

Caring

Headlines

November 6, 2014

Culture Rounds

*expanding our understanding of diversity;
ensuring an inclusive environment for patients and families*



Director of PCS Diversity, Deborah Washington, RN (left) with staff nurse, Meghan Siffard, RN (right), and nursing director, Mary Sylvia-Reardon, RN, during recent Culture Rounds on the Dialysis Unit.

Guardianship

and the importance of appointing a healthcare agent

Though guardianship patients account for only a small percentage of our overall patient population, the process involved in advancing them through the continuum of care is costly, time-consuming, and laborious.

Guardianship is the term used in the healthcare setting when a patient lacks the capacity to make medical decisions for herself and has not appointed a healthcare agent to do so on her behalf. In Massachusetts, under certain circumstances, the court steps in and appoints a guardian to protect the patient's rights and to make those decisions in her stead. Though guardianship patients account for only a small percentage of our overall patient population, the process involved in advancing them through the continuum of care is costly, time-consuming, and laborious, which impacts length of stay and impinges on our ability to serve other patients in need of our care and expertise.

Because there are no 'next-of-kin' laws in Massachusetts, when a patient is deemed incapacitated there's no pre-determined hierarchy of who becomes the legal decision-maker (spouse, sibling, child, etc.) Guardianship becomes especially important when a patient meets all three of the following criteria: is unable to provide consent; has not named a healthcare agent; and needs to be transferred to another facility. Transfers cannot take place without consent. You can see how this can result in delayed access to the appropriate level of care, not just for the guardianship patient, but for others awaiting beds.

Changes enacted to guardianship law in 2009 resulted in a dramatic increase in the number of guardianship cases at MGH (from 46 in 2008 to 160 in 2013). We've been fortunate to have the insight



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

and efforts of social worker, Karon Konner, LICSW; attorney, Joshua Abrams, of the Office of General Counsel; and attorney/physician, Rebecca Weintraub Brendel, MD, who established the internal guardianship system we use today, which greatly improved our management of guardianship patients.

Building on the work of this team, in August, we launched a pilot program in the Neuroscience Service in an attempt to make the guardianship process even more efficient and continue to reduce the length of stay for these patients. The primary test of change in the pilot program was the introduction of a new position—an advanced practice nurse whose sole purpose is to help identify guardianship patients and take on the responsibility of managing and completing the necessary paperwork (removing that burden from the medical team).

Mary Lussier-Cushing, RN, psychiatric clinical nurse specialist, has accepted this new position and is already working closely with social worker, Lisa Lovett, LICSW, and other members of the guardianship team. In her new role, Mary:

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Perhaps the most important thing to come out of this pilot is greater understanding of the need for all patients to have healthcare proxies... Having a healthcare proxy in place can be the difference between timely, efficient access to care and unavoidable delays in discharge to other facilities.

- rounds on all the neuroscience units and any other units where neuroscience patients may be receiving care
- communicates regularly with attending nurses, case managers, social workers, physicians, and nurse practitioners
- communicates with families of patients in guardianship
- helps identify and navigate barriers to progress
- helps locate healthcare proxies to ensure only patients without healthcare agents are considered for guardianship
- in tandem with unit-based staff, re-assesses patients' ability to appoint a healthcare agent

At any given time, there are approximately 15-20 guardianship patients at MGH, most on neuroscience units. To date, 57 possible guardianship cases have been identified through the pilot program. Of those, 23 were actually initiated, seven have gone to fruition with the appointment of a court-named guardian. The guardianship process was able to be averted in more than half of potential cases because of the extensive work done to locate and/or secure a healthcare proxy.

Early results of the pilot are very promising. Data shows:

- a reduction in the overall length of time to process guardianship cases internally
- a decrease in the number of days from filing for guardianship to actual discharge

- 100% of guardianship patients were able to move to the next level of care when medically ready to do so
- the average length of stay for guardianship patients decreased 40% from baseline 2014 (even taking into account prior significant improvement realized by the guardianship team pre-pilot)

Over and above the outcomes just mentioned, the pilot has given us an opportunity to identify and clarify some misconceptions about the guardianship process for staff and family members. It has also provided insight into avenues for locating pre-existing healthcare proxies, eliminating the need for guardianship proceedings to be initiated at all.

