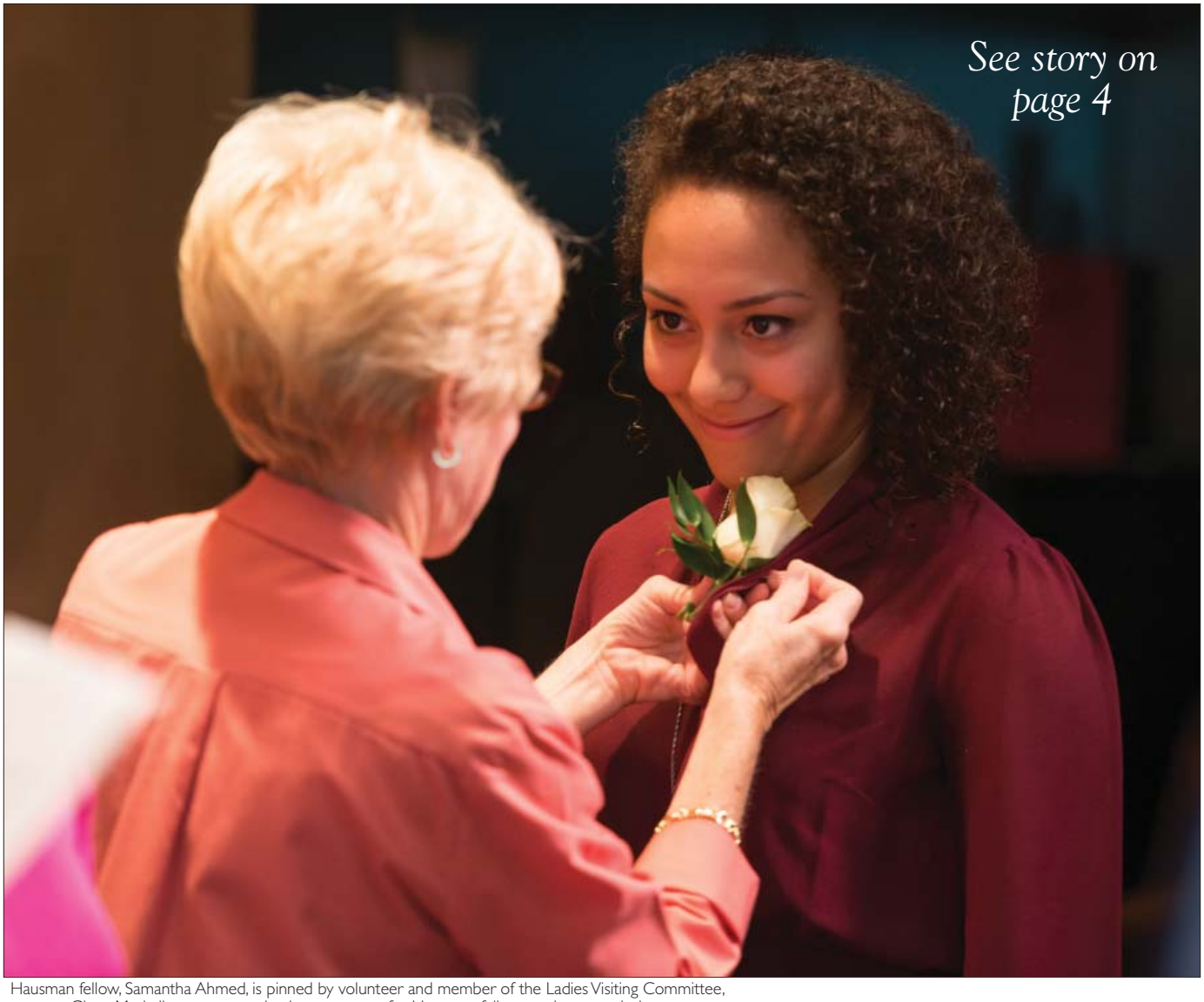
Caring Headlines
September 19, 2013

The Hausman Fund

advancing diversity in the nursing workforce



See story on page 4

Hausman fellow, Samantha Ahmed, is pinned by volunteer and member of the Ladies Visiting Committee, Ginny Meskell, at recent graduation ceremony for Hausman fellows and young scholars.

The newsletter for **Patient Care Services**
Massachusetts General Hospital

Care re-design and patient affordability

"...arguably the most important work we will do in our lifetime"

"MGH has seen many iterations of quality-improvement, but this time the difference is stunning—this time, we really got it right."

