3.8 Provide examples of mentoring and succession planning by and for nurse leaders and direct care nurses.

Nurses at all levels throughout Massachusetts General Hospital take an active role in mentoring the next generation of nurses and nurse leaders through our associations with schools of nursing from across the state at both the undergraduate and graduate levels.

At the level of nurse leaders, at least one Associate Chief Nurse takes the lead each year in providing an academic, yearlong practicum for a nurse pursuing her Masters Degree in Nursing Administration. One day a week the student shadows the Associate Chief Nurse, being exposed to the joys and challenges of the role such as those around capacity management, inclement weather planning, budgeting, negotiation, and strategic planning in real time. They are provided time to debrief and reflect at the end of each day. In addition they spend time with each of the other Associate Chief Nurses, the various Directors in Patient Care Services and a few Nursing Directors. The student is required to complete a special project during the academic year and is asked to present their final product at a Senior Nursing Ops meeting. This experience also contributes to succession planning within Nursing Leadership as the student experiences and evaluates the culture and structure of the organization and, in turn, is observed and evaluated by experienced nurse leaders. For example, in 2004, a Nursing Director mentored a graduate student from the Northeastern University combined Masters in Nursing Administration/MBA program. The student spent at least eight hours per week with the Nursing Director observing the process of managing two staffs with different cultures, experience levels and needs. Over the course of the year, the student participated in consensus building, conflict resolution, time management and project development. Upon graduation, the student relocated to another state, but in 2007 returned to Massachusetts and applied for a position and was hired as Nursing Director of a medical unit at Massachusetts General Hospital.

Mentorship and succession planning also occurs with those already in positions of leadership, and fosters the further growth and retention of current employees. For example, in July 2006, the Director of Patient Care Services Management Systems (PCS MS) moved out of the position to take advantage of another opportunity within the system. The Chief Nurse, in coordination with Human Resources, reviewed the position, updated the position description and initiated the search for a replacement (attachment 3.8.a). The search eventually identified a Nursing Director within the system to succeed as Director. In preparation for this transition, the former Director, together with the Chief Nurse and the PCS MS staff and in consultation with the newest
member of the nursing executive team, identified priorities for the new director’s orientation:
people, information, documents, meetings and issues (attachment 3.8.b). Meetings with key people were scheduled for the new director during the initial weeks of the transition.

An important element of the orientation was a series of meetings between the new director and the former director. These provided opportunity for the transfer of information, for dialogue and discussion, and for guidance and support as the new director assumed the responsibilities of the position. This relationship continued after the initial orientation period, with the former director available to the new director through ongoing meetings that addressed both the work of the department and the response of the new director to the requirements of the position. Some sessions focused on detailed specifics of operations while others addressed broader strategic and tactical questions. Frequency of the meetings was driven by the work of the department and the needs of the new director. Particularly for her first experience with major projects, such as the fiscal year budget preparation or the nursing market adjustment proposal, the new director was able to call upon the knowledge and expertise of the former director to develop facility in managing the complex structures and processes involved in the projects. In all of these interactions, however, the former director functioned in a consultative and advisory mode. The new director maintained full responsibility for the work of the department.

For both parties, this has been a positive experience. As the former Director noted,

“This has been a vary satisfying transition for me. I’ve had an opportunity that many leadership people do not have, to pass on what I have learned and developed to someone with the enthusiasm and ability to build on that foundation and take the department to new and exciting places. At the same time, I can pursue my own career goals. It’s gratifying to realize that we are both growing because of our support for one another.”

While transitioning into new roles can be challenging, the new Director shared,

“The advantage of having a mentor and coach identified on my first day in the position has been extraordinary. My relationship with the former director has helped me to establish credibility in the role while seamlessly maintaining support to the other departments. I feel that my orientation was constructed in a way that has provided a framework for my learning while leaving room for growth and creativity.”

Mentorship of direct care nurses happens in multiple forums. For example, within the Collaborative Governance structure, each committee is co-chaired by a Staff Nurse and coached by
a member of the nursing leadership team, most often, a Clinical Nurse Specialist. The staff nurse is coached in the skills of committee leadership, meeting planning and management, time management, project planning and implementation, and the intricacies of working for change within a complex system.

Mentoring and development of staff by the Nursing Directors is an ongoing process as is shown by the following narrative of a staff nurse who, through the support and mentorship of her Nursing Director developed her innate leadership potential and eventually became a Nursing Director herself.

