The Association of American Medical Colleges named Massachusetts General Hospital its 2011 recipient of the Spencer Foreman Award for Outstanding Community Service. This award honors member institutions with a longstanding, major institutional commitment to addressing community needs. The award recognizes exceptional programs that go well beyond the traditional role of academic medicine and reach communities whose needs are not being met through the traditional health delivery system.

Massachusetts General Hospital was established on a foundation of service to community. As testimony, the words of Mass General founders, Drs. James Jackson and John Collins Warren, are carved into the wall at the hospital’s entrance: “When in distress, every man becomes our neighbor.” This fundamental principle is captured in the MGH mission, which was revised in recent years to explicitly reflect the hospital’s deep commitment to community outreach:

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

The commitment to ensuring that some of the most vulnerable among us can access the care they need and deserve continues to be carried out at the downtown hospital, as well as locally through three MGH Healthcare Centers in Revere, Chelsea, and Charlestown, as it has for more than 40 years.

Today, Mass General’s collaborative approach to community health improvement still involves listening to, and partnering with, communities. Nurses at all levels of the organization collaborate with other professionals in healthcare and community organizations to promote local, national and international efforts to address the health needs of the populations served. In addition, the MGH Center for Community Health Improvement (CCHI) serves as the hospital’s formal infrastructure for establishing partnerships that, for decades, have increased the hospital’s ability to respond effectively to the needs of the underserved patients in surrounding communities.

CCHI builds relationships and works with community partners to make measurable, sustainable improvement on some of the toughest health problems—like violence, obesity, and teen substance abuse. CCHI primarily works with and supports community coalitions in the neighboring towns of Chelsea, Revere and Charlestown that were created to address the unique needs of their citizens. The collaborative process starts with assessing the needs of the community through a participatory approach, identifying priority health challenges, then determining which evidence-based approaches will most effectively meet the community’s needs.

These partnerships have produced a variety of highly-targeted health improvement programs—36 in total (www.massgeneral.org/cchi/programs). Many are true team-based programs—free-standing and/or incorporated into the MGH healthcare infrastructure—with nurses

SE13: How the organization and/or nursing addresses the healthcare needs of the community by establishing partnerships
playing an integral or leadership role. The institutional commitment to community outreach is felt at all levels; MGH President Peter Slavin, MD, chairs the CCHI Advisory Committee, comprised of hospital and community leaders, which meets twice a year in an effort to build accountability. CCHI plans are regularly presented to the Board of Trustees to engage members in this work.

Local Communities:
- **Student Health Center (SHC) at Chelsea High School**
  (Similar model in Revere High School)

  MGH Chelsea has operated the Student Health Center (SHC) at Chelsea High School since 1990. The student population is 79% Hispanic, nearly 13 percent have limited English proficiency, and 67 percent are eligible for free or reduced priced lunches. Directed by Jordan Hampton, RN, MSN, CPNP, the goal of the SHC is to increase the number of high school students receiving primary and specialty health care to keep students healthy and in school. SHC provides confidential, comprehensive health care to teens who might otherwise not receive it, including physical exams, reproductive health care, mental health counseling, nutrition, preventive health education, and treatment for acute, episodic, and chronic illnesses. The SHC staff collaborates with health center primary care providers and specialists to ensure continuity of care and appropriate follow up. The SHC also provides classroom presentations on reproductive health, school-wide outreach activities and programs, a Young Parent Support Program, and sponsorship of the Stay in Shape program, designed to address health, nutrition, and physical activity among female students.

  By example, through the Young Parent Support program, the Nurse Director and an Outreach Social Worker meet with a group of high-risk students on a monthly basis. They also meet with them individually on a regular basis, focusing on many issues, including accessing health services (prenatal care, mental health), managing contraceptive needs postpartum, concrete services (housing, daycare), parenting education, and academic issues, all with the goals of reducing the risk for these students, keeping them healthy and in school. In the 2011-12 school year, the CHS Young Parent Support Program worked with 58 expectant or parenting students. Of the 35 students who completed the school year (did not drop out or transfer), 31 will move on to the next grade level (89%); 5 additional students who were retained are currently in summer school with the potential to advance. All (100%)
expectant parents enrolled in prenatal care in first trimester.

- **MGH Community Health Associates**

  MGH Community Health Associates (CHA) is dedicated to supporting the work of the MGH HealthCare Centers in Charlestown, Chelsea, Everett, and Revere and its affiliate, the North End Waterfront Health Center. MGH Community Health Associates works to support each of these HealthCare Centers in delivering comprehensive, high quality, primary and preventive health services including wellness and health promotion services to low income and underserved populations living and working in these communities. CHA develops innovative and evidence-based programs in the areas of health education and promotion, wellness, and disease management, community-based research and likewise finds solutions to programmatic challenges (e.g., attracting grant funding for critical programming and innovations to enhance and improve primary care services for patients in these communities). Programs are at CHA are onsite, at HealthCare Centers, in the local schools or in a community setting. The CHA Management team consists of experienced nurses with degrees ranging from baccalaureate to PhD, a Certified Health Education Specialist (CHES) and staff with a Master's in Public Health. The programmatic approach involves:

  - Strategic planning
  - Partnership building
  - Grant seeking
  - Fiscal and Grant Management
  - Clinical supervision
  - Program design and development
  - Outcome data collection and evaluation

