



Nursing News Brief

*An update
on professional nursing
from the Lois E. Silverman
Department of Nursing
at Beth Israel Deaconess
Medical Center*



A lasting legacy, a fitting tribute

Nursing department at BIDMC named in honor of Lois E. Silverman, RN

In September, Paul Levy, president and CEO at Beth Israel Deaconess Medical Center, announced that the BIDMC Department of Nursing was being named in honor of Lois E. Silverman, RN, the outgoing chair of the BIDMC Board of Directors. The tribute honors Silverman's longstanding dedication to the hospital which, by her own account, is the place where she "became part of a family." The journey that led to her becoming the first woman, and the first nurse, to chair the board in the 113-year history of BIDMC and its founding institutions, has been marked by tragedy and determination, by strength and compassion. Silverman's life is an inspirational story about the kindness of strangers, the importance of giving, and the strength of the human spirit.

"You never know the good it will do"

When Silverman talks about her childhood, she

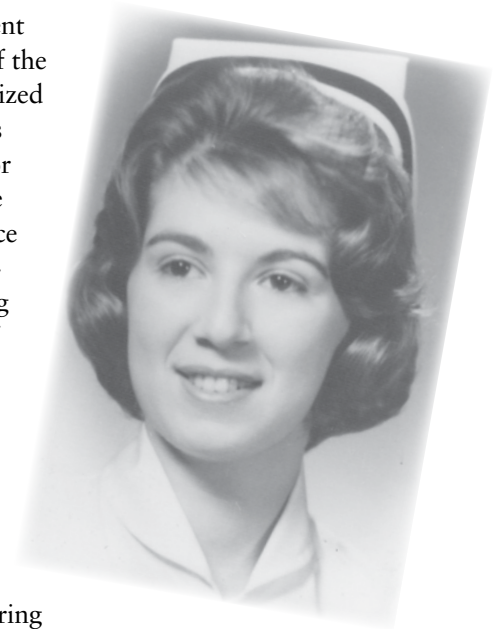
moves effortlessly between the sad facts of her early life and the seeds of courage and determination that were soon to make their mark. She says, "My mother died when I was four; my dad died when I was 15. For a period of time, my sister and I lived in a home. Our parents were unable to care for us...As I was growing up, there was always a desire in me to do something better. My father had said to me, 'Take care of your family.' It was instilled in me that I had a responsibility."

When it was time for Silverman to graduate from high school, there was no money for college; but she did not despair. "I had heard that there was a scholarship being given out by the Jewish Orphans of Rhode Island, and so I applied," she said. She received \$300 to attend the Beth Israel Hospital School of Nursing. Even by the standards of the day, it wasn't a lot of money. But it was enough for Silverman

to get her start. "You never know the good it will do," she now recalls, reflecting on how that small gift changed her life.

Once enrolled, Silverman earned money for uniforms, books, and other expenses by working extra shifts at the hospital. In those days, she explains, student nurses provided much of the routine care for hospitalized patients, and extra shifts were always available for the taking. Although she would jump at the chance to earn extra money, Silverman remembers being frightened at the level of responsibility students assumed in those days. She says a student nurse and nursing aide might be caring for 20 or 30 patients at a time, with a registered nurse "supervisor" covering multiple floors. "You never knew what crisis would appear," she says.

"It doesn't matter how much you give," says Silverman, "it matters that you give."



Lois Silverman, RN, outgoing chair of the BIDMC Board of Directors, graduated from the Beth Israel Hospital School of Nursing in 1961.

• Continued on next page



In this undated photo, Lois Silverman (right) enjoys a laugh with her sister, Jan.

Silverman earned additional money by babysitting, both for the children of physicians she came to know and for members of the community who would seek out student nurses as sitters. She graduated in 1961 and stayed on staff as an RN, working on a floor that housed some of the most critically ill patients in the days before there were any ICUs. Silverman recalls the early days of the pacemaker, invented by the late Beth Israel physician, Paul Zoll, MD, and the advent of cardiac monitors. “We didn’t learn how to read the monitors,” she says. “That was the resident’s responsibility.”

Marriage and family

Silverman met her late husband, Norman, on a blind date. He was in the Air National Guard and was stationed for a time in Europe.

