

Caring

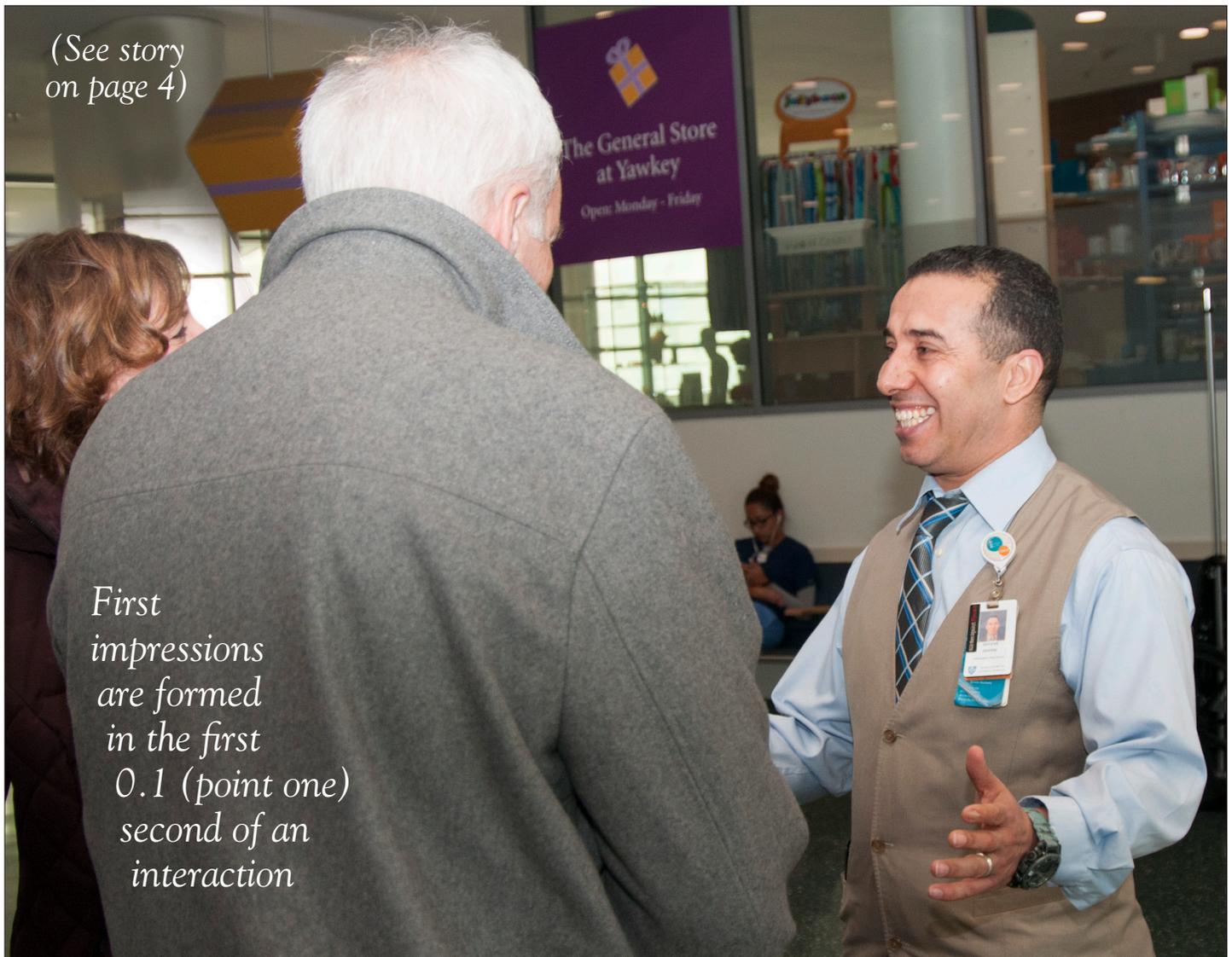
Headlines

March 1, 2018

Point One

ensuring every MGH encounter begins on a positive note

*(See story
on page 4)*



*First
impressions
are formed
in the first
0.1 (point one)
second of an
interaction*

Information desk associate, Ahcene Gherbi, welcomes visitors as they enter the Yawkey Building. Says Gherbi, "Something as simple as a smile can put people at ease, make them more comfortable, especially if they're sick or feeling anxious."

