

Caring

Headlines

November 16, 2017

The Institute for Patient Care celebrates 10-year anniversary



At the time of its creation, The Institute for Patient Care was a first-of-its-kind model for advancing patient care. This issue of *Caring Headlines* highlights the many contributions of the Institute, its centers, programs, and initiatives over the past ten years.

(L-r): visiting scholar Brenda Zierler, RN; executive director of The Institute for Patient Care, Gaurdia Banister, RN; and senior vice president for Patient Care, Jeanette Ives Erickson, RN.

Welcoming Magnet and the Joint Commission

Magnet and
Joint Commission
visits are
opportunities for
us to showcase
our exceptional
practice and share
the many ways we
impact the lives
of patients and
families as we strive
for Excellence
Every Day.

When this issue of *Caring* went to print, our Magnet surveyors had already been here and gone after a very successful site visit. As you read this, it's entirely possible that

Joint Commission surveyors are already here for their site visit as we're well within the window for our next Joint Commission survey. While it could happen any time between now and April of 2018, based on what other Partners hospitals have experienced, we expect them sooner rather than later. In both cases, Magnet and Joint Commission visits are opportunities to showcase our exceptional practice and share the many ways we impact the lives of patients and families.

While we do everything in our power to maintain *perpetual* readiness and compliance, Magnet and Joint Commission visits are occasions when we want to put our best foot forward, to make sure our guests see and appreciate the innovative and compassionate ways we work to ensure positive patient outcomes, keep patients safe, and foster a welcoming, inclusive, and healing environment.

Colleen Snyderman, RN, director of the PCS Office of Quality & Safety, reminds us that this will be our first Joint Commission visit since going live with Partners eCare. Staff should be prepared to talk about that experience and how having an integrated, electronic, health information system has impacted their practice.



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

This is also our first Joint Commission visit where surveyors will be using the new SAFER (Survey Analysis For Evaluating Risk) Matrix to prepare their reports. The SAFER Matrix provides a visual representation of the severity of RFIs (requirements for improvement) found during the 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).

A recent MGH mock Joint Commission survey revealed many strengths, including a high level of engagement among staff and management; impressive knowledge of patients' situations; and good feedback about our inter-disciplinary tracer program. Staff should feel confident conversing with surveyors—share your accomplishments and enthusiasm, speak knowledgeably about programs and initiatives on your unit, let your pride and commitment come through in your interactions with our Joint Commission visitors.

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This is a good time to review key policies and procedures, practice updates, and alerts; reflect on the factors that affect the care and safety of our patients; and refresh your understanding of the National Patient Safety Goals:

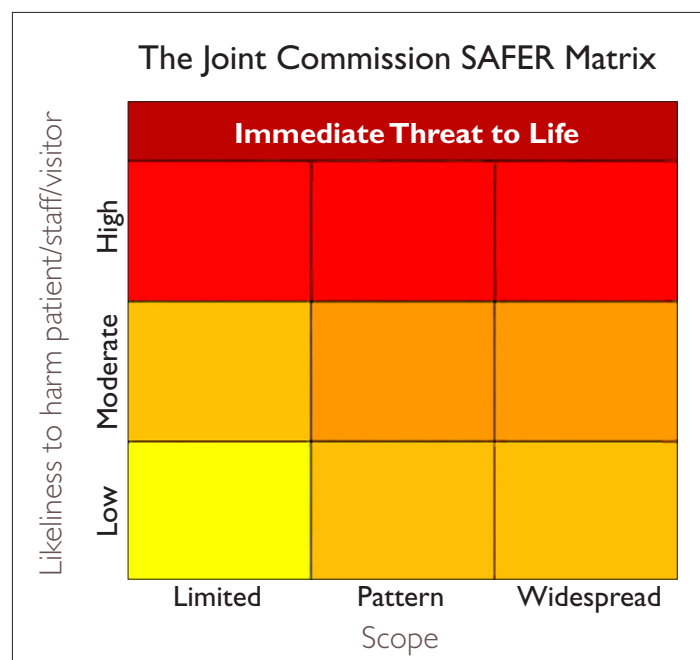
- Identify patients correctly
 - Always use two patient identifiers
 - Use two-person verification for blood-product administration
- Improve staff communication
 - Report critical results in a timely manner
- Use medications safely
 - Label all medications and solutions
 - Use and teach safe practices for anticoagulation therapy
 - Maintain and share accurate patient-medication information
- Use alarms safely
 - Respond promptly to every clinical alarm
 - Individualize parameter limits for the patient
- Prevent infections
 - Use proper hand hygiene
 - Adhere to Infection Control Guidelines
 - Educate patients and families
- Identify safety risks
 - Identify patients at risk for suicide or self-harm
- Universal Protocol
 - Conduct a pre-procedure check, mark the site, and perform a Time-Out/pause to verify

Some of our newer team members may feel anxious about their first Joint Commission survey. To them I say—relax, be

yourself, care for patients the way you always do. Surveyors want to get a sense of your daily practice, and it's your daily practice that makes MGH the world-class hospital it is. So share it!

If you're unsure of anything, look to your resources: the EED bulletin board or portal page, the Magnet/Joint Commission booklet, National Patient Safety Goal badges, or ask a colleague.

For more information about the Joint Commission survey, contact Colleen Snyderman at 617-643-0435.



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The Institute for Patient Care celebrates 10 years of service and support

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

On October 26, 2017, The Institute for Patient Care celebrated its tenth anniversary with a special presentation highlighting the impact of its programs and initiatives since its inception, and a lecture by visiting scholar Brenda Zierler, RN, on, “Transforming Heart Failure Care: Linking Health Professions Education and Inter-Professional Collaborative Practice.” Zierler focused on the ‘triple aim’ of striving to improve the health of heart-failure patients, the delivery of care, and the cost and efficiency of care. She talked about the relationship between team-based care and healthcare reform, and the need for improved communication and teamwork. Zierler described her efforts at the University of Washington to create, transform, and evaluate an integrated learning and practice model.

The session concluded with a special thank-you to senior vice president for Patient Care, Jeanette Ives Erickson, RN, for her visionary leadership in creating the Institute in 2007. Jeanette recognized that healthcare leaders were being challenged to transform healthcare systems to enhance practice and improve outcomes. She realized the importance of creating new linkages, new connections between individuals and groups, and new synergies among concepts, ideas, and innovations. The formation of the Institute for Patient Care was an important step in bringing this vision to life by positioning key programs under one administrative structure. The work of the Institute is never conducted in isolation; it’s the product of collaboration and partnerships within Nursing & PCS and throughout the hospital at large.

At the time of its creation, under the leadership of executive director, Gaurdia Banister, RN, The Institute for Patient Care was a first-of-its-kind model for advancing patient care. It was comprised of four centers: The Norman Knight Nursing Center for Clinical & Professional Development; The Maxwell & Eleanor Blum Patient and Family Learning Center; The Yvonne L. Munn Center for Nursing Research; and The Center for Innovation in Care Delivery. The Institute has oversight of many interdisciplinary programs and initiatives such as the Clinical Recognition Program, the Knight Simulation Program, and Awards and Recognition. And expert clinical nurse specialists embedded in the Institute provide evidence-based care, lead improvement initiatives, and offer consultation.

