

Bicentennial scholar soon to be MGH nurse

Offered by the MGH Center for Community Health Improvement, the MGH Youth Scholar Program supports science-minded highschool students in their pursuit of careers in health care. (See story on page 4)

> Bicentennial scholar, Jenny Bermudez (right) with staff nurse, Jacquelyn Dolan, RN, on the White 10 Medical Unit.



Nursing & Patient Care Services Massachusetts General Hospital

Jeanette Ives Erickson

Excellence Every Day

the perpetual balance of quality, safety, and service

aintaining a culture of Excellence Every Day requires constant vigilance, attention to detail, and a

For Magnet and Joint Commission surveys, our goal is to ensure that our visitors see and appreciate the full scope of our efforts to provide a safe, comfortable, healing environment for patients and families. when all those elements are in place, it's simply a matter of awareness — awareness of our policies and procedures; awareness of National Patient Safety Goals; awareness of practice updates and alerts; and an overarching awareness of the evolving factors that affect the care and safety of each and every patient.

As I'm sure you're aware, the window is now open for our next Joint Commission visit. While we anticipate it will occur some time between January and April of 2018, it could realistically happen at any time. And as I mentioned in my last column, our Magnet evidence is currently being reviewed, so a Magnet site visit could occur within that same time frame. In both instances, our goal is to ensure that our visitors see and appreciate the full scope of our efforts to provide a safe, comfortable, healing environment for patients and families.

Toward that end, we're employing a number of strategies to prepare staff to speak proudly and openly about our programs, initiatives, research endeavors, and outcomes. Communication is a big part of that effort, with articles in *Caring Headlines* and *PCS News You Can Use*; Tuesday Take-Aways;



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

National Patient Safety Goal badges; our Excellence Every Day portal page; and much more.

As with every Joint Commission visit, we encourage staff to engage with surveyors, be present and responsive, share your accomplishments and enthusiasm, and don't be afraid to showcase unitbased programs and improvements. This is what they're here to see. This will be our first post-*e*Care Joint Commission visit, so staff should be prepared to speak about how that change has impacted their practice.

Of note, The Joint Commission has developed a system they call the SAFER (Survey Analysis for Evaluating Risk) Matrix that will now be part of their reports. The SAFER Matrix provides a visual representation of the severity of any RFIs (requirements for improvement) found during the site visit, with low-risk items appearing in the lower left box and high-risk items appearing in the upper right box (see figure on opposite page).

Our recent mock Joint Commission visit revealed a high level of engagement among staff and management. Staff showed impressive knowledge of their patients; and there was good feedback about our inter-disciplinary tracer program. The mock survey also showed some opportunities for improvement in documentation; infection control visit because we're *perpetually* ready to do what's best for our patients and families.

If you have any questions about the upcoming Joint Commission survey or any of our quality and safety efforts, contact Colleen Snydeman, RN, director of the PCS Office of Quality & Safety, at 617-643-0435.



We foster a culture of Excellence Every Day with every intervention and amenity we provide.We're committed, vigilant, and attentive to patient needs... We are ready for our next loint Commission visit because we're perpetually ready to do what's best for our patients and families.

medication storage. We foster a culture of Excellence Every Day

and prevention; the en-

vironment of care; and

with every intervention and amenity we provide. We're committed, vigilant, and attentive to patient needs. But over and above the direct care we provide, we need to demonstrate awareness of the underlying policies, National Patient Safety Goals; professional standards; and all the foundational structures that support our practice.

We're ready for our next Joint Commission

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(Photo on page 8 by Paul Batista)

MGH bicentennial scholar to become MGH nurse

-by Winnie Tobin, communications manager, Center for Community Health Improvement

Bermudez is an alumna of the MGH Youth Scholars Program, a four-year program for publicschool students interested in careers in health and science that supports them throughout their college experience. ot everyone knows what they want to be when they grow up. But Jenny Bermudez did. From the time she was in middle school, she had one goal—to be a nurse. Bermudez is the youngest of five children born to Salvadoran immigrants, the

only girl, and now the first member of her family to graduate from college. Bermudez grew up in Chelsea and recently received a bachelor's degree in Nursing from Regis College. She's currently studying for her nursing boards and has been offered a position at MGH once she passes.

