EP 32: Describe and demonstrate the nursing structures that support a culture of safety.

The Institute of Medicine (IOM) report, *Keeping Our Patients Safe* (2004), creating a call for action to transform the work environment of nurses, recognized the critical role that nurses play in keeping our patients safe. In the report’s Executive Summary, the following statements are made about nurses from all settings:

“When people are hospitalized, in a nursing home, having a baby, or learning to manage a chronic condition in their own home – at some of their most vulnerable moments – nurses are the health care providers that they are most likely to encounter; spend the greatest amount of time with; and, along with other health care providers, depend on for their recovery.”

Current research into nursing-sensitive indicators, including patient outcomes, patient satisfaction, as well as nursing satisfaction all validate the significant contributions that nurses bring to all care settings. The IOM report continues:

“Research is now beginning to document what physicians, patients, other health care providers, and nurses themselves have long known: how well we are cared for by nurses affects our health, and sometimes can be a matter of life and death.”

Nurses at Massachusetts General Hospital (MGH) are acknowledged as a key determinant in facilitating exemplary patient care. Along with that recognition includes the responsibility for MGH nurses to advocate, innovate, and partner to create a safe environment where patients can heal. As Nurses continue to increase their influence in patient care decisions based on evidence-based practice, they have utilized the quality infrastructure of MGH to effect change (OOD 25). A culture of safety is also embedded in the formal and informal structures of the nursing department. Clinical curiosity leads to developing new practices. Active participation leads to staff ownership. Continuing education leads to a better prepared workforce. Recognition and creating a healthy, positive environment leads to staff engagement. And, sharing best practices with colleagues at MGH and to the larger nursing world, leads to better care.

The following sections highlight the role of the nurse and the structures and processes in place to inspire Nurses to achieve Excellence Every Day.

Meaningful Data

Several departments have the primary responsibility to provide data to nurses at all levels to assist them in analyzing the impact of the care they provide. The Center for Quality and Safety (CQS) and the Patient Care Services Office for Quality and Safety (PCS OQS) are two key support departments; staffed primarily by masters-prepared nurses and data specialists. The value of these departments to the nursing workforce is the ready availability of internal quality experts that provide data for decision-making as well as active assistance in improvement plans.

Center for Quality and Safety (CQS) (OOD 25)

The CQS manages the Safety Reporting System, RL Solutions®. As part of their work, CQS staff has developed quarterly reports that aggregate the safety report results for each nursing unit. The reports are stored on a shared drive in the electronic system (pcs_rl) to be accessed and used by
the nursing team. An example of a quarterly unit-based report is included in Attachment EP 32.a. The CQS team, as described in EP 31, triage all safety reports, taking an active role with local Nursing leadership to perform root cause analyses, develop action plans, and monitor success. An example of how the safety reporting system translates into action and celebration for a job well done can be found in the March 3, 2011 edition of the Patient Care Services Caring Headlines newsletter. This exemplar highlights collaboration and nursing vigilance in identifying and rectifying a problem that had widespread implications (Attachment EP 32.b).

Patient Care Services Office for Quality and Safety (OOD 25)

One of the principle roles for the Patient Care Services Office for Quality and Safety (PCS OQS) is to sustain a robust program for nursing-sensitive indicator management. This includes collection of data, analysis and evaluation of the results, dissemination of the results to Nursing Leaders and direct care staff, and assistance with quality improvement initiatives to improve results. PCS OQS staff work with local leadership and staff at the unit level, as well as collaborative governance Practice and Quality committees to effect change as needed based on organization goals and benchmarking results.

PCS Office for Quality and Safety Performance Improvement Model

The PCS OQS utilizes the MGH model for performance improvement in developing and implementing its strategic plan as described in TL 3. The Plan-Do-Check-Act model developed by Dr. Charles Deming is used throughout MGH for performance improvement activities.
In order to provide a standardized approach to performance improvement activities and reporting of improvement efforts, the OQS implemented the following program:

- Performance improvement templates were developed in collaboration with nursing leadership and staff. These templates provide direction on analysis of the unit-level data, identifying opportunities and key steps to follow in developing improvement strategies. Templates are available electronically for unit leadership (Attachment EP 32.c).
- A performance improvement guide developed by the PCS OQS staff was distributed to local leadership. (Attachment EP 32.d)
- Presentations to nursing leadership were conducted as the process was rolled out to educate leaders on nursing sensitive indicators and to set expectations for successful implementation of the program. These expectations include a) reviewing current performance with staff, b) analyzing the corresponding performance improvement plans to clearly outline factors that have influenced performance, and c) identifying action steps to improve or sustain improvements gained each quarter. This educational session is offered to new nursing leaders as needed (Attachment EP 32.e).
- PCS OQS staff and other Nurse Leaders, trained in performance improvement facilitation, are assigned as liaisons to provide one-to-one consultation with local nursing leadership and staff. (Attachment EP 32.f)
- Each quarter outcome data is posted to the portal and Nurse Leaders, in collaboration with the liaisons, update the performance improvement plans. These plans also provide an opportunity for local leadership to indicate adoption of hospital-wide initiatives, such as the LEAF program (NK 7) for prevention of patient falls. Nursing leadership has access to all improvement plans throughout the organization and can review initiatives from other units that have had a positive impact on patient outcomes. This fosters collaboration and teamwork among like-units. Examples of how the performance improvement plans are utilized to support unit-level quality improvement activities can be found in Attachment EP 32.g and Attachment EP 32.h.
- Associate Chief Nurses meet with Nursing Directors during monthly meetings and review nurse-sensitive indicators, discuss trends and improvement opportunities.

PCS OQS has taken the lead role for preparing Nurses for regulatory and accreditation surveys. As part of the OQS 2012 Strategic Plan (TL3), Staff Specialists conduct unit-based tracers to monitor for the culture of *Excellence Every Day*. Tracers provide the opportunity for education when questions arise during these sessions (Attachment EP 32.i). When trends are identified in the tracer activity OQS staff develop additional reference materials to assist staff. A major publication developed by OQS staff is an annual pocket-size *Regulatory Readiness Guide* that is a pocket-size guide in a question and answer format. Copies are distributed to all Patient Care Services staff. Electronic copies of the four discipline-specific versions are kept on the Regulatory Readiness portal page (Attachment EP 32.i). A companion pocket guide has also been developed for the MGH Ambulatory Care Division.

OQS staff has also created a one-page tool that is sent out to assist staff in keeping abreast of important policy, quality and safety issues. Each *Tuesday Take Away* document is formatted in an easy to read manner that has received positive feedback from nursing staff. Two examples of the
weekly communication, one on medication safety and one on pain assessment, are found in Attachment EP 32.k and Attachment EP 32.l.

Feedback Mechanisms

MGH has established formal and informal communication paths to actively seek input from nurses. These methods allow nursing leadership mechanisms to be alert to quality and safety signals from Nurses on the front lines or at the sharp end of care. The following are examples of some of the systems in place that provide the opportunity for Nurses to advocate for their patients and themselves.

Culture of Safety Survey

As the largest participant group in the hospital-wide culture of safety survey, Nurses are uniquely positioned to have a strong, unified voice about the status of quality and safety efforts at MGH. In 2012, an electronic survey was administered by Pascal Metrics®. The AHRQ (Agency for Healthcare Research and Quality) culture of safety survey tool was chosen. Although transitioning to a new tool limits analysis for measuring change over time from the last survey in 2008, MGH looks forward to comparing the 2012 results with future survey. According to the AHRQ website at http://www.ahrq.gov/qual/patientsafetyculture/:

Health care organizations can use these survey assessment tools to:

- Raise staff awareness about patient safety.
- Diagnose and assess the current status of patient safety culture.
- Identify strengths and areas for patient safety culture improvement.
- Examine trends in patient safety culture change over time.
- Evaluate the cultural impact of patient safety initiatives and interventions.
- Conduct internal and external comparisons.

One hundred and twenty-two (122) distinct MGH work settings participated in the confidential survey for an overall response rate of 62%. The survey is coordinated by CQS. Conducting the survey provides a mechanism for Nursing Leaders to receive anonymous feedback related to staff perceptions of the culture of safety in their practice setting. Nursing Directors utilize the results to work with staff to identify actions to strengthen the culture collectively as well as in individual practice areas. Results are shared with staff to identify areas for improvement.

The AHRQ survey measures staff perceptions of safety at both the unit level and hospital level. An example of hospital nurse perceptions of safety at the organization level is located in Attachment EP 32.m. This question asks respondents to rate organizational efforts for: We are actively doing things to improve patient safety. The score demonstrated in the results indicates the percentage of staff that agreed or strongly agreed to the statement. The target score to demonstrate that culture of safety efforts have had an impact on staff perception is between 60% to 80% positive responses. The goal zone has been established at >80%. Nursing staff who participated in this survey scored organizational efforts at 84%.

An example of nurse perceptions of unit level commitment to a culture of safety is demonstrated in Attachment EP 32.n. Respondents were asked to agree or disagree with the following statement: Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it
means taking shortcuts. In this case the target range is 60% to 80% of respondents stating disagree or strongly disagree. As shown in the attachment, 79% of Nurses disagreed with this statement.

The next steps for the 2012 results include; a) education and dissemination of unit-level data in September 2012, b) department leadership and staff review of results in October 2012, and c) implementation of improvement plans in November 2012. Both the Center for Quality and Safety and Patient Care Services Office for Quality and Safety will be actively involved in this effort.

NDNQI (National Database of Nursing Quality Indicators) RN Satisfaction Survey (OOD 12)

MGH Nurses participate in the NDNQI RN Satisfaction Survey which includes questions related to the nursing structures for safety of the work environment. Results are used to develop action plans at the unit level to address perceived leadership commitment to building a safe culture. A full discussion of the MGH RN Satisfaction survey can be found in OOD 12, EP 3 and EP 3EO. The graph below provides the domain score for Nursing Foundations for Quality of Care.

Patient Safety Leadership Walking Rounds

Supported by CQS these rounds demonstrate a commitment to enhance the culture of patient safety (Attachment EP 31.3). They provide an opportunity for senior leaders to learn about patient safety issues from front line staff, including Staff Nurses and identify opportunities for improvement. The rounds establish open lines of communication among staff and senior leaders, involve staff in safety improvements and identify barriers to safety.

The rounds take place in all patient care areas and are conducted by senior leaders and staff members from CQS. The format is informal, includes employees in all job functions and can take place as conversations at the nurses’ station, in the hallways and with individuals.

Lunder Building Construction

Nursing Staff played a demonstrable role in providing feedback during the construction of the Lunder building. Nursing Leaders as well as direct care staff were surveyed during the process to
provide leadership with important feedback related to this significant construction project that would impact both the nursing work environment and patient care.

Staff were surveyed prior to and again after the move regarding the impact of the move on themselves and patients. Examples are included of the responses to the following questions:

- *Staff Perceived Impact on Work Experience* (Attachment EP 32.o)
- *Staff Perceived Impact on Patient Care* (Attachment EP 32.p.)

**Education Strategies**

Many strategies exist for educating Nurses on quality and safety. All Nurses receive an introduction to quality and safety from various members of the MGH nursing patient care services community during the orientation process (Attachment EP 32.q). Staff Specialists from Patient Care Services OQS actively participate in each nursing orientation by introducing new hires to nursing-sensitive indicators during their session on day two. (Attachment EP 32.r). Direct Care Nurses receive regular updates from their Nurse Leaders by posting quarterly patient outcome data disseminated by OQS staff (Attachment EP 32.s).

**Collaborative Governance**

Through the Collaborative Governance communication and decision-making structure, MGH Nurses participate in committees dedicated specifically to focusing on nursing sensitive indicators (NK 4). Champions, acting as delegates to the front-line Nursing Team, play a pivotal role in evaluation and improvement of quality initiatives developed to positively impact patient care. Many work with their Nursing Leaders to create quality boards that display some of the key nursing quality initiatives.
Excellence Every Day Patient Care Services Portal

The Patient Care Services (PCS) Excellence Every Day portal (NK 7) contains the following statement: *Excellence Every Day represents an MGH commitment to providing the highest quality, safest care that meets or exceeds all standards set by the hospital and external organizations.* To contribute to that commitment this page specifically creates a *portal* to all things related to quality and safety. By providing evidence-based practice information, success stories for nursing quality initiatives, and additional resources, nursing professionals have access to a “one-stop” site to inform both practice and patient care. The Executive Director for Patient Care Services Operations, a member of the team that created the PCS EED site, describes the portal page as “a destination for leaders and staff to get timely evidence-based data to guide practice.” *(Attachment EP 32. t)*

Nurses communicate and educate about quality and safety initiatives and goals through the various publications within the hospital. The Senior Vice President for Patient Care and Chief Nurse (CNO) communicates directly to her nurse colleagues about quality and safety through such venues as *Caring Headlines* *(Attachment EP 32. u)* as well as in *PCS News You Can Use* *(Attachment EP 32. v).* Through clinical narratives, Staff Nurses share personal experiences and professional growth *(Attachment EP 32.w).*

Celebrating Success

Nurses are recognized for their efforts in quality and safety efforts. Each year the hospital holds a Safety Star Awards breakfast, recognizing staff for *going above and beyond* in a demonstrated commitment to patient safety. *(EP 31)* Nurses are among the many recipients at this event. Below are some of the nomination letters sent in support of the 2012 winners.

Sarah, RN – Cardiac Intervention (Ellison 11)

“Sarah is a member of our unit-based Patient Safety Committee. In this forum, she shares concerns and often has suggestions for strategies we might try. Recently, her suggestion around student nurse-patient care associate orientation improved the experience of a student nurse as well as the patients and remainder of the team.”

Mimi, RN, CNS – Cancer Center

“Mimi works tirelessly behind the scenes to ensure that staff have the most current, evidence-based practice information and resources to support the safe delivery of care. Her focus remains on the patient and family as the ultimate beneficiary of all we do as clinicians, as evidenced by her interactions with Ken Schwartz and the Center that now bears his name.”

