

Caring

Headlines

October 4, 2018

Supporting our culturally, ethnically, and gender-diverse healthcare community



See Debbie Burke's column on page 2

MGH signage coordinator, Melinda Bryant, replaces traditional Men/Women restroom signs with more gender-neutral, identity-sensitive signage.

Let us know your preferred gender pronoun

true inclusion means showing respect for everyone in our gender-diverse workforce

Our world is changing. Not only are we becoming more ethnically and culturally diverse, we are increasingly aware of diversity at it relates to gender identity.

Society is veering away from long-held, either/or, male/female labels and proudly owning our true identities whatever they may be. We want to show our respect for our gender-diverse workforce, including transgender individuals and those who may question or prefer not to conform to traditional gender labels.

As an organization that values both diversity and inclusion, we understand the importance of referring to one another in a way that aligns with how we self-identify.

Imagine how you'd feel if colleagues referred to you as 'he' or 'she' when in fact, that wasn't the way you self-identified. No matter how innocent

or inadvertent, referring to someone by the wrong pronoun is a form of disrespect.

If you're not sure which pronoun to use, just ask—give people an opportunity to share their preference. If that doesn't feel right, refrain from using any pronoun until the person self-identifies on their own. Or simply use the gender-neutral, 'they' (which is appropriate as either a singular or plural pronoun).

One step we've taken as a hospital is to remove the male/female designation from labels and wristbands for all patients (except neonates for safety reasons).

Some members of hospital leadership, including MGH president, Peter Slavin, are now including their pronoun preferences in their e-mail signatures. This change is meant to normalize the process of



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

sharing pronouns and act as a sign of solidarity with the trans and gender-diverse community.

I invite you to think of other ways we can make our patients, families, and colleagues feel welcome and respected. And please share your ideas as we continue to celebrate the differences that make us each uniquely who we are.

Debbie
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Debbie's Photo Gallery



Clockwise from top left: my visit to the MGH Institute of Health Professions for their annual faculty convocation where I was honored to be keynote speaker; attending a staff meeting on the White 11 Medical Unit; and congratulating Palliative Care and the Lunder 7 Neuroscience Unit on receiving an Excellence in Action Award, with special mention going to Abigail Blair, RN; Paige Fleming, RN; Sudha Natarajan, RN; and Hayley Oman, RN.



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You're my case manager?

What does that mean, exactly?

—provided by members of the MGH Case Management Department

As we celebrate 23 years of Case Management at MGH, we invited our case-manager colleagues to share vignettes showing how their practice makes a difference in patients' lives. Following are a few examples highlighting the depth and complexity of their work.

While covering the Neuro service, I had a patient who was newly blind secondary to a stroke. He'd been referred to a skilled nursing facility because his cognitive function was intact, and he was high-functioning. But they were declining him. I tried referring him to an acute rehab (higher level of care) but he was denied there, too.

I contacted the liaison for Partners Continuing Care to assist his transition. She recommended the patient be re-evaluated by Occupational Therapy to get a more in-depth assessment of his needs relative to his new blindness.

Following that re-evaluation and with better information in hand, the patient was re-considered for acute rehab and discharged to that level of care. Soon after, the liaison received an e-mail from the acute rehab facility thanking us for the appropriate referral.

—Wanda Quatralo, RN
case manager

**Advocacy, thinking outside the box,
getting the patient to the right level of care.**

The ED paged me at 5:45. They kindly acknowledged that it wasn't 'my deal' to cover the ED, but asked if I could assist with a medication/pharmacy snafu. A patient had been diagnosed with bilateral pulmonary embolism and prescribed Xarelto. The MGH Pharmacy was temporarily unable to fill the prescription or provide a voucher, so the patient went to his local pharmacy and was told the prescription required prior authorization or he could expect to pay nearly \$500.

I called the pharmacy and got the name of the insurance company and ID number, then I called Medco to request prior approval by telephone. After a lengthy phone call during which I supplied requested demographic and clinical information, I was informed that the medication was now approved for one year and would be available immediately.

I called the pharmacist back and requested she run the prescription again; this time it was processed with a co-payment of \$35. I notified the patient, who was very relieved to be spared both the high cost of the medication and a return trip to the ED.

I called the ED staff member who had contacted me earlier to inform her that the problem had been resolved. She said something to the effect that, 'case managers can do things no one else can do.'

