Caring Headlines
February 16, 2012

Innovation

"All human development, no matter what form it takes, must be outside the rules; otherwise we would never have anything new."

— Charles Kettering, American inventor, engineer, and businessman

The newsletter for Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Innovation units

leading the way to transformational change

Innovation units are designated inpatient care units that will be used as testing grounds for change, allowing us to create new care-delivery models and quickly determine whether new ideas should be adopted, adapted, or abandoned.

The need for improvement has driven progress since the beginning of time. Hence the adage: "Necessity is the mother of invention." At MGH, we have led the healthcare industry in forward-thinking since *our* beginning in 1811, constantly searching for better ways to deliver care. Today, we're on the cusp of yet another groundbreaking advancement, driven by the need to make care more effective, efficient, and affordable for patients and families.

Many of you have heard me talk about the work we're currently doing under the umbrella of the Partners Patient Affordability Direct Care initiative, specifically, the inception of innovation units. Innovation units are designated inpatient care units that will be used as testing grounds for change, allowing us to create new care-delivery models and quickly determine whether new ideas should be adopted, adapted, or abandoned.

Twelve units have been selected to participate in this grand experiment: Bigelow 14, Vascular; White 7, Surgical; Lunder 9, Oncology; Ellison 16, Medical; White 6, Orthopaedics; Ellison 17 and 18, Pediatrics; Blake 13, Obstetrics; Blake 10, Neonatal ICU; Blake 11, Psychiatry; Ellison 9, Cardiac ICU; and the Blake 12 ICU.

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

Work on innovation units is geared toward improving clinical outcomes, enhancing patient- and staff-satisfaction, and reducing costs and lengths of stay. The goal for each innovation unit is to:

- increase continuity of care
- increase caregiver productivity
- increase inter-disciplinary teamwork
- re-design the physical environment of care
- focus on patient and family values
- increase time spent with patients
- focus on organizational goals and mission

This work will be guided by the principles that:

- care is patient- and family-centered, evidence-based, accountable, autonomous, and continuous
- clinicians are highly present and know the patient

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- care is provided by designated nurses and physicians who assume accountability to ensure continuity
- continuity of the team is a basic precept
- every novice team member is mentored by an experienced clinician
- Every patient has the opportunity to participate in the planning of his/her care
- Technological advancements create opportunities for improved communication and efficiency

The graphic below illustrates the process of care before, during, and after hospitalization. Continuity will be enhanced by standardization wherever possible, such as the use of rounding check sheets, hand-over guidelines; and standardized systems for the transfer of information upon admission and discharge.

Success will depend on our ability to improve quality and safety, create healing environments, integrate research and evidence-based practice into care delivery, and ensure opportunities for professional growth and education.

