

# Caring

Headlines

March 6, 2014

## Hourly rounding

*one of 15 key interventions*

*On Innovation Units, interventions like hourly rounding, relationship-based care, and quiet times are having a positive impact on patient-satisfaction, quality and safety, and length of stay.*

*See Jeanette Ives Erickson's column on page 2*

# Innovation Units

*working together to make care better for patients and families*

*Innovation and optimism go hand-in-hand... Optimism can only exist when individuals embrace the capacity to act and possess absolute certainty that they have the inner resources to manage change without fear of failure.*

Since rolling out the first round of Innovation Units in March of 2012, I've experienced a gamut of feelings — anticipation, exhilaration, pride in the MGH workforce, confidence that we can bring about meaningful change together — and something else, something I couldn't put my finger on. When I came across this passage recently, I realized that 'something' I was feeling was optimism. See if these words resonate with you they way they did with me:

*Innovation and optimism go hand-in-hand. Optimism seeks the long view; it regards the unavoidable challenges of life as part of the natural process of change. 'Taking things in stride' is an optimistic life view. Optimism can only exist when individuals embrace the capacity to act and possess absolute certainty that they have the inner resources to manage change without fear of failure.*

Our work on Innovation Units certainly takes the long view. It is driven, not only by a desire to make care better, but to make it more affordable, more coordinated, more efficient, and safer for patients and staff alike. And we have proven time and again that we have the fortitude to lead change without fear of failure. To date, 41 units have adopted the interventions that are the cornerstone of this initiative:

- 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



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

- 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
- 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

As with all innovation, there's a learning curve, a period of adjustment. Throughout the hospital, staff are working to incorporate and refine these interventions in ways that best meet the needs of their patient populations. Obviously, Phase I units have had more

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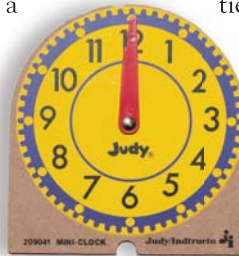
Yes, I'm proud, excited, and optimistic about the outcomes we're achieving on Innovation Units. And I hope you are, too. The data we're collecting, the feedback we're receiving from patients and families, and the difference we're making in clinical outcomes are indisputable.

time to integrate interventions into practice, so we have more data on how these interventions are impacting patient outcomes on those units.

Key indicators tell us that Phase I Innovation Units are seeing a decrease in length of stay; a decline in fall rates and pressure ulcers; sustained improvement on almost all HCAHPS scores; and a downward trend in cost of care. With results like that, how can our work on Innovation Units be described as anything but a resounding success.

As I said, we're still discovering new ways to work together, to provide seamless care across disciplines and settings. Staff said they wanted more standardized processes with fewer work-arounds. We created the Patient Journey Framework to help us identify gaps and put processes in place to ensure continuity throughout the continuum of care.

We set out to improve quality and safety, reduce costs, and increase patient- and staff-satisfaction. All the interventions we selected contribute to a more coordinated, responsive, and patient-focused hospital experience. Hourly rounding may look different on each unit, but frequent, regular visits to patient rooms have been shown to decrease falls and pressure ulcers; reduce call-light utilization, and have a positive impact on patient-satisfaction.



Hourly-rounding visual aid

Some units are more effectively discouraging noise outside patients' rooms; others have found effective ways to coordinate discharge planning; some units have re-scheduled inter-disciplinary rounds in order to bring more clinicians to the table; others have easily incorporated follow-up phone calls into their daily practice; some staff have begun using visual aids as reminders of when they last rounded. These and other best practices will be shared at Innovation Unit meetings and in other forums. Sharing best practices needs to become as much a part of our culture as integrating these interventions into practice.

Yes, I'm proud, excited, and optimistic about the outcomes we're achieving on Innovation Units. And I hope you are, too. Sometimes it's hard to appreciate the impact you're having when you're so involved in the day-to-day work. But the data we're collecting, the feedback we're receiving from patients and families, and the difference we're making in clinical outcomes are indisputable. We're on the right track. We are embracing our ability to act, and we absolutely possess the inner resources to lead this change without fear of failure.

