Transformational Leadership: Advocacy and Influence

TL4 The CNO is a strategic partner in the organization’s decision-making.

TL4a: Provide one example, with supporting evidence, of the CNO’s involvement in the organization’s decision-making (not involving technology).

Introduction

There are numerous structures and processes at the Massachusetts General Hospital (MGH) that enable Jeanette Ives Erickson, DNP, RN, NEA-BC, FAAN, Senior Vice President for Patient Care and Chief Nurse (CNO) to influence organizational-wide decision-making. These include:

- the hospital’s committee structure (formal and informal)
- connection with Partners HealthCare System’s structure and initiatives
- strategic and project planning retreats/forums
- the structure of Nursing & Patient Care Services (NPCS) that includes additional committee and role-based forums, strong support departments, and a multifaceted communications system.

The MGH organizational chart (OOD 4) illustrates Ives Erickson’s position within the overall infrastructure of the organization. As a key member of the senior management team and reporting directly to Peter Slavin, MD, MGH President, she actively participates in coordinating the development and implementation of programs to fulfill the four-pronged mission of the organization: patient care, education, research and community.

The highest decision-making body at MGH is the MGH Board of Trustees. Ives Erickson is an invited attendee for the Trustees meetings. Although not a voting member, attendance at the monthly Trustees meetings positions her to have critical input into the decision-making process for long-term planning and strategic initiatives of the hospital. In Article VI: Administrative Structure and Organization of the Bylaws of the Professional Staff of the General Hospital Corporation (i.e., the MGH parent organization), there is a description of the senior management organizational structure, process, voting privileges and committee responsibilities and duties for the Hospital. The key senior management committees described in the Bylaws are charged by the Trustees to fulfill the mission of the Hospital. A key committee defined by the Bylaws is the General Executive Committee (GEC). This committee, along with the Chiefs’ Council and the Quality and Patient Safety Committee (QPSC), is responsible for the oversight of all decisions related to functions and objectives of the MGH and the Massachusetts General Physician’s Organization (MGPO).

Since 1996, Ives Erickson has been one of the two members of the executive team of The General Hospital Corporation appointed by the President of MGH to serve as a voting member of the GEC. Key responsibilities of the GEC include:
• Consider and, on behalf of the Trustees, adopt policies and procedures relating to patient care and medical education
• Consider and recommend to the appropriate committees policies and procedures relating to research
• Act in an advisory capacity to the Trustees and the President on all matters affecting the optimal operation of the Hospital and act as a liaison between the Professional Staff and Hospital Administration.

In addition to the GEC, Ives Erickson is a voting member of the Medical Policy Committee. Established by the Professional Staff bylaws as a subcommittee of the GEC, the Medical Policy Committee reviews and approves all hospital clinical policies. The committee meets bi-monthly to discuss and approve proposed new policies as well as changes to existing policies. The committee is composed of interprofessional representatives from the Medical Staff, Nursing Services and Hospital Administration.

Ives Erickson’s membership on these two committees, as well as many other hospital-wide committees, ensure her voice is heard in decisions that affect patients and families, the hospital and employees as a whole, and nurses and other members of NPCs. The evidence that follows describes Ives Erickson’s leadership of the hospital’s Diversity Committee and her influence on the outcome of key decisions affecting all aspects of the organization.

Commitment to Diversity and Inclusion

MGH has a longstanding commitment and has made many efforts to promote workforce diversity and to ensure that workforce members have the knowledge and skills required to meet the needs of the diverse population of patients and families that are served by the hospital. Many departments and committees designed to support workforce members, patients/families, and operational initiatives have been established to support diversity efforts including:

Workforce Members:
• Center for Diversity and Inclusion (1992)
• Association of Multicultural Members of Partners (1992)
• Patient Care Services Diversity Program (1995)
• Human Resources Training and Workforce Development Diversity Program (2002)

Patients/Families
• Center for Community Health Improvement (1995)
• Disparities Committee (2003)
• Disparities Solution Center (2005)

Operational Initiatives
• MGH Diversity Committee transition to President’s Office (1996)
• Departmental Diversity Action Plans (2010)
• Focus on diversity/inclusion/health equity in hospital Strategic Plan (2014)
In 2014, the MGH and MGPO launched the implementation of a 10-year institutional strategic plan. This plan outlined 12 strategies designed to help guide organizational priorities across all areas of the mission. One of these 12 strategies called for an expansion of existing work in diversity and inclusion so as to make measurable progress toward:

- Effectively serving our diverse patient population and ensuring equitable care
- Improving MGH’s ability to attract, retain, and develop a diverse workforce
- Building and maintaining positive relationships with diverse populations in our local communities

Ives Erickson Named as Co-Chair of GEC Diversity Committee

As a first step in the implementation process, the longstanding MGH/MGPO Diversity Committee was restructured and made a subcommittee of the MGH GEC. Minutes from the February 26, 2014 GEC meeting which describe the establishment of the committee are included in attachment TL4a.a. This attachment also includes a June 25, 2014 email regarding the preparations for the first meeting of the committee from Shea Sherrod Asfaw, Chief of Staff, MGH President’s’ Office, who was charged with providing staff support to the committee to Ives Erickson and James Brink, MD, the new co-chairs.

The committee was charged with responsibility for establishing diversity and inclusion organizational goals, providing oversight and direction for diversity initiatives, developing structures for increased collaboration, and accountability for overall performance.

GEC Diversity Committee members include:

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<thead>
<tr>
<th>Name/Credential</th>
<th>Title</th>
<th>Department/Unit</th>
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<tbody>
<tr>
<td>Peter Slavin, MD (sponsor)</td>
<td>President</td>
<td>MGH</td>
</tr>
<tr>
<td>Greg Pauley (interim sponsor)</td>
<td>Chief Operating Officer</td>
<td>MGPO</td>
</tr>
<tr>
<td></td>
<td>Interim Chief Executive Officer</td>
<td></td>
</tr>
<tr>
<td>James Brink, MD (co-chair)</td>
<td>Physician Chief</td>
<td>Radiology</td>
</tr>
<tr>
<td>Jeanette Ives Erickson, DNP, RN, NEA-BC, FAAN (co-chair)</td>
<td>Senior Vice President for Patient Care and Chief Nurse</td>
<td>Nursing &amp; Patient Care Services</td>
</tr>
<tr>
<td>Carmen Alvarez</td>
<td>Manager, Physician Operations Office</td>
<td>Faculty Affairs</td>
</tr>
<tr>
<td>Alexy Arauz Boudreau, MD</td>
<td>Physician</td>
<td>Pediatrics Medical Service</td>
</tr>
<tr>
<td>Shea Sherrod Asfaw</td>
<td>Chief of Staff</td>
<td>Administration</td>
</tr>
<tr>
<td>David Brown, MD</td>
<td>Physician Chief</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Sherri-Ann Burnett-Bowie, MD</td>
<td>Physician</td>
<td>Endocrine Unit</td>
</tr>
<tr>
<td>Jeff Davis</td>
<td>Senior Vice President</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Karen Donelan, PhD</td>
<td>Senior Scientist</td>
<td>Mongan Institute for Health</td>
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The committee focused on three main areas during the year following its inception: providing ongoing education to committee members regarding the evolving diversity and inclusion landscape, collaborating with other key stakeholders in response to events in the internal and external environments and in laying the foundation for the development of a diversity and inclusion strategic plan for the institution. Committee members agreed that a unified plan would:

- Validate existing programs, initiatives, and direction
- Recommend building upon/expanding existing programs, initiatives, and direction
- Recommend new programs and initiatives.

At each meeting, committee members would review both external and internal events that had an impact on the MGH community including the rise in racial tensions, the refugee crisis, immigration, gender orientation equality, the political landscape, and mass shootings and other violent incidents. Although MGH had responded to many of these events in a number of ways including supportive forums and discussions, email communications, and prayer services, committee members felt that the institutional response was reactive, rather than systematic. One suggested strategy that emerged was the need to acknowledge, reflect, and celebrate the diversity of our patients and workforce in the MGH physical and virtual environment. By doing so, the organization would “put a stake in the ground” to demonstrate to all a commitment to creating a safe environment for patients, families, and workforce members.
Document Revision

MGH had existing Mission, Credo and Boundaries Statements that outlined behavioral expectations for all workforce members. The statements are reviewed and attested to at the time of hire and during the annual performance appraisal process. Committee members, led by Ives Erickson and Brink, felt strongly that the statements needed to be revised to more explicitly outline behavioral expectations regarding concepts important to diversity and inclusion regarding valuing differences, the provision of equitable care, and discriminatory or culturally insensitive behaviors. The group also recommended that a Diversity and Inclusion Position Statement be developed to augment the hospital’s Mission Statement.