Because she had no family in the US, Silverman accepted when Norman asked her to fly to Europe to get married. They lived there for six months, then returned to the US and settled in Stoneham. Silverman sought out the closest hospital – Lawrence Memorial – and

worked on a med/surg unit until she had her first child.

Although she worked for brief periods when her two children were small, she remembers that “nursing went on the back burner for a while” as her family responsibilities grew. But Silverman’s now legendary drive soon returned. She recalls saying to her husband, “If I don’t go back to work, I will create havoc!”

The diversity of a nursing career

Although Silverman could not find a hospital job that would work with her competing family responsibilities, she soon learned that her nursing credentials opened other doors. She landed a job as an instructor at a school for disadvantaged women, teaching them the skills they would need to become medical assistants. Showing the pluck that would soon become one of her trademarks, she helped ensure that her students got jobs by walking into her own obstetrician’s office and saying, “I’m teaching a class of 20 students. I’d like to give you the top student in the class for six weeks as an intern. If it works out, perhaps you’ll hire her.” She repeated a similar speech at every other physician’s office in the building, and soon her students were employed.

One night at a cocktail party, Silverman met a nurse she had known at Beth Israel. The nurse was work-

ing for an insurance company and told Silverman about her work. Intrigued, Silverman soon saw an ad in the paper for a similar job and applied. She went to work for the company, bringing her nursing expertise to bear dealing with injured workers and their physicians, and helping them to devise plans for ongoing care and rehabilitation. As she gained expertise and helped the company to grow, she began to have ideas about starting her own company.

Finding success

Silverman soon struck out on her own, starting a company called CRA Managed Care (now Concentra Managed Care). The company provided services to reduce the cost of injuries; its clients included insurance companies and Fortune 500s. Launched in 1978, the company grew, says Silverman, “by leaps and bounds.” She recalls, “By 1990, we had close to \$100 million in revenues, 2,000 employees, and more than 100 offices throughout the US.” In 1995, she became the first woman business owner in Massachusetts to take a company public.

In 1997, she started a new venture – The Commonwealth Institute – a nonprofit company whose mission is “to support women CEO’s, entrepreneurs, and senior corporate executives by helping them grow their businesses and careers.”



Lois Silverman, RN, at her office in 1996.

Back to roots

During this amazing journey, says Silverman, she began to feel a tug back to her roots in nursing and, in particular, back to her roots at the former Beth Israel Hospital. She joined the President's Circle at the hospital, and met Joyce Clifford, RN, PhD – the hospital's nursing chief. "I developed an admiration for Joyce that made me think that some day I would like to get re-involved in nursing in some manner," Silverman recalls. "Joyce had dreams of the future of nursing – how to better patient care. How to make the work life of nurses better. How to make them an integral partner with physicians. That resonated with me." When Clifford started a Committee on Nursing Care, Silverman jumped at the chance to join. "The rest," she says, "is history. I was asked to be on the board by Dr. Mitch Rabkin [former president of Beth Israel Hospital], then on the Executive Committee."

Giving back

In the ensuing years that led up to her being named board chair, Silverman worked tirelessly on behalf of patient care at BIDMC. Passionate about quality and safety in health care, she and her late husband established the Silverman Institute for Health Care Quality and Safety at BIDMC, whose mission is "to promote excellence in patient care through sponsorships of



innovation, education, and research in quality and safety."

In reflecting on the legacy of the Institute and, now, the named nursing department, Silverman is poignant and emotional. She talks about giving back to the organization that helped her get her start in life. She talks about the importance of giving, about the \$300 gift that launched her career, and about the inspiration she took from the generosity of that gift. She relates the twist of fate that, in the late 1990s, enabled her to meet the couple who had provided that gift, and tells of how they wept to learn what their gift had done. "It doesn't matter how much you give," says Silverman, "it matters that you give."