—Liz Mort, MD, senior vice president for Quality & Safety

If you had an opportunity to attend the Care Re-Design Fair under the Bulfinch Tent, Wednesday, September 4, 2013, you heard some promising projections for the future of health care. In his opening remarks, Michael Jaff, DO, director of Care Re-Design for MGH/MGPO and chair of the MGH Institute for Heart, Vascular, and Stroke Care, set the stage saying, "My vision of care re-design is unified teams working in every corner of the institution to make the care experience better, more efficient, and of greater value to patients and families."

Keynote speaker, David Longworth, MD, chair of the Medicine Institute and team lead for the Value-Based Care Initiative at Cleveland Clinic, called care re-design, "arguably the most important work we will do in our lifetime," and "a burning platform" for healthcare leaders across the country. He shared many of the strategies being employed at Cleveland Clinic to make care more affordable and efficient, including a shift toward population-management in their primary-care practices; wellness training; shared medical appointments; lower-cost sites of service; and aligning efforts and knowledge among disciplines to reduce wasted time, effort, and resources. Dr. Longworth emphasized the importance of engaging the entire organization in care re-design. He noted the value of being able to link financial data and outcomes to care-delivery in order to generate 'predictive analytics' that can help caregivers anticipate and avoid pitfalls in the future. Stressing the importance of teamwork, Dr. Longworth ended his talk with a quote from Rudyard Kipling: "The strength of the pack is the wolf, and the strength of the wolf is the pack."

Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

Speaking about our own care re-design efforts, Liz Mort, MD, senior vice president for Quality & Safety, summarized our work, saying, "MGH has seen many iterations of quality-improvement, but this time the difference is stunning—this time, we really got it right." Liz cited the strides we've made in reducing inefficiencies and waste; decreasing the number of avoidable re-admissions; improving hand-over communication; and engaging patients and families in our efforts to re-design care. She stressed the importance of measuring our results, continuously evaluating our work, and incorporating improvements into everyday practice.

David Torchiana, MD, chairman and CEO of the MGPO, offered a refreshing perspective on health care today, reminding us that all is not bleak. *Many*

continued on next page

factors affect our perception of health care, not just cost. He pointed to the significant increase in survival rates for certain medical and surgical conditions over the past two decades. If you consider the success of treatments for GI bleeds, heart attacks, CABG, hip-replacement surgery, and many other conditions, it's clear that inpatient hospital care has improved remarkably over the years. "Despite what you may read," said Dr. Torchiana, "health care is a pretty successful endeavor, overall."

I had an opportunity to share the impressive work we're doing on Innovation Units—not simply cutting costs, but introducing key interventions to improve care while reducing expenses associated with wasteful utilization of supplies and resources. I explained that our work has focused on:

- creating a new culture through relationship-based care
- creating the role of attending nurse, complete with its own domains of practice
- standardizing processes to make care safer and more efficient by:
  - improving throughput and reducing length of stay
  - utilizing enhanced technology for better communication
  - controlling variation
  - implementing evidence-based practice

The outcomes we hoped to achieve, and in fact, are realizing, include:

- increased patient satisfaction as care-delivery is more equitable and patient- and family-focused
- improved clinical quality and safer care
- cost reductions associated with standardized products and more efficient systems
- better staff satisfaction as interventions, improvements, and increased patient satisfaction engender pride in the workplace

I touched briefly on some of the interventions implemented on Innovation Units, including hand-over communication using SBAR; welcome packets; inter-disciplinary rounds; in-room white boards, and discharge follow-up phone calls. Perhaps most impressive, I shared the preliminary outcome data from Phase I of the Innovation Unit roll-out, which show a downward trend in length of stay and re-admissions; a marked decline in fall rates and pressure ulcers; and a downward trend in the average cost of care. I have to agree with Liz Mort on this one—we really did get it right this time.

Those who attended the Care Re-Design Fair had an opportunity to ask questions of a number of MGH and MGPO leaders involved in care re-deign, including myself, Michael Jaff; David Torchiana; Liz Mort; Brit Nicholson, MD; Tim Ferris, MD; Henry Chueh, MD; and Mary Cramer. Posters reflecting the work of the many care re-design teams and PCS Innovation Units were on display throughout the fair.

I'd like to commend Michael Jaff for his leadership of the Care Re-Design initiative and in bringing the Care Re-Design Fair to fruition. We've enjoyed a great partnership throughout this entire process, and I have a feeling the best work is yet to come.

