

# Caring

Headlines

August 4, 2011

## A fond and fitting farewell to Ann Daniels *a cherished leader who wore many hats*



Staff of Social Services and the Chaplaincy 'cap' off distinguished career with memorable send-off.

# New Excellence Every Day Portal

*A link to all things quality and safety*

That was precisely the thinking behind the new Excellence Every Day portal: one-stop-shopping for all things quality and safety.

One-stop-shopping is a popular concept in business and industry. And for good reason—it makes sense. It saves time and energy and gives consumers the opportunity to easily compare, contrast, and retrieve the products they're looking for. That was precisely the thinking behind the new Excellence Every Day portal: one-stop-shopping for all things quality and safety.

On July 20, 2011, Patient Care Services launched the new portal, [www.mghpcs.org/eed](http://www.mghpcs.org/eed), to serve as a central clearinghouse for information related to collaborative governance, Magnet recognition, and regulatory readiness. Because these three areas are the mainstays of our Excellence Every Day philosophy, and because so much of this information is inter-connected, it made sense to create a single, unified site where staff can easily access essential materials and resources.

The Excellence Every Day portal is easy to navigate, updated monthly, and offers 'one-stop-shopping' for access to internal and external information related to collaborative governance, Magnet recognition, and regulatory readiness.

The home page of the Excellence Every Day portal features a new topic each month reflecting current issues and work within Patient Care Services, and these pages will be archived for future reference. The current



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

topic is fall-prevention, and you'll find benchmarking data, emerging trends, improvement initiatives, patient-education materials, a clinical narrative related to fall-prevention, and access to numerous links including policies and procedures, Magnet and Joint Commission standards, HealthStream offerings, and many other internal and external resources related to fall-prevention.

Fall-prevention will be the featured topic throughout the month of August, followed by restraints, pain-management, hospital-acquired pressure ulcers, disabilities awareness, and much more.

From the home page of the portal, you can link to three key websites: collaborative governance, Magnet, and regulatory readiness. When you select collaborative governance, you'll be brought to a screen containing:

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At a time when regulatory agencies are looking for staff to be able to articulate quality and safety efforts and speak knowledgeably about patient outcomes, this site could not be more relevant. It is a resource every employee should know about and visit often.

- a description of each of the collaborative governance committees
- meeting and contact information
- a link to each committee's current work, responsibilities, champions, goals, and accomplishments
- links to toggle back and forth between committees and sub-committees

When you select Magnet, you'll be brought to a screen containing:

- background on the Magnet Recognition Program
- Magnet evidence submitted in 2008, and evidence currently being compiled for submission in 2012
- talking papers
- Magnet site-visit preparation materials
- a list of members of the Magnet Steering Committee
- some memorable 'Magnet Moments'

When you select regulatory readiness, you'll be brought to a screen containing:

- potential dates for the Joint Commission (lab and hospital) surveys; Department of Public Health infection control survey; and other pending regulatory surveys
- National Patient Safety Goals (NPSGs)
- links to policies and procedures related to NPSGs
- Excellence Every Day Regulatory Readiness Resource Guides
- slides and videos of relevant presentations

All pages use the same format to make searching the site easy and intuitive. And a glossary of health-care terms and acronyms is a helpful aid for clinicians and non-clinicians alike.

At a time when regulatory agencies are looking for staff to be able to articulate quality and safety efforts and speak knowledgeably about patient outcomes, this site could not be more relevant. It is a resource every employee should know about and visit often. And if you have stories or information you think should be included, contact Georgia Peirce at 4-9865.

I want to acknowledge the work of the Excellence Every Day Communications Group who really brought this idea to life exceeding all expectations. That group includes: Marianne Ditomassi, RN, executive director for PCS Operations; Gaurdia Banister, RN, executive director for The Institute for Patient Care; Keith Perleberg, RN, director of the PCS Office of Quality & Safety; Georgia Peirce, RN, project manager; Michael Sullivan, PT, director of Physical Therapy; Marie Elena Gioiella, LICSW, director of Social Services; Robyn Stroud, staff assistant; and Jess Beaham, web developer.

If you haven't already visited the site ([www.mgh-pcs.org/eed](http://www.mgh-pcs.org/eed)), I urge you to do so; it's home to a wealth of information and will be an invaluable resource as we strive to fulfill our promise to achieve Excellence Every Day.

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# Celebrating the distinguished career and contributions of Ann Daniels

If you can measure esteem by the creativity and enthusiasm that go into planning a farewell party, then the department of Social Services and the MGH Chaplaincy hold Ann Daniels in very high esteem, indeed. On Thursday, July 14, 2011, in the East Garden Dining Room, surrounded by colleagues, family, and friends, Ann Daniels, LICSW, outgoing executive director of Social Services and the Chaplaincy, found herself at the center of a fond, funny, and very fitting farewell celebration.

First to speak, Michael McElhinny, MDiv, director of the Chaplaincy, thanked Daniels for her friendship and guidance. Said McElhinny, “You listened. You shared your wisdom. You helped me navigate the administrative landscape of MGH and the budget process. You made the effort to get to know the Chaplaincy, who we were, what we did, and what we need-

ed. I won’t forget your understanding, compassion, and kindness. Many blessings to you, always, from your friends in the Chaplaincy.”

