

Caring

Headlines

September 15, 2011

The Hausman Fellowship



Proud Hausman fellow, Jennifer Etienne, is congratulated by fellowship co-chair, Bernice McField-Avila, as PCS director of Diversity, Deborah Washington, RN, looks on.

With Excellence Every Day comes greater patient satisfaction and perpetual regulatory readiness

During both visits, surveyors commented on the overall excellence of our care, especially given the size and complexity of our hospital and the acuity of care required by the patient populations we serve.

“**A**t Massachusetts General Hospital, Excellence Every Day means striving to provide the best possible care to every patient and family in every moment of every day. It is our philosophy and our commitment. Our efforts to achieve Excellence Every Day include validation by external regulatory agencies in the form of on-site surveys and through our designation as a Magnet hospital. We are all focused on meeting the needs of our patients and creating systems that support the highest level of quality and safety.” That is the first paragraph of our 2011 Excellence Every Day *Regulatory Readiness and Magnet Recognition Journey Resource Guide*.

Recently, we hosted surveys conducted by the Centers for Medicare and Medicaid (CMS) for our Transplant Program, and The Joint Commission for our Laboratory Department. During both visits, surveyors commented on the overall excellence of our care, especially given the size and complexity of our hospital and the acuity of care required by the patient populations we serve.

While no major findings were returned from the CMS survey, a number of opportunities for improvement were identified, including the need for more specific details when documenting root-cause analyses of safety events and the final resolution of those events.

We were reminded by The Joint Commission laboratory survey that we need to adhere to the policies and procedures *we* ourselves developed around the



Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

transfusion of blood products, and we need to document the resolution of false or questionable critical laboratory results in a consistent manner. There must be documentation of the two-signature verification process for all transfusions of blood products. And assessment of the patient's condition must also adhere to the policies we developed (which means documenting vital signs one hour prior to infusion, 15 minutes after the start of the infusion, hourly during the infusion, and within one hour after the infusion ends).

We can expect the Infection Control Survey conducted by the Department of Public Health to occur some time in the coming months, and the hospital-wide Joint Commission survey could occur any time between now and the end of August, 2012.

We've formed a Tiger Team to help us prepare for the anticipated but unannounced infection control survey, which will encompass nearly the entire hospital, including inpatient units, ambulatory practices, laboratories, and procedural areas. The infection control survey gives us a chance to showcase our best prac-

continued on next page

Providing the best possible care to every patient and family, every moment of every day is a privilege and a responsibility... That's the promise we make every time we enter a patient's room, and that's the standard we hold ourselves to as we strive for nothing less than Excellence Every Day.

tices in hand hygiene and the appropriate use of personal protective equipment.

Our colleague, Carol Camooso Markus, RN, of the PCS Office of Quality & Safety, reminds us that, "The Joint Commission survey is an opportunity to view our care and systems through the eyes of surveyors who've visited hundreds of other healthcare organizations across the county. In my experience, most surveyors acknowledge the excellent care we provide at MGH. And when they do see an opportunity for improvement, they offer suggestions based on what they've observed at other hospitals."

The PCS Office of Quality & Safety is a great resource in helping us assess our compliance with regulatory standards and prepare staff for the survey experience. Representatives from the Office of Quality & Safety conduct mock visits, or tracers, on inpatient units each quarter. During these tracer visits, clinicians from all disciplines come together to review and discuss a patient's medical record, respond to questions, and review policies and practices just as they would in an actual Joint Commission survey.

According to nursing director, Maria Winne, RN, "Tracers are very useful in helping us identify areas where we need improvement and showcasing areas where we excel. They're instructional and at the same time offer opportunities to give staff positive feedback for the things we're doing well."

Nursing director, Tony DiGiovine, RN, agrees. "Tracers are a valuable tool. They allow staff to articulate their thoughts in a safe, comfortable forum. They give staff an opportunity to practice and build confidence for when they participate in an actual survey."

