1.1 Describe how the mission, vision, values, philosophy, and strategic plan of nursing services are congruent with those aspects of the organization.

The Massachusetts General Hospital’s mission reads as follows, “Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.” This four-pronged mission of practice, education, research and community serves as the foundation for the Patient Care Services (PCS) Vision, Guiding Principles, Nursing Philosophy, Professional Practice Model, and strategic plan.

When Jeanette Ives Erickson, RN, MS, assumed the position of Senior Vice President for Patient Care/Chief Nurse at the Massachusetts General Hospital in 1996, the organization had just undergone a “re-engineering” initiative that had created a sense of concern among staff. A new hospital President was hired a few months before her appointment. He valued nursing and the other healthcare disciplines and worked collaboratively with her to create an environment in which staff felt valued, powerful, and recognized.

In 1996, PCS was comprised of many disciplines – Nursing, Physical Therapy, Occupational Therapy, Respiratory Care, Speech/Language Pathology, Social Work and Chaplaincy – functioning largely in silos. The immediate challenge was the need to unify PCS. To accomplish this lofty goal, she identified strategies to bring down those silos and get the disciplines talking to one another, working with one another, and more importantly, aligned in the same strategic direction.

To bring about this transformation, several high-leverage strategies were employed and served as the “seeds of change.” The processes employed to create a new culture and strategic direction included:

- Articulation of a shared vision, guiding principles, and long-term strategic goals;
- Creation of the components of a professional practice environment; and,
- Development and description of a patient-care delivery model.

It took years for these seeds to grow, and they required ongoing care and cultivation.

The PCS Vision and Guiding Principles were crafted by the PCS Executive Team, with input from clinical staff and leadership throughout the disciplines that report into PCS. They illustrate how practice, education, and research are integrated into the core values of the organization and align clinicians, leadership and support staff throughout the Department of Nursing and PCS in a shared strategic direction.
MGH Patient Care Services Vision Statement

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.

It is through our professional practice model that we make our vision a demonstrable truth everyday by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

MGH Patient Care Services Guiding Principles

♦ We are ever alert for opportunities to improve patient care; we provide care based on the latest research findings.
♦ We recognize the importance of encouraging patients and families to participate in the decisions affecting their care.
♦ We are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff.
♦ We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of the Massachusetts General Hospital.
♦ We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources.
♦ We view learning as a lifelong process essential to the growth and development of clinicians striving to deliver quality patient care.
♦ We acknowledge that maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

At MGH, each clinical discipline is guided by its own philosophy, which synthesizes the belief of its practice as it relates back to the overall mission of the Hospital and vision and guiding principles of PCS.
MGH Nursing Philosophy

We believe that the essence of nursing practice is caring.
Caring which is...a science and an art
...deliverable, teachable, researchable, and
...accomplished with wisdom, knowledge, compassion, and competence.

We believe that the clinical practice of nursing
is built on a scientific base
...evaluation of nursing practice is a professional responsibility, and
...critical thinking and scientific inquiry are essential to the improvement of practice.

We believe that we have the responsibility to
...educate ourselves and educate others
...expand our knowledge and expertise
...share this growing body of knowledge, and
...provide such opportunities to the greater healthcare community.

The mission of MGH relates to quality patient care through practice, research and education. The philosophy of nursing ties to the hospital’s mission and supports that the essence of nursing practice is a science and an art; deliverable, teachable, researchable and accomplished with wisdom, knowledge, compassion and competence. The philosophy of nursing is articulated through the development of strategic planning goals and initiatives within the hospital and department.

Professional Practice Model

The PCS Professional Practice Model (PPM) is a key component of the PCS Vision Statement. The PCS Professional Practice Model helps to:

- Articulate the work of clinicians across settings and disciplines
- Provide a framework to guide clinical practice, education and research
- Promote communication among and between disciplines
- Provide a framework for charting the strategic direction
- Guide the allocation of resources, and
- Establish a framework in which to evaluate practice.
The MGH Professional Practice Model (PPM) was developed to provide a comprehensive view of professional practice and the discipline-specific contributions of providers engaged in patient care. It was originally developed around nine essential elements including: values; philosophy; standards of practice; professional development; patient care delivery models; authorization, credentialing and peer review; research; and descriptive theory models. Ten years later, after undergoing significant review by the PCS Executive team, nursing leadership and staff throughout PCS, the nine components of the PCS PPM were revised to include: vision and values; standards of practice; narrative culture; professional development; patient-centeredness; clinical recognition and advancement; collaborative decision-making; research; and innovation and entrepreneurial teamwork (see Figure below). The revised PPM is showcased in the April 5, 2007 issue of Caring Headlines (OOD 14).