Jeannie, RN – Department of Anesthesia

“Jeannie plays the role of Lead R.N. in our department. She ensures patient safety rules are in place for every individual that comes through our center. The patient’s safety always comes first. She also makes sure we are in compliance of all JCAHO safety requirements on a regular basis. This is a role she voluntarily takes on and she does a fantastic job.”

Izabela – General Medicine (Phillips 20)

“Izabela, RN, had a patient with a complicated medication order because the patient had to be desensitized to the medication. Because of her thoughtful questioning of the practice and the format of the order, multiple meetings were held with quality, our CNS, and pharmacy and this led to a hospital-wide practice change.”
Heidi, RN – NICU (Blake 10)
Heidi is a constant role model for the multitude of safety issues. She brings issues forward in a professional and objective manner. She understands the importance of filing safety reports and makes sure that the issues are well understood by those in a position to impact change. Heidi also sees herself as a possible instrument of change and is always willing to be part of the solution.”
MASSACHUSETTS GENERAL HOSPITAL
February’12 - April’12

Safety Reports Summary for

Confidential - Peer Review Protected
Attachment EP 32.a continued

MASSACHUSETTS GENERAL HOSPITAL
February’12 - April’12

Safety Reports Summary for

Volume of Safety Events

![Graph showing the volume of safety events]

Volume of Safety Events - By General Event Type

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Source: Safety Reporting System
Confidential - Peer Review Protected

Page 2 of 8
### Volume of Safety Events - By Severity

![Graph showing the volume of safety events by severity level.]

### Volume of Safety Events – By Severity by General Event Type

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Source: Safety Reporting System

Confidential - Peer Review Protected

Page 3 of 8
### Volume of Safety Events - By Specific Event Type

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Source: Safety Reporting System
Confidential - Peer Review Protected
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ever underestimate the importance of filing a safety report. In August, 2010, staff nurse, Courtney Gray, RN, of the Ellison 9 Cardiac ICU, submitted a safety report to the Edward P. Lawrence Center for Quality & Safety (CQS) related to a malfunctioning piece of equipment. While preparing to transport a patient to the Cardiac Cath Lab for a pulmonary-artery-line placement, Gray noticed the patient’s blood pressure drop significantly. While medically managing the drop in pressure, she noted that the bag on the transducer was flat, not holding pressure, and the machine was giving false readings. She changed the bag several times with the same result. Gray was able to obtain a properly working machine from the Cath Lab then filed a safety report describing her experience.

The report was triaged by staff of the Center for Quality & Safety to the departments of Medicine, Nursing, and Materials Management. During the investigation on the unit, clinical nurse specialist, Susan Stengrevics, RN, reported that two of the bags had been from the same lot. She recommended pulling the lot from inventory to ensure patient safety. Materials Management pulled the lot and sent it back to the manufacturer with a full account of what had happened.

Chris Callahan, RN, CQS patient safety staff specialist, reported the event to MedSun, the medical product-safety branch of the Food and Drug Administration that helps healthcare facilities, clinicians, and manufacturers rectify issues with medical devices to protect patient safety.

On January 31, 2011, MedSun notified MGH that it was being recognized for Outstanding Contribution in Promoting Patient Safety because, based on feedback triggered by Gray’s safety report, the vendor identified ways to improve the manufacturing process. Certificates of appreciation were presented to Gray and Stengrevics in recognition of the important role they played in correcting this safety issue.

Never underestimate the importance of filing a safety report. Improvement depends on staff recognizing safety issues and bringing them to the attention of the Center for Quality & Safety so they can be investigated. For more information, call 6-9282.
### Performance Improvement Plans for Nursing-Sensitive Quality Indicators

**January-March 2012 (FY12 Q2)**

#### Falls:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the NDNQI Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, relative to the MGH Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the previous quarter, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] LEAF Program  [ ] Other (please specify):

- **Key Action Steps:**

#### Restraints Utilization:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the NDNQI Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, relative to the MGH Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the previous quarter, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Psych CNS Consult  [ ] Sensory CART  [ ] Other (please specify):

- **Key Action Steps:**

#### Hospital Acquired Pressure Ulcers:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the NDNQI Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, relative to the MGH Critical Care Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the previous quarter, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Skin Bundle  [ ] NDNQI Tutorial  [ ] Other (please specify):

- **Key Action Steps:**

#### Central-Line Associated Bloodstream Infection (CLABSI):
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the CDC Med Critical Care Pooled Mean, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the previous quarter, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Skin Bundle  [ ] Other (please specify):

- **Key Action Steps:**
Nursing Sensitive Indicator Performance Improvement Consult Quick Guide
For Nursing Leadership

PCS Office of Quality and Safety
May 2012

Performance Improvement Planning Overview

Main Objective:
Empower leadership and staff to evaluate nursing sensitive outcomes, develop and implement performance improvement (PI) activities

Key Areas to Cover During PI Planning
- Review data with staff
- Identify strategies that can be effectively used to improve or sustain improvement

Review Data with Staff

Key Actions:
- Review unit’s performance
  - Evaluate unit’s performance against external benchmark, previous quarters performance and internal benchmark (e.g. other like units) where available
- Identify if the performance being evaluated is reflective of the unit’s “usual” performance
  - Compare current performance to previous quarters
- Identify factors that influenced performance (contributing factors)
  - Encourage staff to discuss patient population and other factors that influenced performance
  - Which of those factors can unit impact effectively?
- What lessons have we learned? What could we have done differently?

Tip/Resource:
- Use Ishibone diagram to assist with identifying contributing factors and potential strategies

Develop PI Action Plan

Key Actions:
- Identify strategies that can be effectively used to improve or sustain improvement
  - Units outperforming benchmark:
    - Focus on strategies to sustain improvements gained and to further improve where applicable
    - You can “continue with current plan”
    - Update plan with any new strategies you may have implemented
    - Share strategies that worked for your unit in your PI plan
  - Units that do not outperform benchmark for two quarters or more:
    - PI plan should focus on improvement strategies

Tip/Resource:
- Use Nursing Sensitive Indicator PI RCA decision tree to guide planning
- Use PCS adapted Ishibone to assist with identifying strategies

Elements of A Good Improvement PI Plan

- What do we want to improve, what do we hope to achieve? (Desired outcome/improvement)
- How do we plan to improve, how good by when? (Implementation strategy/operational plan)
- When do we plan to implement our strategy (Timeline)
- Who will be accountable/involved in helping achieve this goal (Team)

Resources Available to Assist You With Your PI Planning

- Unit/practice assigned PI Liaisons
  - Click on link below to access PI liaison listing
  - NURS Unit Liaison Partnerships
- PCS Quality and Safety staff
  - Ext: 3-0140
Factors Influencing the Push For More Quality Indicators

- Widespread and growing concerns about the quality of healthcare in the United States
- Rising costs, medical errors, and inability to receive needed services are frequent topics in the media
- Consumers are demanding greater transparency and accountability

Nursing Sensitive Quality Indicators: ANA Definition

Nursing-Sensitive Quality Indicators (NSI) are those indicators that capture care or its outcomes most affected by nursing care.

Nursing Sensitive Indicators: A Brief History

- In 1998, the National Database of Nursing Quality Indicators (NDNQI) was established by the ANA so that they could continue to collect and build on data obtained from earlier sources and further develop nursing's body of knowledge related to factors which influence the quality of nursing care
- Currently, many of the NDNQI's indicators are endorsed by the National Quality Forum (NQF) and are part of the NQF's Nursing Sensitive Measures Set

A New Model for ANCC’s Magnet Recognition Program

- Transformational Leadership
- Empirical Outcomes
- New Knowledge
- Innovation
- Improvement

- Structural Empowerment
- Exemplary Professional Practice
2012 Magnet Redesignation will focus on:

- **New Knowledge, Innovation & Improvement with Evidence of Empirical Quality Results**
  - Magnet organizations are in a key position to advance nursing science, learning, & discovery.
  - Expected to establish new ways to achieve new heights of quality, efficiency, and effectiveness.
  - Shift from structure and process to outcomes.
  - Highlight key indicators that paint a picture of the organization.
  - Focus on “What difference have you made?”

Magnet NSI Data Requirements

- Must collect data reflecting nursing-sensitive outcomes and quality indicators at the unit level.
- NSI Data must be reviewed quarterly and compared to national benchmarks for at least two years prior to written documentation submission (July 2009-June 2012).
- Must contribute to external databases that compare the organization’s performance against national benchmarks.
  - If a national benchmark is available, it should be used (NTTQI).
  - For clinical areas not subject to national review, if a database exists, we can choose another appropriate way to benchmark but must be able to justify the reason for doing so. Benchmarking should be done at the highest level possible to have meaning and value.
- NSI Data must be Analyzed, Reported and Responded to

Magnet Expectation: Monitor, Analyze, Disseminate, Respond to (performance improvement/strategic plan) outcomes

There are Two Portions of the 2012 Magnet Submission that Require Nursing Sensitive Indicator Data:

1. Exemplary Professional Practice Empirical Outcomes: SCORED
2. Organizational Overview: Not scored but need to show high performance

3 Categories of Nursing Sensitive Indicators Being Monitored For Empirical Outcomes and Organizational Overview:

- **Clinical Quality Indicators** (most recent 8 quarters)
  - EP #2 EO
  - OO # 23
- **Patient Satisfaction** (most recent 8 quarters)
  - EP #5 EO
  - OO # 26
- **Nurse Satisfaction**
  - EP # 9 EO (Most recent survey only)
  - OO # 12 (Two most recent surveys)

Scoring Criteria Empirical Outcomes

The majority of the data must outperform the mean or median the majority of the time (a.k.a. >50% of the units must outperform the benchmark >50% of the time).

**What Does This Mean For:**

- **Clinical Quality Indicators and Patient Satisfaction:**
  - Unit must outperform the benchmark for at least 5 out of 8 quarters
- **Nurse Satisfaction**
  - Most recent survey only, must outperform benchmark

What Are We Currently Measuring?

- **Clinical Quality Indicators**
  - *Inpatient Units*
    - Falls
    - All Hospital Acquired Pressure Ulcers
    - Restraint Use
    - Central Line Associated Bloodstream Infection (CLABSI)
    - Catheter Associated Urinary Tract Infections (CAUTI)
    - Ventilator Associated Pneumonia (VAP)
    - Peripheral IV Infusion (Pedi Only)
  - *Outpatient and Specialty Areas*
    - Practice specific nursing-sensitive indicators are monitored e.g.
      - Percentage of mothers breastfeeding at discharge for OB units
What Are We Currently Measuring?

**Patient Satisfaction**
- Adult Inpatient (HCAPPS)
  - Names treated you with respect
  - Nurses listened carefully to you
  - Nurses explained things in a way you understood
  - Staff did everything to help with pain
  - Staff helped with toiletting and bedpan
- Pediatric Inpatient
  - Help with pain relief
  - Pain relief effectiveness
  - Discharge Instructions
  - Parent and family involvement in decisions

**Patient Satisfaction (cont'd)**
- Emergency Department
  - Names showed respect
  - Nurses listened carefully
  - Nurses explained in a way you understood
  - Staff helped with pain
- Other Inpatient Area
  - Assisted patients including: staff concern, explanations, courtesy, home care instructions

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**NSI Data Reporting Tool Example: Clinical**

<table>
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<tr>
<th>NSI Data Reporting Tool Example: Patient Satisfaction</th>
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**NSI Data Must be Analyzed, Reported and Responded to**
- Reports are shared quarterly with PCS leadership through various forums including: Nursing Directors Meeting, Combined Leadership etc.
- Unit level reports available electronically on a shared drive
- Each unit/practice area has an NSI binder in which updated quarterly
- Nursing Directors are expected to review these reports with their staff and develop performance improvement or sustainment plans where applicable
  - Unit/practice liaisons available to assist with performance improvement plans
Performance Improvement: An Example

**Performance Improvement Plans for General STC Quality**

**Key Action Steps**

1. **Annotate, Categorize, and Store all Patient Data:**
   - Implement a new electronic health record system to capture and store patient data.

2. **Develop a Feedback System:**
   - Establish a mechanism for patients to provide feedback on their experience.

3. **Implement a Quality Improvement Team:**
   - Form a team consisting of medical professionals to review and implement changes.

**Improvement Determination to Plan and Workplan**

Patient Care Services Quality and Safety

Ext. 5-0140
# Nursing Sensitive Indicators Performance Improvement Unit Liaison List

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<th>Carol C Markus</th>
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**Liaison:** Carol C Markus  
**Phone:** 617-726-6940  
**Email:** CCAOSOMARKUS@PARTNERS.ORG

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**Liaison:** Claire O'Brien  
**Phone:** 781-487-2996  
**Email:** COBRIEN14@PARTNERS.ORG

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**Liaison:** Deb Frost  
**Phone:** 617-643-0059  
**Email:** DFROST1@PARTNERS.ORG

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**Liaison:** Linda Akuamoah-Boateng  
**Phone:** 617-643-32886  
**Email:** LAKUAMOAH-BOATENG@PARTNERS.ORG

Updated: 8/1/2012
# Nursing Sensitive Indicators Performance Improvement Unit Liaison List

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Updated: 8/1/2012
PERFORMANCE IMPROVEMENT PLANS FOR GENERAL MED (PHILLIPS 20)
NURSING-SENSITIVE QUALITY INDICATORS

July 2010 – March 2011 (FY10 Q4, FY11 Q1 & FY11 Q2)

FALLS:
- Summary of findings and analysis of performance:
  These 3 quarters, relative to the NDNQI Medical Adult Mean, our rate most often was:
  This quarter, compared to the previous quarter, our unit’s rate was:
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  ✓ Hourly Rounds ✓ Interdisciplinary Rounds ✓ LEAF Program □ Other (please specify):

- Key Action Steps:
  • The nurses employ a number of strategies to prevent falls as per their training – we educate the patient and/or their family regarding risks, we clear pathways, we remove invasive treatment modalities as soon as possible, we ensure good lighting, and we use bed and chair alarms if necessary. This information is communicated shift to shift and amongst team members.
  • If a fall occurs, we debrief after the fall to learn from the event how to prevent future falls.
  • When deemed necessary, patients will be moved to rooms closer to the nursing station for better visualization.

