

**FINAL EVIDENCE OVERVIEW
DRAFT 1**

Force 1: Quality of Nursing Leadership Nursing leaders are perceived as knowledgeable, strong risk-takers who follow an articulated philosophy in the day-to-day operations of the nursing department. Nursing leaders also convey a strong sense of advocacy and support on behalf of the staff.			
Source of Evidence	Selected Evidence	Supporting Documents & References	Units/Patient Areas Highlighted
1.1 Describe how the mission, vision, values, philosophy, and strategic plan of nursing services are congruent with those aspects of the organization. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ MGH mission – practice, education, research & community ▪ MGH PCS vision & guiding principles ▪ MGH nursing philosophy (strategic goals) ▪ PCS Professional Practice Model & strategic planning process ▪ MGH strategic goals for achievement by 2011 ▪ 2008 PCS strategic goals & tactics 	<ul style="list-style-type: none"> ▪ Attachment 1.1.a. – PCS 2007 strategic planning process slides ▪ Attachment 1.1.b – PCS Strategic Goals & Tactics for the Year Ahead: 2008 ▪ Reference to PPM in Caring Headlines in OOD 14 ▪ Reference to MGH strategic goals for achievement by 2011 in OOD 13.b ▪ Reference to PCS mini retreat outcomes, communication survey results & fall 2006 strategic planning retreat goals in OOD 13.f 	N/A
1.2 Describe how the CNO includes nurses who work in areas other than nursing services in activities and decision-making regarding nursing care. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Communications & professional activities – reference to <u>Caring Headlines, PCS news you can use</u>, direct mailing, email communication & staff nurse advisory ▪ Collaboration in patient care decision making (role of Case Managers) ▪ Reporting structure (including primary & secondary reporting relationships – example from Director of Radiology Nursing) ▪ Ambulatory Nursing Practice Committee ▪ Involvement of clinical nurse experts (Bedside Technology & Advanced Infusion Systems Specialist) 	<ul style="list-style-type: none"> ▪ Attachment 1.2.a – Case Manager job description ▪ Attachment 1.2.b. – Ambulatory Nursing Practice Committee Meeting minutes (January 23, 2007) ▪ Attachment 1.2.c. – PHS Smart Pump Technology White Paper ▪ OOD 2 – DON organizational chart ▪ Reference to communication with workforce in Force 2.3 ▪ Reference to PCS Org Chart in OOD 2.b 	<ul style="list-style-type: none"> ▪ Case Management Department ▪ Radiology Nursing ▪ Biomedical Engineering

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<p>1.3 Give examples, from several different nursing units, of advocacy by the CNO on behalf of the staff, such as requests for additional FTEs, systems, equipment, personnel support, and so forth.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Electronic Medication Administration Process (EMAP) (overview, project team, expenses) ▪ Documentation & Communication Project (funding, project team, pilot proposal); overview of pilot on Bigelow 14 & White 8; development of 3 subgroups – Accountability, Communication & Plan of Care ▪ Electronic Safety Reporting System – electronic reporting of incident/safety concerns including description from July 2006 Caring Headlines ▪ Rapid Response Team – overview of role, support, statistics ▪ New general care beds & pressure relieving surfaces ▪ Examples provided by unit-based Staff Nurses: increase in Equipment Technicians for Main Operation Room; weight bearing ceiling lifts in MICU; increase in ED staffing; lean equipment initiative on Phillips 21; supporting process of dealing with a difficult patient on Bigelow 11 	<ul style="list-style-type: none"> ▪ Attachment 1.3.a. – EMAP Steering Committee Meeting minutes (November 21, 2006) ▪ Attachment 1.3.b. – Doc Com subcommittees ▪ Attachment 1.3.c. – FY 2007 Operating Budget, Authorized Weekly FTES, Central Resource Team 	<ul style="list-style-type: none"> ▪ Bigelow 14 & White 8 ▪ PCS Office of Quality & Safety ▪ Rapid Response Team ▪ Main OR ▪ MICU ▪ Phillips 21 ▪ Bigelow 11
<p>1.4 Provide examples of how nurses at all levels are leading and participating in professional nursing organizations and activities at the local, state, national, and/or international levels. Include examples of how this benefits the practice setting and the nursing community.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Nurses as members & leaders in professional organizations ▪ Financial support provided for attendance at professional organization meetings ▪ Appointments to leadership roles in nursing organizations in 2006 ▪ Individual nurse examples: <ol style="list-style-type: none"> 1. Local: Elizabeth Johnson, Chapter President, Boston Oncology Nursing Society. 2. State: Janet Madigan, Immediate Past President of MONE; Meg Soriano, Staff Nurse, Bigelow 11 (radio ad) 3. National: Kathryn Brush, Member, Board of Directors, National Assoc of CNSs; Jane Harker, Member, Nominations & Elections Committee of SGNA 4. International: Jeanette Ives Erickson, Member, International Council of Nursing ▪ Several additional examples of international response to emergent/ chronic global health needs 	<ul style="list-style-type: none"> ▪ Attachment 1.4.a – MGH nurse membership in professional nursing/healthcare organizations ▪ Attachment 1.4.b. – Officers in professional organizations 2006-2007 	<p>N/A</p>

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1.5	Describe the involvement of nurses at all levels in the budget development process. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Operational budget development – inpatient, use of Quadramed data ▪ Quadramed used to predict non-salary expenses ▪ Role of Nursing Directors in identifying resource requirements ▪ Role of Staff Nurse in development of operational budget, practices in Infusion Unit. ▪ CG Practice Committee decisions and impact on non-salary budget (new safety butterflies for retractable push button technology, water-seal chest drainage and dry suction chest drainage, central line dressing kits and hexachloradine antiseptics, and fecal incontinence catheters) ▪ Capital budget – PICU cribs, adult bed purchase, large volume pumps, new NICU 	<ul style="list-style-type: none"> ▪ Attachment 1.5.a. – Variable non-salary accounts cost per workload unit calculation, FY 2007 budget ▪ Attachment 1.5.b. – Infusion Unit Committee Meeting minutes (March 14, 2006) ▪ Attachment 1.5.c – Slide presentation on beds (MGH, Stryker & Premise) ▪ Attachment 1.5.d – Combined Leadership Meeting minutes (April 3, 2007) ▪ Attachment 1.5.e – MGH Pumps presentation 	<ul style="list-style-type: none"> ▪ Infusion Unit ▪ PICU ▪ NICU
1.6	Provide evidence of data-driven decision-making regarding budget formation, implementation, monitoring, and evaluation. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Budget formation, identification of budget assumptions & operating goals – forecasting volume ▪ Inpatient, volume converted to nursing workload ▪ Productivity/ HPWI ▪ Other clinical departments (OR, Endoscopy, Labor & Delivery & IV therapy) workload measurements developed internally ▪ Data incorporated from external consulting groups – e.g., Obstetrics & LDR ▪ Implementation of operational budget – monthly report of budgeted to actual FTEs ▪ Implementation of staffing plans ▪ Adjustments to original plan based on changing needs – e.g., PICU & probes on oxygen saturation monitoring devices. ▪ Monitoring & evaluation reports ▪ Nursing dashboard ▪ Unit-based dashboard components 	<ul style="list-style-type: none"> ▪ Attachment 1.6.a. – FY 08 Inpatient & Observation budget ▪ Attachment 1.6.b. – Unit Workload Productivity Trend Graph, March 2006-Feb 2007 for Ellison 14 ▪ Attachment 1.6.c. – Sample personnel budget, Ellison 14 ▪ Attachment 1.6.d. – FY 07 Workload Productivity Report, Endoscopy ▪ Attachment 1.6.e. – FY 07 Personnel budget, Blake 14 ▪ Attachment 1.6.f. – Sample filled position report ▪ Attachment 1.6.g. – Sample daily assignment report ▪ Attachment 1.6.h. – Regular reports available to leadership & staff (screen shot) ▪ Attachment 1.6.i. – Email example with link to workload productivity reports ▪ Attachment 1.6.j. – Sample unit dashboard report ▪ Attachment 1.6.k. – Sample portion of notes page from unit dashboard report 	<ul style="list-style-type: none"> ▪ OR ▪ Endoscopy ▪ Obstetrics ▪ Labor & Delivery ▪ IV Therapy ▪ PICU ▪ Biomedical Engineering ▪ Ellison 14 ▪ Blake 14

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<p>1.7</p> <p>Provide specific examples of ways nurses at all levels have identified and advocated for additional nursing resources to support unit goals.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Rapid Response Team role in identifying patient acuity and workload volume ▪ Monthly reports of actual staff against flexible & fixed budget ▪ Nursing leadership reviews & analyzed workload data & trends ▪ Individual unit needs – e.g., additional CNS ▪ Reducing Nursing Director span of control ▪ Workload increases, advocacy for resources – increases in ED 	<ul style="list-style-type: none"> ▪ Attachment 1.7.a. – Rapid Response Team presentation ▪ Attachment 1.7.b. – Unit Dashboard Sample Unit Report ▪ Attachment 1.7.c. – Budgeted Clinical Nursing Staff Report FY2005-FY2007 ▪ Attachment 1.7.d. – Proposal for additional CNS resources (Phillips 20& 21) ▪ Attachment 1.7.e. – FY 2007 Budget Changes Report ▪ Attachment 1.7.f. – FY 2007 Mid-year FTE Requests Report 	<ul style="list-style-type: none"> ▪ Rapid Response Team
<p>1.8</p> <p>Provide nurse satisfaction data for a two-year period. Describe how nurse satisfaction data are tracked and analyzed, and how action plans are developed and evaluated based on data. Address how direct care nurses are involved in the process.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ SPPPE survey – organizational characteristics & definitions, evidence-based ▪ Purpose of the SPPPE survey – organizational assessment of PCS ▪ Changes in the survey from 2005 to 2006 ▪ Survey marketing campaign ▪ 2006 survey administration stages ▪ Key findings – organizational characteristics & mean scores ▪ Communication of results ▪ Key issues: conflict resolution, parking & transportation ▪ Sharing results at unit level – e.g., “State of the Main Operating Room Address” ▪ Unit level analysis & how it’s used by Associate Chief (comments by Theresa Gallivan) ▪ 2006 evaluation of Collaborative Governance & recommendations 	<ul style="list-style-type: none"> ▪ Attachment 1.8.a – Staff Nurse Advisory minutes, discussion on conflict resolution/management (February 6, May 1, & June 5, 2007 w/ collaborative negotiation attachment) ▪ Attachment 1.8.b – Staff Nurse Advisory Minutes, discussion on parking (January 2, 2007) ▪ Attachment 1.8.c – SPPPE percentages of agreement report (medicine) ▪ Attachment 1.8.d – CG Study 2006 Executive Summary ▪ Reference to SPPPE survey tool in OOD 16 	<ul style="list-style-type: none"> ▪ Parking & Commuter Services Department ▪ Main OR ▪ General Medical Units ▪ Medical ICUs ▪ Cardiac Care Units ▪ Emergency Department

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Force 2: Organizational Structure			
Organizations are characterized as flat, rather than tall, structures in which unit-based decision-making prevail. Nursing departments are decentralized, with strong nursing representation evident in the organizational committee structure. The nursing leader serves at the executive level of the organization, and the Chief Nursing Officer reports to the executive level.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
2.1 Provide a narrative and supportive evidence from nursing and non-nursing executive leadership that describes the CNO's structural and operational relationships with organizational leaders. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Hospital Org Chart – illustrating position of Chief Nurse within organizational infrastructure ▪ Bylaws of the Corporation ▪ Board of Trustees ▪ Administrative Structure & Organization of the Bylaws of the Professional Staff of the General Corporation ▪ Key responsibilities of the Chief's Council, GEC & PCAC ▪ Executive Operations Committee 	<ul style="list-style-type: none"> ▪ Attachment 2.1.a. & OOD 2 – Hospital Org Chart ▪ Attachment 2.1.b. – MGH Bylaws ▪ Attachment 2.1.c. – Board of Trustees Committee roster ▪ Attachment 2.1.d. – Bylaws of the Professional Staff of the General Hospital ▪ Attachment 2.1.e – GEC committee membership roster ▪ Attachment 2.1.f. – Chiefs Council committee membership roster ▪ Attachment 2.1.g. – Patient Care Assessment Committee membership roster ▪ Attachment 2.1.h. – MGH Senior Executive Operations membership roster ▪ Reference to OOD 2.a – MGH Org Chart ▪ Reference to Nursing Executive team speaking to CNO influence in organizational decision-making & strategic planning in Force 12.1 ▪ Reference to 6 peers speaking to CNO impact, influence & collaboration in Force 12.2 	N/A

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2.2 Provide evidence of the CNO's position and influence on the organizations highest decision-making body. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ MGH Board of Trustees responsibility & authority ▪ CNO presentation of DON Annual Report to Board of Trustees & initiatives approved ▪ Partners Chief Nurse Council – structure, workforce pipeline proposal, 	<ul style="list-style-type: none"> ▪ Attachment 2.2.a – Department of Nursing Annual Report Board of Trustees, November 17, 2006 slides ▪ Attachment 2.2.b – MGH FY 2007 Operating Budget Seasonalized P&L ▪ Attachment 2.2.c – Members of Partners Chief Nurse Council ▪ Attachment 2.2.d - Partners Chief Nurse Council Cost Management Update slides, Sept 26, 2006 ▪ Attachment 2.2.e - Partners/UMass Diversity Scholars Proposal, August 2007 	N/A
2.3 Provide a narrative that describes the CNO's structural and operational relationships in all areas where nursing is practiced. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Institute for Patient Care – development & goals ▪ Articulation of a professional practice model ▪ Collaborative Governance Model (vision, mission & listing of committees) ▪ The 4 programs within the Institute for Patient Care (The Norman Knight Center for Clinical & Professional Development; The Maxwell & Eleanor Blum Patient & Family Learning Center; The Yvonne L. Munn Center for Nursing Research and The Center of Innovations in Care Delivery) ▪ PCS Org Chart – illustrating alignment of CNO to management team ▪ PCSEC charges ▪ Development of PCS Strategic & Annual Operating Plan – 4 strategic goals ▪ CNO job description ▪ Credentialing process oversight ▪ Associate Chief responsibilities & development of DON strategic plan 	<ul style="list-style-type: none"> ▪ Attachment 2.3.a – Cancer Center Nursing Practice Committee Membership List ▪ Attachment 2.3.b – – Cancer Center Nursing Practice Committee Meeting Minutes – September 6, 2006 ▪ Attachment 2.3.c - Magnet Champion retreat agenda, December 4, 2006 ▪ Attachment 2.3.d – PCSEC strategic planning retreat summary, November 2006 ▪ Attachment 2.3.e – <u>Caring Headlines</u>, Bottom Line: <i>It's All About the Patient</i> ▪ Attachment 2.3.f – <u>PCS News You Can Use</u>, November 30, 2006 	N/A

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<p>2.3</p>	<p>Provide a narrative that describes the CNO’s structural and operational relationships in all areas where nursing is practiced. CONTINUED</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Reference to Associate Chief roles in development of hospital-wide EMAR & B3C ▪ Associate Chief role in development of CG specialty-based practice committees - Cancer Center & Ambulatory Nursing Practice Committee ▪ Description of unit-base triad leadership & responsibilities for each role (Nursing Director, CNS, Staff Nurse) ▪ Communication strategies – Magnet champion, PCSEC retreats, Caring, PCS News you can use 	<ul style="list-style-type: none"> ▪ Reference to Professional Practice Model description in Force 1.1 ▪ Reference to Collaborative Governance Annual Report in OOD 22 ▪ Reference to research activities in the Munn Center in Force 6 & RD 4 ▪ Reference to PCS Org Chart in OOD 2b ▪ Reference to PCS strategic planning process in Force 1.1 ▪ Reference to CNO as part of senior management team in Force 2.1 ▪ Reference to CNO job description in OOD 10.a ▪ Reference to hospital’s policy & procedure, “Credentialing & Authorization of Nurses in the Expanded Roles and Physicians who are MGH & MGPO employees” in OOD 10.d ▪ Reference to Associate Chief Nurse job description in OOD 23.a ▪ Reference to Assoc Chief role in EMAP in Force 2.5 ▪ Reference to role of Assoc Chief in planning for new building in Force 13.4 ▪ Reference to Ambulatory Nursing Practice Committee in Force 1.2 ▪ Reference to Nursing Director job description in OOD 23.b ▪ Reference to CNS job description in OOD 23.c ▪ Reference to Staff Nurse job description in OOD 23.e 	<p>N/A</p>

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<p>2.4</p>	<p>Describe how the CNO has enabled decentralized decision-making through education, facilitation, and support.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ References to the Professional Practice Model, Collaborative Governance model, Norman Knight Nursing Center for Clinical & Professional Development & the Leadership Development program within the Institute for Patient Care ▪ CG Quality & Nursing Practice Committees – decision making processes ▪ Service-based Collaborative Governance in action – Medical Practice Committee (mission, vision & guiding principles); accomplishments ▪ Unit-based Collaborative Governance in action – TRACU ▪ Norman Knight Center – course offerings, Preceptor Development program & Clinical Simulation Program & offerings 	<ul style="list-style-type: none"> ▪ Attachments 2.4.a – Quality Committee Meeting Minutes, May 1, 2007 ▪ Attachment 2.4.b – Nursing Practice Committee Meeting minutes, January 23, 2007 ▪ Attachment 2.4.c – <i>A Celebration of Practice, Caring for Medical Patients</i> flyer ▪ Attachment 2.4.d – <i>Caring Headlines</i> article – <i>The TRACU: Making a Difference 1 Year Later</i> ▪ Attachment 2.4.e – Knight Center Educational Offerings, March 2007 ▪ Attachment 2.4.f – Preceptor Instructor Manual, Program/Course Overview ▪ Reference to CG model in Force 2.3 ▪ Reference to Professional Practice Model in Force 1.1 ▪ Reference to full educational offerings calendar in RD 8

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<p>2.5 Describe how decision-making is operationalized to involve all levels of nurses.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Excerpts from different positions related to performance improvement (Chief Nurse, Assoc Chief Nurse, Director PCS Office of Quality & Safety, Nurse Manager, Staff Nurse) ▪ Decision-Making Operationalized on Hospital Level Committees – MGH Quality of Care Committee, Quality Oversight Committee, Capacity Management Team, EMAP Project Team, & Pharmacy/Nursing Performance Improvement Committee (PNPIC) ▪ Decision-Making Operationalized in the Department of Nursing (CG orientation) ▪ Other forums that support nurse decision making – PCSEC, Nurse Executive Operations Team, CNO/Nursing Director meetings, Assoc Chief/Nursing Director meetings, Combined Leadership & Unit-based staff meetings ▪ Reference to SPPPES as mechanism for involving all nurses in decision-making ▪ Departmental-based decision making example – Conflict management/resolution ▪ Crucial conversations workshop ▪ Phillips 22 Conflict Management retreat ▪ Unit-based decision making example - <u>ADVANCE for Nurses</u> recognized our GI/Endoscopy unit as the “Best Nursing Team in 2006” 	<ul style="list-style-type: none"> ▪ Attachment 2.5.a. – EMAP project structure ▪ Attachment 2.5.b – CG orientation materials (table of contents) ▪ Attachment 2.5.c – TEAM Handbook table of contents ▪ Attachment 2.5.d. – Slides from Phillips 22 staff retreat ▪ Attachment 2.5.e – Advance for Nurses cover – GI/Endoscopy, 2006 Best Nursing Team ▪ Reference to hospital org chart in OOD 2.a ▪ Reference to JIE responsible for hospital-wide nursing care in Force 1.2 ▪ Reference to CG in Force 2.3 ▪ Reference to department & unit-based retreats in Force 2.3 ▪ Reference to PCSEC charges in Force 2.3 ▪ Reference to SPPPE Survey in Force 1.8 ▪ Reference to “crucial conversations” in Force 13.17 	<ul style="list-style-type: none"> ▪ Phillips 22 ▪ GI/Endoscopy

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<p>2.6</p>	<p>Provide examples of how the organizational structure has been modified to accommodate change from an internal or external force.</p> <p><i>Writer: Donna Jenkins</i></p>	<p>External:</p> <ul style="list-style-type: none"> ▪ Maternal/Newborn Licensing Regulations – Lactation Consultant ▪ Regulations for restraint & seclusion ▪ Pandemic flu planning & development of MGH Influenza Specialty Care Unit <p>Internal:</p> <ul style="list-style-type: none"> ▪ Medicine Team 5 ▪ ED Observation Unit 	<ul style="list-style-type: none"> ▪ Attachment 2.6.a. – Sections relevant to breast feeding in the revised MA Hospital Licensure Regulations ▪ Attachment 2.6.b. – Staff Competency Overview for Lactation slides ▪ Attachment 2.6.c. – Sensory Modulation for the MH population ▪ Attachment 2.6.d. – Inpatient Psychiatry Safety Tool & Crisis Prevention Plan ▪ Attachment 2.6.e. – Summary of Roles & Responsibilities for Healthcare & Public Health Partners – Interpandemic & Pandemic Alert Periods ▪ Attachment 2.6.f. – MGH Influenza Specialty Care Unit slides

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Force 3: Management Style			
Organization and nursing administrators use a participative management style, incorporating feedback from staff at all levels of the organization. Feedback is characterized as encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
3.1 Describe the CNO's leadership style and give at least two (2) examples related to the components referenced above. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Interview with Jeanette – qualities of a successful leader ▪ Excerpt from May 3, 2007 <u>Caring Headlines</u> – “Meeting the need for active, effective, timely communication” ▪ Dialogue between Jeanette & Nursing Directors as a component of Nursing Director Leadership Development series (“If you could have me answer just one question what would it be?” – examples given) 	N/A	N/A
3.2 Provide examples of effective and ineffective leadership-style outcomes and follow up action as appropriate. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ SPPPE survey – general description, excerpt from 2006 SPPPE Qualitative Data Analysis with sample comments, strategies to address staff concerns ▪ New Graduate Task Force ▪ Ellison 19 patient population ▪ Nursing Director narrative – Keith Perleberg, leadership style & outcomes 	<ul style="list-style-type: none"> ▪ Reference to SPPPE in Force 1.8 & RD 6 ▪ Reference to Leadership Development program in Force 4.18 ▪ Reference to decreasing Nursing Director & CNS scope in Force 1.7 ▪ Reference to graduate nurse turnover in Force 4.7 	<ul style="list-style-type: none"> ▪ Ellison 14 & 19
3.3 Provide examples of how direct care nurses' feedback is used in organizational decision-making. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Blood Transfusion Administration policy change ▪ Clinical decision-making in the budget process – role of Nursing Practice committee, staff nurse feedback through Quadramed & capital budget decisions ▪ Creation of the Magnet Ambassador role ▪ Creation of <i>Take a Magnet Moment</i> newsletter ▪ Magnet Ambassadors attend Denver Conference & facilitate December 2006 Magnet Champion retreat 	<ul style="list-style-type: none"> ▪ Attachment 3.3.a. – Phlebotomy (Blood Transfusion) Implementation Task Force meeting minutes: August 31, 2005 ▪ Attachment 3.3.b. – Final Report IV Task Force slides ▪ Reference to feedback from nurses regarding budgetary decisions in Force 1.5 ▪ Attachment 3.3.c. – <i>Take a Magnet Moment</i> newsletter sample ▪ Attachment 3.3.d. – <u>Caring Headlines</u> article – <i>Magnet Ambassadors attend Magnet Conference</i> ▪ Reference to CG in Force 2.4 ▪ Reference to nurses feedback on budgetary decisions through CG structure in Force 1.5 	N/A

