

Caring

Headlines

July 21, 2011

Holistic Nursing at MGH

*exploring the inter-connectedness of body, mind,
spirit, social, and cultural influences*



During recent class at the MGH-Community Health Associates Wellness Center at the MGH-Revere HealthCenter, intern, Julie Kvedar (right), practices chair yoga with patients.

Social networking

The pros, cons, and risks of on-line social media

The first thing that comes to my mind when I think about a tool as powerful and far-reaching as social networking—is patient privacy.

It is the 'big thing' of our time. It has gained the attention of users young and old. It has re-united long-lost classmates. And it has made high-speed, interactive communication as easy as pushing a button. It is social networking, and if we're not using it ourselves, we surely know someone who is. Facebook. Twitter. LinkedIn. MySpace. Blogs, videos, chat rooms. More than 700 million people use some form of on-line social media, and a significant percentage of those individuals are healthcare workers.

The first thing that comes to my mind when I think about a tool as powerful and far-reaching as social networking—is patient privacy. With every advancement that brings new opportunities and exciting new possibilities, there's always the potential for misuse and abuse. While these on-line media outlets may give us wonderful ways to communicate, collaborate, and share information to do good for our patients, they also represent a great risk to patient privacy.

Some of you may have heard that five nurses at a California hospital were fired last year after allegedly discussing patients in their Facebook postings. Elsewhere, a student nurse was expelled for posting an inappropriate photograph of herself on her Facebook page. X-ray images, private health information, and pictures of patients have appeared on-line, whether intentionally or inadvertently, and that is most definitely a misuse of social-networking sites.



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

We are in the age of the Internet, and while it may seem as though it's been around forever, it's still in its infancy. Electronic communication is still a highly unregulated area, which means that businesses and corporations must rely on their own policies and regulations to control the unwanted and inappropriate sharing of information.

At MGH, our policy on the use of social media is incorporated into our Electronic Communications Policy, where it is stated that employees are prohibited from, "disclosing or using confidential information online. This includes anything posted on social networking sites (such as Facebook, Twitter, MySpace, etc.), video applications, websites, and blogs." And of course, we are held to standards set by HIPAA (the Health Insurance Portability and Accountability Act), the codes of ethics that guide our respective disciplines, and regulatory agencies such as the Joint Commission.

continued on next page

It is a mistake to assume that anything posted on-line is private or confidential. As healthcare providers, we need to be aware that everything we post reflects on us as individuals, reflects on MGH, and reflects on our professions.

It is a mistake to assume that anything posted on-line is private or confidential. As healthcare providers, we need to be aware that everything we post reflects on us as individuals, reflects on MGH, and reflects on our professions. There are some precautions we can take to limit the risk of sharing inappropriate information. Use program settings to limit access to your site to only people you know. Be selective when ‘friending’ individuals on Facebook. Establish boundaries for whom you will and will not engage on-line and strictly adhere to those boundaries. Have a prepared response for individuals you don’t know who try to gain access to your site. For instance: “Thanks, but I only use Facebook to connect with family and close friends.”

Before you post anything on-line, ask yourself:

- Does this reflect positively on you, your co-workers, and your colleagues?
- Does this reflect positively on MGH?
- Does this conflict with the mission, culture, or guiding principles of our hospital?
- Does this reveal confidential patient or proprietary information?

An organization the size and caliber of MGH employs thousands of bright, outspoken people. And we respect everyone’s right to express their opinions. However, there might be occasions in on-line postings and communications when a simple disclaimer would be appropriate:

“These views are my own and don’t reflect the opinions of my employer.”

I don’t want to end this conversation on social media without touching on the use of hospital computers to access personal networking sites. MGH is a place of business and a safe haven for vulnerable patients. Part of our promise to them is our full attention and presence. It is in that spirit that I remind employees about two articles in our Electronic Communications Policy:

- The Hospital allows incidental and necessary personal use of its electronic communications vehicles provided use is kept to a minimum and does not interfere with an employee’s productivity or the productivity of other employees
- Misuse or abuse of electronic communications may subject an employee to corrective action up to and including termination. Excessive personal use of the Internet to access non-work-related sites is considered misuse or abuse

As I said, the Internet is still in its infancy, and we’re still sorting out rules and regulations. But as with all things MGH, if we remember to put the patient first, we’ll always find ourselves on the right track. While I do have a Facebook page and a Twitter account, I feel strongly that the greatest ‘social network’ in the world is the network of people I work with every day at MGH. Thank-you for your unwavering commitment to patient care.

