

Caring

Headlines

August 16, 2012

*Sharing
knowledge*

*Forging
friendships*



The Huashan Hospital Nurse Leader Fellowship

See story on page 8

Joint Commission visit *an opportunity to shine and share best practices*

I've been through many Joint Commission surveys, but never have I been so gratified by staff's ability to articulate their practice, showcase their knowledge, and impress a team of experts that (lets be honest) has a long-standing reputation for not being easily impressed.

One week after *US News & World Report* named MGH #1 on its Best Hospitals Honor Roll, we were visited by the Joint Commission for our tri-annual accreditation survey, and they confirmed what we've known for a long time—MGH is home to the best and brightest clinicians and support staff in the country. Over the course of five days, seven Joint Commission surveyors performed a thorough examination of our environment, processes, operations, and practices throughout the main campus and at several off-site locations, including Mass General West, Newton-Wellesley Hospital, Emerson Hospital, and MGH Back Bay. And in the words of John Belknap, our director of Corporate Compliance, "It was a *fantastic* week."

In case you think John might be a little biased in his observation, here's what some of the Joint Commission surveyors had to say about their experience at MGH:

"Every hospital in every major city in the country could learn and benefit from your Emergency Management system," said Paul Ducharme, CHFM.

"MGH has an incredible culture and commitment to quality and patient safety," said Laurie McCourt, MD.

"I've seen amazing care provided for amazingly complex patients," said Bob Westerman, MD.



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

"It has been an absolute delight interacting with your staff. One nurse told me everything about her patient without once looking at the patient's record," said Kate Townsend, RN.

I've been through many Joint Commission surveys, but never have I been so gratified by staff's ability to articulate their practice, showcase their knowledge, and impress a team of experts that (lets be honest) has a long-standing reputation for not being easily impressed. I'd like to also acknowledge the professionalism and collaborative spirit demonstrated by every member of the Joint Commission team as they interacted with MGH employees. It was clear from the outset that their mission was not to tear down and find fault, but to bolster, educate, and partner with us to ensure the highest standards of patient care are being met.

While the surveyors were exceedingly collaborative, they were also appropriately diligent in evaluating our compliance with standards and elements of performance (which more and more mirror the CMS Conditions of

continued on next page

There's no disputing the importance of a favorable Joint Commission survey. But the best measure of our success is what we hear from patients. Over and over again throughout this survey we heard from patients that they feel safe and cared for. And that is something of which we can all be proud.

Participation). All system tracers went exceptionally well. No condition-level RFIs (requirements for improvement) were found, which is a marked improvement over our 2009 survey. A number of direct- and indirect-impact RFIs were found, but many of those have already been rectified, and we'll be seeking clarification and/or removal of some of the others in the routine follow-up process.

Direct-impact issues were related to:

- completion of a post-anesthesia note
- accuracy of information in some nursing flow sheets
- proper labeling of syringes
- stairwell-door access on pediatric units
- unapproved abbreviations for morphine sulfate (MS04) and 'once per day' (QD)
- frequency of testing of high-level disinfectants (daily versus before each use)
- whether discharge teaching materials need to be retained in the patient's record

Indirect-impact issues were related to:

- obstructed or un-marked egress on some units
- installation of CalStat dispensers presenting risk of ingestion
- emergency carts not being locked or in secure locations
- expired medications
- up-to-date documentation for pet-therapy animals
- documentation of patients' preferred language
- date and time entries missing from some medical records

- documentation of dishwasher temperature
- approval process for qualifications of radiology technicians and director and staff of nuclear medicine

We will respond to these initial findings in the coming weeks, and the final report will be shared hospital-wide as soon as it's available. I want to thank every member of Patient Care Services for the part you played in making this Joint Commission survey a memorable and positive experience—from those who served as escorts to those who staffed and supported the bullpen, to those who did what you do every day, provide exceptional care to our patients and families.

