

Caring

Headlines

February 6, 2014

Collaborate to extubate *As simple as ABC... DEF*

See story on
page 4



Incorporating the ABCDEF Bundle into practice: Cardiac ICU staff nurses, Amanda Woitowicz, RN (left), and Janina Mahoney, RN (ponytail), respiratory therapist, Lloyd Bartholomew, RRT, and family member, Irene Nachinoff, work together on spontaneous awakening and breathing trials to prepare patient, Philip Nachinoff, for extubation.

Partners eCare

a progress report on the development and roll-out of our integrated health-information system

We couldn't be happier for our colleagues at Newton-Wellesley, but the big news for MGH is that we're next. The revenue-cycle portion of Partners eCare is scheduled to go live at MGH just five months from now, on July 12, 2014.

I think it's fair to say that the MGH community is in a state of heightened anticipation awaiting the roll-out of Partners eCare. The new enterprise-wide, integrated, health-information system is scheduled to be up and running at all Partners-affiliated hospitals, physician offices, rehabilitation centers, and home-health providers by 2017. I know 2017 *sounds* like a long way off. But just to give you a little reality check, as this issue of *Caring Headlines* went to print, the administrative (or revenue-cycle) portion of Partners eCare went live at Newton-Wellesley Hospital. Folks, this is happening. And we're absolutely right to be in a state of heightened anticipation, because Partners eCare is going to enable better, safer, more coordinated care throughout our entire network with—'one patient, one record, one team, one Partners statement.'

We couldn't be happier for our colleagues at Newton-Wellesley, but the big news for MGH is that we're next. The revenue-cycle portion of Partners eCare is scheduled to go live at MGH just five months from now, on July 12, 2014. You may recall that the revenue-cycle functionality supports administrative tasks such as scheduling patient appointments, billing, coding, and admissions. This will mean a shift away from CBEDS for capacity-management, but Partners eCare will support patient-



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

placement, bed assignments, arrival times, intra- and inter-unit transfers, and discharges much the same as CBEDS does now. The actual computer interface may be a little different, but the overall flow of information and communication will be very similar to current practice.

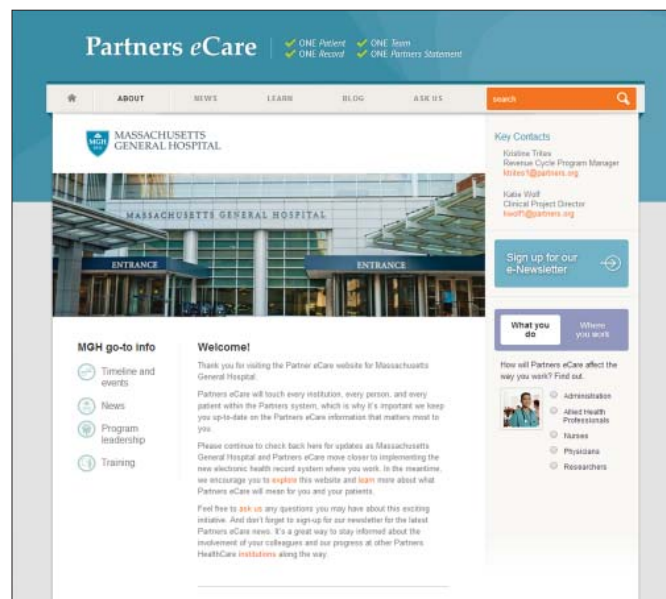
As you can imagine, the implementation team and site representatives from each hospital are hard at work testing the new system to ensure the smoothest possible transition. Dozens of scheduling and billing scenarios are being played out to test functionality, troubleshoot problems, and validate that the system does what we need it to do. The team has worked tirelessly developing scenarios specific to each institution and executing trials encompassing appointment-making and admissions all the way through coding and billing. And communicating with third-party and existing hospital systems is a key part of

continued on next page

I know that change of this magnitude can be a source of anxiety for some, so I want to assure you that there will be ample training and opportunity to practice on the new system before we go live in July. Throughout the go-live process, ‘super users’ will be on-hand to assist staff, and the Help Desk will be another resource to help resolve issues during the transition.

this work. This phase of the project is expected to run through May, 2014, at MGH.

A major milestone in our Partner eCare journey was reached recently with the entry of all demographic information for all Partners patients into one central database. This vast collection of demographic information is what our friends in IT call ‘the beating heart’ of our new integrated health-information system, and it brings us that much closer to readiness.