RESTRAINTS UTILIZATION:
- Summary of findings and analysis of performance:
  These 3 quarters, relative to the NDNQI Medical Adult Mean, our rate most often was:
  This quarter, compared to the previous quarter, our unit’s rate was:
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  ✓ Hourly Rounds ✓ Interdisciplinary Rounds ✓ Psych CNS Consult □ Sensory CART □ Other (please specify):

- Key Action Steps:
  • Use of restraints is considered a last resort and will continue to be considered as such.
  • The nurses will request a sitter for a patient as a preferred method; this practice is discussed collaboratively with the care team and re-evaluated every shift.

HOSPITAL ACQUIRED PRESSURE ULCERS:
- Summary of findings and analysis of performance:
  These 3 quarters, relative to the NDNQI Medical Adult Mean, our rate most often was:
  This quarter, compared to the previous quarter, our unit’s rate was:
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  ✓ Hourly Rounds ✓ Interdisciplinary Rounds ✓ Skin Bundle ✓ NDNQI Tutorial □ Other (please specify):

- Key Action Steps:
• The CNS conducts unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers.
• We created a wound resource board so staff would be able to easily identify which products to use on what wounds.
• We practice with a goal of pressure ulcer prevention by paying attention to pressure-relieving surfaces, nutrition, and a patient’s inherent risk factors (using the Braden Scale).
• We discuss pressure ulcer related practices at staff meetings and via print/email.
• The CNS has created a resource manual for all staff to use.
FALLS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: [ ] higher [ ] lower [ ] same

  The following factors could have influenced our performance:
  
  PH20 had 8 falls for Quarter 3 and has risen slightly above the MGH and NDNQI Mean for the first time in a year. A majority of these falls occurred in patients deemed capable of ambulating who then experienced acute changes; with a change in care (ie, fall precautions) after the fall.

- **Improvement interventions in place and underway:**
  
  [ ] Hourly Rounds [ ] Interdisciplinary Rounds [ ] LEAF Program [ ] Other (please specify):

- **Key Action Steps:**
  
  - The nurses employ a number of strategies to prevent falls as per their training – we educate the patient and/or their family regarding risks, we clear pathways, we remove invasive treatment modalities as soon as possible, we ensure good lighting, and we use bed and chair alarms if necessary. This information is communicated shift to shift and amongst team members.
  
  - If a fall occurs, we debrief after the fall to learn from the event how to prevent future falls.
  
  - When deemed necessary, patients will be moved to rooms closer to the nursing station for better visualization.
  
  - This will be discussed at Staff Meetings and on rounds.

RERAINTS UTILIZATION:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: [ ] higher [ ] lower [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  
  [ ] Hourly Rounds [ ] Interdisciplinary Rounds [ ] Psych CNS Consult [ ] Sensory CART [ ] Other (please specify):

- **Key Action Steps:**
  
  - Use of restraints is considered a last resort and will continue to be considered as such.
  
  - The nurses will request a sitter for a patient as a preferred method; this practice is discussed collaboratively with the care team and re-evaluated every shift.

HOSPITAL ACQUIRED PRESSURE ULCERS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: [ ] higher [ ] lower [ ] same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: [ ] higher [ ] lower [ ] same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
Key Action Steps:
- The CNS conducts unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers.
- We created a wound resource board so staff would be able to easily identify which products to use on what wounds.
- We practice with a goal of pressure ulcer prevention by paying attention to pressure-relieving surfaces, nutrition, and a patient’s inherent risk factors (using the Braden Scale).
- We discuss pressure ulcer related practices at staff meetings and via print/email.
- The CNS has created a resource manual for all staff to use.

Central-Line Associated Bloodstream Infection (CLABSI):

Summary of findings and analysis of performance:
This quarter, relative to the **CDC Medical Pooled Mean**, our rate was:  

- higher
- lower
- same
The following factors could have influenced our performance:

Improvement interventions in place and underway:
- Hourly Rounds
- Interdisciplinary Rounds
- Skin Bundle
- Other (please specify):

Key Action Steps:
- Central lines are removed as soon as possible. This is discussed on rounds.
- MGH policies are adhered to with regard to assessment and care of central line dressings and sites.
FALLS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, relative to the **MGH Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  
  - lower  
  - same

The following factors could have influenced our performance:

- PH20 had 5 falls for Quarter 4 which is down from the previous quarter total of 8. This is below the MGH and NDNQI Mean. The majority of these falls (4 out of 5) occurred in patients deemed capable of ambling; the one exception is a fall from a shower chair while the PCA was waiting outside the door. Out of the 2 falls in August, both unwitnessed, one is believed to be feigned by a patient who did not want to be discharged.

- **Improvement interventions in place and underway:**
  - Hourly Rounds  
  - Interdisciplinary Rounds  
  - LEAF Program  
  - Other (please specify):

- **Key Action Steps:**
  - The nurses employ a number of strategies to prevent falls as per their training – we educate the patient and/or their family regarding risks, we clear pathways, we remove invasive treatment modalities as soon as possible, we ensure good lighting, and we use bed and chair alarms if necessary. This information is communicated shift to shift and amongst team members.
  - If a fall occurs, we debrief after the fall to learn from the event how to prevent future falls.
  - When deemed necessary, patients will be moved to rooms closer to the nursing station for better visualization.
  - All falls and the circumstances are discussed at Staff Meetings and on rounds.

RERAINTS UTILIZATION:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, relative to the **MGH Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  
  - lower  
  - same

The following factors could have influenced our performance:

- Use of restraints is considered a last resort and will continue to be considered as such.
- The nurses will request a sitter for a patient as a preferred method; this practice is discussed collaboratively with the care team and re-evaluated every shift.

- **Improvement interventions in place and underway:**
  - Hourly Rounds  
  - Interdisciplinary Rounds  
  - Psych CNS Consult  
  - Sensory CART  
  - Other (please specify):

- **Key Action Steps:**

HOSPITAL ACQUIRED PRESSURE ULCERS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, relative to the **MGH Medical Adult Mean**, our rate was:  
  - higher  
  - lower  
  - same

  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  
  - lower  
  - same

The following factors could have influenced our performance:
Improvement interventions in place and underway:
- Hourly Rounds
- Interdisciplinary Rounds
- Skin Bundle
- NDNQI Tutorial
- Other (please specify):

Key Action Steps:
- The CNS conducts unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers.
- We created a wound resource board so staff would be able to easily identify which products to use on what wounds.
- We practice with a goal of pressure ulcer prevention by paying attention to pressure-relieving surfaces, nutrition, and a patient’s inherent risk factors (using the Braden Scale).
- We discuss pressure ulcer related practices at staff meetings and via print/email.
- The CNS has created a resource manual for all staff to use.

Central-Line Associated Bloodstream Infection (CLABSI):

Summary of findings and analysis of performance:
This quarter, relative to the CDC Medical Pooled Mean, our rate was:
- higher
- lower
- same
This quarter, compared to the previous quarter, our unit’s rate was:
- higher
- lower
- same

The following factors could have influenced our performance:
Increased use of PICC lines on the unit.

Improvement interventions in place and underway:
- Hourly Rounds
- Interdisciplinary Rounds
- Skin Bundle
- Other (please specify):

Key Action Steps:
- Discuss these findings with other quality data in staff meetings.
- Assess education deficits regarding safe utilization of PICC and other central lines.
FALLS:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNOI Medical Adult Mean, our rate was: ☒ higher  ☐ lower  ☐ same
  - This quarter, relative to the MGH Medical Adult Mean, our rate was: ☐ higher  ☐ lower  ☒ same
  - This quarter, compared to the previous quarter, our unit’s rate was: ☒ higher  ☐ lower  ☐ same

The following factors could have influenced our performance:
PH20 had 11 falls for Quarter 1 2012 which is up from the previous quarter total of 5 falls. Many of the falls (6 out of 11) occurred in patients deemed capable of ambulating on their own prior to the event. Two of these falls un-witnessed and may have been fabricated in an attempt to avoid discharge. Three of the patients were impulsive and combative and fell in the presence of sitters. Two of the falls can be attributed to the same patient.

- Improvement interventions in place and underway:
  - ☒ Hourly Rounds  ☒ Interdisciplinary Rounds  ☒ LEAF Program  ☐ Other (please specify):

- Key Action Steps:
  - The nurses employ a number of strategies to prevent falls as per their training – we educate the patient and/or their family regarding risks, we clear pathways, we remove invasive treatment modalities as soon as possible, we ensure good lighting, and we use bed and chair alarms if necessary. This information is communicated shift to shift and amongst team members.
  - If a fall occurs, we debrief after the fall to learn from the event how to prevent future falls.
  - When deemed necessary, patients will be moved to rooms closer to the nursing station for better visualization.
  - All falls and the circumstances are discussed at Staff Meetings and on rounds.

RESTRAINTS UTILIZATION:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNOI Medical Adult Mean, our rate was: ☐ higher  ☒ lower  ☐ same
  - This quarter, relative to the MGH Medical Adult Mean, our rate was: ☐ higher  ☐ lower  ☒ same
  - This quarter, compared to the previous quarter, our unit’s rate was: ☐ higher  ☒ lower  ☒ same

The following factors could have influenced our performance:
- Use of restraints is considered a last resort and will continue to be considered as such.
- The nurses will request a sitter for a patient as a preferred method; this practice is discussed collaboratively with the care team and re-evaluated every shift.

- Improvement interventions in place and underway:
  - ☒ Hourly Rounds  ☒ Interdisciplinary Rounds  ☒ Psych CNS Consult  ☐ Sensory CART  ☒ Other (please specify):

- Key Action Steps:
  - Engage family members in patient safety goals.
HOSPITAL ACQUIRED PRESSURE ULCERS:

- Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Medical Adult Mean, our rate was: higher ☐ lower ☒ same ☐
  This quarter, relative to the MGH Medical Adult Mean, our rate was: higher ☐ lower ☒ same ☐
  This quarter, compared to the previous quarter, our unit’s rate was: higher ☐ lower ☒ same ☐

The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  ☒ Hourly Rounds ☒ Interdisciplinary Rounds ☐ Skin Bundle ☒ NDNQI Tutorial ☐ Other (please specify):

- Key Action Steps:
  - The CNS conducts unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers.
  - We created a wound resource board so staff would be able to easily identify which products to use on what wounds.
  - We practice with a goal of pressure ulcer prevention by paying attention to pressure-relieving surfaces, nutrition, and a patient’s inherent risk factors (using the Braden Scale).
  - We discuss pressure ulcer related practices at staff meetings and via print/email.
  - The CNS has created a resource manual for all staff to use.

CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

- Summary of findings and analysis of performance:
  This quarter, relative to the CDC Medical Pooled Mean, our rate was: higher ☐ lower ☐ same ☒
  This quarter, compared to the previous quarter, our unit’s rate was: higher ☐ lower ☐ same ☒

The following factors could have influenced our performance:

Inservices to prevent CLABSI with discussion at staff meetings.

- Improvement interventions in place and underway:
  ☒ Hourly Rounds ☒ Interdisciplinary Rounds ☐ Skin Bundle ☒ Other (please specify):

- Key Action Steps:
  - Discuss these findings with other quality data in staff meetings.
  - Assess education deficits regarding safe utilization of PICC and other central lines.
**PERFORMANCE IMPROVEMENT PLANS FOR GENERAL MED (PHILLIPS 20)**

**NURSING-SENSITIVE QUALITY INDICATORS**

**January-March 2012 (FY12 Q2)**

**FALLS:**

- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *NDNQI Medical Adult Mean*, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, relative to the *MGH Medical Adult Mean*, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the *previous quarter*, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

The following factors could have influenced our performance:

PH20 had only 1 fall for Quarter 2 which is down from the previous quarter total of 11. This is well below the NDNQI Mean. We will continue with our efforts in place to reduce falls.

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] LEAF Program  [ ] Other (please specify):

- **Key Action Steps:**
  - The nurses employ a number of strategies to prevent falls as per their training – we educate the patient and/or their family regarding risks, we clear pathways, we remove invasive treatment modalities as soon as possible, we ensure good lighting, and we use bed and chair alarms if necessary. This information is communicated shift to shift and amongst team members.
  - If a fall occurs, we debrief after the fall to learn from the event how to prevent future falls.
  - When deemed necessary, patients will be moved to rooms closer to the nursing station for better visualization.
  - All falls and the circumstances are discussed at Staff Meetings and on rounds.

**RERAINTS UTILIZATION:**

- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *NDNQI Medical Adult Mean*, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, relative to the *MGH Medical Adult Mean*, our rate was: [ ] higher  [ ] lower  [ ] same
  - This quarter, compared to the *previous quarter*, our unit’s rate was: [ ] higher  [ ] lower  [ ] same

The following factors could have influenced our performance:

- Use of restraints is considered a last resort and will continue to be considered as such.
- The nurses will request a sitter for a patient as a preferred method; this practice is discussed collaboratively with the care team and re-evaluated every shift.

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Psych CNS Consult  [ ] Sensory CART  [ ] Other (please specify):

- **Key Action Steps:**
  - Engage family members in patient safety goals.
HOSPITAL ACQUIRED PRESSURE ULCERS:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNQI Medical Adult Mean, our rate was: higher lower same
  - This quarter, relative to the MGH Medical Adult Mean, our rate was: higher lower same
  - This quarter, compared to the previous quarter, our unit’s rate was: higher lower same

  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  - Hourly Rounds
  - Interdisciplinary Rounds
  - Skin Bundle
  - NDNQI Tutorial
  - Other (please specify):

  Key Action Steps:
  - The CNS conducts unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers.
  - We created a wound resource board so staff would be able to easily identify which products to use on what wounds.
  - We practice with a goal of pressure ulcer prevention by paying attention to pressure-relieving surfaces, nutrition, and a patient’s inherent risk factors (using the Braden Scale).
  - We discuss pressure ulcer related practices at staff meetings and via print/email.
  - The CNS has created a resource manual for all staff to use.

CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

- Summary of findings and analysis of performance:
  - This quarter, relative to the CDC Medical Pooled Mean, our rate was: higher lower same
  - This quarter, compared to the previous quarter, our unit’s rate was: higher lower same

  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  - Hourly Rounds
  - Interdisciplinary Rounds
  - Skin Bundle
  - Other (please specify):

  Key Action Steps:
  - Discuss these findings with other quality data in staff meetings.
  - Assess education deficits regarding safe utilization of PICC and other central lines.
### PERFORMANCE IMPROVEMENT PLANS FOR GENERAL MED (PHILLIPS 20)
#### NURSING-SENSITIVE QUALITY INDICATORS

**April-June 2012 (FY12 Q3)**

#### FALLS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ LEAF Program □ Other (please specify):

- **Key Action Steps:**

#### RESTRAINTS UTILIZATION:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Psych CNS Consult □ Sensory CART □ Other (please specify):

- **Key Action Steps:**

#### HOSPITAL ACQUIRED PRESSURE ULCERS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, relative to the **MGH Medical Adult Mean**, our rate was: □ higher □ lower □ same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ NDNQI Tutorial □ Other (please specify):

- **Key Action Steps:**

#### CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **CDC Medical Pooled Mean** our rate was: □ higher □ lower □ same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ Other (please specify):

- **Key Action Steps:**
### PERFORMANCE IMPROVEMENT PLANS FOR GENERAL SURG (PHILLIPS 22)

#### NURSING-SENSITIVE QUALITY INDICATORS

**FALLS:**

- **Summary of findings and analysis of performance:**
  - These 3 quarters, relative to the *NDNQI Surgical Adult Mean*, our rate most often was:  
    - higher  x lower  x same
  - These 3 quarters, relative to the *MGH Surgical Adult Mean*, our rate most often was:  
    - higher  x lower  x same
  - This quarter, compared to the previous quarter, our unit’s rate was:  
    - higher  x lower  x same

The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  - Hourly Rounds  x Interdisciplinary Rounds  x LEAF Program  x Other (please specify):

- **Key Action Steps:**
  - We conduct hourly rounds, interdisciplinary rounds, implemented LEAF protocol.
  - **Key action steps:**
    - As per LEAF a multi-faceted approach to falls: We are debriefing post falls as to what happened and how we can prevent the fall from happening again, informing other staff members such as MD, OT, PT if a patient fell
    - Better communication and awareness on the unit when there is a fall, between shifts about when the fall happened and why. Documenting that and reporting that in nursing shift report to identify patient at risk for falls and implementing interventions (Falls problem list) as assessed by MFS such as implementing bed alarm, non-skid slippers etc
    - Signage: In addition to the current falls signs used outside of rooms, we developed and piloted another falls sign for inside the patient room to inform staff as well as both the patient and family about risk for falls and how the patient mobilizes (see attached piloted sign)
    - We do audits looking at MFS and implementation of Falls problem list for patients who are at risk. Feedback is then given to staff via e-mail or face to face.
    - We also installed chair alarms for all rooms and trained staff on their use
    - Please see attachment regarding bulletin board communication forum/Newsletter.

**RERAINTS UTILIZATION:**

- **Summary of findings and analysis of performance:**
  - These 3 quarters, relative to the *NDNQI Surgical Adult Mean*, our rate most often was:  
    - higher  x lower  x same
  - These 3 quarters, relative to the *MGH Surgical Adult Mean*, our rate most often was:  
    - higher  x lower  x same
  - This quarter, compared to the previous quarter, our unit’s rate was:  
    - higher  x lower  x same

The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  - x Hourly Rounds  x Interdisciplinary Rounds  x Psych CNS Consult  x Sensory CART  x Other (please specify):

- **Key Action Steps:**
  - We do hourly rounds, interdisciplinary rounds and we also always consult the psych CNSs for patients who are agitated or in delirium
  - **Key Action steps:**
    - When a patient is on restraints we give ongoing feedback to staff both in person and via e-mail about restraint use and documentation on that particular patient
    - Reviewing each day (each shift) when a person is on restraints if they still need to be on restraint and discussion in interdisciplinary rounds
    - SharePoint site with resources on restraints policy and documentation
    - We also discuss policy in staff meetings and also send e-mails to staff with link to policy
    - Real-time feedback from CNS to RN staff regarding restraint documentation and practice.
HOSPITAL ACQUIRED PRESSURE ULCERS:

- **Summary of findings and analysis of performance:**
  
  These 3 quarters, relative to the *NDNQI Surgical Adult Mean*, our rate most often was:  
  
  These 3 quarters, relative to the *MGH Surgical Adult Mean*, our rate most often was:  
  
  This quarter, compared to the previous quarter, our unit’s rate was:  
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**

  - Hourly Rounds
  - Interdisciplinary Rounds
  - Skin Bundle
  - NDNQI Tutorial
  - Other (please specify):

- **Key Action Steps:**

  - We encourage hourly rounds,
  - We hold interdisciplinary rounds where patients with new and old ulcers are identified and discussed. The dietician is consulted as well at these meetings to see patients who have poor nutrition and are at risk for wound development.
  - We have a representative on the skin collaborative governance who in collaboration with CNS and ND implements the *skin bundle* information to staff. This is done by e-mails, our monthly newsletter and monthly staff meetings. We are now working on better ways to develop a system where patients will be turned and/or repositioned in a more timely fashion.
  - Everyone is trained with the NDNQI tutorial
  - The CNS does unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers
  - Wound board on unit as a resource for staff to know which products to use and how to approach wounds in general
  - Development and support of unit-based wound experts to help with staff in prevention, identification and treatment of wounds
  - Sending staff to Phase I and II wound classes
  - Doing unit audits looking at the use of Braden scale and implementation of skin problem list and patient-specific interventions and giving feedback to individual staff either face to face or via e-mail
  - Discussing wound related policy with staff via newsletter, e-mail, and staff meetings
  - Developing wound resources on unit-based Share Point site for staff to have access to at all times.
  - Please see attachment regarding bulletin board communication and Newsletter.
FALLS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, relative to the **MGH Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  |  lower  x  same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  
  - Hourly Rounds  
  - Interdisciplinary Rounds  
  - LEAF Program
  
  **Other (please specify):**

- **Key Action Steps:**
  
  - We are debriefing post falls as to what happened and how we can prevent the fall from happening again, informing other staff members such as MD, OT, PT if a patient fell.
  
  - Documenting on the PEPL list and presenting in interdisciplinary rounds patients that have fallen to increase all staff awareness of patients at risk.
  
  - Better communication and awareness on the unit when there is a fall, between shifts about when the fall happened and why. Documenting that and reporting that in nursing shift report to identify patient at risk for falls and implementing interventions.
  
  - Reviewing safety reports on all falls with staff.
  
  - Initiated new fall signage as suggested from the LEAF team that are placed in each patients room and on their door that engages not only staff but the patient and family.

RESTRAINTS UTILIZATION:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, relative to the **MGH Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  |  lower  x  same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  
  - Hourly Rounds  
  - Interdisciplinary Rounds  
  - Psych CNS Consult  
  - Sensory CART
  
  **Other (please specify):**

- **Key Action Steps:**
  
  - When a patient is on restraints we give ongoing feedback to staff both in person and via e-mail about restraint use and documentation on that particular patient.
  
  - Reviewing each day (each shift) when a person is on restraints if they still need to be on restraint and discussion in interdisciplinary rounds.
  
  - SharePoint site with resources on restraints policy and documentation.
  
  - We also discuss policy in staff meetings and also send e-mails to staff with link to policy.
  
  - Real-time feedback from CNS to RN staff regarding restraint documentation and practice.

HOSPITAL ACQUIRED PRESSURE ULCERS:

- **Summary of findings and analysis of performance:**
  
  This quarter, relative to the **NDNQI Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, relative to the **MGH Surgical Adult Mean**, our rate was:  
  - higher  x  lower  |  same
  
  This quarter, compared to the **previous quarter**, our unit’s rate was:  
  - higher  x  lower  |  same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  
  - Hourly Rounds  
  - Interdisciplinary Rounds  
  - Skin Bundle  
  - NDNQI Tutorial
  
  **Other (please specify):**
Key Action Steps:

- Measurement Mondays for all pressure ulcers.
- We hold interdisciplinary rounds where patients with new and old ulcers are identified and discussed. The dietician is consulted as well at these meetings to see patients who have poor nutrition and are at risk for wound development.
- We have a representative on the skin collaborative governance who in collaboration with CNS and ND implements the skin bundle information to staff. This is done by e-mails, our monthly newsletter and monthly staff meetings. We are now working on better ways to develop a system where patients will be turned and/or repositioned in a more timely fashion.
- Everyone is trained with the NDNQI tutorial
- The CNS does unit-based wound consultations with staff nurses on their patients who have challenging wounds/pressure ulcers
- Wound board on unit as a resource for staff to know which products to use and how to approach wounds in general
- Development and support of unit-based wound experts to help with staff in prevention, identification and treatment of wounds
- Sending staff to Phase I and II wound classes
- Doing unit audits looking at the use of Braden scale and implementation of skin problem list and patient-specific interventions and giving feedback to individual staff either face to face or via e-mail
- Discussing wound related policy with staff via newsletter, e-mail, and staff meetings.

Central-Line Associated Bloodstream Infection (CLABSI):

- Summary of findings and analysis of performance:
  This quarter, relative to the CDC Surgical Pooled Mean, our rate was:  
  This quarter, compared to the previous quarter, our unit’s rate was:  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  - Hourly Rounds x Interdisciplinary Rounds  
  - Skin Bundle  
  - Other (please specify):

- Key Action Steps:
  - Reviewing Central Line data with staff.
  - Inviting Janet Mulligan to staff meetings to review best practices with staff.
  - Review current practice and educate staff on correct techniques.
PERFORMANCE IMPROVEMENT PLANS FOR GENERAL SURG (PHILLIPS 22)
NURSING-SENSITIVE QUALITY INDICATORS

July-September 2011 (FY11 Q4)

FALLS:

• Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was:  
  This quarter, relative to the MGH Surgical Adult Mean, our rate was:  
  This quarter, compared to the previous quarter, our unit’s rate was:  
  The following factors could have influenced our performance:

• Improvement interventions in place and underway:
  x Hourly Rounds  x Interdisciplinary Rounds  x LEAF Program  □ Other (please specify):

• Key Action Steps:
  • We are debriefing post falls as to what happened and how we can prevent the fall from happening again, informing other staff members such as MD, OT, PT if a patient fell.
  • LEAF protocol – signage on door and in room, bed and chair alarms, engaging patients and families by increasing awareness of fall risk.
  • Post fall debriefing after each fall with staff involved.
  • Documenting on the PEPL list and presenting in interdisciplinary rounds patients that have fallen to increase all staffs awareness of patients at risk.

RESTRAINTS UTILIZATION:

• Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was:  
  This quarter, relative to the MGH Surgical Adult Mean, our rate was:  
  This quarter, compared to the previous quarter, our unit’s rate was:  
  The following factors could have influenced our performance:

• Improvement interventions in place and underway:
  x Hourly Rounds  x Interdisciplinary Rounds  x Psych CNS Consult  □ Sensory CART  □ Other (please specify):

• Key Action Steps:

HOSPITAL ACQUIRED PRESSURE ULCERS:

• Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was:  
  This quarter, relative to the MGH Surgical Adult Mean, our rate was:  
  This quarter, compared to the previous quarter, our unit’s rate was:  
  The following factors could have influenced our performance:

• Improvement interventions in place and underway:
  X  Hourly Rounds  □  Interdisciplinary Rounds  x Skin Bundle  x NDNQI Tutorial  x Other (please specify):

• Key Action Steps:
  • Measurement Mondays for all pressure ulcers.
  • We hold interdisciplinary rounds where patients with new and old ulcers are identified and discussed. The dietician is consulted as well at these meetings to see patients who have poor nutrition and are at risk for wound development.
  • Sending staff to wound classes to increase staff knowledge about ulcers and prevention.
• 2 months ago, completed a staff needs assessment on wound products which indicated that staff needed more information on wound care products. EED Wound Champion – Claire Paras RN is meeting with all staff to review wound products and then will up-date our wound board on the unit as a reference tool for staff. Will conduct a post assessment to see if education series increased staffs knowledge.

CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

• **Summary of findings and analysis of performance:**
  This quarter, relative to the *CDC Surgical Pooled Mean*, our rate was: x higher □ lower □ same
  This quarter, compared to the *previous quarter*, our unit’s rate was: □ higher x lower □ same

  *The following factors could have influenced our performance:*

• **Improvement interventions in place and underway:**
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ Other (please specify):

• **Key Action Steps:**
  • Review current practice and educate staff on correct techniques.
  • Newsletter devoted to Central Line Care and practice – please see Jan 2012 Newsletter in attachments.
  • Healthstream program completed by staff
PERFORMANCE IMPROVEMENT PLANS FOR GENERAL SURG (PHILLIPS 22)
NURSING-SENSITIVE QUALITY INDICATORS

October-December 2011 (FY12 Q1)

FALLS:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *NDNQI Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, relative to the *MGH Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, compared to the *previous quarter*, our unit’s rate was:  
    - [ ] higher    [ ] lower    [ ] same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] LEAF Program  [ ] Other (please specify):  

Key Action Steps:
- We are debriefing post falls as to what happened and how we can prevent the fall from happening again, informing other staff members such as MD, OT, PT if a patient fell.
- LEAF protocol – signage on door and in room, bed and chair alarms, engaging patients and families by increasing awareness of fall risk.
- Post fall debriefing after each fall with staff involved.
- Documenting on the PEPL list and presenting in interdisciplinary rounds patients that have fallen to increase all staffs awareness of patients at risk.
- Hourly rounding

RESTRAINTS UTILIZATION:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *NDNQI Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, relative to the *MGH Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, compared to the *previous quarter*, our unit’s rate was:  
    - [ ] higher    [ ] lower    [ ] same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Psych CNS Consult  [ ] Sensory CART  [ ] Other (please specify):  

Key Action Steps:
- When patients are on restraints we review policy and guidelines with staff and discuss interventions that may be used in place of restraints.