In this Issue

Holistic Nursing at MGH.....	1	Save Our SKIN Campaign.....	10
Jeanette Ives Erickson.....	2	The Knight Nursing Center.....	12
• Social Media		• In Response to Your Feedback	
Holistic Nursing at MGH.....	4	Fielding the Issues.....	13
Diversity Exhibit at Treadwell Library.....	6	• Health Literacy for Patients and Families	
Carol A. Ghiloni Oncology		In Memoriam.....	14
Nursing Fellowship.....	7	• Catherine Gouzoule, RN	
Clinical Narrative.....	8	Announcements.....	15
• Karen Turner, OTR/L		Infection Control.....	16
		• Vaccines Protect against Pneumonia and Flu	

(Cover photo by Joe Ferraro)

What you should know about holistic nursing at MGH

—by Kathleen Miller, RN, director, Wellness Center, MGH-Community Health Associates

(L-r): Kathleen Miller, RN; Janice Goodman, RN; Susan Jussaume, RN; and Margaret Baim, RN, worked together to create the Mind Body Spirit program for the MGH Institute of Health Professions. Not pictured are: Mertie Potter, RN, and Leslee Kagan, RN.

Holistic nursing draws on nursing knowledge, theory, and expertise to guide nurses in becoming therapeutic partners with their patients. Nursing practice focuses on the totality of individuals and their experiences—the inter-connectedness of body, mind, spirit, social and cultural influences, relationships, and the context of the environment in which they live. Holistic nursing scholar, Jean Watson, RN, has conducted extensive research on the, “Science of Human Caring,” and stresses the importance of caring relationships, kindness, cultural sensitivity, creative problem-solving, and individualized patient-teaching. Nurse theorists Margaret Newman, RN, and Martha Rogers, RN, speak to the importance of nurse-patient

relationships grounded in the intentional presence of the nurse within the healing encounter.

In addition to using ‘self’ as a healing presence, holistic nurses incorporate mind-body healing interventions into their practice. These interventions employ healing techniques such as meditation, progressive muscle-relaxation, autogenic training, yoga, laughter, Tai Chi, hypnosis, art and music therapy, massage, Reiki, acupuncture, and Therapeutic Touch. More and more, research funds are being allocated to explore mind-body interventions to alleviate the effects of stress and promote healing.

At MGH, many creative applications of mind-body interventions are used by nurses and other members of the inter-disciplinary team in inpatient, ambulatory, and community-health settings. A number of opportunities are available for continuing education and career-development in holistic nursing:

The MGH Institute of Health Professions

The MGH Institute of Health Professions will offer two certificate programs in Mind Body Spirit Nursing beginning in the fall. The curriculum is based on scientific theory and evidence-based interventions aimed at healing the whole person. Programs emphasize intentionality, presence, and mindfulness, and draw on nursing knowledge, theory, research, intuition, and creativity.

The Institute will offer a 9-credit certificate of completion in Mind Body Spirit Nursing for bachelor’s-prepared registered nurses and a 15-credit post-master’s certificate of advanced study for nurse practitioners and clinical nurse specialists. Students who complete either program are eligible to sit for the American Holistic Nurses Association certification exam.

For more information, go to: www.mghihp.edu/mindbodyspirit, or call Janice Goodman, RN, at 6-0862.

continued on next page



(Bottom photos provided by staff)

Holistic Nursing (continued)

The Yvonne L. Munn Center for Nursing Research

The Munn Center encourages the use of nursing knowledge to advance holistic care, including integrating mind-body concepts into clinical investigations and presentations at the Nursing and Spirituality conference co-sponsored each year by MGH and BWH. This collaborative effort looks at themes related to holistic nursing principles and practices, nursing presence, healing modalities, and nursing research. Specific holistic-care practices are introduced for novice and expert nurses. This year's conference, *The Art of Healing Presence: the Essence of Nursing Practice*, will be held Saturday, November 19th. For information, contact Dottie Jones, RN, at 4-9340, or Linda Lyster at 3-0431.

The Norman Knight Nursing Center for Clinical & Professional Development

The Knight Nursing Center is in the process of developing educational opportunities to help nurses increase their awareness of, and proficiency in, delivering complementary therapies. For more information, go to www.mghpcs.org/knightcenter/ce, or call 6-3111.

The Benson-Henry Institute for Mind Body Medicine at MGH

The Benson-Henry Institute for Mind Body Medicine offers several educational opportunities in conjunction with the Harvard Medical School's Department of Continuing Education. These courses provide an overview of the stress system as a complex network responsive to internal and external demands as it strives to maintain homeostasis. Participants learn how disruption of the stress system can contribute to diseases such as atherosclerosis, obesity, diabetes, Alzheimer's, and depression. For more information, visit www.massgeneral.org/bhi.