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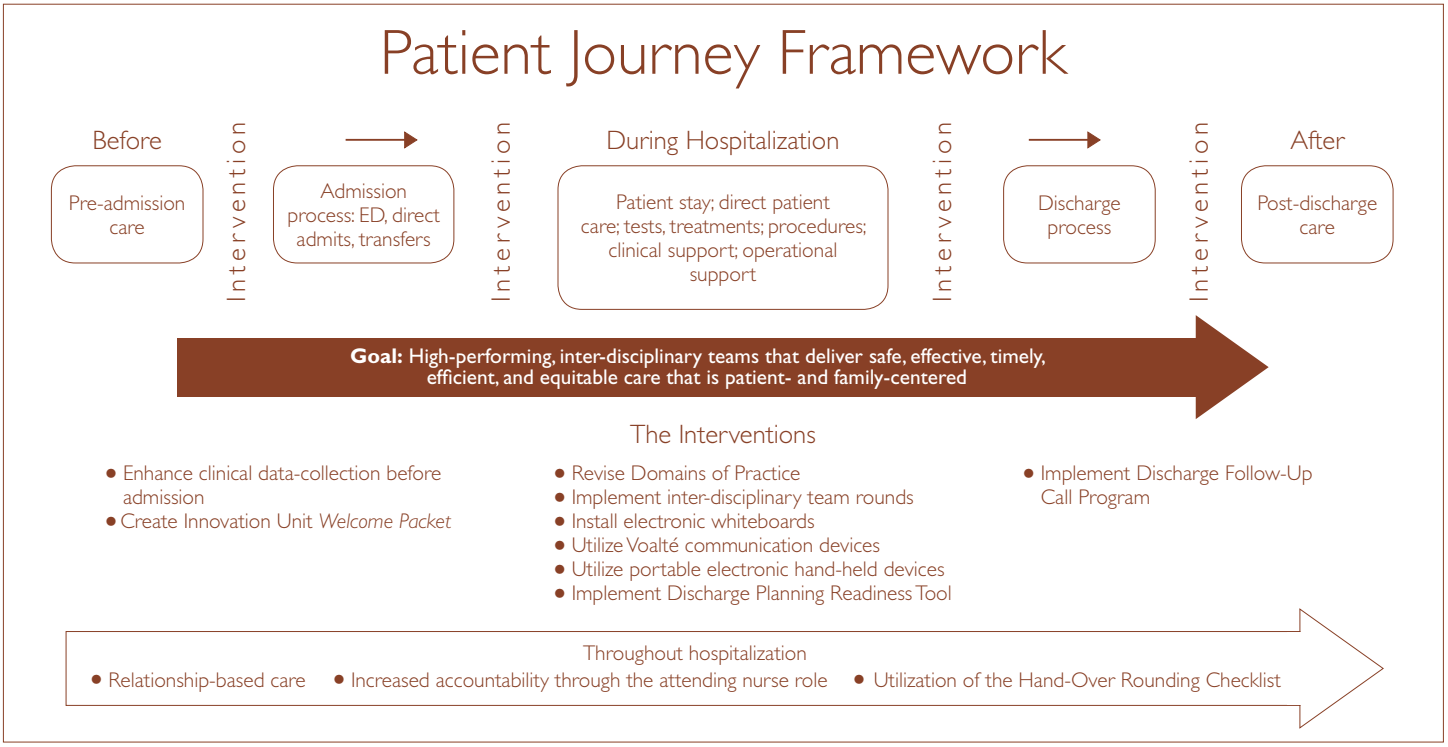

In this Issue

(Cover image by Jessfox@Dreamstime.com)

"Nothing is so embarrassing as watching someone do something that you said could not be done."

— Sam Ewing, reporter, humorist

At the heart of the innovation-unit roll-out is a series of interventions generated by exhaustive discussions at retreats, in break-out sessions, and in informal conversations with staff and leadership throughout Patient Care Services (and the hospital at large). These interventions represent what we consider 'top-priority' actions in order to achieve the highest levels of consistency, continuity, and efficiency as we move forward with this work. The interventions we'll be focusing on include:

- Building relationship-based care into educational curriculum
- Implementing the new attending nurse role
- Enhancing hand-over communication including the use of SBAR tool (Situation; Background; Assessment; Recommendations)
- Enhancing pre-admission data-collection including a revised Admitting Face Sheet
- Creating a Welcome Packet for patients
- Re-visiting and updating domains of practice to ensure across-the-board understanding of each discipline's scope of practice
- Implementing inter-disciplinary team rounds to ensure effective communication between all members of the care team
- Making use of supporting technology, including electronic whiteboards, Voalté phones, in-room whiteboards, and portable electronic devices (Toughbooks)
- Being proactive in discharge planning and readiness including implementation of a new discharge Checklist tool
- Implementing new Discharge Follow-up Phone-Call Program

Because these interventions are central to our work, I'd like to briefly address each one of them.

Relationship-based care

Relationship-based care is more than an intervention; it's a philosophy, a way of thinking about care-delivery. Relationship-based care stresses three important tenets: the caregiver's relationship with the patient and family; the caregiver's relationship with his or her colleagues; and the caregiver's relationship with him- or herself (self-awareness). In an organization that provides relationship-based care, every member of the team:

- knows the patient and has access to information across the continuum
- plays a part in coordination of care, knows who's responsible, and reviews the plan daily

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Lunder 9 inter-disciplinary team discusses ways to implement innovation-unit interventions on their unit.

"When all think alike, no one is thinking very much."
—Walter Lippmann, writer, Pulitzer Prize winner

- builds the plan of care around the patient
- aligns patient care and teaching
- aligns support around patient populations rather than transactions
- learns lessons from the past

The attending nurse role

Expanding on the staff nurse role, the attending nurse is accountable, along with the attending physician, for ensuring that patient care meets clinical standards and for the continuity and timely progression of care from admission to discharge. (For more information about the attending nurse role, see page 10.)

