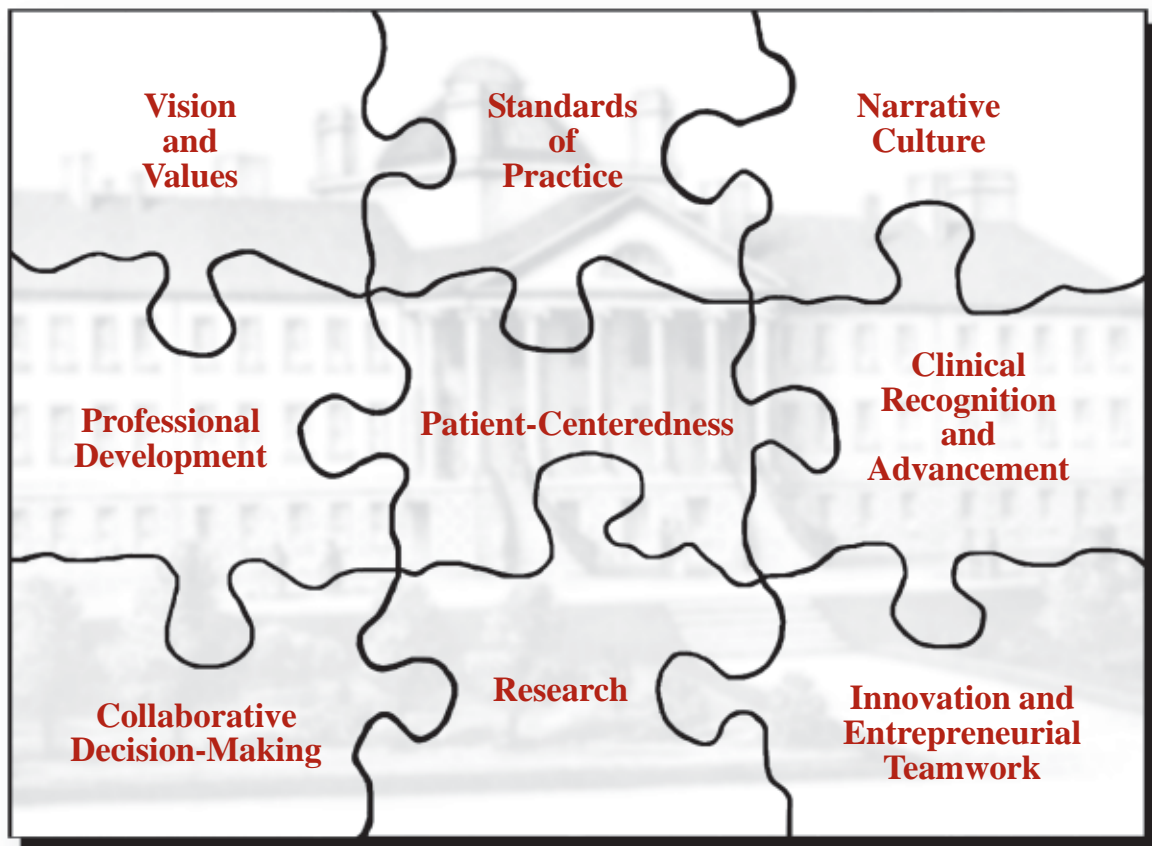


Caring

Headlines

April 5, 2007

Our professional practice model *a blueprint for the delivery of exceptional care*



Driven by a commitment to provide the highest quality care to our patients and their families, the elements of our model 'interlock' to ensure seamless, inter-disciplinary, knowledge-based care

Articulating our professional practice model:

a framework for knowledge-based practice

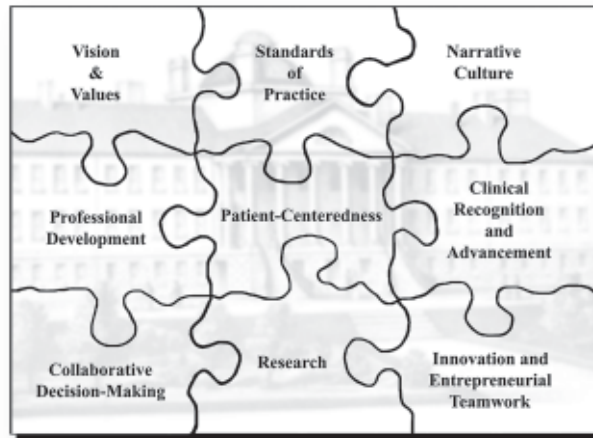
—by Jeanette Ives Erickson, RN, senior vice president for Patient Care

A little more than ten years ago, we published a special issue of *Caring Headlines* in which we articulated the elements of an emerging professional practice model. With a strong vision and unparalleled commitment to provide the highest quality care to our patients and families, today that professional practice model is a working reality. In the years since that special issue of *Caring Headlines*, significant contributions have been made to patients, families, our hospital, the communities we serve, and our respective professions because of an interdisciplinary practice that is supported by a strong vision, values, and guiding principles.

The challenge for any organization is to define the elements of a professional practice model in a way that brings significance to their daily work.

Health care has changed dramatically in the past ten years, and with it our professional practice environment. Advances in research and technology, new knowledge and understanding of disease processes, an increasingly diverse patient population, and fluctuating political climates have all contributed to a dynamic healthcare arena. Without a strong and durable professional practice model, it would be impossible to thrive during times of great change. But a strong and durable practice model is

exactly what we have. We are responsible for advancing our mission, vision, values, and guiding principles no matter the prevailing climate. Our professional practice is marked by the contributions we make, the relationships we forge within a growing workforce, and our unwavering commitment to provide the highest quality care to our patients and families. It is through the strength of our professional practice model that we are poised to meet and exceed the expectations of those we serve.



