Hand Hygiene Slogan Contest
And the winner is...
“Be an ACE!”
(Always Cal Stat Entering and Exiting)

More than 300 entries were submitted for the recent Hand Hygiene Slogan Contest sponsored by the STOP Task Force. The winning entry, submitted by Bill Perry, RRT, respiratory therapist, was, “Be an ACE.” ACE is an acronym for, “Always Cal Stat Entering and Exiting.” David Hooper, MD, director of Infection Control, presented Perry with the grand prize, a football signed by Richard Seymour of the New England Patriots.

The goal of the contest was to identify a slogan that could be used by MGH employees to remind each other to use good hand hygiene. So remember: “Be an ACE!” and encourage others to be an ACE, too.

For more information about hand hygiene, call 6-6330.
Jeanette Ives Erickson

An interview with Gaurdria Banister

As announced in the August 16, 2007, issue of Caring Headlines, Gaurdria Banister, RN, has accepted the position of director for Patient Care Services’ Institute for Patient Care. I’ve had many opportunities to meet and speak with Gaurdria, and I know she’ll be a wonderful addition to our leadership team. To help facilitate Gaurdria’s introduction to the MGH community, I want to share the following interview with our new director of The Institute for Patient Care.

Jeanette: Gaurdria, what made you decide to bring your considerable talents to MGH?

Gaurdria: I chose MGH because of the people. I was thrilled to have an opportunity to work closely with you [Jeanette], with members of the Institute, and the entire Patient Care Services team. I’ve spent my career trying to ensure that patients and families receive the best care possible and that caregivers feel empowered and appreciated. Clearly, these values are integral to how MGH views patient care, and that resonates with me.

Jeanette: What are your initial impressions of MGH and Patient Care Services?

Gaurdria: I’ve been thoroughly impressed with what I’ve seen so far. Staff have welcomed me with open arms; everyone has made it quite clear that they’re here to support and assist me. I’m energized by the enthusiasm, commitment, and passion my new colleagues have for excellence in patient care. They are driven to do their best, and I’m thrilled to be joining this high-achieving team.

Jeanette: How do you feel about being the first person to lead our new Institute for Patient Care?

Gaurdria: I feel honored and blessed, not only to be the first person to lead the new Institute, but the first African American woman to assume this prestigious position. I feel a sense of pride for women of color who aspire to leadership positions. I hope I can be a role model for women who feel they can’t reach new heights. I’m living proof of the possibilities.

Jeanette: Can you tell us a little about your work in Washington DC?

Gaurdria: For the past seven years, I was senior vice president for Patient Care Services at Providence Hospital in Washington, DC. Providence Hospital is a faith-based, community hospital serving many underserved communities.
Jeanette Ives Erickson (continued)

I left my job, re-located to a new city, found a new home, and basically left everything that was familiar to me. While this has been perhaps one of the most stressful times in my life, it has also been a great opportunity for growth, re-evaluation of what’s important in life, and tremendous change. I believe the best is yet to come.

Jeanette: What excites you most about the work ahead?
Gaurdia: What excites me is the opportunity to work closely with talented, passionate colleagues to enhance clinical excellence in patient care. As we all know, the healthcare system is not perfect. There are countless opportunities for improvement. I’m committed to working with the MGH community and The Institute for Patient Care to find solutions.

Jeanette: Is there anything you want your new colleagues to know as you embark on this journey?
Gaurdia: In order to accept this wonderful opportunity, I’ve made some major life changes. I left my job, re-located to a new city, found a new home, and basically left everything that was familiar to me. While this has been perhaps one of the most stressful times in my life, it has also been a great opportunity for growth, re-evaluation of what’s important in life, and tremendous change. I believe the best is yet to come.

Jeanette: I couldn’t agree more. I know I speak for all of Patient Care Services when I say, welcome, we look forward to working with you.

