

Caring

Headlines

May 5, 2016

Joseph receives prestigious E. Lorraine Baugh Scholarship for Leadership



Nursing director, Melissa Joseph, RN (right), with distinguished nursing leader, E. Lorraine Baugh, RN, at recent spring conference of the New England Regional Black Nurses Association.

Nurse-patient-driven staffing decisions

Since 1985, MGH has used an acuity tool to capture information necessary to make informed nurse staffing decisions.. Over the years, MGH nurses have had a strong voice in refining and developing the tool as it has evolved into what we use today.

At MGH, nurse staffing decisions are made locally at the unit level based on input provided by nurses directly involved in patient care. Staff nurses work closely with nursing directors and resource nurses to make daily, hourly, and shift-to-shift decisions to ensure the safest staffing levels are met on all units. These decisions take into account patient needs, current patient volume and turnover, anticipated new admissions, and patient acuity (the patient's need for nursing care). Staffing decisions take into consideration patients' nursing care requirements, the skill and experience level of nurses on the unit, work schedules and availability, and minimum staffing requirements.

Since 1985, MGH has used an acuity tool to capture information necessary to make informed nurse staffing decisions. We currently use the Quadra-Med AcuityPlus™ inpatient methodology tool to measure acuity and quantify patients' needs for nursing care. Over the years, MGH nurses have had a strong voice in refining and developing the tool as it has evolved into what we use today. While any acuity tool supports important staffing and scheduling decisions, it doesn't replace a nurse's clinical insight and judgment about the care needs of his or her patients.



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

Since 2006, MGH has publicly reported our nurse staffing information via the PatientCareLink website. The annual staffing plans for MGH can be found at www.patientcarelink.org.

In 2014, Massachusetts passed the *Patient Assignment Limits for Registered Nurses in Intensive Care Units (ICUs) in Acute Hospitals* legislation, effectively limiting care assignments in ICUs to no more than two patients per registered nurse. In light of that legislation, the Health Policy Commission (an independent state agency) generated requirements for how the new law should be implemented, including requiring hospitals to:

- formulate and begin using an acuity tool
- publicly report staffing compliance in hospital ICUs
- identify, measure, and publicly report three to five related patient-safety quality measures

continued on next page

In preparation for certification, we brought a group of nurse representatives together from each of our ICUs to talk about their experience with QuadraMed, describe how MGH nurses have participated in the re-validation process over the years, and show how information gleaned from the acuity tool directly impacts unit staffing decisions and serves as a foundation for our annual budget.

To ensure compliance, the Massachusetts Department of Public Health (DPH) issued a time line for hospitals to create acuity tools and required all tools to be certified by the DPH. Academic medical centers were required to be certified by March 31, 2016; community hospitals must be certified by January 31, 2017. Of the six academic medical centers in Massachusetts, only two (MGH and BWH) had been using an acuity tool prior to the legislation.

In preparation for certification, we brought a group of nurse representatives together from each of our ICUs to talk about their experience with QuadraMed, describe how MGH nurses have participated in the re-validation process over the years, and show how information gleaned from the acuity tool directly impacts unit staffing decisions and serves as a foundation for our annual budget. These nurses provided examples of how ICU patients are

classified using the acuity tool. These examples were included in a 29-page submission to the DPH illustrating how the tool is used to determine patient acuity, complexity, and workload demands. And on April 15th, the DPH certified our acuity tool.

In addition to publicly reporting staffing information via the PatientCareLink website, we began posting ICU-specific staffing ratios on our Nursing and PCS website (<http://www.mghpcs.org/Nursing/Staffing.asp>), starting with the first quarter of 2016 (see table below).

As you can see, MGH is ahead of the curve when it comes to nurse staffing decisions based on relevant, meaningful patient information. QuadraMed is an invaluable tool that augments the clinical judgment and knowledge of staff in ensuring that patients are cared for by the appropriate number of nurses with the appropriate level of skill and experience to ensure optimal safety at all times.

ensure optimal safety at all times.

For more information about our acuity tool, nurse staffing decisions, or our recent certification by the DPH, please contact Antigone Grasso, RN, director of PCS Management Systems and Financial Performance, at 617-724-1649.

