

# Caring

Headlines

May 7, 2015

## *Rolling out the red carpet for the Service Excellence Awards*



See story on page 6

Staff of the Ambulatory Practice of the Future make their way down the red carpet to accept award for achieving highest rating in provider explain and staff courtesy.

# The Joint Commission visit

*survey characterized by a mutual desire  
to improve patient care*

Staff throughout  
MGH articulated  
their practice to  
Joint Commission  
surveyors... I  
was so proud  
as I witnessed  
first-hand and  
heard reports of  
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passionately staff  
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practice.

**I**t's one thing to practice Excellence Every Day. It's another to be able to articulate your practice in a way that conveys your knowledge, skill, and compassion. And it's something else entirely to describe your practice to Joint Commission surveyors who are here to assess our ability to provide high-quality care in a safe, clean environment. But that's exactly what staff throughout MGH did the week of April 20th when a team of hospital and lab surveyors arrived for our triennial Joint Commission survey. I was so proud as I witnessed first-hand and heard reports of how eagerly and passionately staff showcased their practice.

Surveyors visited numerous inpatient units on the main campus as well as the Cath Lab, operating rooms, the Emergency Department, Pediatric Hematology/Oncology, Internal Medicine Associates, and satellite locations, including, Mass General/North Shore Center for Outpatient Care in Danvers, MGH Charlestown, the Revere HealthCare Center, and other locations. They conducted individual patient tracers, reviewed our environment of care, and assessed our practices in medication-management, infection-prevention, data-management, emergency management, severe weather readiness, and so much more.

Throughout all practice settings and disciplines, surveyors saw dedication to excellence and a commitment to ongoing learning and improvement. They were generous with their praise, on more than



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

one occasion identifying an MGH system or process as a best practice, suggesting we publish it in the Joint Commission's on-line library for other hospitals to see.

Perhaps the best way to appreciate the surveyors' assessment of the MGH environment is through their own words. These are just some of the comments we heard: Life safety specialist, Lanny Wier, observed, "Your employees really know the fire procedures cold. Your buildings are exceptionally well-maintained. Everywhere I went was incredibly clean."

Surveyor, Mark Williams, RN, commented, "There was no need to complete an infection-control tracer because during my observations, I saw perfect adherence to isolation precaution practices including the identification of patients, readily available personal protective equipment, and correct use of that equipment by all staff." Mr. Williams

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Overall, the Joint Commission visit was thorough, informative, and extremely positive; it was the most collaborative Joint Commission experience of my entire career. I was happy to see a constructive, respectful exchange of ideas with instances where we learned from them and instances where they learned from us—exactly what an accreditation survey should be.

went on to say, “Your nurses are the best. I was a critical care nurse at the Cleveland Clinic. We took care of very sick patients there, but not to the magnitude I’ve seen here this week at MGH.”

Said surveyor, Kathleen Ostrowski, RN, “Your clinical tracer program focusing on National Patient Safety Goals is remarkable. It’s very unusual for a large academic medical center not to receive findings in this area.”

Surveyor, Rosemarie Pierce, RN, shared, “Massachusetts General Hospital has shown that it is committed to becoming a high-reliability organization. Your entire workforce welcomed our suggestions with enthusiasm.” And, “Your behavioral health program is the best I’ve ever seen. Patients are treated with dignity and respect. Best in the nation.”

Overall, the Joint Commission visit was thorough, informative, and extremely positive; it was the most collaborative Joint Commission experience of my entire career. I was happy to see a constructive, respectful exchange of ideas with instances where we learned from them and instances where they learned from us—exactly what an accreditation survey should be. They were impressed with our knowledge of and adherence to National Patient Safety Goals, blood transfusion practices, plan of care, PRN pain model, inter-disciplinary team approach, and most importantly, the fact that our care is driven by ‘knowing’ the patient.

It would be inconceivable for a hospital of our size and complexity not to have some areas where improvement is warranted. And indeed, surveyors did identify a number of issues, which we’ve grouped in four broad categories:

- Record of care (medical record documentation)
- Environment of care
- Infection control
- Laboratory quality systems assessment

Many of the findings were minor; some have already been corrected; others will be addressed in the coming weeks. We’re in the process of clarifying and finalizing all findings and will work within the allotted time frame to develop and implement corrective action plans.

I think our colleague, John Belknap, director of Compliance, put it best when he said, “This Joint Commission survey was successful, not because of the complimentary comments we heard from surveyors, but because of the great insights they shared about how we can improve practices in some areas. I know we’ll take that feedback and use it to make the excellent care we provide even better.”

Over and above participating in a rigorous accreditation process, the Joint Commission survey was a valuable learning experience. It was overwhelming validation of our Excellence Every Day philosophy and a reminder of why I’m so grateful to work with the best clinicians, support staff, and administrators in the world. Thank-you for your service to our patients and families.

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(Cover photo by Brian Wilson; photo on page 8 by Wally Reeves)



# Clinical Recognition Review Board Presentation

—by Christine McCarthy, RN, staff nurse, and Ann Jampel, PT, clinical education coordinator

“**T**hey seemed really nice,” said one clinician after the April 1, 2015, presentation of, “Be Not Afraid of the Clinical Recognition Program Review Board.” That same clinician had previously expressed trepidation at the prospect of appearing before the Review Board as part of the Clinical Recognition Program (CRP) review process. The presentation and discussion that followed were an opportunity for members of the Review Board to explain their role in reviewing portfolios, interviewing candidates, and deciding who should be recog-

nized as advanced clinicians and clinical scholars.