_I work at a Magnet hospital; where I am supported as a nurse and a mom; where each of us is valued for what we can bring to the table; where our differences are seen as richness, not a negative. I have been afforded the flexibility in my schedule that has allowed me to successfully develop a career, while raising my family._

_I began my nursing career at MGH almost 20 years ago, as a Nursing Student. Right away, I saw the environment was collaborative; everyone encouraged me to share my voice. I would be in patient care rounds with senior nurses and they would ask me, a nursing student, for my opinion and my thoughts. Everyone's voice was important and valued. It was such an amazing experience that I chose to work at MGH when I graduated._

_The next few years were no different. As a Staff Nurse, I found a collaborative environment on every unit that I worked. The bedside clinician’s voice was valued and sought out. Leaders encouraged staff to participate in decision-making and nurtured us to be future leaders. I was asked to take on projects that included safety issues, practice concerns and process improvement rollouts. No matter what the project was, I was given the autonomy, authority and accountability to see the projects through to the end. We always had guidance, but never felt micro-managed. Those projects were all learning experiences that helped develop my leadership skills._

_One Nurse Manager saw my leadership potential and mentored me and helped me develop my leadership skills. I was encouraged to apply for the position of OB Family Education Coordinator. This was a relatively new position that gave me the opportunity to work with Associate Chief Nurses, Chiefs of Services, and other leaders throughout the organization. While working along side these leaders, I began to appreciate the wisdom, knowledge and complexities that they shared. I began to see things through different lenses and was able to open my mind to various ways of thinking and approaching issues._

_My Nurse Manager also suggested I join Collaborative Governance. I applied for a position on the Patient Education Committee and eventually was elected to co-chair the committee. This was invaluable in so_
many ways. It afforded me the opportunity to network and broaden my connections throughout the hospital. I was surrounded by a wealth of knowledge that I could not help but absorb, and I was exposed to leaders who role modeled best practices. I remember sitting around the leadership table thinking I am surrounded by excellence, then thinking I am a part of this excellence.

*It was these experiences that provided me with the foundation to pursue a Nursing Director position. Collaborative Governance gave me the skills, confidence, visibility and desire to pursue nursing leadership. I feel fortunate that I had the opportunity to be part of such a great structure. Today I am a Nursing Director and I am in a position where I can empower others to act. I can encourage their growth and expose them to a network of such wonderful talent and ideas. And I am actively doing it!*

*Lori Pugsley, RN
Nursing Director
Newborn Family Unit*

The annual performance appraisal also provides the opportunity for the Staff Nurse and the Nursing Director to reflect on practice and knowledge level through clinical narratives. This process allows both the Staff Nurse and the Nursing Director to identify areas of growth and development and mutually accepted goals. For example, a Staff Nurse on a general surgical unit had been involved in leading a group to Central America to bring supplies and resources to a struggling community. During her performance appraisal, her Nursing Director was able to support her continued involvement in humanitarian aid by encouraging her application for a Durant Fellowship, a fellowship that promotes the involvement of staff in providing medical aid to disadvantaged communities throughout the world. The nurse was granted a Fellowship and will be continuing her humanitarian work. Additionally, the nurse identified an interest in becoming a wound care resource for her unit. Because of her interest, the Nursing Director arranged for her to spend a day with wound care specialists in the Wound Clinic and then share lessons learned with her unit colleagues.

As the Nursing Director stated:

“Through mentoring and identifying this nurse’s strengths and tapping into her passion we were able to identify attainable goals that would enhance her professional and personal growth.”

Direct care nurses are also integral to the mentorship of student nurses. For example, Staff Nurses in the operating room provide a preceptorship experience for nursing students in their senior year as part of the student’s clinical affiliate requirement. The staff nurse plans the preceptorship
experience and provides ongoing feedback as well as an evaluation at the completion of the experience. In addition to fulfilling the students’ clinical requirements, the preceptorship program affords the student the opportunity to experience the role of the nurse in the operating room. Several of the students who have participated in this experience have graduated and become Staff Nurses in the operating room.
Massachusetts General Hospital
Patient Care Services
Director, Financial Management Systems
Search Document

Position Overview

Reporting to the Senior Vice President of Patient Care and Chief Nurse, this Senior Leadership position is responsible for the review, analysis and evaluation of financial management systems and programs within Patient Care Services, the largest division within the Massachusetts General Hospital. In collaboration with Senior Leadership colleagues, develops implements and evaluates the budget for the division which includes, but is not limited to, the Department of Nursing, Social Services, Therapy Departments and an array of program departments. In addition, this position leads a professional role group that provides consultant services in areas such as personnel policy, payroll practice, and with the development, implementation and maintenance of various management systems and services. As a member of the Patient Care Services Executive Committee, this Director shares the responsibility of providing the organizational direction necessary to effect change and promote excellence in the delivery of patient care.

