
- Coverage of the same event over and over can be misinterpreted as something that is happening repeatedly
- Watch television with older children so you can answer questions and be aware of their feelings
- Remain confident and remind your child of the security that comes from preparation and training of community leaders

The following age-specific tips may be helpful.

Infants:

- Infants pick up on the anxieties and actions of those around them; remain calm when interacting with your infant. Keep routines and their environment consistent

Toddlers:

- Keep routines consistent
- Limit television and radio news time and only in the presence of an adult
- Show videos, read books, and play with your child
- Answer questions in simple terms
- Make sure your child knows you're there to keep her safe

Pre-schoolers (same as for toddlers, plus):

- Spend extra time hugging and cuddling your child
- Play with your child. Connect with friends and playgroups

School-age children:

- News exposure should be in the presence of an adult
- Give children opportunities to talk about what they think is going on, and clear up misconceptions
- Encourage children to share their feelings and concerns with you. Let them know it's all right to be afraid and you're doing everything you can to keep them safe
- Engage them in special activities or games

Adolescents:

- Listen!
- Watch the news with them
- Engage your adolescent in healthy, informative conversations; share your feelings honestly
- Encourage them to express their feelings and brainstorm with them about how they can deal with those feelings

All Children:

- Be with your children as much as possible
- Don't assume you know what they're thinking
- When they ask about their safety, explain that you'll do everything you can to keep them safe
- Address their specific concerns

Children may exhibit some of the following behaviors during stressful times:

- Regression— acting younger and seeking attention
- Becoming more clingy
- Having difficulty sleeping
- Being more temperamental, making angry comments
- Playing or acting more aggressively

All these reactions are normal. Talk to your children and allow them to express their feelings.

To see a complete list of guidelines, go to the MGH Haiti Relief Effort website at www.massgeneral.org/haiti.

Integrating the work of collaborative governance committees

Reviewing the minutes from the past year, we were struck by how often the Ethics, Nursing Practice, and Quality committees shared common topics. We need to find a way to align these committees to make their work more meaningful in today's patient-care environment.

Question: I understand there's going to be a change in collaborative governance. What's happening?

Jeanette: Since 1997, collaborative governance has been an important part of our professional practice model. It has been a useful communication and decision-making vehicle that places authority and responsibility for patient care with clinicians at the bedside. That will not change. But the environment in which we care for patients *has* changed since 1997. In some cases, the issues facing one committee overlap those facing another. We need to find a way to align these committees to make their work more meaningful in today's patient-care environment.

Question: What committees will be affected?

Jeanette: Reviewing the minutes from the past year, we were struck by how often the Ethics, Nursing Practice, and Quality committees shared common topics. Pain-management, for example: the Ethics Committee discussed issues around adequate pain relief; the Quality Committee discussed regulatory and credentialing guidelines associated with pain-management; and the Nursing Practice Committee discussed treatment modalities and documentation of pain-management issues. Those issues are not isolated in our care of patients, they shouldn't be isolated in our discussions about solutions.

Question: How will you go about re-designing collaborative governance to accomplish that?

Jeanette: I have initiated a process that includes clinicians within and outside of collaborative governance—staff and leadership—to get their thoughts and advice. A series of focus group will be held over the next several months. I will keep you informed of our progress and recommendations as we move forward.

Question: How will those committees function in the interim?

Jeanette: Collaborative governance is essential in advancing Patient Care Services' strategic plan and improving care. Committees will continue to identify opportunities to improve care, and when a decision is reached about the specifics of re-design, we will move swiftly and seamlessly to a new configuration.

For more information, or if you have suggestions, contact Gaurdia Banister, RN, executive director for The Institute for Patient Care, at 6-3111 or Mary Ellin Smith, RN, professional development manager, at 4-5801.

Professional Achievements

Squadrito presents

Alison Squadrito, PT, physical therapist, presented, "Senior Wellness Fair," for the Geriatric Special Interest Group of the American Physical Therapy Association of Massachusetts, in Boston, September 26, 2009.

Law presents

Suy-Sinh Law, PT, physical therapist, presented, "Fall Prevention," at the South Cove Foundation, in Boston, November 19, 2009.

Hoffman elected

Donna Hoffman, RN, staff nurse, RACU, was elected, president of the Respiratory Nursing Society, September 20, 2009.

Arnstein appointed

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, was appointed, editorial board member for the *Journal of Pain & Palliative Care Pharmacotherapy*, December 20, 2009.

Lucas presents poster

Michele R. Lucas, LICSW, Social Services, presented her poster, "Private Caregiver Listserve: Maximum Benefit for Minimum \$\$\$," at the Society of Neuro-Oncology Conference in New Orleans, October 23, 2009.

