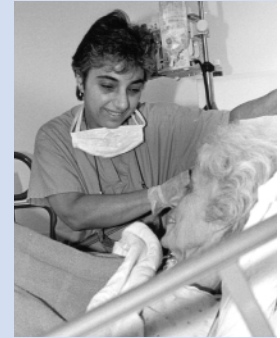


COMING TOGETHER



PATIENT CARE SERVICES ANNUAL REPORT 2003



MASSACHUSETTS
GENERAL HOSPITAL

PATIENT CARE SERVICES

DISCIPLINES

Nursing
Chaplaincy
Medical Interpreter Services
Occupational Therapy
Orthotics and Prosthetics
Physical Therapy
Reading Disabilities
Respiratory Therapy
Social Services
Speech-Language Pathology
Volunteer Services

PROGRAMS

Caring Headlines
Diversity
Eleanor and Maxwell Blum Patient and Family Learning Center
HAVEN Program – Helping Abuse and Violence End Now
Information Systems
Informational Ambassadors
International Program
Ladies Visiting Committee Retail Shops
Lodging
Management Systems
Office of Patient Advocacy
Office of Quality and Safety
Systems Improvement
The Center for Clinical and Professional Development
Yvonne L. Munn Center for Nursing Research

DEAR FRIENDS AND COLLEAGUES,

Every day, in every moment, we remain dedicated care providers ... *through-and-through*. We each entered the field of health care with a desire to make a difference. And, every day we come together to do just that — at bedsides; on patient care units; in exam rooms, offices, hallways and a variety of settings — throughout the hospital, within the larger community or even on foreign soil. We consistently extend ourselves to those in need.



As we look back on 2003, we see examples of this dedication and teamwork throughout Patient Care Services and the Massachusetts General Hospital (MGH) community — in simple and grand gestures alike.

While we have consistently kept our patients' needs at the forefront, we also have been there to support one another — whether formally, through the Collaborative Governance structure that guides our practice, or informally, by supporting a colleague facing a life-threatening illness.

Perhaps the greatest affirmation of this individual and collective dedication comes from being the first hospital in Massachusetts to be awarded Magnet Hospital Recognition from the American Nurses Association (ANA). This represents the highest honor for nursing excellence, and in September 2003, MGH joined a limited number of honorees worldwide.

Magnet Hospital Recognition at MGH truly acknowledges the 14,000 employees hospitalwide who strive every day to offer exceptional patient care. We are fortunate

to work in an environment in which the delivery of excellent patient care remains so highly valued and supported.

I hope you will look back on 2003 with great personal and institutional pride as you recall the many milestones that brought us to where we are today. Every day we work together to offer our best — we give of ourselves. It is an honor and a privilege to work with the finest team of clinicians and support staff imaginable, and I thank you.

With admiration,

A handwritten signature in brown ink that reads "Jeanette Ives Erickson". The signature is written in a cursive, flowing style.

Jeanette Ives Erickson, RN, MS
Senior Vice President for Patient Care
Chief Nurse

MAKING DECISIONS TOGETHER: COLLABORATIVE GOVERNANCE

On February 2003, Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, hosted a celebratory dinner honoring the five-year anniversary of Collaborative Governance in Patient Care Services (PCS). Comprised of four interdisciplinary committees (Diversity, Ethics in Clinical Practice, Quality and Patient Education) and three nursing committees (Practice, Research and Staff Nurse Advisory), this communication and decision-making model has proven to be revolutionary in unleashing clinicians' ideas and energies toward ensuring that care delivery at the MGH is the best it can be.

From its inception, the Collaborative Governance committees have met once or twice per month to move their respective agendas forward. These committees interface with other decision-making groups within Patient Care Services. In addition to regular committee meetings, all committee cochairs and their respective leadership coaches meet regularly at the Committee Leaders Meetings to share the status of their respective committee's work. Together, the clinician cochairs chart their respective committee's direction and often use this forum to negotiate for cross-

committee collaboration and resources on various efforts.

Committee members asked to reflect upon their experience in Collaborative Governance noted that, "It has been a positive, enriching and exciting learning experience," "I feel like I am part of the action," and "There is a sense of sharing and mutual support among committee members."

However, the true litmus test of Collaborative Governance's success is the aggregate number of outcomes from all of the committees each and every year. These are meticulously captured in the committees' annual reports, and the outcomes are phenomenal. From the Advance Directives information table sponsored by the Ethics in Clinical Practice Committee ... to the Nursing Image Campaign designed by the Staff Nurse Advisory Committee ... to the Holiday Gift Exchange sponsored by the Diversity Steering Committee ... to the evaluation of specialty pressure-relieving products by the Nursing Practice Committee ... to the





PET THERAPY

In February, the departments of Nursing and Volunteer Services introduced a pilot Pet Therapy Program to several MGH inpatient units. The program is staffed by volunteers and their pets who have completed an extensive screening and certification process. Studies increasingly show positive health outcomes associated with animal visits and interactions with pets. Pet visits help patients to overcome feelings of loneliness and isolation, and divert attention away from pain or discomfort. The program has been a success with patients and staff alike and continues to expand to additional clinical sites.

implementation of a Journal Club by the Nursing Research Committee ... to the creation of a template and guidelines for development of online discharge education instructions by the Patient Education Committee ... to the enhancement of the Patient at Risk Program by the Quality Committee ... the work and outcomes of each of the committees individually and collectively have had a tremendous impact on the clinicians, PCS leadership and the organization as a whole. In fact, many of these outcomes have been shared outside the walls of the MGH to regional, national and international audiences.

MGH's Collaborative Governance model is indeed alive and well. This strategic process encourages and supports clinicians as they take on true ownership of the systems, practices and procedures that make MGH a professional, supportive and safe place to achieve what each clinician comes to the MGH to do — care for patients and families.

Showcasing MGH Patient Care Services — the many people, places, ideas and resources that make us who we are — while streamlining departmentwide communications, can be a monumental task. Last year, a steering committee set out to accomplish both of these goals. The fruit of its labor was unveiled in February, when PCS launched a new and improved Web site. The site was specifically designed to showcase care delivery, profile PCS departments and personnel, provide a platform for enhanced internal and external communications and bolster staff recruitment.

Organized under eleven main headings, the content — developed by leadership and staff from individual units and departments — includes program overviews, leadership and staff profiles, and easy access to a wealth of services and resources, including The Center for Clinical and Professional Development, The Blum Patient and Family Learning Center, Clinical Recognition Program, a menu of educational offerings and upcoming events, and a database of career and employment opportunities.

By the end of 2003, the Patient Care Services Web site had logged more than 137,900 visits by over 39,000 individuals.

<http://www.mghpcs.org>



MGH's New Graduate Nurse Critical Care Program focuses on grooming recent nursing school graduates for positions in the ICU setting. This intensive, six-month-long continuing education program affords registered nurses who have already earned their baccalaureates an extended knowledge base, further developing their nursing and decision-making skills. To date, more than 50 new graduate nurses have been hired through the program into permanent staff positions in a variety of ICUs, including Burn Unit, Cardiac Surgical, Coronary Care, Medical, Neuro, Pediatrics and Surgical.

NEW GRADUATE NURSE CRITICAL CARE PROGRAM

ACHIEVING MAGNET

The crowd that had gathered in the office of Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, was suddenly quieted by the ringing of her phone a few minutes after 11 a.m. on September 8, 2003. On the other end was Linda D. Urden, the American Nurses Credentialing Center's Magnet Recognition Commissioner. Moments later, a thumbs-up gesture by Ives Erickson acknowledged that the Massachusetts General Hospital had become the first hospital in Massachusetts to receive Magnet Hospital Recognition — the highest honor bestowed by the American Nurses Association for nursing excellence.

The Magnet Hospital Recognition program grew out of an early 1980s research study that was charged with determining factors characterizing hospitals that were able to attract and retain qualified nurses despite a national shortage. These hospitals were coined "Magnet" hospitals. Subsequent research has linked direct nursing interventions to improved patient care.

Earning Magnet Hospital Recognition was a formidable task, one that involved the entire hospital. While granted by a subsidiary of the American Nurses Association, Magnet Hospital Recognition reflects excellence in patient care throughout the entire organization, not just Nursing.

The intensive, two-pronged evaluation process first required the submission of a written volume of evidence (totaling 2,305 pages) describing MGH's compliance with certain standards and criteria. This was then followed up by an on-site visit during which MGH was observed with regards to the following nuances: collaborative practice, professional development, interdisciplinary teamwork, quality and safety initiatives, leadership, documentation and the ability to provide culturally competent care.



RECOGNITION — TOGETHER

Much hard work went into preparing for the Magnet review process. A steering committee and a writers group were convened to compile and format all the written evidence into one cohesive document. Workgroups were established to guide specific aspects of our work. In total, 177 Magnet “champions” were recruited from all patient care units to help disseminate key information.

During the site visit, Magnet Hospital Recognition appraisers toured the hospital and interviewed patients, staff nurses, nurse leaders, physicians, hospital employees, administrators, trustees and community liaisons to gain an understanding of the essence of Nursing at MGH.

At a special debriefing session closing the three-day site visit, the Magnet Recognition appraisers spoke about the

overwhelming commitment they saw on the part of nurses to do what is best for patients.

On Wednesday, November 12, 2003, MGH officially celebrated its recognition as the state’s first Magnet hospital at a gala event, held in the lobby of the Wang Ambulatory Care Center. Attended by Partners and MGH administrators, members of the MGH Board of Trustees, staff and leadership from all disciplines, and employees from throughout the hospital, it was an event to remember. Ives Erickson thanked the MGH community for making the Magnet journey a successful one, “Magnet status means we are an extraordinary hospital ... it means we have better outcomes for our patients ... it means we foster an environment of teamwork ... it means our nurses are exceptional. Magnet status means a lot!”



Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, and Peter L. Slavin, MD, MGH president, formally present the Magnet Recognition Obelisk to the MGH community at a hospitalwide celebration.

INTERNATIONAL SERVICE

Iranian children found time to play amid the rubble that once was their home, following a 6.6 magnitude earthquake that destroyed the city of Bam, Iran. Photo courtesy of FEMA.



COMING TOGETHER TO HELP COUNTRIES IN NEED

As a community, we routinely extend ourselves both individually and collectively to those in distress. Recently, we have focused our attention and efforts on addressing health care disparities in our own backyards. Community health care has taken on a renewed level of importance. Culturally competent care is now a part of our vocabulary and practice. Likewise, we have looked beyond our borders to assist those far less fortunate than ourselves in times of both sudden and chronic need.

In the winter of 2003, we came together as a nation to answer the call for help halfway around the world. On December 26, an earthquake measuring 6.6 on the Richter scale struck the ancient city of Bam, Iran, causing widespread devastation — at least 30,000 were left dead and more than 100,000 injured. Within hours, the Iranian government accepted the U.S. offer of humanitarian aid.

The Federal Emergency Management Agency (FEMA) immediately mobilized our nation's International Medical-Surgical Response Team (IMSuRT). The group is based in Boston and designed, run and sponsored by the MGH. Its capabilities include triage, medical treatment, support for local medical staffs and preparations for patient evacuation. By seven the following morning, a team that included MGH nurses, physicians, respiratory therapists, pharmacists and other personnel was ready to be deployed. They would be the first Americans on Iranian soil in more than twenty-five years.

The Boston-based IMSuRT team arrived in Bam amid clouds of dust, piles of rubble and the remaining survivors rendered instantly homeless. Entire neighborhoods were destroyed. Whole families perished. And, 50 percent of the city's health care workers had died.

Amid the devastation, the U.S. team worked in unfamiliar surroundings where resources were scarce; they had no running water, limited sanitation facilities and overnight temperatures that dipped into the 20s. Aftershocks provided constant reminders of their tenuous conditions. Still, for two weeks the team treated more than 500 patients, delivered six babies and saved many, many lives.

Beyond the exceptional care and comfort, the Americans offered something more — a sense of hope and understanding that compassion and fellowship are all part of the human experience. And, for their part, the Iranian people one by one rose above the barriers of language and culture to offer expressions of gratitude — a squeeze of the hand, bow of the head, gifts of fruit and nuts, or even a personal possession they were able to salvage from the rubble.

Whether we are reminded through grand or small gestures, we witness daily that health care and humanity go hand in hand.



ECUADOR

Armed with duffle bags full of medical supplies and unlimited goodwill and determination, a team of four MGH nurses spent 11 days in January living and working in some of the poorest parts of Duran, Ecuador. Their mission was to provide free health care to area residents who lived in squalor. Crude conditions meant limited resources, so the nurses quickly learned to improvise. Through a translator, the team dedicated itself to learning about medical issues and available treatments, educating patients and local medical personnel about various health issues, and treating residents for ailments that were often associated with their very living conditions. Upon their return to the MGH, the nurses wrote, "The mission reminded us of how little others have and how fortunate we are to live in an abundant society. We came home with a new appreciation of our health care system and the resources we have on a daily basis."

CUBA

Members of Patient Care Services this year joined an 18-person delegation to bring goodwill, medical supplies and health education to Cuba. The trip was organized by Americans and Cubans Building Community through Exchanges, Support and Outreach (ACCESO), a nonprofit group founded by a member of the MGH community and a Massachusetts state senator.

DIVERSITY

BLENDING OUR DIVERSE NEEDS AND BACKGROUNDS INTO A STRONGER WHOLE



In January, U.S. Surgeon General David Satcher, MD, spoke at the MGH about Healthy People 2010, a set of national objectives used by community, state and professional organizations to develop programs designed to improve health. One of the program's main goals is to eliminate health care disparities among different segments of the population. As a follow-up to the event, the hospital's Diversity Committee formed a subcommittee to examine the role the MGH could play in reducing racial disparities.

The active presence of a diverse community energizes the MGH today — evident in both our workforce and patient populations. Our sidewalks, hallways, waiting rooms and dining areas are alive with different languages, traditional dress and various customs that create a dynamic environment. As a community, we continue to deepen our understanding of what it means to deliver care that embraces the health and well-being of all those we serve — patients, families, staff, employees and volunteers alike. Diversity remains a key component of the Patient Care Services (PCS) vision.

The PCS culturally competent care curriculum offers one ongoing reminder of our commitment to community. Through its “Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other,” employees from throughout the hospital come together to share personal stories and situations that reveal the complexities of a multicultural work environment. Those who have worked at MGH for many years have an opportunity to share and learn alongside those who may still be in orientation. And, it is not unusual to have participants join us from other institutions. During its four years, the program has led to a deeper understanding of cultural issues in health care and an increasingly sophisticated level of dialogue.

Likewise, the MGH Patient Care Services Diversity Steering Committee has begun to tackle the broader nationwide issue of health care disparities experienced by certain populations. In

September, the committee sponsored a multidisciplinary disparities conference to raise awareness and paint a full picture of the depth and breadth of this issue for the MGH community. The work of the PCS Diversity Steering Committee, senior leadership and The Center for Clinical and Professional Development laid important groundwork. The American Hospital Association report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare,” further informed that work. The report suggested many underlying causes of health care disparity that are both patient and health care system-based, including language and cultural, socioeconomic and health differences, and workforce diversity.

The Diversity Steering Committee continued its charge by addressing specific health care disparities throughout the year, ensuring the MGH was doing all it could to identify and address existing gaps in its own systems and many within the greater community. The group designed a variety of bridges, some simple and others more complex, including participating in the city's New Bostonians Community Day; examining disparities from a Social Services perspective; working with Interpreter Services to address needs and barriers specific to language; exploring the needs of people with disabilities; and actively advocating for health care as a civil right.

It is a start — a good one. And, our attention and commitment to providing equal access to quality care remains both active and strong.



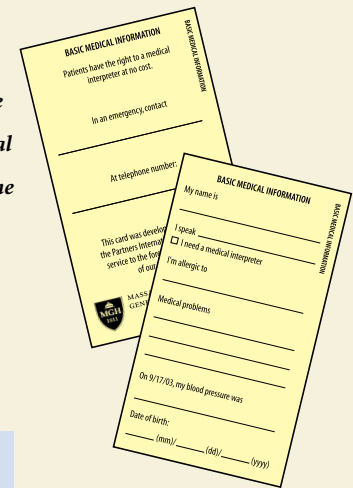
Navigating the health care system can be confusing, particularly for those who are new to the United States. In 2003, the PCS Diversity Committee teamed up with the Partners International Program to address the issue head on.

Because language and a lack of vital health information prove to be enormous barriers during emergencies, the MGH team set out to create a bridge. The result: a wallet-sized “Basic Medical Card” designed specifically for refugee and immigrant populations. The bright yellow cards — which are designed to attract attention and be visible at night — were distributed to hundreds of foreign-born attendees at the annual New Bostonians Community Day. Sponsored by Boston Mayor Thomas Menino, the event each year provides immigrants with vital information about local government and community resources.

Following a free blood pressure screening, multilingual MGH volunteers helped immigrants write their results on a card that also displayed their name, preferred language, known allergies and emergency contact information.

The idea caught on. Several weeks later, the Executive Director of Immigration and Refugee Services of America (IRSA), learned about the idea at a national refugee conference. She wrote to the MGH commending the PCS Diversity Committee for its “innovative approach to addressing health care disparities among Boston’s foreign-born community.”

She also informed the hospital that in 2005, as part of its work for the U.S. State Department, the agency will begin distributing these “Basic Medical Cards” to all newly arrived refugees throughout the United States.



PINNING CEREMONY

The department’s African-American pinning ceremony has become a powerful celebration of individual and collective culture. Held each year during Black History Month, the event brings MGH community together to honor those individuals who quietly and consistently give of themselves to elevate others and, in the process, our community as a whole.

CHALLENGING TIMES

We know all too well that tragedy can strike at any moment and without warning. In an instant, lives are forever changed. It is in those moments we are challenged to go beyond the ordinary in offering care and comfort to patients, their loved ones and even to one another. We become a true community. In the winter of 2003, the MGH community received a stark reminder of just how powerful that calling might be.

Late in the evening of February 20, hundreds had jammed into The Station nightclub in West Warwick, RI, to see the rock band Great White. Suddenly, tragedy struck as a pyrotechnics display ignited part of the stage. Fire and smoke enveloped the club within minutes. In the end, more than 100 people were killed, nearly 200 suffered injuries ranging from smoke inhalation to severe burns and countless others were left to cope in the aftermath. The horror was unimaginable.

As rescuers responded to the scene, the MGH received the first call: "We need help." The hospital snapped into action, activating key elements of its disaster plan as health care workers in Rhode Island began sending some of their most severely injured to the MGH. Hundreds of distraught friends and family members were calling and arriving at our doors, continuing a desperate search for their loved ones among the few unidentified survivors.

True to form, the MGH community united to offer an extraordinary level of care and comfort. Individuals throughout the hospital worked tirelessly through those first crucial hours after the patients arrived. Individuals from Social Services, Nursing, Psychiatry, Chaplaincy and Administration swiftly converted The Blum Patient and Family Learning Center into a family resource center for those impacted by the horrific event. They painstakingly helped to identify patients and to provide assistance and support to the frightened masses that continued to turn to MGH for hope and help.



COMING TOGETHER IN TIMES OF TRAGEDY

And, as the initial shock and horror of the tragedy gave way to the harsh realities of loss and survival, the work of these dedicated care teams continued — for days, weeks and beyond — until the last patient was finally discharged 10 months later.

Throughout this unimaginable event, many within the MGH community volunteered to stay beyond their shift or to come to work on their days off. Surgical schedules were adjusted, and countless other details were quickly and thoughtfully coordinated and readjusted, as patients' conditions changed, sometimes hour by hour.