Speaking on behalf of Patient Care Services, associate chief nurse, Theresa Gallivan, RN, shared sentiments from some of Daniels’ colleagues about what it has meant to work with her. Gallivan spoke of her great integrity and her ability to put patients and families at the center of what we do. She spoke of her authenticity and commitment to evidence-based practice, describing Daniels as reflective, balanced, and caring. Said Gallivan, “Ann is a transformational leader—focused, kind, determined, and supportive. She is caring in word and deed, and her caring comes from a place deep in her heart and soul.”

Leading a tribute from the departments of Social Services and Chaplaincy, Marilyn Wise, LICSW, introduced the ‘hat brigade.’ Framing her remarks around the idea that

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At farewell party in her honor, Ann Daniels, LICSW (in pink jacket and corsage), receives heartfelt send-off from friends and colleagues.



## Transitions (continued)

“When your personal values and those of your workplace are in synch, you are indeed fortunate. You have enriched my life and left an indelible footprint. I will miss you all.”  
—Ann Daniels

Daniels had held a variety of positions and made countless contributions, Wise suggested that Daniels had worn many hats during her tenure at MGH. To illustrate the point, members of Daniels’ staff donned comical hats as Wise explained the corresponding connection to Daniels’ career:

- Lisa Scheck, LICSW, donned a beanie representing the early years of Daniels’ career
- Anne LaFleur, LICSW, put on big mouse ears and a headset to represent Daniels’ work as a therapist
- Sandra Elien sported a visor representing Daniels’ role as a supervisor
- Linda Bonell, LICSW, wore a mortar board representing Daniels’ role as an educator
- Eileen White, long-time department secretary, donned an old-fashioned bonnet representing Daniels’ pioneering spirit in trail-blazing new programs and new roles for social workers
- Charles McCorkle, LICSW, wore a cowboy hat representing the ‘wild times’ in health care today
- Father Thomas Mahoney managed to conger a halo representing Daniels’ divine leadership of the MGH Chaplaincy

- Rebecca Murphy, LICSW, sported a surgeon’s cap representing Daniels’ involvement in ‘cutting edge’ research
- Nancy Leventhal, LICSW, pulled on a baseball cap representing Daniels’ commitment to teamwork and community service
- Marguerite Nardozi, LICSW, donned an MGH cap to represent Daniels’ entire career at MGH
- Barb Maxam sported a party hat in honor of the celebratory occasion of Daniels’ retirement
- And last but not least, Daniels was presented with ‘the fascinator,’ a truly fascinating hat in honor of a truly fascinating career

Said Wise, “We are impressed with the fullness, variety, and success of Ann’s career. We thank you for your compassion, guidance, and leadership. And [in unison] we take our hats off to you.”

Daniels was visibly humbled. “It has been an honor and a privilege to be a member of this organization for forty years,” she said. “I have borne witness to some of the most intimate and powerful moments in the lives of our patients and their families, and I have been touched by their bravery, grace, and wisdom. I want to acknowledge my social work colleagues who have touched my life in so many ways. I applaud your dedication and devotion to patient care, to MGH, and to our department. I will carry you in my heart.” Daniels thanked members of the PCS executive committee; MGH president, Peter Slavin, MD; and senior vice president for Patient Care, Jeanette Ives Erickson, RN, for their guidance and support. “When your personal values and those of your workplace are in synch, you are indeed fortunate. You have enriched my life and left an indelible footprint. I will miss you all.”



# A tribute to Judy Newell

## *Ellison 18 playroom re-named to honor beloved nursing director*

Nursing director, Judy Newell, RN (center), with some of her staff at a reception in her honor, July 11, 2011.

**N**ursing director, Judy Newell, RN, who has been away from the hospital on medical leave, returned to MGH, Monday, July 11, 2011, to attend a special ceremony dedicating the Ellison 18 playroom in her honor. And a special day it was. Scores of MGH employees, colleagues, friends, and family came together to pay tribute to Newell and witness the historic event.

In her remarks on behalf of Patient Care Services, associate chief nurse, Debbie Burke, RN, recounted many of Newell's contributions, including her considerable efforts to advance family-centered and culturally competent care at MGH and the MassGeneral Hospital for Children. Burke spoke of her long association with Newell, spanning more than 25 years. In that time, she said, "I've known Judy to be a caring and compassionate nurse, a committed advocate for her patients, and a respected leader and role-model. She cares deeply for and about her staff, and it is fitting that we dedicate this playroom in her honor as she has always been a person who knows how to have fun and someone who brings out the kid in all of us."

Chief of Pediatrics, Ron Kleinman, MD, was on hand to share fond memories of his years working with Newell and to express his, "deep respect and affection for Judy." Said Kleinman, "Those principles Judy so often talks about—a balanced life and a bias toward 'Yes'—are embodied in this playroom that we dedicate in her name. This is a place where ill children can come to balance the medical, social, healing, and educational parts of their lives without fear of intrusion. The fact that we even have a playroom and so many other amenities for children and families is a testament to Judy's vision and perseverance."

Isaac Schiff, MD, chief of Obstetrics and Gynecology, where Newell was nursing director for many years, recalled coming to MGH 23 years ago and introducing himself to Newell. "We immediately bonded," he said. "I relied on her wise counsel and advice. I could always count on her to pro-

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## Recognition (continued)

vide the best care to our patients and make sure everyone was treated with dignity and respect. Though we always seemed to have the least attractive physical unit, we always had the highest patient-satisfaction of any unit in the hospital. I believe that was a reflection of the superb nursing care on our unit and a staff that took their cue from their beloved leader, Judy.” He closed, saying, “I always knew that if I saw Judy in the morning, it was going to be a good day. And seeing you here today, back on this unit where you belong, I know it’s going to be a good day for all of us.”