Through the last few months of 2015 and the Spring of 2016, the committee worked to modify the Credo and Boundaries Statements. Drafts were vetted with members and key stakeholders throughout the organization. Ives Erickson and Brink presented a Diversity Committee status report including the proposed revisions to the Credo and Boundaries statements and new Diversity and Inclusion Statement to the GEC on September 28, 2016. Although supportive of the drafts, GEC members recommended a minor change and requested that it be modified and presented at a subsequent meeting. Ives Erickson and Brink presented the revised draft at the November 9, 2016 GEC meeting. Their presentation and the minutes of the November 9, 2016 GEC meetings which reflect the discussion and ultimate approval of the revised Credo and Boundaries Statements and Diversity and Inclusion Statement are included in attachment TL 4a.b. On November 18, 2016, Ives Erickson and Brink presented an update to the MGH Board of Trustees on the work of the Diversity Committee to date including the revised Credo and Boundaries Statements. Minutes of this meeting are included in attachment TL 4a.c.

Impact on Policy

As previously stated, the Diversity Committee members frequently discussed external events that were having an impact on the internal environment at MGH. One issue that was raised was problems that occurred when a patient or family member requested or demanded that they receive care from a provider based on provider characteristics including race, ethnicity, gender, etc. Many clinicians of color reported that they had experienced both overt (e.g. “I don’t want a Muslim doctor.”) or covert (e.g. “And what school did you graduate from?”) demonstrations of racism, xenophobia, or sexism. Handling such incidents can be difficult for the person who is the target of the comment as well as for those who witness the exchange. Although the hospital has handled such incidents in the past, up to an including discharging, or transferring the care of, the offensive patient, many on the committee felt that there needed to be an organizational approach to managing such incidents.

In March 2016, Ives Erickson reached out to Brian French, RN-BC, PhD(c), Director of the Maxwell & Eleanor Blum Patient and Family Learning Center and Knight Simulation
Program in his role as co-chair of the Clinical Policy and Record Committee and asked him to work with a subgroup of GEC Diversity Committee members to draft a new policy to guide workforce members’ response to discriminatory behavior. The interdisciplinary Clinical Policy and Record Committee (CP&R) is a subcommittee of the Medical Policy Committee (MPC). All clinical policies, privacy policies, and anything involving the patient health record must be approved by CP&R before being brought to MPC for final approval on behalf of the GEC.

Throughout the remainder of 2016, French worked with Sherrod Asfaw, Deborah Washington, RN, PhD, Director of N&PCS Diversity, Sherri-Ann Burnett-Bowie, MD, and Elena Olsen, JD, as well as Robin Lipkis-Orlando, RN, MSN, Director of Patient Advocacy to draft the new policy to bring forward for review and approval. French presented an initial draft of the new policy to the GEC Diversity Committee on February 27, 2017. Based on the discussion at the meeting, the draft has been subsequently revised and will be presented to the committee in June 2017 for approval. Ives Erickson’s email exchange with French, the agenda for the February 2017 GEC Diversity Committee and the most recent draft of the policy, now named “Patient/Family Requests or Demands for Specific Type of Health Care Provider or Workforce Member,” is included in attachment TL 4a.d.

In discussing the draft policy at the February 2017 meeting, committee members reflected on the work that they had done to revise the Credo and Boundary Statements and create a new Diversity and Inclusion Statement. Although the Diversity and Inclusion Statement informed the hospital community, including patients and families, of the commitment to ensuring that MGH was a welcoming environment for all, they recognized that there was a need to ensure that all policies and procedures that touched on topics of diversity needed to be made congruent. A recommendation was made to revise two policies:

- Patient Rights Notification: outlines patient rights and responsibilities
- Visitor Policy: outlines expectations for family and friends who wish to visit a patient on the MGH campus.

Both policies included statements that set behavioral expectations regarding abusive or disruptive behavior. However, the committee recommended that the language be made more expansive to include discriminatory behavior. French and Lipkis-Orlando agreed to modify the two policies and bring them to CP&R Committee and MPC for approval. The two revised policies were reviewed and approved at the CP&R Committee on March 24, 2017. On April 26, 2017, French presented to two revised policies to MPC. Ives Erickson was in attendance and assisted French with providing the context for the need to revise the policies and support of the GEC Diversity Committee. The two policies were unanimously approved by MPC members. A copy of the MPC meeting minutes and the draft policies with tracked changes is included in attachment TL 4a.e.

Ives Erickson’s leadership of the GEC Diversity Committee and membership on the Medical Policy Committee demonstrates her involvement in organization-wide decision-
making. Her role on these committees also demonstrates the value placed on nursing services as a driver of change and involvement in strategic initiatives.