The Schwartz Center for Compassionate HealthCare

The Schwartz Center promotes compassionate care, hope, support, and sustenance to the healing process. Programs include Schwartz Center Rounds; Clinical Pastoral Education for Health Care Professionals; and grants to support education around end-of-life care and spirituality. For more information, visit www.theschwartzcenter.org.



(Photo by Joe Ferraro)

Above: Donna Peltier-Saxe, RN, leads Chair Yoga class at MGH-Community Health Associates Wellness Center at MGH-Revere Health Center.

At right: "The Practice of Nursing Presence." Joanne Rowley, RN (right), leads nurses (l-r): Cathy Culhane-Hermann, RN; Donna Peltier-Saxe, RN; and Winnie Sawyer, RN, in centering and relaxation exercise.



The September 15, 2011, issue of *Caring Headlines* will feature an article on the clinical application of holistic nursing principles at MGH. To share what you're doing or add your name to the Holistic Nurse Network, e-mail Kathleen Miller, RN, director, Wellness Center, MGH Community Health Associates.

For information on becoming certified as a holistic nurse, go to: www.ahncc.org. For more information on holistic nursing, go to: www.ahna.org.

Diversity in Health Care at Treadwell Library

—by Carolyn Paul, associate director, Treadwell Library

The exhibit and self-guided tour run through the month of July (Monday–Thursday, 7:00am–8:00pm; Friday 7:00am–7:00pm).

Regardless of age, we all like stories—especially stories with pictures. Treadwell Library’s Diversity in Health Care exhibit combines pictures and stories to share the history and diversity of health care in America and right here at MGH. In one slide show, you might even recognize a co-worker or two. The Diversity in Health Care project started when the National Library of Medicine began a touring exhibit on African American surgeons. The exhibit, called, ‘Opening Doors,’ shows how early black physicians helped mentor and educate physicians, surgeons, and nurses in their day. They literally opened doors to better health care for African Americans.

Four banners tell the stories of Alexa Canady; Claude Organ, Jr.; Rosalyn Scott; and LaSalle Leffall,

Jr. The display chronicles the journey from the early days of segregation in hospitals and medical schools to the ground-breaking accomplishments of African American surgeons today.

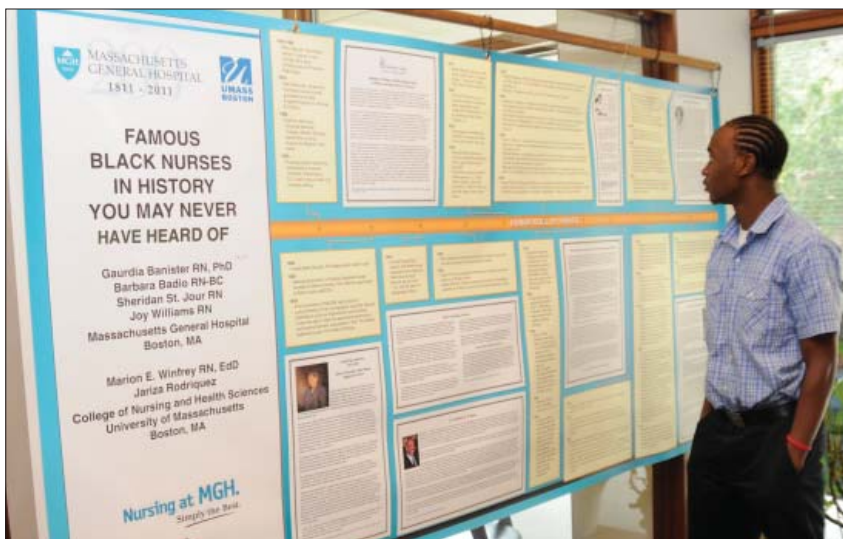
To augment this traveling exhibit and in recognition of our bicentennial anniversary, staff of Treadwell Library have added some MGH-specific, historical references to the mix. Three MGH-produced displays include: a poster depicting famous black nurses; a slide show featuring Latino and African American physicians; and a brief history of Peter W. Ray, who might have been the first MGH African American physician back in 1850.

The ‘Famous Black Nurses You May Never Have Heard Of’ poster reveals an honor roll of firsts. Written by MGH nurses participating in a mentoring program at UMass Boston, the poster offers a time line beginning in 1854 and advancing by decade. The poster does, indeed, remind us of those who paved the way for diversity in health care today: “To be ‘the first’ means having a sense of your past—as you seek to redefine the future.”

Prepared by the Multi-Cultural Affairs Office, the slide show, ‘Under-Represented Minorities at MGH,’ spotlights physicians who have been pioneers at MGH in the past 100 years.