Enhancing hand-over communication

This intervention has to do with passing patient information from caregiver to caregiver; from caregiver to patients and families; and from MGH to other organizations or to the patient's home. It relies heavily on the SBAR (Situation, Background, Assessment, and Recommendations) communication tool that 'prompts' caregivers to provide complete information during hand-overs. This intervention should be thought of, not as the introduction of a new tool, but as implementation of a new standard of practice.

Enhancing pre-admission data-collection

One goal of innovation units is to better know the patients we care for. To ensure continuity and accurate information-gathering for all patient populations, an inter-disciplinary Tiger Team is creating a new Admitting Face Sheet, including anticipated discharge date and projected discharge disposition, to better inform inter-disciplinary care-planning.

Welcome packets

We're in the process of developing a Welcome Packet for patients (and families) to provide them with basic, relevant information, invite feedback for improvement, and help set discharge expectations and preparation.

Domains of practice

With implementation of inter-disciplinary rounds, having a greater understanding of the domains of practice of our colleagues in other disciplines is key. Toward that end, I've asked each discipline (Nursing, PT, OT, Respiratory Care, Social Work, Speech-Language Pathology, Chaplaincy, etc.) to review and update their domains of practice so we can share this information in various forums, including the Excellence Every Day web portal.

Inter-disciplinary team rounds

Currently, there's no formal mechanism for daily communication between all members of the care team. Inter-disciplinary rounds will bring all members of the team together on a daily basis to identify obstacles to the progression of care, create a more holistic approach to care-delivery, and ensure that issues are shared and addressed in a timely manner.

Supporting technology

Efficient, well-coordinated care depends on staff's ability to communicate effectively. Having the right tools makes communication faster and easier. Staff on innovation units will be equipped with specially programmed iPhones (Voalté phones) and portable, wireless laptops to make access to, and dissemination of, information more efficient. And in-room whiteboards and electronic whiteboards at nurses' stations will enhance our ability to know our patients and coordinate their care.

Discharge planning and readiness

We are in the process of developing a discharge Checklist tool... stay tuned, more to come.

Discharge Follow-up Phone Call Program

In an effort to reduce hospital re-admissions and ensure patients understand discharge instructions, we will be implementing a Discharge Follow-up Phone Call Program. All patients will be invited to participate. We're in the process of developing a questionnaire, guidelines, and a training curriculum.

The success of innovation units will be measured by pre-determined metrics related to length of stay, patient-satisfaction, staff-satisfaction, quality and safety, and certain nursing-sensitive indicators.

This is an ambitious undertaking, and we're highly motivated to succeed. It's not an exaggeration to say we're on the cusp of a whole new way of delivering care. If we do this right, we can look forward to increased patient and staff satisfaction, better clinical outcomes, better quality and safety outcomes, and better financial outcomes for patients, families, and the hospital.

I look forward to working with all of you on this ground-breaking initiative. For more information, or if you have questions, thoughts, or ideas, please e-mail me or call 6-3100.

"Discovery consists of seeing what everybody has seen and thinking what nobody has thought."

—Albert von Szent-Gyorgyi, biochemist, recipient of the Nobel-Prize

Innovation unit inter

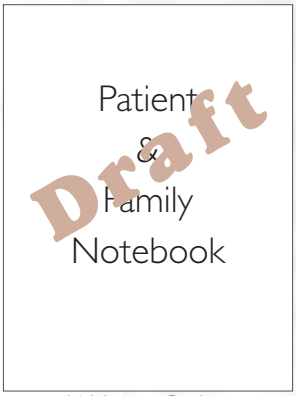
Relationship-based care

Attending nurse role

Admitting Face Sheet

Seamless hand-overs

Domains of Practice



Welcome Packet

- Build relationship-based care into educational curriculum
- Implement new attending nurse role
- Enhance hand-over communication including use of SBAR tool (Situation; Background; Assessment; Recommendations)
- Enhance pre-admission data-collection including a revised Admitting Face Sheet
- Create a Welcome Packet for patients
- Re-visit and update domains of practice to ensure across-the-board understanding of each discipline's scope of practice

"There ain't no rules around here.
We're trying to accomplish something."
—Thomas Edison, inventor

