

Caring

Headlines

September 5, 2013

MGH Chaplaincy

*a team of professional chaplains providing skilled,
compassionate, spiritual care*



*See related
stories on
pages 5
and 6*

Father Joseph Owusu Boafo, staff chaplain (left), prays with patient, James Travers, Sr., on the Phillips 20 Medical Unit.

Some changes to the Magnet application process

effective August 1, 2014

The ANCC periodically reviews and revises Magnet application requirements to ensure Magnet criteria appropriately reflect excellence in nursing practice and the priorities dictated by the current healthcare environment.

Having earned Magnet-hospital recognition multiple times and been named the number-one hospital in the country by *US News & World Report* last year, I think it's fair to say we know something about excellence. And one thing we know is that to maintain clinical and service excellence, we must constantly evolve to meet the changing needs of our patients and families. Not surprisingly, the American Nurses Credentialing Center (ANCC)—the organization that developed and oversees the Magnet Recognition Program—knows that, too. Which is why they periodically review and revise the application requirements, to ensure that Magnet criteria appropriately reflect excellence in nursing practice and the priorities dictated by the current healthcare environment.

Recently, the ANCC announced changes to the application process that will go into effect August 1, 2014. These changes are intended to streamline evidence-collection, minimize redundancies, and accentuate the focus of Magnet recognition on empirical outcomes—outcomes that can be measured, documented, and benchmarked. While these changes may affect the application process, the five components of the Magnet Model remain intact (see model on opposite page).



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

Perhaps the most significant changes are page limits for certain documentation and a reduction in the overall number of Sources of Evidence (SOEs) from 88 to 49. Under the new application process, each SOE will have to include a specified number of examples. So, for instance, under the heading, Transformational Leadership, the standard might read: “Nurse leaders, with input from clinical nurses, use trended data to acquire necessary resources to support the Care Delivery System.” The requirement for this SOE might read: “Provide one (1) example and supporting evidence where a nurse leader with input from a clinical nurse used trended data to acquire resources to support the Care Delivery System.”

As I mentioned, these changes are intended to heighten the focus on empirical outcomes. Toward that end, all evidence in support of empirical outcomes must adhere to a separate format and contain:

continued on next page

You may think it's early to be thinking about Magnet re-designation (our next application isn't due until 2017). But when you're a Magnet hospital, there is no 'off-season,' and the work we're doing now around care re-design and Innovation Units will be a big part of our next evidence submission.

- *background*: including a description of the problem
- *a goal statement*: including a description of the desired improvement and the measures used to demonstrate improvement
- *data*: including pre- and post-intervention data showing the effect of the intervention
- *participants*: including a list of those who participated in the planning and intervention
- *a description of the intervention*: including activities that took place to facilitate the change or improvement
- *outcome*: including a description of the improvement and whether the goal was met

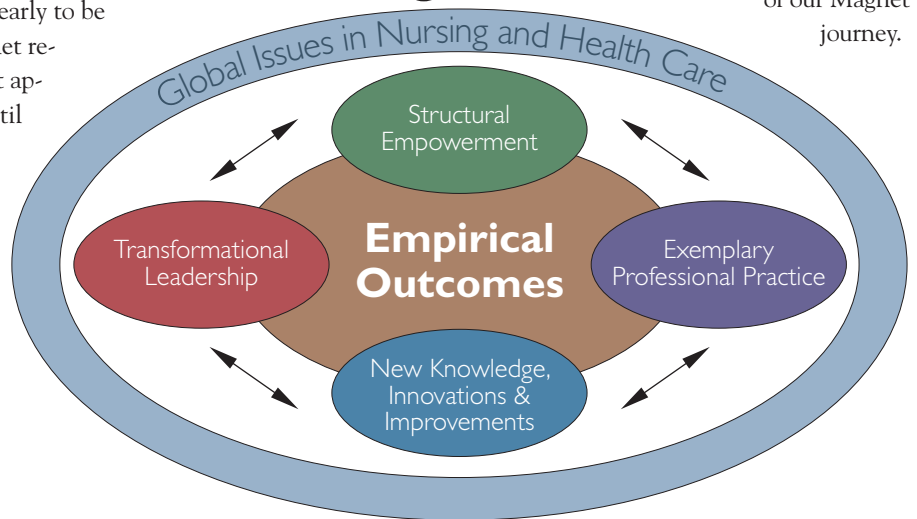
You may think it's early to be thinking about Magnet re-designation (our next application isn't due until June, 2017). But when you're a Magnet hospital, there's no 'off-season,' and the work we're doing now around care re-design and Innovation Units will be a big part of our next evidence submission.