HOSPITAL ACQUIRED PRESSURE ULCERS:
- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *NDNQI Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, relative to the *MGH Surgical Adult Mean*, our rate was:  
    - [ ] higher    [ ] lower    [ ] same
  - This quarter, compared to the *previous quarter*, our unit’s rate was:  
    - [ ] higher    [ ] lower    [ ] same
  
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - [ ] Hourly Rounds  [ ] Interdisciplinary Rounds  [ ] Skin Bundle  [ ] NDNQI Tutorial  [ ] Other (please specify):  

Key Action Steps:
- We have currently updated our Wound Care Reference Board and staff have participated in in-services to review current practices and products.
- Please see attached June 2012 Newsletter that addresses wound updates.
**CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):**

- **Summary of findings and analysis of performance:**
  - This quarter, relative to the *CDC Surgical Pooled Mean*, our rate was: x higher □ lower □ same
  - This quarter, compared to the *previous quarter*, our unit’s rate was: x higher □ lower □ same

  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  - □ Hourly Rounds x Interdisciplinary Rounds □ Skin Bundle x Other (please specify):

- **Key Action Steps:**
  - Review current practice and educate staff on correct techniques.
PERFORMANCE IMPROVEMENT PLANS FOR GENERAL SURG (PHILLIPS 22)
NURSING-SENSITIVE QUALITY INDICATORS

January-March 2012 (FY12 Q2)

FALLS:
- Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: x higher □ lower □ same
  This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher x lower □ same
  This quarter, compared to the previous quarter, our unit’s rate was: x higher □ lower □ same
The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  x Hourly Rounds x Interdisciplinary Rounds x LEAF Program □ Other (please specify):

- Key Action Steps:
  Constant diligence with staff education and review of current literature.
  Implementing LEAF standards
  Having staff identify all patients at risk for falls and communicating practice from shift to shift.
  Conduct post fall huddles to review fall and implement best practice.

RESTRAINTS UTILIZATION:
- Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: □ higher x lower □ same
  This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher □ lower x same
  This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  x Hourly Rounds x Interdisciplinary Rounds □ Psych CNS Consult □ Sensory CART □ Other (please specify):

- Key Action Steps:
  Patients that are in restraints, Jessica Smith RN reviews restraint practice and documentation.
  All alternatives to avoid restraints are utilized.
  During rounds – restraint use is discussed.
  Chart audits are conducted to review restraint documentation and reviewed with staff.

HOSPITAL ACQUIRED PRESSURE ULCERS:
- Summary of findings and analysis of performance:
  This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: □ higher x lower □ same
  This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher □ lower □ same
  This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  X Hourly Rounds x Interdisciplinary Rounds x Skin Bundle x NDNQI Tutorial □ Other (please specify):

- Key Action Steps:
  We have currently updated our Wound Care Reference Board and staff have participated in in-services to review current practices and products. (see attached picture)
  Please see previous June 2012 Newsletter that addresses wound updates.
  Chart audits to review documentation.
  Measurement Mondays.
  CNS Wound Consults initiated by staff.
CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

- **Summary of findings and analysis of performance:**
  This quarter, relative to the *CDC Surgical Pooled Mean*, our rate was: x higher □ lower □ same
  This quarter, compared to the previous quarter, our unit’s rate was: □ higher x lower □ same
  The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ Other (please specify):

- **Key Action Steps:**
  Education with staff to discuss proper practice in caring for central lines.
  Scrub the hub.
  Newsletter
  Reviewing data with staff and educating them on best practice.
PERFORMANCE IMPROVEMENT PLANS FOR GENERAL SURG (PHILLIPS 22)
NURSING-SENSITIVE QUALITY INDICATORS

April-June 2012 (FY12 Q3)

FALLS:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ LEAF Program □ Other (please specify):

- Key Action Steps:

RESTRAINTS UTILIZATION:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Psych CNS Consult □ Sensory CART □ Other (please specify):

- Key Action Steps:

HOSPITAL ACQUIRED PRESSURE ULCERS:

- Summary of findings and analysis of performance:
  - This quarter, relative to the NDNQI Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, relative to the MGH Surgical Adult Mean, our rate was: □ higher □ lower □ same
  - This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ NDNQI Tutorial □ Other (please specify):

- Key Action Steps:

CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI):

- Summary of findings and analysis of performance:
  - This quarter, relative to the CDC Surgical Pooled Mean, our rate was: □ higher □ lower □ same
  - This quarter, compared to the previous quarter, our unit’s rate was: □ higher □ lower □ same
  
  The following factors could have influenced our performance:

- Improvement interventions in place and underway:
  □ Hourly Rounds □ Interdisciplinary Rounds □ Skin Bundle □ Other (please specify):

- Key Action Steps:
Hi Everyone,

I'm emailing you regarding the Tracer Schedule for September. In order to support the Excellence Everyday initiatives re infection control and to prepare staff for the DPH Infection Control survey (which can occur at any time), Deb Frost, Patti Shanteler and I will be facilitating Infection Control Tracers on the Neuroscience, Surgical and Orthopedic Units during the month of September. As you may remember, we conducted these tracers from October 2011 through January 2012. The tracers, which take about an hour, differ from the usual format and focus on the environment and on observation and interview of RNs, OA's and USA's regarding infection control practices.

Attached is the schedule. If the date/time doesn't work for you, feel free contact your tracer facilitator to reschedule.

Thanks,
Carol

[Attachment EP 32.i]
POTENTIAL SURVEY DATES
Regulatory surveys are unannounced; following are windows of time within which they will likely occur:

Department of Public Health (DPH) Infection Control Survey:
anytime during 2012

Joint Commission Hospital Survey:
anytime between now and August 31, 2012

Excellence Every Day Regulatory Readiness Resource Guides:
Operations Associates
Patient Care Associates
Patient Care Services Licensed Staff
Unit Service Associates
**Tuesday Take Away:**

**Medication Safety**

*What is the main “take away” message?*

**MEDICATION SAFETY =**

*right patient-right medication-right dose-right time-right route and right documentation*

<table>
<thead>
<tr>
<th>Safety Concern:</th>
<th>Strategies to keep patients safe:</th>
</tr>
</thead>
</table>
| **Identification of HIGH RISK medications**  
  - Anticoagulants  
  - Chemotherapy  
  - Concentrated Electrolytes  
  - Insulins  
  - Opioids |  
  - limited available concentrations  
  - limited availability with profiling  
  - Use of drug library  
  - Medication scanning in eMAR  
  - Independent double check with argatroban and lepirudin  
  - Safety stock for insulin-RN scans vial upon return to Omni cell |
| **Identification of SALAD medications**  
  **(SOUND ALIKE-LOOK ALIKE)** |  
  - Tall Man lettering in Omni cell  
  - Profiling in place so the Pharmacist selects product to complete the order  
  - Scanning in eMAR to insure the product matches approved product  
  - Alerts with a pharmacy suggested dose instruction for identified SALAD- e.g. HYDROMorphone and OXYcodone |
| **RN prepared Admixtures** |  
  - Nurses prepare admixtures ONLY in an emergency or the drug has a short stability  
  - Nurses who prepare admixtures MUST be properly trained |
| **Range orders** |  
  - Decision on what dose to give within a range should be based on the patient specific information; ie. patient’s clinical picture, history of response to the drug, patient age, and/or patient weight |
| **Insulins** |  
  - Label the syringe drawn up in the medication room if the there is a chance that the syringe will be “put down” prior to administering it to patient (break in process)  
  - Do not return a multidose vial to the medication room if it was taken to the patient room |
| **Multidose vials** |  
  - There are 2 types of multidose vials delivered to the inpatient units- Insulins and Tuberculin  
  - The vials are labeled in Pharmacy with the 28 day expiration flag |

For more information please call Patient Care Services Quality and Safety at **3-0140**

**Tuesday Take Away:**

**Pain Assessment**

*What is the main “take away” message?*

The frequency of pain assessment and the type of pain scale used is individualized to the patient and pain management strategy used.

**Do all patients have to be screened for pain?**

- All inpatients are screened for the presence of pain at least once on admission to the hospital. Outpatients are screened for the presence of pain in a manner that is consistent with the setting, treatment rendered, and patient condition.

**If pain is a problem what are the documentation requirements?**

For patients complaining of pain at or above the mid-point of the pain scale (e.g. >5 on number scale) more comprehensive pain assessment documentation should include:

- Location
- Intensity
- Nature

Note: Patients reporting a pain level of 5 or above require an intervention (analgesic or comfort measure) or a referral for evaluation and treatment.

**How do you decide what type of pain scale to use?**

MGH has identified pain scales to assist providers in adequately identifying pain levels. The pain scale chosen should be based on the patient’s age and ability to verbalize his/her pain. Pain scales should be consistent for an individual patient so that all team members are reviewing pain assessment and re-assessment data the same.

<table>
<thead>
<tr>
<th>Age / Ability</th>
<th>Pain Scales*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics (&lt;3 months) FLACC, Faces</td>
<td>N-PASS (Numeric, Verbal Descriptor, or Functional Pain Scale)</td>
</tr>
<tr>
<td>Verbal Adults</td>
<td>CNPI (General care), CCPOT (ICU), ANPS (PACU, Neuro-ICU)</td>
</tr>
<tr>
<td>Non-verbal or critically ill</td>
<td>PAINAD</td>
</tr>
<tr>
<td>Delirium or Dementia</td>
<td></td>
</tr>
</tbody>
</table>

*All Scales Calibrated on a 0-(no pain) – 10 (worst pain) metric

**How often should we re-assess patients receiving pharmacological intervention?**

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Assessment Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting Analgesics</td>
<td>Within an hour</td>
</tr>
<tr>
<td>Long-acting Analgesics</td>
<td>Within an hour then every 4 hours</td>
</tr>
<tr>
<td>Ongoing therapy (e.g. PCA, epidural, IV infusions)</td>
<td>Within an hour then every 4 hours</td>
</tr>
</tbody>
</table>

For more information please call Patient Care Services Quality and Safety at 3-0140

We are actively doing things to improve patient safety.

Average Score for Nursing Resources 85

Compare Average Score To
75th Percentile: 88
50th Percentile: 84
25th Percentile: 80

*Facility and System scores may differ based on the facility and work setting permissions that have been granted to the user that is downloading the reports.

Pascal Metrics Patient Safety Organization #0047 – Privileged and Confidential Patient Safety Work Product. Not Subject to Discovery and Cannot be Used as Evidence.
Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts.

<table>
<thead>
<tr>
<th>Group</th>
<th>Average % who responded Disagree or Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (Attending)</td>
<td>75</td>
</tr>
<tr>
<td>Physician (Fellow)</td>
<td>75</td>
</tr>
<tr>
<td>Technologist</td>
<td>72</td>
</tr>
<tr>
<td>Support - Administrative</td>
<td>71</td>
</tr>
<tr>
<td>Support - Clinical</td>
<td>70</td>
</tr>
<tr>
<td>Support - Other</td>
<td>64</td>
</tr>
<tr>
<td>Support - Other - 90</td>
<td>64</td>
</tr>
<tr>
<td>Therapist</td>
<td>61</td>
</tr>
<tr>
<td>Administrator/Manager</td>
<td>50</td>
</tr>
</tbody>
</table>

*Facility and System scores may differ based on the facility and work setting permissions that have been granted to the user that is downloading the report.

Fiscal Metrics Patient Safety Organization #0047 – Privileged and Confidential Patient Safety Work Product. Not Subject to Discovery and Cannot be Used as Evidence.
Staff Perceived Impact on Work Experience

• Jan. ’11: I believe that the move to the Lunder Building will have an overall POSITIVE impact on my work experience.
  - 78% either somewhat or strongly agree
  - 13% either somewhat or strongly disagree

• Feb. ’12: I believe that the move to the Lunder Building has had an overall POSITIVE impact on my work experience.
  - 69% either somewhat or strongly agree
  - 23% either somewhat or strongly disagree
Staff Perceived Impact on Patient Care

- Jan. ’11: I believe that the move to the Lunder Building will have an overall **POSITIVE** impact on the ability to provide patients with the highest quality of patient care.
- Feb. ’12: I believe that the move to the Lunder Building has had an overall **POSITIVE** impact on the ability to provide patients with the highest quality of patient care.

- 79% either somewhat or strongly agree
- 73% either somewhat or strongly agree
Welcome to MGH RN Orientation! Central RN Orientation is coordinated by the Norman Knight Nursing Center for Clinical and Professional Development (Knight Center) in collaboration with your unit-based nursing leadership. Your Central RN role orientation to MGH nursing includes in-class presentations, skills training, and independent activities.

HealthStream (HSTM) is a learning management system that holds information and course assignments that you will need to complete during your orientation. HSTM can be accessed from any computer; there is no encryption requirement to use HSTM. To access HSTM from outside the hospital, use: www.Partners.org/healthstream. On site, go to Start → Partners Applications → Utilities → HealthStream.

In order to obtain contact hours from the HSTM learning management system in the future, click on My Profile tab → Manage Discipline License Information → Add Discipline License Information → select state (Massachusetts) and type of license (registered nurse). You do not need to enter your license number.

Some of the HSTM courses are assigned to nurses new to Patient Care Services (PCS) in MGH, others are assigned by individual units and departments. The following Central RN Orientation courses are assigned to nurses within the department of Patient Care Services new to MGH and are located on My Learning Tab in HSTM

- MGH RN Orientation
- MGH American Heart Association 2010 Changes
- MGH Basic Respiratory Care
- Save Our Skin (SOS)

If you are not assigned these courses when you log onto HSTM, you can enroll in them as an elective course from the course catalog. Your completion will still be logged appropriately for your manager to view. L&D RNs and newborn units need to complete “Code Pink” to receive a pink ID badge.

The Knight Center also manages a SharePoint (S) site, an additional site that stores supplemental resources for Central RN Orientation with the course schedules, orientation calendars, required readings, skills checklists, self-directed learning packets, and the PowerPoint presentations used by the orientation speakers. SharePoint can be accessed only on the MGH intranet (you need to be on a hospital computer to access SharePoint).