About the Organization and Patient Care Services

The Massachusetts General Hospital (MGH) is a 902-bed, 44-bassinet, teaching hospital located in Boston. It is the third oldest, voluntary, not-for-profit hospital in the United States, and the oldest in New England. MGH has the distinction of being the largest teaching affiliate of the Harvard Medical School. The MGH provides a full range of inpatient and outpatient clinical services with the exception of ophthalmological and otolaryngological services which are provided by the adjacent Massachusetts Eye and Ear Infirmary. Since 1811, the MGH has served as a community hospital, regional referral center, world-renowned tertiary-care center, academic institution, and research center. These varied roles place the institution in the forefront of advanced clinical care, technology development, health education, and research.

Patient Care Services at MGH is comprised of the Departments of: Nursing, Physical Therapy, Occupational Therapy, Respiratory Care, Speech-Language Pathology, Reading Disabilities, Chaplaincy, Social Service, Patient Advocacy, The Patient & Family Learning Center, The Knight Nursing Center for Clinical and Professional Development, The Yvonne L. Munn, RN, Center for Nursing Research, and Volunteer and Interpreter Services. This translates into oversight of 3,632.8 FTEs and a total budget of $355,242,972, which comprises 26% of total hospital budget.

About PCS Financial Management Systems

Mission: Patient Care Services Financial Management Systems provides consultation, review, analysis and evaluation of management systems and programs to support to the leadership of Patient Care Services (PCS) in assuring effective and optimum utilization of personnel, material and financial resources.

The unique added value of PCS Financial Management Systems is the ability to:
- access, aggregate, and analyze data from various sources to provide information for management decision-making
- bring a qualitative, clinical perspective to management information and situations, and a quantitative analytic perspective to clinical information and situations.
Customers include:
  o Primary:
    o Senior Vice President for Patient Care and Chief Nurse
    o PCS executive team and line managers
    o PCS project managers and administrative staff (business managers, administrative assistants, etc.)
    o PCS staff – individuals and groups
  o Secondary:
    o MGH individuals and groups
    o Partners Health Care individuals and groups

Service offerings/responsibilities:
1. Develop and maintain financial management systems and statistical databases to provide PCS leadership with information and analyses to be used in planning and decision-making.
   • Unit dashboard
   • Monthly variance analysis
   • Capacity management
   • Indirect time analysis
   • Unit length of stay / activity ratio
   • Benchmarking, surveys, external required reports (Magnet, JCAHO, etc.)
   • On-line repository for reports and information

2. Identify initiatives, trends, and external and internal changes that may affect resources and assist in developing strategies to address these changes.
   • Work schedule / shift length
   • Degree preparation / certification
   • Nurse : patient ratios
   • Department of Labor regulations on overtime
   • Fiscal impact of equipment and technology advances (e.g., special beds)
   • Fiscal impact of external regulations (e.g., HIPAA)

3. Evaluate the PCS resource implications of current and proposed programs and services, providing analysis and recommendations.
   • New programs, program expansion and program changes
   • Capacity management

4. Manage the preparation of the annual operating and capital budgets, monitor budget implementation, and provide analysis of actual experience against projections.
   • Annual budget preparation – operational and capital; In-year budget changes
   • Accruals
   • Census analysis (Bed Index and Noon Occupancy)
   • Special funds
   • Travel and seminar reimbursement
   • Special bed / VAC / CPM utilization
   • Patient observer utilization
   • Management education
5. Develop and monitor information systems that analyze productivity and cost benefit, and relate fiscal management and personnel utilization to objectives and quality of care.
   • Workload/productivity reporting
   • Variance analysis
   • Productivity measurement development and reporting
   • Staffing effectiveness
   • Patient profile
   • Performance indicator summary (quality measurement reporting)

6. Provide staff support and management information in the areas of human resource policies and procedures and institutional and PCS contract / consultant services.
   • Management Systems Advisory Committee
   • Policy interpretation
   • Nursing Practice Manual
   • Training (PeopleSoft, Document Direct, etc.)
   • Agency, patient observers
   • Interentity transactions
   • Data entry (licensure, required training, educational preparation), performance appraisal processing