In addition to quarterly tracers, the PCS Office of Quality & Safety conducts focused audits to measure

performance in specific areas where we need improvement, such as documenting the use of restraints. Remember that for patients in restraints, nurses need to document their assessment, interventions, and other alternatives considered; they also need to match restraint utilization to the medical order and update the Restraint Nursing Problem List at least once per shift.

I'd like to take this opportunity to remind you of some helpful resources:

- The *Excellence Every Day Regulatory Readiness and Magnet Recognition Journey Resource Guide*. For copies of the guide, contact the PCS Office of Quality & Safety at 3-0140. A version of the guide has been developed for patient care associates, operations associates, and unit service associates. (The USA version is available in English, Spanish, and Haitian)
- The Excellence Every Day web portal can be accessed via a link from every PCS web page or directly at www.mghpcs.org/eed. The portal is a central clearinghouse for information related to collaborative governance, Magnet recognition, and regulatory readiness. The featured topic this month is restraints
- The PCS Office of Quality & Safety. Knowledgeable staff are available to answer all questions related to quality, safety, National Patient Safety Goals, and regulatory standards and guidelines

Providing the best possible care to every patient and family, every moment of every day is a privilege and a responsibility. It requires teamwork and vigilance. It requires knowledge of current policies, procedures, and standards. That's the promise we make every time we enter a patient's room, and that's the standard we hold ourselves to as we strive for nothing less than Excellence Every Day.

In this Issue

The Hausman Fellowship..... 1

Jeanette Ives Erickson..... 2

● Regulatory Readiness and Excellence Every Day

The Hausman Fellowship..... 4

Clinical Narrative 6

● Melissa Bryant, RN

Norman Knight and Gil Minor Scholarships 8

Announcements..... 10

Acute Care Documentation Update 12

(Cover photo by Bonnie Godas; photo on page 6 by Joe Ferraro)

Hausman fellows showcase wisdom and initiative at recent graduation ceremony

Thanks to the Hausman Nursing Fellowship to Advance Diversity in the Workforce, the pipeline of diverse nurses to MGH just got a whole lot more promising. Created to give senior nursing students an opportunity to work in clinical settings under the mentorship of minority nurse preceptors, the Hausman Fellowship provides clinical, practical, and social learning experiences for future nurses of color. This year's fellows were honored at a reception, August 19, 2011,

in O'Keefe Auditorium. They are: Jeffrey Jean, Sedina Giaff, Vicky Yu, Lauren Kang Kim, Jennifer Etienne, Marthe Pierre, Anna Diane, and Rosalee Tayag.

Co-chair of the Hausman Fellowship, Deborah Washington, RN, opened the proceedings with a video entitled, *Breaking the Barriers*, that showed through clips and interviews the importance of mentoring and encouraging minority youth, the pivotal part community and family play in their ability to succeed, and the intrinsic relationship between a diverse workforce and a hospital's ability to deliver culturally competent care.

continued on next page



Fielding questions from the audience, 2011 Hausman fellows (l-r): Jeffrey Jean, Sedina Giaff, Vicky Yu, Lauren Kang Kim, Jennifer Etienne, and Marthe Pierre.

Recognition/Diversity (continued)

After graduates were introduced and acknowledged for their individual accomplishments, they entertained questions from the audience about their experiences as Hausman fellows. Some of the advice they shared included: take initiative, don't wait for someone to ask you to participate; advocate for yourself; ask questions; communicate clearly; appreciate the enormity of this opportunity to learn from the best; and take advantage of opportunities to clarify cultural misunderstandings.

A particularly powerful message came from former Hausman fellow, Jason Villarreal, who reminded students of the special and unique qualities they possess and how those qualities help foster relationships with patients. Said Villarreal, "Who you *are* is what you bring to patient care."

Said Bernice McField-Avila, mentor and co-chair of the Hausman Fellowship, "Through mentorship and shared experiences, these students have grown more confident and knowledgeable. They have acquired skills that will help them become great clinicians and leaders while maintaining their cultural and self-identities. To each of them I say, 'Never forget to give back, share your knowledge, volunteer, find your passion, and follow your dreams.'"