All of the Institute’s centers, programs, and clinical nurse specialists operate within an overarching framework to advance and support exemplary professional practice and ensure quality care for patients and families. The Institute strives to distinguish the voice of nursing and highlight its contributions while embracing inter-professional practice and the important contributions of the entire care team.

Goals of the Institute include:

- fostering an environment of clinical inquiry and experiential learning
- assuming leadership for innovation in evidence-based practice

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The Institute for Patient Care (continued)

- working collaboratively to promote inter-disciplinary teamlearning to optimize safe, effective patient care
- participating in the development and evaluation of organizational initiatives and individual and group programs of research
- seeking funding opportunities to advance the work of the Institute and its centers
- creating opportunities to be present at the point of care and on committees across the organization
- supporting research that advances safe and effective, evidence-based care
- providing leadership for staff, patients, and families to optimize innovations in learning
- developing, implementing, and evaluating programmatic initiatives that impact staff and patient outcomes
- advancing Nursing & Patient Care Services' agenda to foster inter-disciplinary practice
- disseminating the work of the Institute and its centers through local, national, and international forums

The Knight Nursing Center is exemplary in terms of how education is the foundation of excellent clinical practice and leadership. Their philosophy of being nimble and responsive is deeply ingrained in their approach to meeting the educational needs of staff.

The Blum Patient & Family Learning Center ensures that patients and families have the critical information they need to understand their conditions and have meaningful conversations with providers.

The Munn Center for Nursing Research is a leader in advancing a culture of inquiry and tackling our most daunting practice issues. Through synergistic partnerships with schools of nursing and leverag-

ing doctorally prepared nurses and others, the evidence generated through the Munn Center is transforming practice at MGH.

The Center for Innovation in Care Delivery fosters creativity and problem-solving with the goal of developing new strategies, products, and services to resolve clinical and organizational problems in a different way.

Collaborative governance places the authority, responsibility, and accountability for patient care with practicing clinicians. Collaborative governance champions are in the best position to tell us what's working and what's not.

We celebrate practice in a visible way through our robust awards and recognition program. Over the past 10 years, more than \$800,000 has been given to deserving clinicians and staff.

This issue of *Caring Headlines* highlights the many contributions of the Institute, its centers, programs, and initiatives over the past ten years. While it's gratifying to reflect on our accomplishments, it's important to look ahead and chart a course for the future. We in the Institute look forward to advancing education, developing clinical practice, and fostering research to ensure patients continue to receive exemplary care. We will continue to work with staff to inspire, innovate, and transform our practice environment.

For more information about The Institute for Patient Care, contact Gaurdia Banister, RN, executive director, at 617-724-1266



Front row (l-r): Stacianne Goodridge; Rosemarie Lemole; Connie Moss; Pamm Quinn, RN; Carol Ghiloni, RN; and Laura Sumner, RN.

Second row: Mary McAdams, RN; Brian French, RN; Gaurdia Banister, RN; Gino Chisari, RN; and Ellen Robinson, RN.

Third row: Amy Sam; Virginia Capasso, RN; Jane Keefe, RN; Kathleen Larrivee, RN; Sheila Golden-Baker, RN; Theresa Rico; Catherine Mercer; Paul Arnstein, RN; Patricia Crispi, RN; Jessica Saad; and Dorothy Jones, RN.

Back row: Carole Mackenzie; Sheila Burke, RN; Gail Alexander, RN; Tara Harris; Karyn Besegai; Waveney Small-Cole; and Jennifer Curran, RN.

The Maxwell & Eleanor Blum Patient and Family Learning Center

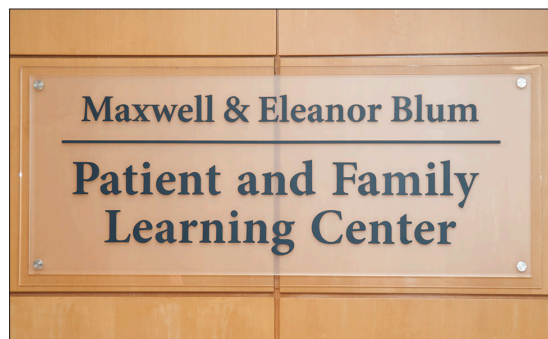
a vital resource to patients, families, and staff

—by Brian French, RN, director, The Maxwell & Eleanor Blum Patient and Family Learning Center

In 2016, the Blum Center experienced a 23.5% increase over 2015 in the number of requests for health information, a sign that people are becoming more actively engaged in decision-making about their health and their care.

The Maxwell & Eleanor Blum Patient and Family Learning Center is in its 18th year of supporting the MGH mission to provide safe, high-quality care to patients and families. The Blum Center has become a model for providing free, accurate, reliable health-information services in an ever-changing health-care environment.

The Blum Center tracks the number of visitors and type of information requests it receives. That data helps drive decisions regarding improvements to our services and keeps us informed and able to adapt to trends that may impact the center's functions.



The demand from patients, visitors, and staff for health information is growing, particularly in regard to musculoskeletal, digestive, and cardiovascular issues. Blum Center staff receive requests for information by phone, e-mail, and walk-in visits. In 2016, we experienced a 23.5% increase over 2015 in the total number of requests received for health information. We perceive this increase in information-seeking as a sign that people are becoming more actively engaged in decision-making about their health and their care.

Our support for improving health literacy through plain-language editing and consultation services continues to grow. Many MGH departments engage our services in editing printed and video patient-education materials. Regular collaboration among health-education experts from the Blum Center, the Heart Center, the Vascular Center, the Cancer Center, and Mass General Hospital for Children ensures that knowledge is shared and resources are consistent. Blum Center staff work with numerous groups and content experts to ensure documents adhere to recommendations for plain language and are standardized as much as possible. Some of the departments and units that have collaborated with the Blum Center include: Dermatology; Gastroenterology; Inter-

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ventional Radiology; Internal Medicine Associates; the Medical ICU; Oral and Maxillofacial Surgery; Orthopedics; Patient Advocacy; Pediatrics; Psychiatry; the Respiratory Acute Care Unit; Radiation Oncology; and others.

An important program enhancement related to



Standing (l-r): Amy Sam, health education project specialist; Brian French, RN, director, Blum Center; and Gail Alexander, RN, patient education specialist. Seated: Jessica Saad and Catherine Mercer, health educators.

plain-language editing is our collaboration with the Education Subgroup of the MGH Patient and Family Advisory Committee. Blum staff and Advisory Committee members meet monthly to review MGH-produced materials to ensure the patient's perspective is captured and information is presented in an easily understandable manner.

In 2016, the main room of the Blum Center was entirely renovated to better meet the needs of patients and families. There's now a space cordoned off to ensure consultations are private and confidential. There's an area where small groups can watch health-related DVDs. And all renovations were made with an eye toward ensuring the center is readily accessible to individuals with disabilities. Next time you're in the area, stop by and check out the new space.

We look forward to continuing the important work of supporting patients and families in their efforts to educate themselves about health information, and collaborating with members of the MGH community to improve patient-education materials. For more information about the services offered by the Blum Patient and Family Learning Center, call 617-724-7352, 'like us' on Facebook (facebook.com/MGHBlumCenter), or 'follow us' on Twitter (twitter.com/MGH_).