7. Collaborate with PCS leadership to develop and implement programs and systems that promote consistent, effective personnel management and positive labor relations
   • Employee Listings
   • Turnover, Vacancy, Filled Position tracking and reporting
   • Wage and Salary program implementation / market adjustments
   • Development of hiring guidelines
   • PeopleSoft approvals
   • Salary history reviews / salary equity
   • Performance appraisal completion status
   • Participation in Clinical Recognition Program

8. Provide staff support and management information for organizational and PCS initiatives and priorities
   • Strategic Initiatives
   • Capacity Management
   • Magnet
   • JCAHO

9. Communicate and collaborate with administration, finance, human resources, information services and other departments on behalf of PCS to ensure availability, accuracy and timeliness of information.
   • Joint Financial Management System / Human Resources meetings
   • TSI Steering Committee
   • TSI standards and model development
   • Information Systems – for TSI and PeopleSoft reporting
   • PHS – for benchmarking
   • Fiscal – for budget development and implementation processes, reporting
Massachusetts General Hospital
Patient Care Services
Director, Financial Management Systems

Search Committee

Jeanette Ives Erickson, RN, Chairperson
Senior Vice President for Patient Care and Chief Nurse

Marianne Ditomassi, RN, Staff Support
Executive Director, Patient Care Services Operations

Sally Millar, RN
Director, Patient Care Services Information Systems and Office of Patient Advocacy

Debra Burke, RN
Associate Chief Nurse

Steve Taranto
Director, Patient Care Services Human Resources

Michael Sullivan, DPT
Director, Physical and Occupational Therapy

Cindy Aiena
Director, Budget Director

Search Process

After screening of resumes by J. Ives Erickson, RN, Senior Vice President for Patient Care and Chief Nurse, candidates will be initially interviewed by Human Resources Generalist, Beverly Lasovick.

Round one interviews include:
- Jeanette Ives Erickson, RN
- Beverly Lasovick, HR Generalist
- Search Committee

Round two (finalists) interviews include:
- Sally Boemer, Vice President, MGH Finance
- Jeanette Ives Erickson, RN
- Beverly Lasovick, HR Generalist
- Staff, PCS Financial Management Systems
- Members, Patient Care Services Executive Committee
- Marianne Ditomassi, RN, Executive Director, PCS Operations
EILEEN FLAHERTY, RN, MBA, MPH

ORIENTATION

PEOPLE TO MEET WITH IN PCS

Nancy, Barbara, Scott, Sook - what is the work of the department? What is your work? What are the data bases that you use primarily? Where are they? What's in them?

Ursula, Kelly, Sandy - what is the work of the office? What is your work? Who are your customers and what do they want from you?

Marianne Ditomassi - review the organizational chart; executive meetings (PCSEC, OPS) - purpose, how to prepare for them, logistics, discussion topics; Magnet and relationship to PCSMS, MSO; overview of the Institute and the Center for Innovations; how to provide best help / response to MAD and JIE

ACNs - Dawn, Debbie, Jackie, Theresa - review scope, areas of responsibility, key people; what are the kinds of things ACN asks from PCSMS? From the Director? What's most helpful?

Clinical directors - Bob Kacmarek, Michael Sullivan, Carmen Vega-Barachowitz, Ann Daniels - review director's scope, areas of responsibility, work of the department, staff roles, key people, major issues; how does director use PCSMS? What's most helpful? Who else in the department should meet Eileen (suggestions: RT - Deb Duffy; PT/OT - Nora Hutton; SLP - Phyllis Meisel, Anna Giurusso; SS - Susan Morrissey, Michael McIlhenny)?

Sally Millar - scope, areas of responsibility, staff responsibilities; interaction / interdependent working between PCSIS and PCSMS; how Sally and Eileen want to work together

Joan Fitzmaurice - scope, areas of responsibility, staff responsibilities; what Joan needs from PCSMS on a regular basis / ad hoc basis? From the Director? What's most helpful

George Reardon - scope, areas of responsibility, staff responsibilities, key people; interaction between Support Services and PCSMS; management of capital budget, capital purchases; work with OC group - helpful for EF to attend to be introduced? what does Support Services need from PCSMS? From the Director?