Co-chairs of the Review Board, Ann Jampel, PT, clinical education coordinator for Physical Therapy, and Christine McCarthy, RN, medical staff nurse, were joined by other members of the Review Board to discuss the application process and offer advice on how to develop a portfolio that truly reflects the applicant’s level of practice.

Some of the questions asked were:

*What is the role of the Review Board?*

The Review Board is a multi-disciplinary board charged with making decisions about clinical recognition. They do this through an in-depth process of

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Co-chair of the Clinical Recognition Program Review Board, Christine McCarthy, RN (far right), with members of the Review Board (l-r): Brenda Pignone, RN; Barbara Cashavelly, RN; Joy Williams, RN; Lisa Scheck, LICSW; Julie Cronin, RN; and Carolyn LaVita, RRT.



## Clinical Recognition Program (continued)

reviewing portfolios and evaluating them against established criteria; interviewing applicants; and discussing information in an attempt to fully understand the clinician's level of practice.

*Does the Review Board return my portfolio if it's not at the level I'm applying for?*

The Review Board returns portfolios if they don't include evidence of all the themes. That's why it's important to make sure all themes and supporting criteria are represented in the portfolio before it's submitted.

*What happens during the interview?*

Interviews take place in the Reflection Room on Founders 3. The interviewing team is comprised of three board members; the lead interviewer is always a member of the applicant's own discipline. Interviewers are there to talk about and gain understanding of your practice; it's not an interrogation. They ask questions to fill in any gaps they may find in your portfolio. If you have questions or aren't clear about their questions, they encourage you to ask for clarification. You're free to bring notes, but most applicants find they don't need them.

*How many letters of support do you need?*

Three letters of support are required: one from your department leadership; one from a colleague within your discipline; and one from a colleague outside your discipline (in Nursing this could be a nurse practitioner, nurse anesthetist, or nurse midwife).

*Whom should I ask for letters of support?*

Ask someone with whom you work who knows your practice. And when you ask, be specific about what you want them to talk about. For example, "Would you write about my care of Mr G?" or "Can you talk about that clinically challenging patient we cared for?" or "Can you share how we worked together on that initiative?" It's also helpful to give them a time frame: "I need the letter in two weeks so I can submit my portfolio." Always ask for more letters than you need, so you have options.

*Can you describe the blind review process?*

The blind review process is where former Review Board members give anonymous feedback about your portfolio prior to submitting it for actual consideration. They provide feedback about its strengths or weaknesses in representing each theme. This process only happens once prior to applying, and it takes about seven to ten days to receive feedback. To take advantage of the blind review process, e-mail any or all elements of your portfolio to [PCSClinRec@mgh.harvard.edu](mailto:PCSClinRec@mgh.harvard.edu).

*Where do I submit my portfolio?*

Portfolios can be dropped off at Founders House 330, to the attention of Mary Ellin Smith, RN, or sent electronically to [MESmith@partners.org](mailto:MESmith@partners.org).

*Where can I get more information about the Clinical Recognition Program?*

Visit the Clinical Recognition Program website at: <http://www.mghpcs.org/ipc/programs/Recognition/Index.asp>, or call Mary Ellin Smith, RN, professional development manager, at 617-724-5801.

To paraphrase the clinician from the opening paragraph, the take-away message from the April 1st presentation was that contrary to popular belief, Review Board members aren't scary. They're actually really nice!

Co-chair of the Clinical Recognition Program Review Board, Christine McCarthy, RN (far right), with members of the Review Board (l-r): Brenda Pignone, RN; Barbara Cashavelly, RN; Joy Williams, RN; Lisa Scheck, LICSW; Julie Cronin, RN; and Carolyn LaVita, RRT.



# Second annual MGH Service Excellence Awards

—by Cindy Sprogis, senior project manager

The second annual MGH Service Excellence Awards were held April 1, 2015, to recognize teams and individuals for their extraordinary achievements in improving the patient experience at MGH. The red carpet was (literally) rolled out for award recipients in two broad categories: nomination-based awards and awards

based on scores for service excellence across the continuum.

Rick Evans, senior director and chief experience officer for Service Excellence, presided over the celebration. He was joined by Greg Pauly, chief operating officer for the MGPO; senior vice president for Patient Care, Jeanette Ives Erickson, RN; and senior vice president and medical director for the MGHP, Alexa Kimball, MD.

Said Pauly, “I’m here to congratulate all of you. It’s our privilege to help patients and families through difficult circumstances, but there’s always room to improve.”

Kimball observed, “Our founding documents say, ‘When in distress, everyone is our neighbor.’ Today we celebrate all of the ways the people of MGH bring this phrase to life every day.”

Said Ives Erickson, “You are pioneers. You’re doing exceptional work taking exceptional care of our patients. We’re thrilled to have this opportunity to say, Thank-you.”

For space reasons, the following is an abridged list of Service Excellence Award recipients.