There's no disputing the importance of a favorable Joint Commission survey. But the best measure of our success is what we hear from patients. Over and over again throughout this survey we heard from patients that they feel safe and cared for. And that is something of which we can all be proud.

Well done, colleagues.

Updates

I'm pleased to announce that Julie Cronin, RN, has accepted the position of clinical nurse specialist for Phillips 21 Gynecology-Oncology.

Wendy Hardiman, RN, has accepted the position of clinical nurse specialist for the Ellison 17 and 18 pediatric units.

And Jeff Adams has accepted the position of director of The Center for Innovations in Care Delivery, one of the Centers within the PCS Institute for Patient Care.

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(Cover photo by Michelle Rose: Nursing leaders from Huashan Hospital at their graduation ceremony, along with MGH leadership and visiting dignitaries from Huashan Hospital.)

Volunteer Recognition Week

—by Milton Calderon, volunteer coordinator

As integral members of the hospital community, MGH volunteers generously give their time and presence to support patients, families, and staff. The week of June 25, 2012, the MGH community acknowledged the invaluable contributions of volunteers with its annual Volunteer Recognition Week celebration. Activities included an educational session presented by Susan Briggs, MD, who described her work as a member of the MGH department of Surgery and team commander of the International Medical Surgical Response Team. Briggs shared recollections of the team's relief efforts at the World Trade Center following 9/11 and in the wake of the earthquake in Haiti.

At the annual Breakfast of Champions on June 27th, Cathy Minehan, chairperson of the MGH Board of Trustees; Peter Slavin, MD, MGH president; and Jeanette



Director of Volunteer Department, Wayne Newell, congratulates volunteer champions, Hilda Carneiro (left) and Eunice Chan.

Ives Erickson, RN, senior vice president for Patient Care, presided over the award ceremony. The Trustee's Award, which recognizes a department that has worked collaboratively with the Volunteer Department, was presented to the Newborn Nursing Team for the Baby Cuddling Program.

The Jessie Harding Award, which acknowledges outstanding contributions, was presented to Priscilla Farias-Monge, who became a volunteer in 2004. Farias-Monge volunteers her time with radiation oncology patients; she has contributed 2,300 hours of service.

The Maeve Blackman Award given to an exceptional volunteer who shows an interest in a career in health care, was presented to Payel Patal, who's currently enrolled in the University of Massachusetts School of Nursing. Patal has been a volunteer at MGH since May of 2011.

On June 28th, the Volunteer Talent Show provided some memorable entertainment, showcasing the talents of Mai Doan, singer/guitarist; Alexandra Charest, singer; Louisa Moore, classical pianist; Jonas StFleur, pianist; Jacky Sainval, singer; Michael Simpson, guitarist; Josh McDonald, on the trumpet; Becky Wertz, harpist; and Elena Cervone, opera singer.

As director of the Volunteer Department, Wayne Newell, reflected, "Throughout the history of the institution, MGH has benefited from the service of community members willing to step forward and offer a helping hand. As we look to the future, we're assured that, as a community of clinicians, staff, and volunteers, we will continue to deliver excellent patient- and family-centered care."

For more information about volunteer opportunities at MGH, e-mail mghvolunteer@partners.org, or call 617-726-8540.

Yes, we're #1 but we still try harder!



For the first time since *US News & World Report* began publishing its Best Hospitals Honor Roll in 1990, and displacing prestigious Johns Hopkins Hospital after a well-earned 21-year run, MGH was named America's #1 hospital, July 17, 2012. The Bulfinch lawn and terrace were packed for the press conference, where Mayor Menino proclaimed July 17th 'Mass General Hospital Day' in the city of Boston. At the event, attended by Menino; Partners president and CEO, Gary Gottlieb; chairman and CEO of the MGPO, David Torchiana, MD; dean of the Faculty of Medicine at Harvard University, Jeffrey Flier, MD; other dignitaries, and *hundreds* of ebullient MGH employees, MGH president Peter Slavin, MD, said, "We are so proud of this recognition. It is a tribute to all the dedicated men and women who work at MGH and make it the remarkable place of healing, caring, and hope that it has come to be. It is gratifying that our commitment to the highest-quality care has been recognized by what is arguably the most renowned and respected report card in the country." The event culminated with the confetti-spewing arrival of one of Boston's finest Duck Boats that proceeded to take the members of the dais mentioned above along with a select group of employees on a celebratory ride through the city. Because as Mayor Menino so aptly pointed out, "In Boston, we know how to treat our champions."



