

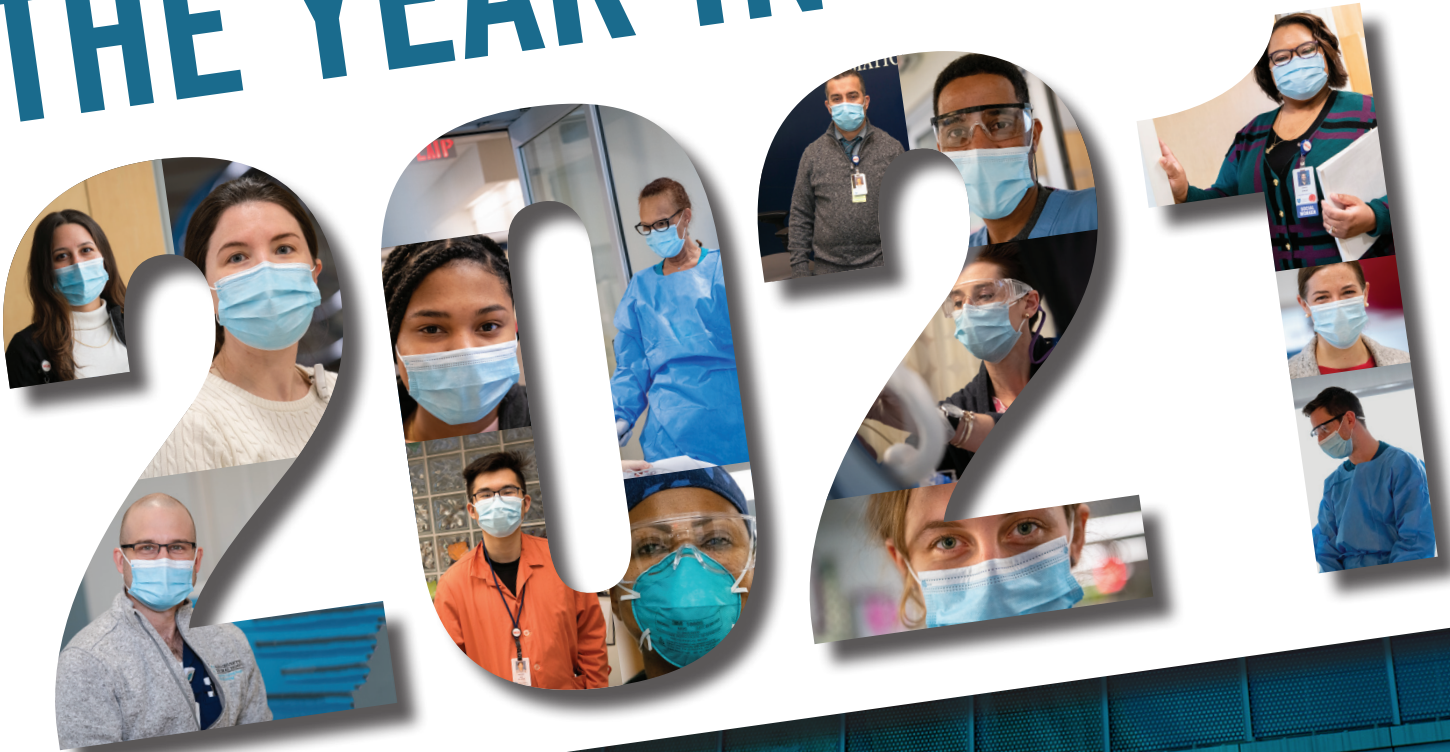


MASSACHUSETTS
GENERAL HOSPITAL

Caring

FEBRUARY 2022

THE YEAR IN REVIEW



MASSACHUSETTS GENERAL HOSPITAL

HEADLINES FROM MGH NURSING AND PATIENT CARE SERVICES

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2021-2026

4 HIGHLIGHTS
FROM 2021



**Debbie Burke, RN, DNP,
MBA, NEA-BC**
Senior Vice President for Patient
Care and Chief Nurse

Caring

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Photography
Mass General
Photography Department

To submit story ideas
to *Caring, the Mass General
Nursing and Patient Care
Services* newsletter, please
contact Mae Driscoll at
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2021 Year In Review

A letter from Debbie

As I reflect on the past year, I am reminded of the moments that make this hospital so special – the words of support and gestures from colleague to colleague, the teamwork, and the commitment you make to ensure Mass General is welcoming to all who work and are treated here.

2021 was another year of challenges, but these challenges continue to prove that staff at the Mass General are relentless in their pursuit of excellence.

“The patients and families that we serve often come to us on their worst days, but you treat them with skill, compassion, and expertise. Each year, I grow prouder to work among such dedicated colleagues.”

It is also with pride that I introduce to you a relaunch of *Caring*, the hospital’s Nursing and Patient Care Services newsletter. In this special Annual Report edition, we have included highlights of Nursing and Patient Care Services from throughout the year. With such a diverse representation of departments and role groups, there is no way to document all of the amazing work that happens within these walls, but I hope you will join me in commemorating your successes shared in these pages.

On the following page you will also find our department’s five-year Strategic Plan. This plan informs our work for 2021-2026. Efforts are underway to develop strategies to meet our goals. We will be seeking committee members to help us advance this work. We look to you to continue to “Be the Change” we want in Nursing and Patient Care Services.

I look forward to the days when we can look back on our COVID-19 response as part of our extraordinary past. Until then, I am inspired every day by the work that you do for our patients and for each other.

With gratitude and pride,

BE the Change.

Massachusetts General Hospital
Patient Care Services
Strategic Plan 2021-2026

VISION

STRATEGIES AND INITIAL AREAS OF FOCUS



We are committed to delivering state-of-the-art patient- and family-centered care that is innovative, evidence-based, and equitable.

Lead with exemplary practices to streamline operations, reduce staff burden, and excel in patient care outcomes.

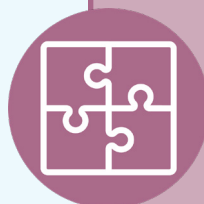
- Standardize operations and processes to enhance outcomes



By creating a supportive, inclusive culture where all staff feel valued and empowered, we attract and retain exceptional people.

Establish a comprehensive workforce strategy to attract and retain the very best.

- Advance recruitment and retention strategies



As a nimble, responsive team, we work together to achieve hospital and system-wide goals.

Optimize our professional practice model to enhance care in all healthcare settings.

- Re-envision shared decision making model



Guided by strong, visionary leaders, we put the full measure of our efforts to “BE the change we want to see in the world.” (Ghandi)

Promote cultural integration as we move to an integrated Mass General Brigham (MGB) system.