## *Inpatient awards:*

Bigelow 14, Vascular Surgery, Sharon Bouvier, nursing director

- Achieved all targets
- Most improved score for staff

Blake 6 Transplant, Tony DiGiovine, RN, nursing director

- Achieved all targets
- Most improved score for staff responsiveness

Blake 13, Obstetrics, Laura Pugsley, RN, nursing director

- Achieved all targets
- Achieved 90th% for pain management
- Achieved 90th% for quiet at night

Phillips 21, Gynecology, Adele Keeley, RN, nursing director

- Achieved 90th% for pain management
- Achieved 90th% for quiet at night

MGH Intensive Care Units

- Blake 10, NICU, Peggy Settle, RN, nursing director
- Blake 12, ICU, Mary McAuley, RN, nursing director
- Blake 7, MICU, Jeanette Livelo, RN, nursing director
- Blake 8, CSICU, Vivian Donahue, RN, nursing director
- Ellison 4, SICU, Sandra Muse, RN, nursing director
- Ellison 9, CICU, Vivian Donahue, RN, nursing director
- Gray/Bigelow 6, PICU, Arlene Kelleher, RN, nursing director
- Lunder 6, Neuro ICU, Tara Tehan, RN, nursing director
  - Achieved 90th% for pain-management and staff responsiveness

## *Target achievement awards:*

Awards for most improved in pain management:

White 8, Medical, Colleen Gonzalez, RN, nursing director  
White 10, Medical, Jennifer Mills, RN, nursing director

Award for most improved in staff responsiveness:

Lunder 8, Neurosciences, Ann Kennedy, RN, nursing director

Awards for most improved in quiet at night:

Ellison 7, Surgical, Joanne Empoliti, RN, nursing director  
Ellison 12, Medical, Melissa Joseph, RN, nursing director

Awards for exceeding the 90th percentile in pain management:

Lunder 9, Oncology, Barbara Cashavelly, RN, nursing director  
Lunder 10, Oncology, Ellen Fitzgerald, RN, nursing director  
Bigelow 9, RACU, Maria Winne, RN, nursing director

Award for exceeding the 90th percentile in quiet at night:

Ellison 13, Obstetrics, Lori Pugsley, RN, nursing director

## *Outpatient Awards:*

Ambulatory Practice of the Future, Jane Maffie-Lee, RN, clinical program director

- Highest rated score for staff courtesy
- Highest rated score for provider explain

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## Service Excellence (continued)

### *Target achievement awards:*

Awards for most improved in provider explain:  
Physical Medicine and Rehabilitation, Ross Zafonte, MD, chair  
Sleep Disorders, Matt Bianchi, MD, director

Awards for most improved in staff courtesies:  
Neurobehavioral, Zaida Ortega, practice manager  
Pedi Urology, Julie Hennigan, administrative director

Awards for most improved in staff helpfulness:  
Epilepsy, Mallory Davis, administrative manager  
Medical Walk-In, Mary Sullivan, nurse manager

Awards for exceeding the 90th percentile in provider explain:  
Pedi Cardiac, Oscar Benavidez, MD, chief  
Pedi Pulmonary, T. Bernard Kinane, MD

Awards for exceeding the 90th percentile in staff courtesies:  
Pedi Allergy/Immunology, Barbara Murphy, practice manager  
Endocrine Thyroid Unit, Jessica Upham, administrative manager

Awards for exceeding the 90th percentile in staff helpfulness:  
Pedi Hematology/Oncology, Ellen Silvius, RN  
Voice Center, Alicia Francois, office manager

### *Nomination-based team awards:*

Pain Tiger Team  
Care of Behaviorally Deregulated Children Team  
Orthopaedic Day Surgery Turnover Team  
PT/OT Revenue Cycle Implementation Team  
Information Desk Associates Team  
Pneumonia Care Redesign Team  
Neurology-Oncology Practice  
Chelsea/Revere Speech-Language Swallowing Disorders and Reading Disabilities Departments  
Radiology Oncology Agility Upgrade Team

### *Nomination-based individual awards:*

Diane Levis, physician assistant, Ellison 6 Urology  
Samia Nacera Alimoussa, patient services coordinator, Revere Health Center, Imaging  
Melissa Ghiringhelli, speech-language pathologist, Chelsea and Revere Health Centers  
Ray Williams-Carr, ambassador, Revere Health Center  
Kelli Nelson, medical assistant  
Thomas Furlong, associate director of Veteran Outreach, Home Base Program, Department of Psychiatry

### *Leadership awards:*

Sharon Bouvier, RN, nursing director, Bigelow 14, Vascular Surgery  
Stephanie Cooper, associate director, PCS Clinical Support Services  
Rebecca Fishbein, PT, clinical director, Outpatient Physical Therapy  
Bessie Manley, RN, nursing director, Phillips 22  
Sharon McKenna, RN, nursing director, Cardiac Cath and Electrophysiology Labs

A complete list of recipients, including honorable mentions, can be found on the big-screen TV across from the MGH Gift Shop. For more information, call Cindy Sprogis, senior project manager, at 617-643-5982.



Rick Evans, senior director and chief experience officer for Service Excellence; Greg Pauly, chief operating officer for the MGPO; and Jeanette Ives Erickson, RN senior vice president for Patient Care, present awards to (clockwise from top): Information desk associates for nomination-based team recognition; ICU staff for achieving 90th% in pain-management and staff responsiveness; and staff of Blake 6 for achieving all targets and most improved in staff responsiveness, and Ellison 14 for achieving 90th% in pain-management and staff responsiveness.



(Photos by Brian Wilson)

# Small victories have big meaning for GYN-ONC nurse



Casandra McIntyre, RN, staff nurse  
Phillips 21 GYN/ONC Unit

I learned that Samantha had returned and was not doing well. She was experiencing nausea and vomiting, and there was talk of transferring her to inpatient hospice. Samantha was 35.