This issue of *Caring Headlines* documents the progress we've made and benchmarks our leadership in the development of a blueprint for the delivery of exceptional, patient-centered care.

As healthcare professionals and support staff, we are driven by a commitment to our patients and families to employ a seamless, interdisciplinary, knowledge-based approach to our work. The challenge for any organization is to define the elements of a professional practice model in a way that brings significance to their daily work. At MGH, since all the elements of our model are inherently related,

continued on next page

we've chosen an interlocking puzzle to represent our model.

In order for a professional practice model to work, every clinician and support-staff member must be able to understand, embrace, and master the components described therein. Everyone must be willing to participate in the process, continuously learning and re-learning to keep pace with a constantly changing environment. It is a journey that must be taken together.

The importance of a professional practice model has been well known since the first Magnet Hospital Study in 1983 (McClure, Poulin, Sovie and Wandelt) that articulated the salient elements of professional practice as: autonomy, control over practice, and collaborative relationships with physicians. Our model builds on that foundation and incorporates additional research on organizational behavior, descriptive theory models, teamwork, and the importance of a narrative culture.

Through our own research and our annual Staff Perceptions of the Professional Practice Environment Survey, we understand the organizational concepts that support the activities that advance clinical practice. Our research also tells us which support structures are needed to enhance safety, effectiveness, efficiency, and timeliness of care.

We have found that one of the most effective strategies for aligning clinicians and support staff within Patient Care Services is the articulation of our vision, values, and guiding principles. For that reason, they comprise one of the most basic elements of our practice model. Allowing and enabling all members of the team to fully understand the organizational direction is key. When everyone on the team understands how individual and group efforts impact the whole, there is palpable strength and unity of purpose.

As you can see, the elements of our professional practice model include:

- Vision and Values
- Standards of Practice
- Narrative Culture
- Professional Development

- Clinical Recognition and Advancement
- Collaborative Decision-Making
- Research
- Innovation and Entrepreneurial Teamwork
- Patient-Centeredness

All the pieces of the puzzle surround and support our belief in the importance of patient-centeredness. Every element is critical to professional practice and the delivery of high-quality, knowledge-based care.

The model helps us:

- articulate the work of clinicians across settings and disciplines
- provide a framework to guide clinical practice, education, and research
- promote communication among and between disciplines
- provide a framework for strategic direction
- guide the allocation of resources
- establish a framework by which to evaluate practice

All the pieces of the puzzle surround and support our belief in the importance of patient-centeredness. Every element is critical to professional practice and the delivery of high-quality, knowledge-based care.

This issue of *Caring Headlines* is intended for every clinician and support-staff member working at MGH. It contains our vision, values, and guiding principles. It explains each component of our professional practice model. It is a testament to the work we're doing to advance our mission and continually improve patient care.

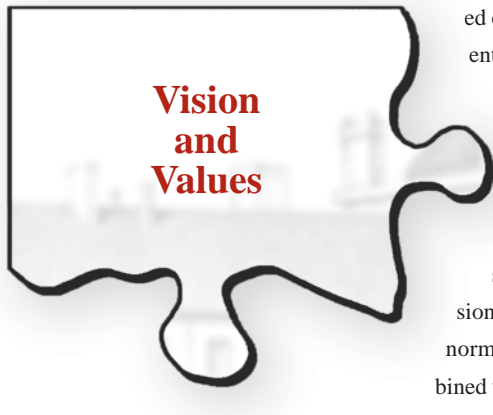
The way we think about, organize, and deliver care is perpetually changing. It couldn't be otherwise—because our world is perpetually changing. As we seamlessly integrate all the elements of our professional practice model, we will continue to be moved to think differently and critically about our responsibilities. Health care is vast and complex. We are a Magnet hospital today because we articulate our practice, we embrace our vision and values, and we have the structures in place to support exceptional patient care.

Our vision and values:

the underlying principles that guide our work

Our vision

As nurses, health professionals, and PCS support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day. We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally competent workforce supportive of the patient-centered values of this institution. It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.



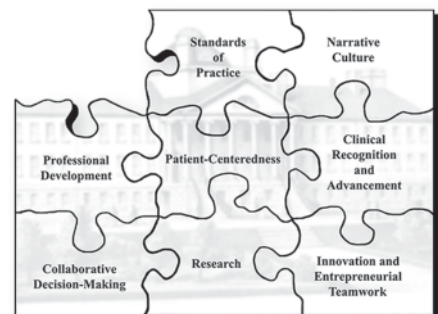
Our values

Supporting our vision is a clearly-articulated set of values that drive our decision-making and find daily expression in our policies, practices, and norms of behavior. Our values combined with our vision provide both an affirmation of work that already exists and a foundation on which to bring about ideas not yet realized. Each of us makes decisions every day driven by personal and institutional values. The values we have chosen to be of primary importance to us as we move forward are: leadership, entrepreneurial teamwork, caring, innovation, and scientific practice.

In addition, as described in our vision statement, we value accountability, responsibility, diversity, resource-effectiveness, and our core value—patient-centered care. As our professional practice model continues to evolve, we will be guided by these values and by a shared belief in our vision for the future.

Our guiding principles

- We are ever-alert for opportunities to improve patient care; we provide care based on the latest research findings
- We recognize the importance of encouraging patients and families to participate in the decisions affecting their care
- We are most effective as a team; we continually strengthen our relationships with others and actively promote diversity within our staff
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of MGH
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources
- We view learning as a life-long process essential to the growth and development of clinicians striving to deliver quality patient care
- We acknowledge that maintaining the highest standards of patient care is a never-ending process that involves the patient, the family, all members of the healthcare team, and the community at large



Standards of practice:

ensuring our patients receive the highest quality of care

—by Debra Burke, RN, associate chief nurse

Standards of practice exist to ensure that patients receive the highest quality of care. They provide a detailed description of a particular practice or

procedure, along with the scientific rationale supporting the practice.

Standards of practice provide a uniform structure by which to practice by spelling out precisely what to do in situations where providers may have no prior experience. By breaking activities down into basic elements and providing appropriate rules, standards of practice also act as a teaching tool. As a teaching tool, standards of practice establish a level of expectation about care-delivery within an organization.

Universal adherence to standards of practice provides an added measure of safety by extending clinical expertise to situations where actual experts may not be present. With approved standards of practice, clinicians can step into situations and perform with confidence even when more experienced providers are not there for guidance.

It's important to understand that while serving the essential role of guiding novice practice, standards of practice also guide the behavior of more ex-

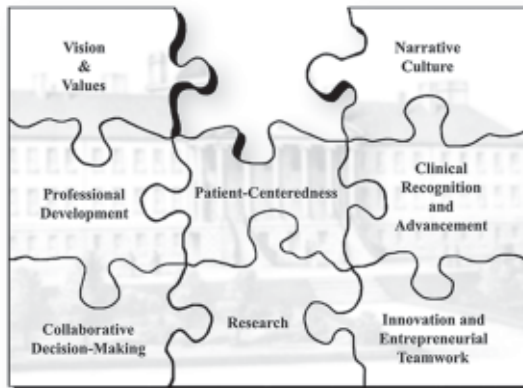
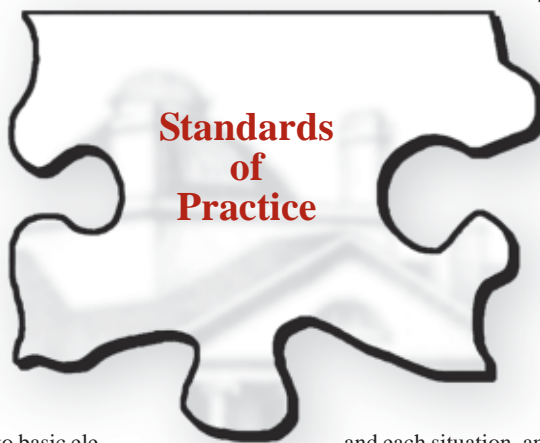
perienced professionals. Taken together, standards of practice represent an organization's culture toward care-delivery.

Standards of practice are geared toward 'typical' situations, and aren't intended to supersede the specific, individual needs of any patient. Health-care professionals face many complex situations every day. Understanding the unique clinical needs of each patient

and each situation, and appreciating that latitude in applying standards is imperative to providing effective, high-quality care. Strictly adhering to standards without trusting clinical judgment doesn't always constitute best care. It's up to the individual caregiver to recognize and interpret situations, to know what standards of practice apply in various situations and how to apply them. The ability to integrate clinical knowledge and standards of practice is

the hallmark of an experienced professional.

With advances in research and technology, it's important to re-visit standards of practice and adapt them to reflect the most up-to-date clinical knowledge of our learned and expert professionals.



Standards of practice are geared toward 'typical' situations, and aren't intended to supersede the specific, individual needs of any patient... Strictly adhering to standards without trusting clinical judgment doesn't always constitute best care.

The power of a narrative culture: sharing knowledge through story-telling

—by Mary Ellin Smith, RN, professional development coordinator

Over the past ten years, clinical narratives have become part of the fabric of professional life within Patient Care Services. Narratives are part of the application process for the Clinical Recognition Program, for awards, and every year clinicians write narratives as an integral component of their annual performance review.

While story-telling has been part of tribal culture from time immemorial, Patricia Benner, RN, noted author and nurse researcher, first introduced clinical narratives as a way to share and reflect on clinical practice. Says Benner, “Narrative accounts of practice reveal the clinical reasoning and knowledge that come from experiential learning. Clinical narratives can become a resource to help practitioners understand their own practice, see and share the clinical knowledge of peers, and reveal strengths and impediments of practice.”

Narratives provide an opportunity for individuals to share stories that have meaning to them and at the same time describe their concerns, intuition, inner dialogues, evolving understanding, feelings of doubt, challenge, and conflict. Narratives reveal what excellent, good, and not-so-good practice look like. Narratives allow clinicians

to reflect on past experiences, clarify meaning, gain new insights, discover cues that weren’t known before, and make connections between phenomena that may have been invisible in the moment. Narratives are a vehicle for reflection that can help clinicians see their practice differently.