A lasting legacy

Silverman says she was deeply moved when she learned that her name would be so closely associated with nursing at BIDMC. She says, "I couldn't think of a better

Lois Silverman, RN, the first woman and the first nurse to chair the board in the 113-year history of BIDMC and its founding institutions, recently posed with a group of former chairs. Shown here are: (back row, left to right), John P. Hamill, Robert M. Melzer, Eliot I. Snider, Carl S. Sloane, Alan W. Rottenberg (seated, left to right) Edward H. Linde, Edward I. Rudman, Silverman, Norman B. Leventhal, Stephen B. Kay

way to mark my tenure in a place where my heart, my soul, and my work life has been...Whether at the bedside or in another capacity – it was always nursing that was part of that work. It was always about enhancing the quality of life." Marsha Maurer, RN, senior vice president, patient care services, and chief nurse, speaking to Silverman when the naming was announced, said, "The story of your rise from humble means has brought tears to countless eyes and has inspired all of us to work harder, reach higher, and never give up. Lois, you leave a tremendous legacy... Please know that you will always have a special place in the hearts of the nurses at BIDMC."



As board chair at BIDMC – the official hospital of the Boston Red Sox – Silverman was invited to Fenway Park to throw out the first pitch at a game.

The value of acceptance

by Laurinda Ann Michaud, RN

Laurinda Ann Michaud, RN, has learned that compassionate, effective patient care sometimes includes accepting a patient's right to make what seem like poor choices. By doing just that in this case, and by helping to coordinate a complex, multidisciplinary plan of care, Michaud helped create a safety net for a vulnerable patient.

I was working the first of two night shifts when I met Ms. S – a 34 year-old woman who had just given birth to a baby girl. My co-workers and I read

over the labor and delivery report. Her history was overwhelming. As a child, she had been the victim of sexual abuse. More recently, her history included domestic violence,

depression and suicide attempts, poverty, incarceration, and substance abuse. In addition, she had lost a newborn son two years ago because of a serious birth defect. “I’ll take her,” I said. I enjoyed helping new mothers in difficult situations get off to a good start.

I liked Ms. S. as soon I met her. She had a warm smile and she readily told me about the struggles in her life. She talked about her boyfriend, whom she described as both supportive and abusive – he helped her care for her four-year

old son and never hit him, but he had hit her throughout two pregnancies. She insisted that she was now “safe” – he hadn’t hit her in several months, and she was sure he would never do it again. I was concerned that she was still in danger, but I also knew that if I showed too much disagreement with her perceptions, I might not gain her trust, which would impact my ability to provide support.

I helped Ms. S. with some pain issues and helped her learn to breastfeed her baby. I initiated referrals for a social worker, lactation consultant, and visiting nurse. At the parents’ request, I sent an email to the priest who had prayed with them when their son had died, asking if he could come to bless their new daughter. Before I left in the morning, I compiled a list of organizations that provide free products and services for new mothers.

When I came back the next night, Ms. S. told me she had had a “great day.” Her family had visited and



When her patients have complex needs, Laurinda Ann Michaud, RN (left), helps facilitate a multidisciplinary approach to care. She is shown here consulting with Betsy Barnet, LICSW, senior clinical social worker in obstetrics.

Kudos

Her history was overwhelming and included domestic violence, depression and suicide attempts, poverty, incarceration, and substance abuse. "I'll take her," I said.

her boyfriend had learned to bathe the baby and was doing diaper changes. The social worker had seen her and echoed everyone's concerns for her safety. But since the patient continued to insist she was safe, the social worker told her how to access the hospital's domestic violence program and promised to call within a few weeks to see how things were going.

The social worker had also helped Ms. S. get a new car seat, even though she had a seat from her previous child. This surprised me, until the patient told me about the night her baby died. She and her boyfriend had taken the baby home to comfort him as best they could. When he died, they put him into the car seat to bring him to the funeral home. Ms. S. said that was the worst day of her life, and she thought about it every time she looked at that seat. I was so glad the social worker had given her a new one. As Ms. S. and her boyfriend told their story, I began to understand why she saw him

as one of her few sources of support. Nobody else had stayed by her through her ordeal; her parents told her she was probably being punished by God.

As I went to say goodbye in the morning, Ms. S. hugged me and gave me a photo of her baby. Her boyfriend thanked me, saying they would be back in a few years.

This case was important in teaching me how to care for patients without being judgmental. Ms. S. was choosing to stay with a partner who had been violent. While I do not feel this was a wise choice, I learned that to provide the best care for this patient, I had to try to understand the situation from her perspective. By accepting, if not agreeing, with her choice, I was able to help her develop trust in her care providers, which was an important step in her safety planning. If she should ever experience violence again, she now knows that she can trust us to assist her in a caring and non-judgmental way.

