

Caring

Headlines

April 21, 2016

Blessings on



See stories and photos throughout this issue

On Thursday, March 31, 2016, members of the MGH Chaplaincy held a special service in the Chapel to bless the impending go-live of MGH eCare.

Nursing and Patient Care Services
Massachusetts General Hospital

Welcome to the age of eCare

*one patient; one team; one fully integrated,
electronic medical record*

From the outset, our goal in undertaking a project of this magnitude has been to improve the care and hospital experience of our patients and families, and we're already seeing a difference in real and meaningful ways.

As everyone is surely aware by now, at 5:09am, Saturday, April 2nd, we began a new chapter in MGH history when we went live with our fully integrated, electronic health-information system.

It was a great day for patients and the beginning of a new, more efficient way of doing business for clinicians and support staff. From the outset, our goal in undertaking a project of this magnitude has been to improve the care and hospital experience of patients and families, and we're already seeing a difference in real and meaningful ways.

In the days and weeks leading up to go-live, throughout the cut-over period, and especially in the days following the conversion, I've been so proud of the way our workforce has performed. I'm not just talking about the additional time and effort, or the training and preparation, or the troubleshooting and issue-resolution—I'm talking about the incredible attitude and generosity that has made this entire journey so positive and memorable.

Like any change of this size and complexity, our transition has not been without challenges. We knew there would be issues, and we're addressing them with the same methodical and coordinated



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

approach that served us so well during the preparation phase. Our communication structure and safety-reporting systems are working exactly as they were designed, allowing issues to be identified, reported, and resolved in a timely manner. Tiger teams are being created as needed to address issues such as device-integration, medication-safety, flow sheets, and any other issues that arise that may require a more focused response.

As one technician assisting us with the cut-over observed, "I have been to a number of Epic installations, but I've never been to an institution as well prepared as Mass General."

It's important to remember that we're still in a period of transition. We're still learning, exploring, and realizing the benefits of the new system. I'm happy to see staff sharing their experiences and best

continued on next page

We continue to monitor issues and work flows as we continue to acclimate to life in the age of eCare. As we become more comfortable with the new system, our proficiency and efficiency will increase. In no time at all, LMR, POE, and eMAR will be a distant memory.

practices as they discover new capabilities and more efficient ways to use the technology. Your observations and feedback are driving solutions and accelerating our indoctrination.

As always, our primary concern is supporting staff so that staff can use their knowledge and expertise to do what they do best—care for patients and families. We’ve kept patients informed of our eCare journey and solicited their patience and understanding as we implement the new system. As you can see by the photograph below, our patients are embracing the change; and as the photographs

on the following pages illustrate, *no one* embraces change like we do!

We continue to monitor issues and work flows as we continue to acclimate to life in the age of eCare. As we become more comfortable with the new system, our proficiency and efficiency will increase. In no time at all, LMR, POE, and eMAR will be a distant memory. Thank-you again for leading this change with such grace and enthusiasm. Thank-you for your vigilance and critical thinking. And most of all, thank-you for your fierce advocacy on behalf of our patients and families.



Patient, Michael Salvatore, with staff of the Yawkey 8 Infusion Unit. Salvatore, aware MGH was in the midst of converting to eCare, was thrilled to be part of it. According to staff nurse, Barbara Rosen, RN, Salvatore requested a photo to commemorate the two big milestones—his last day of chemotherapy and our first full day of eCare.

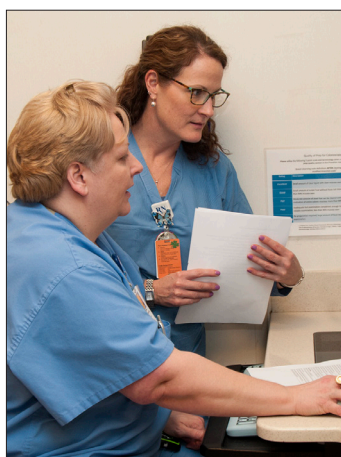
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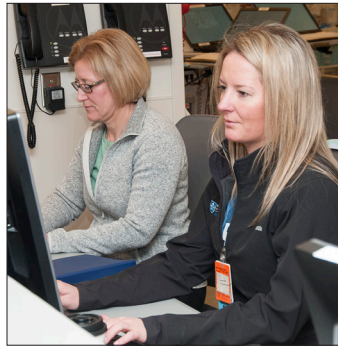
eCare Training, Town Halls, and Prep

“Our nursing director had us in the playground as much as possible so we’d be at the top of our game when we went live. That really paid off.”