“WHEN IN DISTRESS,
EVERY MAN BECOMES
OUR NEIGHBOR.”

— Founders of the MGH

Consistently, the MGH community demonstrated an unparalleled level of talent, compassion and dedication to easing the pain of our neighbors. As Peter L. Slavin, MD, president of the MGH, observed, “It is the tremendous commitment of loyal and caring people that enables the MGH to stand as a beacon of hope, a place of healing, comfort and support in the midst of tragedy.”



SPARE CHANGE CHALLENGE

Throughout 2003, countless Patient Care Services (PCS) teams came together to offer support to a colleague or other good cause at a critical time. Some stepped in for a fellow nurse who battled a serious illness. Others supported colleagues throughout family crises. And, every day — through gestures simple and even elaborate — PCS staff offered the extraordinary to our patients.

The Spare Change Challenge serves as one departmentwide example of creative giving. Throughout National Physical Therapy (PT) Month, the PT Department launched a healthy competition. Therapists divided into teams to raise funds for the MGH Social Services food voucher program. By strategically placing special fundraising jars throughout the hospital, PT staff raised more than \$1,000 for the MGH Social Services Department to support patients and families in need.

MGH FACTS & FIGURES

Inpatient beds	893
Admissions	44,518
Surgical procedures	32,970
Average length of stay	5.85 days
Admits to observe	5,285
Occupancy	80.47%
Outpatient visits	1,485,608
MGPO visits (approx.)	694,268
Clinic visits, hospital and some group	417,203
Total health center visits	299,232
ED visits	74,905

TOTAL STAFF IN PATIENT CARE SERVICES

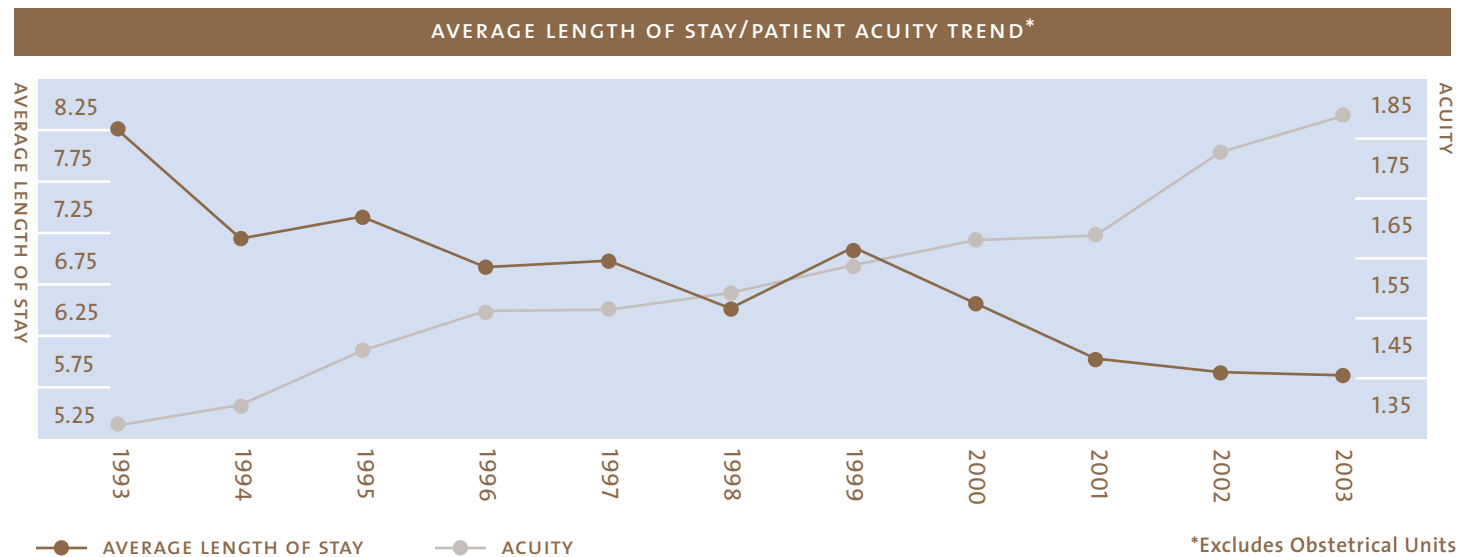
Nursing	3,800
Chaplaincy	18
Occupational Therapy	33
Orthotics and Prosthetics	8
Physical Therapy	145
Reading Disabilities	33
Respiratory Care	92
Social Services	118
Speech-Language Pathology	24
COMBINED TOTAL	4,271

2003: THE YEAR IN REVIEW

As the volume of patients at MGH continues to grow, so too do the health care needs of patients. Escalating patient acuity — illustrated in the Average Length of Stay/Patient Acuity Trend graph — drives the demand for professional staff and their expertise. Likewise, creating a supportive professional practice environment, with the appropriate balance of professional and support staff, remains a top priority and relies heavily upon the feedback of clinicians.

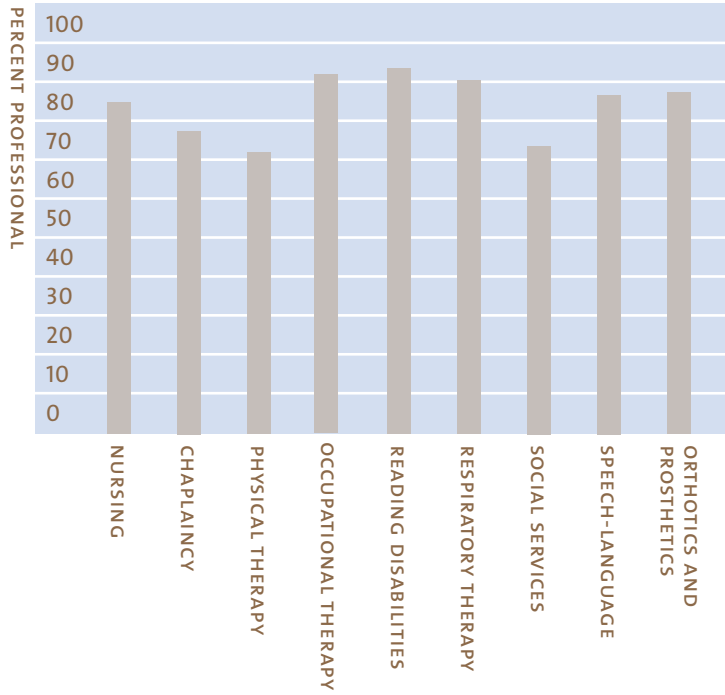
Each year, Patient Care Services surveys clinicians to assess a variety of organizational characteristics that are important to professional practice: autonomy and control over practice; strong clinician/physician relationships; communication; teamwork; conflict management skills; motivation and cultural sensitivity. In each of the past three years, MGH clinicians have reported statistically significant increases in all areas. Of note, 87 percent of Patient Care Services clinician respondents report they are *satisfied* or *very satisfied* with the professional practice environment at MGH.

Within the Department of Nursing, in particular, vacancy and turnover rates remain significantly lower than Magnet Hospital, state and national averages, clearly indicating strong overall satisfaction among MGH nurses, even amid a growing national nursing shortage.