Clinical Recognition Program

The following clinicians were recognized June 1–August 1, 2007:

Advanced Clinicians:
- Kristin O’Donnell, RN, Cardiology
- David Scholl, RN, GI Unit
- Melissa Caron, SLP, Speech, Language & Swallowing Disorders and Reading Disabilities, Chelsea and Revere health centers
- Hope Kuo, RN, Medicine
- Liz Warren, RN, Pediatrics
- Helen Conforti, RRT, Respiratory Care
- Lorraine Drapek, RN, Oncology

Clinical Scholars:
- Margaret Munson, RN, IV Therapy
- Denise Dreher, RN, IV Therapy
- Celine Mani, RN, Pediatrics

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(Cover photo by Paul Batista)
Recently, the American Nurses Credentialing Center (ANCC) sponsored a national essay contest to capture in writing the qualities of excellence that characterize a Magnet hospital. MGH staff nurse, Kelli Anspach, RN, at the urging of Cathy Griffith, RN, coach of the PCS Nursing Research Committee, submitted an essay and was selected one of five winners of the 2007 ANCC Magnet Essay Contest. Below is Anspach’s prize-winning essay.

I have been a nurse at MGH for two and a half years. In that time, my nursing practice has developed and grown through the tremendous support and opportunities available to me. Last year, during my annual performance review with my nurse manager, we were discussing my goals for the upcoming year. I told her I wanted to become more involved, and she recommended I join a collaborative governance committee. I submitted an application and attended an eight-hour collaborative governance orientation session, which described the many facets of the organization. I felt drawn to the Nursing Research Committee.

In nursing school, I despised my Nursing Research class, but as a professional I’ve learned the value of evidence-based practice and the importance of sharing that information with others. I felt the Nursing Research Committee would help give me new insight into research and be a challenging opportunity for me professionally.

During my first Nursing Research Committee meeting, I was immediately impressed by the caliber of members. Some are doctoral-prepared nurses, many have a master’s degree in Nursing, some are clinical nurse specialists, some are conducting their own research, and several are staff nurses. Never have I met so many inspiring, intelligent women. My first thought was: I’m in over my head... My fears were quickly allayed by the warm, encouraging atmosphere and the positive feedback I received from other members.

The Nursing Research Committee has three sub-committees each focusing on a major aspect of nursing research at MGH: the Nursing Research Expo (a two-day event highlighting original nursing research); the “Did You Know?” poster campaign (evidence-based informational posters share best practices related to bedside nursing issues); and the Nursing Research Journal Club. My nurse manager supported my participation by ensuring coverage so I could leave the unit to attend meetings. She was even willing to give me an additional hour off to attend sub-committee meetings. Soon, I felt comfortable contributing and even presenting to the committee. I had the opportunity to present a poster, attend a luncheon with the chief nurse of MGH, and have high tea with a featured nurse researcher during Nurse Week.

continued on next page
Non-emergent ambulance arrivals to use Cox entrance

Effective immediately, due to construction at the main entrance of the hospital, non-emergent ambulance arrivals will use the Cox entrance on Blossom Street from 6:00am–10:00pm every day. At night (10:00pm–6:00am) non-emergent ambulances will use the White ramp, and emergency arrivals will continue to use the White ramp at all times.

Entering via the Cox Building allows emergency medical staff to avoid congestion on the White ramp and in the Emergency Department. Close to inpatient units, the Cox entrance offers 12 parking spaces for non-emergent ambulances on North Charles and Blossom streets. The ambulance area on the White ramp accommodates eight ambulances at a time.

Emergency medical and MGH staff will triage patients to ensure optimal patient safety and appropriate access to and from the hospital.

To help minimize traffic on the White ramp and optimize parking at the Cox entrance, a new position has been created: ambulance operations coordinator. This person will be stationed outside the Cox Lobby, Monday through Friday, 10:00am–6:00pm, working closely with Police, Security & Outside Services to manage ambulance traffic, communicate with emergency medical staff, and monitor volume.