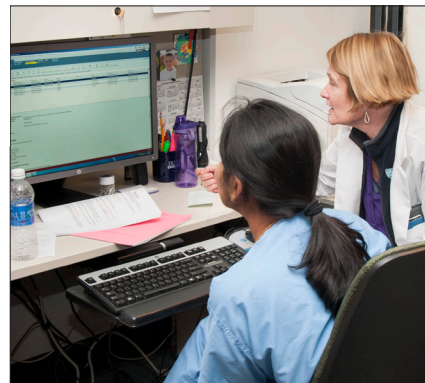


“The eCare team was pretty fabulous.”





“Our ambulatory colleagues were right—investing the time and effort to educate ourselves on the new system was so important. Everyone on our unit was ready and confident on the big day.”

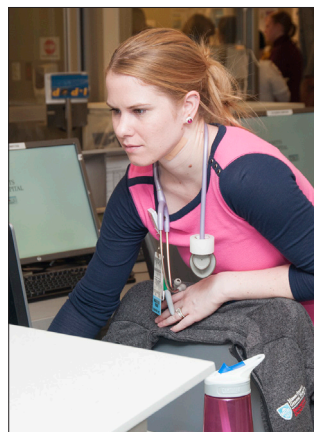
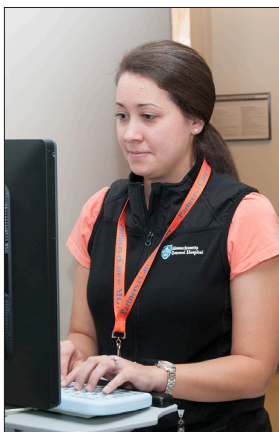
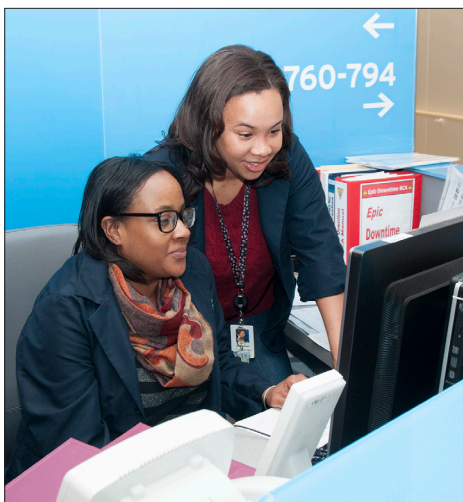


April 2nd Go-Live

"Having one system is great! I find I'm not waiting til the end of the day to do my documentation."



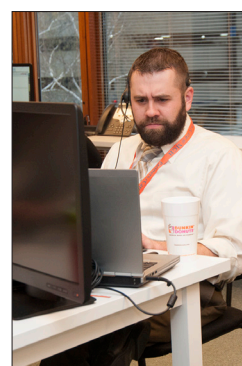
"Patients on our unit knew all about the cut-over. They really got into it. They were patient and understanding. I think they were happy to be part of it."



Command Centers, and Communication



"The organization and teamwork in and among the Command Centers is truly impressive. Everyone's top priority is safety and excellence in patient care while ensuring a successful implementation."



Embracing the Change

“We knew from past experience that for change to be successful, you have to embrace it. So we embraced the h*** out of it!”

“I thought I’d miss the old system, but I really don’t. At all!”



(Some photos provided by staff)



"I could be the poster child for eCare. I love it, love it, love it!"



Patient education in the age of eCare

an overview

—by Gail Alexander, RN, patient education specialist, The Blum Center, and Kalyn Horst, health education project manager and editor, Corrigan Minehan Heart Center and the Fireman Vascular Center

Patient-instruction materials are now available in eCare and can be incorporated into patients' health records. Materials are searchable allowing caregivers to find the topic(s) they're looking for more easily.