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<p>3.4 Describe mechanisms or processes that create a practice environment that fosters horizontal and vertical communication between nurses at all levels throughout the organization.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Communication via Committee Structures – Collaborative Governance (org chart of committee structure) ▪ Other committees & meetings – Joint PCSEC/Nursing, Nursing Director, CNS, OCs, Combined Leadership, Unit-based staff meetings ▪ Communication via print publications – Annual Report, Hotline, Caring Headlines, Fruit Street ▪ Communication via email & electronic updates – From the desktop of Peter Slavin, PCS News You Can Use, All-user messages ▪ Additional communication strategies – SPPPE, Clinician Forums, Grand Rounds, Nurse Recognition Week ▪ 2006 Communication Survey & action steps driven from results 	<ul style="list-style-type: none"> ▪ Attachment 3.4.a. – PCS Communications survey tool ▪ Reference to CNO 4-point plan in Force 3.1 ▪ Reference to MGH & PCS annual reports in OOD 12 	<p>N/A</p>
<p>3.5 Provide examples of how direct care nurses initiate change to improve patient care, nursing practice, and/or the work environment.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Unit-based initiatives highlighting improvements in patient care, practice & work environment – bladder scanner for SDSU, sensory room & sensory interventions ▪ Initiating change on a general medical unit (Bigelow 11) – educational day for new nurses, Bigelow Banner newsletter, Price is Right game focusing on a clinical scenario per week ▪ Ellison 11 pocket info guide – caring for cardiology patients 	<ul style="list-style-type: none"> ▪ Attachment 3.5.a. – New Registered Nurse Day 2006 agenda ▪ Attachment 3.5.b. – Bigelow Banner newsletter sample 	<ul style="list-style-type: none"> ▪ Same Day Surgical Unit (SDSU) ▪ Bigelow 11 ▪ Ellison 11
<p>3.6 Provide examples of how direct care nurses’ feedback is used by nurse leaders to make changes to improve patient care, nursing practice, and/or the work environment.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Staff nurse influence through CG: Nursing Practice Committee – overview of committee, charges, 2006 accomplishments ▪ Staff nurse influence at the unit level: inpatient nurse triage program for endoscopy unit 	<ul style="list-style-type: none"> ▪ Attachment 3.6.a. – Inpatient nurse triage program for a hospital based endoscopy unit slides ▪ Reference to CG Annual Report in OOD 22 	<ul style="list-style-type: none"> ▪ Endoscopy

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<p>3.7 Describe how nursing leaders are visible and accessible to direct care nurses.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ 24/7 access by page & phone (e.g., during Doc Com Implementation; Newborn/Family Unit, PICU) ▪ Accessibility to unit-based leadership ▪ Use of email as a 2-way communication tool ▪ Discussion on dress code guidelines ▪ Patient care unit rounds – examples from ED & Ellison 4) ▪ Participation in unit staff forums ▪ A Conversation with Jeanette Ives Erickson ▪ Staff Nurse Advisory Committee 	<ul style="list-style-type: none"> ▪ Attachment 3.7.a. & 3.7.b – Staff Nurse Advisory Minutes, February & March 6, 2007 ▪ Attachments 3.7.c, 3.7.d & 3.7.e – Email examples regarding dress code. ▪ Attachment 3.7.f - Caring Headlines, Susan Tully, <i>Nursing Spectrum's</i> Nurse of the Year ▪ Attachment 3.7.g – Staff Nurse Advisory Minutes, September 5, 2006 ▪ Reference to Doc Com project in Force 1.3 ▪ Reference to Clinical Supervisor role in OOD 23.d ▪ Reference to Nursing Director & CNS roles in Force 2.3 	<ul style="list-style-type: none"> ▪ Newborn/ Family Unit ▪ Pediatric Intensive Care Unit (PICU) ▪ ED ▪ Ellison 4 ▪ Blake 8 ▪ Ellison 8
<p>3.8 Provide examples of mentoring and succession planning by and for nurse leaders and direct care nurses.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Associate Chief – year long practicum for nurse pursuing Masters in Nursing Administration ▪ Succession planning, orientation & mentoring – Nursing Director moving into role of Director of PCS Management Systems ▪ CG committees – co-chaired by staff nurse & coach of senior leadership team ▪ Annual staff performance appraisal process – Nursing Director mentoring & support for staff ▪ Staff nurse role in mentorship of student nurses 	<ul style="list-style-type: none"> ▪ Attachment 3.8.a – MGH PCS Director, Financial Management Systems Search Document & Search Committee ▪ Attachment 3.8.b – Eileen Flaherty orientation document 	

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Force 4: Personnel Policies & Programs			
Salaries and benefits are characterized as competitive. Rotating shifts are minimized, and creative and flexible staffing models are used. Personnel policies are created with staff involvement, and significant administrative and clinical promotional opportunities exist.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
4.1 Describe the formal and informal performance appraisal processes used in the organization, including self-appraisal, peer review, and 360° evaluation (as appropriate) for nurses at all levels in the organization. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Performance evaluation & clinical narrative ▪ Staff nurse – 4 levels of practice ▪ Clinical Recognition Program – levels & process ▪ Nursing Director performance evaluation process ▪ 360 evaluations for Nursing Directors & CNS 	<ul style="list-style-type: none"> ▪ Attachment 4.1.a – PHC Performance Management Policy ▪ Attachment 4.1.b – PCS Clinical Recognition Program, Levels of Practice ▪ Attachment 4.1.c - Staff Nurse Evaluation Form ▪ Attachment 4.1.d – MGH Executive/Administrative/Managerial/Supervisory Evaluation Form ▪ Attachment 4.1.e – PCS Leadership Competencies ▪ Reference to role of Nurse Researchers in Force 6.27 ▪ Reference to comprehensive listing of PCS awards in Force 4.3 ▪ Reference to Clinical Recognition Program review process in Force 11.5 	N/A
4.2 Provide examples of how workplace advocacy policies and procedures safeguard employee rights and promote a safe and healthy work environment. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Human Resource policies (violence in the workplace, sexual harassment, substance abuse) ▪ Administrative policies (firearms & weapons) ▪ Privacy & Security policies (violations of privacy & security, procedures for reporting) ▪ Occupational Health Services (OHS) ▪ Policy & Security Department & personal safety ▪ Employee Assistance Program (EAP) ▪ HAVEN Program (Helping Abuse & Violence End Now) ▪ Be Fit Program 	<ul style="list-style-type: none"> ▪ Attachment 4.2.a – HR’s e-mail to managers on Sexual Harassment Policy ▪ Attachment 4.2.b – <u>Hotline</u> article: Occupational Health Service, Annual Flu Vaccination ▪ Attachment 4.2.c - Police and Security Department’s services and programs ▪ Attachment 4.2.d – <u>All Point Bulletin</u>, Police, Security and Outside Service Department ▪ Attachment 4.2.e – PHS Employee Assistance Program brochure ▪ Attachment 4.2.f – Mothers Corner brochure ▪ Attachment 4.2.g – Be Fit Program ▪ Attachment 4.2.h – Hotline, 1/19/2007, MGHers learn how to relax ▪ Reference to full policies (HR, Administrative & Privacy & Security) in OOD 17, 18 & 19 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>4.3 Describe how staffing plans and practices are consistent with The ANA Principles of Nurse Staffing.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ DON supports the recommendations of the ANA Principles of Staff Nursing: <u>Patient Care Unit Related:</u> ▪ Appropriate staffing levels for patient care unit reflect analysis of individual & aggregate patient needs ▪ There is a critical need to retire or seriously question the usefulness of the concept of nursing hours per patient day (NHPPD) ▪ Unit functions necessary to support the delivery of quality patient must also be considered in determining staffing levels <u>Staff Related:</u> ▪ The specific needs of various patient populations should determine the appropriate clinical competencies required of nurses practicing in that area ▪ RNs must have nursing management support and representation at both the operational and executive level ▪ Clinical support from experienced RNs should be readily available to RNs with less proficiency ▪ Role of Clinical Nursing Supervisors ▪ Rapid Response Team ▪ Staff Nurse Preceptors ▪ Role of Resource Nurses ▪ Role of CNS & Centrally Based Experts CNSs ▪ Organizational policy should reflect a climate that values RNs as strategic assets & exhibits a true commitment to filling budgeted positions in a timely manner ▪ Documented competencies for nursing staff, for those activities they have been authorized to perform ▪ Knight Center orientation & training ▪ Organizational policies recognizing needs of both patients and nursing staff ▪ AARP recognizes MGH as best employer for workers over age 50 	<ul style="list-style-type: none"> ▪ Attachment 4.3.a – Example of HPPD data submission to Patient First, Ellison 18 ▪ Attachment 4.3.b - Workload/Productivity Report, September 2006 YTD ▪ Attachment 4.3.c – Flow Chart of Relationship of Staffing and Workload ▪ Attachment 4.3.d – Competency Checklist, Yawkey Infusion Unit and Bigelow 9 ▪ Attachment 4.3.e – Sample of Staff RN Filled Position Report ▪ Attachment 4.3.f – DON, Policy and Procedure of Competence of Licensed and Unlicensed Personnel ▪ Attachment 4.3.g – Annual Competency Assessment, Direct Care Providers and Required Training, Inservice and Continuing Education Record ▪ Reference to QuadraMed WinPFS® Acuity, Productivity and Benchmarking System in OOD 15 & Forces 1.5, 1.6, 4 & 5 ▪ Reference to CNO as member of senior management team in Force 2.1 ▪ Reference to role of CAN in Force 2.3 ▪ Reference to Rapid Response Team in Forces 1.3 & 1.7 ▪ Reference to New Graduate Task Force in Force 4.7 ▪ Reference to Role of Resource Nurse in Force 4.12 ▪ Reference to scope of CNS responsibility in Force 1.7 ▪ Reference to PCS Collaborative Governance model in Force 2.3 ▪ Reference to PCS Strategic & Annual Operational Plan in Force 1.1 & OOD 13.e ▪ Reference to MGH Strategic Plan, 2004-2011 in OOD 13.b 	<ul style="list-style-type: none"> ▪ Ellison 18 ▪ PICU ▪ Burn Unit ▪ Transplant Unit ▪ Ellison 14 ▪ Bigelow 9 ▪ Ellison 7 ▪ Bigelow 11 ▪ Obstetrics/ Family Care Units ▪ Yawkey Infusion Unit ▪ RACU

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
4.3	Describe how staffing plans and practices are consistent with The ANA Principles of Nurse Staffing. CONTINUED	<ul style="list-style-type: none"> ▪ Working Mother magazine recognizes MGH as top company for working mothers ▪ Other awards and recognition programs at MGH 		
4.4	Describe how the organization fosters a nondiscriminatory climate in which care is delivered in a manner that is sensitive to diversity. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Hospital-based diversity programs ▪ The Disparities Solution Center – mission & local programs ▪ MGH Diversity Committee ▪ PCS Diversity Programs & Director of Diversity for PCS ▪ Staff education & training 	<ul style="list-style-type: none"> ▪ Attachment 4.4.a – 2007 Nursing Spectrum’s Excellence Award for Advancing and Leading ▪ Attachment 4.4.b – DON Orientation slides ▪ Reference to hospital interpreter services in Force 6.20 ▪ Reference to culturally competent care curriculum in Force 14.7 ▪ Reference to Nursing Leadership Academy courses in Force 4.5 	N/A
4.5	Provide examples of how the organization addresses workforce diversity. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Hospital policy addressing non-discrimination, equal opportunity & affirmative action. ▪ Multicultural Affairs Office & co-sponsored programs ▪ CG Diversity Committee ▪ PCS Diversity Logo ▪ Multicultural Nurses Association ▪ Workforce development initiatives – fellowships, scholarships & other services ▪ Addressing diversity at the unit level 	<ul style="list-style-type: none"> ▪ Attachment 4.5.a - MGH, Equal Employment Opportunity Policy ▪ Attachment 4.5.b – MGH policy, Employee Rights and Patient Care Nondiscrimination ▪ Attachment 4.5.c and 4.5.d - <u>Caring Headlines</u> articles, Latino Heritage Month & African American Pinning Ceremony ▪ Attachment 4.5.e - The Hausman Fund to Advance Nursing Diversity ▪ Attachment 4.5.f – Workforce Education Program, February 2007 Attendance ▪ Attachment 4.5.g and 4.5.h – Workplace Education Program graduation articles, <u>Caring Headlines</u> and <u>Hotline</u> ▪ Reference to PCS vision statement, goals & guiding principles in Force 1.1 ▪ Reference to MGH Diversity Committee in Force 4.4 	<ul style="list-style-type: none"> ▪ Ellison 10 ▪ Phillips 21 & 22
4.6	Describe the organization’s nursing recruitment and retention programs and responses to ongoing challenges in the marketplace. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Annual compensation review process ▪ Adequate staffing via effective RN mix ▪ Collaborative relationships critical to patient care ▪ Flexible staffing, work-life balance ▪ Collaboration w/ HR – nursing image & marketing campaign 	<ul style="list-style-type: none"> ▪ Attachment 4.6.a - Staff Nurse Advisory Committee minutes, January 3, 2006 ▪ Attachment 4.6.b – Ad for cardiac operating room nurses ▪ Attachment 4.6.c -Perioperative Career expo ▪ Attachment 4.6.d – new image “Nursing at MGH”, July 2007 ▪ Reference to staffing productivity systems in Force 1.6 ▪ 	<ul style="list-style-type: none"> ▪ Respiratory Therapy ▪ Social Work

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
4.6	Describe the organization's nursing recruitment and retention programs and responses to ongoing challenges in the marketplace. CONTINUED		<ul style="list-style-type: none"> ▪ Reference to Clinical Recognition Program in Force 4.1 ▪ Reference to affiliations with educational institutions in Force 8.3 ▪ Reference to awards for excellence in clinical practice in Force 4.3 ▪ Reference to SPPPE Survey in Force 1.8 & RD 6 	
4.7	Provide action plans developed with direct care nurse input/involvement to address variation in unit- or service-based turnover and vacancy rates. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ New Graduate Orientation Program ▪ Medical Specialty Orientation Program ▪ Operating Room recruitment campaign 	<ul style="list-style-type: none"> ▪ Attachment 4.7.a - New Graduate Retention Task Force ▪ Attachment 4.7.b – <u>Caring Headline</u> article, New Graduate Medical Nurses ▪ Attachment 4.7.c – Main OR Cardiac Surgery Nursing Employee Referral Program ▪ Attachment 4.7.d - Perioperative Nursing Education and Orientation Program 	<ul style="list-style-type: none"> ▪ Bigelow 11 ▪ Operating Room
4.8	Provide examples of how direct care nurses participate in recruitment and retention activities. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Nurses in recruitment & retention activities ▪ Examples from unit/patient care areas ▪ Mechanisms to support staff nurse retention – SPPPE Survey, Collaborative Governance, Clinical Recognition Program 	<ul style="list-style-type: none"> ▪ Reference to SPPPE survey tool in OOD 16 ▪ Reference to SPPPE survey results in Force 1.8 & RD 6 ▪ Reference to Collaborative Governance Annual Report in OOD 22 ▪ Reference to Clinical Recognition Program in Force 4.1 	<ul style="list-style-type: none"> ▪ Emergency Dept ▪ Cardiac Intensive Care Unit (CICU) ▪ Surgical Intensive Care Unit (SICU) ▪ Ellison 10 ▪ Bigelow 11 ▪ Endoscopy
4.9	Illustrate the ongoing collaborative efforts of nursing, finance, and human resources related to personnel policies and programs. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Annual wage & salary program review & market adjustment process 	<ul style="list-style-type: none"> ▪ Attachment 4.9.a - FY 2006 Wage and Salary Program 	N/A
4.10	Demonstrate how trending data are used in the formulation of the staffing plan and to acquire necessary resources. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Patient Care Services Financial Management & budget preparation process ▪ Nursing Director feedback during process & resulting changes ▪ Trend data – role of Operations Coordinators 	<ul style="list-style-type: none"> ▪ Attachment 4.10.a – PCS Unit Trend report, Bigelow 11, Ellison 11 CAU ▪ Attachment 4.10.b - Use of Trended Data in Direct Care Budget Calculations for FY'08 Cardiac/ Cardiac Surgery Units ▪ Attachment 4.10.c - Yawkey Infusion Unit Expense Budget, FY 2008 ▪ Attachment 4.10.d –Staffing Calculation, Labor and Delivery 	<ul style="list-style-type: none"> ▪ Bigelow 11 ▪ Ellison 11 ▪ Cardiac Access Unit ▪ Bigelow 6 ▪ Ellison 19 ▪ Ellison 7 ▪ Blake 11 ▪ Labor & Delivery ▪ Yawkey Infusion

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
4.11	Provide representative examples of the development of unit staffing plans and corresponding schedules. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Use of unit workload/productivity data to develop unit-specific budgets 	<ul style="list-style-type: none"> ▪ Attachment 4.11.a and 4.11.b - RN work schedule, beginning 8/5/2007, Ellison 9 CCU and BL 6 ▪ Reference to unit-specific budget process in Force 1.5 ▪ Reference to workload/productivity reports in Force 4.12 	<ul style="list-style-type: none"> ▪ Ellison 9 ▪ Blake 6
4.12	Explain how staffing adjustments are made in response to fluctuating patient workload and acuity (e.g., use of agency, float staff, overtime). <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ How daily and/or shift adjustments are made in response to fluctuating patient workload ▪ Utilization of additional staff in response to increased workload ▪ Reduction of staff in response to decreased workload 	<ul style="list-style-type: none"> ▪ Attachment 4.12.a – DON Direct Care Staffing Guidelines ▪ Attachment 4.12.b - Weekly Workload/Productivity Reports, 4/22/2007-4/28/2007 ▪ Attachment 4.12.c – Resource Nurse Role Description ▪ Reference to Quadramed in Force 1.5 ▪ Reference to process of translating annual budget into near term projections or scheduling practices in Force 4.11 ▪ Reference to Rapid Response Team in Force 1.3 	<ul style="list-style-type: none"> ▪ White 8 ▪ Ellison 10 ▪ Rapid Response Team ▪ Admitting Department ▪ Endoscopy ▪ Emergency Department ▪ ED Observation Unit ▪ Main OR ▪ Same Day Surgery Unit
4.13	Describe alterations in scheduling practices related to budget variance analysis. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ On-line scheduling system ▪ Monitoring performance, needs for additional FTEs – examples in MICU & Radiation Oncology ▪ Changes resulting from mid-year changes 	<ul style="list-style-type: none"> ▪ Attachment 4.13.a - Workload/Productivity Report for July 2004, MICU ▪ Attachment 4.13.b –Position Request, Radiation Oncology- Cox Lower Level ▪ Attachment 4.13.c - Proposal for Additional OA FTEs, White 11, June 2005 ▪ Attachment 4.13.d – Personnel Budget, White 11, FY 2006 ▪ Reference to staffing plans & scheduling practices for inpatient units in Force 4.11 ▪ Reference to budget process for inpatient units in Force 4.10 	<ul style="list-style-type: none"> ▪ Medical Intensive Care Unit (MICU) ▪ Radiation Oncology ▪ White 11

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
4.14 Relate the delegation activities of direct care nurses to the requirements of the state Nurse Practice Act, other regulatory stipulations, and professional standards. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ MA Nurse Practice Act & delegation activities of RNs ▪ Activities that may or may not be delegated ▪ Joint statement on delegation – ANA & National Council of State Boards of Nursing ▪ Staff Nurse Position Description ▪ Education on delegation for RNs & PCAs 	<ul style="list-style-type: none"> ▪ Attachment 4.14.a – DON P&P of “Statement of Accountability” ▪ Attachment 4.14.b – PPT slides “Effective Delegation: Strategies for RN” ▪ Attachment 4.14.c – PPT slides “Role of PCA” ▪ Attachment 4.14.d – Staffing Decisions and Delegation, PCA Skills/Task list ▪ Reference to MA Nurse Practice Act in OOD 4 	N/A
4.15 Demonstrate mechanisms by which direct care nurses are educated about matching staff assignments to patient needs and staff member skill sets and experience. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Direct Care Staffing Guidelines ▪ Resource Nurse Guidelines 	<ul style="list-style-type: none"> ▪ Attachment 4.15.a - DON Direct Care Staffing Guidelines ▪ Attachment 4.15.b - Resource Nurse Guidelines, White 9 	<ul style="list-style-type: none"> ▪ White 9 ▪ Neonatal Intensive Care Unit (NICU)
4.16 Provide representative examples of patient assignments, including the rationale for the assignments of personnel of various roles, who was responsible for making assignments, and who had input into the process. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Patient care assignments based on staff skill level 	<ul style="list-style-type: none"> ▪ Attachment 4.16.a - Assignment Sheet, Ellison 19, 6/24/2007 ▪ Attachment 4.16.b – Ellison 19 PCA Daily Assignment, 6/24/2007 ▪ Attachment 4.16.c – Assignment Sheet, Phillip 22, 7/12/2007 	<ul style="list-style-type: none"> ▪ Ellison 19 ▪ Phillips 22
4.17 Provide examples that the organization supports career development opportunities for organization employees interested in becoming nurses or nurse support staff. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Resources to choosing or advancing a career in nursing ▪ HR training & workforce development – tuition reimbursement, Support Service Employee Grants, Association of Multicultural Members of Partners (AMMP), College Fairs, Partners in Career Workforce Development 	<ul style="list-style-type: none"> ▪ Attachment 4.17.a – web page “Choosing a Career in Nursing” ▪ Attachment 4.17.b – MGH P&P Tuition Assistance ▪ Attachment 4.17.c – “Jumpstarting careers with Partners in Career and Workforce Development”, article in the MGH Hotline, 4/13/2007 ▪ Reference to Hausman Fund & AMMP in Force 4.5 ▪ Reference to staffing systems in Forces 5.9 through 5.11 	<ul style="list-style-type: none"> ▪ White 10

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>4.18 Provide examples of how the performance appraisal processes improve the practice of nurses at the direct care and the nurse administrator levels.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ SPPPE Survey ▪ Annual performance review ▪ Staff Nurse performance appraisal – unit examples of how performance appraisals helped improve practice ▪ Nursing Director performance appraisal – use of clinical narratives ▪ Associate Chief Nurse performance appraisal – link to strategic planning process ▪ Chief Nurse performance appraisal – identifying performance goals 	<ul style="list-style-type: none"> ▪ Attachment 4.18.a – MGH P&P Performance Evaluation ▪ Attachment 4.18.b – DON Annual Competency Assessment for Direct Care Providers and Required Training, In-service and Continuing Education Record ▪ Reference to SPPPE survey in Force 1.8 & RD 4 ▪ Reference to Staff Nurse appraisal tool in Force 4.1 ▪ Reference to PCS Strategic Planning Retreat in Force 2.3 	<ul style="list-style-type: none"> ▪ Post Acute Care Unit (PACU) ▪ Same Day Surgery Unit (SDSU) ▪ Neonatal Intensive Care Unit (NICU)

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Force 5: Professional Models of Care				
Models of care are used that give nurses the responsibility and authority for the provision of patient care. Nurses are accountable for their own practice and are the coordinators of care.				
Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
5.1	<p>Detail how the state Nurse Practice Act, other regulatory stipulations (e.g., staffing ratios mandated in California), and professional standards influence the care delivery model(s).</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Standards of practice & the Professional Practice Model ▪ Definitions of scope of practice – MA Nurse Practice Act & MA Board of Registration in Nursing 	<ul style="list-style-type: none"> ▪ Attachment 5.1.a - Standards of Practice component of the Professional Practice Model ▪ Attachment 5.1.b - MA Board of Registration in Nursing (MA BORN), RN and LPN ▪ Attachment 5.1.c - Policy Statement of Accountability ▪ Reference to MA Nurse Practice Act in OOD 4 ▪ Reference to how professional standards influence care delivery in Forces 5.2 through 5.4 	N/A
5.2	<p>Demonstrate how the state Nurse Practice Act, other regulatory stipulations, and professional standards are incorporated into the development, implementation, and evaluation of professional models of care.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Examples demonstrating how the Nurse Practice Act regulations and professional standards are incorporated into practice ▪ Development of nursing position descriptions & components ▪ Palliative Sedation 	<ul style="list-style-type: none"> ▪ Attachment 5.2.a - Nursing Practice Manual, Forward ▪ Attachment 5.2.b – DON Policy Review Form, used by the Nursing Practice Committee ▪ Attachment 5.2.c - PCA Skills/Task list ▪ Attachment 5.2.d - Competence of Licensed and Unlicensed Personnel policy ▪ Attachment 5.2.e – “References: Palliative Sedation Policy and Procedure” ▪ Attachment 5.2.f – Revised P&P “Palliative Sedation...” ▪ Reference to Professional Practice Model in Force 1.1 ▪ Reference to process by which policies & procedures are developed, implemented & evaluated in Force 13.16 ▪ Reference to delegation & supervision standards in Force 5.1 	N/A

