

Caring

Headlines

December 5, 2013

Patient Care Services' Celebration of Stars



(See coverage
beginning on
page 4)

Honorees of this year's Celebration of Stars are (front row, l-r): Cynthia Goodwin; Caitlin Laidlaw, LICSW; Julie Macpherson-Clements, RRT; Gabriela Montecinos; Elizabeth Caraballo; and Jessica Kensky Downes, RN. (Second row): Lisa Doyle, RN; Reverend John Kearns; Jessica Berry, RN; and Jesse MacKinnon, RN. (Back row): Pamela Tobichuk, RN; Michael Tady, RN; and Alexa, O'Toole, RN.

The Innovation-Unit retreat

*sharing a good-news story; staying focused
on the work ahead*

As many of you know, on November 19, 2013, we held another in a series of Innovation-Unit retreats to assess the progress we're making, to hone our strategy for the future, and to acknowledge the many successes we've achieved with

this ground-breaking work. We began our Innovation Unit journey two years ago when three care re-design teams were convened to look at ways to improve care in the operating rooms, the Emergency Department, and the inpatient setting. It was from the inpatient care re-design team that the Innovation-Unit concept emerged.

Innovation Units became testing grounds for change—change that would improve clinical outcomes, enhance patient- and staff-satisfaction, and reduce costs and length of stay. The Patient Journey Framework, which can be found on the Excellence Every Day portal (http://www.mghpcs.org/innovation_units) became a blueprint for the quality of care we were striving for. And at the heart of the Innovation-Unit model was a series of interventions generated primarily by staff:

- Adopt a philosophy of relationship-based care
- Implement attending nurse role to promote optimal coordination of care
- Have attending nurses use business cards to ensure optimal communication and continuity
- Enhance hand-over communication
- Articulate estimated discharge date and disposition upon admission
- Create a Welcome Packet
- Ensure across-the-board understanding of each discipline's domains of practice
- Implement daily inter-disciplinary rounds



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

- Introduce smart-phone technology on units
- Give staff access to wireless tablets or computers
- Implement quiet hours
- Implement hourly rounding with the Four Ps
- Install in-room white boards to enhance communication
- Install electronic white boards on units
- Conduct follow-up discharge phone-calls

Twelve Innovation Units were launched in March, 2012. By September, 2013, all inpatient units had made the transition. (Procedural and ambulatory units will follow once we've had a chance to learn from the inpatient implementation and adapt the interventions to be meaningful in the ambulatory setting.)

Standardizing processes on Innovation Units has had a tremendous impact on continuity of care and decreasing length of stay. For the past five quarters, Phase I units have sustained a 5% decrease in length of stay and a 1% decrease in re-admission rates (that's approximately 150 fewer re-admissions overall). And costs have come down, as well. This is a very good-news story.

At the retreat, Colleen Snyderman, RN, director of PCS Quality & Safety, shared that nurse-sensitive

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Innovation Units became testing grounds for change—change that would improve clinical outcomes, enhance patient- and staff-satisfaction, and reduce costs and length of stay.

We have accomplished a great deal in a relatively short time. We need to celebrate that success and all the other successes that will follow. But we also must heed Rick Evans' advice and stay focused on the work at hand—we must sustain the gains we've made and keep the highest quality, most efficient, relationship-based care as our goal.

indicators for fall-prevention, pressure ulcers, and restraint utilization are favorable to national benchmarks and steadily improving.

Rick Evans, senior director for Service, shared patient-satisfaction results, saying, "Our patient-experience survey results have improved for the past two years, putting us ahead of many hospitals in the country. Our efforts are working. Our focus now must be on sustainability."

Associate chief nurse, Kevin Whitney, RN, spoke about hourly rounding, saying "I cannot overstate the positive impact hourly rounding has had on patient-satisfaction, quality, and safety."

Purposeful hourly rounding gives caregivers an opportunity to strengthen caring relationships by checking in with patients and asking about personal hygiene needs, pain-management, and re-positioning. A nursing-director discussion with panelists, Sharon Bouvier, RN, Vascular Surgery; Peggy Settle, RN, Neonatal ICU; and Sara Macchiano, RN, General Medicine, touched on successful strategies they used to incorporate purposeful rounding into their daily workflow.

We heard that Innovation-Unit interventions have been effective in preventing

falls and hospital-acquired pressure ulcers. They've helped improve patient-satisfaction scores around responsiveness, pain-management, and night-time quietness.

Some interventions are still being tweaked, such as patient and family notebooks, the discharge envelope, in-room white boards, and accurately estimating discharge dates upon admission. Refining these interventions will be a priority as we move forward.

Three words come to mind as I think about the mood of the room when the retreat came to an end:

renewal, determination, and empowerment. We've accomplished a great deal in a relatively short time. We need to celebrate that success and all the other successes that will follow. But we also must heed Rick Evans' advice and stay focused on the work at hand—we must sustain the gains we've made and keep the highest quality, most efficient, relationship-based care as our goal. Being true to the work we started and improving the patient experience go hand in hand.

Innovation Units by the numbers

41	number of Innovation Units launched to date
978	number of smart phones currently in use
650,000	Average number of text messages sent per month
49	number of 'Yacker Trackers' deployed (to measure sound)
53,500	number of patient and family notebooks utilized (English and Spanish)
7	number of Innovation-Unit retreats held so far
4	number of Ps in hourly rounding (Presence; Personal Hygiene; Pain; and Positioning)
118	number of attending nurses
827	number of in-room white boards installed
27,723	number discharge phone calls made to date
6,000	number of visits to the Innovation-Unit portal page
58,600	number of discharge envelopes used
2,189	number of staff who have completed Innovation-Unit HealthStream training
6	number of Northeastern University interns supporting Innovation-Unit work

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One celebration of many stars

On November 12, 2013, Patient Care Services held its annual award ceremony, One Celebration of Many Stars. In her opening remarks, senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked the many donors who sponsor the awards, saying, “We’re fortunate to have such loyal and committed supporters of our awards and recognition program. Many awards were established in memory of loved ones who worked, or were cared for, at MGH. We’re grateful for your continued sponsorship, and for choosing to honor your loved ones in this meaningful way. These awards are a tribute to dear friends, and because of their legacies

and your generosity, we’re able to continue to foster excellence in patient care.”