- **The Wellness Center**

  Established in 2007, the goal of the Wellness Center is to enhance the well-being and quality of life for patients served through MGH HealthCare Centers. Under the direction of Kathleen Miller, RN, MA, PhD, AHN-BC, the Wellness Center provides programs that are interdisciplinary, grounded in holistic principles, culturally sensitive, easily accessible and affordable, and are integrated into primary care.
The Wellness Center offers the following programs exclusively to patients receiving Primary Care through an MGH provider:

- **Acupuncture**
- **Specialty Groups**
  - Healthy Lifestyle for Healthy Blood Pressure (MGH Revere patients only)
  - Learning to Be Smoke Free
  - Living Well with Chronic Pain
  - Parenting Support
  - Mind Body Groups for Depression and Anxiety (English and Spanish)
  - Parent Support Group
  - Sleep Well Be Well
- **Wellness "Fitness for You"**
  - Chair & Gentle Yoga
  - Rest & Renew Yoga
  - Tai Chi / Chi for Health
  - Stretch, Strengthen & Relax
  - Zumba

- **Boys & Girls Clubs of Boston (BGCB)**
  In March of 2011, Jennifer L. Spina, RN, MSN, NCSN, became the inaugural Nurse Health Coordinator, working in partnership with the Boys & Girls Clubs of Boston (BGCB) and the MassGeneral Hospital for Children. The BGCB comprises 10 clubs in seven different communities. This role leverages the BGCB network and community-based health centers to help build a foundation for healthy lifestyles in young children that will carry into adulthood, with a particular focus on nutrition, physical activity and reducing at-risk behavior. Since assuming the position, Spina has been conducting an extensive assessment of the population being served in order to determine health priorities and direction for the partnership. This has included immersing herself in the 10 centers and observing and assessing the particular needs of each; studying government and local population needs assessments (findings of the Boston Public Health Commission, Massachusetts Youth Risk Behavior Survey); and, the results of member and parent assessment surveys conducted by the BGCB. A three-faceted approach to addressing the findings will include providing health education to staff, club members and parents; providing health advocacy through policy, procedure and guideline development, as well as population-based programmatic outreach; and, promoting preventative health practices.

- **Food for Families**
  Food for Families is a screening program within the Primary Care, Urgent Care and Obstetrics departments of the health center to identify patients and families who are experiencing food insecurity and hunger. The program aims to connect patients with local and federal food resources such as SNAP benefits (formerly known as Food Stamps), food pantries, and community meal sites. There is a startling prevalence of food insecurity and hunger among families receiving care at MGH Chelsea. Twenty-seven percent of families screened in the Pediatric and Obstetric departments between October 1, 2011, and March
31, 2012, reported that at least one person in the house went hungry because the family ran out of money for food or needed additional food assistance. A full-time Program Coordinator coordinates routine screenings for patients seen in the Pediatrics, Urgent Care, and Obstetrics departments. The Program Coordinator reviews screening results on a weekly basis and follows up by phone with all patients who report that they are experiencing food insecurity and hunger, encouraging them to schedule a one-on-one meeting with him to learn in detail about available food resources, as well as sign up for Cooking or Shopping Matters classes through the non-profit organization Share Our Strength when available.

Now a permanent program operating in the Primary Care, Obstetrics, and Urgent Care Units of the health center, Food for Families aims to track the prevalence of food insecurity and hunger among primary care patients, educate clinical providers about how food insecurity affects chronic health problems, and provide patients with concrete resources to improve their access to healthy food. In the long term, the program strives to reduce the prevalence of food insecurity and hunger among MGH Chelsea patients.

- **Substance Abuse**
  - With support from the hospital, the Charlestown Substance Abuse Coalition was formed in 2004 to reduce substance abuse by utilizing existing community resources, organizing programs to respond to identified needs, and harnessing the community’s energy and commitment to create a safe, healthy environment in Charlestown. According to the most current available data from Boston Emergency Medical Services, the Coalition has helped decrease heroin overdose calls in the Boston neighborhood of Charlestown by more than 62 percent between 2003 and 2010. The Charlestown Substance Abuse Coalition (CSAC) works to reduce substance abuse by changing community norms and attitudes, increasing the presence of law enforcement, advocating for additional treatment resources, and engaging in primary prevention within the schools.

  In recent years, when a new drug, suboxone, became available to treat opiate addictions, Mass. General Charlestown physicians lobbied Congress to increase the number of patients it could treat from this small community, which now has one of the largest panels of patients on suboxone in the area.

  - Revere CARES is an award-winning coalition with 350 members from across the community dedicated to preventing alcohol and drug abuse among Revere youth. Coalition members represent a variety of sectors, including parents, youth, government officials, educators, health professionals, first responders and law enforcement. The Coalition oversees two major initiatives, the Alcohol, Tobacco, and other Drugs (ATOD) and the Food & Fitness Initiatives. Since 1997, the Coalition has taken a comprehensive approach to reducing youth substance use through strengthening policies to limit access to ATOD and enforce consequences, changing community norms through education, developing and supporting alternative activities for youth and advocating for age-appropriate treatment. Additionally, in light of concerning trends of fatal and non-fatal opioid overdoses among adults in the community, Revere CARES’ ATOD initiative has expanded in recent years to include opioid overdose prevention.
In 2012, with support from the Coalition, the Revere Fire Department conducted a pilot—the first of its kind in the state—to administer Narcan when responding to drug overdoses. Initial studies demonstrated that Fire Department personnel arrived on scene, on average, twice as fast as an ambulance. In all but 3 of 56 administrations of Narcan, the treatment was successful in reversing the overdose. As a result, Massachusetts is now considering a statewide rollout of the practice.

