Proactive budget management

The core of 2011 strategic planning

MGH president, Peter Slavin, MD, shares plan for strategic cost-management and zero-based budgeting at special MGH leadership meeting in O’Keefe Auditorium, January 5, 2011.

(See senior vice president, Jeanette Ives Erickson’s, column on page 2.)
Using our collective wisdom to meet the economic challenges of 2011

As we begin our new fiscal year, I want to keep you all informed of the work we’re doing and enlist your help in innovating care-delivery for the future. Going into 2011, the nation, and specifically the healthcare industry, are facing substantial economic challenges. I think it’s important for everyone to know that MGH and all institutions in the Partners HealthCare System are working diligently to continuously improve quality and efficiency and ensure financial success in the future.

You may recall in my December 2, 2010, column, I shared Partners’ strategic goals for the coming year. They are:

- Care re-design: multi-disciplinary teams focusing on specific conditions and episodes, such as colon cancer, coronary disease (AMI and CABG), stroke, diabetes, and primary care, paving the way for payment systems that support improved care delivery
- Patient affordability: improving process flow, reducing costs, and exploring all viable cost-management ideas
- Reputation: emphasizing Partners’ commitment to community programs through quality-focused messaging and public education

I’d like to delve a little more deeply into the ‘patient affordability’ aspect of this plan, which was also the topic of a special leadership meeting called by MGH president Peter Slavin, MD, recently. At that meeting, Dr. Slavin spoke about the importance of re-investing in our future to ensure we continue to provide leading-edge care and maintain a strong position in the marketplace. In order to do that, we need to generate a strong profit margin. That’s what allows us to make those important investments in technology and resources for the future.

Three main factors affect our ability to generate a strong margin: patient volume; payor reimbursement rates; and expenses.

Patient volume is notoriously unpredictable, so we can’t rely on it to be part of the solution. Recent healthcare legislation and the prevailing national economy are having a negative effect on payor reimbursement rates, so we can’t assume that that will be part of the solution, either. So our primary focus in terms of ensuring a strong financial future must center around cutting costs and controlling expenses.

continued on next page
As Dr. Slavin reminded us, we are all stewards of a great institution—an institution that has seen its share of adversity. MGH has prospered through World Wars, epidemics, and disasters, and we will continue to prosper through these trying economic times.

As always, we want to take a thoughtful approach—we’re not considering across-the-board cuts. The welfare of our patients and families is foremost in our thinking as we look for ways to eliminate waste and make systems more efficient.

MGH has begun a budget review process similar to ‘zero-based budgeting,’ whereby all departments are being asked to look at their budgets as if they’re starting from scratch, identifying only the expenses necessary to provide optimum care and operate at peak efficiency. The hope is that this process will help identify redundancies, non-value-added services, or obsolete programs that could easily be eliminated from our expense sheet. And because all departments are participating, we should also be able to identify opportunities to consolidate services across departments when and if appropriate.

This work coincides with an effort to review and improve systems throughout the entire Partners network. Partners president, Gary Gottlieb, MD, has asked senior vice president for Clinical Excellence at BWH, Michael Gustafson, MD, and me to oversee a similar effort, focused on direct patient care for all Partners institutions. We’re currently looking at Emergency Services, Perioperative Services, and inpatient care. Our goal is to systematically:

- review the costs in each of these areas, identify opportunities for reduction, and estimate projected savings
- set standards, identify best practices, and look for opportunities to improve processes
- determine which projects should remain institution-specific and which would be better served by implementation across Partners institutions

Unlike typical budget cycles, which do take place largely behind the scenes, I expect this process to be more interactive as department leaders consult with staff to make these important assessments. And who better to have a voice in the process than those who work at the bedside and on the front lines of care-delivery every day. Many of you have already offered excellent suggestions, and I urge you to keep those ideas coming.

As Dr. Slavin reminded us, we are all stewards of a great institution—an institution that has seen its share of adversity. MGH has prospered through World Wars, epidemics, and disasters, and we will continue to prosper through these trying economic times. As leaders of a world-class hospital, it’s our responsibility to be proactive in meeting the challenges before us. And that’s exactly what we’re doing as we embark on this ambitious plan for the future.