Following the dedication ceremony on Ellison 18, family and friends had an opportunity to chat with Newell at a reception in the Thier Conference Room. As it happened, this was also the day that the coveted Stanley Cup, so recently re-claimed by the NHL champion Boston Bruins, was on display at MGH. As employees flocked to both events, it didn’t escape notice that the line to see Newell well out-distanced the line to the Stanley Cup.

Staff of Ellison 17 and 18 were thrilled for the opportu-

nity to see their nursing director again, and colleagues from all settings and departments took advantage of the occasion to re-connect with Newell and wish her well.

Pediatric clinical nurse specialist, Mary Lou Kelleher, RN, observed, “Judy has a way of celebrating everyone’s unique talents and abilities. Dedicating our playroom to her is the perfect tribute. She knows how important art and play are to the healing process, and she appreciates a work of art whether it was done by Monet or a 4-year-old with a crayon. I know I speak for the whole staff when I say we’ll think of her every time we come into this room.”

Said Newell, “I’m overwhelmed. What an incredible gesture. The playroom is a central focus of our practice in pediatrics, so it’s truly an honor to be recognized in this way. And the reception was wonderful—I saw colleagues I haven’t seen in years. And they just kept coming!”

If you have a chance, check out the ‘new’ Judith A. Newell playroom on Ellison 18. It looks a lot like the old playroom, but now it’s imbued with the loving presence and boundless devotion of our dear friend, Judy Newell.

Feelin’ the love, Newell has opportunity to re-connect with friends and colleagues following dedication of the Ellison 18 playroom in her name.



# Tapping into patients' passion: a great motivator for recovery

**M**y name is Jennifer Podesky, and I am a physical therapist. The acute-care setting with its abbreviated length of stay offers some unique challenges for physical therapy. It's not unusual to see patients only once or twice during their hospitalization, and in that time we need to gather enough information to determine the best course of physical therapy and the most appropriate interventions and setting for discharge. I am not currently assigned to one unit; I work part-time and go where I'm needed on any given day. It's not uncommon for me to see a patient for a single treatment and carry out a plan of care established by another therapist. But I still need to assess the patient, establish a rapport, and determine whether an adjustment in treatment is warranted.

That's how I met Mrs. C. Her primary therapist was off, and I assumed responsibility for her physical therapy that day. Mrs. C was a 60-year-old woman who had been diagnosed with a malignant brain tumor in her right frontal-parietal lobe four years earlier. At that time she underwent a resection of the tumor followed by whole-brain radiation and chemotherapy. According to her medical record, she'd made a good functional recovery and returned to work as a dance teacher. She was admitted to MGH after falling several times at home and reporting increased confusion and new left-sided motor deficits. Upon admission, she was put on Decadron to reduce cerebral edema, but there was no determination as to whether the tumor had returned.

I reviewed Mrs. C's PT documentation, which indicated mild left-sided weakness, a left perceptual deficit, and moderately impaired cognition with very poor insight into her current functional status. These impairments would be expected given the location of the lesion in her right frontal-parietal lobe. The PT plan of care was well outlined and recommended progression of her gait with cues to attend to her left lower extremity while mobilizing.



Jennifer Podesky, PT, physical therapist

When I entered Mrs. C's room, she greeted me enthusiastically. I reviewed with her and her husband what I hoped to accomplish during our session.

"I think it's a cognitive perceptual thing," she announced.

These are not typical words for a layperson. I knew she didn't have a medical background, so I asked what she meant both to gauge her understanding of her impairments and to assess her cognition.

I knew that right-sided brain lesions could produce cognitive impairments that could affect her ability to attend to sensory input on the left side of her body. I also knew that often high-functioning patients with right-sided brain lesion can interact quite well verbally. So I wasn't surprised when Mrs. C was able to fairly accurately describe her sensory-perceptual problem, saying, "Despite good strength on my left side I don't use it because I'm not paying attention to it." She had obviously received some education about this in prior PT sessions, and she had retained it, which was a good sign.

I did a lower-extremity strength screen and found she had fairly good strength in her legs and good sensation to light touch. She readily attended to her left side but leaned slightly left while sitting and had a slight delay in bringing her left lower extremity muscles to full power. My assessment was that she had the strength and sensation to

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When my one encounter with Mrs. C was over, she and her husband were thankful for what we had accomplished, and I felt exhilarated. Not just because I had observed and treated Mrs. C, but because I had listened to her and adjusted my intervention in response to her needs.

walk with only mild deficits, and I anticipated she would not need an assistive device for support.

We began to walk out of the room. I decided not to give her any verbal instructions so I could assess her gait and perceptual integrity. Within five feet she had grazed the door on her left side, and her left leg wasn't functioning as I thought it should. She took smaller steps on the left and didn't flex her hip and knee during the swing phase. She had difficulty coordinating movement of the leg joints simultaneously which led to a slightly stiff leg that dragged somewhat behind her.

After a few steps she identified the problem herself saying, "I have to pay attention to that side." She attempted to self-correct with a bigger step, but it only lasted one or two steps.

I decided to give her some verbal instruction to see if it would improve her left-side function.

I chose a quiet spot in the hallway where there would be limited distractions. I stood on her left to increase her attention to that side.