- The Suboxone Program at MGH Chelsea and MGH Revere provides an innovative approach to substance abuse treatment by helping individuals with addictions successfully transition to, and maintain, a healthy life. Services are provided by a team of primary care physicians who are certified to prescribe suboxone (buprenorphine) and an RN Case Manager who closely monitors and supports patients in addressing their opiate addiction. The nurse case manager creates a much-needed link between the health centers and community-based services necessary to identify and treat these individuals, and to support them in maintaining sobriety and thus a better quality of life. Her role includes care coordination, monitoring patients’ progress, providing education, responding to questions, providing and following up on referrals, and helping to keep patients accountable and on track with their treatment. For those patients who relapse, the Nurse Case Manager provides the necessary assistance and support to help them return to treatment.

- **Avon Breast Care Program**
  The Avon Breast Care Program is a patient-centered versus population-based model designed to reach out to medically-underserved patients in the Boston area to promote timely follow-up of abnormal findings and to ensure early detection and comprehensive care for patients with breast cancer. Initially funded by the Avon Foundation in March 2001, the program is today located at five community health centers (MGH Chelsea, Mattapan, Geiger Gibson, Neponset, and Mid-Upper Cape) and the Avon Comprehensive Breast Evaluation Center at Massachusetts General Hospital. The Avon Breast Outreach Program is spearheaded by a nurse practitioner at the community health center, a patient navigator, and a nurse practitioner at the MGH Cancer Center, who work with patients who have had an abnormal finding on a mammogram or clinical breast exam and require follow-up diagnostic testing and clinical evaluation. Many of these patients are non-English speaking, may be new immigrants to the US, and need assistance in getting to Boston for specialty care. The goal of the program is to help these patients navigate these and other barriers to receiving appropriate and timely care, ensure continuity of care, and build the trust and familiarity that ensure they follow up with the necessary care and treatment. From 2007 through 2011, 91% of patients referred for abnormal follow-up arrived to a first appointment in 60 days or less. In 2011, outreach and education events reached 901 participants, and 1,195 patients received patient navigator assistance with screening.
MGH Senior HealthWISE

MGH Senior HealthWISE (Wellness, Involvement, Support and Education) is a program of the MGH Center for Community Health Improvement (CCHI) and the MGH Geriatric Medicine Unit. The program reflects a true teaming effort of nursing, geriatric social work, and community resource specialists. Established in 2002 to enhance the health and well being of older adults in the neighborhoods surrounding MGH, the program provides a variety of services, including hypertension screenings, flu clinics, monthly exercise classes, and 6-8 week evidence-based, self-management courses on important topics (e.g., chronic disease self-management, managing concerns about falls, nutrition and health). Likewise, Wellness Nurse services include health education and counseling, advocacy for health-related resources and referrals, chronic disease monitoring, medication support, triage, and care coordination.

Weekly Wellness Center Hours are scheduled in three building where the Wellness Nurse holds office hours. Building residents can come for BP checks, get their questions answered on a variety of health subjects and receive assistance in accessing providers, the healthcare system and other resources and referrals. Home visits are available as well. The goal is to improve health management through education and support, as well as provide opportunities for socialization, exercise and connection to community resources. The Chinese Wellness Program is provided by Lin-Ti Chang, MSN, ANP-BC, CCRN in two buildings with Mandarin-speaking Chinese elders. This includes six presentations a year on a variety of health topics alternated each month with the Chinese Wellness Center hours.
Programs are offered on the MGH campus, at local community sites, and in three senior residences. All services are free of charge and open to individuals age 60+. The program’s Nurse Coordinator likewise implemented four Evidence-Based Programs (EBP) groups for building residents and the community, including:

- Chronic Disease Self Management (CDSMP) Program (from Stanford University) known as “My Life My Health” in Massachusetts
- Master of Balance (a falls prevention program)
- Healthy Eating for Successful Living in Older Adults
- Stay Sharp, a memory improvement program

Presentations on other health topics such as diabetes, hypertension and health and humor were also offered.

Currently, staff have been measuring participation and involvement in programs with the exception of the four Evidence-Based Programs referenced above. Pre and post data for several of those programs (primarily CDSMP) have been submitted to regional and national data bases for aggregation and analysis during the American Recovery and Reinvestment Act grant funding period.

In 2010-2011, MGH Senior HealthWISE received a grant from the Tufts Health Plan Foundation to offer three Falls Prevention Fairs in the three senior housing buildings to raise awareness of falls risks and to recruit for the Matter of Balance (MOB) Program. The grant was titled “Recruiting Older Adults into a Fall Prevention Program through a Fall Prevention Fair.” Pre and post surveys showed an increase in enrollment as a result of the fairs, with 68% of registrants reporting that the fair was the reason they enrolled into MOB. At the first session of MOB (3 weeks after the fair), 55% of registrants reported that they were doing something new/different to decrease their fall risk as a result of the fair. The fairs themselves were quite successful. Fair exit surveys (93% return rate of 116 participants) found that 99% of fair participants found the fair useful in identifying personal fall risk factors, 95% reported that the fair was useful in identifying ways to prevent a fall, and 97% were likely to act on the prevention recommendations given to them at the fair.