For more information about the Hausman Nursing Fellowship to Advance Diversity in the Workforce, call Deborah Washington, RN, at 4-7469.

Top left: former Hausman fellows, Jason Villarreal and Penina Marengue. Top right: Marthe Pierre is congratulated by Bernice McField-Avila.



At right: co-chairs of the Hausman Fellowship Program, Deborah Washington, RN (back left), and McField-Avila; with former Hausman fellows, Penina Marengue and Jason Villarreal; and 2011 Hausman fellows (seated, l-r): Sedina Giaff, Vicky Yu, and Lauren Kang Kim (and standing): Jeffrey Jean, Jennifer Etienne, and Marthe Pierre. Not pictured: Anna Diane and Rosalee Tayag.



(Photos by Bonnie Godas)

New nurse learns big lessons from tiny patient

Baby H was born at 25.5 weeks gestation, and at just 680 grams, my first primary patient immediately challenged and changed me.

My name is Melissa Bryant, and I have been a nurse in the Neonatal Intensive Care Unit for one year. I remember in nursing school hearing veteran nurses talk about the first patient who broke their heart; the patient who reminded them that their decision to become a nurse was the right one; the patient whose story still impacts their professional practice all these years later.

As a new graduate nurse in the Neonatal ICU, I was both excited and nervous to complete my four-month orientation period. I felt confident being 'on my own' when I received my first medically complex assignment. Baby H was born at 25.5 weeks gestation, and at just 680 grams, my first primary patient immediately challenged and changed me. Baby H quickly became 'that patient' for me — the one I'd heard so many nursing professors talk about — the one whose care would break my heart, remind me why I became a nurse, and forever change my day-to-day practice.

Baby H's mom was sick after giving birth and unable to leave the Post Partum Unit for the first few days. When she finally was able to come visit her son,



Melissa Bryant, RN, NICU staff nurse

she was frightened by how tiny he was. She actually had to walk away from him to regain her composure. I could see how difficult and emotional this was for the family. Being Baby H's primary nurse was emotional for me, too. Despite this emotional reaction, I knew this little boy needed his mother. I knew I had to support mom, and I had to find a way to bring them together. Mom was having a difficult time bonding with H; she told me she felt guilty and overwhelmed and blamed herself for his early delivery.

Both of Baby H's parents had their own health issues, especially mom, who was very ill. They had a 22-month-old baby at home (who had also been born prematurely), and they lived out of state, which meant they had a long drive to and from the hospital. Because

continued on next page

Whether it's bringing a picture of a day-old baby to his mom who's unable to visit her son, or taking a picture of that baby four months later when he's in his car seat finally going home, the importance of primary nursing and its impact on family-centered care is undeniable.

of these issues and the expense of commuting back and forth, it was hard for them to visit. For the first several weeks of Baby H's life, they didn't spend a lot of time with him. Typically parents are fixtures in the NICU, so it was unusual that Baby H had so few visits. It was unusual enough that many of my colleagues commented on their absence.

But I knew their absence didn't mean they didn't love him. Going through this experience with them, I grew to love this family. I saw how much they loved their son and knew they didn't have the same resources as a lot of other people. I knew my role as their primary nurse was not just to provide 'routine' care, but to be the bridge that connected and healed this family.

Helping Baby H's family bond with him was a daunting goal for me as a new nurse. Even though Baby H was very small, I encouraged his mom to do kangaroo care (skin-to-skin contact) with him. It was a great source of comfort for both her and her baby. Mom eventually got more comfortable and confident holding him and changing his diapers. When she held him and talked to him, I could see him look up at her with so much love. I knew then that they had made a special connection.

Baby H was very fragile, but proved to be a strong little boy. He spent the first four months of his life in the NICU, and I have so many memories of him and his family, from teaching his parents to change his diapers, to giving him a bath in a big-boy tub. Baby H challenged me, but coming to work every day was something I looked forward to knowing I would see his smiling face and be able to watch his progress.