Congratulations to **Elena Canacari, RN**, director of perioperative services, who was named the 2009 "OR Manager of the Year" by OR Manager, Inc. Fourteen colleagues submitted nomination letters for the prestigious award – glowing testimonials that touted Canacari's skills as a leader, team-builder, and mentor. Nearly every letter mentioned Canacari's warm and approachable personality, noting that this quality – in combination with her outstanding leadership skills – enables her to be remarkably effective in her role. Marsha Maurer, RN, senior vice president, patient care services and chief nurse, called her "the rock of our organization's perioperative services leadership team" and cited her "visionary and inspiring leadership." Pat Folcarelli, RN, PhD, director of patient safety, called her "one of the strongest leaders I have encountered in my career." Canacari joined the OR staff of the former Deaconess Hospital as a new graduate nearly 40 years ago, and has spent her entire career in perioperative nursing. She has assumed increasingly influential leadership roles, and has worked on quality and patient safety initiatives on a national level through the Association of periOperative Registered Nurses (AORN). Malcolm DeCamp, MD, former chief of cardiothoracic surgery, said she was "the 'glue' that holds the entire surgical enterprise together at BIDMC." Colleague James Hurst, MD, acting chief in the department of surgery, agreed, adding, "The attributes she possesses are quite rare indeed...She is adored by professional and paraprofessional staff at all levels...In short, she is terrific."



Laurie Bloom, RN, promoted to director of professional development

Laurie Bloom, RN, former education nurse specialist at BIDMC, has been promoted to director of professional development. Bloom has been on staff at the medical



center for 29 years, helping to develop and support a wide array of programs related to nursing education and recognition. Marsha Maurer, RN, senior

vice president, patient care services and chief nurse, announced Bloom's appointment in August, noting, "In many ways, this promotion is overdue, as Laurie has been providing significant professional development leadership for some time."

In her new role, Bloom will continue her many professional development leadership responsibilities, including co-chairing the Research and Education Shared Governance Council, developing Nursing Grand Rounds, coordinating National Nurses Week activities, and overseeing student placements and

nursing continuing education. In addition, she has assumed responsibility for coordinating the production of *Nursing News Brief* and will be working with Maurer to expand relationships with area schools of nursing. Says Bloom, "I'm pleased and honored to take on this new role, and look forward to ongoing work with the outstanding nursing leadership team at BIDMC." Maurer recently noted, "Laurie has a long track record of outstanding contributions, and I am confident this record will continue."

Jeanne Murphy, RN, appointed director of case management

Marsha Maurer, RN, senior vice president, patient care services and chief nurse, has appointed **Jeanne**

Murphy, RN, director of case management. Murphy first joined the BIDMC case management



team as a supervisor and educator in August, 2008,

bringing many years of experience in medical management leadership. Her previous positions include associate director in strategic initiatives at Joslin Diabetes Center; director in account management at Healthways, Inc.; and team leader in case management at Tufts Health Plan. She notes, "I am very excited to assume the role of director of case management and embrace the challenges ahead." She says her goals include developing effective partnerships with other BIDMC departments as well

as outside agencies, and providing key leadership in the department's ongoing work of achieving clinical, functional, and financial outcomes through effective management of patient admissions, continued stay, and coordination of discharges. Maurer recently told staff, "I am delighted to announce Jeanne's appointment. I am confident that she is just the right person to provide the leadership we will need during this critical time in health care."



Robin Griggs, RN

Jane Foley, RN, director of operations, has announced the promotion of Robin Griggs, RN, to nurse manager of the Finard 4 medical/surgical ICU.

Griggs has been on staff at the medical center for more than 30 years. She has spent the bulk of that time caring for patients at the bedside, almost entirely in critical care. While in the clinical nurse role, she functioned frequently as a resource nurse, honing leadership and management skills. In 2007, she began functioning as a clinical advisor in the Finard 4 ICU as it grew and required additional support. Foley promoted her to manager in September, noting, "Robin has provided

Finard 4 with exemplary leadership and support at a managerial level." Griggs recently commented, "I am proud of the care that is provided on Finard 4 and of our dedicated staff. Our expertise is expanding, and our patient safety initiatives are being incorporated into daily practice."