Ives Erickson acknowledged the caliber of nominations and thanked those who took the time to nominate their colleagues (or caregivers). Each recipient was introduced by a colleague or supervisor who read excerpts from their letters of recommendation then presented them with the awards. Excerpts can be found below and on the pages that follow.

Special thanks to Julie Goldman, RN, professional development manager, for coordinating the event. For more information about the awards or the Celebration of Stars, call Goldman at 617-724-2295.

The Anthony Kirvilaitis Jr. Partnership in Caring Award

This award recognizes support staff who consistently demonstrate an ability to partner with colleagues to enhance the patient and family experience.

Cynthia Goodwin, patient service coordinator, Blood Transfusion Service

Goodwin has worked in various roles within the MGH Blood Transfusion Service for more than 35 years. In her letter of support, Jane Ritenthaler, RN, wrote, “Cynthia is a kind and compassionate colleague who’s known throughout the hospital for her outgoing and pleasant personality. She’s always looking for ways to assist patients, families, and colleagues.” Said Don Francis, RN, “Clear communication and a team approach are essential in our department whether interacting with patients, vendors, or staff. Ms. Goodwin excels in these areas; her most frequent question is, ‘How can I help?’”
Congratulations, Cynthia.



Cynthia Goodwin, patient service coordinator, Blood Transfusion Service



Gabriela Montecinos, occupational therapy aide

Gabriela Montecinos, occupational therapy aide

Montecinos was nominated by James McCarthy, administrative operations manager, who wrote, “Gabriela’s approachability and willingness to help have earned her the respect and admiration of her peers as well as her nursing and physician colleagues. Her ability to adapt and grow, share what she learns, and offer support and compassion make her a worthy recipient of this award.” Jennifer Thomas, RN, wrote, “In her role as operations associate, she’s often the first person family members encounter on the unit. Gabriela exudes tireless energy and a positive attitude.”

Congratulations, Gabriela.

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Recognition (continued)

The Brian M. McEachern Extraordinary Care Award

This award recognizes employees who exceed expectations and embody extraordinary care through advocacy, compassion, and empowerment.

Caitlin Laidlaw, LICSW,
social worker

Laidlaw started her career as a social worker at MGH five years ago. Her supervisor, Karon Konner, LICSW, wrote, "I was impressed by Caitlin's ability to analyze complex interpersonal situations and her dedication to forging a therapeutic alliance with even the most resistant patients and families. Her passion for the work and commitment to extraordinary care and service is evident every day." Says Laidlaw, "I listen to patients, try to normalize their experiences, and improve their ability to cope."

Congratulations, Caitlin.



Caitlin Laidlaw, LICSW,
social worker

The Norman Knight Award for Excellence in Clinical Support

This award recognizes clinical support staff for excellence in patient advocacy, compassion, and quality care.

Elizabeth Caraballo,
occupational therapy aide

Caraballo has been a member of the Occupational Therapy Department since 2006. She is deeply committed to safe, high-quality care and to ensuring that OTs have the equipment they need to deliver that care. Since taking over the log books for the department, outside agencies have commented on how thorough and organized they are. In her letter of support, Gae Burchill, OTR/L, wrote, "Elizabeth is helpful, encouraging, respectful, and treats every patient as if they were the only priority." Congratulations, Elizabeth.



Elizabeth Caraballo,
occupational therapy aide

The Norman Knight Preceptor of Distinction Award

This award recognizes clinical staff who consistently demonstrate excellence in educating, precepting, coaching, and mentoring other nurses.

Jesse MacKinnon, RN
oncology staff nurse, Lunder 9

MacKinnon was recognized just last year with the Brian M. McEachern Extraordinary Care Award. In her letter of nomination, one of his preceptees, Rebecca Loh, RN, wrote, "Jesse taught me what it truly means to be a professional nurse, from building my confidence, to modeling compassionate care, to nurturing my sense of pride in Lunder 9." Said, MacKinnon, "Precepting is like a matrimony between student and guide, a union that's based on trust, respect, and commitment."

Congratulations, again, Jesse.



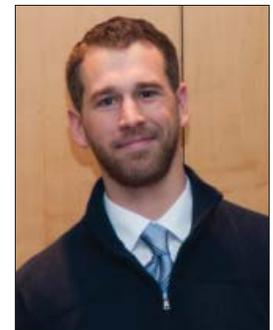
Jesse MacKinnon, RN
oncology staff nurse, Lunder 9

The Jean M. Nardini, RN, Nurse Leader of Distinction Award

This award recognizes staff nurses who demonstrate excellence in clinical practice and leadership and a commitment to the profession of nursing.

Michael Tady, RN, staff nurse,
Blake 7 Medical ICU

In her letter support for Tady, Christine McCarthy, RN, wrote "Michael's commitment to innovation and problem-solving make him an exceptional attending nurse. Within the first two weeks of being an ARN, six MICU patients were discharged home. His foresight, impeccable communication skills, and unwavering desire to do what's right for patients contributed to those milestones." Lillian Ananian, RN, wrote, "Mike has distinguished himself as a remarkable leader within Patient Care Services." Congratulations, Michael.



Michael Tady, RN, staff nurse,
Blake 7 Medical ICU

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The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

This award recognizes direct-care providers whose practice exemplifies the expert application of our vision and values by providing care that is innovative, guided by knowledge, built on a spirit of inquiry, and based on a foundation of leadership and entrepreneurial teamwork.

*Reverend John Kerns,
chaplain*

John Kerns, was nominated by the nursing staff on Ellison 16, who wrote “His presence is powerful. When you’re with him, he is totally present. He listens. He demonstrates with every word and action a desire to understand, which allows people to better understand themselves.” Said Kerns, “I enjoy being a member of an interfaith spiritual care team in a culture that celebrates and affirms diversity. I’m honored to be able to create and hold a space of acceptance with patients and families and facilitate their healing in body, mind, and spirit.”

Congratulations, John.



Reverend John Kerns,
chaplain



Julie Macpherson-Clements, RRT,
respiratory therapist

*Julie Macpherson-Clements,
RRT, respiratory therapist*

Macpherson-Clements has worked at MGH for nine years. In her letter of support, June Williams, SLP, wrote, “Working with Julie, one witnesses not only exceptional clinical care but care that goes beyond clinical to include thoughtful, genuine consideration for patients’ feelings, personal circumstances, and educational needs. She never hesitates to put the needs of her patients and colleagues ahead of her own.” Daniel Fisher, RRT, wrote, “Julie is not afraid to challenge herself and improve her knowledge base so she can give her best to every patient.”