I know that change of this magnitude can be a source of anxiety for some, so I want to assure you that there will be ample training and opportunity to practice on the new system before we go live in July. Throughout the go-live process, ‘super users’ will be on-hand to assist staff, and the Help Desk will be another resource to help resolve issues during the transition. Training will consist of classroom and on-line education, and staff will have access to training labs to ensure the highest level of proficiency.

If you go to: partnersecare.partners.org, you’ll find a wealth of information about the implementation of Partners eCare, including the overall time line and news specific to the roll-out at MGH. From the website you can also sign up to receive a bi-weekly e-newsletter containing pertinent updates.

For more information, contact George Reardon (6-5392), director of PCS Clinical Support Services and operational readiness lead for PCS for the revenue-cycle roll-out. Partners eCare clinician champions, Annabaker Garber, RN (4-3561), and James Zachazewski, PT (3-1230), are taking the lead on the clinical side.

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ABCDEF Bundle: improving care in the ICUs

“Collaborate to extubate”

—by Sue Stengrevics, RN, clinical nurse specialist

In November, 2012, four nurses in the Cardiac Intensive Care Unit (CICU) were awarded a grant from the American Association of Critical Care Nurses (AACN) to support a 16-month training program designed to improve patient care and decrease expenses. The CICU is representing MGH, one of seven Massachusetts hospitals in the program that began in Missouri and has expanded to include 42 hospitals across the country.

Members of the CICU team involved in the program include: Erica Edwards, RN; Norine O'Malley, RN; Lisa O'Neill, RN; and Alicia Sheehan, RN, with Colleen Snyderman, RN, and Sue Stengrevics, RN, acting as advisors. The CICU grant proposal was directed at raising awareness about a practice they'd learned about through the AACN—namely, the **ABCDE** Bundle. The three components of the **ABCDE** Bundle are: Awakening and Breathing trial

Coordination for intubated patients; Delirium assessment and management, and early Exercise. These evidence-based practices have been shown to help prevent unintended complications in critically ill patients. With the CICU's strong commitment to family involvement, the team decided to add one more component to the Bundle: Family involvement.

They set about raising awareness of the Bundle through education within the CICU and other ICUs. They identified differences in practice related to the Bundle and focused their efforts on assessment, prevention, and nursing interven-

tions, all with the hope of decreasing length of stay in the ICU, decreasing morbidity and mortality associated with critical illness, and decreasing costs.

On Wednesday, January 15, 2014, the grant team launched

their campaign, which they call, “Collaborate to Extubate.” The traveling educational campaign promotes the **ABCDEF** Bundle in adult ICUs, the PICU, and the RACU. Phase II will be the development of an on-line HealthStream course, and a post-educational survey to include all participating nurses.

The team will present their work at the AACN National Teaching Institute (NTI) conference in San Diego in 2015. For more information about the **ABCDEF** Bundle, contact any grant team member at 4-4910.



(Photos by Walter Reeves)

Above right: the CICU grant team (l-r): Norinne O'Malley, RN; Alicia Sheehan, RN; Erica Edwards, RN; and Lisa O'Neill, RN.

Below right: the team presents the **ABCDEF** Bundle to staff of the CICU.

Chaplaincy offers first Hindu spiritual gathering

embracing all religions, faiths, and traditions

—by Nidhi Kumar, Partners attorney and Hindu spiritual convener; and Rabbi Ben Lanckton

Positive feedback and continued high attendance at Hindu spiritual gatherings indicates a strong interest in Hinduism throughout the MGH community, so the Chaplaincy has begun to include Hindu spiritual gatherings as part of its regular schedule of services.

On Tuesday, November 5, 2013, patients, visitors, and staff had an opportunity to attend Chaplaincy's first Hindu spiritual gathering. The service included a recitation of the Hanuman Chalisa, a Hindu devotional

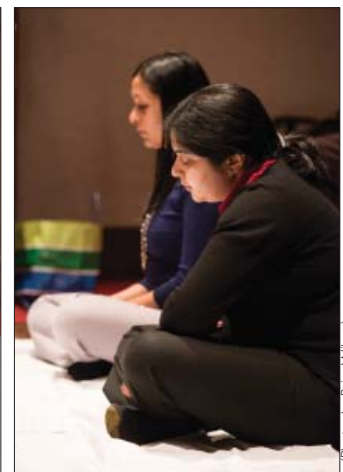
hymn, which literally means forty verses in tribute to Lord Hanuman. For Hindus, Lord Hanuman symbolizes courage, perseverance, humility, loyalty, and the triumph of good over evil. The Hanuman Chalisa is recited to create a positive aura, to help maintain a

sense of peace within oneself, and as a means of finding strength in the face of challenges.

Positive feedback and continued high attendance at Hindu spiritual gatherings indicates a strong interest in Hinduism throughout the MGH community, so the Chaplaincy has begun to include Hindu spiritual gatherings as part of its regular schedule of services. Hindu spiritual gatherings are now offered monthly in the MGH Chapel, providing a meaningful opportunity for Hindu patients, staff, and visitors to exercise and share their faith.

All are welcome to attend Hindu spiritual gatherings at 3:15pm on the first Tuesday of every month (Tuesday is traditionally recognized by Hindus as the day of respect for Lord Hanuman). Each session begins with a musical recitation of the Hanuman Chalisa. Handouts are available for those unfamiliar with the verses, and English translations are also available.

For more information, contact the MGH Chaplaincy at 617-726-2220.



(Photos by Brian Wilson)

Holistic care and creative pain-management give patient hope

Sometimes a patient's pain has a medical origin; sometimes it's idiopathic. 'Javier's' was a bit of both... he needed to be understood as a whole person, not just a severe, unmanageable reaction to pain.

My name is Nicole Martinez, and I'm a staff nurse. On the Blake 11 Psychiatric Unit, we're no strangers to psychogenic pain. Sometimes a patient's pain has a medical origin; sometimes it's idiopathic. 'Javier's' was a bit of both. He had experienced severe, recurrent, abdominal pain over the last year that hadn't responded well to medical interventions. His pain seemed disproportionate to the cause. As a nurse, I'm not immune to the frustrations that accompany incurable illness. I've learned to adapt to accommodate the needs of my patients. The question may become, "How am I going to help my patient live with pain?" versus, "How am I going to relieve the pain?" The answer is not always simple and must be tailored to the needs of each patient. In Javier's case, he needed to be understood as a whole person, not just a severe, unmanageable reaction to pain.

I first met Javier four years ago when he had become suicidal after receiving a new HIV diagnosis. I remembered being surprised at how quickly he improved; he was discharged within two days.

Javier was re-admitted last year for treatment of suicidal ideation related to pain. His condition had deteriorated. He had had several admissions to local emergency departments for severe abdominal pain. He had undergone numerous medical and surgical interventions, including treatment for fluid collections in the gall bladder, H. pylori, candidal esophagitis as well as a cholecystectomy, bi-ductal sphincterotomy, and placement of a stent. His current diagnosis was CMV esophagitis with sphincter dysfunction. Javier hoped that stent-removal surgery would resolve his pain.



Nicole Martinez, RN, psychiatric staff nurse

As he waited for surgery, Javier experienced severe bouts of pain. I'd find him crying, huddled in a fetal position in the bathroom. He wouldn't ask for medication, because he knew it wouldn't help. Narcotics would only make him more constipated, and lead to more pain. He'd been seen by the Pain Service several times. Instead of asking for help, he seemed to want to hide.

I advised Javier to try guided imagery. I asked him to imagine a safe place (he chose a mountain) where he could feel more relaxed. He enjoyed the exercise and thought he could re-visit it on his own. We spoke about mindfulness meditation and the effect it has on dealing with pain. I advised him to meditate for a few minutes every day and notice what affect it had on his pain.

His occupational therapist added sensory-based coping strategies to counteract his pain. We encouraged him to bite towels and use squeeze-balls to draw the pain away from himself. He took warm showers when he felt pain starting. These techniques were especially helpful during acute bouts of pain. I recommended Reiki and Healing Touch to balance the energy in his body and help it heal. These techniques

continued on next page

have been effective in treating pain, especially when administered by an experienced practitioner.

I encouraged Javier to attend group sessions on the unit to learn more coping techniques and share his struggle with others. He had very few social contacts outside his family. Typically, when patients make social contacts, they're more apt to eat in the day room and attend group activities.