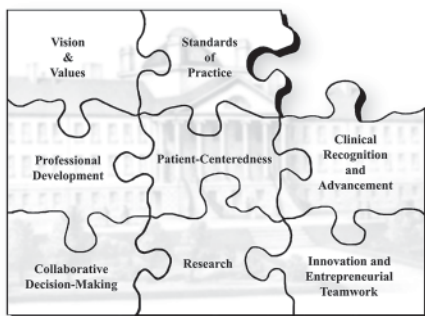
While putting pen to paper allows clinicians to ‘see’ their practice in a different light, it is also a springboard for dialoguing with colleagues and clinical experts. Through

Narratives allow clinicians to reflect on past experiences, clarify meaning, gain new insights, discover cues that weren’t known before, and make connections between phenomena that may have been invisible in the moment.



the very important process of dialoguing, clinicians are asked questions that prompt them to probe deeper into their thinking and motivation. They might ask themselves: What were my concerns about this patient in this situation? How was this situation similar to situations I’ve experienced in the past? How was it different? What did I learn? These questions allow clinicians to enter into the clinical situation from a different perspective, to see it in a different way, and perhaps identify different interventions and strategies.

Clinical narratives can be difficult to read when they don’t describe what we consider to be ‘perfect practice.’ But those are the narratives we need to write and read and talk about, because they describe the realities of care and the environment in which care is being provided. We need to be open to all stories and the dialogue that follows in order to create and sustain the highest quality of care.



Clinical recognition and advancement

—by Mary Ellin Smith, RN; Michael Sullivan, PT; and Carmen Vega-Barachowitz, SLP

In 1996, the newly formed Professional Development Committee, comprised of staff from six disciplines within Patient Care Services, was charged with creating a recognition program. At first, there was concern that individual disciplines would lose their identity, but ten years later the voices of all six disciplines are strong, and our recognition program has given us a common language, a deeper understanding, and a genuine respect for each discipline's unique contributions to the care of patients.

The Clinical Recognition Program took shape as committee members reviewed narratives written by clinicians in the six disciplines and identified themes and criteria applicable to all disciplines. Themes such as clinician-patient relationships; clinical decision-making; and teamwork and collaboration emerged. In their narratives, clinicians spoke of advocacy, clinical risk-taking, and influencing clinical practice. These themes helped established a set of professional behaviors and attributes that act as developmental milestones.

The theoretical foundation of the Clinical Recognition Program is the Dreyfus Model of Skill Acquisition. Developed by Stuart and Hubert Dreyfus, the model describes how, in the acquisition and development of a particular skill, individuals pass through five stages: novice, advanced beginner, competent, proficient, and expert. The word 'stage' is crucial as it relates to our recognition program because it reinforces the idea that clinicians must master each stage or level of development before progressing to the next. You can never practice beyond your experience. Progression through the stages is characterized by:

- movement from reliance on rules to the use of past experience
- perceiving situations as made up of equally relevant parts, to perceiving them as complete, or whole, in which only certain parts are relevant
- movement from being a detached observer to one who acts and influences the situation

Clinical behaviors articulated by the different disciplines represent the milestones to be achieved as clinicians acquire new skills and behaviors. In their



entirety, these milestones reflect a trajectory of clinical development showing the evolution of skills and behaviors across the themes of practice. These characteristics serve as a tool to spur clinical reflection and guide mentors as they facilitate the development of clinical practice.

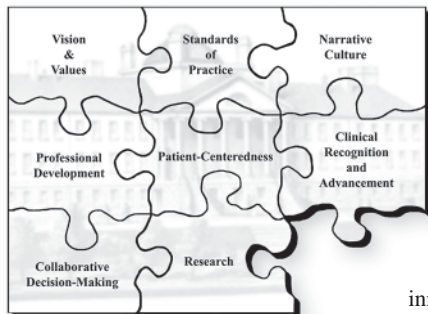
Central to the Clinical Recognition Program is the reflective process, which allows individuals to incorporate the theoretical with the practical, shaping clinical practice over time. This process helps individuals

continued on page 16

Innovation and entrepreneurial teamwork

—by Barbara Blakeney, RN, innovations specialist
The Center for Innovations in Care Delivery

The Center for Innovations in Care Delivery is the newest of the four centers comprising Patient Care Services' Institute for Patient Care. The mission of The Center for Innovations in Care Delivery is to match inter-disciplinary education and research with opportunities to impact care. The intent is to bring teams together to identify oppor-



tunities, estimate the impact of change (such as workforce demographics, new technologies, or regulatory changes) and implement meaningful innovations.

Currently, the center is staffed by Ed Coakley, RN, director emeritus, and Barbara Blakeney, RN, innovations specialist. As we move forward, we will introduce a new role to the center:

that of site miner. A site miner is an experienced clinician who networks with other clinicians to identify unexplored opportunities to solve problems, enhance professional practice, improve care, and promote patient- and staff-safety.

We will look for site miners who:

- have a proven ability to think outside the box
- have strong communication skills
- embrace change
- are familiar with the complex environment of an academic medical center
- are skilled at developing effective interdisciplinary relationships and alliances
- are comfortable when faced with uncertainty or ambiguity

The inaugural event of the center was a day-long retreat that brought 130 leaders within Patient Care Services together to think, brainstorm, and set in motion the future work of the center. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, set

the tone, quoting Sir Leuan Maddoc: “To cherish traditions, old buildings, ancient culture, and graceful lifestyles is a worthy thing; but in a world of technology, to cling to outmoded methods of manufacture, old product lines, old markets, or old attitudes among management and workers is a prescription for suicide.”

Said Ives Erickson, “We need to innovate; to make sure the delivery of patient care and the structures that support it change to meet the changing populations we serve.”

The day was built around six basic assumptions:

- Our employees are our biggest asset
- It takes great leaders
- Imagination is necessary and fun
- Collaborative decision-making is a core value
- A professional practice environment is the foundation on which we will build our future
- Patient-focused care is key

Attendees grappled with questions about beliefs, values, and traditions; what the ideal environment is for innovation; what changes need to occur for us to succeed; and how best to capture insights at the bedside.