Congratulations, Julie.

*Alexa O’Toole, RN, staff
nurse, Newborn Nursery*

O’Toole started as a new-graduate nurse in the Newborn Care Unit in 1997. Clare Cole, RN, wrote in her letter of nomination, “Alexa is a nurse who always volunteers for projects and leads the roll-out of new skills, equipment, and initiatives. Alexa assisted in the research, organization, and training of volunteers for the ‘cuddler program,’ which recently received the MGH Trustees Award.” Says O’Toole, “I now understand that the best nurse is one who’s always learning, always striving to improve her practice, and always supporting the practice of those around her.”

Congratulations, Alexa.



Alexa O’Toole, RN, staff nurse,
Newborn Nursery



Pamela Tobichuk, RN,
case manager

*Pamela Tobichuk, RN,
case manager*

Tobichuk began her nursing career in 1988 as an orthopedic nurse at MGH. She has been a case manager in Orthopedics for the past 18 years. Nurse manager, Janice Filteau, RN, wrote, “Pamela’s knowledge of the needs of the orthopedic population has been critical on the care re-design team for joint replacements. The quality of her work is recognized by all members of the team. Her practice is on the cutting edge, but she interacts with patients and families in the kindest and gentlest manner. She works tirelessly on numerous projects, always having the ability to take an idea and run with it.”

Congratulations, Pamela.

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The Marie C. Petrilli Oncology Nursing Award

This award recognizes oncology nurses for their high level of caring, compassion, and commitment as reflected in their care of oncology patients.

Jessica Berry, RN,
oncology staff nurse, Lunder 9

In her letter of nomination, Barbara Cashavelly, RN, nursing director, wrote of Berry, "When Jessica takes care of a patient, it becomes her personal mission to not only care for them as a nurse, but to love them like a family member. And when you become part of Jessica's family, she will go to the ends of the earth to ensure you're safe, happy, and comfortable." Said Berry, "As oncology nurses we have a special opportunity to support patients through the most challenging times of their lives. I see that as an opportunity to do everything in my power to advocate for their needs."

Congratulations, Jessica.



Jessica Berry, RN,
oncology staff nurse, Lunder 9



Lisa Doyle, RN,
oncology staff nurse, Phillips 21

Lisa Doyle, RN
oncology staff nurse, Phillips 21

Doyle is a staff nurse on the Phillips 21 Gynecology-Oncology Unit. She entered the nursing profession as a second career. Julie Cronin, RN, clinical nurse specialist, wrote of Doyle, "She is not only a skilled clinician but a forward-thinker, an excellent role-model, and an enthusiastic preceptor. Lisa exudes a desire to do better for her patients and is always

looking for ways to care for them holistically. She suspends judgment and builds open and trusting relationships with patients and families. She is passionate about learning and a fierce advocate for her patients."

Congratulations, Lisa.

A Special Marie C. Petrilli Oncology Nursing Award

This one-time award recognizes an oncology nurse for exceptional care of oncology patients and for courage in the face of overwhelming adversity.

Jessica Kensky Downes, RN
oncology staff nurse, Lunder 10

Before Kensky Downes was a survivor of the Boston Marathon bombings, she was an oncology nurse on Lunder 10, and she was a good one. Her recovery (and letter of thanks to the MGH community) were chronicled briefly in the November 7, 2013, issue of *Caring Headlines*, but suffice to say, she went through an ordeal the likes of which most of us would find unimaginable. Overcoming amputation, hearing loss, burns, shrapnel injuries, and numerous other challenges, Kensky approached her recovery with grace, humility, and a quiet determination that is the very essence of 'Boston Strong.'

In recognition of her strength and courage, and in appreciation of her exemplary service as an oncology nurse, the Petrilli family was moved to present her with a special Marie C. Petrilli Oncology Nursing Award.

Congratulations, Jess.



Jessica Kensky Downes, RN
oncology staff nurse, Lunder 10

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A Celebration of STARS!



Aiken comes to MGH as part of Connell Nursing Research Scholars Program

by Jeff Adams, RN, director, The Center for Innovations in Care Delivery

As part of the Connell Nursing Research Scholars Program, national nursing leader, Linda Aiken, RN, the Claire M. Fagin professor of Nursing and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, visited MGH, November 15, 2013. Aiken is widely considered the most prominent nursing health science researcher in the country and has led many seminal studies focusing on work environments, staffing, and nurse-education and its impact on patient outcomes. Her work accounts for much of the basis of the Magnet Recognition Program.

Aiken has a long-standing relationship with MGH, including collaborations with senior vice president for Patient Care, Jeanette Ives Erickson, RN; she repeatedly mentioned the respect she has for MGH and the caliber of work being done here.



Linda Aiken, RN, the Claire M. Fagin professor of Nursing and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania

During her visit, Aiken met with 2013 and 2014 Connell nursing research scholars who had an opportunity to present their research. Aiken shared her insights and offered suggestions on how to hone research questions, find funding, and position research proposals to be accepted in the competitive nursing-research arena.

Members of the doctoral forum joined Aiken for a luncheon where she fielded questions about her thoughts on scholarship in the practice setting and the benefits of developing a research career trajectory. Aiken reiterated her observation that the nursing research program at MGH is creating wonderful opportunities to improve care and add to the body of nursing knowledge.

Aiken's visit concluded with a presentation in O'Keefe Auditorium on, "The Influence of Nursing Research on Healthcare Quality and Policy." The talk highlighted the importance of the 'business' side of nursing with an emphasis on nursing education, work environments, and other means of achieving better patient outcomes. Aiken emphasized, not only the 'care' that nurses provide, but ways to make that care quantifiable and understandable to policy-makers, healthcare executives, and the general public.

Aiken is currently mentoring Jeff Adams, RN, director of the The Center for Innovations in Care Delivery, on his program of research, extending her expertise on work environments and synthesizing nearly two decades of MGH practice-environment research. Aiken has collaborated with Adams on several research grants geared toward understanding the influence of nursing administrators on the professional practice environment as it relates to patients, the workforce, and organizational outcomes in more than 60 hospitals.

For more information about Aiken's visit to MGH, call Adams at 3-7092.