Plans are underway to expand the guardianship pilot to other services, and we'll keep you informed of that expansion as it occurs. But perhaps the most important thing to come out of this pilot is a greater understanding of the need for all patients to have healthcare proxies. As caregivers, we know all too well that sudden, unexpected changes can occur at any time, rendering patients unable to speak for themselves. Having a healthcare proxy in place can be the difference between timely, efficient access to care and unavoidable delays in discharge to other facilities.

For more information about the guardianship process at MGH, call Janet Madden, RN, staff specialist, at 617-726-4996.

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MGH nu

Together, they contributed more

Diane Carroll, RN, nurse scientist

If you've had *anything* to do with cardiac nursing or nursing research in the past four decades, the name Diane Carroll, is probably a household word to you. For the past 45 years, Carroll worked in a variety of clinical, leadership, and academic roles bringing her own special brand of dedication and commitment to nursing and patient care. A graduate of the MGH School of Nursing, Salem State, and Boston College, Carroll launched her career at MGH as a staff nurse in the Cardiac Surgical Service in 1969. For many years, she served as cardiovascular clinical nurse specialist until finding her niche in the role she held most recently, nurse researcher in the Yvonne L. Munn Center for Nursing Research.

Carroll's focus gravitated to the care of older adults living with the challenges of cardiovascular disease, especially recipients of implantable defibrillators. Some might say she was prolific in sharing her work, having published more than 70 articles in high-impact journals and authoring numerous textbook chapters. Carroll served as principal investigator and co-investigator on countless internal and externally funded research projects from groups such as Sigma Theta Tau International, the



Diane Carroll, RN
nurse scientist, Yvonne L. Munn Center
for Nursing Research

Critical Care Nurses Association, and NIH NINR.

Carroll presented her research around the world and served on national and international committees. She held adjunct faculty positions at Boston College, The MGH Institute of Health Professions, and Northeastern University, teaching students in the academic settings how to conduct research. Her list of awards and accolades is formidable, including the award for Excellence in Nursing Research from the Eastern Nursing Research Society; The Richard Nesson Award for Innovation from Partners HealthCare; and the Spirit Award for Contributions to Nursing Research from Sigma Theta Tau International.

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Diane Smith, RN

Diane Smith, RN, is 'old school' in the very best sense of the term. Smith graduated from the MGH School of Nursing in 1966 and was one of the first nurses to become a nurse practitioner through the MGH certificate program, then, one of only two programs in the country.

Recalls Smith, "At our second-year capping ceremony, Dr. Ellsworth Neumann, vice president of the MGH, said, 'Ladies, [as we were always called in that era] remember to always touch your patient no matter how much of a hurry you may be in. Even if you just touch their foot on the way out of the room, touch your patients.'

"I clearly remember Dr. John Stoeckle saying: 'If you do not know where the patient was born and raised, if you do not know what type of work they do, and if you do not know about their family, you have not done a complete physical.'"

Says Barbara Dunderdale, RN, senior major gifts officer and former MGH nursing director, "I remember Diane as a senior nursing student on White 5, then the Orthopaedic Inpatient Service, where I was head nurse. Diane had a spirited char-

nurses retire

than 125 years of service to MGH

, oncology nurse



Diane Smith, RN
oncology nurse,
MGH Cancer Center

acter, was committed to providing high-quality care, and was always eager to learn.

“In those early years, Diane was mentored by Ruth Farrissey, also a graduate of the MGH School of Nursing, and an expert in public health. Many of us had the joy of working with Diane as part of the MGH Nurses’ Alumnae Association Board of Directors of which she is a past president. Diane was the driving inspiration behind the nursing sundial that now sits on the Bulfinch lawn, an enduring tribute to both the MGH School of Nursing and Nursing at MGH.”

Smith recalls working with Farrissey: “We always had Friday morning meetings at seven-o’clock for outpatient nurses.