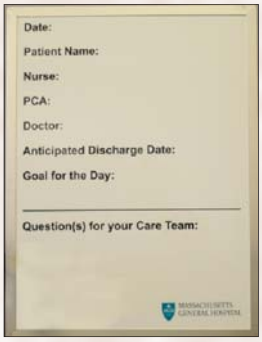
ventions at a glance

- Implement inter-disciplinary team rounds to ensure effective communication between all members of the care team
- Make use of supporting technology, including in-room whiteboards, Voalté phones, electronic whiteboards, and portable electronic devices (Toughbooks)
- Be proactive in discharge planning and readiness including implementation of a new discharge Checklist tool
- Implement new Discharge Follow-up Phone Call Program


Inter-disciplinary rounds


Voalté phone


Electronic whiteboard



In-room whiteboard


Portable Toughbook


Follow-up phone call

A glimpse into the delicate dance that is the art of nursing

Mr. G is a 46-year-old man who arrived on our unit with a diagnosis of idiopathic pulmonary fibrosis, a disease that results in scarring and fibrosis of the lungs. Over time, the scarring can build up to where the lungs are unable to provide oxygen to the tissues of the body.

My name is Megan Keating, and I believe the nurse-patient relationship is of utmost importance. I've worked as a nurse for one year in the Respiratory Acute Care Unit (RACU), and my experience has been humbling. It's an honor to start my career at MGH where my patients challenge me both medically and emotionally. One patient who had a great impacts on me is Mr. G. He came to the RACU with more than just his own needs; his wife was also struggling to understand what her husband was going through.

Mr. G is a 46-year-old man who arrived on our unit with a diagnosis of idiopathic pulmonary fibrosis, a disease that results in scarring and fibrosis of the lungs. Over time, the scarring can build up to where the lungs are unable to provide oxygen to the tissues of the body. Mr. G had been on a medical unit until his respiratory needs worsened and he was brought to the RACU. He presented with a dry cough and shortness of breath. The slightest movement was difficult for him. Simply changing his hospital gown taxed his breathing and caused him to cough uncontrollably. Mr. G was taking medications to suppress his cough and curb his anxiety, but he still had difficulty breathing.

Medication was not the long-term solution. Mr. G was awaiting a lung transplant and fortunate to be at the top of the transplant list. It was important to keep up with Mr. G's medical needs so he'd be stable enough to undergo surgery. But a radical chain of events resulted in Mr. G being diagnosed with pneumonia and a pulmonary embolism, which required him to receive a continuous infusion of heparin to ensure he wouldn't have any issues that would prevent him from receiving a lung.

Megan Keating, RN, staff nurse
Respiratory Acute Care Unit

Mr. G made it clear that if his respiratory status worsened, he did not want to be intubated or put on a ventilator because it would affect his chances of receiving a transplant. Although Mr. G's physical state was diminishing, he was alert and still had all his faculties. I prepared him for pre-op, making sure he received his medications on time to keep him from coughing. I was also there for him emotionally, trying to make his experience on the unit as close to 'normal' as possible.

I knew that nursing would be crucial to Mr. G's coordination of care; I reached out to colleagues in other disciplines. I requested a social work consult to support Mr. G and his family in coping. I requested a psych clinical nursing specialist to help him practice relaxation techniques during coughing spells. As I look back on it, at least a half dozen services brought their exper-

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Over and above nursing care, we're there to provide comfort and hope to patients and families. The art of nursing is like a delicate dance—a fusion of skill and knowledge. This intangible connection can create an environment conducive to healing. Blending nursing responsibilities with patients' wishes is the essence of the art of nursing.

tise to bear during Mr. G's stay in the RACU, all of which helped him deal with this life-altering event.

Mr. G was a stoic man. He didn't complain, and he was very appreciative of the care he received. When he was admitted, I went through the usual process: I introduced myself, took his vital signs, obtained an EKG, did a head-to-toe assessment, completed the admission paper work, connected him to a cardiac monitor, and explained patient rounding. Mr. G let me get through all my many tasks before telling me he needed to use the bathroom. He was uncomfortable using a bed pan. While keeping Mr. G's fragile respiratory state forefront in my mind, I wanted to respect his dignity, as well. I knew that with his tenuous respiratory status, walking from the bed to the bathroom would be unsafe. He didn't have the lung capacity to make it even that short distance.