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
5.2	Demonstrate how the state Nurse Practice Act, other regulatory stipulations, and professional standards are incorporated into the development, implementation, and evaluation of professional models of care. CONTINUED		<ul style="list-style-type: none"> ▪ Reference to Staff Nurse position description in OOD 23.e ▪ Reference to Patient Care Associate position description in OOD 23.f ▪ Reference to Statement of Accountability in Force 5.1 ▪ Reference to Knight Center training & competencies in Force 4.18 	
5.3	Describe how direct care nurses are educated regarding the tenets of the state Nurse Practice Act, other regulatory documents, and professional standards. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Department of Nursing orientation ▪ Descriptions of Knight Center class offerings ▪ Service & unit-based education & mentoring – staff example from SDSU ▪ E-mail as a communication vehicle – Blood Transfusion Competency on Bigelow 11 ▪ Use of consultative services 	<ul style="list-style-type: none"> ▪ Attachment 5.3.a - “Record of Central Department of Nursing Orientation” ▪ Attachment 5.3.b – PPT slides, RN Orientation on Themes of Practice/Teamwork ▪ Attachment 5.3.c – Staffing Decisions and Delegation, DON Orientation Manual ▪ Attachment 5.3.d – PPT slides, the Role of PCA, PCA Orientation Program ▪ Attachment 5.3.e – PCA Orientation Performance Records ▪ Attachment 5.3.f - e-mail communication on Blood Transfusion Competency, Bigelow 11 ▪ Reference to DON orientation description & performance records in Force 11.3 ▪ Reference to Knight Center description in Force 2.4 ▪ Reference to blood administration in Force 3.3 ▪ Reference to CNS listing in Force 8.6 ▪ Reference to Ambulatory Nursing Practice Committee in Force 1.2 	<ul style="list-style-type: none"> ▪ Same Day Surgery Unit (SDSU) ▪ Bigelow 11

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
5.4 Demonstrate how the state Nurse Practice Act, other regulatory stipulations, and professional standards are available as references on each unit and incorporated into daily decisions. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ DON reference manuals ▪ Clinical reference materials available ▪ Examples of unit-based standards that have been incorporated into practice 	<ul style="list-style-type: none"> ▪ Attachment 5.4.a - list of the Reference Manuals available to staff ▪ Attachment 5.4.b – list of the Clinical and Reference Materials available to staff, through Treadwell Library and Patient and Family Learning Center intranet ▪ Attachment 5.4.c - Guidelines for Hemodynamic Monitoring, Cardiac Intensive Care Unit, Cardiac Care Nursing Practice Manual 	<ul style="list-style-type: none"> ▪ Cardiac Intensive Care Unit (CICU) ▪ Ellison 10 ▪ Dialysis Unit ▪ PACU
5.5 Describe the role of the direct care nurse in the development, implementation, and evaluation of care delivery models. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Description of MGH Patient Care Delivery Model ▪ Nursing Documentation & Communication Project – including staff nurse feedback ▪ Department of Medicine retreat 	<ul style="list-style-type: none"> ▪ Attachment 5.5.a – Doc Com Project Committee ▪ Attachment 5.5.b – PPT slides, Doc Com Project presented at nursing retreat ▪ Attachment 5.5.c – a Staff Nurse’s presentation to Nursing Directors, “The Future State Story: Mr. Cole’s Experience.” ▪ Attachment 5.5.d - Nursing Participation at MGH Department of Medicine Retreat ▪ Reference to PPM in Force 1.1 ▪ Reference to PPM outlined in Caring Headlines in OOD 14 	<ul style="list-style-type: none"> ▪ White 8 ▪ Pre-Admission Testing Area (PATA)
5.6 Describe how the model of care addresses patient needs, patient population demographics, number of nursing staff members, and ratio of nurses serving in various roles and levels. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Clinical narratives illustrating how nurses respond to specific patient needs through adjustment in staffing assignments 	<ul style="list-style-type: none"> ▪ Reference to how trended data are used to determine workload index in Force 4.10 	<ul style="list-style-type: none"> ▪ Bigelow 7 ▪ Ellison 8
5.7 Describe innovations by direct care nurses to implement the model of care and to meet the needs of specific patient populations at the unit level. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Examples of innovative practice guidelines, teaching materials and screening tools to meet the needs of specific patient populations – Women & Children, Neurosciences, Cardiac, ED, Ellison 10 	<ul style="list-style-type: none"> ▪ Attachment 5.7.a - Swallow Screen tool ▪ Attachment 5.7.b – Patient Problem/Intervention/Outcome Sheet 	<ul style="list-style-type: none"> ▪ NICU & PICU ▪ Obstetrics ▪ Same Day Surgery Unit (SDSU) ▪ Blake 13 ▪ Ellison 13 ▪ Speech Language Pathologists ▪ ED ▪ Ellison 10

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
5.7	Describe innovations by direct care nurses to implement the model of care and to meet the needs of specific patient populations at the unit level. CONTINUED		<ul style="list-style-type: none"> ▪ Attachment 5.7.c - Guidelines for Family Presence during Invasive Procedures and Resuscitation ▪ Attachment 5.7.d – A Guide to my Heart Notebook (cover) ▪ Reference to Couplet Care reported in The Vincent Memorial Hospital 2006 Annual Report in Force 12.6 	
5.8	Describe how the continuity of the patient’s care is addressed in the professional model(s) for the delivery of patient care. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ MGH Patient Care Delivery Model ▪ Illustrations in continuity of care ▪ Caring for patients on the Psychiatric Inpatient Care Unit ▪ Caring for Surgical Patients ▪ Caring for older adults ▪ Safe patient transport ▪ Documentation ▪ Case Management 	<ul style="list-style-type: none"> ▪ Attachment 5.8.a - Inpatient Psychiatry Safety Tool & Crisis Prevention Plan ▪ Attachment 5.8.b - Patient Debriefing and Comment Form ▪ Attachment 5.8.c - Clinical P & P Manual, Safe Patient Transport ▪ Attachment 5.8.d – Oncology Case Manager’s clinical narrative, <u>Caring Headlines</u>, 8/16/2007 ▪ Reference to Patient Care Delivery Model in Force 5.5 ▪ Reference to Nursing Documentation in Force 6.5 ▪ Reference to Case Manager role in Force 1.2 	<ul style="list-style-type: none"> ▪ Phillips 22 ▪ PATA ▪ SDSU ▪ Case Management
5.9	Provide representative examples that depict the scheduling process and describe how scheduling is tailored to the patient population, unit needs, and the needs of individual staff members. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Nursing Director examples describing the process for development of unit schedules 	<ul style="list-style-type: none"> ▪ Reference to DON Direct Care Staffing Guidelines in Force 4.12 ▪ Reference to other Nursing Director examples provided in Forces 4.12 & 5.10 	<ul style="list-style-type: none"> ▪ Bigelow 9 ▪ Cardiac ICU
5.10	Provide several examples of how direct care nurses influence scheduling. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Staff nurses’ influence on scheduling practices – White 8, MOR, White 10, Bigelow 7, SDSU, Yawkey 8 Infusion 	<ul style="list-style-type: none"> ▪ Attachment 5.10.a – Unclassified Patient Summary report, 6/17-6/23/2007 	<ul style="list-style-type: none"> ▪ White 8 ▪ Main OR ▪ White 10 ▪ Bigelow 7 ▪ SDSU ▪ Yawkey 8 Infusion

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Force 6: Quality of Care			
Nurses perceive that they are providing high-quality care to their patients. Providing quality care is seen as an organizational priority as well, and nurses serving in leadership positions are viewed as responsible for developing the environment in which high-quality care can be provided.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.1 Describe the quality infrastructure—the organizational committees and decision-making bodies that affect client care—and the involvement of nurses from various settings and at all levels of the organization in establishing, monitoring, and evaluating practice standards and patient care policies at the unit and organizational levels. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Marks from Leapfrog Group ▪ MGH & PCS Performance Improvement Plans ▪ Role of Senior Executive Committees ▪ Departmental structures with oversight & accountability for quality & safety efforts – MGH/MGPO Center for Quality & Safety, PCS Office of Quality & Safety, Office of Patient Advocacy, Clinical Care Management Unit 	<ul style="list-style-type: none"> ▪ Attachment 6.1.a – Hotline, “The MGH among top hospitals for safety and quality” 9/21/2007 ▪ Attachment 6.1.b - Boards of Trustees Quality Committee ▪ Attachment 6.1.c - The General Executive Committee ▪ Attachment 6.1.d - Quality Oversight Committee ▪ Attachment 6.1.e - Medical Policy Committee ▪ Attachment 6.1.f - Patient Care Services Executive Committee ▪ Attachment 6.1.g - Clinical Performance Management (CPM) Executive Committee ▪ Attachment 6.1.h - Patient Care Assessment Committee (PCAC) ▪ Attachment 6.1.i - Patient Care Services Quality Committee ▪ Reference to MGH & PCS Performance Improvement Plans in OOD 10.d & OOD 10.e 	<ul style="list-style-type: none"> ▪ Clinical Care Management Unit (CCMU)
6.2 Provide evidence that direct care nurses perceive that they are providing high-quality patient care. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Nurses responses to SPPPE Survey questions regarding perceptions of care ▪ Importance of clinical narratives & staff nurse examples. 	<ul style="list-style-type: none"> ▪ Attachment 6.2.a - Excerpt from 2006 Staff Perception of the Professional Practice Environment Survey ▪ Reference to full explanation of SPPPE Survey in Force 1.8 & RD 6 	<ul style="list-style-type: none"> ▪ Blake 4 Endoscopy ▪ White 9 ▪ Ellison 9 ▪ Main OR ▪ Pediatric Radiation Oncology
6.3 Give an example to illustrate how the allocation of human and material resources has improved the quality of patient care. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Lean Equipment Program ▪ New products contribute to patient safety - narrative 	<ul style="list-style-type: none"> ▪ Reference to cleaning equipment in Force 12.4 	<ul style="list-style-type: none"> ▪ Bigelow 9

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.4	<p>Describe the processes by which standards of practice and standards of care are developed, implemented, monitored for impact, and systematically evaluated at the organizational and unit levels.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ MGH Clinical Policy & Records Committee ▪ Medication Reconciliation Committee – policy development, implementation, monitoring & evaluation 	<ul style="list-style-type: none"> ▪ Attachment 6.4.a - Medication Reconciliation policy ▪ Attachment 6.4.b - Medication Reconciliation Committee ▪ Attachment 6.4.c – MGH Hospital Medication Reconciliation educational sessions ▪ Attachment 6.4.d – Medication Reconciliation Performance Dashboard, June 1 through August 31, 2007 	N/A
6.5	<p>Describe how each step of the nursing process is operationalized in nursing practice throughout the organization.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ PCS model for nursing documentation ▪ Multidisciplinary process for discharge documentation ▪ Unit-specific documentation standards 	<ul style="list-style-type: none"> ▪ Attachment 6.5.a – Standard for Documentation Policy, Inpatient Care Units ▪ Attachment 6.5.b – Nursing Admission Dataset Form Policy ▪ Attachment 6.5.c – Nursing Problem/Intervention/Outcome Sheet ▪ Attachment 6.5.d – Nursing Progress Notes ▪ Attachment 6.5.e – The Preadmission Testing Area Perioperative Nursing Standards ▪ Attachment 6.5.f – Post Anesthesia Care Unit Standards ▪ Reference to OBTV tools used for documentation of nursing process in Labor & Delivery in Force 13.6 	<ul style="list-style-type: none"> ▪ PACU ▪ Blake 14

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>6.6 Describe the process by which innovative patient safety programs or initiatives have been developed, implemented, and evaluated. Include examples that demonstrate the involvement of nurses from various practice settings and at all levels, and that demonstrate how these programs or initiatives have improved patient safety outcomes.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Simulation training & Knight Simulation program – current, new & in development ▪ RL Solutions – Web-based Incident Reporting System ▪ Perioperative Safety Initiative ▪ Endoscopy – pre-procedure phone calls ▪ PATA – assessing for fall precautions 	<ul style="list-style-type: none"> ▪ Attachment 6.6.a - position description, Safety Office/Director of Safety ▪ Attachment 6.6.b – Article on Forum, Risk Management Foundation’s publication, August 2006 ▪ Attachment 6.6.c - a time-out window, perioperative nursing online documentation program ▪ Attachment 6.6.d - Charles River Endoscopy Unit Phone Assessment ▪ Reference to MGH patient care delivery model in Force 5.5 ▪ Reference to redesign of PCS Quality & Safety infrastructure in Force 6.1 ▪ Reference to patient safety initiatives in Force 6.7 	<ul style="list-style-type: none"> ▪ Operating Rooms ▪ Endoscopy ▪ PATA
<p>6.7 Describe the process by which staff safety programs have been developed, implemented, and evaluated.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Sharp safety – Needle Stick Reduction Task Force ▪ Safe patient handling – installation of ceiling lifts ▪ Tuberculosis safety ▪ Workplace violence ▪ Flu vaccine program 	<ul style="list-style-type: none"> ▪ Reference to ceiling lifts in Force 12.2 	<ul style="list-style-type: none"> ▪ MICU ▪ SICU ▪ Bigelow 9 ▪ Ellison 16 ▪ White 12 ▪ Police & Security
<p>6.8 Provide policies and procedures that address the identification and management of problems related to incompetent, unsafe, or unethical practice. Give examples to illustrate compliance with these policies.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Compliance with Legal & Ethical Standards Policy ▪ Partners Code of Conduct ▪ MGH policies & procedures related to privacy & security of protected information ▪ Breach Complaint process ▪ 	<ul style="list-style-type: none"> ▪ Attachment 6.8.a – HR P&P, Corrective Action Policy ▪ Attachment 6.8.b – Administrative P&P, Compliance with Legal and Ethical Standards ▪ Attachment 6.8.c - Patient Care Assessment Plan ▪ Attachment 6.8.d – Clinical P&P Manual, Patient Care Assessment Program ▪ Attachment 6.8.e – Complaint Intake Report ▪ Attachment 6.8.f – Privacy and Security Breach Report ▪ Reference to policies & procedures related to privacy & security of protected information in Force 6.11 	<p>N/A</p>

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.9	Provide evidence that nurses have access to avenues for confidential and anonymous reporting of unsafe practice or unsafe environmental factors without recrimination. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ MGH compliance plan components ▪ Compliance Helpline ▪ Mechanism within the MGH/MGPO Center for Quality & Safety for reporting concerns ▪ Quality & Safety Rounds 	<ul style="list-style-type: none"> ▪ Attachment 6.9.a - Administrative P & P Manual, Compliance with Legal and Ethical Standards ▪ Reference to IPOP program in Force 6.17 	N/A
6.10	Describe organizational support, resources, and initiatives that have improved workplace safety for nurses. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Unit-based security system standards ▪ Multit-Agency Traffic Coordination Meeting ▪ Ergonomic Program Manager evaluates & supports safe environments 	<ul style="list-style-type: none"> ▪ Attachment 6.10.a – Administrative P&P, Access Control ▪ Reference to workplace safety initiatives in Force 6.7 ▪ Reference to Ergonomics Program Manager in Force 6.21 	<ul style="list-style-type: none"> ▪ Police & Security ▪ PICU
6.11	Describe policies and procedures for ensuring protection of confidentiality, privacy, and security for patients and staff and monitoring systems for ensuring compliance. <i>Writer: Ellen Robinson</i>	<ul style="list-style-type: none"> ▪ Confidentiality & security policies ▪ Privacy & Security Manual ▪ Clinical Policy & Procedure Manual ▪ Administrative Policy Manual ▪ Human Resource Policy & Procedure Manual ▪ Employee ID & passwords ▪ Training & education – HIPPA ▪ Monitoring systems 	<ul style="list-style-type: none"> ▪ Attachment 6.11.a – Table of Confidentiality, Privacy and Security Resources ▪ Attachment 6.11.b – PHS Confidentiality Agreement (Orientation) ▪ Attachment 6.11.c - PHS, How to Use the Self-Audit Function ▪ Reference to compliance mechanisms in Force 14.5 ▪ Reference to Electronic Communications Safeguarding Protected Health Information Policy in OOD 17 ▪ Reference to HR Confidential Information Policy in OOD 17 ▪ Reference to DON annual training & competency requirements in Force 4.18 & 14.5 ▪ Reference to Privacy & Security Violations Subject to Sanctions Policy in OOD 17 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>6.12 Describe how the ANA Code of Ethics for Nurses is adhered to across the nursing organization.</p> <p><i>Writer: Ellen Robinson</i></p>	<ul style="list-style-type: none"> ▪ 9 elements within ANA Code of Ethics provides framework for understanding of how to actualize ethical analysis & decision-making into practice ▪ Examples provided for each of the 9 elements 	<ul style="list-style-type: none"> ▪ Attachment 6.12.a – Article on Critical Care Nurse, Impact of Multifaceted Interventions on Nurses’ and Physicians’ Attitudes and Behaviors Towards Family Presence During Resuscitation, February 2007 ▪ Attachment 6.12.b – Caring Headlines article, MGH Nurses go to Capitol Hill, 5/3/2007 ▪ Reference to MGH org chart in OOD 2.a ▪ Reference to Quadramed in Force 1.5 & 1.6 ▪ Reference to Staff Nurse position description in OOD 23.e ▪ Reference to Medical Team 5 in Force 8.6 ▪ Reference to Nurse Practice Act & delegation in Force 4.14 & 4.18 ▪ Reference to continuing education in Force 11.3 ▪ Reference to nurse leaders’ professional development activities in Force 14.3 ▪ Reference to Clinical Recognition Program in Force 11.3 ▪ Reference to staff nurse awards in Force 12.3 ▪ Reference to CG committee structure in Force 2.3 ▪ Reference to CG Annual Report in OOD 22 ▪ Reference to nurses’ contributions to the profession in Force 10.1 ▪ Reference to nurses’ participation in national nursing organizations in Force 1.4 & 10.8 ▪ Reference to nurses’ faculty roles in Force 11.7 	<ul style="list-style-type: none"> ▪ SICU ▪ Bigelow 11

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.12	Describe how the ANA Code of Ethics for Nurses is adhered to across the nursing organization. CONTINUED		<ul style="list-style-type: none"> ▪ References to nurses' roles in community in Force 10.2 	
6.13	Describe the processes for educating patients and families about the Patients' Bill of Rights, processes for the dissemination of the Patients' Bill of Rights, and examples to illustrate how the Patients' Bill of Rights shapes organizational policy and practice. <i>Writer: Ellen Robinson</i>	<ul style="list-style-type: none"> ▪ Info about Patients Bill of Rights in Patient Information Guide ▪ Patients Bill of Rights incorporated into many aspects of PCS – PCS guiding principles, Ethics in Clinical Practice Committee, MGH Advanced Care Planning Task Force, Patient Education Committee, Office of Patient Advocacy 	<ul style="list-style-type: none"> ▪ Attachment 6.13.a – Patient Right and Responsibilities portion of Patient Information Guide ▪ Attachment 6.13.b - Patient Rights and Responsibilities brochure (in Spanish) ▪ Attachment 6.13.c - Bill of Rights for Children and Teens brochure ▪ Attachment 6.13.d - a patient and family 'welcome' guide, Welcome to Blake 7 (MICU) ▪ Reference to Office of Patient Advocacy reporting line in Force 6.9 	<ul style="list-style-type: none"> ▪ PATA ▪ Cardiac ICU
6.14	Describe how the nurses are educated about the ANA's Bill of Rights for Registered Nurses and how it is implemented across the organization. <i>Writer: Ellen Robinson</i>	<ul style="list-style-type: none"> ▪ ANA Bill of Rights tenets: ▪ Nurses have the right to practice in a manner that fulfills their obligation to society & to those who receive nursing care ▪ Nurses have the right to practice in environments that allow them to act in accordance with professional standards & legally authorized scope of practice ▪ Nurses have the right to a work environment that supports and facilitates ethical practice... ▪ Nurses have the right to freely and openly advocate for themselves and their patients without fear of retribution ▪ Nurses have the right to fair compensation for their work, consistent with their educational preparation, knowledge, experience and professional responsibility ▪ Nurses have the right to a work environment that is safe for themselves and their patients ▪ Nurses in all practice settings have the right to negotiate either individually or collectively, the conditions of their employment 	<ul style="list-style-type: none"> ▪ Attachment 6.14.a - MGH Safety Management Plan ▪ Attachment 6.14.b – poster, Does Your Perception of the Professional Practice Environment Count?" ▪ Attachment 6.14.c – PCS News You can use, information about SPPPE survey, 9/7/2006 ▪ Reference to PCS Professional Practice Model in OOD 14 ▪ Reference to nurse participation in professional organizations & community activities in Force 10.2 & 10.31 ▪ Reference to performance criteria in job descriptions in Force 10.6 ▪ Reference to performance appraisal process in Force 4.18 ▪ Reference to DON Orientation in Force 11.3 ▪ Reference to training & development programs offered through The Knight Center in Force 5.3 & RD 8 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
6.14	Describe how the nurses are educated about the ANA’s Bill of Rights for Registered Nurses and how it is implemented across the organization. CONTINUED	<ul style="list-style-type: none"> ▪ Reference to development of evidence-based policies & procedures in Force 5.2 ▪ Reference to programs on ethical practice in Force 6.15 ▪ Reference to CG Staff Advisory Committee in Force 3.7 ▪ Reference to MGH Compliance Plan in Force 6.9 ▪ Reference to programs for nurses to advocate for patients in Force 6.15 & 6.19 ▪ Reference to goals for DON market adjustments in Force 4.6 & 4.9 ▪ Reference to initiatives focused on safe work environment in Force 4.2 & 6.10 ▪ Reference to safe training competency requirement in Force 4.18 ▪ Reference to SPPPE Survey in Force 1.8 ▪ Reference to Staff Nurse Advisory Committee in Force 3.4, 3.7 & OOD 22 		
6.15	Provide examples that show how nurses at all levels are educated in applying ethical principles in nursing practice. <i>Writer: Ellen Robinson</i>	<ul style="list-style-type: none"> ▪ CG Ethics in Clinical Practice Committee – description & samples of activities that support nursing education on the principles of ethics ▪ Advanced Care Planning Task Force ▪ MGH Ethics Task Force ▪ Optimum Care Committee ▪ Pediatrics Bioethics Committee ▪ Harvard Ethics Leadership Council ▪ Interdisciplinary Ethics Resource Program ▪ Unit based ethics rounds 	<ul style="list-style-type: none"> ▪ Attachment 6.15.a – list of Respecting Choices Facilitators ▪ Attachment 6.15.b - Ethics Task Force Member List ▪ Attachment 6.15.c – Ethics Forum, Life’s End: Faith Perspectives in Caring for the Dying, 4/8/2005 ▪ Attachment 6.15.d – Ethics Forum, Ethical Considerations in Access to Health Care, 4/14/2006 ▪ Attachment 6.15.e - Optimum Care Committee, Table of Contents for Website Resources ▪ Attachment 6.15.f - Optimum Care Committee Members ▪ Attachment 6.15.g - Pediatric Bioethics Committee 	<ul style="list-style-type: none"> ▪ Blake 7 ▪ Bigelow 9 ▪ Ellison 9 ▪ Ellison 14 ▪ Blake 10 ▪ Phillips 20/21 ▪ Blake 13 ▪ Ellison 4