For more information about non-emergent ambulance arrivals moving to the Cox entrance, contact Angela Marquez, administrative fellow, at pager 1-5167.

Magnet Essay Contest (continued)

I feel honor ed and lucky to be a part of such an accomplished group, and I enjoy getting away from bedside nursing occasionally and feeling like I’m truly part of a professional organization.

The Nursing Journal Club Sub-Committee is organized and run by six members. Each month, we meet to ‘mine for presenters.’ We read recent articles on original nursing research that we feel would appeal to staff nurses. Ideally, the research has been conducted within the last three years, is original, and is applicable to bedside nursing practice. If we agree the article meets our criteria, we contact the nurse researcher and extend an invitation to present at an upcoming Journal Club meeting. We’ve had presenters speak on a variety of topics such as, Communication in Nursing, Vascular Nursing, and Chronic Skin Wounds, to name a few.

Our last Journal Club meeting attracted more than 25 staff nurses, a physician, two nurse managers, and three nursing students. (Participants from a nearby VA hospital joined us via teleconference.)

We’ve had excellent feedback from nurses who feel the Journal Club helps advance evidence-based nursing, and I personally have learned a great deal. Not only have I been involved with advertising, public speaking, and professional networking, I’ve benefited from exposure to invaluable nursing research. I plan to stay involved in this area of nursing research by sharing these research findings with my fellow nurses. And I’ve been inspired to set a personal goal to conduct my own original research in the future. I feel fortunate to practice in a Magnet hospital that values professional development and supports my membership in the Nursing Research Committee.
On Wednesday, August 8, 2007, staff of the Newborn Intensive Care Unit (NICU), senior vice president for Patient Care, Jeannette Ives Erickson, RN, Regina Corrao, and Jeff Clanon came together to recognize Susan Davidson, RN, as the 21st recipient of the Ben Corrao Clanon Memorial Scholarship Award. The Corrao Clanons established the scholarship in memory of their son, Ben, who was a patient in the NICU prior to his death on August 13, 1986, after one month of life. At that time, the Corrao Clanon’s experience of primary nursing made such an impression, they created the award to recognize a NICU nurse whose practice exemplifies excellence in primary care nursing.

In her remarks, Peggy Settle, RN, nursing director of the NICU, observed that the nomination and selection process for the Corrao Clanon Award is an opportunity for staff to discuss and evaluate their primary nursing practice and share experiences. Settle described Davidson as, “A superb choice. Her advocacy for her patients and their families exemplifies excellence in primary nursing.”

In his moving and heartfelt remarks, Clanon described how much a part of their lives Ben is because of how present NICU nurses are in their thoughts. Corrao and Clanon thanked the NICU staff for all they do to support their patients and families.

In presenting the award, Ives Erickson described Davidson’s efforts to ensure a mentally challenged woman was given an opportunity to show she could safely care for her newborn. Davidson never wavered in her advocacy of this patient.

Davidson, surrounded by her very proud family, thanked the Corrao Clanons for their generosity in funding the award and keeping Ben’s spirit alive. She thanked her NICU colleagues and unit leadership for their continued support over the years.
Perleberg to lead PCS Office of Quality & Safety

Effective September 24, 2007, Patient Care Services and the MGH community welcome Keith Perleberg, RN, formerly the nursing director for Phillips House 20 and 21 to his new role as director of the Patient Care Services Office of Quality & Safety. Perleberg has enjoyed a distinguished career as a nursing director since 2001. He is known for interdisciplinary teamwork and creating practice environments that promote patient- and family-centered care. Perleberg is a long-time advocate of patient and staff safety; he has sponsored unit-based, interdisciplinary ethics forums and supported peer-to-peer teaching programs.