Thank-you for your forward thinking and willingness to be bold on behalf of our patients and families.

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# NERBNA honors three MGH nurses

Michelle Anderson, RN, staff nurse, and Naomi Martel, RN, staff nurse, received NERBNA's Excellence in Nursing Awards: Gaurdia Banister, RN, executive director for The Institute for Patient Care, received NERBNA's Presidential Award.

On Friday, February 7, 2014, the New England Regional Black Nurses Association (NERBNA) held its annual Excellence in Nursing Award celebration at the Boston Copley Marriott Hotel. Two MGH nurses were among the recipients: Michelle Anderson, RN, staff nurse on the White 7 Surgical Unit; and Naomi Martel, RN, staff nurse on the Bigelow 11 Medical Unit. NERBNA Nursing Excellence Awards recognize black nurses who consistently excel in their profession and specialty areas.

In her letter of nomination for Anderson, executive director for The Institute for Patient Care, Gaurdia Banister, RN, wrote, "Michelle is a star. Her commitment to exemplary patient care is the cornerstone of her practice. She is involved in the Clinical Leadership Collaborative for Diversity in Nursing, preparing the next generation of diverse nurses. Michelle loves to teach. On our Dedicated Education Unit, she serves as clinical instructor, role model, coach, and advisor. She is well respected by all and has a generous spirit, always willing to share her knowledge and expertise."

Says Anderson, "I'm blessed to work with like-minded individuals in an environment where autonomy, patient- and family-centered care, and best practice are the norm."

In her letter of nomination for Martel, nursing director, Patti Fitzgerald, RN, wrote, "Naomi is a strong advocate for her patients and their families, consistently taking an active role in crafting care plans to meet their specific needs. She is self-directed and has excellent communication skills. Her patience and strong clinical knowledge, combined with her high standards for

patient care make her an exceptional attending nurse. Naomi is a passionate, skilled clinician, and a valued member of our team."

Says Martel, "It was such an honor to be nominated for this award. I'm truly surrounded

by the best team in health care, which makes coming to work every day a joy and a privilege."

In addition to Nursing Excellence Awards, a special honor was bestowed on our own Gaurdia Banister, RN, executive director of The Institute for Patient Care, who received NERBNA's prestigious Presidential Award. The Presidential Award recognizes nurses who:

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Michelle Anderson, RN  
staff nurse, White 7  
Surgical Unit



Naomi Martel, RN  
staff nurse, Bigelow 11  
Medical Unit



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



## Recognition (continued)

- serve as a role model for all nurses as a leader, educator, mentor, and clinician
- demonstrate a commitment to ensuring that optimal health care is available to African Americans and other underserved communities
- participate in local, state, national, and international activities to advance and promote the profession of nursing
- exemplify the mission, vision, and goals of the New England Regional Black Nurses Association

Says Banister, "I was extremely honored and humbled by the recognition. My hope is that nursing students and young nurses who attended the ceremony will be able to see themselves in those who were recognized and know they have a promising future ahead of them."

For more information about the NERBNA Excellence in Nursing Awards, contact Gaurdia Banister at 617-724-1266.



## *Scenes from the celebration*

At left: NERBNA Excellence in Nursing Award recipients, Michelle Anderson, RN (left) and Naomi Martel, RN (right) with NERBNA Presidential Award recipient, Gaurdia Banister, RN, executive director for The Institute for Patient Care.

Below left: Martel is introduced by NERBNA mistress of ceremony, Cilorene Weeks-Cabey. Below right: Anderson and Banister share a celebratory hug.



At NERBNA award ceremony are (l-r): Kevin Whitney, RN; Gaurdia Banister, RN; Theresa Gallivan, RN; Patti Fitzgerald, RN; recipients, Naomi Martel, RN, and Michelle Anderson, RN; and Theresa Capodilupo, RN.

(Photos on this page by Paul Smith)

# Certified Nurse Day *and the benefits of specialty certification*

—by Gino Chisari, RN; Tricia Crispi, RN

Certification is a voluntary process that formally recognizes a clinician's knowledge, skill, and clinical practice; it's a significant milestone in a clinician's professional development, and a source of assurance to the general public.