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.15	Provide examples that show how nurses at all levels are educated in applying ethical principles in nursing practice. CONTINUED	<ul style="list-style-type: none"> ▪ Attachment 6.15.h - Pediatrics Bioethics Meeting minutes, 1/16/2007 ▪ Attachment 6.15.i –a Nurse Ethicists’ collaborative program with Brigham and Women’s Hospital, Dana Farber Cancer Institute, and the Boston College Connell School of Nursing and the Winston Center for Health Care Leadership ▪ Reference to CG Annual Report in OOD 22 ▪ Reference to interdisciplinary conference, “Maintaining Compassionate Care: Strategies to Prepare Family-Professional Caregiver Teams for Ethical Dilemmas of Caregiving in Times of Uncertainty” in Force 14.4 ▪ Reference to EICPC work in Force 11.8 ▪ Reference to “Respecting Choices” Program in Force 14.4 ▪ Reference to Harvard Bioethics Program in Force 14.4 ▪ Reference to Optimum Care Committee case examples in Forces 6.12 & 6.14 ▪ Reference to Harvard Bioethics course & Interdisciplinary Ethics Resource Program in Force 14.4 	
6.16	Provide examples that show how nurses are supported in applying ethical principles in nursing practice. <i>Writer: Ellen Robinson</i>	<ul style="list-style-type: none"> ▪ Life Sustaining Treatment: Resolving Conflict Policy ▪ Narratives from staff nurses describing support available on patient care units 	<ul style="list-style-type: none"> ▪ Transplant Surgery ▪ PATA ▪ Phillips 20

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>6.17 Give examples of programs, services, and initiatives developed to meet the cultural, ethical, and demographic needs of a diverse patient population and the resources, fiscal and human, allocated to support these programs, services, and initiatives.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Community benefits program ▪ Chaplaincy Department ▪ Interpreter Services Department ▪ Interpreter Phone on a Pole (IPOP) ▪ Patient Education material ▪ Advanced Directives 	<ul style="list-style-type: none"> ▪ Attachment 6.17.a - financial statement from the 2006 Annual Report ▪ Attachment 6.17.b – Chaplaincy Staff list ▪ Attachment 6.17.c – <u>Caring Headlines</u>, Clinical Pastoral Education for Healthcare Professionals, 7/5/2007 ▪ Attachment 6.17.d - Language Requests for Interpreter Services report ▪ Attachment 6.17.e – <u>Caring Headlines</u>, Expanding our Medical Interpreter access, 2/1/2007 ▪ Attachment 6.17.f - Spanish discharge instructions ▪ Attachment 6.17.g – <u>Caring Headlines</u>, What you should know about health care proxy forms, 7/5/2007 ▪ Reference to Disparities Solution Center in Force 4.4 ▪ Reference to Community Benefits program in Force 8.5 ▪ Reference to CG Diversity Steering Committee in Force 4.5 & 6.19 ▪ Reference to Optimum Care & Pediatric Bioethics Committees in Force 6.15\ ▪ Reference to Diversity Steering Committee in Force 4.5 & 6.19 ▪ Reference to NICHE (<i>65plus</i>) in Force 7.9 ▪ Reference to The Blum Patient & Family Learning Center in Force 11.8 ▪ Reference to Ethics in Practice Committee in Force 6.15 	<p>N/A</p>

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
6.18	<p>Provide data that compare and contrast the ethnicity of the organization’s service area, with the ethnicity of inpatients/residents for the most recent fiscal year, and include an ethnic profile of the professional nursing staff.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ MA Ethnicity Profile ▪ City of Boston Ethnicity Profile ▪ MGH Inpatient Profile ▪ Ethnicity comparisons (MGH inpatient vs. MA & City of Boston) ▪ Professional Nurse profile 	<ul style="list-style-type: none"> ▪ Reference to Diversity Steering Committee, Multicultural Nurses Association & Hausman Fund in Force 4.5 	N/A
6.19	<p>Describe how the nursing organization prepares the professional staff to meet the projected needs of diverse populations.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Diversity Steering Committee charges, educational programs & cultural events ▪ Staff education & training 	<ul style="list-style-type: none"> ▪ Attachment 6.19.a –Caring Headlines 7/20/06 issue, Diversity Steering Committee forum, Caring for the Invisible Patients ▪ Attachment 6.19.b –Caring Headlines, 1/4/2007issue, Hajj: the Annual Muslim pilgrimage to the city of Mekkah (Mecca) ▪ Reference to Diversity Steering Committee in Force 4.5 ▪ Reference to DON orientation in Force 4.4 ▪ Reference to Leadership Academy diversity training program in Force 4.5 	N/A
6.20	<p>Provide copies of structure and process standards (policies and procedures) that reflect how the organization addresses patient/resident language and hearing needs.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Interpreter services – reporting structure within PCS ▪ Institutional standards for language services 	<ul style="list-style-type: none"> ▪ Attachment 6.20.a – Administrative P&P, Interpreter Services ▪ Attachment 6.20.b - Interpreter Services Emergency Phone Number list on ID ▪ Attachment 6.20.c - Employee ID with Job Function Identified ▪ Reference to Interpreter Services programs in Force 6.17 ▪ Reference to PCS org chart in OOD 2.b 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.21 Provide evidence of workplace advocacy efforts that have improved the work environment for nurses at all levels. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Be Fit Program ▪ AARP “Best Employer for Worker over 50” award ▪ Working Mother Magazine “Best 100 Company” award ▪ Stress reduction sessions ▪ Knight Center Reflection Room ▪ Transitional Duty for Nurses ▪ Ergonomic program 	<ul style="list-style-type: none"> ▪ Attachment 6.21.a – Hotline, 6/9/2006, Healthy Living: More MGHers graduate from Be Fit program ▪ Attachment 6.21.b & 6.21.c- two employees profiled as part of the hospital’s award celebration, 100 Best Companies for Working Mothers by Working Mother Magazines ▪ Attachment 6.21.d – daily stress reduction session offering by the Mind Body Medicine at MGH (flyer) ▪ Attachment 6.21.e – Caring Headline, 7/5/2007, New Norman Knight Nursing Center Unveiled ▪ Attachment 6.21.f – Caring Headlines, 7/5/2007, Honoring special man for a special deed on a special day 	N/A
6.22 Describe how current literature, appropriate to the practice setting, is available, disseminated, and used to change administrative and clinical practices. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ The Yvonne L. Munn Center for Nursing Research ▪ Use of current literature ▪ Nursing Procedure Manual ▪ Recent clinical practice changes that have been influenced by current literature ▪ Current literature and influence on administrative practice 	<ul style="list-style-type: none"> ▪ Attachment 6.22.a – screen shot, list of clinical references accessible to staff ▪ Attachment 6.22.b – MGH Treadwell Library services ▪ Attachment 6.22.c – example of Nursing Practice Manual, Subcutaneous administration of medications for pain and symptom management ▪ Attachment 6.22.d – Caring Headlines, 12/7/2007, Pain Partnerships, PACU and PATA ▪ Attachment 6.22.e – Staff presentation slides, Pre-Operative Education of PCA, PATA-PACU ▪ Attachment 6.22.f – brochure, How to use a PCA pump to control your pain after surgery ▪ Attachment 6.22.g – brochure, Epidural, A choice for surgical pain control ▪ Attachment 6.22.h – PICC ultrasound reference list 	<ul style="list-style-type: none"> ▪ PACU ▪ PATA ▪ Speech & Language ▪ Library ▪ Nutrition ▪ Physical Therapy

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
6.22	Describe how current literature, appropriate to the practice setting, is available, disseminated, and used to change administrative and clinical practices. CONTINUED	<ul style="list-style-type: none"> ▪ Attachment 6.22.i – slides, Work Schedule Analysis, 2004-2007 		
6.23	Discuss the institution’s policies and procedures that protect the rights of participants in research protocols. Include evidence of consistent nursing involvement in the governing body responsible for protection of human subjects in research. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Responsible Conduct of Human Studies policy ▪ Partners Human Research Committee (PHRC) & MGH Human Research Committee/ Institutional Review Board (IRB) ▪ Review process descriptions ▪ Independent Human Research Quality Improvement Program ▪ Collaborative IRB Training Initiative (CITI) ▪ GCRC policies & procedures 	<ul style="list-style-type: none"> ▪ Attachment 6.23.a - Policy, Responsible Conduct of Human Studies ▪ Attachment 6.23.b - Complete listing of policies and guiding documents on Human Studies ▪ Attachment 6.23.c – PHS Human Research Quality Improvement Program background ▪ Attachment 6.23.d - Content outline, CITI course in the protection of human subject in research 	N/A
6.24	Provide evidence that research consultants are actively involved in shaping nursing research infrastructure, capacity, and mentorship. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ The Yvonne L. Munn Post-Doctoral Fellowship ▪ Internal consultation ▪ Other roles within The Munn Center 	N/A	N/A
6.25	Provide a copy of the nursing budget or other sources of funding for the past year, the current year-to-date, and the future projection, highlighting the allocation and utilization of resources for nursing research. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ The Munn Center budget structure 	<ul style="list-style-type: none"> ▪ Attachment 6.25.a – YTD Operating Budget Variation Report ▪ Attachment 6.25.b - FY 2008 Personnel Budget for the Munn Center ▪ Attachment 6.25.c – FY 2008 Operating Budget for the Munn Center 	N/A
6.26	Supply documentation of all nursing research activities that are ongoing, including internal validation studies, internal and external research, and participation in surveys completed within the past twelve (12) month period. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ MGH nursing participates in a number of national & state benchmarking efforts ▪ Patients First Initiative 	<ul style="list-style-type: none"> ▪ Attachment 6.26.a – Human Protocol Survey report ▪ Attachment 6.26.b – Table of Content, Nursing Research Guide ▪ Reference to approval of research protocols involving human subjects in Force 6.23 ▪ Reference to national & state benchmarking efforts in Force 7.6 ▪ Reference to Nursing Sensitive Indicators at the unit level in RD 4 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>6.27</p> <p>Provide evidence of education and mentoring activities that have effectively engaged staff nurses in research and/or evidence-based practice activities.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Nursing Research Committee initiatives – NRC journal club, Did you know posters & Nursing Research Expo ▪ Nursing Research Fair ▪ Narrative – winner of Magnet essay contest ▪ Yvonne L. Munn Nursing Research Awards ▪ Mentoring & education for research & evidence-based practice 	<ul style="list-style-type: none"> ▪ Attachment 6.27.a – Sample summary of recent Nursing Research Journal Club discussion ▪ Attachment 6.27.b – Did You Know poster, Pulmonary Arterial Hypertension, Phenomenal Hope ▪ Attachment 6.27.c – <u>Caring Headlines</u>, 5/24/2007, Scientific Sessions, MGH nurses present their research ▪ Attachment 6.27.d – <u>Caring Headlines</u>, 5/24/2007, the 13th annual Yvonne L Munn Nursing Research Lecture ▪ Attachment 6.27.e – <u>Caring Headlines</u>, 5/24/2007, the MGH Nursing Research Fair ▪ Attachment 6.27.f – website, Nursing Research Committee ▪ Reference to CG structure in Force 2.3 ▪ Reference to Yvonne L. Munn Research Lecture in Force 11.10 ▪ Yvonne L. Munn Center for Nursing Research awards list to date in Force 6.28 & RD 4 	<ul style="list-style-type: none"> ▪ Cardiac Medicine Access Unit
<p>6.28</p> <p>Describe resources available to nursing staff to support participation in nursing research and nursing research utilization activities.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Nursing Research Operations Group ▪ The Yvonne L. Munn Post-Doctoral Fellowship ▪ The Doctoral Forum ▪ The Yvonne L. Munn Nursing Research Awards ▪ The Norman Knight Center Visiting Professor Program ▪ CNS Research Task Force ▪ Nurse Scientist Advancement Model ▪ Organizational resources ▪ Clinical Research Program 	<ul style="list-style-type: none"> ▪ Attachment 6.28.a - Yvonne L. Munn Post-Doctoral Fellows list ▪ Attachment 6.28.b – slides, “The Doctoral Forum: A strategy to advance nursing science in the clinical setting” ▪ Attachment 6.28.c - Yvonne L. Munn Center for Nursing Research awards list ▪ Attachment 6.28.d – Common Patient Problems Findings: DON, Comparison of 2003, 2005 & 2006 Data ▪ Attachment 6.28.e – Nursing Ground Rounds, Care of the Patient with Tracheostomy, 9/12/2007 	<p>N/A</p>

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
6.28	Describe resources available to nursing staff to support participation in nursing research and nursing research utilization activities. CONTINUED	<ul style="list-style-type: none"> ▪ Attachment 6.28.f - Nurse Scientist Advancement Model for Doctorally-Prepared Nurses in the MGH DON ▪ Attachment 6.28.g – e-mail on Upcoming IRB offerings from the Clinical Research Program ▪ Reference to Yvonne L. Munn Nursing Research Awards in Force 6.27 ▪ Reference to Norman Knight Visiting Professor Program in Force 11.10 ▪ Reference to Munn Center mission in Force 6.27 ▪ Reference to MGH Treadwell Library services in Force 6.22 	

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Force 7: Quality Improvement			
Quality improvement activities are viewed as educational. Staff nurses participate in the quality improvement process and perceive the process as one that improves the quality of care delivered within the organization.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
7.1 Describe the organization's quality plan and the relationship of nursing quality initiatives at the CNO to the unit level to the plan. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ MGH mission ▪ MGH strategic planning retreat ▪ Quality & Patient Safety strategy & tactics ▪ MGH Center for Quality & Safety launch ▪ Creation of PCS Office of Quality & Safety ▪ PCS strategic planning retreat – focus on quality & safety 	<ul style="list-style-type: none"> ▪ Attachment 7.1.a – <u>Caring Headlines</u>, 9/6/2007, Perleberg to lead PCS Office of Quality & Safety ▪ Attachment 7.1.b – position description of Director of PCS Office of Quality & Safety ▪ Attachment 7.1.c – slides, MGH Center for Quality and Safety, September 2007 ▪ Attachment 7.1.d – slides, PCS Office of Quality & Safety, 8/27/2007 ▪ Attachment 7.1.e – slides, MGH Pursuing Perfection Making IOM Aims a Reality, 9/25/2007 ▪ Reference to MGH mission statement in OOD 13.a ▪ Reference to MGH Strategic plan: 2004-2011 in OOD 13.b ▪ Reference to MGH Strategic plan status report: 2007 in OOD 13.c 	N/A
7.2 Describe the role and accountability of the CNO related to quality improvement. Give an example to demonstrate how the CNO has effectively influenced system-level change to improve the quality of care. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ CNO duties & responsibilities (position description) ▪ Hospital Quality & Safety strategy ▪ Electronic incident reporting system ▪ Clinical Care Management/ Decision Support Unit proposal ▪ RL Solutions ▪ Performance Improvement initiatives 	<ul style="list-style-type: none"> ▪ Attachment 7.2.a - Project Plan for MGH Safety Reporting System ▪ Attachment 7.2.b – slides, status of Safety Reporting ▪ Attachment 7.2.c – slides, Safety Reporting updates, 8/6/2007 ▪ Attachment 7.2.d - the 2007 Nursing Research Guide Table of Contents ▪ Attachment 7.2.e – slides, PCS Service & Process Improvements Update ▪ Reference to MGH Strategic plan: 2004-2011 in OOD 13.b ▪ Reference to MGH Strategic plan status report, 2007 in OOD 13.c ▪ Reference to PCS Performance improvement program: 2007 in OOD 13.g 	

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>7.3 Explain the mechanisms for ensuring comprehensive dissemination of quality data to all stakeholders in the organization and illustrate the process with a representative example.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Data dissemination – electronic, unit-based dashboard ▪ Quality & Safety dashboard project timeline ▪ Data for infection control indicators 	<ul style="list-style-type: none"> ▪ Attachment 7.3.a – sample report, Monthly Fall Rate per 1000 Patient Days, March 2006-February 2007, Ellison 11 ▪ Attachment 7.3.b – Monthly Fall Rate- Ellison 11, October 2006- September 2007 ▪ Attachment 7.3.c - Dashboard and Staffing Effectiveness Planning meeting minutes, 6/22/2005 ▪ Attachment 7.3.d - sample section of Dashboard for Ellison 11, Cardiac Access Unit ▪ Attachment 7.3.e – hyperlinked sample report, Ellison 11 ▪ Attachment 7.3.f – Quarterly Summary Report for nursing leadership ▪ Attachment 7.3.g – sample, MGH/MGHP Quality & Safety Dashboard ▪ Attachment 7.3.h – FY 06 statistics reported to MA DHCFP on deliveries ▪ Reference to infrastructure for quality, safety & performance improvement activities in Force 6.1 ▪ Reference to falls & falls w/ injury rates in RD 14 	<ul style="list-style-type: none"> ▪ Ellison 11 ▪ Ellison 19 ▪ White 9 ▪ Main OR ▪ SDSU
<p>7.4 Describe the processes and rationale for the identification, development, and utilization of national databases that include nursing-sensitive measures that impact client-centered outcomes.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Participation in NDNQI ▪ Selection of indicators ▪ Patients First ▪ Collection of data for pressure ulcer incidence ▪ Benchmarking 	<ul style="list-style-type: none"> ▪ Reference to SPPPE Survey in Force 1.8 	<p>N/A</p>
<p>7.5 Provide an example at the organizational, departmental, or unit level of a change in practice that resulted from an integrated analysis of data from fiscal, human resource, clinical outcomes, and/or satisfaction survey sources.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Infection Control program & <i>C.difficile</i> infections 	<ul style="list-style-type: none"> ▪ Attachment 7.5.a – Healthcare associated C-diff report, Q2 2007 ▪ Attachment 7.5.b – Contact Precautions Plus sheet ▪ Attachment 7.5.c - Contact Precautions Plus cleaning protocol 	<p>N/A</p>

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>7.6</p> <p>For clinical areas that are not included in national databases, explain how benchmarks and nursing-sensitive measures are selected, implemented, and evaluated by nurses at the organizational, departmental, and unit levels to improve patient outcomes.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Data submitted to Commonwealth of MA Department of Mental Health on psychiatric patients & use of restraints & seclusion ▪ JCAHO sponsored pilot ▪ Voluntary survey sponsored by MHA/ MONE ▪ Participation in NDNQI ▪ Quadramed ▪ Workload productivity targets for internally developed systems ▪ Monitoring inpatient LOS by service ▪ Hand hygiene improvement efforts ▪ Staff Nurse Sheath Removal Team 	<ul style="list-style-type: none"> ▪ Attachment 7.6.a - JCAHO National Hospital Quality Measures: Hospital-Based Inpatient Psychiatric Services Pilot ▪ Attachment 7.6.b – Comparison of Hospitals-500+ Bedsize Teaching Hospitals, 2005 QuadraMed Data (Adult Med/Surg Units) ▪ Attachment 7.6.c – Dialysis Nursing FY’07 Workload and Productivity Report ▪ Attachment 7.6.d – PACU Length of Day quarterly report ▪ Attachment 7.6.e – slides, Closure Device Data, Ellison 11, March 2007 ▪ Reference to Quadramed in OOD 15 	<ul style="list-style-type: none"> ▪ Main OR ▪ PATA ▪ Dialysis ▪ Endoscopy ▪ IV Therapy ▪ RT,OT, PT ▪ PACU ▪ Ellison 11
<p>7.7</p> <p>Give examples to demonstrate how nursing services communicates expectations of direct care nurses’ accountability for quality improvement activities.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Examples of service/ unit-based initiatives that communicate accountability for quality improvement ▪ Cancer Nursing Practice Committee ▪ Poster Campaigns 	<ul style="list-style-type: none"> ▪ Attachment 7.7.a – Obstetrical Nursing Competency Day Schedule- 2007 ▪ Attachment 7.7.b – Nursing Guide to Oral Mucositis Assessment and Management, Cancer Nursing Practice Committee ▪ Attachment 7.7.c - Development of Evidence-based <i>Nursing Care Guidelines regarding Oral Care for thePatients undergoing Cancer Treatment</i> poster ▪ Attachment 7.7.d – Cardiac CPM’s poster, Get to the Green: The Race is On and MGH National Hospital Quality Measures reports, 8/1/2007 ▪ Reference to PCS mission, vision & guiding principles in Force 1.1 ▪ Reference to DON orientation in Force 2.3 & 11.3 ▪ Reference to staff nurse performance appraisal tool in Force 4.18 ▪ Reference to description of Cancer Nursing Practice Committee in Force 2.3 	<ul style="list-style-type: none"> ▪ Endoscopy ▪ PACU ▪ Obstetrics

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
<p>7.8</p>	<p>Give examples to demonstrate how nursing services provide the resources, education, and support to facilitate staff involvement in quality improvement activities. Provide examples of nurse involvement in evidence-based quality initiatives to improve coordination and delivery of care across the continuum of services.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ The Institute for Patient Care ▪ Center for Innovations in Care Delivery ▪ White 8/ NICU Project ▪ Expansion of Therapeutic Touch program ▪ Professional Development Coordinator in The Munn Center ▪ RN Residency: Transitioning to Geriatric & Palliative Care Grant ▪ Resource Time ▪ Clinical Nurse Specialist support ▪ Making a Difference Grant Program ▪ Comfort Carts 	<ul style="list-style-type: none"> ▪ Attachment 7.8.a – Caring Headlines, 7/19/2007, Collaborative Governance, commitment and Carol Channing ▪ Attachment 7.8.b – Caring Headlines, 11/2/2006, The Center for Innovations in Care Delivery: a Cornerstone of the Institute for Patient Care ▪ Attachment 7.8.c - Summary of the Planning and Proceedings of the White 8 and NICU project ▪ Attachment 7.8.d – email, MIT/CIMIT Biomedical Devices Design Laboratory, September - December 2007 ▪ Attachment 7.8.e - Proposal to Replicate the Ellison 14 Therapeutic Touch Program: Implementation and Evaluation of a Therapeutic Touch Program in the Blake 7 (MICU), 5/22/2007 ▪ Attachment 7.8.f – slides, Nursing Communication and Documentation, 3/19/2007 ▪ Attachment 7.8.g – Making a Difference Grant recipients list ▪ Attachment 7.8.h – 2006 MGH Making a Difference Grant Application ▪ Reference to quality improvement infrastructure in Force 6.1 ▪ Reference to Institute for Patient Care in Force 2.3 ▪ Reference to Knight Center programs in Force 2.4 ▪ Reference to CG description in Force 2.5 ▪ Reference to Therapeutic Touch in Force 6.27 ▪ Reference to staff nurse Sheath Removal Team in Force 7.6 ▪ Reference to Doc Com in Force 1.3 	<ul style="list-style-type: none"> ▪ White 8 ▪ NICU ▪ Ellison 14 ▪ MICU

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
7.9	<p>Provide examples of nurse involvement in evidence-based quality initiatives to improve coordination and delivery of care across the continuum of services.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ NICHE Program (<i>65plus</i>) ▪ Tracheostomy Quality Team ▪ Anticoagulation Management Services ▪ Bedside Family-Centered Rounding 	<ul style="list-style-type: none"> ▪ Attachment 7.9.a –Role Description: Geriatric Nurse Specialist ▪ Attachment 7.9.b – email communication, Tracheostomy Quality Team ▪ Attachment 7.9.c - Clinical narrative by the Tracheostomy Quality Team, 3/1/2007 ▪ Attachment 7.9.d – <u>Caring Headlines</u>, 6/15/2006, Combining creativity with patient education in the Anticoagulation Unit ▪ Attachment 7.9.e – Bedside Family Centered Rounding Data Collection Tool 	<ul style="list-style-type: none"> ▪ Respiratory Therapy ▪ Anticoagulation Unit ▪ Ellison 17 & 18