**M**y name is Casandra McIntyre, and I am a nurse on the Phillips 21 GYN-ONC Unit. 'Samantha' had been my patient during two prior admissions. She's one of our oncology patients who has tumors throughout her abdomen that cause her tremendous pain and almost constant nausea. On her last admission, our Gyn-Onc and palliative care teams had gotten Samantha's pain under control using a high-concentration PCA (patient-controlled analgesia), which she kept when she was discharged home. I learned that Samantha had returned and was not doing well. She was experiencing nausea and vomiting, and there was talk of transferring her to inpatient hospice. Samantha was 35. Her mother, 'LeAnne,' was wonderfully supportive and spent hours at Samantha's bedside. During Samantha's prior admission, she had spent every night in the room with her on the couch. I had developed a nice rapport with both mother and daughter.

During her inpatient stays, Samantha's biggest complaints were 'all the wires and tubes' she was hooked up to. Every time she got up to walk, she'd complain about the IV line for the PCA, the TPN (total parenteral nutrition) line, the IV line for periodic medications, and the electrical cords for the pumps. The lines were a constant reminder of her illness, and I understood her frustration with 'all the

tubes.' In the past, the team had approached Samantha about the possibility of having a venting G-tube placed to relieve her nausea and vomiting, but she had adamantly refused, not wanting any more tubes.

This time, the team feared that a venting G-tube was no longer an option since it was difficult for Samantha to lie flat for the imaging necessary to place the tube. They offered her a nasogastric tube (NG) tube instead, but again Samantha refused. She was on anti-emetics around the clock, but nothing seemed to help.

The night nurse who gave me report was almost in tears as she described what was likely the worst night in Samantha's life. She had vomited nearly every ten minutes, and the nurse had been in her room the entire night. Neither Samantha nor her mother had been able to sleep. Samantha was also confused and having trouble finding words. We were unsure whether this was due to sleep deprivation, the medications she was on, or her advancing disease. What we did know was that her confusion was distressing to the family. The team had again

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Helping LeAnne and Samantha see the benefits of an NG tube was a victory for me. There are so many victories like this on our unit, finessed by the skilled and caring nurses of Phillips 21. They're not the kind of victories most people think of. But they're victories nonetheless.

offered an NG tube the day before, but it was refused, this time by LeAnne wanting to honor her daughter's wishes. Nothing we did was able to control Samantha's vomiting, and she was miserable.

Before I went into her room, I clarified with the nurse practitioner that an NG tube was still an option and that the team still wanted Samantha to have one. She assured me it was, but she was certain it would be refused as it had been so many times before. Hoping to take advantage of how bad the night had been, I went in to see Samantha and LeAnne along with the night nurse (we do report at the bedside now as one of our new innovations). In the short time it took us to do report, Samantha vomited twice. She had an emesis basin, but because the vomiting was so persistent and she was so tired, she wasn't able to catch it, and it soiled her johnny. And so it had gone all night.

LeAnne looked exhausted and was on the verge of tears. This was my chance. After the night nurse left, I said quietly to LeAnne, "I don't want to sound like a broken record. I know many other people have talked to you about this, but I want you to consider one more time, allowing us to put in an NG tube. We're giving Samantha everything we have for nausea, and nothing is working. An NG tube is the only thing that might help."

LeAnne looked at me wearily and said, "Can you explain again what an NG tube is?"

I slowly explained what an NG tube is and how it's placed. Samantha started to listen, so I included her in the conversation explaining how I'd hold her head while the tube was inserted. I told them it wasn't pleasant, that placement often makes patients gag, but once it's in, it often stops the vomiting.

LeAnne looked at Samantha and said, "Honey, you want to give it a try?"

Samantha nodded weakly.

LeAnne turned to me and said, "Let's do it."

I immediately went to our nurse practitioner, Sarah Stowell, and told her we had permission to place the NG tube. I requested that our most experienced practitioner be the one to place it. I knew we only had one shot to get it right; if we failed they'd likely refuse another attempt.

Sarah offered to call the resident or fellow to do the placement, then said, "But honestly, I do more of these than anyone else on the team." So Sarah and I went into the room with all the supplies and again described the process to Samantha and

LeAnne. Samantha was able to follow our commands as Sarah placed the tube. It went beautifully. Once in place, the NG tube immediately started draining. Both Sarah and I felt a sense of victory, as we knew this was going to improve Samantha's quality of life.

Samantha didn't vomit one more time that day, and in the two and a half weeks that followed she only had a few more bouts of nausea and vomiting: a dramatic improvement. Her mental status cleared and in the following weeks she was able to interact with her family, express her needs, and was relatively comfortable for many days. Her pain was controlled with a PCA, and the NG tube controlled her nausea. We were able to take her off all the anti-emetics, and she only required a few PRN doses during her last week. Helping LeAnne and Samantha see the benefits of an NG tube was a victory for me. There are so many victories like this on our unit, finessed by the skilled and caring nurses of Phillips 21. They're not the kind of victories most people think of. But they're victories nonetheless.

Nursing on Phillips 21 can be incredibly sad. We see families lose loved ones, often the center of their families: mothers, wives, sisters. This was the first time I had seen a mother lose her daughter. We all feel the loss when a patient dies, sometimes very deeply. What keeps me and the incredible group of nurses I work with going, is the honor of caring for these families in times of such deep sorrow. We find solace in these small victories. This is the power of nursing: being a calming presence, bringing comfort and peace to ailing patients. Somehow, the victories temper the sadness, allowing us to keep doing the hard and important work of oncology nurses.