The Blum Center: ten years as one of the pillars of The Institute for Patient Care

- Total number of patron visits: 214,005
- Total number of Blum educational programs: 290 with 4,502 participants
- Total number of new MGH nurses oriented to patient education and resources: 2,014
- Total number of times a patient education video was accessed on the MGH Patient Education TV Channel: 18,067
- Total number of college students who have completed internships in health communication or community health nursing: 20
- Total number of website hits: 429,913
- Total number of plain-language reviews on MGH-produced patient-education documents: 2,475
- Total number of consultations on patient-education-related materials and processes: 5,775
- Total number of social media posts and followers:
 - Total number of posts/tweets: 1,279
 - 324 followers on Facebook from 27 countries
 - 500 followers on Twitter

The Norman Knight Nursing Center for Clinical & Professional Development

—by Gino Chisari, RN, director, The Norman Knight Center for Clinical & Professional Development

The vision of
the Knight Center,
then and now, stems
from an unwavering
commitment to
life-long learning...
The Knight
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at the forefront
of educational
processes
designed to drive
change across the
organization.

The Center for Clinical and Professional Development first opened in 1997 and was later re-named in honor of Mr. Norman Knight, who continues to be a strong supporter of MGH and MGH nurses. The vision of the Knight Center, then and now, stems from an unwavering commitment to life-long learning. Like our colleagues in other disciplines, nurses have a deep-rooted desire to continuously grow and develop their professional skills, knowledge, and ability to attain the highest degree of competency in caring for patients and families. For the past ten years, the Knight Center has been at the forefront of educational processes designed to drive change across the organization.

Since its inception, the Knight Center has offered continuing education approved by the American Nurses Credentialing Center (ANCC), awarding 203,755 contact hours. These programs contribute to professional development, license renewal, re-certification, quality and safety, and many other departmental and hospital-wide strategic goals. Recently, the Knight Center's continuing-education programs adopted an inter-disciplinary approach welcoming colleagues from the health professions. And last month, the Center was re-designated with distinction as a provider of continuing education by the ANCC, an acknowledge-

ment of staff's hard work to link education to positive patient outcomes.

In the past ten years, more than 6,300 staff have matriculated through the orientation program offered by the Knight Center. While the program has changed over the years, the basic goals remain the same: welcome new staff to the organization, introduce them to the culture, share the principles of patient- and family-centered care, and create a sense of community and inclusion. That sense of community and teamwork was the impetus for the Center's re-design of the orientation program that now combines nurses, patient care associates, and unit coordinators into a single group.

Employing technology as an educational tool has been an ongoing, successful strategy of the Knight Center. In 2009, the Center introduced HealthStream, the on-line, modular learning system. Since then, the Center has partnered with other departments to introduce CVent, an on-line registration system that quickly became a tool for crafting on-line learning. Building on the popularity of video streaming, the Knight Center used the Vidscrips platform to convert traditional nursing grand rounds into an easy-to-access, electronic format called nursing education on demand (NED).

For many years, the Knight Center has been 'the place to go' for CPR training. The Center is proud of its designation as an American Heart Association training center responsible for the

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Sharing knowledge
among our team
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core value of the
Knight Center..
In the past two
years, 90% of the
Knight Center
team has earned
professional
nursing
certification—
our goal is 100%
by the end
of 2018.

high-quality education that leads to certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). In the past ten years, the Center has issued more than 25,000 American Heart Association certifications.

Sharing and creating programs to be able to meet the educational needs of staff is an on-going focus of the Knight Center. One of the most effective tools in allowing us to do that is our biennial Learning Needs Assessment: the Professional Learning Environment for Nurses. What started as a simple questionnaire has developed into a meaningful tool for identifying and addressing knowledge gaps of nurses at all levels of the organization. The data collected via the Learning Needs Assessment becomes a major determinant of the educational offerings developed by the Knight Center.

The survey also supplies the Knight Center with information about the learning styles and preferences of MGH nurses by various demographic groupings. With a multi-generational workforce, the Center pays close attention to this information and incorporates it into its program-development strategies. The Nurse Residency program is a good example. Originally conceived as an innovative way to attract nurses to critical care, the Nurse Residency program has become an effective way to bring new nurses into the hospital. The residency model has helped achieve several organizational goals, none more successfully than the eCare Nurse Residency program, where, in 2015, more than 300 new nurses were introduced to the organization with the goal of caring for patients during the roll-out of Partners eCare.

During the past ten years, the Knight Center has expanded its services beyond the department of Nursing & Patient Care Services to become a thought and action leader throughout MGH and Partners. Staff of the Center contribute their expertise to unit-based, departmental, hospital, and system-wide projects, tiger teams, task forces, and committees including, the inaugural Partners Educational Review Board; the Partners Learning Systems Task Force; the Partners CNO 2.0 Tiger Team on Required Training; the MGH Executive Committee on Teaching and Learning; and has served as advisory member to the MGH Institute for Health Professions, the Council on Disabilities, collaborative governance, the MGH Code Call Committee, and many others.

Sharing knowledge among our team as well as with our colleagues is a core value of the Knight Center. The team actively participates in exporting MGH knowledge and excellence around the world while continuing to advance their own professional growth. In the past two years, 90% of the Knight Center team has earned professional nursing certification—our goal is 100% by the end of 2018. Two members of the team are enrolled in doctoral programs, one recently completed an MBA, and many others have published and presented locally, nationally, and internationally. The work of the Knight Center is as invigorating and

innovative today as it was when it first opened its doors, thanks to the partnerships, collaborations, and relationships we enjoy with our colleagues throughout MGH and beyond.

For more information about the work of the Knight Nursing Center, contact Gino Chisari, RN, director, at 617-643-6530.



The Yvonne L. Munn Center for Nursing Research

—by Dottie Jones, RN, director emerita and senior nurse scientist, Munn Center for Nursing Research

Nursing research
has been embraced
by the wider MGH
Clinical Research
Community...
Through the efforts
of leaders and
scholars within
the Munn Center
and Patient Care
Services, nursing
research has become
an integral part of
the organizational
framework
of MGH.

The Yvonne L Munn Center for Nursing Research opened its doors in 2007, with Dorothy Jones, RN, as its first director and a small staff that included an administrative assistant, nurse scientists, a grant manager, and a grant developer. Over the years, pre-doctoral students, post-doctoral scholars, external faculty nurse scientists, and international nurse leaders have shared in the programs and resources provided by the Munn Center.

Munn Center activities have been supported by many internal sources. The Munn Awards support research opportunities for staff nurses. Mentoring provided by seasoned researchers enhances investigations and results in publications and presentations around the world. Many initiatives, including the annual Nursing Research Day, have led to presentations of original research and investigations focusing on evidence-based practice and performance-improvement. Many nurses have presented at the MGH Clinical Research Day event, sponsored by the medical research community.

As the Munn Center grew, external funding was received from sources like the NIH-NINR, HRSA, and NIOSH (OSHA) as well as the American Nurses Foundation and Sigma Theta Tau International. Specialty groups such as the Oncology Nurses Association, the American Operating Room Nurses, and NANDA-International have also provided funding to help clinicians advance their research. To date, more than \$7,000,000 has been generated to support research and inquiry, and the number continues to grow.