- Maximize voice and participation in MGB and Mass General initiatives

The 2021 Ghiloni Nursing Fellows, left to right; Rachel Nazzaro, Shannon Bethel, Megan Coughlan, Samantha Merry, and Lauren Barry



GHILONI ONCOLOGY NURSING FELLOWSHIP FOR BACCALAUREATE NURSING STUDENTS

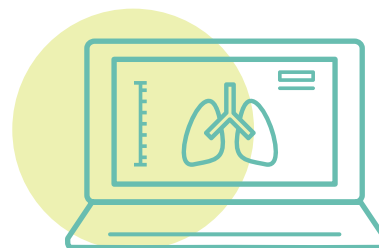
The Ghiloni Oncology Nursing Fellowship supported five nursing students for a 12-week summer fellowship program.

At the end of the 12 weeks, the students completed an evidence-based project and presented their findings.

Three of these fellows are currently working as patient care associates on the oncology units where they worked during their fellowship with the goal of launching their careers as registered nurses at Mass General after they graduate.

OPERATING ROOM VIRTUAL TEAM TRAINING

The COVID-19 pandemic disrupted many established programs. In response to the complications presented by the pandemic, an interdisciplinary team from the Department of Surgery, Center for Medical Simulation and Patient Care Services developed a virtual team training session in which all surgical role groups could participate. Denise Gee, MD; Jenny Rudolph, MD; Chris Roussin, MD; May Pian-Smith, MD; Roy Phitayakorn, MD; Maureen Hemingway, RN; collaborated on this project to ensure an engaging learning experience that was realistic, timely, and effective. The team produced several realistic audio files that the participants could respond to and develop strategies to improve team dynamics and patient care.



Reich Oncology Nursing Fellowship for Clinical RNs and APRNs

Established in 2018, the 12-month Oncology Nursing Fellowship supports clinical nurses and advanced practice registered nurses interested in expanding their knowledge, expertise, and clinical practice in oncology nursing. The Reich Nursing Fellows select an area in oncology nursing practice or cancer care and with the support of a mentor, the fellows conduct an evidence-based practice project, a quality improvement initiative, or original research project. In 2021, the following Reich Fellowship groups were selected and conducted the following projects:

- **The Use of Oral Cryotherapy for Patients Receiving Oxaliplatin for Treatment of GI Cancers.** Jennifer Glorioso, RN, MSN; Jennifer Kennedy, RN, BSN; John Opolski, RN, ADN, OCN; Andrea Hansen, PhD, RN, ACNS-BC, OCN (mentor).
- **Improving Patient Outcomes Related to Chemotherapy-Induced Nausea and Vomiting.** Amanda Harris, RN, BSN, OCN; Marinela Pansini, RN BSN; Leah Pike, RN, BSN, OCN; and Kathryn Rush Griffen, RN, BSN; Jill Pedro, DNP, RN, ACNS-BC, ONC (mentor).
- **Telehealth as a Nursing Strategy for Monitoring Patient in an Ambulatory Oncology Phase 1 Clinical Trial Unit.** Deborah Melonas, RN, SDN, OCN; Virginia Capasso PhD, ANP-BC, ACNS-BC, CWS, FACCWS, FAAN (mentor).

Medical Intensive Care Unit Awarded Hospital's First Ever Beacon Award

The Medical Intensive Care (MICU) team was recognized by the American Association of Critical-Care Nurses (AACN) with a silver-level Beacon Award for Excellence. The MICU is the first recipient of the prestigious award at Mass General. This three-year designation signifies exceptional patient care and healthy work environments by recognizing unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards.

The MICU staff and leaders celebrated the award with a special gift from Jonathan Kraft, chair of the Mass General Board of Trustees, and president the Kraft Group. which owns the New England Patriots football team. Kraft donated t-shirts for every member of the MICU featuring the Mass General logo alongside the Patriots logo representing the teamwork necessary for success, on the football field, or the ICU.



Surgical Intensive Care Unit Looks Within for Support

Intensive care units (ICUs) are dynamic, complex workplaces where nurses care for acutely ill patients and respond to emergency situations, interact with families and address team conflicts. All of these situations can be stressful for nurses working in the critical care environment and require extraordinary levels of responsibility, which can contribute to moral distress. To combat this stress, a peer support quality improvement project led by Veronica Erasquin, DNP, RN, CCRN,



Erasquin, center, debriefing with team

nursing director, Surgical Intensive Care Unit, was developed. Peer supporters were trained to use the American Association of Critical Care Nurses (AACN) ethics group four "A"s framework to address moral distress. Steps of the framework are:

- **Ask** appropriate questions
- **Affirm** distress and commitment to take care of yourself
- **Assess** sources of distress
- Take **Action** to implement changes.

Team USA Keeps Patients Safe

In 2021 in an effort to focus positive attention on improving the care environment on inpatient units, PCS Clinical Support Services launched a new initiative — the USA Project Team. Comprised of unit service associates (USAs) Byron Bell, Kenyon Brown, and Elton Rodrigues, and led by operations manager Angelo Valente, the project team focuses on deep cleaning inpatient unit spaces outside of the patient rooms. Areas of focus include, but are not limited to equipment, supply, treatment, and med rooms, nourishment stations, hallways, nursing stations and staff break rooms. The new USA project team was a key component in the PCS environment of care preparation for Mass General’s very successful 2021 tri-annual Joint Commission survey.



Byron Bell, Kenyon Brown, and Elton Rodrigues

THE JOINT COMMISSION SURVEY RESULTS IN “EXCELLENCE”

In June of 2021, the Mass General was surveyed by The Joint Commission.

“The excellent results validated the quality of care we provide and the high standards of evidence-driven practice we set and maintain, as hallmarks of commitment to exemplary patient care.”

— COLLEEN SNYDEMAN, RN, PHD
EXECUTIVE DIRECTOR, OFFICE OF QUALITY, SAFETY AND PRACTICE



THE CONNELL-JONES ENDOWED CHAIR FOR NURSING AND PATIENT CARE RESEARCH: DIVERSITY RESEARCH SCHOLARS PROGRAM



Connell-Jones Research Scholars, from left, Luis Brigida, RN, MSN, OCN; Rosebud Mayanja-Sserebe, RN, BSN; Emma Chong, RN, PCCN; Claudia Guillen, CNP, MSN, AGPCNP-BC; Joanna Karanja, RN, BSN; Ashley Kariuki, RN, BSN, MEDSURG-BC; Jhoana Yactayo, RN, MSN, AGACNP-BC; and Rute Teixeira, CNP, MSN, FNP-BC

On August 11, 2021, eight Mass General nurses were recognized as the inaugural Connell-Jones Endowed Nursing Chair for Nursing and Patient Care Research: Diversity Research Scholars (DRS).

The DRS program was designed as an eight-week summer immersion program to support, educate, and mentor culturally diverse BSN and MSN prepared nurses to engage in a research trajectory designed to explore dimensions of health equity and health disparities to improve the health and wellbeing of culturally diverse communities. The DRS program provided scholars with learning experiences in hopes that scholars will actively consider nursing research as part of their future career.

AN INTERVIEW WITH Leah Gordon, DNP, RN, CNP, FNP-C

Director of Diversity for Patient Care Services

In 2021, the Mass General Center for Diversity and Inclusion (CDI) appointed Leah Gordon, DNP, RN, CNP, FNP-C, director of Diversity for Patient Care Services. Here, Gordon discusses her background and the principles that guide her work.