To access SharePoint: On site, go to Start → Partners Applications → Utilities → My Sharepoint Sites → Type “RN orientation” in search box.

---

**Step-by-step directions for Medication, Blood Transfusion, and Basic Arrhythmia Assessment HSTM submissions:**

**Assessments must be saved to the H Drive or printed prior to closing out the module**

**Save corrected assessment to H drive:**
- Step 1: Answer all of the assessment questions
- Step 2: Click submit button to auto-correct
- Step 3: Go to File and select Save As...
- Step 4: Select location to store file: Save in My Computer…H drive (double click on H)
- Step 5: Select type of file: Save as type…select either *html file

**Send corrected assessment to CNS via email:**
- Step 1: Double click on corrected assessment file to open it
- Step 2: Go to File and hover over Send
- Step 3: Select Page by E-mail…
- Step 4: Single click on To
- Step 5: Type CNS last name and highlight from list
- Step 6: Under message recipients, single click on To (places name in the To box)
- Step 7: Single click on OK
- Step 8: Send E-mail
## The Norman Knight Center for Clinical and Professional Development
### Central RN Orientation Course Schedule

<table>
<thead>
<tr>
<th>Week/Day</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Supplemental resources</th>
<th>Assigned learning activities/assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>8:00 – 9:00</td>
<td>Welcome Overview of Orientation</td>
<td>Norman Knight Nursing Center (KNC) and Associate Chief Nurses</td>
<td>Patient Care Services associate chief welcome pptn (S)</td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td>9:00 - 9:50</td>
<td>Innovation</td>
<td>Gino Chisari or Innovation Team member</td>
<td>Innovation pptn (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:50 – 10:05</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10:05 – 11:00</td>
<td>Evidence Based Practice</td>
<td>Tom Blanchard, RN, CNS, Liz Johnson, RN, CNS, or Lynda Brandt, RN EBP, Clinical Project Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:00</td>
<td>Standards of Practice and Documentation</td>
<td>KNC Professional Development Specialists</td>
<td>2011 RNO overview and documentation pptn (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:10</td>
<td>Nutrition and Food Services Patient Menu Description</td>
<td>Sarah Ortiz: Nutrition &amp; Food Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:10 – 13:00</td>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13:00 – 13:30</td>
<td>Restraint Safety</td>
<td>KNC Professional Development Specialists</td>
<td>Lifting and handling patients (S)</td>
<td>Patient Safety Initiative: Restraints and Seclusion (HSTM)</td>
</tr>
<tr>
<td></td>
<td>13:30 – 14:15</td>
<td>POCT</td>
<td>KNC Professional Development Specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14:15 – 14:30</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|           | 14:30 – 16:00| IV and Transfusion Therapy                | Denise Dreher, RN, CRNI                      | 1. MGH RN Orientation IV ppnt (S)  
2. Transfusions ppnt (S)  
3. IV admixture learning guide packet (S)  
4. Competency IV admix assessment (S)  
5. IV competency assessment (S)  
6. Go with the Flow (S)                  | Blood Transfusion Self-Directed Packet (HSTM and S) |
<p>|           | 16:00 – 16:30| Self directed study                       |                                               |                                                                                        |                                            |</p>
<table>
<thead>
<tr>
<th>Week/Day</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Supplemental resources</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:00 - 9:00</td>
<td>65 plus Care</td>
<td>Deborah D’Avello, PhD, RN</td>
<td>1. 65 plus care 1.2011 ppnt (S)</td>
<td>1. Palmer SPICES (HSTM and S)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Geriatric Specialist</td>
<td>2. Dykes Fall Prevention (S)</td>
<td>2. Morse Fall Scale (HSTM and S)</td>
</tr>
<tr>
<td></td>
<td>9:00 – 9:45</td>
<td>Excellence Every Day</td>
<td>Mary Ann Walsh, RN or Deb Frost, RN</td>
<td>1. RNO Quality and Safety ppnt (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PCS Office of Quality and Safety</td>
<td>2. Patient Care Services</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Excellence Every Day website: <a href="http://www.mghpcs.org/EED">www.mghpcs.org/EED</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:45 – 10:00</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10:00 – 10:30</td>
<td>Patient Advocacy and Disability Program</td>
<td>Robyn Lipkis-Orlando, RN</td>
<td>Office of Patient Advocacy ppnt (S)</td>
<td>MGH Creating a Welcoming and Inclusive Environment for Patients with Disabilities (HSTM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Office of Patient Advocacy Zary Amirhosseini Disability Program Manager</td>
<td>Orientation Diversity ppnt (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10:30 – 11:00</td>
<td>Tobacco Treatment Services</td>
<td>Nancy McCleary, RN</td>
<td>Orientation slides tobacco treatment ppnt(S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:00</td>
<td>Infection Control</td>
<td>Infection Control Practitioners</td>
<td>Infection Control Nursing Orientation 2010 ppnt (S)</td>
<td></td>
</tr>
<tr>
<td>Blake basement room 002</td>
<td>12:00 – 13:00</td>
<td>Lunch with Nutrition and Food Services</td>
<td>Sarah Ortiz Nutrition and Food Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13:00 – 14:00</td>
<td>Culture and Diversity</td>
<td>Deb Washington, RN Director of Diversity PCS</td>
<td>Orientation Diversity ppnt (S)</td>
<td></td>
</tr>
<tr>
<td>West End House Basement</td>
<td>14:00 – 14:30</td>
<td>Case Management</td>
<td>Case managers</td>
<td>RN Case Management ppnt. (S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14:30 – 15:30</td>
<td>Respirator Fit testing</td>
<td>Safety Officer - Clearance by Occupational Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15:30 – 16:30</td>
<td>Self directed study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week/Day</td>
<td>Time</td>
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<td>Speaker</td>
<td>Supplemental resources</td>
<td>Assigned learning activities/assessments</td>
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<tr>
<td>Week 1</td>
<td>Day 3</td>
<td>8:00 – 9:00  Pain and its Management at MGH</td>
<td>Paul Arnstein, PhD, RN, CNS for Pain Relief</td>
<td>Pain folder (S)</td>
<td>Patient Safety Initiative: Pain Assessment and Reassessment (HSTM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9:00 – 11:00 Patient Education and Nursing Practice at MGH</td>
<td>Kate Fillo, RN, MPH Patient Education Nurse</td>
<td>Patient Education folder (S)</td>
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<td>11:00 – 11:15 Break</td>
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<td>11:15 – 11:45 Parenteral Nutrition</td>
<td>Janice Heavey, RN, MS Nutritional Support Unit</td>
<td>Nutrition folder (S)</td>
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<tr>
<td></td>
<td></td>
<td>11:45 – 12:15 Ceiling Lift system</td>
<td>KNC Professional Development Specialists</td>
<td>Ceiling Lift Video (S)</td>
<td></td>
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<td></td>
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<td>12:15 – 13:00 Lunch</td>
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<td></td>
<td>13:00 – 13:15 Electronic Resources (HSTM, SharePoint, TROVE, Med Manual)</td>
<td>KNC Professional Development Specialists</td>
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<tr>
<td></td>
<td></td>
<td>13:15 – 13:30 Temporal Artery Thermometers</td>
<td>KNC Professional Development Specialists</td>
<td>Temporal Artery Thermometer ppnt (S)</td>
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<tr>
<td></td>
<td></td>
<td>13:30 – 14:45 Infusion pumps</td>
<td>KNC Professional Development Specialists</td>
<td>Infusion pumps folder (S)</td>
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<td>14:45 – 15:00 Break</td>
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<tr>
<td></td>
<td></td>
<td>15:00 – 16:30 1. Medication assessment</td>
<td>KNC Professional Development Specialists</td>
<td>Electronic Medication Assessment references 1) Partners Handbook: Start → Partners Applications → Clinical References → Partners Handbook MGH Drug Formulary Lookup is very helpful 2) MGH Medication Manual: Start → Partners Applications → Clinical References → MGH Policies and Procedures TROVE → Medication Manual → Adult (or Pediatric) General Care Medication Guidelines. 3) Equianalgesia Conversion table: Pain folder in SharePoint Start → Partners Applications → Utilities → My Sharepoint Sites → Type “RN orientation” in search box → Day 3 → Pain Folder → Equianalgesia</td>
<td>Adult or Pediatric Medication Assessment (HSTM) A corrected copy of your assessment needs to be submitted by email to your Clinical Nurse Specialist. Answer all of the assessment questions and click submit to auto-correct. NOTE: You must save the auto-corrected assessment BEFORE exiting the program! Save the auto-corrected assessment to your H drive and send by email to your CNS. (For directions on saving and emailing, refer to step-by-step directions on p. 1 of this document.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Self-directed study</td>
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</tbody>
</table>
### The Norman Knight Center for Clinical and Professional Development
#### Central RN Orientation Course Schedule

<table>
<thead>
<tr>
<th>Week/Day</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Supplemental resources</th>
<th>Assigned learning activities/assessments</th>
</tr>
</thead>
</table>
| Week 2   | 8:00 – 9:30 | Provider Order Entry (POE)       | *KNC Professional Development Specialists*   | 1. POE and EMAPPS folder (S)  
2. Optional computer based training materials for eMAR and POE are available on MGH computers. On site, go to: Start → Partners Applications → Clinical References → CBT courses →eMAR CBT or MGH Order Entry | 1. Omnicell overview (HSTM)  
Patient Safety: Medications (HSTM)  
2. Medication Reconciliation (HSTM)  
3. Nursing Orders (HSTM)  
4. Nursing Discharge Module (HSTM)  
5. MGH Lab Express (HSTM)  
6. Patient Safety Initiative: Medication Storage (HSTM)  
8. MGH Heparin IV bolus (HSTM) |
| Day 4    | 9:30 – 9:45 | Break                          |                                              |                                                                                        |                                          |
|          | 9:45 – 12:15 | Electronic Medication Administration | *KNC Professional Development Specialists*   | 1. Medication administration folder (S)  
2. IV Admixture (S)  
3. Omnicell (S) |                                                                                        |
|          | 12:15 – 13:00 | Lunch                          |                                              |                                                                                        |                                          |
|          | 13:00 – 16:30 | Management of Aggressive Behavior (MOAB) | *MGH Police and Security*                  | Management of Aggressive Behavior (MOAB) handouts (S) | MOAB training (HSTM)                   |

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The Norman Knight Center for Clinical and Professional Development  
Central RN Orientation Course Schedule

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Week 3</td>
<td>8:00 – 9:00</td>
<td>Skin and Wound Care</td>
<td>Clinical Nurse Specialists</td>
<td>Skin and Wound folder (S)</td>
<td>1. Pressure Ulcer Modules (HSTM) link to NDNQI Pressure Ulcer Training. Complete all 4 modules. PRINT out Proof of Completion and submit to your CNS (Select option 2: Proof of Completion, No Contact Hours). 2. MGH Adult Braden Scale Measurement of Risk 3. MGH Pediatric Braden Scale Measurement</td>
</tr>
<tr>
<td>Day 5</td>
<td>9:00 – 10:00</td>
<td>Respiratory Care</td>
<td>Neila Altobelli, RRT and CNS</td>
<td>Respiratory folder (S)</td>
<td>MGH Basic Respiratory Care: Complete all 6 modules and post-test (HSTM)</td>
</tr>
<tr>
<td></td>
<td>10:00 – 10:15</td>
<td>Break</td>
<td></td>
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<tr>
<td></td>
<td>10:15 – 12:00</td>
<td>Basic Arrhythmia Review</td>
<td>KNC Professional Development Specialists</td>
<td>Basic Arrhythmia Program folder (S) has a copy of the Basic Arrhythmia ppt located on HSTM</td>
<td>1. Basic Arrhythmias ppt (HSTM)</td>
</tr>
<tr>
<td></td>
<td>12:00 – 13:00</td>
<td>Lunch</td>
<td></td>
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<tr>
<td></td>
<td>15:30 – 16:30</td>
<td>Self-directed study</td>
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</table>
## The Norman Knight Center for Clinical and Professional Development
### Central RN Orientation Course Schedule

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<th>Supplemental resources</th>
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<tbody>
<tr>
<td></td>
<td>8:00 – 9:00</td>
<td>Introduction to the Psychiatric Nursing Consult Service</td>
<td>Psychiatric CNS Consultants</td>
<td>RN Orientation Psych ppnt (S)</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:15</td>
<td>Ethics and Nursing</td>
<td>Cynthia Lasala, RN, CNS and Chaplain</td>
<td>Ethics 2011 resources folder (S)</td>
</tr>
<tr>
<td></td>
<td>10:15 – 10:30</td>
<td>Break</td>
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</tbody>
</table>
|          | 10:30 – 11:30| Clinical Recognition, Reflective Practice, and Collaborative Governance | Mary Ellin Smith, RN, Professional Development Manager | 1. Program overview ppnt (S)  
2. Reflection Narrative orientation2 ppnt (S)  
3. Collaborative Governance Orientation 2010 ppnt (S)  
4. whatisreflectivepractice (S)  
Reflective practice (HSTM) link to Amulya article “What is Reflective Practice?” also located in (S) |
|          | 11:30 – 12:30| Conflict Engagement in a Hospital Setting    | Susan Morash, RN Nursing Director             | Conflict module Morash  
5.18.10 ppnt (S)                                                                                      |
|          | 12:30 - 13:30| Lunch                                         |                                              |                                                                                        |
2. MGH Basic Arrhythmia Assessment (HSTM)  
A corrected copy of your assessment needs to be submitted by email to your Clinical Nurse Specialist. Answer all of the assessment questions and click submit to auto-correct.  
NOTE: You must save the auto-corrected assessment BEFORE exiting the program!  
Save the auto-corrected assessment to your H drive and send by email to your CNS.  
(For directions on saving and emailing, refer to step-by step directions on p.1 of this document.) |

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The Norman Knight Center for Clinical and Professional Development
Central RN Orientation Course Schedule