The retreat was a coming-together of minds to lay the foundation for important, ground-breaking work around innovations in patient care.

A commitment to life-long professional development

—by Carol Camoso Markus, RN, staff specialist

Clinicians place a high value on professional development. It is essential to our ability to provide quality care, achieve personal and professional satisfaction, and advance our careers. Professional-development activities can include anything from orientation, to inservice training, to formal and continuing education, and clinical advancement opportunities.

Patient Care Services' Clinical Recognition Program enhances existing professional-development activities, beginning with new-employee orientation

where employees are first introduced to the MGH mission, vision, and values.

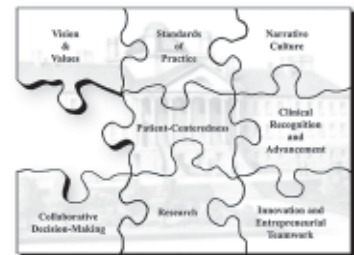
Orientation includes information about the Service MGH Program, our philosophy and policies, important quality and safety information, and an introduction to our diversity program and culturally competent care curriculum. New-employee orientation is constantly evolving to meet the

needs of our changing environment.

Ongoing inservice training and educational programs are the mainstay of professional development at MGH. As science and technology advance, one of our greatest challenges is advancing and sustaining our own technical competence. We continually explore efficient, flexible methods to help employees stay current and proficient in their technical skills.

But professional development is not just about technology. Our efforts to support a highly skilled, knowledgeable, and satisfied workforce are multifaceted:

- *Clinical narratives*—Within Patient Care Services, we use clinical narratives as a way to articulate and share clinical knowledge and experience acquired over time. This sharing of stories enables us to tap into the thought processes and best practices of expert clinicians and recognize their contributions to patient care and the organization.
- *Professional conferences*—Attending professional conferences provides exposure to new ideas and best practices outside the institution. Funding is made available to support attendance at professional conferences and seminars.
- *Formal education*—MGH continues to provide financial support in the form of tuition reimbursement to individuals who qualify for our tuition-reimbursement program. Managers provide flexibility in scheduling when possible to support attendance at academic programs.



Technical excellence and an over-arching understanding of the art and science of professional practice are critical elements of our professional practice model. The Institute for Patient Care (which encompasses The Norman Knight Nursing Center for Clinical & Professional Development; The Yvonne L. Munn Center for Nursing Research; The Center for Innovations in Care Delivery; and The Maxwell & Eleanor Blum Patient and Family Learning Center) offers extensive programs and resources to ensure our ability to provide quality care, attract and retain the best practitioners, and support our commitment to life-long professional development.



Collaborative decision-making

—by Susan Lee, RN, associate nurse scientist

Within Patient Care Services, a clearly defined decision-making structure exists to help translate our vision and values into reality.

Within Patient Care Services, a clearly defined decision-making structure exists to help translate our vision and values into reality. This collaborative governance structure brings together clinicians and support staff from all disciplines, recognizing and relying on their knowledge, talent, and creativity. The scope of each committee is clearly articulated in its charter.

The following committees comprise the collaborative governance structure:

Professional Development Committee

The Professional Development Committee, worked for five years (1997–2002) to launch the Clinical Recognition Program. The committee analyzed clinical narratives from which they derived three themes of practice: clinician-patient relationship; clinical knowledge and decision-making; and teamwork and collaboration. For physical and occupational therapy, a fourth theme, movement, was identified. From this work, the committee defined four levels of clinical practice: entry-level clinician; clinician; advanced clinician; and clinical scholar. As of April, 2007, the Clinical Recognition Program boasts 145 advanced clinicians, and 62 clinical scholars.

Staff Nurse Advisory Committee

- Provide a forum for dialogue between the chief nurse executive, associate chief nurses, and staff nurses on matters affecting care delivery, clinical development, and quality of work life within the department of Nursing

Quality Committee

- Review quality issues based on high-volume, high-risk, and problem-prone clinical activities
- Identify strategies to improve quality
- Provide increased communication and awareness of systems-improvements
- Provide an arena to evaluate and promote quality initiatives not specifically initiated by this committee
- Review findings and recommend departmental actions

Ethics in Clinical Practice Committee

- Design and implement programs to support the education of staff in the area of healthcare ethics
- Educate committee members in the area of healthcare ethics
- Identify and address ethical issues and conflicts faced by clinicians within Patient Care Services
- Identify impediments to sound ethical practice and identify strategies to eliminate them
- Provide consultation to the organization regarding policies, procedures, and programs with ethical implications
- Expand the impact of the committee through collaboration with other collaborative governance committees, links with organizational initiatives, and attendance at professional conferences

Nursing Research Committee

- Foster a spirit of inquiry around clinical practice
- Promote awareness of nursing research activities
- Interpret and report current research that supports clinical practice changes
- Encourage and provide support for research-based practice



Collaborative Decision-Making

Patient Education Committee

- Develop strategies to assist healthcare providers in patient-education design and implementation
- Encourage joint projects between other collaborative governance committees
- Disseminate patient-education information to the larger MGH community
- Collaborate with The Institute for Patient Care to develop patient-education programs to benefit PCS staff
- Participate in JCAHO task force to promote interdisciplinary education tools
- Recommend systems and technology to support the cataloging, dissemination, documentation, and evaluation of patient-education activities and materials
- Ensure activities and materials reflect diversity of the populations served