**Professional Practice Model**

**PCS Strategic Planning Process**

Aligning the over 4200-strong leadership and staff comprising PCS around a common purpose and direction is accomplished through the PCS strategic planning process (see Figure below). Strategic goals are driven from the foundation of the Hospital’s mission and PCS’ vision, values and guiding principles. These governing ideas and statements guide the organization’s daily work.
MGH Patient Care Services Strategic Planning Process

The strategic planning process is a dynamic one and is informed by a multitude of information sources including: patient and staff feedback through formal and informal channels; care delivery models; external and internal trends and regulation; professional standards; the environment of care; credentialing and privileging requirements; and financial, quality and safety indicators. PCS’ strategic goals are continually assessed and reassessed as new information from these sources becomes available.

In addition, the strategic goals, initiatives and tactics are continually evaluated through the Plan-Do-Check-Act (PDCA) process of performance improvement. Likened to the steps in the nursing process, the steps in the PDCA process guide refinement. Careful attention is given by the PCS Executive Committee to ensure that the PCS strategic plan is aligned with the Hospital’s plan.

The Hospital’s strategic goals for achievement by 2011 are (OOD 13.b):

♦ MGH sets the standard for quality and patient safety
♦ Enhanced growth in strategically selected services
♦ Patients access services in a timely manner on campus and in community-based practices
♦ Staff are effective and devoted to the MGH mission
♦ Patients feel their needs are our top priority
♦ Patient care is supported by an electronic medical record and other information technology
♦ Institution is financially healthy and investing in key programs and infrastructure
♦ Efficient operations

With these strategic goals as a framework, in 2006-2007, the Executive team of PCS conducted a number of mini-retreats in preparation for a two-day PCS strategic planning retreat in the Fall 2006. Mini-retreats were conducted regarding quality, collaborative governance, and diversity. In addition, a communication survey was conducted to get input from all levels of staff and leadership throughout PCS about the effectiveness of current communication strategies. The strategic focus of the Fall retreat resulted in articulation of four key areas of focus in what was coined, “The Year of the Workforce.”

The four strategic goals for Patient Care Services are as follows:

1. Increase diversity in the workforce.
2. Improve the physical environment of care.
3. Create and improve systems and provide adequate resources that enable staff to do their job.
4. Work with staff to create new patient care delivery models.

A summary of the mini-retreats outcomes, communication survey results and Fall 2006 strategic planning retreat goals can be found in attachment 1.1.a and OOD 13.f. In addition, detailed information about the MGH and Patient Care Services strategic plans can be found in OOD 13.

Building upon the strategic planning work done in Fall 2006 and during the past year, the PCS Executive Team participated in a two-day retreat on September 10-11, 2007. Proposed Strategic Goals and Tactics for 2007-2008 are listed in attachment 1.1.b. The strategic goals and tactics reflect significant dialogue and reflection about the Hospital’s priorities over the upcoming years. Dr. Peter Slavin, MGH President and Dr. Gregg Meyer, Senior Vice President, MGH Center for Quality & Safety, attended the retreat and noted that these priorities are: 1) quality, 2) safety, and 3) service. Next steps include dialoguing with leadership and staff throughout PCS to gain buy-in and refine the tactics. This will occur through standing meetings (e.g. Nursing Director Meeting, Combined Leadership meeting, Staff Nurse Advisory Committee) and open forums led by the Senior Vice President for Patient Care/Chief Nurse.
Background

- Annually the members of the Patient Care Services Executive Committee (PCSEC) conduct a strategic planning process to identify key areas of focus that will guide the work of Patient Care Services for the coming year.
- In preparation, during the fall of 2006:
  - Conducted 3 mini retreats:
    - Diversity
    - Quality & Safety
    - Collaborative Governance
  - Conducted a communication survey
- This information informed and provided focus for the 2-day off-site strategic planning retreat.

Overview

- **Background**
- **Mini retreat & communication survey outcomes**
- **Strategic planning retreat**
- **Workforce proposals**
- **Next steps**

Mini Retreat Outcomes

**Diversity:**
- Developed proposals for a Patient Care Services diversity logo & definition.
- Increased awareness regarding workforce pipeline issues for diverse staff.

**Quality & Safety:**
- Identified areas of focus for the launch of the new Patient Care Services Office for Quality & Safety.
  - Grounded in the "6 pillars"
    - Safety, effectiveness, patient's needs, timeliness, efficiency & equity

Collaborative Governance (CG):

- Evaluated existing CG committees pertaining to process, structure & outcomes.
- Identified mechanisms for efficient & effective communication of CG committee work.
- Identified strategies to improve interdisciplinary focus & relevancy.
- Identified potential new committees.