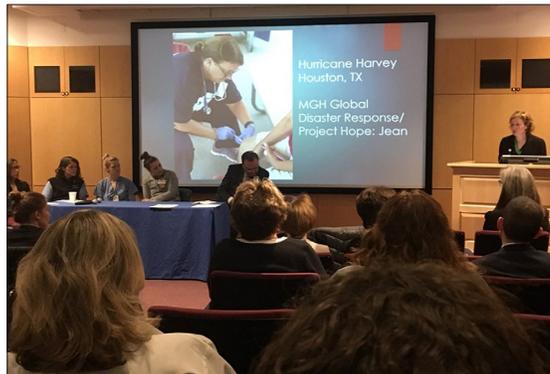
Settling into the best job in health care



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

Now I know why Jeanette [Ives Erickson] always said she had the best job in health care. It has been so energizing meeting with staff these past few weeks. Just as I hoped, I'm gaining new perspective and learning so much as I attend meetings and hear about all the good work that's happening throughout the hospital. The ideas and suggestions shared by staff are thoughtful and creative; they reflect the passion, commitment, and ingenuity of this great organization.

In my first two months as 'senior-vice-president-in-training,' I've attended meetings of the General Executive Committee, the Partners Chief Nurse Council, I've been to staff meetings, fund-raisers, and wonderful presentations, such as the recent session on our response to hurricane Harvey presented by the MGH Center for Global Health.



I was privileged to attend the awards ceremony of the New England Regional Black Nurses Association and see our own Silvianna Ngueya receive an award for Excellence in Nursing Practice.

I look forward to continuing my learning tour. My goal is to spend the year meeting as many of you as possible—it might take a while, but I'll get there.

Those interested in keeping up with my travels can 'follow' me on Twitter (@Debbie_BurkeRN).

Debbie
Debbie Burke

Top photo: MGH Global Health presentation on our response to last year's devastating hurricanes.

At right: Silvianna Ngueya, RN (center), recipient of NERBNA Excellence in Nursing Practice Award, with colleagues (l-r): Sue Algeri, RN; Marian Jeffries, RN; Michelle Anastasi, RN; Melissa Jocelyn, RN; myself; and Silvianna's son, Sten.

Opposite page: YMCA Achiever Award recipients, Waveney Cole and Joelle Leacock, CNM; my visit with staff on White 8; and my visit with our Speech-Language Pathology team.



(This photo provided by JB Studio)



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The Point One Initiative

making a good first impression with a warm smile and a welcoming greeting

—by Janet Madden, RN, staff specialist

Volunteer, Renae Irving, is a welcoming presence at the information desk in the Main Lobby.



Research shows that 0.1 (point one) second is all it takes for a person to form a first impression. And those split-second judgments often don't change over time. When patients and visitors come into the hospital, they make an immediate judgment based simply on their first interaction with staff. This fact is supported by Malcolm Gladwell's book, *Blink*, which asserts that first impressions are made, literally, in the blink of an eye.

First impressions matter. This was the motivation behind the new, Point One Initiative. The Point One Initiative was launched to ensure that the MGH experience begins on a positive note, and that all patients and visitors are greeted warmly.

Led by Volunteer Services, the Point One Initiative team, formed in June, 2017, is comprised of information-desk staff, representatives from Nursing & Patient Care Services, the Office of Patient Experience, and International and Specialized Healthcare Services. Their work to date includes:

- an extensive literature review of customer service in the health-care and service industries
- focus groups
- observation of the physical environment and reception staff at local hospitals and hotels to benchmark best practices
- data-collection of information-desk staff (eye contact, smile, verbal greeting, assistance, etc.) and public perceptions of their experience at information desks
- customer-service training for information-desk staff and volunteers who serve in main lobbies

Formal customer-service training is an essential part of the initiative, preparing participants to:

- understand what constitutes an 'excellent patient experience'
- commit to the 'always behaviors' when greeting patients and visitors (see always behaviors on opposite page)
- demonstrate the elements of the 'I CARE' model in every encounter (see opposite page)
- employ service-recovery strategies

continued on next page

Service Excellence (continued)

Feedback from staff has been very positive. Training has enabled staff and volunteers to become a more integrated team, learning ways to support each other in meeting the needs of patients and visitors. Training was required for all information-desk staff and volunteers who serve in the main lobbies. The same training will be part of the on-boarding process for new information-desk staff and volunteers and will be part of annual training.

Building on the customer-service philosophy of the Point One Initiative, MGH will soon roll out I CARE. The I CARE model was developed with input from staff throughout

the hospital and is intended to ensure that patients, families, and visitors have the best experience possible at MGH, every day, in every setting.

In tandem with the MGH Diversity & Inclusion Committee, the Point One team is considering re-establishing the MGH Greeter Program, wherein employees from all levels of the organization assist main lobby staff in welcoming patients and visitors.