Zachazewski presents

James Zachazewski, PT, physical therapist, presented, "Flexibility and Stretching," at the American Academy of Physical Medicine and Rehabilitation, in Austin, Texas, October 22, 2009.

Ferrari publishes

Angela Ferrari, nurse midwife, authored the informational paper, "Share with Women: Stripping Membranes," in the May, 2009, *Journal of Midwifery and Women's Health*.

Jones appointed

In December, 2009, Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research, was re-appointed a member of the Editorial Board for *Nursing Research* through 2012.

Banister appointed

Gaurdia Banister, RN, executive director, The Institute for Patient Care, was appointed, vice president of the New England Regional Black Nurses Association, (NERBNA), in Boston, in October, 2009.

Townsend publishes

Elise Townsend, PT, physical therapist, authored the article, "Effects of Aquatic Aerobic Exercise on Endurance, Functional Mobility, and Participation in a Child with Cerebral Palsy: a Single Subject Design," in the winter, 2009, *Pediatric Physical Therapy*.

Hultman elected

Todd Hultman, RN, nurse practitioner, Palliative Care Services, was elected, president-elect of the Hospice and Palliative Care Nurses Association, for 2010, on October 18, 2009.

Mahoney and Roberge present

Barbara Roberge, RN, and Ellen Mahoney, RN, presented, "A Randomized Control Trial of a Nursing Communication Intervention Transitioning into the Hospital," at the Annual Meeting of the Gerontological Society of America, in Atlanta, November 20, 2009.

Dorman appointed

Robert Dorman, PT, physical therapist, was appointed a member of the Acute Care Section Task Force on Entry-Level Competencies for Physical Therapists and Physical Therapist Assistants, of the American Physical Therapy Association, in Alexandria, Virginia, in November, 2009.

Mulgrew and Squadrito present

Jackie Mulgrew, PT, and Alison Squadrito, PT, physical therapists, presented, "Management of the Acute Care Patient," at Saint Vincent's Hospital, in Jacksonville, Florida, November 13-14, 2009.

D'Avolio appointed

Deborah D'Avolio, RN, geriatric specialist, was re-appointed a member of the Clinical Practice Committee for the National Gerontological Nursing Association, in December, 2009.

King re-elected

Janet King, RN, endoscopy staff nurse, was re-elected to the Board of Directors of the New England Regional Society of the Society of Gastroenterology Nurses and Associates, in December, 2009.

Speakman presents

Elizabeth Speakman, LICSW, director of HAVEN at MGH, presented, "Mindfulness-Based Strategies with Domestic Violence Survivors," at the Family Violence Prevention Fund Conference, in New Orleans, October 9, 2009.

Interdisciplinary team recognized

Patricia Dykes, RN; Diane Carroll, RN; Ann Hurley, RN; Ronna Gersh-Zaremski, RN; Ann Kennedy, RN; Janice Kurowski, RN; Kim Tierney, RN; Angela Benoit; Frank Chang; Stuart Lipsitz; Justine Pange; Ruslana Tsurkova; Lyubov Zuyov, RN; and, Blackford Middleton, MD, received the Harriett Werley Award, for their paper, "Fall TIPS: Strategies to Promote the Adoption and Use of a Fall-Prevention Toolkit," at the 2009 Annual Symposium of the American Medical Information Association, in San Francisco, November 14-18, 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," at the Massachusetts Chapter of the American Physical Therapy Association in Norwood, November 7, 2009.

Nurses publish

JoAnn Mulready-Shick, RN; Kathleen Kafel, RN; Gaurdia Banister, RN; and Laura Mylott, RN, authored the article, "Enhancing Quality and Safety Competency Development at the Unit Level: an Initial Evaluation of Student Learning and Clinical Teaching on Dedicated Education Units," in the December, 2009, *Journal of Nursing Education*.

Professional Achievements (continued)

Laing certified

Alecia Laing, RN, float case manager, became certified as a case manager, by the National Institute for Case Management, in December, 2009.

LaSala appointed

Cynthia LaSala, RN, clinical nurse specialist, was re-appointed a member of the American Nurses Association Center for Ethics and Human Rights Advisory Board, in December, 2009.

Miller Receives fellowship

Kathleen Miller, RN, of MGH Community Health Associates, was awarded the Kenneth B. Schwartz Fellowship in Pastoral Care, in November, 2009.

Miller honored

Kathleen Miller, RN, of MGH Community Health Associates, was awarded the Tufts Foundation Awards Grant for Senior Wellness, for 2009 and 2010.

Atamian certified

Wendy Atamian, RN, case manager, Internal Medicine Associates, became certified as a case manager by the National Institute for Case Management, in December, 2009.

Mahoney honored

Debra Mahoney, LPN, nurse practice manager for the Specialties Department at the MGH Revere HealthCare Center, received the Dermatology Nursing Association Outstanding Community Service Award, in December, 2009.