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Rosalie Tyrrell, RN,
professional development manager

Rosalie Tyrrell, RN, was so much more than the bright, caring, optimistic, and yes, stylish, psych nurse who retired as professional development manager from the Institute for Patient Care this past August. Tyrrell was a fixture at MGH for 33 years. She began her career as a psychiatric clinical nurse specialist in Pediatrics in 1981 and went on to serve in almost all areas of the hospital, often behind the scenes as an advisor or consultant. Many may recall Tyrrell’s work in leadership-development and self-knowledge and understanding with her Myers Briggs Type Indicator programs.

Says Gaurdia Banister, RN, executive director of The Institute for Patient Care, “In her role as professional development manager, Rosalie managed all aspects of undergraduate and graduate students’ clinical education experiences at MGH. She collaborated with nursing-school placement coordinators, faculty, and MGH nurse leaders to ensure appropriate placements. Rosalie oversaw the placement of more than 1,750 nursing students a year.



Rosalie Tyrrell, RN
professional development manager,
Institute for Patient Care

She was frequently asked to facilitate team-building and strategic planning exercises at unit-based and PCS retreats.

Said one colleague, “Rosalie had that rare ability to get you excited about the task at hand. She was an optimist and a realist at the same time. She had the uncanny ability to objectively determine the needs of a group and develop an educational plan that would best meet those needs. Her enthusiasm was infectious. She was visionary in her approach to professional development and brought a wealth of knowledge and first-hand experience to her work.”

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Diane Carroll (continued)

Carroll was inducted as a fellow into the American Academy of Nursing and the Council of Cardiovascular Nursing.

Carroll's reputation as a mentor and coach is legendary. Novice researchers and seasoned scholars alike sought her out for her ability to guide projects and impart wisdom.

Said nursing director, Colleen Gonzalez, RN, "I consider myself fortunate that Diane invited me to be part of the Nursing Research Committee shortly after I started as a new nurse almost twenty-five years ago, and she has been a treasured part of my MGH days ever since.

"Diane possesses a deep understanding of nursing practice. She connected easily with staff and took the time to understand their work. She had a gift for helping each of us recognize our unique strengths and matching those strengths with a career path that would continue to inspire and enrich us.

"Diane believed in us, she invested in us, and she shared her time and knowledge with us. We're grateful for her collegueship, mentorship, and friendship, and we wish her all the best in her well-deserved retirement."

Carroll's career was long and distinguished. Her practice was exemplary. Her work changed nursing practice, advanced nursing science, and improved patients' lives. Her knowledge and expertise were far-reaching, and her legacy will endure.



Carroll, left, with MGH president, Peter Slavin, MD, and senior vice president for Patient Care, Jeanette Ives Erickson, RN, on the occasion of her induction into the American Academy of Nursing. Above, with Ives Erickson and fellow nurse researchers at a Munn Nursing Research Awards ceremony.

Diane Smith

Miss Farrisey would say: 'Ladies, ladies, I have provided you many articles so that you are always informed about the bigger world of medicine and nursing. You must be informed.' We would walk away with four or five articles each week."

Smith has practiced in the outpatient internal medicine clinic and most recently in the MGH Cancer Center as an access nurse in the Termeer Center for Targeted Therapies.



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Says Theresa McDonnell, RN, nursing director in the MGH Cancer Center, “Diane has been an important part of the Cancer Center. We will miss her grace, professionalism, and most of all, our patients will miss her gentle, comprehensive approach to patient care. For so many, she was that calm expert who was their ambassador into our center at a time when a new diagnosis meant fear and uncertainty.”



Above left, Smith's graduation photo from 1966 MGH School of Nursing Yearbook. Above right, with sundial sculptress, Nancy Schön (center), and Jeanette Ives Erickson, RN, senior vice president for Patient Care. And at left, Nursing Sundial, dedicated during Nurse Week, 2004.

Rosalie Tyrrell (continued)

Says Brian French, RN, director of The Blum Center for Patient & Family Learning and long-time colleague and friend of Tyrrell, “Rosalie transformed the clinical affiliations program. Her attention to detail, knowledge of regulatory and legal issues, and ability to form strong, collaborative relationships resulted in a much stronger program, which only served to benefit the hospital, schools, students, and ultimately, our patients and families. Rosalie had exquisite listening skills and the ability to assist those who came to her for help to find an answer that worked for them—not direct them, but help them develop the skills that would benefit them over time. Whether in one-on-one conversations or facilitating large groups at unit retreats or continuing education classes,



Rosalie's teaching and mentoring skills were greatly admired and sought after.”

