

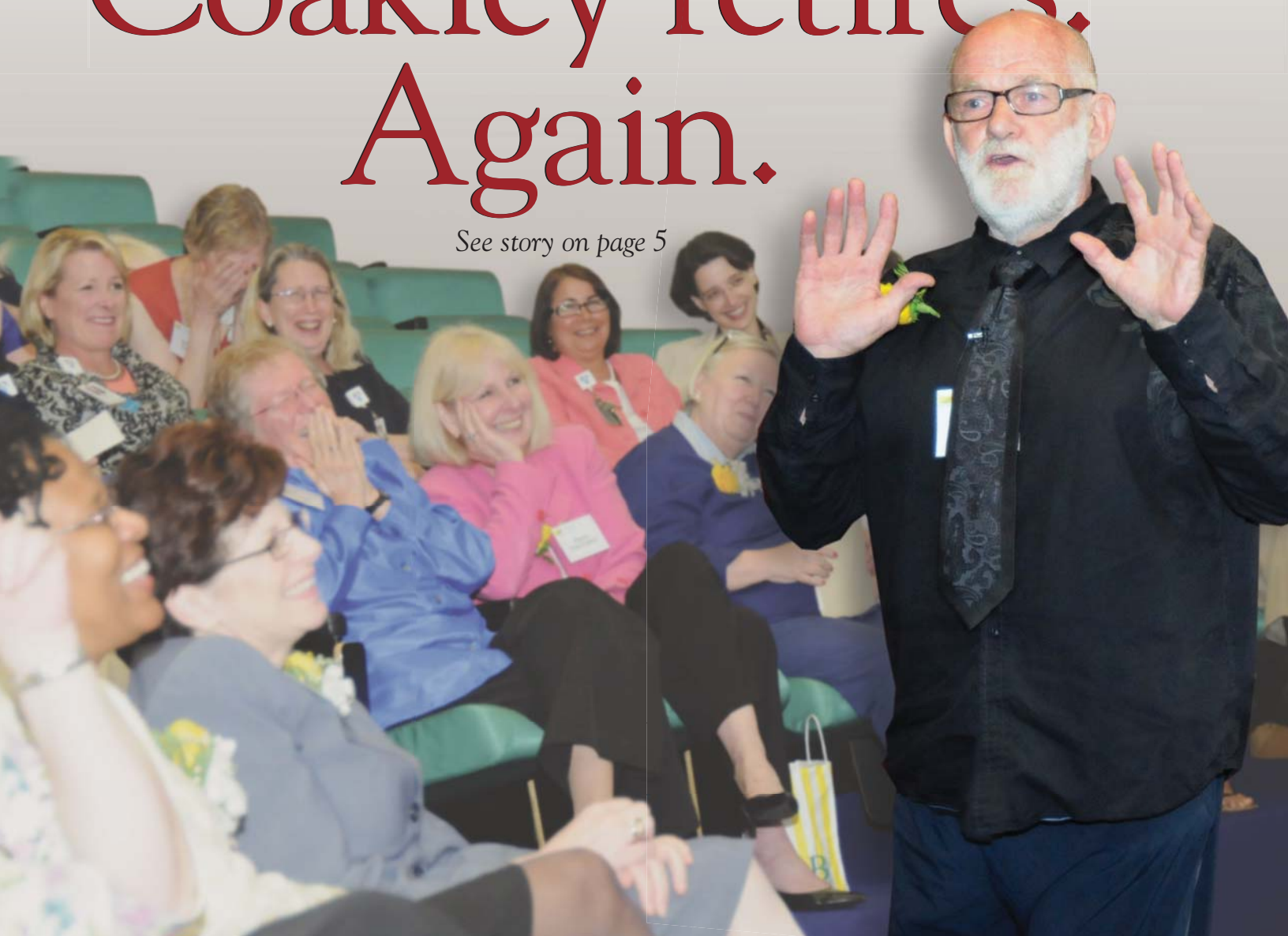
Caring

Headlines

July 1, 2010

Coakley retires. Again.

See story on page 5



Director emeritus of The Center for Innovations in Care Delivery, Ed Coakley, RN, delivers his farewell presentation, June 1, 2010, in Shriners Auditorium. The occasion was a joint celebration of the RN Residency Program and Coakley's retirement after 39 years of distinguished service.

CMS returns; MGH responds with excellence as usual

But the need for regulatory agencies and quality standards will never go away, because when it comes to patient care, there's no room for complacency.

With images of the catastrophic oil spill in the Gulf of Mexico fresh in our minds, we're reminded of the importance of establishing, and adhering to, quality and safety standards in all industries. It wasn't that long ago (early 1950s) that exposés of appalling conditions in hospitals triggered public outrage and demand for reform. Our own Excellence Every Day campaign speaks to the tremendous progress we've made in recognizing the importance of protecting patients, respecting their rights, and keeping them safe. But the need for regulatory agencies and quality standards will never go away, because when it comes to patient care, there is no room for complacency.

I mention this to put our recent visit by the Centers for Medicare and Medicaid Services (CMS) into perspective. CMS is the federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid. Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Conditions of Participation set forth by the CMS. We can't forget that these Conditions of Participation exist to protect patients.



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

A recent article in the *Journal of Healthcare Management* reminds us:

“At its heart, compliance with the basic standards depends on frontline caregivers. What many health-care leaders and clinicians forget is that the Conditions of Participation are written to outline the minimum expectations for safe patient care. Thus, CMS expects ‘100% compliance, 100% of the time.’ The challenge lies in ensuring that individual nurses and other caregivers demonstrate compliance with basic care principles at the point of care.”

It goes on to say that, “...understanding the Conditions of Participation, and implementing monitoring and education strategies can ensure quality care from all staff and enable hospitals to meet CMS’s demand for 100% compliance, 100% of the time.”

I think it’s fair to say that CMS doesn’t expect anything of us that we don’t expect of ourselves.

continued on next page

Our commitment to provide safe, high-quality, patient- and family-centered care is our highest priority. We rely on every member of the healthcare team, clinical and non-clinical, to ensure that patients receive our best efforts, every moment of every day.

