

Caring

Headlines

July 5, 2018

A special Father's Day celebration

*MGH Men Against Abuse and Spiritual
Care Multi-Faith Father's Day Service*



See story on page 7

Congregation participates in the traditional performance of *Father Abraham*, to kick off multi-faith Father's Day service in the MGH Chapel.

New plain-language approach to emergency announcements

pick up your new orange badge today

To improve communication during emergency events, MGH is implementing a new plain-language announcement system for emergency situations.

Updated, orange, emergency badges are available in the Police, Security & Outside Services office on Wang 2, Monday–Friday, 7:30am–5:00pm.

Below is a side-by-side comparison of the old and new language.



Debbie Burke, RN
senior vice president for Nursing & Patient Care Services and chief nurse

New Code	Former Code	Overhead Announcement (if appropriate)
Security Alert	Code Silver	"Security alert, security alert. There is a report of a life-threatening security situation in [location]. Police and hospital security staff are responding. All patients, visitors, and staff are asked to secure their area and shelter in place until help arrives."
	Code Pink	"Security alert, security alert. There is a [child, infant, newborn] missing from a hospital unit. The child is with [description of suspect]. If you see this individual, please immediately alert hospital staff to call MGH Police and Security."
Weather Alert	Weather Alert	"Weather alert, weather alert. There has been a report of the possibility of a tornado threatening [MGH location]. Please immediately seek shelter away from windows and exterior walls and await further instructions from the overhead announcement system."
Facility Alert	Code Red*	"Facility alert, facility alert. There has been a fire-alarm activation in [location]. The fire department and hospital staff are responding. Please avoid this area and await further instructions from the overhead announcement system."
	Code Disaster*	"Facility alert, facility alert. Code Disaster." [A summary of the situation, followed by] "MGH has activated the Hospital Emergency Operations Plan. Please follow your department plan."
Medical Alert	Code Blue*	"Medical alert, medical alert. There is a medical emergency in [location]. [Appropriate] Emergency Response Team please respond."

*The new system applies only to emergency messages communicated broadly to staff, patients, and the public via overhead announcement. Codes such as, 'Code Blue,' (for cardiac arrest and medical situations), which don't require the awareness of the public, remain the same. For more information, contact mghcdm@partners.org.

Debbie
Debbie Burke

Debbie's Photo Gallery



(L-r; top-to-bottom) The first meeting of the RN-Resident Mentoring Partnership of MassGeneral Hospital for Children. Staff of the White 8 Medical Unit during a recent visit. The MGH Fatherhood Project, teaching critical parenting skills to empower fathers to improve the well-being of their children. Celebrating Better Speech & Hearing Month with our Speech-Language & Swallowing Disorders Department.



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(Cover photo by Kate Flock)

75th anniversary of the founding of the Cadet Nurse Corps

—submitted by the MGH Nursing History Committee

“A small standing army of [our] own.” That’s how the MGH newsletter, *The News*, described the 300+ band of nurses enrolled in the Cadet Nurse Corps, in November, 1943. Established to ensure that the country’s nursing needs would be met both at home and overseas during World War II, the Cadet Nurse Corps had been introduced by long-time champion of nursing education, Ohio Representative, Frances Bolton, earlier that year.

The Bolton Act, as it was called, was unanimously approved by Congress and signed by President Franklin Roosevelt. It contained an unprecedented non-discrimination clause stipulating that nursing schools wishing to benefit from the bill had to admit qualified students of all races and ethnicities. The MGH School of Nursing was accepted into the Cadet Nurse Corps in September, 1943.

The Corps facilitated the training of nursing students, subsidizing the cost of tuition, books, and fees at eligible nursing schools across the country. It was a great boost for nursing education, providing more dormitories, books, and library space

continued on next page

THE BOSTON HERALD, SUNDAY, MAY 14, 1944



PRESSIVE MOMENT OF CADET NURSE CORPS INDUCTION—Nearly 900 young women, who will serve the Army and civilians in the future, stand on Boston Common with right hands raised as they dedicate themselves “now and forever to the triumph of life over death.” The cadets represent the 26 accredited Massachusetts hospital school training.