To view the posters and video shown at the Care Re-Design Fair, go to: http://mgpo.partners.org/Home.html. For more information about care re-deign and patient affordability efforts at MGH, call Michael Jaff at 617-726-3784, or Mary Cramer at 617-724-7503.

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In this Issue

(Cover photo by Brian Wilson)

The Hausman Fund to Advance Diversity in the Nursing Workforce

—by Deborah Washington, RN, director, PCS Diversity Program

Once again the Hausman Fund to Advance Diversity in the Nursing Workforce has brought deeper understanding to our journey of inclusiveness. This donor-supported program is a best practice in terms of fostering diversity and addressing diversity-related issues specific to the workplace and college campuses.

Director of PCS Diversity, Deborah Washington, RN (right) with Denice Calub at recent Hausman nurse fellow and young scholar graduation ceremony.

The Hausman Minority Nurse Fellowship

In its most recent iteration, the nationally acclaimed Hausman Minority Nurse Fellowship ushered 15 student nurses through six weeks of skill-acquisition and cultural-identity training. In the largest cohort since the program began, fellows came from Nebraska, Washington, DC, and towns throughout New England—impressive given that housing is not part of the paid fellowship. Word of mouth and social media have helped advance the reputation of this learning experience as an opportunity for minority student nurses to gain a greater appreciation of their cultural identity while acquiring skills and knowledge beyond those provided by standard clinical rotations.

One fellow observed, "The learning experiences I had on the Lunder 9 Oncology Unit were amazing. The nurses I worked with were great preceptors. They took time to teach me and included me in caring for patients. I learned what it means to be a patient advocate, to communicate with patients who are unable to articulate their needs. I had never heard of a 'Whipple' before, but I learned all about it on Lunder 9.

"I attended the Remembrance Service for patients who had passed away. This was a good way for staff to have some closure.

"I learned about chemotherapy administration, how to calculate chemo dosages, and to make sure positive-pressure rooms always remain closed for patients on neutropenic precautions. Most of all, I learned to be comfortable providing nursing care and the importance of contributing to the plan of care during inter-disciplinary rounds."

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Perhaps the most valuable component of the Hausman Fellowship are the Friday gatherings when fellows come together to share their experiences with minority mentors. During these times of reflection, students who are black, Hispanic, and Asian speak openly about their experiences, articulating their insights about the work environment. These thoughtful exchanges provide understanding and context for the kind of workplace events that shape self-confidence, self-concept, and cultural identity.

The Hausman Young Scholars Program

The Hausman Young Scholars Program welcomed its second cohort of middle-school students in July. Designed to benefit the children of MGH employees working as patient care associates, unit service associates, operations associates, and other assistive roles, this unique four-week learning experience owes its success not only to the students but to the active support of their parents. Students and parents attend classes that introduce students to careers in health care, the variety of sciences required to work in health professions, and the influence behavior has on individual and community health. One project involves creating a 'genogram,' tracing chronic illnesses in their own families. This is always an eye-opening lead-in to discussions about personal health behaviors.

Participants have an opportunity to visit hospital labs and other venues and learn about anatomy, surgical procedures, first aid, physiology, and so much more. What makes the program so exhilarating is the parents' involvement. These experiences spark crucial conversations between parents and students about their dreams and aspirations for the future.

The Hausman programs are a mainstay of our commitment to diversity. They help foster conditions in which the truth about ourselves, our cultural identities, and our value to the organization can be revealed and celebrated. But more than anything, these programs are harbingers of the future. And the future is bright.

For more information about any of the Hausman programs or PCS diversity initiatives, call Deborah Washington, RN, at 617-724-7469.

Below left: Hausman graduate, Van Nguyen. Botton right: Hausman graduate, Huong Nguyen, with volunteer, Ginny Meskell, and mentor, Janis Peters. At right: Hausman scholar, Nicole Hyman, addresses the gathering.

(Photos by Brian Wilson)

End-of-life care means helping dying patient return home

Mary was a lovely 23-year-old woman who had been healthy up until her diagnosis of FLT 3-positive acute myeloid leukemia. I knew that FLT 3-positive carried a poor prognosis and began thinking that Mary would need a transplant once her disease was under control.