Santosuosso certified

Rose Santosuosso, RN, case manager, Hematology/Oncology, became certified as a case manager, by the National Institute for Case Management, in December, 2009.

Sherman certified

Marsha Sherman, RN, staff nurse, Neurology, became a certified neuroscience nurse by the American Nurses Credentialing Center, in December, 2009.

Oertel and Libby publish

Lynn Oertel, RN, clinical nurse specialist, Anticoagulation Management Service, and Edward Libby, MD, authored the article, "Is Patient Self-Testing a Good Thing?" in the November 10, 2009, on-line *Journal of Thrombosis and Thrombolysis*.

Carroll and Gonzalez publish

Diane Carroll, RN, nurse researcher, and Colleen Gonzalez, RN, nursing director, authored the article, "Visiting Preferences of Cardiovascular Patients," in the December 8, 2009, *Progress in Cardiovascular Nursing*.

Rubin, Flahery and Agarwala publish

Krista Rubin, RN, nurse practitioner, Keith Flaherty, MD, and Sanjiv Agarwala, MD, of the Center for Melanoma, authored the article, "Adjuvant Therapy for Malignant Melanoma: Targeted Pathways to Antitumor Potential and Better Outcomes," in the November/December 2009 *Oncology Nursing News*.

LaSala publishes

Cynthia LaSala, RN, clinical nurse specialist, authored the article, "Moral Accountability and Integrity in Nursing Practice," in the December, 2009, *Nursing Clinics of North America*.

Nurses publish

Susan Lee, RN; Edward Coakley, RN; Constance Dahlin, RN; and, Penny Ford Carleton, RN, authored the article, "An Evidence-Based Nurse Residency Program in Geropalliative Care," in the December, 2009, *Journal of Continuing Education in Nursing*.

Hall, Mullally and Goldstein publish

Kathryn Hall, RN, nursing director, Clinical Research Center; William Mullally, MD, and Richard Goldstein, authored the article, "Efficacy of Biofeedback in the Treatment of Migraine and Tension Type Headaches," in the November/December, 2009, *Pain Physician*.

Radwin publishes

Laurel Radwin, RN, nurse researcher, authored the article, "Review: Cancer-Related Decision Aids Improve Patient Knowledge Overall and Reduce Anxiety in Screening Settings," in the October, 2009, *Evidence-Based Nursing*.

Corbett and Huefner present

Occupational therapists, Lauren Corbett, OTR/L, and Karen Huefner, OTR/L, presented, "Integrating Evidence-Based Literature into OT Practice," at Tufts University, December 10, 2009.

Rubin recognized

Krista Rubin, RN, staff nurse in Hematology/Oncology, received the 2010 Excellence in Cancer-Prevention and Early Detection Award, from the Oncology Nursing Society, in November, 2009.

Robinson presents

Ellen Robinson, RN, clinical nurse specialist, presented, "Care of Loved Ones at the End of Life: a Talk for the Lay Community," at All Saints Episcopal Church in Stoneham, December 2, 2009.

Robbins elected

In December, 2009, Christopher Robbins, RN, endoscopy staff nurse, was elected, president-elect of the New England Regional Society of the Society of Gastroenterology Nurses and Associates, for the 2010 term.

Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Dynamic Splinting with Early Range of Motion After Zone 4/5 Extensor Tendon Repairs," at the New England Hand Society, in Sturbridge, December 4, 2009.

Perry presents

Donna Perry, RN, professional development manager, The Institute for Patient Care, presented, "Reclaiming Dignity: Palestinian Members of Combatants for Peace," at the Annual Meeting of the Middle East Studies Association, in Boston, November 23, 2009.

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.

Ash Wednesday February 17, 2010

Services in the MGH Chapel

Roman Catholic Mass
11:00am and 4:00pm

Interfaith Service
12:15pm

Ashes will be distributed in the Chapel between 9:00am and 5:00pm

Ashes will be distributed on patient-care units throughout the day.

Call the Chaplaincy for times. Chapel services are broadcast on Channel 16.

Ashes will be distributed at the MGH health centers, Massachusetts Eye and Ear Infirmary, and the Schrafft Center.

For more information, call the MGH Chaplaincy at 6-2220.

Black History Month

A special Haitian-focused Black History Month event

Friday, February 12, 2010
10:30–11:30am
O’Keeffe Auditorium

The MGH Haitian community says, Thank-you to their friends and colleagues for their support in the days and weeks following the earthquake.

All are welcome

For more information, call Deborah Washington, RN, director, PCS Diversity, at 4-7469.

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 L. 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.

Looking for new members

The MGH Employee Blood Donor Committee is looking for new members. The primary function of the Employee Blood Donor Committee is brainstorming ideas to increase visibility of the donor center; developing new events and promotions; and encouraging blood donations from MGH employees.