As I got Baby H ready for discharge, I was so happy for him, recalling all he had overcome. I couldn't believe he was actually going home. It was sad to see him leave, but I knew it was time.

Unfortunately, two days after he was discharged, his mom e-mailed me to let me know that Baby H was back in the hospital. He had been admitted to the Pediatric ICU (once babies leave the NICU, if they need to be re-admitted, they're taken to the Pediatric

ICU). Mom called me and explained what had happened. I felt honored that she was comfortable confiding in me and had called me for advice. I wanted to help this family cope.

I immediately felt like I needed to go to the PICU to see Baby H and his family. But as it turned out, dad had had a medical event overnight and had himself been admitted to the hospital. Mom was very worried. She was home with him (out of state) and couldn't travel. So I went to the PICU and sat with Baby H. Soon after, I advocated for him to be brought back to the NICU where I could take care of him until he was ready to be discharged a second time.

Practicing in the NICU as a new graduate nurse, I have had incredible mentors and role models who've shown me the importance of primary nursing and how to be invested in primary care while developing my own style. As a new nurse, I may have had a slightly different perspective, but I tried to keep an open mind and deliver the best care I could to Baby H and his family.

Whether it's bringing a picture of a day-old baby to his mom who's unable to visit her son, or taking a picture of that baby four months later when he's in his car seat finally going home, the importance of primary nursing and its impact on family-centered care is undeniable.

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

How many times have we heard that patients are our greatest teachers? Melissa's narrative shows us that there's no age limit to that pearl of wisdom. Even the smallest babies can teach us big lessons. Melissa's care was part skill and training and part instinct. She followed her intuition to advocate for and protect Baby H. She went above and beyond the parameters of primary nursing to ensure he had continuity of care when his family was challenged by other issues. What a wonderful example of family-centered care.

Thank-you, Melissa.

Annual scholarships advance education, promote diversity

—by Julie Goldman, RN, professional development manager

In keeping with our commitment to support higher education and increase the diversity of our workforce, an important event took place August 3, 2011, in The Institute for Patient Care. Recipients of the 2011 Norman Knight Nursing Scholarship and the Gil Minor Nursing and Health Professions Scholarship were announced at an informal joint reception in their honor. We're indebted to Mr. Knight and Mr. Minor for their generosity in funding these programs that help advance higher learning and increase the pipeline of diverse nurses and healthcare professionals to MGH.

This year's Norman Knight Nursing Scholarship recipients: Catherine Benacchio, RN (left); and Siobhan Durkin, RN.



The Norman Knight Nursing Scholarship supports two candidates each year as they advance their education at the bachelor's, master's, or doctoral levels. This year's recipients of the Norman Knight Nursing Scholarship were Catherine Benacchio, RN, of the Medical Intensive Care Unit, and Siobhan Durkin, RN, of General Medicine.

Benacchio began her career as a registered nurse at MGH on a general medical unit and now works in the Medical Intensive Care Unit. She is advancing her nursing education so she can share her knowledge with others. In her application narrative she stated, "I believe that integrating the human experience with the latest nursing research while supporting other nurses to do the same produces the best patient outcomes and elevates the profession of nursing." In her letter of reference, Lillian Ananian, RN, wrote, "Kate provides expert care for our critically ill patients, and is recognized as an intelligent nurse with highly developed critical-thinking skills."

Durkin has worked at MGH since 2009. She enjoys teaching patients about various disease processes and how medications work. Says Durkin, "Building relationships with patients gives us the ability to provide education in a way they'll understand or feel comfortable speaking up when they don't." In her letter of recommendation, Carol Wicker, RN, wrote, "Siobhan is indeed a 'team player' and has demonstrated this time and again through her involvement as one of our unit preceptors."