Currently, Perleberg is co-chair of the Magnet Re-Designation Committee. He has worked on numerous committees and projects, including the TB Safety Task Force, the BSN Education Advisory Committee, Nurses Improving Care for Health System Elders (NICHE), the Physician Orientation Task Force, the Medication Reconciliation Project, and the Clinical Recognition Program.

Perleberg started at MGH as a staff nurse on the Psychiatry Unit in 1991. He served as chair of the Staff Nurse Advisory Committee from 1991–1994, and in 1993, assumed the role of interim nurse manager for the Psychiatry Unit.

Earlier in his career, Perleberg worked as an adjunct instructor for Psychiatry in the Paramedic Program at Northeastern University and as a part-time instructor of mental health nursing at Quincy College. He was an assistant head nurse in the Federal Medical Center in Rochester, Minnesota, and in addition to his many nursing credentials, Perleberg is an ordained Roman Catholic priest.

Says Perleberg, “I am honored and privileged to be appointed by Jeanette as the new director of the Office of Quality & Safety. I hope to use the power of relationships to make quality and safety central to the experience of each patient, family, and staff member at MGH and beyond.”

“I am honored to be appointed by Jeanette as the new director of the Office of Quality & Safety. I hope to use the power of relationships to make quality and safety central to the experience of each patient, family, and staff member at MGH and beyond.”

Keith Perleberg, RN, new director
PCS Office of Quality & Safety

Patient Care Services welcomes Perleberg to his new role supporting the MGH community in its commitment to ensure a safe environment for all.
Clinical Narrative

Caring inquiry by health-center nurse leads to life-altering event for ‘John’

My name is Debbie Mahoney, and I’m a nurse team leader in the Specialties Department at the MGH Revere Health Center. I work with several specialty doctors in an ambulatory-care setting. One minute I can be assisting the dermatologist, and one minute I can be working with our podiatrist or getting a triage call from a renal, neurology, or surgical patient. I can be educating a dermatology patient on skin care when another patient will walk in to speak to me about her medication. I love my job. It challenges me every day.

Staff and patients always ask how I stay focused on the task at hand with all the ‘organized chaos’ going on around me.

My priority is always the patient I’m caring for at the time. As each situation presents itself, I do a quick assessment of what has to be done immediately, and non-urgent matters are addressed as the day goes on. But even the best laid plans have a way of falling by the wayside when you sense a patient needs you.

Like my patient, ‘John.’

I didn’t know John that well, though I had seen him many times as he worked around the health center. We must have passed each other a hundred times.

One day, I got up the courage to ask him a question. I stepped into his work area and said quietly, “I hope you don’t mind my asking, but are you seeing a doctor for the rash on your nose?”

He began to tell me his story.

He said he had seen a dermatologist for several years and had been prescribed many topical creams and oral medications, none of which helped clear or relieve the pain of the large red sores that severely distorted his nose.

continued on next page
He spoke very earnestly about how devastated he was that people stared at him. Children were sometimes afraid of him and this made him very depressed and self-conscious.

I listened as he shared some of the negative comments and names he’d been called over the years by children and sometimes adults.

“They look at me like I’m some kind of monster,” he said.

My heart went out to this larger-than-life, gentle man who was so obviously hurt by this medical disfigurement.

John told me he’d basically resigned himself to living with this condition for the rest of his life. He’d “just deal with it.”

I told him how sorry I was that he was hurt and overwhelmed by this problem. I informed him that there were several treatment options available that could significantly improve his appearance and virtually eliminate the pain and anguish he was feeling.

I asked if he’d allow me to discuss his case with the dermatologist I worked with, and he agreed.

I took advantage of the opportunity to tell John he should also have the dermatologist check a mole on his forearm. I booked him an appointment with the dermatologist.

The mole (thank goodness) turned out to be benign.

John was referred to an MGH dermatology surgeon for a consult on a surgical procedure called, rhinophyma, which uses electro-surgery to basically burn away damaged skin and re-shape the nose.