Lisa Hird, RN

Lisa Hird, RN, was recently named by Cindy Phelan, RN,

director of operations, as nurse manager for invasive cardiology. Hird hails most recently from Boston Medical Center, where she was an off-shift nurse manager. She had previously managed a cardiac cath lab at Landmark Medical Center in

Woonsocket, Rhode Island, and was the nurse educator for the cardiac cath lab at Brigham and Women's Hospital. Phelan called Hird an "excellent choice" for her new position, citing her experience in management and program development. Hird, who began in her new role in early October, notes, "I am looking forward to supporting nursing practice and patient-focused care. I am very pleased to be able to work in such a progressive, energetic cath lab."



Barbara Carney, RN

In July, Mary Jo Brogna, RN, director of

patient throughput, named **Barbara (Bobbie) Carney, RN**

nurse manager of centralized nursing services. In this role, Carney will oversee the dialysis unit, the venous access team, the RN float pool, and iShift. Carney has held management positions in a variety of settings, and was previously manager and interim director of perioperative services at Quincy Medical Center. She joined the BIDMC staff in 2008 as a per diem administrative clinical supervisor. Commenting on her new role, Carney says, "I am very excited to be part of the nursing team here at BIDMC. I am again fortunate to work with staff who strive for positive outcomes as the priority in their nursing practice. My hope is to provide support for our patients, staff, and physicians so that, collectively, we can provide the best care possible."

Nurse leaders ask patients: "How are we doing?"

Nurse leaders throughout the medical center are formalizing an important practice designed to help ensure quality patient care. "Leadership rounds" were launched in October and call for unit-based leadership staff to visit patients on a regular basis. Although many unit leaders have made it a habit to visit patients, the new process is designed to ensure that rounding on patients is "hard-wired" into leadership practice, and that it is done in a way that helps promote quality and safety. Cindy Phelan, RN, director of operations, led a work group charged with developing a process for leadership rounds and providing leaders with a toolkit for success. Phelan says the initiative is part of a broader organizational focus on responsiveness – of ensuring that patients' needs are being met in a timely way. Leaders are being encouraged to communicate with patients about care goals and ask whether they are being met. Phelan says, "This process provides an opportunity for the leader to proactively manage the patient experience and to demonstrate the organization's commitment to patient safety and quality. It's the right thing to do."



Mary O'Connell, RN, nurse manager on 11 Reisman, checks in with a patient.

Our Lean journey

By Marsha Maurer, RN

"Now, as a result of my Lean training, I walk about the hospital seeing things I've seen before, but never truly seen at all."

Marsha Maurer, RN

You've all been hearing the terms *Spirit*, *Lean*, and *Toyota Production System*. More recently you may have heard the term *ez*, or *everybody, everyday*. All these terms and phrases may be causing some confusion. So, let me take a minute to describe the work we've been doing that relates to these terms, and, in particular, to talk about where we've been, where we're going, and most importantly, **why** we are undertaking this work.

We at BIDMC have been aware for many years that our work processes are laden with inefficiencies. How often do you need to make multiple phone calls or computer entries to communicate simple information, or travel great distances to retrieve

basic equipment and supplies that you need to do your work? The answer is – all the time. These inefficiencies are woven deeply into the way we all work, and they get in the way of your first priority – your patients.

Every one of you is working very hard every day, so solving these problems isn't going to happen by asking you to work harder. We have recognized that we can only solve these problems by doing something completely different.

That completely different journey has begun. Our Spirit program was an important step in that journey, and our current efforts are focusing on the improvement methods known as Lean, which are based in part on a continuous improvement approach adopted and perfected by Toyota (the Toyota Production System, or TPS). Lean is a widespread and internationally recognized approach to understanding and re-engineering how we think about everything we do and how our work is organized. The Lean approach teaches us to see our work in new ways, and to learn how to identify and address those things that keep work from flowing in a way that truly adds value to the customer – in our case, our patients.

We learned many things from Spirit, one of the most important being that we needed much more training at all levels of the organization in order to have a truly effective system. We realized also that we needed to start with senior leaders. Because if those of us in leadership didn't truly understand these issues and believe in Lean as a way to solve our problems, how could we support anyone else in this journey? I was recently privileged to participate in an intensive Lean course with other senior executives and clinical leaders. We met for six hours every Tuesday for eight weeks.