Recognizing the importance of advancing diversity in health care, in 2009, Gil Minor established the Gil

continued on next page

Minor Nursing and Health Professions Scholarship to assist clinicians interested in pursuing a degree in nursing or the health professions. Since its inception, the Gil Minor Scholarship has supported 16 MGH employees. This year's recipients are: Carmen Vega-Barachowitz; Nghi Huynh; Suja Philipose; Audrey Jasey; Topaz Samuels-Sioley; and Kenia Giron.

Carmen Vega-Barachowitz, CCC-SLP, director of Speech, Language & Swallowing Disorders and Reading Disabilities, thrives on creating and developing new initiatives, mentoring clinicians, and bolstering their development through feedback and guidance. In her application, Vega-Barachowitz wrote, "I believe learning and professional development are core values threaded into a life-long process." Bernice McField-Avila, MD, said of Vega-Barachowitz, "The same expertise, creativity, caring, and passion that make her an effective leader and mentor make her a great candidate for this prestigious scholarship. We wish her well as she pursues her doctoral degree and continues to inspire others to achieve their goals."

Nghi Huynh, staff assistant, has worked at MGH since 2006. She is passionate about helping those less fortunate to improve their quality of life. In her application, Huynh wrote, "My involvement with numerous initiatives has been a rich source of fulfillment and given me tremendous leadership experience." In her letter of recommendation, associate chief nurse, Theresa Gallivan, RN, wrote, "I have never met anyone more talented, dedicated, generous, and hard-working than Nghi. She is inspired and self-directed. When she first came to MGH, she assumed a complex role in an environment completely new to her, and she mastered both

quickly. Her work is always of the highest caliber as she delights and impresses all who meet her."

Suja Philipose, RN, staff nurse in the Newborn Nursery, is known for providing compassionate care to patients and families. In her application, Philipose wrote, "Nursing is important to me for many reasons—but mostly because nursing represents service to humanity." In her letter of recommendation, Kim Francis, RN, wrote, "I have been highly impressed with Suja's dedication, drive, and commitment to her clinical practice as she works hard to advance her education."

Audrey Jasey, RN, staff nurse, General Medicine, has worked at MGH in various roles since 1997. Jasey provides high-quality, compassionate care to patients and families. Maureen Schneider, RN, nursing director, in her letter of recommendation, wrote, "Audrey's pursuit of professional growth and development demonstrate her desire to be a positive influence in the MGH community and a formidable contributor to our diversity efforts."

Topaz Samuels-Sioley, patient care associate in the Post Anesthesia Care Unit, began her career as an operating room assistant. Samuels-Sioley believes that a career in nursing is the next logical step and a way to channel her creativity and passion for patient care. Says nursing director, Janet Dauphinee Quigley, RN, "Topaz is a quick learner and has a thirst for knowledge. She always performs in a professional and caring manner. Her kindness and easy-going approach have a positive impact on patients and families. She is a role model for professional and support staff alike."

Kenia Giron, anesthesia technologist, has worked at MGH since 2006. She has always wanted a career in health care and believes nursing will allow her to help others in a meaningful way. Giron has been described as warm, conscientious, a hard worker, and a delightful person who shows great interest in learning. Giron has excellent clinical skills and displays them often, frequently going above and beyond the call of duty. In her letter of recommendation, Nancy Wyman, RN, wrote, "Kenia does an excellent job and is an asset to our anesthesia department. She is punctual, reliable, and highly self-motivated."

Professional development manager, Julie Goldman, RN, presided over the proceedings and presented each recipient with a scholarship certificate. The event was attended by co-workers, family members, unit leadership, and members of the selection committee.

For more information about either of these scholarship opportunities, contact Julie Goldman at 4-2295.

This year's Gil Minor Nursing and Health Professions Scholarship recipients (l-r): Nghi Huynh; Topaz Samueals-Sioley; Kenia Giron; Audrey Jasey; and Carmen Vega-Barachowitz. (Suja Philipose, not pictured)



Announcements

Clinical Recognition Program

The Clinical Recognition Review Board and Steering Committee are happy to announce a new initiative by which clinicians applying for recognition at the advanced clinician and clinical scholar levels can submit their portfolio for a preview prior to formal submission. This voluntary, anonymous process gives clinicians an opportunity to receive feedback on their portfolios from former review board members.