"Try taking a bigger step with your left leg," I said. This can elicit a more implicit motor pattern and evoke a more automatic, multi-joint movement. Her gait improved, but she still moved her leg stiffly.

"Try putting your heel down first." For several steps I continued to give her cues. "Big step, heel first. Big step, heel first." As we continued, her gait actually got worse. I sensed she was getting frustrated, so we took a moment to rest. As we sat together, she said, "You're training me like an athlete."

A light bulb went on in my head. She was right. She was a dancer—she wasn't used to moving the way I was telling her to move. I thought about dancers and their movement patterns—fluid, continuous motion. No wonder she wasn't responding to my "step-by-step" instructions. I quickly revised my approach, and we moved to the end of a long hallway.

With plenty of room before us, I said, "Dance your way down the hall." She stood. Before she even took a step, I noticed she was standing straighter and more symmetrically. Her weight was evenly distributed, and she looked straight ahead, not down at her feet. She had assumed her dancer's posture.

She began to walk, not lifting her legs as we had practiced, but gliding side-to-side, sashaying down the hall. She shifted her weight with ease and control. She began to add arm movements in big circles, in coordination with her legs. She looked left and right, attending to her surroundings with no assistance for balance. Unbeknownst to Mrs. C, her husband had arrived and

was watching from the end of the hallway. When she saw him, she danced her way over to him and gave him a hug.

"Wow," he said. "That's the best you've walked in a long time!" They were both all smiles and feeling more optimistic about her recovery.

We practiced this several times. Mrs. C, her husband, and I talked about how we could use this approach to maximize her functional recovery. We talked about how dancers stand at a practice bar to execute controlled movements. I gave her a number of strengthening exercises that incorporated multiple joints and required good postural alignment and lower-extremity control (she called them by their dance names), and I gave her instructions for how many and how often to do them.

In the midst of our treatment, we learned that a rehab hospital near her home had a bed available. She was excited to continue her therapy and share our insights with her next therapist. We talked about her long-term recovery and her hope to be able to teach dance again. She knew she might not be able to, but our session had reinforced how important dance was in her life and how she could use it to foster recovery.

When my one encounter with Mrs. C was over, she and her husband were thankful for what we had accomplished, and I felt exhilarated. Not just because I had observed and treated Mrs. C, but because I had listened to her and adjusted my intervention in response to her needs. This interaction also reinforced what I've found countless times before—tapping into a patient's passion is one of the strongest motivators for recovery. If we are creative, and patients are receptive, we can use their passion to promote a more effective recovery and enhance their quality of life.

I hope Mrs. C continues to dance her way through life.

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

What a wonderful example of the power of presence and listening. We can learn so much about how to assist and guide patients if we truly listen to what they tell us. Jennifer recognized the value of Mrs. C's dance training and used it to enhance her treatment plan. Almost immediately, Mrs. C was able to 'sashay' down the hall. Finding one's passion is often the secret to success in life. Jennifer's narrative shows us, it may also be the secret to effective physical therapy and patient care.

Thank-you, Jennifer.

# Ives Erickson is Linda Kelly visiting scholar

—by Donna Perry, RN, professional development coordinator

**O**n June 16, 2011, fresh from her graduation from the MGH Institute of Health Professions with her doctor of Nursing Practice degree, Jeanette Ives Erickson, RN, senior vice president for Patient Care, presented at OB/GYN Grand Rounds as part of the second annual Linda Kelly, RN, Visiting Scholar Program. In her presentation,

“Nurses’ Perceptions of the Practice Environment: Implications for the Health Care Team,” Ives Erickson stressed the importance of nurse-physician collaboration.

Said, Isaac Schiff, MD, chief of the Vincent Obstetrics and Gynecology Service, “When Jeanette presented, there was a feeling in the room as if she were coming home. Her first major responsibility when she came to MGH was to develop and help lead the MGH Vincent Obstetrics Program, and her influence endures to this day. She was welcomed with great enthusiasm and love from all—nurses and physicians alike. Her lecture focused on care re-design and how care will be delivered in the future.”

As the Linda Kelly visiting scholar, Ives Erickson made rounds on a number of inpatient women’s health units where she engaged staff in dialogue about their perceptions of the professional practice environment.

Following rounds, she attended a luncheon with outpatient nursing staff, Schiff, and OB/GYN physician, Fred Frigoletto, MD. Vincent administrator, Bill Baker, presented a history of Obstetrics at MGH, which triggered

many recollections of the journey to re-introduce Obstetrics at MGH in the 1990s.

The day culminated with the Linda Kelly Lecture where Ives Erickson presented her research, “Evaluation of the Professional Practice Environment: Results of an International Study,” comparing findings from the Revised Professional Practice Environment Scale across several countries using a sample of more than 3,000 nurses. The tool can be used by nurse leaders to measure

nurse empowerment and satisfaction, help advance nursing practice, and improve patient care.

The Linda Kelly Visiting Scholar Program was created to honor MGH nurse, Linda Kelly, RN, nursing director for Ambulatory Gynecology, whose collaborative leadership style has fostered many improvements in patient safety and satisfaction. The program is made possible through the generosity of Deborah Kelly (no relation) who has a long-standing relationship with Schiff and Linda Kelly.



(Photos by Paul Batista)

Above: Linda Kelly, RN, visiting scholar; Jeanette Ives Erickson, RN, presents. At right: Ives Erickson with (l-r): Isaac Schiff, MD, Deborah Kelly; and Linda Kelly.