I’m delighted to say that several months after his surgery, John is very happy with the way he looks. He is as handsome as ever and glowing with confidence and a non-stop smile.

John will need to take medication for the rest of his life to keep the condition under control, but his appearance will continue to heal and improve.

John’s problem may have been visible on the outside, but he also needed help and support with the struggle going on inside.

I can’t help but think about all our patients, from the very sick to those who just need a helping hand or an encouraging word.

Our patients often deal with multiple medical problems. They may have just found out they have cancer, diabetes, or renal failure. Others may have had a stroke or some other neurological problem such as Parkinson’s disease. A family member may need surgery or chemotherapy.

It’s not always obvious when a patient or family member needs us; sometimes we just sense something’s ‘not right.’

Someone might be uncharacteristically quiet or agitated or sad. Just taking a minute to say, “How are you today?” can mean the world to them.

I’m so grateful John allowed me to share this experience with him.

It’s a gift that patients allow me to participate in their care.

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

John was not Debbie’s patient. But because of Debbie’s caring and empathic nature, because of her knowledge and skill, she felt comfortable approaching him. This interaction was not without risk. But Debbie asked permission to be involved, and John trusted that her interest came from a place of concern. This is a wonderful example of a compassionate intervention that led to a life-altering solution for ‘John.’ It just took one person paying attention and caring enough to get involved.

Thank-you, Debbie.
Since the mid-1980s, the use of gloves by healthcare workers has increased significantly. Standard precautions — an approach to patient care intended to protect clinicians from exposure to blood and bodily fluids and prevent the spread of infection — require gloves to be worn during activities where contact with blood or other infectious materials might be expected. Standard precautions also require gloves to be removed and hand hygiene performed once a task is completed.

An unintended consequence of standard precautions has been the overuse of gloves by clinicians and support staff. There is a common misconception that gloves are required for patient contact even when there’s little or no risk of contact with blood or bodily fluids. Generally, patients may be touched with clean, ungloved hands. Transporters don’t need to wear gloves when moving patients on stretchers or in wheelchairs, including patients on contact precautions. Specimens contained in closed bags and carriers may also be transported without gloves. Transporters should carry a pair of gloves with them in case the need for added protection arises.

Gloves should not be considered a substitute for hand hygiene. Gloves alone do not prevent the spread of germs from patient to patient. Appropriate glove use protects patients and healthcare providers alike.

Tips for proper glove use
- Don’t wear gloves in public areas
- Don’t routinely wear gloves to transport patients.
- If gloves must be worn for patient care during transport, limit contact with environmental surfaces to a single ‘clean’ team member
- Remove gloves carefully and discard them in the nearest appropriate receptacle
- Practice hand hygiene before putting on gloves and immediately after removing them

For more information about the appropriate use of gloves, call Infection Control at 6-2036.
In an effort to improve the quality and consistency of patient care, the Clinical Nutrition Services of the department of Nutrition & Food Services recently implemented the documentation guidelines set forth by the American Dietetic Association. For each patient requiring nutrition care, a registered dietitian determines the nutrition diagnosis, establishes measurable goals, decides on specific interventions, and provides recommendations.

Not surprisingly, the nutrition care process begins with the nutrition assessment. Data is collected and verified in order to identify nutrition-related problems and a nutrition diagnosis. The new guidelines provide a list of nutrition diagnoses that is clear, concise, and not susceptible to variations in interpretation. This standardized format ensures consistency among nutrition caregivers and a level of objectivity not seen in previous documentation.

The new guidelines provide a list of nutrition diagnoses that is clear, concise, and not susceptible to variations in interpretation. This standardized format ensures consistency among nutrition caregivers and a level of objectivity not seen in previous documentation. It contains three components: the problem, the etiology, and signs or symptoms. This standardized format ensures consistency among nutrition caregivers and a level of objectivity not seen in previous documentation.

