Caring Headlines
April 7, 2016

National Patient Safety Awareness Week

celebrating our safety stars

White 7 staff nurse, James Bradley, RN (left), is recognized as a safety star by MGH president, Peter Slavin, MD, as Bradley's 3-year-old son, Nathan, gives the certificate a quick quality check.

Nursing and Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

MGH *e*Care prep

training, teamwork, town-halls, and so much more….

Never, in my entire career as a nurse or hospital administrator, have I witnessed the level of preparation, participation, commitment, and teamwork exhibited by this workforce in the days, weeks, and months leading up to eCare go-live.

This is a little tricky because I'm writing this column days *before* MGH *e*Care actually goes live, and you're reading it after the cut-over when the new, integrated, electronic medical record is already up and running. So while technically I can't speak about the conversion because it hasn't happened yet, I *can* tell you I'm 100% confident that the cut-over was a success.

Never, in my entire career as a nurse or hospital administrator, have I witnessed the level of preparation, participation, commitment, and teamwork exhibited by this workforce in the days, weeks, and months leading up to go-live. This was a massive undertaking that required meticulous planning and precision execution. The reason I'm so confident our cut-over was a success, is because I've had a front-row seat to the extraordinary effort put forth by this organization from day one.

Clinicians and support staff took the initiative to sign up for and attend training sessions; they educated themselves and their co-workers to ensure optimal readiness. At our weekly (then more frequent) town-hall meetings, staff came prepared with questions, anticipating the impact of the new system on patient care and unit-based processes.

At town-hall meetings, no topic was too big, no detail too small. We heard from our clinical impact team who fielded inquiries, reported back on their findings, and disseminated information on a wide range of subjects. We heard presentations on patient safety during cut-over; safety reporting; lab procedures; patient transport; infection-control; the Code/Rapid Response Narrator; changes to wristbands; updates to our WOWs (workstations on wheels); parking considerations; and additional staffing for go-live.

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

We spoke at length about the scheduled downtime from 8:45pm Friday night to 5:00am Saturday morning, including an extensive review of the cut-over time-line and our downtime policies and processes.

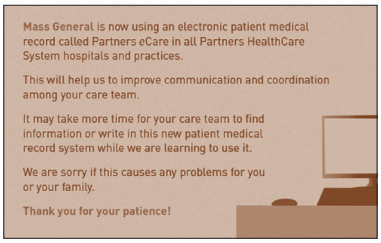
We reviewed the communication plan, both for sharing information internally throughout the transition and the communication structure established specifically to handle *e*Care issues that arise during and immediately following cut-over. That structure is comprised of super-users, uber-users, informatics specialists, MBWAs (individuals trained to recognize learning gaps and resolve minor issues as they walk around the hospital), and local and hospital leadership on patient care units and/or sta-

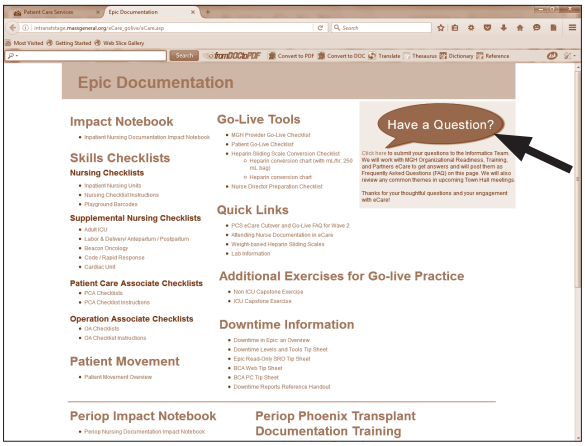
continued on next page

tioned in one of the *e*Care command centers. This structure employs a systematic approach to handling issues as they arise or escalating them to the next level ensuring that all concerns are addressed in the most timely manner possible.

Representatives from Nutrition & Food Services shared information on the new system for processing diet orders, including the elimination of white slips. We've placed a diet order 'crosswalk' on the PCS Excellence Every Day (EED) *e*Care page so staff can familiarize themselves with the differences between the old and new systems.