I learned many things in this course – much more than I can tell you in this column. But one of the biggest things I learned was how to “see with new eyes.” Each week, we “went to gemba.” (Gemba is a Japanese term which means, “where the work is done.”) Our task was to watch people work and really pay attention to how their work is organized, or – more often – how it is **not** organized, making it difficult for them to really serve the patient well.

We visited 11 Reisman and shadowed RN and PCT staff, we went to the pathology lab, to Shapiro 4



Members of the senior executive team recently completed an intensive course on the Lean process improvement method. Shown from left to right are Jayne Carvelli-Sheehan, RN; Kenneth Sands, MD; Mark Zeidel, MD; Marsha Maurer, RN; Paul Levy; Laurie Pascal; Jonathan Kruskal, MD; Lisa Zankman; Eric Buehrens; Walter Armstrong; and Mark Gebhardt, MD.



Marsha Maurer, RN (right), says her Lean training is enabling her to see things with “new eyes.” Here, she chats with Julie Higgins, RN, during a recent visit to CC6.

radiology, to the cafeteria. In between sessions, we had homework and more “going to gemba.” I did my homework in places like the newborn nursery and the emergency department.

Here is what I saw. All of you do the right thing for your patients, but you routinely face daunting obstacles. For example, I have been familiar with the automated medication dispensing systems (Omniceil) for years. However, I was shocked to see what a complicated and lengthy process it was for a nurse to withdraw morning medications for her patient. To top it off, she had to then leave the machine and go to another room to get her patient’s IV antibiotics. You and I have long taken all this for granted, but...*it makes no sense!!!*

I was equally shocked on a recent trip to CC6. I am now in my ninth year back at BIDMC, and I have been to CC6 many times over those nine years. But on my recent visit, as I looked with “new eyes,” I was shocked to realize that the linen and supply rooms are actually

located *off the unit!!* Nurses have to leave the unit every time they need these supplies. No wonder people stack linens and supplies in patient rooms. To make matters worse, I saw for the first time built-in benches and cabinets that are not well-designed for supporting workflow, but instead take up precious space very near to where nurses work. I immediately thought that these could surely be repurposed in ways that truly support the work of the nurse.

And so my journey has begun. Now, as a result of my Lean training, I walk about the hospital seeing things I’ve seen hundreds of times before, but never truly seen at all. You all will be joining me on this journey. Our work is not only to see with new eyes, but to learn how to understand and improve what we see. I will be using this column in each issue to keep us on track. Toyota has been at this for over 30 years, so we know it will take some time. But the longest journey begins with a single step. Off we go!

Kudos

Critical care team wins national award

Nurses in critical care at BIDMC joined their colleagues from other disciplines in celebrating their selection as the recipient of the prestigious “Family-Centered Care Award” from the Society of Critical Care Medicine. The award, designed to “recognize innovation that improves the care provided to critically ill and injured patients and their families,” acknowledged the team’s varied and successful improvement initiatives including launching a patient and family advisory council, instituting new simulation training around family meetings, eliminating formal visiting hours, and more. Michael Howell, MD, director of critical care quality, recently noted, “Today, families are more than twice as likely to report that they are completely satisfied with their decision-making role than they were when we started in April, 2008, and we’ve seen improvements in other areas as well.” Jane Foley, RN, director of operations, says, “Having a loved one in an ICU is an extraordinarily stressful experience. The changes that have been made in our critical care units that place the family at the center of care are changing our culture for the better.” Team members shown here are: (back row, left to right), Michael Howell, MD; Julie Irish, PhD; Lachlan Forrow, MD; Barbara Sarnoff Lee, LICSW; Patricia Hall; Robin Griggs, RN; Peter Clardy, MD; Jean Campbell, RN; Stephanie Harriston-Diggs; Jane Foley, RN; (front row) Sabrina Cannistraro; Maureen Bisognano; Sue Pomfred; John Pomfred; Sharon O’Donoghue, RN; and Kristin Russell, RN. Congratulations to all!



Professional activities
of nursing staff
(listed in bold).

Academic degrees

Romelyn Obligation, bachelor of science, University of Massachusetts Boston.