—Dana Madden, RN
case manager

Going above and beyond.

Case Management (continued)



Case managers (l-r):
Maria Seavey, RN;
Dana Madden, RN;
Maria Sweeney, RN;
Wanda Quatrale, RN.

Mike Trotta, RN, case management clinical specialist, retired from MGH last month. Shortly before he left, he was instrumental in helping a patient re-patriate to his home country in the Middle East and reunite with his family for the first time in 11 years. The patient had endured a long and difficult journey during his 400+ days at MGH. He and his caregivers overcame many obstacles to ensure he received the best possible care—language barriers, lack of insurance, medical and travel issues—but in the end, he was able to return to his home country because of the knowledge, compassion, and perseverance of his case manager and a committed team of MGH caregivers.

Commitment, investigative research, and collaboration with all disciplines

I was asked to help a dying patient return to his parents' home in another state. 'John' had been in the Cardiac Care Unit (CCU) receiving multiple, high-cost, IV medications, so I worked with the CCU staff to coordinate the discontinuance of his IV meds and arrange for a home infusion company to administer his meds at his parents' home the next morning. His central-line dressing was changed before he was discharged.

John had a Massachusetts Order for Life Saving Treatment (MOLST) but he wasn't on hospice care yet. I counseled him and his family on how to arrange for a visiting nurse, cancel Mass Health, and register for Medicaid once they were back in his home state. I helped them make arrangements for all the meds he'd need both before and after discharge.

Within two days of the original consult, John was able to return to his family home where he had three wishes—to get married, ride a motorcycle, and have a pig roast before he died. His community raised money for a wedding. John rode a motorcycle to the outdoor ceremony on July 29th where he married his girlfriend and they enjoyed a big pig roast at the reception.

On July 31st, John passed away surrounded by his family. He was 25 years old.

—Maria Seavey, RN
case manager

New SUD portal page an important resource for caregivers

—by Theresa Gallivan, RN, associate chief nurse

Question: What can you tell us about the new on-line Substance Use Disorder website?

Theresa: A new Substance Use Disorder (SUD) portal page has been developed to provide staff with access to essential resources to ensure they have the information they need to provide the highest quality care to patients and families. The SUD portal page contains links to commonly used policies related to medication-management and patient requests to leave the unit.

You'll find a list of resources and what they offer, including the Addiction Consult Team (ACT); the Bridge Clinic; the Hope Clinic; the West End Clinic; and the Addiction Recovery Management Service (ARMS).

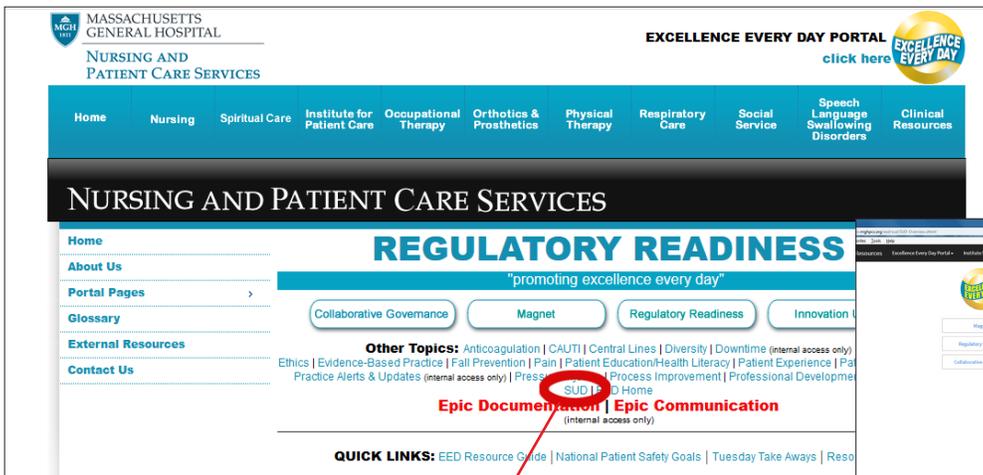
Look for links to alcohol and opioid withdrawal assessment tools and educational offerings available through HealthStream. Information and examples of 'scripted language' are included to help staff engage in therapeutic communication with patients experiencing SUD.