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Force 8: Consultation & Resources			
Adequate consultation and other human resources are available. Knowledgeable experts, particularly advanced practice nurses, are available and used. In addition, peer support is given within and outside the nursing division.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
8.1 Describe how leadership establishes a practice environment in which resources—from within the organization as well as from sources external to the organization—are developed and/or procured to support professional nursing practice for nurses at all levels in the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Role of CNS ▪ Change in policy on syringe pumps ▪ DON Visiting Professor program ▪ Nursing Leadership Development Program ▪ Unit in-services 	<ul style="list-style-type: none"> ▪ Attachment 8.1.a – <u>Caring Headlines</u>, 2/6/2007, Visiting Professor shares expertise on wound healing ▪ Attachment 8.1.b – <u>Caring Headlines</u>, 6/14/2007, Visiting scholar comes to MGH Heart Center ▪ Attachment 8.1.c –Nursing Grand Rounds, Informatics: A Randomized Trial of Standardized Nursing Patient Assessment Using Wireless Devices, 7/26/2007 ▪ Attachment 8.1.d - Unit Inservices “Bereavement after Peri-Natal Loss”, Obstetric Bereavement Committee ▪ Reference to Doc Com in Force 1.3 	<ul style="list-style-type: none"> ▪ Ellison 10 ▪ Biomedical Engineering ▪ RACU ▪ CICU ▪ MICU ▪ ED ▪ Obstetrics
8.2 Describe the processes that ensure that adequate resources for consultation and access to nursing experts (expertise) are available to nurses at all levels in the organization. <i>Writer: Nancy McCarthy & Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Clinical nurse experts – CNSs & NPs ▪ Clinical Nurse Supervisors ▪ Guest presenters ▪ Nurse Recognition Week ▪ Specialty nursing areas & external nurse experts ▪ Nursing Research Journal Club ▪ Nurse Consultants 	<ul style="list-style-type: none"> ▪ Attachment 8.2.a – Nursing Grand Rounds, 8/8/2007, End Stage Renal Disease: Caring for the Hemodialysis Patient ▪ Attachment 8.2.b – Nursing Grand Rounds, 2/22/2007, Doing the “Write” Thing: Simple Steps to Writing and Getting Published ▪ Attachment 8.2.c – A Celebration of Practice: Caring for Medical Patients, 11/16/2006, Medical Practice Nursing Committee ▪ Attachment 8.2.d – Design and Psychometric Evaluation of the Psychological Adaptation to Genetic Information Scale, Nursing Research Committee Journal Club, 7/12/2006 ▪ Attachment 8.2.e - Nursing Research Committee Journal Club Guest Speakers – 2006-2007 ▪ Reference to resources for consultation in Force 8.1 	<ul style="list-style-type: none"> ▪ Dialysis Unit

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
8.2	Describe the processes that ensure that adequate resources for consultation and access to nursing experts (expertise) are available to nurses at all levels in the organization. CONTINUED		<ul style="list-style-type: none"> ▪ Reference to development of annual operational budget in Force 4.10 ▪ Reference to additional CNS resources in Force 4.3 ▪ Reference to continuing education sessions in Force 2.4 ▪ Reference to creation of the Munn Center in Force 6.22 – 6.28 & RD 4 ▪ Reference to The Knight Center Visiting Professor Program in Force 8.1 	
8.3	Describe the organization’s relationships with educational institutions (including schools of nursing) for consultation and building a collaborative/professional nursing community. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Clinical Affiliation Program ▪ Faculty appointments ▪ BSN Advisory Group ▪ Carol Ghiloni Oncology Nursing Fellowship 	<ul style="list-style-type: none"> ▪ Attachment 8.3.a – Clinical Affiliation Program, Annual Report 2005-2006 ▪ Attachment 8.3.b – BSN Education Advisory Group, April 2007 	N/A
8.4	Describe how leadership facilitates and supports participation of nurses at all levels in the organization in professional nursing organizations. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Nurses leadership roles in professional organizations – staff nurse comments 	N/A	<ul style="list-style-type: none"> ▪ Endoscopy
8.5	Describe how leadership facilitates and supports participation of nurses at all levels in the organization in healthcare and community organizations (other than professional nursing organizations). <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ MGH Community Benefit program ▪ Leadership support – CNO Consultant to Project Hope ▪ Facilitation through communication ▪ Facilitation through scheduling 	<ul style="list-style-type: none"> ▪ Attachment 8.5.a – <u>Caring Headlines</u>, 1/19/2007, Perry named associate director, Durant Fellowship Program ▪ Attachment 8.5.b – <u>Caring Headlines</u>, 5/4/2006, Nursing, global health and journey of a lifetime ▪ Attachment 8.5.c – email communication between nursing leadership and staff developing a plan to mentor the newest Durant Fellow ▪ Attachment 8.5.d - e-mail to register with the MA Department of Public Health Volunteer Health Professionals Database ▪ Attachment 8.5.e – <u>Caring Headline</u>, 1/18/2007, Infection Control induces change to Contact Precautions Plus 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
8.5 Describe how leadership facilitates and supports participation of nurses at all levels in the organization in healthcare and community organizations (other than professional nursing organizations). CONTINUED		<ul style="list-style-type: none"> ▪ Attachment 8.5.f – Hotline, 4/20/2007, New Health and Fitness Expo: showcase for MGH caregivers ▪ Attachment 8.5.g – sample schedule, IMSuRT-East Trainings/Meetings Dates, April/May 2007 ▪ Reference to Community Benefits outcomes in Force 10.7 ▪ Reference to DMAT team in Force 10.2 & 10.3 ▪ Reference to Durant Fellows in Force 10.2 & 10.7 ▪ Reference to nursing leaders & staff participation in local, national & international organizations in Force 10.3 ▪ Reference to compensation mechanisms in Force 10.5 	
8.6 Describe how the organization utilizes advanced practice nurses. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Clinical Nurse Specialists (Wound Care Education Program, Tracheostomy Quality Team, Pain Relief, Psychiatric Nursing Consultation Service) ▪ Nurse Practitioners (Interventional Cardiology Unit, Palliative Care Program, Medical Team 4 & 5 Pilots, MGH Wound Care Center, Pediatric Orthopedic Team) ▪ Certified Nurse Midwives ▪ Registered Nurse Anesthetists 	<ul style="list-style-type: none"> ▪ Attachment 8.6.a – MGH CNS Directory as of April 2007 ▪ Attachment 8.6.b - Bigelow Medicine Nurse Practitioner Pilot February 2005 ▪ Attachment 8.6.c – <u>Caring Headlines</u>, 3/16/2006, Advanced Practice Nursing in pediatric orthopaedics ▪ Attachment 8.6.d - Certified Registered Nurse Anesthetists, scope of practice 	<ul style="list-style-type: none"> ▪ Ellison 11 ▪ Vincent Obstetric Service ▪ OB Triage Unit
8.7 Give examples of how networking activities, professional organization participation, and use of consultants and advanced practice nurses have contributed to enhancing patient outcomes. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Networking activities ▪ CIMIT ▪ Role of Innovations Specialist ▪ Relationships with MIT, Rhode Island School of Design ▪ Professional Organization partnerships ▪ Use of consultants ▪ Advanced Practice Nurses 	<ul style="list-style-type: none"> ▪ Attachment 8.7.a - CIMIT/MIT Proposal by CNS, Chair Alarm To Alert Nurses To Patients Attempting To Get Out Of The Chair Without Assistance ▪ Attachment 8.7.b - Evaluation of an Inpatient Computerized Medication Reconciliation System ▪ Attachment 8.7.c - Medical and Psychiatric Management of the Behaviorally-Challenging Medical Inpatient: An Interdisciplinary Approach 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>8.7 Give examples of how networking activities, professional organization participation, and use of consultants and advanced practice nurses have contributed to enhancing patient outcomes. CONTINUED</p>		<ul style="list-style-type: none"> ▪ Attachment 8.7.d - Caring Headlines, 2/6/2007, Visiting Professor shares expertise on wound healing ▪ Attachment 8.7.e – Making a Difference Proposal for August 2006 Submission (on CC MGH TV implementation and utilization for education) ▪ Reference to Institute for Patient Care Center for Innovations in Care Delivery in Force 2.3 & 7.8 ▪ Reference to PICU & issue with flushing PICC lines in Force 7.8 ▪ Reference to Ethics in Clinical Practice Committee & advanced care planning in Force 6.12, 10.2 & 10.7 ▪ Reference to work with NP & Medical Team 5 to manage psychosocial and behaviorally challenging patients in Force 8.6 ▪ Reference to work of Optimum Care Committee and CNS for Ethics in Force 6.15 ▪ Reference to Wound Care Program in Force 8.6 ▪ Reference to Mind Body program in Force 9.3 	<p>N/A</p>
<p>8.8 Give examples of how networking activities, professional organization participation, and use of consultants and advanced practice nurses have contributed to enhancing the practice of nurses at all levels in the organization through enhancement of their knowledge and skills.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Networking – participation in CG & interdisciplinary committees, attendance at conferences ▪ MGH hosts MA Student Nurses Association annual conference ▪ Professional organization participation – CNS narrative ▪ Use of consultants ▪ Patient satisfaction survey ▪ Clinical experts invited to MGH ▪ Advanced Practice Nurses 	<ul style="list-style-type: none"> ▪ Attachment 8.8.a - MaSNA Annual Convention, Make Nursing Your Avenue, sponsored by MGH Nursing, 4/1/2006 ▪ Attachment 8.8.b –Nursing Research Fair, Nursing Consultants list ▪ Attachment 8.8.c – slides, Delirium in the Orthopedic Patient, Orthopedics and Psychiatric Nursing QI Study ▪ Attachment 8.8.d – poster, Improving Staff Satisfaction and Ability to Identify delirium on an Orthopedic Service 	<ul style="list-style-type: none"> ▪ Bigelow 9 ▪ Yawkey 8 ▪ Vincent Obstetrical Service

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>8.8 Give examples of how networking activities, professional organization participation, and use of consultants and advanced practice nurses have contributed to enhancing the practice of nurses at all levels in the organization through enhancement of their knowledge and skills. CONTINUED</p>		<ul style="list-style-type: none"> ▪ Attachment 8.8.e – list of TEFEN and Obstetrics Management Team members ▪ Attachment 8.8.f – <u>Caring Headlines</u>, 11/16/2006, Medical nursing, Patricia Benner and clinical narratives ▪ Attachment 8.8.g - The Medical Nursing Service proudly presents...“Celebrating Medical Nursing as a Specialty 2006” ▪ Reference to CG & interdisciplinary committees in Force 13.2 ▪ Reference to nurses in faculty roles in Force 11.6 ▪ Reference to organization’s support for nurses attending conferences in Force 14.6 ▪ Reference to nursing leadership participation in conferences in Force 14.2 ▪ Reference to Gunderson Lutheran Respecting Choices Program for Advanced Care Planning course in Force 6.15 ▪ Reference to NICHE in Force 7.9 ▪ Reference to nursing informatics & The Knight Center in Force 11.10 ▪ Reference to list of nurse participation in professional organizations in Force 1.4 ▪ Reference to Professional Development Coordinator in Yvonne L. Munn Center in Force 7.8 ▪ Reference to US Dept of Health & Human Services grant for a Nursing Residency Program in Force 6.15 ▪ Reference to Harvard Bioethics Course & Maintaining Compassionate Care in Force 14.4 	

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
8.8	<p>Give examples of how networking activities, professional organization participation, and use of consultants and advanced practice nurses have contributed to enhancing the practice of nurses at all levels in the organization through enhancement of their knowledge and skills. CONTINUED</p>		<ul style="list-style-type: none"> ▪ Reference to Nursing Research Fair in Force 11.10 ▪ Reference to Psychiatric Nursing Consultation Service in Force 8.7 ▪ Reference to Doc Com project in Force 1.3 ▪ Reference to Dr. Courtney Lyder's consultation in Force 8.7 ▪ Reference to role of Advanced Practice Nurses in Force 8.6 ▪ Reference to CNS selection of Nursing Grand Rounds topics in Force 14.14 ▪ Reference to role of CNS in SDSU in Force 5.3 ▪ Reference to role of Staff Nurse Sheath Removal Team in Force 7.6 ▪ Reference to CNS blood transfusion training program in Force 9.5 	

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Force 9: Autonomy Nurses are permitted and expected to practice autonomously, consistent with professional standards. Independent judgment is expected to be exercised within the context of a multidisciplinary approach to patient care.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
9.1 Describe the process by which advanced practice nurses are credentialed, privileged, and evaluated. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Initial Authorization & Prescriptive Privileging Process ▪ Re-approval process 	<ul style="list-style-type: none"> ▪ Attachment 9.1.a –MGH Guidelines for Nurses in Expanded Role, Burn Nurse Practitioner ▪ Attachment 9.1.b -MGH Guidelines for Nurses in Expanded Role, Nurse-midwifery ▪ Attachment 9.1.c - MGH Clinical Policy, Prescribing Guidelines for Practitioners ▪ Reference to Credentialing, Authorization and Reauthorization of Nurses in the Expanded Role and Physician Assistants who are Employed at MGH and MGPO policy in OOD 10.d ▪ Reference to Advanced Practice Nurses performance appraisal in Force 4.18 	N/A
9.2 Describe how the organization ensures that nurses in all settings practice autonomously and in accordance with national professional nursing standards. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Licensure & role delineation ▪ Scope of practice ▪ Structure & resources ▪ Certification ▪ Performance appraisal & competency 	<ul style="list-style-type: none"> ▪ Reference to MA Nurse Practice Act in OOD 4 ▪ Reference to MA Born rules in Force 5.1 ▪ Reference to DON policy statement of accountability in Force 14.4 ▪ Reference to Staff Nurse position description in Force 2.3, 5.2 & OOD 23e ▪ Reference to credentialing process in Force 9.1 ▪ Reference to MA Nurse Practice Act scope of practice in OOD 4 ▪ Reference to PCS Professional Practice Model in OOD 14 ▪ Reference to DON policies & procedures in Force 5.2 ▪ Reference to structure of Institute for Patient Care in Force 2.3 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
9.2	Describe how the organization ensures that nurses in all settings practice autonomously and in accordance with national professional nursing standards. CONTINUED	<ul style="list-style-type: none"> ▪ Reference to CG model in Force 2.3 & 2.4 ▪ Reference to Cancer Center Nursing Practice Committee in Force 2.3 ▪ Reference to CG Quality Committee's IV Task Force in Force 3.3 ▪ Reference to PACU & Endoscopy Practice Committees in Force 9.3 ▪ Reference to CICU Nursing Practice Committee in Force 5.4 ▪ Reference to support for specialty certification in Force 14.12 ▪ Reference to performance appraisal & assessment of competencies in Force 4.18 & 9.5 		
9.3	<p>Demonstrate how direct care nurses use available professional standards, literature, and research findings to support control over nursing practice, independent decision-making, and assertiveness/leadership in patient care management and practice. Provide evidence from multiple patient care settings within the organization.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ SDSU Resource Nurse Role ▪ Endoscopy – Blake 4 & Charles River Plaza – practice & staffing guidelines ▪ PACU professional standards & guidelines ▪ Wound Care Resource Nurse ▪ GCRC Protocol Nurses ▪ Main OR professional practice standards & laser safety protocol ▪ Cardiac Step Down Unit/ Ellison 10 – relaxation response, mind/body 	<ul style="list-style-type: none"> ▪ Attachment 9.3.a – PACU Practice Committee Membership ▪ Attachment 9.3.b – PACU Practice Committee meeting minutes, February and March 2007 ▪ Attachment 9.3.c – <u>Caring Headlines</u>, 2/2/2006, Bringing wound-care education to all patient care units ▪ Attachment 9.3.d – poster, Evaluation of Safety, Efficacy, and Ergonomic Efficiency in a new Blood Sparing System for frequent Blood Sampling on a Clinical Research Unit, Protocol nurses on White 13 ▪ Attachment 9.3.e – DON, Laser Safety Policy ▪ Reference to Patient Care Delivery Model in Force 5.5 ▪ Reference to PATA-PACU Pain Task Force in Force 6.27 ▪ Reference to wound care classes in Force 8.6 ▪ Reference to heart failure management grant in Force 11.9 	<ul style="list-style-type: none"> ▪ SDSU ▪ Endoscopy – Blake 4 & Charles River Plaza ▪ PACU ▪ Bigelow 9 ▪ GCRC/ White 13 ▪ Main OR ▪ Ellison 10

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
9.4	<p>Provide examples of issues that were identified by direct care nurses, and that affected patient outcomes, and how said issues were addressed.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Decision-making guide ▪ Illustrations of patient care issues identified by direct care nurses that impact patient outcomes & how they were addressed 	<ul style="list-style-type: none"> ▪ Attachment 9.4.a - Ellison 10 Practice Committee Minutes, 9/18/2006 ▪ Attachment 9.4.b – Guidelines for Obtaining Patient Weight, Ellison 10 Practice Committee ▪ Attachment 9.4.c – brochure, an Epidural can control your pain both during and after your surgery, PATA-PACU Pain Task Force ▪ Attachment 9.4.d - Guidelines for the Management of Clinical Problems at Charles River Plaza (CRP) Endoscopy ▪ Attachment 9.4.e – Guidelines for Bed Usage for the PACU patients 	<ul style="list-style-type: none"> ▪ White 13 ▪ Phillips 21 & 22 ▪ Ellison 10 ▪ PACU ▪ Endoscopy
9.5	<p>Describe how opportunities for independent, intradependent, and interdependent nursing practice for direct care nurses are developed and initiated, including required educational programs and continuing competence evaluations.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ The Knight Center Annual Required Training & Competency Assessment ▪ “Train the trainer” ▪ Training on blood administration 	<ul style="list-style-type: none"> ▪ Attachment 9.5.a – DON Required Training, Inservice and Continuing Education Record ▪ Attachment 9.5.b – Transfusion Competency Assessment, Transfusion P&P, the Knight Nursing Center ▪ Attachment 9.5.c – Blood and Blood Product Transfusion Self-directed Learning Packet ▪ Reference to IV Nurses in PICC line insertion in Force 7.5 	N/A
9.6	<p>Provide evidence that nurses throughout the organization have access to the Internet, library, and/or other appropriate literature/data sources.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ “Knowledge link” as part of the Clinical Application Suite (CAS) ▪ Partners Handbook – on-line resource ▪ Treadwell Library resources 	<ul style="list-style-type: none"> ▪ Attachment 9.6.a – screen shot of Knowledge Link on Medication Order Entry ▪ Attachment 9.6.b – screen shot, online resource of Partners Handbook ▪ Attachment 9.6.c – Treadwell Library at MGH homepage 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>9.7</p> <p>Describe how the peer review process is used for professional growth for nurses at all levels in the organization.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ PCS Professional Practice Model ▪ Clinical Recognition Program ▪ 360 Leadership Assessment ▪ Nursing Director Leadership Development Program ▪ Nursing Director Task Force ▪ Comprehensive evaluation of Nursing Director Leadership Development Program ▪ CNS 360 evaluation program ▪ Performance evaluation – Nursing Director narratives ▪ Advanced Practice Nurses ▪ Personalysis 	<ul style="list-style-type: none"> ▪ Attachment 9.7.a and 9.7.b – Peer Review Tool – Staff Nurse, White 10 ▪ Attachment 9.7.c – poster, Designing and Implementing an Advanced Practice Clinician Learning Need Assessment ▪ Attachment 9.7.d - Personalysis Color Sheet of PCS Executive Team ▪ Reference to Professional Practice Model in OOD 14 ▪ Reference to Clinical Recognition Program in Force 4.1 ▪ Reference to Nursing Director Leadership Academy sessions in Force 14.2 ▪ Reference to CNS Leadership Development Program in Force 11.3 ▪ Reference to performance evaluation in Force 4.1 ▪ Reference to participation in advanced practice nurse privileging process in OOD 10.d ▪ Reference to MGH Leadership Academy in Force 14.14 	<ul style="list-style-type: none"> ▪ Phillips 22 ▪ White 10
<p>9.8</p> <p>Describe examples in which staff nurses exercise independent judgment to resolve patient care issues.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Narratives demonstrating autonomy 	<ul style="list-style-type: none"> ▪ Reference to SPPPE Survey in RD 6 ▪ Reference to additional clinical narratives in Force 6.5 	<ul style="list-style-type: none"> ▪ Anticoagulation Management Services ▪ Vincent Obstetrics ▪ White 7 ▪ PATA

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Force 10: Community & Healthcare Organization			
Organizations that are best able to recruit and retain nurses also maintain a strong community presence. A community presence is seen in a variety of ongoing, long-term outreach programs. These outreach programs result in the organization being perceived as a strong, positive, and productive corporate citizen.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
10.1 Describe partnerships established by the organization and/or by nurse leaders with community-based entities to advance nursing practice within the organization. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Ethics (Interdisciplinary Ethics Resource Program, Harvard Ethics Leaders Council) ▪ Nursing Leadership collaborating with INHL ▪ Health Care Advocacy & MONE ▪ Research: Munn Center ▪ Community Education Partnerships 	<ul style="list-style-type: none"> ▪ Attachment 10.1.a - Caring Headlines articles on community education partnership activities (an annual job shadowing day with East Boston High School, 1/19/2006; ProTech internship, 9/7/2006; and Timilty SummerWorks Program, 9/21/2006) ▪ Reference to PCS Ethics in Clinical Practice Committee in Force 6 ▪ Reference to the collaborative work by MGH nursing And MONE in Force 1.4 ▪ Reference to the Nurse Scientist Advancement Model for doctorally prepared nurses described in Force 6 ▪ Reference to community partnerships addressing the education of nurses is described in Force 11 	N/A
10.2 Describe partnerships and programs established by nursing services with community-based entities to meet the healthcare needs of the populations served. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Partnerships and Programs in Local Community (State House flu shot clinic, MGH Senior HealthWISE, Children & Healthcare Week, Avon Breast Care Program, Comfort & Support After Loss Memorial Service) ▪ Partnerships and Programs in the National and International Community: <ul style="list-style-type: none"> ▪ Durant Fellowship ▪ IMSuRT and DMAT ▪ The Center for Global Health & Disaster Response ▪ Global Nurse Training Program ▪ ACCESO Program in Cuba 	<ul style="list-style-type: none"> ▪ Reference to examples and outcomes of community collaborations and partnerships in Force 10.7 ▪ Reference to Durant Fellowship for Refugee Medicine in Force 8.5 ▪ Reference to a partnership with Project HOPE and the US Agency for International Development to aid in international humanitarian efforts in Force 8.5 	N/A
10.3 Describe nurse involvement in the community (meant to be personal, such as Red Cross volunteers, Habitat for Humanity, school presentations, etc.). <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ Narratives form staff nurses describing their community involvement ▪ Sample of community involvement of Nursing Leadership & Staff Nurses 		<ul style="list-style-type: none"> ▪ SDSU ▪ PATA ▪ Ellison 19 ▪ White 3