For more information about the Point One Initiative, contact Jackie Nolan, director of Volunteer Services, at 4-1753.



I CARE

C—Communicate
A—Advocate
R—Respect
E—Empower

‘Always’ Behaviors

- Smile
- Make eye contact
- Provide a warm, friendly, verbal greeting
- Ensure all questions are answered and needs are met
- Offer to escort

Veteran information desk associate, Josefina Marroquin, always has a warm smile for patients and visitors coming in through the Main Lobby.



Washington



Atchison

(Photos by Paul Batista)

Black History Month event shines light on healthcare inequities

—by director of PCS Diversity,
Deborah Washington, RN

In the Boston area, people with the longest life expectancy (about 92 years) live in the Charles River basin between Mass. Ave. and Arlington Street. Those with the shortest life expectancy (about 59 years) live in Roxbury, between Mass. Ave. and Dudley Street. That's a lower life expectancy than Cambodia, Gambia, and Iraq.

This shocking bit of information was shared at this year's PCS Black History Month event. Guest speaker, Brenda Atchison, community activist and AARP volunteer, spoke about the Caregiver Act that helps family caregivers when their loved ones go into the hospital. The act requires hospitals to provide patients with a chance to designate a family caregiver; notify that caregiver when the patient is discharged; and explain the medical tasks that will need to be performed at home.

Most family caregivers are unpaid family members who help with activities of daily living, often performing medical and nursing tasks. Most are untrained. Many are older and suffer from poor health themselves. They give injections, perform wound care, manage crises, handle legal and financial matters, and are on call 24/7.

Clearly, the needs of patients and families extend from hospital to home. Brenda Atchison reminded us of the importance of providing the highest quality patient- and family-education. It could mean the difference between extending a patient's life, or contributing to the unacceptable gap in life-expectancy statistics in this city.

For more information, call Deb Washington, RN, director of PCS Diversity, at 617-724-7469.



At left: Excellence in Nursing Practice Award recipient, Silvianna Ngueya, RN (center), with Gaurdia Banister, RN, executive director; The Institute for Patient Care (left), and Tarma Johnson, RN, NERBNA president.

Below: Boston nursing leaders recognized for their years of support and dedication to the mission of NERBNA. (L-r): Debbie Burke, RN, senior vice president for Patient Care; Banister; Johnson; Laura Wood, RN, Boston Children's Hospital; and Nancy Gaden, RN, Boston Medical Center.



(Photos provided by JB Studio)

Ngueya receives NERBNA award for Excellence in Nursing Practice

—by Gaurdia Banister, RN,
executive director,
The Institute for Patient Care

Staff nurse, Silvianna Ngueya, RN, was recognized for Excellence in Nursing Practice by the New England Regional Black Nurses Association (NERBNA), February 9, 2018, one of only 14 nurses honored this year for excellence in the categories of education and teaching, nursing practice, and leadership.

Clinical nurse specialist, Marian Jeffries, RN, wrote in her letter of nomination, “Silvianna is an amazing nurse. Her many gifts include clinical knowledge, cultural awareness, emotional intuitiveness, and exceptional compassion for all people. A seasoned caregiver, she incorporates the patient’s and family’s needs and values when coordinating their care, precepting staff, or just working collaboratively with the team. She’s become a model for teaching others that there are no disabilities, just challenges that require a different approach to care.”

Congratulations to Ngueya for this well-deserved honor. For more information about the NERBNA awards, contact Gaurdia Banister, RN, at 617-724-1266.

MGH celebrates World Lymphedema Day

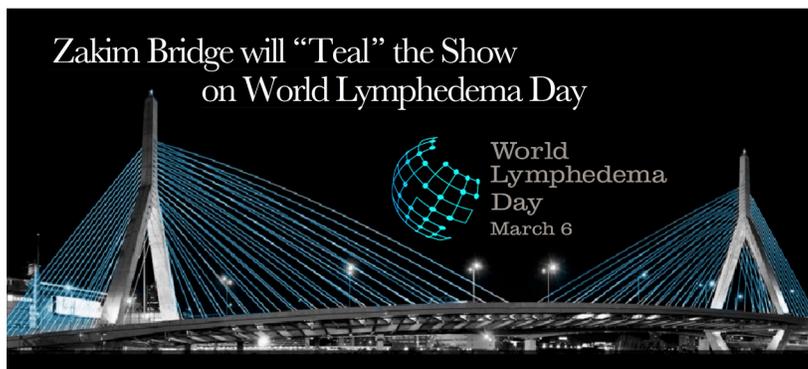
—by Cathy Holley, RN, OR nurse

Lymphedema affects an estimated 10 million people in the United States alone—more than multiple sclerosis, muscular dystrophy, amyotrophic lateral sclerosis (ALS), Parkinson’s disease, and AIDS combined. Lymphedema (the swelling that occurs due to injury or impairment to the lymphatic system) can be caused by anything that disrupts the flow of lymph fluid through the lymphatic vessels or nodes, causing fluid to build up. It is a chronic disease with no cure.