Melissa Varszegi, master of science in nursing, Rivier College

Awards/honors

Marie Kaneko received an AORN Foundation Scholarship.

Jennifer Rifenburg received a Chayet Scholarship from the Chayet Scholarship Trust at Beth Israel Deaconess Medical Center.

Certifications

Joan Luz Holt was certified as a registered diagnostic medical sonographer.

Alicia Sepe was certified as an oncology nurse.

Sarah Southard was certified as a nurse practitioner.

R. Kiefer St. Pierre became an AIDS certified registered nurse.

Professional leadership and consultation

Tonya Boyd was appointed clinical instructor at Bunker Hill Community College.

Nancy Carpenter was appointed part-time lecturer at Northeastern University.

Linda Skinner Geib was appointed clinical instructor at Boston College.

Jane Wandel was appointed lecturer at the Massachusetts General Hospital Institute for Health Professions.

Community leadership and outreach

Mee-young Lee and Dr. Caroline Kim participated in mobile skin cancer screening clinics.

Media appearances

Erica Gemellaro and **Norma Wells** were featured on page 6 of the Fall 2009 issue of the *International Transplant Nurses Society Newsletter* for their work to celebrate International Transplant Nurses Day 2009.

Christine Kristeller was interviewed for the piece, "Hospitals battle their No.1 injury: falls," which aired on Boston's WBUR radio on August 25, 2009. The segment also appears on the station's website at <http://www.wbur.org/2009/08/25/falling-down>.

Presentations

Crispin J, Keenan B, **Michele Finnell**, Bermas B, Schur P, Massarotti E, Karlson E, Fitzgerald L, Ergin S, Kyttaris V, Tsokos G, Costenbader K. Expression of CD44 isoforms correlates with SLE disease activity and nephritis. American College of Rheumatology, ACR/ARHP 2009 Annual Scientific Meeting, Philadelphia, Pa.

Karl D, **Cynthia O'Hare**. Conceptualizing the nurse role in the newborn period with an attachment framework. The Association of Women's Health, Obstetric and Neonatal Nurses, 2009 Convention, San Diego, Calif.

Publications

Lautz D, Jiser M, Kelly J, Shikora S, Partridge S, Romanelli J, Cella R, **John Ryan**. An update on best practice guidelines for specialized facilities and resources necessary for weight loss surgical programs. *Obesity*. 2009;17(5):911-17.

Meskauskas L, Beaton K, **Marybeth Meserve**. Preventing shaken baby syndrome: a multidisciplinary response to six tragedies. *Nursing for Women's Health*. 2009; 13(4):325-30.

Jennifer Welch, Marcotte S. *A Nurse's Guide to Caring for Cancer Survivors: Prostate Cancer*. Sudbury, Mass: Jones and Bartlett Publishers;2010.

Clinical advancements

To clinical nurse III

Megan Letendre, RN
Amanda Russell, RN
Alicia Sepe, RN
Valerie Wasilausky, RN

To clinical nurse IV

Lili Belanger, RN
Erika Coletti, RN
Caroline Drummond, RN
Jill Early, RN
Mary Farquhar, RN
Julie Foadelli, RN
Ann Marie Grillo, RN
Nena-Madeline Hicks, RN
Jennifer Larrivee, RN
Susan Maclure, RN
Laurinda Ann Michaud, RN
Donna Mulligan, RN

Warming the soup

There is an ancient quote that talks about caring and about the importance of leaving sophisticated pursuits behind when basic care needs are not being met. The quote, sometimes attributed to the 14th century Flemish mystic, Jan van Ruusbroec, says, “If you hear that a sick man is in need of hot soup, I here give you council: leave your meditation immediately, come down to earth, and warm the soup.” Heidee Albano, RN, a clinical nurse in the operating room, understands this kind of caring. When she read a story in the paper about Dumanel Luxama - a little boy in Haiti whose family had sold all their possessions to bring him to Boston for brain