Mayor Menino (left) and MGH president Peter Slavin, MD, at press conference



End-of-life care inspired by mutual trust and support

Mr. C was a very loved husband and father who had suffered from advanced Alzheimer's disease for more than 15 years... He was admitted with a urinary tract infection complicated by blood and fungal infections that made him somnolent most of the day.

My name is Colleen Kehoe, and when I wrote this narrative, I was a nurse on the Bigelow 14 Vascular Unit. Mr. C was a very loved husband and father who had suffered from advanced Alzheimer's disease for more than 15 years. His wife was his sole caregiver, healthcare proxy, and legal decision-maker. Mr. C was unable to feed himself, take his medications, or more recently, make even slight body movements. Despite her small build, Mrs. C was able to lift him from his bed to his chair. She cooked and pureed his meals and spoon-fed him, which often took hours. When she finished feeding Mr. C his breakfast, it would be time for lunch, and the cycle would start all over again. In the evenings, Mr. and Mrs. C's sons often visited, and they would assist their mother in getting Mr. C back into bed. She would then set her alarm in 45-minute increments so she could wake up during the night to change his position.

This loving routine was carried out while I was Mr. C's nurse. I was able to provide Mrs. C some respite by tailoring my care to suit Mr. C's needs. This nurse-family support was mutual, as I made sure to include Mrs. C in the plan of care each day so she could give me insight into what techniques were effective in caring for Mr. C. For instance, when the physician ordered a CT scan with contrast, I feared Mr. C wouldn't be able to



Colleen Kehoe, RN, staff nurse

drink all three bottles of the gastrografin preparation. Mrs. C recommended we mix the medication with berry juice, which I then thickened so he wouldn't aspirate. We took turns spoon-feeding him the preparation, and soon he began to open his mouth without cueing. I knew he'd be able to finish the preparation, and he actually seemed to enjoy the flavor.

Mr. C had been admitted with a urinary tract infection complicated by blood and fungal infections that made him somnolent most of the day. He was anuric (no longer making urine) and as the CT scan confirmed, was in acute renal failure as a result of kidney stones. The urologist explained that Mr. C would need surgery to place stents in the urethra in an attempt to allow the kidney stones to pass. The doctor described the surgery as fairly routine, which it is, normally. But given Mr. C's advanced Alzheimer's and the blood infections he was fighting, he was at risk of not surviving

continued on next page

the surgery. Unfortunately, Mr. C's family clung to the word, 'routine,' almost to the exclusion of the other stated risks.

When I left the hospital that day, Mr. C's family was still undecided about whether they would consent to surgery. The urologist hoped he had conveyed the risks strongly enough, but I knew the family was harboring unrealistic hope. When I returned the following morning, Mr. C was on intravenous hydration and not eating in preparation for surgery at 2:00pm. The family had consented to the procedure.

Mrs. C, especially, was reluctant to accept her husband's mortality. Despite Mr. C being in hospice care outside of the hospital, Mrs. C wanted everything possible done to save her husband. Though I respected her expertise in caring for her husband's daily needs, Mr. C was my patient. I wanted to make sure I was meeting his needs. I requested a family meeting with Mrs. C, the sons, and their family priest. The team agreed that the risks of surgery should be more precisely articulated. The meeting took place two hours before Mr. C was scheduled to have surgery.