Every year, nurses around the country celebrate National Certified Nurses Day on March 19th, the birthday of the late Margretta 'Gretta' Madden Styles, international pioneer of nursing certification and designer of the first comprehensive study of nurse credentialing. Certification is a voluntary process that formally recognizes a clinician's knowledge, skill, and clinical practice; it's a significant milestone in a clinician's professional development, and a source of assurance to the general public. Magnet hospitals place a high premium on professional development, and promoting nursing certification in all role groups is one way we demonstrate our commitment to deliver the highest quality care.

Research shows that nursing certification is positively associated with job satisfaction, a sense of empowerment, and collaboration with other members of the inter-disciplinary team. Nurses consistently report that certification raises their self-esteem, improves patient-satisfaction and clinical outcomes, and elevates their clinical competence and expertise.

With the help of a new Tiger Team, the Norman Knight Nursing Center is launching an initiative to encourage nurses at all levels throughout the hospital to become certified. The Tiger Team is comprised of staff nurses who've already earned certification, nursing directors, clinical nurse specialists, and others. Over the next few months, members of the Tiger Team and staff from the Norman Knight Nursing Center will be developing a Nursing Certification Strategic Plan. For more information about this effort, visit the Excellence Every Day webpage at [http://www.mghpcs/eed\\_portal/EED\\_profdev.asp](http://www.mghpcs/eed_portal/EED_profdev.asp).

## *Some nursing certification testimonials*

—by Kathy Hall, RN; Meaghan Rudolph, RN; and Elise Gettings, RN

In the White 13 Clinical Research Center (CRC), many nurses have taken advantage of the opportunity to become certified. Kathy Hall, RN, nursing director of the CRC, has been an ANCC board-certified adult nurse practitioner since 1988 and an ANCC board-certified nurse executive since 2013. Clinical nurse specialist, Meaghan Rudolph, RN, has been an ANCC board-certified psychiatric CNS since 2009. And staff nurse, Elise Gettings, RN, received her CRRN certification in Nursing Rehabilitation in 2002.

Gettings chose Nursing Rehabilitation when she was working as a case manager. She pursued certification to be more knowledgeable about the specialized language, modes of treatment, and ongoing research in the field. Says Gettings, "I wanted to gain a better understanding of the levels of care available in rehab nursing so I'd be able to inform my patients more effectively." She feels certification has helped her achieve a higher level of nursing professionalism and expertise.

Rudolph chose psychiatric nursing because of her long-standing interest in psychiatric mental health nursing. Being certified has given her a number of opportunities, including most recently, the CNS position on the CRC. Says Rudolph, "Becoming certified was an enriching experience. It allowed me to explore the speciality of psych mental health nursing and foster my own professional growth." Rudolph also teaches an ANCC course to help prepare nurses for the Psychiatric Mental Health certification exam.

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## Certification (continued)

Hall selected ANP certification as she planned to work as a primary care nurse practitioner and being certified by ANCC is the standard to which all nurse practitioners are held. She has been a content expert for the ANCC ANP practice area for 12 years.

In 2013, Hall took the Nurse Executive exam. It had been 25 years since her last certification exam. Says Hall, “The process did give me pause; the last time I took the exam, it was paper and pencil—I didn’t know what to expect with a computerized test. It turned out to be much easier than I expected.” Preparing for the exam validated Hall’s skill and experience and gave her an opportunity to learn new material.

Certification provides a universal standard for knowledge and level of practice. Says Hall, “It unites and elevates nursing practice. It’s a demonstration of our commitment to professional practice, and it encourages growth in our areas of expertise.”

In the Clinical Research Center, 33 nurses are certified in 17 different specialties. While Research does not yet have its own certification, many CRC nurses are working with the national organization to establish one.

### *The Process and Benefits of Certification*

—by Christine Gryglik, RN

As professionals, we continually strive to be at the top of our game so we can provide patients and families with the best possible care.