I'm sure you recall CMS's first visit to MGH, February 2, 2010. Over the course of two weeks, surveyors visited patient care areas on the main campus and satellite facilities. Among many other things, they reviewed 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
- medication labeling and storage (e.g., expiration dates, refrigerator logs. etc.)
- medication administration
- code calls
- nursing documentation
- cleanliness of the physical environment
- fire safety
- infection control

CMS returned the week of May 24th to follow up on the findings of their original visit. Six surveyors conducted a focused, four-day evaluation, primarily on the main campus. In an exit interview, they shared that most of the issues identified in their previous visit had been satisfactorily resolved; many were signifi-

cantly improved; and some would require additional work.

Discussion at that time revolved around restraints; patient privacy; pressure ulcers; blood transfusion; and infection control.

On June 16th, we received their final report. Only four areas were cited, none serious enough to be considered violations of the Conditions of Participation. Areas cited were:

- patient restraints
- pressure ulcers
- gowns and gloves in precaution rooms
- storage of Virex in children's playroom

We've taken steps to ensure these issues are addressed, and by press time, I'm sure we will have submitted our plan of correction to CMS for their approval.

Our commitment to provide safe, high-quality, patient- and family-centered care is our highest priority. We rely on every member of the healthcare team, clinical and non-clinical, to ensure that patients receive our best efforts, every moment of every day.

Thank-you for your exceptional response to the CMS visit, and for your on-going dedication to meeting and exceeding patients' expectations.

In this Issue

Ed Coakley Retires.....	1	Patient Memorial Service for Staff.....	10
Jeanette Ives Erickson.....	2	Non-Clinical Narrative.....	11
● CMS Returns		● Helena Kryuchkin	
Volunteer Recognition Day.....	4	Professional Achievements.....	12
Coakley Retires.....	5	Research Poster Recognized.....	14
Clinical Narrative.....	6	Announcements.....	15
● Cindy Kane, RN			
Clinical Narrative.....	8	Fielding the Issues.....	16
● Mary D'Onofrio, RN		● Important Resources	

Recognizing the contributions of an extraordinary team of volunteers

—by Beth Needelman, project specialist, and Meghan Fitzgibbons, volunteer coordinator

“In the capable hands of an MGH volunteer, no person ever feels inconsequential.”

—Paul Bartush

On June 2, 2010, MGH celebrated the service of its exceptional team of volunteers with its annual awards luncheon under the Bulfinch Tent. Director of the Volunteer Department, Paul Bartush, welcomed staff, administrators, guests, volunteers, and their families. Said Bartush, “At MGH, there are 75 ways individual volunteers contribute to the patient experience—75 ways patients’ lives are positively affected by volunteers. You’re passing forward the principles of our mission. In the capable hands of an MGH volunteer, no person ever feels inconsequential.”

MGH president, Peter Slavin, MD, noted the upcoming bicentennial and commended the contributions of volunteers over the past 200 years. Cathy Minehan, chairman of the Board of Trustees, spoke of the impact

volunteers have had on patients, visitors, and staff. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked volunteers for their ongoing support of patients and families.

The Maeve Blackman Award, given to an exceptional volunteer interested in pursuing a career in health care, went to Caroline Irungu. Irungu has volunteered since February, 2007, recently graduated from Salem State School of Nursing, and has passed her nursing boards.

The Trustees Award, which recognizes a department that works collaboratively with the Volunteer Department, went to the MassGeneral Care Management Program. Mary Neagle, project manager, and Rolando Mercado, community resource specialist, helped develop the Appointment Pal Program in which volunteers escort patients to and from appointments. The program has been a success for patients, case managers, care providers, and volunteers, who accompanied patients to more than 100 appointments last year.

The Jessie Harding Award, named for a member of the messenger service that began at MGH in 1941 in response to the attack on Pearl Harbor, acknowledges a volunteer who contributes in a special and significant way. This year’s recipient, Josephine Masucci, has contributed more than 1,500 hours since she began in 1997. Masucci visits patients from a specific area of Boston, often chatting about the old neighborhood and keeping them company for a while. In the 13 years she’s been volunteering, Masucci has touched the lives of hundreds, if not thousands, of patients, families, and staff.

Service awards were presented to: Eddie Chenea; Jay Cushman; Brad Herscot; Derek London; Kevin McElroy; Emily Jean Onufer; Betty Raymond; and Rachel Wilson.

For more information about volunteer opportunities, call 6-8540 or go to: www.massgeneral.org/volunteers.



Coakley goes out on wave of admiration, appreciation and affection

At his retirement party in the Trustees Room, Ed Coakley, RN, shows off his Revere bowl as executive director for The Institute for Patient Care, Gaurdia Banister, RN, looks on.



On June 1, 2010, in Shriners Auditorium, delivering his final presentation as director emeritus of The Center for Innovations in Care Delivery, Ed Coakley, RN, was in rare form. But then, those who know Coakley would be hard-pressed to recall a time when he *wasn't* in rare form. At a ceremony celebrating the RN Residency Program and his own retirement, Coakley did what he does best: motivate, entertain, captivate, and yes, confound his listeners. It was classic Coakley—and it will be missed.

Throughout his distinguished, 39-year career, Coakley touched countless lives—as a staff nurse, manager, executive nurse leader, and director emeritus. He left his mark on MGH in a way that few do. His contributions as a mentor, teacher, theorist, innovator, and visionary thinker inspired more ideas than could ever be traced. As one nurse put it, “Ed connects the dots where most of us don’t even see dots.”

Coakley’s accomplishments are many and far-reaching. He was among the first to examine the impact of aging on the delivery of care. He believed it was essential to prepare

nurses with specialized knowledge in the care of older adults. He designed a creative approach to address this challenge which involved a re-design of the workplace to accommodate older nurses and leverage their knowledge and experience to support new nurses.

In 2007, Coakley received a grant from the Health Resources and Services Administration to support the innovative RN Residency Program: Transitioning to Geriatrics and Palliative Care. The program was a way to meet the unique needs of elderly patients and address the needs of an aging workforce. The program improves nursing care to older patients as it extends the careers of experienced nurses at the bedside.

In an initiative called, AgeWISE, supported by MGH and co-sponsored by AARP and the Robert Wood Johnson Foundation, lessons learned in the RN Residency Program will be disseminated nationwide. Six sites will be selected across the country to implement the revolutionary program.

Said senior vice president for Patient Care, Jeanette Ives, Erickson, RN, “Ed has had an extraordinary career at MGH. He has advanced the profession of nursing, prepared future providers, and ensured delivery of the best possible patient- and family-centered care. He has cared deeply about his patients and his work; he has been a cherished ally in the pursuit of our common purpose. We will miss him tremendously, but his legacy will live on for generations to come.”