Goals and outcomes identified by dietitians are stated in measurable terms. These outcomes are specific and realistic to the current admission as opposed to an ‘ideal’ long-term goal.

The intervention section of the documentation describes what dietitians do for patients. This includes specific actions intended to achieve desired goals. Other caregivers can refer to the intervention section to understand dietitians’ action plans for patients.

The recommendation section outlines actions that should be implemented by other healthcare professionals. This may include suggestions to physicians for enteral formulations, medications, or requests for nurses to take daily weights, etc.

All nutritional documentation in the longitudinal medical record (LMR) looks the same. The components of each note are outlined in a standardized fashion and are clearly labeled. All healthcare professionals outside Nutrition & Food Services should be able to find the ‘reader-friendly information they need in the documentation. These notes are also available for review in the clinical application suite (CAS).

For more information about the standardized nutrition documentation, contact Martha Lynch, RD, senior manager, Clinical Nutrition at 6-2587.
Wireless Internet access for MGH patients and guests

In response to numerous requests from patients and families, MGH has implemented a program whereby wireless Internet access will be available to patients and guests from patients’ rooms. Regardless of the circumstances, when someone is hospitalized, staying in touch with family, friends, the office, or other work-related contacts is a top priority. And more and more, that means having access to the Internet. Effective this fall, wireless Internet access will be available to patients and guests who bring their own laptop computers to the hospital.

All laptops must be inspected and approved by a Partners HealthCare Information Systems (PHIS) technician before access is allowed, and there are several safety issues to keep in mind when using a laptop in a patient’s room:

- Patients, family members, and guests wishing to use a laptop to access wireless Internet should check with the patient’s nurse first to make sure it won’t interfere with the patient’s care
- Patients may use laptops in their beds or at the bedside if:
  - the laptop and its accessories have been inspected and approved by a PHIS technician, and any restrictions, precautions, or recommended adjustments have been followed
  - the patient has no exposed intra-cardiac leads (such as pacemaker wires)
  - the laptop is used only on a solid surface such as a bedside table or tray provided specially for laptop use, not on patients’ laps or directly on beds

Note that MGH provides instructions for accessing wireless Internet (which may vary according to individual computers); but the hospital does not provide assistance or troubleshooting in the event a laptop fails to function or make a connection.

In an environment where safety and wellness are primary concerns, the following strategies are encouraged:

- Place your laptop on a sturdy, solid surface. If you’re in bed, position the mattress so you’re slightly reclined and adjust the screen so you’re looking straight ahead. Try to keep your chin tucked as opposed to bending forward. Do not place the laptop directly on your lap.
- Keep your wrists straight when typing. Adjust the table or bed so the keyboard is level with your elbows.
- Maintain a comfortable viewing distance, approximately 18–30 inches from the screen.
- Place a pillow under your arms for support while typing.
- Take frequent breaks. Stretch, walk, or look away from the computer at least every half hour.

For more information about wireless access to the Internet from patients’ rooms, call PCS Information Systems at 6-3116.
Hand hygiene champions making a difference

Diane, Jean, Gwen, and the staff of White 6 want you to know...

As hand hygiene champions our mission is to advance the quality of patient care and reduce infection by improving hand-hygiene practices on our unit. We promote good hand hygiene to reduce the transmission of micro-organisms to patients and staff. Good hand hygiene is the first line of defense against the spread of many illnesses. We believe we have a responsibility to educate ourselves and others so we can provide the best and safest care to our patients.

Our goal is to improve our patients’ health... and health potential.

Remember to Cal Stat before and after contact with the patient’s environment.
Announcements

Conversations with Caregivers: an Eldercare Series

Sponsored by the MGH Geriatric Medicine Unit for staff, patients, families, and friends of the MGH Community

Tuesday, September 11
Juggling Caregiving and Work

All sessions held in the Blum Patient & Family Learning Center (attendance is free)

5:15–6:30pm
Referrals will be served
For more information, call: 617-726-4612

Submit a clinical narrative

Make your practice visible. Submit your narrative for publication in Caring Headlines. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday, Friday: 8:30am – 4:30pm
Closed Monday

For information and appointments, call 617-726-8177.