The exhibit and self-guided tour run through the month of July (Monday–Thursday, 7:00am–8:00pm; Friday 7:00am–7:00pm). Come see whom you recognize in the continuously running slide show located just inside the front door.

For more information, call Carolyn Paul at 4-2784 or drop by (Bartlett Hall Extension) and open your own doors to the rich history of diversity in health care.



The Carol A. Ghiloni Oncology Nursing Fellowship

—by Mandi Coakley, RN, staff specialist

Since 2001, the Carol A. Ghiloni Oncology Nursing Fellowship has provided two student nurses each year with an opportunity to participate in a comprehensive oncology nursing experience at MGH. This year's fellows, Nisha Wali and Alyson Karakouzian, have been observing the multi-faceted roles nurses play in the oncology setting and learning about the many career opportunities available to them upon graduation.

The Oncology Nursing Fellowship was developed to offer opportunities to student nurses to learn about the specialty of oncology nursing with the hope that they would accept on-

cology nursing positions at MGH upon graduation. To date, 20 fellows have completed the program, and ten have returned to work at MGH upon graduating from their nursing programs.

Wali, a student nurse at the University of Connecticut, and Karakouzian, a student nurse from the University of Massachusetts, Boston, spent the majority of their ten-week learning experience on the Bigelow 7 Gynecology/Oncology Unit. They were

fortunate to have clinical nurse specialist, Liz Johnson, RN, and staff nurse, Jane D'Addario, RN, both former Ghiloni fellows, as their preceptors.

In addition to their experience on Bigelow7, fellows had an opportunity to observe practice in Radi-

ation Oncology, the Infusion Unit, and the outpatient disease centers in the Yawkey Building. They attended Schwartz Center rounds, visited the HOPES program, spent time in the Blood Transfusion Service, observed in Interventional Radiology, and took advantage of many other learning opportunities within the MGH Cancer Center.

The Carol A. Ghiloni Oncology Nursing Fellowship receives partial funding from the Hahnemann Hospital Foundation.

For more information about the Ghiloni Oncology Nursing Fellowship, contact Mandi Coakley, RN, at 6-5334.



At right (l-r): Carol Ghiloni, RN, with fellows, Alyson Karakouzian and Nisha Wali; Mandi Coakley, RN; and Liz Johnson, RN. **Below:** Karakouzian and Wali with former Ghiloni fellows (l-r): Jane D'Addario, RN, (2009); Elizabeth Johnson, RN, (2009); Julie Cronin, RN, (2006); and Peg Baldwin, RN, (2005).



(Photos by Michelle Rose)

Therapist savors healing power of engaging in occupation

Following Tom's surgery, the team had concerns about his cognition and behavior... Psychiatry had determined he lacked the capacity to make his own healthcare decisions. As Tom had no one to name as a healthcare proxy, MGH was pursuing guardianship.

My name is Karen Turner, and I am an inpatient occupational therapist. 'Tom' had been a patient on Ellison 12 for several weeks. I had seen him walking in the halls and noticed the C-shaped incision over his left ear but only knew broad details about his case. As I prepared for our first session, I learned that Tom had presented with complaints of headaches. An MRI had revealed a large tumor in his left temporal lobe. He underwent surgical resection of the tumor, and pathology confirmed that the tumor was a glioblastoma. Having worked with many glioblastoma patients, I understood the physical, cognitive, and behavioral impairments that accompany this deadly tumor. As an OT, I recognized the devastating impact of these impairments on occupation, including basic self-care, work, driving, parenting, and relationships with family.

Following Tom's surgery, the team had concerns about his cognition and behavior. His house was being renovated, which prevented him from returning home, and Psychiatry had determined he lacked the capacity to make his own healthcare decisions. As Tom had no one to name as a healthcare proxy, MGH was pursuing guardianship.

It was important to me to gain a greater understanding of Tom's meaningful life roles prior to hospitalization. Beyond gathering an occupational profile during my initial evaluation, I try to incorporate conversation into my sessions to learn more about patients' values and motivations. These conversations help me develop



Karen Turner, OTR/L, occupational therapist

a rapport and gain trust, and the information I gather helps me develop more meaningful treatment plans. My interactions with Tom illustrate the success of this approach.

Tom had been a carpenter for 30 years, building homes and doing demolition work. But for the past five years, he had been the primary caregiver for his ailing mother, who had passed away only three months before. He was also a widower with no children and was estranged from his other family members. Though he had stopped working to care for his mom full time, Tom had continued his most valued hobby—DJ-ing a weekly Reggae music show for a college radio station near his home. During our sessions, he talked proudly about how he'd taught numerous co-hosts about Reggae culture for the past 30 years. And he had developed a good friendship with the woman who had hired him.