Most certifying organizations (in nursing) require nurses to complete 2,000 hours of direct care in their specialty before they’re eligible to sit for certification. The American Nurses Credentialing Center (ANCC), the credentialing arm of the American Nurses Association, offers certification in 25 nursing specialties, including Pediatrics, Medical-Surgical, Ambulatory Care, and Nurse Executive; 10 certifications for clinical nurse specialist, and 12 areas of certification for nurse practitioner. Many other national nursing organizations offer board certification in their respective specialties (such as Gastroenterology, Neuroscience, Critical Care Nursing).

As a clinical nurse specialist, I’m not only responsible to patients and families but also to nurses and other colleagues. Maintaining certification as a clinical nurse specialist will always be an expectation I set for myself. The American Association of Critical Care Nurses has published evidence that certified nurses provide a

higher level of care to patients and families. One of the criteria for becoming a Magnet hospital is the number of national certifications held by nurses. The ANCC’s goal for Magnet organizations is to have 70% of nurses board-certified. This may seem like a lofty goal, but really, becoming certified is just an extension of our commitment to be the best nurses we can be, providing the best care we know how to provide.

Sitting for a certification exam can be intimidating, but with support and encouragement we can help our staff and our colleagues move closer to this goal. As consumers, we expect plumbers, electricians, financial planners, etc., to be certified in their specialties because it speaks to their professionalism, knowledge, and commitment. Nurses care for patients at their most vulnerable times. Shouldn’t we offer the same assurance to those who look to us for their care?

For more information about nursing certification, call the Knight Nursing Center at 6-3111.



Teamwork and collaboration: (l-r): Meaghan Rudolph, RN, clinical nurse specialist; Elise Gettings, RN, staff nurse; and Kathy Hall, RN, nursing director; work together to ensure a successful patient experience in the Clinical Research Center.



# Compassion, collaboration, and patient advocacy result in one memorable Easter-egg hunt

'Maggie' had been admitted for radiation and chemotherapy for newly diagnosed bladder cancer. She was preparing to have a nephrostomy tube (or catheter) placed.

**M**y name is Jessica Berry, and I feel very privileged to be an oncology nurse. One of the many reasons I feel that way is because oncology nurses have a unique opportunity to support patients through some of the most challenging times of their lives. I look at this opportunity as a chance to do everything in my power to make a patient feel safe and comfortable and to serve as an advocate for their needs. This year, with the help of my incredible team on Lunder 9, I feel confident I did everything in my power to advocate for 'Maggie's' needs.

I first met Maggie during an evening shift. She was out in the hall ambulating independently, rolling her IV poll as she walked. She introduced herself to me before I even started patient rounds. She had a big smile and was very friendly and outgoing. A student nurse happened to be shadowing me that day, and Maggie made her feel right at home, putting her at ease with her quick wit and making us both laugh out loud.



Jessica Berry, RN, staff nurse  
Lunder 9 Oncology Unit

Maggie had been admitted for radiation and chemotherapy for newly diagnosed bladder cancer. She was preparing to have a nephrostomy tube (or catheter) placed. She was positive and upbeat. We talked about her young son and how important it was to her to be there for him as he grew up. It was clear she adored him.

When my shift ended, she asked when she'd see me again. I told her I'd be on vacation for the next few days but looked forward to seeing her when I returned. I wished her luck in surgery and off I went to start my vacation, never imagining the state I'd find her in the next time I saw her.

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During her last days on the unit, Maggie talked about how much she wanted to spend Easter at home with her son. Sadly, her care was too complex for her family to manage on their own. We all felt a strong desire to help make this wish come true, so the interdisciplinary team, my nursing student, and I got together and thought—if Maggie can't go home for Easter, lets bring Easter to Maggie.

When I returned to work a few days later, Maggie wasn't there. I thought maybe she'd gone home early, but didn't think much of it, knowing I'd see her the next time she was admitted for chemotherapy.

A few days later, I was triaging patients as the resource nurse, and I saw Maggie's name on my census as a transfer from the ICU. Curious, I asked her attending physician what had happened. The look on his face told me the situation was grim. Maggie had suffered a massive pulmonary embolism (a blockage of the main artery of the lung), which had left her in a childlike like state, unable to process information or communicate as she had before.