Bermudez' success in achieving her goal is a testament to her drive, her work ethic, and her perseverance in overcoming challenges. But, she's quick to point out, she got a lot of help from the MGH community along the way.

Bermudez is an alumna of the MGH Youth Scholars Program, a four-year program for publicschool students interested in careers in health and science that supports them throughout their college experience. Students are selected from schools in Boston, Chelsea, and Revere. The weekly afterschool program takes place at MGH and exposes under-represented students to career paths in science, technology, engineering, and math (STEM) with the goal of inspiring college and career aspirations. Students in the program — most of them the first in their families to attend college — receive up to \$5,000 in annual scholarships plus coaching and other forms of support.



Bermudez has the distinction of being a member of the bicentennial class of youth scholars. In 2011, in honor of its 200th anniversary, MGH re-committed itself to community outreach by creating the Bicentennial Scholar Program.

Bermudez' involvement with the Youth Scholars Program began when she was in eleventh grade at Chelsea High School. Jordan Hampton, RN, the nurse practitioner who runs the MGH school-based health center at Chelsea High, was aware of Bermudez' interest in nursing and encouraged her to apply to the program. Once accepted, she took full advantage of all the opportunities the program had to offer, including college visits, SAT preparation, financial-aid counseling, internships, job-shadow experiences, and more.

Opposite page: proud graduate and bicentennial youth scholar, Jenny Bermudez; and below, Bermudez working as PCA with nursing director, Jennifer Mills, RN, on White 10 Medical Unit.

Said Christyanna Egun, director of Boston Partnerships at the MGH Center for Community Health Improvement, "As a bicentennial scholar, Jenny was laser-focused on achieving her goal of



becoming a nurse. She worked hard and wasn't afraid to ask for help when she needed it." Demonstrating her own leadership and commitment to the program, Bermudez made herself available to speak to younger scholars about her experience, instilling in them a sense of confidence that they, too, could succeed.

While studying at Regis, Bermudez worked summers as a patient care associate (PCA) on the White 10 Medical Unit where she was eventually hired for the position permanently. Jennifer Mills, RN, nursing director and Bermudez' supervisor, says, "Jenny was smart, hard-working, eager to learn, and really kind. She fit right in on the unit."

As is sometimes the case, there were some bumps along the road. In her junior year, Bermudez narrowly missed passing her Med-Surg course, a requirement for a degree in Nursing. It was a difficult setback, and one that meant taking a semester off. Mills notes, "That was a make-or-break semester — it's hard to get back into school after something like that." But, Jenny persevered. She worked extra shifts on White 10, got some tutoring, re-enrolled at Regis, and passed the class the next time around.

"That's the essence of being a nurse," said Mills. "You have to be able to deal with challenges and persevere. I was so impressed by Jenny's ability to know what she wanted and work hard to get there. She doesn't give up. That's who she is."

When asked to share some advice with up-andcoming youth scholars, Bermudez said, "Take the opportunities given to you and make the most of them, because ultimately they're an investment in your future."

She added, "It truly takes a village to raise a child. Everyone at CCHI is part of my family, and through them I took part in opportunities that benefited me both personally and professionally. I am so grateful to be here today, a recent nursing grad with a job lined up at one of the world's greatest hospitals."

For more information about the Youth Scholars Program or the Center for Community Health Improvement, contact Christyanna Egun at 617-724-2950.

Helen Dore Boylston a closer look at an MGH nurse during World War I

—submitted by the MGH Nursing History Committee

By the late 1930s, Boylston had become an internationally known writer with the publication of her Sue Barton series for young adults. But her writing career had begun in earnest many years earlier, when she recorded her experiences serving as a nurse on the front lines during World War I.

n the July 6th issue of Caring Headlines, we looked at the life of Sara Elizabeth Parsons, superintendent of nurses at MGH in the early 1900s, and her work during and after World War I. But many MGH nurses made contributions to the war effort. Helen Dore Boylston, for instance, was appointed head nurse of the MGH medical outpatient department upon graduating from the MGH Training School for Nurses in 1917. (The School was later re-named the MGH School of Nursing). By the late 1930s, Boylston had become an internationally known writer with the publication of her Sue Barton series for young adults. But her writing career had begun in earnest many years earlier, when she recorded her experiences serving as a nurse on the front lines during World War I. Shortly after the United States entered the war, in April, 1917, Boylston responded to MGH's call for volunteers. MGH organized volunteer nurses to staff several base hospitals and the Harvard Surgical Unit at British General Hospital No. 22, in Camiers, France. Boylston was stationed there for much of the war.