As we spent more time together, I realized how deeply Tom valued his independence. Although faced with a poor prognosis, only six to eight months, he remained optimistic, saying, "My goal is to get five years."

continued on next page

It has been said that occupational therapy is an art and a science. I've found beauty in the art of crafting opportunities for education, and insight in the art of gaining a patient's trust through therapeutic use of self and in having the honor to sit beside patients as they learn from each experience.

I realized the impact his prolonged hospital stay was having on his mental health. For instance, he would develop relationships with his roommates then tell me how sad he was when they were discharged. He felt frustrated that he was being 'held against his will.' He talked about caring for his mom, saying, "She had a peaceful death at home just as she wanted." Through therapeutic use of self, I took time to listen to Tom and ask questions. I tried to give him hope and educate him on how I could help him regain some independence.

Through functional evaluation and standardized assessment, I found Tom had cognitive impairments with short-term memory, problem-solving, insight, and abstract thinking. Helping him develop insight into his impairments would be critical for regaining independence and ensuring his safety. I used my knowledge of Tom's impairments, strengths, values, and motivations to guide my interventions.

First, we worked on medication-management. I created a checklist to compensate for memory impairment and enlisted assistance from his nurses. Tom became independent in tracking his medications and was soon able to advocate for himself, requesting the elimination of certain medications he no longer needed.

Having gained his 'buy-in,' the next step was to help him develop insight into his impairments. He frequently attributed errors to external factors rather than cognitive impairments. Although occupational therapy values successful performance, it's often necessary to provide opportunities for failure in order to call attention to deficits and thereby facilitate new learning.

Knowing Tom's frustration at being 'stuck' on Ellison 12, I thought he would be more motivated by activities off the unit. This would also provide a more challenging and realistic environment for learning. Together, we worked on improving his memory and problem-solving through way-finding and money-management tasks at various locations throughout the hospital. These challenges gave him insight into his limitations as he struggled to recall the name of the cafeteria or items he was looking for.

"I think I'm having trouble with my short-term memory," he said.

I took this awareness as an opportunity to introduce compensatory strategies. I provided Tom with a notebook and pens so he could take notes. With repetition of activities that challenged his memory, I didn't have to cue him as often and observed him using his notes independently during our sessions.

Tom met me on time for our next 'appointment,' and I noted he came prepared with glasses, pen, and notebook. His actions demonstrated a developing awareness of the need to use this strategy to remain independent with activities. He also demonstrated improved planning and problem-solving abilities.

Tom reached out to his former boss to request assistance renovating his home. His boss offered to provide labor at no cost and a temporary place to stay. Tom's improved reasoning skills were recognized by the psychiatrist following his case, and as a team, we believed he had the skills necessary for a safe home discharge with some community supports.

Our pursuit of guardianship was dropped. It was a rewarding moment when I heard Tom's attorney tell the social worker, "It's important that he retain as many civil liberties as possible." I couldn't have agreed more.

Occupational Therapy is often consulted to assist with guardianship cases. Sometimes it's obvious that it's not safe for a patient to live independently, but often it's not so clear-cut. Tom's case is a good example of how an individual can regain independence through participation in carefully selected, meaningful activities. These activities provide the right amount of challenge to increase insight while providing opportunities for repetition to facilitate new learning.

Developing relationships with patients and facilitating insight into impairments are two of the many reasons I love being an occupational therapist. Over the past two years, I've come to realize the power of engaging in occupation. It has been said that occupational therapy is an art and a science. I've found beauty in the art of crafting opportunities for education, and insight in the art of gaining a patient's trust through therapeutic use of self and in having the honor to sit beside patients as they learn from each experience.

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

Karen beautifully articulates the value of knowing a patient and building a relationship based on shared trust. As an advocate and a coach, Karen empowered Tom to take control of his money, medications, and time. She structured activities that kept him engaged as she prepared him for discharge. Through Tom's growth and ability to regain independence, we see the impact of Karen's interventions and the true power of engaging in occupation.

Thank-you, Karen.

Are you on board with the ‘Save Our SKIN’ campaign?

—by Virginia Capasso, RN, clinical nurse specialist

The Pressure Ulcer Strategic Initiative Task Force was created to address this part of the PCS strategic plan and to help educate staff throughout the hospital about best practices related to preventing hospital-acquired pressure ulcers.

Preventing hospital-acquired pressure ulcers is a top priority for healthcare organizations across the country. So important is it that the Patient Care Services Executive Committee included it as part of its 2011 strategic plan: “Create an evidenced-based, standardized approach to the prevention of hospital-acquired pressure ulcers and use of specialty beds.” This tactic was inspired partly by trends in MGH pressure-ulcer data reported to the National Database of Nursing Quality Indicators (NDNQI) and to Patient Care Link, the publicly reported state database formerly known as Patients First. This data showed an upward trend in the rate of pressure ulcers from 3.2% in March of 2009 to 3.5% in March of 2010. Pressure-ulcer prevalence rates were above the target goals in two Patient Care Link categories.