When Maggie returned to Lunder 9, her family was there to support her in full force. But Maggie was now very impulsive and couldn't understand why she couldn't do anything the way she used to. She was weak and at high risk for falling. Her family was devastated, as were all her caregivers. And through it all, all Maggie wanted to know was when she could see her son.

The days passed, and the plan of care continued to focus on treating Maggie's cancer. I took extra time with her to explain her course of treatment, as did the rest of the team. Maggie wholeheartedly agreed to treatment. Little by little, her mental status improved. Soon, she could have a conversation, but couldn't retain the information for very long. She could remember what happened before her catastrophic event but had only minimal awareness of anything that happened after the pulmonary embolism.

A month or so passed, and Maggie continued to suffer complications. Pain became a major issue, and her mobility declined. We fought to find a balance between comfort and alertness, as we do with so many oncology patients.

It was ultimately determined that despite aggressive treatment, antibiotics were all that were keeping Maggie alive. We called a family meeting

to discuss goals of care, and as a result, Maggie's care shifted to what she really needed. Comfort.

During her last days on the unit, Maggie talked about how much she wanted to spend Easter at home with her son. Sadly, her care was too complex for her family to manage on their own. We all felt a strong desire to help make this wish come true, so the inter-disciplinary team, my nursing student, and I got together and thought—if Maggie can't go home for Easter, lets bring Easter to Maggie.

With great coordination among team members, my student, and the Cancer Center, we arranged to have an outdoor Easter-egg hunt for Maggie and her son in the Healing Garden on Lunder 8. It was one of those perfect days. And I'm sure it will be an enduring memory for Maggie's son and her whole family. Maggie passed away a short time later.

I think of Maggie often and remember the many smiles she and her family gave me. They reminded me why I love oncology nursing. From helping patients initiate treatment to helping them find comfort in difficult days, oncology nursing is so much more than just administering radiation or chemotherapy. It's a team approach to providing the best care possible. I hope we always remember how we came together for Maggie and the positive impact it had on her final days.

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

We don't often think of a healing garden as the venue for an Easter-egg hunt, but compassionate, end-of-life care often results in unorthodox solutions. Jessica helped make an unbearable situation bearable. Through relationship-based care, skill, and advocacy, Jessica and the team were able to give Maggie a warm and meaningful passing, one that I hope will bring joyful memories to her son and family for years to come.

Thank-you, Jessica.

# The NICU Parent Forum

*a place to vent and share, to grieve and heal,  
to celebrate every success*

—by Marisa Iacomini, LICSW, social worker, and Liz Warren, RN, staff nurse

We are Marisa Iacomini, NICU social worker, and Liz Warren, RN, staff nurse. The gathering that brought these women together is the NICU Parent Forum that we established in October of 2012.

**A**t the start of the session, Monica, a first-time mom, spoke softly, hesitantly. Her expression was worn from the fear and stress of having her new baby in the Newborn Intensive Care Unit (NICU). She was tired, worried, and sad. Her daughter had been diagnosed with Trisomy 21 Down's syndrome. She had no idea how to explain it to her family in Morocco; she didn't understand it herself. She'd never known anyone with Down's syndrome.

Another mom, Margaret, had been visiting from out of state when she went into premature labor and delivered her third child. Her newborn was being treated for meningitis. Margaret was 2,000 miles from home, far away from her support system. She was in tears describing the logistics of trying to deal with this while maintaining a long-distance relationship with her husband and other two children who would starting back to school soon. Not to mention her own career as an educator and principal.

For one hour, the conversation between these and the other moms was powerful, the emotion palpable. The common thread was uncertainty about their babies' future. Margaret shared with Monica some examples of how schools and communities support kids with Down's syndrome. More and more, Down's syndrome children are part of mainstream classrooms and contribute just like their classmates. She shared the story of a good friend who has a child with Down's. She described the boy as, "the light of his mother's heart," and talked about what a wonderful addition he is to their family.