Said innovation specialist, Barbara Blakeney, RN, “Ed is the quintessential visionary and divergent thinker. He’s fond of saying, ‘You can’t think outside the box if you’re in it.’ And I learned from him that he’s right about that.”

Coakley will never truly be gone. As long as there’s a novel thought, a slightly off-kilter perspective, an idea just crazy enough to be brilliant, we’ll feel his guiding presence.

looking at the whole person: helping patients find wellness— body and soul

'Anthony,' an 83-year-old gentleman, began his IVIG (gamma globulin) infusions in the Neuromuscular Center in December of 2005 (for information about the Neuromuscular Practice, contact Melissa Thurston at 4-7013.)

My name is Cindy Kane, and I've been a nurse at MGH for 29 years. I spent more than half of those 29 years in the Cardiac Care Unit, then the Endoscopy Unit, and the last four years in the Neuromuscular Center Infusion Suite. Throughout my career I've always focused on advocating and caring for the 'whole' patient, taking into consideration their physical, emotional, psychological, and spiritual well-being. Having gained advanced assessment and communication skills over the years, it's rewarding when you can use them to help a patient in a way you least expect.

'Anthony,' an 83-year-old gentleman, began his IVIG (gamma globulin) infusions in December of 2005. After a battery of tests, he was diagnosed with chronic inflammatory demyelinating polyneuropathy (CIDP). A once-strong and strapping Italian man, Anthony is now restricted to a wheelchair most of the time. His infusions allow him to have some mobility, using a walker on occasion to take a few steps.

Anthony has lived in a nursing home for as long as I've known him. Transported to MGH on a monthly



Cindy Kane, RN, Neuromuscular Center
Infusion Suite

basis for treatments, I first began caring for Anthony in early 2006. Being part Italian myself (my father was 100% Italian), I felt an instant connection with Anthony. Getting to know him a little each time he came in for appointments, it was amazing to see how his life had paralleled my father's. Not only would my dad have been his age if he had lived, but my father also had a disabling neuromuscular illness. Anthony is a sensitive man with a quick wit, and I always enjoy visiting with him when he comes in for his infusions.

Spending time talking with Anthony not only gives me the opportunity to assess him medically, but it gives me a clear sense of where he is emotionally. His first question to me is always, "How's the family?" which I use as a segue into asking what's going on in his life. Through our on-going patient-nurse relationship,

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So much of the knowledge we draw on as nurses is not learned in a text book. It comes from years of living and countless experiences with people who have come and gone in our lives—patients we've cared for, parents, loved ones.

Anthony has felt comfortable confiding in me, sharing some of his most personal thoughts and concerns.

Over the years, I've talked to many patients about their religious affiliations. For many, this is an important part of their well-being, and it was for Anthony, too. He told me he was Catholic, and since I express my faith through Catholicism, this was another way to connect with Anthony. With great ease, our conversations have included faith and spirituality.

Recently, Anthony came in for an appointment, and after settling him into his chair, reviewing his recent medical history, and initiating his infusion, I asked if there was anything else I could do for him.

He looked at me with a forlorn expression and said, "Can you make these legs work again?"

I paused for a moment before replying. I wanted to consider how best to help Anthony cope with the loss of his mobility.

I said, "This isn't what you had planned, is it?"

He told me how he'd once been a strong, athletic person—once again, like my own father who had been an all-star football player. Anthony looked around as if to see if anyone was within earshot. Then he spoke softly.

"You know, sometimes at night I put my head down and think of the things I've done in my life."

I asked him what he meant. I went so far as to ask if there were things he regretted. He said yes, and they weighed on him.

Knowing Anthony and his religious beliefs, I asked if he'd ever thought about speaking with a priest. I mentioned that he could ask to receive the sacrament of reconciliation, which for Catholics is an opportunity to confess your sins and receive forgiveness. Anthony's expression became hopeful. He said that when he died he, "didn't want to meet God in a corner, but out in the open," saying, "Here I am, Anthony, your bad boy."

We shared a smile. It was a funny thing to say, but it was so telling of the way Anthony felt. He's in the twilight of his life, recognizing that when he passes he wants to return to God, his Father.

I asked Anthony if he wanted me to contact the nursing home where he lived and arrange to have a

priest meet with him there. He welcomed the idea, so I contacted the director. I was assured that a priest would be available to meet with Anthony as soon as it could be arranged. I passed this information on to Anthony.

This experience with Anthony reminded me of another patient encounter many years ago. Unlike Anthony, this patient's life was looking critically short. Caring for him in the CCU one day, in an almost inaudible voice, he began to whisper the Lord's Prayer. Realizing what he was doing, I joined him in the prayer. With his consent, I called a chaplain, and they were able to spend some time together.

So much of the knowledge we draw on as nurses is not learned in a text book. It comes from years of living and countless experiences with people who have come and gone in our lives—patients we've cared for, parents, loved ones. I was blessed to have been with my parents when they passed from this life. I was privileged to have helped them with the process of preparing for the end of their earthly lives.

In health care, we can get caught up in caring for a patient's physical well-being and forget about their inner life. Being able to advocate for Anthony and others in this way reinforces for me what nursing is all about. Knowing whether a patient has a spiritual life and/or a particular faith tradition can be critical to his well-being. Nursing is looking at the whole person as an individual, unique and different, and helping them find wellness—body and soul.

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

Cindy brings considerable life experience to her care of Anthony. She recognized the spiritual distress he was experiencing and knew how to respond in a way that was meaningful to him. A clinician's ability to know her patients and understand where they draw strength is a powerful tool. Cindy used every interaction with Anthony as an opportunity to assess his status—physically, mentally, emotionally, and spiritually. What a wonderful example of patient-focused care.

Thank-you, Cindy.

Blessings sometimes disguised as compassionate nursing care

As a nurse in the EP lab, one of my many important tasks is to take the patient's mind off the procedure. This means distracting them, or in effect, disguising all those wonderful technological blessings.

My name is Mary D'Onofrio, and I am a nurse in the Electrophysiology Lab. We've all heard the phrase, "blessing in disguise." Usually, it refers to an event that *seems* bad but turns out to be a positive, beneficial occurrence. I'd like to tell you about a blessing in disguise I experienced recently.