My name is Donna Jordan, and I've been a nurse for 19 years, the last 13 on the (now Lunder 10) Hematology, Oncology, Bone-Marrow Transplant Unit. I was to admit 'Mary' and began to review her history before she arrived on the unit. Mary was a lovely 23-year-old woman who had been healthy up until her diagnosis of FLT 3-positive acute myeloid leukemia. I knew that FLT 3-positive carried a poor prognosis and began thinking that Mary would need a transplant once her disease was under control. She had been diagnosed at her local hospital in Maine three months earlier, presenting with unintentional weight loss, bruising, frontal headaches, and intermittent vomiting. She had received standard induction chemotherapy for her original white count of 255,000. A high white count, I thought, was another factor not in her favor.

Mary's original course was complicated by a severe reaction to her chemo drugs, including nausea, vomiting, headaches, and a rash. Induction chemotherapy is intended to clear the bone marrow of leukemia, and it's standard practice to do a bone-marrow biopsy after 14 days. Mary's showed the best-case scenario—complete remission. Things were going as planned.

Mary was recently married and looking forward to starting a family. The original plan called for one round of chemo followed by a cycle of in vitro fertilization (IVF) before undergoing a cycle of consolidation chemo and myeloablative stem-cell transplant.

Donna Jordan, RN, staff nurse, Lunder 10
Hematology-Oncology-Bone Marrow Transplant Unit.

Before coming to MGH, Mary had already started undergoing a fertility work-up and early stages of treatment when she noticed some new pain in her hips and legs. She was admitted to a local hospital and underwent another round of high-dose chemotherapy. The pain increased during her stay, and so did her white count. She was transferred to MGH to be evaluated for treatment options, including potentially, transplant.

Mary arrived on the unit in a wheelchair looking frail, ill, and in pain. She was feeling frustrated at the prospect of being admitted. I greeted Mary and her parents and helped her into bed. Her vital signs were very concerning: temperature, 103.4; blood pressure, 80s–40s; pulse, 130. Her EKG was within normal limits, and she was alert and oriented. I immediately called the team and initiated standard pancytopenic protocol. I knew time was important in getting the

continued on next page

Even as I considered the risks, I knew this was her last wish and that dying close to home was the one thing we could do for this courageous young woman. I'm proud to say we were able to grant Mary's request. Within 48 hours and thanks to an extraordinary team effort, Mary was back home with her family and friends in Maine.

right antibiotic in place in a febrile, neutropenic patient. I could see that Mary was scared, and her parents were very concerned. I knew I'd need to help them understand what was happening in this new setting, but I needed to do a few things before comforting them. As I assessed Mary, I explained everything that was happening and the rationale behind it, trying not to alarm them. I also wanted to know their plans for the night as they lived two hours away. I gave them information on local hotels and let them know they were welcome to stay with Mary if they wanted to. They decided to get a good night's sleep at a hotel as they'd had a rough few days, emotionally. They were relieved that Mary was now at MGH and in good hands.

I asked Mary about her concerns and assessed her understanding of what was happening. She had a grasp of it all. She was started on oral chemotherapy overnight in an effort to prevent her white blood count from continuing to rise. Mary was very sick; leukemia was taking over her body.

Mary was easy to get to know. She shared stories about her recent wedding, which had taken place in an old boat house. She loved photography, and she'd been an acrobat in the circus. Most recently, she was working with her mom in real estate. Her husband was unable to come to MGH, as he worked in Maine and was unable to take time off from work. Mary was proud that she had owned a condo at age 19, but Mary and her husband had moved in with her parents when she was diagnosed because it was closer to the local hospital. That first evening, we talked a lot about walks on the beach and her plans for the future. She was concerned that her IVF cycle had needed to be cancelled. This conversation saddened me as a person, as a nurse, and as a mom. Having been an oncology nurse for 19 years, I knew this was going to be a difficult journey.

The next morning, the decision was made to give Mary another round of chemo. With her aggressive leukemia, it was the only option. The team reviewed the plan with Mary, her parents, and her husband. She was a strong-willed woman, but her battle got tougher as time went on. About five weeks into her admission, after numerous complications, I could see she was becoming withdrawn. I cared for her often, and when she wasn't assigned to me, I would pop in to see her. I knew as she continued to be critically ill that she would likely not beat the leukemia. This was her second induction and the cancer had came back.

Soon, the decision was made to change Mary's code status to Do Not Resuscitate/Do Not Intubate. This was difficult for everyone. During one of my shifts, Mary drifted in and out of confusion. When she saw me, tears rolled down her face. Her mom and I exchanged a look. I asked if there was anything I could do to make it better.