Quick reference: RN Orientation on HealthStream (HSTM)

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Additional assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation required reading:</strong></td>
<td><strong>Orientation required reading:</strong></td>
<td><strong>Orientation required reading:</strong></td>
<td><strong>Orientation required reading:</strong></td>
<td><strong>Assigned stand alone HSTM courses:</strong></td>
</tr>
<tr>
<td>- Blood Transfusion Self Directed Packet</td>
<td>- Omnicell overview</td>
<td>- Pressure Ulcer Modules (NDNQI)</td>
<td>- Reflective Practice</td>
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<tr>
<td>- SPICES Article</td>
<td>- Patient Safety: Medications</td>
<td>- Basic arrhythmias</td>
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<td>- Morse Fall Scale</td>
<td>- Medication Reconciliation</td>
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<tr>
<td>- Nursing Orders</td>
<td>- Nursing Discharge Module</td>
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<thead>
<tr>
<th><strong>Assigned stand alone HSTM courses:</strong></th>
<th><strong>Assigned stand alone HSTM courses:</strong></th>
<th><strong>Assigned stand alone HSTM courses:</strong></th>
<th><strong>Assigned stand alone HSTM courses:</strong></th>
<th><strong>Assigned stand alone HSTM courses:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patient Safety Initiative: Pain Assessment and Reassessment</td>
<td>- MGH LabExpress</td>
<td>- MGH Pediatric Braden Scale Measurement</td>
<td>- MGH American Heart Association 2010 Changes</td>
<td></td>
</tr>
<tr>
<td>- Patient Safety Initiative: Restraints and Seclusion</td>
<td>- Patient Safety Initiative: Medication Storage</td>
<td>- MGH Adult Braden Scale Measurement of Risk</td>
<td>- Save Our Skin (SOS)</td>
<td></td>
</tr>
<tr>
<td>- MGH Creating a Welcoming and Inclusive Environment for Patients with Disabilities</td>
<td>- Patient Safety Initiative: Medication Security</td>
<td>- Physiologic Monitors Course 1: Alarm Safety</td>
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<td></td>
<td>- MGH Heparin IV Bolus</td>
<td>- Physiologic Monitors Course 2: Nursing Practice</td>
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<tr>
<td></td>
<td>- MOAB</td>
<td>- Physiologic Monitors Course 3: Decision to Monitor</td>
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<td></td>
<td></td>
<td>- Basic Respiratory Care</td>
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</tbody>
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<thead>
<tr>
<th><strong>HSTM Learning Activities:</strong></th>
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<th><strong>HSTM Learning Activities:</strong></th>
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<tbody>
<tr>
<td>- Adult Medication Assessment</td>
<td>- Basic Respiratory Assessment</td>
<td>- Blood Transfusion Post Assessment</td>
</tr>
<tr>
<td>- Pediatric Medication Assessment</td>
<td></td>
<td>- Basic Arrhythmia Assessment</td>
</tr>
</tbody>
</table>

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Patient Care Services
Quality and Safety
RN Orientation: Day Two

Debra Frost & Mary-Ann Walsh

Quality and Safety…

➢ What is Quality & Safety
➢ What is Quality & Safety for Patient Care Services
➢ What is Quality & Safety for your role

What is Quality Care…

➢ Keeps healthy people healthy
➢ Cures acute illness
➢ Allows people with chronic illness to live long fulfilled lives

What Quality is not…

➢ Overuse
➢ Under-use
➢ Misuse

Sometimes we really get it
WRONG... Never Events

Other examples of things gone wrong…
Errors…

- 1999 Institute of Medicine report: 98k people/yr die as a result of medical error
- Failure to follow standard care or institutional practices and policies
- 18 types of medical errors account for 9.3 billion in charges and 2.4 million extra hospital stays
- 28 events are largely preventable and mandated for reporting: i.e., surgery: wrong body part, wrong patient, retention of foreign object, intra operative or immediate post operative death

What would quality look like if we got it right…

http://www.youtube.com/watch?v=mMiqdlWvqOs
http://www.youtube.com/watch?v=5vQxunprlsQ

6 Aims/Dimensions of Quality

- Safe: Avoid harm/injury from treatment
- Effective: Care is consistent with current scientific knowledge… it does what it is intended to do.
- Patient-centered: Care is provided in a manner that is consistent with patient’s personal values and beliefs.
- Timely: Reduce unnecessary delays and wait times
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Accessible/Equitable: Access to care and quality are equal for all

What’s driving the Quality Agenda

- Increased Focus on Quality and Safety
- Regulatory agency requirements: CMS, JC, DPH
- Payers: pay for performance, targets/incentives/accountable care organizations
- Public access/reporting

Nursing Quality and Safety

- Florence Nightingale-correlated pt outcomes to environmental conditions
- 1990’s ANA-evaluated nurse staffing and pt outcomes
- 1994 ANA-studied links between nurse staffing and quality of care
- Today-10 nursing sensitive indicators to evaluate patient care quality

Nurse Sensitive Indicators NDNQI

- Identify structures of care and processes which influence outcome
- Distinct and specific to nursing
- Nursing has a responsibility to: Measure, Evaluate and Improve practice
- NDNQI mission is to provide research based, national, comparative data on nursing care and relationship to patient outcomes
Nurse Sensitive Indicators

- Nursing Staff Skill Mix*
- Nursing Hours per Patient Day*
- Assault/Injury Assault Rates
- Catheter-Associated Urinary Tract Infection Rate*
- Central Line-Associated Blood Stream Infection Rate*
- Fall/Injury Fall Rates*
- Hospital/Unit Acquired Pressure Ulcer Rates*
- Nurse Turnover Rate*
- Pain Assessment/Intervention/Reassessment Cycles Completed
- Peripheral IV Infiltration Rate
- Physical Restraint Prevalence
- RN Education/Certification
- RN Survey
- Practice Environment Scale*
- Job Satisfaction
- Ventilator-Associated Pneumonia Rate*

Endorsed by NQF * recently submitted

Patient Care Services

Strategic Goals for 2011-2012

- Enhance staff responsiveness to patients and families
- Implement hourly safety rounds
- Reduce hospital-acquired pressure ulcers (falls)
- Maintain accreditation with the Joint Commission and designation as a Magnet hospital
- Improve hospital cleanliness
- Enhance equitable care for patients
- Enhance Care delivery by improving the efficiency and effectiveness of systems
- Increase direct care time
- Prevent unnecessary readmissions
- Reduce non-salary expenses
- Enhance staff input in decision making that influences care delivery
- Increase efficiency and education offerings across PCS departments

Improving Performance...

- Hospital Initiatives
  - Hand Hygiene
  - Electronic Medical Documentation
  - Hospital cleanliness
- Department Initiatives
  - Patient Safety Rounds
  - Falls, “L.E.A.F Program”
- Unit Based Initiatives
  - Ellison 12 quiet zone for medication administration

Patient Care Services Office of Quality and Safety

- Strives for Excellence Every Day
- Engage patients, families and staff across disciplines and role groups
- Ownership and shared accountability
- Ensure care that is safe, effective, timely, efficient, equitable and patient centered

So what’s my role?...

- Quality starts with You at the bedside…one patient at a time
- Report errors and near misses
- Know your units status and strategies for improvement in key safety initiatives
- Work towards Excellence Everyday
- Work from an Evidence Based Practice Framework
- Communicate, Innovate, Educate and Report
### Falls Per 1000 Patient Days

<table>
<thead>
<tr>
<th>Fiscal Year/Quarter</th>
<th>2010 Q4</th>
<th>2011 Q1</th>
<th>2011 Q2</th>
<th>2011 Q3</th>
<th>2011 Q4</th>
<th>2012 Q1</th>
<th>2012 Q2</th>
<th>2012 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Med (White 11)</td>
<td>4.76</td>
<td>2.43</td>
<td>4.01</td>
<td>4.48</td>
<td>6.00</td>
<td>2.60</td>
<td>4.39</td>
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</tr>
<tr>
<td>NDNQI Medical-Adult Mean</td>
<td>3.95</td>
<td>3.91</td>
<td>3.87</td>
<td>3.64</td>
<td>3.72</td>
<td>3.76</td>
<td>3.49</td>
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### Percentage of Patients With Physical Restraints (Limb and Vest)

<table>
<thead>
<tr>
<th>Fiscal Year/Quarter</th>
<th>2010 Q4</th>
<th>2011 Q1</th>
<th>2011 Q2</th>
<th>2011 Q3</th>
<th>2011 Q4</th>
<th>2012 Q1</th>
<th>2012 Q2</th>
<th>2012 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Med (White 11)</td>
<td>0.00%</td>
<td>4.55%</td>
<td>4.55%</td>
<td>4.17%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>NDNQI Medical-Adult Mean</td>
<td>0.94%</td>
<td>0.93%</td>
<td>1.08%</td>
<td>0.70%</td>
<td>0.80%</td>
<td>0.76%</td>
<td>0.78%</td>
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</tbody>
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### General Med (White 11) vs. NDNQI Medical-Adult Mean (Hospitals With >= 500 Beds)

**Falls per 1000 Patient Days**

![Graph showing falls per 1000 patient days]

**Percentage of Patients With Physical Restraints (Limb and Vest)**

![Graph showing percentage of patients with physical restraints]
Massachusetts General Hospital
Patient Care Services Office of Quality and Safety

General Med (White 11) Medical-Adult

### Percentage of Patients With Hospital Acquired Pressure Ulcers

<table>
<thead>
<tr>
<th>Fiscal Year/Quarter</th>
<th>2010 Q4</th>
<th>2011 Q1</th>
<th>2011 Q2</th>
<th>2011 Q3</th>
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<th>2012 Q2</th>
<th>2012 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Med (White 11)</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4.55%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>NDNQI Medical-Adult Mean</td>
<td>3.11%</td>
<td>3.07%</td>
<td>3.28%</td>
<td>2.81%</td>
<td>2.93%</td>
<td>2.76%</td>
<td>2.64%</td>
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</table>

### Central Line-Associated Bloodstream Infection (CLABSI) Per 1000 Central Line Days

<table>
<thead>
<tr>
<th>Fiscal Year/Quarter</th>
<th>2010 Q4</th>
<th>2011 Q1</th>
<th>2011 Q2</th>
<th>2011 Q3</th>
<th>2011 Q4</th>
<th>2012 Q1</th>
<th>2012 Q2</th>
<th>2012 Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Med (White 11)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>CDC/NHSN Medical Pooled Mean</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1.10</td>
<td>1.10</td>
<td>1.10</td>
<td>1.10</td>
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</tr>
</tbody>
</table>

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### General Med (White 11) vs. NDNQI Medical-Adult Mean
(Hospitals With >= 500 Beds)

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### General Med (White 11) vs. CDC/NHSN Medical Pooled Mean
(Major Teaching Hospitals)
Excellence Every Day represents an MGH commitment to providing the highest quality, safest care that meets or exceeds all standards set by the hospital and external organizations.

A focus on geriatric care

AN MGH NARRATIVE

Ms. J. was brought to the hospital following a stroke and had a long stay due to an independent living situation that was no longer safe for her. Early in her course she was quite confused and agitated, often refusing care or combative with staff attempting to provide her care. more...

Susan Gage, MSN, RN
Ellis 16, General Medical

65 PLUS

65 Plus is an interdisciplinary program of Patient Care Services responsible for planning and implementing initiatives to enhance the care of older adult patients throughout the hospital. The program focuses on improving knowledge and practices regarding the care of older adults; enhancing age-specific evidence-based practice; improving the healthcare experience for older adult patients and their families; and supporting clinicians caring for older adult patients. Read more...

"The Plus of 65plus"

Older Adults & Pain

Preventing Falls

Implementation of Falls Prevention Fairs in Senior Housing to Increase Participation in Fall Prevention Programs

Geriatric Certification

The E. Louise Berke Fund for Gerontological Nursing reimburses registered nurses working in Patient Care Services for the cost of the gerontology specialty certification and re-certification exams.

The Importance of Gerontology Certification for Quality Patient Care

- PCS Professional Certification Information
- ANCC Geriatric Certification
- Consult Geri Certification Review Course (Free)
- Geriatric Certification Tool Kit

Geriatric Clinical Assessment Tools

The Hartford Institute for Geriatric Nursing has created evidence-based tools to support geriatric assessment.

- Try This: Spices
- Try This: Mini-Cog
- Try This Assessment Tools
- AJN Nursing Center Try This Videos

MGH CONTACT

Deborah D'Apolio, PhD, APRN-BC, Geriatric Specialist, Nurse Scientist and MGH 65 Plus, NICHE Leader
Ellis 6, Office 635
Phone: 617-643-4873
Fax: 617-726-1025

RESOURCE READING

www.mghpcs.org/eed_portal/index.asp
Articles:
Numerous articles and websites are available to support clinicians care of older adults.

- Institute of Medicine: Retool for an Aging America
- How to Try This: Fulmer SPICES Article

Books:
- Evidence Based Geriatric Nursing Protocols for Best Practice. Fourth edition Springer series, Capezuti, E. Editor, (2011)
- Hazzard's Geriatric Medicine And Gerontology: Sixth Edition (Principles of Geriatric Medicine & Gerontology) (2009), by Jeffrey Hazzard (Author), William Hazzard (Author), Joseph Ouslander (Author), Mary Tinelli (Author), Stephanie Jadusenski (Author), Kevin High (Author), Sanjay Aethana (Author)
- Nursing for Wellness in Older Adults. Miller, Carol, A., (2008). Case Western Reserve University. Clev Frances Payne Bolton School of Nursing (Author)

WEB-BASED RESOURCES
- American Nurses Association (ANA) - Geriatric Nursing
  The official geriatric nursing Web site for the American Nurses Association (ANA).
- The John A. Hartford Foundation Institute for Geriatric Nursing - the gateway to NICHE
  The evidence-based geriatric clinical nursing website of the Hartford Institute for Geriatric Nursing, at New York University's College of Nursing and NICHE providing an online resource for nurses in clinical and educational settings.
- The Gerontological Society of America
  A not-for-profit multidisciplinary organization dedicated to the scientific study of aging and to the translation of research for practice and policy
- National Gerontological Nurses Association (NGNA)
  The National Gerontological Nurses Association (NGNA) is dedicated to the clinical care of older adults. Members include clinicians, educators, and researchers with different educational preparation, clinical roles, and interests in practice issues.