I decided to set up a bedside commode. With the help of another nurse, we assisted Mr. G from the bed to the commode, while the respiratory therapist increased his oxygen to accommodate the transfer. I pulled the curtain closed and told him I'd wait just outside so I could monitor his oxygen saturation. He felt comfortable knowing I was keeping a close eye on him and said he'd use the call bell when he was finished.

This simple intervention of providing Mr. G with a commode was such a boost for him emotionally. As we helped him back to bed, he told me how grateful he was to still have control over some aspect of his life. He felt as if he was losing control of so many things, and I had given him an opportunity to have a little empowerment.

Control was important to Mr. G. He may not remember the head-to-toe assessment I gave him, or the medication review, or the paperwork we had to complete, but he'll remember that I kept him comfortable and thought of his personal needs at a time of great vulnerability.

As nurses we're conditioned to be critical thinkers, understand various interventions, and recall important facts. As a new-graduate nurse, I sometimes see myself as task-oriented, but I'm aware there needs to be a balance between accomplishing tasks and accommodating patients' needs. Over and above nursing care, we're there to provide comfort and hope to patients and families. The art of nursing is like a delicate dance—a fusion of skill and knowledge. This intangible connection can create an environment conducive to healing. Blending nursing responsibilities with patients' wishes is the essence of the art of nursing.

Mr. G's wife left to go home for the night after spending the day with him making sure he was comfortable and settled. We assured her that he would be well taken care of and that we'd monitor him closely throughout the night. She asked questions and was updated on Mr. G's plan of care. She decided to leave before the change of shift to avoid traffic and get home to their children whom she hadn't seen for a few days while she was at the hospital with Mr. G.

As my shift ended that evening and I gave report to the night nurse, I got the news from Mr. G's physician that a lung had become available. It was time for Mr. G to go to the operating room. I called Mrs. G, who was on her way home and gave her the news. I told her that Mr. G was being prepped for surgery. She was ecstatic. She said she'd go home and get the children and come right back to the hospital to see Mr. G before he went into surgery. Before hanging up, she thanked me for taking time with Mr. G and not losing sight of his emotional needs even with the intense focus on his respiratory care.

I may only have known Mr. G for 12 hours, but in that short time, the rapport I built with him made him comfortable enough to express his fears to me about the lung transplant and his desire to lead the life he'd imagined with his family after the transplant. He confided in me during his most vulnerable time. This is why I believe that the nurse-patient relationship truly sets the tone of care and has a powerful impact on patient trust and satisfaction. Undoubtedly, Mr. G and his story will impact my practice for years to come.

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

If the art of nursing is like a delicate dance, then Megan is a very good dancer, indeed. In a very short time, she came to 'know' Mr. G's stoic nature and understand his need to maintain control. She tailored her interventions to support not just his physiological needs, but his emotional needs. Megan's care of Mr. G respected his dignity and privacy and helped him sustain a sense of hope. That Megan is such a 'good dancer' so early in her career is a promising indicator of the kind of nurse she will become.

Thank-you, Megan.

"The essential part of creativity is not being afraid to fail."

—Edwin Land, inventor and co-founder of the Polaroid Corporation

The attending nurse

an innovative new role for nurses

The role of attending nurse is just one strategy we're employing to deliver more integrated, patient-centered, evidence-based care while preserving the highest standards of quality and safety.

Of all the interventions being implemented as part of the roll-out of innovation units, the attending nurse role seems to have generated the most curiosity. The role of attending nurse is just one strategy we're employing to deliver more integrated, patient-centered, evidence-based care while preserving the highest standards of quality and safety. Because so many people have expressed an interest, following are *some* components of this new role. The attending nurse:

- facilitates care with the entire healthcare team. He/she is a consistent contact for patients, families, and the healthcare team throughout the patient's care
- develops and coordinates the team's strategic clinical plan for the duration of the inpatient hospitalization
- works eight-hour days, five days a week to promote continuity and visibility
- ensures that the team and the process of care sustains a continuous, caring relationship with patients and families that may begin before admission and continue after discharge
- develops a comprehensive patient care assessment and plan using the principles of Relationship-Based Care
- facilitates a comprehensive care plan among all members of the healthcare team
- integrates all members of the care team into the care of every patient
- identifies and uses best practices to promote patient- and family-centered care
- identifies and resolves barriers to promote seamless hand-overs, inter-disciplinary collaboration, and efficient patient throughput
- ensures, with attending physician, that patient care meets clinical standards
- develops and revises patient-care goals with the clinical team daily
- coordinates meetings for timely, clinical decision-making and optimal hand-overs across the continuum
- communicates with patients and families around the plan of care, answers questions, teaches, and coaches
- serves as a role model for inter-disciplinary problem-solving
- organizes care-team huddles which include the attending nurse and physician, house staff, and staff nurses
- meets with family on a continuous basis regarding the plan of care, disposition, goals of treatment, palliative care, end-of-life issues
- meets weekly with all members of the team to design, coordinate, and evaluate the plan of care

Unit-specific guidelines for the attending nurse role will be developed by each innovation unit individually regarding number of attending nurses, number of patients within the attending nurse responsibility, and specific desired outcomes to be achieved.

For more information about this new role, call The Norman Knight Nursing Center for Clinical & Professional Development at 6-3111.

"In all affairs, it's a healthy thing to hang a question mark on the things you have long taken for granted."

—Bertrand Russell, British mathematician and philosopher

One attending nurse prepares for her new role

When Karen Rosenblum, RN, staff nurse on the Blake 11 Psychiatry Unit, first heard that her unit was selected to be an innovation unit, she knew she wanted to be involved. Said Rosenblum, "I knew it was an opportunity to expand my practice and be an advocate for patients." Blake 11 nursing director, Tina Stone, RN, and clinical nurse specialist, Connie Cruz, RN, agreed. So Rosenblum is now in the process of preparing for the role of attending nurse.

Preparing for roll-out of the attending nurse role on the Blake 11 Psychiatric Unit are (l-r): Jeff Huffman, MD, medical director; Karen Rosenblum, RN, newly named attending nurse; Tina Stone, RN, nursing director; and Connie Cruz, RN, clinical nurse specialist.

Rosenblum compares the attending nurse role to that of a navigator. "When you consider all the systems that patients and clinicians encounter in the course of a hospitalization, it can be daunting. Having a navigator to guide your progress can not only be comforting but can have a tremendous impact on outcomes and patient satisfaction. I've always been a systems thinker, and I think that will be important as we look at ways to make processes more efficient."

Just as important as systems thinking are Rosenblum's skills as an expert clinician, her clinical knowledge, and ability to work effectively with all members of the team. Rosenblum believes that working five days a week will give patients a 'familiar face' and ensure continuity of the care plan. Developing an inter-disciplinary plan and implementing it in a timely and efficient manner will challenge all members of the team to think and work together in new ways. Rosenblum is excited to pioneer this new role and work with the Blake 11 team in this new capacity.

Says Rosenblum, "So many of these interventions are going to have a positive impact on patients and families. I'm looking forward to implementing the Discharge Follow-up Phone Call program on our unit. I can see where it would really help prevent re-admissions."

For more information about this new role, call The Norman Knight Nursing Center for Clinical & Professional Development at 6-3111.

"You cannot discover new oceans unless you have the courage to lose sight of the shore."

—Anonymous

Inter-disciplinary rounds

ensuring all disciplines are on the same page

Several years ago, nursing director, Kathie Myers, RN, and clinical nurse specialist, Joanne Empoliti, RN, implemented inter-disciplinary rounds on the White 6 Orthopaedics Unit. The goal was to ensure a coordinated plan of care for patients by involving all disciplines in morning rounds. Myers recalls, "At first, I spent a great deal of time just making sure everyone showed up. But I knew once they did, they'd appreciate the value of having everyone together to share information." White 6 has been selected to be an innovation unit where their inter-disciplinary rounding will be key to ensuring timely, coordinated care for all patients.

Every weekday morning, nurses, case managers, physical and occupational therapists, social workers, and either a nurse practitioner or physician review patients on the unit and have input into their plan of care and discharge.

Physical therapist, Catherine Royal, PT, says, "Inter-disciplinary rounds keeps everyone on the same page. We identify the target discharge date and discuss the post-hospital plan. Having everyone together at the same time, we all hear the same information and can craft our schedules accordingly in a way that's best for the patient. It has definitely improved communication."

