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Patient Care Services

ANNUAL REPORT
PATIENTS AND POSSIBILITIES
DISCIPLINES

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Physical Therapy | Respiratory Care | Social Work | Speech-Language Pathology

PROGRAMS

Cancer Resource Room
Caring Headlines
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HAVEN Program – helping abuse and violence end now
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The Institute for Patient Care
- Center for Innovations in Care Delivery
- Maxwell & Eleanor Blum Patient and Family Learning Center
- Norman Knight Nursing Center for Clinical & Professional Development
- Yvonne L. Munn Center for Nursing Research
Volunteer Services
the MGH mission

Guided by the needs of our patients and their families, we aim to deliver the very best healthcare in a safe, compassionate environment; to advance that care through innovative research and education; and, to improve the health and well-being of the diverse communities we serve.
Dear Friends and Colleagues:

2007 was marked by an extraordinary year of “Patients and Possibilities” for MGH Patient Care Services (PCS).

As we recall the many contributions to patient care, education, research and the diverse communities we serve, our impact is visible in virtually every setting and service and in every unit and department. While it would be impossible to list all of the many individual and collective achievements from throughout the past year, through “Patients and Possibilities”—the 2007 PCS Annual Report—we have captured many of the highlights. Appropriately, these begin with a focus on our patients.

Perhaps most significant, MGH continued to advance its commitment to keeping patients and staff safe, as evidenced by several significant initiatives. PCS Systems Improvement led an extraordinary hospitalwide effort to convert the hospital’s 2,000 large volume pumps to an advanced, high-tech model featuring “SMART” technology—a programmable mini-computer designed to support front-line staff nurses in providing more precise and safer medication administration. Likewise, to minimize the risk of physical injury to front-line clinicians, we began deploying new safe patient handling technology—ceiling and portable lifts—with great success, and with a long-term goal of 100 percent coverage on every unit. And we reached a remarkable goal of 90-plus percent compliance with the Centers for Disease Control guidelines for hand hygiene—believed to be among the best rates in the country. And, as we did so, we saw hospital-acquired infection rates such as methicillin-resistant Staphylococcus aureus (MRSA) continue to decline.

We also saw the promise of advances in care delivery—the validation of an important swallow screening tool developed by our colleagues in Speech, Language & Swallowing Disorders, and our selection for participation in the nationwide Transforming Care at the Bedside (TCAB) project. We witnessed many “firsts”—the appointment of an executive director of The Institute for Patient Care, director of the new PCS Office of Quality & Safety, and director of The Yvonne L. Munn Center for Nursing Research. We celebrated significant milestones—the ten-year anniversaries of both
Collaborative Governance and HAVEN (Helping Abuse and Violence End Now), the Social Services
domestic violence advocacy program. And we saw breakthrough achievements—our inaugural
Hausman Student Nurse Fellow, one of our social workers honored by the Kenneth B. Schwartz
Center with its Compassionate Caregiver Award, and one of our own named a national “Nurse
of the Year.”

Looking ahead, we continue to see the potential impact of an aging population on the healthcare
system. The number of US adults over age sixty-five is expected to double by 2030, and at the same
time the number of registered nurses in the US is shrinking as aging nurses are leaving bedside
practice. In anticipation, we continued to think creatively about potential solutions. In 2007, the US
Department of Health and Human Services awarded us a $650,000 grant to support an innovative
RN Residency Program: Transitioning to Geriatrics and Palliative Care. The goal is twofold: improve
the nursing care delivered to older patients and extend the careers of experienced nurses at the
bedside. Likewise, the Center for Integration of Medicine and Innovation Technology (CIMIT)
awarded its first-ever grant to an MGH nurse to host a summit—“Coming of Age: Innovations to
support the aging nurse”—to begin exploring possible solutions that will allow these nurses to stay
at the bedside longer. Likewise, we began to ramp up efforts to promote geriatric interdisciplinary
practice through several innovative approaches, including the hiring of a geriatric clinical nurse
specialist for consultation to all clinicians.

Together, we are successfully advancing our mission of providing the best possible care to our
patients and families, and for that I can only say, “Thank you.”

With admiration and respect,

Jeanette Ives Erickson, RN, MS, FAAN
Senior Vice President for Patient Care and Chief Nurse
“What we received was really total family care.”
At age 16 Eddie Martin had it all: He was a National Honor Society student and a three-sport varsity athlete in football, hockey and baseball at Silver Lake High School in Kingston, Massachusetts. He was a playmaker—the go-to guy—and college recruiters were starting to take notice. The football season had just ended with a big Thanksgiving Day victory, and Martin had been elected team captain. Now he was transitioning to hockey and was the team’s starting goalie. On December 7 he and his teammates raced from the classroom to a friend’s car to head to practice. Last to arrive and the car already full, Martin sat on the trunk for the short ride. It was a matter of seconds before he fell, the weight of his backpack forcing his head into the road and leaving him with a traumatic brain injury. He had entered the battle of his life.

EMTs moved Martin to a MedFlight helicopter poised alongside the nearby football field. Every minute mattered as they raced to MGH. Traveling north on the highway below, Ed and Karin Martin knew only that their son had been in a serious accident. When he arrived, clinicians immediately placed a drain to remove fluids from around his brain and minimize swelling. Too fragile for the OR, they moved him to the Pediatric Intensive Care Unit (PICU), where life-saving procedures began at the bedside, including inserting a bolt in his head to help monitor pressure in the brain. “We were struck by the remarkable calmness and focus of Eddie’s clinical team as they worked together to save his life,” recalls Karin. “But what we received was really total family care. Everyone kept us very involved, helped us understand what was happening, and taught us how to cope with this tragedy.”

For weeks, Martin’s world remained a web of machines, tubes, fluids, medications and alarms, with a team of nurses caring for him around the clock. During a particularly grim period, staff spent four hours calling repeat
codes on their patient. “Eddie’s was an especially intense case,” says Jennifer Garrity, RN, a PICU staff nurse. “We had to monitor him constantly for any signs of brain herniation, manage multiple IV drips for blood pressure support, swelling, heart rate, pain, and sedation to help preserve his brain.”

The family endured the painful uncertainty of their son’s outcome, hour by hour, week after week. Would he survive, and if so, in what condition? It was likely he would never speak or walk again. In a final, desperate measure to relieve pressure to his brain, surgeons removed pieces of his skull, temporarily storing them in his abdomen. Somehow, Martin survived the operation. And on Christmas Eve, it came time to end the weeks of uncertainty by bringing Martin out of his drug-induced coma.

The team prepared his parents and conversations with the social workers and chaplains—who had been by their side throughout—helped them process all they were hearing. But no one was prepared for what happened next: Eddie Martin opened his eyes, looked directly at his mother and said, “Mamma.” Their son was back. “It was our Christmas miracle,” says Karin. “We knew then he would make it.”

Martin began a rapid-fire recovery never before witnessed. Within days he was transferred to the general Pediatric Unit, where he thrived on a regular regimen of physical, occupational and speech-language therapy. Still too weak to sit up or brush his teeth, Martin, with the help of his clinicians, mapped out a game plan for recovery and set some big goals: return to school, attend the prom, and graduate on time with his class. He credits much of his subsequent progress to the clinical team that rallied to pull him through and helped him regain the basic functions he’d lost. And he also is grateful for the work ethic he had developed playing sports. “That’s where I learned to push myself to the limit,” he says.

Martin eventually transferred to Spaulding Rehabilitation Hospital for an expected three-month stay; he went home in just weeks and continued his astounding progress. He describes himself as being “back to normal.” Although the injury prevents him from ever playing contact sports again, he still works out and practices with his team mates, leading them from the sidelines. And as to the matter of his lofty goals, Martin eventually returned to school full time, attended the prom with his high school sweetheart, and this year graduated on time, with a 3.7 grade point average and an academic scholarship to Merrimack College. He plans to study physical therapy.
“We were struck by the remarkable calmness and focus of Eddie’s clinical team as they worked together to save his life.”
The goal of this innovative approach is to allow a level of continuity that typically has been out of reach for these patients.
Within the walls of an academic medical center such as Mass General, complex patient cases are becoming the norm. Many of these patients not only have serious physical illnesses but also far-reaching psycho-social issues that further complicate their lives. When it comes to the most complex of these highly complex cases, the approach to care can resemble a made-for-TV drama—CSI or Without a Trace—a mystery to be solved. In these cases, MGH now turns to Team 5.

Started as a six-month pilot program in 2006, the goal of this innovative approach is to allow a level of continuity that typically has been out of reach for these patients. Team 5 consists of a multidisciplinary group of providers: an attending physician, nurse practitioners, a psychiatrist, a case manager and a social worker. The members are not assigned to a particular patient care unit or location within the hospital, but instead provide specialized care for specific patients throughout MGH, wherever the patient is located. Throughout a patient’s case, the membership of the care team remains relatively constant.

“Team 5 patients are particularly comforted by seeing the same clinicians day after day,” says Grace Good, APRN, BC, nurse practitioner. “And this continuity also provides team members with a valuable opportunity to really know these patients and to begin to sort through the complexity of their particular situations.”

Team 5 recently worked with what for them is a classic referral: A woman in her fifties was admitted to MGH as a “Jane Doe.” There was no medical history or information about this patient’s living situation. Tests revealed that she had suffered a stroke, but the patient herself could provide no details. She was described as “homeless,” had cognitive deficits, and over the course of a month was seen by Neurology, the Stroke Service, Physical Therapy, Occupational Therapy, Speech-Language Pathology, the Homeless...
Service, Psychiatry, Nutrition and Food Services, and the Psychiatric Clinical Nurse Specialist Consult Service. After two months at the hospital, she was medically stable, but with so many details about her life still unknown, putting together an appropriate discharge plan presented a huge challenge. It was time for Team 5 to step in.

“The patients we see often have an array of psycho-social issues that can test the limits of traditional hospital care,” says Good. “In this case, setting up the appropriate supports and services outside of the hospital was critical to this patient’s overall healthcare plan.”

As members of Team 5 began to work intensively with the patient, clues about her background began to emerge. She claimed she had held a steady job in a downtown hotel for nearly 20 years. She had kept an apartment, but when her health failed she spent all of her savings, lost her apartment and moved in with a friend until that was no longer an option. She eventually became homeless. With only scant bits of information to go on, and after weeks of investigating, the Team 5 social worker struck gold: She managed to locate the patient’s former employer.

“Jane Doe” now had a name. From there, the team was able to find their patient’s medical records and other information that would help them craft a safe discharge plan. They focused on bringing all of the many vital pieces together. A speech-language pathologist reassessed the patient’s cognitive ability to help determine the level of support she might need in her new living situation. Karon Konner, MSW, LICSW, Team 5 social worker, and Kristin Sybertz, RN, BSN, ACM, case manager, began the arduous task of helping the patient secure funding for her future living situation, including securing a new Social Security card and filling out endless forms and applications. Konner also brought her to visit several assisted living facilities to allow the patient a voice in where she would ultimately live. A psychiatric clinical nurse specialist developed a behavioral plan with the patient’s nurses to support them as they helped the patient continue to make progress and transition from the hospital to a life beyond the walls of MGH.

In the end, Team 5 took over a highly complex case and managed to do for their “Jane Doe” what they do for so many other patients who might otherwise end up getting lost in the system: They gave their patient back her life.
Team 5 took over a highly complex case and managed to do for their “Jane Doe” what they do for so many other patients who might otherwise end up getting lost in the system: They gave their patient back her life.
“I never think of myself as being 83.”
Domenic Marino sums up his current outlook on life very simply: “I never think of myself as being 83.” Like many older adults these days, he maintains a pretty active lifestyle—he cooks, cleans, does the yard work, grocery shops and plays golf any chance he gets. As he describes it, “I’m blessed. I have a good life.”

Marino became a widower 25 years ago, shortly after retiring from the Marketing Department of the Prudential Insurance Group. Following his wife’s unexpected death, he looked for ways to fill the void and solitude that suddenly became his life. He bought a condo on Florida’s West Coast, socialized, made new friends and at age 58 took up golf and soon sported an enviable 11 handicap. At 83, he can shoot his age.

Last winter, Marino made his annual trek north to be with his family for the holidays. One morning, he awoke feeling especially tired; breathing became an effort. Two days later, his daughter called 911; her father’s health had taken a sharp turn. A team at the local hospital stabilized him and searched for a diagnosis. His was a complex case involving his heart and lungs, but there was no clear cause for his rapidly deteriorating health. Throughout the next month, an ambulance rushed Marino to the ER four different times. This fun-loving, active 83-year-old was failing before his family’s eyes.

Eventually, Marino arrived at MGH, where a team of clinicians rallied around the now fragile patient. Surprisingly, his multiple cardiac, pulmonary, blood and other test results were not exceptionally bad. A cardioversion procedure—essentially, a planned shock to the heart—reversed Marino’s irregular heartbeat, but still there were no signs of improvement in his overall health. Then suddenly Marino lost his ability to swallow. He began losing weight and grew weaker, became depressed and then catatonic.

Great things are not done by impulse, but by a series of small things brought together.

VINCENT VAN GOGH
“My father’s case was very complex,” says his daughter, Mary Doolan. “If he had been any place else, I think they would have decided they’d done all they could and sent him off to a nursing home. Not for one second did anyone at MGH treat him like an old man. They treated him like a whole person, and that’s what ultimately made him well.”

For much of his hospitalization at MGH, Marino was cared for on Ellison 16, General Medicine, the first inpatient unit at the hospital to pilot an evidence-based, geriatric-sensitive care approach.

According to Laurel Tenney, RN, a staff nurse on the unit, “Older patients have distinct needs, and we’re taking the latest research about their care and applying it at the bedside. Some strategies, although relatively simple to employ, can make a tremendous difference to the patient.” For example, clinicians need to be conscious of standing close to the patient, where they can be seen, or to the side if the patient has macular degeneration with only minimal peripheral vision. Older patients eat better when sitting in a chair versus in bed.

A team of ten staff nurses, the nursing director, clinical nurse specialist, geriatric specialist and a chaplain are leading the charge. This year, staff members traveled to a national conference that provided them with a better understanding of the basic principles of geriatric care. Staff education is being supported in a variety of ways, including hosting “Lunch and Learning” sessions, developing informational posters and holding bedside geriatric rounds. And core team members are mentoring other staff, promoting best practices and fostering a culture change on the unit.

Marino and his family noticed the specialized approach. “People listened to us—the people who knew him best, his family—to find out what my father was really like,” she continues, “Even more, they thanked us for our input, assuring us that it would influence how they went about doing their jobs.” It took some time and creativity to manage a variety of health issues Marino was battling, but eventually he was back … and sitting on the edge of his bed, eagerly awaiting discharge and his next round of golf.
“If he had been any place else, I think they would have decided they’d done all they could and sent him off to a nursing home. Not for one second did anyone at MGH treat him like an old man.”
“Hello Dolly!” star Carol Channing was on hand to mark the ten-year anniversary of the PCS Collaborative Governance Program.

Collaborative Governance marks ten years

Throughout the past decade, Collaborative Governance has played an integral role in shaping and advancing the practice of the various disciplines that comprise MGH Patient Care Services. The success of the program rests on its ability to shift clinical decision making from administrators to clinicians at the bedside. By empowering staff in this way, clinicians are positioned to use their knowledge, experience and commitment to provide the best possible care to patients and families.