End-of-life care brings valuable life, and nursing, lessons

ZZ was a 6-year-old boy with an abdominal rhabdomyosarcoma (solid tumor) who'd been treated with chemotherapy, radiation, and surgery in China, but didn't respond, so was brought to Boston as a last hope.

My name is Janet Actis, and I am a nurse on the Ellison 17 Pediatric Unit. Being a pediatric nurse is so rewarding, especially when you witness the resiliency of children and their incredible spirit. Many children recover against great odds, but unfortunately, some lose their battles. No one can teach a nurse what to do in those situations. It's an innate quality a nurse has and discovers as she comforts families and assists in giving a child a peaceful and dignified passing. Caring for ZZ and his family helped me find this quality in myself and enhance my practice as a pediatric nurse.

My experience with ZZ and his family taught me a lot about Chinese culture, including their views on life and death and how decisions are made within the family. The Chinese culture looks to its elders for direction. It views death as a positive thing for elders and a very negative thing for children. I happened to be precepting a new graduate nurse at the time, Elise, and it was her first end-of-life experience as a nurse.

ZZ came to Ellison 17 from the Hematology-Oncology Clinic. I was the resource nurse that day. ZZ's nurse in the clinic informed me that he was a 6-year-old boy with an abdominal rhabdomyosarcoma (solid tumor) who'd been treated with chemotherapy, radiation, and surgery in China, but didn't respond, so was brought to Boston as a last hope. Not



Janet Actis, RN, pediatric staff nurse

speaking any English, ZZ's parents and paternal grandparents accompanied him on the trip. ZZ's pain was increasing, and to add to an already stressful situation, ZZ's mom was eight months pregnant.

At first, I helped other nurses with creative ways to care for ZZ and his family. The entire team truly came together. I helped arrange a sonogram at his bedside so he could see his baby sister, as this was his last request, to live long enough to see his new sister. Soon it was decided that ZZ would be brought to the home of friend in the area to receive hospice care.

I was his nurse the day before he was to be discharged. As ZZ's mom and I rode down in the elevator to get his medications from the pharmacy, she told me (in her limited English) about the comic books ZZ loved. She was so grateful for our efforts to transfer him out of the hospital. As the day progressed, ZZ's pain increased, and, with the aid of an interpreter, the oncologist explained to Mom and Dad again that we could make him comfortable, but we couldn't make him better.

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For whatever reason, this time they really understood what it meant. I had my arm around Mom as she sobbed. Dad, who hadn't touched ZZ much before, held his son like it was the last time he ever would. Mom asked to speak with the oncologist, the interpreter, and me outside.

She said, "I cannot ask this in front of my husband, but how much time do we have?"

I knew then that Mom understood, and that she had more strength than I had imagined—eight months pregnant and caring for her whole family at this difficult time. Unfortunately, ZZ did not have much time at all.

ZZ's family avoided questions about their wishes for final arrangements. Gradually, I came to understand that in the Chinese culture, a child's death is a 'black death' unlike an elder's death, which is considered a 'white death,' because the person had a chance to live a full life and gain wisdom. Not only was I concerned about how ZZ's family was coping with his impending death, I was worried about how my preceptee, Elise, was doing. I encouraged her to share her feelings with me and other veteran nurses.

When ZZ's last day came, for whatever reason, I knew it was the day. The family informed us that they'd need new clothes for ZZ for all seasons. As part of their cultural tradition, we would need to dress him to prepare for the afterlife.

ZZ passed away comfortably, surrounded by his family. We helped them wash and dress him in his new clothes, so his spirit would be ready for the afterlife. We let the family grieve and pray together.

Arrangements were made per Chinese tradition to allow ZZ to stay on the unit an extra day to give the family time to grieve. If he were taken away sooner, they would be robbed of the opportunity to process their loss and begin to heal. According to custom, after this grieving period, no one speaks of the child or his death. We made arrangements with a funeral home (whose director spoke Mandarin) for ZZ to be picked up the next day. Our Mandarin interpreters helped staff understand the cultural aspects of this practice, which helped me provide better care for ZZ and his family.

I knew Mom was due to deliver any time. I came in the next morning (a Sunday) still grieving ZZ's death. But I had to help this family navigate through this unknown time. When the time came for him to be taken to the funeral home, they said one last good-bye at the end of the hallway, and I slowly helped the family leave the unit for the first time without their son. I hoped they would be able to embrace the joy of their new daughter who would be born soon. Sooner, in fact, than any of us thought.

A few hours later, I turned to see ZZ's mom and dad who were, with the aid of a friend, trying to tell us that Mom was having break-through bleeding. I instructed them to go straight

to Labor & Delivery as we had practiced before ZZ passed, and she was quickly admitted. When I went up to check on them later, as I came out of the elevator, I saw ZZ's grandparents looking lost and confused. When they saw me, their stress disappeared—a familiar face in a foreign setting. I helped them all reunite and we learned the next morning that ZZ's mom would be induced after she got some rest.

As individuals, we all have our own beliefs. But as nurses we're taught to keep them at bay. That can be difficult in emotionally charged situations, and even more so when people of different cultures come together. One thing that helped was collaborating with the pediatric palliative care team who came and spoke to staff about ZZ's impending death, our feelings, and how their culture impacted our care. This helped me be more sensitive to each member of ZZ's family, understanding the family dynamics from a cultural perspective.

When I reflect on ZZ's passing, his transfer to the funeral home, helping ZZ's parents to Labor & Delivery, and helping his grandparents find them, I realize the significance of the help I was able to give them. But truthfully, ZZ and his family gave me much more than I gave them. It was only after I got home that Sunday night that I realized how special and unique this situation was. I'd never heard of a child staying on a unit 24 hours after dying. It would be the last thing I'd want as a mother. But as a nurse you put your own feelings aside. And as difficult as that may have been, I now understand how, culturally, it was the right thing to do for ZZ and his family. I now understand the impact nurses can have by going the extra mile, supporting one another, and providing care that's culturally competent and sensitive. I'm proud that I found the ability in myself to help ease the loss of a child and support this family with a culturally dignified death.

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

Janet's skill and compassion are evident in every paragraph of this narrative. She was constantly alert to ZZ's family's needs as well as those of her preceptee. She anticipated and intervened to ensure that this devastating loss was handled with dignity and in a way that respected the family's long-held customs and beliefs—even when those beliefs didn't coincide with her own. This was a valuable life and nursing lesson, one I'm sure Janet will carry with her for the rest of her career.

Thank-you, Janet.

Celebrating everyday heroes

MGH presents first Disability Champion Award

—by Linda Akuamoah-Boateng, Maureen Larkin, and Steve Taranto

MGH president, Peter Slavin, MD, congratulates Gediminas 'Gedi' Margaitis, the inaugural recipient of the Disability Champion Award, at the first annual Breakfast of Champions.

Tuesday, October 29, 2013, was a special day at MGH as the Employee Disability Resource Group (EDRG) hosted its inaugural Breakfast of Champions—an occasion established to honor those who make MGH a more welcoming and accessible place for patients and employees with disabilities. The EDRG was cre-

ated in 2011 by disability program manager, Zary Amirhosseini, and director of Human Resources, Steve Taranto to give the MGH community a venue and a voice to share ideas and best practices around creating such an environment.

Eight individuals and one department were recognized at the Breakfast of Champions. The occasion marked the first presentation of the new Disability Champion Award, an award established to recognize an individual who has made a discernible difference in raising awareness about equitable care and accessibility at MGH. Information associate, Gediminas 'Gedi' Margaitis, was the inaugural recipient of the Disability Champion Award.

In his letter of nomination, Mike Stone, information desks manager, wrote, "Gedi consistently puts his own needs aside to help individuals with disabilities. It's part of his job to give directions to patients and visitors, but when he sees someone with a disability, he's quick to get up from his desk and personally assist him or her to their destination. Gedi has an endless supply of optimism and a perpetually cheerful disposition. He approaches all discharge and transport patients as if they were the most important people in the world. In my forty years as a manager, I've rarely seen a person as dedicated to patient care and doing the right thing as Gedi is."

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Disabilities Awareness (continued)

MGH president, Peter Slavin, MD, presented Margaitis with the award, saying, "I'm pleased and proud of the efforts underway to improve care and access for persons with disabilities in the MGH community. Every day we're becoming a more welcoming place for patients and families with disabilities."

Jeff Davis, senior vice president for Human Resources, presented certificates to the eight other nominees: Darlene Waters, of the Revere HealthCare Center; Laurence Brennan, Development; Jennifer DeSouza, Psychiatry; Mark Tlumacki, Orthotics; Rebecca Coburn, Police & Security; Logan Sharma, Occupational Therapy; and Tina George, Nursing.

At the breakfast, Amirhosseini and Taranto introduced the new EDRG logo, a multi-colored geodesic dome. Said Amirhosseini, "I'm proud to wear this

pin because it not only symbolizes our strength, but each triangle is a different color celebrating our diversity—all of which speaks volumes about our MGH community." Lapel pins in the shape of the logo were distributed to attendees. Taranto observed that the pins serve as a reminder of the strength of individuals with disabilities.

Linda Akuamoah-Boateng, project manager in the PCS Office of Quality & Safety, and Betsy Pillsbury, Partners disability resource coordinator, were introduced as the new co-chairs of the EDRG, replacing outgoing chairs, Amirhosseini and Taranto. Akuamoah-Boateng encouraged attendees to keep building on the good work begun

by award nominees. "Each of us can be a hero in our own way," she said.

For more information about the EDRG, or to become a member, send e-mail to: MGHEDRG@partners.org, or call Linda Akuamoah-Boateng at 617-643-2886.



New Employee Disability Resource Group logo and lapel pin

At right: new co-chairs of the Employee Disability Resource Group, Linda Akuamoah-Boateng (left) and Betsy Pillsbury. Below: Peter Slavin with nominee, Laurence Brennan. And below right: Jeff Davis, senior vice president for Human Resources, addresses the gathering.



(Breakfast of Champions photos by Walter Reeves)

Health Literacy Month at MGH

—by Gregg Clapham, Laura Ferriero, and Mallory Hillard

This past October, the PCS Patient Education Committee celebrated National Health Literacy Month by promoting effective communication between patients and healthcare providers. The committee hosted a day-long health literacy booth in the Main Corridor and the second annual Blum Visiting Scholar Lecture. Both events were intended to foster awareness of the resources available to help strengthen patient-provider relationships through clear communication.

The celebration kicked off on October 9, 2013, with a communication-themed educational booth. Evidence-based information supporting this vital aspect of patient-centered care was available for patients, visitors, and staff. Materials explaining the *Teachback Method*, *Ask Me 3 Questions*, and *Tips for Talking with Your Doctor* were discussed and disseminated to those who visited the booth. Information about hospital resources, such as the Blum Patient & Family Learning Center and the Blum Cancer Resource Room was available as well as on-line resources such as the MedlinePlus.gov website.

On October 30th, MGH welcomed Janet Ohene-Frempong as the second annual Blum visiting scholar. Ohene-Frempong is president of JO Frempong & Associates, Inc., which specializes in plain language and cross-cultural communication. Her presentation, “Time and Temperament: Lowering Two Lingering Barriers to Effective Health Communication,” highlighted the importance of patience and understanding in all encounters with patients and families. Embracing both of these qualities not only fosters effective communication but improves the quality of care and reduces the stigma that can be associated with an inability to communicate clearly. This empowers patients to take a more active role in their health.

In stressing the importance of non-judgemental communication, Ohene-Frempong noted certain barriers such as paperwork and overall workload that can make meaningful communication difficult—especially in a fast-paced healthcare environment. To overcome some of these obstacles, she recommended resources to facilitate patient-education and make communication more efficient and valuable for all parties. Ohene-Frempong recommended the use of tools such as handouts, booklets, videos, and assistive technology. She was quick to caution that,

“Communication isn’t about technology; patients want to connect with you as a person.” Fortunately, methods such as Teachback and Ask Me 3 Questions, which encourage a spoken connection, are widely used here. She applauded the work being done at MGH around health literacy and plain language.

For more information about Health Literacy, go to: <http://www.health.gov/communication/literacy/#overview>. To learn more about communication tools and resources available at MGH, call the Maxwell & Eleanor Blum Patient and Family Learning Center at 617-724-7352, or the Maxwell V. Blum Cancer Resource Room at 617-724-1822. Or just stop by.



Janet Ohene-Frempong, Blum visiting scholar and specialist in plain language and cross-cultural communication

(Photo by Paul Batista)

The OR Learning Laboratory Simulation Suite

Question: What is the Operating Room Learning Laboratory Simulation Suite?

Jeanette: The Operating Room Learning Laboratory Simulation Suite is an operating room that's been converted to a state-of-the-art training environment for inter-disciplinary surgical teams. Simulations promote teamwork and effective communication, and participants practice with actual surgical teams so they're learning along with colleagues they work with on a daily basis.

Question: What's involved in a typical simulation scenario?

Jeanette: Each simulation is unique—participants don't know what they're going to encounter beforehand. Every scenario involves a patient undergoing a surgical procedure that may develop into a complicated clinical situation. A high-tech mannequin serves as the patient. Simulation specialists observe the team and manipulate the experience to involve each participant and challenge the team as a whole. Perhaps the most educational part of the simulation is the debriefing when the team has a chance to discuss their performance and observers can give feedback. All simulations are kept confidential to preserve the integrity of the experience for future participants and to foster a supportive environment for candid feedback.

Question: Are there any non-clinical advantages to simulations?

Jeanette: Participating in simulations helps surgical nurses appreciate the importance of their role on the surgical team. Simulations promote assertiveness and closed-loop communication, key skills that help clinicians become better leaders. OR nurses report that simulations help identify knowledge gaps and develop critical-thinking.

Question: That's an important safety component.

Jeanette: Promoting a culture of safety is a high priority at MGH. In the OR, sometimes life-altering decisions must be made in a split second. Even experienced clinicians can find it hard to 'speak up' in the heat of the moment. It's imperative that nurses, surgeons, anesthesiologists, and everyone involved in the surgical procedure feel comfortable voicing their opinions. The best way to fix a problem is to prevent it from happening in the first place. Simulations help build confidence and camaraderie, which goes a long way toward creating a comfortable, supportive work environment.

Question: What's next for the OR Simulation Suite?

Jeanette: One concept being explored is the development of algorithms for use in rare, life-threatening situations. These tools have been used in other high-risk industries such as aviation and nuclear power to minimize the potential for human error. The OR Simulation Suite will be used to train teams in these new emergency algorithms. Funding was recently secured that will enable every MGH surgical team to attend simulation sessions over the next three years.

For more information about the OR Simulation Suite, call associate chief nurse, Dawn Tenney, RN, at 978-821-1527.

Professional Achievements

Gurel elected

Michelle Gurel, RN, staff nurse, Neuroendocrine Clinical Center, was elected president of the Endocrine Nurses Society, in Chandler, Arizona, in October, 2013.

Browning appointed

David Browning, LICSW, social worker, was appointed a faculty member of the Professional Problem Based Ethics Program at the Center for Personalized Education for Physicians, in Denver, in October, 2013.

Burrows certified

Meredith Burrows, RN, pediatric staff nurse, became certified as a pediatric nurse by the Pediatric Nursing Certification Board, in October, 2013.

Catone certified

Melissa Catone, RN, pediatric staff nurse, became certified as a pediatric nurse by the Pediatric Nursing Certification Board, in October, 2013.

Banister appointed

Gaurdia Banister, RN, executive director, The Institute for Patient Care, was appointed a fellow of the American Academy of Nursing, at the annual meeting of the American Academy of Nursing, in Washington, DC, October 17–19, 2013.

Mahoney certified

Patricia Mahoney, RN, pediatric staff nurse, became certified as a pediatric nurse by the Pediatric Nursing Certification Board, in October, 2013.

Silvestri Callahan certified

Sarah Silvestri Callahan, RN, medical staff nurse, became certified as a gerontological nurse by the American Nurses Credentialing Center, in September, 2013.

Smith certified

Jennifer Smith, RN, neuroscience staff nurse, became certified as a neuroscience nurse by the American Association of Neuroscience Nurses, in October, 2013.

Ball presents

Stephanie Ball, RN, clinical nurse specialist, Intensive Care Unit, presented, "Clinical Research Nursing in the Military," at the 5th annual conference of the International Association of Clinical Research Nurses, in San Diego, October 25, 2013.

Beninato presents

Marianne Beninato, PT, physical therapist, presented, "Measuring Patient-Centered Change: is a Score of +3 on the Global Rating of Change Scale a Valid Criterion for Minimal Clinically Important Difference (MCID)?" at the annual conference of the Massachusetts Chapter of the American Physical Therapy Association, in Newton, October 19, 2013.

Connell certified

Caroline Connell, RN, pediatric staff nurse, became certified as a pediatric nurse by the Pediatric Nursing Certification Board, in October, 2013.

Bonanno presents

Andrea Bonanno, PT, physical therapist, presented, "Care of the Patient after Surgical Intervention for Head and Neck Cancer: an Interdisciplinary Educational Presentation," at Massachusetts Eye and Ear Infirmary, October 26, 2013.

Bulette Coakley presents

Amanda Bulette Coakley, RN, staff specialist, presented, "The Effect of Therapeutic Touch on Biobehavioral Stress Markers in Vascular Surgical Patients," at the European Conference on Integrative Medicine, in Berlin, October 4, 2013.

Lee presents

Susan Lee, RN, nurse scientist, The Yvonne L. Munn Center for Nursing Research, presented, "AgeWISE: Magnet CNO," at the annual meeting of the Watson Caring Science Institute, in Orlando, Florida, October 3, 2013.

Lee also presented, "AgeWISE: a Story of Transformation Through Caring Science," at the International Caritas Consortium, in Chicago, October 10, 2013, and "AgeWISE: Generalist Training for RNs in Geropalliative Care," at the National Seminar of the Center to Advance Palliative Care, in Dallas, November 7, 2013.

Chastain presents

Patricia Chastain, PT, physical therapist, presented, "Physical Therapy for Children with Down Syndrome," at the Down Syndrome Program at Loveland, in Lincoln, Massachusetts, October 23, 2013.

Balliro presents

Courtney Balliro, RN, clinical research nurse, MGH Diabetes Center, presented, "Best Practices in a Simulated Home Environment Study," at the 5th annual conference of the International Association of Clinical Research Nurses, in San Diego, California, October 25, 2013.

Nurses present

Kate Cederbaum, RN; Deborah Clark, RN; Gail Leslie, RN; and Christina Stone, RN, presented, "Challenges Facing the Psychiatric Nurse," at the 37th annual Psychopharmacology Conference of the Psychiatry Academy, in Boston, October 25, 2013.