Click here to view a list of more sites...

EXTERNAL REVIEWERS

Magnet Recognition

The American Nurses Credentialing Center (ANCC) requires Magnet-designated organizations to track nationally-benchmarked sensitive indicators (NISIs) to continually inform improvement efforts related to patient outcomes. Examples of NISIs include, but are not limited to: patient falls, hospital-acquired pressure ulcers, bloodstream infections, ventilator-associated pneumonia, and restraint use.

GLOSSARY OF TERMS

click here...

There are numerous terms and acronyms in healthcare that may be unfamiliar. Please click here to visit a Glossary of Terms that may be helpful. And please email any suggested additions.

This month's featured term:

Excellence Every Day represents an MGH commitment to providing the highest quality, safest care that meets or exceeds all standards set by the hospital and external organizations.

If you have questions or suggestions related to the EED portal, please contact Georgia Peirce at (617) 724-9865 or via email at gpeirce@partners.org.

updated 7/5/12

www.mghpcs.org/eed_portal/index.asp
Caring
Headlines
March 15, 2012

Medication reconciliation: one of four key hospital-wide
Process Improvement
Initiatives

Read more about process improvement initiatives in Jeanette Ives Erickson’s column on page 2

Ellison IT cardiac nurse, Erica Lessard, RN, reviews medication list with patient, Donald Jolie, to ensure up-to-date medication reconciliation.

The newsletter for Patient Care Services
Massachusetts General Hospital
Jeanette Ives Erickson

Process Improvement Initiatives support Excellence Every Day

When I think about The Joint Commission, I think of an organization whose only goal is to help improve quality and safety for patients and families. Consider this passage from their website: “Joint Commission accreditation... is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting performance standards. Our mission is to continuously improve health care for the public in collaboration with other stakeholders by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”

Where have I heard that before? What about the mission of Patient Care Services:

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

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

I think it's fair to say that the The Joint Commission’s interests, goals, and concerns are closely aligned with, if not identical to, our own.

It's not unusual during Joint Commission visits for surveyors to ask staff about their knowledge of hospital-wide improvement efforts, of which we have many. Perhaps the most visible right now are the process-improvement initiatives related to:

- Medication reconciliation — Medication reconciliation, both for patients admitted to the hospital and those coming to the hospital for ambulatory care, means collecting and documenting a complete list of medications being taken by each patient. For ambulatory patients, the medication list is updated during each visit and reconciled to reflect any changes. Patients are given copies of their reconciled medication lists for their own records.

- Universal protocol — Universal protocol must be employed before all surgical and other invasive procedures that expose patients to more than minimal risk. Universal protocol ensures that the right patient receives the right procedure at the right site.

continued on next page
Jeanette Ives Erickson (continued)

The three components of universal protocol are:
1) pre-procedure verification
2) procedural site marking
3) a hard stop time-out
- Reducing hospital-acquired infections — MGH has focused a great deal on decreasing healthcare-associated infections through diligent hand-hygiene practices before and after patient contact and through the appropriate use of protective gloves, garments, and equipment
- Efficiency and effectiveness — A wide range of care redesign initiatives, including the implementation of innovation units, is helping us achieve greater efficiency and effectiveness in care delivery. Innovation units are designated inpatient units being used as testing grounds for change, allowing us to quickly determine whether new ideas should be adopted, adapted, or abandoned.

Recently, the PCS Office of Quality & Safety developed an updated version of the Excellence Every Day ID-badge ‘add-on’ to help staff keep these initiatives fresh in their minds. One side of the badge lists the Performance Improvement Initiatives I just mentioned; the other side lists the 2012 National Patient Safety Goals. These badges are being created for Patient Care Services staff but any MGH employee who would like to receive one may do so by calling 3-0140. They will be available beginning March 26th.

The Joint Commission will visit MGH some time between now and August 31, 2012. Our commitment to Excellence Every Day is visible in everything we do — from our quality and safety efforts, to our innovative ideas, to the exquisite, evidence-based care we provide to every patient and family. For more information about the ID-badge add-ons or anything related to Joint Commission readiness, call 3-0140.

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October 12, 2011

- **LAUNCH DATE TOMORROW: Interdisciplinary Grand Rounds—Oct. 13**
- Ether Day 2011—Oct. 14
- Blum Center programs—Oct.
- October is Health Literacy Month—Oct. 25
- MGH AccessAbility Fair—Oct. 19

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**LAUNCH DATE TOMORROW: Interdisciplinary Grand Rounds—Oct. 13**

The first of a new Interdisciplinary Grand Rounds will be held Thurs., Oct. 13, at 1:30p, in the O’Keeffe Auditorium, with an introduction of the Innovation Unit concept. All members of the MGH community are welcome to attend. The interactive presentation by Jeanette Ives Erickson, RN, DNP, FAAN, will focus on future challenges and opportunities in our efforts to improve the patient care delivery system. The formation of Innovations Units that promote and rely on interdisciplinary teamwork is one strategy to promote high-quality, safe, and effective patient-family care. The discussion will provide an ideal opportunity to share ideas regarding the formation of Innovation Units and interdisciplinary collaborations that build more effective care teams.

The concept of Interdisciplinary Grand Rounds come from a multidisciplinary PCS team that recently analyzed opportunities to increase educational efficiency across all role groups. The group recommended developing continuing education programs that specifically targeted an interdisciplinary audience.

For more information, please contact The Institute for Patient Care at x6-3111.

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**New Fire Drill Procedure coming—Oct. 2011**

In an effort to make future drills more efficient and effective, and to meet all regulations, the PCS code red drill process has been redesigned and will begin this month. There will be NO CHANGE in fire safety education or in the response to a Code Red. The only change involves the way in which drills are conducted. The orange cards worn with ID badges still list the appropriate RACE response steps and have not changed.

When a drill or actual event occurs in your area, please remember the following:
- Drills will be coordinated with actual alarm testing—a requirement of The Joint Commission, except at night when a flashing light will be used. When you hear an alarm, you are expected to respond.
Whenever the building fire alarm sounds, always respond as if involved in a real event and according to your unit’s fire plan.

Your role is to be very familiar with your unit-specific fire plan.

Floors not sounding an evacuation signal will account for all patients and stand by.

The drill coordinator will assess the unit’s response according to the RACE fire plan steps: (R = Rescue – A = Alarm – C = Contain – E = Extinguish/Evacuate)

Night Shift Drills will be conducted using strobe lights rather than audible alarms. During drills coordinated with alarm testing, you may be instructed to activate a fire alarm pull station. Only do so if instructed by drill coordinator.

If you have questions about the revised fire drill procedure, please contact either of your unit’s Operations Managers.

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Ether Day 2011—Oct. 14
Join us for our annual Ether Day celebration – an opportunity to recognize MGH employees for their years of service. Ether Day is held annually in October, on the Friday closest to the anniversary of the first use of ether as an anesthetic, which took place at MGH on Oct. 16, 1846. This year we will celebrate employees who have worked at the MGH for 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55 and 60 years.

There will be an on-campus reception for employees on Friday, Oct. 14, under the Bulfinch Patio Tents from 2 to 3:30 pm. All are welcome!

Employees who are being recognized this year will receive their Ether Day pin and ribbon prior to the celebration through their department. All honorees are encouraged to wear their pins and ribbons proudly on the day of the hospital-wide celebration. Take a look around and see the amazing dedication of MGH employees!

Employees celebrating milestone anniversaries of 20 or more years will be honored at a formal dinner on Oct. 20 at the Westin Boston Waterfront Hotel. Those celebrating a milestone of 20 years or more will receive invitations at their home.

For more information, e-mail MGHHREvents@partners.org.

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Blum Center programs—Oct.
The Maxwell & Eleanor Blum Patient and Family Learning Center will host several National Health Observances (NHO) Talks for patients and staff. All programs will be held in the Blum Center, White 110, from noon to 1:00p, and are free and open to Mass General staff and patients. No registration needed.

Understanding Autism— Tues., Oct. 18
Learn about autism with Sara Broder-Fingert, MD, and Susan L Connors, MD, in honor of Disability Awareness Month.

Understanding ALS— Weds., Oct. 19
Learn about ALS with Darlene Sawicki, RN, and Amy Swartz, PT in honor of Disability Awareness Month.

“In Our Own Voices”— Thurs., Oct. 20
Volunteers from the National Alliance on Mental Illness (NAMI) will share their stories about living with a mental illness.
October is Health Literacy Month—Oct. 25
In celebration of Health Literacy Month, the Collaborative Governance Patient Education Committee and The Maxwell & Eleanor Blum Patient and Family Learning Center will host “Health Literacy: Just the Facts Ma’am,” a presentation for staff on health literacy, Tues., Oct. 25, from noon to 1:00p, Haber Conference Room, Blake 1. The featured speaker will be Jen Searl, MLS, health educator, The Blum Center. No pre-registration required. Please call the Blum Center at x4-7352 for more information.

MGH AccessAbility Fair—Oct. 19
In honor of National Disability Awareness Month, the Office of Patient Advocacy and The Council on Disability Awareness invite you to the first annual AccessAbility Fair, Wednesday, Oct. 19, from 10:00a to 4:00p, in the Bulfinch Tent. Featured topics will include “Know your body, know yourself,” adaptive equipment and technology, and hospital and community resources. There will be raffle prizes, “Beep Ball” and more! For more information or to request disability accommodation, please contact: mghaccessibility@partners.org.

“It’s not what you say... it’s how you play.”

—Tom Brady

To submit items to PCS NEWS you can use, please contact Georgia Peirce at gwpeirce@partners.org or x4-9865.
A Nursing Reflection

Nursing journey about always striving to set the bar higher

— by Clare Swan, RN, staff nurse

Nothing compares to reading Ayn Rand beneath the New York skyline or studying Nietzsche atop a mountain summit. Nothing, that is, except being a player in the real-life game of nursing. Imagine Florence Nightingale moving among soldiers’ beds lined up like fallen dominoes, holding a dying boy’s hand, mopping a feverish brow with a cool cloth, or touching water to parched lips. What’s the connection between this scenario and nursing today? The connection is elemental, and difficult to analyze without seeming almost voyeuristic.

As a young, impressionable high-school graduate, I decided to become a nurse because I wanted a vocation that would allow me to move from place to place and always be able to find a job — to work whatever shift I wanted and get a decent wage for it. But other occupations afforded that luxury; so why nursing? Or more to the point, why have I stayed a nurse all these years?

Why have I stayed a nurse all these years?
As every nurse knows, when you talk about your job, just about everyone’s response is, “I could never do that.”

Friends of mine had become nurses, and surely that influenced my initial decision. But as every nurse knows, when you talk about your job, just about everyone’s response is, “I could never do that.”

Why is that?

I’d like to be able to say that nurses are a special breed — sensitive, compassionate, empathetic. There’s no doubt that those traits are necessary to be a good nurse. But I compare nurses to poets who try to strip away the trappings of culture and civilization and get to the very basics of existence — love, procreation, spirituality, death — to marvel at the universe revealed in a blade of grass and somehow bear witness to it. Nurses experience all this and more.

The average person would look away, uncomfortable, anxious, maybe even sickened, if she encountered what nurses encounter on a daily basis. And for good reason. In the past 45 years, I’ve inserted my gloved hand into a craterous opening in a man’s back to pack his wound. I’ve watched a doctor slice a pregnant woman’s belly open to save the life of an infant. I cared...
A Nursing Reflection (continued)

for a man who had murdered his wife and her lover then shot himself in the head, but managed to survive. I've comforted the family of a young paraplegic who took his own life on my watch and cursed him for doing so. I cared for a paralyzed man my own age who couldn't speak and was believed brain-damaged for 20 years. He was 'warehoused' in a nursing home until a speech therapist taught him Morse code and rescued him from oblivion. I've pushed my breath into a dead man's lungs trying desperately and futilely to revive him and carried the memory of his putrid breath with me for weeks afterward. I've watched miraculous recoveries, slow painful deaths, families who deserted their loved ones, and families who stood vigil until the last breath expired. I've seen courage and despair in equal measure and wondered if I'd be capable of mustering one or surviving the other.

These are the things, good and bad, that test nurses on a daily basis. We understand what really matters in life because we see what matters, and only what matters, every day... Nurses are like rubbernecker's passing a wreck on the freeway, voyeurs with a job to do. We know that each experience is a kind of gift that teaches us and shapes our practices. There's a small measure of guilt in being a nurse. Over the years, I've received more from my patients than I was ever able to give them. All nurses understand this: in an intangible, human way, there's more coming in than going out. Maybe that's why we do it. To feed the flame.

So what is this thing called compassion? The first seven letters spell, 'compass.' Like a compass, compassionate care takes you in all directions while having a profound effect on your professional practice. It heightens the importance of every interaction with every patient, as each contact is potentially a key factor in the healing process. As patients are so much more than their individual parts, caring and communication become components of healing. Nurses enter into therapeutic partnerships where each patient's autonomy is respected. To feel genuine compassion, I believe you have to be with the patient. Their cries, their words, their facial expressions, their body language motivate you to alleviate their pain. We do what we can to alleviate pain, and when we can do nothing else, we sit and watch and wait for a miracle.

Compassionate care is embodied in the knowledge and skill of its providers. Consider the case of a young woman diagnosed with breast cancer who has a needle-phobia and is about to begin chemotherapy. Watch as her fear and anxiety slip away at the hands of a nurse with expert knowledge and IV skills. Listening to and observing patients with all our nursing powers contributes to the diagnosis and treatment as much as all the high-tech tests and procedures.

Like Nightingale in the Army hospital, for whatever combination of compassion and art, we try to be faithful, we don't give up. As I reflect on my own nursing journey, I'm reminded of the importance of bringing compassion to our practice and always striving to set the bar higher.