Veterans of MGH know that Magnet recognition is about more than just status. It's public acknowledgment of our excellence in patient care and innovative professional practice. Consumers and prospective employees look at Magnet recognition as the ultimate credential for high-quality care and service.

A team of MGH nurses will be attending the National Magnet Conference in Orlando, Florida, October 2-4th. This conference is an opportunity to showcase best practices and learn more about the changes I just described. I'm sure our colleagues will return eager to share their experiences and anxious

to engage us in the next phase of our Magnet journey.

The Magnet Model



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Evolution of the Advance Care Planning Task Force

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care

On June 25, 2013, National Health Care Decisions Day, David Clarke, director of Massachusetts Health Decisions (MHD), and several MHD board members came to MGH to formally recognize Patient Care Services, the Ethics in Clinical Practice Committee (EICP), the Advance Care Planning Task Force (ACPTF), and the organization as a whole for their work on advance care planning. Senior vice president for Patient Care, Jeanette Ives Erickson, RN, accepted the proclamation along with leadership of the Ethics in Clinical Practice Committee, Sharon Brackett, RN, and Cynthia LaSala, RN; executive sponsor, Gaurdia Banister, RN; and committee and task force members.

Clarke and his colleagues commended the efforts of MGH staff to build advance-care planning into its culture throughout the continuum. He deemed MGH a, “model organization” in terms of assisting patients with, and honoring, the advance-directive process.

In 1999, an EICP survey revealed that assisting patients with advance directives and honoring advance directives at the bedside were among the top

ethical concerns of PCS clinicians. As a result, the EICP Committee adopted the ‘Talk Turkey’ approach originated by the Massachusetts Medical Society (MMS) to educate staff about this intervention. Utilizing materials provided by the MMS, the first of what has become an annual educational event was held at MGH to inform staff about the importance of advance care planning. The committee later formed the ACPTF to help close gaps in the process for patients and clinicians.

Over the years, the EICP and ACPTF have grown increasingly committed to improving shared decision-making around life-sustaining treatments. Their goal is to ensure that all patients (and parents of pediatric patients) are informed about the realities and possibilities of the care they’re receiving; assisted in making choices about treatment options; and have communicated their decisions to those who care for and about them.

Along with colleagues at all levels of the organization, the EICP and ACPTF have implemented numerous inter-disciplinary programs and initiatives. These efforts have not only earned the acclaim of experts such as Clarke and his colleagues, but have garnered the attention of other local, state, and national organizations.

For more information about the Ethics in Clinical Practice Committee, go to: <http://www.mghpcs.org/ipc/programs/committees/ethics.asp>.



Director of Massachusetts Health Decisions, David Clarke (back left) with senior vice president for Patient Care, Jeanette Ives Erickson, RN (second from left); executive director of The Institute for Patient Care, Gaurdia Banister, RN (third from left); representatives from the Ethics in Clinical Practice Committee and Advance Care Planning Task Force; and visiting nurse, Eugenia Goldsby, RN (seated, second from left).