Philanthropic support from donors like Yvonne Munn and the Connell Family provided additional funding for nurse scholars. The Connell Nursing Research Scholars Award (CNRS) helped launch the Post-Doctoral Nurse Scholars program for doctorally prepared novice and mid-career nurse researchers. This two-year program assists nurse scholars with intensive mentoring, time to advance their research, dissemination of scholarship, grant submission, and other research-related activities.

The external mentoring program, an important feature of the CNRS, offers each investigator opportunities to network with other scholars promoting similar areas of clinical inquiry. Mentors are invited to share their knowledge and expertise with members of the MGH community. To date 11 nurse scholars have participated in the program. Their research has generated external funding and scholarship in the areas of: care of the elderly; organizational evaluation of workforce and professional practice; complementary healing initiatives; women's health; and symptom-management.

Nursing research has been embraced by the wider MGH clinical research community. That group recently provided funding for the new Jeanette Ives Erickson Award, which was presented to a mid-career nurse researcher to help further her clinical inquiry. The Connell Nurse-Led Team Award was created to promote inter-disciplinary research opportunities for doctorally prepared nurse scholars. Through the efforts of leaders and scholars within the Munn Center and throughout Patient Care Services, nursing research has become an integral part of the organizational framework of

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MGH. Today, nurse scholars enjoy inter-disciplinary committee membership, participate in ECOR and clinical research meetings, and have many opportunities to explore research questions with colleagues from other disciplines.

Over the years, a significant program of research has developed to look at professional practice and the workforce environment. This work has generated numerous publications, presentations, and evaluation tools that have been translated into multiple languages. The text, *Fostering a Research Intensive Organization: an Interdisciplinary Approach for Nurses from Massachusetts General Hospital*, published by Sigma Theta Tau International, describes the development of the Munn Center and the many programs developed over the past ten years to advance nursing inquiry. Our research into professional practice and the workforce environment is integral to our continued Magnet certification.

The Munn Center continues to attract nurse scholars from clinical and academic settings around the world. The appointment of external nurse faculty as nurse scientists within the Munn Center has led to new partnerships with staff and scholars to promote re-

search opportunities and support

scientific inquiry. To date, there have been more than 80 nurse-faculty appointments. Many of these scholars have collaborated with nurses at MGH to conduct studies and partner on grants. As doctoral and DNP programs have grown, many new research partnerships have emerged. Initially, 10-15 PhD-prepared nurses helped advance nursing research at MGH; today, more than 70 PhD- and DNP-prepared nurses from leading institutions work at MGH.

Of special note, Diane Carroll, RN, a member of the early cohort of nurse researchers at the Munn Center, was recently inducted into the Sigma Theta Tau Nursing Research Hall of Fame. Other nurse researchers have been inducted into the American Academy of Nursing, received numerous awards, and led regional and national nursing organizations (such as the Eastern Nursing Research Society and the Society of Rogerian Nurse Scholars). Mary Larkin, RN, and a team of MGH clinical researchers led the founding of the International Nurse Researchers Council.

In the spring of 2017, Gaurdia Banister, RN, assumed leadership of the Munn Center, and was named the first recipient of the newly installed Connell-Jones Endowed Chair in Nursing and Patient Care Research.

Research at MGH and within Patient Care Services has served as a model for creating new nursing knowledge and promoting safe, high-quality, efficient patient care.

For more information about the work and services provided by the Munn Center, contact Dottie Jones, at 617-724-9340.

Some scenes from the Nursing Research Poster Display Session held during this year's Nurse Week celebration



Skin and wound care

It takes a village

—Virginia Capasso RN, clinical nurse specialist

Introducing
fluid immersion
simulation,
or Dolphin
mattresses, in
operating rooms
and ICUs was an
important factor
in reducing the
prevalence rate of
hospital-acquired
pressure
ulcers.

In 2007, the Centers for Medicare and Medicaid Services (CMS) issued a list of 'Never Events,' or hospital-acquired conditions that were considered preventable and serious and thus, 'errors in medical care.' By 2008, reimbursement for treatment of Never Events such as Stage 3 and 4 hospital-acquired pressure ulcers (HAPUs), was denied. Later, the CMS implemented a reduction in value-based incentive payments to hospitals based on quality measures, such as HAPUs.

In 2010, when the rate of HAPUs climbed as high as 3.5%, MGH implemented a strategic initiative to reduce hospital-acquired pressure ulcers. Through collaboration among Patient Care Services leadership, staff of The Institute for Patient Care, and other stakeholders, the prevalence rate for Stage 2 or greater HAPUs dropped and has remained between 1.1% and 2.1% with an average quarterly prevalence rate of 1.6%.

The introduction of fluid immersion simulation, or Dolphin mattresses, in operating rooms and ICUs was an important factor in this reduction. Following installation of Dolphin mattresses in several high-risk locations, our rate of HAPUs fell to 0-2 patients per quarter without any progression to higher grade pressure ulcers for eight consecutive quarters, a decrease of almost 80% in our pressure-ulcer prevalence rate.

Since fluid-immersion-simulation mattresses were so effective at preventing high-grade HAPUs in high-risk areas, more Dolphin beds have been purchased, and the program has expanded to five more adult ICUs and will continue to expand to other high-risk populations.

Factors contributing to the reduction in the rate of hospital-acquired pressure ulcers (2010 – 2017):

- Save Our SKIN Campaign
 - S=Skin Assessment (on admission and daily thereafter); risk assessment (Braden Scale on admission and daily)
 - K=Keep moving and turning (every two hours in bed and every 15 minutes while in chair limiting a session to two hours)
 - I= Incontinence care
 - N=Nutrition
- Concurrent initiatives
 - Hourly patient rounding
 - Let's End All Falls (LEAF) campaign
- Center for Quality & Safety and PCS Office of Quality & Safety
 - Provider skin inspection and documentation on admission
 - Completion of Safety Reports for pressure ulcers present on admission
- Clinical Nurse Specialist Wound Care Task Force
 - Wound-care education programs
 - Skin-care guidelines
 - Wound-care product formulary
 - MGH dressing guides
- Fluid Immersion Simulation (Dolphin) mattresses in critical care units
- Product Value Analysis Committee
 - Review of requests for department-wide equipment and supplies (general-care mattresses, critical-care beds, bariatric equipment)
 - Endorsing demonstrations and trials
 - Exploring opportunities for cost-reduction

For more information about skin and wound care, contact Ginger Capasso, RN, at 617-726-3836.

Advancing evidence-based practice

—Virginia Capasso RN, clinical nurse specialist

Evidence-based practice is an important underpinning of The Institute for Patient Care... Staff are using evidence-based-practice tools in the live environment and integrating the evidence-based-practice process into clinical decision-making and practice.

Evidence-based practice is an important underpinning of The Institute for Patient Care. In 2009, an inter-professional team received a (nearly) \$1 million grant, entitled “Re-Tooling for Evidence-Based Practice.” The grant supported the creation of a course to establish a common framework for evidence-based practice at MGH. That program resulted in a model based on the Iowa Model of Evidence-Based Practice to Promote Quality Care; three HealthStream programs, an introductory class in nurse on-boarding; and the Clinical Inquiry Institute, a three-day program to educate clinical nurse specialists on the new model.