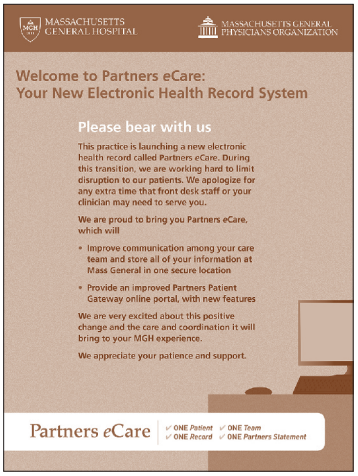
Also on the EED *e*Care page, we've added a 'Have a Question?' feature (see screen shot below)where staff can click on a link to send questions directly to PCS Informatics. Answers are sent in response to each question, and as themes are identified, those answers are compiled and posted on the site.





Ever mindful that we're embarking on this journey to improve patient care and make patient information more accessible, fliers and food-tray cards were created to inform patients and families about this change and solicit their patience and understanding during transition.

You can see why I was so confident our go-live would be smooth and uneventful. Evidence of our preparedness was everywhere. When I rounded on units and visited other departments, I saw staff practicing in the 'playground.' I heard staff speaking knowledgeably about the new system and sharing their enthusiasm with co-workers. Every discipline, every service, every individual was invested in our success. As I send this issue of *Caring Headlines* to print the day before we go live, I'm filled with gratitude to this incredible workforce and eager to begin working in the era of MGH *e*Care. One patient, one team, one record, one Partners statement.



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In this Issue

(Cover photo by Paul Batista)

National Patient Safety Awareness Week

celebrating our safety stars

—by John Murphy, RN, and Donna Jenkins, RN, staff specialist, MGH Center for Quality & Safety

This year, MGH celebrated National Patient Safety Awareness Week, March 13th–19th, with a series of informational sessions and activities geared toward raising awareness and recognizing organizational efforts to keep patients safe. The theme of this year's observance, "Speak Up for Safety," was reinforced at information booths in the Main Corridor where staff and visitors had an opportunity to speak with safety representatives from Nursing, Interpreter Services, Imaging, Pathology, Pediatrics, Anesthesia, and Quality & Safety.

At the annual Patient Safety Star recognition breakfast, MGH president, Peter Slavin, MD, congratulated this year's honorees and thanked them for their, "dedication and commitment to patient safety and for being excellent role models by championing patient safety in your practice every day." Staff from throughout the organization were

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Below: Liz Mort, MD, senior vice president for Quality & Safety, and MGH president, Peter Slavin, MD, with safety stars (l-r): pharmacist, Firdosh Pathan, RPh; staff nurse, Tracey Zachary RN, and operations associate, Joseph Ventura.

Above: Thoralf Sundt, MD, chief of Cardiac Surgery, presents, "Learning from my mistakes: the power of teamwork."
Below: Sundt is joined by panelists, May Pian-Smith, MD, director of Quality & Safety in the department of Anesthesia, Critical Care & Pain Medicine, and Steven Yule, from the Medical Simulation Center at BWH.

recognized (see list of PCS honorees below). As each person's name was announced, a brief paragraph was read describing the impetus for his or her nomination. Slavin reminded staff as we approached our *e*Care implementation date, to be extra vigilant in our efforts to keep patients safe.

This year's Patient Safety Week keynote address was delivered by Thoralf Sundt, MD, chief of Cardiac Surgery, who presented, "Learning from my mistakes: the power of teamwork." Sundt spoke about the complexity of health care and offered suggestions on how to help prevent adverse events. Sundt was joined by May Pian-Smith, MD, of the department of Anesthesia, Critical Care, and Pain Medicine, and Steven Yule from the Medical Simulation Center at BWH for a panel discussion.

National Patient Safety Awareness Week reminds us of our own MGH Credo Statement, which avows: As a member of the MGH community and in service of our mission, I will:

- listen and respond to patients, families, colleagues and community members
- ensure that MGH is safe, accessible, clean, and welcoming to everyone
- share my successes and errors so we can all learn from one another

We thank our safety stars and all MGH employees for their vigilance and commitment to patient safety. For more information about National Patient Safety Awareness Week at MGH, or if you have any safety concerns at all, contact your director or supervisor, or call the PCS Office of Quality & Safety, at 617-643-0140.