At the meeting, the physician and I described several possible scenarios if Mr. C went forward with the surgery. Even if he survived the surgery, the prognosis was not good. The physician shared that if this were happening to her family member, she would forgo surgery given the extent of the illness and co-morbidities.

The family was still focused on whether the surgery would cause Mr. C pain. After an hour, it seemed the conversation was going in circles. The physician had to excuse herself to attend another family meeting. I took the opportunity to have a conversation about what Mr. C would want for his own life.

I asked the family, "What is the goal for your father?"

The son responded that he wanted to take his father home, have him get out of the wheelchair and sit at the kitchen table and eat with the family.

"Given his current condition," I said, "do you think he could achieve that goal even without surgery?"

The son sadly agreed that it probably wouldn't be possible given how sick he was.

Knowing Mr. C from previous admissions, I noted that his condition had declined every time he'd come back to the hospital. His baseline had deteriorated during this admission, and there was a chance that surgery could worsen his condition even further. The family asked about other potential effects of surgery. I told

them honestly that in my nursing experience, sometimes patients never come off the ventilator when they're intubated for surgery.

Immediately, the son said he didn't want his father intubated. Somehow, even with all the discussions with physicians and the urology team, the family had never completely absorbed the fact that Mr. C would need to be intubated. Now, talking about the basics of anesthesia and intubation, the family made their decision.

Mrs. C, who hadn't said anything during the entire meeting, put her hand on my shoulder and said, "Can I go feed my husband now?"

I smiled. I knew they had made their decision based on what was best for Mr. C and not a desire to keep him alive at all costs.

When I left work that day, I was proud of how I had handled the family meeting. I had grown a lot since first becoming a nurse when I had to rely on veteran nurses' advice about what to say during challenging discussions. Four years later, I can honestly say I speak from a place of compassion during these meetings, as I did that day. I knew the family was torn, feeling compelled to do everything possible to save their loved one. But I avoided giving my own opinion and truthfully answered their questions in language they could understand. Instead of undergoing surgery and intubation, Mr. C enjoyed homemade tomato soup surrounded by his nieces, nephews, and grandchildren. Though his days were numbered, his family was aware of his impending death, and they were able to be there for him at his bedside.

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

What a poignant story. So often clinicians see first what families and loved ones find too painful to see. End-of-life care is a delicate balance between honesty and compassion, a balance that Colleen struck beautifully in her care of Mr. C. Surgical intervention was not going to cure Mr. C. In fact, there was a greater risk that surgery could end his life or impair his quality of living for the time he had left. Colleen's conversation with the family was a difficult one, but she didn't shy away from it. Without imposing her own opinions, she provided information that enabled Mr. C's family to make an informed decision.

Thank-you, Colleen.

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Nursing leaders from Huashan Hospital visit MGH

—by Donna Perry, RN, professional development manager

In what has become a much-anticipated annual tradition, MGH recently hosted six nursing leaders from Huashan Hospital in Shanghai for a comprehensive nurse-leader fellowship. As part of an ongoing effort to advance nursing care in China, MGH Nursing and Huashan Hospital Nursing formed a ‘twinning’ relationship. Each year, a number of Huashan Hospital nurse leaders come to MGH and work closely with preceptors in their speciality areas, and MGH nurse leaders have gone to Shanghai to provide on-site education and consultation there, as well.

The fellowship was created to assist Huashan Hospital nurses to develop leadership skills to enable them to transform their professional practice environment and advance care-delivery. Each Huashan Hospital nurse is paired, or twinned, with an MGH preceptor who provides guidance and mentorship, and each preceptor is supported by members of a twinning team who also share their knowledge and expertise. Visiting nurses have an opportunity to observe clinical care, attend meetings and rounds, dialogue with staff, and get a sense of the resources available at MGH.