Adds French, “On a personal note, I can tell you that I directly benefited from my friendship and working relationship with Rosalie. I know I'm a better teacher, consultant, and advisor because of her. And not only that, working with her these many years was a heck of a lot of fun!”



At left, Tyrrell (second from right) attends Ethics Rounds on Phillips House 21 in 2003, with (l-r): Marion Parker, RN; Gayle Peterson, RN; and Ellen Robinson, RN. Above, Tyrrell with colleague and friend, nursing director, Ann Kennedy, RN.

Adapting care goals to facilitate end-of-life reunion

Late in my shift one Sunday, a 50-year-old woman was transferred to the MICU from Lunder 9. Mary had a medical history that showed diffuse metastatic disease for which no further interventions could be offered.

My name is Kelly Perfetti, and I'm a staff nurse in the Medical ICU. Several weeks ago, I had the privilege of caring for 'Mary' and her family. In retrospect, I believe it was one of the most memorable and meaningful patient-care experiences of my career. I wrote this narrative to illustrate how the spirit of advocacy and collaboration throughout MGH contributed to this positive patient outcome.

Late in my shift one Sunday, a 50-year-old woman was transferred to the MICU from Lunder 9. Mary had a medical history that showed diffuse metastatic disease for which no further interventions could be offered. She was being followed by Palliative Care, and a plan was in place for Mary to return home and be kept comfortable. Unfortunately, before that was able to happen, she suffered an acute GI bleed and became hemodynamically unstable, at which point she was transferred to the MICU. I learned during report from the Lunder 9 nurse that Mary's husband, 'Tom,' was also critically ill and had been newly admitted to the Cardiac ICU. Mary and Tom had three children.



Kelly Perfetti, RN
staff nurse, Medical ICU

Upon arrival to the MICU, Mary became increasingly unstable. She required continuous blood transfusions to keep pace with her persistent blood loss and vasopressors at maximum dose to support her blood pressure. Amazingly, as Mary's condition declined, she remained aware. She knew she was in critical condition and that her son, 'Mike,' was on his way to the hospital. Mike had spent the day with his mom on Lunder 9 and was anticipating her imminent discharge home. He was shocked to learn of her sudden decline and entered his mom's room completely distraught. He ran to his mom, cried uncontrollably, and apologized over and over that she hadn't been able to see Dad yet. Mike told me the only request his mom had was to see her husband and make sure he was okay. He was overwhelmed

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with emotion—sadness, anger, confusion, frustration, desperation—and fear that he now wouldn't be able to fulfill her final request.

It was clear to me and the rest of the MICU team that Mary was not going to survive despite our best efforts. New goals needed to be set and addressed immediately. Our focus needed to be on granting Mary her last wish and helping her to see her husband one last time.

I asked our resource nurse to call the Cardiac ICU and inquire about Tom's condition—would it be possible to bring Mary over to see him? We learned that Tom was becoming increasingly unstable himself, but in spite of this, the CICU staff was willing to work with us to coordinate a meeting. I was so relieved and grateful to hear this. I proposed to the medical team that we suspend all critical interventions and bring Mary to see Tom as soon as possible despite the obvious risk that she could die in the process. It was a risk we all agreed was worth taking.

Once I was sure the entire care team was in agreement, I approached Mary and Mike and suggested we bring Mary to see Tom. Mary smiled and reached for Mike's hand. He quickly called his siblings, who were ecstatic to hear that their parents were going to see each other.

By this time, it was change of shift. As my colleagues and I prepared Mary to go to the Cardiac ICU, a fellow nurse who had helped care for Mary since her arrival in the MICU (and who was well aware of the immediacy of the situation), offered to accompany us despite the fact that her shift was over. In that moment, I was overcome by her generosity of spirit to stay with me after our shift had ended in order to make this happen for Mary and her family.

As we left the MICU, Mike held Mary's hand, and I could literally see his anxiety evaporate, replaced by relief. This was so obviously the right thing to do.

When we arrived in the Cardiac ICU, their team was extremely welcoming and helpful. It quickly be-

came clear how critically ill Tom was—surrounded by doctors, nurses, and critical-care equipment. But it didn't seem to matter. In spite of all the activity in his room, a space was cleared beside his bed so that Mary's bed could be wheeled in next to his. Once together, they quickly joined hands.

By this time, all their children had arrived and were able to see this amazing reunion. Cardiac ICU doctors and nurses cared for Tom while I attended to Mary and their kids. They hugged their mom, cried with one another, and expressed gratitude that their parents had been able to be reunited this one last time. Through his grief, Mike was even able to thank me for my efforts.

I was honored to have been instrumental in making this happen for Mary and her family. I feel enormous gratitude to the nursing and medical staff in both the MICU and the Cardiac ICU. Together, our creative and collaborative efforts helped bring peace to this family.

Mary passed away shortly after we arrived back in the MICU. Tom passed away the next day. I can't help thinking that they've been reunited again wherever they are.

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

So many stories of going 'above and beyond' at MGH. It's narratives like this that make me so proud to work alongside clinicians like Kelly and her colleagues, who let empathy and understanding and basic human kindness drive their practice. Despite the dire circumstances, Kelly recognized what was truly important to Mary and her family. Knowing that time was short, she marshalled the team, and together they were able to bring this couple together for one last reunion. Such a meaningful gesture, and such an important emotional triumph for this family at such a difficult time.

Thank-you, Kelly, and the teams in the MICU and CICU.

I was honored to have been instrumental in making this happen for Mary and her family. I feel enormous gratitude to the nursing and medical staff in both the MICU and the Cardiac ICU. Together, our creative and collaborative efforts helped bring peace to this family.

Culture Rounds

focusing on the continuum of care

—by Deborah Washington, RN, PCS director of Diversity

The Dialysis Unit consists of eight patient stations and an array of highly sophisticated equipment that allow staff to provide both acute and chronic dialysis therapy. The patient population is diverse.

Though patients share a common illness, they vary greatly by race, ethnicity, age, religion, gender, and just about every other modifier. Staff make clinical decisions based on health information and patients' input on how they may be feeling. During a recent Culture Rounds on the Dialysis Unit, I watched staff nurse, Meghan Siffard, RN, gown up, signaling the beginning of her efforts to care for and build a relationship with a new patient.

The patient was proud to claim his Italian heritage. Though he had never been to Italy, he spoke fondly of his family and the core of family life revolving around the dinner table and traditional Italian foods. Meghan took great pains to learn about his way of life, his habits, his family's health history, his social routines, and his health goals. She spent time getting to know her patient as an individual; learning about his unique situation and concerns, and most of all, his needs. Meghan's discharge planning took into consideration the physical layout of Michael's apartment, his ability to ambulate, his social network at home, and his desire to learn more about nutrition. She put him in touch with community-based resources and suggested ways he could tap in to existing relationships in his neighborhood that would allow him to experience a smooth transition from hospital to home with a care plan based on the realities of his life.

Balancing customs and traditions with health needs and life circumstances is an important part of patient education and discharge planning. Meghan's approach is, "We see our patients on an on-going basis. As a nurse, I try to move my

patients forward one step at a time. I just try to make sure they're real steps."

To schedule Culture Rounds on your unit, call director of PCS Diversity, Deborah Washington, RN, at 617-724-7469.



At left, staff nurse, Meghan Siffard, RN (right), and nursing director, Mary Sylvia-Reardon, RN, interview patient, Michael Difeo during Culture Rounds.

Below, Siffard and Sylvia-Reardon confer about lessons learned.



New patient food service goes live November 13th

—by Pat Engel, Nutrition & Food Services

The culmination of a six-year project, roll-out of Nutrition & Food Services' new patient-meal delivery service will occur November 13, 2014. Says director of Nutrition & Food Services, Susan Baraclough, RD, "We're fortunate to have a talented and committed staff who researched, planned, and will soon realize our vision to provide greater patient- and staff satisfaction around meal service."