# Prayer shawls bring hope and comfort to those in need

—by Patti Keeler, MDiv, staff chaplain

“**H**ope is never lost, only found.” That was the message delivered in the MGH Chapel, July 18, 2011, when more than 50 prayer shawls were blessed in an inter-faith service. Staff chaplains, Katrina Scott and Patti Keeler, led the service that included prayer, Scripture, a candle-lighting, and a communal blessing of the shawls.

Hand-crafted prayer shawls on display in the MGH Chapel



(Photo by Paul Batista)

For the past several years, hand-woven shawls crafted with intentionality for the comfort, healing, and peace of the recipient have been donated by groups and individuals throughout New England.

Scott and Keeler shared stories about prayer shawls being given to patients and families by chaplains. Each story conveyed the impact and appreciation of recipients in various circumstances. Forty of the shawls on display in the Chapel had been made by one person, a former MGH patient, in honor of his mother. During Lent, he committed to crocheting a shawl a day as a way of giving thanks for his blessings. Though blind, with every stitch he prayed for peace in the heart of the person who would ultimately receive the shawl.

Scott shared the story of an oncology patient who anonymously crafted and donated more than 50 prayer shawls before she died. Every time Scott delivers one of the shawls, she recites the blessing. “May the ones who receive these shawls be cradled in hope, kept in joy, graced with peace, and wrapped in love.” All in attendance were invited to participate in the blessing.

In times of fear, despair, hopelessness, and joy, the shawls are a reminder that hope is never lost, only found. For more information about the prayer shawl program, contact the MGH Chaplaincy at 6-2220.

MGH chaplains are available to serve individuals of all faith traditions and those with no specific spiritual affiliation. If you would like to receive a visit from an MGH chaplain or if you know someone who would benefit from such a visit, call the Chaplaincy Office at 6-2220.

If you’d like more information about the prayer shawl ministry, or would like to knit a shawl for distribution to those in need, please call the Chaplaincy at 6-2220.

# Some changes to AcuityPlus

*Refining our ability to quantify patients' needs for nursing care*

*Question:* Has something been added to AcuityPlus?

*Jeanette:* QuadraMed (formerly Medicus) is the company that created AcuityPlus, a tool we use to help staff quantify patients' needs for nursing care. Every five to seven years, QuadraMed validates this tool to determine whether changes can be made to make the tool more accurate. MGH has always participated in this process. This year, as a result of the validation process, a new methodology was put in place. In addition to the classification indicators we've been using, several new components have been added that track time spent on procedures and admission/transfer/discharge (ADT).

*Question:* How will it work?

*Jeanette:* In addition to the 22 classification indicators we've been using, a new section allows nurses to enter a start and end time for nine pre-defined 'procedures.' These can be events, activities, or procedures, such as traveling off the unit with a nurse or non-nurse, or 1:1 safety observation by a non-nurse (sitter). Procedure indicators differ from classification indicators in that you have to enter a start and end time for each activity. For example, if you leave the unit with a patient at 10:00am and return at 1:00pm, you would enter those times in the system so that the three hours of work associated with traveling off your unit are captured.

*Question:* Can I enter procedure information into AcuityPlus at any time?

*Jeanette:* Yes. Unlike classification indicators (the 22 indicators that are recorded once a day), procedures can be entered as often as necessary throughout the day. If a patient travels off the unit during every shift, that travel time should be entered every time it occurs. It's recommended that you enter this information into the system at the end of your shift as you reflect on and document the care you provided. It's important to enter both the start and end times for each procedure. If you forget to record an end time, the system will default to one hour, which may result in an inaccurate measurement of the time spent on that procedure. An accurate record of the time spent performing patient-care activities is the ultimate goal.

*Question:* When I use the procedure indicators, they don't change the patient type displayed on the screen. Why is that?

*Jeanette:* The patient type displayed on the screen is based on the 22 classification indicators only. Don't worry, all the information (classification indicators, procedure indicators, and ADT) is integrated to create the total acuity for your patient and unit.

*Question:* How do we know we're using the system correctly?

*Jeanette:* As in the past, we conduct reliability monitoring on a weekly basis. It's vital to demonstrate that the data we collect is reliable so it can be used for budgeting and trending. We need everyone's help to ensure clinicians understand the tool, how it's used, and what the data is used for. It is the most reliable way we have of quantifying the care needs of our patients.

For more information, call Charlene Feilteau, RN, project assistant, at 6-9283.

# Announcements

## Clinical Recognition Program

The Clinical Recognition Review Board and Steering Committee are happy to announce a new initiative by which clinicians applying for recognition at the advanced clinician and clinical scholar levels can submit their portfolio for a preview prior to formal submission. This voluntary, anonymous process gives clinicians an opportunity to receive feedback on their portfolios from former review board members.

Reviewers will provide feedback on specific areas identified by clinicians, leadership, and review board members based on past experience.

For more information, e-mail questions or portfolios to MGH PCS Clin Rec (in the Partners directory).

## Clinical Pastoral Education

Three Schwartz Center fellowships will be awarded for the winter 2012 Clinical Pastoral Education Program for Healthcare Providers

Open to clinicians from any discipline who work directly with patients, families, or staff and who wish to integrate spiritual care-giving into their practice, The Clinical Pastoral Education Program for Healthcare Providers is a part-time program with group sessions on Mondays from 8:30am–5:00pm. Additional hours are negotiated for the clinical component.