No experience necessary. The committee meets quarterly. Enthusiastic, interested individuals welcome.

For more information, contact Meredith Wentworth at 4-9699.

Name that Application!

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

Jointly developed by MGH and BWVH, 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/BWVH 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.

Published by

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

Publisher

Jeanette Ives Erickson, RN
senior vice president
for Patient Care

Managing Editor

Susan Sabia

Editorial Advisory Board

Chaplaincy
Michael McElhinny, MDiv

Editorial Support
Marianne Ditomassi, RN
Mary Ellin Smith, RN

Materials Management
Edward Raeke

Nutrition & Food Services
Martha Lynch, RD
Susan Doyle, RD

Office of Patient Advocacy
Sally Millar, RN

Office of Quality & Safety
Keith Perleberg, RN

Orthotics & Prosthetics
Mark Tlumacki

PCS Diversity
Deborah Washington, RN

Physical Therapy
Occupational Therapy
Michael Sullivan, PT

Police, Security & Outside Services
Joe Crowley

Public Affairs
Suzanne Kim

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

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

Training and Support Staff
Stephanie Cooper
Tom Drake

The Institute for Patient Care
Gaurdia Banister, RN

Volunteer Services, Medical Interpreters, Ambassadors, and LVC Retail Services
Paul Bartush

Distribution

Ursula Hoehl, 617-726-9057

Submissions

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

Next Publication
February 18, 2010

Educational Offerings – 2010

February

8

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

February

9

New Graduate RN Development Program
Founders 311
8:00am–4:30pm
No contact hours

February

9

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

February

10

ACLS Re-Certification Class
Founders 130
5:30–10:00pm
No contact hours

February

10

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

February

17

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

February

18

Social Services Grand Rounds "Chronic Illness and Disability"
O'Keefe Auditorium
10:00–11:30am
Contact hours for social workers only

February

23

Code Blue: Simulated Cardiac Arrest for the Experienced Nurse
POB 448
11:00am–3:00pm
Contact hours: 2.25

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

Beginning April 1, 2010, educational offerings will be found on the Knight Nursing Center website (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

January Journal Club

—submitted by the Nursing Research Committee Journal Club

On January 13, 2010, clinical nurse specialist and faculty nurse scientist, Anne-Marie Barron, RN, presented her research on Therapeutic Touch (TT) to the Nursing Research Committee Journal Club. Her presentation began with a demonstration of Therapeutic Touch, a contemporary integration of several ancient healing practices during which the practitioner uses her hands to consciously direct energy to facilitate healing. TT is administered with the intent of enabling people to re-pattern their energy in the direction of health.

Barron presented her original research, “Integrating Therapeutic Touch in Nursing Practice on an Inpatient Oncology and Bone Marrow Transplant Unit,” published in 2008 in the *International Journal of Human Caring*. The study explored experiences of nurses and patients on an inpatient oncology and bone marrow transplant unit where nurses were given dedicated time to offer Therapeutic Touch. Nine nurses were trained in TT, and focus groups were conducted a year later to explore their experience integrating TT into practice. Nurses reported that TT promoted relaxation, comfort, and improved sleep for their patients and promoted relaxation, connectedness, and satisfaction with practice among themselves. Four obstacles to TT were identified: the business of the unit; difficulty ‘centering’ in an acute-care setting, discomfort at asking colleagues to cover for them so they could perform TT; and concern that TT was not perceived as a legitimate intervention.

A total of 34 patients with various cancer diagnoses participated in the study—16 women and 18 men with a mean age of 52. On the day following TT, a nurse interviewer taped an inter-

view with the patient. The nurses who performed TT and the nurses who interviewed the patients kept research journals; the journals and interview tapes were analyzed for content.

The study revealed that TT is a vehicle for comfort, caring, and presence that creates the possibility for healing. Participants reported: relief from pain, nausea, and anxiety; a sense of well-being; and a soothing feeling described as, ‘enjoyable,’ ‘mellow,’ and ‘quieting.’ Barron found that TT invites a shift from disease-focus to personhood-focus that is freeing. It gives nurses a heightened sense of the power of intentional presence. And TT illuminates the link between

nursing theory, research, and practice. Barron’s findings suggest that allowing dedicated time for TT is a valuable intervention and an innovative approach to integrating evidence into practice.

On March 10th, Barbara Lakatos, RN, will present, “Falls in the general hospital: association with delirium, advanced age, and specific surgical procedures,” at 4:00pm in Bulfinch 222. For more information, call Laurene Dynan, RN, at 4-9879.



Anne-Marie Barron, RN, clinical nurse specialist and faculty nurse scientist.

Caring
Headlines
February 4, 2010

Returns only to:
Bigelow 10 Nursing Office,
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA