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

What a beautiful narrative. When longevity of life can no longer be the priority, quality of life becomes so important. Casandra knew that the NG tube would bring Samantha relief, but she understood the fear, frustration, and sense of surrender that kept Samantha from consenting to have one. It was the delicacy and empathy of Casandra's 'ask' and the trust she had accrued over multiple admissions that allowed Samantha to ultimately agree. This was, indeed, no small victory.

Thank-you, Casandra.

# The 2015 Molly Catherine Tramontana Award

—by Michele O'Hara, RN, nursing director

**T**he Molly Catherine Tramontana Award for Outstanding Service and Patient Care was created in memory of Molly Catherine Tramontana to acknowledge and recognize the exemplary care and dedication of nurses on the Labor & Delivery Unit. The award is made possible through the generosity of Tramontana's parents, Jennifer and Mark, and the support of her friends and colleagues. The award recognizes a labor & delivery nurse nominated by his/her colleagues and/or patients.

Lois Richards, RN, was selected as the 2015 recipient of the Tramontana Award. One letter of support for Richards noted, "A primary nurse cares for grieving fam-

ilies when there's a loss or unexpected outcome. Lois' gentle approach, reassuring words, and kind demeanor are a source of support for patients and providers alike."

In her letter of support, Penelope 'Pen' Herman, RN, wrote, "Lois whole-heartedly embraces her special role in patients' lives and believes completely in the healing power of her profession. No one shines brighter for nursing, cares more deeply for her patients and co-workers, or lives life more fully than Lois."

Said Mona Hemeon, RN, "Lois has been a nurse for more than forty-five years. I hope I can continue my career as she has—loving her job and making a difference not only in her patients' lives but her colleagues' lives, we well."

Andrea Hennigan, RN, was the recipient of the Bereavement Conference scholarship this year. In her application, Hennigan wrote, "Taking care of women and their families who are experiencing a loss is a difficult part of our jobs as labor & delivery nurses. I feel we have an opportunity to develop a truly meaningful therapeutic nursing relationship and help families in these unfortunate situations."

The Tramontana Award selection committee was composed of past recipients, Robin Azevedo, Pen Herman, Jen Bernard, Mona Hemeon, Susan Cahill, Carrie Quinn, Laura Sanders, and Susan Holuk.

Congratulations to Richards and the other nominees: Rita Marie Testa, RN; Paula Nelson, RN; and Suzanne Botelho, RN. Tramontana's loving spirit lives on in all those who were nominated.

For more information about the Tramontana Award, contact Michele O'Hara, RN, at 617-724-1878.

This year's recipient of the Molly Catherine Tramontana Award, Lois Richards, RN (center), with friends, colleagues, and members of the Tramontana family.



(Photo by Paul Batista)

# Advancing a culture of safety

## *the 2015 Hospital Survey on Patient Safety*

*Question:* What is a culture of patient safety?

*Jeanette:* Any organizational culture reflects the attitudes and behaviors exhibited by leadership toward front-line staff. A culture of safety exists when there's an inter-disciplinary, team-oriented environment that fosters continual learning and improvement through discussion and transparency around errors and issues.

*Question:* Why is it important to perpetuate a culture of patient safety?

*Jeanette:* There is a correlation between high culture-of-safety scores and positive outcomes, such as, reduced length of stay, fewer medication errors, higher employee morale, lower staff burn-out, higher staff retention, and improved patient satisfaction.

*Question:* Can a hospital's patient safety culture be measured?

*Jeanette:* Yes, the science of measuring safety culture in health care is well established. Regular safety-culture assessments are recommended by the Joint Commission and the National Quality Forum.

*Question:* Have we assessed our patient safety culture in the past?

*Jeanette:* Yes. In 2008 and again in 2012, MGH took part in the same comprehensive survey of our patient safety culture. And we're in the process of administering the Hospital Survey on Patient Safety again right now (from April through June, 2015; the Medical Office Survey on Patient Safety will be conducted in early 2016).

*Question:* Who is being surveyed?

*Jeanette:* All providers and employees whose work directly impacts patient care have been contacted via e-mail from support@pascalmetrics.com with a link to complete the survey. To be eligible, employees must have worked in their current location for at least four weeks, and they must work at least 20 hours per week.

*Question:* What topics are covered in the survey?

*Jeanette:* The survey is designed to measure patient safety across twelve domains such as communication and learning from errors. This year, MGH added four more areas of focus: hand-offs and transitions; non-punitive response to errors; communication openness; and overall perceptions of patient safety.

*Question:* Have we made any changes based on past surveys?

*Jeanette:* Since the last safetyculture survey in 2012, we've implemented I-PASS to make hand-overs safer and more efficient; we've held sessions and simulations to encourage staff to speak up when they see a safety concern; and we continue to promote a 'just culture,' a culture that avoids blame and balances the need for improved systems with individual accountability.

*Question:* What can I do to help?

*Jeanette:* You can help by completing the confidential Hospital Survey on Patient Safety and encouraging others to do so, too. The results will help us focus our patient-safety efforts where they'll do the most good and have the greatest impact on patient safety.

For more information, call the MGH Center for Quality & Safety at 617-726-9282.



# Professional Achievements

## Robbins elected

Christopher Robbins, RN, staff nurse, Endoscopy, was elected a member of the Board of Directors for the Society of Gastroenterology Nurses and Associates in February, 2015.