Inter-disciplinary rounds on White 6 will be led by Jean Stewart, RN, and Kelly Brown, RN, who will share attending-nurse responsibilities for patients on their unit. Stewart has participated in inter-disciplinary rounds since their inception but notes that being an attending nurse has changed the way she presents patients.

Says Stewart, "By the time rounds begin, I've already consulted with nurses, so I'm better able to address any issues that arise during rounds. And because I have more in-depth knowledge about patients and their conditions, I'm better prepared to support patients and families as we work toward recovery and a timely discharge."

For more information about how inter-disciplinary rounds were implemented on White 6, call Kathie Myers at 6-5319.

(Photos by Joe Ferraro)

At inter-disciplinary rounds on White 6: (top photo l-r): Joan Mathews, OTR/L, occupational therapist; Brianne Lynch, PT, physical therapist; Jean Stewart, RN, attending nurse; Karen Smith, RN, case manager; Robert Dorman, PT, physical therapist; Susan Streeter, LICSW, social worker; and Joanne Empoliti, RN, clinical nurse specialist (front).

"That so few now dare to be eccentric marks the chief danger of our time."

—John Stuart Mill, British philosopher and economist

Innovation Units 101

the educational plan

Because a consistent understanding of the principles, concepts, and interventions, guiding the work of innovation units is so important, and in order to create an environment of success, The Norman Knight Nursing Center for Clinical & Professional Development has created an educational plan for the roll-out of innovation units. Based on feedback from retreats and many other forums, the Knight Nursing Center has developed a two-hour workshop, which began earlier this month and will be videotaped and disseminated to staff on all innovation units. (Contact hours will be offered for nurses.)

HealthStream Modules have been created to review:

- Hand-Over procedures (SBAR)
- Rounding and the 7Ps
- Discharge Readiness
- Discharge Follow-up Phone Call Program
- Welcome Packets

The Knight Nursing Center is available to provide on-demand education as needed on:

- the attending nurse role
- conflict-resolution and management
- Discharge/Follow-up Call Program
- other topics as necessary

An Attending Nurse Working Group has been created, which will hold weekly, one-hour, facilitated meetings. This forum will be used as a kind of think-tank/support group for attending nurses as they get more immersed in their new role.

A one-time leadership workshop will be offered to nursing directors, clinical nurse specialists, and medical leadership to provide better understanding of their roles in creating and supporting staff as they embark on this new model of care-delivery.

Professional development specialists from the Knight Nursing Center will be available for educational support and to collaborate with designated units. These specialists will be communication liaisons between innovation teams and the Knight Nursing Center. Staff should feel free to seek their guidance as necessary.

The educational component of the innovation unit roll-out began February 7, 2012, and will run through March 10th. HealthStream modules are currently available. On-demand education is now available. Individuals in the Attending Nurse Working Group and Leadership Workshop will be notified of start dates. And educational support from the Knight Nursing Center is on-going.

For more information, call 6-3111.

Director of The Norman Knight Nursing Center for Clinical & Professional Development, Gino Chisari, RN, presents Innovation Units 101.

Temporal artery thermometers

the standard at MGH since 2004

MGH has been using temporal artery thermometers as the standard device to measure patients' temperatures since 2004. They're non-invasive (which patients like), they're easy to use (which staff like), and they're accurately calibrated to detect core temperature.

Question: There was discussion at a recent Staff Nurse Advisory meeting about the use of temporal artery thermometers. Can you tell me more about that?

Jeanette: Discussion centered around concerns about the reliability of temporal artery thermometers and how to properly care for and clean them. We were fortunate to have experts from the Munn Center for Nursing Research attend the meeting and share clinical evidence. Dianne Carroll, RN, nurse researcher, and Lynda Brandt, RN, clinical project specialist, reviewed research on the use of temporal artery thermometers and the procedure for cleaning, which is important because the accuracy of readings depends on proper cleaning.

Question: Is there an advantage to using temporal artery thermometers?

Jeanette: MGH has been using temporal artery thermometers as the standard device to measure patients' temperatures since 2004. They're non-invasive (which patients like), they're easy to use (which staff like), and they're accurately calibrated to detect core temperature.

Question: Why is it important to detect core temperature?

Jeanette: One reason is to provide consistent measurements across settings. Since intensive care units use core-temperature measurements as their standard, it makes sense to use core-temperature measurements throughout the hospital.

