

# Caring

Headlines

January 20, 2011

## 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

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.

**A**s 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



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

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.

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# Wedding a bitter-sweet occasion on Ellison 14

**O**n October 27, 2010, in the presence of family, friends, and staff, MGH patient, Cristian Corado, and his fiancé, Ana Arevalo, were married in an intimate ceremony 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 determination of staff on Ellison 14 to grant their patient one last wish.

Corado had been in and out of the hospital for nearly a year, receiving therapy for acute lymphoblastic leukemia. He was a familiar 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 suffered 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 received 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.



(Photos by Joe Ferraro)

**Below:** the happy couple surrounded by staff on Ellison 14.

**At right:** Priest looks on as bride and groom kiss.

# Blum Center kicks off new year with new programs

—by Jen Searl, health educator, Blum Patient & Family Learning Center

**I**n 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,

Renown doctor and author, Herbert Benson, MD, at book signing following his lecture on the health benefits of relaxation and meditation.

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.



# NICU nurse learns healing comes in many forms

**M**y 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 had 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.



Suzanne Hally, RN, staff nurse,  
Neonatal Intensive Care Unit

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.

*continued on next page*

Caring for Shada and her family changed me. It made me realize that even when caring for a terminal patient, there is a life to be lived. We do make a difference, and healing comes in many forms.

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.

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

I don't think any of us can imagine the grief of losing two children. Our hearts go out to this family. Shada's illness was terminal; the 'ending' was known. The care team may not have been able to save Shada, but Suzanne *was* able to influence the ending. She reached out to her colleagues as they grappled with the complex ethical issues associated with Shada's care. She learned about this family's faith so she could provide culturally competent care. She kept the lines of communication open. And perhaps most important, she helped mom and dad be close to Shada in the brief time they had together. She did, indeed, do everything she could for this family.

Thank-you, Suzanne.

# Knight Nursing Center website gets face-lift

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

**O**n New Years Day, 2011, The Knight Nursing Center for Clinical & Professional Development unveiled its newly redesigned website at [www.mghpcs.org/knightcenter](http://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 Knight Nursing Center website at [www.mghpcs.org/knightcenter](http://www.mghpcs.org/knightcenter) for up-to-date listings of educational offerings

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

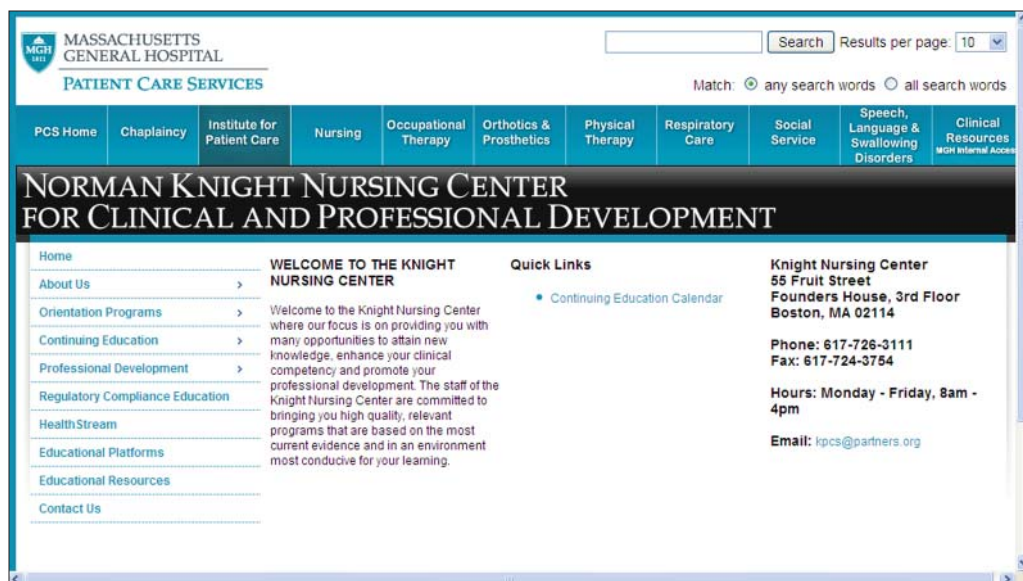
desired month(s). Offerings are categorized according to educational need. Clicking on the course name will bring you to the course description, date, time, location, and an easy-to-use link to register on-line.

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.





# Evans presents at Nursing Research Journal Club

—by Laurene Dynan, RN, case manager specialist

**O**n 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 performed

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 with local anesthesia. 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](http://www.mghnursingresearchcommittee.org), or call Laurene Dynan, RN, at 4-9879.

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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.

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.