The Pressure Ulcer Strategic Initiative Task Force was created to address this part of the PCS strategic plan and to help educate staff throughout the hospital about best practices related to preventing hospital-acquired pressure ulcers.

The inter-disciplinary task force has met weekly since it was convened in November, 2010. The group has built on other successful initiatives implemented by the CNS Wound Care Task Force and the PCS Office of Quality & Safety, including the Skin Integrity Problem List, nursing care guidelines, and hourly safety

rounds that incorporate the 7Ps. Members of the task force conducted an analysis of programs already in place at MGH and reviewed recommendations for prevention of pressure ulcers published by the National Pressure Ulcer Advisory Panel. The task force reviewed the literature and assessed the feasibility of other successful programs, including Ascension Health’s Safety for All initiative; the New Jersey Hospital Association’s Pressure Ulcer Collaborative; Minnesota Hospital Association’s Safe Skin Campaign; the NICHE program; and the Agency for Healthcare Research and Quality’s Preventing Pressure Ulcers in Hospitals Tool Kit.

After intensive deliberation, the Pressure Ulcer Task Force decided to adopt the Save Our SKIN (SOS) campaign, which deputizes all staff as SKIN Savers and employs the SKIN Bundle as a framework for safe SKIN practices. To help get the word out, the task force launched the Save Our SKIN (SOS) campaign on Thursday, May 26, 2011, at a Nursing Grand Rounds presented by the leadership of the Pressure Ulcer Strategic Initiative Task Force. Though the campaign will not roll out in earnest until mid-summer, the overall prevalence ulcer rate has already begun to decline with a rate of 2.8% in March, 2011, and 2.5% in June (preliminary results).

continued on next page

Preventing Pressure Ulcers (continued)

Safe Skin Practices

- Conduct a skin assessment for risk of pressure ulcers using the Braden Scale upon admission and daily thereafter
- Check surfaces: use standard pressure-relief mattresses and chair pads. Use specialty beds if consultation with clinical nurse specialist deems it is warranted
- Use specialty chair pads per physical therapy
- Turn or re-position patients in bed every two hours; assist as needed
- Patients should move every 15 minutes while sitting in a chair; limit sitting in chair to two hours at a time
- Assess need for toileting or incontinence-management every hour
- Optimize nutrition: set up a tray or feed patient meals as needed and nutritional supplements as ordered
- Conduct unit-based 'SKIN huddles' for patients with new pressure ulcers
- Submit a safety report for stage II, III, and IV pressure ulcers

For more information on the work of the Pressure Ulcer Strategic Initiative Task Force, call Virginia Capasso, RN, at 6-3836.

Are you a SKIN Saver?



Pressure Ulcer Prevention Strategic Initiative Task Force



Members of the Pressure Ulcer Task Force (seated l-r): Deborah Jameson; Sandra Silvestri, RN; and Claire Seguin, RN.

(Standing): Maureen McCarthy, RN; Susan Gavaghan, RN; Jacquie Collins, RN; Jill Pedro, RN; Virginia Capasso, RN, team lead; Deb Frost, RN; Linda Brandt, RN; Gaurdia Banister, RN, executive sponsor; Tiash Sinha, RD; Karen Waak, PT; Mary O'Brien, RN; Patricia Grella, RN; and Charlene O'Connor, RN.

Not pictured: Mandi Coakley, RN, project specialist; Zary Amirhosseini; Barbara Blakeney, RN; Gino Chisari, RN; Deborah D'Avolio, RN; Pat English, RRT; Anthony Fataldo, RPh; Judith Gullage, RN; Nancy McCarthy, RN; Joyce McIntyre, RN; and Lori Powers.

In response to your feedback...

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

The survey was created to assess staff's perceived learning needs, identify learning preferences, and elicit feedback on preferred days and times for classes and educational offerings. Of the 4,000 nurses who received surveys, 38% responded.

You may recall that the Norman Knight Nursing Center conducted an evaluation of the Professional Learning Environment for Nurses (PLEN) in the fall of 2010. The survey was created to assess staff's perceived learning needs, identify learning preferences, and elicit feedback on preferred days and times for classes and educational offerings. Of the 4,000 nurses who received surveys, 38% responded.