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## Comfort/Support (continued)

For one hour, moms comforted each other as only moms with newborn babies and uncertain futures can.

By the time it was over, the women were smiling and hugging as they headed to the nursery to show each other their babies.

We are Marisa Iacomini, NICU social worker, and Liz Warren, staff nurse. The gathering that brought these women together is the NICU Parent Forum that we established in October of 2012.

Over the years, a number of efforts have been made to bring parents of NICU and Special Care Nursery (SCN) babies together. In 2006, the NICU re-located to its current home on Blake 10, which was specifically designed to foster family-centered care (private rooms, two- and three-bed pods) all with lots of sunshine and views of the city.

But even with this bright, new physical space, the feeling of isolation can be a real problem for NICU parents. So in the summer of 2012, we met with our supervisors and brainstormed ways to support families in the NICU and SCN. Research showed that NICU parent support programs had been advocated since the 1980s. We decided to name our gathering 'The Parent Forum' because it implies openness and discussion. We wanted both support and informational components. We initially planned to address pre-determined topics, such as hyper-bilirubinemia, feeding intolerance, or apnea of prematurity at each gathering but quickly found that parents were more interested in talking to each other about their experiences than listening to pre-planned presentations.

We promote the forum by posting laminated fliers and reminders on white boards a few days before each meeting, and NICU nurses encourage parents to attend. Meetings are held on the first and third Wednesdays of the month in the NICU conference room or SCN family waiting area. An overhead an-

nouncement is made shortly before sessions start. Meetings are held from 6:30–8:00pm, but we emphasize that parents can drop in whenever it's convenient. Typically, about 30–70% of parents on the unit attend forums.

Past topics have included:

- Life in the NICU
- The New Baby Blues
- Post-partum depression
- Anxiety
- New and on-going medical issues
- Skin-to-skin (kangaroo) care
- Attachment concerns when separated from the baby immediately after delivery
- Bonding with your baby
- Self-care strategies
- Stress-reduction techniques
- Sleep (and lack thereof)
- Resources in the community
- Developmental milestones
- Feeding and future nutritional issues
- Transition to an intermediate-care nursery
- Life at home caring for a baby and parenthood

We've found that the Parent Forum provides a good opportunity to ask parents if their needs are being met. One parent whose baby was gravely ill was so impressed with the care his son was receiving he said he wished he could meet the president of the hospital to tell him. After the meeting, we e-mailed Dr. Slavin to tell him, and Dr. Slavin promptly made an appointment to see the dad. Weeks later, as the boy was preparing to go home, Dr. Slavin stopped by to wish the family well.

The story at the beginning of this article is just one of many profoundly authentic exchanges we've had the privilege to observe since the inception of The Parent Forum. There is no shortage of drama in the NICU and SCN; life and death often, literally, hang in the balance. The Parent Forum gives families a chance to step away from the bedside for a short time, to vent and share, to grieve and heal, to celebrate every success, no matter how small.

For more information about the NICU Parent Forum, call Marisa Iacomini at 617-726-2611.

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On opposite page: Marisa Iacomini, LICSW (left), NICU social worker, and Liz Warren, RN, staff nurse, facilitate discussion during recent Parent Forum in the NICU.

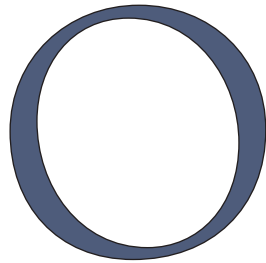




# Seguin named new senior manager for Clinical Compliance

Said Belknap, “Claire brings an impressive work history and educational background to this position.”

Says Seguin, “I’m delighted to accept this position and honored to work at MGH where excellence is expected.”



On February 11, 2014, John Belknap, chief compliance officer, announced that Claire Seguin, RN, had accepted the position of senior manager for Clinical Compliance in the MGH/MGPO Corporate Compliance Office. Said Belknap, “Claire brings an impressive work history and educational background to this position.”