Florence Nightingale once stated, “Great progress is largely contingent upon thoughtful reflection, dialogue and the creative use of worthwhile ideas.” In its first ten years, Collaborative Governance has demonstrated such progress, exerting far-reaching influence in transforming the PCS culture and the way we deliver care.
The work of the Professional Development Committee led to the creation of the PCS Clinical Recognition Program, the first-of-its-kind multidisciplinary advancement program. Clinical Recognition provides a formal way to acknowledge the expertise of clinicians, recognizing the valuable contributions made by staff at every level toward the common goal of excellence.

The Patient Education Committee has ensured that clinicians have timely access to a comprehensive array of patient-education materials—written in plain language and available in non-English translations. Patients today are far better positioned to make well-informed decisions about their care.

The Nursing Practice Committee has provided a means for translating evidence-based practice into policies, procedures, guidelines and standards, ensuring that staff have the right tools and the right technology in the right place at the right time.

The Ethics in Clinical Practice Committee has played a critical role in addressing the increasingly complex issues associated with care delivery, particularly those related to end-of-life care. As they have championed the hospitalwide implementation of advance-directive initiatives and advance care planning, they have served as vital advocates for patients and families.

The PCS Quality Committee has been influential in cultivating the robust culture of quality and safety now embraced throughout PCS and the hospital. The group has provided an early warning system for identifying patterns and practices that require specific attention in order to keep patients and staff as safe as possible.

The Nursing Research Committee has ensured that research remains an integral part of MGH nursing practice. This committee fueled the spirit of inquiry with its now famous “Did you know?” posters, the Nursing Research Journal Club and the launch of the Nursing Research Expo, held during Nurse Recognition Week.

The PCS Diversity Committee has advanced the PCS and hospitalwide diversity agenda, raising awareness about diversity-related issues and exploring the challenges of healthcare disparities. They have also partnered with The Norman Knight Nursing Center for Clinical & Professional Development to develop educational programs on cultural competence, ensuring care that is as meaningful as it is culturally sensitive.

The Staff Nurse Advisory Committee ensures open, two-way and ongoing communication between staff and leadership. The voices and participation of these staff nurses have informed critical nursing initiatives and addressed emerging issues in their earliest stages. The impressive success of the Staff Nurse Advisory Committee paved the way for the creation of two more advisory committees, one in Social Services and another in Physical and Occupational Therapy.
We are what we repeatedly do. Excellence then is not an act but a habit. ARISTOTLE

INTRODUCING SMART PUMPS

Imagine facing this challenge: replacing every large volume intravenous (IV) infusion pump at MGH—some 2,000 pieces of high-tech equipment—over the course of just three days, with the assurance that every staff nurse would be trained in the new technology.

This summer the PCS Systems Improvement (SI) team led an extraordinary hospitalwide effort that accomplished this very task.

With a goal of supporting front-line staff nurses in providing more precise and safer medication administration, SI staff, clinical nurse specialists, and staff from PHS Contracting, Materials Management, and Biomedical Engineering converted the hospital’s 2,000 large volume pumps to an advanced, high-tech model.

The upgraded equipment features “SMART” technology—essentially a programmable mini-computer with built-in guidance systems to prevent over- and under-dosing of medication through an embedded electronic drug library that contains drug names, dosing units and limits for a broad range of IV medications. The new system also provides a vital platform for future upgrades, including wireless capability to facilitate updates to the drug library and downloads of quality data and bar-coding features that will advance medication safety.

Paving the way for the “overnight” conversion, the team designed an unprecedented educational initiative to ensure that the MGH nursing staff could take full advantage of the new technology. Staff from The Norman Knight Nursing Center for Clinical & Professional Development trained 91 percent of the MGH nursing staff—2,900+ nurses—over the course of three weeks, either on their unit or in well-attended super-user sessions. Unit-based staff champions were prepped to train the remaining nurses.
The Institute for Patient Care: International Visitors Program hosted 131 international nurse visitor colleagues within 29 individually planned educational programs from the following countries: Belgium, Brazil, China, Israel, Japan, Singapore, South Korea, Spain, Thailand, the US and the United Kingdom ... as compared to 98 visitors and 27 programs in FY 2006.

A MILESTONE IN NURSING EDUCATION

This summer, the MGH Department of Nursing celebrated a landmark day in its history: the dedication of The Norman Knight Nursing Center for Clinical & Professional Development. This state-of-the-art facility is now one of the leading hospital-based nursing education centers in the country, featuring innovative orientation, training and continuing education programs; a variety of partnerships with academic institutions; clinical simulation training; a novel New Graduate Critical Care Nursing Program; and hundreds of continuing education programs designed to promote clinical excellence and professional development.

The Norman Knight Nursing Center embodies Jeanette Ives Erickson’s vision and commitment to a culture of lifelong learning, and the foresight, commitment and generosity of local businessman and philanthropist Norman Knight, broadcasting legend and founder of Knight Quality Stations. It became their common goal to bring together the space, technology, talent and resources required to give new meaning to professional practice development.

The Center offers a springboard for nurses to share their clinical expertise, both within the walls of the MGH and around the world; a mechanism for educating the next generation of providers; a means for supporting the lifelong learning required of this dynamic profession; and, ultimately, the ongoing support nurses need to provide the best possible care to patients and families.

As Peter L. Slavin, MD, MGH president, noted, Mr. Knight has contributed to creating “a valuable resource for MGH nurses and clinicians, one that will support the professional development of generations of nurses for years to come.”
AAN INDUCES TWO MGH NURSES

This year, two MGH nurses—Diane Carroll, RN, PhD, FAAN (left), and Jeanette Ives Erickson, RN, MS, FAAN (right)—had the prestigious honor of being inducted as fellows of the American Academy of Nursing (AAN). The organization is comprised of many of the nation’s top nursing executives, policy makers, scholars, researchers and practitioners.

Carroll has worked in cardiovascular nursing and research for more than 30 years, currently within the Yvonne L. Munn Center for Nursing Research at MGH. Her responsibilities include developing and expanding cardiovascular nursing research and mentoring colleagues with research questions that arise from their patient care practices. Carroll is widely published and has presented extensively both nationally and internationally. She is a Nurse Fellow in the European Society of Cardiology and a fellow in the American Heart Association.

Ives Erickson has served as MGH senior vice president for Patient Care since 1996. She has developed new measures to evaluate innovations that influence professional nursing practice including the Staff Perceptions of the Professional Practice Environment Survey, which is used to evaluate the professional practice environment. Currently, this instrument is being used by more than 25 healthcare institutions, in six countries. Ives Erickson is an instructor at Harvard Medical School, visiting scholar at Boston College, senior associate at The Institute for Nursing Healthcare Leadership and assistant professor at the MGH Institute of Health Professions. In 2007, she was appointed by the US Secretary of Health and Human Services to serve on the National Advisory Council on Nurse Education and Practice. Her international commitment to improving nursing practice in countries such as Iraq and Indonesia also contributed to her election to the Academy.

MAKING PATIENT SAFETY INFORMATION AVAILABLE

Patients and their family and friends are important members of the care team. Everyone plays an important role on that team and in creating a healing environment for the patient. In 2007, MGH launched a new patient safety feature to complement its existing CarePages service. Through MGH CarePages, patients and families can update their entire circle of family and friends via their own personalized and secure web page. Now, each of these pages features a link to important information about patient safety, including taking and tracking medications, avoiding infection, visitor hand hygiene, and links to specific patient safety resources. Arming patients and families with critical information can be an important step in keeping patients safe.

All that is necessary to break the spell of inertia and frustration is this: *Act as if it were impossible to fail.* DOROTHEA BRANDE
INNOVATIONS TO SUPPORT THE AGING NURSE

By the year 2010, 40 percent of all current registered nurses are expected to retire, and the US Department of Labor and Statistics projects that the country will experience a shortage of more than 1 million nurses. By better supporting aging nurses in their practice, many may stay at the bedside longer, offering one solution to this pending crisis.

In the fall, The Center for Integration of Medicine and Innovation Technology (CIMIT) awarded its first-ever grant to a nurse to begin exploring possible solutions. Working with The Center for Innovations in Care Delivery at MGH, Marianne Ditomassi, RN, MSN, MBA, executive director of PCS Operations, organized an invitation-only summit called “Coming of Age: Innovations to support the aging nurse.” The event brought together nursing, academic and industry leaders to innovate around technology, environment of care and practice.

The proceedings from the event are being compiled and will be shared with healthcare and industry leaders as a way to drive the national agenda and create viable solutions.

SERVICE AND SAFETY: TEAM USA

The Norman Knight Nursing Center for Clinical & Professional Development and Environmental Services welcomed more than 75 unit service associates (USAs) and their managers to Ruth Sleeper Hall for the inaugural session of Team USA. The new educational series was designed to update and review environmental cleaning procedures and other skills with USAs throughout the Department of Nursing.

The open-house-style offering included several interactive learning stations, allowing employees time to observe demonstrations, ask questions and get hands-on practice with various cleaning products, tools and procedures. The USAs learned about new flat mops, the suction canister liner system, safe bodily fluid cleanup, hazardous waste disposal, proper use of cleaning chemicals and the array of towel dispensers used throughout the hospital.

Unit service associate Pearline Morrison gave Team USA high praise, “It was very, very good. It gave us experience with things we need to know.”

SMOKING CESSATION: 2007 marked a year of terrific growth for the MGH Tobacco Treatment Services (TTS). In January, many of the hospital’s electronic admission templates added a field describing the patient’s smoking status. Now an automatic referral is sent to the TSS whenever a patient is identified as a smoker. As a result, the number of MGH patients who receive smoking counseling has increased dramatically, up from 70 referrals a month to 70 a week.
Respiratory Care Services this year celebrated its 60th anniversary, marking decades of development in the technical and clinical aspects of the profession. In the early days, oxygen tents, iron lungs and simple mechanical ventilators were used to support patients in respiratory distress. Today, microprocessor-controlled mechanical ventilators, extracorporeal membrane oxygenation (ECMO), and sophisticated oxygen and aerosol delivery systems are the standard.

In 1959, 72 patients were mechanically ventilated outside the operating room. In 2007, more than 4,700 patients were mechanically ventilated, with an average of 83 patients receiving ventilator support on a daily basis. Staffing has increased from three oxygen technicians in the early days to more than 80 respiratory therapists today.

With increasing demand for respiratory care services, respiratory therapists are a critical part of the patient-care team within and outside intensive care units.

Standing behind original MGH iron lung during this year’s Respiratory Care Week celebration are respiratory therapists (l-r) Pam Brown-Early, RRT; Vincent Riggi, RRT; Christa Fournell, RRT; Le Tanya Taylor, RRT; and Deborah Chase, RRT.

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Perleberg distinguished himself as the nursing director of Phillips House 20 and 21 after assuming that position in 2001, creating practice environments that are exceptionally focused on the patient and family and are known for interdisciplinary team work. Over the past few years, Perleberg has placed an increased emphasis on patient and staff safety and has taken a leadership role by sponsoring unit-based and interdisciplinary ethics forums and peer-to-peer teaching programs.

Recently, he served as the Magnet Redesignation Committee co-chair and has been very active in hospital-based committees, councils, teams and task forces, including the TB Safety Task Force, BSN Education Advisory Committee, Nurses Improving Care for Health System Elders (NICHE) Committee, Physician Orientation Task Force, Medication Reconciliation Project Team and Clinical Recognition Board.

Perleberg joined the MGH community in 1991 as a staff nurse in inpatient Psychiatry and served as the chair of the Department of Nursing’s Staff Nurse Advisory Committee from 1991 to 1994. In 1993, he assumed the role of interim nurse manager of inpatient Psychiatry.
NATIONAL NURSE OF THE YEAR HONORS

*Nursing Spectrum* magazine named MGH’s Deborah Washington, RN, PhD(c), Patient Care Services (PCS) director of Diversity, its 2007 National Nurse of the Year in the “advancing and leading the profession” category. The publication’s annual Nurse of the Year Awards recognize the extraordinary contributions nurses make to their patients, to one another and to the profession of nursing.

In 1995, Washington became the first PCS director of Diversity at MGH, and has since proven instrumental in leading various initiatives to advance diversity within the workforce and to translate cultural competence into practice. Among her many accomplishments, she co-designed the first culturally competent care curriculum at MGH, created our African American Pinning Ceremony, was awarded a fellowship in the inaugural class of the Health Research & Educational Trust (HRET) Cultural Competence Leadership Fellowship Program and was selected to participate in the 2007 Robert Wood Johnson Executive Nurse Fellows Program, a three-year advanced leadership program.

Through her inspiring vision and steadfast commitment, diversity has today become an integral part of the MGH culture.

Be the change you want to see in the world. GANDHI

9 different MGH nurses were named finalists in the 2007 Nursing Spectrum “Nurse of the Year” Awards—New England Region … the most from one institution in any given year.

The categories and respective finalists include:

*Advancing the Profession* • Deborah Washington, RN, PhD(c), Director, PCS Director of Diversity

*Clinical Care* • Denise Morelli, RN, Staff Nurse

*Community Service* • Karen Holland, RN, Staff Nurse

Gayle Peterson, RN, Staff Nurse

*Management* • Angelleen Peters-Lewis, RN, PhD, Nursing Director

*Mentoring* • Catherine Beisheim, RN, Clinical Nursing Supervisor

Kathleen Carr, RN, Staff Nurse

*Teaching* • Brian French, RN, Simulation Program Manager

Dorothy Jones, RN, EdD, FAAN, Director of The Yvonne L. Munn Center for Nursing Research

Jones and Washington each were named “Nurse of the Year” in the New England Region in their respective categories.

Washington went on to win the national award (see story at left).
For several decades, Maxwell V. “Mutzie” Blum built a reputation as a respected businessman, founding the Maxwell Shoe Company and turning it into a leader in the footwear industry. At the same time he was an active community leader, very involved in nonprofits, donating not only money but also his time and expertise. Maxwell and his wife Eleanor have been very generous to MGH over the years.

Sadly, Maxwell Blum died in 2003, but through his family his legacy of giving continues. In 2007, his wife and daughters made a major gift to the Social Services Department in the Cancer Center to name the Maxwell V. Blum Cancer Center Resource Room. Here his generosity helps countless cancer patients at a critical and very frightening time.

“Our father understood how important it is for patients to educate themselves,” says his daughter, Betty Ann. “We know he would be enormously proud to have his name associated with such a worthwhile service.”

Founded in 1995 and generously supported each year since its inception by Friends of the Massachusetts General Hospital Cancer Center, the Cancer Resource Room helps people better understand and cope with a disease that can, at times, seem overwhelming. The service averages 60 visitors per day to its Yawkey Center location and 45,000 visits per month to its website.
PROMOTING ERGONOMIC SAFETY

As part of their work, nurses are naturally at risk for physical strain and injury. Fortunately, ergonomic technologies that reduce the risk of physical strain and injury in the delivery of patient care are becoming more widely available.