As my practice has evolved, I've learned to allow myself to step back and re-focus on what's important. These moments of reflection always bring me back to my patients. I ask myself: Who are they? What are their likes and dislikes? Why did they choose MGH for their care? And how can I make them feel as if they're the only one in the room?

In the Electrophysiology Lab, we study the electrical conduction system of the heart. These studies employ cardiac catheters and sophisticated computers to generate electro-cardiographic tracings and electrical measurements with exquisite precision. In some cases, studies are performed solely for diagnostic purposes, but they're also performed to pinpoint the exact location of electrical signals (cardiac mapping) in a therapeutic procedure called catheter ablation.

This is where disguising our blessings comes into play. Imagine you're a patient lying on your back in a room filled with fluoroscopy equipment, computer monitors, giant procedure lamps, even a tool box.



Mary D'Onofrio, RN, Electrophysiology Lab

It's little wonder that patients become anxious and overwhelmed. Not to mention why they're here in the first place.

As a nurse in the EP lab, one of my many important tasks is to take the patient's mind off the procedure. This means distracting them, or in effect, disguising all those wonderful technological blessings. I need to help them relax and trust our team. Sometimes distraction comes in the form of light conversation about their lives or mine. Sometimes it's a whisper of reassurance, a warm hand, or a knowing smile. The objective is always the same. Make the patient feel safe, cared for, respected, and special.

I'd like to tell you about a lovely woman named, 'Jane.' It was thought that Jane might present a challenge due to her medical history and special needs. Jane is in her 30s with the mental age of a teen or young adult, and she has a number of physical limitations, as well. Jane came to us to have the battery in her pacemaker changed. The physician was reluctant to use conscious sedation because of the brevity of the

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It's such a simple story—a blessing in disguise. And the blessings are all mine... It's like playing a part on the wonderful stage that is our procedure room. It's addictive—helping people, having a purpose, doing worthwhile work. Nursing is a calling that brings blessings each and every day.

procedure, the medications required, and Jane's previous reaction to the medications. Her physician explained that Jane has a cardiac abnormality that had necessitated placement of a pacemaker several years before, and though she has undergone numerous procedures, she still gets anxious when having the battery changed.

I accepted the assignment with pleasure. I knew I could bridge that gap between anxious patient and new-found friend.

On the day of the procedure, I went to the waiting room to meet Jane and her mom. She was sitting in a wheelchair looking frightened. I sat down next to them, introduced myself, and took a few minutes to get to know them. I told them how wonderful their doctor was, how I loved being a nurse, and why I chose to become a nurse. They both seemed to relax.

We began the short trip from the waiting area to the holding room. I prepared Jane for what she would see, being sensitive to both her anxiety level and her ability to understand. I didn't want her to be surprised. Jane's mom assisted me in putting on her gown. I prepared to insert the IV mindful that Jane needed to process the information and adjust to the situation with her mom's help. I allowed them to do that and proceeded only when Jane was ready. As a former IV nurse, I know you often get only one chance to insert an IV, so the patient has to know what to expect. I find that telling the truth helps—it might hurt a little, but it only hurts for a moment. I quickly and confidently made the stick; I told Jane it was okay to yell, and she did, but the stick was perfect.

We moved to the procedure room. We had selected a small room with less equipment and minimal staff interruptions. The doctor spoke in a calm, unhurried way, explaining what we were going to do and assuring Jane that she had one of his best nurses. I told Jane we would be wearing funny hospital hats to keep our hair beautiful. We had a good chuckle at that. I told her she looked wonderful and I wasn't going to take my eyes off her for a minute. I could feel us bonding. I think we both felt a measure of pride that we were doing this together.

As Jane became more comfortable she began to ask questions about the equipment. I was surprised at how focused and inquisitive she became. I spoke directly to her explaining what each piece of equipment did and waited for her reaction. She amazed me with her ability to absorb her surroundings and the thoughtful way

she processed the information. Our relationship reached a whole new level. I knew we'd be able to proceed without a hitch.

We agreed it would be better not to drape Jane's face; instead I positioned her so she could see me at all times without compromising the sterile field. The procedure went well, and from all indications was a complete success. We were able to perform the procedure with the least amount of sedation possible. Jane was comfortable, completely at ease, and totally surprised when the doctor proclaimed, "Jane you're all done, you did great!"

And she truly had. It always amazes me when a seemingly difficult case goes so well. It is so fulfilling as a nurse to be able to execute my part and at the same time be an advocate and friend to the patient right there at ground zero.

Upon completion of the procedure we met Jane's mom in the recovery room. I updated her on how successful the procedure was and shared how well Jane had done. I reviewed the post-procedure plan with Jane and her mom and answered all their questions. We helped Jane back into her clothes, and as I walked them out I congratulated Jane one more time. They thanked me for my care and were off to a celebratory lunch.

It's such a simple story—a blessing in disguise. And the blessings are all mine. I get to see the faces—the first relaxed smiles, the renewed strength and gratitude of patients as they emerge from sedation. It's like playing a part on the wonderful stage that is our procedure room. It's addictive—helping people, having a purpose, doing worthwhile work. Nursing is a calling that brings blessings each and every day.

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

Mary has a very short amount of time in which to build trust. That can present a challenge when caring for even the most astute patient, but all the more if the patient is developmentally delayed as Jane was. From her very first interaction, Mary worked to gain Jane's trust. And because her actions were genuine, Jane's anxiety was replaced with confidence and curiosity about her surroundings. Jane's positive outcome can be attributed, in part, to the peace of mind she had going into her procedure. If you ask me, Mary was Jane's blessing in disguise!

Thank-you, Mary.

Patient Memorial Service for Staff

—by Todd Rinehart, LICSW, palliative care social worker

On Thursday, May 27, 2010, a special memorial service was held for MGH staff in what we hope will become an annual event to honor and reflect on the patients we've cared for. The service included poetry, music, meditation, and humor, and those who participated found it moving and uplifting. A Remembrance Tree with colorful ribbons symbolized life, relationships, and the idea that we're all connected.

Reverend Daphne Noyes created a slide show that ran as guests arrived in O'Keeffe Auditorium. Music set a tone of relaxation and comfort. The service began with the song, *Keep Me in Your Heart*, sung by music therapist, Lorrie Kubicek, and Kimberly Khare.