“Last year,” says Holley, “we were amazed at how many people stopped by looking for information. It was a great day for lymphedema awareness at MGH.”

Teal is the official color for lymphedema awareness, and on March 6th, the Leonard P. Zakim Bridge will be aglow with soft teal lighting as it joins MGH in celebrating World Lymphedema Day.

Holley is co-chair of the Massachusetts chapter of the Lymphatic Education & Research Network, a resource for patients, families, and caregivers that can be accessed at: www.lymphaticnetwork.org.



“Lymphedema is one of the most poorly understood, relatively underestimated, and least researched complications of cancer.”

—National Cancer Institute

Operating room nurse, Catherine Holley, RN, has had lymphedema for more than 30 years. Says Holley, “Most people are unfamiliar with lymphedema and that’s one of the problems—there needs to be more awareness and education.”

On March 6, 2018, Holley will again staff a lymphedema information table in the Main Corridor.

Lymphedema Information booth

March 6, 2018
9:00am–4:00pm
Main Corridor

“Understanding Lymphedema”

presented by operating room nurse, Catherine Holley, RN

March 22nd
12:00–1:00pm
Blum Patient & Family Learning Center



(photo provided by staff)

A birthday party on Ellison 11

—by Judy Silva, RN, nursing director

February 7th was John Cooper's birthday. Cooper, known fondly to his friends and caregivers as, 'Judge,' has been a patient at MGH since mid-November; currently an inpatient on the Ellison 11 Cardiac Unit. In the short time he's been here, Cooper has won the hearts of everyone on the unit, so when he expressed a desire to have a birthday party, the entire staff wanted to make that happen. Cooper's wish list for the party included a Patriots blanket, and such delicacies as strawberry cheesecake, lime sherbet, and Pepsi.

At 2:00pm on Wednesday, February 7th, nurses, nurse practitioners, patient care associates, unit service associates, physical therapists, and physicians crowded into Cooper's room with party hats, food, gifts, and full hearts. There were so many well-wishers, including caretakers from his group home, they had to take turns filing into his room. Nurse practitioner, Ami Salwierz, made a Patriots blanket, which thrilled Cooper almost as much as having his picture in the MGH "nursing magazine."

The intravenous-fluid shortage

—by Suzanne Algeri, RN, associate chief nurse

Question: What steps are we taking to deal with the IV shortage?

Algeri: The Hospital Incident Command System (HICS) has been convened, and they formed a multi-disciplinary subgroup to identify options to help manage the IV-fluid situation and determine alternative strategies. The group monitors supplies and identifies potential interim solutions. They have been working with service leads throughout the hospital to ensure everyone is informed of the most recent strategies to conserve IV fluid and make the most of the supplies we have. The group has been using Apollo (the MGH intranet), town hall meetings, service-based meetings, and MGH publications to communicate with staff.

In collaboration with Pharmacy, Infection Control, and others, we've identified several ways to conserve supplies. We've employed more than 45 adaptive strategies with ideas coming from many MGH departments.

Question: What specific nursing interventions have been implemented?

Algeri: In collaboration with our pharmacy colleagues, nurses have switched from 'mini bag plus' to IV-push to administer a select group of antibiotics. Interventions such as safely extending the use of IV tubing and fluid bags for intermittent use have helped conserve IV fluid.

Working closely with Infection Control, we've identified several ways to conserve supplies. We're minimizing the use of carrier lines and we've begun flushing IV lines with pre-filled syringes whenever possible. Oral re-hydration guidelines were created to further conserve IV fluids and encourage a regimen of oral hydration when possible. Nursing was instrumental in developing the Rounding Checklist to highlight the need for alternatives, and we created several 'tip sheets' for sharing best practices, all of which are available on Apollo (<http://apollo.massgeneral.org/>).

Question: Do any of the strategies have potential for long-term use?

Algeri: Many great ideas have been generated. We've employed more than 45 adaptive strategies with ideas coming from many MGH departments. As we continue to monitor this very dynamic situation, we'll continue to evaluate strategies based on what's best for patients and what works well for staff.