This year, Huashan nurses arrived as MGH was getting ready to celebrate Nurse Recognition Week, and for the first time they were able to include posters in the Nursing Research Poster Expo. It was a significant milestone for Huashan nurses and for everyone who participated in the twinning fellowship.



Photos of graduation ceremony by Michelle Rose

At left: Huashan nurses attend Nurse Recognition Week event. Center: At graduation ceremony, Mimi Bartholomay, RN, shares anecdotes of Wang's experiences in the Infusion Unit. At right: Charlene O'Connor, RN, recounts Pan's experiences in the OR.

In addition to time spent on units with their twinning teams, Huashan nurses attended educational sessions on topics such as nursing education, research, quality and safety, Magnet preparation, and informatics. They had an opportunity to experience American culture outside of MGH with some local day trips and sight-seeing. In June, a graduation celebration was held for the Huashan nurses, and several members of the Huashan Hospital leadership team were able to attend.

The Huashan Hospital nurse-leader fellowship is a program of mutual learning and engagement. Said one Huashan nurse, “First and foremost, I was impressed by best practices at MGH and the focus on patient- and nurse-satisfaction. I learned a great deal here, and I made a lot of new friends. My whole team was available any time, anywhere, both personally and professionally. They took great care of me. This experience will be a valuable treasure.”

Following is a list of the Huashan nurses and their twinning teams.

continued on next page

International Partnership (continued)

Huashan Hospital Nurse Leaders Twinning Teams

Qi Zhao, RN, (Cindy), head nursing teacher for Nursing Training and Research Section and wound care clinical nurse specialist, was paired with nursing director, Sharon Bouvier, RN, on the Bigelow 14 Vascular Surgery Unit. Her twinning team consisted of:

- Erin Cox, RN, clinical nurse specialist
- Virginia Capasso, RN, nurse scientist and clinical nurse specialist

Hongyun, Zheng, RN, (Angel), head nurse for the Neurosurgical Trauma Centre, was paired with nursing director, Tara Tehan, RN, on the Lunder 6 Neuro-medical/Neurosurgical ICU. Her twinning team member was:

- Mary Guanci, RN, clinical nurse specialist

Liren Wang, RN, (Lily), head nurse for General Surgery and the PICC Outpatient Service and PICC clinical specialist, was paired with nursing director, Adele Keeley, RN, on the Yawkey 8 Infusion Unit. Her twinning team consisted of:

- Mimi Bartholomay, RN, clinical nurse specialist
- Janet Mulligan, RN, nursing director

Yibing Si, RN, (Spring), assistant director of the Nursing Department and supervisor of the Outpatient Department, Emergency, and ICU, and **Lin Lin, RN, (Jessica)**, nurse for the ICU Department and clinical nursing specialist for the ICU, were paired with asso-

ciate chief nurse, Theresa Gallivan, RN, on the Blake 8 Cardiac Surgical ICU, with scheduled time in the ED and outpatient areas. Their twinning team consisted of:

- Vivian Donahue RN, nursing director
- Christine Gryglik, RN, clinical nurse specialist
- Marcy Bergeron, RN, senior clinical manager and director

Xiaohua Pan, RN, (Portia), charge nurse and research assistant for the OR, was paired with nursing director, Lisa Morrissey, RN, in the Gray-Bigelow 3 Operating Rooms. Her twinning team consisted of:

- Charlene O'Connor, RN, perioperative clinical nurse specialist
- Annemarie Austin, RN, clinical nurse manager
- James Barone, RN, clinical nurse manager
- Scott Farren, RN, clinical nurse manager
- Hazel Gould, RN, clinical nurse manager
- Alan Goostray, RN, clinical nurse manager
- Maureen Hemingway, RN, clinical nurse specialist
- John Poillucci, RN, clinical nurse manager
- Jane Ouellette, RN, clinical nurse manager
- Sandra Silvestri, RN, clinical nurse specialist

Program Advisors:

- Jeanette Ives Erickson, RN, senior vice president for Patient Care
- Gaurdia Banister, RN, executive director, The Institute for Patient Care
- Donna Perry, RN, professional development manager, Global Nursing Education

Coaches:

- Gino Chisari, RN, director, The Norman Knight Center for Clinical & Professional Development
- Marianne Ditomassi, RN, executive director, Patient Care Services Operations and Magnet program director
- Dorothy Jones, RN, director, The Yvonne L. Munn Center for Nursing Research

For more information about the Huashan Hospital Nurse Leader Fellowship, call Donna Perry, RN, at 4-0340.