Reviewers will provide feedback on specific areas identified by clinicians, leadership, and review board members based on past experience.

For more information, e-mail questions or portfolios to MGH PCS Clin Rec (in the Partners directory).

Blum Center focuses on pain-management

September is Pain Awareness Month. The Blum Center will host free lectures on pain-management every Thursday.

Topics will include:

September 15th
"Pain Control for Surgery"
with Adam Carinci, MD

September 22nd
"Cancer Pain"
with Shihab Ahmed, MD

September 29th
"Prescription and Non-Prescription Pain Medications"
with Paul Arnstein, RN

All lectures held at 5:30pm in O'Keefe Auditorium.

Light refreshments served.

For more information, call 4-3823.

Global Nursing

The MGH Institute's Nursing Honor Society is hosting a Global Nursing dinner with speakers Roberta Gately, RN, author of *Lipstick in Afghanistan*, and Sheila Davis, RN, global nurse coordinator for Partners in Health.

September 21, 2011
6:00–8:00pm

Charlestown Navy Yard
Room 305A
\$5 admission

For more information, call 6-0554.

Be a collaborative governance champion

Applications are now being accepted for collaborative governance, the committee structure that integrates multidisciplinary clinical staff into a formal decision-making body within Patient Care Services.

Applications due by October 7, 2011.

For more information, visit: <http://www.mghpcs.org/IPC/Programs/Governance.asp>, or contact Mary Ellen Smith, RN, at 4-5801.

American Assembly for Men in Nursing Seeking members for new chapter

The American Assembly for Men in Nursing (AAMN) is seeking members to launch a New England chapter. AAMN is a national organization that provides a framework for nurses to meet, discuss, and influence factors that affect men in nursing. The AAMN offers scholarships, continuing education programs, and advocates for research and education for the recruitment and retention of men in nursing.

Membership is open to all nurses, male and female. For more information on joining the New England chapter, e-mail Gerald Browne, RN, or visit aamn.org.

Senior HealthWISE

Free for seniors 60 and older
Blood pressure checks:

October 3, 1:30–2:30pm
Hill House

October 24, 1:30–2:30pm
West End Library

For information, call 4-6756.

Clinical Pastoral Education

Three Schwartz Center fellowships will be awarded for the winter 2012 Clinical Pastoral Education Program for Healthcare Providers

Open to clinicians from any discipline who work directly with patients, families, or staff and who wish to integrate spiritual care-giving into their practice, The Clinical Pastoral Education Program for Healthcare Providers is a part-time program with group sessions on Mondays from 8:30am–5:00pm. Additional hours are negotiated for the clinical component.

Program starts January 9th, concludes May 18th.
Applications are due by September 15, 2011.

For more information, call 6-4774 or 4-3227.

Timilty mentors needed

The MGH Youth Programs team is seeking volunteers to mentor James P. Timilty Middle School students in the creation and development of science-fair projects.

Mentors meet with students on campus and at the Charlestown Navy Yard two Friday mornings a month from October through January. The MGH-Timilty partnership, now in its 23rd year, provides training, support, and encouragement to tomorrow's leaders of science and industry.

For more information, contact Ellen Reavey at 3-6287.

One Celebration of Many Stars

Patient Care Services Awards Ceremony

Tuesday, October 4, 2011
4:00pm
Under the Bulfinch Tent

Honoring this year's recipients of:

- the Anthony Kirvilaitis Jr., Partnership in Caring Award
- the Brian M. McEachern Extraordinary Care Award
- the Jean M. Nardini, RN, Nurse Leader of Distinction Award
- the Marie C. Petrilli Oncology Nursing Award
- the Norman Knight Clinical Support Excellence Award
- the Norman Knight Preceptor of Distinction Award
- the Stephanie M. Macaluso, RN, Excellence in Clinical Practice Awards

For more information, call Julie Goldman, RN, at 4-2295.