Heather Carlson, RN, welcomed staff, expressing hope that the service would provide an opportunity to reflect on the special relationships we've shared with patients. Oncology chaplain, Katrina Scott, MDiv, guided an opening meditation, and poems were read by Amanda Kunkel, PT; Aneita Gayle; Daphne Noyes; and Elizabeth Johnson, RN. Richard Penson, MD, and I provided personal reflections on caring for patients with terminal illnesses. Participants had an opportunity to share stories with one another of patients who had impacted their lives. The service ended with a chorus of, *Put a Little Love in Your Heart*.

The idea for a memorial service for staff began in October, 2009, when I attended the final course of The ACE Project: Advocating for Clinical Excellence, Trans-Disciplinary

Palliative Care Education in Pasadena, California, funded by the National Cancer Institute. The goal of the project is to improve the delivery of palliative care by social workers, spiritual care providers, and psychologists through intensive advocacy and leadership.

As part of the project, we were asked to focus on an area of palliative care for deeper reflection; I chose bereavement services. It was during a small group session that the idea of a memorial service for hospital staff evolved. When I returned to MGH, I shared my idea with Katrina Scott, who had attended the course in 2008. She agreed to partner with me in creating an MGH Patient Memorial Service for Staff. We spoke with Michael McElhinny, MDiv, director of Chaplaincy, and Vicki Jackson, MD, acting chair of the Palliative Care Service, and both enthusiastically supported the idea. Richard Penson and Heather Carlson joined Katrina and me on the committee.

The opportunity to join together to create a space for colleagues to reflect on and honor patients they've cared for was a humbling experience. I'm passionate about end-of-life care and the impact that bereavement has on families and also on staff who provide compassionate care at the end of life. I believe it's through the lives of our patients that we're reminded to live in the moment, accept and receive love, honor our responsibilities, and care for one another.

I look forward to next year's Patient Memorial Service for Staff and hope other members of the MGH community will attend. For more information about the service, contact Todd Rinehart at 4-4525.

Non-clinical staff wear many hats to support high-quality care

—by Helena Kryuchkin, patient services liaison, Speech, Language & Swallowing Disorders

“Hi, can I speak with Helena?” said the voice on the other end of the phone. “This is she, how can I help you?” The voice trembled. “I need to cancel John’s appointment. He passed away over the weekend.”

I’ve received many calls like this in the three years I’ve worked at MGH. Each time is as moving as the first. I find myself pausing, not knowing what to say. How do you respond? I offer my condolences and let the caller know that if there’s anything we can do, he shouldn’t hesitate to call. It never seems like enough, and for the rest of the day I think about this family that has lost their loved one.

Helena Kryuchkin, patient services liaison, Speech, Language & Swallowing Disorders



The stories are sometimes sad, mostly happy, but always interesting and thought-provoking. I’ve had the pleasure of interacting with some of the kindest, most thoughtful people. I’ve dealt with people going through difficult times when their worst qualities come through. I’ve been moved to tears both by joy and from being screamed at over the telephone.

And I have learned from each of these interactions. A lot of great work goes on here. It’s easy to get distracted or too busy to see it. I find it inspiring to pause and reflect on the positive things employees of this hospital do for people. Not just clinicians, but everyone—Environmental Services, nutritionists, volunteers, chaplains, interpreters—the list goes on! We touch so many lives in a unique and special way. I consider myself fortunate to do the work that I do.

Non-clinical staff at MGH receive training in a number of areas. We learn about specialized computer systems, new guidelines in care delivery, customer service, and culturally sensitive interactions. On a daily basis, we find ourselves in situations that go beyond the classroom. We draw on our own backgrounds as well as training to provide assistance and comfort to patients and families. Our personal, professional, and educational backgrounds are diverse. Some of us have worked here for many years; some are between careers; some have college degrees; some have gone to graduate school.

We are gate-keepers, protecting clinicians’ time so patient care can be their number-one priority. We are messengers delivering good and bad news quickly and efficiently. And sometimes we’re magicians juggling our lives and the lives of our colleagues while keeping our patient’s lives first and foremost in our minds.

And through it all, we try to remain impartial, consistent and kind.

Professional Achievements

Bryand certified

Mark Bryand, RN, became certified as a case manager by the American Case Management Association, in March, 2010.

Parrell certified

Eileen Parrell, RN, ACM, became certified as a case manager by the American Case Management Association, in March, 2010.

MacDonald honored

Abigail MacDonald, LICSW, was awarded a Safety Star from the MGH/MGPO Edward P. Lawrence Center for Quality & Safety, in April, 2010.

Robinson presents

Ellen Robinson, RN, clinical nurse specialist, Ethics, presented, "Ethics at the End of Life: Practice and Challenges," at the Hospice and Palliative Nurses Foundation, at Melrose-Wakefield Hospital, April 7, 2010.

Team publishes

Karen Kayser, Barry Feldman, Nancy Borstelmann, LICSW, and Ann Daniels, LICSW, authored the article, "Effects of a Randomized Couple-Based Intervention on Quality of Life of Breast Cancer Patients and Their Partners," in *Social Work Research*, March 2010.

Banister appointed

Gaurdia Banister, RN, executive director, The Institute for Patient Care, was appointed, treasurer for the New England Region of the National Association of Health Services Executives, in April, 2010.

Peterson presents

June Peterson, RN, clinical educator, presented, "Nurse Managers' Perceptions of Their Mentors," at the Boston Chapter, American Association of Critical Care Nurses, at Regis College, April 15, 2010.

Moran a panelist

Peter Moran, RN, case manager, was a panel member for Healthcare Reform and its Impact, at Healthcare Reform: its Impact on Communities of Color; Challenges and Solutions," sponsored by The New England Regional Black Nurses Association, in Boston, April 23, 2010.

Team publishes

Leonardo Batista; Fabricio Lima; James Januzzi, Jr; Vivian Donahue, RN; Colleen Snyderman, RN; and David Greer, authored the article, "Feasibility and Safety of Combined Percutaneous Coronary Intervention and Therapeutic Hypothermia Following Cardiac Arrest," in *Resuscitation*, April, 2010.

D'Avolio recognized

Deborah D'Avolio, RN, nurse scientist, received the New England *Nursing Spectrum* Award, for Education, May 11, 2010.

D'Avolio also received the Distinguished Alumni Award, at Northeastern University, April 8, 2010.