Visiting nurses enjoy outing on the coast of Maine with program advisor, Donna Perry, RN



Diversity is priority for PCS and ‘The Future of Nursing’

Diversity within the profession of nursing is very much a part of the Future of Nursing Campaign for Action... Each state coalition is responsible for its own diversity agenda, and several national minority-nurse organizations, including the American Assembly of Men in Nursing, are supporting those efforts.

Question: I'm hearing a lot about the IOM Report on the Future of Nursing. As a minority nurse, I'm interested to know what that means for the profession in terms of diversity.

Jeanette: Diversity within the profession of nursing is very much a part of the Future of Nursing Campaign for Action. All but two states have created state action coalitions for the purpose of moving the recommendations of the IOM forward. Each state coalition is responsible for its own diversity agenda, and several national minority-nurse organizations, including the American Assembly of Men in Nursing, are supporting those efforts. Information is available on-line, or you can visit the PCS Diversity website to learn more.

Question: I've always wanted to attend the Iftar celebration that's held at MGH every year. Do they allow non-Muslim guests to attend?

Jeanette: Absolutely. All are welcome. This year's Iftar celebration was held on August 1st in accordance with the lunar calendar. If you missed it, you should definitely plan to attend next year; it's always a rich, inclusive, informative occasion with lots of good food and opportunities to meet new people or re-connect with friends and colleagues. Iftar has become an annual tradition at MGH, and many Muslim (and non-Muslim) patients, staff, and visitors look forward to attending every year.

Question: I know Joint Commission standards address cultural competence and patient-centered care. Is there a way to get that information without sifting through the whole Joint Commission manual?

Jeanette: You'll be happy to know there's a 10-minute video that focuses on health equity, patient-centered communication, and cultural competence available on the Joint Commission website. You can access it at: <http://www.jointcommission.org/multi-media/promoting-health-equity-and-patient-centered-care/>.

Question: I attended a couple of diversity events this past year that were excellent. One was offered in collaboration with the YWCA, and the other had something to do with racial profiling. Very relevant and timely. Will there be more programs like this?

Jeanette: Yes. We're consciously trying to provide a larger context for the work we're doing related to diversity, and we're also aware that we're part of a larger community outside of MGH. Our program with the YWCA, *Stand Against Racism*, and the workshop on stress related to racial profiling were both well attended and very successful. If there are other topics you'd like to see addressed, or if you have any questions about our diversity agenda, contact our director of PCS Diversity, Deb Washington, RN, at 4-7469, or by e-mail.

Announcements

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? Wondering about the time line?

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>.

HAZMAT Program

Looking for a few good men and women

Members of the MGH HAZMAT team are trained to respond to large-scale disasters involving hazardous materials.

The team was established to protect employees and the hospital and provide decontamination for victims of mass-casualty incidents or major industrial accidents. Clinical and non-clinical team members ensure patients arriving on campus are decontaminated prior to being treated in the hospital.

Volunteers comprise three teams that rotate being on call every third month. Qualified volunteers receive 32 hours of initial training, participate in regular simulation exercises, and maintain annual qualifications to ensure safety and preparedness to respond to an incident. Participation is also an opportunity to meet and interact with colleagues in a unique and exciting setting.

For more information about the HAZMAT Response Team, contact Jacky Nally, RN, at 6-5353 or go to: <http://sharepoint.partners.org/phs/hazmat/default.aspx>.