Along with changes to billing and clinical documentation, eCare brought changes to patient-education, as well. Patient-instruction materials are now available in eCare and can be incorporated into patients' health records. Materials are searchable allowing caregivers to find the topic(s) they're looking for more easily. In eCare:

- use Plan of Care Activity to identify problems that require educational interventions. Education points added to the Plan of Care problem interventions automatically appear in the Education Activity
- use Education Activity to document your teaching. Additional education points can be added
- use Patient Instructions Activity to search for and incorporate materials loaded in eCare into the medical record

Not everything about patient-education materials and documentation has changed. For instance:

- the learning assessment is still completed as part of the admission process
- clinicians should still document patient-education and patient responses during their shifts
- education points should only be listed as resolved if they're no longer clinically relevant. For example, pre-procedure teaching can be entered as resolved once the patient returns from the procedure

It's important to note that not *all* patient-education materials are available in eCare. Clinicians should continue to use the patient-educational materials that best meet patients' needs based on clinical judgment. eCare provides links to additional materials under the Resources tab on the main Toolbar. Selecting one of these links will direct users to materials available outside of eCare.

The Partners Handbook link allows you to access MGH- and/or Partners-authored or designated patient-education materials and recommended consumer health websites.

Patient education materials available in eCare:

- Healthwise® (materials written by external vendor)
- Primary Care Office InSite (PCOI)
- DCFI Teaching Sheets
- Exercise Instructions (limited to Fitness, Physical Therapy, Occupational Therapy, and Speech-Language Pathology)

Patient education materials linked through the Resources tab on the main Toolbar in eCare:

- Partners Handbook
- Knowledge Link
- PCOI
- CARMA

Clinicians can also add patient-education materials not available in eCare into patients' charts. In the Patient Instructions section of the Discharge Navigator, use Smartphrases by typing or copying and pasting text from existing documents found outside of eCare. (Note: formatting does not carry

continued on next page

Patient Education (continued)

over when you cut and paste, and you can't insert attachments in this section.)

Advantages of using materials in eCare:

- Materials are automatically suggested based on patient diagnosis codes (ICD-9 and ICD-10)
- Materials are searchable in eCare's Patient Instructions tab
- Materials can be edited for each patient if/when necessary
- Materials can be included in their entirety in the patient's record. Select 'Add Instructions' under Patient Instructions
- Materials can be sent electronically to patients using the MyChart patient portal

Advantages of using MGH-authored or MGH-designated materials:

- Materials reflect MGH practice and the instructions MGH clinicians want the patient to follow
- Materials are branded with the authoring departments' logos
- May minimize the need to edit materials each time they're used to make them comply with MGH practice and instructions

For more information about patient-education in eCare, review Partners eCare tip sheets in one of two ways:

- In eCare, use the Learning Home Dashboard. The quickest way to access this is to select the My Dashboard icon in the upper left corner (see screen shot below)
- From the Partners eCare intranet site, use the tip sheet search engine. Use tip-sheet titles exactly as they appear in the table below for best results

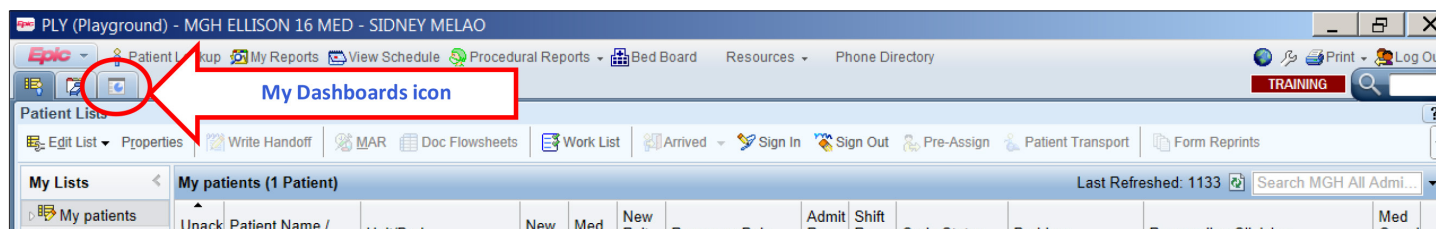
A note about Healthwise, the supplier of patient-education materials linked to eCare. If Healthwise materials contradict individual discharge instructions, follow these guidelines:

- If there are MGH-produced materials, use those and document that they're being used
- If no MGH-produced materials are available, be sure Healthwise information is consistent with providers' discharge orders. Healthwise materials are editable after they've been added to the patient's chart, so they should be consistent with MGH discharge instructions

This information has been added to the Patient Education/Health Literacy tab of the Excellence Every Day portal page.

For more information about patient-education in eCare, call Brian French, RN, director, The Blum Patient & Family Learning Center at 617-724-7843.