In an effort to eliminate or minimize the physical risk to front-line clinicians, MGH is deploying new, safe patient-handling technology with great success. In 2006, ceiling lifts were piloted in two inpatient care units. Nurses on the two pilot units gave the lifts a 9.7 out of 10 rating in areas such as quality, safety, efficiency, effectiveness in reducing injury and comfort in use. Likewise, they found that patient outcomes were positively impacted. Reports from one clinician in the Medical ICU suggest that the lifts have helped to improve skin integrity and pulmonary function. Nursing has also reported the increased frequency with which patients are able to be transferred out of bed.

Based on the successful pilot, MGH began installing lifts on inpatient care units in March 2007, with a goal of 100 percent coverage on every unit to increase the adoption of the equipment and have the equipment available for clinicians at all times. In 2007, MGH installed ceiling lifts in ten inpatient care units.

MGH will continue to install ceiling lifts in all inpatient units throughout the next two years as well as piloting portable lifts as an immediate option on units at lower risk.

FIRSt EYECEutivE Director of the Institute for Patient Care Appointed

Gaurdia E. Banister, RN, PhD, joined the PCS leadership team as the first executive director for The Institute for Patient Care. The Institute includes The Norman Knight Nursing Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Maxwell & Eleanor Blum Patient and Family Learning Center, The Center for Innovations in Care Delivery, and a variety of programs, such as Clinical Recognition and Collaborative Governance.

Banister is responsible for advancing the Institute’s new vision for interdisciplinary education and research, which is centered on a commitment to meeting patients’ needs and advancing the professions.

She comes to MGH from Providence Hospital in Washington, DC—part of the Ascension Health System—where she served as senior vice president for Patient Care Services, overseeing nursing, pharmacy, respiratory, cardiac diagnostic and the sleep lab. She has been awarded fellowships in the Robert Wood Johnson Nurse Executive Program and the Johnson and Johnson Wharton Program in Management for Nurse Executives, and she is the recipient of numerous grants from a variety of funding sources, including Health Resources and Services Administration (HRSA).

SCHWARTZ CENTER HONORS MGH SOCIAL WORKER

The Kenneth B. Schwartz Center this year named Barbara Moscowitz, MSW, LICSW, the winner of its ninth annual Compassionate Caregiver of the Year Award. She is the first social worker to earn the honor. The Center established the award in 1999 to recognize Massachusetts caregivers who display extraordinary compassion in caring for patients.

Moscowitz serves as the coordinator of Geriatric Social Work in the MGH Geriatric Medicine Unit; directs MGH Senior HealthWISE, a community benefit program that reaches out in countless ways to low-income and frail elderly in neighborhoods around MGH; and is in the beginning stages of creating the MGH Family Caregiver Support Center.

The daughter of an Alzheimer’s patient under Moscowitz’s care describes their family’s social worker as being a lifeline. “She gave my mother such peace and helped our family find joy and connection during such a difficult time in our lives. She taught me life lessons that stay with me still: living in the moment, being present and understanding that even the smallest acts of kindness can make a difference.”
First Director of Nursing Research Appointed

This year, Dorothy A. Jones, RN, EdD, FAAN, became the first director of The Yvonne L. Munn Center for Nursing Research. Dr. Jones is widely regarded as a prominent figure within the nursing research world. She has published and presented extensively, both nationally and internationally; is a professor of Adult Health Nursing at the William F. Connell School of Nursing at Boston College; and most recently served as a visiting professor at the University of Navarra in Pamplona, Spain.

No stranger to the MGH, Jones was first awarded staff privileges as a nurse scientist in the MGH Department of Quality Assurance, Research and Staff Development in 1988. Beginning in 2000, she worked as a senior nurse scientist, continuing her cultivation of nursing research and scholarship throughout the MGH Department of Nursing.

She set a fast pace for the Munn Center this past year, identifying the infrastructure and resources required to support nursing research at MGH and facilitating, implementing and evaluating a variety of innovative initiatives, including the launch of a Nurse Scientist Advancement Model for doctorally prepared nurses.

Vital Swallow Screen Tool Validated

Patients with neurological disorders, such as stroke or traumatic brain injury, often have swallowing problems related to the mouth or throat. This puts them at risk for aspiration and aspiration pneumonia. The mortality rates associated with this particular complication are quite high, particularly among stroke patients. In order to reduce their risk, it is critical to identify these patients as early in their hospitalization as possible.

This year, the MGH Department of Speech, Language & Swallowing Disorders introduced an important swallow screening tool that has now been validated for use by staff at the bedside. The screening can quickly and accurately determine whether newly admitted patients are at risk for aspiration before they are given food, fluids or medication by mouth. Patients who fail the screening test can then be referred to a speech-language pathologist for a complete evaluation.

The tool has been introduced on the MGH inpatient neuroscience units, which treat patient populations at higher risk for aspiration. A web-based training module that can be accessed via CD or the hospital’s intranet ensures that nurses and physicians are properly trained to use this screening tool.

OR Nurses Honored: In a special “Salute to Nurses” supplement published in May, The Boston Globe honored a team of “core” nurses from MGH Operating Room (OR) 36, the hospital’s burn OR. The honorees were selected from more than 200 nominees from throughout New England. Pictured (l-r) are Terry Ledy-Fitzgerald, RN; Elizabeth Viano, RN; Ann Doig, RN; and Linda Bracey, RN.

Now is the time.

Martin Luther King, Jr.
Stevenson Morency, a nursing student at the University of Massachusetts, Amherst, became the first recipient of the Hausman Student Nurse Fellowship. Funded by a donation from MGH patient Margareta Hausman and established by the PCS Diversity Program, the fellowship program is designed to expand the diversity of the MGH nursing staff to better reflect the patient population and the population of the community as a whole. The fellowship gives recipients an opportunity to work with a minority mentor while developing essential skill sets needed to thrive in the workplace setting.

While at MGH, Morency spent ten weeks rotating between several patient care units, observing various roles and contributing to the delivery of care as possible. He shared that the fellowship proved a great way to gain exposure to different areas of nursing and learn to address particular challenges that may arise from being a minority nurse.

The Hausman Student Nurse Fellowship was created when Hausman noticed a need for increased diversity of the nursing staff. She wondered how the hospital might more effectively attract staff from various backgrounds to better serve their diverse patient population.

“We all find comfort being in familiar surroundings, interacting with people with whom we share something in common,” said Hausman. “This can be especially true when we’re at our most vulnerable.”

Only 9.7 percent of the nearly 2 million registered nurses in the US are minorities ... at MGH that rate is 9 percent.
The American Organization of Nurse Executives (AONE) announced this summer that MGH was selected to participate in a nationwide two-year Transforming Care at the Bedside (TCAB) project to improve patient care. Originally launched in 2003 by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, 68 hospitals nationwide—six in Massachusetts—were selected to participate in Phase Three of the project. MGH is the only adult academic medical center in Massachusetts participating.

TCAB is a national program that engages nurses as leaders in driving care improvements at the bedside. The program provides nurses with tools and training to lead to improvements in the quality and safety of patient care on medical and surgical units, to increase the vitality and retention of nurses, and to improve the effectiveness of the entire care team. Nurses are positioned to develop interventions and design new processes that improve care and lead the delivery of care.

White 10 General Medicine, under the leadership of nursing director Amanda Stefancyk, RN, MSN, MBA, serves as the central TCAB site at MGH, and White 9 General Medicine, led by Sara Macchiano, RN, MS, MBA, is the project’s control unit. Barbara Blakemey, RN, MS, FAAN, serves as the overall leader of the project, which is co-sponsored by The Center for Innovations In Care Delivery and Medical Nursing and will be ongoing through August 2009.

PCS conducts a Staff Perceptions of the Professional Practice Environment Survey every 18 months to obtain feedback from direct-care staff. The feedback is used to identify opportunities to improve the practice environment for clinicians.

This year’s response rate of 63 percent was the highest ever, with an overwhelming 92 percent of respondents reporting being satisfied or very satisfied with the work environment at MGH.
In 2007, the MGH Occupational Therapy (OT) and Physical Therapy (PT) departments created a new observational learning experience for 44 first-year Harvard Medical students enrolled in “Patient-Doctor 2,” their first course in physical examination; the focus was on the musculoskeletal and neuro-muscular systems.

Through a new course enhancement, this year’s class became the first to partner with physical and occupational therapists as they cared for patients at MGH. The goal was to provide the medical students with opportunities for direct observation of physical therapy or occupational therapy examination procedures while educating them about the role of PT or OT in the acute care inpatient and outpatient settings.

The experience proved a big success and an eye-opener for the students, as one shared, “I didn’t understand how much interaction with the rest of the team took place around the patient’s treatment plan.” Another student added, “The level of detail of the musculoskeletal examination was amazing to watch.”

Based upon the enthusiastic feedback from the students, the Harvard program plans to continue the interdisciplinary collaboration with PT and OT to build these skills among future physicians.

HAVEN CELEBRATES SERVICE AT TEN YEARS

HAVEN (Helping Abuse and Violence End Now)—Social Services’ domestic violence advocacy program—celebrated its ten-year anniversary in 2007. The launch of a new education and outreach campaign, titled “Is Your Relationship Affecting Your Health?” was a centerpiece of the celebration. Focusing on the health consequences of living with abuse, the campaign addresses the needs of victims and survivors, as well as caregivers, as they strive to improve the clinical response to domestic violence in the healthcare setting.

Since its inception, HAVEN has served more than 4,000 patients, employees, visitors and family members whose lives have been impacted by intimate-partner abuse. According to its mission, “HAVEN works as part of the broader movement to end intimate-partner abuse by improving and enhancing our healthcare response to patients, employees and community members who have been impacted by abuse.”

FIRST NURSING RESEARCH EXPO HELD

The 2007 Nursing Research Expo featured interactive poster displays, opportunities for research consultation, educational booths and exhibits. Approximately 1,100 MGH staff and visitors attended this first-time offering.

Educational booths featured internal and external resources that support nursing research, such as the Nursing Research Committee, The Yvonne L. Munn Center for Nursing Research, the Clinical Research Program, the General Clinical Research Center, Sigma Theta Tau International and the Treadwell Library.

Through interactions with research investigators, posters came alive. Staff were eager to hear the clinical origins of studies and their applicability to their own nursing practice. Nurses from throughout MGH, including those in the Department of Nursing, MGH Institute for Health Professions, the MGH health centers, ambulatory practices, and as far away as the Clark House in Westwood, came to discuss clinical issues and research questions with doctorally prepared nursing experts.

The aim is that this new networking opportunity will fuel new research studies and ongoing mentorships with consultants and/or others identified through the event.

To affect the quality of the day, that is the highest of the arts.

HENRY DAVID THOREAU
Patient Care Services · Annual Report 2007

Last spring, Jeremy R. Knowles, PhD, awoke in the Medical ICU at MGH with no memory of the prior five weeks. He had been lying unconscious due to pneumonia and sepsis, a result of a weakened immune system following chemotherapy treatments for prostate cancer.

As his wife and children welcomed him back and filled in the blanks, they shared many stories, particularly those of the nursing staff’s ongoing concern, care and attention, using a lengthy string of superlatives.

Timing being everything, Knowles, a Harvard University professor of biochemistry and former dean of Harvard’s Faculty of Arts and Sciences, had recently retired from the board of Corning, Inc. When the board asked him to select a charity to which it would allocate a gift in honor of his years of service, he recalls, “My choice was obvious.”

The resulting Corning gift of $200,000 will establish the Jeremy Knowles Nursing Preceptor Program to fund the mentoring of new graduate nurses by experienced clinical nurses, passing valuable years of practice and experience on to the next generation of caregivers.

“As a biochemist, I might have imagined myself giving to research or a promising new drug,” Knowles says. “But my experience at MGH showed me that what comes after the medicine and treatment is so critical.”

Sadly, this spring Knowles lost his battle with cancer, but his gift will live on through the vital nursing preceptor program he helped launch.

LATINO NURSES DAY

This year, the Patient Care Services Multicultural Nursing Committee (MCN) marked a major milestone, hosting its first annual Latino Nurses Day. The MCN is comprised of nurses and administrators actively engaged in community outreach. The group provides mentorship and support to multicultural nurses and helps candidates navigate the obstacles encountered by clinicians educated in other countries as they try to become nurses at MGH. The inaugural event offered Latino clinicians within MGH Patient Care an opportunity to share experiences, discuss the importance of mentoring and reach out to other Latino members of the MGH community. Pictured (l-r) are Noelia Goytizolo; Claribel Diaz, RN; Kathleen Myers, RN; Yulhader Revere, RN; and Paula Restrepo, RN.

JEREMY KNOWLES NURSING PRECEPTORS PROGRAM

This year, Edna Gavin, patient care associate in the Bigelow 13 Burn Unit, became the first recipient of an important new honor for Patient Care Services, The Norman Knight Clinical Support Excellence Award. Gavin was recognized for embodying this new award’s three criteria: patient advocacy, commitment to quality patient care, and compassion and caring.

Gavin began her career at MGH in 1969, and today is a highly respected member of the Burn Team, with clinicians and colleagues in virtually every role seeking her input about patients and their care. Tony DiGiovine, RN, BSN, BA, nursing director for the Transplant, Burn, Plastic and Reconstructive Surgery Unit, best summed up Edna’s contributions. “When patients return to the Burn Clinic, it’s Edna they seek out, most saying, ‘I couldn’t have made it without her,’” he said. “Having worked with Edna for 20 years, I can honestly say the same: ‘I couldn’t have done it without her.’”

INAUGURAL KNIGHT SUPPORT EXCELLENCE AWARD

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high five for hand hygiene

In 2002, the Centers for Disease Control changed its guidelines for hand hygiene, calling for altering practice nationwide. Educating staff and changing their behavior continues to pose a big challenge to all hospitals, where the environment is fast-paced and practice is engrained.

This year, MGH set a bold goal of achieving a 90 percent compliance rate with the CDC guidelines hospitalwide—across all disciplines and role groups. By the end of November, that high mark was realized, with 90 percent of staff disinfecting their hands before contact with the patient or the patient’s environment, and 92 percent disinfecting after contact. These results are believed to be among the best hospital hand hygiene compliance rates in the country.

While good hand hygiene practices alone cannot fully protect patients from harmful infections, the improved practice has had a profound impact. Since 2003, compliance rates before contact have gone from 29 to 90 percent, and after contact has jumped from 62 to 93 percent. At the same time, a significant and sustained decrease in the rate of patients with hospital-acquired methicillin-resistant Staphylococcus aureus (MRSA) has also been observed. Between 2002 and 2007 the rate was cut by over half, despite a greater than twofold increase in the number of patients who arrive at MGH with MRSA.

There is always a better way. THOMAS EDISON
DIAZ EARNs GONZAlez AwARD

Claribell Diaz, RN, staff nurse on the White 6 Orthopaedics Unit, and David Marquez of Police and Security and Outside Services, received the 2007 Ernesto Gonzalez Award for Outstanding Service to the Latino Community. The award is given annually to honor MGH employees who have made significant contributions to the experience of Latino patients, families and the MGH community at large.

Accepting the award before a standing-room-only crowd in the Thier Conference Room, Diaz told of her journey to become a nurse and her desire to answer the need for more Latino nurses in the Boston area. She said, “We have only scratched the surface in revealing what the Latino people can do and the value we bring to the healthcare community. Thank you for inspiring me. I am proud to be a Latino nurse at MGH.”