What do you view as a goal for diversity, equity and inclusion work within Patient Care Services?

My hope is that diversity, equity and inclusion (DEI) work can be viewed as a part of professional development and life-long learning. I understand that there is this fear when it comes to talking about this sensitive, engraving, emotional topic, but as health professionals we often have difficult conversations and deal with very emotional issues. We are built to step up and into this challenging topic because the reality is, it has been a part of our work since the day we started.

What experiences led you to this role?

My personal experience informs all of the work I do. I am a living, breathing healthcare disparity. I became a mother at 19 and was on welfare. I am the child of a black veteran who struggled with health issues and died at 41 from a heart attack. My mother is an immigrant from Panama who has health concerns of her own. The intersectionality that I've experienced throughout life has influenced my interest in understanding how we may be different and to identify areas of mutuality.



“Between my health and the health of my parents, I understand the impact of health disparities on diverse communities.”

How can staff engage in DEI efforts?

There is a lot of work being done, but one major example comes to mind. The Mass General Brigham United Against Racism effort launched “Stepping Stones,” in October 2021. These are a set of four 15-minute online modules that are based on allegories created by Dr. Camara Jones accessible through HealthStream. Within Patient Care Services, I have had the pleasure of facilitating dialogues with various groups and look forward to more opportunities to do so.

LEADERS COMMITTED TO CHANGE

“The pandemic highlighted many longstanding systemic flaws in the health care system, including fragmentation, inaccessibility, high costs, and health outcome disparities. It also identified how structural racism fundamentally influences the way we live and work,” says Marie Borgella, RN, DNP, nurse director, Bigelow 7, General Medicine. Following a townhall meeting, Borgella joined Casandra McIntyre, RN, MTS, nurse director/nursing practice specialist, The Henri and Belinda Termeer Center for Targeted Therapies; Meg Soriano, RN, MBE, nurse director, Lunder 9 Inpatient Oncology; and Lisa Leung-Tat, senior administrative manager, Outpatient Oncology and Cancer Center; to create a workgroup, Leaders Committed to Change (LC2C), to identify and address actionable work in order to transform long-standing inequities that can assist in dismantling structural racism at Mass General.

The group, Leaders Committed to Change (LC2C), collaborates on existing diversity initiatives including a mentorship program with Roxbury Community College and the Mass General Cancer Center, the MGH Youth Scholars program, and a Cancer Center Antiracism Book Club.





Alma T. McDonald,
Medical Interpreter

OFFERING AN OPEN EAR:

Alma T. McDonald, Medical Interpreter

Alma began her interpreting career at the Mexico City Olympics, interpreting for the medical clinic for that event. At that time, she was interpreting using her English, French, and Spanish.

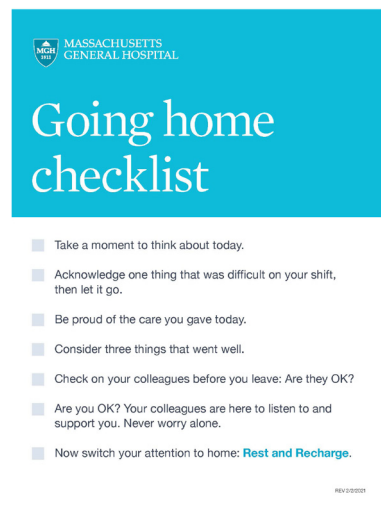
After having moved to Massachusetts, and after her last child had left for college, McDonald became interested in American Sign Language, and earned a Certificate in Deaf Studies and American Sign Language from Northern Essex Community College. Around that time, she attended the first general meeting of what was then the Massachusetts Medical Interpreters Association, and heard a woman talk about her experience doing medical interpreting. "It was as if a lightbulb went off in my head, and I realized THAT is what I want to do," recalls McDonald.

McDonald explains, "I believe in this culture the patient is in charge of his or her medical care and is an advocate for themselves, and our patients need to know that we as interpreters will relay all of what they say when we interpret." McDonald gives a voice to her patients, empowering them within a system so different from what they have experienced back home.

Office for Quality, Safety and Practice Launches Initiatives to Meet Staff Well-Being Needs

The well-being of health care employees is of critical importance through this time of constant change and enormous challenges. The Office for Quality, Safety and Practice supported initiatives aimed at staff resiliency, support and safety.

PCS Well-being Task Force began with the start of the COVID-19 pandemic response. This year the work-group hosted more than 250 Listening Rounds, Roving Round check-ins, built a Well-Being Resource site on Apollo (the Mass General intranet) created a "Going Home Checklist," and launched a Buddy Program and Peer Support program.



To facilitate communication and acknowledge challenges in the patient care environment, Circle Up Huddles were established as a staff driven initiative focused on three key areas: stress recognition, safety concerns and operational issues. Circle Up Huddles are an embedded unit process for providing two-way communication between staff and leaders on key items while allowing for time to discuss, learn, rehearse, and plan.

**THIS YEAR MEDICAL INTERPRETER SERVICES
PROVIDED TRANSLATIONS FOR**

228,611

PATIENT INTERACTIONS

**THIS YEAR THE MGH INTERDISCIPLINARY
ETHICS TEAM PERFORMED**

385

OPTIMUM CARE CONSULTS

Clinical Nurse Specialist/Nurse Practice Specialist Quality Task Forces

The Clinical Nurse Specialist/Nurse Practice Specialist Task Forces (CNS/NPS Task Forces) are leading efforts on nurse sensitive indicators for Falls, Pressure Injuries, Central Line Blood Stream Infections and Catheter Associated Urinary Tract Infections. Their efforts include a review of the most current evidence, monitoring and improving patient outcome data, reinforcing/updating practice standards, and staff training.