We're fortunate to have such a collaborative team; everyone has come together to ensure patients are minimally impacted by the shortage. Our HICS team is working diligently to manage the situation. We're hopeful that the shortage will be resolved in the coming weeks. Perhaps some of the adaptive strategies we've employed will continue to be used in the future.

For more information, contact associate chief nurse, Sue Algeri, RN, at 617-724-6317.

Announcements

Leading across professions: re-thinking leadership for inter-professional learning and care

April 5-6, 2018
Partners Assembly Row Conference Center

The MGH Institute of Health Professions invites you to attend a 1.5-day conference for healthcare professionals and educators. Speakers include: Bruce Avolio; Donna Chrobot-Mason; and Robert Kegan.

Continuing education credit sponsored by Boston Children's Hospital.

For registration and course information, go to: <http://info.mghihp.edu/leading-across-professions>.

For more information, call (617) 724-6674

ACLS Classes

Certification:
(Two-day program)

Day one:
June 11, 2018
8:00am–3:00pm

Day two:
June 12th
8:00am–1:00pm

Re-certification (one-day class):
April 11th
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.

Third Annual Quality & Safety Symposium

“Advancing Quality Together”

Friday, March 2, 2018
7:45am–2:00pm
Partners HealthCare, Assembly Row

Discuss our most challenging quality and safety issues and hear examples of successful quality and safety initiatives from front-line clinicians.

Keynote speaker, Stephen Swensen, MD, Intermountain Healthcare

For more information, contact Victoria Carballo at 857-282-2120.

Gun-Violence Prevention Challenge Summit and Hack-a-thon

Employing a public-health approach to gun-violence prevention by generating innovative strategies to address gun safety, mental-health issues, community resilience, and policy change.

Apply to attend the Gun Violence Prevention Summit and Hack-a-thon by March 26, 2018.

Gun Violence Prevention Summit
Friday, April 13, 2018
Edward M. Kennedy Institute
210 Morrissey Blvd.

Gun Violence Prevention Hack-a-thon
Saturday, April 14th–
Sunday, April 15th
MGH Simches Research Center
185 Cambridge Street

For more information, go to: www.mghcgh.org/camtech, and apply to attend by March 26th.

Or contact Nicholas Diamond at ndiamond@mgh.harvard.edu.

Global Health Service Awards

Do you know a colleague dedicated to solving health inequities locally or abroad? Nominate him/her for a Global Health Service Award in one of three areas:

- Teaching and Mentoring
- Excellence in Research
- Humanitarian Care

All MGH employees with projects benefiting local, national, or international communities are eligible. Recipients will be announced at the Global Health Expo on May 15, 2018.

For more information or to submit an application, go to: <http://www.globalhealthmgh.org>, or e-mail globalhealth@partners.org.

Applications are due by March 31st.

Blum Center Events

Thursday, March 22
12:00–1:00pm
“Understanding Lymphedema”

Join Catherine Holley, RN, to learn how to manage primary and secondary lymphedema.

Tuesday, March 27
12:00–1:00pm
Shared Decision Making: “Colon Cancer Screening”
Dr. Daniel Chung will answer questions about colon cancer following a brief presentation and video.

Programs are free and open to MGH staff and patients. No registration required. All programs held in the Blum Center:

For more information, call 4-3823.

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Submissions

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

For more information, call: 617-724-1746

Next Publication

March 15, 2018

Inpatient HCAHPS

Current data

Data for 2017 is complete through November with partial data through December. All scores remain higher than 2016. In the target areas, Quiet at Night, and Staff Responsiveness, our goal was to increase by 1 percentage point over last year. We are ahead of both targets, by more than 2.5 percentage points.

HCAHPS Measure	CY 2016	CY 2017 Year-to-date (as of 2/12/18)	% Point Change
Nurse Communication Composite	83.0%	84.3%	↑ 1.3
Doctor Communication Composite	82.6%	84.6%	↑ 2.0
Room Clean	71.2%	72.0%	↑ 0.8
Quiet at Night	49.9%	52.8%	↑ 2.9
Cleanliness/Quiet Composite	60.5%	62.4%	↑ 1.9
Staff Responsiveness Composite	64.9%	67.6%	↑ 2.7
Pain Management Composite	72.8%	73.8%	↑ 1.0
Communication about Meds Composite	65.8%	66.8%	↑ 1.0
Care Transitions	61.0%	62.4%	↑ 1.4
Discharge Information Composite	91.9%	92.7%	↑ 0.8
Overall Hospital Rating	81.9%	82.9%	↑ 1.0
Likelihood to Recommend Hospital	89.8%	90.8%	↑ 1.0

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



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