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(Continued from First Page)
just on two fronts against their experts have always but on three or four—from and southeast, from the Balkans. The ceremony was arranged as a tribute to the 96,000 members of the training organization, established last year by act of Congress to help relieve the serious nurse shortage. In Boston the exercises also provided for many their first view of the smart but practical gray corps uniform, trimmed with crimson, that at least 65,000 additional women are expected to don this year. Preceding the induction, the cadets, representing 26 accepted hospital training schools in Massachusetts, marched from the State House to the common. Led by the colors, by the triple ATC band from Camp Edwards and by six army nurses, six naval nurses, and 26 civilian nurses, they were joined at the bandstand by the Fargo barracks band. Miss Stella Goostray, chairman of the National Nursing Council for War Service, administered the oath from the bandstand, as the 900 young women, most of them from Massachusetts, raised their right hands and solemnly repeated the pledge. The program included a broadcast of the national program, from Constitution Hall in Washington where 48 cadet nurses, representing each state, participated. Capt. D. Joseph Burke, military aide to Gov. Saltonstall, extended the greetings of the Commonwealth. Among the other speakers were: Mayor Tobin, Maj.-Gen. Sherman Miles, commanding general, First Service Command; Rear-Adm. R. H. Laning, medical officer, First Naval District; and Miss Mary Jenney, U. S. Public Health Service consultant, who read a telegram from Dr. Thomas Parran, surgeon-general of the United States Public Health Service. The Rev. William Daly, superintendent of parochial schools, gave the invocation, and the benediction was given by the Rev. Dr. George W. Owen of the Hyde Park Congregational Church. Among the hospital schools represented were: Beth Israel, Boston City, Cambridge, Cambridge City, Carney, Charles Choate, Chelsea Memorial, Children's, Faulkner, Lawrence Memorial, Malden Hospital, Massachusetts General, Massachusetts Memorial, Melrose, New Easton Baptist, New England Hospital for Women and Children, Newton, Peter Bent Brigham, Quincy City, St. Elizabeth's, St. Margaret's, Simmons College School of Nursing, Somerville Hospital, Symmes, Arlington, Waltham, and Whidden Memorial.

900 STUDENT NURSES TAKE OATH ON COMMON
Nearly 900 student nurses, the largest of the groups participating simultaneously in a nation-wide program, were inducted into the U. S. Cadet Nurse Corps yesterday afternoon, at exercises at Parkman bandstand on Boston Common. The ceremony was arranged as a tribute to the 96,000 members of the training organization, established last year by act of Congress to help relieve the serious nurse shortage. In Boston the exercises also provided for many their first view of the smart but practical gray corps uniform, trimmed with crimson, that at least 65,000 additional women are expected to don this year. Preceding the induction, the cadets, representing 26 accepted hospital training schools in Massachusetts, marched from the State House to the common. Led by the colors, by the triple ATC band from Camp Edwards and by six army nurses, six naval nurses, and 26 civilian nurses, they were joined at the bandstand by the Fargo barracks band. Miss Stella Goostray, chairman of the National Nursing Council for War Service, administered the oath from the bandstand, as the 900 young women, most of them from Massachusetts, raised their right hands and solemnly repeated the pledge. The program included a broadcast of the national program, from Constitution Hall in Washington where 48 cadet nurses, representing each state, participated. Capt. D. Joseph Burke, military aide to Gov. Saltonstall, extended the greetings of the Commonwealth. Among the other speakers were: Mayor Tobin, Maj.-Gen. Sherman Miles, commanding general, First Service Command; Rear-Adm. R. H. Laning, medical officer, First Naval District; and Miss Mary Jenney, U. S. Public Health Service consultant, who read a telegram from Dr. Thomas Parran, surgeon-general of the United States Public Health Service. The Rev. William Daly, superintendent of parochial schools, gave the invocation, and the benediction was given by the Rev. Dr. George W. Owen of the Hyde Park Congregational Church. Among the hospital schools represented were: Beth Israel, Boston City, Cambridge, Cambridge City, Carney, Charles Choate, Chelsea Memorial, Children's, Faulkner, Lawrence Memorial, Malden Hospital, Massachusetts General, Massachusetts Memorial, Melrose, New Easton Baptist, New England Hospital for Women and Children, Newton, Peter Bent Brigham, Quincy City, St. Elizabeth's, St. Margaret's, Simmons College School of Nursing, Somerville Hospital, Symmes, Arlington, Waltham, and Whidden Memorial.