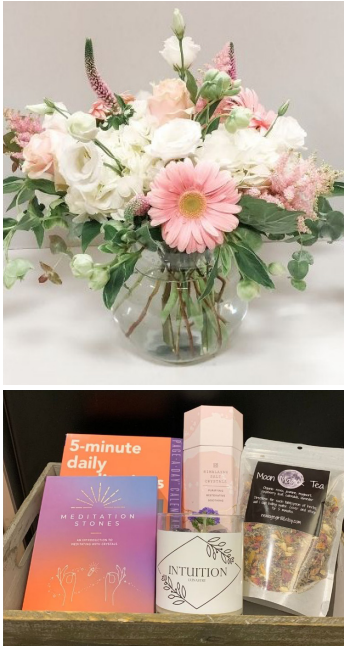
TASK FORCE	LEADS	ACCOMPLISHMENTS
Falls Task Force	Kathleen Carrigan, Jean Stewart, Sioban Haldeman & Mary Ann Walsh	<ul style="list-style-type: none"> • NEW: Adult Inpatient Fall Prevention and Management Guideline • Falls TIPS Training: Adult inpatient, Falls Champions and Onboarding standardized
Wound Care Task Force	Ginger Capasso, Jacquie Holmberg & Kate Benacchio	<ul style="list-style-type: none"> • NEW: Nursing membership with National Pressure Injury Advisory Panel – Education, Research, Policy and Standards Committee representatives • NEW: Standards of care for patients at risk for pressure injury (PI) and for patients with pressure injury • NEW: Device related PI reduction strategies: bridle product implemented; forehead O2 sat probe for patients in low flow state • NEW: Product change to Mepilex foam dressings • Wound Care Classes Level 2 & 3 - resumed
Catheter Associated Urinary Tract Infections Task Force	Erin Cox, Kate Barba, & Jill Pedro	<ul style="list-style-type: none"> • NEW: Suprapubic tube catheter change procedure • Nursing Procedures/Protocols revised – Urinary Straight Cath; Leg Bag Drainage and Cleaning; Indwelling Catheter Care; Bladder Irrigation; Nurse Driven Protocol for Urinary Catheter Removal • Practice Updates – Urologic Nursing Practices: Suprapubic Tube Change, Securing Catheters & Coude Catheter Insertion
Central Line Blood Stream Infections Task Force	Lillian Ananian, Carolyn Bleiler & Sandra Thomas	<ul style="list-style-type: none"> • NEW: Education topics included: Venous Access Device Flushing and Clamping Practice; Change Criteria for Needless Connectors; Central Line Maintenance Bundle; Is it a CLABSI? • Practice Alert – Proper PICC Care to Reduce Catheter Occlusion • Blood Culture policy revised



INFORMATICS

The PCS Informatics team participates in a quarterly review of all the requests submitted by staff to improve Epic. These requests are then submitted to Mass General Brigham Digital Health eCare with a recommendation that they be incorporated into Epic. Over the past year, approximately 30 of those submissions came directly from in-person nursing and PCS staff feedback during the Informatics team's Epic rounds.

Shops Step Up Online Presence to Support Hospital Programs



The LVC Shops at Mass General's main goal for 2021 was to have their website, *mghgeneralstore.com*, accessible to patients, visitors, and employees who were unable to come into the gift shops during the COVID-19 shutdown. With decreased foot traffic, the shops began taking phone orders and completing touchless deliveries to customers at Spaulding Rehabilitation Hospital, and the Beacon Hill and West End community members, in order to

provide quality customer service to those who could not physically be in the shops.

The website was updated with new items and the shops leveraged social media channels by emailing or texting images of items to customers to meet the demand for flowers and plants. Sales grew 39 percent in 2021. The shops created more gift ideas by introducing gift baskets with new themes, such as relaxation, meditation, Mass General, and gourmet food.

The LVC mission of the shops is to provide grants from the stores sales, which give back to the Mass General community for the comfort and well-being of patients, their families, and the hospital community at large.

THE LVC VOLUNTEERS PROVIDED

10

GRANTS TO FUND HOSPITAL PROGRAMS

RN Forecaster Tool: Weathering the Storm of Surge

The PCS Management Systems and Finance team launched a Registered Nurse (RN) Forecaster tool to support the nurse staffing planning for the second COVID-19 surge. The concept originated in the COVID-19 surge in spring 2020 when staff needed a decision-support tool to measure how close units were to achieving new targeted staffing levels to accommodate the influx of COVID-19 patients. As the hospital prepared for a second COVID wave, the PCS team established RN targets to staff units in the Mass General Surge Plan to 100% occupancy (~300 FTEs beyond the FY21 budget) and incorporated those targets into

Unit Na	Wave 2 Planning Phase	Type	100% Occupancy Target	1/4/21	1/12/2021	1/19/21	1/25/21	2/1/21	2/8/21	2/15/21
ICU A	ICU Phase 2	Permanent Staff Filled Variance	84.2	11.4	11.4	11.4	11.4	11.5	11.5	11.5
ICU A	ICU Phase 2	Travelers Variance (Standard Cps & Phase 2)	0	-7.5	-7.5	-7.5	-7.5	-7.5	-7.5	-6.3
ICU A	ICU Phase 2	Permanent Staff in PACU (Phase 3)	0	0.0	1.9	1.9	1.9	0.0	0.0	0.0
ICU A	ICU Phase 2	ICU Backfill Travelers Variance (Phase 3)	0	-3.9	-3.9	-3.9	-3.9	-3.9	-3.9	-2.7
ICU A	ICU Phase 2	Surge ICU Travelers Variance (Phase 3)	0	-5.4	-6.6	-6.6	-6.6	-6.6	-6.6	-6.6
ICU A	ICU Phase 2	Filled Variance (All RN Staff)	84.2	-5.4	-4.7	-4.7	-4.7	-6.5	-6.5	-4.1
ICU B	ICU Phase 2	Permanent Staff Filled Variance	70.4	2.5	2.5	2.5	2.5	3.0	3.0	3.0
ICU B	ICU Phase 2	Travelers Variance (Standard Cps & Phase 2)	0	-3.6	-3.6	-4.8	-4.8	-4.8	-4.8	-4.8
ICU B	ICU Phase 2	Permanent Staff in PACU (Phase 3)	0	0.0	0.9	0.9	0.9	0.0	0.0	0.0
ICU B	ICU Phase 2	ICU Backfill Travelers Variance (Phase 3)	0	-6.9	-6.9	-6.9	-6.9	-6.9	-6.9	-6.9
ICU B	ICU Phase 2	Surge ICU Travelers Variance (Phase 3)	0	-9.3	-9.3	-9.3	-9.3	-9.3	-9.3	-8.1
ICU B	ICU Phase 2	Filled Variance (All RN Staff)	70.4	-17.3	-16.4	-17.6	-17.6	-18.0	-16.8	-16.8

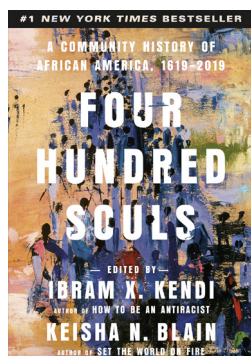
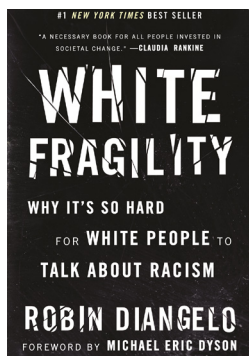
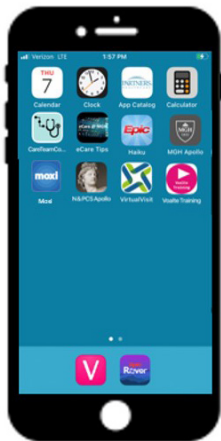
an RN Forecaster tool showing performance against staffing targets for the next 12 weeks. (See the chart above, negative numbers are better.)