Representatives from many departments and patient advisory groups came together to discuss what the new food service should look like. Members of the group visited other facilities and evaluated their systems. After much deliberation, the team set out to create a food service that would meet and exceed the needs of MGH staff and patients.



Food service team members (l-r): Dan Kahn, executive chef; Joe Pisano, food production manager; Lorraine Allan, assistant director, Food Production, Quality & Safety; Ben Duffy, food production manager; and James Quirk, assistant manager.

Old tray lines have been converted to 'pods.' Food will be prepared as needed on the hot-food prep line or cold salad and sandwich line. Assembled in the pods, patient trays will be delivered immediately to patient-care units. Tray assembly will be supervised by food management staff with specialized culinary knowledge. The goal is to deliver trays as quickly, accurately, and appealingly as possible; hot and nutritious.

Says Sue Doyle, RD, assistant director, Patient Food Service, "We wanted to offer more variety and fresher meals. We realized the importance of plating meals closer to the time they'll be consumed. And we wanted our employees to have the tools they need to do a great job."

Patients will see an expanded menu with many new items that meet American Heart Association guidelines for sodium and fat while also appealing to a variety of tastes. Pediatric patients have specialized needs, so their menus will include items that children and teenagers prefer but are within their diet restrictions. And pediatric patients will be able to order their meals when desired rather than at fixed mealtimes.

Nutrition service coordinators (NSCs) will have work stations on patient care units where they can access current patient information, print menus, and enter menu selections. They will be available on units for most of the day, ensuring a more timely and accurate response to patients' food requests.

Patients have a wide range of nutritional goals. Our goal is to meet the needs of pediatric and adult patients by providing doctor-ordered, special diets in a timely, coordinated, nutritious way. Dietitians are always available to answer any questions about individual menu choices.

In the days leading up to November 13th, Nutrition & Food Services will offer transitional services as we prepare to go live with this new program. For more information, call Donna Belcher at 726-2587, or Kaylee Vickers at 724-1764.

A wedding in the Cardiac ICU

—by Erica Edwards, RN, attending nurse, and patient, Hamad Alharbi

Staff of the Ellison 9 Cardiac ICU are pleased to announce the wedding of their patient, Hamad Alharbi's, daughter, Ralah, to fiancé, Rushdi Mohammed Alghamdi, on September 30, 2014. Alharbi, who's visiting MGH from Saudi Arabia, has been waiting for a heart transplant since September 2nd. Ralah met her now husband during their fifth year of medical school. When they became engaged, they planned to have their wedding in Saudi Arabia. But due to Alharbi's condition, he was unable to leave the hospital. So the young couple decided to bring the wedding to him.

At wedding in the Cardiac ICU are (l-r): Imam Talal Eid; groom, Rushdi Mohammed Alghamdi; bride, Ralah Alharbi; and father of the bride, Hamad Alharbi.

The ceremony took place in the visitor's lounge in the CICU, which had been beautifully decorated by the bride, her sisters, and staff. Muslim chaplin, Imam Talal Eid, presided over the ceremony, and all staff were invited to take part.

The bride made a special tribute to her parents calling her father, "a great man," and her mother, "a beautiful woman." She thanked them for their support and guidance. Those in attendance report that the bride was radiant, and the groom couldn't stop smiling.

The newlyweds are planning their first adventure together as a married couple. Insiders say they're headed to Australia to continue their studies.

Alghamdj is working toward his masters and PhD, while Ralah is planning to continue her residency. Sounds like the perfect honeymoon!

At press time, Hamad Alharbi was still awaiting transplant surgery. But his caregivers agree that being able to witness his daughter's wedding while in the hospital went a long way toward lifting his spirits and making the wait more bearable.



(Photo provided by staff)

Changes to the MGH prescription-benefit program

Question: I heard there are some changes to the MGH prescription-benefit program.

Jeanette: Yes. Effective January 1, 2015, MGH will be working with CVS/caremark to administer the prescription-benefit portion of medical plans for those who subscribe to medical insurance through MGH. This plan will replace the current Express Scripts (Medco) plan.

Question: Who will be affected?

Jeanette: Any MGH employee who participates in medical insurance coverage through MGH beginning in January, 2015.