Correction

In the August 16, 2007, issue of Caring Headlines, in the photograph accompanying the article, “The journey from job to career,” operations coordinator, Ingrid Beckles, was incorrectly identified as Human Resources program manager; Helen Witherspoon. With apologies to Ingrid and Helen, the Caring Editorial Board (and especially editor, Susan Sabia) regret this unfortunate error.

Healthcare Proxy Forms available in English, Spanish, and Portuguese

Massachusetts healthcare proxy forms can be ordered in English, Spanish, and Portuguese from Standard Register. They can be found on the Patient Care Services website in English, Spanish, large-print English, and 11 other languages, including Portuguese, Arabic, traditional Chinese, French, Greek, Haitian Creole, Italian, Khmer, Russian, and Vietnamese.

MGH vs. BWH Blood Donor Challenge

The annual MGH vs. BWH blood donor challenge will run from August 20 – September 7, 2007, to boost blood donations during this typically low-blood-supply period. Currently, Massachusetts is experiencing a state-wide shortage of blood, which affects us dramatically as the largest blood transfuser in the country. The MGH Blood Donor Center, located in the Gray Lobby, will be offering a number of incentives during the challenge, including special foods, gift certificates, raffles, and more. To make an appointment to give blood, call 6-8171.

Published by
Caring Headlines is published twice each month by the department of Patient Care Services at Massachusetts General Hospital

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

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<th>September 20</th>
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<td>Psychological Type &amp; Personal Style: Maximizing your Effectiveness</td>
<td>BLS Certification for Healthcare Providers</td>
<td>OA/PCA/USA Connections “Disaster Preparedness”</td>
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<td>Bigelow Amphitheater</td>
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<td>Bigelow 4 Amphitheater</td>
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<td>12:00 – 4:00pm</td>
<td>8:00am – 12:00pm</td>
<td>1:30 – 2:30pm</td>
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<td>Basic Respiratory Nursing Care</td>
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<td>ACLS Provider Course</td>
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<td>Training Department</td>
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<tr>
<td>12:00 – 4:00pm</td>
<td>Charles River Plaza</td>
<td>O’Keeffe Auditorium</td>
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<td>Day 2: 8:00am – 3:00pm</td>
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For more information about educational offerings, go to: http://mghnursing.org, or call 6-3111.
Fielding the Issues

Transforming Care at the Bedside

**Question:** I've been hearing about something called TCAB. What is that?

**Jeanette:** TCAB stands for Transforming Care at the Bedside. It is a joint effort by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement to improve the delivery of care on medical-surgical units.

**Question:** How are these improvements achieved?

**Jeanette:** Clinicians at the bedside generate innovative ideas to promote safe, reliable, patient-centered care. There’s an emphasis on teamwork and vitality. Staff design, test, implement, and evaluate proposed solutions over short periods of time to get a sense of what works and what doesn’t.

**Question:** Is it true that MGH was selected to serve as a national pilot site?

**Jeanette:** Yes. MGH is one of 68 hospitals across the country selected to participate in the Transforming Care at the Bedside pilot program. Work is being coordinated by General Medical Nursing and The Center for Innovations in Care Delivery.

**Question:** What patient care units will participate in TCAB?

**Jeanette:** Each hospital chooses a medical-surgical unit to use the TCAB process for promoting change and a second, comparable unit to act as a control group. White 10 General Medicine has been identified as the TCAB unit, and White 9 General Medicine will serve as the control group.

For more information about the TCAB pilot program, contact Amanda Stefancyk, RN, at 4-0559.

Caring Headlines
— September 6, 2007

Returns only to:
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MGH, 55 Fruit Street
Boston, MA 02114-2696