RN RESIDENCY PROGRAM DEVELOPED

The number of older US adults is expected to double by 2030, increasing the demand for nurses who have specialized knowledge in the care of older adults with chronic conditions and end-of-life needs. At the same time, the number of registered nurses in the US is shrinking, as aging nurses are leaving bedside practice.

In 2007, the US Department of Health and Human Services awarded Edward Coakley, RN, MEd, MA, MSN, director emeritus, The Center for Innovations in Care Delivery, a $650,000 grant to support an innovative RN Residency Program: Transitioning to Geriatrics and Palliative Care. The goal is twofold: improve the nursing care delivered to older patients and extend the careers of experienced nurses at the bedside.

Throughout the next three years, a nine-month RN Resident Program will provide advanced education in geriatrics and palliative care to 45 RNs who have two to five years of medical/surgical nursing experience. A four-month RN Preceptor Program will enroll 45 RNs—age 45 and above—providing specialty education in geriatric and palliative care and grooming them to serve as clinical preceptors or mentors for the nurse residents.

As our aging population continues to place increased demands on the healthcare system, novel programs that leverage years of experience and newly acquired expertise will be vital to meeting the need of our patients as well as our nursing staff.
INNOVATIVE ANTICOAGULATION PROGRAM

Once patients leave the hospital on anticoagulants, the ability of healthcare providers to fine-tune dosing and the patient’s ability to stick to the treatment plan can prove challenging. In 2007, Health Workforce Solutions through a Robert Wood Johnson Foundation grant selected the MGH Anticoagulation Management Service (AMS) as an innovative care delivery model that seamlessly cares for these patients.

Outpatient service actually begins in the hospital. A primary nurse is assigned to every anticoagulation patient and becomes accountable for that patient’s initial assessment and ongoing plan of care. Immediately upon the patient’s discharge, the AMS nurse begins working with health providers in the patient’s community, monitoring the patient’s anticoagulation with the immediate goal of managing the dosing. Once in the appropriate therapeutic range, the AMS nurse transitions the patient into a long-term maintenance program.

AMS nurses are automatically notified whenever one of their patients is admitted or discharged from the hospital. Because the nurse has an ongoing relationship with the patient and detailed knowledge about the their care, this instantly puts the patient, nurse and physician all on the same, real-time page—reducing the potential for medical errors or adverse events. In-depth knowledge of the patients and their care is critical to the program’s success.

AMS currently provides long-term outpatient anticoagulation care to some 4,000 MGH patients.

EXTENDING OUR MISSION

Two years ago, Thomas Burke, MD, now director of the MGH Center for Global Health (CGH), gave a talk on global health at Harvard’s Kennedy School of Government. Sitting in the audience was the First Lady of Zambia, an African country in the midst of a maternal and child health crisis. Following the presentation, she described her country’s dire situation to Burke and asked if he could help. He knew he had to do something.

At a time when medical advances abound, 11.6 million mothers and children in Zambia remain near the bottom of the world’s health indices. The life expectancy in Zambia is only 40 years. Thousands of women are dying during childbirth, and an alarming number of Zambian babies are dying before their fifth birthdays.

Recently, thanks to major grants from the Lynch, John and Katie Hansen Family and Cunnington Family foundations, the CGH launched the Maternal and Infant Health Initiative (MIHI) in Zambia. The program is working to improve the lives of women and babies within the country’s Central Province, in the northern Kapiri Mposhi District, which has a population of 300,000.

The effort involves several long-term activities, including creating an advanced training and continuing education infrastructure for Zambian nurse midwives; upgrading targeted health and nonhealth facilities, such as modern birthing centers and “waiting houses” where expectant mothers can stay prior to delivery; and developing transportation strategies to increase access to quality care.

Already the program is saving lives.
2007

PROFESSIONAL ACHIEVEMENTS
STATE AND REGIONAL

Linda Bracey, RN  
Operating Room  
Boston Globe “Salute to Nurses” Award

Diane Carroll, RN, PhD, FAAN  
Yvonne L. Munn Center for Nursing Research

Ellen Mahoney, RN, DNS, FGSA  
Yvonne L. Munn Center for Nursing Research  
Clinical Research Award, Alpha Chi Chapter,  
Sigma Theta Tau International

Ann Doig, RN  
Operating Room  
Boston Globe 2007 “Salute to Nurses” Award

Jeanette Ives Erickson, RN, MS, FAAN  
Patient Care Services  
President’s Award, Massachusetts Association of  
Registered Nurses

Dorothy Jones, RN, EdD, FAAN  
Yvonne L. Munn Center for Nursing Research

Deborah Washington, RN, MSN, PhD  
Patient Care Services Diversity  
New England Regional Winners,  
Nursing Spectrum Excellence Awards

Therese Leddy Fitzgerald, RN  
Operating Room  
Boston Globe 2007 “Salute to Nurses” Award

Sally Millar, RN, MBA  
PCS Informatics, Patient Advocacy  
Massachusetts Organization of Nurse Executives  
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Elizabeth Viano, RN  
Operating Room  
Boston Globe 2007 “Salute to Nurses” Award

PATIENT CARE SERVICES

Theresa Adjan-Vallen, RN  
Emergency Department  
Jean M. Nardini, RN, Nurse of  
Distinction Award

Mary Billingham  
Central Resource Team  
The Anthony Kirvilaitis Jr. Partnership  
in Caring Award

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Rose and George Doval Education Award, New  
York University College of Nursing

MGH Neuroscience Intensive Care Unit  
Outstanding Chapter of the Year Award,  
American Association of Neuroscience Nurses

Constance Dahlin, RN, APRN, BC, PCM  
Palliative Care Service  
Advanced Practice Nurse of the Year,  
National Board for Certification of  
Hospice and Palliative Care

Dean Hess, PhD, RRT, FAARC, FCCP  
Respiratory Care Services  
Robert H. Miller, RRT, Award, National  
Board for Respiratory Care

MGH Neurosciences Division  
Outstanding Chapter of the Year Award,  
American Association of Neuroscience Nurses

Kathleen Killough, RN, BSN  
Office of Patient Care  
Circle of Excellence Award, American  
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Dorothy Jones, RN, EdD, FAAN  
Yvonne L. Munn Center for Nursing Research  
Rose and George Doval Education Award, New  
York University College of Nursing

MGH Neuroscience Intensive Care Unit  
Outstanding Chapter of the Year Award,  
American Association of Neuroscience Nurses

Constance Dahlin, RN, APRN, BC, PCM  
Palliative Care Service  
Advanced Practice Nurse of the Year,  
National Board for Certification of  
Hospice and Palliative Care

Dean Hess, PhD, RRT, FAARC, FCCP  
Respiratory Care Services  
Robert H. Miller, RRT, Award, National  
Board for Respiratory Care
Joanna Akladiss, MS, OTR/L, CHT
Katherine Russo, OTR/L, CHT
Splint Lab
Tufts University, Medford, MA

Anne-Marie Barron, RN, PhD, CNS-BC
Caring and Meaning: The Transformative Power of Compassion
Cambridge Hospital, Cambridge Health Alliance

Important Conversations on Difficult Topics
Caring for Aging Parents Series, First Parish, Milton, MA

Anne-Marie Barron, RN, PhD, CNS-BC
Constance Dahlin, RN, APRN, BC, PCM
Dialogue on Caring and Comfort in the Presence of Suffering at the End of Life
Theta Chapter, Sigma Theta Tau, Quincy, MA

Gae Burchill, MHA, OTR/L, CHT
Suzanne Curley, MS, OTR/L, CHT
Anatomy of Flexor and Extensor Tendons
Management of Flexor Tendon Injuries
Flexor/Extensors – Management of Common Injuries
Splinting for Flexor and Extensor Injuries
Tufts University, Boston, MA

Virginia Capasso, RN, PhD, APRN, BC
Advances in Wound Care: What Really Works?
Updates and Advances in Vascular and Endovascular Surgery
Boston, MA

Case Based Workshop: Skin Ulcer Management with Demonstration
Primary Care Internal Medicine: Principles and Practice
Harvard Medical School, Cambridge, MA

Taking the First Steps...
Toward Your First RN Job
Northeastern University Nursing Alumni Association, Boston, MA

Debora Christofi, RN
Jane Harker, MS, BSN, RN, CGRN
Ellen Silvius, BSN, RN
Nursing Considerations in Endoscopic Ultrasonography
Endoscopic Ultrasonography LIVE-2007, Boston, MA

Kathy Clair-Hayes, LICSW
The Heart of the Matter, A Child’s Experience and the Developmental Impact of Cancer
Hurricane Voices and the Wellness Community, Waltham, MA

Elizabeth Cole, PT, CLT-LANA
Casey Hagan, PT, DPT
Lymphedema Etiology, Signs, Symptoms and Treatment
Partners Home Care, Waltham, MA

Daniel Chipman, BS, RRT
New Modes of Ventilation
22nd Annual Convention and Exhibition, Rhode Island Society for Respiratory Care, Newport, RI

Alternative Modes of Ventilation
5th Annual Respiratory Conference, Cape Cod Healthcare, Falmouth, MA

Debra Christofi, RN
Constance Dahlin, RN, APRN, BC, PCM
The National Consensus Project and National Quality Forum: Supporting Nursing to Sustain a Culture of Palliative Care
Norwood Hospital Nurses Day, Norwood, MA

Regina Doherty, MS, OTD, OTR/L
Ethics Education in the Entry-Level Occupational Therapy Curricula: A Pilot Study
Massachusetts Occupational Therapy Association Annual Conference, Westford, MA

Suzanne Curley, MS, OTR/L, CHT
Extensor Tendons – Management of Injuries
Extensor Tendon Anatomy – Maintaining a Balance
Tufts University, Medford, MA

Professionalism
Tufts School of Occupational Therapy, Medford, MA

Amy Corveleyn, LCSW
Julie Berrett, LICSW
Being On Your Own with Cancer Young Adults Living with Cancer Conference, I’m Too Young for This Mass College of Art, Boston, MA

Constance Dahlin, RN, APRN, BC, PCM
The National Consensus Project and National Quality Forum: Supporting Nursing to Sustain a Culture of Palliative Care
Norwood Hospital Nurses Day, Norwood, MA

Coming ’Round Again: Methadone at End of Life
Joint Meeting of Boston Chapter of Hospice and Palliative Nurses Association and the American Society of Pain Management Nurses, Braintree, MA

Treatment
Jean Fahey, RN, MSN, APRN-BC, CCRN, CNRN
Comfort Care, a Catholic Perspective
Catholic Conference of Arlington Parishes Adult Education, St. Camilia’s Parish, Arlington, MA
Primary and Metastatic Brain Tumors
Cape Cod Healthcare, Society for Neuroscience, Hyannis, MA
Neuroscience in a Nutshell, Neurological Anatomy and Physiology, Assessment and Neurological Diseases in the Acute Care Setting
Simmons College, Boston, MA
Neuroscience Intensive Care: Severe Brain Injury, CNS Neoplasms, Stroke and Seizures
Hallmark Health, Lawrence Memorial Hospital School of Nursing, Medford, MA
Catherine Griffith, RN, MSN, APRN, BC
Developing a Community of Scholars: Impact on Clinical Practice
Eastern Nurses Research Society, Session Papers for Examining Professional Nursing Practice, Providence RI
Marion Growney, RN, MSN, ACNP
Minimally Invasive Spine Surgery: Treatment of Acute Compression Fractures in the Elderly
Nurse Practitioner Associates for Continuing Education, North Falmouth, MA
Treatment of Compression Fractures and Metastatic Spine Lesions
Boston Oncology Nurses Society, Boston, MA
Carol Harmon Mahoney, MS, OTR/L, CH
Fracture Management
Tufts University, Medford, MA
Jeanette Ives Erickson, RN, MS, FAAN
Nursing Now and in the Future
Harvard Medical School, Introduction to Business and Management in Healthcare, Boston, MA
Marion Jeffries, RN, MSN, APRN-BC, FNP-C
Jacqueline Collins, RN, MSN, APRN-BC
Lauren Kattany, RN, MS
Erin Cox, RN, MSN, APRN-BC
Jill Pedro, RN, MSN, APRN-BC
Developing a Bedside Teaching Tool to Assist the RN in Educating the Diabetes Mellitus Inpatient
National Teaching Institute 2007
Lauren Kattany, RN, MS
Current Issues in Healthcare Ethics
Winston Center for Ethics, Boston College
Susan Krupnick, MSN, APRN, BC, CARN
Thomas Quinn, RN, MSN, AOCN
Building Partnerships to Address Pain Management in Persons with Addictive Illness
Annual Meeting of the Alliance of State Pain Initiatives, Boston, MA
Susan Lee, RN, PhD
Collaborative Governance Evaluation: Strategies to Improve Understanding
Eastern Nursing Research Society, Providence, RI
Colleen Lowe, OTR/L, MPH, CHT
Sensation and Sensibility: Repetitive Stress Injuries in the Upper Extremity
Tufts University, Medford, MA
Kelly Macauley, PT, DPT, GCS
APTA: Working for You
North Shore Community College, Danvers, MA
Bessie Manley RN, MPA/HA
Luxury Medicine: When is Healthcare not Healthcare?
HealthCare 2007 Excellence, Efficiency and Economics Conference, Yale School of Management, New Haven, CT
Cynthia McDonough, RN, LNC, CPSN
Rigid Fixation and Perioperative Care of the Facial Reconstructive Patient
Northeast Chapter, American Society of Plastic Surgical Nurses, Boston, MA
Mary McKenna Guanci, RN, MS, CNRN
Increased Intracranial Pressure: Assessment and Management
Society for Neuroscience, Neuroscience 2007, Cape Cod Hospital, Hyannis, MA
Jackie Mulgrew, PT, CCS
Alison Squadrito, PT, DPT, GCS
Management of the Acute Care Patient
St. Francis Hospital, Hartford, CT, and South Shore Hospital, Weymouth, MA
Georgia Peirce
A Culture of Safety: It’s a Great Time to be a Librarian in Healthcare
Massachusetts Health Sciences Library Network Annual Meeting, Waltsbam, MA
Donna Perry, RN, PhD
Transcendent Pluralism and the Transcendental Method: A Progressive Method for Nursing Research
Lonergan and Human Understanding in the Socio-Political Realm
Eastern Nursing Research Society Scientific Sessions Pre-Conference, Providence, RI
Monica Pessina, OTR/L, PhD
Introduction to Splinting Lecture and Workshop
Boston University, Sargent College of Health and Rehab Sciences, Boston, MA
Laurel Radwin, RN, PhD
Testing the Quality Health Outcomes Model in Cancer Care
University of Massachusetts Boston, Boston, MA
Understanding Patient-Centered Nursing Care: Nursing Research and Evidence-Based Practice Day, Boston Medical Center, Boston, MA
Todd Rinehart, LICSW
Andrew Billings, MD
Family Goal-Setting in the ICU Setting
Harvard Medical School Department of Continuing Education, Center for Palliative Care, Boston, MA
Ellen Robinson, RN, PhD
Clinical Trials and Nursing: A Dialogue on Patient Education, Access and Ethics
Boston Oncology Nursing Society, The Dana Farber/Harvard Cancer Center and Simmons College, Boston, MA
Ellen Robinson, RN, PhD
Suzanne Hitchcock-Bryan, RN
Elizabeth Tracey, RN, PhD
Martie Carnie
Margaret Hill, RN, MS
Nancy Lee, RN, MS
Clinical Trials and Nursing: A Dialogue on Patient Education, Access and Ethics
Simmons College, Boston, MA