Boylston, who had become known by the nickname, 'Troub' (short for Trouble), kept a diary of her war-time experiences. Her journal was serialized in 1925 in multiple issues of *The Atlantic Monthly* (known today as *The Atlantic*), and two years later it was published as a book entitled, *Sister: the War Diary of a Nurse*. The first entry in Boylston's diary was dated February 12, 1918, when she was side-lined with both the flu and trench fever. Always able to find the silver lining, she wrote that she found the combination of illnesses, "quite interesting at first, and certainly restful."

Many of Boylston's friends and nursing supervisors, easily recognizable to their MGH colleagues at the time, made appearances on the pages of her books. Of Joy Hinckley (MGH School of Nursing, class of 1913), Boylston wrote, "She has been given the amazing job of running a laundry in Etaples for the sole purpose of washing gauze



according to approved Massachusetts General Hospital methods. It was her own idea, and it has already saved the British government a good many hundreds of pounds. Nobody can say that MGH nurses are lacking initiative." The washing she spoke of involved a meticulous, multi-step process of sterilization originally implemented at MGH in 1904. Gauze reclamation, as it was called, increased absorbency and saved money. Wrote Boylston, "Now and again in the evenings I go up to Joy's room and we talk till all hours... the brass shell-cases gleam in the candlelight, and the rough, brown boards and blue curtains are splotched with wavering shadows."

Boylston described the social life of front-line nurses, including dances, parties, and the occasional trip to London for shopping and theater-going. She also wrote quite vividly about the horrors of war. One of the most chilling passages described a downed English pilot who had broken nearly every bone in his body. And soon after he was admitted, the hospital received 200 more patients who'd been gassed. With no beds available, stretchers were kept on the floor. On another occasion, Boylston was the only nurse caring for 40 orthopedic patients.

It wasn't uncommon for Boylston and two other teams of nurses and physicians to perform 90 operations in one night. On March 27, 1918, she wrote that 4,853 patients had been admitted in 10 days: 4,000 were sent home to England; 935 operations were performed with only twelve fatalities.

When Boylston returned to Boston, she was put

in charge of 'The Throat Room' at MGH. She became an office nurse seeing outpatients diagnosed with ailments from chronic rhinitis to life-threatening abscesses, to ingested foreign objects. She enjoyed the work, she wrote, but it wasn't enough. She felt the days, "crawled by with numbing similarity."

In the 1920s, Boylston signed up with the Red Cross. After doing relief work and tending to survivors of the war in Poland, Albania, and the Near East, she settled into life as an



American writer. She was best known for her *Sue Barton* series, which followed the professional and personal adventures of a high-spirited, outgoing, likable young woman—much like Boylston herself—from her days as a student nurse to a rural nurse, to a visiting nurse, and finally, superintendent of nurses. The series was translated into several languages, sold millions of copies, and was frequently re-printed.

Boylston, who was born to an affluent family in Portsmouth, New Hampshire, in 1895, died in a nursing home in Trumbull, Connecticut, in 1984. She was described as fearless, intelligent, lively, and congenial; someone who,

> "moved through life with seldom a backward glance." Her *Sue Barton* series is credited with inspiring generations of young women to enter the field of nursing.

To read Boylston's *Sister: the War Diary of a Nurse*, go to: https://babel.hathitrust.org/cgi/pt? id=inu.32000004064699;view=1up;seq=7] and access it at no cost.

This year marks the 100th anniversary of the United States entering World War I. Look for other installments from the MGH Nursing History Committee in future issues of *Caring Headlines*. For more information, contact Georgia Peirce, special projects manager, at 617-724-9865.



Clinical Narrative

Therapist relies on evidence to reveal true source of impairments

Ms. F presented to the ED with complaints of unsteadiness, feeling as if she was leaning to the left. She noted fatigue, left shoulder and arm heaviness, and tingling in her fingers bilaterally, left hand more than the right. y name is Lauren McGlone, and I have been a physical therapist at MGH for seven years. Working in the fast-paced environment of the Emergency Department comes with its own set of challenges. This recent inter-

action with Ms. F struck me as a good example of the unique contributions a physical therapist can make in this dynamic, unpredictable setting.