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>10.4</p> <p>Discuss the process for fiscal allocations for nursing affiliations (e.g., nursing schools, nurse researchers, consortium work, outreach programs, etc.).</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Nursing Mentor programs for nursing students and nursing faculty ▪ MGH nurses functioning in a faculty role for the MCPHS students ▪ Nurses involvement in longer-term outreach programs and humanitarian efforts ▪ Direct funding support for affiliations or programs – INHL, J&J Scholarship fund, Kenneth B. Schwartz Center ▪ Seeking outside funding for collaborative efforts involving nursing affiliations such as Diversity Scholar Program and Dedicated Educational Unit 	<ul style="list-style-type: none"> ▪ Attachment 10.4.a – DON Domestic and International Service Guidelines ▪ Reference to the Nurse Scientist Advancement Model of Munn Center in Force 6.28 ▪ Reference to the fiscal allocation to assist faculty researcher in Force 6.25 ▪ Reference to Staff Nurses awarded Durant Fellowships in Force 10.2 and Force 10.7 	<p>N/A</p>
<p>10.5</p> <p>Explain how the organization supports/encourages nurse involvement in the community. Specifically, explain how nurses are compensated (as appropriate) for this community effort.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Nurse involvement in community activities sponsored by DON and on their own time ▪ Nursing leaders support staff lead initiatives on patient care units: Staff Nurse on the Thoracic Unit spoke to high school students about the risks of smoking: Nurses on Bigelow 11 hold an annual "Marathon" ▪ Organization supports community involvement by providing nurses the option to work flexible hours and part-time ▪ Formal compensation policy ▪ Communication for the volunteer opportunity through email, Caring headlines and Hotline 	<ul style="list-style-type: none"> ▪ Attachment 10.5.a – MGH P&P Manuals, Disaster Relief policy ▪ Attachment 10.5.b – HR P&P, Military Service ▪ Attachment 10.5.c – email regarding Massachusetts System for Advance Registration of Volunteer Health Professionals ▪ Reference to the guidelines to address the pay and benefits for PCS employees embarking on domestic and/or international service work in Force 10.4 ▪ Reference to the State House Flu Clinic and the Children and Health Care Week Health Fair in Force 10.2 	<ul style="list-style-type: none"> ▪ Thoracic Unit ▪ Bigelow 11
<p>10.6</p> <p>Discuss expectations for participation in community activities found in position descriptions and performance evaluations.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ MGH Mission statement & commitment to community service ▪ Chief Nurse and ACN's job description & community benefits/service ▪ Articulated expectation on the community participation on annual appraisal performance tools for the Nursing Director and Staff Nurse 	<ul style="list-style-type: none"> ▪ Reference to the Hospital's mission to improve the health and well being of the diverse communities in Force 8.5 ▪ Reference to Performance Appraisal process for ACN's in Force 4.18 ▪ Reference to a revised Nursing Director performance appraisal tool in Force 13.6 	<p>N/A</p>

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>10.7</p> <p>Provide examples of outcomes resulting from community collaborations/partnerships, including clinical and fiscal elements, and evidence of overall community impact.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Local Community Initiatives (same as Force 10.2) ▪ Community Benefits Programs at MGH ▪ International Community Initiatives (same as Force 10.2) 	<ul style="list-style-type: none"> ▪ Attachment 10.7.b – Caring Headlines, 8/17/2006, Providing quality health care: images from Rwanda and southeast Asia ▪ Attachment 10.7.a - edited schedule of Sukaina Ghazi Metter’s visit to MGH, (CNO of Basra Children’s Hospital, Iraq) ▪ Reference to Programs and Services provided and supported by MGH in Force 8.5 ▪ Reference to The Community Benefits Program at MGH in Force 8.5 ▪ Reference to MGH’s participation in a humanitarian mission through collaboration with the Department of Navy and Project Hope in Force 10.2 	<p>N/A</p>
<p>10.8</p> <p>Describe programs and outcomes that have resulted from nursing collaborations/partnerships with other nursing entities in the community (e.g., nursing schools, nurse researchers, consortium work, outreach programs) or region.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Ethics: CG Ethics Committee, Harvard Ethics Consortium, and Interdisciplinary Ethics Resource Program ▪ Nursing Leadership established the INHL/NCHL CNO Leadership Fellowship ▪ Health Care Advocacy ▪ Research ▪ Long Term Recruitment (Timilty Middle School Partnership, Summer Youth for Jobs Program, ProTech, Job Shadowing) 	<ul style="list-style-type: none"> ▪ Reference to programs & partnerships that promote & support ethics, nursing leadership, local healthcare policy and research in Force 10.1 ▪ Reference to CNS’s collaboration with multiple ethics entities to advance the application of ethics into nursing practice in Force 6.15 & 10.1 ▪ Reference to the Respecting Choices developed by Ethics Committee in Force 6.15 ▪ Reference to the Nurse Scientist Advancement Model in Force 6 & Force 10.1 ▪ Reference to a Nurse Scientist appointment in The Yvonne Munn Center for Nursing Research in Force 6.15 ▪ Reference to collaboration with Massachusetts College of Pharmacy and Health Science for an Accelerated BSN Program in Force 11.7 	<p>N/A</p>

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
<p>10.9</p>	<p>Describe awards/recognitions received by the facility or its employees for community support/involvement.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ MGH's Clinical Effort Against Secondhand Smoke Exposure (CEASE) a recognition award at the Children's Environmental Health Excellence Awards ▪ MGH Chelsea HealthCare Center's Police Action Counseling Team awarded Community Benefits Award for Overall Excellence, 2006 ▪ Charlestown Substance Abuse Coalition named one of the Boston's Top 10 Crime Watch Groups of the Year and the Crime Watch Group of the Year for BPD District A-1 ▪ "The MGH Nursing Ambulatory to Hospitals Transitions (NAHT)" program awarded a grant by the Robert Wood Johnson Foundation ▪ 3 MGH employees as "Champions in Health Care" ▪ The Charlestown Substance Abuse Coalition (CSAC) has been named a Drug Free Community Support Program and also one of 107 recipients nationwide of a five-year grant from the Office of National Drug Control Policy and the Substance Abuse and Mental Health Services Administration ▪ Dr. Slavin, MGH President, named to <i>El Planenta's</i> El Poderometro 2006 among 100 leaders ▪ L. Christine Oliver, MD of the MGH Pulmonary and Critical Care Unit received the 2006 Cushing-Gavin Award ▪ Three MGHers received Black Achievers Award ▪ Maureen McGlame, MEd, Senior Clinician for the MGH Addiction Service, 2006 Counselor of the Year ▪ Imam Talal Eid awarded, the United States Commission on International Religious Freedom ▪ The International Association for Healthcare Security and Safety received the 2007 Lindbergh Bell Award ▪ 2 MGH nurses nominated for the 2007 Nursing Spectrum/Nurseweek Excellence Award for the category of community service 	<p>N/A</p>	<p>N/A</p>

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Force 11: Nurses as Teachers			
Nurses are permitted and expected to incorporate teaching in all aspects of their practice. Teaching is one activity that reportedly gives nurses a great deal of professional satisfaction.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
11.1 Describe the process of assessing, planning, organizing, implementing, and evaluating the educational needs of nurses at all levels of the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Department wide needs assessment ▪ Role specific needs assessment ▪ Unit based needs assessment 	<ul style="list-style-type: none"> ▪ Attachment 11.1.a - SDSU Educational Needs Assessment ▪ Reference to SPPPE survey to identify common themes and areas for educational enhancement in Force 1.8 ▪ Reference to the CNS Leadership Development Program in Force 11.3 	<ul style="list-style-type: none"> ▪ SDSU
11.2 Describe how the transition of new graduate nurses is facilitated. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Orientation with preceptor from 6 weeks to several month depending on the specialty ▪ Welcoming letter, supports from preceptor, CNS, peer, and Nursing Director ▪ Role responsibilities for RN introduced ▪ Mutual goals established, reviewed, and evaluated periodically ▪ New Grad Critical Care Program 	<ul style="list-style-type: none"> ▪ Attachment 11.2.a – Nursing Director’s welcoming letter to a New Graduate Nurse, Phillips 21 ▪ Attachment 11.2.b – New Graduate RN Development Program ▪ Attachment 11.2.c – Boston Globe articles 10/23-10/26/2005, The Making of an ICU Nurse 	<ul style="list-style-type: none"> ▪ Labor & Delivery ▪ Phillips 20 & 21 ▪ ICU
11.3 Describe the orientation and continuing education developed for clinicians, administrators, and other nursing-role specialties at all levels of the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Orientation includes New Employee orientation, Central DON Orientation, Unit Based Orientation, and Role Specific Orientation ▪ Continuing Education 	<ul style="list-style-type: none"> ▪ Attachment 11.3.a – MGH Human Resources – Training and Education, New Employee Orientation Agenda ▪ Attachment 11.3.b – Record of Central Department of Nursing Orientation ▪ Attachment 11.3.c – Knight Nursing Center, RN Orientation Schedule ▪ Attachment 11.3.d – DON Record of RN Orientation ▪ Attachment 11.3.e – DON Unit Orientation Record ▪ Attachment 11.3.f – Knight Nursing Center, DON Nursing Director Orientation ▪ Attachment 11.3.g – Knight Nursing Center, DON Clinical Nurse Specialist Orientation ▪ Attachment 11.3.h - Knight Nursing Center, Advanced Practice Nurse Orientation ▪ Attachment 11.3.i - Knight Nursing Center, Educational Offerings and Event Calendar 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
11.3	Describe the orientation and continuing education developed for clinicians, administrators, and other nursing-role specialties at all levels of the organization. CONTINUED	<ul style="list-style-type: none"> ▪ Attachment 11.3.j - Knight Nursing Center, Nursing Director Leadership Development program ▪ Attachment 11.3.k - Knight Nursing Center, Clinical Nurse Specialist Leadership Development program ▪ Reference to New Graduate in CCU in Force 11.2 ▪ Reference to Learning needs assessment in Force 11.1 	
11.4	Describe and provide evidence of mentoring activities at all levels of the organization for both clinical and leadership roles. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Mentorship culture in DON – comments from ACN & Nursing Directors ▪ New Grad in Critical Care Program, Geriatric and Palliative Care RN Residency Program ▪ Administrative Fellowship Program ▪ Mentorship with the schools and colleges in state for future Nurses 	<ul style="list-style-type: none"> ▪ Reference to New Grad in Critical Care Program in Force 11.2 ▪ Reference to Unit level mentorship in Force 11.2 <p>N/A</p>
11.5	Give examples of organizational incentives (e.g., clinical ladder promotion criteria, position descriptions, standardized care plans, clinical pathways) that promote the nurse teaching role. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Position description specifies teaching role for all RN positions ▪ Assessment of learning needs and provision of needed education included in all standardized problem/intervention /outcome sheets ▪ Nurses role as teacher identified within the Clinical Recognition Program and woven throughout practice ▪ MGH nurses precept nurses and student nurses annually as an integral part of practice ▪ Narrative of the 2007 recipient of the Preceptor of Distinction Award, Kathy Carr, RN 	<ul style="list-style-type: none"> ▪ Attachment 11.5.a – MGH Patient Problem/Outcome/Intervention Sheet ▪ Attachment 11.5.b – Norman Knight Nurse Preceptor of Distinction Award Criteria <p>N/A</p>

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
11.6	<p>Delineate staff involvement as faculty/adjunct faculty.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Nurses both leadership and staff serve as faculty in area nursing programs and for on-site education programs ▪ Same Day Surgery Center provides a clinical learning lab experience for the Perioperative Nursing Certificate Program offered thru Northeastern University ▪ Nurses involved as faculty in ongoing continuing educational programs ▪ Narrative by a PACU staff nurse on satisfaction in serving in a faculty role 	<ul style="list-style-type: none"> ▪ Attachment 11.6.a - a list of nurses who serve as faculty in area nursing programs ▪ Attachment 11.6.b – example of staff nurse faculty in ongoing continuing educational programs, Special Procedures/Diagnostic Tests: What you need to know ▪ Reference to Advanced Practice Nurses in Force 8 ▪ Reference to list of CNS in Force 8.6 ▪ Reference to nurses who served as lecturers in MGH’s New Graduate in Critical Care Program in Force 11.2 	<ul style="list-style-type: none"> ▪ SDSU ▪ PACU
11.7	<p>Describe all innovative, creative academic practicum experiences that are in place in the organization.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Carol A. Ghiloni Oncology Nursing Fellowship ▪ Hausman Nursing Fellowship ▪ Accelerated BSN Program ▪ IV Therapy Experience ▪ Northeastern University (NEU) Cooperative Education program ▪ Narrative on Preceptorships experience by staff nurse on Bigelow 9 ▪ Protech program ▪ Internship ▪ Dedicated Educational Unit 	<ul style="list-style-type: none"> ▪ Attachment 11.7.a – Saint Mary School paper, Aspiring nurse complete MGH Fellowship ▪ Attachment 11.7.b - 2007 Executive Summary, Massachusetts College of Pharmacy Nursing Program and MGH ▪ Attachment 11.7.c – Protech Student Competency Assessment Checklist and Training Record ▪ Attachment 11.7.d - Partners/ UMass Boston DEU Pilot Proposal 	<ul style="list-style-type: none"> ▪ Bigelow 9, RACU
11.8	<p>Describe the process of assessing, planning, organizing, implementing, and evaluating the educational needs, reflecting concern for cultural differences and language, of patient populations at all levels of the organization.</p> <p><i>Writer: Taryn Pittman</i></p>	<ul style="list-style-type: none"> ▪ Patient Education Committee ▪ Chaplaincy ▪ The Blum Patient and Family Learning Center ▪ The Cancer Center ▪ Primary Care outpatient practices 	<ul style="list-style-type: none"> ▪ Attachment 11.8.a - Patient and Family Education policy ▪ Attachment 11.8.b – MGH Patient Problem/Outcomes/Intervention Sheet, Patient with Type II Diabetes Receiving Insulin ▪ Attachment 11.8.c – PCS Patient Education Committee Annual Report 2006 ▪ Attachment 11.8.d - PCS Patient Education Committee, Patient Education Survey 2005 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>11.8 Describe the process of assessing, planning, organizing, implementing, and evaluating the educational needs, reflecting concern for cultural differences and language, of patient populations at all levels of the organization. (CONTINUED)</p>		<ul style="list-style-type: none"> ▪ Attachment 11.8.e – Caring Headlines, 9/9/2006, Patient education: current practices and future direction ▪ Attachment 11.8.f – Caring Headlines, 10/6/2005, Health literacy: implications and recommendations for clinicians ▪ Attachment 11.8.g – Caring Headlines, 4/7/2005, Advance care planning: planting seeds of awareness ▪ Attachment 11.8.h – 2007 DON Annual Competency Assessment, Patient Education and Patient Education Resources available on the MGH intranet ▪ Attachment 11.8.i – Combined Leadership Meeting minutes, 9/5/2006 ▪ Attachment 11.8.j – flier, Visit the Patient Education Committee website, www.mghpted.org ▪ Attachment 11.8.k – Caring Headlines, 4/19/2007, Patient education resources in one central, online location ▪ Attachment 11.8.l – online CareNotes/ DrugNotes in English and Spanish version ▪ Attachment 11.8.m – patient education videos in English and Spanish version ▪ Attachment 11.8.n – brochure, The Blum Patient and Family Learning Center ▪ Attachment 11.8.o – Caring Headlines, 6/15/2006, The MGH Patient Education TV channel 	

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
11.9	<p>Provide examples of specialty or population-based patient education initiatives conducted, implemented, and evaluated by nurses.</p> <p><i>Writer: Taryn Pittman</i></p>	<ul style="list-style-type: none"> ▪ Improving Rates of Organ Donation ▪ OB Family Education Program ▪ The Heart Failure Patient Education Team: Interactive Notebooks and Water Pitcher Project 	<ul style="list-style-type: none"> ▪ Attachment 11.9.a – Childbirth Education Program ▪ Attachment 11.9.b – Family Education Program Instructors list ▪ Attachment 11.9.c - Birth Survey tool ▪ Attachment 11.9.d – letter, Welcome to the Ellison 13 Antenatal Unit 	<ul style="list-style-type: none"> ▪ Ellison 10, Cardiac Step-Down Unit
11.10	<p>Give examples of community collaborative educational endeavors (e.g., guest lectures for affiliating agencies).</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Collaborative Governance Nursing Research Committee: Journal Club, Nursing Research Day ▪ International Nurse Consultant Program ▪ Norman Knight Visiting Professor Program ▪ Global Nurse Training Program: education and training, Leadership Development, Care for the Caregiver ▪ Cardiac Nursing Visiting Scholar Program 	<ul style="list-style-type: none"> ▪ Attachment 11.10.a – Nursing Research Committee Journal Club announcement, 9/12/2007, Outcomes of Cooperative Education in a Baccalaureate Program in Nursing ▪ Attachment 11.10.b – Nursing Research Committee Journal Club Subcommittee membership ▪ Attachment 11.10.c - Nurse Recognition 2007 May 6-11, Calendar of Education and Research Events ▪ Attachment 11.10.d – Knight Nursing Center, International Nurse Consultant Program Annual International Visitor Report, October 2005- September 2006 ▪ Attachment 11.10.e – Global Nurse Training Program ▪ Reference to Nursing Research Fair in Force 6.28 ▪ Basrah Children’s Hospital in Iraq described in Force 10.7 ▪ Reference to Global Nurse Training Program in Force 10.2 &10.8 	N/A

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Force 12: Image of Nursing				
Nurses are viewed as integral to the organization’s ability to provide patient care services. The services provided by nurses are characterized as essential by other members of the healthcare team.				
Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
12.1	<p>Provide examples to illustrate how the CNO has influenced organizational decision-making and strategic planning.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Narratives by Nursing & PCS leadership on CNO’s influence 	<ul style="list-style-type: none"> ▪ Attachment 12.6.a – MGH Heart Center brochure ▪ Attachment 12.1.a - DAVE Gastrointestinal Nursing Project, August 2007 ▪ Attachment 12.1.b - Email Announcement from 2 ACNs Introducing Deborah D’Avolio, PhD, APRN-BC Geriatric Specialist for Patient Care Services ▪ Attachment 12.1.c – Ceiling Lift Proposal, 9/7/2006 ▪ Attachment 12.1.d – slides, MGH Pumps 	N/A
12.2	<p>Provide evidence that the CNO is viewed by organization stakeholders as having equal status with other senior decision-makers.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Narratives by CNO’s peers 	<ul style="list-style-type: none"> ▪ Attachment 12.2.a – W. Gerald Austen, MD, Surgeon-in-Chief, Emeritus, Chairperson, Chiefs Council, MGH ▪ Attachment 12.2.b – W. Scott McDougal, MD, Chief of Urology, MGH ▪ Attachment 12.2.c – Gregg S. Meyer, MD, MSc, Senior Vice President, MGH/MGPO Center for Quality & Safety ▪ Attachment 12.2.d – Britain W. Nicholson, MD, Senior Vice President, Chief Medical Office, MGH ▪ Attachment 12.2.e – Harry E. Rubash, MD, Chief of Orthopaedic Surgery, MGH ▪ Attachment 12.2.f – Issac Schiff, MD, Chief of Vincent Memorial Obstetrics & Gynecology ▪ Reference to MGH org chart in OOD 2.a 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>12.3</p> <p>Provide evidence of how the organization recognizes the contribution of nurses toward the achievement of strategic priorities and makes these contributions visible within the organization.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Partners in Excellence Awards ▪ Excellence in Action ▪ Bowditch Award ▪ Awards for Clinical Excellence ▪ Stephanie M. Macaluso, RN Excellence in Clinical Practice Award ▪ Jean M. Nardini, RN, Nurse of Distinction Award ▪ Susan and Arthur Durante Award for Exemplary Care and Service to Cancer Patients ▪ Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy ▪ Ben Correo Clannon Award ▪ Other Awards 	<ul style="list-style-type: none"> ▪ Attachment 12.3.a – Hotline, 12/22/2006, Saluting employee Excellence at the annual PIE Awards ▪ Attachment 12.3.b – Excellence in Action Program, stories on recipients on EDOU, Ellison 11, Ellison 12, Bigelow 13 and Ellison 16 ▪ Attachment 12.3.c – Hotline, 4/21/2006 Recognizing excellence: The Bowditch Prize ▪ Attachment 12.3.d & 12.3.e – Caring Headlines, 2/1/2007, Clinical narratives by Corrina Lee, RN and by Paula Nelson, RN ▪ Attachment 14.7.f – Caring Headlines, 4/19/2007, Orren Carrere Fox Award for Family-centered care ▪ Attachment 12.3.g – Caring Headlines, 7/19/2007, Lyttle receives Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy ▪ Attachment 12.3.h – Caring Headlines, 5/4/2006, Oncology Nursing Career Development Award ▪ Reference to Angela Sorge’s narrative in Force 14.7 	<ul style="list-style-type: none"> ▪ Bigelow 7, 13 ▪ Ellison 11, 12, 16 ▪ EDOU ▪ NICU ▪ Phillips House 21
<p>12.4</p> <p>Provide examples of the good relationship(s) between nursing and other departments.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Close relationship with Police and Security Department (Infant Protection Committee) ▪ Materials Management Task Force ▪ Collaboration between Nursing and Human Resources through committee and activities ▪ Cbeds ▪ LEAN Equipment Program ▪ Blake Elevator Pilot 	<ul style="list-style-type: none"> ▪ Attachment 12.4.a – poster, “Think Pink” Safety Comes First ▪ Attachment 12.4.b – “6 Steps to Keep your Baby Safe” tool ▪ Attachment 12.4.c – Code Pink drills ▪ Attachment 12.4.d – Materials Management Task Force member list ▪ Attachment 12.4.e – Nursing/Materials Management Task Force meeting minutes, 7/19/2007 ▪ Attachment 12.4.f – slides, CBeds ▪ Attachment 12.4.g – LEAN Equipment Program 	<ul style="list-style-type: none"> ▪ Maternal-Child Nursing ▪ PICU ▪ Admitting Services, Patient Care Services, Perioperative Services and Emergency Services ▪ MICU ▪ Phillips 21 ▪ Bigelow 11

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
12.4	Provide examples of the good relationship(s) between nursing and other departments. (CONTINUED)	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Attachment 12.4.h – slides, Blake Patient Elevator Pilot ▪ Reference to the collaborated activities with HR in Force 4.3 & 4.9
12.5	<p>Give examples of how nurses in nontraditional roles (e.g., informatics, group facilitation, organizational performance, staff development, resource analysis) have had a positive impact on the image of nursing within the organization.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Advanced Practice Nurses: Nurse Practitioners practice both in ambulatory care settings and inpatients in diverse roles ▪ Nurses involved informatics in relations with PCS IS and for related projects ▪ Nurses in the Financial Management Systems provides support for budget preparation, implementation and evaluation; productivity and program analysis; trending, forecasting and other statistical analysis; and personnel management and issue resolution ▪ Innovation Specialist in the Center for Innovations in the Care Delivery 	<ul style="list-style-type: none"> ▪ Attachment 12.5.a – Hotline, 0/27/2006, Midwifery at the MGH ▪ Attachment 12.5.b – brochure, Inpatient Guest Wireless Internet Access Guide ▪ Attachment 12.5.c – MGH Guest Wireless Internet Access Policy ▪ Attachment 12.5.d – Caring Headlines, 7/19/2007, The Acute Care Documentation Project: charting a course to safer future ▪ Attachment 12.5.e – Acute Care Documentation Project Team list ▪ Attachment 12.5.f – MGH Medication reconciliation Guidelines ▪ Attachment 12.5.g – publication by the Advisory Board Company, Electronic Medication Reconciliation: Practices for Streamlining Information Transfer ▪ Attachment 12.5.h – Hotline, 7/13/2007, MGH nurses transform care at the bedside ▪ Attachment 12.5.i – Boston Herald.com article, 4/15/2007, Nursing comes of age: Project helps older practitioner ▪ Reference to Nurse Practitioner working with the medical team in Force 8.6 ▪ Reference to Planning of Emergency Department Observation Unit in Force 2.6 ▪ Reference to the RN Residency Program in Force 7.8

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted	
<p>12.6</p>	<p>Provide examples of how nursing is featured in the organization’s promotional advertising strategies and materials, including newsletters, bulletin boards, internet sites, published leadership profiles, and so forth.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ MGH and PCS website links ▪ MGH and PCS annual reports ▪ Marketing materials and additional annual reports ▪ Caring Headlines, PCS biweekly publication ▪ From the Desktop, email newsletter from MGH President ▪ MGH Nursing advertising on taxi tops, billboards, virtual ad behind Red Sox home plate, magazines ▪ Examples throughout MGH 	<ul style="list-style-type: none"> ▪ Attachment 12.6.a – screen, link to MGH intranet ▪ Attachment 12.6.b – MGH PCS website home page ▪ Attachment 12.6.c – PCS News and Information link ▪ Attachment 12.6.d – Marketing brochure, MGH Heart Center ▪ Attachment 12.6.e – Cancer Center publication, Synergy, Summer 2007 ▪ Attachment 12.6.f – MGH Community Benefit Program 2006 Annual Report ▪ Attachment 12.6.g – Couplet Care, Focus Newborn and Family, Vincent Memorial Hospital for Obstetrics and Gynecology 2006 Annual Report ▪ Attachment 12.6.h – Caring Headlines, 5/24/2007, Nurse Week 2007 ▪ Attachment 12.6.i – From the Desktop..., 6/29/2007, Department of Nursing Marks Milestone with Dedication of the Knight Center ▪ Attachment 12.6.j – From the Desktop..., 7/31/2007, Two MGH Nurses Named Follows of American Academy of Nursing ▪ Attachment 12.6.k – a picture of taxi-top advertising, “MGH Nursing. Simply the Best” ▪ Attachment 12.6.l – a billboard advertising, “When you’re passionate about your work, people notice” ▪ Attachment 12.6.m - Virtual Display behind home plate at the September 14-16, 2007 Red Sox/Yankees baseball games at Fenway Park, “Nursing at MGH Simply the Best” ▪ Attachment 12.6.n – New England Nursing Magazine, “Nursing at MGH, A Magnet for Nurses” 	<ul style="list-style-type: none"> ▪ Hemodialysis Unit, Bigelow 10