Other Directors - Pat Rowell, Leila Carbunari, Deb Washington - review director's scope, areas of responsibility, work of the department, staff roles, key people, major issues; how does director use PCSMS? What's most helpful? Who else in the department should meet Eileen?
Other members of the Executive Team - Susan Sabia, Georgia Peirce, Deb Colton - review scope responsibilities; usual interactions with PCSMS or Director; what’s helpful?

Institute - Brian French (orientation, education, other activities); Dotty Jones (research program);
Taryn Pittman (PFLC) - later in process

Key people

Charlene Feilteau - QuadraMed from the other side; what are the capabilities of the system; how are reports used; what does PCSMS / Director get from Charlene; what does Charlene need / get from PCSMS / Director; what’s planned for the future; what are the issues and challenges; what other responsibilities?

Peggy Shaw - OneStaff from the other side; what are the capabilities of the system; how are reports used; what does PCSMS / Director get from Peggy; what does Peggy need / get from PCSMS / Director; what’s planned for the future; what are the issues and challenges; what other responsibilities?

Suzanne Cassidy - responsibilities, projects, scope; potential for interaction with PCSMS / Director (data or analysis needs, Magnet requirements)

PEOPLE TO MEET/ MEET WITH OUTSIDE OF PCS

Fiscal

Cindy Aiena *
Alex Davidson *

Human Resources

Steve Taranto *
Jan Swanson *
Elizabeth Behrman *
Karen Jarosz *
Team *

INFORMATION REQUIRED

Department

Work of the department - PCSMS documents; MSO documents
Responsibilities of the staff - job descriptions, files
Shared drives / folders / files - get access
Data bases and reports - sources, frequency, regular and ad hoc; how to find things, navigating in reports; using and maintaining reference folder - report grid

Schedule of work - what happens at what times of the year; what is prominent each quarter?

PeopleSoft - queries, HR data, secondary approvals, administrator

HR functions - setting salaries, crediting, job descriptions,

Budget process - time frames, steps, how work is organized and gets done,

MSAC - history, function - member list, minutes

PCS

Politics of the position - what is public vs confidential? What data/information can you share and with whom? Where are the opportunities and the landmines? Where is caution required?

Current issues - priority for Institute; union threat, PCS-driven cost reduction and chief nurse council; others

What is the direction - retreats

ADDITIONAL NOTES

▪ First day - welcome in am; some structure, some time unscheduled
▪ Special funds - review with Dito as well
▪ Personal
▪ Executive Development courses
▪ ? meet with committee chairs, Joanne Empoliti?
▪ ? spend time on care units or in HP departments?
▪ PCSMS retreat - January?
▪ Vacation Oct 2-10; working 10/12-13-14-15; usual schedule Mon-Tue-Thu-Fri

DOCUMENTS/REFERENCES TO GATHER

▪ PCSMS descriptions
▪ Report grid

CURRENT RECURRING MEETINGS

Staff Meeting Weekly Thursday, 8:30 - 10:00 GRB015
Nancy McCarthy Weekly Tuesday, 1:00 - 2:00
Scott Stechmann Weekly Tuesday, 9:00 - 10:00
<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>Day</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Ursula Hoehl</td>
<td>Weekly</td>
<td>Tuesday</td>
<td>10:30 - 11:00</td>
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<td>Sook Choi</td>
<td>Weekly</td>
<td>Wednesday</td>
<td>9:00 - 10:00</td>
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<td>Weekly</td>
<td>Monday</td>
<td>1:00 - 2:00</td>
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<tr>
<td>Thursday Ops</td>
<td>Weekly</td>
<td>Thursday</td>
<td>11:00 - 12:00</td>
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<td>Bi-weekly</td>
<td>Monday</td>
<td>2:00 - 3:00</td>
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<tr>
<td>PCSEC</td>
<td>Semi-Monthly</td>
<td>1st &amp; 3rd Tuesday, 2:30 - 4:00</td>
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<td>Monthly</td>
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<td>3rd</td>
<td>Wednesday 11:00 - 12:00</td>
<td>Walcott</td>
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<td>Friday 10:00 - 11:00</td>
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<td>Monthly</td>
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<td>Thursday 7:00 - 8:00</td>
<td>Yawkey 10-640</td>
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<td>TSI Steering</td>
<td>Bi-Monthly</td>
<td>3rd</td>
<td>Friday 10:00 - 11:00</td>
<td>Bulf 380</td>
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09/21/06