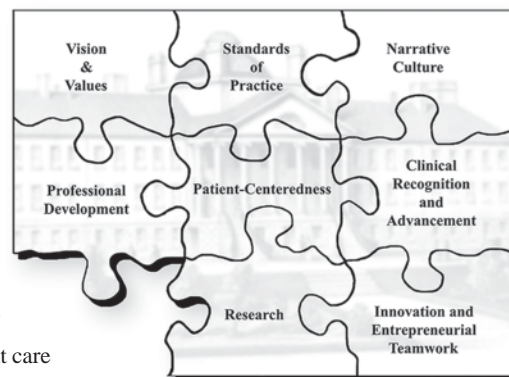
Nursing Practice Committee

- Consult and approve standards of practice including clinical care and documentation guidelines
- Approve clinical practice recommendations
- Determine and communicate standards for professional nursing practice at MGH
- Communicate committee outcomes throughout Patient Care Services and to others as appropriate
- Communicate changes and additions to clinical pathways
- Approve the selection of clinical products

Diversity Steering Committee

- Develop strategic goals and action steps to support and develop a diverse workforce so we can better meet the needs of staff and the patients we serve
- Support career-development in order to recruit and retain a culturally diverse staff with the goal of internal promotion
- Enhance visibility of MGH in the community and create an exchange of expertise with communities to increase our contact with and knowledge of culturally-diverse groups

- Increase interest in and access to MGH by culturally diverse students and potential employees
- Design and deliver learning opportunities on cultural diversity and culturally competent care
- Develop patient-education materials that can be used by clinicians with diverse patient populations



Collaborative Governance Leaders Committee

- Prepare business plans, project proposals, and operational plans for review if funding is needed, and ensure adequate resources are available for implementing recommendations
- Provide updates and track status of committee work
- Serve as network for ensuring committees' efforts are complementary and aligned with the department's strategic direction
- Function as reactor panel for the development of business plans and project proposals
- Coordinate, review, and revise committee charges, membership, and staff support

Patient Care Services Executive Committee


- Consider and adopt policies and procedures related to patient care; education of nurses and allied health professionals; and address other matters affecting the optimal operation of Patient Care Services
- Act in an advisory capacity to the senior vice president for Patient Care on all matters affecting the optimal operations of Patient Care Services
- Serve as a liaison between Nursing, allied health professions, and hospital administration

This collaborative governance structure brings together clinicians and support staff from all disciplines, recognizing and relying on their knowledge, talent, and creativity.

Research

fostering a spirit of inquiry in the delivery of patient care

—by Dorothy Jones, RN, and Robert Kacmarek, RRT

Our practice is based on knowledge, experience, tradition, intuition, and research. We believe that evidence-based practice requires a setting that promotes the acquisition and application of knowledge, provides access to new scientific knowledge, and fosters the ability of clinicians to use knowledge to impact patient outcomes. Research is an essential component of our professional practice model and the mission of MGH.

In 2003, MGH was designated the first Magnet hospital in Massachusetts. This is the highest honor bestowed on a hospital for excellence in patient care. A major factor in receiving that recognition was the

patient care. The goal of our research program is to generate new knowledge, help clinicians incorporate scientific findings into practice, and foster a spirit of inquiry.

Research is the bridge that translates academic knowledge and theory into clinical practice. Research dictates that evidence is a necessary prerequisite for the establishment of clinical practice. The challenge is to generate knowledge that is both scientifically vigorous and clinically relevant. The goal of clinical researchers is to identify a major phenomenon of unique concern to their discipline and develop a substantial body of information related to that clinical phenomenon.

Translating questions generated at the bedside into formal scientific hypotheses is a part of the continuum of professional development. Research must be an integral part of clinical practice as healthcare professionals advance from novice to expert. This research defines a systematic body of knowledge that guides professional clinical practice.

Healthcare professionals must weave knowledge derived from research into clinical practice. Application of research findings to clinical practice is critical to the improvement of patient outcomes. Countless opportunities are available to clinicians in all disciplines to study the efficacy, quality, and cost-effectiveness of clinical practice.

Thanks to a generous gift from Yvonne Munn, we are able to advance our research agenda. In developing programs for the Munn Center, one of our guiding principles is to provide opportunities for nurses to participate in research at all levels of practice.

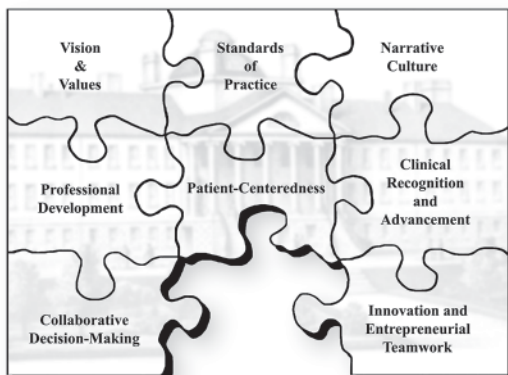
Building on our values and guiding principles, we are committed to:

continued on next page

Research is the bridge that translates academic knowledge and theory into clinical practice. Research dictates that evidence is a necessary prerequisite for the establishment of clinical practice. The challenge is to generate knowledge that is both scientifically vigorous and clinically relevant.

journey we took to create an environment that embraces evidence-based practice, including the work of the PCS Nursing Research Committee, the opening of the Yvonne L. Munn Center for Nursing Research, and increased funding for scientists within Patient Care Services. Earlier this year, The Center for Innovations in Care Delivery, the newest component of our Institute for Patient Care, was launched to bring clinicians from all disciplines together to think, innovate, and research new ways to enhance