# Enhancement to the employee recognition ‘wall of fame’

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.

*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 Pitler, RN, at 3-0686.  
Sponsored by the MGH Clinical  
Research Program.

## 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

## 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](http://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 Naismith, RN, or Teresa  
Vanderboom, RN, or Nursing  
Research Committee at:  
[mghnursingresearchcommittee@  
partners.org](mailto:mghnursingresearchcommittee@partners.org).

Abstracts must be received by  
January 31, 2011.

## On-Site Spanish Classes

Learn commonly used  
Spanish phrases to enhance  
communication with Spanish-  
speaking patients. MGH, in  
partnership with HableEspañola  
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.

## Lunchtime Fitness Sessions

Lunchtime fitness sessions  
offered by personal trainer,  
Mike Bento, from The Clubs at  
Charles River Park.

Next session:  
February 16, 2011  
Haber Conference Room  
12:00–12:30pm

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.

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to: [ssabia@partners.org](mailto: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 Manske, PT; and William Quillen, PT, authored the book, *Athletic and Sport Issues in Musculoskeletal Rehabilitation*, which was published in October, 2010.

## Kaufman, Neagle and Weil publish

Joanne Kaufman; Mary Neagle; and Eric Weil, 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

Mary Larkin, RN, presented her poster, "Dynamic Evolution of the Study Coordinator Role: the 25-Year Experience in DCCT/EDIC," at the International Association of Clinical Research Nurses Conference, in Bethesda, Maryland, November 17, 2010.

## Therapists publish

Jody Cormack, PT; Denise Gobert, PT; Jason Hardage, PT; Heather Hayes, PT; Christy Malonzo, PT; Kristin Parلمان, 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*.

## Drapek certified

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

## Engel certified

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

## Lang certified

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

## Mantia certified

Jennifer Mantia, RN, became certified in Medical-Surgical Nursing by the American Nurses Credentialing Center, in December, 2010.

## Morgan certified

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

## Inter-disciplinary team publishes

Dean Hess, RRT; Arthur Tokarczyk, MD; Mary O'Malley, RN; Susan Gavaghan, 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

Laurel Radwin, RN; Lillian Ananian, RN; Howard Cabral; Adele Keeley, RN; and Paul Currier, MD, authored the article, "Effects of a Patient/Family-Centered Practice Change on the Quality and Cost of Intensive Care: Research Protocol," in the January, 2011, *Journal of Advanced Nursing*.

## Arnstein publishes

Paul Arnstein, RN, authored the article, "Integration of Nonpharmacologic and Multidisciplinary Therapies in the Opioid Treatment Plan," in *Journal of Family Practice Online*. Arnstein also authored, "Opioids for Chronic Pain: Striking a Balance," in *The Clinical Advisor*, November, 2010.

## Norton presents

Beth-Ann Norton, RN, presented, "Practical Use of Immuno-Modulators and Biologics," at the 2010 Advances in Inflammatory Bowel Disease Conference, in Hollywood, Florida, December 11, 2010.

## Arnstein and St. Marie publish

Paul Arnstein, RN, and Barbara St. Marie, authored the White Paper, "Managing Chronic pain with Opioids: a Call for Change," in *Nurse Practitioner Healthcare Foundation*, December 12, 2010. Arnstein and St. Marie also authored the White Paper excerpt, "Managing Chronic Pain with Opioids: a Call for Change," in *The American Journal for Nurse Practitioners*.

## Kelly presents

Nancy Kelly, 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 20, 2010.

## Gall presents

Gail Gall, RN, presented, "ABCs of Collaboration in School Mental Health," at the 15th Annual Conference on Advancing School Mental Health in Albuquerque, New Mexico, October 7, 2010. Gall also presented the webinar: "Monitoring Youth Behavior Risks in the US: Using CDC Youth Risk Behavior Survey Data," as part of the HIV On-Line Provider Education Program, December 15, 2010.

## 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

Cynthia LaSala, RN, and Dana Bjarnason, RN, authored the article, "Creating Workplace Environments that Support Moral Courage," in *The Online Journal of Issues in Nursing*, September 30, 2010.

## Foley publishes

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

## 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.

## Spark certified

Katelyn Spark, RN, became certified in Neuroscience Nursing by the American Association of Neuroscience Nursing, in December, 2010.

## Brown presents

Carol Brown, RN, presented, "Basic Interpretation of 12 Lead Electrocardiograms" and "Advanced Interpretation of 12 Lead Electrocardiograms," at the McConnell School of Nursing in October, 2010. Brown also presented, "Common Arrhythmias and 12 Lead Electrocardiogram Interpretation," at UMass, Boston, in October, 2010.

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