Reporting Period:	January - March 2016		
Name of ICU	Average Daily Patient Census	Average Daily Staff Nurse Census	Average Daily Staff Nurse-to-Patient Ratio
Ellison 14 - Burn ICU	6	4	1 : 1.6
Blake 8 - Cardiac Surgical ICU	13	12	1 : 1.1
Ellison 9 - Cardiac Care Unit	13	10	1 : 1.3
Lunder 6 - Neuro ICU	18	15	1 : 1.2
Blake 7 - Medical ICU	17	14	1 : 1.2
Bigelow 6 - Pediatric ICU	8	7	1 : 1.1
Ellison 4 - Surgical ICU	16	16	1 : 1.0
Blake 12 - Surgical ICU	14	11	1 : 1.2
Blake 10 - Neonatal ICU	15	10	1 : 1.5

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(Cover photo by Ceceilia Waithe, NERBNA)

MGH Employee Support Service Grant

—by Christopher Conant, Human Resources coordinator

Hector Raul Rosales began working at MGH in November, 2011, as an assistant in the Operating Room for the OR Nursing Ortho/OMF Team. Raul came to the United States in 1989 as a native of Guatemala. Education and professional development were important to him; he had attended the University of Guatemala for a year before coming to the US. Raul knew he wanted to continue his education here but also needed to provide for his family. He soon became an interpreter in the OR, and with his employ-

Hector Raul Rosales (left) with OR nursing director, James Barone, RN.

ment situation secure, it was time to go back to school.

Raul participated in the Academic and Career Coaching program at MGH and enrolled in our pre-college English and math programs with the hope of passing the college placement exam. He completed his classes at MGH and registered for the General Studies program at Bunker Hill Community College (BHCC). Taking advantage of our tuition assistance program, Raul entered the Medical Interpreter Program at BHCC in 2014 and received an MGH Support Service

Employee Grant to help with expenses. Raul continues to pursue his educational and career goals as he works full-time at MGH. A true success story, Raul received a Partners in Excellence Award in 2014, nominated by his colleagues in the Nursing Orthopaedic OR/Orthopaedic Maxio-Facial Team.

Applications for the 2016 MGH Support Service Employee Grant are being accepted through May 12th at 5:00pm. The grant is available to eligible, non-exempt employees in administrative, clinical, service, or technical-support roles. For more information about the grant program, tuition assistance, financial-aid workshops, or the annual education fair, send e-mail to: MGHTraining@partners.org.

Look for information about upcoming financial-aid workshops in future issues of *Caring Headlines*.



(Photo provided by staff)

Joseph receives prestigious E. Lorraine Baugh Scholarship for Leadership

“There is a buzz about Melissa at MGH. As nursing director of the busy Ellison 12 Medical Unit, she has established collaborative partnerships with physician colleagues, she is a role model for staff and a strong patient advocate who embraces inter-disciplinary teamwork.”

On Friday, April 22, 2016, at the annual spring conference of the New England Regional Black Nurses Association (NERBNA), nursing director, Melissa Joseph, RN, received the prestigious E. Lorraine Baugh Scholarship for Leadership. The award is given to a candidate who demonstrates scholastic achievement, leadership, and commitment to the African American community. Joseph, a researcher, author, and chief operating officer for Visual Vitality Consulting, a disability consulting company that addresses barriers to accessibility and promotes diversity and inclusion for site-challenged individuals, is a well-respected nursing leader throughout the MGH community.

Gaurdia Banister, RN, executive director of The Institute for Patient Care, says of Joseph, “Melissa is first and foremost grounded in nursing practice. She has a spirit of inquiry, is a proven leader, and has excellent interpersonal skills. There is a buzz about Melissa at MGH. As nursing director of the busy Ellison 12 Medical Unit, she has set a new standard. She has established collaborative partnerships with her physician colleagues, she is a role model for staff and a strong patient advocate who embraces inter-disciplinary teamwork.”

Significantly, the Ellison 12 inter-disciplinary team crafted a letter of recommendation for Joseph in which they wrote, “Melissa has created a warm and welcoming environment that supports the contributions of all members of the inter-disciplinary team from direct-care providers to support staff. No voice is too small to be heard, no problem too insignificant to be addressed... Melissa partnered with the Chaplaincy to implement *Tea for the Soul*, a monthly get-together that encourages staff to decompress and reflect while sharing a bit of nourishment. She enlisted the help of the Benson-Henry Institute for Mind Body Medicine to educate staff about techniques for self-care with great success.