Katherine Russo, OTR/L, CHT
Combined Injuries of the Upper Extremity
Dynamic Splinting Lab
Splint Lab
Evaluation of the Hand/Upper Extremity
Tufts University, Medford, MA

Teresa Vanderboom, RN, BSN
Interventional Neuroradiology: An Overview of Stroke Prevention and Treatment Procedures Neuroscience Nursing: Innovations Across the Continuum
Boston Chapter of the American Association of Neuroscience Nurses Conference, Randolph, MA

Anne Viser, PT, DPT, ATC
Lisa Woodbury, ATC
Strength and Conditioning for the Female Knee: An Injury Prevention Program
Cambridge Rindge and Latin High School, Cambridge, MA

Poonam Pardasaney, PT, DPT, MS
Angela Perrozzi, PT, DPT
Kristen Quagliariello, PT, MSPT
Zoya Reznik, PT, DPT
Kiley Steinriede, PT, DPT
Lesia Wilson, PT, DPT
Clinical Instructor Training and Certification Workshop
American Physical Therapy Association, Boston, MA

Maura Ament, PT, DPT
Frances Behar, PT
Danielle Bushey, PT, MSPT
Diana Czulada, PT, DPT
Jessica Jacavage, PT, MSPT
Benjamin Maschke, PT, DPT
Heather Markham, PT, DPT
Karen McKenna, PT, MS
Jennifer Miraglia, PT, MSPT
Christine O’Donnell, PT, DPT
Sheila Pallotta, PT, MSPT
Poonam Pardasaney, PT, DPT, MS
Anna Perrozzi, PT, DPT
Kristen Quagliariello, PT, MSPT
Zoya Reznik, PT, DPT
Kiley Steinriede, PT, DPT
Lesia Wilson, PT, DPT
Clinical Instructor Training and Certification Workshop
American Physical Therapy Association, Boston, MA

Katie Binda, LICSW
Barbara J. Cashavelly, MSN, RN, AOCN
Kathy Clair-Hayes, LICSW
Karen Donelan, ScD
Elizabeth Alterman, BS
Peter Maramaldi, PhD, MPH, LCSW
Preventing Burnout Among Staff Supporting Interdisciplinary Teams in an Oncology Center Society for Social Work Research - Bridging Disciplinary Boundaries Conference San Francisco, CA

Gae Burchill, MHA, OTR/L, CHT
Management of the Burned Hand National Burn Conference, San Diego, CA

Virginia Capasso, RN, PhD, APRN, BC
Cynthia Christensen, RN, MSN, CVN, ARNP
Lillian Henry, RN, MSN, APRN, BC, CVN
Alternatives to Caring for Home Bound Vascular Patients Society for Vascular Nursing Convention, Baltimore, MD

Diane L. Carroll, RN, PhD, FAAN
Collaborative Intervention Improves Adherence in Cardiac Elders National Association of Clinical Nurse Specialists National Conference, Phoenix, AZ

The Clinical Indications and the Evidence for Counseling Implanted Cardioverter Defibrillator Recipients
17th Annual Conference on Cardiovascular Nursing, American Heart Association, Newton, MA

Daniel Chipman, BS, RRT
Alternative Modes of Ventilation 5th Annual Fall Educational Symposium, Memorial Hermann Texas Medical Center, Houston, TX

Edward Coakley, RN, MSN
Life/Work Planning Processes in Nurses 50 Years of Age and Older at MGH and Two Other Sites Biennial Convention of Sigma Theta Tau, Baltimore, MD

Mary Susan Convery, MSW, LICSW
John Findley, MD
Psychiatrists and Social Work Collaboration: Adapting the Biopsychosocial Model to Help Burn Patients American Burn Association 39th Annual Meeting, San Diego, CA

Constance Dahlin, RN, APRN, BC, PCM
Coding and Billing for MDs and APNs Center to Advance Palliative Care Seminar II – Strengthening Your Palliative Care Program: A Level II Seminar for Growth and Sustainability, Orlando, FL

Difficult Conversations Fox Chase Cancer Center Radiation Care Conference, Philadelphia, PA

MD-RN Communication Clinical Practice Forum, Hospice and Palliative Nurses Association, Pittsburgh, PA

Optimizing Opioid Therapy: Practice and Risk Management Techniques Annual Meeting, American Society for Pain Management Nursing, Dallas, TX

National

Maura Ament, PT, DPT
Frances Behar, PT
Danielle Bushey, PT, MSPT
Diana Czulada, PT, DPT
Jessica Jacavage, PT, MSPT
Benjamin Maschke, PT, DPT
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Jennifer Miraglia, PT, MSPT
Christine O’Donnell, PT, DPT
Sheila Pallotta, PT, MSPT
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Angela Perrozzi, PT, DPT
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Kiley Steinriede, PT, DPT
Lesia Wilson, PT, DPT
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American Physical Therapy Association, Boston, MA

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MD-RN Communication Clinical Practice Forum, Hospice and Palliative Nurses Association, Pittsburgh, PA

Optimizing Opioid Therapy: Practice and Risk Management Techniques Annual Meeting, American Society for Pain Management Nursing, Dallas, TX
Practical Management of Patients Dying at Home
Promoting Palliative Care Practice Nursing
Practical Aspects of Palliative Care, Boston, MA
Reimbursement and Billing
Annual Assembly of the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nursing Association, Salt Lake City, UT
Joanne Empoliti, RN, MSN, APRN, BC
Kathleen Myers, RN, MSN APRN, BC
Safe Hand-offs of Patients: A JCAHO National Safety Goal
Annual Congress of the National Association of Orthopaedic Nurses, St. Louis, MO
Tessa Goldsmith, MA, CCC-SLP
Impact of Lymphedema on Swallowing Function in Patients with Head and Neck Cancer
Truman Medical Center Lakewood, Kansas City, MO
Management of Swallowing and Voice in Patients with Head and Neck Cancer
Baylor All Saints Medical Center, Fort Worth, Texas
Tessa Goldsmith, MA, CCC-SLP
Audrey Cohen, MS, CCC-SLP
Paige Nalipinski, MA, CCC-SLP
Carmen Vega-Barachowitz, MS, CCC-SLP
Validation and Implementation of the MGH Swallowing Screening Tool
American Speech-Language and Hearing Association, 2007 Annual Convention, Boston, MA
Jane Harker, RN, MS, BSN, CGRN
ERCP: Up the Duct Without a Paddle
33rd Annual Course, Society of Gastroenterology Nurses and Associates, (SGNA), Baltimore, MD
Sedation and Monitoring: an Advanced Endoscopy Series Course
American Society of Gastrointestinal Endoscopy, Chicago, IL
Jeanne Hathaway, MD
Denise Whall-Strojwas, RN
Facing Cancer and Partner Abuse: Patients’ Experiences and Recommendations for Healthcare Providers
Family Violence Prevention Fund’s National Conference on Healthcare and Domestic Violence
San Francisco, CA
Dean Hess, PhD, RRT, FAARC, FCCP
Anatomy of the Ventilator
George Washington University, Cardiothoracic Surgical Critical Care 2007, Washington, DC
Interdisciplinary Management of the Patient With a Tracheostomy or Ventilator
American Speech-Language-Hearing Association, Boston, MA
Mechanical Ventilation for the Patient with COPD
Noninvasive Positive Pressure Ventilation Workshop; Noninvasive Ventilation Should be Used for All Forms of Acute Respiratory Failure
Pharmacological Prevention of VAP
Patient-Ventilator Dys-synchrony
33rd Annual Meeting of the American Association for Respiratory Care, Orlando, FL
Navigating the Course of Aerosol Delivery – the Road Less Traveled …or More
American College of Allergy, Asthma, and Immunology, Dallas, TX
Respiratory Care in 2020
Breath-Actuated/Conserving Nebulizers are Best
Cleveland Clinic 2007 Lung Summit, Cleveland, OH
Sandra Hession, RN, BSN, CGRN
Janet King, RN, CGRN
Colonic and Antroduodenal Motility: The Role and Responsibilities of the Clinical Nurse
33rd Annual Course, Society of Gastroenterology Nurses and Associates, Baltimore, MD
Ann Jampel, PT, MS
Transforming Clinical Education: Creating Academic and Clinical Partnerships
American Physical Therapy Association, Education Department, Alexandria, VA
Elizabeth Johnson, MSN, RN, AOCN, AOCNS
Intraperitoneal Chemotherapy and Ovarian Cancer
Oncology Nursing Society 32nd Annual Congress, Pre-Congress Instructional Session
Las Vegas, NV
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Lung Recruitment: How, When, and to Whom: Determinants of Efficacy, and The NIV Mode on Critical Care Ventilators
Society of Critical Care Medicine Annual Meeting, Orlando, CA
Lung Recruitment and PEEP
Evidence-Based Medicine and the RT
Annual Meeting of the Alaska Society for Respiratory Care, Soldotna, AK
Tidal Volume Initially Should not be 6 mL/kg in Virtually All Patients With Respiratory Failure
Recruitment Maneuvers Should Routinely be Used in the Management of ALI and ARDS, and Critical Hypoxemia
53rd Annual Meeting of the American Association for Respiratory Care, Orlando, FL
Adele Keeley, RN, MA
Merging Palliative Care in the Critical Care Unit
Institute for Family-Centered Care Conference, Portland, ME
Mary Larkin, RN, MS, CDE
Virginia Capasso, RN, PhD, APRN, BC
Psychological Insulin Resistance: Measuring Barriers to Insulin Use
American Diabetes Association, Scientific Session, in Chicago, IL
Susan Lee, RN, PhD
From Concept to Institutional Change: Collaborative Governance Members Make a Difference
Center for American Nurses LEAD Summit 2007, San Antonio, TX
Janet Madigan, RN, MS, CNAA-BC
Policy or Politics: Will Reason Prevail?
The Massachusetts Staffing Ratio Debate
American Organization of Nurse Executives 40th Anniversary Annual Meeting, Washington, DC
Interventional Collaboration...One Organization's Collaboration Between the OR, CATH Lab Interventional Radiology Services to Support the Growth of Interventional Vascular Surgery

UHC Perioperative Services Council Meeting, Chicago, IL

James Zachazewski, PT, DPT, SCS, ATC
Rehabilitation of the Adolescent Athlete's Shoulder
Combined Sections Meeting, American Physical Therapy Association, Boston, MA
Rehabilitation of Knee and Leg Injuries Hip and Groin Injuries; Functional Anatomy and Examination of the Lumbar Spine Core Instability and Stabilization Training American College of Sports Medicine Team Physicians Course, San Diego, CA

Bonnie Zimmer, MSW
Elizabeth Speakman, MSW
James Heffernan, MBA
What about the Men? Opportunities and Challenges of Engaging Men as Allies in the Healthcare Setting
Family Violence Prevention Fund National Conference on Healthcare and Domestic Violence, San Francisco, CA

Dean Hess, PhD, RRT, FAARC, FCCP
Aerosol Delivery During Noninvasive Ventilation
16th Congress of the International Society for Aerosols in Medicine, Tourn, France

Anatomy of the Ventilator
Noninvasive Positive Pressure Ventilation Dongan Medical Center, Daegu, Korea
Graphics Monitoring – A Look Into the Lungs VILI – New Insights in Pathology Implications in Treatment Identification, Quantification, and Management of Auto-PEEP K. R. Hospital, Mechanical Ventilation 2007 Basics and Beyond, Bangalore, India Ventilator Modes, Old and New Monitoring Respiratory Mechanics Strategies for Mechanical Ventilation of Patients with Obstructive Lung Disease Prevention of Ventilator-Associated Pneumonia Noninvasive Positive Pressure Ventilation University of Cairo, 7th Pulmonary Medicine Update, Cairo, Egypt What is Evidence-Based Respiratory Care and Why Should I Care? Advances in Mechanical Ventilation: First Do No Harm Canadian Society for Respiratory Care Annual Congress, Montreal, Quebec, Canada

Jeanette Ives Erickson, RN, MS, FAAN
Sheila Burke, RN, BSN
Lin-Ti Chang, RN-BC, MSN, APRN-BC, CCRN
Katherine Fallon, RN, BSN
Angelleen Peters-Lewis, RN, PhD
Global Nursing Partnerships for Dealing with the Unexpected: Creativity, Culture and Collaboration International Council of Nurses, Yokohama, Japan

Marian Jeffries, MSN, APRN BC, FNP-C
Patricia Connors, MS, CS, NP
Communicating Nursing Practice: Common Problems Identified by MGH Staff Nurses and Clinical Nurse Specialists with Comparisons to CNS Throughout the United States European Conference of ACENDIO, Amsterdam, The Netherlands

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC

Management of ARDS: Beyond the ARDSnet Protocol Second International Master Course: Acute Respiratory Failure, Rotterdam, Netherlands

Lynda Tyer-Viola, RNC, PhD
The Doctoral Forum: A Strategy to Advance Nursing Science in the Clinical Setting Sigma Theta Tau International Research Congress, Vienna, Austria

Lynda Tyer-Viola, RNC, PhD
Nursing's Social Responsibility for Global Health Focused discussion group with Dr. Inge Corless and Dr. Patrice Nicholas Sigma Theta Tau International Research Congress, Vienna, Austria
STATE AND REGIONAL

Jean Ashland, PhD, CCC-SLP
Cheryl Hersh, MA, CCC-SLP
SLP’s Role in Management of Pediatric Dysphagia and Laryngeal Clefts
2007 Annual Convention, American Speech-Language and Hearing Association, Boston, MA

Angela Ayre, CF-SLP
Predictors of English Reading Skills in Spanish-Speaking English Language Learners
2007 Annual Convention, American Speech-Language and Hearing Association, Boston, MA

Anne-Marie Barron, RN, PhD, CNS-BC
Amanda Bulette Coakley, RN, PhD
Rona Earl, RN
Ellen Fitzgerald, RN, MS
Elizabeth Johnson, RN, MSN, AOCN
Dorothy Jones, RN, EdD, FAAN
Mirta Leyva-Coffey, RN
Ellen Mahoney, RN, DNS, FGSA
Ann O’Sullivan, RN, OCN
Jacqueline Somerville, RN, PhD(c)
Laura Thorley, RN
An Exploration of Factors that Facilitate the Integration of Therapeutic Touch in Nursing Practice on an Inpatient Oncology and Bone Marrow Transplant Unit
Eastern Nursing Research Society, Providence, RI

Diane Carroll, RN, PhD, FAAN
Sally Rankin, RN, PhD, FAAN
Collaborative Intervention Improves Adherence in Cardiac Elders
19th Annual Scientific Sessions, Eastern Nursing Research Society, Providence, RI