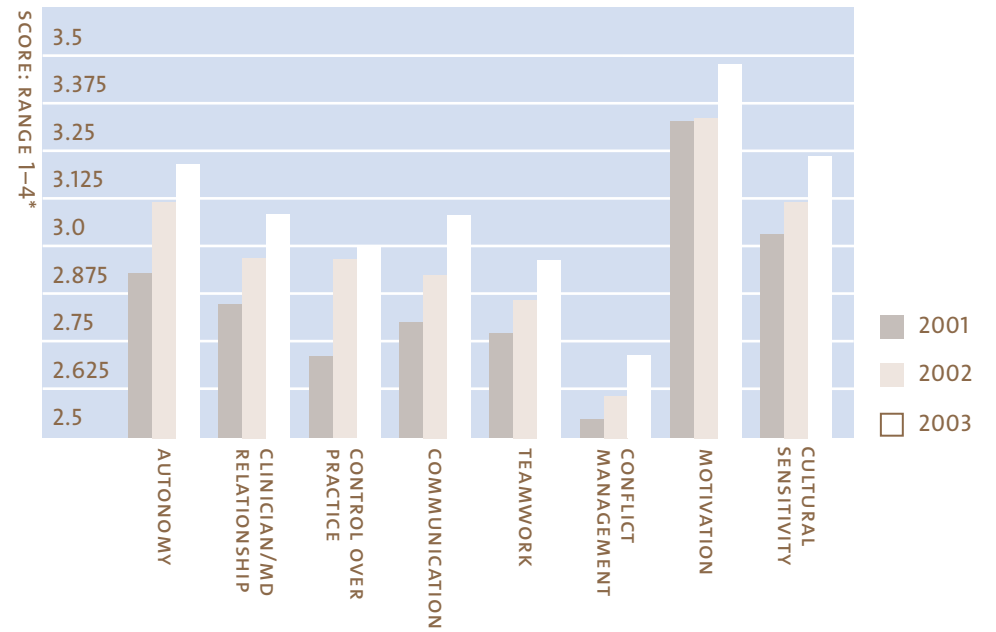


*Excludes Obstetrical Units

PERCENT OF PROFESSIONAL STAFF BY DEPARTMENT

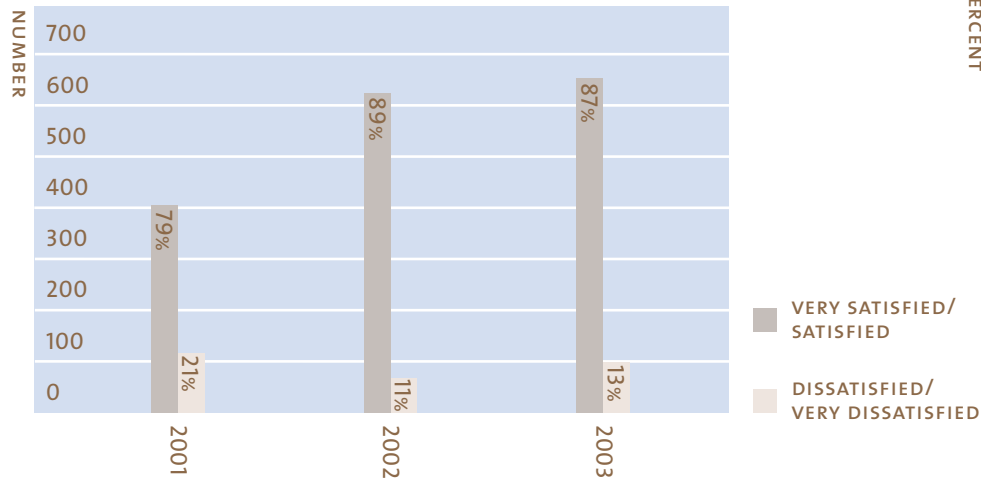


ORGANIZATIONAL CHARACTERISTICS: PATIENT CARE SERVICES

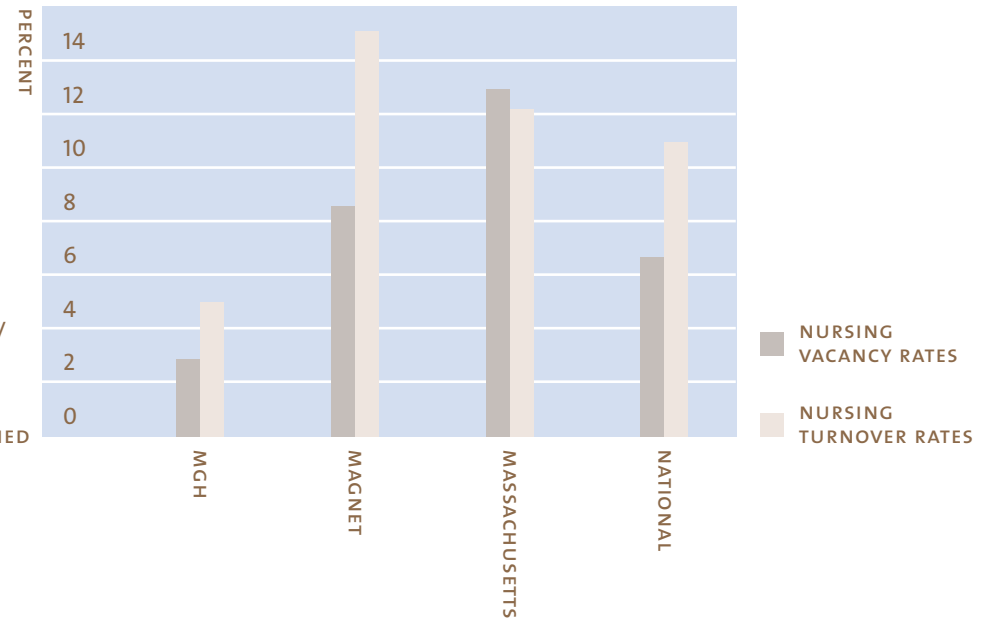


*High scores indicate a high amount of characteristic

SATISFACTION WITH PROFESSIONAL PRACTICE ENVIRONMENT



NURSING VACANCY AND TURNOVER RATES



PROFESSIONAL ACHIEVEMENTS

AWARDS & RECOGNITION



PATIENT CARE SERVICES

Gletter Aponte, Patient Care Associate, Obstetrics
The Anthony Kirvilaitis Partnership in Caring Award

Mary Artery, RN, Oncology Infusion
The Marie C. Petrilli Oncology Nursing Award

Karen DaRocha, RN, Pediatrics
The Pediatric Family Centered Care Award

Cheryl Dear, Unit Service Associate, Clinical Research
African American Pinning Honoree

Erica Edwards, RN, Coronary Care
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Miguel Fuentes, Materials Management Associate, Electrophysiology Lab and Cardiac Catheterization Lab
The Anthony Kirvilaitis Partnership in Caring Award

Alfredo Galavis, Materials Coordinator, Materials Management
The Pediatric Family Centered Care Award

Joyce Henry, Patient Care Associate, General Surgery
African American Pinning Honoree

Heidi Jupp, RN, CPON, Pediatric Hematology/Oncology Clinic
The Pediatric Family Centered Care Award

Peggy Nelson, RN, Neonatal Intensive Care
The Ben Corrao Clanon Memorial Scholarship

Drina Prescod, RN, General Medicine
African American Pinning Honoree

Shirley Prescod, LPN, Oncology Infusion
African American Pinning Honoree

Mara Wernick Robinson, PT, MS, NCS, Physical Therapy
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Anita St. John, RN, Cystic Fibrosis Program
The Pediatric Family Centered Care Award

Peggy Settle, RN, CMS, Neonatal Intensive Care
The Yvonne L. Munn, RN Nursing Research Award

Angela Solis, Operations Associate, Transplant
African American Pinning Honoree

Kimberly Stewart, MS, CCC-SLP, Speech-Language Pathology
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Clare Swan, RN, MSN, Oncology Infusion
The Marie C. Petrilli Oncology Nursing Award

Cynthia Thibodeau, PT, Physical Therapy
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Lynda Tyer-Viola, RNC, PhD(c), Labor and Delivery
The Yvonne L. Munn, RN Nursing Research Award

Brenda Whelan, RN, Surgical Intensive Care
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award

Joy Williams, RN, Radiology
African American Pinning Honoree

MGH

Ileana Arocho, On-Call Coordinator, Interpreter Services
Association of Multicultural Members of Partners Scholarship Award

Nancy Newman Bloomstein, MSW, LICSW, Social Services
MGH Excellence in Action Award

Virginia Capasso, APRN, PhD, BC, Wound Care
Bowditch Award

Sheila Crewe, General Medicine
The Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

Elizabeth Davis, RN, Vincent Obstetrics and Gynecology Service
Jeanette Ives Erickson Award

Theresa Farrow, RN, Oncology/Bone Marrow Transplant
The Cancer Career Development Award

James Gillespie, Volunteer
Janet Ballantine Oncology Volunteer Award

Diana Grobman, RN, BSN, Neonatal Intensive Care
The Orren Carrere Fox Award for NICU Caregivers

Elaine Grollman, Volunteer
Janet Ballantine Oncology Volunteer Award

Andrea Hansen, RN, General Medicine
The Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

LaNeia Mahaffey, Administrative Assistant, Clinical Research
Association of Multicultural Members of Partners Scholarship Award

Evelyn Malkin, MSW, LICSW, Social Services
Durante Award, MGH Cancer Center

Paige Nalipinski, MS, CCC-SLP, Speech-Language Pathology
Award for Excellence in Clinical Supervision

Staff of Phillips 20
Excellence in Action Award

Judith Voufo, Patient Care Associate, Neuroscience
Association of Multicultural Members of Partners Scholarship Award

STATE AND REGIONAL

Maria Avila-Wallace, RN, Gillette Center for Women's Cancer

Jeremiah Milbanck Foundation Nursing Scholarship

Mimi Bartholomay, RN, MN, AOCN, Oncology Infusion

Finalist, The Boston Globe and Boston Works' Salute to Nurses

Joanne Empoliti, RN, MSN, BC, ONC, Orthopaedics
Finalist, Nursing Spectrum New England Nurse of the Year

Miriam (Mim) Fern, Resource Specialist, Social Services
Operation ABLE's Greater Boston Mature Workers Award

Mark Hammerschmidt, RN, Medical Intensive Care
Nominee, Nursing Spectrum New England Nurse of the Year

Aimee Klein, PT, DPT, MS, OCS, Physical Therapy
American Physical Therapy Association of Massachusetts Mary MacDonald Award for Distinguished Services

Cynthia Ann LaSala, RN, MS, General Medicine
Anne Kibrick Leadership Award, Theta Alpha Chapter, Sigma Theta Tau International Honor Society for Nursing

Tracey McPhee, RN, Emergency Department
2003 Outstanding Emergency Nurse, Harvard Affiliated Emergency Medicine Residency Program

Sally Millar, RN, MBA, Patient Advocacy
Finalist, Nursing Spectrum New England Nurse of the Year

Keith Perleberg, RN, MDiv, General Medicine
Finalist, Nursing Spectrum New England Nurse of the Year

Yvonne Parr, Medical Assistant, Outpatient Gynecology
Jeremiah Milbanck Foundation Nursing Scholarship

Rosie Sanon, Medical Assistant, Outpatient Obstetrics
Jeremiah Milbanck Foundation Nursing Scholarship

Robin Toner, Medical Assistant, Outpatient Obstetrics
Jeremiah Milbanck Foundation Nursing Scholarship

NATIONAL

Joan Fitzmaurice, RN, PhD, Office of Quality and Safety

Patient Safety Leadership Fellowship

Jeanette Ives Erickson, RN, MS
The Prism Award — Inaugural Year — American Organization of Nurse Executives Board of Directors and the Institute for Patient Care Research and Education

Ellen Kinnealey, RN, Biomedical Engineering Department
National Patient Safety Foundation's Janssen Elder Care Award

Jean Nardini, RN, MSN, CNN, Hemodialysis
Excellence in Volunteer Leadership, American Nephrology Nurses Association

The Reverend Deacon Daphne B. Noyes, MA, Chaplaincy
*Polly Bond Award, Episcopal Communicators Annual Meeting
Golden Shoestring Award for Chaplain Newsletter
Episcopal Communicators Annual Meeting*

Speech-Language Pathology Department
Annual Recognition and Award, Horizons Initiatives Community Children's Centers

Jean O'Toole, PT, MPH, Physical Therapy
Founders Award, American Society of Shoulder and Elbow Therapists

The MGH Clinical Recognition Program serves as a formal way to recognize excellence in practice, encourage professional development and build a diverse community of reflective practitioners within Patient Care Services. Applicants work with their managers or directors to analyze their practice relative to clinician-patient relationship; clinical knowledge and decision-making; teamwork and collaboration; and movement, for Occupational Therapy and Physical Therapy professionals. Criteria within these themes define four levels of clinical practice: Entry Level Clinician, Clinician, Advanced Clinician and Clinical Scholar.