Dumanel Luxama

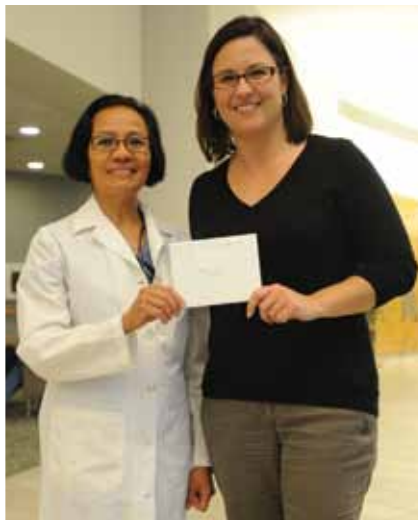
surgery – she knew she had to help. For some time, Albano had been collecting money in the OR in a light-hearted attempt to curb the use of profanity among the staff. She began charging colleagues 25 cents per swear word and intended to use the proceeds for a staff pizza party. But when she learned about Dumanel and his family, her intentions changed. She learned they had sold their sole source of income – two cows – and she decided to use the proceeds from the “swear jar” to buy a cow for the family. She contacted Partners In Health, the organization that had brought the boy to Boston, who said they could help. She found out that a milking cow would cost \$500, and a bull, which is used for plowing, \$800. She said, “Why not give them the best?” and set \$800 as her goal.

Soon, staff were coming to her – confessing their own verbal transgressions and making contributions.

“This is for the cow,” they would say. Staff from other areas of the hospital learned of the work and came forward with donations. On November 3, Albano met with Amber Oberc, clinical programs coordinator at Partners In Health, and handed over the check. Oberc says a social worker who knows the family will take them to the market to buy the bull.

Albano is thrilled, but she isn’t done. “My goal is to continue doing this,” she said recently. She hopes to continue to work with Partners In Health, and is exploring other organizations that will accept donations targeted toward the most basic human needs faced by people across the globe. “There are different things we can provide,” she says. “Pigs, goats, milking cows. The small amount that we can give will go a long way and make a huge difference in someone’s life.”

Heidee Albano, RN, a talented and proficient clinical nurse at BIDMC, understands caring. She understands the good that small acts can bring about. She understands the importance of buying a cow – of coming down to earth and warming the soup.



Heidee Albano, RN (left), hands over a check for \$800 to Amber Orec, clinical programs coordinator at Partners In Health. The money will be used to help the Luxama family purchase a cow.

Nursing News Brief

An update on professional nursing from the Lois E. Silverman Department of Nursing at Beth Israel Deaconess Medical Center

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Responding to patients: What's it all about?

As many of you are aware, we regularly ask our patients what they think of us using a survey tool that many other hospitals use – the Press Ganey survey. You may also know that one of BIDMC's goals is to be in the top 2% of hospitals in the entire Press Ganey database on one question – the patient's willingness to recommend the hospital to others. This is an ambitious goal. We've actually called it an "audacious" goal – which the dictionary defines as "extremely bold or daring."

As I thought about what we could do to influence this measure, I began to focus on the idea of responsiveness. Research tells us that the extent to which patients feel we are responding to their needs is something that correlates strongly with willingness to recommend. But as I thought more about this concept from a *nursing* standpoint, I began to focus less on the Press Ganey scores and how we could influence them, and more on the whole idea behind responsiveness. When we think about patients who are not in their own environment, or who may be feeling afraid or alone, we know that members of our nursing staff, more than any other group, are in a position to make that patient feel safe and confident that their basic needs will be met. I know there is not a nurse in this hospital who ever wants a patient to feel that we are falling down on that score. So, while we want to work toward our audacious goal of the top 2% on willingness to recommend, at a more basic level, we need to all embrace the fact that we should be working



Marsha Maurer, RN
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on the concept of responsiveness simply because it is the *right thing to do*.

Much as we might agree that we value responding to patient needs, we also know that sometimes this can be difficult to do. That is why we have set up work groups to examine this issue from three different vantage points. We have one group fine-tuning our systems for hourly rounding – having someone checking in on patient needs at least once an hour. Another group is analyzing our call light response and the systems we have in place to ensure that call lights are answered in a timely way, day and night. A third group – which you will read about on page 7 – has recently implemented leadership rounds, which has our unit-based leadership asking patients directly if their needs are being met.

You will hear much more about each of these initiatives in the weeks and months to come. Meanwhile, I would like each and every nurse at BIDMC to focus on our own audacious goal – to ensure that our patients feel that their basic care needs are *always* being met – not because it will improve our scores, but because being there for our patients whenever they need us is really the heart of what we do.



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