PCS Safety Stars recognized this year

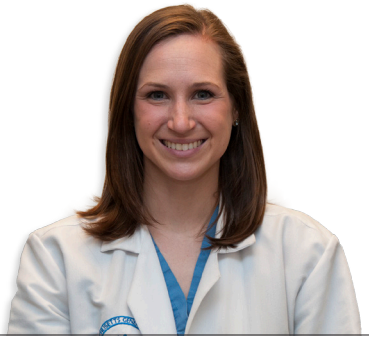
- James Bradley, RN, White 7
- Lisa Callahan, operations associate, White 7
- Jennifer Cataldo, RN, Pediatric ICU
- Dawn Crescitelli, RN, Bigelow 9 RACU
- Christopher England, operations manager, Ellison 19
- Susan Ferretti, RN, Operating Room
- Christine Fitzgerald, RN, Operating Room
- Kathleen Flaherty, RN, Ellison 10
- Bridget Ging, RN, White 11
- Rachel Higgins, RN, Ellison 17
- Kristen Kingsley, RN, Bigelow 9 RACU
- Marie McCarthy, surgical technologist, Operating Room
- Jaime Mulligan, operations associate, White 9
- Heidi Nichols-Baldacci, RN, Neonatal ICU
- Carla Polonsky, Spanish interpreter
- Diana Titus, RN, Pediatric ICU
- Aimee Tow, PT, physical therapist
- Joseph Ventura, operations associate, Blake 6
- Dawn Williamson, RN, Emergency Department
- Tracey Zachary, RN, Emergency Department

(Photos by Jeffrey Andree and Paul Batista)

The art of balancing honesty, compassion, and hope

Mrs. E was a 34-year-old woman from Egypt who was battling cutaneous, T-cell, non-Hodgkin's lymphoma. She'd been admitted for complications of cutaneous graft-versus-host disease. Mrs. E was brought to MGH from a rehabilitation hospital after recently experiencing altered mental status.

My name is Kristen Andrew, and I'm a physical therapist. During my rotation on the Bone Marrow Transplant Unit, there was one patient in particular who had a significant impact on my practice. Treating her reminded me of the importance of teamwork in every patient's care. Mrs. E was a 34-year-old woman from Egypt who was battling cutaneous, T-cell, non-Hodgkin's lymphoma. She'd been admitted for complications of cutaneous graft-versus-host disease (a medical complication in which transplanted cells are rejected by the host following transplant). Mrs. E was brought to MGH from a rehabilitation hospital after recently experiencing altered mental status. Over a period of several weeks, I worked with Mrs. E to re-gain her strength and functional mobility to the extent that she could tolerate it given her limited arousal and alertness. And unfortunately, her altered mental status (of unknown etiology at this point) was not resolving. I and other members of the team struggled with ethical considerations regarding Mrs. E's quality of life in light of her prognosis, which of course, was difficult to predict.



Kristen Andrew, PT, physical therapist

After a few weeks, the high-dose steroids and experimental drug Mrs. E was taking started to take effect. Her mental status improved dramatically. I entered Mrs. E's room one day and was pleasantly surprised to see her sitting up in bed eating breakfast. I reminded her that I was the physical therapist who'd been working with her for the past several weeks and talked about what my role was. She told me her primary goal was to go home to her husband and two young sons as soon as possible.

Although Mrs. E's mental status had improved, she now had other hurdles to overcome — steroid-induced myopathy and severe de-conditioning from being in bed for the past few weeks. Mrs. E and I worked together to improve her mobility. We worked on sitting at the edge of the bed, doing exercises in bed then in a sitting position, with the goal of being able to stand using a gait harness and eventually be able to quick move.

continued on next page

When I came in to work on Monday, I was met by the unfortunate news that Mrs. E had been transferred to the ICU over the weekend. She had contracted an infection that her delicate immune system was unable to fight; she had passed away that morning. It was a shock to everyone, as she'd come so far and was so close to being discharged.

Mrs. E's husband was present for one of our sessions. As motivation, I suggested that the goal of that session be for her to stand and give her husband a hug. She worked very hard, bringing all our therapy to the task. With great effort, she was able to achieve her goal and give her husband a hug. It was a special moment for all of us. I'm sure most of us take simple hugs for granted, but for this young woman, that hug was a huge milestone in her recovery.

Over the next several weeks as Mrs. E improved medically, we continued to work on standing. Occupational Therapy was brought in to help improve her independence with activities of daily living. Mrs. E's case manager tried to find a bed in a rehabilitation facility that would work for Mrs. E's limited insurance plan. And the social worker tried to arrange for Mrs. E's parents, whom she hadn't seen in more than three years, to come to the United States.