2003 ADVANCED CLINICIAN

Nancy Aguilar, RN, *Surgical Intensive Care*
Patricia Atkins, RN, BSN, CNOR, *Same Day Surgery*

Sarah Buck, RN, BA, *Pediatric Intensive Care*
Diane Carter, RN, BS, *Vascular Surgery*
Debra S. Christofi, RN, *Gastrointestinal Unit*
Cheryl Codner, RN, BSN, *Vascular Surgery*
Audrey Kurash Cohen, MS, CCC-SLP, *Speech-Language Pathology*

Kristine Cote, RN, BSN, *Vascular Surgery*
Erin Cox, RN, MS, CCRN, CS, *Coronary Care*
Barbara Drowne, RN, MSN, *Main Operating Rooms*

Kristen Gallagher, RN, BSN, *Newborn Intensive Care*

Nicola Gribbin, RN, BSN, *Oncology Infusion*
Elizabeth Kelley, RN, *Same Day Surgery*
Karen Kelly, RN, BS, *Same Day Surgery*

Barbara Levin, RN, BS, *Orthopaedics*
Patricia Lynch, RN, BSN, *Same Day Surgery*
Regis MacDonald, RN, BSN, *Pre-Admission Testing Area*

Steven C. Mason, RRT, BS, *Respiratory Therapy*
Gloria Moran, RN, BSN, *Main Operating Rooms*
Theresa Morris, RN, BSN, *Surgical Intensive Care*

Esther O'Dette, RN, AAS, *Oncology/Bone Marrow Transplant*
Pamela Quinn, RN, BSN, *Emergency Department*

Kathleen Reilly Lopez, RN, *General Surgery*
Margaret Soriano, RN, BSN, *General Medicine*
Kevin E. Strong, RRT, BS, *Respiratory Therapy*
Clare Swan, RN, MSN, *Oncology Infusion*

Donna R. Van Kleeck, RN, MS, *Pre-Admission Testing Area*
Marilyn Wise, MSW, LICSW, *Social Services*
Denise Young, RN, BSN, *Medical Intensive Care*

2003 CLINICAL SCHOLAR

Deborah Bobola, RN, BSN, *Newborn Intensive Care*

Jane Bryant, RN, MS, *Medical Intensive Care*
Chelby L. Cierpial, RN, MSN, *Cardiac Medicine, Access*

Diana Grobman, RN, BSN, *Newborn Intensive Care*

Elizabeth Johnson, RN, MSN, *Oncology/Bone Marrow Transplant*

Germaine Lambersgs, RN, *Newborn, Labor and Delivery*

Sally Morton, RN, MSN, *Plastic Surgery and Burn Intensive Care*

Paula Nelson, RN, BSN, *Newborn Family, Labor and Delivery*

Harriet Nugent, RN, BSN, *Newborn Family, Labor and Delivery*

Bernadette Reilly-Smorawski, RN, *Newborn Intensive Care*

Lois Richards, RN, MS, *Newborn Family, Labor and Delivery*

Donna Slicis, RN, MS, *Pre-Admission Testing Area*

Debra Whitaker, RN, BSN, *Transplant Intensive Care*

Cuartor F. Wynne, RN, BSN, *Newborn Family, Labor and Delivery*

PROFESSIONAL ACHIEVEMENTS

PRESENTATIONS

STATE AND REGIONAL

Jennifer Botsford, OTR/L, CHT

Suzanne Curley, MSOT, OTR/L, CHT

Treatment Protocol Development: Collaboration Between Surgeons and Therapists
Massachusetts Association of Occupational Therapists, Boston, MA

Virginia Capasso, APRN, PhD, BC

Hastening Wound Healing
Greater Boston Chapter of the Association of Critical Care Nurses, Newton, MA

Diane Carroll, RN, PhD

Glenys Hamilton, RN, DNSc
Quality of Life in Implanted Cardioverter Defibrillator Recipients: The Impact of Device Shock
Eastern Nursing Research Society, 15th Annual Scientific Sessions, New Haven, CT

Joanne Clifford, PT, DPT, MS, OCS

Osteoporosis, Posture and Exercise
2003 Women's Health Forum, Winthrop, MA

Amanda Coakley, RN, PhD

Exploration of Energy Expenditure Between Provider and Recipient of a Therapeutic Touch Treatment and the Response to Therapeutic Touch Treatment on Healthy Individuals
Eastern Nursing Research Society, New Haven, CT

Joan Gallagher, RNC, EdD, BC, AOCN

Using Secondary Analysis of Existing Data Sets to Improve Clinical Nursing Practice Outcomes
Eastern Nursing Research Society, New Haven, CT

Maryellen Gallagher, MS, CCC-SLP

Some Thoughts on Managing Patients with Tracheostomy Tubes plus/minus Mechanical Ventilation
Massachusetts American Speech-Hearing Association (MASHA) Annual Conference, Worcester, MA

Linda Gelda, LICSW

Treatment of Males with Eating Disorders
Dept. of Psychiatry, Cambridge Hospital/Harvard Medical School Conference on Eating Disorders, Boston, MA

Alice Gervasini, RN, PhD

Management Strategies for the Obese Trauma Patient
8th Annual New England Regional Trauma Conference, Burlington, MA

Tessa Goldsmith, MA, CCC-SLP

Effects of Colonic Interposition on Swallowing Function
Boston Swallowing and Motility Disorders Meeting, West Roxbury, MA

Jeanette Ives Erickson, RN, MS

Clara Barton: Her Life, Her Legacy and Her Contributions to Humanity
Inaugural lecture, Clara Barton Week celebration, State House, Boston, MA

Janet Madigan, RN, MS, CNAA

Health care Legislative Update
Combined MetroWest and Central Massachusetts Regional meetings, Massachusetts Organization of Nurse Executives, Worcester, MA

Mandatory Nurse Staffing Ratios: The Massachusetts Experience

2003 Connecticut Hospital Association Nursing Leadership Forum, Wallingford, CT

Sally Millar, RN, MBA

Optimizing Patient Satisfaction and Resolving Complaints
Massachusetts Organization of Nurse Executives Leadership Series, Waltham, MA

Rosalie Tyrrell, RN, MS

Understanding and Leading a Multigenerational Workforce
Massachusetts Organization of Nurse Executives Annual Conference, Waltham, MA; and Massachusetts Hospital Association, Framingham, MA

NATIONAL

Claribell Amaya, RN,

Kathleen Myers, RN, MSN, CS, ONC, CNA

Ivonny Niles, RN

We Walk the Walk, We Talk the Talk
National Association of Hispanic Nurses Conference, San Juan, Puerto Rico

Erin Cox, RN, MS, CCRN, CS

Synergy in Practice: The CNS Role in Caring for Victims of Domestic Violence
National Association of Clinical Nurse Specialists, Salt Lake City, UT

Annabel Edwards, APRN, BC

What's New in the World of Anti-Inflammatory Medication?
Annual National Meeting of The American Society for Pain Management Nursing, Kansas City, MO

Joan Fitzmaurice, RN, PhD

Cyrus Hopkins, MD
Melissa Culkins, RN, MS
Examining Disclosure of Error in the Patient Record
Nursing Administration Research Conference, Raleigh, NC

Brian French, RN, MS, BC

Culturally Competent Care: The Awareness of Self and Others
Infusion Nurses Society 30th Anniversary Annual Meeting, Nashville, TN

Trish Gibbons, RN, DNSc

Celebrating Excellence: MGH's Clinical Recognition Program
Institute for Nursing Health care Leadership, Boston, MA

Trish Gibbons, RN, DNSc

Dorothy Jones, RNC, EdD, ANP, FAAN

Sharon Brackett, RN, BSN, CCRN

Taryn Pittman, RN, MSN, C

Lynda Tyer-Viola, RNC, PhD(c)

Joan Agretelis, RN, PhD

Clinical Leadership and Collaborative Governance for Professional Community Organizations
Sigma Theta Tau 37th Biennial Convention, Toronto, Canada

Tessa Goldsmith, MA, CCC-SLP

Restoring Speech and Swallowing Function to Ventilator Dependent and Tracheostomized Patients
Coral Springs Medical Center, Pompano Beach, FL; Inova Fairfax Hospital, Alexandria, VA; and Columbia-Presbyterian Hospital, New York, NY

Dean Hess, RRT, PhD

New Ventilator Modes — Fact Versus Fantasy
Anesthesia Grand Rounds, Johns Hopkins University, Baltimore, MD

Jeanette Ives Erickson, RN, MS

Creating a Research Intensive Environment
Council for the Advancement of Nursing Science, Washington, DC

The Nursing Shortage

Nurses for Improving Care for Health System Elders Conference, New York, NY

Reinventing the Health Care Workplace

National Health Policy Conference, Washington, DC

Jeanette Ives Erickson, RN, MS

Dorothy Jones, RNC, EdD, FAAN

Trish Gibbons, RN, DNSc

Sharon Brackett, RN, BSN, CCRN

Taryn Pittman, RN, MSN, C

Lori Pugsley, RN, LCCE

Susan Jaster, RN, MSN

The Impact of Collaborative Governance on Staff Participation in Decision-Making, Leadership, and Retention