Question: How can I access the SUD portal page?

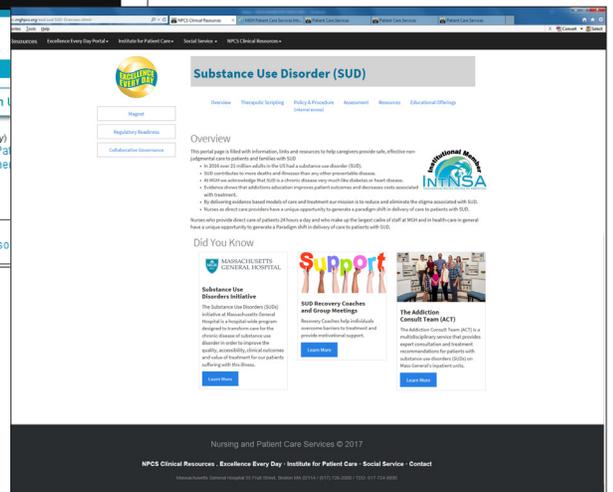
Theresa: The SUD page can be found on the Excellence Every Day portal page at: <http://www.mghpcs.org/rr/>.

Question: Who can I contact for more information?

Theresa: For more information, contact Christopher Shaw, nursing director for The MGH Substance Use Disorder Program, at 617-643-0778, or Jennifer Mills, nursing director and liaison to the SUD program, at 617-724-0559.



Access the new SUD website from the Excellence Every Day portal page at: <http://www.mghpcs.org/rr/>

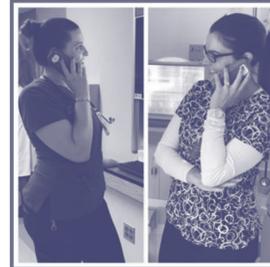


Practice UPDATE

Warm Hand-off for HD Patients



Beginning on **Monday October 1st** a warm (VERBAL) hand-off will be the standard practice both pre and post dialysis for all Hemodialysis (HD) patients



PRIOR TO DIALYSIS:

- ❖ The nurse sending the patient to dialysis will call Bigelow 10 at X 6-3700 to provide a warm handoff ~ HD nurses are available to receive warm handoff after 6:30am
- ❖ If the HD nurse who will care for the patient is not available, the HD resource nurse will receive the warm handoff

WARM HAND-OFF ~ PRIOR TO DIALYSIS

- Mental Status: *alertness, ability to stand for weights*
- Vital signs: *stability, recent abnormalities*
- Pain: *meds effective, ineffective, what helps*
- Medication: *meds given prior to departure for HD (pain meds, blood pressure meds, IV meds hanging etc.) and meds due while patient is at HD*
- Blood work: *already drawn, what is due while at HD, recent blood sugar*
- Other *pertinent information*

AT THE CONCLUSION OF DIALYSIS

- ❖ The HD nurse will call the inpatient unit to provide a warm hand-off
- ❖ If the nurse who will care for the patient is not available, the inpatient resource nurse will receive the warm hand-off

WARM HAND-OFF ~ CONCLUSION OF DIALYSIS

- Mental status: *alertness*
- Vital signs: *stability, any drops in blood pressure, how managed*
- Pain: *meds effective, ineffective, what helped*
- Fluid removal: *how many kg, how treatment was tolerated*
- Medication: *meds given during hemodialysis, insulin, antibiotics*
- Blood work: *any labs drawn by hemodialysis, recent blood sugar*
- Other: *when Tip-Stop should be removed*

DOCUMENTATION:

Each warm hand-off will be documented in Epic under "Care Handoff" within the "Pt Story"

NOTE:

- ❖ Travel to or from hemodialysis should not be delayed due to an inability to provide warm hand-off
- ❖ IPASS is the primary hand-off tool; Always assure IPASS is up to date before patient transfer

Care Handoff (click to document) 	Report
Report Given to Inpatient at 08/02 1558	
Staff Name/Role Bigelow 11 RN at 08/02 1558	

For more information contact:
 Kate Barba: KBARBA@PARTNERS.ORG
 Shannon Mahoney: SMAHONEY10@PARTNERS.ORG



MASSACHUSETTS
GENERAL HOSPITAL

PCS QUALITY & SAFETY

September 24, 2018

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>.