Fighting the Good Fight

Clinical Pastoral Education Program

—by Reverend Angelika Zollfrank, Clinical Pastoral Education supervisor

Reverend Angelika Zollfrank, CPE supervisor (left), and John Polk, DMin, director of MGH Chaplaincy (right), with CPE graduates (l-r): Reverend Jay Williams, Monica Anda Unti, Nicholas Collura, Michael Bousquet, Andrea Jackson, and Zachary Brooks.

Estoy luchando: fight the good fight. Many times Monica Anda Unti heard patients speak about their fight, their spiritual struggle, their hope for better times ahead. Unti was one of six chaplain interns who participated in the Chaplaincy's summer Clinical Pastoral Education Program. Says Unti, "Patients opened up differently with me because they could speak and pray in their native language." Latinos account for 18% of Boston's population, and that number is growing. Understanding the com-

plexities of their medical conditions can be difficult. Making good medical decisions and feeling spiritually whole can be harder for those who don't speak English. Says Unti, "I could engage them without calling an interpreter. That is significant because spiritual matters can be so personal. Building trust is key." Studies show that spiritual values often influence medical decision-making, particularly in Hispanic patients. Knowing patients' spiritual needs can help the team and the family weigh the treatment options. "In the end," says Unti, "it was most important to affirm that patients fought the good fight and kept the faith."

The Clinical Pastoral Education (CPE) program is a training program for those who want to learn the skills and knowledge necessary to provide professional spiritual care in a clinical setting. CPE deepens caregivers' emotional and spiritual self-awareness so they're able to offer comfort, peace, and dignity to patients and families.

Thanks to the generous support of the Schwartz Center for Compassionate Healthcare, training in spiritual care is open to clinicians of all disciplines. Applications for the spring, 2014, program, beginning January 6th, are now being accepted. For more information go to www.ChaplaincyCPE.org or call Reverend Angelika Zollfrank, Clinical Pastoral Education supervisor, at 671-724-3227.



(Photo by Brian Wilson)

End-of-life spiritual care a mutual blessing

'Vincent' was a 65-year-old Chinese-American man who was curled up in a ball watching the rain outside his window. He was down and out, no denying that.

My name is Andrea Jackson. I recently completed the Clinical Pastoral Education (CPE) Program as a chaplain intern. 'Vincent' took to me from the start. His nurse had warned me that he could be stand-offish, but he wasn't with me. He was a 65-year-old Chinese-American man who was curled up in a ball watching the rain outside his window. He was down and out, no denying that. The last round of treatment for his testicular lymphoma hadn't worked, and options were running out.

His nurse had suggested I visit. "He's really down in the dumps," she'd said. "I don't know if he's religious, but you could give it a try."

According to the census, he was Roman Catholic. Since he hadn't requested a chaplain himself, I entered the room receptive to whatever Vincent's spiritual needs might be. He was slow to release his gaze on the window. He hardly moved.

"Hi, Vincent," I said. "I'm a chaplain. Would you like to talk? Perhaps pray? I know you've had a hard couple of days."

He looked relieved, if sad. Slowly, he sat up and straightened his blankets. "Prayer, yes. It's all I have."

Not wanting to assume anything, I asked what we should pray for. He wanted to pray for healing. He said he trusted God's plan, but hoped it involved healing. After confirming his religious affiliation, I suggested we pray spontaneously. We prayed for healing and God's help in whatever was ahead, even



Andrea Jackson, chaplain intern

if healing didn't come. We closed with the Hail Mary. Seeing his anxiety, his sadness, and his need to have something to hold on to, I asked if he'd like a rosary.

His face lit up. "I would love a rosary," he said.

I promised to bring him one on my next visit, which was also a way to see him again and follow up with more comfort and reassurance. I wanted Vincent to know I was going to continue this journey with him.

I returned later with a red-beaded rosary. It happened to be his favorite color. He wrapped it around his hand and held it tightly.

"Now you have something to pray with," I said.

"I think I'm too tired to say the whole prayer," he said.

I smiled. "Then Mary will have to pray the rest for you."