Ms. F presented to the ED with complaints of unsteadiness, feeling as if she was leaning to the left. She noted fatigue, left shoulder and arm heaviness, and tingling in her fingers bilaterally, left hand more than the right. Ms. F reported feeling pressure in her left neck and jaw, intermittent dizziness, and unsteady gait. She had experienced these symptoms for two weeks, but more acutely recently, prompting her visit to the ED at her sister's urging. Ms. F had no light-headedness, chest pain, dyspnea, history of falls, or recent illness. Head and neck images were negative. Based on her symptoms, negative imaging, and Ms. F's vague report of intermittent dizziness and unsteady gait, physical therapy was consulted out of concern for a vestibular process.

As I entered the room, Ms. F was lying in bed; her sister was in a chair nearby, they were both resting. I gently woke Ms. F, and they both startled to consciousness. I introduced myself and my role. Ms. F and her sister eagerly took the opportunity to tell me about their experience so far in the ED. The sister explained she'd been worried Ms. F was having a stroke and urged her to come to the ED. She said they had a family history of stroke; that Ms. F had high cholesterol and was under a lot of stress, which she knew were all risk factors for stroke. Hearing this information and the manner in which it was delivered were very telling. I sensed that



Lauren McGlone, PT, physical therapist

while Ms. F and her sister demonstrated a good degree of health literacy, their heightened anxiety would be a factor as we moved forward.

Ms. F was concerned there was no explanation for her symptoms and worried that she'd continue to feel this way. Her anxiety was palpable. After explaining my role and plan to investigate other causes, Ms. F and her sister seemed to be put at ease.

I thought it best to start my exam with resting vitals as a baseline while Ms. F was supine. I followed that with a basic neuro and musculoskeletal screen to rule out any obvious central signs or involvement of the extremities. When that screen was unrevealing, I asked Ms. F to come to the edge of bed. With that movement, I was able to observe her motor planning, functional performance, hemodynamic response to position change, and assess her muscle performance in sitting. Again, the findings were benign. Before proceeding, I wanted to ensure Ms. F had adequate cervical range of motion. I noted some tightness of her levator scapulae and upper trapezius muscles, but that was to be expected given that her job involved working at a computer. Despite this, her range was adequate to proceed with the exam.

I wasn't sure how Ms. F would receive this information. I've had patients who've become angry when the evidence didn't support their perceived impairments... To my surprise, Ms. F hugged me. She said she felt like someone had finally listened to her. I performed a modified vertebral artery test to rule out insufficiency, as vertigo is a common symptom of posterior circulation ischemia. In order to exclude the central nervous system, I conducted a group of tests known as HINTS. The HINTS test ruled out an acute unilateral hypofunction. Given the lack of focal impairments, my differential diagnoses shifted to peripheral vestibular disorders. I asked Ms. F to undergo a few more bedside tests, all of which were bilaterally negative. So I felt confident I could exclude both central and peripheral vestibular pathologies. I asked Ms. F to stand and assessed her vitals to completely rule out orthostatic hypotension. The only diagnosis I couldn't completely rule out was cervicogenic dizziness as it's a diagnosis of exclusion.

As Ms. F began to mobilize, I asked about her social history and living situation. Ms. F explained that she and her sister were currently living together; she had recently sold her home in order to keep her mother with advanced Alzheimer's at a skilled nursing home. She confided that being the primary guardian for her mother was a heavy responsibility. She visited her mom daily bringing her favorite foods, toiletries, and clothes. While her sister was willing to help with their mother's care, Ms. F said, "She's taken me into her home; that's more than enough. I don't want to add any more to her plate."

Soon, Ms. F broke into tears. She apologized for being emotional and quickly dismissed it as, "nothing." Seeing her fragility, I closed the door to give her some privacy. I remained quiet, held eye contact, and waited for Ms. F to speak.

The sister explained that Ms. F had just been rejected after applying for a promotion, "for the umpteenth time." Ms. F added that she'd worked at her current job for more than 15 years and had never been offered the position. As Ms. F became more comfortable with me, we moved into the hallway so I could assess her function. As we walked, I shared my own experience of having been rejected multiple times for a position. This struck a chord with Ms. F, and she went on to say she felt unappreciated, which was having an affect on her anxiety. This hadn't been listed under her past medical history, and I needed to know more in order to inform the team. We returned to her room where I delved deeper into this topic.