Neighborhood Health to become AllWays Health Partners

name-change only; no change to employees' health plans

Beginning January 1, 2019, Partners-owned Neighborhood Health Plan (NHP) will change its name to AllWays Health Partners. The company is changing its brand to better reflect its commitment to meet the needs of its customers.

There will be no change to Partners health plans—employees will still have the same choice between Partners Select and Partners Plus. The only difference is that AllWays Health Partners will administer the plans.

This change comes on the heels of the recent announcement that Partners would be switching from Blue Cross Blue Shield to Neighborhood Health as our plans' administrator. This new development is simply a name-change from Neighborhood Health to AllWays Health Partners.

The shift away from Blue Cross Blue Shield to AllWays Health will give Partners greater control over the design and cost of employee health plans, including better access to care, improved customer service, and reduced administrative burden for providers.

Employees should see an increase in wellness offerings, tele-health programs, and lower co-pays for adult primary care, pediatric, behavioral health, and substance-use-disorder office visits. The plans will remain self-funded, so Partners will continue to make decisions about what services are covered and pricing.

Beginning in 2019, look for:

- access to Partners HealthCare on Demand, a 24/7 on-line, urgent-care service providing secure, interactive video visits with (in-state) Partners providers

- expanded wellness programs providing health and wellness assessments with personalized reports and free healthy living programs, including webinars, videos, access to a health library and on-line communities
- fewer prior authorizations required for care received within the Partners system, resulting in faster service for patients and fewer administrative chores for providers

Information about these new benefits will be shared in the coming weeks and months, but to learn more, visit the Human Resources website: www.AskMyHRportal.com, and click on the red bar at the top of the page; submit an on-line request; or call 1-833-Ask-MyHR (1-833-275-6947).



Welcome to CaféWell

a new tool to help employees focus on wellness in 2019

Wellness is taking center stage at MGH in 2019 with a new interactive wellness tool aimed at helping employees make positive daily health choices.

With the switch to AllWays Health Partners in 2019, employees will receive access to a wellness platform called CaféWell that offers employees personalized recommendations for improving their health.

Programs focus on healthy eating, exercise, and helping users manage chronic illnesses, such as diabetes.

CaféWell tracks users' progress in a private, secure environment, and offers:

- health assessments and personalized reports
- live, interactive, monthly webinars on topics like physical activity and nutrition
- blogs on healthy living
- on-line communities experiencing similar wellness journeys
- tools to help users make healthy choices, such as managing their cholesterol or having a healthy pregnancy
- step challenges that link to your personal wellness device
- monthly e-newsletters

To participate, users fill out a private, on-line health survey describing their health and wellness goals. The program analyzes input and offers suggestions based on the information provided.

Visit CaféWell on January 1, 2019, to get started. New programs and tools will be added every quarter.

For more information, go to: www.AskMyHRportal.com, or call 1-833-Ask-MyHR (1-833-275-6947)



How does it work?

- Tell us about yourself and what's on your health wish list
- Get started with healthy activities tailored to you
- Discover tips, tricks, and articles that make you smarter about your health
- Invite friends and family to join you in CaféWell
- Make connections with health experts and other members just like you
- Track your progress real-time and get rewarded along the way

Announcements

ACLS Classes

Certification:
(Two-day program)

Day one:
November 1, 2018
8:00am–3:00pm

Day two:
November 2
8:00am–1:00pm

Re-certification (one-day):
October 10th
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.

Blum Visiting Scholar Lecture

“Hidden in Plain Sight: Recognizing, Supporting and Partnering with Family Caregivers”

Tuesday, October 16, 2018
1:30–2:30pm
O’Keeffe Auditorium

Family caregivers play an important role in care of many patients. Some family members find it difficult to assume the role of caregiver, and it’s even more complicated when the family member is a clinician.

Join visiting scholar, Geri Lynn Baumblatt, for a discussion on family caregivers, discharge planning, resources, and support for family caregivers.

One nursing contact hour. Space is limited; first come, first served.

Register at: <http://www.cvent.com/d/0bq92y>.

For more information, call 4-3823.