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
12.6	Provide examples of how nursing is featured in the organization's promotional advertising strategies and materials, including newsletters, bulletin boards, internet sites, published leadership profiles, and so forth. CONTINUED		<ul style="list-style-type: none"> ▪ Reference to MGH and PCS Annual Report in OOD 12.a & OOD 12.b ▪ Reference to PCS Annual Report in OOD 12.b 	
12.7	Give examples of how interdisciplinary teams perceive nursing in the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Narrative by MICU nurse ▪ Email from a member of resident team to a nurse on White 8 ▪ Boston Globe story on four nurses on OR Burn unit written by Colleen Ryaon, MD ▪ Laryngology surgeon's letter to thank the nursing staff on the Thoracic Unit ▪ An excerpt from a social worker's letter to support for a nurse applying for recognition as an Advance Clinician 		<ul style="list-style-type: none"> ▪ MICU ▪ White 8 ▪ Main OR Burn Unit ▪ Ellison 19, Thoracic Unit
12.8	Give examples of how the community perceives nursing as well as nursing services provided within the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Boston Globe's four-part, front page series entitled "Critical Care: the Making of an ICU Nurse" ▪ Caring Headlines excerpts of Panel discussion on the Boston Globe's series ▪ Letters from prior patients written to the President of the Hospital, the Chief Nurse and/or Nursing Directors 	<ul style="list-style-type: none"> ▪ Reference to Boston Globe articles 10/23-10/26/2005, the Making of an ICU Nurse in Force 11.2 	<ul style="list-style-type: none"> ▪ SICU ▪ Cath Lab, ICU, Ellison 9 ▪ Cardiac Access Unit, Ellison 11

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Force 13: Interdisciplinary Relationships				
Interdisciplinary relationships are characterized as positive. A sense of mutual respect is exhibited among all disciplines.				
Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
13.1	Describe mechanisms used to ensure and/or promote the participation of the nurses at all levels in interdisciplinary activities. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Chief Nurse and nursing leadership’s advocacy for nursing representation at all committee and workgroups ▪ “Pod OR” developed by multidisciplinary Clinical Practice Management (CPM) team 	<ul style="list-style-type: none"> ▪ Attachment 13.1.a - Pod Cast, 10/2/2006 ▪ Reference to nurses involvement in interdisciplinary decision-making in Force 13 	<ul style="list-style-type: none"> ▪ OB services ▪ Perioperative services
13.2	Submit a list of all committees and/or task forces and their nurse membership. Roles, and work locations within the organization. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Nursing members in: ▪ The Safety Committee ▪ The Medication Education Safety and Approval Committee (MESAC): Safe Administration Subcommittee ▪ MGH Heart Center Heart Failure Committee ▪ The Emergency Department Executive Committee 	<ul style="list-style-type: none"> ▪ Attachment 13.2.a - Additional Committee Rosters Found in Other Areas of Magnet evidence 	N/A
13.3	Provide the policy or operating guidelines for committees and/or task forces within the organization that include representatives of nursing, detailing committee membership requirements and voting privileges. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Seven interdisciplinary and nursing committees in the Collaborative Governance ▪ Membership and guidelines for each of the committees ▪ Samples of minutes of each of the interdisciplinary committees 	<ul style="list-style-type: none"> ▪ Attachment 13.3.a – The Institute for Patient Care, Guidelines for Participation on Collaborative Governance Committees ▪ Attachment 13.3.b – The Institute for Patient Care, Committee Application/Reappointment Form ▪ Attachment 13.3.c – CG Committee Member Responsibilities ▪ Attachment 13.3.d – CG Committee Leader Responsibilities ▪ Attachment 13.3.e – Quality Committee Meeting Minutes, 5/1/2007 ▪ Attachment 13.3.f – Ethics in Clinical Practice Meeting Minutes, 8/1/2007 ▪ Attachment 13.3.g – Patient Education Meeting Minutes, 9/12/2007 ▪ Reference to 2006 Collaborative Governance Annual Report in OOD 22 	N/A

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>13.4</p> <p>Provide three examples of interdisciplinary collaboration in which nurses have assumed a leadership role.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Planning and design process for the Building for the Third Century (B3C) ▪ Chief Nurse and the Chief of Medicine appointed executive sponsors of the “Patient Beds” workgroup ▪ Bedside Technology Committee established in 2004 as one component of MGH’s Patient Safety Signature Initiatives ▪ Pump Steering Committee co-chaired by the Associate Chief Nurse for Perioperative Nursing Services and the Director for Patient Care Services Systems improvement ▪ An interdisciplinary and interdepartmental team led by the PATA Nursing Director and Medical Directors implemented a telephone assessment program. 	<ul style="list-style-type: none"> ▪ Attachment 13.4.a – Theresa Gallivan, ACN’s email regarding Building 2 Bed User Group ▪ Attachment 13.4.b – Neuro Acute Workgroup Members list ▪ Attachment 13.4.c – Bed User Group - Meeting Schedule ▪ Attachment 13.4.d – Pump Steering Committee Membership ▪ Attachment 13.4.e - From News You Can Use E-mail from Jeanette Ives Erickson on August 29, 2007, Large volume pump conversion completed ▪ Attachment 13.4.f – From the desk of Peter L. Slavin, MD, MGH President, August 2007, “Smart” Infusion Pump Conversion Key Step in Improving Medication Safety 	<ul style="list-style-type: none"> ▪ PATA
<p>13.5</p> <p>Describe the formal mechanisms that govern organizational operations at the senior policy-making level, including membership, voting privileges, and/or processes typically used in decision-making activities.</p> <p><i>Writer: Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ The Medical Policy Committee of the MGH/MGPO serves as a standing subcommittee of the General Executive Committee and the MGPO Executive Committee and acts as the medical policy development body for the General Hospital Corporation and MGPO on issues relating to clinical performance, operational performance and quality issues ▪ Two MGH nurses serving as voting members in interdisciplinary Medical Policy Committee. ▪ Clinical Policy Committee co-chaired by a nurse reports into the Medical Policy Committee ▪ Medical Policy Committee staffed by a nurse who coordinates the policy and procedure process for Patient Care Services 	<ul style="list-style-type: none"> ▪ Attachment 13.5.a – Medical Policy Committee membership ▪ Attachment 13.5.b – Medical Policy Committee meeting minutes, 12/6/2006 ▪ Attachment 13.5.c - Procedural Sedation for Non-Anesthesiologists ▪ Reference to the bylaws of MGH Corporation in Attachment 2.1.b ▪ Reference to the bylaws of the Professional Staff of the MGH in Attachment 2.1.d 	<p>N/A</p>

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
13.6	<p>Provide examples of documentation systems/tools used in patient care planning and interdisciplinary communication during the 12 months prior to submission of written documentation.</p> <p><i>Writer: Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Nursing Dataset, the nursing assessment form ▪ The interdisciplinary Progress Notes in patient care records ▪ The Nursing Problem/Intervention/Outcome record ▪ Pre-Admission Testing Area (PATA) has a series of documentation forms ▪ Documentation in Critical Care areas ▪ Electronic documentation in Maternal Newborn service 	<ul style="list-style-type: none"> ▪ Attachment 13.6.a – Nursing Dataset Form ▪ Attachment 13.6.b – Pediatric Nursing Dataset Form ▪ Attachment 13.6.c – Nursing Progress Note ▪ Attachment 13.6.d – Patient Problem/Outcome Sheet ▪ Attachment 13.6.e – Patient Problem/Intervention Outcome/Intervention Sheet: Orthopaedics ▪ Attachment 13.6.f – Patient Problem/Outcome/Intervention Sheet, Pre-Admission Testing Area ▪ Attachment 13.6.g – Interdisciplinary Patient/Family Teaching Record, PATA and Interdisciplinary Perioperative Patient/Family Teaching Record ▪ Reference to MGH policies and procedures related to documentation in Force 6.5 	<ul style="list-style-type: none"> ▪ PATA ▪ NICU ▪ Maternal Newborn service
13.7	<p>Provide at least two patient/resident exemplars/case studies that demonstrate interdisciplinary collaboration across multiple settings, such as acute care, extended care facilities, and home care, highlighting the cooperation and collaboration between and among healthcare team members.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Narrative by a nurse on the White 10 Medical Unit ▪ Narrative by a nurse on the General Clinical Research Unit (GCRC) ▪ CNS’s narrative working on an end-of- life care ▪ NP’s narrative, Pediatric Orthopaetric Team ▪ Narrative by a Respiratory Therapist, Bigelow 9-Respiratory Acute Care Unit 	N/A	<ul style="list-style-type: none"> ▪ White 10 ▪ GCRC ▪ RACU
13.8	<p>Provide at least one example of interdisciplinary involvement in addressing patient-centered clinical outcomes.</p> <p><i>Writer: Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Orthopaedic Clinical Performance Measurement Team ▪ Psychiatry’s Electroconvulsive Therapy (ECT) Program 	<ul style="list-style-type: none"> ▪ Attachment 13.8.a – Orthopaetic Clinical Performance Management Team 	<ul style="list-style-type: none"> ▪ Orthopaetic Nursing ▪ Case Management ▪ PACU
13.9	<p>Provide at least one example of interdisciplinary involvement in addressing policy development.</p> <p><i>Writer: Donna Jenkins</i></p>	<ul style="list-style-type: none"> ▪ Massachusetts General Hospital Clinical Policy and Records Committee 	<ul style="list-style-type: none"> ▪ Attachment 13.9.a – MGH Clinical Policy and Rules Committee, Transferring Responsibility For Care Within the Hospital 	N/A

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
13.10	Provide at least one example of interdisciplinary involvement in addressing nursing governance. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Nursing Practice Committee – approval of policies & procedures 	<ul style="list-style-type: none"> ▪ Attachment 13.10.a – Nursing Practice Committee, Guidelines for the Administration of Hypertonic Saline ▪ Reference to PCS CG annual report in OOD 22 	N/A
13.11	Provide at least one example of interdisciplinary involvement in addressing establishing inter/intradepartmental standards. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Medication Reconciliation Committee collaborated with BWH and Partners Health Care 	N/A	N/A
13.12	Provide at least one example of interdisciplinary involvement in addressing decision-making related to the allocation of scarce resources. <i>Writer: Donna Jenkins</i>	<ul style="list-style-type: none"> ▪ Provider Order Entry Steering Committee & project descriptions 	<ul style="list-style-type: none"> ▪ Attachment 13.12.a – Provider Order Entry Meeting Minutes, 4/26/2007 	N/A
13.13	Provide at least one example of interdisciplinary involvement in addressing continuous quality/process improvement. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Acute Stroke Quality Task Force ▪ Tracheostomy Quality Team ▪ Amputation Care and Patient and Family Education 	<ul style="list-style-type: none"> ▪ Attachment 13.13.a – Acute Stroke Quality Task Force Members ▪ Attachment 13.13.b – Patient Specific Quality Dashboard, ASQT Meeting, July 2007 	N/A
13.14	Provide at least one example of interdisciplinary involvement in addressing fiscal planning. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Budget planning for the Obstetrical program ▪ Budgeting for “chargebacks” ▪ Capital budget process collaborated with the Biomedical Engineering Department 	N/A	N/A
13.15	Provide at least one example of interdisciplinary involvement in addressing the facility’s development or remodeling projects. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ PICU Moving Planning 	<ul style="list-style-type: none"> ▪ Attachment 13.15.a – PICU Moving Planning Minutes ▪ Reference to planning for the inpatient beds for the B3C in Force 13.4 	<ul style="list-style-type: none"> ▪ PICU

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
13.16	Describe the process by which all levels of nurses participate in the evaluation of nursing standards and detail mechanisms for the inclusion of other disciplines, where indicated. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ PCS Nursing Practice Committee – goals & accomplishments ▪ Nursing administrative policies and standards in DON Administrative policies ▪ New and revised policies submitted to the Management Systems Advisory Committee 	<ul style="list-style-type: none"> ▪ Attachment 13.16.a – PCS Nursing Practice Committee Membership ▪ Attachment 13.16.b – Department of Nursing Administrative Policies ▪ Attachment 13.16.c – Management Advisory Committee membership ▪ Attachment 13.16.d – Management Advisory Committee meeting minutes, 8/7/2007 ▪ Attachment 13.16.e - Nursing Director Evaluation Form ▪ Reference to revised palliative sedation protocols in Force 5.2 	N/A
13.17	Describe the approach that governs the management of interdisciplinary conflict, including a description of the most recent use of this approach and resulting outcomes thereof. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Conflict management measured in SPPPE survey c ▪ Crucial Conversations for the Cardiac Surgical Staff ▪ Neuroscience ICU, lunch forum ▪ White 11, General Medicine, strategies ▪ MICU strategies ▪ PICU focus group ▪ PACU sharing experience 	<ul style="list-style-type: none"> ▪ Attachment 13.17.a - a schematic of the concepts taught in the program, Crucial Conversations, for the Cardiac Surgical staff ▪ Attachment 13.17.b – an invitation letter to Crucial Conversations sent to Cardiac Surgical Staff by ACNs ▪ Attachment 13.17.c – email, Invitation to Mastery Mission and Contact Hour Certificate 8/6 & 9, 2007 ▪ Reference to SPPPE survey in Force 1.4, RD 6 & OOD 16 ▪ Reference to detailed listing of conflict resolution programs in Force 14.14 	<ul style="list-style-type: none"> ▪ Cardiac Surgical Nursing ▪ Blake 12, Neuroscience ICU ▪ White 11 ▪ MICU ▪ PICU ▪ PACU

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Force 14: Professional Development			
Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development. Personal and professional growth and development are valued. In addition, opportunities for competency-based clinical advancement exist, along with the resources to maintain competency.			
Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
14.1 Describe professional development programs, such as tuition reimbursement, access to web-based education, and participation in local, regional, national, and international conferences/meetings. Supply the structure and process standards (policies and procedures) that govern/guide the programs. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Scheduling flexibility for the staff in formal educational program ▪ Paid educational days provided to attend and participate in local, regional, national and international meetings ▪ Financial support of professional development through tuition reimbursement ▪ Hospital-based continuing education programs ▪ Continuing education for leadership ▪ Web-based educational opportunities 	<ul style="list-style-type: none"> ▪ Attachment 14.1.a – MGH HR P&P, Tuition Assistance ▪ Attachment 14.1.b – DON Travel and Seminar Policy ▪ Attachment 14.1.c – MGH Leadership Academy Leadership Model ▪ Attachment 14.1.d – an invitation letter on Crucial Conversations sent to Cardiac Surgical Staff by ACNs ▪ Attachment 14.1.e – MGH Crucial Conversations 2 Day Program, 2007 Schedule ▪ Attachment 14.1.f – on-line program, Crucial Conversations Mastery Mission and (ANCC) Contact Hour Certificate Instruction Guide (10 Steps) ▪ Attachment 14.1.g – screen shot, CITI Registration Site for the CITI Programs in the Protection of Human Research ▪ Attachment 14.1.h – on-line, MGH Clinical Guidelines and Pathway, Swallowing Screening Training ▪ Attachment 14.1.i – on-line, A Guide to Drug Dosage Calculation ▪ Attachment 14.1.j - NDNQI’s pressure ulcer training modules ▪ Attachment 14.1.k – screen shot, Pulmonary Artery Catheter Education Program ▪ Attachment 14.1.l – screen shot, American Heart Association Instructor Network, Are You On? ▪ Attachment 14.1.m – website, Graduate and Professional Studies, St. Joseph’s College of Maine 	N/A

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
14.1	Describe professional development programs, such as tuition reimbursement, access to web-based education, and participation in local, regional, national, and international conferences/meetings. Supply the structure and process standards (policies and procedures) that govern/guide the programs. CONTINUED		<ul style="list-style-type: none"> ▪ Reference to MGH's supports professional development in Force 4.17 ▪ Reference to DON budget for the travel and seminar in Force 14.6 ▪ Reference to the Sigma Spectrum infusion pumps in Force 13.4 ▪ Reference to leadership development programs for Nursing Directors and Clinical Nurse Specialists, as discussed in Force 11.3 	N/A
14.2	Submit a report that details the continuing education activities, self-directed learning activities, and attendance at nursing and interdisciplinary conferences of the CNO and nurse executive leadership group for the twelve (12) months prior to the documentation submission and demonstrate that these activities reflect a pattern of personal professional development. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Illustrations linking continuing education activities to professional development ▪ Nursing Directors Nursing Leadership Academy 	<ul style="list-style-type: none"> ▪ Attachment 14.2.a – MGH DON, <u>Nursing Executive Team</u>, International, National and Regional Nursing and Interdisciplinary Educational Conferences, Meetings, Self-Directed Learning, September 2006-September 2007 ▪ Attachment 14.2.b - MGH DON, <u>Nursing Directors group</u>, International, National and Regional Nursing and Interdisciplinary Educational Conferences, Meetings, Self-Directed Learning, September 2006-September 2007 	N/A
14.3	Submit a report that details the formal educational activities (whether initiated or ongoing) of the CNO and the nurse executive leadership group for the twelve (12) months prior to documentation submission. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Pursuit of formal education encouraged ▪ Participation in national fellowship & doctoral programs 	<ul style="list-style-type: none"> ▪ Attachment 14.3.a – MGH DON, Formal Education and Fellowships (Initiated or Ongoing) Nursing Executive Group and Nursing Directors, September 2006-September 2007 ▪ Attachment 14.3.b – sample, RWJ Executive Nurse Fellows Program Application Narrative 	<ul style="list-style-type: none"> ▪ NICU

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
<p>14.4</p> <p>Submit a report that details how education is provided regarding ethical issues, nursing research, and evidence-based practice, and include learning objectives, a content outline, and numbers of employees (specifically identifying the number of nurses) who were educated in the twelve (12) months prior to documentation submission.</p> <p><i>Writer: Mel Heike</i></p>	<ul style="list-style-type: none"> ▪ Ethics education programs – descriptions with learning objectives ▪ Research education – descriptions with learning objectives ▪ Evidence-based practice (Advanced Wound Care Education & Nursing Grand Rounds) – descriptions with learning objectives 	<ul style="list-style-type: none"> ▪ Attachment 14.4.a - brochure, “Maintaining Compassionate Care: Strategies to Prepare Family-Professional Caregiver Teams for Ethical Dilemmas of Caregiving in Times of Uncertainty” - Held on February 8 & 9, 2007 ▪ Attachment 14.4.b – course content, Respecting Choices, Advance Care Planning Course for Facilitators ▪ Attachment 14.4.c – Knight Nursing Center, Interdisciplinary Ethics Resource Program, A Proposal to Develop Unit Based Ethics Resources ▪ Attachment 14.4.d – content outline, Harvard Bioethics Course, June 13-15, 2007 ▪ Attachment 14.4.e – content outline, Phase II: Advance Wound Care Education program, January 2007 ▪ Reference to CG Ethics Committee, & The Ethics Initiative Force 6.5 ▪ Reference to Respecting Choice Program & Interdisciplinary Ethics Resource Program in Force 6.15 ▪ Reference to the Professional Practice Model in OOD 14 ▪ Reference to educational offerings focused on nursing research in Force 6 & 11.10 ▪ Reference to Journal Club in Force 11.10 ▪ Reference to Wound Care Program in Force 8.6 	<p>N/A</p>

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
14.5	Describe how the healthcare organization provides employee education regarding patient/resident privacy, security, and confidentiality rights. Detail the frequency of such offerings; provide presentation objectives, a content outline, and numbers of employees (specifically identifying the number of nurses) who were educated in the twelve (12) months prior to documentation submission. <i>Writer: Mel Heike</i>	<ul style="list-style-type: none"> ▪ New employee training – MGH HIPAA Core Training ▪ Annual competency training ▪ HIPAA Compliance Advisory ▪ National Privacy Week ▪ National Health Information & Technology Week 	<ul style="list-style-type: none"> ▪ Attachment 14.5.a – NGH New Employee Orientation and Required Training, HIPAA Core Training in Privacy and Security ▪ Reference to maintaining confidentiality & privacy rights of patients & co-workers in Force 6.11 ▪ Reference to MGH Mission Statement and credo in OOD 13.a ▪ Reference to annual performance review & confidentiality policy in Force 4.18 	N/A
14.6	Submit a report that details, on a clinical unit basis, the financial support expended to support nurses attending educational programs or conferences outside the healthcare organization. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ DON conferences and total cost for registration & travel expenses 	<ul style="list-style-type: none"> ▪ Attachment 14.6.a – Educational Programs and Conference Expense Report, August 2006-July 2007 	N/A
14.7	Describe how the development of cultural competence in the professional healthcare staff is promoted and supported. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Diversity incorporated into PCS vision, guiding principles & strategic goals ▪ Knight Center programs ▪ Culturally competent care curriculum & staff nurse narratives ▪ Angela Sorge, RN – recipient of the 2007 Stephanie M. Macaluso Excellence in Clinical Practice Award 	<ul style="list-style-type: none"> ▪ Attachment 14.7.a - Building Relationships in the Diverse Hospital Community: Understanding Ourselves, Our Patient and Each Other, Course Outline and MGH Faculty ▪ Attachment 14.7.b – slides, Building Relationships in the Diverse Hospital Community: Understanding Ourselves, Our Patient and Each Other ▪ Attachment 14.7.c – MGH Pediatric ICU Competency Checklist, Pain Assessment tool in Spanish ▪ Attachment 14.7.d - post-procedure instructions for conscious sedation discharge instructions translated into Spanish, PICU ▪ Attachment 14.7.e – Common Phrases used in the GI Unit (Spanish) ▪ Attachment 14.7.f – Caring Headlines, 11/2/2006, Ramadan: sharing this important Muslim holy month with the MGH community 	<ul style="list-style-type: none"> ▪ PICU ▪ Endoscopy ▪ White 10 ▪ SDSU ▪ Ellison 11