We learned that you want:

- new classes in advanced EKG; managing workplace violence and conflict-resolution; complementary therapies
- information on the Nurse Practice Act, research and evidence-based practice, global health, HIV
- classes that are more interactive and less reliant on PowerPoint presentations and lectures
- greater use of on-line learning programs
- classes in two-to-four-hour blocks
- on-site certification-exam preparation classes

In response to your feedback, the Knight Nursing Center is introducing some new classes this fall, and others are being developed for release in early 2012.

One of the most exciting new classes is Conflict Resolution and Management. The four-hour class will use an interactive format to provide participants with tools to resolve conflict in healthy and constructive ways. Because conflict comes in many forms, the class will be offered quarterly with each session focusing on a different kind of conflict. Sessions will be repeated to optimize attendance; the first session will be held September 26 at 11:00am, September 27 at 3:00pm, and September 28 at 7:00pm.

Another new course is Advanced Arrhythmias, offered in two sections, one for general-care nurses and one for critical-care, step-down, and emergency nurses. Advanced Arrhythmias for General Care, will debut on Tuesday, October 25 at 7:00am and Wednesday, November 9 at 11:00am. Advanced Arrhythmia for Critical Care is scheduled for Tuesday, October 25 at 11:00am and Wednesday, November 9, at 7:00am.

In response to feedback, the Workplace Violence Tiger Team created Staying Safe: how to Manage the Spectrum of Disruptive Behaviors in the Workplace to be offered September 16 at 7:30am.

A two-day ANCC Medical-Surgical Certification Prep course will be held November 12 and 13 in O'Keeffe Auditorium. We have worked closely with the ANCC to bring this program to MGH, and certification prep classes for our critical-care colleagues are in the works.

In the Knight Nursing Center, we begin every staff meeting by re-visiting our mission statement: "The mission of the Norman Knight Nursing Center for Clinical & Professional Development is to promote life-long learning and clinical excellence by establishing, supporting, and fostering learning opportunities for the attainment of knowledge and skills necessary for safe, competent, and compassionate, patient-centered care." We do this to reinforce our commitment and ensure our decisions support the developmental and learning needs of all staff.

For a complete list of Knight Center offerings or to see a video of Nursing Grand Rounds, visit www.mghpcs.org/knightcenter.

For more information, or to register for any course offered by the Knight Nursing Center, call 6-3111.

The Maxwell & Eleanor Blum Patient and Family Learning Center

Supporting health literacy for patients and families

Many factors affect a person's ability to understand health information. Cultural differences, race, gender, poverty, reduced cognitive function, and language can all play a part... And functional literacy, the ability to read and write, also affects health literacy.

Question: What exactly is health literacy?

Jeanette: Health literacy is the ability to find, process, and understand health information. It involves using that information to make appropriate decisions about health care.

Many factors affect a person's ability to understand health information. Cultural differences, race, gender, poverty, reduced cognitive function, and language can all play a part. Most people don't have in-depth knowledge of medical and health issues. The healthcare system can be difficult to navigate. And functional literacy, the ability to read and write, also affects health literacy.

Question: How does health literacy affect the way we deliver care?

Jeanette: Unfortunately, most healthcare information is written at a high literacy level making it difficult or impossible for some people to understand. This affects their ability to read and follow medication instructions, discharge instructions, patient-education materials, and other important health-related documents.

MGH has a long-standing commitment to provide culturally competent care. Our medical interpreters can help facilitate communication between patients, families, and providers. Staff of the Blum Patient & Family Learning Center can help staff make written documents more 'reader friendly,' ideally at the 5th or 6th grade level, by using plain-language techniques.

Question: Isn't this just "dumbing down" the materials?

Jeanette: Absolutely not. Even highly educated, functionally literate individuals can struggle with complex healthcare information. Using plain-language techniques preserves the meaning of the information but presents it in a way that is more understandable to patients and families. This means using shorter words, sentences, and paragraphs, including only essential information, and ensuring that major points are clear and action-oriented. Documents should be neat and pleasing to look at, as well.

Question: How can I get patient-education materials reviewed for plain language?

Jeanette: Contact the Blum Center by e-mailing: pflc@partners.org. Documents must be provided in Microsoft Word attachments. In some cases, a face-to-face meeting may be required.

Question: How can I support health literacy?

Jeanette: In addition to ensuring that materials are written in plain language, clinicians should have effective patient-teaching skills. The Blum Center offers training on how to access patient-education resources and provide effective patient teaching. For more information, contact Judy Gullage, RN, patient education nurse, at 6-1409.

MGH mourns loss of beloved colleague and friend

The MGH community was shocked and saddened to learn of the sudden passing of staff nurse, Catherine Gouzoule, RN, who died June 26, 2011, here at the hospital. Gouzoule worked the night shift on the Ellison 14 Hematology-Oncology Unit for many years. She was a wife, mother, daughter, sister, and beloved member of the team on her unit.