Program starts January 9th, concludes May 18th. Applications are due by September, 15, 2011.

For more information, call 6-4774 or 4-3227.

## AMMP scholarships

Applications available on-line

Starting in the fall, the MGH Institute of Health Professions (IHP) will partner with the AMMP Scholarship Program to offer a three-credit scholarship in Nursing, Physical Therapy, or Speech-Language Pathology. For information, call 4-4424.

## Jeremy Knowles Nurse Preceptor Fellowship

Call for Applications

Applications are now being accepted for the Jeremy Knowles Nurse Preceptor Fellowship recognizing 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 due September 12th. For more information, call Mary Ellin Smith, RN, at 4-5801.

## MGH Nurses: Impact and Influence

presented by MGH Nurses' Alumnae Association, Inc. and co-sponsored by the MGH Institute of Health Professions School of Nursing

September 23, 2011  
8:00am–5:00pm  
O'Keeffe Auditorium

Topics will include:  
MGH at 200,  
MGH Nursing at 200  
The Role of MGH Nurses in Disasters  
Nursing Research and more

\$30 for MGHNAA members and MGH employees  
\$40 for all others

Register by September 16th  
6.0 contact hours

For more information, e-mail [mghnursealumnae@partners.org](mailto:mghnursealumnae@partners.org)

## One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives?

Visit the new MGH/MGPO intranet site:  
<http://priorities.massgeneral.org>.

## Annual Iftar

For the past 11 years MGH and the Muslim community have come together to celebrate the Holy month of Ramadan by hosting an Iftar dinner, the breaking of the fast every day at sunset during the Holy month of Ramadan. In the spirit of unity, Patient Care Services, Human Resources, and the MGH Muslim community invite you to attend a community Iftar dinner.

All Muslim patients, families, staff and friends are welcome

Tuesday, August 16, 2011  
Thier Conference Room  
7:30–9:00pm

Iftar (breaking of the fast at 7:45)

RSVP to Firdosh Pathan  
[atfpathan@partners.org](mailto:atfpathan@partners.org).

## Senior HealthWISE events

Free for seniors 60 and older

Lectures:  
(11:00am–12:00pm  
Haber Conference Room)

"Dry Eye Disease"  
Thursday, August 4, 2011  
Speaker: Jody Judge, MD

"Management of Chronic Pain"  
Thursday, August 18th  
Speaker: Paul Arnstein, RN

Hypertension Screenings:  
(1:30-2:30pm)

Monday, August 1st  
Hill House, 127 Mt. Vernon Street  
Monday, August 22nd  
West End Library

For more information, call 4-6756.

## Be a collaborative governance champion

Applications are now being accepted for collaborative governance, the committee structure that integrates multi-disciplinary clinical staff into a formal decision-making body within Patient Care Services.

Applications due by  
October 7, 2011.

For more information, visit:  
<http://www.mghpcs.org/IPC/Programs/Governance.asp>,  
or contact Mary Ellin Smith, RN,  
at 4-5801.

## Blum Center focuses on pain-management

September is Pain Awareness Month. The Blum Center will host free lectures on pain-management every Thursday.

Topics will include:

September 1st  
"Communicating with Your Doctor About Pain"  
with Paul Arnstein, RN

September 8th  
"Coping Skills"  
with Ronald Kulich

September 15th  
"Pain Control for Surgery"  
with Adam Carinci, MD

September 22nd  
"Cancer Pain"  
with Shihab Ahmed, MD

September 29th  
"Prescription and Non-Prescription Pain Medications"  
with Paul Arnstein, RN

All lectures held at 5:30pm in O'Keeffe Auditorium.

Light refreshments served.

For more information, call 4-3823.

# Professional Achievements

## Bartush appointed

Paul Bartush, director, Volunteer, Interpreter, and Information Associates, and LVC Retail Shops, was appointed, president of the Massachusetts Association of Healthcare Volunteers, June 17, 2011.

## Townsend appointed

Elise Townsend, PT, physical therapist, was appointed associate professor for the Department of Physical Therapy, at the MGH Institute of Health Professions, in June, 2011.

## Lasala a fellow

Cynthia Lasala, RN, clinical nurse specialist, was awarded the 2011–2012 Harvard Ethics Fellowship from the Division of Medical Ethics at Harvard Medical School, in June, 2011.

## Ball receives research award

Stephanie Ball, RN, staff nurse, Emergency Department, was awarded the Virginia Earles Research Award in Nursing, from Sage College, April 30, 2011.

## Doyle honored

Lisa Doyle, RN, staff nurse, Gynecology/Oncology, received the 2011 Oncology Nursing Career Development Award, from the MGH Cancer Center, on June 24, 2011.

## Driscoll presents

Jessica Driscoll, RN, nurse practitioner, presented, "The Lived Experience of an Autologous Hematopoietic Stem-Cell Transplantation: a Qualitative Study," at the 22nd International Nursing Research Congress of Sigma Theta Tau International, in Cancun, Mexico, July 12, 2011.

## O'Toole publishes

Jean O'Toole, PT, physical therapist, authored the article, "Breast Cancer Related Lymphedema: Modern Methodology of Assessment and Management," in *Breast Disease Quarterly: a Year Book*, July–September, 2011.

## McLay certified

Susan McLay, PT, physical therapist, became certified as an orthopaedics specialist by the American Board of Physical Therapy Specialties, in June, 2011.