Thank-you for the excellent care and support you provide every day. Thank-you for being an active member of the MGH community. And thank-you for your resilience and creativity as we craft these solutions together.
O
n October 27, 2010, in the
presence of family, friends,
and staff, MGH patient,
Cristian Corado, and his
fiancéé, Ana Arevalo, were
married in an intimate cere-
mony on Ellison 14. It may
not have been the gala event
some couples dream of, but it was a beautiful,
moving ceremony and a testament to the de-
termination of staff on Ellison 14 to grant
their patient one last wish.

Corado had been in and out of the hospi-
tal for nearly a year, receiving therapy for
acute lymphoblastic leukemia. He was a fa-
miliar face in the outpatient infusion unit
and on the Ellison 14 Oncology Unit.

Says infusion unit staff nurse, Heather Yates, RN,
one of Corado’s many caregivers, “We all grew to
know and like Cristian and Ana very much.”

Though it was hoped that Corado would recover
and be able to marry in a traditional ceremony, he suf-
fered a relapse over the summer, and treatment was
unable to contain his cancer.

Corado was hospitalized in October, and his prog-
nosis grew worse. In
November, he let it be
known that
he wished to
marry his
girlfriend,
Ana.

Says
Ellison 14
staff nurse,
Liz Love,
RN, “When
we heard that Cristian wanted to marry
Ana, we knew time was running out. We all
stepped up to do whatever we could to make
this happen.”

Staff contacted area vendors and receiv-
ed numerous donations, including a wedding
cake, tuxedo, pastries, food, and flowers.

The ceremony took place in Corado’s
room with their daughter and many friends
and family members in attendance.

Sadly, Corado passed away only five days
after his wedding. But thanks to staff on
Ellison 14, he died a happily married man.

Below: the happy
couple surrounded by
staff on Ellison 14.
At right: Priest
looks on as bride
and groom kiss.
in support of Patient Care Services' 2011 strategic goals, the Maxwell & Eleanor Blum Patient and Family Learning Center is introducing several new programs designed to support patient-education.

Healthy Living is a new series that promotes healthy lifestyles through prevention and other wellness-oriented behaviors. The first lecture, “Starting an Exercise Program,” with Joe Dankese, fitness director of The Clubs at Charles River Park, was held January 6, 2011. Future sessions will focus on nutrition, smoking cessation, stress-management, and other topics of interest to health-conscious people.

The National Health Observances (NHO) Discussion Series centers around the US Department of Health and Human Services’ Health Observances Calendar. Each month, a topic from the calendar will be discussed in a free lecture by an expert on the topic. The first talk, “Common Thyroid Disorders,” with Giuseppe Barbesino, MD, will be held January 20, 2011, at noon. Future sessions will address women and heart disease, autism, and other timely subjects.

In the ongoing Book Talks series, MGH authors discuss their books on various health issues. Past authors have included Herbert Benson, MD, and Walter Willett, MD. The next Book Talk session will feature Nutan Sharma, MD, who will discuss his book, *Parkinson’s Disease and the Family*, February 16, 2011, at noon.

The Blum Center can help staff meet patient and family educational needs by providing materials to enhance patient-teaching. If you’d like to have information delivered to your unit, call the Blum Center at 4-7352, Monday–Friday, 9:00am-5:00pm.

For individuals with vision, hearing, or mobility issues, The Blum Center offers assistive technology to access computers and other resources, including screen readers and print-enlarging software, adaptive mouse(s), Braille printer and composition program, and Sorenson-Relay Video Service. (Televisions in patient rooms offer closed captioning.)

All presentations and discussions are held in the Blum Center (White 110) unless otherwise specified. Sessions are free and open to MGH staff and patients; no registration is required. For more information, or if you’re interested in giving a presentation, please contact Jen Searl at 724-3823.
My name is Suzanne Hally, and I am a staff nurse in the Neonatal Intensive Care Unit (NICU). I had heard about ‘Shada’ before I arrived on the unit that night. Her birth had sent the NICU into a buzz. People were already talking about the ethical issues surrounding her life, and it had only just begun.