The tool was used by nursing directors and nursing leadership to quantify the unit-level composition of nurse staffing (permanent staff, specialty travelers, deployed legacy ICU staff to the PACU Surge ICU, travelers to backfill deployed staff, and travelers to

support any potential expansion of the PACU Surge ICU) and measure performance to surge targets. As Vivian Donahue, RN, MSN, nursing director, Cardiac Surgical Intensive Care Unit, stated: "the forecaster enabled us to appropriately select staff to fully support both the legacy ICU and the surge ICU deployment with the level of experience and number of staff needed to meet acuity demands."

ROVER APP MAKES EPIC MOBILE

The Epic Rover app was implemented in October 2021 and is now available on over 1000 shared iPhones. The Rover app contains specific functions of Epic, the electronic medical record system, for use on a mobile device. Inpatient nurses are able to read patient information, document in select flowsheets, and scan and document medications, streamlining workflow and making medication administration or travelling with a patient easier. Patient care associates also have access to Rover to document vital signs and patient intake and output in real time.



PT & OT Book Club Explores Racism and Biases

In response to national events unfolding in 2021, the Physical Therapy and Occupational Therapy clinicians felt an urgent need to act by starting a book club aimed at exploring structural racism, individual implicit biases, and how race, ethnicity and culture influences the health and care of patients. This book club has been a catalyst to developing the departments' diversity, equity and inclusion initiative.

MASS GENERAL SPIRITUAL CARE: CARING FOR THE WHOLE PERSON

Mind, Body, Spirit: Spiritual Care is an integral part of whole person care. Throughout 2021, Mass General's clinically trained Spiritual Care Providers and Spiritual Care residents have reached out to clinicians to consider the spiritual well-being of both patients and themselves.

During Spiritual Care Week, two programs, "Spiritually Informed Care: Caring for the Whole Person" and "Whole Person Care: The Latest in Spiritual Care Research" focused on patient-centered and holistic care for patients and their families.

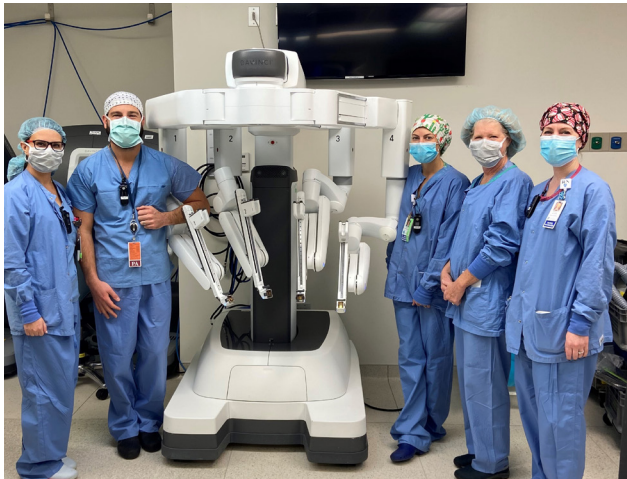


Staff in the Spiritual Care Department provided spiritual care to 17,339 patients and spiritual support to 8,724 staff of various beliefs, cultures, and backgrounds.

CLINICAL AFFILIATIONS PROGRAMS

Discipline	Affiliation Contracts	Students for Spring-Fall 2021
Nursing	50	2500
PT & OT	11	59/43
Respiratory Therapy	4	42
Social Work	6	26
Child Life	4	6
Speech Language Path.	5	18
PCT (Patient Care tech)	1	4
	Total Contracts for PCS = 81	Total Students for PCS = 2,698

Thoracic Robotic Emergency Simulation



Simulation participants with the DaVinci Surgical Robot used in training

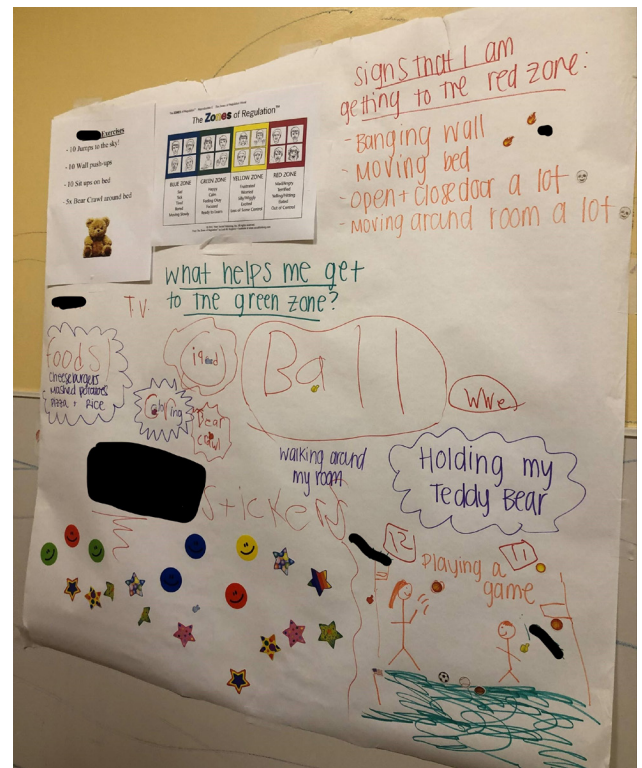
An interdisciplinary team developed a simulation session to refine practice guidelines related to massive hemorrhage during a robotic procedure. Rebecca Minehart, MD; Maureen Hemingway, RN, CNOR; Michelle Ucci, RN, CNOR; Michael Farrell RN, MS, CNOR; Michael Llewellyn, PA-C; Ashley Gika RN, MSN, CNOR; Jessica Prizio, RN; and Lynn Collier, RN, MSN, spearheaded this initiative to improve patient care within the perioperative arena.

The planning group guided an interdisciplinary team of clinicians through a tabletop simulation within the Operating Room environment to delineate recommendations for each role group when presented with a patient undergoing a robotic procedure during an emergent hemorrhage situation. The team produced a one-page document which was agreed to by all role groups and will now be incorporated into the orientation program for robotic surgical procedures.

Occupational Therapy Develops Process for Pediatric Patients in Acute Psychiatric Service

The Mass General opened a new Acute Psychiatric Service (APS) space to better accommodate a rising acute patient population. During the pandemic, there has been a significant increase in pediatric patients requiring mental health services and increased length of stay in APS — some patients staying upwards of 10 days to two weeks.

With the goal of offering more timely services to pediatric patients, Occupational Therapy worked with nursing and physician leadership to provide training to mental health workers and new nurses. Training included sensory modulation strategies for emotion regulation and facilitated access to sensory items in the new APS for staff to use with patients. Occupational therapists collaborated with the interdisciplinary team in pediatrics to develop a daily schedule to be used with patients to ensure their basic needs are being met. The photo, at right, is an example of a chart created by a pediatric patient with the help of an occupational therapist to help patients express their needs and emotional regulation strategies during their APS stay.



Blum Center Virtual Programming: Record High Viewership

The Maxwell & Eleanor Blum Patient and Family Learning Center hosts a series of educational programs every month on various health and wellness topics presented by Mass General experts.