- Boston Health Care for the Homeless Program (BHCHP) at MGH provides care on the streets as well as in the clinic, so that homeless people see the same clinician in the hospital as they met on the streets, increasing the likelihood that they will follow up with care. BHCHP at MGH offers primary care each weekday in the MGH Medical Walk-in Unit and coordinates and assists with care and discharge planning for homeless patients throughout the hospital through Inpatient Nursing Rounds. Rounding BHCHP nurses work closely with nurse case managers to facilitate transitions to the Barbara McInnis House, a BHCHP site that provides recuperative and rehabilitative care to the frail homeless.
BHCHP’s Street Team, based out of Mass General, provides direct care in a variety of unconventional settings: under bridges, down back alleys, in abandoned cars, on park benches and street corners, in community meals programs, overnight drop-in centers, emergency departments, detoxification units, and nursing homes. On Thursdays, the Street Team comes into the clinic with patients who require hospital-based services, such as formal exams and diagnostics.

- **Immigrant and Refugee Health Program**

  To address cultural and linguistic barriers to care, the Immigrant and Refugee Health Program provides health assessments for refugees, in their own language, identifying basic health needs and more complex mental health needs resulting from conditions such as extreme poverty or war. The program also assists new arrivals with a range of social service, housing, and other needs to help families through the resettlement process. Mindful of a complex US medical system, immigrants and refugees are taught how to navigate the system and manage their own care. For example, over 800 refugees and immigrants of Bosnia and other former Yugoslavian counties receive their medical care at the MGH Chelsea HealthCare Center. Analysis of preventive cancer care at the Center revealed that women speaking Serbo-Croatian had lower mammography rates (44%) as compared to English (65%) and Spanish (65.5%) speaking patients. Cancer navigators work with patients to identify and overcome barriers to screening and follow-up care, such as language barriers or day-to-day challenges in scheduling or transportation. The results have been increased cancer screening and improved follow-up rates, and decreased racial and ethnic disparities in colorectal, cervical and breast care. The number of women who were up-to-date with mammography screening increased from 40 to 61. Of twelve Serbo-Croatian speaking women who had never had a mammogram, five obtained it during this year of the patient navigation program (Journal of Immigrant Minority Health, Published online October 19, 2011).

**Healthcare Disparities**

In March 2002, the Institute of Medicine (IOM) released the landmark report *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care*. The IOM report revealed striking disparities in the quality of health care services delivered to minority and white patients. As a result, the IOM urged the development of interventions and educational efforts to eliminate disparities.

Following a two-year process involving health experts, community leaders, and city residents, in 2005, Boston Mayor Thomas M. Menino launched a citywide initiative called The Disparities Project, aimed at eliminating disparities in health care. The Mayor’s recommendations included concrete action steps for hospitals and other health care organizations, including supporting community-based activities to eliminate health disparities. To help address this issue, Deborah Washington, RN, PhD, Director of the MGH Patient Care Services Diversity Program, serves as a ready resource to community-based programs and organizations, forging and leveraging partnerships to improve the health status of targeted minority patient populations, as in the following examples:

- **Boston YWCA**

  Community Dialogues is an ongoing project to bring people from all walks of life together to create stronger, safer and more unified neighborhoods. Participants complete a five-week series of discussions about race and ethnicity comprised of a diverse group of Boston residents. Dialogues are scheduled in different neighborhoods to allow broad
participation and encourage community building. Communities self-select based upon local issues that may arise. To date, sessions on racism have been conducted in the Roxbury, Jamaica Plain and Boston communities. The sessions are experiential and designed to increase participants’ self-awareness; develop an understanding of the various aspects of racism; provide an opportunity to reflect on related daily events; and, create a skill set around communicating with various individuals.

- **City Mission Society of Boston**
  The City Mission Society of Boston promotes a just society for all people by uniting communities and transforming individuals through service, education, and advocacy. Its programs help youth and adults achieve their full potential while providing opportunities for congregations and communities to engage in social action and change. In an effort to address the issue of youth violence, MGH partners with the organization to create a formal opportunity to encourage youth to play a positive role in their communities and to interest children and youth in healthcare through a mentoring program. This provides participants with an enhanced understanding of the world beyond their own communities through exposure to the healthcare environment and positive role models.

- **Critical MASS**
  Critical MASS is a community-based coalition of directors of health centers, students, public health workers and other community health professionals that is focused on eliminating healthcare disparities. The group convenes forums for addressing social determinants of health. For example, an event at Northeastern University titled, “The Deadliest Disease in America,” featured a documentary film accompanied by facilitated discussions in workshops that highlight the themes of inequity and racism that individuals experience in our healthcare system. The goal was to
foster community action; one key outcome was a toolkit that was created to help communities become proactive and self-reliant regarding key issues.

- **Union of Minority Neighborhoods**
  The Union of Minority Neighborhoods attempts to organize African-American parents to become more engaged in the Boston Public School System. Busing/desegregation in Boston was unarguably a watershed moment in the city’s history. The violence that met desegregation here was a shock to the nation as it clashed with Boston’s image and identity as a liberal-minded city. The work of the group is guided by a key findings report about the initial research and planning for the project. The goal of this initiative is to expand and support communities committed to facilitating Boston’s transition to a more equitable and just public school system and bring healing to traumatized individuals and communities.