Quest for Quality 2003: Sharing Our Practice and our Passion, Rochester, MN

Deborah Jameson, RN, MS, AHIP

Julia Whelan, MS, AHIP

Building Bridges: A Hospital Library and a Cancer Resource Room Bring a Digital Information Project to Health care Professionals
Medical Library Association, San Diego, CA

INTERNATIONAL

Robert M. Kacmarek, RRT, PhD

Does Optimal Adjustment of Positive End-Expiratory Pressure have an Impact on Outcome?
Society of Critical Care Medicine Annual Meeting, San Antonio, TX

Improving Patient Tolerance to Non-Invasive Ventilation

49th Annual Meeting of the American Association for Respiratory Care, Las Vegas, NV

Matthew Nippins, PT, MSPT

Exercise Testing in the Cystic Fibrosis Population
North American Cystic Fibrosis Conference, Anaheim, CA

Janet O'Toole, PT, MPH, CLT-LANA

Aimee Seitz, PT, OCS

Upper Cervical Spine/Cervical Spine vs. Glenohumeral Complex
American Society of Shoulder and Elbow Therapists, Dana Point, CA

Janet Dauphinee Quigley, RN, MSN

Clinical Management of the Ambulatory Surgical Patient
Managing Today's OR Suite Conference, San Diego, CA

Sue Warchal, RN

Developing an Emergency Department Ethics Forum
National Emergency Nurse Association Leadership Conference, Albuquerque, NM

Lana Dvorkin, PharmD

Julia Whelan, MS, AHIP

Herbal Medicinal Plants in Pharmacy School Curriculum
Conferencia de Farmacia y Nutricion, Havana, Cuba

Ellen Fitzgerald, RN, MS

Lynn Graziano Morin

Carole Seigel

Utilizing Patients and Families as Advisors: the Key to a Successful Design Planning Process
1st International Conference on Family-Centered Care: Advancing the Quality of Health Care in the 21st Century, Boston, MA

Dean Hess, RRT, PhD

What is Evidence-Based Medicine and Why Should I Care?

The Evidence for Noninvasive Positive Pressure Ventilation

Improving Patient Synchrony During Noninvasive Ventilation

How to Conduct a Retrospective Study

The Role of the Respiratory Therapist in Prevention of Ventilator-Associated Pneumonia
International Congress of the American Association of Respiratory Care, Las Vegas, NV

Practical Application of Noninvasive Positive Pressure Ventilation: Is New Technology Better?

Case-Based Use of Ventilator Graphics During Mechanical Ventilation

Evidence-Based Guidelines for Selection of an Aerosol Delivery Device
International Congress of the American College of Chest Physicians, Orlando, FL

Equipment Needs for Noninvasive Ventilation
International Conference of the American Thoracic Society, Seattle, WA

Dean Hess, RRT, PhD (cont'd)

Weaning from Mechanical Ventilation — What has the Evidence Taught Us?

Aerosol Delivery During Mechanical Ventilation

Is Pressure Support Ventilation a Simple Mode?

Monitoring During Mechanical Ventilation

The Role of the Ventilator Circuit in the Development of Nosocomial Pneumonia

Tips to Improve the Success of Noninvasive Ventilation
10th Intensive Care Congress of Southern Brazil, Gramado, Brazil

Anatomy of the Ventilator

Ventilation of the Patient with Obstructive Lung Disease

Monitoring Pulmonary Mechanics in the Mechanically-Ventilated Patient

Ventilator Modes

Noninvasive Positive Pressure Ventilation
Respiratory Care Update, Cairo, Egypt

Lung Recruitment Maneuvers

Noninvasive Positive Pressure Ventilation

Monitoring Lung Mechanics During Mechanical Ventilation

New Modes and Features of Mechanical Ventilators
India Society for Critical Care Medicine, Jaipur, India

Robert M. Kacmarek, RRT, PhD

Best Positive End-Expiratory Pressure a Decelerating Trial Following Lung Recruitment
23rd International Symposium in Intensive Care Emergency Medicine, Brussels, Belgium

Positive End-Expiratory Pressure and Super Positive End-Expiratory Pressure: The Way We Were, The Way It Should Be

9th International Conference on Mechanical Ventilation, Santiago de Compostela, Spain

Robert M. Kacmarek, RRT, PhD (cont'd)

Ventilators Used for the Acute Application of Noninvasive Ventilator
9th International Conference on Home Mechanical Ventilation, in Orlando, FL

Pressure-Volume Curve Interpretation and Clinical Significance
Symposium on Mechanical Ventilation, Vienna, Austria

Airway and Ventilator Circuit Management and Ventilator-Associated Pneumonia
Annual European Respiratory Society Meeting, Vienna, Austria

Ventilatory Management of Patients With Chronic Obstructive Pulmonary Disease
18th Annual Meeting of the International Symposium on Critical Care Medicine, Trieste, Italy

Danny Nunn, MS, CCC-SLP

Management of Neurogenic and Mechanical Dysphagia, Postural Maneuvers and Compensatory Strategies for Swallowing
Primeira Reuniao Geral Discussao de casos Clinicos do comite de disfagia Brasil, Sao Paulo, Brazil

Correlation Between Bedside Clinical Exam and Fiberoptic Endoscopic Exam of Swallow Diagnostic Value

Primeira Reuniao geral disarsao de casos clinicos do comite de dispagia, Brasil, Sao Paulo, Brazil

Lourdes Sánchez López, MS

Delivery of Professional Medical Interpreting Services in a Clinical Setting
The Migrant-Friendly Hospitals—European Project, Reggio Emilia, Italy

PROFESSIONAL ACHIEVEMENTS

BOOKS & BOOK CHAPTERS

Jack Ansell, MD
Lynn Oertel, ANP, MS, CACP
Ann Wittkowsky, PharmD, CACP
Managing Oral Anticoagulation Therapy: Clinical and Operational Therapy, Second Edition
 Aspen Publishing

The following authored one or more chapters in
Primary Care: A Collaborative Practice Second Edition
 Mosby

Karen Borden, NP
Basic Principles of Oncology Treatment

Virginia Capasso, NP
Abdominal Aortic Aneurysm, and Carotid Artery Disease

Constance Dahlin, NP
Palliative and End-of-Life Care, and Chronic Pain

Annabel Edwards, NP
Management of Cancer Pain

Jane Flanagan, NP
Presurgical Clearance

Patricia Flanagan, NP
Outpatient Management of Deep Vein Thrombosis

Denise DeJoseph Gauthier, NP
Endocarditis

Maryjane Giacalone, NP
Hypertension

Noreen Leahy, NP
Amyotrophic Lateral Sclerosis, Bell's Palsy, and Trigeminal Neuralgia

Patricia Lowry, NP
Chest Pain and Coronary Artery Disease

Claire McGowen, NP
Presurgical Clearance

Denise Mullaney, NP
Hypertension

Jennifer Neves, NP
Presurgical Clearance

Joseph Rampulla, NP
Alcohol Abuse, and Substance Abuse

Barbara Roberge, NP
Management of Common Elder Syndromes

Debra Toran, NP
Basic Principles of Oncology Treatment

Regina Doherty, MS, OTR/L
 Chapter "Cardiopulmonary Dysfunction in Adults" in *Willard and Spackman's Occupational Therapy, Tenth Edition*
 Crepeau, Cohn, and Schnell, Editors, J.B. Lippincott, Williams and Wilkins

Tessa Goldsmith, MA, CCC-SLP
 Chapter "Videofluoroscopic Evaluation of Oropharyngeal Swallowing" in *Head and Neck Imaging, Fourth Edition. Volume 2*
 PM Som and HD Curtain, Editors, Mosby

Theresa Michel, PT, DPT, DSc, CCS
 Chapter "Palliative Care Competencies for Physical Therapists" in *Dying, Death and Bereavement: A Challenge for the Living Second Edition*
 Corless, Germini and Pittman, Editors, Springer Publishing

Michael Sullivan, PT, DPT, MBA
Rebecca Fishbein, PT, OCS
Diane Heislein, PT, DPT, MS, OCS
Regina Doherty, MS, OTR/L
 Chapter "Rehabilitation Principles Following Total Knee Arthroplasty" in the *Adult Knee, First Edition*
 J. Callaghan, A.G. Rosenberg, H.E. Rubash, P.T. Simonian and T.A. Wickiewicz, Editors, J.B. Lippincott, Williams and Wilkins

ARTICLES

Alison Bates, PT, DPT, GCS
Acute Care Physical Therapist Evaluation and Intervention for an Adult after Right Hemispherectomy
 Physical Therapy

Diane Carroll, RN, PhD
Glenys Hamilton, RN, DNSc
Barbara Kenney, RN
Changes in the Health Status, Psychological Distress and Quality of Life in Implanted Cardioverter Defibrillator Recipients Between Six Months and One Year After Implantation
 European Journal of Cardiovascular Nursing

Virginia Capasso, APRN, PhD, BC
Barbara Munro, RN, PhD, FAAN
Arterial and Diabetic Wound Healing: The Cost and Efficacy of Two Wound Treatments
 Association of periOperative Registered Nurses Journal

Erin Cox, RN, MS, CCRN, CS
Synergy in Practice: Caring for Victims of Intimate Partner Violence
 Critical Care Nursing Quarterly

Joel Finkelstein, MD
Annamarie Hayes, RN-C, NP
Joy Hunzelman, NP
Jason Wyland, BA

Hang Lee, PhD
Robert Neer, MD
The Effects of Parathyroid Hormone, Alendronate or Both in Men with Osteoporosis
 The New England Journal of Medicine

Rebecca Fishbein, PT, OCS
Katherine Breen, PT, DPT
Virtual Reality-Enhanced Range of Motion System for Treating Adhesive Capsulitis
 Arthritis and Rheumatism

Brian French, RN, MS, BC
Culturally Competent Care: The Awareness of Self and Others
 Journal of Infusion Nursing