Javier continued to experience pain. It became worse when he ate certain foods and, as a Type II diabetic, when he was hypo- or hyper-glycemic. He didn't adhere to a good diabetic diet outside the hospital; many of his meals were at the hotel kitchen where he worked, and mostly after 3:00pm when his shift started. Javier loved food, and even though he was in pain, he'd eat anything fried or greasy that was put in front of him. I consulted our nutritionist. We reviewed Javier's eating habits and medical condition, and she encouraged him to eat six small meals a day and avoid fried, fatty, and greasy foods. We encouraged him to try to adhere to a bowel regimen of one bowel movement a day. I worked with him to improve compliance; we recorded his input, output, finger sticks, and how he felt after meals. I placed a lot of emphasis on education, and we worked on a diet that would fit his lifestyle. Javier responded well to this approach and was surprised at how much it impacted his pain level. But despite this, his main focus continued to be surgery.

Though Javier had many challenges, I wanted him to appreciate his strengths. Chronic pain can be all-consuming, and Javier was becoming blind to the good things in his life. I encouraged him to examine his life, focusing on the positive. He was devoted to his family. He had a teenage son and three adult children. He was proud that his grown sons would hug and kiss him in public. He enjoyed good relationships with his sisters, who lived nearby. He spoke flawless English (though English wasn't his native language). He had a job he enjoyed. Javier agreed that these were all reasons to keep living and keep fighting.

I met frequently with Javier to talk about his depression. I knew from his previous admission that he'd contracted HIV during a period of promiscuity after his wife left him. He spoke very little about his ex-wife or how the end of their relationship affected him. He believed his depression stemmed from witnessing his father's death 20 years before. His father had been terminally ill and died in his arms. He never got over it and hasn't been able to be truly happy since. He thought of it as a form of post-traumatic stress, with nightmares and a sense of being dis-connected from others. His

psychiatric medications were adjusted to target pain pathways and post-traumatic stress.

Because he was self-reflective and had good reasoning skills, his psychologist and I thought he would be a perfect candidate for talk therapy. I encouraged him to reflect on his experiences during his hospitalization and share them with me and other staff members.

The night before Javier was scheduled to go home, I got a call from Gastroenterology. Javier had been booked for surgery the following day. He was going to have the surgery he so desperately wanted. I asked the doctor if he thought the surgery would decrease Javier's pain, and he said it probably wouldn't.

One thing I've learned as a psychiatric nurse is not to take away a patient's hope. But I didn't want to give false promises, so I decided to try what Buddhists call, "the Middle Way." I gave him a pep talk. I told Javier he was going to be discharged soon, and I probably wouldn't see him again after this shift. I told him his life would continue to be a struggle at times but to be proud of the work he'd done. I told him he was going to have surgery in the morning, and his eyes lit up as if he'd just won the lottery.

He asked me if I thought the surgery would 'work,' and I carefully replied, "If you believe it will, then it just might." He thanked me for my care and said he'd include my comment in his journal. "I'll think about that," he said.

As a psychiatric nurse, I only see patients for a short time. For me, it's about planting a seed of knowledge that can further their personal development. It's not about 'fixing' someone, but providing them with tools they can use to cope with the chronicity of their illness. I imagine Javier may still have pain. But I hope he'll see the value of seeking help from healthcare providers and using some of what he learned as he progresses through the continuum of his life.

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

We frequently use terms like, 'success' and 'failure,' but often, in reality, life falls somewhere in between. Empowered by understanding and compassion, Nicole gently guided Javier to live his life as fully as he was able. She cared for him, advocated for him, and educated him. She gave him the tools to discover aspects of his care that he could control. And perhaps more than anything, she gave him hope.

Thank-you, Nicole.

As a psychiatric nurse, I only see patients for a short time. For me, it's about planting a seed of knowledge that can further their personal development. It's not about 'fixing' someone, but providing them with tools they can use to cope with the chronicity of their illness.

MGH pays tribute to Reverend Martin Luther King, Jr.

a celebration of his life and legacy

—by Waveney Small Cole and Dianne Austin

The MGH community came together to celebrate the life of Reverend Martin Luther King, Jr. and recognize this year's YMCA achievers, shown standing in the photo at right (Esther Maycock-Thorne, left; and Nicté Mejía, MD).

Opposite page, speakers (clockwise from top left: Carlyene Prince-Erickson; Pamela Cazeau; Jeff Davis; Peter Slavin, MD; Evelyn Abayaah; and Dianne Austin.