- **Medically Induced Trauma Support Services (MITSS), Inc.**
  MITSS is a non-profit organization founded in June, 2002, with the mission, “To Support Healing and Restore Hope” to patients, families, and clinicians who have been affected by an adverse medical event. The group produced an important White Paper on the impact of medical errors on persons of color. As a result, the Agency for Healthcare Research and Quality (AHRQ)—the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of healthcare—invited Deborah Washington, RN, PhD, Director of the MGH PCS Diversity Program, to present in September, 2012, to a national audience of healthcare leaders at the AHRQ Annual Conference (http://meetings.capconcorp.com/AHRQ/CE.asp). Her session is titled, “Effective Models to Improve Patient Safety for Racial and Ethnic Minorities.”

MGH also supports partnerships and programs in the Regional, National and International Communities:

- **Lunder-Dineen Health Education Alliance of Maine (Alliance)**
  Funded by a grateful patient from the State of Maine, a new educational collaboration between Maine and Massachusetts General Hospital (MGH) strives to improve the health and well-being of that state’s residents by providing high-quality education in collaboration with Massachusetts General Hospital. Alliance educational programs are designed to help meet the unique needs of Maine health professionals, their patients and the community. By supporting and advancing the practice of Maine’s nurses, ultimately, patient and family care are enhanced.
The work of the Alliance begins with a needs assessment, in which Maine health care providers and patients work with the MGH team to identify local, regional and statewide health issues that may benefit from increased educational programming, with an initial focus on areas of the state that have specific health concerns or unmet needs. To date, as part of an informal assessment and team-building, staff have visited nursing and physician leadership at more than 14 of the 49 hospitals in Maine and have begun the process of growing relationships with their Maine colleagues and fostering their engagement in the process of shaping the Alliance. They have, likewise, launched a formal needs assessment of nurses and physicians in Maine that is being done in two phases: a qualitative phase using online focus groups/bulletin boards and a quantitative phase using online surveys. Results and analysis will be available in the fall of 2012 and will inform the development of Maine-specific online learning content. The Alliance is also in the process of selecting Maine members to serve on a Council that will advise the Alliance and serve as Maine ambassadors.

The Alliance is already beginning to offer a wide spectrum of on-site, online, meeting, teleconferencing and multi-media educational opportunities to physicians, nurses and other health care professionals, as well as to patients and families. The initiative builds upon the expertise and educational offerings of several established MGH programs—including the MGH Academy, which offers web-based programs, live courses and symposia that focus on identified health care needs, designs educational offerings to address those needs, and then measures the impact of the programs; The Norman Knight Nursing Center for Clinical & Professional Development, which provides opportunities for nurses to advance their knowledge and skills through certification and training courses; and, the Maxwell and Eleanor Blum Patient and Family Learning Center, a resource for patients and families seeking accurate and timely information about health and disease.

In an effort to promoting nursing professional development throughout the state, the Alliance has conducted several pilots:

- MGH nursing leadership recently provided a day-long workshop for Central Maine Medical Center (CMMC) on preparing for Magnet status.

- The Norman Knight Nursing Center, as a key member of the Alliance, offered the American Association of Critical Care Nurses a certification preparation course in December 2011, hosting a group of Bridgton Hospital nurses who attended remotely.

- In November, 2011, three nurses from Central Maine Medical Center attended an on-site, two-day American Nurses Credentialing Center certification preparation course for Medical-Surgical Nursing, also sponsored by the Knight Nursing Center through the Alliance.

The Alliance launched a website in May, 2011, that allows Maine clinicians to access online learning at no cost.
The Alliance has launched two collaborative online learning projects with like-minded health-related organizations in Maine. One involves developing education about interprofessional team-based patient-centered care through a project underway with Maine Quality Counts. Dr. Robert J. Birnbaum, a member of the Alliance’s operations committee, presented a poster in the spring of 2012 at the 4th Annual American Association of Medical Colleges that was a collaborative effort with Maine Quality Counts, a regional health care collaborative committed to improving health and health care for the people of Maine. Formed in 2003 and incorporated in 2006, QC provides leadership, advocacy, and support for improving care. This highlighted many practical, actionable interventions that are advisable for facilitating quality improvement in primary care practices. A second collaborative effort currently in development, is a response to the statewide crisis in Maine related to abuse of bath salts, a dangerous designer drug. The Alliance developed a plan to use presenters who are healthcare experts in Maine as part of a Bath Salts Webinar, and served as the curriculum developers and convening body that is addressing the crisis. The end result will be an online webinar for clinicians.

More than 11 hospital and healthcare organizations participate in monthly Nursing Grand Rounds offered by The Norman Knight Nursing Center for Clinical & Professional Development. Contact hours for continuing education (CE) are awarded for attendance. In addition, there are archived sessions that Maine clinicians can view by visiting the Alliance website. Existing medical grand rounds and nursing grand rounds are in the process of being repurposed for viewing via the Alliance website as well. Topics were chosen based on Maine’s needs. Likewise, Maine physicians, nurses and clinicians are now able to join the MGH Academy’s Virtual Grand Rounds at no cost; CEs and CMEs are awarded for attendance. More than 70 Maine clinicians attended the National Center for PTSD and MGH Home Base Program’s 14-part series on meeting the clinical needs of Veterans. Alliance staff are studying the back-end data from this series to understand the impact of this learning opportunity.