Says associate chief nurse, Theresa Gallivan, RN, “Melissa successfully navigates organizational cultures, builds key rela-



Melissa Joseph, RN
nursing director, Ellison 12 Medical Unit

tionships, and leverages her significant leadership and management capabilities to improve the patient and family experience. She has a participatory leadership style that emphasizes accountability, staff-engagement, and excellence, which has enabled her to lead teams to impressive quality, satisfaction, and efficiency outcomes.”

E. Lorraine Baugh is co-founder of the National Black Nurses Association and founder and president emerita of NERBNA. She’s an accomplished, highly respected, international nurse leader, and receiving a scholarship in her name is an honor in its own right. Patient Care Services and the MGH community congratulate Joseph on this well deserved recognition.

For more information about NERBNA or the E. Lorraine Baugh Scholarship, contact Gaurdia Banister at 724-1266.

Knowing patient's motivation helps therapist set achievable treatment goals

'Mike' was an 89-year-old man who'd been re-admitted to MGH after four months for wounds on both legs...When I had walked into his room earlier that morning, I was taken aback by the profound limitations of his posture and range of motion.

My name is Sonali Patel, and I am a staff physical therapist. As I began presenting this case to my clinical specialist, I didn't know where to start. Finally, I just said, "Andrea, I'm concerned. You have to come with me and see this patient for yourself."

'Mike' was an 89-year-old man who'd been re-admitted to MGH after four months for wounds on both legs. Mike was a man of few words. When I had walked into his room earlier that morning, I was taken aback by the profound limitations of his posture and range of motion. He was resting in bed in the position he found most comfortable—with the mattress folded up around him, and Mike sandwiched in the middle. According to my review of Mike's chart, he'd been in a nursing home for the past three months where he'd been ambulating with a walker. Seeing him in bed before me now, I didn't think this man would be able to stand without toppling forward.

Mike experienced pain just turning over in bed or re-positioning his legs to prevent further skin break-down. He was able to tolerate a low-load stretch, but I didn't know how I'd be able to implement that over a long period of time to really see a



Sonali Patel, PT
physical therapist

change in his muscle length. Mike's limitations in hip and knee extension were at least 20 degrees from a functional range of motion. Was the 'torture' of daily positional stretches worth it for Mike?

I was at a crossroad. I didn't want to waste Mike's time or healthcare resources, and I didn't want to subject him to that kind of discomfort if it wasn't in his best interest. The most important decision at that point was determining whether there was anything more we could do to help Mike move forward, or whether we needed to switch the focus of our treatment. Mike's history seemed to indicate he was no longer able to make improvements in his functional status.

A call to Mike's nursing home revealed that he'd received physical therapy when he first arrived at the nursing home, and he'd had a couple of failed discharge attempts. Mike's daughters had been

continued on next page

Realizing what motivated Mike was the key to his successful physical therapy. With that one piece of information, we could tailor our care to help him continue to make functional progress. Working with the team, including the nutritionist, Mike was soon meeting his daily calorie requirements, which enabled him to heal and recover more quickly.

trained to assist him in sit-to-stand transfers using a walker, transferring in and out of a car, and going up and down stairs. Mike had been able to climb four steps with family assistance the morning he'd been scheduled to be discharge. But he returned to the emergency room that night and was later transferred back to the nursing home.

Again, Mike received physical therapy for a short time until he met his functional goal of walking a few feet with a walker and one assist. Mike's routine now consisted of waking up in the morning, having a bed bath, sitting up in a wheelchair to watch TV for a couple of hours, and returning to bed.

Care notes included photographs from past clinic appointments showing that the wounds on Mike's lower legs had grown larger every month. Moreover, his weight was steadily declining. Mike had been refusing to take meals, despite repeated attempts by the team to persuade him to eat; so he wasn't getting the daily calorie intake prescribed by the nutritionist. He wasn't getting enough protein or calories to enable his wounds to heal or even sustain his own body weight.

To try to counteract that process, the team introduced the idea of a feeding tube to Mike and his family. Mike refused. At that point, Mike had exhausted all the options we had to offer, so the plan was for him to return to the nursing home.

But when I walked into Mike's room the next morning, he engaged in conversation with me, asked for his glasses, and described exactly how he wanted his coffee. I realized that he was motivated both to eat and engage in therapy because he wanted to be able to watch his favorite TV show. This was a turning point. Knowing that being able to watch TV was important to Mike, gave us a tangible goal to work toward.

I set up a plan of therapy focused on seated balance, postural stretches, and gentle stretching of the legs through positioning while he was sitting up. With each session, Mike's personality started to come through a little more. It was clear that he did, in fact, enjoy his meals. He became more invested in finishing his breakfast so he could be in his chair by 11:00 to watch TV.