I asked Ms. F if she'd spoken with her PCP or a therapist about her feelings of anxiety. She said she'd never seen a therapist, but was strongly considering it. She was also in the process of switching PCPs. She added that she took her anti-anxiety medication faithfully.

After completing the exam, I excused myself to confer with the team. Ms. F's exam was benign, and she was mobilizing independently. It was clear that Ms. F's symptoms were related to her significant stress. Cervicogenic dizziness is often correlated with anxiety. The team agreed. I returned to Ms. F's room and informed her that all her tests were largely negative, and I relayed my concerns about her anxiety. I encouraged her to follow up with her established PCP who knew her well to assist with stress-management, medication, and the possibility of therapy. I recommended follow-up outpatient PT, and I gave Ms. F some neck exercises and promoted continued self-care and symptom recognition.

I wasn't sure how Ms. F would receive this information. I've had patients who've become angry when the evidence didn't support their perceived impairments. People are often unaware of the physical manifestations that stress and anxiety can have, not to mention the negative stigma associated with mental-health issues. To my surprise, Ms. F hugged me. She said she felt like someone had finally listened to her.

In a hectic ED, it can be difficult to develop relationships with patients where they feel comfortable revealing intimate details about their lives. Reflecting on the time I spent with Ms. F, I realize how important it was to meet her at her level. By sharing my experience of feeling rejected, Ms. F felt comfortable enough to disclose her concerns about anxiety. Ms. F, will forever be an example of the importance of patient-centered interviewing and caring communication, and how they can be as informative as standardized tests.

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

Lauren identified anxiety as one of Ms. F's symptoms right away, but she performed a thorough examination to determine the true source of Ms. F's impairments. Lauren's presence, concern, and insight (especially recognizing the power of Ms. F's mental state to impact her physical health) allowed her to take a holistic approach to Ms. F's care. It was great to see that Ms. F accepted and appreciated Lauren's findings.

Thank-you, Lauren.

Recognition

Packer and Kuang receive Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

-by Julie Goldman, RN, professional development program manager

his year's Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy went to staff nurse, Lisette Packer, RN, and patient care associate, Xui Lan Kuang. The award was established by the Raphael Cronin family in 1999 to recognize the contributions of a clinician and/or support person from Lunder 9 (formerly, Phillips House 21) who consistently demonstrates excellence in addressing the needs of patients and families through advocacy and empowerment.

Nursing director, Barbara Cashavelly, RN, offered a quote from an unknown source, saying, "When someone you love becomes a memory, that memory becomes a treasure." She added that on this day of remembrance and celebration, many special memories comprise the legacy of Paul Cronin and Ellen Raphael, including the creation of this important award. Cashavelly acknowledged the contributions and advocacy of all staff on Lunder 9 and their unwavering commitment to patient- and family-centered care."

Patient care associate, Xui Lan Kuang (center left), and staff nurse, Lisette Packer, RN (center right), are celebrated by colleagues on Lunder 9.

One colleague wrote of Packer, "Lisette is a staff nurse extraordinaire. She frequently and willingly takes on difficult patients. Recently, she cared for a confused, paranoid patient who didn't want any nurses around her. Lisette took steps every day to win the patient's trust. By the fourth day, the patient requested that Lisette always be her nurse.

"On another occasion, when a nurse was tied up with an emergency, Lisette took over her assignment. She gave a unit of blood, took care of all the morning meds, and did all the morning care. That's the norm for Lisette. She's a trusted member of the team and truly believes that patients come first."

> Of Kuang, a co-worker wrote, "Xui Lan is an expert patient care associate. She always goes above and beyond to assist patients. She does whatever is necessary for the patient to improve. Xui Lan advocates for her patients. She forges special relationships with patients and families from China. As an interpreter and through her translations, she helps the team understand what the patient and family are experiencing and the various beliefs and traditions of the Chinese culture. Xui Lan is a strong advocate as she helps her patients and the entire team."

> For more information about the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, contact Julie Goldman, RN, professional development program manager at 617-724-2295.