- **Home Base Program**

  An important component of the Alliance is the extension of services to Maine veterans and their families through the Red Sox Foundation and Massachusetts General Hospital Home Base Program. Established in the fall of 2009, this effort—which works in cooperation with the Department of Veterans Affairs—is the first program of its kind in the nation. Home Base has provided clinical care to more than 420 Iraq and Afghanistan veterans and families affected by combat or deployment-related stress and traumatic brain injury (TBI)—the “invisible wounds” of war. Nurses who specialize in pharmacotherapy and treatment of TBI are part of the clinical team. Home Base also offers extensive community and clinical education throughout New England; in 2012, Home Base collaborated with the VA’s National Center on PTSD to present 14 free, interactive, on-line trainings to more than 4,700 community clinicians (10% nurses and 45% social workers) to enable them to recognize the invisible wounds among their patients. Fifteen percent of participants were from Maine, the largest group from anywhere in New England outside of Massachusetts. Home Base also conducts research to improve the treatment and understanding of PTSD.
and TBI. Results of a 2011 patient satisfaction survey are overwhelmingly positive: more than 90% of Home Base patients feel satisfied with the clinical care they have received or are receiving, and nearly 90% feel the program understands their needs as a veteran and are likely to recommend the program to another veteran.

- **RN Geropalliative Residency Program**
  Meeting the needs of an aging population requires new thinking and retooling of healthcare delivery nationwide. In 2011, 46,820 admissions—37.6% of all MGH admissions—were geriatric patients. By the year 2030, one in five Americans will be age 65 or older. Training our nursing workforce to care for this aging and complex patient population is critical.

  MGH developed an RN Residency Program to meet the geropalliative needs of our rapidly-aging U.S. population by strengthening the nursing workforce with a focus on improving knowledge, skills and competencies in geropalliative care; improving the quality of nursing care to older adults and their families; and, retaining both senior and junior nurses.

  The program was conceived of, and developed by, Edward Coakley, RN, MEd, MA, MSN, director emeritus, The Center for Innovations in Care Delivery, and was supported by an initial $652,000 grant awarded by the US Department of Health and Human Services (2007-2010).

  For nine months, enrolled RNs with two to five years of medical/surgical nursing experience receive advanced education in geriatrics and palliative care. A complementary four-month Preceptor Program for RNs age 45 and older provides similar specialty education, grooming them to serve as clinical preceptors or mentors for the nurse residents. The six-month program that trains nurses in geropalliative care uses a three-pronged approach: education, clinical practice, and retention.

- **AgeWISE**
  In 2010, the RN Residency Program became a template for a national program supported in part by the Center to Champion Nursing in America (CCNA). Marketed under the name “AgeWISE,” the team (Barbara Blakeney, RN, MS, FNAP; Edward Coakley, RN, MSN, MA, MEd; Constance Dahlin, RN, MSN, ANP-BC, FAAN; Dorothy Jones, RNC, EdD, FAAN; Lynda Brandt, RN, MS, and Marion Rideout, RN, MS, ACNP, under the leadership of Susan Lee, RN, PhD) invited nurses from academic medical centers across the country to apply. Only applicants from Magnet-designated, NICHE-member hospitals were considered.
Out of thirty-five organizations who inquired, six hospitals were selected as the first set of pilot sites to participate (2010-2012): Nebraska Methodist Hospital (Omaha, NE); New York University Langone Medical Center (New York, NY); Sanford USD Medical Center (Sioux Falls, SD); St. Joseph’s Regional Medical Center (Paterson, NJ); University Hospitals Case Medical Center (Cleveland, OH); and, University of Rochester Medical Center Strong Memorial Hospital (Rochester, NY). In 2011, six additional hospitals enrolled as the second set of pilot sites to participate (2011-2013): Abington Memorial Hospital (Abington, PA); Beaumont Hospital - Royal Oak (Royal Oak, MI); Dartmouth-Hitchcock Medical Center (Lebanon, NH); Northwest Community Hospital (Arlington Heights, IL); OSF Saint Francis Medical Center (Peoria, IL); and Roswell Park Cancer Institute (Buffalo, NY).

The MGH AgeWISE program is targeted to organizations seeking to address the care needs of increasing numbers of older adults and their families. This unique, six-month residency program is designed for registered nurses and focuses on geropalliative nursing care. AgeWISE implements a cutting-edge, evidence-based curriculum delivered in a transformative learning environment, thereby enhancing adoption and sustainability of the knowledge into practice. Each site committed, as a minimum, to have two cohorts of 10 nurses from one or two units, so as to facilitate having critical mass and quality improvement impacts. Thus, to date, at least 180 nurses at these 12 sites have participated in AgeWISE. The first six pilot hospitals (2010-2012) have had at least 120 nurses through the AgeWISE residency; the second group of six hospitals (2011-2013) is just now completing their first cohort of nurses (60), with the next 60 to start in September or October. One original site has already started a third cohort, and another is planning to have the program go house-wide.