The second phase of the program, “Advancing Evidence-Based Practice,” led to the adoption of an adapted version of the Johns Hopkins Model for Evidence-Based Practice, including their tools for appraising research and non-research evidence. To date, two training programs have been held covering original research, evidence-based practice, research utilization, and how to develop a PICO question (PICO=Problem, Intervention, Comparator, and Outcome).

Some examples of PICO questions that were generated include:

- Is one brand of foam dressing as effective as another in preventing sacral pressure injuries in critical care patients?
Outcome: Both brands were found to be equally effective, so the less expensive brand was adopted
- Compared to standard practice, does involvement in decision-making decrease the moral distress of nurses when patients elect to have

advanced circulatory support?

Outcome: Inadequate original research to support a change in practice. Application was selected for a Munn Nursing Research Award

- What is the best practice for securing endotracheal tubes in order to decrease skin breakdown in neuroscience patients who receive mechanical ventilation via oral intubation?

Outcome: Inadequate evidence to support a change in practice. No change implemented

- What is the best practice for checking placement of nasogastric tubes in neonates?

Outcome: Proposed procedure was approved by the Neonatal Collaborative Committee and the procedure was changed, approved, and posted in Ellucid

- What are the best practices to reduce emotional distress in oncology patients?

Outcome: After completion of an original research study to measure emotional distress in oncology patients, the team will examine the evidence related to interventions to reduce emotional distress

The next training session is tentatively scheduled for March, 2018. However, requests to convene evidence-based-practice teams reveal that staff are using evidence-based-practice tools in the live environment and integrating the evidence-based-practice process into clinical decision-making and practice.

For more information on the evidence-based-practice initiative at MGH, contact clinical nurse specialist, Virginia Capasso, RN, at 617-726-3836, or pager 2-5650; or social work clinical specialist, Mary Susan Convery, LICSW, at 617-724-0052.

The PCS Clinical Recognition Program

celebrating practice at the bedside

—by Mary Ellin Smith, RN, professional development manager

The program began when the PCS Professional Development Committee was charged with developing a program to formally recognize clinical staff for their expertise and to recognize that valuable contributions are made by staff at all levels of practice.

This year, marks the 15th anniversary of the inception of the Clinical Recognition Program. Under the auspices of The Institute for Patient Care, the Clinical Recognition Program embodies the values of inter-professional collaboration, professional development, reflection, and skill-acquisition. The program began in 1997 when the PCS Professional Development Committee was charged with developing a program to formally recognize clinical staff for their expertise and to recognize that valuable contributions are made by staff at all levels of practice. The guiding principles developed by the committee are as relevant today as they were in 1997:

- We recognize that the clinician's essential contribution to clinical practice is direct care to patients and families. We value contributions to clinical practice through participation in activities beyond direct patient care
- We believe that clinicians acquire knowledge and skill over time in the practice of their applied discipline. Learning is achieved through experiences with patients, collaboration with colleagues, and formal education. Learning is transformed into knowledge through self-reflection and analysis
- We recognize the uniqueness of each discipline that contributes to the care of patients
- We believe that contributions to the care of patients and families should be recognized and celebrated

In the past 15 years, the Clinical Recognition Program has evolved thanks in large part to the work of the Clinical Recognition Review Board and Steering Committee. Clinicians and leadership had an opportunity to provide feedback on the program in 2010 and 2016 through participation in surveys. That feedback resulted in the following changes:

- Decreasing the number of letters of support from four to three
- Allowing advanced practice nurses to write letters of support as members "outside of the discipline"

Several more initiatives have been undertaken more recently:

- Implementation of a pre-review process where applicants can submit a portfolio for feedback prior to submission to the Review Board
- Leadership orientation on the Clinical Recognition Program is held bi-annually
- Introduction of "Meet the Review Board" sessions with staff and leadership to discuss the interview process, decision-making criteria, and strategies for success

When a decrease in applications was detected in 2014, the Review Board and Steering Committee met to discuss ways to increase participation, including holding open forums with members of the Review Board where they had an opportunity to answer questions and discuss what happens during an interview.

In 2016 the 'Just One' campaign was launched, asking leadership to commit to having one member of their staff practicing at the advanced clinician or clinical scholar level to apply for recognition. By the end of 2016, nearly 60% of eligible units had achieved that goal.

As of October 1, 2017, 484 advanced clinicians and 204 clinical scholars have been recognized. We hope that in the next 15 years, we'll see that number double.

For more information about the Clinical Recognition Program, contact Mary Ellin Smith, RN, professional development manager, at 617-724-5801.

Collaborative governance

a key component of our Professional Practice Model

—by Mary Ellin Smith, RN, professional development manager

Seventeen
years later,
collaborative
governance
remains a
driving force in
our Professional
Practice Model
with more than
300 clinicians
serving as
champions on
11 committees.

In 1997, collaborative governance was implemented as a key element of the PCS Professional Practice Model. Collaborative governance is the term used to describe the communication and decision-making process that places the authority, responsibility, and accountability for patient care with the practicing clinician. Seventeen years later, collaborative governance remains a driving force in our Professional Practice Model with more than 300 clinicians serving as champions on 11 committees.

The work of collaborative governance committees influences the care provided to patients and families as the knowledge gained by champions is shared throughout Patient Care Services. Recognizing that change was on the horizon, executive director for The Institute for Patient Care, Gaurdia Banister, RN, led initiatives in 2010 and 2015 to re-design collaborative governance to ensure the committee structure remained relevant and responsive to the needs of patients and families.



Collaborative governance committee members share their work at recent SAFER Fair under the Bulfinch tent.

In 2010, new committees were formed to address specific quality and safety issues (fall-prevention, pain-management, restraint solutions, and skin care). They joined the Diversity; Research & Evidence-Based Practice; Patient Education; Ethics in Clinical Practice; Policy, Procedure & Products; Informatics; and Staff Nurse Advisory committees. The new committees were successful in meeting their charges, so in 2015, collaborative governance was re-designed again.

This time, the work of the Fall Prevention, Pain Management, Restraint Solutions, and Skin Care committees was incorporated into two new committees: the Patient Experience and Quality & Safety committees.

In 2017, the Diversity and Policy, Procedure & Products committees made the decision to change their names to better reflect the nature of their work. The Diversity Committee became the Committee on Diversity & Inclusion, recognizing the need to formally identify their work around creating a more welcoming culture. The Policy, Procedure & Products Committee became the Clinical Practice Committee recognizing that their work focused on clinical practice as a whole, not just policies, procedures, and products.

This year, as in past years, collaborative governance committees held their SAFER fair to share their work and outcomes with the MGH community at large.

For more information about the work of collaborative governance, contact Mary Ellin Smith, RN, professional development manager, at 617-724-5801.

The Clinical Ethics Program

a model of inter-professional practice

—by Ellen Robinson RN, nurse ethicist

Today, the OCC has members from many disciplines, including nurses, social workers, physicians, representatives from Respiratory Therapy, Occupational Therapy, Case Management, Speech-Language Pathology, Spiritual Care, and members of the community at large.