He smiled. He asked if I had a picture of Mary or Jesus. He was running out of choices medically, so I wanted to give him a choice of pictures. I showed

continued on next page

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that very day and
know true
healing.

him my stash of prayer cards, and he picked a few. This became a ritual of ours every time I visited. His first choice was always Mary. He looked to Mary as an example of faith and saw her as someone who was always there for him.

During one of our visits, Vincent told me he couldn't die because he still had things to do. I asked if there were other people who would take over for him.

"They're just little things" he said. "They matter to me, but if God doesn't think they matter, they won't get done."

The nurses praised Vincent's sense of realistic hope. He vacillated between mourning the loss of his own life, and hoping that one more round of chemo would bring a miracle. I accompanied him through the ups and downs of his treatment.

Eventually, Vincent's fine motor skills began to diminish, and he had difficulty swallowing. Soon, he could only manage to say a few words. I talked to him and prayed for him because he was unable to speak for himself. Gesturing, he asked me to put his rosary in his hand.

As I went to leave, I heard, "Thank-you."

That 'thank-you' took incredible effort on his part; I was deeply moved. The gratitude he was expressing was for more than just that moment—it was for sharing his journey in the last few weeks of his hospitalization.

I arranged for Vincent to receive the Sacrament of Anointing. Throughout the blessing, he mustered the strength to say, "Amen." His big eyes were fixed on me as the priest and I prayed for his healing. I asked about his taste in music. When I heard he loved Tony Bennett, I made a CD of his favorite songs. I asked the team to play it to help him with his pain. Whenever I visited, we prayed, and he always asked for his rosary before I left. Knowing it comforted him so much, I asked the nurses to be sure to return it to his hand if they ever had to remove it.

I realized that my pastoral care of Vincent was particularly important since he was estranged from his family and had no visitors. I was glad to join his wonderful team of clinicians in making Vincent feel cared for, body, mind, and spirit. I was a healing presence, a confidante, and a loving member of the Christian family. I felt our prayers for healing were heard when his family came to visit in his last days.

For a while, Vincent regained some strength and control. He communicated with paper and pen.

During this time, he wrote: "I know what Jesus meant when he said, 'Come to me all you who are thirsty, and you will be filled.'"

I realized in that moment that a literal interpretation of what he was saying could lead me to miss his true meaning. So I asked if he meant physical thirst.

"No," he said, shaking his head vigorously. "Spiritual thirst, too."

Despite all he was going through, Vincent felt strongly that God was with him. Yet, I heard how much he was struggling to remain true to his beliefs. I shared a passage from Psalm 27: "One thing I ask of the Lord; this I seek: To dwell in the Lord's house all the days of my life, to gaze on the Lord's beauty, to visit his temple."

I knew my intervention had been effective, when Vincent said, "You are like grace," and asked me to stay a while longer.

A few days later I received an urgent page. I rushed to Vincent's room. He was dying. Relieved to have gotten there just in time, I took his hand. He drew one more breath, his last. I prayed with him one more time, that he would gaze on the face of Jesus that very day and know true healing.

I came into Vincent's life in his last few weeks and helped strengthen his reliance on the God he loved. I helped him make the transition from life to death with grace and faith. I prayed with him and blessed him daily. He came into my life at a time of transition, too—between a graduate degree and a future in ministry. As I was welcomed by Vincent to bless him, he also blessed me, inspiring me with his spiritual path and anointing me with his assertion that I was, 'like grace.'

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

What a lovely narrative. Andrea came into Vincent's life at a time of great spiritual distress as he teetered between hope and fear. For patients with religious affiliations, faith and prayer are sometimes the greatest comfort. Andrea was fully present to Vincent and open to his spiritual needs and religious beliefs. She was able to give him a sense of peace and control, even as control of his own fate eluded him. How fortunate he was to have Andrea accompany him during the final days of his journey.

Thank-you, Andrea.