Blakeney presents

Barbara Blakeney, RN, innovation specialist, The Center for Innovations in Care Delivery, presented, "Nursing: Many Roles, One Profession, Ready for the Future," at the annual meeting of the New Hampshire Nurses Association, in Concord, New Hampshire, October 16, 2013.

Blakeney, also presented, "The Role of Equine-Assisted Learning in Health Care," on the Innovation Learning Network webinar, October 31, 2013.

Professional Achievements (continued)

Drown certified

Jacob Drown, RN, neuroscience staff nurse, became certified as a neuroscience nurse by the American Association of Neuroscience Nurses, in October, 2013.

Capasso a panelist

Virginia Capasso, RN, clinical nurse specialist, The Norman Knight Nursing Center for Clinical & Professional Development, served as a panel member at the Science, Technology, Engineering and Mathematics (STEM) Career Day at Archbishop Williams High School, in Braintree, October 3, 2013.

Harmon Mahony presents

Carol Harmon Mahony, OTR/L, occupational therapist, presented, "Wrist Injuries," at the Upper Extremity Rehabilitation Course at Tufts University, October 7, 2013.

Orencole presents

Mary Orencole, RN, nurse practitioner, Cardiac Arrhythmia Service, presented, "How to Evaluate Patients Before and After CRT Therapy," at the annual meeting of the Heart Failure Society of America, in Orlando, September 24, 2013.

Nolan presents

David Nolan, PT, sports physical therapist, presented, "Management of the Foot and Ankle Complex," at the annual conference of the New Hampshire chapter of the American Physical Therapy Association, in Manchester, New Hampshire, in October, 2013.

Actis certified

Janet Actis, RN, attending registered nurse, became certified as a pediatric nurse by the Pediatric Nursing Certification Board, in October, 2013.

Serinsky presents

Sharon Serinsky, OTR-L, occupational therapist, presented, "Occupational Therapy Needs of the Birth-to-Five Down Syndrome Population and the Evaluation Process Through the Infant/Toddler Down Syndrome Program," at the Down Syndrome Program at Loveland, in Lincoln, Massachusetts, October 23, 2013.

Grace Goergen presents poster

Laura Grace Goergen, RN, clinical research nurse, Diabetes Research Center, presented her poster, "The Future of Research Data Capture: Electronic Handheld Documentation to Support Nursing Practice," at the 5th annual conference of the International Association of Clinical Research Nurses, in San Diego, October 24, 2013.

Nurses present poster

Amanda Bulette Coakley, RN, staff specialist, Nursing Administration and Support Services; Christine Donahue Annese, RN, staff specialist, Nursing Administration and Support Services; Kathleen Myers, RN, nursing director, Orthopaedics; and Sharon Bouvier, RN, nursing director, Vascular, presented their poster, "Exploring Nursing Practice Interventions that Affect the Sleep Experience of Hospitalized Adults," at the European Conference on Integrative Medicine, in Berlin, October 4, 2013.

Merry appointed

Nicholas Merry, RN, staff nurse, Lunder 3 PACU, was appointed a member of the Disaster Nursing Panel of the American Nurses Credentialing Center, in November, 2013.

Hall presents poster

Kathryn Hall, RN, nursing director, Clinical Research Center, presented her poster, "Development of Nursing-Sensitive Indicators for the Clinical Research Setting," at the annual conference of the International Association of Clinical Research Nurses, in San Diego, October 23–25, 2013.

Nurses present poster

Jennifer Hovsespian, RN, staff nurse, Cardiac Intensive Care Unit; Cheryl McGah, RN, staff nurse, Orthopaedics, MGH West; and Claire O'Brien, RN, nursing director, Orthopaedic Ambulatory Surgery, MGH West, presented their poster, "Postoperative Teaching, Preoperatively," at the OR Manager Conference, in National Harbor, Maryland, in September, 2013.

Larkin and Grennan present poster

Mary Larkin, RN, clinical research manager, Diabetes Research Center, and Kerry Grennan, RN, nurse practitioner, Diabetes Research Center, presented their poster, "Closed-loop Glucose Control: Capturing the Patient Experience," at the annual conference of the International Association of Clinical Research Nurses, in San Diego, October 24, 2013.

Adams publishes

Jeffrey Adams, RN, director, The Center for Innovations in Care Delivery, authored the article, "Influencing the Nursing Commitment to Workforce Satisfaction and the Origins of Magnet: an Interview with Dr. Michael Evans," in a recent issue of the *Journal of Nursing Administration*.

Griffin presents poster

Ryan Griffin, RN, nurse practitioner, Psychiatric Mental Health, MGH Charlestown, presented her poster, "Integration of Behavioral Health and Primary Care: Needs Assessment and Pilot Intervention," at the annual conference of the American Psychiatric Nurses Association in San Antonio, Texas, October 10–11, 2013.

Therapists publish

Physical therapists, Marianne Beninato, PT; Vyoma Parikh, PT; and Laura Plummer, PT, authored the research article, "Use of the International Classification of Functioning, Disability and Health as a Framework for Analyzing the Stroke Impact Scale-16 Relative to Falls," which was published on-line in *Physiotherapy and Practice*, in October, 2013.

Announcements

Global Health certificates at the IHP

The MGH Institute of Health Professions School of Nursing is offering two certificates in Global Health Nursing.

A 9-credit on-line certificate of completion is available for nurses with a baccalaureate degree or higher; a 15-credit certificate of advanced study is available for master's-prepared nurses.

Both programs offer flexible schedules for working professionals. Programs begin in January.

For more information, go to: <http://www.mghihp.edu/academics/nursing/degree-options/global-health/default.aspx>, or call 617-726-6649.

Munn Doctoral Fellowship in Nursing Research

Call for Applications

The Yvonne L. Munn Center for Nursing Research is expanding the current Munn Post-Doctoral Fellowship to support pre-doctoral nurses completing dissertations. The Munn Doctoral Fellowship now accepts applications from both pre-doctoral dissertation candidates and post-doctoral nurses actively advancing a program of research. The fellowship provides a buy-out of time and resources to advance the scholar's research agenda.

The fellowship provides added time and resources for pre-doctoral candidates to accelerate completion of their dissertations and post-doctoral applicants to advance their research programs.

Concept papers are due January 19, 2014; final applications are due February 7, 2014. For more information, contact Diane Carroll, RN, at 617-724-4934 or Amanda Coakley, RN, at 617-726-5334, or visit the Munn Center website at: <http://www.mghpcs.org/munncenter/>.