Zeytoonjan honored

Trisha Zeytoonjan, RN, staff nurse, Orthopaedics, received the Judith Fong Bressler Nursing Faculty Prize, from the Institute of Health Professions School of Nursing, in April, 2010.

D'Avolio presents

Deborah D'Avolio, RN, nurse scientist, presented, "A Study of the Impact of a Structured Geriatric Program on a Medical Unit," at the Eastern Nursing Research Society, in Providence, March 15, 2010.

Banister presents

Gaurdia Banister, RN, executive director, The Institute for Patient Care, presented the keynote address, "Transforming the Future of Professional Development," at the New England Organization of Nurse Educators, in Burlington, April 9, 2010.

Inter-disciplinary team publishes

Mary Larkin, RN; Jye-Yu Backlund; Patricia Cleary; Margaret Bayless, RN; Barbara Schaefer, RN; J. Canady, RN; and David Nathan, MD, authored the article, "Disparity in Management of Diabetes and Coronary Heart Disease Risk Factors by Sex in DCCT/EDIC," in *Diabetic Medicine*, April, 2010.

Inter-disciplinary team publishes

Jonathan Winickoff, MD; Erica Healey; Susan Regan; Elyse Park; Clare Cole, RN; Joan Friebeley; and Nancy Rigotti, MD, authored the article, "Using the Postpartum Hospital Stay to Address Mothers' and Fathers' Smoking: the NEWS Study," in *Pediatrics*, March, 2010.

CNSs present

Clinical nurse specialists, Elizabeth Johnson, RN, and Jean Fahey, RN, presented their poster, "Educational Components of the Clinical Nurse Specialist Role," at the North East Organization of Nurse Educators, in Burlington, April 9, 2010.

Endoscopy nurses publish

Endoscopy staff nurses, June Guarente, RN, and Kathleen Tiberii, RN, authored the study module, "Registered Nurse Percutaneous Endoscopic Gastrostomy, (PEG), Self-Assessment Study Module," for the American Board of Certification for Gastroenterology Nurses, in December, 2009.

Rinehart and Jackson present

Todd Rinehart, LICSW, and Vicki Jackson, MD, presented, "I Hate Role Plays," "Breaking Bad News," "Understanding Life-Threatening Illness," "Discussing DNR Orders," "Deepening the Interview," "Negotiating Treatment Goals," and "Managing Family Conflict," at the Harvard Medical School, April 27-May 4, 2010.

Kaufman presents

Joanne Kaufman, RN, case manager, presented, "Improving Care in High-Risk Populations: Transition, Communication and Continuity," at the 2010 Annual Conference, American Case Management Association, in San Antonio, April 9, 2010.

McKenna Guanci presents

Mary McKenna Guanci, RN, clinical nurse specialist, Neuroscience Intensive Care, presented, "Beyond TPA: Raising the Bar on Stroke Management," and "Brain Death: Myths and Methods," at the 42nd Annual Conference of the American Association of Neuroscience Nurses, in Baltimore, March 20-23, 2010.

Townsend publishes

Elise Townsend, PT, physical therapist, authored the article, "Effects of Aquatic Aerobic Exercise for a Child With Cerebral Palsy: a Single Subject Design," in *Pediatric Physical Therapy*, winter, 2009.

Townsend also published the article, "Medial Temporal Lobe Memory in Childhood: Developmental Transitions," in *Developmental Science, Early Electronic View*, December, 2009.

ED Case Management team recognized

Kathy Walsh, RN; Maria Seavey, RN; Joanne Kaufman, RN; Christine Greenwood, RN; Brenda Donovan, RN; Barbara McLaughlin, RN; and Diane Sands, RN, received the Case in Point Platinum Award, in the Emergency Department Program category, of the Case Management Society of America, at an awards luncheon at the National Press Club, in Washington, DC, April 20, 2010.

Social workers present

Julie Berrett-Abebe, LICSW; Mary Susan Convery, LICSW; Corinne Holbrook, LICSW; and Jocelyn Walls, LICSW, presented, "Living with Uncertainty: Strategies for the Client and Clinician," at the Biennial Symposium, Massachusetts Chapter, National Association of Social Workers, in Framingham, April 16, 2010.

Jeffries presents

Marian Jeffries, RN, clinical nurse specialist, presented her posters, "Incentive Spirometry Before Lung Resection: Does Pre-Operative Education Prevent Post-Operative Atelectasis?" and "Implementing a Hospital-Wide Teaching Tool to Educate the Patient with Diabetes," at the New England Organization of Nurse Educators, in Burlington, April 9, 2010.

Levin-Russman presents

Elyse Levin-Russman, LICSW, presented, "Attachment and Loss in Pediatric Oncology: Reflections on Clinicians' Responses," at the Annual Conference, Association of Pediatric Oncology Social Workers, in Anaheim, California, April 28, 2010.

Fielding the Issues

Rubin recognized

Krista Rubin, RN, nurse practitioner, received the 2010 Excellence in Cancer Prevention and Early Detection Award, from the Oncology Nursing Society, in Boston, June 6, 2010.

Dahlin recognized

Constance Dahlin, RN, nurse practitioner, Palliative Care Service, was awarded the 2010 MGH Institute of Health Professions' Bette Harris Distinguished Alumni Award, in May, 2010.

Camelio certified

Andrea Camelio, OTR/L, occupational therapist, became a certified hand therapist by the Hand Therapy Certification Commission, in Boston, May 29, 2010.

Lucas publishes

Michele Lucas, LICSW, authored the article, "Psychosocial Implications for the Patient with a High-Grade Glioma," in the *Journal of Neuroscience Nursing*, April, 2010.

Pittman elected

Taryn Pittman, RN, patient education specialist and manager, The Blum Patient & Family Learning Center, was elected, regional representative to the Board of the Massachusetts Organization of Nurse Executives, in Boston, May 18, 2010.

Arnstein presents

Paul Arnstein, RN, clinical nurse specialist for Pain Relief, presented, "Challenges in Managing Pain While Mitigating Risk," at the 29th Annual Scientific Meeting of the American Pain Society, in Baltimore, May 6, 2010.

Nurses present poster

Janice Tully, RN; Tammy Carnevale, RN; Colleen Diamond, RN; Laurene Dynan, RN; Janice Filteau, RN; Arme Gallanaro, RN; Elise Gettings, RN; Jill Jones, RN; and Diane Carroll, RN, presented their poster, "Acute Hospital to Skilled Home Care: Identifying the Gaps in Communication for our Heart-Failure Patients," at the 2010 Annual Conference of the American Case Management Association, in San Antonio, April 9, 2010.