The advent of The Institute for Patient Care in 2007 affirmed and provided continued support for clinical ethics at MGH. In 2007, the first co-chair of the MGH Optimum Care Committee was appointed—a nurse. From that point forward, the committee began to expand from nurses, physicians, and a few social workers, to a more inter-professional membership. Today, the Optimum Care Committee has members from many disciplines, including a greater number of social workers and representation from clinical and advanced practice nurses (eight nurses are currently active on the committee), resident physicians, representatives from Respiratory Therapy, Occupational Therapy, Case Management, Speech-Language Pathology, the Spiritual Care Department, and members of the community at large. The committee also has a structure of ‘junior and senior consultants,’ with nurses, social workers, physicians, and respiratory and occupational therapists all serving as qualified ethics consultants.

The Optimum Care Committee has made great strides in other areas, including a robust research program that has benefited from the perspectives of an inter-professional membership. A recently published article in the *Journal of Clinical Ethics* with inter-professional authorship reports on seven years of consultations (2007-2013). Through the

authorship of other recent publications, the perspectives of nurses, physicians, social workers, psychiatrists, occupational therapists, medical sociologists, chaplains, and respiratory therapists have also been shared.

The Optimum Care Committee has led the way in policy-development, as well. Our Life Sustaining Treatment policies draw from our inter-professional experience in ethics consultations as well as the influence of empirical data and professional position statements. An overriding goal of the committee is to respect patient autonomy, protect patients from harm, and support grieving family members. Given that our access to MGH direct-care professionals is on-going, their perspectives are readily incorporated into policy-development along with empirical data, professional position statements, and consult thematic analyses.

One example is the, ‘Do No Harm,’ section of the Life Sustaining Treatment policy. At times, nurses, physicians, and respiratory therapists feel ‘required’ to provide CPR to patients based on family requests when it’s clear there’s no benefit to the patient. This causes clinicians moral distress. Because of our inter-professional approach to clinical ethics and the support of the Institute for Patient Care, we’re able to address moral distress through more than just discussion. In situations of non-beneficial CPR where clinicians feel

continued on next page

The advancement
of clinical ethics
as an inter-
professional
endeavor has
been made
possible through
the structure and
leadership of The
Institute for Patient
Care with its
support for inter-
professional
participation in
ethics consultation,
education,
research, and
scholarship.

it's harmful to patients at the end of life, we now ask what can be done within the bounds of ethical and legal practice to protect patients from this harm?

At MGH, we believe that taking an empirically-based, action-oriented approach to the moral distress of nurses and other direct-care clinicians is the best approach, and we've incorporated that into the development of the 'Do No Harm' section of the policy. Empirical study indicates a positive effect of this practice on surrogates of patients who are unable to make these decisions themselves. The support and involvement of nurses, allied health professionals, and physicians has fostered a philosophy of collaboration that promotes the identification, study, and resolution of difficult patient-care scenarios. Because of that support, our ethics program has made a unique and meaningful contribution to end-of-life care at MGH.

Within The Institute for Patient Care, doctorally prepared nurses have access to the Yvonne L. Munn Center for Nursing Research. The Munn Center assists clinically active, doctorally-prepared nurses interested in patient-care issues to gain funding for their programs of study. Such was the case in gaining funding for the HRSA-supported program, 'Clinical Nurse Residency for Nurses,' to help educate nurses at MGH. Funding was awarded, and a three-year program was implemented under the leadership of the Institute's Ethics Program in collaboration with Brigham & Women's Hospital, the Boston College William F. Connell School of Nursing, and the MGH Clinical Pastoral Education Program. In three separate cohorts, 67 nurses in clinical and leadership positions completed this ten-month long, 98-hour program. Program evaluations revealed a significant difference in perceptions of ethics self-efficacy (increased) and experience of moral distress (decreased) after participation in the program. Nurses who attended the program remain active today as facilitators of unit-based ethics rounds, advanced practice nurses, and ethics committee members, and all have impacted ethical practice at MGH.

The Institute's Ethics Program and leaders of the Optimum Care Committee partner with the Harvard Medical School Center for Bioethics, creating opportunities for MGH clinicians to present ethics cases at the Harvard Center for Bioethics Clinical Ethics Consortium. Surgeons, anesthesiologists, nurses, physicians, social workers, and others have given presentations that reflect inter-professional collaboration around complex ethical conundrums. Several inter-professional clinicians including advanced practice nurses, respiratory therapists, chaplains, speech pathologists, and physicians have successfully completed the competitive Harvard Ethics Fellowship. Application and recommendation to the fellowship has frequently been made possible through support of the Institute's Ethics Program.

The Connell Ethics Fellowship (2011-2014) supported ethics education and consultation training for four fellows, all of who are now consultants on the Optimum Care Committee; one who was also recently appointed co-chair of the MassGeneral Hospital for Children's Ethics Committee. Two of the fellows have completed the Harvard Ethics Fellowship and one has completed her PhD and is an ethicist on the Optimum Care Committee. Three of the fellows have contributed to the literature through professional publications. When inter-professional clinicians interested in clinical ethics are given an opportunity to participate in an ethics fellowship, they can make significant contributions to the ethics service in consultation, education, and scholarship.

The advancement of clinical ethics as an inter-professional endeavor has been made possible through the structure and leadership of The Institute for Patient Care with its support for inter-professional participation in ethics consultation, education, research, and scholarship.

For more information on the Institute's Ethics Program, call Ellen Robinson, RN, nurse ethicist, at 617-724-1765.

Global Nursing Education

—by Karyn Besegai, project coordinator; and Jane Keefe, RN, program development manager

The Global Nursing Education Program was developed to provide nurses around the world with an opportunity to consult expert nurses at MGH... Since 2007, the program has hosted more than 880 visitors from more than 40 countries.

MGH has a long history of serving the peoples of the world, dating back to the letter penned by founding physicians, James Jackson, MD, and John Collins Warren, MD, in 1810. In that letter, they wrote, “When in distress, every man becomes our neighbor,” The Massachusetts legislature, led by former US President, John Adams, agreed, and the charter they granted for MGH stated that the hospital should serve citizens of other countries, providing comfort to, “the whole family of man.” In 1885, MGH nurse, Linda Richards, former superintendent of the Boston Training School for Nurses at MGH, was the first US nurse to practice international nursing, working in Japan.

Today, the Global Nursing Education Program, within The Institute for Patient Care, continues to fulfill that mission. The program was developed to

provide nurses around the world with an opportunity to consult expert nurses at MGH. An individualized educational curriculum is designed for every nurse visitor specific to his or her learning objectives, and includes clinical observation, leadership consultation, and/or lectures.

Since 2007, the program has hosted more than 880 visitors from more than 40 countries. The goal of the program is to improve global health care and promote professional dialogue across cultures. Visitors are eager to gain knowledge from MGH nurses, clinicians, and leaders from all disciplines throughout Patient Care Services, and to bring best practices back to their institutions. Invariably, this learning relationship is mutual as we glean insight into opportunities to improve our practice based on knowledge shared by our visitors.

The impact of the Global Nursing Education Program reaches far beyond the walls of MGH. The program facilitates the annual Huashan

Hospital-MGH Nurse Leader Twinning Fellowship, partners with the MGH Center for Global Health’s Discovery Excellence Awards for Nurses, and collaborates with Partners in Health on programs for clinicians from under-served areas.