Shada was the third child of a lovely Moroccan couple. Their first child, ‘Amina,’ had died from a severe mitochondrial disorder at 15 months of age and Shada spent only a month of her life at home with her family. Their second child, whom they also named, Amina, after her sister, is a healthy, lively 2-year-old.

And then there was Shada...

The day Shada was born was the first time I met her parents. I knew their history as I shook their hands. I knew this family needed a nursing team that could help them distinguish this baby from the one they had lost in a supportive and caring environment, and without judgment.

And so our journey began.

As the difficult conversations surrounding the care of their daughter began, dad stood at her bedside and told us, “I understand. I have watched this movie before, and although I know the end, I must watch it all the way through.” This was the first inkling I had that they had not forgiven themselves for the death of their first child.

Mom and dad spoke often about wanting to do everything they could for Shada during the three months she lived in our NICU. They spoke about their regret at having “given up too soon on Amina.”

I wanted more than anything to help them heal from the loss of Amina, and from what I knew would most likely be another loss in the near future.

Shada had a tumultuous life. She spent 26 days on extra-corporeal membrane oxygenation (ECMO), without which she most certainly would have died. Her illness was severe, yet we couldn’t obtain a definitive diagnosis until she came off ECMO. We were fighting an unknown.

The day she came off ECMO, her parents were told she might not survive. They were stoic. They spoke of their faith. Dad stood waiting, his hand touching mom.

Soon, Shada stabilized. A miracle.

I began to think about how we could get her home. I know it sounds crazy, but I believe things happen for a reason. They needed Shada.

She was able to wean off the more intensive treatments and stabilize on oral medications. She struggled with feeding intolerance and vomiting. Every shift was draining. Her nurses looked to one another for support and sustenance. We advocated for Shada as if she were our own. We listened to the family and mediated discussions. I researched their religion and printed articles so we’d have a greater understanding of their perspective. I was never in this alone. I worked with the best team of primary nurses Shada’s family could ever have hoped for.

Days turned to weeks. Shada lay alert in her bed. She loved sucking her fingers, looking at her toys. She was mesmerized by music.
One day, I found mom standing at her bedside rubbing her little head. They looked so peaceful.

These moments are so important. These are the moments I focus on, the ones I tell others to focus on. Our job can be so incredibly difficult sometimes. We want to provide the best care we can. But there are times when that means using something other than machines, or medicine, or therapy. Sometimes, it means giving support or assurance in the worst possible circumstances. Sometimes, it means hugging a mom when there’s no way to make the situation better. I did this often with Shada’s mom.

Less truly can be so much more.

Shada was finally diagnosed. She had a mitochondrial disorder, worse than her sister had had.

As a team, we struggled. What could we do for this baby? Was it responsible to continue with treatment when she had a severe and terminal disease?

An ethics consult was called. We had an opportunity to talk about our feelings, to make suggestions about her care. Some people were angry, some were exhausted. I was determined not to give up on this family. I was determined to give them a different ending.

Don’t get me wrong— I knew Shada would not survive. I just wanted to change the ending.

A week before Shada passed away, I got a call from the nurse who was caring for her. She had never cared for Shada before; Shada was on maximum support and her condition was deteriorating. The team discussed code status with mom and dad, and she was made a DNR (do not resuscitate). I offered to come in, believing the end was near.

When I arrived, mom and dad sat by her side and cried silently. I asked what they needed. They couldn’t answer. I pulled a couch over to the side of the crib. I laid Shada on the couch next to mom. I asked dad to go and get Amina. I quietly stood by as they enveloped each other, awaiting her passing.

But as the night went on, Shada stabilized. We returned her to conventional ventilation. With renewed hope, mom and dad retracted the DNR.

The next week was an emotional battle. Mom and dad were angry, grieving. They couldn’t understand why we hadn’t re-started her medication.