After about a week, I received a call from Mike's primary care physician. She had been in contact with the inpatient care team, including the nutritionist, to advocate for Mike staying in the hospital until he was ready to return to the nursing home with a plan that would ensure he could succeed.

To me, that meant Mike had to be able to eat his meals on his own. I assured her I was confident that Mike could reach this goal within the next two weeks. By the end of the following week, Mike was able to sit up on the edge of the bed, independently reach across the table to make his own coffee, eat his eggs, and drink a strawberry Ensure and an orange juice in one sitting. Most importantly, Mike was now more vocal, engaged in the process, and willing to advocate for himself.

Realizing what motivated Mike was the key to his successful physical therapy. With that one piece of information, we could tailor our care to help him continue to make functional progress. Working with the team, including the nutritionist, Mike was soon meeting his daily calorie requirements, which enabled him to heal and recover more quickly.

When Mike returned to the nursing home, his legs looked much better, and he was on his way to meeting his goal of being able to transfer with one assist so he could sit in his chair and watch his favorite morning TV shows.

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

In talking about clinical practice, we often take into account knowledge, relationship with the patient, and relationship with the team, but this narrative speaks to another key factor in excellent practice. And that's curiosity. Sonali was curious about the dis-connect between Mike's functional status in the hospital and the abilities he exhibited while in the nursing home. When she got to know Mike and learned what motivated him, she moved from curiosity to knowing. Unlocking his enjoyment of television provided the opening she needed to help advance his recovery.

Thank-you, Sonali.

Home Base launches new program

Serving those who have served: practical approaches to addressing the invisible wounds of war

Question: What is the Home Base Program?

Jeanette: Home Base is a joint Red Sox Foundation-MGH program dedicated to healing the invisible wounds of war for post-9/11 veterans, service members, and their families through world-class clinical care, wellness training, education, and research. As a national center of excellence, Home Base operates the first and largest private-sector clinic in the country devoted to healing invisible wounds such as post-traumatic stress disorder, traumatic brain injury, anxiety, depression, co-occurring substance-use disorder, military sexual trauma, family relationship challenges, and other issues associated with military service. Since its inception, Home Base has served more than 9,000 veterans and family members with care and support; trained more than 25,000 clinicians, educators, and community members nationally; and remains at the forefront of discovering new treatments—ensuring a brighter future for 21st-century warriors and family members.



Question: What's the new program?

Jeanette: Serving those who have served: practical approaches to addressing the invisible wounds of war is an initiative designed to give nurses the tools they need to identify issues unique to war veterans and help them gain basic skills to make their care of veterans more meaningful and effective.

Question: How does the initiative work?

Jeanette: Home Base is offering free, on-line, on-demand training in five areas: post-traumatic stress disorder; traumatic brain injury; substance abuse; identifying suicide risk; and understanding how the unique, post-9/11 military culture impacts care. All training includes first-hand accounts from veterans who've dealt with invisible wounds of war. Training is specifically designed for health professionals and is

accompanied by additional resources. All training is CME/CE/CEU-certified and can be found at: <http://www.homebase.org/healthprofessionals>. If you watch all five modules, you'll receive 3.75 credits.

Question: All of the sessions are on-line?

Jeanette: Yes, all training sessions are on-line and avail-

able on-demand 24 hours a day. For more information about this initiative, e-mail Emma Morrison, Home Base education manager, at emorrison4@partners.org, or call 617-643-3829.

Question: How long will the training be available?

Jeanette: We ask that you take the training as soon as possible as the funding for this course ends May 31, 2016. Training will be available until January, 2017.

For more information about the Home Base Program, go to: www.homebase.org.

MGH welcomes new Muslim chaplain

Question: I understand we have a new Muslim chaplain at the hospital. Can you tell us something about him?

Jeanette: Yes, I'm pleased to announce that Imam Elsir Sanousi has joined our Chaplaincy team. In his role as per-diem chaplain, he is available around the clock to meet any emergency needs that may arise among our Muslim patient population. He also serves as a consultant to inter-disciplinary teams throughout the organization and visits Muslim patients weekly.

Question: What's the best way to reach Imam Sanousi?

Jeanette: In the event of an emergency that requires the immediate services of an Imam, you can page him at pager #2-7302 or call the Chaplaincy office at 617-726-2220. For non-emergent situations, you can place a request through eCare or call the Chaplaincy at 617-726-2220.