For more information on the Global Nursing Education Program contact Karyn Besegai, project coordinator, at 617-724-3019 or Jane Keefe, RN, program development manager, at 617-724-0340.



Karyn Besegai (front left), Jane Keefe, RN (front center) with 2015 Huashan nursing fellows.

MGH Cares about Pain Relief

—by Paul Arnstein, RN, pain clinical nurse specialist

MGH Cares About Pain Relief promotes pain-control strategies through interactive educational activities, self-directed learning materials, policy-refinement, and electronic communications conveying best evidence-based practices.

MGH Cares About Pain Relief provides pain-related information and guidance to healthcare professionals, patients, and the community at large. The goal is to support education, best clinical practices, quality-improvement, and research in an effort to prevent, assess, and alleviate pain. The program promotes pain-control strategies through interactive educational activities, self-directed learning materials, policy-refinement, and electronic communications conveying best evidence-based practices.

MGH Cares About Pain Relief stays abreast of the latest information, regulations, innovations, and research, to inform professionals of rapid changes occurring in the field. A monthly *Pain Relief Connection* newsletter disseminates content to more than 20,000 internal and external professionals. Within MGH, clinicians can now easily identify patients who need help with pain control, and nurses and prescribers are supported in real time with information, analysis, advice, and expert clinical support for complex pain cases.

The program provides pain education to newly hired nurses and prescribers. Educational materials have been developed for high-risk pain technologies and drugs used to control pain. In collaboration with the Opioid Task Force, broad-based education and resources have been disseminated to foster safe, prudent use of opioids while minimizing risk. Educational programs, originally designed for prescribers, were modified to meet the needs of

nurses and pharmacist; and eCare-based resources were developed and shared with inter-professional groups.

Continuing education for staff and advanced practice nurses include a five-hour, “Tools and Techniques,” program offered four times a year. Additional pain training for nurses, inter-professional team members, and the public is delivered throughout the year. Mentorship and guidance to staff, graduate and undergraduate students, visitors, and researchers is provided to advance the safety and effectiveness of pain control.

A web-based, pain-assessment toolbox has been developed and is available to facilitate access to a variety of pain-related resources. The toolbox houses age- and ability-appropriate tools that have been adopted across Partners. The program contributes expertise to optimize eCare-based orders for pain treatments while lowering the risk of treatment-related harm.

As a result of this work, HCAHPS pain-satisfaction scores have risen from below the 50th percentile before the program joined The Institute for Patient Care, to nearly the 75th percentile so far this year.

The program has supported research to develop better pain-assessment tools, reduce opioid use, and develop models of inter-professional pain education. New innovations are on the horizon as the role of technology (smart phone apps, virtual reality, etc.) and coaching to use cognitive-behavioral methods of controlling pain are being explored.

For more information, call Paul Arnstein, RN, pain clinical nurse specialist, at 617-724-8517.

Clinical affiliations

*fostering good will and contributing
to the pool of potential future caregivers*

—by Karyn Besegai, project coordinator; and Jane Keefe, RN, program development manager

Students who
participate in
clinicals at MGH
come from
educational
programs
spanning all
disciplines within
Patient Care
Services. MGH
hosts more than
3,500 students from
more than 150
schools around
the country
every year.

The Clinical Affiliations Program advances our mission to educate future healthcare leaders, our vision to create a practice environment built on a spirit of inquiry, our Professional Practice Model, and the department of Nursing's philosophy to educate ourselves and others.

Students who participate in clinicals at MGH come from educational programs spanning all disciplines within Patient Care Services. MGH hosts more than 3,500 students from more than 150 schools around the country every year. While the Clinical Affiliations Program manages all academic-affiliation contracts across PCS, it's only responsible for placing nursing students, which amounts to nearly 3,000 undergraduate and graduate students from 50 schools, locally and regionally.

The Student Nursing Group Placements with Faculty Program provides clinical placements for groups of students from local and regional schools. The Precepted Nursing Clinical Placements Program pairs MGH preceptors with graduate and undergraduate nursing students for one-on-one, hands-on training. Graduate and undergraduate student nurses may be precepted by nurses at all levels depending on the guidelines set forth by the Board of Registration for Nursing and individual programs.

MGH has collaborated with the MGH Institute of Health Professions (IHP) and the University of Massachusetts to establish Innovative Education Modules. The MGH dedicated education units allow UMass, Boston, students to be paired with staff nurses who also serve as their clinical instructors.

The inter-professional dedicated education units place IHP students in mixed pairs from several disciplines to teach inter-professional collaborative practice. These dedicated education units give students opportunities to work together in teams outside of the traditional educational model.

There are many benefits of our clinical affiliations, including establishing good will in the academic community and contributing to the pool of potential future caregivers.

Many MGH staff hold faculty appointments at local colleges and universities. Staff who teach students on site at MGH bring added value to the learning experience, bridging the gap between what's taught in the classroom and what goes on in a complex patient-care environment. Preceptors (and other staff, depending on availability) may be rewarded for their precepting services with vouchers for continuing education at a number of our affiliated schools.

All requests for graduate and undergraduate nursing student placements are made through the Massachusetts Centralized Clinical Placement System, a collaborative project of the Massachusetts Department of Higher Education and the Massachusetts Center for Nursing. If an institution is not a member of the Centralized Clinical Placement System, students are encouraged to reach out to their school's clinical coordinators to learn about their schools' process for securing placements.

For more information about the Clinical Affiliation Program, contact Karyn Besegai, project coordinator, at 617-724-3019 or Jane Keefe, RN, program development manager, at 617-724-0340.

Credentialing, recognition, and job shadowing

—by Julie Goldman, RN, professional development program manager

Advanced Practice Nurses and Physician Assistants Credentialing

The credentialing processes at MGH are designed to ensure that health professionals providing services at MGH are qualified and prepared. Credentialing for advanced practice registered nurses and physician assistants is coordinated by the PCS professional development program manager within The Institute for Patient Care. Since the 2001 Institute of Medicine's report, the utilization of advanced practice nurses and physician assistants in healthcare organizations has increased significantly. At MGH, in the last ten years, the number of advanced practice nurses and physician assistants has increased from 400 to 840. As that number has grown, standardized processes, technology, and a new website (<http://intranet.massgeneral.org/pcs/Credentialing/index.asp>) have been utilized to facilitate the credentialing process.

Awards and Recognition

MGH has a long history of recognizing employees who consistently exemplify the values that have made MGH a world-class institution. Partnering with patients and families, Patient Care Services has implemented a robust awards and recognition program to celebrate employees whose practice exemplifies our values and tradition of excellence.

The number of awards and opportunities for recognition within PCS gives clinical and support staff numerous vehicles by which to be acknowledged for advocacy, caring, compassion, leadership, creativity, flexibility, and collaboration. These are qualities that enhance and empower staff to provide the highest quality of care to patients and families. In the last ten years, 126 staff members or employees have been recognized.

Five PCS scholarships are now being offered, which translates to 118 individuals in ten years receiving financial support to pursue their educational goals. That adds up to almost \$850,000 in scholarships awarded.