Ration Table
(Published Sunday, Monday, and Friday)
MEATS, BUTTER—Red stamp through 13 in Book 4, worth 10 points each. Red tokens one point each used as change.
CANNED AND PROCESSED FOODS—Blue stamps A8, 4 Q8 in Book 4, worth 10 each, good indefinitely. Bkens worth one point each as change.
SUGAR—Stamps No. 30 marked “Sugar” on the 12 of Book 4, good for five indefinitely. Stamp 29 in good for five pounds for canning—through February next year.
SHOES—Airplane Stamps and 2, Book 3, good for indefinitely.
FUEL OIL—Perked 4 and 5 valid through Aug. 31.
GASOLINE—No. 10 stamp book valid through August three gallons. Coupons B2 and C2 now good for 100. Serially numbered C3 coupons good for five next year.
SPECIAL LEXINGTON M
The Lexington board of has called a special town for June 12 to consider new fire stations. The indefinitely postponed at

Nursing History (continued)

and reducing the amount of time it took to graduate from 36 to 30 months. Each student was given a monthly stipend of \$15–\$30, (the equivalent of \$200–\$1,400 today) and uniforms that were widely hailed for their, ‘smart good looks.’ Many movies, radio broadcasts, and print advertisements back in the day featured nurses in the Cadet Corps.

In return for their paid education, nurses agreed to either a tour of duty in the armed services or employment at essential civilian facilities for a period of time after the war. All civilian hospitals were deemed essential.

The last Cadet Corps student graduated from the MGH School of Nursing in 1948, two years after the end of World War II. A total of 678 MGH student nurses served in the Corps during its five-year existence. The Cadet Corps en-

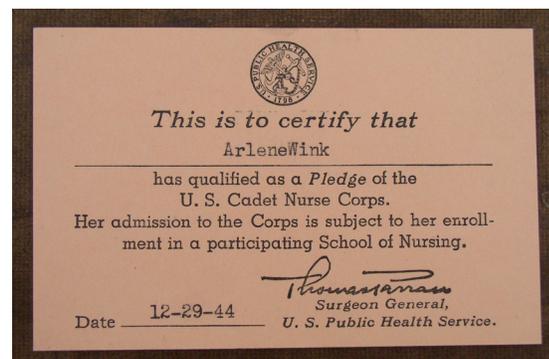
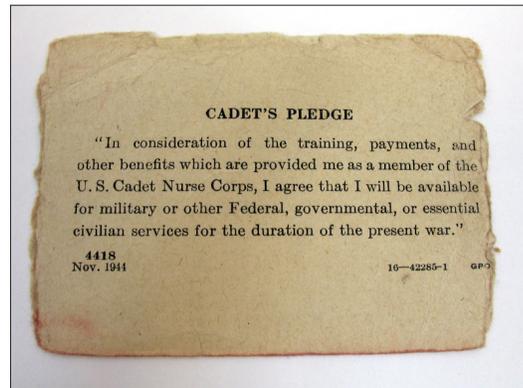
abled 125,000 nurses to be trained; advanced a more academic approach to nursing; provided instruction by nursing faculty instead of physicians (which was the common practice of the day); and provided federal aid for post-graduate nursing studies.

Over the years, various iterations of the United States Cadet Nurse Corps Equity Act, have been introduced by New York representative, Nita Lowey, and others, to grant honorable discharges to cadet nurses who served during the war. To date, no version of the bill has been enacted.

For more information, call special projects manager, Georgia Peirce, at 617-724-9865.