Question: How do temporal artery thermometers work?

Jeanette: Unlike oral thermometers (and other measurement devices), temporal artery thermometers use infrared technology to detect heat emanating from the skin. When the thermometer is moved over the temporal artery, it measures the patient's 'core' temperature.

Question: Were next steps identified?

Jeanette: Yes. Members of the Staff Nurse Advisory Committee felt staff would benefit from a review of this information so a HealthStream module is being developed to communicate it to a wider audience. The Norman Knight Nursing Center for Clinical & Professional Development is also incorporating this content into RN and PCA orientation with a cleaning component for USAs. A research study will be conducted by nurses: Cindy Finn, RN; Donna Furlong, RN; Diane Gay, RN; Chris Gryglik, RN; and Vivian Donahue, RN, with Carroll acting as mentor. This research will add to the evidence available on the use of temporal artery thermometers.

For more information, contact Lynda Brandt at 3-6671.

Announcements

New time for Ostomy Support Group

The Ostomy Support Group will meet at 6:00pm on the third Thursday of each month. Meetings held in the Wang 455 Surgical Clinic Conference Room

For more information, call 617-726-8853.

Call for Nominations

One Celebration of Many Stars

Take a moment to nominate a colleague
One nomination form for all awards listed below:

Anthony Kirvilaitis Jr. Partnership in Caring Award

Brian M. McEachern Extraordinary Care Award

Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Jean M. Nardini, RN, Nurse Leader of Distinction Award

Marie C. Petrilli Oncology Nursing Award

Norman Knight Excellence in Clinical Support Award

Norman Knight Preceptor of Distinction

Nomination forms can be found at: http://sharepoint.partners.org/mgh/instituteforpatientcare/AwardsRecognition/default.aspx.

Fax completed nomination forms to Julie Goldman at 617-724-3754.

Nominations due by Wednesday, March 21, 2012, at 5:00pm.

For more information, call Julie Goldman, RN, at 4-2295.

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.

Ash Wednesday Services

Wednesday, February 22, 2012

- Ashes will be distributed in the MGH Chapel beginning at 9:00am and ending at 5:00pm
- 12:15pm: Ecumenical Ash Wednesday Service
- 4:00pm: Roman Catholic Mass
- All Chapel services are broadcast on the Channel 16 MGH television station
- Catholic TV is available round the clock on Channel 17
- Ashes will be distributed to inpatient units once during the day between 8:00am and 4:00pm

Ashes will also be distributed at:
Charlestown Navy Yard
12:00–1:00 p.m.
(call 6-2220)
Charlestown Health Center
11:00am–12:00pm
(call 4-8136)
Chelsea Health Center
8:00–9:00am
call 617-889-8535
Revere Health Center
11:30am–12:00pm
call 781-485-6417
Massachusetts Eye and Ear Infirmary
10:00–10:45am; 11:00–11:30 am
(call 6-2220)

Blum Center Events

Healthy Living Series:
"Searching for Health Information on the Internet"
Thursday, February 16, 2012
12:00–1:00pm
presented by Jen Searl, health educator

"Shared Decision-Making: Coronary Heart Disease"
Tuesday, February 21st
12:00–1:00pm
sponsored by the Stoeckle Center; presented by Doreen Defaria-Yeh, MD

Programs are free and open to MGH staff and patients.
No registration required.
All sessions held in the Blum Patient & Family Learning Center.

For more information, call 4-3823.

ACLS Classes

Day one is lecture and review
Day two is stations and testing:

March 12, 2012
O'Keeffe Auditorium
8:00am–3:00pm

March 26th
Their Conference Room
8:00am–3:00pm

Re-certification classes
April 11th
5:30–10:00pm
Founders 130

May 9th
5:30–10:00pm
Founders 130

Times subject to change.
For up-to-date information, 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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For more information, call: 617-724-1746

Next Publication
March 1, 2012

Therapists 'Go Red' to raise awareness about heart disease in women

Go Red for Women
February 3, 2012

Heart disease is still the number one killer of women, causing one in three deaths in the United States each year. On the first Friday of February, thousands of hospitals and businesses across the country help raise awareness in the fight against heart disease by wearing red as a show of solidarity. The departments of Physical and Occupational Therapy combined forces this year to show their support for 'Go Red' and the Patriots!

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