Question: Why is MGH making this change?

Jeanette: An annual review revealed that CVS/caremark provides high quality at the best value. CVS/caremark offers low co-pays, numerous participating pharmacies, a wide variety of covered drugs, and a cost-saving mail order program.

Question: If I get my prescriptions filled at Walgreens, do I need to change pharmacies?

Jeanette: No. Walgreens is among the more than 64,000 pharmacies nationwide that are included in the CVS/caremark network. The network also includes 20,000 independent pharmacies 7,100 CVS pharmacies, and the MGH Pharmacy.

Question: I really like the convenience of mail order. Can I continue receiving my maintenance medication through the mail?

Jeanette: Yes. You'll now be able to receive a 90-day supply of your maintenance medication through the CVS/caremark mail service or at a CVS/pharmacy store. Either way, you'll pay the lower, mail-service price, and you'll save one co-pay for each 90-day re-fill.

Question: And co-pays are lower?

Jeanette: One feature of the new program is an out-of-pocket maximum for prescriptions. This results in lower co-pays for many employees and their families. Your out-of-pocket maximum is determined by the level of your medical-plan coverage and your salary. In the past, there was no limit on how much an individual or family might pay for prescription drugs over the course of a year. For employees with numerous prescriptions, this can be expensive. The new threshold provides a limit on how much an individual or family pays out-of-pocket, which can help manage the financial impact of prescription drugs.

Question: Are there any other benefits to the CVS/caremark program?

Jeanette: Yes. The new program will offer a cost-savings benefit for subscribers by way of the ExtraCare Health card. Subscribers and their families will receive a 20% discount on CVS-brand health products like cough syrup or allergy remedies. If you already have an ExtraCare Health card, it can easily be combined with the new card that will be mailed to you so you can take advantage of the discount right away.

Question: Where can I get more information?

Jeanette: Open enrollment continues through November 25, 2014. Human Resources will be conducting informational sessions throughout open enrollment at various times and locations. Check All-User e-mails for details. For more information, contact your Human Resources business partner, or call 6-5140.

Announcements

Senior HealthWISE events

All events are free for seniors 60 and older

"Rejuvenate Your Brain"
Thursday, November 6th | 1:00am–12:00pm
Haber Conference Room

Speaker: Marie Pasinski, MD, neurologist, will provide tips to rejuvenate your brain at any age. Learn how to boost your memory and brain power. Investing in your brain is the most important investment you can make!

For information on any of the above events, call 4-6756.

The MGH Innovation Collaborative series

"Building Better Innovation Skills at MGH" presented by Hal Gregerson, executive director of the MIT Sloan Leadership Center and co-author of *The Innovator's DNA*.

November 6, 2014
12:00–1:00pm
lunch and networking: 1:00–1:30
Simches 3110

Co-sponsored by The DOM Innovation Task Force, Patient Care Services Center for Innovations in Care Delivery, The Healthcare Transformation Lab, and MGH Telehealth.

For more information, call Perry Band, project coordinator, at 617-643-2771.

On-line Doctor of Nursing Practice Program

The Doctor of Nursing Practice program at the MGH Institute of Health Professions is now available on-line. Pursue your degree full- or part-time with small class sizes, flexible course schedules, and a dedicated academic advisor. Three entry points are available for nurses with RN, master's degree, or executive background.

Vouchers may be used. Discount for Partners employees. For more information, go to: www.mghihp.edu/dnp, or call 617-726-3164.

New Fibroid Program at MGH

Radiology and Obstetrics & Gynecology are introducing the new Fibroid Program to provide access to a multi-disciplinary team of specialists who collaborate to offer a full range of treatments for women with uterine fibroids.

A nurse coordinator helps navigate care throughout the course of treatment, including scheduling and connecting patients to available resources.

Treatments and services include:

- Diagnostic imaging
- Minimally invasive surgery
- Image-guided procedures

Consultations are available on Tuesdays from 8:00am–12:00pm in the the Yawkey 4 OB-GYN suite.

For more information go to: massgeneral.org/fibroids. For appointments, call 857-238-4733 or submit an on-line appointment request.