MGH School of Nursing graduate and US cadet nurse, Arlene Wink, RN, circa 1948



Staff nurse tailors care so no one feels ‘alone in the dark’

My name is Maggie Kirby, and I am a staff nurse in the Ellison 9 Cardiac ICU. I took care of Mr. G the night he died. Originally admitted for experiencing PEA (pulseless electrical activity) at home, he'd had a very complicated course of post-arrest care, including cooling, balloon pump, pulmonary artery line, and triple pressor therapy.

Mr. G had transitioned to comfort measures only that afternoon. He'd been extubated and remained unconscious with a Dilaudid drip for pain control. A few of Mr G's family members were at his side.

I'll always remember Mr. G's passing as one of the most peaceful I've witnessed. I focused my care on maintaining his comfort and walking the family through the dying process. Loved ones are an integral part of the process, and are often involved in the decisions surrounding end-of-life wishes. Loved ones can feel a sense of helplessness, despite how prepared they may have thought they were. In the moment, every change, every decision is scary.

After introducing myself, doing a quick assessment of Mr. G's needs and comfort, and checking his Dilaudid drip, I planned my care of Mr. G and his family. I was going to do everything I could to make Mr. G comfortable; I was going to make his family feel welcome at the bed-



Maggie Kirby, RN
staff nurse, Ellison 9 Cardiac ICU

side and do my best to prepare them for what was to come.

Mr. G's death was what many nurses call, 'a good death.' His family had steadfastly clung to the conversations they'd had with Mr. G regarding healthcare decisions and end-of-life wishes. They knew the limits Mr. G had set for life support; they knew he valued quality of life over quantity of life. As treatment and interventional options unfolded, they used this knowledge as the basis of every decision, advocating for him at every turn. They defined 'quality of life' in the same way Mr. G would have had he been able to speak for himself.

As this family's nurse, I created an environment that was supportive and peaceful. I explained the symp-

oms Mr. G was experiencing as I addressed them with appropriate interventions. I provided guidance as to what to expect as Mr. G neared death. I kept him comfortable and spoke to him. I took everything out of the room that wasn't necessary so the family could have more space at the bedside.

I encouraged the family to tell stories by expressing interest in their memories of Mr. G. I brought water, snacks, tissues, and set up cots in the room so they wouldn't have to leave if they didn't want to.

Mr. G died at 12:45am, comfortable and surrounded by his people. I think the serenity of his passing was good not only for Mr. G, but for his family, as well.

As nurses, we have a huge impact on how families remember the death of their loved one; there's so much we can do to help family members breathe a little easier—like providing education, privacy, a cup of coffee, or a window with a view of the stars.

Each patient and family may require something different. It's up to us to recognize those differences and tailor our care accordingly. The goal isn't to 'fix,' a family's grief, but to quietly reassure, comfort, and leave no one feeling alone in the dark.

Annual Observances



(L-r; top-to-bottom); Rabbi Ben Lanckton moderates Father's Day service; Eric Hanson, father and MGH social worker, shares story; congregation listens to personal reflection; Joe Meekins, father and MGH chaplain, addresses the gathering; the congregation joins in rousing rendition of *Father Abraham*.



(Photos by Katie Hickey)

Celebrating fatherhood with song and dance

On Thursday, June 14, 2018, the 13th annual MGH Men Against Abuse and Spiritual Care multi-faith Father's Day service was held in the MGH Chapel.

After the traditional, much-anticipated, opening dance number, *Father Abraham*, three fathers from the MGH community shared experiences of the joys, trials, and adventures of family and fatherhood. Prayers were offered along with poems and the signing of a commitment pledge against domestic violence.

The Father's Day service is sponsored by the department of Spiritual Care; MGH Men Against Abuse; Police, Security & Outside Services; the Employee Assistance Program; HAVEN, and the Domestic Violence Working Group. For more information call 617-724-0054.

Practice UPDATE

Albumin Transition from Blood Bank to Pharmacy
Starting June 20, 2018:

Albumin 5% and 25% will be supplied by the Pharmacy

- Albumin stocked on the unit will be kept in Omnicell cabinets
- Areas that usually pick up Albumin from the Blood Bank will now have it delivered by the pharmacy
- Albumin will now be provided in bags, not bottles
- No special tubing or filters are required with the Albumin bags
- The volume and concentrations will remain unchanged



5% albumin will be provided in a 250 mL bag

25% albumin will be provided in a 50 mL bag

Questions? Contact your unit based pharmacist.

MASSACHUSETTS GENERAL HOSPITAL
PCS QUALITY & SAFETY

June 13, 2018

Practice UPDATE

IV Cyclophosphamide (Cytoxan) and Rituximab (Rituxan) for Non-Oncology Indications

Starting June 20th, 2018, IV cyclophosphamide and rituximab, for non-oncology indications, will have a “restricted medication” setting in Epic. This setting impacts ordering, verification, and administration documentation.

- Orders must be co-signed by an attending physician prior to being visible to nurses in the patient record
- Nurses will be prompted to document Dual Nurse Verification and Dual Signoff within the MAR



What is Dual Nurse Verification?

This icon indicates that prior to administration two RNs must review:

- Consent is correct and completed (for new starts)
- Drug and dose match the order
- Administration instructions

What is Dual Signoff?

This icon indicates that two RNs must confirm at the bedside prior to administration:

- Patient Name and MRN
- Correct drug, dose, concentration and route
- Expiration date and time
- Correct pump settings
- Use of IV pump drug library when available

For more information contact:
Unit CNS/NPS

MASSACHUSETTS GENERAL HOSPITAL
PCS QUALITY & SAFETY

June 18, 2018

TIP SHEET

IV Cytoxan and Rituximab Non-Oncology Use: MAR Documentation

As of June 20th, 2018, IV cyclophosphamide (Cytoxan) and rituximab (Rituxan) will have a “restricted medication” setting that impacts ordering, verification, and administration documentation.

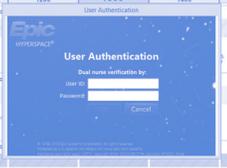
Orders must be entered or co-signed by an attending physician prior to being visible by nurses in the patient record.

Nurses will be prompted to document Dual Nurse Verification and Dual Signoff within the MAR



What is Dual Nurse Verification?

- This icon indicates that two RNs must complete the following Product Verification prior to administration:
 - o Completed and correct consent (for new starts)
 - o Drug and dose match the order
 - o Review administration instructions prior to administration
- To document Dual Nurse Verification, click the icon in the MAR. The following pop-up will appear for both RNs to enter username and password:



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June 21, 2018

PRACTICE ALERT

Blood Bank Samples

ALL BLOOD SAMPLES* sent to the Blood Bank MUST have a “Pink Label” with 2 signatures



The two signatures are a Regulatory Requirement and indicate that:

- The name and MRN on the patient ID bracelet matches the name and MRN on the specimen label

AND THAT

- Verification of the above has occurred in the presence of the patient by both signers

*** Includes:**
 Type and Screen
 Specimens sent for workup of suspected transfusion reactions
 Direct Coombs (DAT)
 Cord Blood samples
 Cold Agglutinins
 Phenotyping

MASSACHUSETTS GENERAL HOSPITAL
PCS QUALITY & SAFETY

Periodically, the PCS Office of Quality & Safety issues Practice Alerts and Practice Updates to communicate new information or highlight changes to certain policies, procedures, or practices. Alerts and updates are generated by trends identified in safety reports, feedback from staff and leadership, or changes in regulatory requirements.

For more information about individual practice updates or alerts, contact Judi Carr, RN, staff specialist, PCS Office of Quality & Safety, or go to the Excellence Every Day portal page at: <http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp>.

Fall TIPS: reducing falls with injury by 20%

—by Colleen Snyderman, RN, director, PCS Office of Quality & Safety

Question: What is TIPS?