Lucas publishes

Michele Lucas, LICSW, authored the chapter, "The Impact of Chemo Brain on the Patient with a High-Grade Glioma," in *Chemo Fog*, June, 2010.

Gallanaro presents

Arme Gallanaro, RN, case manager, presented, "Pay for Performance," at the Philippine Nurses Association, in Boston, May 19, 2010.

Guy presents

Mary Guy, RN, staff nurse, presented, "ICD Device Clinic," at Patient ICD Education Day, in Boston, April 17, 2010.

Capasso presents

Virginia Capasso, RN, clinical nurse specialist, presented, "Evidence-Based Wound Care for Leg Ulcers: What Really Works," at the Harvard Medical School Vascular and Endovascular Surgery Conference, in Boston, May 7, 2010.

Ferdinand presents

Robert Ferdinand, Jr., RN, staff nurse, IV Therapy, presented, "Techniques and Technologies for Obtaining PICC Outcomes," at the 2010 Spring National Academy conference of the Infusion Nurses Society in Fort Lauderdale, May 16, 2010.

King presents

Janet King, RN, staff nurse, presented, "New Horizons for Ambulatory pH Studies: Catheter Less (Bravo) vs. Catheter Probe—The Nursing Perspective," and, "The Smart Pill: Expanding Our Horizons Through New Technology," at the 37th Annual Course, of the Society of Gastroenterology Nurses and Associates, in Orlando, April 30–May 5, 2010.

Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, authored the book, *Clinical Coach for Effective Pain Management*.

Arnstein also published the articles, "What's the Best Way to Cool My Patient's Burn Pain?" in *Nursing 2010*, in March; and "Is My Patient Drug-Seeking or in Need of Pain Relief?" in *Nursing 2010*, in April.

Savidge presents

Edgar Savidge, PT, physical therapist, presented, "Rehabilitation for Femoracetabular Impingement," at Sports Medicine 2010: Advances in MRI and Orthopaedic Management, in Boston, in May, 2010.

Lowry presents

Patricia Lowry, RN, nurse practitioner, presented, "Diagnosis and Management of Hypertrophic Cardiomyopathy," at the Northeast Regional Nurse Practitioner Conference, in Manchester, New Hampshire, May 7, 2010.

Harker presents

Jane Harker, RN, staff nurse, presented, "The ABCs of Endoscopic Retrograde Cholangio-Pancreatography," at the 37th Annual Course of the Society of Gastroenterology Nurses and Associates, in Orlando, May 3, 2010.

Team presents

Lucia Coale, LICSW; Eric Richman, LICSW; James Rodrigue; and Doris Tripp-MacPherson, LICSW, presented, "Substance Abuse and Dependency: Ethical Issues and Practical Solutions," at the Region 1 Forum of the New England Organ Bank, in Waltham, May 18, 2010.

Endoscopy nurses present

Endoscopy staff nurses, Ellen Fern, RN; Deb Palmer, RN; and Janet King, RN, presented, "Take a Step to Expand Your Nursing Knowledge of Esophageal Motility," at the 37th annual Course of the Society of Gastroenterology Nurses and Associates, in Orlando, May 1, 2010.

Levin presents

Barbara Levin, RN, staff nurse, presented, "Communicating for a Safer Environment," and, "Getting Tangled in Charlotte's Web: a Case Study," at the Advance Magazine Fair, in Burlington, April, 2010.

Levin also presented, "What Happened to Charlotte? Patient Errors and How They Happen," and, "Overcoming Your Gut Reactions to Charting: How Documentation Can Protect You and Your Patient," at the National Conference of the Society of Gastroenterology Nurses and Associates, in Orlando, in May, 2010.

Lowe presents

Colleen Lowe, OTR/L, occupational therapist, presented, "Repetitive Stress Injuries," at Tufts University, May 26, 2010.

MacDonald presents

Abigail MacDonald, LICSW, presented, "Moral Doubts About a Guardian," at the Harvard Ethics Consortium at Harvard Medical School, May 7, 2010.

Orencole presents

Mary Orencole, RN, nurse practitioner, presented, "Does the Amount of Bi-Ventricular Pacing Affect Patient Outcomes?" at the Annual Meeting of the Heart Rhythm Society, in Denver, May 15, 2010.

Bolton and Mannix co-author

Rachel Bolton, RN, staff nurse; and Catherine Mannix, RN, nursing director, co-authored the chapter, "Radiation Therapy," in *Nursing Care of Children and Adolescents with Cancer and Blood Disorders*.

Nurses publish

Jane Flanagan, RN, nurse practitioner; Diane Carroll, RN nurse researcher; and Glenys Hamilton, RN, nurse researcher, authored the article, "The Long-Term Lived Experience of Patients with Implantable Cardioverter Defibrillators," in *MEDSURG Nursing*.

Mannix presents

Catherine Mannix, RN, nursing director, presented, "A Feasibility Study of Low-Cost Patient-Administered Skin-Care Intervention Among Head and Neck Cancer Patients Receiving Chemo-Radiation," at the 2010 Congress of the Oncology Nursing Society, in San Diego, May 13, 2010.

Robbins presents

Christopher Robbins, RN, staff nurse, presented, "Advanced Hands-On Endoscopic Ultrasound," and, "Advanced Hands-On Endoscopic Retrograde Cholangio-Pancreatography," at the 37th Annual Course of the Society of Gastroenterology Nurses and Associates, in Orlando, April 30–May 1, 2010.

Endoscopy poster recognized at national conference

—by June Guarente, RN, and Ellen Fern, RN

Endoscopy nurses, back row (l-r): David Scholl, RN; June Guarente, RN; Katie Best Manzo, RN; and Janet King, RN. Front row: Sandra Hession, RN, and Lucia Barnes, RN. Not pictured: Ellen Fern, RN; Deborah Palmer, RN; and Debiannie Shahidi, RN.

Members of the Blake 4 Endoscopy Unit motility team recently created a poster highlighting a research project conducted on their unit. The poster received 3rd-place honors at the Society of Gastroenterology Nurses and Associates 37th annual conference in Orlando, Florida. The poster, “An educational video leads to performance-improvement,” was also displayed at the 2010 MGH Nursing Research Expo

during Nurse Recognition Week. Their journey began a little over a year ago as a process-improvement initiative.