## Convery presents

Mary Susan Convery, LICSW, clinical specialist, Social Services, presented, "Working with Death and Dying: Parental Guidance for Talking with Children," at the Social Service Department In-Service Training at Boston Medical Center, February 24, 2015.

## Stieb presents

Elizabeth Stieb, RN, MGH Food Allergy Center, presented, "Bring Your Own Pediatric Food Challenge Experience" and "Update on Performing Baked Milk and Baked Egg Food Challenges," at the annual meeting of the American Academy of Allergy, Asthma, and Immunology in Houston, February 21 and 22, 2015.

## White 12 honored

Patient Service employees of the MGH Blood Transfusion Service on White 12 received a Patient Safety Award from the Food and Drug Administration's MedSun Medical Product Safety Network in January, 2015.

## Campbell appointed

Elizabeth Campbell, RN, infusion and IV therapy nurse, was appointed president of the New England Chapter of the Infusion Nurses Society, in March, 2015.

## Smith appointed

Stephanie Smith, OTR/L, occupational therapist, was appointed term lecturer at the MGH Institute of Health Professions from January, 2015 to April, 2015.

## Whitney appointed

Kevin Whitney, RN, associate chief nurse, was appointed director of the Metropolitan Boston Emergency Medical Services Council in March, 2015.

## Cvitak certified

Jill Cvitak, RN, staff nurse, Operating Room, became certified as an operating room nurse by the Competency and Credentialing Institute in March, 2015.

## Perioperative nurses honored

Joanne Ferguson, RN, director of Operational Planning and EOC, Periop Services, and Maureen Hemingway, RN, nursing practice specialist, Operating Room, received the 2015 AORN Journal Writers Award for their article, "Boston Bombings: Response to Disaster," at the AORN Surgical Conference and Expo in Denver, March 7-11, 2015.

## Trefrey certified

Brie Trefrey, RN, staff nurse, Dermatology, became certified as a dermatology nurse by the Dermatology Nurses Association in March, 2015.

## Farrell certified

Michael Farrell, RN, nursing manager of Pediatric, Plastic and Burn Surgery, became certified as an operating room nurse by the Competency and Credentialing Institute in April, 2015.

## Fitzgerald certified

Christine Fitzgerald, RN, staff nurse, Operating Room, became certified as an operating room nurse by the Competency and Credentialing Institute in March, 2015.

## McClendon certified

Kelli Aileen McClendon, CST, surgical technologist, Operating Room, became certified as a surgical technologist by the National Board of Surgical Technology and Surgical Assisting, in March, 2015.

## Scopa certified

Nicolette Scopa, CST, surgical technologist, Operating Room, became certified as a surgical technologist by the National Board of Surgical Technology and Surgical Assisting, in March, 2015.

## Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, presented, "Evaluation and Mitigation Strategies for Extended Release and Long Acting Opioids: Achieving Safe Use While Improving Patient Care," at the Virginia Council of Nurse Practitioners, in Roanoke, Virginia, March 28, 2015.

## Arnstein presents

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, presented "Best Practices in Managing Persistent Pain in Older Adults," at Boston Medical Center, March 20, 2015.

## Callahan presents

Janet Callahan, PT, physical therapist, presented, "ABCs of Vestibular Rehabilitation," at the American Physical Therapy Association Conference at California State University in Long Beach, California, March 28-29, 2015.

## Callahan presents

Janet Callahan, PT, physical therapist, presented, "Differential Diagnosis and Management of Brainstem and Cerebellar Infarctions," at the combined sections meeting of the American Physical Therapy Association in Indianapolis, February 2, 2015.

## Nurses present poster

Julie Cronin, RN, clinical nurse specialist, Gynecology/Oncology; Vanessa Gormley, RN, clinical nurse specialist, Neurology; Elizabeth Henderson, RN, staff nurse, Burns/Plastics; Jennifer Clair, RN, clinical nurse specialist, Transplant; Shannon Mahoney, RN, clinical nurse specialist, General Medicine; Jacqueline Holmberg, RN, clinical nurse specialist, General Medicine; and Jessica Smith, RN, nursing practice specialist, Surgical Unit, presented their poster, "Investigating the Use of Clinical Instructional Videos on Social Media to Increase Effectiveness of Hands-On Practical Applications," at the annual conference of the National Association of Clinical Nurse Specialists, in Coronado, California, March 5-7, 2015.

## Professional Achievements (continued)

### Stefancyk appointed

Amanda Stefancyk, RN, former nursing director of the White 10 General Medicine Unit, was appointed chief executive officer of the Organization of Nurse Leaders, in March, 2015.

### Arnstein publishes

Paul Arnstein, RN, clinical nurse specialist, Pain Relief, and Keela Herr, RN, authored the book, "Persistent Pain in Older Adults," (University of Iowa Press) 2015.

### King presents

Janet King, RN, staff nurse, GI Endoscopy, presented, "Difficulty Swallowing? Have You Considered an Esophageal Motility Disorder?" at the Maine Medical Center in Portland, Maine, March 21, 2015.

### Townsend publishes

Elise Townsend, PT, physical therapist, authored the article, "Effects of AFO Use on Walking in Boys with Duchenne Muscular Dystrophy: a Pilot Study," in the spring, 2015, *Pediatric Physical Therapy*.