Question: How is the Imam's per-diem time allotted?

Jeanette: Imam Sanousi works in tandem with our new Muslim Visitation Program, a collaboration between MGH and the Islamic Society of Boston Cultural Center (ISBCC). We've been working with the ISBCC to recruit a group of trained volunteers to support Muslim patients through conversation, prayer, and readings from the Qur'an. The goal of the Muslim Visitation Program is to provide another way to meet the non-emergent, spiritual needs of Muslim patients and families, especially when the expertise of an Imam may not be needed.

Question: Can you tell us a little about the Imam?



Imam Elsir Sanousi

Jeanette: Imam Sanousi was born and raised in the Sudan. He came to the United States in 1986 and became a US citizen in 1995. He's an active member of the Islamic Society of Boston Cultural Center; he serves as the Muslim chaplain for the Boston police and fire departments; and he works closely with the Massachusetts Sudanese community.

Even in the short time he's been here, the Imam reports he's found it gratifying to see how spiritual support brings comfort, strength, and hope to patients and families, and patients are grateful to learn more about the goodness and healing power of the Muslim faith.

Please join me in welcoming Imam Elsir Sanousi to the MGH community. And a reminder that the Masjid, the Muslim prayer room, located in Founders 109, is always open, and that Friday prayers are held in the Thier Conference Room from 1:00-2:00pm.

For more information about the Imam, about our services to the Muslim community, or any of the services offered by the MGH Chaplaincy, call 617-726-2220.

Announcements

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.

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.

Women's Health Conference

"Midlife Women's Health: Staying Healthy and Well"

MGH experts will present on skin health, cancer risk, GI conditions, and the mind-body connection at a free community event on women's health at midlife.

Tuesday, May 10, 2016
4:00–6:30pm
O'Keefe Auditorium

To register for this free conference, send your name and e-mail address to Emilia O'Brien at eobrien11@partners.org, or call 617-726-0274.

MGH Institute of Health Professions

New prerequisite course offerings

MGH Institute of Health Professions is offering grad-school prerequisite classes for Nursing, Occupational Therapy, Pharmacology, Physical Therapy, Physician Assistant Studies, and Speech-Language Pathology. Students may be able to use employer's vouchers to take one or more courses tuition-free. Summer semester classes begin on June 1st.

Courses include:

Anatomy and Physiology I & II
•Biochemistry •Biology I & II
•Introduction to Chemistry for Health Professionals •General Chemistry I & II for the Health Sciences •Exercise Physiology
•Microbiology •Nutrition
•Physics I & II •Developmental Psychology •Abnormal Psychology for the Health Care Provider •Introductory Statistics
•Introduction to Communication Sciences & Disorders •Phonetic Transcription & Introduction to Acoustic Phonetics •Anatomy & Physiology of the Speech, Language, & Hearing Mechanism
•Speech & Language Acquisition
•Introduction to Audiology

For more information, go to:
www.mghihp.edu/science; e-mail:
onlineprereqs@mghihp.edu;
or call 617-724-6362.

Support Service Employee Grants

applications now being
accepted

Applications for 2016 MGH Support Service Employee Grants are being accepted through Thursday, May 12th at 5:00pm. The grant is available to eligible, non-exempt employees in administrative, clinical, service, or technical-support roles. For information about the grant, tuition assistance, upcoming financial-aid workshops, or the annual education fair, go to the MGH Training and Workforce Development website, or e-mail MGHTraining@partners.org.

Blum Center Events

"Osteoporosis: are your Bones
Strong?"

Thursday, May 5, 2016
11:00am–12:00pm

Haber Conference Room
Join Marcy Bolster, MD, to learn how you can lower your risk for fractures.

"Managing Asthma"

Thursday, May 12th
1:00–2:00pm

Haber Conference Room
Join Nancy Davis, RRT, to learn what happens when someone has an asthma attack, common causes of flare-ups, and ways to help manage asthma at home.

"Understanding Osteoarthritis:
Symptoms, Causes, and Treatment
Options"

Thursday, May 19th
11:00am–12:00pm

Haber Conference Room
Join April Jorge, MD, to learn about the causes of osteoarthritis and tips for prevention and treatment. This talk will focus on arthritis of the hands and knees

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 and
locations.

For more information,
call 4-3823.