I knew it wasn’t about the medication. They were losing control, they were losing their daughter, and they were in pain. We had another ethics consult. I spoke frankly about this family; about these incredible people who loved their daughter more than we could possibly understand. The gap between their religion and our medical protocols was troublesome. I believed we still had work to do.

I spoke with mom and dad many times the following week. It was difficult to give them what they needed and still be the nurse with the knowledge and expertise they needed to make the decisions they needed to make. I didn’t want them to come away from this with more guilt for the death of a second child.

Shada passed away during Ramadan, an important time in their religion. This gave them peace. They felt it was as it should be. The day Shada died, the nurse caring for her was a mom who had herself lost a baby. She was also a bereavement expert. I could not have asked for more. Shada’s family was nurtured and comforted just as I had wanted them to be.

I saw them that evening. They hugged me and asked if I would come to Shada’s service. I told them, “I would be honored.”

I didn’t know what to expect at the service; I thought I might need to cover my head out of respect. I called the funeral home, and they told me it wasn’t necessary. Dad was standing at the door as I entered. He quietly thanked me and showed me the way. I was welcomed into the ceremony and cried as I watched this family grieve—not just for one child, but for two.

I gave a last hug to mom and Amina, then walked over to dad. With tears in his eyes, he said, “Thank-you. I know you did everything you could. That was so important to us.” We hugged and said good-bye.

Caring for Shada and her family changed me. It made me realize that even when caring for a terminally ill patient, there is a life to be lived.

We do make a difference, and healing comes in many forms.

Caring for Shada and her family changed me. It made me realize that even when caring for a terminally ill patient, there is a life to be lived.

We do make a difference, and healing comes in many forms.

Caring Headlines

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse
Knight Nursing Center website gets face-lift

— by Gino Chisari, RN, director, The Knight Center for Clinical & Professional Development

On New Years Day, 2011, The Knight Nursing Center for Clinical & Professional Development unveiled its newly redesigned website at www.mghpcs.org/knightcenter. The new look is the culmination of months of work and was done in conjunction with a new look for the actual Knight Nursing Center.

Visit the website for up-to-date information and a listing of current educational offerings. To access educational offerings from the home page, click on the Continuing Education Calendar. The calendar is arranged by month, so scroll down to see offerings in the desired month(s). Offerings are categorized according to educational need. Clicking on the course name will bring you to the course description, date, time, location, and an easy-to-use link to register online.

The launch of the website supports our pledge to help protect the environment by going green. In December, we began piloting a paperless approach to continuing education—all hand-outs, manuals, PowerPoint slides, etc. will be sent to attendees electronically ahead of time to reduce our reliance on hard-copy hand-outs. Feedback from attendees about this approach has been very positive.

Beginning in 2011, most continuing-education course materials will be sent electronically to participants in advance of classes. We will no longer provide hard copies of course materials. Because materials need to be sent ahead of time, it’s a good idea to register at least ten days prior to the date of the class. Courses that require in-class exercises, such as basic and intermediate arrhythmia interpretation will continue to use hard-copies.

In the coming months you’ll see more enhancements including an on-line video library of Nursing Grand Rounds presentations, information for registered and advanced practice nurses, and many other helpful resources. For more information, or to offer comments or feedback, use the Contact Us function on the home page of the Knight Center website.
On November 10, 2010, Linda Evans, RN, nurse educator in the operating room at BWH, presented her original research, “Feasibility of Family Member Presence in the OR during Breast Biopsy Procedures,” published in the AORN Journal in October, 2008. Her research, funded by the Association of Perioperative Registered Nurses, was also Evans’ graduate research project.

Evans’ descriptive study investigated perioperative nurses’ attitudes toward family presence in the operating room during breast biopsy procedures with local anesthesia. The study explored relationships between participants’ demographic information and their attitudes toward family presence. It included a qualitative component where participants could comment on the concept of family presence in the OR.