New Pneumonia Patient-Education Material

To see the new patient-education document on pneumonia, go to: <http://handbook.partners.org/content/pdf/MGHPTedDischPneumonia.pdf>. Or go to Partners Applications, Clinical References, Partners Handbook, and follow the prompts to Patient Education Documents, Respiratory. The document contains information on:

- Prevention
- What to expect
- When you're doing well
- When and whom to call when you're not doing well
- Follow-up appointment details
- Definition of pneumonia

Beginning in mid-October, Provider Order Entry (POE) will support the use of the new pneumonia patient-education document for adult patients 18 years old or older. POE will prompt clinicians similar to the way they're prompted for heart-failure patients, and there will be a link to open the document directly.

For more information, contact: Michelle Anastasi, RN, at 617-724-1582; Monica Staples, RN, at 617-643-5059; or Deb Connolly, RN, at 617-724-9499.

MGH Back-up Child Care Center

Back-up child care available for holidays and school vacation week programs, providing safe, flexible, playful care for children 2 months to 12 years old.

Monday–Friday, 6:30am–5:45pm
Cost: \$6 per hour

For more information, go to: www.partners.org/childcare, stop by the center located in the Warren Lobby, or call 617-724-7100.

Blum Center Events

Shared Decision Making
"Living with Diabetes: Making Lifestyle Changes to Last a Lifetime"

Wednesday, November 12, 2014
12:00–1:00pm

Speakers: Deborah Wexler, MD, and Linda Delahanty, RD

"Diabetes Management and Prevention: Building a Better Breakfast"

Tuesday, November 18, 2014
12:00–1:00pm

Speaker: Janelle Langlais

Programs are free and open to all. No registration required.

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

For more information, call 4-3823.

Many in the MGH Muslim community take part in annual Hajj

The annual pilgrimage to Mecca (Makkah), known in the Islamic faith as the Hajj, is considered a religious duty for Muslims that must be carried out at least once in their lifetime by all adult Muslims who are physically and financially able to make the journey. One of the five pillars of Islam, this annual tradition is thought to be the largest gathering of people in the world.

The Hajj occurs from the 8th to the 12th of the last month of the Islamic (lunar) calendar, which is 11 days shorter than the Gregorian calendar, so the Gregorian date of Hajj changes from year to year. Pilgrims wear a special garment, two white sheets of seamless cloth, to symbolically eliminate any distinctions of class and culture, so that all appear equal before God. Hajj brings together Muslims from all over the world regardless of race, nationality, or culture.

The close of the Hajj is marked by the festival, Eid al Adha, which is celebrated with prayers and the exchange of gifts in Muslim communities everywhere. Eid al Adha and the Eid al Fitr (the festival celebrating the end of Ramadan) are the two holidays of the Islamic calendar.

The Muslim prayer room at MGH is located in Founders 109. For information regarding prayer times, send e-mail to teid@partners.org or fpathan@partners.org.



Published by

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

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For more information, call:

617-724-1746

Next Publication

November 20, 2014

Inpatient HCAHPS Results

2013–2014

Measure	2013	2014 Year to Date	2013- 2014 Change
Nurse Communication Composite	81.9	82.5	0.6
Doctor Communication Composite	82.5	81.8	-0.7
Room Clean	74.5	73.2	-1.3
Quiet at Night	50.2	49.5	-0.7
Cleanliness/Quiet Composite	62.4	61.3	-1.1
Staff Responsiveness Composite	64.7	63.9	-0.8
Pain Management Composite	72.3	72	-0.3
Communication about Meds Composite	65.5	66.6	1.1
Discharge Information Composite	91.8	91.9	0.1
Overall Rating	81.2	80	-1.2
Likelihood to Recommend	90.4	89.7	-0.7

Nurse Communication and Communication about Medication Composite continue to outperform 2013 baseline. Pain Management has gradually declined to where it is now below target. Quiet at Night dipped 0.1 since last reported. We need to redouble efforts to manage pain, maintain a quiet environment, and be more responsive to patient needs.

Data complete through July, 2014
 All results reflect Top-Box (or 'Always' response) percentages
 Pull date: October 14, 2014



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