- creating a practice environment that fosters a spirit of inquiry
- developing new knowledge and testing that knowledge within the clinical practice environment
- translating knowledge into practice to impact patient-care outcomes and the overall patient-care experience
- generating and using evidence to inform practice and improve outcomes



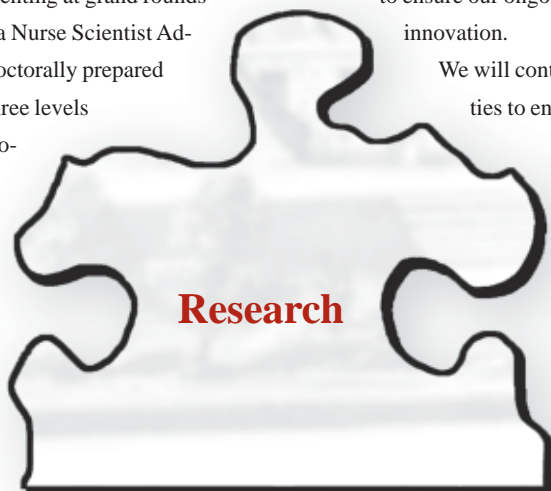
program that can be tailored to meet the needs of every clinician or researcher. We will be funding new nurse researcher positions for seasoned researchers who have an established record of funded research in an area of nursing inquiry.

This is a revolutionary program in the healthcare arena and a milestone in the evolution of The Yvonne L. Munn Center for Nursing Research.

We have developed a formal program of nursing research that offers opportunities for nurses prepared at all educational levels (non-master's and non-doctorally prepared nurses; master's prepared nurses; doctoral students; and doctorally prepared nurses). *Some* of the opportunities available for non-doctorally prepared nurses include:

- participating in the Nursing Research Committee
- participating in the Nursing Research Journal Club
- identifying and developing ideas for research studies
- securing research funding through the Munn Nursing Research Awards
- attending and/or presenting at grand rounds

We have formalized a Nurse Scientist Advancement Model for doctorally prepared nurses that delineates three levels of nursing research: associate nurse scientist; nurse scientist; and senior nurse scientist. Our goal is to give all nurses an opportunity to contribute to the development of nursing knowledge. This is a highly adaptable



We will continue to look for opportunities to engage in scientific inquiry. We will continue to advance our research agenda to improve patient care. And we will continue to ask 'Why' and persevere in our search for answers.

The Institute for Patient Care and The Yvonne L. Munn Center for Nursing Research are still in their infancy. As we move forward, we will actively seek to align our work in research, education, and patient care to ensure our ongoing legacy of excellence and innovation.

We will continue to look for opportunities to engage in scientific inquiry. We will continue to advance our research agenda to improve patient care. And we will continue to ask 'Why' and persevere in our search for answers. The possibilities are endless. We're only limited by the ideas we have and the questions we ask.

Patient-Centeredness

supporting our professional practice model

—by George Reardon; Brian French, RN; Taryn Pittman, RN; Katie Farraher; and Sally Millar, RN

The ability to efficiently and effectively care for patients and families requires the support of a vast array of resources, programs, and processes. At MGH, our professional practice model embraces the six pillars of Quality and Safety described by the Institute of Medicine:

- *Safety*: we will work to ensure no needless death, injury, or suffering of patients or staff
- *Effectiveness*: our care will be based on the best science, informed by patient values and preferences
- *Patient-Centeredness*: all care will honor the individual patient, respecting patients' choices, culture, social context, and specific needs
- *Timeliness*: we will waste no one's time and will create systems to eliminate unnecessary waiting
 - *Efficiency*: we will remove all unnecessary processes or steps in a process; we will streamline all activities

- *Equity*: our work will ensure equal access to all

Several important resources are critical to the support of our patient-care delivery model:

Systems Improvement

A fundamental premise of our delivery model is that every patient receives care from 'the right person, doing the right thing, at the right time.' To support the care team, extensive resources are committed to simplifying and streamlining the myriad processes and interventions that collectively comprise the patient-care experience. Emphasis is placed on reducing the time nurses spend performing redundant tasks so their time can be better spent planning and providing care. Efforts to improve communication and collaboration with other members of the healthcare team are key.

Some of the many systems-improvement issues we have addressed include:

- implementation of CBEDS capacity-management system
- upgrading of inpatient beds and furniture
- implementation of new 'smart-pump' technology

- implementation of the Lean Equipment Management System
- implementation of new nurse call system and wireless phones
- relocating of offices and personnel to accommodate patient-care needs

Other initiatives, while not directly linked to the patient-care delivery model, have significant impact on patient care. They include:

- an electronic medication-administration system
- an electronic medical record to promote more effective documentation and communication and provide simultaneous data-entry capabilities

The process of systems-improvement never ends. There are always opportunities to examine, question, and re-design the systems that support our work.

The Norman Knight Nursing Center for Clinical & Professional Development:

Through innovation in research, practice, and education, and in partnership with other groups and disciplines, the mission of The Norman Knight Nursing Center for Clinical & Professional Development is to create a professional environment that supports nurses and other members of the healthcare team in providing high-quality, safe, cost-effective care.

The number of staff served by The Knight Nursing Center grows every year. In 2006, more than 480 hours of continuing education were recorded by the center. More than 400 operations associates, patient care associates, and unit service associates participated in continuing education programs. Relationships have been established with 28 academic institutions, and more than 1,200 nursing students annually have been placed on units either individually or in group preceptorships with MGH nurses.