### Adams honored

Jeff Adams received the 2014 JCEN Innovation Award for his article, "Strengthening New Graduate Nurse Residency Programs in Critical Care: Recommendations from Nurse Residents and Organizational Stakeholders," in the January, 2015, issue of *The Journal of Continuing Education in Nursing*. The award recognizes excellence in writing and the expansion of knowledge in the field of nursing continuing education and professional development.

### Scott hosts webinar

Katrina Scott, staff chaplain, hosted the webinar, "Hospice and Palliative Care Specialty Certification," for the Association of Professional Chaplains, March 23, 2015.

### Whitney presents

Kevin Whitney, RN, associate chief nurse, presented the keynote address, "Nurses in All Roles Leading Change," at the New England Chapter of the Infusion Nurses' Society, in Waltham, March 10, 2015.

### Nurses publish

Diane Carroll, RN, nurse researcher; Vivian Donahue, RN, nursing director; and CSICU nurses, Donna Furlong, RN; Cynthia Finn, RN; Diane Gay, RN; and Christine Grylik, RN, authored the chapter, "Comparison of Temporal to Pulmonary Artery Temperature in Febrile Patients," in *Dimensions of Critical Care Nursing*, January/February 2015.

### Inter-disciplinary team publishes

Kathleen Miller, RN; Emma Chad-Friedman; Vivian Haime; Darshan Mehta, MD; Veronique Lepoutre; Dinah Gilburd, LICSW; Donna Peltier-Saxe, RN; Cally Lilley, RN; Herbert Benson, MD; Gregory Fricchione, MD; John Denninger, MD; and Albert Yeung, MD, authored the article, "The Effectiveness of a Brief Mind-Body Intervention for Treating Depression in Community Health Center Patients," in *Global Advances in Health and Medicine*.

### Waterhouse certified

Tracy Waterhouse, RN, staff nurse, Operating Room, became certified as an ambulatory care nurse by the American Nurses Association in February, 2015.

### Nurses present poster

Brenda Miller, RN; Arlene Kelleher, RN; Diane Carroll, RN; and Kevin Callans, RN, presented two posters during MGH Children Research Poster Day. The posters were the only entries by nurses amid a field of 58 posters by physicians.

### Robbins petitions Governor

Staff nurse, Christopher Robbins, RN, petitioned Governor Baker to proclaim the month of March Colorectal Cancer Awareness month. On February 26, 2015, the Governor signed the proclamation making March Colorectal Cancer Awareness Month in Massachusetts.

### Washington honored

Deborah Washington, RN, director of the PCS Diversity Program, was named the 2015 recipient of the American Organization of Nurse Executives' prestigious Prism Award on April 17, 2015. The award recognizes an individual who has advanced diversity efforts within the nursing profession and the community.

### Clinical Recognition Program

Clinicians recognized  
January- April 1, 2015

#### Advanced clinicians:

- Christina Connors, RN, General Medicine
- Brian Cyr, RN, General Medicine
- Vanessa Dellheim, PT, Physical Therapy
- Heather Evoniuk, RN, General Medicine
- Brian McClosky, RN, Neuroscience
- Casandra McIntyre, RN, GYN/Oncology
- Jennifer Neveu, PT, Physical Therapy
- Daisy Powers, RN, Pediatrics

#### Clinical scholars:

- Robin Grossman, RN, Case Management
- Alexa O'Toole, RN, Newborn/Family Unit

# Announcements

## ACLS Classes

Certification:

(Two-day program)

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

Day one:

June 15, 2015  
8:00am–3:00pm

Day two:

June 16th  
7:00am–1:00pm  
(Note early start time)

Re-certification (one-day class):

May 13th  
5:30–10:30pm

Locations to be announced.

Some fees apply.

For information, contact Jeff Chambers at [acls@partners.org](mailto:acls@partners.org)

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Free one-day bereavement program for children and families

MGH, in partnership with Comfort Zone Camp (CZC), is holding a free one-day bereavement program for children ages 5–17 and their families. Children who've experienced the death of a parent, sibling, or guardian are invited to register for a day of mentorship, support, and group activities. Parents are encouraged to attend the parent/guardian program held at the same location.

Saturday, July 25, 2015  
8:30am–4:00pm  
MGH Institute of Health Professions

Volunteers are also needed.  
(Call 781-756-4840)

For more information or to register on-line go to [www.comfortzonecamp.org/MGH-CZC](http://www.comfortzonecamp.org/MGH-CZC), or call Todd Rinehart, LICSW, at 617-724-4525.

## Still Alice: understanding Alzheimer's

MGH Geriatric Medicine presents:

"Still Alice: Understanding Alzheimer's"  
speaker, Lisa Genova, author

"I wrote *Still Alice* because I am a granddaughter and a neuroscientist."

Tuesday, June 16, 2015  
reception, 5:30-6:00pm  
program, 6:00-7:15pm  
O'Keefe Auditorium

Complimentary book with RSVP.  
For more information, or to RSVP (required) call 617-643-6302.

## Blum Center Events

National Health Observances:  
"Language Development in Babies, Toddlers, and Pre-Schoolers"

Thursday, May 14, 2015  
speaker, Jennifer Maietta, CCC-SLP,  
speech-language pathologist

"Making Exercise a Habit"  
Tuesday, May 19th  
speaker, Mike Bento, head  
personal trainer, The Clubs at  
Charles River Park

"An Overview of Osteoporosis  
and How to Protect Your Bones"  
Thursday, May 28th  
speaker, Sara Schoenfeld, MD,  
clinical fellow

Shared Decision Making:  
"Coping with Symptoms of  
Depression"  
Wednesday, May 27th  
includes a video and discussion  
with Paola Pedrelli, psychologist,  
and John Matthews, MD,  
psychiatrist

Programs are free and open to  
MGH staff and patients.  
No registration required.  
All sessions held in the Blum  
Patient & Family Learning Center:  
from 12:00–1:00pm

For more information,  
call 4-3823.