MGH Nurses Alumnae Association fall reunion and educational program

This year's theme:
"Nurse Leaders Making a
Difference"
Friday, September 23, 2016
O'Keefe Auditorium
8:00am–4:30pm

Sessions will include: "The
Development of the Nursing
Leadership Academy," "Doctor
of Nursing Practice Program,"
"Global Nursing," "Advancing Peer
Review," and more.

For more information or to
register, call the MGH Nurses
Alumnae Association at
617-726-3144.

Biomedical Engineering Week

May 22–May 28, 2016

Every May, Healthcare Technology
Management Appreciation Week,
formerly known as National
Biomedical Engineering Week,
is celebrated to recognize the
people who work in the field
of Biomedical and Clinical
Engineering.

Biomedical Engineering will host
an information table to exhibit
some of the equipment they
maintain throughout the hospital.

Wednesday, May 25th
8:00am–3:00pm
Main Corridor

Stop by, meet staff, and learn
more about the role Biomedical
Engineering plays in helping to
make MGH a leading healthcare
organization.

For more information,
contact Jean Johanson at
617-726-3239.

eCare update

learning curve gives way to confidence and proficiency

—by Van Hardison, RN, interim director, PCS Informatics

One month after going live with MGH eCare, more than 17,000 MGH users are now working in the new integrated, electronic health information system. While the change is historic in both its scope and magnitude, our experience has been characterized by unprecedented teamwork, patient advocacy, and resilience. Compared to many comparable implementations across the country, experts tell us that our transition was, and continues to be, exemplary.

Our Command Centers, super-users, the daily meeting structure to share and report on issues, and targeted communications to staff, all served us well during the height of the transition. Super-users and Partners eCare support teams continue to troubleshoot and support end-users. With increased proficiency on the new system, super-user huddles have been reduced from twice a day to once a day, and they'll continue to taper off as demand dictates. Patient Care Services will continue using super-user huddles on a weekly basis at least through the end of May and open them up to physicians and other colleagues. We'll continue critical-issue calls with eCare area commanders on a weekly basis, as well. These forums help us stay on top of key issues, identify common themes, and foster collaboration among physicians, labs, pharmacy, and the health professions.

Clinical and operational activities are stabilizing as expected with the vast majority of issues being resolved in a timely fashion. Ongoing issues are being addressed and monitored by tiger teams including tiger teams devoted to:

- Patient movement
- Medication safety
- Device integration
- Blood bank
- Labs
- Order sets
- Allergies

We're fortunate that the new system has great flexibility in allowing us to generate and customize dashboards to track issues and issue-resolution. We'll be able to create more and more meaningful dashboards and reports reflecting the integrated work of services and departments as we become more familiar with the intricacies of the system and its reporting tools.

We are well into the process of becoming proficient in eCare; every day brings new understanding, competence, and comfort. Though we're still in the 'novice' phase, we're well on our way to stabilization, and ultimately, mastery.

The MGH Help Desk, the Partners eCare team, and the MGH eCare team continue to be available as issues arise. For more information or for general questions related to eCare, consult your local supervisor or director, or contact Van Hardison, RN, interim director of PCS Informatics at 617-726-2696.

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All stories should be submitted

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617-724-1746

Next Publication

May 26, 2016

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2015	CY 2016 Year-to-date (as of 4/19/16)	% Point Change
Nurse Communication Composite (n=1126)	83.0%	82.8%	↓ -0.2%
Doctor Communication Composite (n=1100)	83.5%	82.8%	↓ -0.7%
Room Clean (n=1091)	72.9%	71.6%	↓ -1.3%
Quiet at Night (n=1087)	50.8%	50.1%	↓ -0.7%
Cleanliness/Quiet Composite (n=1091)	61.8%	60.8%	↓ -1.0%
Staff Responsiveness Composite (n=973)	65.8%	65.7%	↓ -0.1%
Pain Management Composite (n=726)	73.1%	74.2%	↑ 1.1%
Communication about Meds Composite (n=623)	66.6%	67.8%	↑ 1.2%
Care Transitions (n=1045)	62.4%	60.3%	↓ -2.1%
Discharge Information Composite (n=896)	91.1%	90.8%	↓ -0.3%
Overall Hospital Rating (n=1016)	81.2%	81.6%	↑ 0.4%
Likelihood to Recommend Hospital (n=1069)	90.9%	88.7%	↓ -2.2%

Data is complete through February, 2016, and we have partial data for March and April. The numbers will change as the sample size (n) increases and the year progresses. We are performing well in Pain Management, Communication about Medications, and Overall Rating.

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



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