Service Excellence Awards

Nominations are now being accepted for a new MGH award program that recognizes achievement in improving the patient experience. The program recognizes employees based on excellent (or significantly improved) survey results as well as nominations submitted by colleagues.

You can nominate teams that have successfully improved the patient experience or leaders who continually inspire outstanding service. Recipients will be recognized at a ceremony led by MGH leadership in February, 2014. Take a moment to submit a nomination recognizing the work and dedication of successful teams and leaders at MGH.

Nominations are due by 3:00pm, Friday, December 20, 2013. For more information, contact Cindy Sprogis at 617-643-5982.

Senior HealthWISE events

All events are free for seniors 60 and older

"Do You Need That Multivitamin?"
Thursday, December 5, 2013
11:00am–12:00pm
Haber Conference Room,
Speaker: Ashley Carter,
dietetic Intern
Should you be taking a multivitamin? What are the risks and benefits? Learn where you might find immune-boosting nutrients in your diet.

"Glaucoma"
Thursday, December 19th
11:00am–12:00pm
Haber Conference Room,
Speaker: Husam Ansari, MD,
Ophthalmic Consultants of
Boston

Join us for a discussion of the various types of glaucoma, causes, treatment, and future treatment possibilities.

For more information, call 4-6756.

MGH Institute offers PhD in Rehabilitation Sciences

The PhD in Rehabilitation Sciences at the MGH Institute of Health Professions is designed for clinically certified healthcare professionals wishing to acquire advanced knowledge and skills to conduct clinical research with an emphasis on assessing clinical outcomes in rehabilitation.

Full funding is available for as many as six qualified candidates. For more information, e-mail mlnicholas@mghihp.edu or go to: www.mghihp.edu/phd.

Become an ergonomics champion

The PHS Occupational Health "Train the Trainer in Office Ergonomics" course is designed for individuals or departments interested in creating a more ergonomically correct work space. This interactive class uses a combination of lectures, case studies, demonstrations, and work-station evaluations to guide ergonomic improvements. Attendees will learn to position keyboards, monitors, devices, and chairs to promote proper posture and positioning.

Tuesday, December 17, 2013
8:45am–12:15pm
MGH Training and Workforce
Development
Charles River Plaza
Suite 200,
For more information,
call 978-808-7688, or go to:
<http://is.partners.org/hr/training/pds/phs/enrollment.html>

Domestic Violence Workshop

The MGH Domestic Violence Legal Partnership presents "Legal Rights and Resources for Survivors"

This workshop will provide a general overview of the legal issues commonly faced by survivors of domestic violence and the legal resources available. Attorney, Christopher Logue, will share examples from his experience at the MGH Domestic Violence Legal Partnership and explain how MGH staff and patients can access their services.

Wednesday, December 11, 2013
10:00–11:00am
Yawkey Conference Room 2-210

For more information, call Liz Speakman at 617-726-7674, or go to: emspeakman@partners.org or www.havenatmgh.org

US Citizenship Classes

Registration is now open for the five-week US Citizenship class beginning in January at MGH. The course is available at no cost to MGH employees and their families. Participants are responsible for the \$680 citizenship application fee.

Classes are held from 5:30–7:30pm.

Class includes:

- US history and civics lessons
- assistance completing the N-400 application
- preparation for interview with US immigration official
- referral to support services if needed
- Follow-up sessions and tutorials

For more information, contact Liz Hogan at 617-399-3223.

2013 Jeremy Knowles Nurse Preceptor Fellowship

—by Mary Ellin Smith, RN, professional development manager

The Jeremy Knowles Nurse Preceptor Fellowship was established to recognize exceptional nurse preceptors who exhibit the qualities of teamwork, compassion, inquiry, scientific knowledge, and leadership. These preceptors are distinguished for their excellence in educating and inspiring new nurses in their clinical and professional development. Recipients of the Knowles fellowship receive financial support to support their educational and professional development as clinicians, mentors, and preceptors.

This year's recipients of the Knowles Nurse Preceptor Fellowship are Meghan Crann, RN, staff nurse on the Ellison 16 General Medicine Unit, and Michele Allen, RN, staff nurse on the White 11 General Medicine Unit.

This year's recipients of the Knowles Nurse Preceptor Fellowship, Meghan Crann, RN, staff nurse on the Ellison 16 General Medicine Unit (left), and Michele Allen, RN, staff nurse on the White 11 General Medicine Unit.

A graduate of Boston College, Crann has been a nurse on Ellison 16 for five years. Lindsay Thomann, RN, one of her preceptees, wrote of her, "Meghan always asked me to explain my thought process, which allowed me to work through problems; she gave me the independence I needed to be confident but was always available when I needed her."

Allen graduated from Regis College and completed her BSN at Salem State. In her letter of support Jen Manthorne, RN wrote, "I would not be the nurse I am today without the teaching and support Michele gave me. She taught me to think, to research, to be a leader and a learner. She inspired me to be the best nurse I can be and to continue to challenge and educate myself."

For more information about the Knowles Nurse Preceptor Fellowship, call Mary Ellin Smith, RN, at 617-724-5801.



(Photo by Paul Batista)

Published by

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

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Submissions

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

Next Publication

December 19, 2013

Inpatient HCAHPS Results 2012–November, 2013

Measure	2012	2013 YTD	Change (2012 - 2013 YTD)
Nurse Communication Composite	81.0	81.8	+0.8
Doctor Communication Composite	81.6	82.4	+0.8
Room Clean	72.9	74.6	+1.7
Quiet at Night	48.5	50.5	+2.0
Cleanliness/Quiet Composite	60.7	62.5	+1.8
Staff Responsiveness Composite	64.9	64.6	-0.3
Pain Management Composite	71.9	72.3	+0.4
Communication About Meds Composite	64.0	65.2	+1.2
Discharge Information Composite	91.2	91.6	+0.4
Overall Rating	80.1	81.0	+0.9
Likelihood to Recommend	90.5	90.3	-0.2

MGH continues to perform well on patient-experience metrics with nearly every indicator increasing in the last month. The most notable gains are reflected in Pain-Management and Communication about Medication.

Data complete through September 30, 2013
All results reflect Top-Box (or 'Always' response) percentages
Pull date: November 16, 2013



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