October is Health Literacy Month

The Patient Education Committee invites you to the following programs

For Patients:

"How to Take an Active Role in Your Health Care"
Speaker: Andrea Powers, RN, professional development specialist, Health Dialog

Wednesday, October 5, 2011,
12:00–1:00pm
Blum Patient & Family Learning Center

For Staff:

"Health Literacy: Just the Facts Ma'am"
Speaker: Jen Searl, health educator,
Tuesday, October 25, 2011
12:00–1:00pm
Haber Conference Room

For more information, call 4-3085.

Announcements (continued)

MGH Nurses: Impact and Influence

presented by
MGH Nurses' Alumnae
Association, Inc. and co-sponsored
by the MGH Institute of Health
Professions School of Nursing

September 23, 2011
8:00am–5:00pm
O'Keefe Auditorium

Topics will include:
MGH at 200,
MGH Nursing at 200
The Role of MGH Nurses in
Disasters
Nursing Research
and more

\$30 for MGHNAA members and
MGH employees
\$40 for all others

Register by September 16th
6.0 contact hours

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

October is Domestic Violence Awareness Month

The Domestic Violence
Working Group invites you to
visit a booth in the Main Corridor
for information and a chance to
enter a raffle.

October 4th and 12th
10:00am–2:00pm
October 20th
7:00–11:00pm

"How to Support Someone
Experiencing Intimate Partner
Violence,"

presented by staff from
Chaplaincy, EAP, HAVEN, and
Police & Security
October 13th
12:00–1:00pm
Yawkey 2-210

"Children Who Witness Partner
Abuse,"

presented by Maxine Weinreb,
EdD, Child Witness to Violence
Program at BMC
October 27th
12:00–1:00pm
Yawkey 2-210

For more information,
call 6-7674.

Staff Perceptions of the Professional Practice Environment Survey

The 2011 Staff Perceptions of the Professional Practice Environment Survey (SPPPE) will be distributed to nurses, physical therapists, occupational therapists, speech-language pathologists, respiratory therapists, social workers, child-life specialists, and chaplains within Patient Care Services between September 12 and October 7, 2011. Each PCS clinician will receive an e-mail with a direct link to the survey.

What is the purpose of the Survey?

The survey:

- provides an assessment of organizational characteristics influencing staffs' perceptions of, and satisfaction with, the MGH professional practice environment
- monitors the impact of unit and organizational changes on staff perceptions of the professional practice environment
- enables us to see trends in staffs' perceptions of the professional practice environment
- identifies opportunities to improve the environment for practice

The survey measures eight organizational characteristics influential in determining satisfaction with the professional practice environment. Questions were generated to determine staffs' perceptions around each characteristic: autonomy, control over practice; relationships with physicians; teamwork; communication; conflict-management; internal work motivation; and cultural sensitivity. The Revised Professional Practice Environment Scale (RPPE, 2007) shows that the instrument provides a reliable and valid measure of staffs' perceptions of the professional practice environment.

What's new this year?

This year, in addition to the question that gives participants a chance to provide extended feedback about their practice at MGH, there will be another open-ended question about staffs' perceptions of empowerment in the clinical setting.

The survey will also be administered to clinicians in ambulatory and health-center settings, as applicable.

Is the survey anonymous?

The survey is voluntary, and all answers are completely confidential. Each survey contains a randomly generated ID number used only by the data analysis team in the Yvonne L. Munn Center for Nursing Research.

This number allows clinicians to complete the on-line survey over multiple sessions, if desired, and prevents multiple surveys from being submitted by the same individual. The ID numbers and survey answers are shared with *no one*, and there is no way to link responses to individual names.

How is this data useful in driving improvement initiatives?

The data is analyzed both quantitatively and qualitatively. Numbers tell a story and point to certain trends over time. This information helps us recognize areas that need improvement, gives us a way to evaluate new initiatives, and guides changes to enhance the practice environment. Qualitative data provides insight into aspects of the professional practice environment from which we can learn.