On January 24, 2014, the Association of Multicultural Members of Partners (AMMP) hosted its annual Martin Luther King Day celebration in the East Garden Dining Room. Part historical retrospective, part tribute, part YMCA Achiever recognition ceremony, the event was set against the backdrop of Gospel music, or 'Negro spirituals,' performed by the Jubilee Spirit Ensemble from the Berklee College of Music. The songs provided a fitting atmosphere in which to honor the legacy of

Reverend Martin Luther King, Jr., civil-rights leader, orator, and prime mover for some of the greatest social change our country has ever known.

MGH president, Peter Slavin, MD, reflected on many of the themes important to King, saying, "As Dr. King reminded us, peace is better than violence. All people, regardless of their skin color, nationality, income, or education, should be treated with dignity and given equal opportunity to advance in our society. For me and many others, this day represents an opportunity to re-ignite memories—some very positive, some very painful. It's an opportunity to re-dedicate ourselves to King's legacy and

continued on next page



Remembrance/Celebration (continued)

values; to work even harder to be the kind of country, community, and hospital he fought so tirelessly for us to be.”

Jeff Davis, senior vice president for Human Resources, recalled King’s lifelong commitment to his faith and the influence it had on his message of freedom, equality, and peace. Said Davis, “Remember Dr. King’s life, his struggles, his purpose, and his faith. And whatever your faith, I think you’ll recognize a common theme—the need for divine presence in a meaningful life.”

During the celebration, Carlyene Prince-Erickson, director of Employee Education and Leadership Development, introduced this year’s recipients of the YMCA Achievers Awards: Esther Maycock-Thorne, Parking & Commuter Services; Nicté Mejía, MD, Neurology; and from Spaulding Rehabilitation Hospital, Yarixa Vargas, Nutrition & Food Services.

King once said, “The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.” His words are as relevant today as they were in the 1960s; they are as meaningful at MGH as they are to the rest of the world.



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For more information, call:

617-724-1746

Next Publication

February 20, 2014

Nursing Certification

*formal recognition of clinical skill
and expertise*

Question: I see a lot of clinicians becoming certified. Why is there such an emphasis on certification?

Jeanette: According to *Nursing's Social Policy Statement: the Essence of the Profession* (2010 edition), certification is, "formal recognition of the knowledge, skills, abilities, judgment, and experience demonstrated by the achievement of formal criteria identified by the profession." Certification lets the public know that a clinician has demonstrated that level of achievement.

Question: How is certification different from licensure?

Jeanette: Licensure signifies entry-level knowledge, while certification is a voluntary process signifying that a clinician has experience and knowledge in a certain specialty beyond entry level. Certification gives patients confidence in their caregivers. In a recent survey, certified nurses scored higher on knowledge about pain and nausea than non-certified nurses, and public awareness about certification is growing. People want their caregivers to be as skilled and knowledgeable as possible.

Question: Is there any link between patient outcomes and certification in the literature?

Jeanette: A study published in the *Journal of Nursing Scholarship* in June, 2011, showed a link between nursing certification and better clinical outcomes, including lower inpatient mortality. And according to the American Nurses Credentialing Center, studies show that certification is associated with fewer medical errors.

Question: How many nurses at MGH are certified?

Jeanette: Currently, 24.9% of MGH nurses are certified.

Question: Is there any kind of support for nurses who'd like to become certified?

Jeanette: Full-or part-time staff who work a minimum of 20 hours per week and are paid by the department of Nursing are eligible for reimbursement for one active certification if it's related to their current clinical practice.

Question: Is there a list of certifications available for nurses?

Jeanette: Yes. A list of "Selected Examples of National Certifications" can be found on the ANCC Magnet website (<http://www.nursecredentialing.org/Magnet/Magnet-Certification-Forms.aspx>).

Question: Is that why we're surveyed about certification?

Jeanette: Magnet hospitals are required to submit information about nursing certification. We survey nurses every year to learn what certifications they've earned. If you haven't yet completed the 2013 survey, please do so at your earliest convenience so we can keep our records up to date.

For more information about nursing certification, call Mandi Coakley, RN, at 6-5334; for information about the certification survey, call Nancy McCarthy, RN, at 4-0944.

Announcements

Blum Center Events

Book Talk:

Almost Anorexic

Tuesday, February 11, 2014
12:00–1:00pm

Blum Patient & Family Learning Center

Millions of men and women battle some type of eating disorder. Come learn what can be done about it.

Speaker: Jennifer J. Thomas, co-author of *Almost Anorexic*

Program is free and open to MGH staff and patients. No registration required.

For more information, call 4-3823.