AMMP:

promoting diversity, leadership, and service

AMMP is the Association of Multi-Cultural Members of Partners. It's a volunteer committee that assists employees in obtaining associate's, bachelor's, master's and post-graduate degrees. AMMP is one way we foster our commitment to recruit and develop multi-cultural professionals and support their advancement into leadership roles.

Question: I'm new to MGH, and I've heard some of my colleagues mention, AMMP. What is that?

Jeanette: AMMP is the Association of Multi-Cultural Members of Partners. It's a volunteer committee that assists employees in obtaining associate's, bachelor's, master's and post-graduate degrees. AMMP is one way we foster our commitment to recruit and develop multi-cultural professionals and support their advancement into leadership roles.

Question: How does it work?

Jeanette: AMMP offers scholarships to employees (AMMP members) seeking higher education. It supports their completion of undergraduate or graduate programs through financial support for tuition.

Question: Can anyone apply for an AMMP scholarship?

Jeanette: Anyone can become a member of AMMP. In order to apply for an AMMP scholarship, AMMP members must have completed at least one year of continuous employment in good standing; have been a member of AMMP for at least three months; have attended three general body meetings; and be committed to the AMMP mission and philosophy.

Applicants must be accepted into, or enrolled in, an approved part- or full-time program working toward an associate's, bachelor's or master's degree.

Scholarship recipients are required to perform some volunteer service. Past recipients may re-apply for scholarships (contingent upon completing their volunteer service). Recipients have one year to fulfill this requirement.

Question: Do many people apply?

Jeanette: Six candidates applied this year; 13 last year. Each year, recipients are recognized in a ceremony sponsored by Human Resources. The next ceremony will take place, September 5, 2013, in the East Garden Dining Room. This is a wonderful event and a great opportunity to celebrate the achievements of scholarship recipients.

Question: Where can I get more information about AMMP?

Jeanette: Call Waveney Small Cole in the Institute for Patient Care at 617-726-1345, or visit the AMMP website at: <http://www2.mass-general.org/ammp>.

Treadwell Library

supporting Patient Care Services in striving for Excellence Every Day

Treadwell librarians are available to help staff find answers to clinical questions that come up in practice. Magnet surveyors commented on how involved and helpful our librarians were and wished more people would take advantage of their services and expertise.

Question: I've heard that Treadwell librarians are available to help PCS staff with research and other endeavors. Is that true?

Jeanette: Treadwell librarians are available to help staff find answers to clinical questions that come up in practice. They also help with literature searches and are a great resource when you're preparing abstracts, posters, presentations, or publications. Magnet surveyors commented on how involved and helpful our librarians are and wished more people would take advantage of their services and expertise.

Question: What are some of the resources available at Treadwell Library?

Jeanette: In addition to reference books, you can find videos of clinical procedures, digital images, specialized search engines (including Ovid MEDLINE/Nursing, PsycINFO, PsycTESTS, and PubMed). There's a web page with tools and tips for researching and organizing information (<http://libguides.massgeneral.org/nursing>).

Some new resources include:

- Mango Languages (instruction in 60 languages and 17 downloadable ESL courses)
- CINAHL Complete (the largest collection of full-text journals for clinicians)
- Mobile website (enables you to connect to the main site with a mobile phone)
- OneSearch box (a tool that helps streamline the search process; coming soon)

Question: Is it possible to access Treadwell Library on-line?

Jeanette: Treadwell Library is available on-line at: <http://massgeneral.org/library>, offering thousands of on-line books and journals, including more than 200 nursing eBooks. Treadwell Library is available on-line from any computer 24 hours a day, 7 days a week—just use your Partners password to log on.

Question: How can I learn how to use the library's resources and services?

Jeanette: The library offers individual and group classes on how to manage and search the literature (CINAHL, MEDLINE, QUOSA and RefWorks). Librarians are happy to instruct, consult, assist, and attend meetings or conferences anywhere in the hospital. And soon, customized tutorials will be available on HealthStream.

Question: What's the difference between Partners Handbook and Treadwell's resources?