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Source of Evidence	Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
14.7	Describe how the development of cultural competence in the professional healthcare staff is promoted and supported. CONTINUED	<ul style="list-style-type: none"> ▪ Attachment 14.7.g – Caring Headlines, 2/1/2007, Clinical Narrative, Angela Sorge, RN ▪ Reference to PCS Strategic plan: 2006-2007 in OOD 13.e ▪ Reference to PCS as a leader in quality care to diverse patient population & “Building Relationships in the Diverse Hospital Community: Understanding Ourselves, Our Patients & Each Other” Program in Force 4.4 ▪ Reference to Knight Center program offerings in Force 14.14 	
14.8	Describe the participation/involvement of nurses at all levels in the activities of professional organizations. <i>Writer: Marianne Ditomassi</i>	<p>Nurses highlighted in:</p> <ul style="list-style-type: none"> ▪ Listings of Officers, Boards & Subcommittees/ Task Forces Membership in Professional Organizations ▪ Listings of Membership in Professional Organizations ▪ Presentations at Professional Organizations ▪ Publications in journals of Professional Organizations ▪ Staff nurse narratives 	<ul style="list-style-type: none"> ▪ Reference to PCS Annual Report in OOD 12.b ▪ Reference to funding for DON internal & external continuing education and professional & specialty conferences in RD 8 & Force 14.6 <ul style="list-style-type: none"> ▪ Endoscopy ▪ Office of Patient Advocacy ▪ Gynecology & Oncology ▪ Case Management ▪ Neuroscience
14.9	Submit a report that details, on a clinical unit basis, the participation of the direct care nurses in continuing education programs during the twelve (12) months prior to documentation submission. List the number of continuing education offerings and the percentage of nurses (on a unit basis) who attended each offering. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Maintaining records of staff attending external continuing education programs & reimbursement ▪ Knight Center sign-in sheets for CE programs 	<ul style="list-style-type: none"> ▪ Attachment 14.9.a - Norman Knight Center’s CEU Programs, August 2006-July 2007 ▪ Attachment 14.9.b – example, employee’s Required Training, In-service, and Education Record ▪ Reference to Educational Programs and Conference Expense Report, August 2006-July 2007 in Force 14.6 <p>N/A</p>
14.10	Identify clinical skills and/or competencies recognized by nursing as requiring formal credentialing and privileging mechanisms. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Reference to requirements for formal credentialing & privileging 	<ul style="list-style-type: none"> ▪ Reference to Participation in advanced practice nurse privileging process in OOD 10.d & Force 9.1 <p>N/A</p>

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Source of Evidence		Selected Evidence	Supporting Documents	Units/Patient Areas Highlighted
14.11	Describe how nurse administrators ensure that direct care nurses achieve clinical competency and leadership skills. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Role of Nursing Directors, provide oversight ▪ Requirements delineated in job description ▪ Orientation & on-going continuing education ▪ Clinical Recognition Program ▪ Leadership development ▪ Monthly performance appraisal completion report 	<ul style="list-style-type: none"> ▪ Attachment 14.11.a – report, Performance Appraisal Completion – all Staff -as of 9/5/2007 ▪ Attachment 14.11.b – report, PCS Clinical Recognition Program –as of 9/5/2007 ▪ Reference to Clinical Recognition Program in Force 4.1 ▪ Reference to CG Committees in Force 2.5 	N/A
14.12	Describe how professional certification across all nursing roles (administration and clinical practice) is promoted by the healthcare organization. <i>Writer: Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Certification – DON website ▪ Reimbursement support ▪ Knight Center preparation programs ▪ Unit-based efforts to support certification ▪ NICHE 65 Plus Committee – gerontology certification grant ▪ Chemotherapy & Biotherapy course 	<ul style="list-style-type: none"> ▪ Attachment 14.12.a – DON Policy, Professional and Specialty Certification Recertification: Demetri Souretis Fund ▪ Attachment 14.12.b – Enrollment in Chemotherapy & Biotherapy course ▪ Reference to NICHE 65-plus Committee in Force 7.9 	<ul style="list-style-type: none"> ▪ PACU ▪ Endoscopy
14.13	Describe the structure and process standards that govern/guide the privileging and credentialing of professional nurses to perform specific clinical skills or competencies recognized by nursing as requiring formal credentialing and privileging mechanisms. <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Reference to formal credentialing & privileging required for NPs, Psychiatric Mental Health CNS, Certified Nurse Midwife & Certified Registered Nurse Anesthetist 	<ul style="list-style-type: none"> ▪ Reference to Participation in advance practice nurse privileging process in Force 14.10, OOD 10.d & Force 9.1 	N/A
14.14	Submit a report that details leadership development programs that have been offered or have been engaged in on topics such as delegation, the change process, and conflict management during the twelve (12) months prior to documentation submission. <i>Writer: Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Programs that have courses addressing delegation, the change process, communication & conflict management - MGH Leadership Academy, MGH training & workforce, MGH Nursing Director Leadership Academy & Knight Center 	<ul style="list-style-type: none"> ▪ Attachment 14.14.a - MGH Leadership Academy Competency Model ▪ Reference to internal & external continuing education offerings in Force 12.2 	N/A
14.15	Provide a report that details the academic credentials of the nurse administrators, formal academic programs in which currently enrolled and earned professional certification(s). <i>Writer: Chris Graf</i>	<ul style="list-style-type: none"> ▪ Academic credentials of PCS Executive Team 	N/A	N/A

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Organizational Overview Documents:

Section		Description	Supporting Documents
1.	Organization overview <i>Chris Graf</i>	<ul style="list-style-type: none"> ▪ Number of inpatient & outpatient visits ▪ Annual research budget ▪ Formation of Partners HealthCare System ▪ MGH mission ▪ Number of beds ▪ Areas/services that comprise PCS ▪ Various facts & figures (e.g., occupancy rate, admissions) ▪ Client/patient population ▪ Inpatient discharges ▪ Employee statistics 	N/A
2.	Administrative & nursing organizational charts <i>Marianne Ditomassi</i>	a. MGH org chart b. PCS org chart	N/A
3.	Fair labor practices statement <i>Chris Graf</i>	<ul style="list-style-type: none"> ▪ Statement from Jeff Davis indicated no unfair labor practices involving a nurse within the past 3 years 	N/A
4.	State (Massachusetts) Nurse Practice Act <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Statement & link to the Nurse Practice Act for the Commonwealth of MA 	N/A
5.	Case mix index information <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Data by major service for FY 2005, 2006 & July 2007 YTD 	N/A
6.	Total Nursing Care Hours/Patient Day (HPPD) <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ HPPD data by unit for FY 2005, 2006 & August 2007 YTD 	N/A
7.	Chief Executive Officer (CEO) statement <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Letter from Peter Slavin, M.D. outlining the organization's commitment to nursing 	N/A
8.	Chief Financial Officer (CFO) and Sr. Vice President of Human Resources statement <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Letter from Sally Mason Boemer & Jeff Davies outlining the support & commitment to nursing from the finance perspective 	N/A

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Section	Description	Supporting Documents	
9.	Zero tolerance issues description <i>Chris Graf</i>	<ul style="list-style-type: none"> ▪ Human Resource policies – Violence in the Workplace, Sexual Harassment, Substance Abuse, Harassment ▪ Administrative policies – Firearms, Threats & Harassment, Weapons ▪ Privacy & Security Manual – Privacy & Security Violations Subject to Sanctions, Reporting Privacy & Security Violations 	N/A
10.	Chief Nursing Officer (CNO) documents: <i>Marianne Ditomassi</i>	<ol style="list-style-type: none"> a. Position description b. Performance appraisals c. Tenure – statement of employment d. Participation in advanced practice nurse privileging process – credentialing policy e. Description of mentoring activities – Curriculum Vitae f. Description of professional development activities 	N/A
11.	Statement regarding violation of laws or regulations <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Letter from Maryanne Spicer outlining violations within the past 5 years 	N/A
12.	Organization & nursing annual reports <i>Marianne Ditomassi</i>	<ol style="list-style-type: none"> a. MGH Annual Report b. PCS Annual Report 	N/A
13.	Organization & nursing mission statements, vision, strategic plans, priorities & performance improvement plans <i>Marianne Ditomassi</i>	<ol style="list-style-type: none"> a. MGH Mission statement and credo b. MGH Strategic plan: 2004 – 2011 c. MGH Strategic plan status report: 2007 d. MGH Performance improvement plan: 2007 e. PCS Strategic plan: 2006-2007 f. PCS Strategic planning proceedings: 2006-2007 g. PCS Performance improvement program: 2007 	N/A
14.	Framework that structures various aspects of professional practice <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ PCS Professional Practice Model components ▪ <u>Caring Headlines</u> article, April 5, 2007 	<ul style="list-style-type: none"> ▪ Reference to nurses depicted as assuming a variety of roles in patient care delivery in Force 5.5 ▪ Reference to the SPPPE Survey in OOD 16, Force 1.8 & RD 6

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Section	Description	Supporting Documents	
15.	<p>Methods used to meet patient needs; appropriate staff skill mix</p> <p><i>Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ The QuadraMed Win PFS Productivity and Benchmarking System ▪ Introduction ▪ Patient classification process ▪ WINPFS System Security ▪ Patient classification Staff Nurse education ▪ Auditing patient classification input data ▪ System maintenance ▪ Patient classification system data storage, output & utilization <p><u>Appendices:</u></p> <ul style="list-style-type: none"> ▪ Guidelines for patient classification ▪ Guidelines for collection of staffing data ▪ Patient classification new methodology competency test ▪ Guidelines for patient classification reliability auditing 	N/A
16.	<p>Nurse satisfaction survey tool</p> <p><i>Marianne Ditomassi</i></p>	<ul style="list-style-type: none"> ▪ Staff Perceptions of the Professional Practice Model Survey Tool 	N/A
17.	<p>Organizational policies on confidentiality, care activities & staffing</p> <p><i>Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Policy Statements – Access to Clinical Information Systems; Disposal of Protected Health Information; Privacy & Security Training; Use & Disclosure of Protected Health Information; Electronic Communication: Safeguarding Protected Health Information; Patient Photography, Videotaping, Other Imaging & Audio Recording ▪ Other administrative policies (e.g., confidentiality, documentation) ▪ Nursing Procedure Manual 	<ul style="list-style-type: none"> ▪ Attachment OOD 17.a – Privacy & Security Manual table of contents ▪ Attachment OOD 17.b – Unit Documentation Education Handbook ▪ Attachment OOD 17.c – Standard for Documentation: Inpatient Care Units ▪ Attachment OOD 17.d – Direct Care Staffing Guidelines ▪ Reference to Doc Com project in Forces 1.3 & 5.5
18.	<p>Description of mechanisms to ensure a safe & healthful patient environment</p> <p><i>Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Safety Management Plan & objectives ▪ Life Safety Management Plan ▪ Safety Policy Manual ▪ Administrative policies – bomb threats, disaster response, search & seizure ▪ Infection Control Program 	N/A

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Section	Description	Supporting Documents
19.	<p>Description of mechanisms to ensure a safe & healthful nurse environment</p> <p><i>Chris Graf</i></p>	<ul style="list-style-type: none"> ▪ Policies that address employee rights and promote a safe & healthy work environment ▪ Human Resources health & safety policies ▪ Other programs that promote health & safety
20.	<p>Important/key changes made in nursing services related to benchmarking</p> <p><i>Nancy McCarthy</i></p>	<ul style="list-style-type: none"> ▪ Nurse vacancy rates ▪ Recruitment & retention ▪ Pressure Ulcer incidence ▪ Strategies & interventions focused on fall prevention, creation of Tiger Team
		<ul style="list-style-type: none"> ▪ Reference to policies on violence in the workplace, sexual harassment, substance abuse, firearms & weapons in OOD 9 ▪ Reference to policies on the safety management plan, life safety management plan, bomb threats, disaster response, search & seizure in OOD 18 ▪ Reference to the Be Fit program in Force 4.2 ▪ Reference to Ergonomics Program in Force 6.21
		<ul style="list-style-type: none"> ▪ Attachment OOD 20.a – Patient Falls Tiger Team ▪ Attachment OOD 20.b – Tiger Team work accomplished and in process ▪ Reference to Nursing Hours Per Patient Day (NHPPD) and monitoring of nursing sensitive indicators in RD 14 ▪ Reference to installation of exit alarms on patient beds on general care units in RD 5

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Section		Description	Supporting Documents
21.	Steps taken to address identified nurse needs <i>Chris Graf</i>	<ul style="list-style-type: none"> ▪ Annual wage & salary program ▪ Staff Nurse professional needs 	<ul style="list-style-type: none"> ▪ Reference to salary & wage adjustments in Force 4.6 ▪ Reference to Staff Nurse flexible schedules in Force 5.9 & 5.10 ▪ Reference to programs related to health & well-being of nursing staff in OOD 19 ▪ Reference to New Grad in Critical Care orientation in Force 11.1 & 11.2 ▪ Reference to continuing education programs & support in Force 14.1 & 14.4 ▪ Reference to Collaborative Governance model in OOD 22 & Force 2.4 ▪ Reference to patient classification system in OOD 15 & Force 4.12 ▪ Reference to SPPPE Survey & follow-up in OOD 16, RD 6 & Force 1.8 ▪ Reference to Clinical Recognition Program & other awards in Force 4.1, 4.3 & 12.3 ▪ Reference to organizational structures & resources that support clinical practice, education & research in Force 2.3, 6.28 & RD 8 ▪ Reference to the Professional Practice Model in OOD 14
22.	Collaborative Governance Annual Report <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Full PDF version 	N/A
23.	Position descriptions <i>Marianne Ditomassi</i>	<ol style="list-style-type: none"> a. Associate Chief Nurse b. Nursing Director c. Clinical Nurse Specialist d. Clinical Nursing Supervisor e. Staff Nurse f. Patient Care Associate 	N/A

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Re-designation Documents:

Section	Description	Supporting Documents	Units/Patient Areas Highlighted
1.	Demographic Information Form, Glossary, and Patient Care Unit Listing <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Demographic data as required by ANCC ▪ Listing of inpatient units by location and clinical area ▪ List of definitions for common acronyms 	N/A
2.	Unanticipated external forces impacting nursing care <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Deployment of nurses to respond to disasters or populations in need ▪ USNS Comfort ▪ USNS Peleliu ▪ Email from Jane Kimbrough, RN while on USNS Comfort 	<ul style="list-style-type: none"> ▪ Attachment RD 2.a – Caring Headlines Super-Typhoon, Pogsosa in Guam ▪ Attachment RD 2.b – Caring Headlines Devastating Earthquake in Bam, Iran ▪ Attachment RD 2.c – Caring Headlines Tsunami of Unprecedented Proportion, Operation Unified Assistance in Indonesia ▪ Attachment RD 2.d – Caring Headlines Hurricane Katrina in the Gulf Coast ▪ Reference to Maternal/Newborn Licensing Regulations, Regulations for Restraint & Seclusion and Pandemic Flu Planning in Force 2.6 ▪ Reference to financial support & scheduling for deployed nurses in Forces 10.4 & 10.5
3.	Innovations in nursing since Magnet designation <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Perinatal Team Training Project ▪ Creation of Emergency Department Professional Development Committee ▪ Substance Abuse CNS in the Emergency Department ▪ Creation of “Throughput Nurse” ▪ Development of brochure to guide physician & nursing staff in treatment of patients who have experienced sexual assault ▪ Medication Delivery Project for Pediatrics ▪ New Oncology Staff Nurse position created ▪ Design of PATA website ▪ Development of Rapid Response Team ▪ Cardiac Nursing Practice Group ▪ Launch of the Center for Innovations in Care Delivery 	<ul style="list-style-type: none"> ▪ Attachment RD 3.a – Goals for Cardiovascular Nursing ▪ Attachment RD 3.b – The Center for Innovations in Care Delivery retreat proceedings ▪ Reference to the launching of The Center for Innovations in Care Delivery in Force 2.3 & 7.8 <ul style="list-style-type: none"> ▪ Emergency Department ▪ Psychiatry ▪ Social Services ▪ PICU ▪ NICU ▪ Medical Oncology/ Bone Marrow Transplant Unit ▪ Outpatient Oncology Infusion Unit ▪ PATA ▪ Rapid Response Team ▪ Cardiac Access Unit, Cardiac Care Unit, Cardiac Step-down, Cardiac Surgical ICU, Cardiac Surgical Step-down, Cardiac Catheterization Lab, Electrophysiology Lab, Cardiac OR

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Section	Description	Supporting Documents	Units/Patient Areas Highlighted	
4.	Nursing research projects & evidence-based practice <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ A subset of examples of nursing research initiatives the have been initiated, are underway or have been completed at MGH ▪ Yvonne L. Munn Nursing Research Grants 	<ul style="list-style-type: none"> ▪ Attachment RD 4.a – article published in the Pittsburg Post Gazette in which principle investigator, Mary Larkin, RN in quoted on “fear of needles.” 	N/A
5.	Patient Satisfaction survey <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Press Ganey Patient Satisfaction Survey ▪ Opportunities for improvement – patient meals, response to call lights ▪ Updating furniture in Labor & Delivery, Emergency Department & PACU ▪ 2007 PCS Strategic Planning Retreat ▪ New survey tool – Consumer Assessment of Healthcare Providers & Systems (CAHPS) 	<ul style="list-style-type: none"> ▪ Attachment RD 5.a – Press Ganey hospital-level quarterly reports for CY 2004, 2005 & 2006 ▪ Attachment RD 5.b – Patient room furniture integrated delivery schedule ▪ Attachment RD 5.c – CAHPS, The Inpatient Experience, Data through 9/1/07 ▪ Reference to construction & relocation of PICU & NICU in RD 13 ▪ Reference to PCS 2007-2008 Strategic Goals & Tactics in Force 1.1 ▪ Reference to discontinuing use of Press Ganey in 2006 in RD 14 	<ul style="list-style-type: none"> ▪ Nutrition & Food Service ▪ PICU ▪ NICU ▪ Buildings & Grounds ▪ Labor & Delivery ▪ Emergency Department ▪ PACU
6.	Nursing Staff Satisfaction survey <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ SPPPE Survey – organizational characteristics & mean scores ▪ Communication regarding survey results ▪ National & international consultation ▪ Outline of SPPPE Survey issue identify by year and interventions/outcomes 	<ul style="list-style-type: none"> ▪ Attachment RD 6.a – Article, “Development & Psychometric Evaluation of the Professional Practice Environment Scale” in <u>Journal of Nursing Scholarship</u>, 2004 ▪ Attachment RD 6.b – SPPPE survey tool translated into Chinese ▪ Attachment RD 6.c – Flyer, “Coming of Age: Innovations to Support the Aging Nurse” ▪ Reference to Professional Practice Model in Force 1.8 ▪ Reference to SPPPE Survey in OOD 16 ▪ Reference to conflict resolution interventions in Force 13.17 	N/A

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Section	Description	Supporting Documents	Units/Patient Areas Highlighted
7. <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Recommendations from ANCC appraisers from initial Magnet appraisal in 2003 ▪ Nursing research ▪ Investment in the development of nurses as leaders & clinical scholars 	<ul style="list-style-type: none"> ▪ Attachment RD 7.a – Yvonne L. Munn Center for Nursing Research Brochure ▪ Reference to nursing research in Force 6.22 – 6.28 ▪ Reference to professional achievement section of PCS Annual Report in OOD 12.b ▪ Reference to financial support for continuing education, conferences, etc. in Force 14.6 ▪ Reference to Knight Center Educational Calendar in RD 8.b ▪ Reference to Clinical Recognition Program in Force 11.5 	N/A
8. <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Unit-based support ▪ Nursing Research mentorship ▪ Educational support ▪ Certification support ▪ A voice in key decisions impacting practice 	<ul style="list-style-type: none"> ▪ Attachment RD 8.a – MGH CNS Common Patient Problems Research Abstracts ▪ Attachment RD 8.b – The Knight Center, Educational Offerings & Events Calendar 2007 ▪ Reference to Yvonne L. Munn Center for Nursing Research Brochure in RD 7 ▪ Reference to Demographic Report in RD 1 ▪ Reference to CG Annual Report in OOD 22 	N/A
9. <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ MGH Magnet Re-designation expenses ▪ Magnet Re-designation Committee Structure 	<ul style="list-style-type: none"> ▪ Attachment RD 9.a – Magnet Re-designation Committee Structure 	N/A

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Section	Description	Supporting Documents	Units/Patient Areas Highlighted	
10.	Cost avoidance by creating & sustaining Magnet designation <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Monitoring patient falls, pressure ulcers & other nurse sensitive quality indicators ▪ Maintaining a robust recruitment & retention program ▪ Networking with other Magnet organizations regarding best practices & innovative programs 	<ul style="list-style-type: none"> ▪ Reference to nursing sensitive quality indicators in RD 14 ▪ Reference to consulting & networking activities in RD 12 ▪ Reference to financial support to attend ANCC Annual Magnet Conferences in RD 9 ▪ Reference to support to attend conferences & professional & specialty organization activities in Force 14.2 & 14.8 	N/A
11.	Collateral benefits from creating & sustaining Magnet <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ Narratives that showcase what it feels like to work in a Magnet environment 	<ul style="list-style-type: none"> ▪ Attachment RD 11.a – Caring Headlines, “A Celebration of Magnetic Proportion” 	<ul style="list-style-type: none"> ▪ Phillips 21 ▪ PICU ▪ SDSU ▪ Materials Management ▪ Admitting Department ▪ Department of Cardiology ▪ Department of Medicine
12.	Mentoring activities provided to organizations <i>Marianne Ditomassi</i>	<ul style="list-style-type: none"> ▪ The organization’s Magnet mentoring activities from May 2003 – August 2007 	<ul style="list-style-type: none"> ▪ Attachment RD 12.a – MGH DON Magnet Consultation Tracking Sheet 2003-2007 ▪ Attachment RD 12.b & 12.c – List of participants from study group from Belgium & itinerary ▪ Attachment RD 12.d – Take a Magnet Moment, recap of Belgium visit 	N/A
13.	Summary: new units, service changes & other leadership changes <i>Marianne Ditomassi/ Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Endoscopy Center at Charles River Plaza ▪ Cancer Center Infusion Unit – Yawkey 8 ▪ Blake 12 – Neuroscience Intensive Care Unit, additional patient room ▪ White 11 – 2 additional rooms ▪ Relocation & opening of new NICU & PICU ▪ New ED Observation Unit ▪ B3C planning 	<ul style="list-style-type: none"> ▪ Reference to 5 specialty-focused, interdisciplinary workgroups to establish a plan for inpatient areas for B3C in Force 13.4 	See “Description”

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Section	Description	Supporting Documents	Units/Patient Areas Highlighted
14.	Baseline Nursing Sensitive Quality Indicators <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ Maintenance of skin integrity ▪ Pressure Ulcer Study (Sept 2007) ▪ Nursing Care Hours Provided Per Patient Day ▪ Nursing Staff Satisfaction ▪ Patient Injury Rates (Fall Occurrence) ▪ Patient Satisfaction ▪ Skill Mix of RNs, LPNs & Unlicensed Staff 	N/A <ul style="list-style-type: none"> ▪ Attachment RD 14.a – Pressure ulcer prevalence percent by unit report ▪ Attachment RD 14.b – Patients First description ▪ Attachment RD 14.c – MGH Data (by unit) for Sept 2007 Pressure Ulcer Survey ▪ Attachment RD 14.d – MGH Total Nursing Hours Per Patient Day quarterly report ▪ Attachment RD 14.e – MGH Adult Critical Care Total Falls/1000 Patient Days quarterly report ▪ Attachment RD 14.f – Inpatient Report Unit Analysis (4 nursing sensitive indicators) ▪ Attachment RD 14.g CAHPS Data as of 9/1/07 ▪ Attachment RD 14.h - MGH Adult Critical Care Percent of Total Nursing Hours supplied by RNs quarterly report ▪ Reference to performance improvement activities related to the prevention of hospital acquired pressure ulcers & NDNQI model of unit groupings in OOD 20 ▪ Reference to Quadramed & HPWI in Force 4.3, 7.6 & OOD 15 ▪ Reference to SPPPE Survey tools & description in OOD 16.a & 16.b & Force 1.8 ▪ Reference to 4 years of SPPPE Survey trended data in RD 6 ▪ Reference to Press Ganey survey tool & performance improvement efforts in RD 5

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Section	Description	Supporting Documents	Units/Patient Areas Highlighted	
15.	Additional Nursing Sensitive Quality Indicators <i>Nancy McCarthy</i>	<ul style="list-style-type: none"> ▪ MGH Infection Control Surveillance Plan measurement of nursing sensitive indicators ▪ Hand hygiene ▪ Indicators related to nosocomial infections ▪ Central line related blood stream infections ▪ Ventilator associated pneumonias 	<ul style="list-style-type: none"> ▪ Attachment RD 15.a – Hand hygiene unit data report ▪ Attachment RD 15.b – Portion of the 2007 MGH Infection Control Surveillance Plan ▪ Attachment RD 15.c – MGH Nosocomial MSRA Q2 2007 CY Data by Nursing Unit report 	N/A