Mrs. E made excellent gains over the many weeks we worked together, but then she started to plateau. She became frustrated with how weak she was and how difficult every movement was. I struggled with how best to help her. I explained to Mrs. E and her family why she was experiencing this weakness.

At one point, she looked so defeated; she said to me, "Isn't there a pill I can take to make me stronger again?"

Mrs. E's husband was anxious to know how long it would be before she'd walk again.

I answered all of these challenging questions in the most honest and compassionate way I could. But it still left Mrs. E in tears and me feeling as though I'd let her down.

I consulted my clinical specialist and looked to the literature to see if there was anything else I could do to help Mrs. E. Unfortunately, what I found in the literature was not the positive picture I'd hoped for. After reflecting on what was most important to Mrs. E, her progress to date, what the literature told me, and discussions with my clinical specialist, I decided to shift our focus away from standing and walking to wheelchair transfers and mobility. This would give Mrs. E more independence than continuing to work on standing and walking. And her primary goal was to get home to her boys.

In the meantime, the case manager was close to finding an appropriate placement in a rehabilitation facility so that Mrs. E could get the continuing rehab she needed. And the social worker had been successful in bringing Mrs. E's parents here to see her. Mrs. E's nurse and I advocated for a family meeting so that everyone would be on the same page in preparing for her transfer.

I was challenged to provide realistic, compassionate answers to many tough questions so that Mrs. E's family had a realistic picture of the situation yet still had hope. I came out of the family meeting feeling as though Mrs. E, her family, and the team were all working toward the same goal. I was eager to begin working with Mrs. E on wheelchair transfers and mobility so she'd be ready for rehab.

I wish there was a better ending to this story. When I came in to work on Monday, I was met by the unfortunate news that Mrs. E had been transferred to the ICU over the weekend. She had contracted an infection that her delicate immune system was unable to fight; she had passed away that morning. It was a shock to everyone, as she'd come so far and was so close to being discharged.

Caring for Mrs. E was a reminder of how delicate life is. I learned so much from my experience with her—about communication between team members, about taking time to educate the patient and family, and about the importance of always working toward the patient's goals.

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

Being reminded of the delicacy of life makes us all more vigilant and compassionate in our practice. Kristen recognized the need for Mrs. E to re-define her goals, and working with the team crafted a plan to make those goals attainable. Throughout their journey, Kristen listened to Mrs. E. Being with her husband and family was her top priority, so Kristen tailored her treatment to fit Mrs. E's abilities and prognosis. I, too, wish there had been a different ending. But Kristen and the team should take heart knowing that they honored Mrs. E's wishes, gave their very best effort, and preserved hope for as long as possible.

Thank-you, Kristen.

Angel Eye

a program that allows parents to see their babies even when they're not on campus

A camera system, called Angel Eye, has been installed on bassinets in the Neonatal ICU to allow parents, families, and loved ones to view babies remotely when they're not able to come to the hospital.

Question: I heard about a new camera system in the Neonatal ICU. What's that about?

Jeanette: A camera system, called Angel Eye, has been installed on bassinets in the Neonatal ICU to allow parents, families, and loved ones to view babies remotely when they're not able to come to the hospital. These cameras will be soon be installed in the Special Care Nursery, as well. Angel Eye provides real-time viewing of babies while in the Neonatal Unit via the Internet or any web-enabled device. This is done by providing a secure video stream over the Internet so that parents and relatives can view their newborn at the same time.

Question: How does it work?

Jeanette: Parents log in to the system on-line and indicate who has permission to view their babies. Anyone approved by the parents can view babies via their computer or smart phone.

Question: Is the system operational 24 hours a day?

Jeanette: Babies are viewable most of the time. If babies are out of their bassinets for any reason—having a procedure, being bathed, or being held by a visitor or caregiver—cameras may be turned off.

Question: Can parents talk to their babies?

Jeanette: Angel Eye allows parents to speak or read to their babies via speakers attached to the cameras.

Questions: How did this come about?

Jeanette: Nursing directors, Peggy Settle, RN, and Lori Pugsley, RN; medical director of the Newborn Service, Serguei Roumiantsev, MD; and project manager, Mandi Coakley, RN, worked closely with Informatics, Police & Security, Buildings & Grounds, and Health Information Management to have the cameras installed while making sure that privacy and security were top priorities.