Mary looked at me and said, "Please get me to Maine. I want to be in Maine."

She shared with me in a tearful conversation that dying sooner in Maine was preferable to living longer in the hospital. She felt she had burdened her parents and family long enough. She wanted to see her husband and friends.

I wondered if we could safely do this—if she would be able to tolerate an ambulance ride, if there was a risk that she would die en route. Even as I considered the risks, I knew this was her last wish and that dying close to home was the one thing we could do for this courageous young woman.

I'm proud to say we were able to grant Mary's request. Within 48 hours and thanks to an extraordinary team effort, Mary was back home with her family and friends in Maine. She died peacefully after spending several days with her loved ones.

Knowing Mary as well as I did, I was confident she had the strength to make the trip. She had always been realistic and known what she wanted. I feel blessed to have been part of Mary's journey and to have advocated for her return to Maine, knowing it was where she really wanted to be.

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

It's always tragic to lose a patient. But even when we're unable to alter the outcome, we can have a profound effect on the patient's journey. Donna's presence, interventions, and compassion had an enormous impact on Mary's journey. Donna was fully present to Mary and her family; her knowledge of Mary was more than just clinical—she knew what was in her heart. This is the true privilege of being a nurse. And in the end, the trust Mary placed in Donna was well validated.

Thank-you, Donna.

A glimpse into the future of patient food service

—by Susan Doyle, administrative director, Patient Food Services

Change is in the air and all throughout Nutrition & Food Services as the department prepares to overhaul its patient food service to increase quality, efficiency, and patient satisfaction. Completion of the project is slated for fall, 2014.

The future may be closer than you think. And happily so. What may have been considered state-of-the-art years ago in terms of giving patients optimal food service has become outdated in recent times, and Nutrition & Food Services has spent considerable time and effort seeking a solution. After much study, data-collection, and planning, work has begun to overhaul Patient Food Services, enabling it to be more efficient, more effective, and better able to meet patients' dietary needs.

Soon, you'll see changes in the food delivery system, nutrition service coordinators, and in the meals themselves.

Nutrition service coordinators will have work stations in the galleys on each unit where patient information will be at their fingertips. They'll be able to print menus and census reports right on the unit, bringing the whole process closer to the bedside. The hope is that nutrition service coordinators will be more visible, enabling them to assume a more proactive role in meeting patients' nutritional needs.

Patient food selections will be electronically entered, allowing patients' menu choices to be accessed even when patients are transferred to other units. Meals for new admissions will be delivered as soon as the patient's information becomes available and will arrive hot, fresh, and ready to serve. No more microwaving.

Food will be cooked and plated 'on demand' in the main prep kitchen in the Blake basement. Food service professionals will oversee tray assembly right before delivery to ensure accuracy and reduce waste. And wait times should be greatly reduced with this efficient new system.

Completion of the project is slated for fall, 2014, but you may already have noticed construction in some areas as we begin to roll out the plan.

For more information about changes to Patient Food Services, contact Sue Doyle, assistant director of Patient Food Services, at 617-726-2579, or Susan Barraclough, director of Nutrition & Food Service, at 617-724-4027.

Virtual March on Washington

—by Deborah Washington, RN, director, PCS Diversity

The annual Stand Against Racism campaign sponsored by the YWCA is an opportunity for the Boston community to participate in a national effort to eliminate racism through awareness and understanding. This year, Patient Care Services played a prominent part in that campaign, participating in the Virtual March on Washington, commemorating the 50th anniversary of the 1963 event that was a turning point in the Civil Rights Movement. Deborah Washington, RN, director, PCS Diversity, and Bob Seger, executive director of Emergency Services and Preparedness, co-chaired the Virtual March Planning Committee, working with representatives from the Old South Church, the City Mission Society, Biogen Idec, Krokidas & Bluestein, Leslie Saul & Associates, the Downtown Boston Rotary, AARP Massachusetts, Zion Church Ministries, the MGH Institute of Health Professions, and the New England Regional Black Nurses Association.

On April 26, 2013, participants donned pedometers and recorded their steps as they went about their daily business. At the end of the day, the total number of steps was computed and converted to miles in the hope that the number of steps would equal the number of miles from Boston to Washington, DC. As it turned out, participants walked more than 5,000 miles, enough to walk to Washington *and back* more than five times. The symbolic walk gave marchers an opportunity to share memories, past experiences, and lessons learned since the original March on Washington a half century ago.