Andrea Bonanno, PT, DPT, GCS
Kate Barba, RN, APRN, MS, BC, GNP
Andrea Bonanno, PT, DPT, GCS
Diane Carroll, RN, PhD, FAAN
Sheila Golden-Baker, RN, MS, BC, CRRN
Grace Good, RN, MSN, ACNP, BC
Mary Ellen Heike, RN, MMHS
Jennifer Lassonde, BA
Barbara Moscowitz, MSW, LICSW
Alison Squadrito, PT, DPT, GCS
Staff Survey Using Geriatric Institutional Assessment Profile
10th Annual NICHE Leadership and Users Conference, New York, NY

Kate Barba, RN, APRN, MS, BC, GNP
Andrea Bonanno, PT, DPT, GCS
Diane Carroll, RN, PhD, FAAN
Sheila Golden-Baker, RN, MS, BC, CRRN
Grace Good, RN, MSN, ACNP, BC
Mary Ellen Heike, RN, MMHS
Jennifer Lassonde, BA
Barbara Moscowitz, MSW, LICSW
Alison Squadrito, PT, DPT, GCS
Staff Survey Using Geriatric Institutional Assessment Profile
10th Annual NICHE Leadership and Users Conference, New York, NY

Catherine Griffith, RN, MSN, APRN, BC
Mary Larkin, RN, MSN, RN, CDE
Chelby Gierpial, RN, MSN, APRN, BC
Victoria Morrison, RN, PhD, CIC
Catherine O’Malley, RN, MSN, CNOR
Virginia Capasso, RN, PhD, APRN, BC
MGH Nursing Research Committee, Develops Innovative Subcommittee Structure for Succession Planning
Magnet Session, Eastern Nurses Research Society, Providence RI

Cynthia Ann LaSala, MS, APRN
Impacting Patient Care Outcomes and the Role of the Clinical Nurse Specialist, (CNS):
Evaluation of Staff Nurse Perceptions of High Frequency Patient Problems
2007 Spring Quarterly Meeting, Massachusetts Organization of Nurse Executives, Natick, MA

Jane Miller, RN, BS, OCN
Joanne LaFrancesca, RN, MN, AOCN
Susan Lee, RN, PhD, APRN-BC
Yawkey 8 Infusion Team
Relationship-based Nursing, Quality, and Outcomes Among Ambulatory Oncology Patients: Preliminary Findings
Eastern Nursing Research Society, Providence, RI

June Williams, MA, SLP
Neila Altobelli, BA, RRT
Susan Gavaghan, RN, MSN, CNS
Marian Jeffries, RN
Multidisciplinary Tracheostomy Quality Team in the Acute Care Setting
2007 Annual Convention, American Speech-Language and Hearing Association, Boston, MA

Andrea Bonanno, PT, DPT, GCS
Diane M. Heislein, PT, DPT, MS, OCS
Effect of Exercise on Quality of Life and Functional Performance for Patients Undergoing Treatment for Gastrointestinal Cancer
Combined Sections Meeting, American Physical Therapy Association, Boston, MA

Sheila Brown, RN, BSN, OCN
Donna Stamatis, RN, BSN, OCN
Development of a Teaching Tool for Patients Receiving Brachytherapy and Non-Radiation Nurses
Oncology Nursing Society Congress, Las Vegas, NV

Annabel Chen Tournoux, MD
Veena Nandigam, MD
Francois Tournoux, MD
Jorge Solis-Martin, MD
David Mccary, MD
Mary Orencole, RN, MS, APRN
Maureen Hames
E. Kevin Heist, MD
Stephanie Moore, MD
Marc Semigran, MD
Jeremy Ruskin, MD
Jagmeet Singh, MD
Michael Picard, MD
Severe Left Ventricular Dilation is Associated With Lack of Long-term Clinical Response to Cardiac Resynchronization Therapy
American Heart Association Scientific Sessions, Orlando, FL
Chelby Cierpial, RN, MSN, APRN, BC
Sioban Haldeman, RN, MSN, APRN, BC
Judy Silva, RN, MSN
Improving Safety for the Anti-Coagulated Patient Falls Prevention and Medication Administration
National Teaching Institute of the American Association of Critical Care Nurses, Atlanta, GA
Kay Fangerow, SPHN
Jordan Hampton, RN, CPNP MSN, MSEd
Aisha Moore, MPH
Community Outreach Workers
2007 Annual National School Based Healthcare Convention, Washington DC
Susan Gavaghan, RN, MSN, APRN, BC
Readmission Rates after Discharge from the Respiratory Acute Care Unit
Nursing 2007 Symposium, Orlando, FL
Dean Hess, PhD, RRT, FAARC, FCCP
Claudia Crimi, MD
Lorenzo Berra, MD
Alberto Noto, MD
Ulrich Schmidt, MD, PhD
H. Thomas Stelfox, MD
A North American Survey of the Determinants of Tracheostomy Decannulation
Annual Meeting, American Association for Respiratory Care, Orlando, FL
Elizabeth Johnson, MSN, RN, AOCN, AOCNS
Oncology Nurses’ Perceptions of Patient Problems Encountered in Care
32nd Annual Congress, Oncology Nursing Society, Las Vegas, NV
Yafen Liang, PhD, MD
William Kimball, PhD, MD
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Warren Zapol, MD
Yandong Jiang, PhD, MD
Nasal is More Efficient Than Oral-Nasal Ventilation During Induction of Anesthesia in Adults
Annual Meeting, American Society of Anesthesiology, Chicago, IL
Barbara Levin, RN, BSN, ONC, LNCC
Can You Hear What I Hear: Untangling Charlotte’s Web
4th Annual Patient Safety Conference: Surveillance Through Nursing’s Eyes
University of Pennsylvania, Philadelphia, PA
Michele Lucas, MSW, LICSW
The Evolution of the Support Group: Creating Ways to Offer Emotional Support to Patients Despite Their Geographic and Time Constraints
Association of Oncology Social Work Conference, Portland, OR
Kelly Macauley, PT, DPT, GCS
Implications in Managing Patients with a Ventricular Assist Device
Combined Sections Meeting, American Physical Therapy Association, Boston, MA
Andrew Marchese, RA
Daniel Chipman, BS, RRT
Pedro De La Oliva, PhD, MD
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Triggering and Initial Gas Delivery: The Babylog vs. ICU Ventilators in the Neo-Mode
Annual Meeting, American Association for Respiratory Care, Orlando, FL
Jennifer Mello, MS, CCC-SLP
Fiberoptic Swallowing Evaluation in Acute Burn Patients
2007 Annual Convention, American Speech-Language and Hearing Association, Boston, MA
Laurel Radwin, RN, PhD
Howard Cabral, PhD
Leslie Chen, BS
Factor Structure of Four Scales to Measure Outcomes of Patient-Centered Nursing Care
Annual Research Meeting 2007, AcademyHealth, Orlando, FL
Barbara Roberge, PhD, APRN, BC
Ellen Mahoney DNS, RN
Changing the Hospital Trajectory for Older Adults: The Importance of Identify Pre-Hospital Risk
Gerontological Society of America, (GSA), San Francisco, CA
Ulrich Schmidt, MD, PhD
Jean Kwo, MD
Dean Hess, PhD, RRT, FAARC, FCCP
Luca Bigatello, MD
H. Thomas Stelfox, PhD, MD
Tracheostomy Tube Malposition in Patients Admitted to a Mechanical Ventilation Weaning Unit
Annual Meeting, American Society of Anesthesiologists, Chicago, IL
Ulrich Schmidt, MD, PhD
Kanya Kumwilaisak, MD
Edward Bittner, MD
Edward George, MD
Dean Hess, PhD, RRT, FAARC, FCCP
Effects of Supervision by an Attending Anesthesiologist on Complications of Emergency Airway Management
Annual Meeting, Society of Critical Care Medicine, Orlando, FL
Linda Steiner, PT, DPT, MS, OCS
Partnership for Service Learning: Building Bridges Between Elder Communities, Academic Institutions, and National Organizations
Community Engagement Conference, Coalition of Urban and Metropolitan Universities, Baltimore, MD
June Williams, MS, CCC-SLP
Neila Altimbelli, BA, RRT
Susan Gavaghan, RN, MSN, APRN, BC, CCRN
Marion Jeffries, RN, MSN, APRN, BC, FN-C
Establishing a Multidisciplinary Tracheostomy Quality Team in the Adult Setting
2007 Annual Convention, American Speech-Language and Hearing Association, Boston, MA
INTERNATIONAL
Diane Carroll, RN, PhD, FAAN
Colleen Gonzalez, RN, MSN
Visiting Preferences of Cardiovascular Patients
7th Annual Meeting, Council of Cardiovascular Nurses and Allied Professionals, European Society of Cardiology, Manchester, England
Annabel Chen Tournoux, MD
Veena Nandigam, MD
François Tournoux, MD
Jorge Solis-Martín, MD
David McCarty, MD
Mary Orenco, RN, MS, APRN
Maureen Hames
E. Kevin Heist, MD
Stephanie Moore, MD
Marc Semigran, MD
Jeremy Ruskin, MD
Jagmeet Singh, MD
Michael Picard, MD
(continued)
Assessment of Mechanical Dyssynchrony During Dobutamine Infusion May Improve Identification of Responders to Cardiac Resynchronization Therapy
International European Conference on Echocardiography, Euroecho, Orlando, FL

Caitlin Mann, RN, BS, NICU
Parental Perceptions of Longitudinal Outcomes Research
39th Biennial Convention, Sigma Theta Tau International, Baltimore, MD

Jeanne McHale, RN, MSN
Beth Nagle, RN
Monique Mitchell, RN, MS
Gail Alexander, RN, BSN
Theodore Stern, MD
Using Interdisciplinary Simulation to Promote the Assessment and Management of a Patient With a Change in Mental Status
International Meeting on Simulation in Healthcare Society for Simulation in Healthcare, Orlando, FL

Beth Nagle, RN
Jeanne McHale, RN, MSN
Gail Alexander, RN, BSN
Ellen Mahoney, RN
Enhancing the Confidence of New Graduate Nurses Using High Fidelity Simulation, Didactic Lecture, and Hands on Practice
International Meeting on Simulation in Healthcare, Society for Simulation in Healthcare, Orlando, FL

Clinical Recognition Program
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 directors and clinical specialists 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, Clinician, Advanced Clinician and Clinical Scholar.

2007 Advancements

Advanced Clinician

Van Abreu, RN
Kelli Anspach, RN
Sara Beth Asekoff, RN
Immacula Benjamin, RN
Robyn Bigelow, RN
Marilyn Brier, LICSW
Melissa Caron, SLP
Tracey Carroll, RN
Gail Carson-Fernandes, RN
Catherine Cleary, RN
Morgan Cole, PT
Helen Conforti, RRT
Kara Connor, RN
Kelly Cruise, RN
Leslie Delisle, RN
Lorraine Drapek, RN
Kathleen Egan, RN
Jacqueline Emond, RN
Andrew Hennigan, RN
Yi Lin Kuo, RN
Hilary Levinson, RN
Cristina Matthews, RN
Robin Mirante, SLP
Kristin O’Donnell, RN
Ashley Rokosz, RN
Kathryn Sabo, RN
Jeanne Savoy Elliott, RN
David Scholl, RN
Debra Shaw-Davis, PT, T
Tara Stadelman-Cohen, SLP
Donna Stamatis, RN
Patricia Tammaro, RN
Liz Warren, RN

Clinical Scholar

Jean Baker, RN
Rachel Bolton, RN
Kathleen Boyle, RN
Marybeth Bronson, LICSW
Denise Dreher, RN
Donna Furlong, RN

Diane Gay, RN
Dinah Gilburd, LICSW
Jeanne Giovino, RN
Kelly Hartnett, RN
Deanna Kovalski, RN
Ines Luciani-McGillivray, RN
Celine Mani, RN
Julie McCarthy, RN
Margaret Munson, RN
Ann Quealy, RN
Carol Shea, RN
Kelly Trecartin, RN
Joy Williams, RN

Clinical Recognition Program
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STATE AND REGIONAL
Anne-Marie Barron, RN, PhD, CNS-BC
Visiting Nurse Scholar, Cambridge Health Alliance
President-Elect, Faculty Senate, Simmons College
Member, Directors of the Corporation for the
Henry B. Martin Fund, Inc., Swift Charity,
Milton, MA

Mimi Bartholomay, RN, MSN, AOCN
Member, Board of Directors, Programming
Committee, The Kenneth B. Schwartz Center

Diane Carroll, RN, PhD, FAAN
Adjunct Associate Professor,
Northeastern University
Visiting Scholar, Boston College

Barbara Chase, RN, RN, APRN, BC, ANP
Member, Advisory Board, Stoeckle Center
for Primary Care Innovation
Cofounder and Co-chair, Simmons Graduate
Nursing Alumni Association
Adjunct Faculty, Simmons School
for Health Studies

Robert Dorman, PT, DPT, GCS
Member, Geriatric Care Panel, Agency for
Healthcare Research and Quality

Abby Folger, PT, DPT
Member, Membership Committee, Massachusetts
Chapter, American Physical Therapy Association

Jeanette Ives Erickson, RN, MS, FAAN
Clinical Professor of Nursing, Massachusetts
College of Pharmacy and Health Science,
School of Nursing
Chairperson, The Promise of Nursing for
Massachusetts Initiative, Johnson & Johnson
Member, Harvard Humanitarian Initiative
Executive Committee, Harvard University

Janet King, RN, CGRN
Member, Board of Directors, New England
Society of Gastroenterology Nurses and Associates

Peter Maramaldi, PhD, MPH, LCSW
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Department of Psychiatry, Brigham and
Women’s Hospital
Member, MCHB Training Grant Advisory
Committee, Harvard School of Public Health
Associate Professor and Harvard Faculty Scholar,
Simmons School of Social Work

Donna Murphy, RN, BS, CPHQ
Past President, Chairperson, Bylaws/
Nominating Committee, Massachusetts
Association of Healthcare Quality

Gayle Peterson, RN, C
President, Massachusetts American Society of
Pain Management Nurses

Thomas Quinn, RN, APRN, MSN,
AOCN, CHPN
Member, Board of Directors, Connecticut
Coalition to Improve End-of-Life Care

Christopher Robbins, RN, CGRN
Treasurer, New England Society of
Gastroenterology Nurses and Associates

Julie Thayer, RN
Chair, Governance Committee, Theta at
Large Chapter, Sigma Theta Tau

Paul Arnstein, RN, PhD
Member, Education Advisory Committee,
American Pain Society

Kathryn Brush, RN, MS, CCRN,
CCNS, FCCM
Member, Board of Directors, National
Association of Clinical Nurse Specialists

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Fellow, American Academy of Nursing

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Circle of Life Award Committee Member,
American Hospital Association
Task Force Member, Editor, Domain Series, and
Chair, Revision Task Force, National Consensus
Project for Quality Palliative Care
National Faculty Member for End of Life Nursing
Education Consortium

Ann Haywood-Baxter, MDiv, BCC
Member, Advisory Council, Pediatric
Chaplains Network

Imam Talal Eid, ThD
Member, U.S. Commission on
International Religious Freedom

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Jeanette Ives Erickson, RN, MS, FAAN
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Member, Advisory Panel, PBS Video Series,
“Remaking American Medicine”
Member, Advisory Panel, “Licensed to Care –
Nursing in the 21st Century”
Member, National Advisory Council on Nurse
Education and Practice, U.S. Department of
Health and Human Services

Founding Member and Inaugural Chairperson,
CNO Research Council, Health Workforce
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AOCN, AOCNS
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Nursing Society
Member, Advanced Oncology Nursing
Certification Committee, Oncology Nursing
Certification Corporation

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Initiative, Gerontological Society of America
Member, National Advisory Board, Lifelong
Access Libraries
Consulting Editor, Health & Social Work

Charles McCorkle, MSW, LICSW
Honorary Clinical Instructor, Smith College
School for Social Work

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American Society of Plastic Surgical Nurses

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Member, American Physical Therapy Association

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President, Case Management Society of America

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Vascular Access

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Member, Leadership Council, National
Association for Healthcare Quality
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Member, Board of Directors, Emergency Nurses Association

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Trainer, End-of-Life Nursing Education Curriculum in Oncology
Trainer, Generalist Clinical Review, Hospice and Palliative Nurses Association

Laurel Radwin, RN, PhD
Member, Abstract Review Panel, 2007 Academy Health Interdisciplinary Research Group on Nursing Issues Program

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Nurse Manager Fellow, American Organization of Nurse Executives

**INTERNATIONAL**

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Member, CNO-Dean Advisory Council, Sigma Theta Tau International
Member, Communication Expert Panel, Joint Commission International Center for Patient Safety, The Joint Commission and Joint Commission Resources
Senior Nurse Consultant, Mentor for Chief Nurse, Project Hope, Basrah Children's Hospital, Basrah, Iraq

Peter Maramaldi, PhD, MPH, LCSW
Member, World Council of Alumni Members, International House New York

**NURSE SCIENTIST ADVANCEMENT MODEL**

The MGH Nurse Scientist Advancement Model for doctorally prepared nurses is designed to provide all nurses with the opportunity to contribute to the development of nursing knowledge. The model delineates three levels of nursing research expertise: associate nurse scientist; nurse scientist; and senior nurse scientist, and is highly adaptable to meet the needs of each clinician or researcher.