Nursing Job Shadows

PCS has a strong commitment to promoting nursing as a career choice. Job shadow experiences for high school students and MGH employees are coordinated through The Institute for Patient Care so that the student/employee will be exposed to the full scope of a day of a nurse. Since 2007, approximately 50 candidates interested in nursing as a career have visited MGH for job-shadow experiences. In the last year, a pre- and post-experience survey was created to generate data to assist in providing meaningful and valuable experiences.

For more information about credentialing, awards and recognition programs, or job shadowing experiences at MGH, call Julie Goldman, RN, professional development program manager, at 617-724-2295.

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For more information, call: 617-724-1746

Next Publication

December 14, 2017

Announcements

Flu season is here! Get vaccinated

Getting the flu vaccine is the number-one way to protect yourself, your patients, and your loved ones from the flu. MGH offers several flu clinics for employees and patients, on and off campus. The MGH Central Clinic will run through Friday, December 8, 2017.

**Monday–Friday
8:00am–6:00pm
Wang Lobby and
Yawkey 2nd floor mezzanine**

Those unable to make one of the clinics may visit Occupational Health Services at 165 Cambridge Street, 4th floor, from 7:00am–5:00pm or call 617-726-2217 to make an appointment.

All employees are encouraged to be vaccinated as the first line of defense. The Massachusetts Department of Public Health requires all hospitals to track their employee vaccination rate as well as how many employees decline the seasonal flu vaccine.

For more information, go to:
www.massgeneral.org/flu.

Have a healthy fall!

100th anniversary of Halifax Explosion

On December 6, 1917, as the Great War was being waged overseas, two ships—one carrying munitions—collided outside Halifax Harbour in Nova Scotia, resulting in the largest man-made explosion the world had ever seen. Parts of Halifax were decimated: 2,000 people were killed, 6,000 injured, and at least 9,000 left homeless. The city of Boston responded immediately despite a major blizzard in Halifax, sending disaster relief and aid, including staff from MGH.

The following year, Halifax sent a Christmas tree to the people of Boston as a gesture of gratitude for their support. And in 1971, they sent another tree in what has become an annual tradition that continues to this day.

This year, as the people of Halifax mark the 100th anniversary of that devastating day in their history and the beginning of their bond with

Boston, members of the MGH community are invited to attend several special events.

**November 30, 2017
Halifax Christmas tree plaque dedication
11:00am
Boston Common, site of the
Halifax Christmas tree (near
the Visitor Center)**

**12:00–1:00pm
Halifax Explosion Exhibit
1:00pm
Lecture: “The Halifax
Response Effort,” by Deborah
Sampson, RN
Paul S. Russell, MD, Museum
of Medical History and
Innovation
2 North Grove Street**

**6:30–8:00pm, Holiday tree-
lighting
Boston Common (near Frog
Pond)**

For more information,
contact Georgia Peirce at
617-724-9865.

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. For more information, call 4-1746.

Blum Center Events

**Monday, November 20th
12:00–1:00pm
Blum Center**

“Facing difficult medical decisions: tips and tools that can help”
Join Karen Sepucha and Leigh Simmons, MD, to discuss tips and techniques to promote shared decision-making between patients and clinicians, including an interactive session where attendees can use the Ottawa Personal Decision Guide to identify information gaps and unclear preferences.

Programs are free and open to MGH staff and patients.
No registration required.

For more information,
call 4-3823.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday,
7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday,
Thursday,
7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

National Disability Employment Awareness Month

—by Zary Amirhosseini, disability program manager; and Ellen Forman, LICSW, social work program manager

On October 19, 2017, The MGH Council on Disabilities Awareness celebrated National Disability Employment Awareness Month by hosting an information table highlighting new initiatives, services, and resources available for patients and staff with disabilities.

Resources for Patients with Disabilities:

The MGH Disability Service assists patients during and prior to their visits by providing support and services, such as meeting with patients with disabilities and their caregivers to help plan visits, respond to concerns, make suggestions about access, and help determine the necessary accommodations. For information, call the disability program manager at 617-726-3370 or go to: www.mass-general.org/accessibility. To request ASL or CART services, contact the interpreter coordinator at 617-726-0357.

Resources for Staff:

- The MGH Accessibility Resource Site (MARS) provides information for staff on how to care for patients and families with disabilities including:
 - Best Practice guides for working with people with visual or cognitive impairments and the Deaf or hard-of-hearing, and detailed guides and learning modules for those with autism spectrum disorders

- Assistive equipment/devices
- Information about requesting reasonable accommodations
- FAQ section for employees with disabilities
Find it under Partners Applications>Clinical References>MGH Accessibility Resources, or go to: <http://sharepoint.partners.org/mgh/mghaccessibilityresources/default.aspx>
- HealthStream modules:
 - MGH *Creating a Welcoming and Inclusive Environment for Patients with Disabilities*
 - MGH *Disabilities Awareness for Non-Clinicians*
 - PHS *Disability Access for Clinicians*
 - MGH PCS *Module II: My Role as a Clinician Caring for a Person with ADS*
 - MGH PCS *Module III: My Role as a Non-Clinician Caring for a Person with ADS*
 - MGH PCS *Supporting Individuals with Autism Spectrum Disorders*
 - Policies, Procedures, and Guidelines in Ellucid:
 - Patients with Disabilities
 - Interpreter Services (Includes American Sign Language)
 - Service Animals



In photo at right, staffing the National Disability Employment Awareness Month information table, are (l-r): Zary Amirhosseini, disability program manager; Sheila Golden-Baker, RN, professional development specialist; and Ellen Forman, LICSW, social work program manager.

For more information or to arrange a consultation or in-service group training, contact the MGH disability manager at MGHAccessibility@partners.org, or call 617-726-3370.

MGH Quality and Safety Goals for 2018

All employees should consider how we can support the MGH Quality & Safety Goals in our daily work and practice.

Every year, MGH and the MGPO identify quality and safety goals for the coming year and share them broadly throughout the organization. The 2018 quality & safety goals were recently approved; they include:

- Lead in quality of care
 - Preventable readmissions: advance the Stay Connected Program in Medicine
 - MGH family Q&S: make incremental progress on structure, program, recruitment
 - Population health management: advance use of hospital at home and one other targeted area
 - Ambulatory patient experience: improve access and front desk experience
 - Equity in health care: address disparity in discharge process experience
- Improve patient safety and advance safety culture
 - ED capacity constraints: improve safety through addressing capacity constraints
 - Health-care associated infections: reduce SSI, C. difficile, and improve outcomes for sepsis

- eCare Quality and Safety: advance safety in these high risk/high stakes areas: In-Basket Management, Order Reconciliation, Medication Reconciliation, I-PASS adoption, Reporting and Analytics
- Staff safety: advance staff training and patient identification
- Achieve excellent performance on external surveys and measures
 - Achieve excellent results on upcoming Triennial Joint Commission Survey and 2017 Magnet Survey
 - Achieve excellent results on key performance programs: CMS Programs (re-admissions, value-based purchasing, hospital-acquired conditions), internal performance framework, Mass Health, Quality Payment Program (merit-based) Incentive Payment System and alternative payment model, ACO quality metrics, meaningful use, and *U.S. News & World Report*

All employees should consider how we can support these goals in our daily work and practice at MGH.



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