Jeanette: Partners Handbook provides core clinical resources relevant to all Partners hospitals. Treadwell provides a more comprehensive collection of resources to meet the broader needs of clinicians, educators, students, and researchers.

Question: How can I contact Treadwell Library?

Jeanette: Treadwell Library is located on the first floor of Bartlett Hall Extension. For more information, call 617-726-8600 (Monday–Thursday, 8:00am–8:00pm; Friday 8:00am–7:00pm) or e-mail the library at: TreadwellQ&A@partners.org.

Announcements

SAFER Fair

See how collaborative governance champions are working to make a SAFER environment for patients, families, and the entire MGH community.

September 24, 2013
11:00am–2:00pm
under the Bulfinch tent

Food, games, and prizes!

For more information, call Mary Ellin Smith, RN, at 4-5801.

Blum Center Events

National Health Observances:
"What is Atrial Fibrillation?"

Tuesday, September 17th
12:00–1:00pm
presented by

Kenneth J. Comeiro Jr., RN

Programs are free and open to MGH staff and patients.

No registration required.

All sessions held in the Blum Patient & Family Learning Center.

For more information, call 4-3823.

Senior HealthWISE events

Lecture Series

"Stroke Risk Prevention"

Thursday, September 26, 2013
11:00am–12:00pm

Haber Conference Room
speaker: Mary Amatangelo, RN, senior stroke researcher and nurse practitioner

Hypertension Screening:

Monday, September 23rd
1:30–2:30pm

West End Library
151 Cambridge St.
Free blood-pressure checks with wellness nurse, Diane Connor, RN.

For more information, call 4-6756.

Jeremy Knowles Nurse Preceptor Fellowship

Call for Applications

Applications are now being accepted for the Jeremy Knowles Nurse Preceptor Fellowship that recognizes exceptional preceptors for excellence in educating, inspiring, and supporting new nurses or nursing students in their clinical and professional development.

The one-year fellowship provides financial support to pursue educational and professional opportunities.

Applications are due October 4, 2013.

For more information, contact Mary Ellin Smith, RN, at 617-724-5801

ACLS Classes

Certification:

(Two-day program

Day one: lecture and review
Day two: stations and testing)

Day one:

September 9, 2013
8:00am–3:00pm
O'Keefe Auditorium

Day two:

September 23rd
8:00am–1:00pm
Their Conference Room

Re-certification (one-day class):

September 11th
5:30–10:30pm
Founders 130 Conference Room

For information, contact Jeff Chambers at acls@partners.org

Classes are subject to change; check website for current dates and locations.

To register, go to:
http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Aging Gracefully:

Meeting the challenges and embracing the realities of aging

Continuing Education Program
Presented by MGH Nurses' Alumnae

Friday, September 27, 2013
8:00am–4:30pm
O'Keefe Auditorium

Presenters:

Mary Larkin RN; Cornella Cremans, MD; Alison Squadrino, PT; Paul Arnstein, RN; Barbara Moscovitz, LICSW; and Susan Lee, RN

\$40 for MGH alumnae and employees
\$50 for non-Partners employees.

For more information or to register by September 14th, call the Alumnae office at 6-3144.

Northeastern University School of Nursing's 50th anniversary

Celebrating history and honoring nursing leaders

November 2, 2013
6:00pm

Colonnade Hotel in Boston

Keynote address by the dean of the University of Pennsylvania's School of Nursing

Among nursing leaders being honored will be Jeanette Ives Erickson, RN, senior vice president for Patient Care, recipient of the Distinguished Health Care Professional Award.

Register on-line at: <http://www.northeastern.edu/bouve/nursing/anniversary/>.

For more information, call Joannie Danielides at 212-319-7566.

October is Domestic Violence Awareness Month

The Domestic Violence Working

Group will host information booths, presentations, a panel discussion, and a screening of the documentary, *Telling Amy's Story*.