In 2021, the Blum Center successfully hosted 53 online programs with nearly 2,000 attendees. The program recordings are also available on their website and amassed over 15,000 views. In addition, the Blum Center piloted a new video feature on Facebook allowing real-time interaction leading to 400 live attendees and 48,000 views this past year. That is a combined total of 63,000 Blum website and Mass General Facebook views – a record high for the Blum Center.

While popular topics around healthy eating and physical activity remain a part of the Blum Center's usual program offerings, new themes and topics were added to the lineup this past year to meet the needs of the Mass General community including programs on Resiliency During COVID-19, Gun Violence Prevention and a Diversity, Equity and Inclusion Series.



80%

SPEECH LANGUAGE PATHOLOGY
CLINICIANS ARE PARTICIPATING

SPEECH LANGUAGE PATHOLOGY LEARNING COMMUNITIES ENGAGE CLINICIANS

As part of their ongoing sustainable infrastructure growth, the Department of Speech, Language, and Swallowing Disorders and Reading Disabilities launched a new initiative in April 2021: Structured Learning Communities in Clinical Education and Clinical Research (SLC-CE and SLC-R). These two centralized communities of learners offer rich opportunities for interested Mass General speech-language pathologists at all experience levels to further develop professional knowledge and skills in the areas of clinical education, clinical research, or both.

A total of 38 clinicians are participating in the structured learning communities, which equates to 80 percent of speech-language pathology clinicians are participating in one or both learning communities.

ECMO Expands to Meet High Demand

Extracorporeal Membrane Oxygenation (or ECMO) is a heart-lung bypass machine that provides support to critically ill patients when their heart and lungs are not working. It doesn't cure any underlying clinical issue, rather, supports the patient while awaiting corrective surgery, a transplant, or provides time to recover. The ECMO program began at the Mass General in 1988 to support neonates in respiratory failure. The program grew in the adult population in 2009 with the H1N1 pandemic, in 2011 to support

adults with cardiac failure, and was recently used as an intervention for patients with COVID-19. Due to a growing population of patients in heart failure awaiting tailored therapy and/or heart transplant, the need for ECMO expanded and in May 2021 the Ellison 9 Cardiac ICU began caring for ECMO patients.

The ECMO team cares for patients in 5 locations, including the NICU, PICU, MICU, CSICU, and now CICU. Minute to minute bedside ECMO management is done by specialty trained respiratory therapists, called ECMO specialists. Prior to May 2021, typically ECMO patients were being treated in one or two ICUs simultaneously, and in 3 different ICUs across the hospital 25 percent of the time. The increased access to ECMO for Heart Center ICU patients in the CICU caused a rise in the coverage needed across three ICUs to 65 percent. This great success and patient centered care comes from excellent collaboration between the Respiratory Care ECMO team and all disciplines from the Mass General ICUs.



THE NORMAN KNIGHT CENTER REIMAGINES PATIENT CARE ASSOCIATE EDUCATION

The collaboration between the nurse and the patient care associate (PCA) is one of the key ways the hospital can ensure safe, quality patient and family centered care. This year, The Norman Knight Center launched an initiative with the goal of recruiting highly qualified PCA candidates by leveraging the hospital's long-standing relationship with Jewish Vocational Services (JVS). The program recruited Mass General employees from environmental services, food services, and several of unit service associates as PCAs. After several weeks of comprehensive clinical training as a certified nursing assistant provided through JVS, The Norman Knight Nursing Center offered a three-day bootcamp to further their knowledge as PCAs. To date, three cohorts of new PCAs are working on various inpatient units across the hospital.



Collaborative Governance Makes Voices Heard

Collaborative Governance is communication and decision-making model that aims to integrate clinical staff into the formal decision-making structure of PCS to stimulate, facilitate and generate knowledge that will improve patient care and enhance the environment in which clinicians shape their practice.

Over three hundred staff from across all disciplines, departments and roles serve on one of the eight committees. Committee highlights from the past year are featured in the table below.

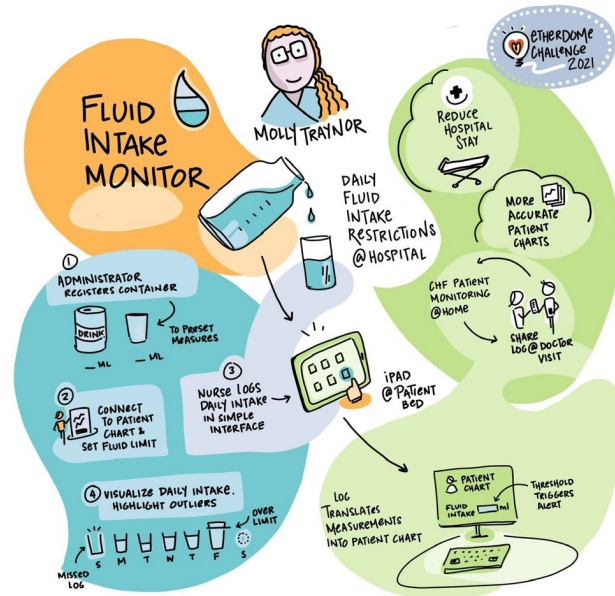
COMMITTEE	ACCOMPLISHMENTS
Clinical Practice	Reviewed, provided input, and approved 8 new procedures and 12 existing procedures. Partnered with Materials Management to address shortages of supplies; and collaborated with Pharmacy on changes in medication delivery and administration to ensure safe, high quality care to patients.
Diversity & Inclusion	Coordinated unit/clinic presentations and discussions with colleagues based on the Stepping Stones Allegories to promote safe space to discuss diversity, inclusion, and equity dialogues.
Ethics in Clinical Practice	Presented 12 case studies on topics such as: Ethical Considerations with Restricted Hospital Visitation; Vaccine Hesitancy; and What Happens When Public Health and Patient-Centered Care Collide?
Informatics	Informed launch of new technologies including: CareTeam Connect; EPIC Rover App; Tap n Go; and Shared iPhone screen design.
Patient Education	Presented ten practice spotlights to share best practices including: Working with Interpreter and Translation Services; ECMO – A Guide for the Family; and Health at Every Size – a weight inclusive model focusing on encouraging healthy behaviors to improve one’s health, not weight loss.
Quality & Safety	To identify actual and potential risks to patients and clinicians through the review of safety events, quality or safety indicators (Nursing Sensitive Indicators (NSI) or Quality Improvement Projects (QIP)). 35 members presented their area’s evidenced-based quality improvement projects that improved clinical practice on their unit. Examples include: <ol style="list-style-type: none"> 1. Decreasing cancellations and delays of Interventional Radiology procedures by implementing daily protocol for contacting units for next day patients and follow-up calls to confirm procedure 2. Decreasing HAPIs on a medicine unit by early identification in huddle and implementation of advanced bed surfaces and nutrition consult
Patient Experience	Transitioned to new patient experience vendor and developed new skills in analyzing patient experience data and reports. Ensured that all units who were able to offer service recovery vouchers to patients if needed.
Research & Evidence-Based Practice	Hosted three evidence-based practice spotlights on: Telehealth as an Additional Nursing Resource to Monitor Patients in An Ambulatory Oncology Phase I Clinical Trial Unit; Shifting the Protocol in High-Risk Medical Inpatients and Skill Care Guidelines; and What is the Evidence Regarding Topical Agents on Skin During Radiation Therapy.