Blum Center Events

Wednesday, October 10, 2018

“Screening for Colon Cancer After Age 70: is this my Last Colonoscopy?”
presented by James Richter, MD

Monday, October 15th

“Psoriasis: Causes, Related Health Problems, and Treatments”
presented by Shinjita Das, MD

Tuesday, October 23rd

“How to Exercise with Chronic Lung Disease”
presented by Abby Folger, PT, and Karla Schlichtmann, RRT

Wednesday, October 24th

“Safe Use, Storage, and Disposal of Medicines”
presented by Samantha Gross, RPh, and Kristin Tuiskula, RPh

Monday, October 29th

“Food Allergy Management Boot Camp”
presented by Michael Pistiner, MD

Tuesday, October 30th

“Mammography screening controversies: when should women be screened for breast cancer?”
presented by Anand Narayan, MD

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

For more information, call 4-3823.

PCA Perceptions of the Work Environment Survey

Developed by PCS leadership in collaboration with patient care associates, this survey focuses on PCAs’ perceptions of their work environment. It is designed to provide leadership with feedback about the work experience of PCAs and give PCAs an opportunity to have their voices heard. The survey will be distributed by e-mail, October 7th. PCAs have until November 10th to complete the survey.

For more information, call 726-1343.

Pharmacology Update XIV

Innovation and Evidence

presented by The Norman Knight Nursing Center for Clinical & Professional Development

October 20, 2018
7:50am – 3:10pm
O’Keeffe Auditorium

Will cover medications for the treatment of:

- diabetes
- Parkinson’s disease
- pulmonary disorders
- GI disorders
- transplants
- pro-coagulant products/toxicology

6.25 contact hours
6.25 Pharmacology contact hours

No fee for MGH employees
\$100 for Partners employees
\$150 for non-Partners employees

For more information, call 617-726-3111.

Collaborative Governance

Applications now being accepted

Collaborative governance, the formal, multi-disciplinary decision-making structure for Nursing & Patient Care Services, is seeking new members. To learn more about collaborative governance or to download an application, go to: <http://www.mghpcs.org/IPC/Programs/Committees/index.asp>, or contact Mary Ellen Smith, RN, at 617-724-5801.

Applications are due by November 2, 2018.

Nurses and patient care associates

do you want to influence policies that directly affect you?

Be part of the *Be Well Work Well* survey and make your voices heard.

The 2018 survey will be e-mailed to randomly selected nurses and patient care associates this fall. Participants will receive a \$10 Amazon gift card and a chance to win FitBits, massages, and other prizes.

If selected:

- please participate. Your responses are needed to inform workplace policies and programs that affect you
- you can complete the confidential survey on-line

Help make your workplace the best it can be.

For more information, contact Mary Vriniotis at 857-282-7487, or e-mail bewellworkwell@partners.org.

Civic Responsibility



Voter Registration Day at MGH

More than 200 members of the MGH community registered to vote during the September 25th MGH Votes! event, organized by Physicians for Policy and supported by Nursing & Patient Care Services. Pictured above staffing the table are: Vidya Raju, MD (left); and Karen O'Neil, from the MGH Revere Health Center, along with members of the Boston League of Women Voters. Top right: administrative manager for Infectious Disease, Stephanie Cooper, shows her support.

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Submissions

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

For more information, call: 617-724-1746

Next Publication

October 18, 2018

Inpatient HCAHPS

current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 9/13/18)	% Point Change
Nurse Communication Composite	84.3%	84.4%	↑ 0.1
Doctor Communication Composite	84.5%	84.3%	↓ -0.2
Room Clean	72.0%	71.5%	↓ -0.5
Quiet at Night	52.7%	52.8%	↑ 0.1
Cleanliness/Quiet Composite	62.3%	62.1%	↓ -0.2
Staff Responsiveness Composite	67.5%	69.2%	↑ 1.7
Pain Communication Composite	NA	76.6%	NA
Communication about Meds Composite	66.9%	67.9%	↑ 1.0
Care Transitions	62.4%	62.4%	→ 0.0
Discharge Information Composite	92.7%	92.3%	↓ -0.4
Overall Hospital Rating	82.9%	82.8%	↓ -0.1
Likelihood to Recommend Hospital	90.7%	90.8%	↑ 0.1

All results reflect top-box (or "Always response") percentages

Data is complete through June with partial data for July, August, and September.
 We are on track to exceed our goal of a 1% point increase in Staff Responsiveness.
 All other measures are within 1% point of last year's results.



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