Says nurse practitioner, Jean Treacy, RN, “Cathy provided exceptional care to her patients and expected nothing less from her colleagues. She was a great asset, a valuable resource, and a strong advocate for her patients and their families. Her laugh was contagious and her sense of style, impeccable.”

Gouzoule was known as an experienced oncology nurse who was sought out for her knowledge and expertise. She spent time with her patients, getting to know them, and ensuring their needs were met. Nurs-

ing was more than a job to her; it was her passion and her calling.

Throughout her career at MGH, Gouzoule was an active member of the Ellison 14 team, serving as a CPR instructor and champion for chemotherapy safety initiatives. She was a mentor to new staff. When Philips House 21 shifted from a medical to an oncology unit, Gouzoule played a key role in the transition pro-

viding guidance and assistance to her nursing colleagues.

In addition to being a committed and compassionate caregiver, Gouzoule was a devoted mom, always quick with

stories about her children, car-pooling, Girl Scout cookies, and swim meets. She gave back to the community in numerous ways, including as a volunteer with the Special Olympics. Honest and outspoken, she brought energy and humor to every situation.

Patient Care Services and the entire MGH community extend heartfelt condolences to the family and friends of Cathy Gouzoule. She will be missed.

Gouzoule was known as an experienced oncology nurse who was sought out for her knowledge and expertise. She spent time with her patients, getting to know them, and ensuring their needs were met. Nursing was more than a job to her; it was her passion and her calling.

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.

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. Awardees are required to volunteer a minimum of 20 hours at the IHP. Scholarship is available in Nursing, Physical Therapy, and Speech-Language Pathology.

For more information, call 4-4424.

Diversity exhibit at Treadwell Library

Celebrate diversity in health care at Treadwell Library's Opening Doors exhibit highlighting contemporary and historical pioneers, including African American surgeons, famous black nurses in history, and a slide show on Latino and African American 'firsts' in a variety of MGH departments.

Come learn about these inspiring individuals.

Runs through the month of July
Monday–Thursday, 7:00am–8:00pm; Friday, 7:00am–7:00pm
Treadwell Library
Bartlett Hall Extension

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.

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?

To read the latest articles about this work, or if you have a cost-reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:
<http://priorities.massgeneral.org>.

Senior HealthWISE events

All events are free for seniors 60 and older

“Medications and Your Safety”
Thursday, July 21st
11:00am–12:00pm
Haber Conference Room
presented by Joanne Doyle
Petrongolo, and Laura S. Carr, RPh,

Hypertension Screenings:
Monday, July 25th
1:30–2:30pm
West End Library
151 Cambridge St.
Free blood pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

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.

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, RRT

Social Services
Ellen Forman, LICSW

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

Training and Support Staff
Stephanie Cooper
Tom Drake

The Institute for Patient Care
Gaurdia Banister, RN

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

Distribution

Ursula Hoehl, 617-726-9057

Submissions

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

Next Publication
August 4, 2011

Vaccines protect against pneumonia and the flu

pneumococcal and influenza vaccines are widely used, effective, and extremely safe

With growing concern about influenza and pneumonia, hospitals are making it a priority to identify and immunize hospitalized patients at risk for both. Clinicians are in a unique position to be able to assess and immunize vulnerable patients. The Centers for Disease Control (CDC) consider vaccines very safe as they don't contain live organisms so cannot infect patients, and side-effects are minimal.

Chief of Infection Control, David Hooper, MD, wants all MGH employees to know:

- Vaccines protect patients: pneumococcal and influenza vaccines are widely used, effective, and extremely safe. They are not live and cannot infect patients.
- When in doubt, vaccinate: if you can't determine whether a patient has already been given vaccine, go ahead and administer it. Patients are extremely unlikely to be harmed by repeat vaccination, and not being vaccinated leaves patients

at risk for potentially serious infection. Informed consent is not required, but patients may refuse medication at any time.

- Act promptly: vaccine screening should be done within 24 hours of admission. If there is a preempting clinical need, screening may be deferred until a later, more clinically appropriate time. It is not necessary to wait for labs and/or temperature to normalize.
- Exceptions are few: surgery during current admission is not a contra-indicator. Immunodeficiency is not, by itself, a contra-indicator. Physicians may elect to discontinue vaccine for patients under active therapy for transplant or cancer.

Before patients are discharged, nurses should ensure that all active vaccine orders are complete and documented in EMAR.

For more information contact David Hooper at 3-3856; Chris Annese, RN, at 6-3277; or Rosemary O'Malley, RN, at 6-9663.



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

First Class
US Postage Paid
Permit #57416
Boston, MA