Colleen: TIPS (Tailoring Interventions for Patient Safety) is an evidence-based fall-prevention program that has been implemented in inpatient areas throughout MGH. It's the only fall-prevention tool with more than a decade of research showing a positive impact on reducing patient falls.

Tips has been shown to decrease falls with injury by 20%. It's estimated that 3% of hospitalized patients fall every year, and 30% of those falls result in injury. Anything we can do to prevent patients from falling enhances the care experience, improves outcomes, and fosters patient safety.

Question: How does TIPS differ from the LEAF program?

Colleen: Patient engagement is the key factor in the TIPS program. Patients and families are made aware of the risks and become active participants in the plan to prevent falls.

Key components of the TIPS program include:

- completing a fall-risk assessment at the bedside using the Morse Fall Scale
- creating an individualized care plan based on the risk factors identified in each patient's assessment
- partnering with patients and families to consistently implement interventions



Colleen Snyderman, RN, director
PCS Office of Quality & Safety

Question: How does the bedside Fall TIPS poster work?

Colleen: Each risk factor from the Morse Fall Scale is linked with color-coded, evidence-based interventions. The TIPS bedside poster was designed as an educational tool for patients and families and a communication tool for caregivers.

Question: Where can I get more information about TIPS?

Colleen: Every unit has a unit-based champion to assist in educating staff about Fall TIPS and conducting Fall TIPS patient-engagement audits each month.

For more information go to: www.falltips.org or http://www.mghpcs.org/EED_Portal/EED_fallprevention.asp, or call Mary-Ann Walsh, RN, at 617-724-8763, or Karen Miguel, RN, at 617-726-2657.

Bedside Fall TIPS poster

Patient Name: _____		Date: _____	
Increased Risk of Harm If You Fall <input type="checkbox"/>		Fall Interventions (Circle selection based on color)	
Fall Risks (Check all that apply)		Walking Aids	
<input type="checkbox"/> History of Falls	<input type="checkbox"/> Medication Side Effects	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane
<input type="checkbox"/> Walking Aid	<input type="checkbox"/> IV Pole or Equipment	<input type="checkbox"/> Walker	<input type="checkbox"/> Walker
<input type="checkbox"/> Unsteady Walk	<input type="checkbox"/> May Forget or Choose Not to Call	Toileting Schedule: Every _____ hours	<input type="checkbox"/> Bed Pan
<input type="checkbox"/> Bed Alarm On		<input type="checkbox"/> Assist to Commode	<input type="checkbox"/> Assist to Bathroom
<input type="checkbox"/> Bed Rest		Assistance Out of Bed	
		<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people

Announcements

MGH Nurses' Alumnae

Fall Reunion Educational Program

September 21, 2018
O'Keefe Auditorium

"Resiliency in Aging"
Registration: 8:00am
Conference: 8:30am–3:30pm
\$40 for MGHNAA members
\$50 for non-members

To register: send check payable to MGHNAA to:
MGHNAA
PO Box 6234
Boston, MA 02114

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

Office Ergonomic Champion Program

Learn how to make yourself and your co-workers more comfortable at the computer.

Friday, July 6, 2018
9:00am–12:00pm
Yawkey 4-810

Presented by Arron Ross, ergonomics specialist, PHS Occupational Health Ergonomics Program

Register for upcoming sessions on HealthStream under Partners Applications.

For more information, contact Aaron Ross at: 857-282-2416

ACLS Classes

Certification:
(Two-day program)

Day one:
September 14, 2018
8:00am–3:00pm

Day two:
September 24th
8:00am–1:00pm

Re-certification (one-day class):
August 8th
5:30–10:30pm

Locations to be announced. Some fees apply. For information, contact Jeff Chambers at acls@partners.org.

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

AMMP Scholarships

The AMMP scholarship was established to assist AMMP members in their pursuit of degrees and other training at colleges and universities

Applications for 2018 AMMP Scholarships are available at <http://AMMP.massgeneral.org> or in the Employee Access Center in Bulfinch 107

Scholarship is open to benefits-eligible employees.