Question: Do other hospitals have this system or something similar?

Jeanette: A few hospitals in Massachusetts offer the Angel Eye system. and it sounds like most hospitals that have obstetrics and NICUs will be incorporating a system like Angel Eye into their service line.

For more information about the Angel Eye program, call Mandi Coakley, at 617-726-5334.

Nutrition & Food Services

inpatient changes and operational considerations related to eCare go-live

As we transition to the new system, questions are to be expected. For clinical issues, contact Donna Belcher at pager #2-5518; for Patient Food Service issues, contact Sue Doyle at pager #2-5539.

Question: Are the new *e*Care diet orders the same as POE orders?

Jeanette: Not in all cases. Many *e*Care orders are new, or will look different than they did in POE. We created a Diet Order Crosswalk on the EED *e*Care Documentation page under Go-Live Tools. If you have questions, please contact the dietitian on your unit.

Question: Are diet orders the same throughout Partners?

Jeanette: Most are, but surgical diets are not. Diets appropriate for MGH will appear in the drop-down box with an MGH prefix.

Question: When a patient is 'NPO for Procedure,' can I simply resume their diet when they return?

Jeanette: The NPO for Procedure does not appear in *e*Care. When a patient returns to the unit, the nurse or physician must re-enter their diet in *e*Care in order for a tray to be delivered.

Question: Will white slips still be accepted in lieu of active diet orders?

Jeanette: No. We'll no longer be able to honor white slips. Diet orders must be entered into *e*Care for a tray to be generated.

Question: Will nurses still be able to advance diets as tolerated?

Jeanette: Yes, but the process has changed. The Advance Diet as Tolerated order is a nursing instruction and not interfaced with Nutrition & Food Services. The nurse will enter the specific diet for each stage as the patient progresses. Once they reach the end, the nurse will cancel the Advance Diet as Tolerated order. Guidelines for this process are included in the Nutrition & Diet Section of the Inpatient Nursing Impact Notebook (pg 27) at: http://intranet.massgeneral.org/ecare_golive/Documents/eCare/Impact_Notebook.pdf.

Question: Has the Patient Meal Worksheet (PMW) gone away?

Jeanette: No. We continue to print PMWs for operations associates prior to each meal. This serves as the 'document of record' for Patient Food Services and alerts operations associates and/or nurses of any last-minute changes that may need to be entered in *e*Care before the next meal. PMWs are no longer collected; each nutrition service coordinator prints his/her own copy prior to each meal and uses that as the source of truth.

Question: Whom should we contact if we have questions?

Jeanette: As we transition to the new system, questions are to be expected. We're relying on everyone to exercise patience, flexibility, and resourcefulness. If you do have questions, for clinical issues, contact Donna Belcher at pager #2-5518; for Patient Food Service issues, contact Sue Doyle at pager #2-5539.

Announcements

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Travel for business? Enroll in TravelSafe

If you travel for hospital business, consider enrolling in Partners TravelSafe, a travel information and emergency-assistance program for employees. TravelSafe offers travel information, alerts, emergency assistance, and a single point of contact should you encounter trouble while traveling domestically or internationally.

TravelSafe's global hotline is: +1 443-965-9242.

When you book travel through a Partners-approved travel agency, your travel details are automatically registered with TravelSafe, or you can manually enter trip details at: www.partners.org/travelsafe.

For more information, e-mail: travelsafe@partners.org.

ACLS Classes

Certification:

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

Day one:
June 13, 2016
8:00am–3:00pm

Day two:
June 14th
8:00am–1:00pm

Re-certification (one-day class):
August 10th
5:30–10:30pm

Location to be announced.
For information, send e-mail to: acls@partners.org, or call 617-726-3905

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

Ionta Symposium

Saturday, April 9, 2016

The MGH Institute of Health Professions and MGH Physical Therapy are pleased to co-sponsor the annual Marjorie K. Ionta Symposium, "Working with Technology and Making Technology Work for You."

CEUs are available for this day-long event; the target audience is rehabilitation healthcare providers, including physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and nurses.

Fee: $125 (discounted for MGH employees) includes symposium registration, continental breakfast, and lunch.