Christina Graf, RN, PhD
Sally Millar, RN, MBA
Charlene Feilteau, RN, BSN
Peter J. Coakley, MS
Jeanette Ives Erickson, RN, MS
Patients Needs for Nursing Care: Beyond Staffing Ratios
 Journal of Nursing Administration

Dean R. Hess, RRT, PhD
Christine Dillman, RRT
Robert M. Kacmarek, RRT, PhD
In Vitro Evaluation of Aerosol Bronchodilator Delivery During Mechanical Ventilation: Pressure-Control vs. Volume Control Ventilation
 Intensive Care Medicine

Dean R. Hess, RRT, PhD
Care of the Ventilator Circuit and its Relation to Ventilator-Associated Pneumonia
 Respiratory Care

Rebecca Horr, RN, BS
Lauren Kattany, RN, BS
Ellen Robinson, RN, PhD
Mrs. T's Story: An Interview
 Journal of Clinical Ethics

Jeanette Ives Erickson, RN, MS
Glenys A. Hamilton, RN, DNSc
Dorothy E. Jones, RN, PhD, FAAN
Marianne Ditomassi, RN, MSN, MBA
The Value of Collaborative Governance/ Staff Empowerment
 Journal of Nursing Administration

Robert M. Kacmarek, RRT, PhD
Noninvasive Positive Pressure Ventilation: The Little Things Do Make a Difference!
 Respiratory Care

Robert M. Kacmarek, RRT, PhD
Is High Frequency Oscillation the Best Lung Protective Ventilatory Approach for ARDS?
 Intensive Care Medicine

Lauren Kattany, RN, BS
Rebecca Horr, RN, BS

The Nurses' Story about Mr. T
Journal of Clinical Ethics

Kathi J. Kemper, MD, MPH
Andrea Amata-Kynvi, RN, MS
Lana Dvorkin, PharmD.
Julia Whelan, MS, AHIP
Alan Woolf, MD, MPH
Ron Samuels, MD

Herbs and Other Dietary Supplements: Health care Professionals' Knowledge, Attitudes and Practices
Alternative Therapies in Health and Medicine

MaryEllen McNamara, RN, BSN
Diann Burnham, RN, BSN
Christine Smith, RN, BSN
Diane Carroll, RN, PhD

The Effects of Back Massage Before Diagnostic Cardiac Catheterization
Alternative Therapies in Health and Medicine

Barbara Goll-McGee, RN
Sherry Couto, RN, NP, MSN
John Ferrandi, PCA
Kelly Jankowski, RN
Patricia Lawlor, RN

Ines Luciani-McGillivray, RN
Maryellen Robertson, RN
Forensic Nursing Process: An Evaluation of Forensic Patients in the Clinical Environment
Forensic Nursing

Thomas Ptak, MD, PhD
Robert L. Sheridan, MD
James T. Rhea, MD
Alice A. Gervasini, RN, PhD

Jong Yun, MD
Majorie Curran, MD
Pierre Borszuk
Laurie Petrovick

Robert A. Novelline, MD
Cerebral Fractional Anisotropy Score in Trauma Patients: A New Indicator of White Matter Injury After Trauma
American Journal of Radiology

Pat Reid Ponte, RN, DNSc
Patricia Branowicki, RN, MS
Jacqueline Somerville, RN, MS
Dianne Anderson, RN, MS
Jeanette Ives Erickson, RN, MS

Nancy Kruger, RN, DNSc
Eileen Sporing, RN, MS
Mary Connaughton, RN, MS
Genevieve Conlin, CCRN, MS/MBA
Collaboration Among Nurse Executives in Complex Environments: Fostering Administrative Best Practice
Journal of Nursing Administration

Ellen Robinson, RN, PhD
Martha Jurchak, RN, PhD
Ethical Issues Raised by LVADS and Mr. T's Story
Journal of Clinical Ethics

Guilherme P. Schettino, MD
Sunisa Chatmongkolchart, MD
Dean R. Hess, RRT, PhD

Robert M. Kacmarek, RRT, PhD
Position of Exhalation Port and Mask Design Affects CO2 Rebreathing During Noninvasive Positive Pressure Ventilation
Critical Care Medicine

Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Robert M. Kacmarek, RRT, PhD
Determination of Tidal Volume During High Frequency Ventilation
Critical Care Medicine

Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Sara O. Vargas, MD
Motomo Shimaoka, MD
Jay J. Schnitzer, MD
Robert M. Kacmarek, RRT, PhD
Open Lung Protection Ventilation with PCV, HFO and ITPV Results in Similar Gas Exchange, Hemodynamics and Lung Mechanics
Anesthesiology

Eileen Stuart-Shor, RN, PhD
Elizabeth Buselli, RN, PhD
Diane Carroll, RN, PhD
Daniel Forman, MD

Are Psychological Factors Implicated in the Pathogenesis and Consequences of Cardiovascular Disease in the Elderly?
Journal of Cardiovascular Nursing

Carmen Vega-Barachowitz, MS, CCC-SLP
Leadership Development
American Speech-Language-Hearing Association: Perspective on Administration and Supervision

Danielle Volk, PT, DPT
Evidence-Based Practice: Beliefs, Attitudes, Knowledge and Behaviors of Physical Therapists
Physical Therapy



PROFESSIONAL ACHIEVEMENTS

OFFICERS



STATE AND REGIONAL

Patricia L. Atkins, RN, BSN, CNOR

Treasurer, Massachusetts Chapter 1, Association of periOperative Registered Nurses

Alison Bates, PT, DPT, GCS

Assembly Representative; Delegate — House of Delegates; Liaison to Section on Geriatrics, Massachusetts Chapter, American Physical Therapy Association

Kathryn A. Beauchamp, RN, MSN, CCRN

Program Director and Newsletter Editor, Ocean State Chapter, American Association of Critical Care Nurses

Diane Carroll, RN, PhD

Chair, Clinical Research Committee, Alpha Chi Chapter, Sigma Theta Tau International Nursing Honor Society

Robert Dorman, PT, MS

Alternative Delegate — House of Delegates, Massachusetts Chapter, American Physical Therapy Association

Joan Fitzmaurice, RN, PhD, FAAN

Member, Steering Committee, Massachusetts Coalition for Prevention of Medical Error

Martha Garlick, PT, MS, CCS

Chief Assembly Representative, Northern Metropolitan; Alternate Delegate to House of Delegates, Massachusetts Chapter, American Physical Therapy Association

Maxine Glazer RN, BSN, CNOR

Member, Board of Directors; Chair, Legislature Committee, Massachusetts Chapter 1, Association of periOperative Registered Nurses

Julie Goldman, RN, MS

Research Chair, Pi Epsilon Chapter At Large, Sigma Theta Tau International Nursing Honor Society

Theresa Jacobs, PT, DPT

Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Wendy Johnson, PT, DPT

Assembly Representative, Northern Metro District, Massachusetts Chapter, American Physical Therapy Association

Mary Lou Kelleher, RN, MSN

President, Pi Epsilon Chapter At Large, Sigma Theta Tau International Nursing Honor Society

Aimee B. Klein, PT, DPT, MS, OCS

Assembly Representative, Northern Metropolitan District; Member, Legislative Committee, Massachusetts Chapter, American Physical Therapy Association

Cynthia A. LaSala, RN, MS

Secretary, Massachusetts Association of Registered Nurses
First Vice President, Theta Alpha Chapter, University of Massachusetts, Boston, College of Nursing and Health Sciences

Amy D. Levine RN, BSN

President, Northeastern University Nursing Alumni Association
Member, Nominating Committee, Massachusetts Chapter 1, Association of periOperative Registered Nurses

Kelly Macauley, PT, DPT

Assembly Representative; Program Chair, Southern Metro District, Massachusetts Chapter, American Physical Therapy Association

Janet M. Madigan RN, MS, CNAA

Treasurer, Massachusetts Center for Nursing Member, Board of Directors, and Co-Chair, Government Affairs Committee, Massachusetts Organization of Nurse Executives

Theresa Michel, PT, DPT, DSc, CCS

Chair, Board of Trustees, New England School of Acupuncture

Sally Millar, RN, MBA

Immediate Past President, Massachusetts Organization of Nurse Executives

Matthew Nippins, PT, MSPT

Representative, Northern Metro District, Massachusetts Chapter, American Physical Therapy Association

Gayle Peterson, RN

Secretary, Eastern Massachusetts Chapter, The American Society for Pain Management Nursing

Jennifer Podesky, PT, MSPT

Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Marita Prater, RN, MS

Member, Board of Directors; Chair, Management of Practice Committee, Massachusetts Organization of Nurse Executives

Susan D. Sargent, RN, MSN, CNOR, CRNFA

Member, Board of Directors, Massachusetts Chapter 1, Association of periOperative Registered Nurses

Melanie Struzzi, PT, MHS

Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Dawn Tenney, RN, MSN

Treasurer and Chair of the Finance Committee, Massachusetts Organization of Nurse Executives

Cesareo Villa RN, BSN, CNOR

President, Massachusetts Chapter 5, Association of periOperative Registered Nurses

Philip E. Waithe Jr., RN

Board Member, Massachusetts Board of Registration in Nursing

NATIONAL

Mimi Bartholomay, RN, MN, AOCN
Member, Board of Directors, Kenneth B. Schwartz Center

Katie Brush, RN, MS, CCRN, FCCM
Chair, Membership Committee, National Association of Clinical Nurse Specialists
Chair-Elect, Nursing Section, Society of Critical Care Medicine

Annabel D. Edwards, APRN, BC
Member, Board of Directors, The American Society for Pain Management Nursing

Jeanette Ives Erickson, RN, MS
Member, Nominating Committee, Region I, American Organization of Nurse Executives

Martha Garlick, PT, MS, CCS
Secretary, Cardiovascular and Pulmonary Section, American Physical Therapy Association

Aimee B. Klein, PT, DPT, MS, OCS
Clinical Content Expert, Orthopaedic Specialty Council; Member, Standard Setting Committee; Member, OCS Exam Item Review Committee, American Board of Physical Therapy Specialties (ABPTS), Orthopaedic Section, American Physical Therapy Association

Lynn B. Oertel, ANP, MS, CACP
Secretary/Treasurer, National Certification Board, Anticoagulation Care Providers

Jean O'Toole, PT, MPH, CLT-LANA
Member at Large, American Society of Shoulder and Elbow Therapists

Kristin Parlman, PT, DPT, NCS
Nominating Committee, Stroke Special Interest Group, Neurology Section, American Physical Therapy Association

Carmen Vega-Barachowitz, MS, CCC-SLP
Multicultural Issues Board; Steering Committee, Special Interest Division 11, Administration and Supervision, American Speech-Language-Hearing Association



SUPPORTING PATIENT CARE SERVICES



Each year, countless donors support the work of Patient Care Services, allowing us to advance our practice and provide the best possible care and services to patients. To these individuals and organizations, we offer a sincere 'Thank you.' To those who have yet to give, we welcome your support.