Communication Survey Outcomes

- Identified how and where PCS staff receive their work-related news to better target & shape PCS communications.
- **Key findings:**
  - Information overload
  - Letters to home, Caring Headlines, Hotline are widely read
  - Clear & concise email a clear favorite
- Critical work is already underway to evaluate & implement several recommendations (e.g., revised format of PCS News you can use).
Attachment 1.1.a continued

Strategic Planning Retreat

2-day off site meeting in early November 2006
Day 1:
• Discussion centered around the concepts of Robert Simons’ Four Levers of Control:
  - **Belief Systems** are core values that provide inspiration & direction.
  - **Boundary Systems** identify risks to be avoided & define limits of freedom.
  - **Diagnostic Control Systems** are critical performance variables that communicate business strategy, set & support clear targets & conserve top management attention.
  - **Interactive Control Systems** identify strategic uncertainties & trigger organizational learning.
• Each member of the group shared his/her goals for 2007 in the categories of Clinical Recognition & Collaborative Governance participation, cost management, diversity, quality & safety and team incorporating the concepts of the four levels of control.
• Conducted a brainstorming discussion out of which emerged key themes focused on various aspects of the Patient Care Services workforce.

Strategic Planning Retreat

Day 2:
• Identified key areas of focus to support the Patient Care Services workforce:
  - Increase diversity in the workforce.
  - Improve the physical environment of care.
  - Create & improve systems & provide adequate resources that enable staff to do their job.
  - Work with staff to create new patient care delivery models.
• Developed initial proposals for each area focusing on goals, key tasks, resource needs & what could be accomplished over the next six months.

Workforce Proposals

Increase diversity in the workforce:
• **Goal**: Increase the diversity of our direct patient care workforce so that it reflects our patient population. Create an environment where culturally competent care is fully embraced.
  • **Next steps**:
    - Form a committee to develop a proposal to create a scholarship program available to all disciplines not meeting market availability.
    - Conduct an assessment to identify reasons why staff are not enrolling in the Culturally Competent Care training.
    - Adopt a Patient Care Services diversity definition.
    - A new Patient Care Services diversity logo was approved.

Improve the physical environment of care:
• **Goal**: Provide a physical environment of care that is patient & family-centered, safe, efficient and with equal access to all supporting the six pillars of quality & safety.
  • **Next steps**:
    - Focus on the cleanliness of the physical environment.
    - Develop program with OCs to address clutter.

Create & improve systems & provide adequate resources that enable staff to do their job:
• **Goal**: Evaluate system breakdowns, explore them from an interdisciplinary perspective and explore solutions that are patient-focused.
  • **Next steps**:
    - Re-evaluate scope & focus of proposal.
    - Evaluate & implement key changes identified through the communications survey.

Workforce Proposals

Next Steps
• Complete the next steps identified in each of the workforce proposals.
• Continue to evaluate & implement key changes identified through the communications survey.
• Evaluate & implement other items identified during the mini retreats (e.g., Collaborative Governance).
MASSACHUSETTS GENERAL HOSPITAL
Patient Care Services

Strategic Goals and Tactics for the Year Ahead: 2008

1. Through the Patient’s Eyes
   Goal: Seek the patient’s voice to improve the care experience.
   Tactics:
   • Develop greeter program.
   • Conduct direct patient interviews, focus groups, team interviews to identify what’s working and not working from the patient’s perspective.
   • Expand the Patient Advocacy Center.
   • Develop a new Patient Advocacy database.
   • Conduct an assessment of the care environment to identify sources of noise and create a plan to minimize/alleviate unnecessary noise.

2. Following the Evidence
   Goal: Achieve and sustain evidence-based quality indicators
   Tactics:
   • Adhere to MGH/MGPO pay-for-performance measures for all levels in the organization.
   • Adhere to Patients First and NDNQI staffing and nurse-sensitive indicator reporting requirements.
   • Maximize use of electronic tools to meet quality indicators (e.g. electronic ordering for non-MDs; LMR training; electronic notes; and acute care documentation).

3. Handle with Care
   Goal: Decrease patient and staff injuries through the use of safe patient-handling practices.
   Tactics:
   • Design array of training sessions to help staff make safe patient-handling decisions.
   • Roll-out trapezes/ceiling lifts to replace frames for better patient positioning.

4. Lean & Clean
   Goal: Provide a clean and clutter-free environment for our patients and staff.
   Tactics:
   • Establish a culture of a lean and clean environment.
   • Launch a USA Staff Advisory group.
   • Determine best practices and standards (internally and externally) for a clean and “clutter-free” environment.
   • Support a recycling initiative to remove unnecessary items.
   • Adhere to guidelines for using Calstat; add additional glove and Calstat dispensers in common areas.
   • Assess patient and family waiting areas for furniture upgrades.
5. **Team PCS!**  
**Goal:** Enhance teamwork to achieve excellence in care delivery.  
**Tactics:**  
- Foster a culture of interdisciplinary care through: grand rounds, focus groups and team building exercises. Learn from peer examples.  
- Implement unit-based and department-based Cultural Rounds.  
- Incorporate methodologies such as S-BAR, Lean Process Improvement, and Six Sigma to standardize team functions.  
- Identify and share best practices.  
- Promote advancement in the Clinical Recognition Program through intra-and interdisciplinary and intergenerational teamwork.