Recognition

Daley receives Ben Corrao Clanon Memorial Scholarship

-by Mary Ellin Smith, RN, professional development manager



n July 17, 2017, staff of the Neonatal ICU welcomed Regina Corrao, Jeff Clanon, and their daughter, Joyce, for the annual presentation of the Ben Corrao Clanon Memorial Scholarship. The family created the scholarship in 1986 as a tribute to their son, Ben, who died in the NICU. The scholarship rec-

ognizes NICU nurses who demonstrate exemplary practice, a commitment to primary nursing, and ongoing support and advocacy for patients and families. This year's recipient of the Ben Corrao Clanon Memorial Scholarship was NICU staff nurse, Elizabeth Daley, RN.

In her remarks, nursing director, Peggy Settle, RN, noted that since Daley's first day on the job as a new graduate, she focused on more than the skills and tasks of being a good nurse. She engaged with families, was committed to primary nursing, and cared not just for the patient, but for, "the life of the family." Daley expressed thanks to her colleagues and the patients and families she cares for. Corrao noted that after Ben's death, her grief was so deep she was unable to see a 'silver lining.' Said Corrao, "It's only with time that I've been able to see the gifts Ben gave us. Perspective. Courage. And love. Everlasting love."

Clanon added that they created the award not only to recognize the wonderful care their family received, but to acknowledge the exceptional nursing care provided in the NICU to every patient and ev-



ery family, every day. For more information about the Ben Corrao Clanon Memorial Scholarship, please call Mary Ellin Smith, RN, professional development manager, at 617-724-

5801.





The new Partners Nurse Agency

Question: I heard there's going to be a new Partners agency for nurses. Is that true?

The agency is modeled after the successful eCare Nurse Residency Program that was used to support conversion to Partners eCare. Agency nurses will have full-time status and benefits Jeanette: Yes. As part of our Partners 2.0 initiative to reduce costs and ensure the highest quality care to patients throughout the Partners HealthCare System, the decision was made to create our own Partners agency for nurses. Nurses hired into this program will be available to work in a variety of inpatient and specialty settings throughout the Partners system.

Question: When will that begin?

Jeanette: The official launch of the program is scheduled for this month (August), however in June, MGH hired 22 new-graduate nurses into the Partners Agency pilot program.

Question: Will all agency nurses be new graduates?

Jeanette: Yes. The agency is being modeled after the successful eCare Nurse Residency Program that was used to support conversion to Partners eCare. Agency nurses will be hired into Bulfinch Temporary Services, and they will have full-time status and benefits.

Question: Where will Partners agency nurses be assigned to work?

Jeanette: Agency nurses will be available to work in a variety of setting within the Partners Health-Care System, including BWH, Spaulding Rehabilitation Hospital, Martha's Vineyard Hospital, and others. New-graduate nurses will orient for approximately 12 weeks before becoming available for their first assignment (at the hospital where they went through orientation). After that, they'll be available to be assigned to other hospitals within the Partners system, the same way we use outside agency nurses now.

Question: Why are we creating our own agency?

Jeanette: Partners spends approximately 31 million dollars each year on outside agency nurses to cover time off and leaves of absence. The new agency will decrease costs by utilizing our own nurses, all of who will have been trained at Partners facilities. And there will be greater continuity of skills and culture since they will have been trained by veteran Partners nurses.

Question: Do other hospitals have their own agencies?

Jeanette: We don't know of any other healthcare system that has created its own internal agency; we believe this is the first of its kind.

For more information on the new Partners Nurse Agency, call Mandi Coakley, RN, staff specialist, at 617-726-5334.

Clinical Documentation Improvement program

Question: What is the Clinical Documentation Improvement program?

Jeanette: The Clinical Documentation Improvement (CDI) program was created to improve the specificity and clarity of medical-record documentation to more accurately reflect the patient' severity of illness (SOI) and risk of mortality (ROM). Improved documentation may have the added benefit of revealing the presence of other conditions not explicitly documented. Improved clinical documentation will positively impact quality outcome measures, ensure optimal reimbursement, and promote better patient care.

The CDI program began in 2003, led by Nancy Sullivan, executive director of Case Management; Paul Simmons, MD, assistant chief medical officer and physician advisor for Case Management and CDI; and Kristine O'Day, RN, clinical documentation specialist (CDS).

Question: Are we retaining the services of a consultant?