<i>Tip Sheet Name</i>	<i>Topic</i>
● Patient instructions activity	Locate and edit patient instructions in eCare for inpatient users
● Patient instructions activity tip sheet	Locate and edit patient instructions in eCare for ambulatory, Emergency Department, and My Chart users
● eCare quick links in partners handbook	Locate patient instructions from sites other than eCare
● Healthwise frequently asked questions	Healthwise information
● Plan of care and patient education faqs tip sheet	Document educational material accessed outside of eCare
● Saving patient instructions as favorites	Saving instructions in eCare as favorites
● Creating a smartphrase to reuse text you commonly type	Editing documents in eCare using smart phrases
● Discharging a patient	Patient instructions in eCare at discharge



End-of-life spiritual care knows no denomination

My name is Ben Lanckton, and I am one of the full-time chaplains here at MGH providing spiritual care to patients, families, visitors, and staff. It was while covering the Cardiac ICU that I met 'Fred.' He had terminal cancer that had begun to affect his heart. Though he had not requested a chaplain, his nurse, as so many do, requested that a chaplain stop by.

When I reflect on the brief time I spent with Fred and his wife, 'Mary,' two images stand out in my mind. When I first met Fred, he was alert enough to be sitting up in bed holding Mary's hand. I knew he had spent his life as a believing Christian, so I offered him the option of a Christian chaplain, but he was very clear that he wanted me to stay, and listen.

I listened to both of them. Mary spoke of the many virtues of Fred's life and the profound unfairness of his fate. I agreed it was unfair and assured her that God can hold our anger and outrage when events prove angering and outrageous. I said a short prayer with them, combining gratitude for their lives and love with frustration at the mystery of Fred's impending death. When I finished, Fred abruptly shook my hand and thanked me sincerely for coming, but he clearly, urgently, wanted to enjoy his precious remaining moments alone with his beloved Mary.

When I followed up the next day, Mary was keeping vigil beside the bed of a silent, sleeping Fred. She shared with me her uncertainty and confusion about how to help Fred make this final journey in the most loving and supportive way.

Fred's mother and sister joined us. Though I'm a faithful Jew, the image of this suffering servant surrounded by these three loving women reminded me of key moments in the Passion of Jesus. I spoke at length with his mother and sister trying to help them on one hand, find meaning in the message and power of Fred's life, and on the other, accept the meaning-



Rabbi Ben Lanckton

lessness of Fred's suffering and death. After several minutes punctuated by long moments of silence, I asked Fred's mother if I could offer a prayer. As we rose to surround his bed—his wife by his head, his mother by his heart, and his sister at his feet—I began the blessing.

Fred stirred in his sleep; he opened his eyes. I offered a blessing for all present to treasure their deep connection with Fred and one another. As I concluded the blessing, "in the name of the one true God, the source of all that is holy, amen," Fred looked right at me. He weakly but very deliberately moved his hand over his chest in the sign of the Cross.

We all wept at this gesture that showed such abiding faith and reassurance, even as his life would end just a few hours later.

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

What a simple, beautiful story of faith and compassion. Many of us can relate to the 'meaninglessness' of losing someone before their time. Ben is unobtrusively gentle and present to this family. Despite the difference in their religious traditions, he forges a connection with them, validates their anger and frustration, and reinforces their love and gratitude for having known Fred.

Thank-you, Ben.

When I first met 'Fred,' he was alert enough to be sitting up in bed holding hands with Mary. I knew he had spent his life as a believing Christian, so I offered him the option of a Christian chaplain, but he was very clear that he wanted me to stay, and listen.

The Nurse Staffing Council

sharing scheduling best practices from unit to unit

The Nurse
Staffing Council
is an idea that
originated
with the Staff
Nurse Advisory
Committee. Time-
planners meet
with time-planners
from other units to
share and discuss
best scheduling
practices.

Question: I heard that a Nurse Staffing Council was recently established. What's that about?

Jeanette: The Nurse Staffing Council is an idea that originated with the Staff Nurse Advisory Committee last year. Staff nurse champions queried time-planners on their units about their interest in meeting with time planners from other units to share and discuss best scheduling practices. There was significant interest in the idea, and the group expressed an interest in learning more about the budget process and how it relates to unit scheduling.

Question: Who sits on the council, and when does it meet?

Jeanette: Every unit is represented. Time-planners held a kick-off summit in November and a follow-up session in February. The group plans to meet semi-annually, with the next meeting to take place in September.

Question: What topics do they discuss?