Evans referenced policies and standards that give families the option to be present during emergency procedures such as cardiopulmonary resuscitation and invasive interventions. Evidence shows that family presence fosters a feeling of being supported by loved ones, increases the family’s confidence that the health care team is performing to the best of their abilities, reduces fear and anxiety, and gives family members a chance to say good-bye should resuscitation efforts fail.

Literature suggests that family presence gives caregivers a sense that they’re meeting the emotional needs of families; that they’re providing educational opportunities for families; and that families can see first-hand the efforts that were made to save their loved one.

Using the Family Presence and Support Staff Assessment tool, a survey instrument adapted by the Emergency Nurses Association, Evans found nurses’ attitudes toward family presence similar whether talking about patients and families or expressing their own personal preferences.

The study suggests weak support for family presence in the OR during breast biopsy procedures. System barriers were identified in two open-ended questions to which an overwhelming majority of respondents cited privacy concerns, potential contamination of the sterile field, distraction from the needs of the patient, potential liability concerns, and other issues.

For information about upcoming NRC Journal Club sessions, visit: www.mghnursingresearchcommittee.org, or call Laurene Dynan, RN, at 4-9879.
Enhancement to the employee recognition ‘wall of fame’

**Question:** I’ve noticed some work being done in the corridor near the MGH Chapel. What’s going on there?

**Jeanette:** An exciting project is nearing completion in the Ellison Corridor across from The MGH General Store. For many years, this wall has housed plaques recognizing recipients of honors such as the Pamela Ellis, Ricardo Diaz, and Nathaniel Bowditch awards. Upon completion of this project, the wall will be fitted with a large flat-screen television, a new enhancement to our employee recognition display. The television will run a continuous loop of photos featuring MGH employees honored for their work via hospital awards or programs recognizing excellence in service and patient care. This addition to the Employee Recognition Wall is a joint project of MGH Human Resources and the Service Excellence Department.

**Question:** Whose pictures will be displayed there?

**Jeanette:** The flat screen television will show recipients of the Pamela Ellis, Ricardo Diaz, and Nathaniel Bowditch awards, as well as employees recognized by Dr. Slavin’s Excellence in Action Awards. Excellence in Action Awards were created to recognize clinicians and support staff who go above and beyond to ensure a positive experience for patients and families. As time goes on, we may find other uses for this new display option. I welcome your ideas.

**Question:** How did this enhancement come about?

**Jeanette:** Our credo statement asserts that employees are our greatest asset. Our new flat-screen television gives us another opportunity to celebrate their practice and recognize the excellent work of MGH employees. Publicly displaying these photos also gives our patients and visitors an opportunity to see the caregivers and support staff they interact with recognized for their efforts.

**Question:** Will the plaques continue to be on display in this space?

**Jeanette:** The wall will continue to house the awards that have always been displayed there. They were temporarily removed during renovation of the area and installation of the flat-screen television, but all plaques should be returned to that wall by press time.

**Question:** How often will photos be updated?

**Jeanette:** Photos will be updated as new recipients are honored. Passers-by will be able to enjoy a constant reminder of the excellent service and commitment demonstrated by MGH employees.

For more information, call Megan Brown, human resources project manager, at 617-306-0125.
Announcements

Research Nurse Roundtable
“The Role of the Research Nurse in Informed Consent: What Are the Challenges?”
Tuesday, January 25, 2011
12:00–1:00pm
Garrod/Mendel Conference Room
Simches Research Building
Feel free to bring a lunch.
Registration is required at: http://hub.partners.org/catalog
For more information, contact Linda Piter; RN, at 3-0686.
Sponsored by the MGH Clinical Research Program.

Are you Gluten-intolerant?
One out of every 120 Americans is gluten intolerant, which is why patient services coordinator, Elaine Budnik-Caira has created a website to help inform the public and the MGH community about this growing problem.
For more information, visit: www.gfhomecooking.com

Call for Abstracts
Nursing Research Expo
May, 2011
Submit your abstract to display a poster during the 2011 Nursing Research Expo Categories:
Original Research
Research Utilization
Performance Improvement
For more information contact Laura Naimsith, RN, or Teresa Vanderboom, RN, or Nursing Research Committee at: mghnursingresearchcommittee@partners.org.
Abstracts must be received by January 31, 2011.