A Board of Advisors includes many highly-regarded nurse and thought leaders within the field:

- Ira Byock, MD, Director, Palliative Care and Medicine, Dartmouth Hitchcock Medical Center, Lebanon, NH
- Brenda Cleary, PhD, RN, FAAN, Aging Initiatives Administrator, Sigma Theta Tau International, Indianapolis, IN
- Constance Dahlin, MSN, ANP, BC, FAAN, MGH Cancer Center, Boston, MA
- Karen Drenkard, PhD, RN, NEA, BC, FAAN, Executive Director, American Nurses Credentialing Center, Silver Spring, MD
• Terry Fulmer, PhD, RN, FAAN, Dean, Bouvé College of Health Sciences, Northeastern University, Boston, MA
• Jennie Chin Hansen, MS, RN, FAAN, CEO, The American Geriatric Society, New York, NY
• Karen Hill, DNP, FACHE, Editor of the *Journal of Nursing Administration* and Vice President, Central Baptist Hospital, Lexington, KY
• Dorothy A. Jones, EdD, RNC, FAAN, Professor, Boston College William F. Connell School of Nursing; Director, The Yvonne L. Munn Center for Nursing Research, MGH, Boston, MA
• Clareen Wiencek, PhD, RN, NP, Nurse Director, Virginia Commonwealth University, Richmond, VA
• Angelo Volandes, MD, Assistant Professor, HMS, and Attending, Massachusetts General Hospital, Boston, MA

To date, propagation of critical knowledge from AgeWISE to those caring for this targeted patient population has taken several forms. The nearly 200 staff and nurse leaders from rural and urban hospitals throughout the country have gone through the program, are viewed within their organizations and communities as valued resources for geropalliative care. For example, last year, all 12 AgeWISE pilot hospitals joined for a dinner, speaker and "Sharing Best Practices" presentation day. Two sites (Nebraska Methodist; Sanford USD in South Dakota) were assisted by their Public Affairs office in creating production-quality videos regarding their participation in AgeWISE, for dissemination throughout their organization and for speaking/educational use. These two sites also had local media coverage, highlighting the "silver tsunami" and need for "best nursing practices" for geropalliative care to be shared.


**International:**

• **International Nurse Consultant Program**

  Developed in 1995, the International Nurse Consultant Program provides an opportunity for nurses from all over the globe to come to MGH and consult with expert nurse leaders and clinicians. From 2005 through 2012, MGH Nursing hosted 211 programs for 666 visitors and representing 31 different countries, including Argentina, Australia, China, Greece, Israel, Japan, Kenya, Northern Ireland, South Korea and Thailand.
• **Twinning**

In an effort to promote the delivery of high-quality care and advance the nursing profession, MGH Nursing has been privileged to partner with nursing services around the world, including hospitals in Dubai, Iraq, Bermuda, and, most recently, China.

Using a twinning model, a flexible framework to help organizations learn and master clinical skills, MGH Nursing provides peer-to-peer exchange and expert consultation to achieve these goals. For example, through twinning, the healthcare leaders and nursing staff at Huashan Hospital, Fudan University, in Shanghai, China, learned key concepts, skills, and methods from their MGH colleagues, enhancing the role, presence, and overall impact of nursing in their organization.

Strategies to advance a nursing leadership development agenda included establishing twinning relationships and immersing nurse leaders into each other's practice arena via nurse visitation exchanges. (Promoting a Culture of International Professional Practice for Nursing Through a Twinning Relationship. *Journal of Nursing Administration*. Jiang, Hong RN, MSN; Ives Erickson, Jeanette DNP, RN, FAAN; Ditomassi, Marianne DNP, RN, MBA; Adams, Jeffrey M. PhD, RN (2012))

Since 2005, MGH nurses (through Partners Telemedicine) have provided a series of lectures called “Nursing Learning Lunches” to King Edward VII Hospital in Bermuda. MGH Clinical Educator in The Norman Knight Nursing Center for Clinical & Professional Development works collaboratively with a nursing colleague in Bermuda, and members of Partners Telemedicine to execute the program. Topics are determined by nursing leadership in Bermuda based upon self-assessment; a list of potential MGH speakers and their subject matter expertise is also provided for additional reference.

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>January 23</td>
<td>Vesicant Infusions</td>
<td>Kristen Bodnaruk, RN, BS, Denise Dreher, RN, CRNI, VA-BC</td>
<td>Ell 2305</td>
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<td>Mary McCormick-Gendzel, RN, MS, CRNI, RN-BC</td>
<td>Collaborative Media</td>
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<td>February 9</td>
<td>Post Operative Emergencies</td>
<td>Teresa MacDonald, RN, MSN, CCRN</td>
<td>Ell 2305</td>
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<td>Lucy Milton, RN, MSN</td>
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<td>Clinical Nurse Specialists, PACU</td>
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<td>March 8</td>
<td>Pain</td>
<td>Paul Arnstein, RN, PhD</td>
<td>Ell 2305</td>
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<td>Clinical Nurse Specialist,</td>
<td>Collaborative</td>
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The Thomas S. Durant Fellowship for Refugee Medicine

Throughout his life, Dr. Thomas Durant, former MGH Associate General Director, exemplified how one could incorporate humanitarian service to refugees and other victims of war and disasters within one's professional career. The Thomas S. Durant Fellowship honors his spirit of dedication and service through sponsoring health care professionals to serve refugee populations and victims of complex humanitarian disasters.

Partnering with existing care and relief organizations, such as Concern and the American Refugee Committee, fellows can take advantage of their expertise and experience in providing care to refugee populations and victims of acute disasters. Fellows receive support to travel to the places throughout the world where needs are most critical. They
deliver care, services and hope to people ravaged by war, disease, drought, poverty or politics. The fellowship is designed to be flexible and adaptable to changing global conditions. The duration of the fellowship, the breadth of the experience and the follow-up activities are defined in large part by the desires of the fellows as well as the available assignments and needs at the time.