DONOR PROFILES

Norman Knight knows how to make a difference. In July, his generous \$100,000 pledge established the Norman Knight Nurse Preceptor of Distinction Award. Each year, the MGH will recognize a clinical nurse who consistently demonstrates excellence in educating, mentoring and coaching nurses. But, Mr. Knight's generosity did not stop there. A companion donation now funds a Norman Knight Visiting Professorship. By inviting a nurse scientist/scholar to share his/her knowledge with the MGH community, Mr. Knight continues to support professional development, creativity and innovation in practice. The first visiting professorship will be awarded in the Fall of 2004.



Bea Kaufman’s energy and enthusiasm could light up a room — even amid the often overwhelming environment of the Emergency Department (ED). As a registered nurse in this dynamic setting, she shined. Tragically, Bea lost her battle with cancer three years ago. To honor her daughter’s memory, Jane Kaufman established The Bea Kaufman Endowed Fund to support trauma certification for MGH ED nurses. Jane’s goal is to support their vital certification requirements in perpetuity. To date, the fund has supported professional development for more than 50 ED nurses.

Each year, Al Petrilli honors his wife’s memory by donating to the Marie C. Petrilli Cancer Research and Treatment Fund. Al and his brother David established the MGH charitable foundation five years ago to help raise funds and awareness for cancer treatment and the quest for a cure. To date, Al’s philanthropic efforts toward Patient Care Services have included: sponsorship of an award for oncology nurses who demonstrate “exemplary care and compassion in their practice;” support for a Social Services fund for cancer patients; and, resources to help renovate family lounges and provide patient amenities on two inpatient cancer units.

Those wishing to support the work of MGH Patient Care Services may contact:

Amy Fontanella
MGH Development Office
100 Charles River Plaza
Suite 600
Boston, MA 02114
617.726.2200
www.mghfund.org

PATIENT CARE SERVICES

VISION & VALUES

As nurses, health professionals and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day.

We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally competent workforce, supportive of the patient-centered values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

GUIDING PRINCIPLES

The following values guide our work:

- We are ever alert for opportunities to improve patient care; we provide care based on the latest **research** findings.
- We recognize the importance of **encouraging patients and families to participate** in the decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote **diversity** within our staff.
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new **partnerships** with people inside and outside of the Massachusetts General Hospital.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most **effective use of internal and external resources**.
- We view **learning as a lifelong process**, essential to the growth and development of clinicians striving to deliver quality patient care.
- We acknowledge that maintaining the **highest standards** of patient care delivery is a never-ending process that involves the patient, family, nurse, all health care providers and the community at large.

STRATEGIC GOALS

- We lead the industry in providing patient- and family-centered care.
- We partner with the community to better understand the health care needs of the diverse population of patients we serve, and to establish a shared vision of care and services.
- We are the health care industry leader for quality and safety.
- We develop and advance systems, technology and programs to promote individualized patient care and support those who provide care.
- We are the “employer of choice” for all professions and support staff, and we value diversity in our workforce.
- We work to promote and support the institution in realizing sound financial growth.
- We position nurses, therapists, social workers, medication interpreters, chaplains and support staff within the hospital to have a strong voice in issues impacting patient care.
- We continuously create throughput systems and processes that drive delivery of safe, efficient, timely and patient centered care.
- We provide excellent leadership, and we foster leadership growth opportunities.

EXECUTIVE TEAM

Jeanette Ives Erickson, RN, MS
Senior Vice President Patient Care and Chief Nurse Executive

Evelyn Bonander, MSW, ACSW
Executive Director, Social Services and Continuing Care, Retired 7/04

Debbie Burke, RN, MSN, MBA
Associate Chief Nurse

Leila Carbanari, RN, MEd
Director, International Program

Edward Coakley, RN, Med, MA, MSN
Director Emeritus

Deborah Colton
Vice President of External Affairs MGPO/PCS

Ann Daniels, LICSW, PhD
Interim Director, Social Services

Marianne Ditomassi, RN, MSN, MBA
Executive Director, PCS Operations and Interim Administrator for Chaplaincy

Joan Fitzmaurice, RN, PhD
Director, Office of Quality and Safety

Theresa Gallivan, RN, MS
Associate Chief Nurse

Trish Gibbons, RN, DNSc
Associate Chief Nurse for The Center for Clinical and Professional Development

Chris Graf, RN, PhD
Director, Patient Care Services Management Systems

Bob Kacmarek, RRT, PhD
Director, Respiratory Care Services

Phyllis Meisel
Director, Reading Disabilities

Sally Millar, RN, MBA
Director, Office of Patient Advocacy and Patient Care Information Systems

Georgia Peirce
Director, Promotion, Communication and Publicity

George Reardon, MBA
Director, Orthotics and Systems Improvements

Pat Rowell
Director, Volunteer, Interpreter, Information and General Store Services

Susan Sabia
Managing Editor/Writer, Caring Headlines

Jackie Somerville, RN, MS, CMAC
Associate Chief Nurse

Michael Sullivan, PT, DPT, MBA
Director, Physical Therapy and Occupational Therapy

Dawn Tenney, RN, MSN
Associate Chief Nurse

Carmen Vega-Barachowitz, MS, CCC-SLP
Director, Speech-Language Pathology

Deb Washington, RN, MSN
Director, Patient Care Services Diversity Program

NURSE MANAGERS

Carolyn Anderson, RN
Cardiac Surgical Critical Care and Step Down

Christine Donahue Annese, RN, MSN
Central Resource Team, Clinical Supervisors and IV Therapy

Cristina Bethune, RN
Electrophysiology Lab

Sharon Bouvier, RN, MSN
Vascular Surgery

Barbara J. Cashavelly, RN, MSN, AOCN
Cancer Center

Lori Clark Carson, RN, MSN
Obstetrics

Scott Ciesielski, RN MS
General Medicine

Kathy Cullen, RN, MSN, CPAN
Post Anesthesia Care

Susan Cronin-Jenkins, RN, CCRN
Center for Interventional Cardiovascular Therapy

Tony DiGiovine, RN
Transplant, Burn, Plastic and Reconstructive Surgery

Eileen DeGraan Flaherty, RN, MBA, MPH
General Medicine

Kim Deltano, RN, CNM, MS
Midwifery

Ellen Fitzgerald, RN, MS
Oncology/Bone Marrow Transplant, Appointed 3/04

Marion Freehan, RN, MPA/HA, CNOR
Main Operating Rooms

Alice Gervasini, RN, PhD
Trauma Program

Carol Ghiloni, RN, MSN, OCN
Oncology/Bone Marrow Transplant, Retired 3/04

Bonnell Glass, RN, MN
Clinical Research

Susan Gordon, RN, MS
General Medicine, Hired 6/04

Maryfran Hughes, RN, MSN
Emergency Services

Donna Jenkins, RN, MS, CS
Thoracic and General Surgery

Shelia Kaiser, RN, CRNA, MS
Anesthesia

Adele Keeley, RN
Medical Intensive Care and Cardiac Intensive Care

Linda Kelly, RN
Outpatient Gynecology

Ann Kennedy, RN, MS
Neuroscience

Joanne LaFrancesca, RN, MN, AOCN
Oncology Infusion

Marie LeBlanc, RN, MMHS
Surgery/Trauma

Mildred Leblanc, RN
Radiology

Robin Lipkis-Orlando, RN, MS, CS
Psychiatry

Bessie (Bridget) Manley, RN, MPA/HA
Pre-Admission Testing Area

Catherine Mannix, RN, OCN
Radiation Oncology

Mary McDonough, RN, MSN
Urology

Brenda Miller, RN, MSN
Pediatric Intensive Care and Pediatric Ambulatory

Walter Moulaison, Jr., RN, MSN, MBA
General Medicine and Anticoagulation Management Services

John Murphy, RN, MS
Neuroscience Critical Care

Kathleen M, Myers, RN, MSN, CS, ONC, CNA
Orthopaedics, Urology and Oral-Maxillofacial

Hiyam Nadel, RN
Outpatient Obstetrics

Jean Nardini, RN, MS, CNN
Hemodialysis and CVVH Programs

Judy Newell, RN
Gynecology and Pediatrics

Angelleen Peters-Lewis, RN, MS, CFNP
GI Endoscopy

Keith Perleberg, RN, MDiv
General Medicine

Marita Prater, RN, MS
General Medicine

Janet Dauphinee Quigley, RN, MSN
Same Day Surgery

Peggy Doyle Settle, RNC, MS
Perinatal/Neonatal Intensive Care

Judy Silva, RN, MSN
Cardiac Medicine, Access

Colleen Snyderman, RN, MSN
Coronary Care and Acute Respiratory Care

Aileen Tubridy, RN, MSN
Cardiac Medicine Step Down Arrhythmia

Susan Tully, RN
Surgical Intensive Care

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