For more information, go to: www.mghihp.edu/ionta, or call 617-726-0968.

Blum Center Events

Shared Decision Making:
"Sleeping Better: Help for Long-Term Insomnia"
Thursday, April 14, 2016
12:00–1:00pm
Join Kathleen Ulman for a presentation and short video about insomnia and how patients decide on treatments.

"Understanding Irritable Bowel Syndrome"
Friday, April 15th
1:00–2:00pm
Join Braden Kuo, MD, and Kyle Staller, MD for a presentation on the causes, symptoms, diagnosis, and treatment of irritable bowel syndrome.

"Autism Spectrum Disorder"
Thursday, April 21st
11:00am–12:00pm
Join Bruce Kastin, MD, to learn more about autism spectrum disorder; how it's diagnosed; and what the Lurie Center for Autism has to offer.

"The Importance of Childhood Vaccinations"
Monday, April 25th
1:00–2:00pm
Join Vandana Madhavan, MD, for a presentation on the importance of timely childhood vaccinations.

Programs are free and open to MGH staff and patients.
No registration required.
All sessions held in the Blum Patient & Family Learning Center.

Note varying start times

For more information, call 4-3823.

Advanced Care Planning Booth

As part of National Healthcare Decisions Day, the PCS Ethics in Clinical Practice Committee will sponsor its 16th annual Advanced Care Planning Information Booth

Wednesday, April 27, 2016
8:00am–3:00pm
Main Corridor

Information about advanced care planning will be available to patients, staff, and visitors. The theme of this year's National Healthcare Decisions Day is, "It always seems too early, until it's too late."

NHDD was established to demystify healthcare decision-making, encourage patients to express their wishes regarding advanced care planning, and increase awareness about respecting those wishes. Copies of the Massachusetts Health Care Proxy form, a list of helpful websites, and information about the role of healthcare proxies and advanced care planning will be available.

To learn more, go to: www.nhdd.com.

National LGBT Health Awareness Week

Monday, March 28, 2016, kicked off National Lesbian Gay Bisexual Transgender (LGBT) Health Awareness Week. Health disparities exist within the LGBT population. To help raise awareness of these issues, the LGBT Employee Resource Group (ERG) planned several activities throughout the week to help educate caregivers and the MGH community at large.

The group staffed an LGBT educational booth in the Main Corridor, providing materials and information about LGBT health. They held their annual Spring Social in collaboration with BWH.

And all week, LGBT awareness ribbons were available at the Employee Access Center and the Employee Assistance Program Office for those who wanted to show their solidarity.

MGH was recognized again this year as a leader in LGBT healthcare equality by the Human Rights Campaign (HRC) in recognition of our commitment to providing the best possible care to LGBT patients, their families, and MGH employees.

For more information, go to the LGBT website at: http://www.massgeneral.org/lgbt/.

Above: Chad Gobert (back right), training, development, and communication specialist for Health Information Management, and LGBT Employee Resource Group education coordinator, and Mario Rodas (front right), administrative assistant, Physical and Occupational Therapy, staff educational booth in the Main Corridor during LGBT Health Awareness Week.

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Next Publication
April 21, 2016

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2015	CY 2016 Year-to-date (as of 3/17/16)	% Point Change
Nurse Communication Composite	83.0%	82.8%	-0.2%
Doctor Communication Composite	83.5%	82.7%	-0.8%
Room Clean	72.9%	72.3%	-0.6%
Quiet at Night	50.8%	51.0%	0.2%
Cleanliness/Quiet Composite	61.8%	61.6%	-0.2%
Staff Responsiveness Composite	65.8%	66.6%	0.8%
Pain Management Composite	73.1%	73.7%	0.6%
Communication about Meds Composite	66.6%	68.3%	1.7%
Care Transitions	62.4%	59.4%	-3.0%
Discharge Information Composite	91.1%	91.1%	0.0%
Overall Hospital Rating	81.2%	82.7%	1.5%
Likelihood to Recommend Hospital	90.9%	88.4%	-2.5%

All results reflect Top-Box (or 'Always' response) percentages

Data is complete through January, 2016, with partial data for February and March. We can expect these numbers to change as the sample size increases. MGH is performing well in several areas, including our three identified areas of focus: Quiet at Night, Staff Responsiveness, and Pain Management.

Caring Headlines
April 7, 2016

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