The Doane Fund

Subsidized assisted living for retired nurses and others in nursing-related careers

Financial assistance is available through the Doane Fund to individuals who may be candidates for assisted living who meet the following criteria:

- retired nurses or other professionals who have served in nursing-related careers
- lived in greater Boston during part of their nursing career
- served in this caregiver or nursing-related role for ten years in Boston

For more information, contact Lance Chapman at 617-731-8500; extension 105 or lchapman@goddardhouse.org

Senior HealthWISE events

All events are free for seniors 60 and older

“The Fruit of our Losses: Growing through Grief Work”
Thursday, February 6th
11:00am–12:00pm
Haber Conference Room

Speaker: Robert Weber, assistant clinical professor of Psychology, Harvard Medical School

“John Singer Sargent Watercolors”
Thursday, February 20th
11:00am–12:00pm
Haber Conference Room

Speaker: Nicole Claris, educator, Museum of Fine Arts

Learn more about John Singer Sargent’s work and how Boston became home to one of the finest collections of Sargent watercolors in the world.

For more information, call 4-6756.

Education in ExtraCorporeal Membrane Oxygenation

Save the date

24th annual SEECMO (Specialist Education for ExtraCorporeal Membrane Oxygenation) conference.

April 4–6, 2014
Omni Hotel

Providence Rhode Island

For ECMO specialists, respiratory therapists, nurses, perfusionists, and physicians who have an interest in the clinical application, research, and continuing development of ECLS.

Jointly sponsored by MGH, Rhode Island Hospital, and Yale New Haven Hospital.

For more information, or to register, go to: http://www.rhodeislandhospital.org/SEECMO_2014.html.

International Association of Clinical Research Nurses

The Boston Chapter of the International Association of Clinical Research Nurses will have its next meeting

March 6, 2014
5:30–7:00pm

Boston Children’s Hospital
Gamble Library

Speaker: MGH nurse, Sarah Dolan Looby, RN, who will talk about Advancing Nursing Science Through Interdisciplinary Collaboration.

For more information, e-mail Amy Sbrolla, RN, or Linda Pitler, RN.

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.

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/>.

New hours for Interpreter Services

To better serve patients and families, Medical Interpreter Services (main campus) is announcing new office hours.

Effective immediately:

Spanish interpreters are available on-site Monday through Friday, 6:00am–8:00pm;

(other languages may vary)

Spanish interpreters are available on-site Saturdays and Sundays, 8:00am–6:30pm

Access to remote telephonic interpreting in more than 200 languages is available around the clock wherever there is access to IPOP/VPOP or hospital telephone.

For more information, call 6-6966.

PhD in Rehabilitation Sciences

Fellowship funding for qualified students

The PhD in Rehabilitation Sciences program at the MGH Institute of Health Professions is designed for clinically certified/licensed healthcare professionals in Physical Therapy, Occupational Therapy, Speech-Language Pathology, Rehabilitation Nursing, and Physical Medicine and Rehabilitation who wish to acquire advanced knowledge and skills to conduct clinical research with an emphasis on assessing clinical outcomes in rehabilitation. Partial 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.

Inpatient HCAHPS Results

2012–December, 2013

Measure	2012	2013 YTD	Change (2012 - 2013 YTD)
Nurse Communication Composite	81.0	81.9	+0.9
Doctor Communication Composite	81.6	82.5	+0.9
Room Clean	72.9	74.6	+1.7
Quiet at Night	48.5	50.1	+1.6
Cleanliness/Quiet Composite	60.7	62.4	+1.7
Staff Responsiveness Composite	64.9	64.8	-0.1
Pain Management Composite	71.9	72.3	+0.4
Communication About Meds Composite	64.0	65.4	+1.4
Discharge Information Composite	91.2	91.7	+0.5
Overall Rating	80.1	81.1	+1.0
Likelihood to Recommend	90.5	90.4	-0.1

December saw continued progress in our patient-experience results. Nursing Communication scores are at their highest level ever. Advances were seen in Staff Responsiveness, Cleanliness, and Pain-Management. There was a decline in Quietness scores, so we need to renew our focus on quiet times. Discharge Information, Overall Rating, and Likelihood to Recommend scores continue to be among the best in the nation. With ongoing vigilance, we're on track for a great year.

Data complete through November 30, 2013
 All results reflect Top-Box (or 'Always' response) percentages
 Pull date: January 16, 2014



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