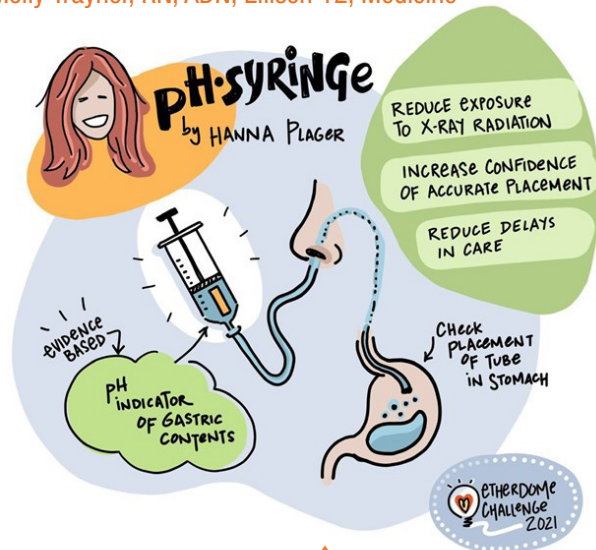
Ether Dome Challenge

The Center for Innovations in Care Delivery's goal is to empower staff and leaders to continue to drive change in healthcare through innovation.

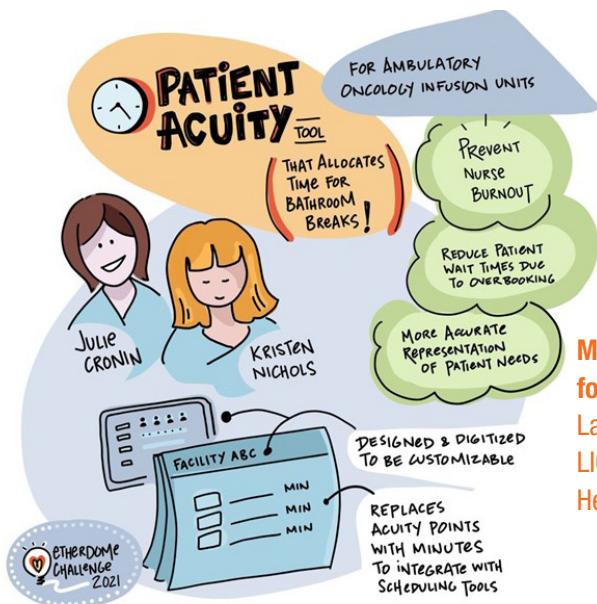
In July 2021, the Center, led by director Hiyam Nadel, MBA, RN, CGC, launched its first Ether Dome Challenge, a four-phase crowd sourcing contest to uncover pain points and solutions to healthcare problems. This project was in collaboration with the Healthcare Transformation Lab and the Laboratory for Innovation Science at Harvard. 225 ideas were submitted. Four winners were selected by crowd-sourced voting in which more than 15,000 votes were cast. The four selected projects are awarded \$10,000 to translate their ideas into practice.



Fluid Intake Monitor App: Management of Intake & Output
Molly Traynor, RN, ADN, Ellison 12, Medicine

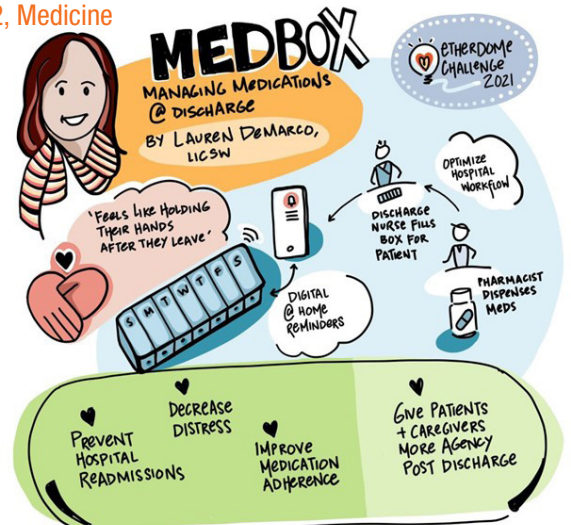


PH Strip Syringe to Check Gastric Tube Placement
Hanna Plager, RN, BSN, Ellison 12, Medicine



Patient Acuity Tool for Ambulatory Oncology Infusion Unit Julie Higden, RN, DNP, ONC; Kristen Nichols, RN, BSN, ONC; and Andrea Hansen, RN, PhD, ACNS-BC, Yawkey Infusion Unit

Managing Medbox for Patients
Lauren Demarco, LICSW, Lunder 9 Hematology/Oncology



Delirium Initiatives Get Patients Moving

Delirium is a state of confusion that comes on suddenly and lasts hours to days. Delirium affects one in three patients 65 years and older who are hospitalized. Older adults and patients with dementia are most at risk for delirium, however, anyone can experience delirium especially if they require an intensive care unit admission.

The Confusion Assessment (CAM) is the evidenced-based tool that was selected to be used on all inpatient units, excluding obstetrics and psychiatry, to help providers quickly identify and recognize delirium. Committee representatives worked in collaboration with representation from other MGB affiliates to develop system wide Epic enhancements which include optimizing CAM assessment workflow, decision support, and a delirium risk flag.

White 8 General Medical Unit piloted other interventions developed by the committee including a mobility initiative designed to get patients moving since mobility can decrease a patient's risk of delirium. Each hallway on the unit was measured so that patient's activity could be captured accurately and recorded to capture data accurately. Boston-themed signs were posted throughout the unit highlighting



Keith Lyttle, RN, BSN, and Isabella DiMare, RN, BSN, prepare to walk patient through the unit on White 8.

local landmarks. An activity cart was developed with guidance for staff to choose the most appropriate tools from the cart to keep patients engaged and stimulated during the day, and an educational brochure created for patients and families. The tools will be implemented on other inpatient units at Mass General.



NEW CERTIFICATION IN HIGH-RISK GI SURGERY ATTAINED

Recognition was received from the American College of Surgeons (ACS) Verification Program for High-Risk GI Surgery at Mass General – including pancreas, liver, and esophageal surgery, as well as colon surgery for Irritable Bowel Disease. Mass General is one of the first hospitals to receive this verification by the ACS.

BURN REVERIFICATION SURVEY

Mass General and the Burn Service has been reverified by the American Burn Association, a triennial process that recognizes the entire interdisciplinary teams' efforts in caring for a very ill, complex patient population. For the first time, the survey included a nurse surveyor who closely reviewed the contributions of nursing to the care of burn patients.

“Nursing plays an important role on these teams, ensuring high quality patient care and safety on a daily basis. These distinctions represent the strength in collaboration that drives positive patient outcomes in these specialty areas, and in turn, leads to the recognition of excellence on a national scale.”