For information about any of these events, contact Gayle Hoisington, at 617-643-7413.

MGH Disability Champion Award

The MGH Employees with Disabilities Resource Group will award its first MGH Disability Champion Award this fall, in recognition of exemplary commitment to advocacy for persons with disabilities.

Deadline for nominations is September 30, 2013.

Nominees must meet at least one of the following criteria:

- Must show extraordinary commitment to disability issues/persons with disabilities beyond the duties and responsibilities associated with their job
- Must enhance the patient/work experience of those with disabilities, their families, and visitors
- Must establish and/promote relationships to strengthen the hospital's commitment to persons with disabilities

Some restrictions apply

Recipient will be honored at a ceremony, October 29th with a plaque and award of \$1,000(net).

To nominate a colleague, visit <http://sharepoint.partners.org/mgh/hrevents/DisabilityChampionAward/default.aspx>.

Grasso joins PCS leadership team

Patient Care Services is proud to welcome Antigone Grasso to its leadership team. Following an exhaustive national search and rigorous screening process, Grasso accepted the position of director of PCS Management Systems and Financial Performance.

Grasso most recently served as director of Finance and Business Operations for the Weill Cornell Medical Center, Perioperative Services Department, at New York-Presbyterian Hospital where she oversaw a multi-million-dollar budget and was responsible for Central Sterile Processing, Materials Management, Equipment Services, Anesthesia Technicians, Billing, and business operations.

Prior to her stint as director of Finance and Business Operations, Grasso served as a manager in the Procurement and Strategic Sourcing Department, also at New York-Presbyterian, and strategic planning analyst for the Globix Corporation, an organization that provides Internet-infrastructure services to business customers. While studying for her master's degree in Business Administration, Grasso was awarded a financial operations internship with the United Nations Office of Project Services, the project-management branch of the United Nations.

Grasso received her master's in Business Administration in Operations and Management from the Columbia University School of Business, and her bachelor's of Science in Finance and International Business from the New York University Stern School of Business, graduating cum laude.

Grasso replaces outgoing director of PCS Informatics, Sally Millar, RN, who served as director of PCS Man-



Antigone Grasso,
director of PCS Management Systems and
Financial Performance

agement Systems and Financial Performance for the past two years. Says senior vice president for Patient Care, Jeanette Ives, Erickson, RN, "As we welcome Antigone to our team, we owe Sally Millar a debt of gratitude for her tireless service, commitment, and expertise."

Says Grasso, "I'm excited to be joining MGH and the Patient Care Services team. I look forward to collaborating with clinical and non-clinical teams, learning about their areas, and providing them with the best tools possible to manage our financial performance."

Grasso's office is located on the fourth floor of the Professional Office Building on Cambridge Street. She can be reached at 617-724-1649.

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For more information, call: 617-724-1746
- Next Publication**
September 19, 2013

Inpatient HCAHPS Results

2012–August, 2013

Measure	2012	2013 YTD	Change (2012 - 2013 YTD)
Nurse Communication Composite	81.0	81.0	Even
Doctor Communication Composite	81.6	82.1	+0.5
Room Clean	72.9	73.7	+0.8
Quiet at Night	48.5	50.0	+1.5
Cleanliness/Quiet Composite	60.7	61.8	+1.1
Staff Responsiveness Composite	64.9	64.2	-0.7
Pain Management Composite	71.9	71.9	Even
Communication About Meds Composite	64.0	64.3	+0.3
Discharge Information Composite	91.2	91.3	+0.1
Overall Rating	80.1	79.9	-0.2
Likelihood to Recommend	90.5	90.0	-0.5

MGH continues to perform well on patient-experience metrics, with noticeable improvement in nurse and physician communication. The Cleanliness/ Quiet Composite is maintaining its gain over last year, and staff responsiveness continues to rebound.

Data complete through June 30, 2013
 All results reflect Top-Box (or 'Always' response) percentages
 Pull date: August 20, 2013



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



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