## Make your practice visible: submit a clinical narrative

*Caring Headlines* is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: [ssabia@partners.org](mailto:ssabia@partners.org). For more information, call 4-1746.

## Steps to Success

Financing Your Education  
Workshop  
June 3, 2015  
12:00–1:00pm  
Haber Conference Room

Representatives from the Harvard University Employees Credit Union and the MGH Institute of Health Professions will discuss options for financial assistance.

Education Fair  
June 11th  
12:00–3:00pm  
under the Bulfinch Tent

One-stop-shopping for certificate, undergraduate, and graduate, clinical and non-clinical programs, including nursing, research administration, inpatient coding, health care policy, and administration. Featured schools include Boston University, Bunker Hill Community College, MGH Institute of Health Professions, Northeastern University, Simmons College, Emmanuel College, and UMass Boston.

Presented by MGH Training & Workforce Development.

For more information,  
call 617-726-2099.

## Biomedical Engineering Week

Each May, National Biomedical Engineering Week is celebrated to recognize those who work in biomedical and clinical engineering.

On Wednesday, May 20th, the department will host an information booth to exhibit some of the equipment they maintain throughout the hospital.

May 20, 2015  
8:00am–3:00pm  
Main Corridor

Meet Biomedical Engineering staff members and learn more about the role Biomed plays in ensuring MGH is a leader in quality care.

For more information, call Jean Johanson at 617 724-1333.

## Senior HealthWISE events

All events are free for seniors 60 and older

"Constipation"  
Thursday, May 7, 2015  
11:00am–12:00pm  
Haber Conference Room

Speaker, Daniella Donoso Pena, MD, geriatric fellow, will discuss causes, symptoms, tests, treatments, and the changes in physiology that lead to constipation. She will recommend dietary and behavioral interventions to help alleviate symptoms and improve quality of life.

"Understanding and Caring for Our Hearts"  
Thursday, May 21st  
11:00am–12:00pm  
Haber Conference Room

Speaker, Malissa Wood, MD, cardiologist and author of *Smart at Heart, a Holistic 10-Step Approach to Preventing and Healing Heart Disease for Women*, will explore how relationships, workplace, media, and other factors affect weight.

For more information,  
call 4-6756.



# Timilty Science Fair

*two-time science-fair-winning  
mentor says learning science can be fun  
and educational*

**C**ongratulations to Cynthia Hydes, seventh-grader at Timilty Middle School, and her science-fair mentor, Lori Rizzo, RN, perioperative staff specialist. Hydes recently took first place in the middle school division of the Boston Public Schools (Massachusetts Region VI) Science Fair and also earned recognition as Raytheon's choice for Top Middle School Science Project.

Hydes' project examined cell-phone use and driver distraction. Says Rizzo, "We looked at cell-phone use and response time to a traffic light turning from red to green. To get the data, we stood outside at an intersection near MGH for two hours in the snow and frigid cold of one of the worst winters in Boston history. It wasn't easy, but it was worth the effort."

Hydes found that the average response time to the light change was significantly longer for cell-phone users versus non-cell-phone users, indicat-

ing some level of distraction for cell-phone users. All qualifying science projects were showcased at the Citywide Science Fair, March 7, 2015, at Northeastern University.

It's worth noting that Rizzo was also mentor to last year's science fair winner in the middle school division, Mari Cabreja. Says Rizzo, "Many nurses are natural mentors. Successfully mentoring middle-school students involves finding that balance between making the experience enjoyable and instilling a sense of accountability. My mentees learn that if they put in the effort and strive for excellence, they can achieve a lot and have fun doing it."



Mentor, Lori Rizzo, RN, perioperative staff specialist (left), with her Timilty Science Fair mentee, Cynthia Hydes, who's sporting her first-place medal.

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For more information, call: 617-724-1746

**Next Publication**

May 28, 2015

# Inpatient HCAHPS

## 2015 calendar year, to date

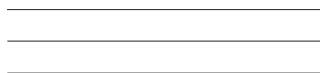
Measure	2014	2015 Year to Date	2014- 2015 Change
Nurse Communication Composite	82.1	82.5	<b>0.4</b>
Doctor Communication Composite	81.6	82.5	<b>0.9</b>
Room Clean	72.2	73	<b>0.8</b>
Quiet at Night	49.7	52.2	<b>2.5</b>
Cleanliness/Quiet Composite	60.9	62.6	<b>1.7</b>
Staff Responsiveness Composite	63.8	66	<b>2.2</b>
Pain Management Composite	71.7	72.9	<b>1.2</b>
Communication about Meds Composite	65.8	66.7	<b>0.9</b>
Discharge Information Composite	91.6	92.1	<b>0.5</b>
Overall Rating	79.8	81.2	<b>1.4</b>
Likelihood to Recommend	90	90.8	<b>0.8</b>

Our most recent patient-experience scores exceed 2014 scores for all indicators. While the volume of patients has been slightly lower, this is a good start toward achieving our 2015 goals.

Data complete through January, 2015  
 All results reflect Top-Box (or 'Always' response) percentages  
 Pull date: April 13, 2015



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