– SUZANNE ALGERI, RN, MS, NE-BC, ASSOCIATE CHIEF NURSE FOR SURGICAL, ORTHOPEDICS AND NEUROSCIENCES



Rosa Gonzalez-Guarda, PhD, MPH, RN, CPH, FAAN, Associate Professor of Nursing, Duke University School of Nursing, who presented her lecture titled “Nursing’s Role in Leading and Improving Health Equity through Research: Lessons Learned from Addressing Health Disparities among Latinx Immigrants in the US.”

NURSING RESEARCH DAY SHINES LIGHT ON SCHOLARSHIP

Nursing Research Day is an annual celebration of nursing scholarship including the announcement of nurse-led grant awards, posters sharing evidenced based practice projects, quality improvement initiatives, and original research projects, and an annual research

lecture presented by a guest nurse scholar.

This year, Nursing Research Day participants welcomed an esteemed nurse scholar from Duke

University School of Nursing, Rosa Gonzalez-Guarda, PhD, MPH, RN, CPH, FAAN, as the Yvonne L. Munn Center for Nursing Research annual lecturer.

2021 NURSING
RESEARCH DAY
FEATURED

40

POSTER
PRESENTATIONS

“*At a time when there has been a spotlight on health disparities as a result of the COVID-19 pandemic, Nursing Research Day not only highlighted how important nursing science can be in combatting these issues but how we as a nursing profession have an obligation to improve care for everyone.*”

– GAURDIA BANISTER, PHD, RN, NEA-BC, FAAN

EXECUTIVE DIRECTOR, THE INSTITUTE FOR PATIENT CARE

SOCIAL SERVICES LEVERAGES GRAND ROUNDS TO DISCUSS DIVERSITY, EQUITY AND INCLUSION

In response to the challenges facing the world and increased efforts to draw attention to issues of diversity, equity, and inclusion, the Social Services Grand Rounds committee developed a 2021 academic calendar of presentations around topics of anti-racism and diversity. While acknowledging that all aspects of this topic cannot be covered in entirety, the committee identified the need to focus in on this important aspect of their work and personal and professional development.

“Our year-long series was designed by a collaboration between the Social Service Grand Rounds Committee and the Department’s Anti-Racism Work Group. The goal was to highlight the role that the department’s clinicians have in addressing and understanding these issues and the multitude of ways that they impact the patients we serve, drawing attention to the often invisible relationship between mental health and race,” says Carmen Vega-Barachowitz, MS, CCC-SLP, FASHA, director of the Speech, Language & Swallowing Disorders and Reading Disabilities, interim director of Social Services.

Topics included “Addressing Microaggressions in Mental Health Care: Increasing Awareness and Skills,” “African American Women/Girls and Depression,” and “Strategies used by older Latinx immigrants to effectively engage with the health care system.”

Primary Care Nursing Becomes Key Checkpoint During Pandemic



There are more than 100 primary care nurses, and approximately 45 primary care nurse practitioners serving the Mass General community.

Over the last year, Primary care nurses managed thousands of patient phone and virtual encounters and helped navigate the complicated and changing COVID-19 landscape. They played a central role in supporting vaccine inquiry and administration, symptom management, current treatments and testing, and quarantine and isolation rules.

Primary care nurse practitioners provided essential assistance in managing respiratory illness in the clinic to help avoid unnecessary Emergency Department visits and have been leaders in the adoption of virtual care, helping to mitigate the deferred visit volume from early in the pandemic, expanding access in clinics and health centers alike.



SALUTING OUR INFO DESK TEAM

Information associates greet and check-in every patient and visitor to Mass General. With the introduction of COVID-19 screening protocols, they have become an important first interaction to not only ensure patients and visitors know where they are headed, but also collaborate with Police and Security to ensure our patients, visitors and staff are safe.



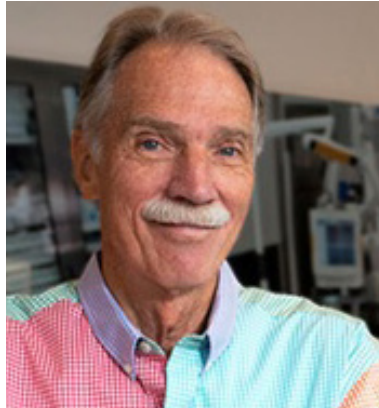
DISCHARGE LOUNGE EASES CAPACITY



The Discharge Lounge was established to address capacity challenges within the hospital. The goal of the Discharge Lounge is to provide an open space for patients that are medically ready for discharge but are awaiting transportation out of Mass General. By facilitating earlier discharges and opening beds on inpatient floors, the lounge aims to improve patient flow, improve capacity, and ultimately decompress the Emergency Department. Ellison 7 General Surgery has been the most successful unit in leveraging this resource.

Volunteers: A Gift to the Hospital Community

**BILL
LAUCH**
15,907
CAREER HOURS



Following his retirement from IBM, Bill Lauch knew that he wanted to spend his time giving back to an organization that was close to his heart, Mass General Hospital. His volunteering journey began with the Yawkey 8 Chemotherapy Infusion Program, where he serves lunch to chemotherapy patients every Thursday. His gentle demeanor and kind eyes offer patients a sense of relief and security while receiving snacks during their treatment. In these tender moments, Lauch's grace and respect for others puts patients at ease. He soon expanded his schedule, dedicating time to the Yawkey Family Surgical Waiting Area, Continuous Care, Escort Service, and Museum Docent programs. In addition to his volunteer duties, Lauch serves on the Membership Institution Board, analyzing research protocols needing approval. Furthermore, he is a proud member of the 1811 Society, Mass General's philanthropic association.

**LOIS
CHESTON**
14,170
CAREER HOURS



Lois Cheston's volunteering journey began when she was invited to spend weekly afternoons creating needlepoint kits for Mass General patients. She and her friends would gather supplies for the kits, packing bags with fabric and thread for the patients to sew. These kits allowed patients and their families moments of entertainment and distraction from their treatment. Wanting to dedicate more of her time, Cheston soon found herself in the Mass General Flower Shop three days a week, filling orders and taking care of the shop. She threw herself into flower arranging, using her skills to design beautiful bouquets meant to cheer up and comfort recipients. Her dedication to the hospital grew, as she began to take on positions at the Gray Family Waiting Area and in the Pet Therapy program. Patients are often distraught while in the hospital, but Lois has always found that a simple smile or a kind word can help ease their stress.

PHILANTHROPIC SUPPORT IS CRUCIAL TO NURSING AND PATIENT CARE SERVICES as it allows us to seed innovative ideas, provide opportunities for career development and advancement and improve the way we deliver care. If you are interested in learning more please visit giving.massgeneral.org/nursing-and-patient-care-services/, or contact Maureen Perry in the Mass General Development Office, mperry19@mgh.harvard.edu.

Caring

HEADLINES FROM MASS GENERAL NURSING
AND PATIENT CARE SERVICES



MASSACHUSETTS
GENERAL HOSPITAL