Jeanette: MGH and the other Partners entities have retained a consulting firm to assist in this work. We'll be hiring

more CDS nurses, and the consulting firm will provide training for new and experienced CDI nurses and coders. Nancy Sullivan and Paul Simmons have developed an education and communication plan. In the coming weeks you may see clinical documentations specialists and trainers on your unit.

Before CDI: "Patient admitted with CHF. Hx CKD and HTN." Diagnosis CMS Wt Reimb SOI ROM A/LOS CHF, CKD, HTN 0.6618 \$5,324 1 1 3.0 days After CDI: "Patient admitted with Acute on Chronic Diastolic Heart Failure Hx CKD and HTN."

Diagnosi	s	CMS Wt	Reimb	SOI	ROM	A/LOS
Acute or	n Chronic	1.4796	\$11,903	2	2	5.8 days
Diastolic	CHF,					
CKD, H	ΓN					
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Question: What is the role of the clinical documentation specialist?

Jeanette: Clinical documentation specialists are registered nurses with in-depth clinical knowledge and experience. CDSs review all clinical documentation and assist clinicians in using Medicare-compliant language which, at times, differs from commonly-used clinical language. Clinical documentation specialists coach clinicians in the use of language that better aligns with financial reimbursement and quality measures (see example below).

As you can see, as a result of more descriptive documentation, reimbursement is higher, and there's an increase in the severity of illness, risk of mortality, and length of stay.

Question: Why is clinical documentation improvement important right now?

Jeanette: Value-based purchasing and the creation of accountable care organizations transformed the way healthcare is organized, delivered, and measured. To remain successful and financially strong, healthcare organizations

need to improve the integrity of their documentation and ensure that information is as timely, thorough, and accurate as possible.

For more information, call Kristine O'Day, RN, clinical documentation specialist, at 617-643-7034.

Helping employees cut down or quit smoking The Partners in Helping you Quit Program

Question: Does MGH have a program to help employees quit smoking?

Jeanette: We do. MGH employees can get help quitting or cutting down through Partners in Helping you Quit (PiHQ), a research study that offers support and advice via telephone. Employees with Partners health insurance also have a medication benefit that covers smoking-cessation medications with no co-pay.

Question: How does the medication benefit work?

Jeanette: Employees with Partners health insurance can get any FDA-approved, smoking-cessation medication with no copay, no pre-authorization, and no coverage limits, as long as they have a prescription from their healthcare provider. The benefit covers the generic nicotine patch, lozenges, gum, or inhaler, as well as bupropion and Chantix. The benefit is also available to adult dependents of employees. Employees don't have to be enrolled in the PiHQ study to take advantage of the medication benefit. But smoking-cessation medication is more effective when combined with the support of a tobacco coach.

Question: What is Partners in Helping you Quit?

Jeanette: PiHQ is a study designed to help tobacco users who want to cut down or quit smoking. After an initial phone call with a tobacco coach, employees are randomly assigned to one of two programs. Both offer a series of free phone calls with a coach over a 12-week period to guide smokers toward quitting. The coach helps create a personalized plan with practical support based on current best practices, including how to use smoking-cessation medications effectively. Question: Is my smoking status confidential?

Jeanette: Yes. The information collected as part of the program is kept confidential and will never become part of your employee or human resources record.

Question: I'm not sure I'm ready to quit, but I am worried about my health.

Jeanette: You can join the PiHQ program even if you aren't ready to quit. It can help you make a plan for the future and provide advice on how to cut down. You might consider starting smoking-cessation medications before setting a date to quit. Research shows that these medications help smokers cut down and get ready to quit.

Question: I've tried those medications, and they didn't work for me.

Jeanette: You may not have used them in the most effective way or for long enough. We now know that a nicotine patch works better when combined with another nicotine product like the gum, lozenge, or inhaler. PiHQ tobacco coaches guide smokers in the most effective combinations of medications, when appropriate.

Question: Is there a cost to participate in PiHQ?

Jeanette: No. PiHQ is free to any MGH (or Partners) employee. For more information about the PiHQ study or Partners medicine benefit, contact Jen Kelley or Liz Inman at 617-724-2205, or e-mail PiHQ@partners.org.

(Re-printed from the April 20, 2017, issue of Caring Headlines)

Announcements

Why hasn't anyone thought of that?