Lunchtime Fitness Sessions
Lunchtime fitness sessions offered by personal trainer, Mike Benta, from The Clubs at Charles River Park.
Next session:
February 16, 2011
Haber Conference Room
12:00–1:30pm
For more information, call 6-2900

Memorial Service
A memorial service will be held for Cynthia McLernon, ST, who passed away Saturday, December 4, 2010, after a brief illness.
Family and friends will celebrate Cindy’s life. All are welcome.
Thursday, January 20, 2011
7:00am
Shriners Auditorium

Blum Center events
National Health Observance Lecture:
“Common Thyroid Disorders”
Thursday, January 20, 2011
12:00–1:00pm
presented by Giuseppe Barbesino, MD
All sessions held in the Blum Center.
For information, call 4-3823.

On-Site Spanish Classes
Learn commonly used Spanish phrases to enhance communication with Spanish-speaking patients. MGH, in partnership with HablEspana Language Center, offers three levels of Spanish classes.
Classes begin the week of January 23, 2011.
Classes meet once a week for ten weeks 5:30–7:30pm
Yawkey Building
$150 fee includes all materials. Payment is due by January 10th.
For more information contact John Coco at 4-3368.

Host a student for Job Shadow Day
Help a young person learn about careers in health care
Participate in the 16th annual Groundhog Day Job Shadow Experience. Can you or a member of your staff spend a few hours sharing your work experience with a student from one of MGH’s partner high schools?
Hosts benefit from the satisfaction of meeting and mentoring a young person. Students benefit from being introduced to a potential future career.
For more information, or to sign-up, call 4-8326 or e-mail Galia Wise.
Job Shadow Day
Wednesday, February 2, 2011
9:00am–1:00pm

Host a student for Job Shadow Day
Help a young person learn about careers in health care
Participate in the 16th annual Groundhog Day Job Shadow Experience. Can you or a member of your staff spend a few hours sharing your work experience with a student from one of MGH’s partner high schools?
Hosts benefit from the satisfaction of meeting and mentoring a young person. Students benefit from being introduced to a potential future career.
For more information, or to sign-up, call 4-8326 or e-mail Galia Wise.
Job Shadow Day
Wednesday, February 2, 2011
9:00am–1:00pm

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital
Publisher
Jeanette Ives Erickson, RN senior vice president for Patient Care
Managing Editor
Susan Sabia
Editorial Advisory Board
Chaplaincy
Michael McElhinny, MDiv
Disability Program Manager
Zary Amirhosseini
Editorial Support
Marianne Ditomassi, RN
Mary Ellin Smith, RN
Materials Management
Edward Raeke
Nutrition & Food Services
Martha Lynch, RD
Susan Doyle, RD
Office of Patient Advocacy
Robin Lipkis-Orlando, RN
Office of Quality & Safety
Keith Perleberg, RN
Orthotics & Prosthetics
Mark Tlumacki
PCS Diversity
Deborah Washington, RN
Physical Therapy
Occupational Therapy
Michael Sullivan, PT
Police, Security & Outside Services
Joe Crowley
Public Affairs
Suzanne Kim
Respiratory Care
Ed Burns, RKT
Social Services
Ellen Forman, LICSW
Speech, Language & Swallowing Disorders and Reading Disabilities
Carmen Vega-Barachowitz, SLP
Training and Support Staff
Stephanie Cooper
Tom Drake
The Institute for Patient Care
Guardia Banister, RN
Volunteer Services, Medical Interpreters, Ambassadors, and LVC Retail Services
Paul Barnash
Distribution
Ursula Hoehl, 617-726-9057
Submissions
All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746
Next Publication
February 3, 2011
Professional Achievements

Comeau appointed
Eileen Comeau, RN, nurse practitioner, was appointed a member of the Board of Directors of the Campus of Caring, in December, 2010.

Peterson appointed
Gayle Peterson, RN, staff nurse, was appointed a fellow of the American Nurses Association Policy Institute, in December, 2010.