The motility team is comprised of nine specially trained nurses. A 24-hour pH study is one of the procedures motility nurses perform on patients who have symptoms of acid reflux. Motility nurses place a thin catheter through the nose into the stomach or esophagus to measure acid levels. The catheter is connected to a recorder that patients use along with a diary to keep track of their symptoms, food intake, and time spent reclining. When patients return the following day, the nurse reviews the diary with them.

To enhance patients’ understanding of the process, the motility team wrote a script and created an educational video. The video shows a patient having a pH study and receiving discharge instructions. The video was made possible through a grant from the Ladies Visiting Committee. The team worked with Jing Mu, who produced and edited the video. The video is shown to patients prior to having their pH probe placed.

Once the video was completed, the motility team decided to conduct a research study to compare the teaching time associated with patients who watched the video versus those who didn’t, and assess the effectiveness of the video in fostering understanding among patients. Data was collected over three months. The results of the study validated the hypothesis that the educational video decreased nursing time. And when surveyed, 100% of staff felt the video improved patients’ understanding of the procedure.

Several Endoscopy nurses presented sessions at the Society of Gastroenterology Nurses and Associates conference and were able to see the poster receive its 3rd-place ribbon. Their presentations focused on ERCP, endoscopic ultrasound, and esophageal motility. Said staff nurse, Ellen Fern, RN, “We were able to represent MGH and share our research with other nurses across the country. It was a wonderful experience that provided many opportunities to expand our knowledge of GI nursing.”



Announcements

Free Summer Help

The Summer Jobs Program may be the solution to your vacation-scheduling problem. Students spend 25 hours per week at the work site, July 8–August 20th. The program is funded through Human Resources; the only requirement is a commitment to provide a meaningful work experience in a supportive environment.

Note: we are looking for department participation only, not students. This resource is available through the MGH Center for Community Health Improvement.

For more information, call Galia K. Wise at 4-8326.

Pathways of Healing

Mind-Body-Spirit
Continuing Education Program
presented by
the MGH Nurses' Alumnae
Association

September 24, 2010
8:30am–4:00pm
O'Keefe Auditorium

Speakers

Dr. Herbert Benson, director,
MGH Mind-Body Institute;
Amanda Coakley, RN, staff
specialist

\$30.00 for MGHNAA members
and MGH employees
\$40.00 for all others

Register by September 17, 2010
at: www.mghsonalumnae.org
or e-mail mghnursealumnae@partners.org

6 Contact Hours

Lunchtime Seminars

presented by
The Clubs at Charles
River Park

Join advanced personal trainer,
Mike Bento for a 30-minute
lunchtime seminar:

"Back Pain: Common Causes,
Straightforward Solutions"

July 22, 2010

12:00–1:00pm

Bigelow 4 Amphitheater

For information, call 6-2900.

Nursing Research Committee Journal Club

At the next meeting of the
NRC Journal Club, Lela Holden,
RN, will present her research on,
"Patient Safety Climate in Primary
Care: Age Matters," published in
the *Journal of Patient Safety*.

July 14, 2010
4:00pm

Bulfinch Conference Room 222

For information, call 4-9110.

Call for Applications

Jeremy Knowles Nurse
Preceptor Fellowship

Applications are now being
accepted for the Jeremy Knowles
Nurse Preceptor Fellowship that
recognizes exceptional preceptors
for excellence in educating,
inspiring, and supporting new
nurses or nursing students in
their clinical and professional
development.

The one-year fellowship provides
financial support to pursue
educational and professional
opportunities.

Applications are due by
September 10, 2010.

For more information, contact
Mary Ellin Smith, RN, at 4-5801.

Nursing History

Call for photos and artifacts

In preparation for the MGH
bicentennial, the department
of Nursing is creating a book
commemorating major
Nursing milestones.

The Nursing History
Committee is looking for
photographs, articles, artifacts,
and information that would help
describe the journey of MGH
nurses, especially pre-1995.

If you have anything you'd like
to suggest or lend to the effort,
please contact Georgia Peirce,
director, PCS Promotional
Communications and
Publicity, at 4-9865.

Knight Visiting Scholar

Patricia M. Reilly, RN,
program manager for Integrative
Care at BWH is the 2010 Knight
Visiting Scholar. A recognized
expert in complementary
therapies, Reilly has lectured
extensively on stress-reduction,
leadership-development, and
caregiver fatigue. Her research
focuses on the impact of
complementary therapies on
patients and clinicians. During
her visit, Reilly will spend time on
patient care units and present at
grand rounds.

Thursday September 23, 2010
Grand Rounds: 1:30-2:30pm
O'Keefe Auditorium

For more information,
contact Mary Ellin Smith, RN
at 4-5801.

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

Next Publication

July 22, 2010

Important resources for patients and staff

Question: I've taken several classes on diversity and cultural competence. Are other resources available that support culturally competent care?

Jeanette: Many people don't know that there is an Office of Health Equity within the Massachusetts Department of Public Health. They offer a wide range of information on their website, including a guide to providing culturally and linguistically appropriate services (called, "Making CLAS Happen"). You can also find information on refugee and immigrant health. Visit their website at: <http://www.mass.gov/dph/healthequity>.

Question: There's so much going on with the economy and other stressors in the world. What's the best resource for someone needing emotional support?

Jeanette: These are difficult times. Many of us are feeling stressed. The Employee Assistance Program (EAP) is an effective resource for employees experiencing a broad range of stressors—financial, family, or crisis-management. EAP representatives can be reached at 617-724-7848 or you can visit their website at: www.eap.partners.org.

Question: I recently attended the National Patient Safety Foundation Congress. They placed great emphasis on patient and family involvement as members of the healthcare team. Are we doing anything to link the concepts of patient safety and patient empowerment?

Jeanette: We are a patient-centered organization. At MGH, patients and families are essential members of the decision-making process when it comes to their care. Many organizations like the National Patient Safety Foundation offer tips to the general public on how to effectively participate in this process. You can visit their website at: <http://www.npsf.org>.

Question: There's a lot of talk about Healthcare Reform since recent legislation passed. How can I simplify this information for staff?

Jeanette: Simple, one-page fact sheets are available that you might find helpful. They can be found at: <http://www.whitehouse.gov/healthreform/downloads>.



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