Because they're waiting for you! Applying for an IDEA grant can help make your idea a reality. Created in 2016, IDEA (Innovation, Design, Excellence, Awards) grants fund one or two members of Nursing & Patient Care Services with up to \$5,000 to turn their ideas into a reality.

Last year, Jared Jordan, RN, was funded for his idea to provide harnesses to patients to help prevent falls in the bathroom. Lillian Ananian, RN; Jeanette Livelo, RN; Paul Currier, MD; and Dominic Breuer, MD, were funded for their idea to use flip boards to reduce the number of CLABSIs in the MICU.

Your idea should address one of the following:

- Alignment with our mission (patient care, research, education, or community)
- Care delivery
- eCare
- Work environment
- Patient experience
- Staff engagementCost-containment

Got an idea? Apply.

Got "kind of an idea"? No problem, e-mail Mary Ellin Smith, RN, or call her at 617-724-5801, and talk it through.

Applications are available at: http://www.cvent.com/d/j5qdkj

Applications are due by September 1, 2017.

So what are you waiting for?

ACLS classes

Two-day certification program Day one: September 11,2017 8:00am-3:00pm

Day two: September 25, 2017 8:00am–1:00pm

Re-certification (one-day class): August 9, 2017 5:30–10:30pm

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

To register, go to: http://www.mgh.harvard.edu/ emergencymedicine/assets/ Library/ACLS_registration%20 form.pdf.

Partners Clinicians Day (formerly Physicians Day)

Partners Clinicians Day is sponsored by Quality, Safety and Value, and is geared toward physicians and advanced practice clinicians throughout Partners.

The day will offer a variety of break-out sessions (on topics such as: Using eCare in inpatient, ambulatory, and procedural settings; enhancing patient engagement; diagnosing and managing headaches; managing obesity; smoking-cessation; and much more). Partners Clinicians Day is an opportunity to network with colleagues from across the system.

September 16, 2017 Assembly Row

Registration requested by August 4th

For more information, e-mail: phscliniciansday@partners.org, or call 857-282-2120.

Cyrus Hopkins Leadership in Patient Safety Award

Nominations are now being accepted for the 2017 Cyrus Hopkins Leadership in Patient Safety Award, given to an MGH or MGPO clinical or administrative leader who demonstrates outstanding commitment to patient safety. The award is named for Dr. Cyrus Hopkins whose passion for patient safety helped advance our culture during his 50year tenure at MGH.

Nominees should:

- exhibit long-standing, on-going commitment to patient safety
- be a positive role model to others in the pursuit of patient safety
- be committed to creating a culture of safety and/or reducing the risk of patient harm

Submit nominations via e-mail to Elizabeth Mort, MD, senior vice president for Quality & Safety.

Nominations should be received by August 18, 2017.

Award will be presented at the Lawrence Center's 10th anniversary celebration, September 14th.

For more information, call 617-726-5215.

Published by

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

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

Next Publication September 7, 2017

Inpatient HCAHPS *Current data*

HCAHPS Measure	CY 2016	CY 2017 Year-to-date (as of 7/17/17)	% Point Change	
Nurse Communication Composite	83.0%	84.2%	1 .2	
Doctor Communication Composite	82.6%	84.9%	1 2.3	
Room Clean	71.2%	72.0%	1 0.8	
Quiet at Night	49.9%	53.0%	1 3.1	
Cleanliness/Quiet Composite	60.5%	62.5%	1 .9	
Staff Responsiveness Composite	64.9%	67.5%	1.6	
Pain Management Composite	72.8%	74.2%	1 .4	
Communication about Meds Composite	65.8%	67.2%	1 .4	
Care Transitions	61.0%	62.3%	1 .3	
Discharge Information Composite	91.9%	92.8%	1 0.9	
Overall Hospital Rating	81.9%	83.1%	1 .2	
Likelihood to Recommend Hospital All results reflect Top-Box (or 'Always' response) percentages	89.8%	91.1%	1.3	

2017 data is complete through the end of May with partial data through July. All scores remain higher than 2016. Our target was to improve Quiet at Night and Staff Responsiveness by 1 percentage point over our 2016 performance. To date, we've improved more than 3 percentage points for Quiet at Night and more than 2.5 percentage points, for Staff Responsiveness.





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