Seguin came to MGH in 1996. Her first role was as a staff nurse on White 6 and Ellison 6. She became an acute medical oncology and infusion nurse on Lunder 9. Seguin joined the Compliance Office in 2009 as a clinical compliance specialist and rapidly assumed more and more responsibility for regulatory-compliance readiness and surveys. Along with her colleague, Patrick Adams, Seguin was a key architect of the inter-disciplinary patient tracer program. She is a graduate of the University of Massachusetts with a BS in Nursing and Biology, and Curry College with a master of Science degree in Nursing.

In her new role, Seguin will assume managerial responsibility for the clinical compliance program, including advancing our quality and safety goals through survey preparedness and performance. She will continue to develop and oversee the MGH/MGPO clinical compliance tracer program to ensure ongoing measurement of performance in key areas, and she will have a voice in establishing goals and objectives for the clinical compliance program and



Claire Seguin, RN new senior manager for Clinical Compliance in the MGH/MGPO Corporate Compliance Office

determining policies and practices for clinical-compliance auditing and monitoring activities.

Says Jeanette Ives Erickson, RN, senior vice president for Patient Care, “I couldn’t be happier that Claire has been promoted to senior manager for Clinical Compliance. She is well suited for this role with her exquisite clinical practice and expertise in regulatory compliance.”

Says Seguin, “I’m delighted to accept this position and honored to work at MGH where excellence is expected.”

Patient Care Services and the MGH community congratulate Seguin and wish her well in the next phase of her journey at MGH.

# The importance of participating in professional organizations

*greater opportunities for patient advocacy and personal and professional growth*

*Question:* I'm a new nurse at MGH, and I'm excited about working for a hospital with such a strong tradition of nursing leadership and patient advocacy. I'd like to help support professional nursing practice, and I'm wondering where to start.

*Jeanette:* First, welcome to MGH. As a Magnet hospital, we believe in empowering all nurses to foster excellence in nursing practice. One of the best ways to do that is to join a professional organization, such as the Organization of Nurse Leaders (ONL) of Massachusetts and Rhode Island, the Massachusetts Association of Registered Nurses (MARN), or one of the many specialty nursing organizations.

*Question:* Do I need to be in a leadership position at MGH to participate in these organizations?

*Jeanette:* Most professional nursing organizations accept nurses at all levels as well as student nurses.

*Question:* How does involvement in these organizations help impact patient care?

*Jeanette:* Great question. Regardless of how long a nurse has been in practice or what position he or she may hold, the basic Nursing Code of Ethics is what brought us to the profession—we want to be patient advocates. Participating in professional organizations is a way to advocate for patients on a larger scale. By becoming involved in your specialty nursing organization, you're helping create specialty-specific, evidence-based standards to guide practice and care-delivery. Decisions made at this level help influence not only nursing practice, but also healthcare legislation and policy decisions.

*Question:* Do MGH nurses really get involved in healthcare policy?

*Jeanette:* Several MGH nurses have helped influence healthcare policy. Gino Chisari, RN, director of the Knight Nursing Center and current president of MARN, once held the position of deputy executive director of the Massachusetts Board of Registration in Nursing where he had great influence on healthcare legislation. Kevin Whitney, RN, associate chief nurse and past president of ONL of MA/RI, was part of a grant initiative to implement a key Institute of Medicine recommendation; he has also testified at legislative sessions on mandatory overtime and nurse staffing ratios.

*Question:* Are there other benefits of participating in professional organizations?

*Jeanette:* MGH nurses are encouraged to practice to the full extent of their training and licensure. One way to do this is to participate in professional organizations that provide opportunities to network with other nurses and develop relationships with nurse leaders and mentors. Lunder 6 nursing director, Tara Tehan, RN, is currently MARN president-elect. She attributes much of her professional growth and leadership skills to being involved in professional organizations early in her career.

I encourage all clinicians to learn more about their professional organizations at local, state, and national levels; submit posters, present at conferences, and write articles. There are many ways to be involved.

# Announcements

## Special Schwartz Center Rounds®

"Boston Marathon Caregivers One Year Later: Moving Forward with Healing and Renewed Compassion"

Exclusively for hospital staff, first responders and medical-tent volunteers.