To ensure confidentiality and maintain the integrity of the data, results of the Staff Perceptions of the Professional Practice Environment Survey are reported in aggregate and grouped in three ways: all of Patient Care Services, discipline-specific, and unit-level. Through discussions at staff meetings, ideas for improvement can be identified and developed.

Participation in the survey by all staff within Patient
Care Services is important.

We look forward to seeing your responses again this year.

Published by

Caring Headlines is published twice
each month by the department
of Patient Care Services at
Massachusetts
General Hospital

Publisher

Jeanette Ives Erickson, RN
senior vice president
for Patient Care

Managing Editor

Susan Sabia

Editorial Advisory Board

Chaplaincy
Michael McElhinny, MDiv

Disability Program Manager
Zary Amirhosseini

Editorial Support
Marianne Ditomassi, RN
Mary Ellin Smith, RN

Materials Management
Edward Raeke

Nutrition & Food Services
Martha Lynch, RD
Susan Doyle, RD

Office of Patient Advocacy
Robin Lipkis-Orlando, RN

Office of Quality & Safety
Keith Perleberg, RN

Orthotics & Prosthetics
Mark Tlumacki

PCS Diversity
Deborah Washington, RN

Physical Therapy
Occupational Therapy
Michael Sullivan, PT

Police, Security & Outside Services
Joe Crowley

Public Affairs
Emily Lemiska

Respiratory Care
Ed Burns, RRT

Social Services
Ellen Forman, LICSW

Speech, Language & Swallowing
Disorders and Reading Disabilities
Carmen Vega-Barachowitz, SLP

Training and Support Staff
Stephanie Cooper
Tom Drake

The Institute for Patient Care
Gaurdia Banister, RN

Volunteer Services, Medical
Interpreters, Ambassadors,
and LVC Retail Services
Paul Bartush

Distribution

Ursula Hoehl, 617-726-9057

Submissions

All stories should be submitted
to: ssabia@partners.org
For more information, call:
617-724-1746

Next Publication

October 6, 2011

Preparing for acute care documentation

—by Pat Grella, RN, and Gino Chisari, RN

The launch of acute care documentation is approaching. Pilot testing is scheduled to start in early 2012 in the Ellison 4 Surgical ICU, the Ellison 9 Cardiac ICU, and the White 9 Medical Unit. Educating and training staff in a timely manner will be key. Toward that end, we've developed specific curricula for nurses, patient care associates, and our health professions colleagues. Our goal

is to create a learning environment that fosters proficiency in this new mode of documentation in a supportive, stress-free setting.

The acute care documentation (also called e-chart, or MetaVision) curriculum is divided into three parts. The first part is a self-directed assignment in HealthStream to introduce staff to the terminology, general principles, and functions of the e-chart. This will be followed by a self-assessment. The self-assessment is an important part of the process because it will help staff identify areas where they may need more assistance.

Part II is a classroom experience led by an instructor. This phase provides a more in-depth explanation of the system and allows staff to interact with an experienced instructor. This is where mistakes can be made in a safe environment with no threat of doing harm, and fears and anxieties can be put to rest. Staff will attend the class two to three weeks before their unit 'goes live.'

The final part of training is proficiency. Staff will be given randomly selected cases and asked to demonstrate their mastery of the e-chart (similar to a skills checklist). Once this part of the training is complete, staff are deemed ready for the real thing.

When pilot units go live, coaches will be on hand to guide, support, and answer any questions that may arise. Staff can always go back and review the HealthStream module, and there will be an e-chart pocket reference guide for each discipline.

For more information about acute care documentation, call Gino Chisari, RN, 3-6530.

When pilot units go live, there will be coaches on hand to guide, support, and answer any questions that may arise. Staff can always go back and review the HealthStream module, and there will be an e-chart pocket reference guide for each discipline.



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

First Class US Postage Paid Permit #57416 Boston, MA