Collaborative Governance

Applications are now being accepted for collaborative governance committees. Collaborative Governance is the multi-disciplinary, decision-making structure of Patient Care Services. Applications are due by October 5, 2012.

For more information about collaborative governance or to obtain an application, go to: <http://www.mghpcs.org/IPC/Programs/Governance.asp>, or call Mary Ellin Smith, RN, at 4-5801.

Blum Center Events

Shared Decision Making: "Understanding the Prostate Specific Antigen (PSA) Test" Wednesday, August 22, 2012 presented by Mary McNaughton-Collins, MD Learn what a PSA test is; the pros and cons of PSA testing; and the newest recommendations for being tested

National Health Observances Series:

"Prescription and Non-Prescription Pain Medications" Wednesday, September 5th presented by Paul Arnstein, RN

Harp Music Wednesday, Sept 12th Harpist: Becky Wertz

Book Talk: *The Zombie Autopsies* Thursday, Sept 20th presented by Steve Schlozman, MD

Healthy Living: Caring for a Loved One with Alzheimer's Disease Thursday, Sept. 27th presented by Barbara Moscovitz, LICSW

Programs are free and open to the general public. All sessions are held in White 110, the Blum Patient and Family Learning Center from noon to 1:00pm.

For more information, call 4-7352.

Continuing Education

Presented by MGH Nurses' Alumnae

"Women's Health Issues: an Update"

Friday, September 28, 2012 8:00am-4:30pm Simches Research Building, Charles River Plaza

Presenters include: key note speaker, Karen Carlson, MD "Shared Decision-Making"

Mary Larkin, RN "Diabetes update"

\$40 for alumnae and employees \$50 for non-Partners employees

For more information, or to register (by September 14th) call the Alumnae Office at 6-3144.

ACLS Classes

Certification: (Two-day program) Day one: lecture and review Day two: stations and testing

Day one: September 10, 2012 8:00am-3:00pm O'Keefe Auditorium

Day two: September 24 8:00am-12:00pm Thier Conference Room

Re-certification (one-day class):

September 29th 8:00am-1:00pm Founders Training Room 130

October 10th 5:30-10:00pm Founders Training Room 130

For information, call 6-3905 or go to: <http://www.mgh.harvard.edu/emergencymedicine/education/acls.aspx>

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf

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Ben Corrao Clanon Memorial Scholarship

—by Mary Ellin Smith, RN, professional development manager

Scholarship recipient, Tracey Freeman, RN (center), with nursing director, Peggy Settle, RN (left), Regina Corrao, and Jeff Clanon.

On Thursday, July 12, 2012, Regina Corrao and Jeff Clanon returned to the Neonatal Intensive Care Unit as they have for the past 26 years for the presentation of this year's Ben Corrao Clanon Memorial Scholarship. Corrao and Clanon established the scholarship in 1987 in memory

of their son, Ben, who had been cared for in the NICU. The scholarship recognizes NICU nurses who demonstrate exemplary practice, a commitment to primary nursing, and advocacy for patients and families. This year's recipient was Tracey Freeman, RN.

At the award ceremony, nursing director, Peggy Settle, RN, welcomed Freeman's colleagues, family, and friends. Settle noted that as one of 12 new innovation units, the NICU has implemented many interventions to support patient- and family-centered care, which is the core of primary nursing.

Freeman thanked Corrao and Clanon, her family, and colleagues, and dedicated the award to the memory of an infant she recently cared for who spent more than four months in the NICU before passing away a few weeks ago. She described the care the infant received, saying, "I am a member of a team of nurses who dedicate themselves to the care of babies every single day."

The Corrao Clanons shared that the relationship NICU nurses had with Ben softened the reality of his all-too-short life.

For more information about the Ben Corrao Clanon Memorial Scholarship, contact Mary Ellin Smith, RN, at 4-5801.



(Photo by Paul Batista)

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