These confidential sessions will bring together caregivers who treated patients following the Marathon bombings to discuss how they're coping.

Sessions will be held:

Wednesday, March 12, 2014  
6:00–7:30pm

Inn at Longwood Medical, 342 Longwood Avenue, Boston  
Register by March 5th

Friday, March 28th  
8:00–9:30am

Thier Conference Room  
Register by March 21st

Thursday, March 20th  
8:00–9:30am

Harvard Pilgrim Health Care  
93 Worcester Street, Wellesley  
Register by March 13th

Thursday, April 3rd  
8:00–9:30am

Inn at Longwood Medical, The Fenway Room  
342 Longwood Avenue, Boston  
Register by March 27th

Wednesday, April 9th  
6:00–7:30pm

Boston Park Plaza Hotel, Terrace Room  
50 Park Plaza at Arlington Street, Boston  
Register by April 2nd

Registration is required  
Please e-mail [schwartzcenter@partners.org](mailto:schwartzcenter@partners.org) with your: name; e-mail address; organization; and session(s) you plan to attend.

Your contact information will be used for registration purposes only.

## 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](http://www.rhodeislandhospital.org/SEECMO_2014.html).

## Blum Center Events

Shared Decision Making  
"Colon Cancer Screening"  
Thursday, March 13, 2014  
12:00–1:00pm

Join us for a video on "Colon Cancer Screening," and a discussion with Daniel Chung, MD

Book Talk  
*Almost Anorexic*  
Tuesday, March 25th  
12:00–1:00pm

Join Jennifer J. Thomas, co-author of *Almost Anorexic* for a discussion on different types of eating disorders.

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.

## 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.

## Senior HealthWISE events

All events are free for seniors 60 and older

"Macular Degeneration"  
Thursday, March 6th  
11:00am–12:00pm  
Haber Conference Room

Speaker: Tina Cleary, MD, Ophthalmic Consultants of Boston, will speak about macular degeneration, its causes, and treatment options.

"Medication Safety in the Older Population"  
Thursday, March 20th  
11:00am–12:00pm  
Haber Conference Room

Speaker: Joanne Doyle Petrongolo, will discuss steps to improve medication safety, drug interactions, and proper medication storage and disposal.

For more information, call 4-6756.

## 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](mailto:mlnicholas@mghihp.edu) or go to: [www.mghihp.edu/phd](http://www.mghihp.edu/phd).



# Physical Therapy goes **RED** for women's health



The MGH Physical Therapy Department supports the American Heart Association's Go Red for Women campaign to increase awareness about heart disease and stroke.

For more information on heart health, prevention, and living with heart disease, call the MGH Heart Center at 617-726-1843.

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For more information, call: 617-724-1746

**Next Publication**

March 20, 2014

# Inpatient HCAHPS Results

## 2013 Full Year

Measure	2012	2013 Final Scores	2012-2013 Change
Nurse Communication Composite	81.0	81.9	+0.9
Doctor Communication Composite	81.6	82.5	+0.9
Room Clean	72.9	74.5	+1.6
Quiet at Night	48.5	50.2	+1.7
Cleanliness/Quiet Composite	60.7	62.4	+1.7
Staff Responsiveness Composite	64.9	64.7	-0.2
Pain Management Composite	71.9	72.3	+0.4
Communication About Meds Composite	64.0	65.5	+1.5
Discharge Information Composite	91.2	91.8	+0.6
Overall Rating	80.1	81.2	+1.1
Likelihood to Recommend	90.5	90.4	-0.1

The final HCAHPS scores for 2013 reflect another great year for MGH. In many categories, we ended the year at our highest level ever, including Nursing Communication, Physician Communication, Cleanliness and Quietness. Pain-Management ratings improved, Staff Responsiveness recovered from a slow start in 2013, and Discharge Instructions, Overall Rating, and Likelihood to Recommend rose to be among the highest scores in the country.

Data complete for calendar year, 2013  
 All results reflect Top-Box (or 'Always' response) percentages  
 Pull date: February 18, 2014



Returns only to:  
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