One walker recalled his mother teaching him to judge people by their actions as opposed to the color of their skin. Another shared her long-held belief in the importance of standing against intolerance. Others spoke of the need to instill the importance of equality and inclusion in their children. The sight of an American flag flying above a school reminded one walker of the courageous individuals who sacrificed so much in their fight for their right to an education.

It's fair to say that the virtual March on Washington had a very real effect on those who participated. For more information, or to speak with the director of PCS Diversity, call 617-724-7469.

(Photos provided by staff)

Far left: a reunion of some of the walkers who participated in the Virtual March on Washington—an opportunity to share stories and memories.
Near left: the sight of this school flying the American flag reminded one walker of the sacrifices made in the fight for equal rights. during the 60s.

My Giving Helps: why I give

—by Sue Algeri, RN, nurse director

In 2010, my mom suffered a significant bleed in her brain due to an arterio-venous malformation. I had recently become the nursing director of a neuroscience unit, and I couldn't believe my otherwise healthy mom was now in need of neurological care. Chris Olgivy, MD, Alizeria Atri, MD, and their teams saved my mom's life—we just celebrated her 83rd birthday. My sister, Nancy Stark, who also works at MGH, and I are extremely grateful for the care she received. That's one of the many reasons I support the MGH Fund and the United Way through the My Giving Helps campaign.

You've probably seen posters and e-mails, maybe even the My Giving Helps video. Contributions to the MGH Fund help patients, families, and sometimes even our own loved ones. The MGH Fund supports many important initiatives from research to clinical programs to the Be Fit Program and the Backup Child Care Center.

And many of our patients and families rely on the United Way and the services provided by its network of local organizations. The United Way is closely aligned with our own mission to give back to the communities we serve.

One example of how MGH and the United Way have worked together is our own Jennifer Spina, RN. Three years ago, the Boston branch of the Boys & Girls Clubs of America sought to add a new program to its roster, one that would help its young members stay healthy. They turned to MGH for help, and now Spina works exclusively at the clubs educating children and families about the importance of healthy living, nutrition, and exercise. This program was made possible with funding from the My Giving Helps campaign.

The My Giving Helps campaign will continue through September 27th. To learn more, go to: www.mygivinghelps.org.

(Photo by Sam Riley)

Bill McLaughlin, Police, Security & Outdoor Services, makes a donation to the My Giving Helps 'Penny Wars' campaign as champions (l-r), Ruth Stokes, Barbara Irby, RPh, and Tseten Gyurmae, look on.

Announcements

SAFER Fair

See how collaborative governance champions are working to make a SAFER environment for patients, families, and the entire MGH community.
September 24, 2013
11:00am–2:00pm
under the Bulfinch tent

Food, games, and prizes!

For more information, call Mary Ellin Smith, RN, at 4-5801.

MGH Youth Programs

Mentors make a difference! Encourage and empower a motivated student.
The MGH Youth Programs team is seeking volunteers to mentor students through the development and creation of science fair projects. Mentors meet with students (at MGH or the Charlestown Navy Yard) two Friday mornings a month, from October to January. No experience needed. The MGH Youth Programs team provides ongoing training and support. For information, contact Tracey Benner at 617-724-8326.

Senior HealthWISE events

Lecture Series

"Stroke Risk Prevention"
Thursday, September 26, 2013
11:00am–12:00pm
Haber Conference Room
speaker: Mary Amatangelo, RN, senior stroke researcher and nurse practitioner

Hypertension Screening:
Monday, September 23rd
1:30–2:30pm
West End Library
151 Cambridge St.
Free blood-pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

MGH Disability Champion Award

The MGH Employees with Disabilities Resource Group will award its first MGH Disability Champion Award this fall, in recognition of exemplary commitment to advocacy for persons with disabilities.

Deadline for nominations is September 30, 2013.

Recipient will be honored at a ceremony, October 29th with a plaque and award of $1,000(net).

To nominate a colleague, visit http://sharepoint.partners.org/mgh/hrevents/DisabilityChampionAward/default.aspx.

ACLS Classes

Certification:

(Two-day program
Day one: lecture and review
Day two: stations and testing)

Day one:
November 7, 2013
8:00am–3:00pm
Robbins Conference Room
Founders 2

Day two:
November 8th
8:00am–1:00pm
Robbins Conference Room

Re-certification (one-day class):
October 9th
5:30–10:30pm
Founders 130 Conference Room

For information, contact Jeff Chambers at acls@partners.org

Classes are subject to change; check website for current dates and locations.