**2007 ADVANCEMENTS**

**ASSOCIATE NURSE SCIENTIST**

Susan Lee, RN, PhD, NP-C
Christina Graf, RN, PhD
Donna Perry, RN, PhD

**NURSE SCIENTIST**

Virginia Capasso, PhD, APRN, BC
Amanda Coakley, RN, PhD
Barbara Roberge, RN, PhD
Lynda Tyer-Viola, RNC, PhD
Patricia Arcari, RN, PhD
Ellen Robinson, RN, PhD
Paul Arnstein, RN, PhD
Chapter “Pain Management” in Fundamentals of Nursing: Concepts, Process and Practice
8th Edition
Prentice Hall

Anne-Marie Barron, RN, PhD, CNS-BC
Chapter “Margaret Newman’s Theory and Research Method: A Case Illustration” in Nursing Knowledge Development and Clinical Practice
First Edition
Springer Publishing

Kathryn Beauchamp, RN, MSN, CCRN, CCNS
Chapter “Discharge of the Pediatric Patient” in AACN Procedure Manual for Pediatric Acute and Critical Care
First Edition
Elsevier

Virginia Capasso, RN, PhD, APRN, BC
Erin Cox, RN, MS, APRN, BC
Chapter “Carotid Artery Disease” in Primary Care: A Collaborative Practice
3rd Edition
Mosby

Diane Carroll, RN, PhD, FAAN
Barbara Riegel, DNSc, RN, CS, FAHA, FAAN
Chapter “The Impact of Cardiac Disease on Psychological State” in Cardiac Nursing: A Companion to Braunwald’s Heart Disease
Saunders Elsevier

Constance Dahlin, RN, APRN, BC, PCM
Chapter “Reimbursement” in Core Curriculum for the Advanced Practice Hospice and Palliative Nurse
First Edition
Kendall Hunt Publishing

Constance Dahlin, RN, APRN, BC, PCM
Jean Fahey, RN, MSN, APRN-BC, CCRN, CNRN
Noreen Leahy, RN, MS, CS
Chapter “Neurological Conditions” in Core Curriculum for the Advanced Practice Hospice and Palliative Nurse
First Edition
Kendall Hunt Publishing

Brian French, RN, MS
Miriam Greenspan, RN, MSN
Chapter “The Preceptor Clinical Experience” in Innovative Teaching Strategies in Nursing and Related Health Professions
4th Edition
Jones and Bartlett

Alice Gervasini, RN, PhD
Dianne Danis, RN, MS
Joseph Blansfield, RN, MS, NP
Handbook of Clinical Trauma The First Hour
Mosby

Maryjane B. Giacalone, MS, ANP, ACNP-CS
Randall Zusman, MD
Chapter “Hypertension” in Primary Care: A Collaborative Practice
3rd Edition
Mosby

Maryjane B. Giacalone, RN, NP
Marc Semigran, MD
Chapter “Integrating Inpatient and Outpatient Heart Failure Management” in Heart Failure: A Practical Approach to Treatment
First Edition
Mc-Graw-Hill Professional

Barbara Levin, RN, BSN, ONC, LNCC
Nancy Morris, RN, PhD, APRN, BC
Chapter “Complications in Orthopaedics” in Core Curriculum for Orthopaedic Nursing
6th Edition
Pearson

Mary McKenna Guanci, RN, MS, CNRN
Constance Dahlin, RN, MS, APRN, BC, PCM
Chapter “End of Life Concerns in the Critical Care Setting” in Core Curriculum for the Advanced Practice Hospice and Palliative Care Nurse
First Edition
Kendall Hunt

Theresa Michel, PT, MS, DSc, CCS
Susan Pierce, PT, MPT, CDE
Rhonda Barr, PT, MA, CCS
Mary Jane Myslinski, PT, EdD
Pamela Scarborough, PT, MS, CDE, CWS
Chapter: “Exercise in Type II Diabetes” in Physical Fitness for Special Populations
American Physical Therapy Association
APTA PSFP Pocket Guides

Patricia Mian, RN, MS, APN-BC
Chapter “Crisis Intervention in Trauma” in Handbook of Clinical Trauma The First Hour
4th Edition
Mosby

Amy Orruth, OTR/L, CHT
Monica Pessina, OTR/L, PhD
Chapter “Burn Injuries” in Occupational Therapy for Physical Dysfunction
6th Edition
Lippincott, Williams and Wilkins

Poonam Pardasaney, PT, DPT, MS
Chapter “Rehabilitation Program Development: Clinical Decision Making Prioritization and Program Integration” in Scientific Foundations and Principles of Practice in Musculoskeletal Rehabilitation
Volume 2
Saunders/Elsevier

Mary Jo Perley, RN, Constance Dahlin, RN, APRN, BC, PCM
Jean Fahey, RN, MSN, APRN, BC, CCRN, CNRN
Chapter “Management of Complex Life-Limiting Progressive Illness Neurological Conditions” in Core Curriculum for the Advanced Practice Hospice and Palliative Nurse
First Edition
Kendall Hunt Publishing

Ruth Purtilo, PhD
Ellen Robinson, RN, PhD
Jean Kwo, MD
Paul Montgomery, PhD
Marion Phipps, RN, MS, FAAN
Judith Sullivan, RN, MS
Angelika Zollfrank
Mary Zwirner, MSN, MSW, LICSW
Maintaining Compassionate Care: A Companion for Families Experiencing the Uncertainty of a Serious and Prolonged Illness
Print House

Kathleen Walsh
Karen Zander, RN, MS
ED Case Management
First Edition
HCPro Publishers

James Zachazewski, PT, DPT, SCS, ATC
David Magee
William Quillen
Scientific Foundations and Principles of Practice in Musculoskeletal Rehabilitation
First Edition
Saunders/Elsevier
Paul Arnstein, RN, PhD
Lessons from Mrs. Tandy: Learning to “Live With” Chronic Pain
Topics in Advanced Practice Nursing

Paul Arnstein, RN, PhD
Qaseem Chou
Vincenza Snow, et. al.
Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and American Pain Society
Annals of Internal Medicine

William Benedetto, MD
Dean Hess, PhD, RRT, FAARC, FCCP
Elise Gettings, RN, MPA, CRRN
Elizabeth Van Cott, MD
William Hurford, MD
Ulrich Schmidt, MD, PhD
Original Research Study: Urgent Tracheal Intubation in General Hospital Units: An Observational Study
Journal of Clinical Anesthesia

Kathryn Brush, RN, MS, CCRN, CCNS, FCCM
Abdominal Compartment Syndrome
Nursing 2007

Kathryn Brush, RN, MS, CCRN, CCNS, FCCM
Elise Gettings, RN, MPA, CRRN
Elizabeth Van Cott, MD
William Hurford, MD, FCCM
Outcome of Postoperative Critically Ill Patients With Heparin-Induced Thrombocytopenia: An Observational Retrospective Case-Controlled Study
Critical Care

Diane Carroll, RN, PhD, FAAN
Tori Lundgren, RN, PhD
Yoshimi Fukuoka, RN, PhD
Sally Rankin, RN, PhD
Bruce Cooper, PhD
Yvonne Munn, RN
Cluster Analysis of Elderly Cardiac Patients
Prehospital Symptomatology
Nursing Research

Diane Carroll, RN, PhD, FAAN
Sally Rankin, RN, PhD, FAAN
Bruce Cooper, PhD
The Effects of a Collaborative Peer Advisor/Advanced Practice Nurse Intervention
Journal of Cardiovascular Nursing

Diane Carroll, RN, PhD, FAAN
Sally Rankin, RN, PhD, FAAN
Mending Hearts
Advance for Nurses

Diane Carroll, RN, PhD, FAAN
Fukouka Yoshimi, RN, PhD
Sally Rankin, RN, PhD, FAAN
Systematic Bias in Self-Reported Annual Household Incomes Among Unpartnered Elderly Cardiac Patients
Applied Nursing Research

Daniel Chipman, BS, RRT
Maria Caramaz, PhD, MD,
Erico Miyoshi, PhD, MD
Joseph Kratohvil, RRT
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Original Research Study: Performance Comparison of Fifteen Transport Ventilators
Respiratory Care

J. Randall Curtis, MD, MPH
Deborah Cook, MD
Tasnim Sinuff, MD, PhD
Douglas White, MD
Nicholas Hill, MD
Sean Keenen, MD
Joshua Benditt, MD
Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC
Karin Kirchhoff, RN, PhD
Mitchell Lev, MD
Original Research Study: Non-Invasive Positive Pressure Ventilation in Critical and Palliative Care Settings: Understanding the Goals of Therapy
Critical Care Medicine

Francisco Dominguez, MD
Dalliah Black, MD
Akemi Kagawuchi, MD
Catherine O’Malley, RN, MSN, CNOR
Kevin Hughes, MD, FAC
Elastic Stay Hooks and Self-Retaining Retractor Technique for Mastectomy Skin Flaps
Surgery

Robert Dorma, PT, DPT, GCS
Jacqueline Mulgrew, PT, CCS
Minimally Invasive Hip Arthroplasty versus Traditional Hip Arthroplasty Surgery: Early Functional Outcomes and the Impact on the Frequency and Duration of Acute Care Physical Therapy
Acute Care Perspectives

Marie Egna, RN, MS
Warren S. Sandberg MD, PhD
Auto Identification Technology and Its Impact on Patient Safety in the Operating Room of the Future
Surgical Innovation

Oleg Evgenov, MD, PhD
Daniel Kohane, MD, PhD
Kenneth Bloch, MD
Johannes-Peter Stasch, PhD
Gian Volpato, MD
Evangelia Bellas, MS
Natalia Evgenov, MD
Emmanuel Buys, PhD
Mark Gnoth, PhD
Amanda Graveline, MS
Rong Liu, MD, PhD
Dean Hess, PhD, RRT, FAARC, FCCP
Robert Langer, D.Sc
Warren Zapol, MD
Original Research Study: Inhaled Agonists of Soluble Guanylate Cyclase Induce Selective Pulmonary Vasodilation
American Journal of Respiratory & Critical Care Medicine

Betty Ferrell, PhD, FAAN
Constance Dahlia, RN, APRN, BC, PCM
Margaret Campbell, RN, PhD, FAAN
Judith Paice, RN, PhD, FAAN
Pam Malloy, RN, MN, OCN
Rose Virani, MHA, RNC, OCN
End of Life Nursing Education Consortium (ELNEC) Training Program – Improving Palliative Care in Critical Care
Critical Care Quarterly

Jean Fahey, RN, MSN, APRN-BC, CCRN, CNRN
High Dose Methotrexate and Primary Central Nervous System Lymphoma
American Journal of Neuroscience Nursing
Henry Fessler, MD

**Dean Hess, PhD, RRT, FAARC, FCCP**

Review: Does High-Frequency Ventilation Offer Benefits Over Conventional Ventilation in Adult Patients With Acute Respiratory Distress Syndrome? *Respiratory Care*

Henry Fessler, MD
Stephen Derdak, DO
Niall Ferguson, MD,
David Hager, MD

**Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC**

B. Taylor Thompson, MD
Roy Brower, MD

Original Research Study: A Protocol for High-Frequency Oscillatory Ventilation in Adults. Results From a Roundtable Discussion *Critical Care Medicine*

Catherine Griffith, MSN, APRN, BC, CNS, CCRN
Mary Larkin, MSN, RN, CDE
Chelby Cierpial, MSN, APRN, BC, CNS
Elise Gettings, RN, MPA, CRRN

**Virginia Capasso, RN, PhD, APRN, BC**

Creating More Than Just a Journal Club: How to Start and Sustain a Forum for Nursing Research *American Nurse Today*

Debra Guthrie, RN, CRNI
Denise Dreher, RN, CRNI
Margaret Munson, RN, CRNI

What You Need to Know About PICCs, Part 1
What You Need to Know About PICCs, Part 2 *Nursing 2007*

**Dean Hess, PhD, RRT, FAARC, FCCP**


Review: Airway Clearance: Physiology, Pharmacology, Techniques, and Practice *Respiratory Care*

**Dean Hess, PhD, RRT, FAARC, FCCP**

H. Thomas Stelfox, MD, MRT
Ulrich Schmidt, MD, PhD
Editorial: Noninvasive Positive-Pressure Ventilation: A Silver Bullet for Extubation Failure? *Respiratory Care*

**Dean Hess, PhD, RRT, FAARC, FCCP**

Marian Jeffries, RN, MSN, APRN, BC, FNP-C
Rechelle Townsend, RN, AD
Emily Horrigan, RN, BSN, RNC

Combating Lung Cancer
Helping Your Patient Combat Lung Cancer *Nursing 2007*

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC

Editorial: Noninvasive Positive Pressure Ventilation in Post-Operative Hypoxemic Respiratory Failure – With a Helmet *Respiratory Care*

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC

Richard Kallet, RRT, MSc
Review of the Literature: Should Recruitment Maneuvers Be Used in the Management of ALI and ARDS *Respiratory Care*