## Morin certified

Jennifer Morin, PT, physical therapist, became certified as an orthopaedics specialist by the American Board of Physical Therapy Specialties, in June, 2011.

## Staiti certified

Katherine Staiti, PT, physical therapist, became certified as a geriatrics specialist by the American Board of Physical Therapy Specialties, in June, 2011.

## Salon certified

Heather Salon, PT, physical therapist, became certified as a neurology specialist by the American Board of Physical Therapy Specialties, in June, 2011.

## Multi-disciplinary team presents poster

Lin-Ti Chang, RN, staff specialist; Diane Connor, RN, staff nurse; Theresa Gallivan, RN, associate chief nurse; and Barbara Moscovitz, LICSW, social worker, presented their poster, "Closing the Gap of Health Disparity by Improving Access to Health Education and Wellness for Elder Chinese Residents Living in the Boston Community," at the 200 Years of Commitment to the Community event at the Center for Community Health Improvement, June 10, 2011.

## Callahan presents

Janet Callahan, PT, physical therapist, presented, "Vestibular Rehabilitation in Sports Concussion," at the Harvard/ MGH Sports Medicine Conference, June 17, 2011.

## Hollywood presents

Joanna Hollywood, OTR/L, occupational therapist, presented, "Dynamic Splinting of the Upper Extremity Lab," at Tufts University, June 20, 2011.

## Chang presents

Lin-Ti Chang, RN, staff specialist, presented, "A Core Curriculum for Nurses in Disaster Preparedness and Response," at the 17th World Congress on Disaster and Emergency Medicine, in Beijing, May 31–June 3, 2011.

## Domestic violence team presents

Gerry Leone; Elizabeth Speakman, LICSW; Erin Miller; and Joanne Timmons presented, "Responding to Domestic Violence in the Healthcare Setting: Patient Care and Workplace Violence, a Domestic Violence Roundtable at the Cambridge Police Department, June 14, 2011.

## Connors presents

Patricia Connors, RN, clinical nurse specialist, presented, "When Pregnancy Becomes Bittersweet: Hearing, 'You Have Advanced Bone Cancer' at 34 Weeks Gestation," at the Obstetrical and Neonatal Nursing annual convention, in Denver, June 27, 2011.

## O'Toole presents

Jean O'Toole, PT, physical therapist, presented, "The Natural History of Cording Following Treatment of Breast Cancer," and "Transient and Persistent Lymphedema Following Breast Cancer," at the International Lymphedema Framework Conference, in Toronto, in June, 2011.

## Russo presents

Katherine Russo, OTR/L, occupational therapist, presented, "Combined Trauma of the Upper Extremity," at Tufts University, June 8, 2011.

## Therapists publish

Physical therapists, Cheryl Brunelle, PT, and Jackie Mulgrew, PT, authored the article, "Exercise for Intermittent Claudication," in *Physical Therapy* 2011.

## Silvestri presents

Sandra Silvestri, RN, clinical nurse specialist, presented, "Perioperative Positioning Injuries," at the national congress of the Association of Perioperative Registered Nurses, in Philadelphia, March 22, 2011.

## Mahony presents

Carol Mahony, OTR/L, occupational therapist, presented, "Cheiroarthropathy: Limited Joint Mobility Associated with Diabetes Type 1," at the National Institute of Health Study conference on the Epidemiology of Diabetes Interventions and Complications, in San Diego, June 23, 2011.

## Peltier-Saxe presents

Donna Peltier-Saxe, RN, special projects coordinator, MGH Community Health Associates, presented, "Laughter Yoga," at the 31st annual conference of the American Holistic Nurses Association, in Louisville, Kentucky, June 3–5, 2011.

## Physical Therapy staff present

Christine Dryer; Amy Leonard; Jennifer Morin, PT; and Gayle Olson, of Physical Therapy Services, presented the learning lab, "Injury Care at Your Fingertips: Manual Therapy Upper Extremity Techniques," at the national convention of the Athletic Trainers' Association, in New Orleans, June 21, 2011.

## Professional Achievements (continued)

### Dahlin honored

Constance Dahlin, RN, nurse practitioner, Palliative Care, was a recipient of a "One Hundred" award, on June 1, 2011.

### Rinehart presents

Todd Rinehart, LICSW, clinical social worker, presented, "Don't Take it Personally: Responding to 'Difficult' Patients and Challenging Behaviors at the End of Life," at The Art and Science of Palliative Nursing Conference, June 2, 2011.

### Team presents poster

Lea Ann Matura; Annette McDonough, RN, nurse scientist; and Diane Carroll, RN, nurse researcher, presented their poster, "Health Status, Health-Related Quality of Life, and Psychological State in Patients with Pulmonary Arterial Hypertension," at the 7th annual conference of the American Association of Heart Failure Nurses, in Seattle, June 23–25, 2011.

### Miller presents posters

Kathleen Miller, RN, director of the Wellness Center at MGH Community Health Associates, presented two posters, "Dancing into Wholeness: Dance and Movement as Pathways for Health and Expanded Consciousness," and "Nourishing the Sacred Flow in a Community Health Center Setting," at the 31st annual conference of the American Holistic Nurses Association, in Louisville, Kentucky, June 3–5, 2011.