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Aging Gracefully:

Meeting the challenges and embracing the realities of aging

Continuing Education Program
Presented by MGH Nurses' Alumnae

Friday, September 27, 2013
8:00am–4:30pm
O'Keefe Auditorium

Presenters:
Mary Larkin RN; Cornella Cremans, MD; Alison Squadrito, PT; Paul Arnstein, RN; Barbara Moscowitz, LICSW; and Susan Lee, RN

$40 for MGH alumnae and employees
$50 for non-Partners employees.

For more information or to register by September 14th, call the Alumnae office at 6-3144.

Northeastern University School of Nursing's 50th anniversary

Celebrating history and honoring nursing leaders

November 2, 2013
6:00pm
Colonnade Hotel in Boston

Keynote address by the dean of the University of Pennsylvania's School of Nursing

Among nursing leaders being honored will be Jeanette Ives Erickson, RN, senior vice president for Patient Care, recipient of the Distinguished Health Care Professional Award.

Register on-line at: http://www.northeastern.edu/bouve/nursing/anniversary/.

For more information, call Joannie Danielides at 212-319-7566.

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All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746

Next Publication
October 3, 2013

October is Domestic Violence Awareness Month

The Domestic Violence Working Group will be hosting activities throughout the month:

October 1, 2013
4:00–-7:00pm;
and October 2nd and 8th,
10:00am–2:00pm
Information tables in the Main Corridor

October 9th
12:00–1:30pm
Yawkey 210 Conference Room
"Domestic Violence and The Media: from Television and Newspapers to the 24-Hour News Cycle"
Presentation of the Unsung Hero Award at 11:45am

October 22nd
3:30–5:00pm
Yawkey 4-820
Screening of *Telling Amy's Story*

October 23rd
2:30–4:00pm
O'Keeffe Auditorium
"Trauma and Social Justice: Implications for Social Work Practice"

Other events are scheduled. For more information, call 617-643-7413.

Who doesn't love a piano?

From September 27, to October 14, 2013, MGH will host an upright piano as part of the Boston Street Piano Festival. 75 pianos on display throughout the city will invite passers-by to: "Play me. I'm yours." Decorated by artists and members of the community, pianos will be available for the public to play and enjoy.

This initiative by British artist, Luke Jerram, is intended to create opportunities for the public to engage with and take ownership of their urban environment.

The Boston Street Piano Festival is organized by Celebrity Series Boston. Touring internationally since 2008, "Play Me, I'm Yours" has reached more than three million people in 36 cities around the world.

The MGH piano will be located in the courtyard between the Liberty Hotel and the Yawkey Building, and will be available from 10:00am–4:00pm, daily.

For more information, go to: http://streetpianos.com/boston2013/.

Jeremy Knowles Nurse Preceptor Fellowship

Call for Applications

Applications are now being accepted for the Jeremy Knowles Nurse Preceptor Fellowship. The one-year fellowship provides financial support to pursue educational and professional opportunities.

Applications are due October 4, 2013.

For more information, call 617-724-5801

One-stop intranet site for strategic priorities

Want to know more about the Partners-MGH patient care re-design, patient affordability, and budget review initiatives? Wondering about the time line?

To read the latest articles about this work, or if you have a cost -reduction idea or better way to deliver patient care, visit the new MGH/MGPO intranet site:

http://priorities.massgeneral.org.

NURSES: If Florence could see us now…

On Monday, September 23, 2013, a number of MGH nurses can be seen in the film, *NURSES: If Florence could see us now*, at the Kendall Square Cinema in Cambridge.

The film explores what it means to be a nurse, the different roles nurses play, and the ways nurses impact the lives of others. More than 100 nurses from across the country were interviewed for this film.

NURSES: If Florence could see us now is a project of On Nursing Excellence, a nonprofit organization dedicated to enhancing the effectiveness, efficiency, well-being, and image of the healthcare workforce. The film is dedicated to all nurses and to the late Joyce Clifford, RN, a fellow of the American Academy of Nursing who was designated a Living Legend in 2005.

For more information, go to: http://www.staffingexcellence.org/home~3/nurses. Watch e-mail for information on how to obtain tickets.

Caring Headlines
September 19, 2013

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