Zachazewski publishes
James Zachazewski, PT, along with David Magee; Robert Marsiske, PT; and William Quilen, PT, authored the book, Athletic and Sport Issues in Musculoskeletal Continuity,” in the fall, 2010, Christy Malonzo, PT; Kristin Parlman, PT; and Genevieve Pinto Zipp, PT, authored the book, Autonomous Practice in Commission: is Autonomous Practice in Rehabilitation, which was published in October, 2010.

Waller publishes

Kaufman, Neagle and Well publish
Joanne Kaufman; Mary Neagle; and Eric Wael, MD, authored the article, “Care Management Demonstration Project for High-Risk Populations: Transition, Communication and Continuity” in the fall, 2010, Collaborative Case Management Journal for ACMA.

Larkin presents poster

Therapists publish
Jody Cormack, PT; Denise Gobert, PT; Jason Hardage, PT; Heather Hayes, PT; Christy Malanor, RN; Kristin Parman, PT; and Genevieve Pinto Zipp, PT, authored the article, “Perspective from the Practice Commission: is Autonomous Practice in Neurologic Physical Therapy Defined Differently Based on the Type of Practice Setting?” in the September 2010, Journal of Neurological Physical Therapy. O’Leary certified
Christine O’Leary, RN, became certified as an anticoagulation care provider by the National Certification Board for Anticoagulation Providers, in December, 2010.

Kelly presents

Gall presents

Nurses publish
Paul Arnstein, RN, Kathleen Broglio, RN, and Elisa Wuhrman, RN, authored the article, “Placebos: No Place in Pain Management,” in Nursing 2011.

Experts publish
Rose Virani, RN; Judith Paice, RN; Pam Malloy, RN; Betty Ferrell, and, Constance Dahlin, RN, authored the article, “Statewide Efforts to Improve Palliative Care in Critical Care Settings,” in Critical Care Nurse.

Nurses publish

Foley publishes
Laura Little Foley, PT, physical therapist, authored the article, “Yoga and Chronic Low Back Pain,” in Orthopedic Physical Therapy Practice, October, 2010.

Mantia certifies
Jennifer Mantia, RN, became certified as a clinical nurse leader by the American Nurses Credentialing Center in December, 2010.

Inter-disciplinary team publishes
Inter-disciplinary team publishes
Dean Hess, RRT, Arthur Tokarczyk, MD; Mary O’Malley, RN; Susan Guaghan, RN; Judith Sullivan, RN; and, Ulrich Schmidt, MD, authored the article, “The Value of Adding a Verbal Report to Written Handoffs on Early Readmission Following Prolonged Respiratory Failure,” in CHEST, in December, 2010.

Inter-disciplinary team publishes

Drapek certifies
Lorraine Drapek, RN, became certified as a family nurse practitioner by the American Nurses Credentialing Center in December, 2010.

Engel certifies
Holly Engel, RN, became certified in Neuroscience Nursing by the American Association of Neuroscience Nurses in December, 2010.

Lang certifies
Betsy Lang, LICSW, social worker, became certified in Death and Grief Studies by the Center for Loss and Life Transition in December, 2010.

Morgan certifies
Brook Morgan, RN, became certified as a clinical nurse leader by the American Nurses Credentialing Center in December, 2010.

Arnstain publishes

Norton presents

Arnstain and St. Marie publish

Kline presents
Nancy Kline, RN, presented, “Use of a Transitional Minimum Data Set to Improve Communication Between Nursing Home and Emergency Department Staff,” at the Annual Meeting of the Gerontological Society of America, in New Orleans, November 2010.

Arnstein publishes

Arnstein publishes

Arnstain and St. Marie publish

Kline presents
Nancy Kline, RN, presented, “Use of a Transitional Minimum Data Set to Improve Communication Between Nursing Home and Emergency Department Staff,” at the Annual Meeting of the Gerontological Society of America, in New Orleans, November 2010.

Gall presents

Brown certifies

First Class
US Postage Paid
Permit #57416
Boston, MA