For more information, go to <http://AMMP.massgeneral.org> or e-mail AMMP Scholarship chair, Sandra Thomas, at PHSAMMP@partners.org.

Deadline for submission is Wednesday July 11, 2018.

Blum Center Events

Monday, July 16, 2018

MGHCancer Center Series:
"Musculoskeletal Issues in Breast Cancer"

Join Sasha Knowlton, MD, for a discussion on how a team-based approach can improve your pain and function.

Wednesday, July 25th

"Managing Pain Using a Mind-Body Approach"

Join Ellen Slawsby for a discussion on best practices in managing pain and increasing resiliency without prescription medicines.

Thursday, August 16th

"Making Sense of Food Labels"

Join Chrissy Badaracco, dietetic intern, for a discussion on how to navigate food labels.

Programs are free and open to MGH staff and patients. No registration required.

All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm.

For more information, call 4-3823.

New MGH podcast

Charged, the new, free, MGH podcast, introduces listeners to the women behind some of the most significant innovations in health care. Every episode uncovers stories of their relentless pursuit to break boundaries and provide exceptional care.

Recent and soon-to-be-aired episodes include:

- Katrina Armstrong, MD
"Leading with Empathy"
- Sarah Wakeman, MD
"Changing the Face of Addiction Treatment"
- Denise Gee, MD
"Surgeon of Balance"
- Malissa Wood, MD
"Women and the Heart"

Become a subscriber: Search for *Charged* wherever you get your podcasts, or go to: www.massgeneral.org/charged/

To suggest future guests or for more information, contact Courtney Nunley at cnunley@mgh.harvard.edu.

Osgood assumes role of associate chief nurse

On July 1, 2018, Patrice Osgood, RN, nursing director for Perioperative Services, assumed the role of associate chief nurse for Perioperative Nursing. Osgood fills the vacancy created when Dawn Tenney, RN, announced she'd be stepping down from the role earlier this year.

Osgood is a highly respected leader who has served as executive sponsor for numerous initiatives, including OR sharps, recycling, workplace safety, and the design of the Cardiac Simulation Program to support growth in cardiac surgery.

Says Debbie Burke, RN, senior vice president for Nursing & Patient Care Services, "When Dawn announced her intention to step down, we began the search for her replacement. We're so fortunate that Patrice was interested in the job. I know she's going to be an effective

leader and an engaged associate chief nurse for Perioperative Nursing."

We're also fortunate that Tenney will stay on in a mentoring capacity until her official retirement in 2019.

Says Osgood, "When I think about my new role as associate chief nurse, I



Patrice Osgood, RN, new associate chief nurse for Perioperative Nursing

know that caring for each other will be paramount to the delivery of excellent patient care and patient safety."

Nursing & Patient Care Services, and the entire MGH community wish Osgood well in her new role.

Published by

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Submissions

All stories should be submitted to: ssabia@partners.org

For more information, call: 617-724-1746

Next Publication

July 19, 2018

Inpatient HCAHPS

current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 6/20/18)	% Point Change
Nurse Communication Composite	84.3%	84.1%	↓ -0.2
Doctor Communication Composite	84.5%	84.2%	↓ -0.3
Room Clean	72.0%	71.1%	↓ -0.9
Quiet at Night	52.7%	52.7%	→ 0.0
Cleanliness/Quiet Composite	62.3%	61.9%	↓ -0.4
Staff Responsiveness Composite	67.5%	69.2%	↑ 1.7
Pain Communication Composite	NA	77.1%	NA
Communication about Meds Composite	66.9%	67.0%	↑ 0.1
Care Transitions	62.4%	62.0%	↓ -0.4
Discharge Information Composite	92.7%	92.0%	↓ -0.7
Overall Hospital Rating	82.9%	83.2%	↑ 0.3
Likelihood to Recommend Hospital	90.7%	90.5%	↓ -0.2

Data is complete through April with partial data for May and June. We're on track to exceed our goal of a 1% increase in Staff Responsiveness and within 1% point of last year's results in all other indicators.

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



July 5, 2018

Returns only to:
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Boston, MA 02114-2696



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