A. Murat Kayner, MD
Jacob Mathew, Pharm D
Margaret Hudlin, MD
Dan Gingras, RRT
Ray Ritz, RRT
Michael Jackson, RRT

Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC

Marin Kollef, MD
Original Research Study: Attitudes of Respiratory Therapists and Nurses About Measures to Prevent Ventilator Associated Pneumonia: A Multicenter, Cross-Sectional Survey Study *Respiratory Care*

Baruch Krauss, MD
Dean Hess, PhD, RRT, FAARC, FCCP
Review: Capnography for Procedural Sedation and Analgesia in the Emergency Department *Annals of Emergency Medicine*

Mary Larkin, MSN, RN, CDE
Catherine Griffith, MSN, APRN, BC, CNS, CCRN

Virginia Capasso, RN, PhD, APRN, BC
Chelby Cierpial, MSN, APRN, BC, CNS
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Kathleen Walsh, RN, PhD
Catherine O’Malley, MSN, RN, CNOR

As a Conceptual Framework *Journal of Nursing Administration*

**Robert Kacmarek, PhD, RRT, FCCM, FCCP, FAARC**

Richard Kallet, RRT, MSc
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As a Conceptual Framework *Journal of Nursing Administration*

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Elise Gettings, RN, MPA, CRRN
Kathleen Walsh, RN, PhD
Catherine O’Malley, MSN, RN, CNOR

As a Conceptual Framework *Journal of Nursing Administration*
Theresa Michel, PT, DPT, MS, DSc, CCS
Physical Therapy for Obesity
Today in Physical Therapy
Kathryn Pazola, RN, MSN, CPON
Reflections On a Day in Room 400
Oncology Times
Carolyn Pelley, BS, RRT
Jean Kwo, MD
Dean Hess, PhD, RRT, FAARC, FCCP
Case Report: Tracheomalacia in an Adult With
Respiratory Failure and Mosquito Syndrome
Respiratory Care
Pat Reid Ponte, RN, DNSc, FAAN
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Emma Dann, RN, GSN, OCN, CAN-BC
Kathleen McCollum
Anne Gross, RN, MS, CNA
Rosalie Tyrrell, RN, MS
Patricia Branowicki, RN, MS, CNA
Patricia Noga, RN, MBA, CNA
Marion Winfrey, RN, EdD
Mary Cooley, RN, APRN, BC, PhD
Suzelle Saint-Eloi, RN, MS
Carolyn Hayes, RN, PhD, CNA
Patrice Nocoals, RN, DNSc, MPH, ANP
Deborah Washington, RN, PhD(c)
The Power of Professional Nursing
Practice – An Essential Element of Patient
and Family Centered Care
The Online Journal of Issues in Nursing
Laurel Radwin, RN, PhD
Gail Mallory, RN, CNA
Watch for the Implementation of the
Patient-Reported Outcomes Measurement
Information System
ONS/Advanced Research Special Interest
Group on-line newsletter
Laurel Radwin, RN, PhD
Rita Suhonen, RN, PhD
Lee Schmidt, RN, PhD
Measuring Individualized Nursing Care:
Assessment of Reliability and Validity of
Three Scales
Journal of Advanced Nursing
Kenneth Steinberg, MD
Robert Kacmarek, PhD, RRT, FCCM,
FCCP, FAARC
Review of the Literature: Should Tidal
Volume be 6 mL/kg PBW in Virtually All
Patients With Acute Respiratory Failure
Respiratory Care
Lynda Tyer-Viola, RNC, PhD
Obstetrical Nurses Attitudes and Care
Intentions Regarding HIV-positive
Pregnant Women
Journal of Obstetrics and Gynecology
and Neonatal Nursing
Joel Weissman, PhD
Jeffrey Rothschild, MD, MPH
Eran Bendavid, MD
Peter Sprivulis, MBBS, PhD, FACEM, FACHI
E. Francis Cook, ScD
R. Scott Evans, PhD
Yevgenia Kaganova, PhD
Melissa Bender, MD
JoAnn David-Kasdan, RN, MS
Peter Haug, MD
(continued)
Jim Lloyd, BS
Leslie Selbovitz, MD
Harvey Murff, MD, MPH
David Bates, MD, MSc
Hospital Workload and Adverse Events
Medical Care
Jesus Villar, MD, PhD
Lina Perez-Mendez, MD, PhD
Carlos Flores, PhD
Nicole Maca-Meyer, PhD
Elena Espinosa, MD, PhD
Arturo Muriel, MD, PhD
Rubin Spanguesa, MD
Jesus Blanco, MD, PhD
Mercedes Muros, PhD
Robert Kacmarek, PhD, RRT, FCCM,
FCCP, FAARC
Original Research Study: A CXCL2
Polymorphism is Associated With Better
Outcome in Patients With Severe Sepsis
Critical Care Medicine
Jesus Villar, MD, PhD
Jose Lopez, MD
Jose Blanco, MD, PhD
Inaki Saralegim, MD
Fernando Suarez-Sipmann, MD, PhD
Julia Lopez, MD
Santiago Lubillo, MD, PhD
Robert Kacmarek, PhD, RRT, FCCM,
FCCP, FAARC
Original Research Study: An Early PEEP/FIO2
Trial Identifies Different Degrees of Lung
Injury in ARDS Patients
American Journal of Respiratory and Critical
Care Medicine
Maria Winne, RN
Nurses’ Perceptions of Working With
Students in the Clinical Setting
Nurse Educator Journal
Loren Winters, RN, MSN, APRN,
BC, WHNP, OCN
Karleen Habin, RN, BCCS, MPHc
Joan Gallagher, RN, EdD, APRN,
BC, AOCN
Aromatic Inhibitors and Musculoskeletal
Pain in Patient With Breast Cancer
Clinical Journal of Oncology Nursing
Susan Wood, RN, BC, APRN
Mary Lavieri, RN, CCRN, MS
Tracey Durkin, RN, BS
What You Need to Know about Sepsis
Nursing 2007

Patient Care Services staff listed in bold.
MGH is fortunate to have more than 1,200 volunteers each year who provide countless and valuable services to patients and staff throughout the hospital. They can be found in a variety of settings, from greeting patients when they first arrive at MGH to escorting them to transportation after discharge. Although the volunteers come from all age groups, backgrounds and experiences, they share a commitment to making a difference at MGH. In 2007, many volunteers reached significant milestones for the total number of hours they have served the MGH community.
SCHOOLS OF NURSING

AD Programs
Bunker Hill Community College
Lawrence Memorial/Regis College
Quincy College
Roxbury Community College

BSN Programs
Boston College
Curry College
Emmanuel (RN to BSN)
Endicott College
Fitchburg State College
Johns Hopkins University
Northeastern University
Regis College
Rivier College (RN to BSN)
Salem State College
Simmons College
St. Anselm
University of Mass., Amherst
University of Mass., Boston
University of Mass., Worcester
University of New Hampshire
University of Rhode Island
Yale University

Other Programs
American Red Cross: Nursing Assistant Program
Bunker Hill Community College: Patient Care Assistant Program
Delaware County Community College, PA: RN First Assistant

SCHOOLS OF ALLIED HEALTH

Social Work
Boston College
Boston University
Leslie College
Salem State College
Simmons College
Smith College

Physical Therapy
Boston University
MGH Institute of Health Professions
Simmons College

Occupational Therapy
Boston University
University of New Hampshire
Tufts University

Speech Language Pathology
Boston University
Emerson College
College of the Holy Cross
Indiana University
McGill University
MGH Institute of Health Professions
Northeastern University
Purdue University

Respiratory Therapy
Massasoit Community College
Northern Essex Community College
Bunker Hill Community College

SCHOOLS OF ALLIED HEALTH

Speech Language Pathology
Boston University
Emerson College
College of the Holy Cross
Indiana University
McGill University
MGH Institute of Health Professions
Northeastern University
Purdue University

Respiratory Therapy
Massasoit Community College
Northern Essex Community College
Bunker Hill Community College
Advancing Our Mission

**Strategic Goals**

*Through the Patient’s Eyes* Seek the patient’s voice to improve the care experience

*Following the Evidence* Achieve and sustain evidence-based quality indicators

*Handle with Care* Decrease patient and staff injuries through the use of safe patient-handling practices

*Lean & Clean* Provide a clean and clutter-free environment for our patients and staff

*Team PCS* Enhance teamwork to achieve excellence in care delivery
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 healthcare providers and the community at large.

VISION AND 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.
Suzanne Algeri, RN, BSN, MSM  
Neuroscience

Cristina Bethune, RN, BSN  
Electrophysiology Lab

Sharon Bouvier, RN, MS  
Vascular Surgery

Nancy S. Bryant, RN, BSN, ANP-BC  
Medical Walk-in Unit

Susan Caffrey, RN, MSN  
Labor and Delivery

Theresa Capodilupo, RN, MSN  
Surgery/Trauma

Barbara Cashavelly, RN, MSN, AOCN  
Cancer Center

Coleen Caster, RN, C, MN, FNP  
Gynecology

Judith Catalan, MS, APRN-BC, ACNP  
Cardiac Surgical Intensive Care

Scott Ciesielski, RN, MS  
Post Anesthesia Care

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

Linda Duggan-Johnson, RN, BSN  
Massachusetts General Medical Group

Darryl DuVall, CRNA, MS  
Anesthesia

Beth Ellbeg, RN, MS  
Pre Admission Testing Area

Ellen Fitzgerald, RN, MS  
Oncology/Bone Marrow Transplant

Marion Freehan, RN, MPA/HA, CNOR  
Endoscopy

Alice Gervasini, RN, PhD  
Trauma & Emergency Surgery

Susan Gondon, APRN, BC  
General Medicine

Kathryn Hall, RNCS, NP-BC, MS  
General Clinical Research Center

Marie Henderson, CNM, MSN  
Midwifery

Maryfran Hughes, RN, MSN  
Emergency Services

Donna Jenkins, RN, MS, CA N-BC  
Thoracic Surgery

Stacy Hutton Johnson, RN, MS, MBA  
General Medicine

Adele Keeley, RN, MA  
Medical Intensive Care

Linda Kelly, RN, BSN  
Outpatient Gynecology

Ann Kennedy, RN, BSN, MS  
Neuroscience

Joanne Lafrancesca, RN, MN, AOCN  
Oncology Infusion

Mildred LeBlanc, RN, BSN  
Radiology

Annette Levitt, RN, MS  
Surgical Clinic

Robin Lipkin-Orlando, RN, MS, CS  
Pulmonary

Sara Macchiano, RN, MS, MBA  
General Medicine

Bessie Manley, RN, MPA, HA  
Surgical

Catherine Mannix, RN MSN, OCN  
Radiation Oncology

Carol Mannone, RN, MSN  
Internal Medicine Associates

Mary McDonough, RN, MSN  
Urology & Enterostomal

Sharon McKenna, RN  
Interventional Cardiovascular Therapy

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

Susan Morash, RN, BSN, MA  
General Medicine

Lisa Morrissey, RN, MBA, CNOR  
Main Operating Rooms

Walter Moulaison Jr., RN, MSN, MBA  
Anticoagulation Management Services

Janet Mulligan, RN, MS  
IV Therapy

John Murphy, RN, MS  
Neuroscience Critical Care

Kathleen Myers, RN, MSN, APRN, BC, ONC, CA N  
Orthopaedic

Hiyam Nadel, RN  
Ambulatory Obstetrics and MGH West OB/GYN

Peg Nelson, RN, BSN, ACRN  
Infectious Disease

Judy Newell, RN, BSN  
Pediatrics

Claire O’Brien, RN, BSN, MBA, CNOR  
MGH Orthopaedic Ambulatory Surgery Center

Sylvia Perry, RN, MS, ANP  
General Medicine

Lori Pugsley, RN, BSN, MEd  
Family & Newborn

Janet Dauphinee Quigley, RN, MSN  
Same Day Surgical Unit

Maureen Schnider, RN, MS, CPHQ  
Central Resource Team, Clinical Supervisors

Peggy Doyle Settle, RN, C, PhD(c)  
Newborn Intensive Care

Judith Silva, RN, MS  
Cardiac Interventions Unit

Colleen Snyderman, RN, MSN  
Cardiac Intensive Care

Amanda Stefanczyk, RN, MSN, MBA  
General Medicine

Mary Sylvia-Reardon, RN, MS  
Renal

Aileen Tubridy, RN, AAS, BSN, MSN  
Cardiac Step-Down

Susan Tully, RN, BSN  
Surgical Intensive Care

Maria Winnie, RN, MS  
General Medicine and Respiratory Acute Care
**DISCIPLINES**

Nursing | Chaplaincy | Medical Interpretation | Occupational Therapy

Physical Therapy | Respiratory Care | Social Work | Speech-Language Pathology

**PROGRAMS**

- **Patient Care Services**
  - Disciplines
  - Programs

**Executive Team**

Sally Mills, RN, MBA
- Director, Office of Finance, Advisory and PCS Informatics

Georgia Branch
- Director, Professional Communication and Publicity

Keith Pelletier, RN, MSW
- Director, PCS Office of Quality and Safety

George Readon, MBA
- Director, Orthotics and Systems Improvement

Pax Raffael
- Co-Director, Patient Services

**Information Ambassadors**

- Information Ambassadors
  - Cancer Resource Room
  - Caring Headlines
  - Center for Global Health
  - Child Protection Consultation Team
  - HAVEN Program – helping abuse and violence end now
  - Information Ambassadors
  - International Patient Program
  - Ladies Visiting Committee Retail Shops
  - MGH CarePages
  - MGH Quit Smoking Service
  - Office of Patient Advocacy
  - Orthotics and Prosthetics
  - Patient and Family Lodging

**Disciplines**

- Nursing
- Chaplaincy
- Medical Interpretation
- Occupational Therapy
- Physical Therapy
- Respiratory Care
- Social Work
- Speech-Language Pathology

**Executive Team**

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

Gaurdia Banister, RN, PhD
- Executive Director, The Institute for Patient Care

Paul Bartush
- Co-Director, Patient Services

Debbie Burke, RN, MSN, MBA
- Associate Chief Nurse

Leila Carbunari, RN, MEd
- Director, International Patient Program

Edward Conley, RN, MEd, MA, MSN
- Director, Volunteers

Deborah Cohen
- Vice President of External Affairs

Ann Daniels, PhD, LICSW
- Executive Director, Social Services

Marianne Diamontis, RN, MSN, MBA
- Executive Director, PCS Operations

Thomas Gallivan, RN, MS
- Associate Chief Nurse

Edward Halaby, RN, MBA, MSN
- Director, PCS Financial Management Services

Eileen Flaherty, RN, MBA, MPH
- Director, PCS Financial Services

Robert Kacmarek, RRT, PhD, FCCM, FCCP, FAARC
- Director, Respiratory Care Services

Susan Sabia
- Executive Editor, Caring Headlines

Jackie Somerville, RN, MA, CRNI
- Associate Chief Nurse

Michael Salter, JPT, DPT, MBA
- Director, PCS Physical Therapy and Occupational Therapy

Diane Tomos, RN, MSN
- Associate Chief Nurse

Carmen Viyo-Buckmann, MS, CCCC-SLP
- Director, Speech, Language & Swallowing Disorder

Deborah Washington, RN, PhD
- Director, PCS Diversity Program