### Team presents

Karen Parmenter, RN, staff nurse, Pre-Admission Clinic; Patricia McCarthy; Beth Ellbeg, RN, nursing director, Pre-Admission Clinic; and Sally Millar, RN, director, Informatics, presented their poster, "Use of Electronic Pre-Admission Medication List to Facilitate Medication Reconciliation for Patients Evaluated in a Pre-Admission Testing Telephone Program," at the 9th annual symposium of the New England Nursing Informatics Consortium, April 29, 2011.

### Levin presents

Barbara Levin, RN, staff nurse, presented, "Orthopaedic Nurse Certification Review Course," at Bryn Mawr Hospital, in Philadelphia, April 13, 2011.

### Speech pathologists publish

Speech-language pathologists, Tessa Goldsmith, CCC-SLP; Allison Holman, CCC-SLP; and Danny Nunn, CCC-SLP, authored the chapter, "VideoFluoroscopic Evaluation of Oropharyngeal Swallowing," in *Head and Neck Imaging*, 2011.

### Stefancyk presents preparation class

Amanda Stefancyk, RN, nursing director, presented an AONE Certified Nurse Manager Leader Preparation Course at the 44th annual meeting and exposition of the American Organization of Nurse Executives, in San Diego, April 13, 2011.

### Research team publishes

Patricia Dykes, RN; Diane Carroll, RN; Kerry McColgan, RN; Lisa Colombo; Maureen Donahue, RN; Ann Hurley, RN; and Angela Benoit, authored the article, "Development and Testing of the Nurse and Assistant Self-Efficacy for Preventing Falls Scales," in the *Journal of Advanced Nursing*, February, 2011.

### Capasso presents

Clinical nurse specialist, Virginia Capasso, RN, was the keynote speaker at the 21st annual Maine Geriatrics Conference, Policy to Practice of a Never Event: Pressure Ulcers, sponsored by the University of New England College of Osteopathic Medicine in Bar Harbor, June 2, 2011.

Capasso was also the guest speaker at the Strategic Initiative to Reduce Pressure Ulcers Surgical Grand Rounds at Eastern Maine Medical Center in Bangor, April 11, 2011.

### Inter-disciplinary team publishes

Saul Weingart, MD; Junya Zhu, RN; Laurel Chiappetta; Sherri Stuver; Eric Schneider, MD; Arnold Epstein, MD; Jo Ann David-Kasden, RN; Catherine Annas; Floyd Fowler, Jr.; and Joel Weissman authored the article, "Hospitalized Patients' Participation and its Impact on Quality of Care and Patient Safety," in the *International Journal for Quality in Health Care*, e-published in 2011.

### Nurses present

Sandra Silvestri, RN, clinical nurse specialist; Charlene O'Connor, RN, clinical nurse specialist; Laurie Lynch, RN, staff nurse; Kathleen Myers, RN, nursing director; Jill Pedro, RN, clinical nurse specialist; Maureen Hemingway, RN, clinical nurse specialist; and Lisa Morrissey, RN, nursing director, presented their poster, "Multi-Disciplinary Approach to Prevention of OR Positioning Injuries," at the national congress of the Association of Perioperative Registered Nurses, in Philadelphia, March 19–24, 2011.

### Clinical Recognition Program

Clinicians recognized April 1–July 1, 2011

- Advanced clinicians:
- Kate Adeletti, PT, Physical Therapy
  - James Bradley, RN, General Surgery
  - Chimwemwe Clarke, RN, Cardiac Step-Down Unit
  - Elisa Gear, RN, Cardiac Surgical Intensive Care Unit
  - Laura White, RN, Oncology/Bone Marrow Transplant Unit
  - Shauna Harris, RN, Newborn & Family Unit
  - Jennifer Podesky, PT, Physical Therapy

### Published by

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

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Next Publication  
September 1, 2011

# Oncology Nursing Career Development Award

—by Julie Goldman, RN, professional development manager

**O**n June 24, 2011, this year's Oncology Nursing Career Development Award was presented to Lisa Doyle, RN, staff nurse, GYN/Oncology. The award, funded by the Friends of the MGH Cancer Center, was established in 1989 to recognize a staff nurse who consistently demonstrates excellence in caring for cancer patients, serves as a role model to others, and is committed to ongoing professional development.

Doyle has a strong connection to the Bigelow 7 GYN/Oncology Unit. In 2006, her mother was diagnosed with cancer there. That was the day Doyle left investment finance and decided to pursue a career in oncology nursing.

Doyle was nominated by colleague, Melissa DeLisle, RN,

who wrote, "It is evident after spending time with Lisa just how committed she is to this profession. She makes the extra effort with all her patients, providing information and advocating for their needs. This summer Lisa and her husband are going to climb Mt. Kilimanjaro to raise funds and awareness for the Ovarian Cancer National Alliance. She is a leader and natural teacher on our unit."

Doyle is a member of the Oncology Nursing Society and plans

to take the ONC certification exam later this year. She is currently working toward a master's degree, and her many letters of nomination speak to her knowledge, leadership, commitment, and compelling desire to advance the practice of oncology nursing.

For more information about the Oncology Nursing Career Development Award, contact Julie Goldman, RN, at 4-2295.



Oncology Nursing Career Development Award recipient, Lisa Doyle, RN (second from right), with (l-r): nursing director, Adele Keely, RN; associate chief nurse, Debbie Burke, RN; and Friends of the MGH Cancer representative, Trudi Fondren.

## Caring Headlines

August 4, 2011

Returns only to:  
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