Eleven MGH nurses have served as Durant Fellows to date:

- Grace M. Deveney, RN – 2004, Darfur, Sudan
- Katherine T. Fallon, RN – 2004, Darfur, Sudan
- Chanda Plong, RN – 2007, Southeast Asia
- Lucinda Langenkamp, RN, NP – 2007, Rwanda
- Betsy Baumgartner, RN – 2008, Zambia
- Heather Szymczak, RN – 2007-8, Bolivia & Belize
- Jennifer Brock, RN – 2008-9, South Africa
- Joy Williams, RN – 2010, Haiti
- Nora Sheehan, RN, BSN 2011, Rwanda
- Angela Ferrari, CNM, MS – 2011-12, Haiti
- Kerry Quealy, RN, BSN – 2011-12, Haiti

Examples of Fellowship experiences include:

- In the summer of 2011, Kerry Quealy, RN, BSN, and an interdisciplinary team of Durant interns deployed urgently to Haiti to assist with the cholera outbreak.
- Joy A. Williams, RN, BSN, (2010) interventional radiology nurse, first worked with Project HOPE during the joint Indonesia tsunami relief mission with MGH and the US Navy. Since then she has participated in a multiple missions in such places as Ghana, Liberia, Guyana, and Suriname.
- Jennifer Brock, RN, (2008-2009) was in South Africa with McCord Hospital and the Mahlunguln Foundation for Community and Individual Development. At McCord, she worked with the Palliative Care group and a TB study. With Mahlungulu, she was involved in HIV care.

• **The Center for Global Health**

  The Center for Global Health leverages the Mass General Hospital’s 200-year legacy of innovation in medical care and education to improve the health of the world’s most vulnerable and crisis-effected populations through care delivery, education and research. Championed by the Chief Nurse, The Center acts as a resource for the MGH community, facilitates humanitarian aide from MGH, studies the impact of natural and man-made disasters on health, and provides expert counsel on international aide.

  Most recently, the center launched the Global Health Fellowship in Nursing, which sponsors nurses to serve in low resource settings with the primary objective to promote professional nursing through education and clinical practice. The Fellowship aims to foster a sense of commitment to the global nursing community, to elevate the role of nurses, and to
provide support and education to advance nursing practice. Five MGH Nurse Fellows will be in Bangladesh for 2-3 month shifts in late 2012/early 2013 to support the development of that republic's first bone marrow transplant program and to serve as instructors in the Nursing Bridge Program to improve the skills and prestige of Bangladeshi nurses.

- **Disaster response**

Many MGH nurses and clinicians from throughout the hospital community volunteer as members of the Federal disaster response teams, including the International Medical-Surgical Response Team—East (IMSuRT East) and Boston's Disaster Medical Assistance Team (DMAT). These clinicians are among the first deployed by the Department of Homeland Security to both domestic and foreign disaster sites, such as Haiti following a devastating earthquake in January 2011.

Jacquelyn Nally, RN, BSN, (MGH Disaster Preparedness HAZMAT Coordinator, Massachusetts General Hospital and NWH Emergency Department Staff Nurse) served as the Deputy Commander of Disaster Medical Assistance Team (DMAT) MA-1 under DHHS. Hers was the first US government medical response team in Haiti, with responsibility for setting up a medical field hospital at Quisqueya University in Port-au-Prince. She was second in command overseeing the medical/surgical site operations, logistics, administration, and planning. By the end of her two-week rotation, they'd seen more than 500 patients, performed 66 surgical procedures, delivered 12 babies, and had 1 death.

[NOTE: Within the Boston region, Maryfran Hughes, RN, MSN Nursing Director of the MGH Emergency Services participates in the Conference of Boston Teaching Hospitals, Boston Public Health Commission and Massachusetts Department of Public Health (DPH) Emergency Preparedness Task Forces. She also serves as Controller/Evaluator at regional DPH emergency preparedness tabletop exercises.]

MGH nurses also play significant roles—individually and collectively—within far-reaching initiatives born out of partnerships with various nonprofit organizations. For example, in the wake of a 2011 Haiti earthquake, Mass General immediately committed to a significant partnership
with Project HOPE for a 10-mission deployment to the USNS Comfort, with each lasting up to three weeks and involving clinicians from various disciplines rotating in as needed. Nurses comprised approximately two-thirds of the initial staff response of 100 individuals. Hospital staff also worked with Partners in Health, the Brigham and Women’s Hospital-affiliated program that has operated in Haiti for many years. Still others worked with various nongovernmental organizations to offer assistance throughout the nation. MGH staff continued to provide desperately-needed care in Haiti as part of an MGH Global Health team following a cholera outbreak. Thanks in large part to their efforts, daily cholera patient numbers of up to 200 per day quickly began decreasing. The team also continued to work to address the resources, training and education needed to manage the disease.

MGH nurse Nora Sheehan was among several MGH nurses featured in Project HOPE’s blog about the relief effort. (http://projecthopeinthefield.blogspot.com/2010/02/volunteer-nora-sheehan-providing.html) The organization also recently featured Joy Williams, RN, MGH Radiology staff nurse and long-time Project HOPE volunteer, in "From Joy to Hope," the second in a series of short films documenting Project HOPE's work around the world. Joy describes her Project HOPE experience in this piece directed and produced by award-winning filmmaker Joshua Seftel. (http://www.projecthope.org/news-blogs/multimedia/hopeonfilm-from-joy-to-hope.html).