Jeanette: At the November kick-off meeting, the group reviewed the Partners, MGH, and Patient Care Services budgeting process and how PCS uses data and input from units to project staffing resources for the fiscal year. They talked about how staffing budgets translate into unit schedules. They closed with a discussion about the various scheduling practices on different units.

At the February session, the group reviewed the results of a scheduling survey that went out to all units and was used to establish a profile of each area's scheduling practices. The group was given binders containing a summary of survey results and copies of scheduling guidelines from other units. The binder is a reference for unit time-planners so they can reach out to colleagues as questions and/or ideas arise.

It was clear from group discussions that while everyone operates within certain institutional and departmental guidelines, unit-based staff drive the scheduling practices of their respective areas, and meeting the needs of their patients drives their scheduling decisions.

It's worth noting that this scheduling collective serves as Magnet evidence for our next re-designation application.

Question: How can I find out who my Nurse Staffing Council representative is?

Jeanette: Your nursing director should be able to tell you.

For more information about the Nurse Staffing Council or any related issues, call Antigone Grasso, RN, director of PCS Management Systems and Financial Performance, at 617-724-1649.

Announcements

ACLS Classes

Certification:

(Two-day program)

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

Day one:

June 13, 2016
8:00am–3:00pm

Day two:

June 14th
8:00am–1:00pm

Re-certification (one-day class):

August 10th
5:30–10:30pm

Location to be announced.

For information, send e-mail to:
acls@partners.org, or call
617-726-3905

To register, go to:

http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Travel for business? Enroll in TravelSafe

If you travel for hospital business, consider enrolling in Partners TravelSafe, a travel information and emergency-assistance program for employees. TravelSafe offers travel information, alerts, emergency assistance, and a single point of contact should you encounter trouble while traveling domestically or internationally.

TravelSafe's global hotline is:
+1 443-965-9242.

When you book travel through a Partners-approved travel agency, your travel details are automatically registered with TravelSafe, or you can manually enter trip details at: www.partners.org/travelsafe.

For more information, e-mail:
travelsafe@partners.org.

Women's Health Conference

"Midlife Women's Health: Staying Healthy and Well"

MGH experts will present on skin health, cancer risk, GI conditions, and the mind-body connection at a free community event on women's health at midlife.

Tuesday, May 10, 2016
4:00–6:30pm
O'Keeffe Auditorium

To register for this free conference, send your name and e-mail address to Emilia O'Brien at eobrien11@partners.org, or call 617-726-0274.

MGH Institute of Health Professions

New prerequisite course offerings

MGH Institute of Health Professions has expanded its offerings to include prerequisites for grad school in Nursing, Occupational Therapy, Pharmacology, Physical Therapy, Physician Assistant Studies, and Speech-Language Pathology. Students may be able to use employer's vouchers to take one or more courses tuition-free. Summer semester classes begin on June 1st.

Courses include:

Anatomy and Physiology I & II
•Biochemistry •Biology I & II
•Introduction to Chemistry for Health Professionals •General Chemistry I & II for the Health Sciences •Exercise Physiology
•Microbiology •Nutrition
•Physics I & II •Developmental Psychology •Abnormal Psychology for the Health Care Provider •Introductory Statistics
•Introduction to Communication Sciences & Disorders •Phonetic Transcription & Introduction to Acoustic Phonetics •Anatomy & Physiology of the Speech, Language, & Hearing Mechanism
•Speech & Language Acquisition
•Introduction to Audiology

For more information, go to:
www.mghihp.edu/science; e-mail:
onlineprereqs@mghihp.edu;
or call 617-724-6362.

Blum Center Events

"Autism Spectrum Disorder"

Thursday, April 21st
11:00am–12:00pm

Join Bruce Kastin, MD, to learn more about autism spectrum disorder; how it's diagnosed; and what the Lurie Center for Autism has to offer:

"The Importance of Childhood Vaccinations"

Monday, April 25th
1:00–2:00pm

Join Vandana Madhavan, MD, for a presentation on the importance of timely childhood vaccinations.

Programs are free and open to

MGH staff and patients.

No registration required.

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

Note varying start times

For more information,
call 4-3823.

Sun Safety

Information and screening

Sponsored by The Maxwell & Eleanor Blum Patient and Family Learning Center and the department of Dermatology.

Friday, April 29, 2016
10:00am–2:00pm
Main Corridor

The sun is strongest between
10:00am and 4:00pm.