The future of The Knight Nursing Center is bright. Having recently moved into new space in the Founders Building, the center now has centralized classrooms and a state-of-the-art simulation lab. Future programs will make use of the simulated learning environment and long-distance learning opportunities. Collaborative partnerships within and outside the walls of MGH will remain a cornerstone of The Norman Knight Nursing Center for Clinical & Professional Development.



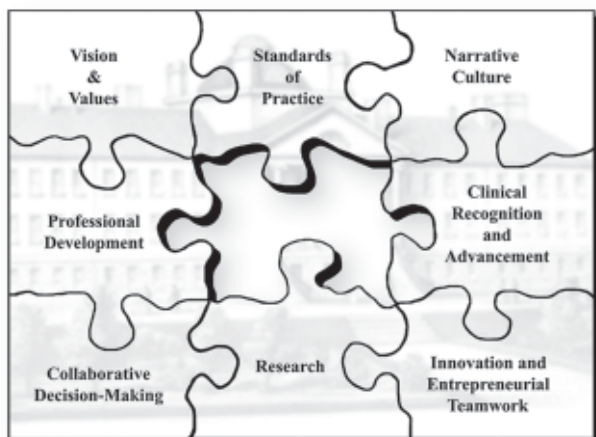
The Maxwell & Eleanor Blum Patient and Family Learning Center

The Maxwell & Eleanor Blum Patient and Family Learning Center is a patient-education resource, providing health information and services to a diverse community of patients, families, and staff.

Since opening in 1999, the Blum Center has assisted thousands of patrons to understand more about health and illness, make informed treatment choices and healthcare decisions, and improve communication with healthcare providers.

The Blum Center's services include:

- conducting information searches on any healthcare topic
- sending educational materials to patients at home and on patient care units
- providing information in languages other than English
- maintaining a reference library with more than 500 titles



- managing the patient-education television channel that includes more than 200 videos (available on-demand)
- providing journals and pamphlets on a variety of health topics
- maintaining a website

- copying and faxing services
- providing computer workstations, including a special computer outfitted with assistive-technology software and a Braille printer

The Blum Center provides consultative services to clinicians and staff, and sponsors internships for the University of Massachusetts, Lowell, Health Education degree program, the Boston University Rehabilitation Counseling degree program, the Massachusetts Commission for the Blind, and the MGH-Timilty SummerWorks student partnership programs.

The Blum Center is a valued resource for patients, families, and staff. The Blum Center is open Monday–Friday, 9:30am–6:30pm; Saturday, 11:00am–3:00pm; closed Sundays and all major holidays. To contact the Blum Center, call 4-7352.

Quality & Safety

The Patient Care Services Quality Program has four primary functions:

- to analyze critical events and identify opportunities for improvement
- to improve systems affecting the delivery of care
- to monitor important processes and outcomes
- to ensure compliance with licensing and regulatory requirements

An on-line safety reporting system ensures timely responses, follow-up, and analysis of events. Weekly Quality & Safety rounds offer a chance for staff to express concerns, and a new database allows reports to be disseminated to hospital leadership identifying trends that emerge during rounds.

The PCS Quality Program provides leadership and support in addressing all issues related to quality and safety. It fosters a culture where staff feel compelled to protect patients and families by actively engaging in systems-improvement and prevention processes.

The Office of Patient Advocacy

The Office of Patient Advocacy is designed to help patients, families, visitors, and staff address concerns before they become problems. The Office of Patient Advocacy operates on the basis that:

- patients have the right to control their healthcare decisions
- a patient's dignity should not be compromised
- caring and compassion are as important as technology
- involvement of family and friends is vital to patients' well-being
- education, information, and communication are vital components of informed decision-making
- values and ethics are the foundation of our professional practice
- collaboration with other healthcare providers is critical to success

Patient advocates respond to reports by:

- acknowledging the issue
- replying promptly
- apologizing for the experience (if appropriate)
- determining the anticipated resolution
- conducting an investigation
- informing the patient of the results of the investigation

The Office of Patient Advocacy is staffed by four patient advocates and a patient advocacy coordinator, 8:30am–5:00pm, Monday–Friday. The office is located in the Wang Lobby, Room 018, and can be reached by calling 6-3370.

Clinical Recognition Program

continued from page 7

understand their experiences and integrate information in a meaningful way. Clinical practice requires reflection. When we hear the word practice, we may think of the repetitive activity by which an individual tries to achieve proficiency. Clinical practice, however, goes beyond repeating a task to improve accuracy and proficiency. According to Patricia Benner, RN, nurse researcher, experience does not mean a mere passage of time or longevity. Understanding is altered through practical encounters that add shades of nuance to theories. While theories may guide clinicians and enable them to ask useful questions, reflection and mentorship allow clinicians to find meaning in experience. Through these processes individuals learn to see patterns as they think about what has happened, what they could have done differently, and what they might replicate next time.

Though the intent of documenting and describing clinical behaviors was to enable us to describe distinct levels of practice, as the Clinical Recognition Program has evolved and our understanding of reflective practice has grown, we now see additional applications for this work. Reflective practitioners committed to lifelong learning enable us to advance and sustain excellence in patient care. The Clinical Recognition Program promotes a culture of patient-centeredness and supports an environment that nurtures excellence in clinical care.



The Clinical Recognition Program promotes a culture of patient-centeredness and supports an environment that nurtures excellence in clinical care.



Send returns only to Bigelow 10
Nursing Office, MGH
55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston MA