Learn how the sun can damage your skin, speed up aging, and put you at risk for skin cancer. Free skin scans will be offered. Dermatologists will provide tips on how to enjoy the outdoors while protecting your skin and how to choose the right sunscreen.

For more information,
call 617-724-7352

Support Service Employee Grants

applications now being
accepted

Applications for 2016 MGH Support Service Employee Grants are being accepted through Thursday, May 12th at 5:00pm. The grant is available to eligible, non-exempt employees in administrative, clinical, service, or technical-support roles. For information about the grant, tuition assistance, upcoming financial-aid workshops, or the annual education fair, go to the MGH Training and Workforce Development website, or e-mail MGHTraining@partners.org.

Advanced Care Planning Booth

As part of National Healthcare Decisions Day, the PCS Ethics in Clinical Practice Committee will sponsor its 16th annual Advanced Care Planning Information Booth

Wednesday, April 27, 2016
8:00am–3:00pm
Main Corridor

Information about advanced care planning will be available to patients, staff, and visitors. The theme of this year's National Healthcare Decisions Day is, "It always seems too early, until it's too late."

NHDD was established to demystify healthcare decision-making, encourage patients to express their wishes regarding advanced care planning, and increase awareness about respecting those wishes. Copies of the Massachusetts Health Care Proxy form, a list of helpful websites, and information about the role of healthcare proxies and advanced care planning will be available.

To learn more, go to:
www.nhdd.com.

Nurse Week Schedule

Nurse Recognition Week

May 1–6, 2016

Sunday, May 1st

Staff Nurse Breakfast
7:00–9:00am
The Trustees Room, Bulfinch 2

Monday, May 2nd

Chief Nurse Address
presented by Jeanette Ives Erickson, RN,
chief nurse
1:30–2:30pm
O'Keeffe Auditorium and
Haber Conference Room, Blake 1

Staff Nurse Reception
2:30–4:00pm
The Trustees Room, Bulfinch 2

Tuesday, May 3rd

Research Day

Interactive Nursing Research
Poster Session
10:00–11:30am

O'Keeffe Auditorium Foyer
(Research posters on display throughout
Nurse Recognition Week)

Yvonne L. Munn Nursing Research Lecture
and Presentation of 2016 Research
Awards

"Errors of Omission: Missed Nursing Care"
presented by Beatrice Kalisch, RN,
professor emeritus and director of
Innovation and Evaluation at the University
of Michigan School of Nursing
1:30–3:00pm
O'Keeffe Auditorium

High Tea immediately following this session
in The Trustees Room, Bulfinch 2

Wednesday, May 4th

"Let's Disrupt Disruptive Behavior"
presented by Gino Chisari, RN, director;
The Norman Knight Nursing Center
10:00–11:00am
O'Keeffe Auditorium

Scholarly Works: the Science Behind Nursing Leadership

"Characteristics of Nurse Directors that Contribute
to High Registered-Nurse Satisfaction Scores"
presented by Debra Burke, RN, associate chief nurse

"Examining Nursing Peer-Review Practices Among
Magnet and Non-Magnet Hospitals: a Survey of Chief
Nurse Executives"
presented by Kevin Whitney, RN, associate chief nurse
1:30–2:30pm
The Ether Dome, Bulfinch 4

Thursday, May 5th

Staff Nurse Breakfast, 7:00–9:00am
The Trustees Room, Bulfinch 2

"The Wisdom of Experience: Advancing Practice
through Safety Narratives"
facilitated by Colleen Snyderman, RN, director;
PCS Office of Quality & Safety;
and Jana Beth Deen, RN, senior director; Patient Safety,
MGH Center for Quality & Safety
1:30–2:30pm
O'Keeffe Auditorium

Friday, May 6th

"Refresh and Renew: Navigating Change
with Resiliency"
presented by Peg Baim, RN, director; Stress
Management and Resiliency Training, the Benson
Henry Institute of Mind Body Medicine; Kathleen
Miller, RN, clinical documentation improvement
specialist; and Joanne Rowley, RN, clinical nurse specialist.
11:00am–12:00pm
O'Keeffe Auditorium

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Submissions

All stories should be submitted
to: ssabia@partners.org
For more information, call:
617-724-1746

Next Publication

May 5, 2016



"It was a perfect ten-minute break on a busy weekend. We were able to get off the unit, a sign that eCare implementation was going well. Such a nice treat. Thank you!"



(Photos by Paul Smith)

Resilient people know the importance of relaxation

Caring
Headlines
April 21, 2016

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